

The Value of Person-Centered Cultural Assessment in Clinical Practice

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Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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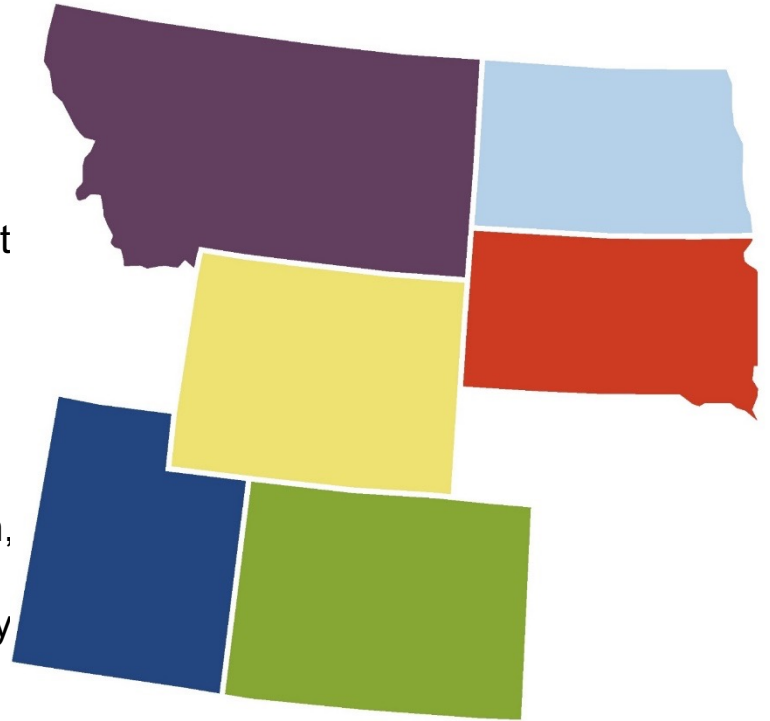
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The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

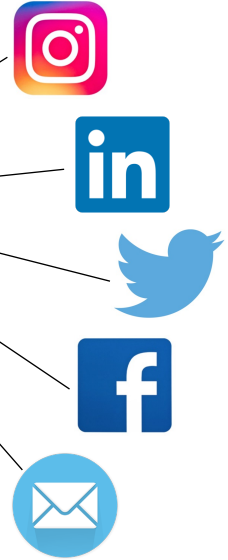
NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

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The Value of Person-Centered Cultural Assessment in Clinical Practice

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Psychiatric Institute
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Disclosure

Royalties:

Lewis-Fernández R, Aggarwal NK, Hinton L, Hinton DE, Kirmayer LJ.
DSM-5 Handbook on the Cultural Formulation Interview.
Washington, DC: American Psychiatric Publishing, Inc., 2016.

Take-away

Including person-centered cultural assessment in routine clinical care can contextualize clients' experience and enhance treatment planning and client engagement

Overview

- Goals of mental health assessment
- Definition of culture & cultural competence
- Cultural concepts of distress
- Social determinants of health, disparities & structural competence
- Individual cultural assessment
- Cultural Formulation Interview (CFI)
- Conclusions

GOALS OF MENTAL HEALTH ASSESSMENT

Goals of Assessment

- Witness client's suffering
- Frame client's account for managing treatment and course
- Establish a caring relationship
- Foster client engagement

Medicalization-Contextualization

- Medicalization: focus on *disease*
 - E.g., diagnosis, technical aspects of treatment
- Contextualization: focus on *illness*
 - E.g., client's cultural interpretations, life circumstances, structural risk factors, lifestyle

Consequences of De-contextualization

- Missing crucial information
- Poor client satisfaction
- Mistrust/miscommunication
- Limited client engagement
- Incomplete research
- Clinician burnout?
- Higher risk of lawsuits?

Potential Solutions

- Cultural competence/humility/safety
- Structural competence: SDoMH
- Attention to client narratives
- Shared decision-making
- Person-centered care
- Inclusion of client's social network
- Peer involvement
- Recovery orientation
- Addressing barriers to care

DEFINITION OF CULTURE & CULTURAL COMPETENCE

What is culture?

- Culture as process of meaning making and social practice
- Linked to participation in multiple social groups
- Culture has always been mixed or creolized
- Risks of thinking of culture as static group characteristics
- Must engage person to elicit cultural views and practices

Fish don't know they are in water

DSM-5-TR Conceptualization of Culture

Processes through which people **assign meaning to experience**, drawing from **values, orientations, knowledge, and practices** of the diverse social groups in which they participate

Aspects of a person's background, experience, and social context and position that may affect their perspective

The influence of family, friends, and other community members (the individual's *social network*) on the individual's illness experience

Cultural background of healthcare providers and values and assumptions embedded in the organization and practices of **health care systems and institutions** that may affect the clinical interaction

- ▶ A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations
US Department of Health and Human Services
- ▶ The multi-pronged ability of a health care system to engage and provide high-quality care to clients with diverse values, beliefs and behaviors
 - ▶ Creating organizational policies and procedures
 - ▶ Tailoring service delivery to meet client social, cultural, and linguistic needs
 - ▶ Training staff to appropriately respond to clients from diverse cultural groups
 - ▶ Close monitoring of compliance with cultural competence
 - ▶ Reducing disparities in service delivery and outcomes

