

# Personalized Cultural Assessment through the Cultural Formulation Interview (CFI)

Neil Krishan Aggarwal, MD

November 17, 2022



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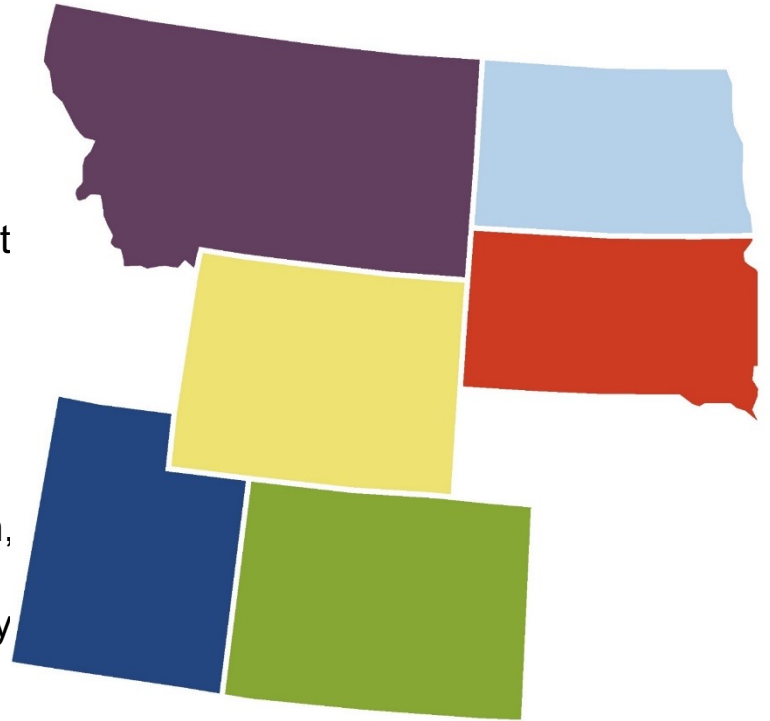
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The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South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

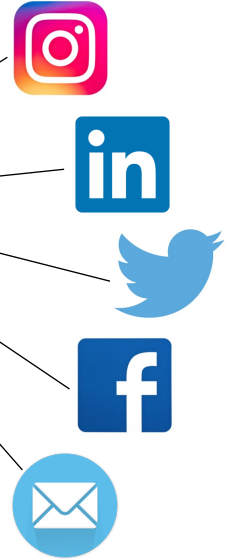
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AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS

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# Personalized Cultural Assessment through the Cultural Formulation Interview (CFI)

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New York State Psychiatric Institute*



New York State  
Psychiatric Institute  
Center of Excellence  
for Cultural Competence



# 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.

## Grant support:

NIMH MH102334 on developing the CFI-Engagement Aid (CFI-EA)



## *Take-away*

The CFI is a method for clinicians to complete person-centered cultural assessments