CULTURAL CONCEPTS OF DISTRESS

Cultural Concepts of Distress

DSM-5-TR

- “Ways that individuals experience, understand, and communicate suffering, behavioral problems, or troubling thoughts and emotions”

DSM-5-TR, 2021

- Local forms of distress that depend on specific culturally-based attributions, behavioral responses, and interpersonal interaction patterns

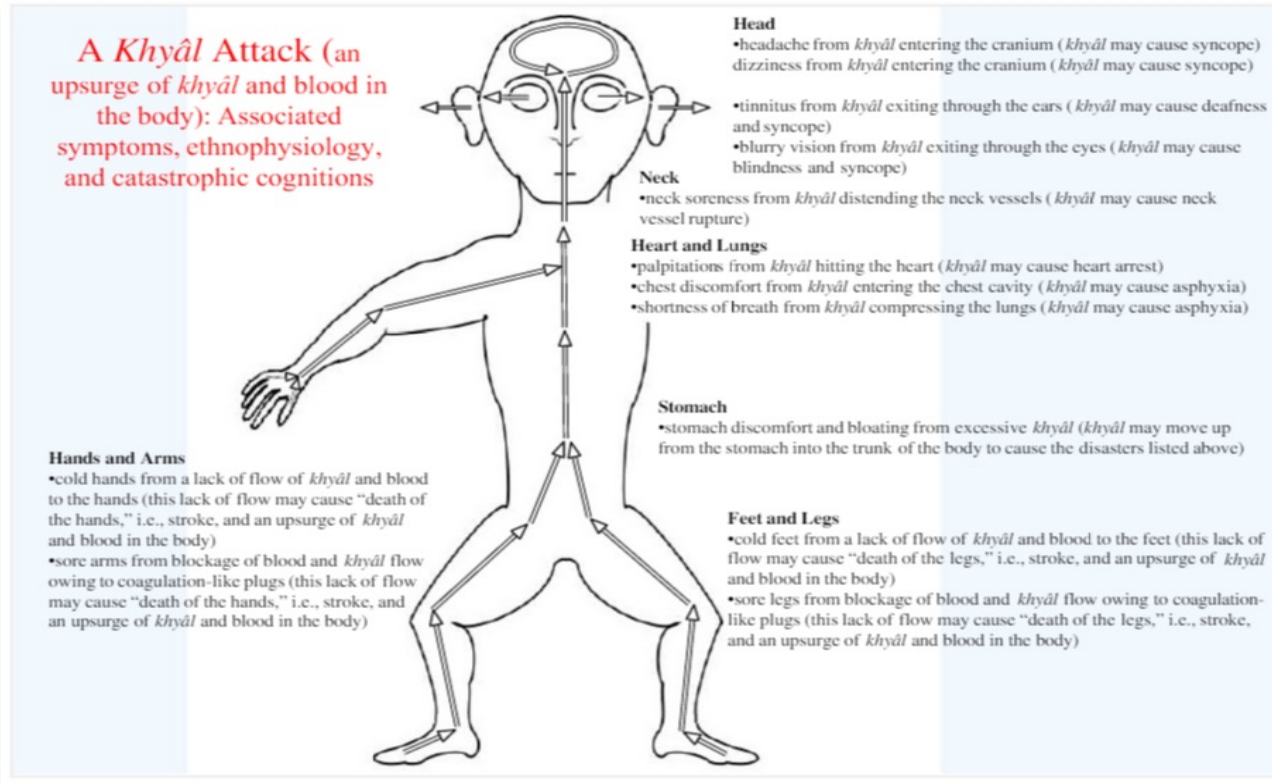
Kaplan & Sadock Comprehensive Textbook, in press

- Occur in all geographic regions
- Replaces “culture-bound syndromes” in psychiatry
 - Not “bound”
 - Not necessarily syndromal
 - Not always psychopathology

Key Elements of Cultural Concepts of Distress

Cultural Idioms of Distress	Cultural Explanations	Cultural Syndromes
Linguistic or nonverbal mode of communication: local “languages” for expressing distress	Reference etiologies rooted in local systems of knowledge	Collections of co-occurring signs and symptoms
Not necessarily linked to specific signs and symptoms		Distinctive courses, precipitants, causal attributions, and treatment responses
Do not presuppose psychopathology		
Suggest tension with idioms of resilience		
Can guide help seeking		

Body-Mind Holism: Khyâl cap



Variation in Experience of Distress

DSM-5-TR

Major Depression

GAD

PTSD

Panic Disorder

Schizophrenia

Other Specified Dissociative D/o

Conversion Disorder

Borderline Personality D/o

Latinx Caribbean Cultural Concepts

Ataques de nervios

Altered perceptions

Suffer from nerves

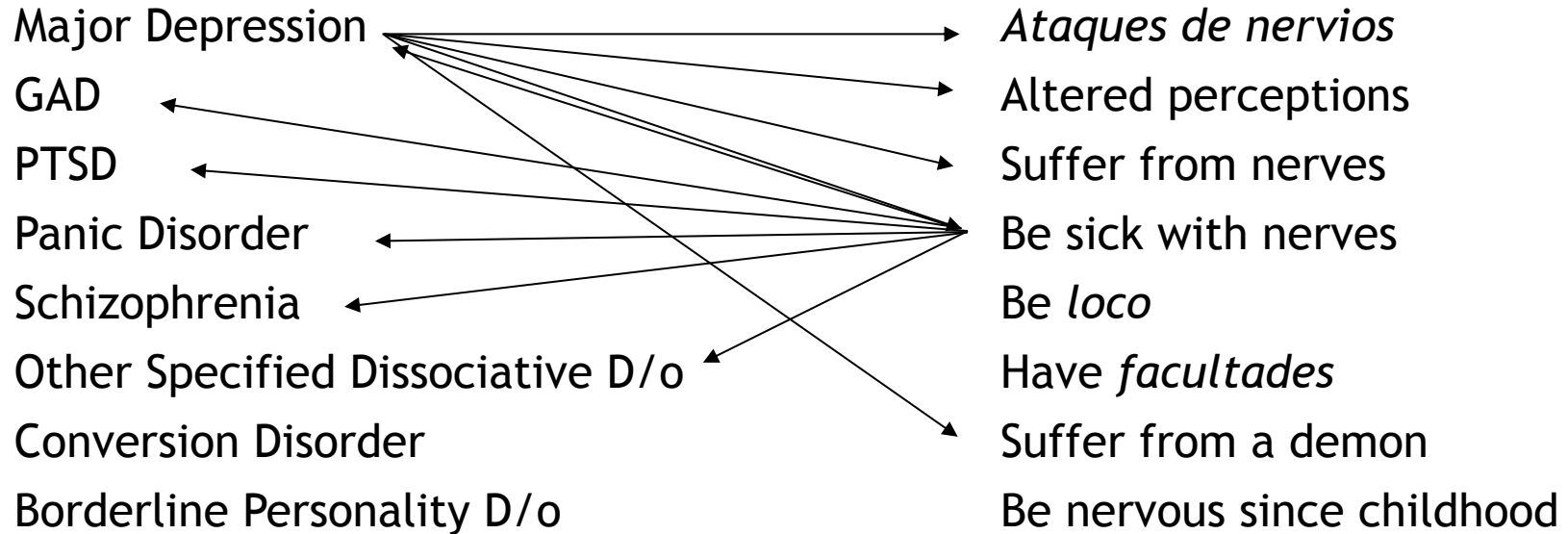
Be sick with nerves

Be *loco*

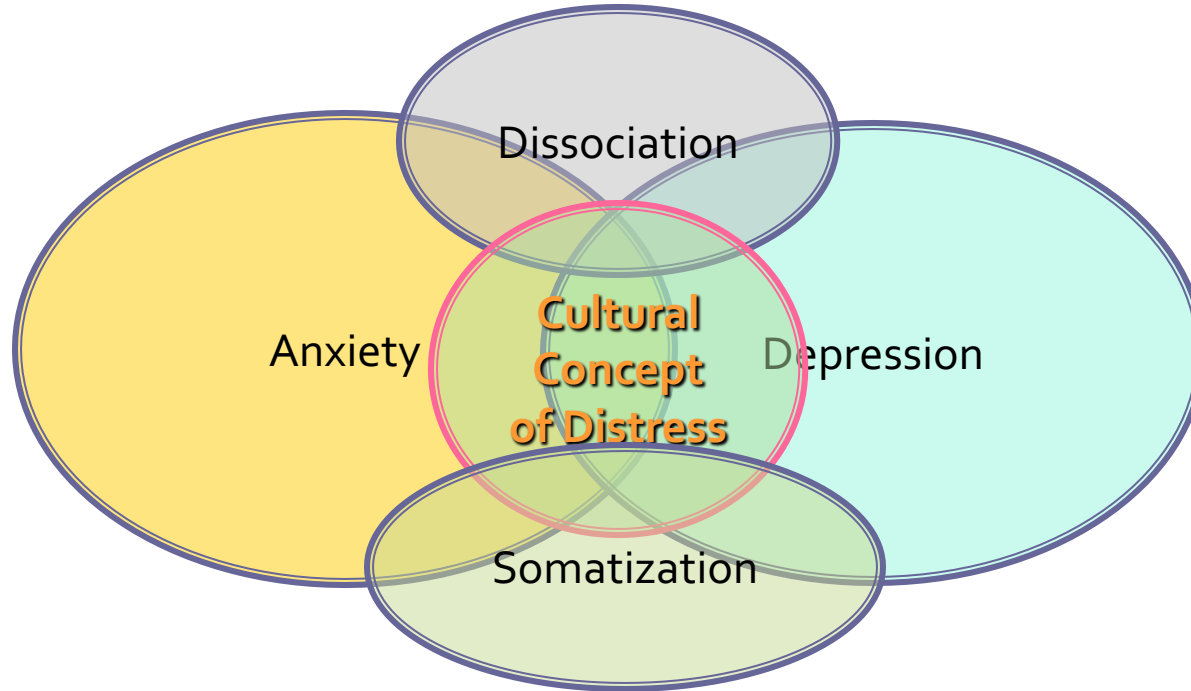
Have *facultades*

Suffer from a demon

Be nervous since childhood



Cultural Concepts of Distress and Psychiatric Disorders



Uses of Cultural Concepts of Distress

Conceptually

- Clarify social construction of psychopathology
 - Recursive interaction of personal and collective interpretation within social contexts
- Reduce over-medicalization
- Help trace a path from distress to resilience
- Suggest missing diagnostic categories
- Guide research on mechanisms & markers of morbidity
- Refocus health system onto socioculturally informed person-centered care
- Guide cultural epidemiology - identify most at risk
- Clarify cultural conflicts feeding social inequities

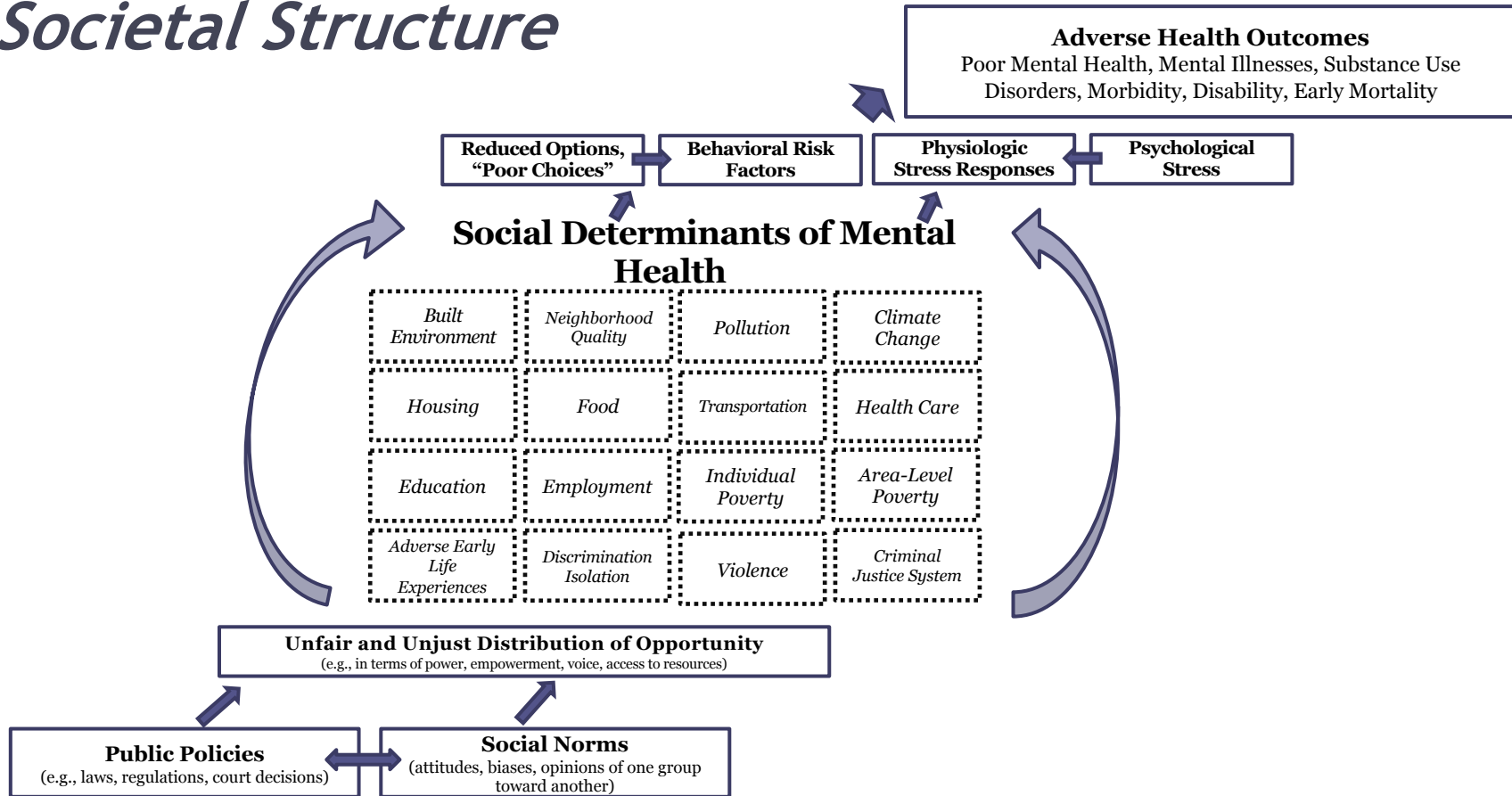
Uses of Cultural Concepts of Distress

Clinically

- Suggest presence of psychopathology
- Avoid misdiagnosis
- Obtain information to personalize care
- Guide communication
- Improve clinical rapport and engagement
- Improve therapeutic efficacy

SOCIAL DETERMINANTS OF HEALTH, DISPARITIES, & STRUCTURAL COMPETENCE

Societal Structure

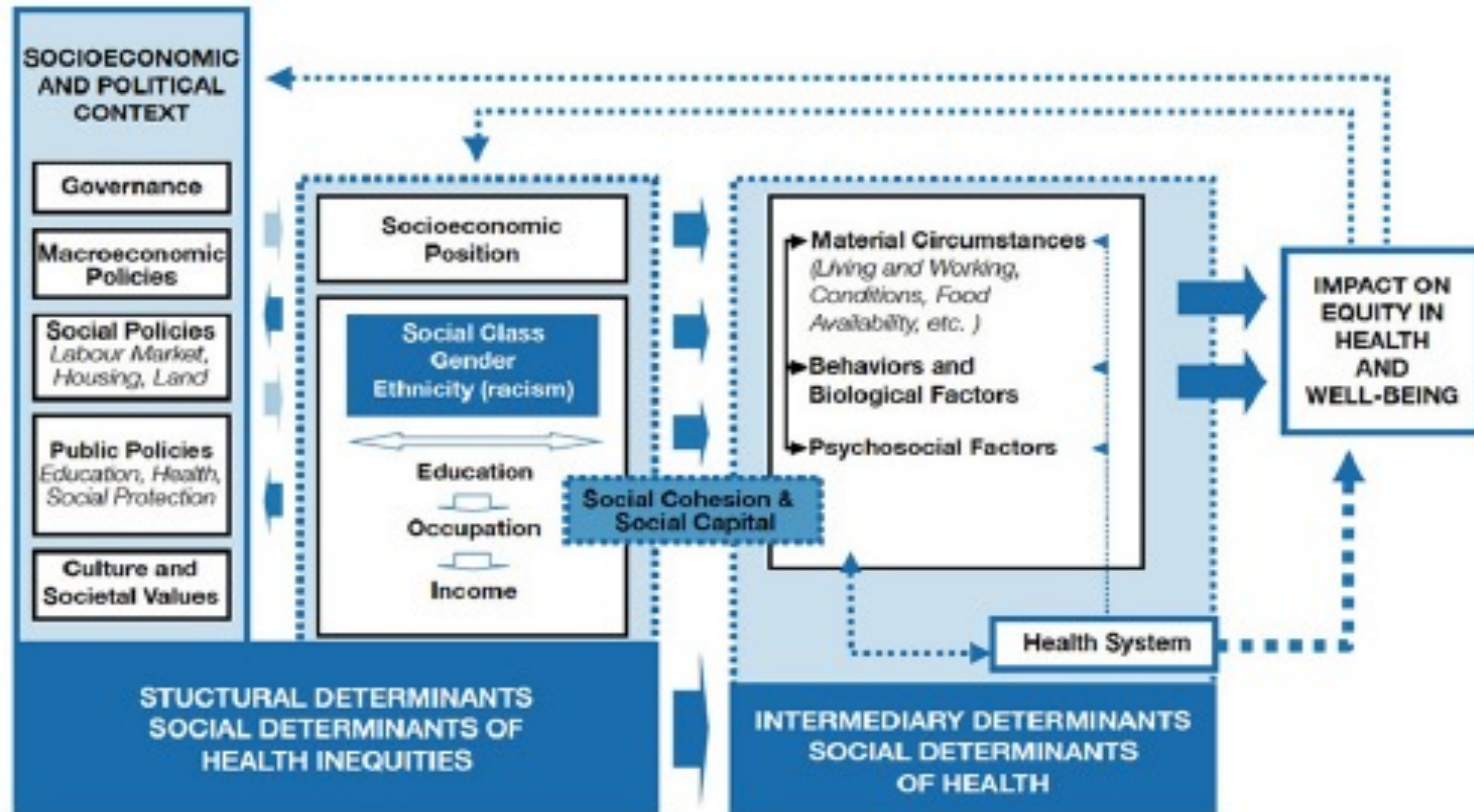


IOM definition of disparities

Differences except due to clinical need & appropriateness & patient preferences

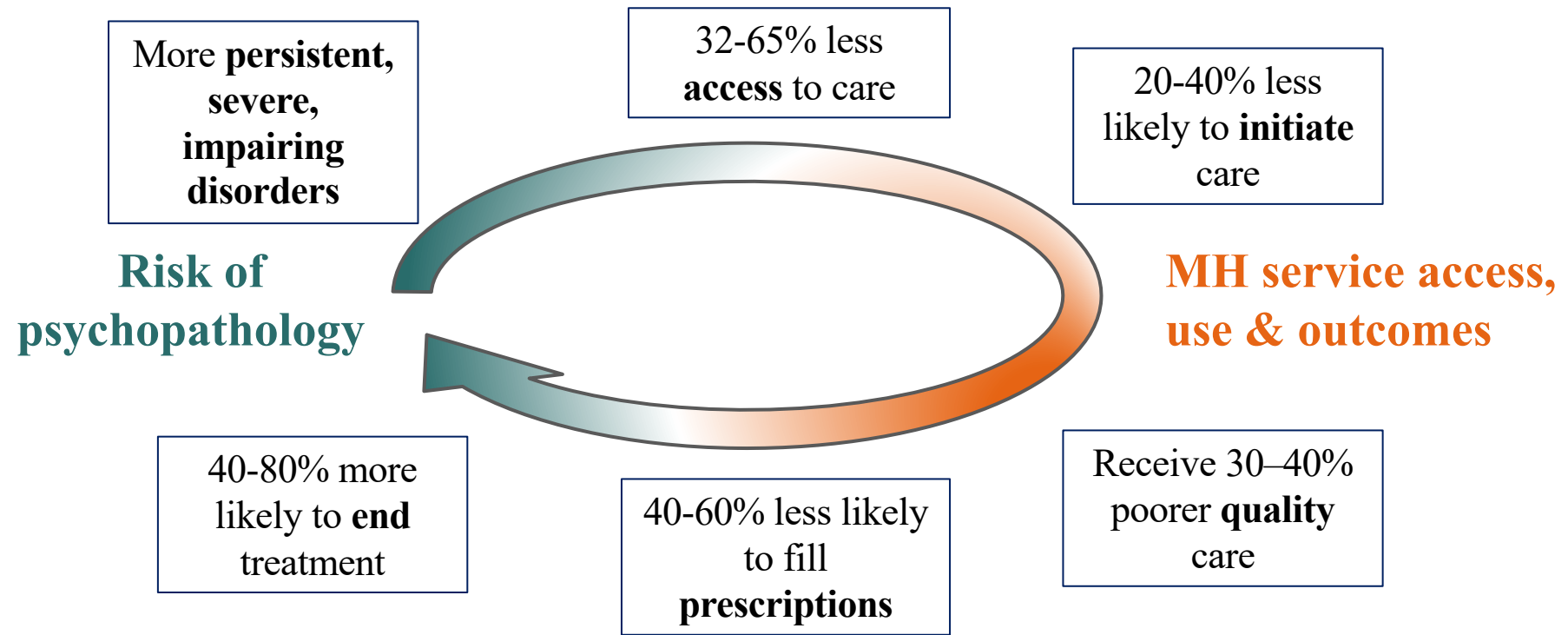


Multi-Level Causes & Pathways of Disparities



Disparities in MH & MH Care Continuum

Black, Indigenous and People of Color (BIPOC) individuals...



- ▶ *Cultural competence* often interpreted incorrectly as focused exclusively on individual views and behaviors to the exclusion of the larger societal/political context
- ▶ New term – *structure* – shifts focus above the level of the individual – to communities, institutions, policies that determine health
- ▶ Focus on systematic practices of exclusion, discrimination, privilege, oppression, and other forms of *structural violence* at the societal level
- ▶ *Competence* to indicate expanded scope of clinical intervention and responsibility: providers can bring symbolic, social and cultural capital to bear (in partnerships)

INDIVIDUAL CULTURAL ASSESSMENT

What is a Cultural Assessment for Clinical Care?

Process of eliciting, organizing, and interpreting information on the impact of culture and social context on the person's and social network's views, practices, and resources pertinent to clinical evaluation and treatment planning

Can be systematic or ad hoc

A Systematic Cultural Assessment Method Should Be:

Comprehensive

Thorough

Standardized

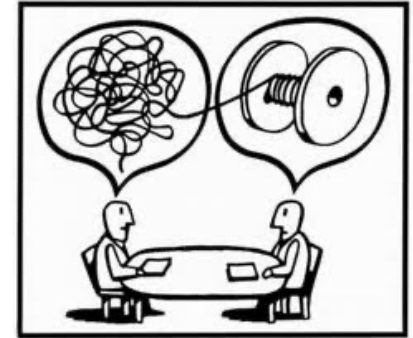
Skills-based

Person-centered

Educational

Why Do Cultural Assessments in Routine Care?

- Guide clinical translation
 - Culture affects experience and expression of mental illness
 - Difficulty translating into criteria-based categorical classification systems (e.g., DSM)
- Re-contextualize psychiatric evaluation
 - Avoid diagnostic reification
 - = symptoms AS diagnosis, not SIGNS of diagnosis



Why Do Cultural Assessments in Routine Care?

- Obtain person-centered information
 - Elicit person's and family's views of illness and care
 - Client's "story": meaning of illness or predicament
 - Impact on person of the social/structural context
- Increase rapport and trust, enhance alliance
- Align treatment with client's expectations
- Evidence caring and help empower client
- Refocus health system onto person-centered care

Complements Usual Assessment Formats

Generic

Intersectionality

- Demographic indicators

Subjective Appraisal

- Symptom experience

Structure

- Living arrangements
- Food insecurity

Person-centered

Intersectionality

- Most relevant aspects of own identity

Subjective Appraisal

- Most troubling aspects of problem
- Own experiences of discrimination

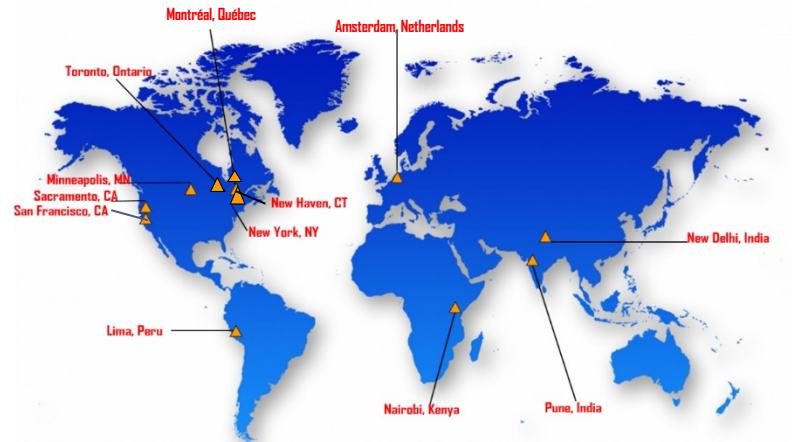
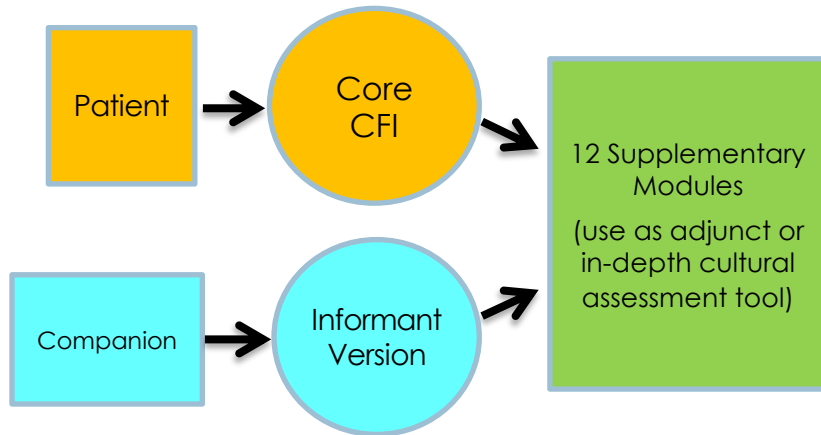
Structure

- Perceived barriers to care
- Scared to walk in neighborhood

CULTURAL FORMULATION INTERVIEW

Cultural Formulation Interview

- Set of interview protocols that can guide cultural assessment during evaluation and treatment planning with any patient by any provider in any care setting
- Three components:
 - DSM-5 Field Trial 2011-2012



Outline for Cultural Formulation



Cultural Identity

Cultural Explanations of Illness

Cultural Factors Related to Psychosocial
Environment and Levels of
Functioning

Cultural Elements of the Clinician-Patient
Relationship

Overall Cultural Assessment

Development of the CFI

- Review of DSM-IV Outline for Cultural Formulation (OCF) literature
 - Existing interviews, questionnaires, and protocols
 - Drafting of 14-item Beta version of CFI
 - Development of training approach
 - Testing in international field trial
- 6 countries, 11 sites, 321 patients, 75 clinicians, 86 family members
 - Preliminary data analysis of field trial results
 - Revision to 16-item final version of CFI
 - Reports of field trial findings
 - Implementation: fidelity instrument, training, outcomes

Inclusion of OCF Domains in Assessment Instruments

Lewis-Fernández et al. 2014

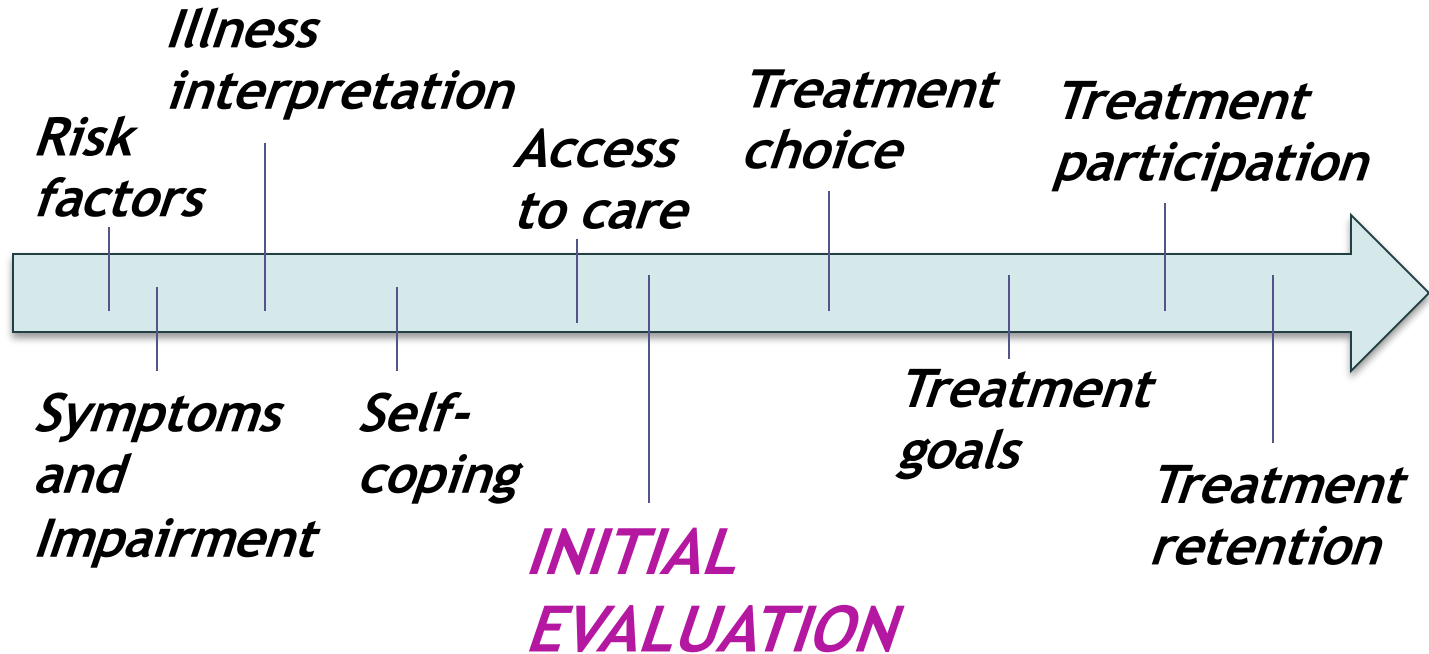
	Canada ^a	Netherlands ^b	Sweden ^c	USA ^d	UK ^e	Denmark ^f
Cultural Identity						
Language	✓	✓	✓	✓	✓	✓
Language use by developmental period and setting (e.g., at home)	✓	✓	✓	✓		✓
Language(s) in which patient is literate	✓				✓	
Perceived fluency in language of host culture		✓				
Cultural factors in development	✓					
Involvement with culture of origin (e.g., other migrants)	✓	✓	✓	✓		✓
Importance/frequency of involvement to patient		✓	✓	✓		✓
Perceptions of culture of origin	✓	✓*		✓		✓
Elements of culture of origin that are missed/relieved to have left		✓*	✓	✓		✓

^aKirmayer et al., 2001 (available in English); ^bRohlof et al., 2002/Rohlof, 2008 (items included in abbreviated version by Groen, 2009b are noted with *) (Dutch and English); ^cBäärnhielm et al., 2007, 2010a, 2010b (Swedish, English, and Norwegian); ^dMezzich et al., 2009 (English); ^eJadhav et al., 2010a, 2010b (English); ^fØsterskov, 2011 (Danish)

CFI Administration

- Used with any patient by any provider in any setting
- Can kick off evaluation to gather patient's views first
- Or at any point in care
- Indicated particularly in cases of:
 - Cultural differences that complicate diagnostic assessment
 - Uncertainty of fit between symptoms and DSM/ICD categories
 - Difficulty in judging severity or impairment
 - Disagreement between patient and clinician on course of care
 - Limited treatment engagement or adherence
 - Divergent views/expectations due to previous care experiences
 - Mistrust of services/institutions from past trauma/oppression

Initial Evaluation is Central to Care-Seeking Pathway



Structure of Core CFI

Cultural Formulation

841

Cultural Formulation Interview (CFI)

Supplementary modules used to expand each CFI subtopic are noted with underline.

GUIDE TO INTERVIEWER

INSTRUCTIONS TO THE INTERVIEWER ARE *ITALICIZED*.

The following questions aim to clarify key aspects of the presenting clinical problem from the point of view of the patient and other members of the patient's social network (i.e., family, friends, or others involved in current problem). This includes the problem's meaning, potential sources of help, and expectations for services.

INTRODUCTION FOR THE PATIENT:

I would like to understand the problems that bring you here so that I can help you more effectively. I want to know about *your* experience and ideas. I will ask some questions about what is going on and how you are dealing with it. Please remember there are no right or wrong answers.

CULTURAL DEFINITION OF THE PROBLEM

CULTURAL DEFINITION OF THE PROBLEM

Explanatory Model, Level of Functioning

Elicit the patient's view of core problems and key concerns.

Focus on the patient's own way of understanding the problem.

Use the term, expression, or brief description elicited in question 1 to identify the problem in subsequent questions (e.g., "your conflict with your son").

Ask how patient frames the problem for members of the social network.

Focus on the aspects of the problem that matter most to the patient.

1. What brings you here today?

IF PATIENT GIVES FEW DETAILS OR ONLY MENTIONS SYMPTOMS OR A MEDICAL DIAGNOSIS, PROBE:

People often understand their problems in their own way, which may be similar to or different from how doctors describe the problem. How would you describe your problem?

2. Sometimes people have different ways of describing their problem to their family, friends, or others in their community. How would you describe your problem to them?
3. What troubles you most about your problem?

Cultural Formulation Interview Domains

1. CULTURAL DEFINITION OF PROBLEM

- A. Person's definition of problem

2. CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

- B. Causes
- C. Stressors and supports
- D. Role of cultural identity

3. CULTURAL FACTORS AFFECTING COPING AND HELP SEEKING

- E. Self-coping
- F. Past help-seeking
- G. Barriers to help-seeking

4. CURRENT HELP SEEKING

- H. Preferences
- I. Clinician-patient relationship

CONCLUSIONS

Conclusions

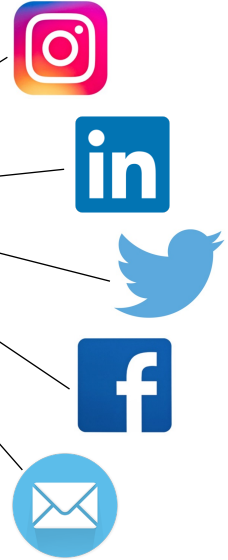
- Goals of clinical assessment are enhanced by person-centered cultural assessment
- Cultural concepts of distress
 - Focus providers on cultural experience of distress
 - Link illness, coping, and healing
- Social determinants of health are important components of cultural assessment
- Cultural Formulation Interview
 - Standardized approach for conducting individual cultural assessment



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THANK YOU!