# Overview

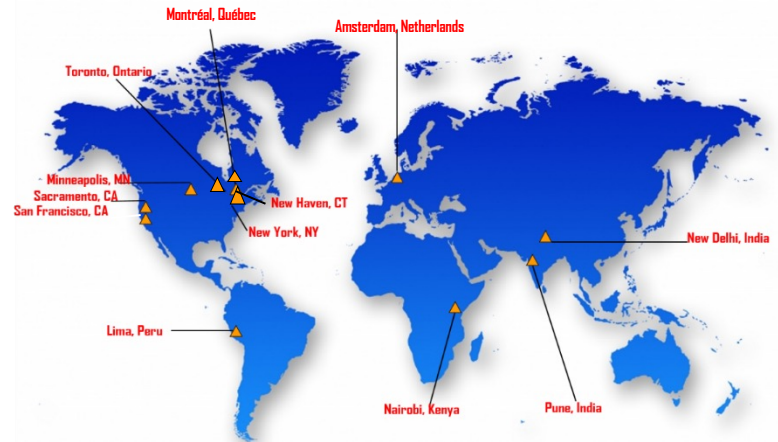
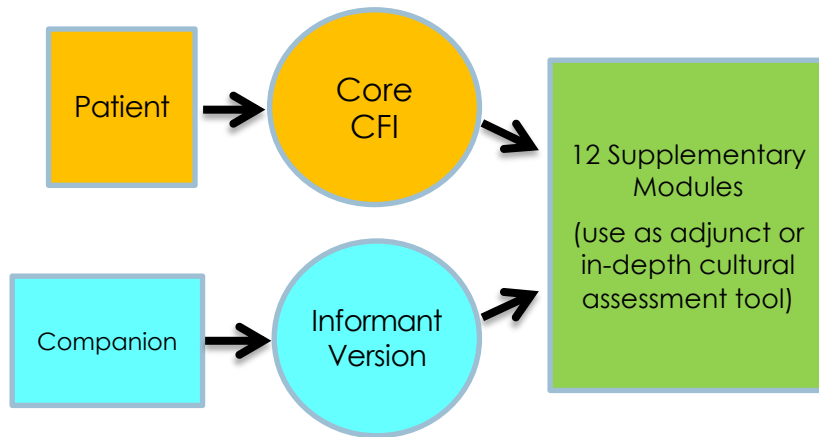
- Development and content of the CFI
- Key questions on CFI implementation
- Training on the CFI
- The CFI's areas of impact
- Areas in need of future research
- Conclusions
- Your questions and answers



# Development and Content of the CFI

# DSM-5 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
- Cultural Competence Center-NYSPI led its development and inclusion in DSM-5
- Three components:



Aggarwal et al. 2013, 2014, 2015, 2016, 2017, 2020; Hinton et al. 2015; Lewis-Fernández et al. 2014, 2016, 2017; Paralikar et al. 2015

# *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

# 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

# Structure of Core CFI

Cultural Formulation

841

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## Cultural Formulation Interview (CFI)

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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?



# *CFI Domains and Questions*

## **CULTURAL DEFINITION OF PROBLEM**

### **A. Definition of Problem**

1. Own definition
2. How describe to social network
3. Most troubling aspect

## *Introduction to CFI*

- Desire to understand in order to help more effectively
- Want to know about *your* experience and ideas
- Will ask questions about what is going on and how you are dealing with it
- There are no right or wrong answers

# *Cultural Definition of the Problem*

## *Cultural definition of the problem*

- Q1: Own definition of problem or concern
  - PROMPT: *People often understand their problems in their own way, which may be similar or different from how doctors describe the problem. How would you describe your problem?*
- Q2: How describe to social network\*
- Q3: Most troubling aspect

*\*Explores role of “family, friends, or others in your community”*

# CFI Domains and Questions

## CULTURAL DEFINITION OF PROBLEM

### A. Definition of Problem

1. Own definition
2. How describe to social network
3. Most troubling aspect

## CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

### B. Causes

4. Cause of problem
5. Cause per social network

### C. Stressors and Supports

6. How environment is supportive
7. How environment is stressful

### D. Role of Cultural Identity

8. Key aspect of background or identity
9. Effect on problem
10. Other concerns re cultural identity

# Cultural Perceptions of Cause, Context, and Support

## *Causes*

- Q4: Cause of problem
  - PROMPT: Diverse types of causes: bad things that happen, problems with others, physical illness, spiritual reason, others
- Q5: Cause according to social network\*

*\*Explores role of “family, friends, or others in your community”*

## *Stressors and Supports*

- Q6: How environment is supportive
  - E.g., support from others
- Q7: How environment is stressful
  - E.g., difficulties with money or family problems

# *Cultural Perceptions of Cause, Context, and Support*

## *Role of Cultural Identity*

- *INTRO: Background or identity can make problem better or worse... languages you speak, where you or your family are from, your race or ethnic background, your gender or sexual orientation, or your faith or religion*
- Q8: Key aspects of background or identity
- Q9: Effect on problem
- Q10: Other concerns regarding cultural identity

# CFI Domains and Questions

## CULTURAL DEFINITION OF PROBLEM

### A. Definition of Problem

1. Own definition
2. How describe to social network
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## CULTURAL FACTORS AFFECTING COPING AND HELP SEEKING

### E. Self-coping

11. Methods of self-coping

### F. Past help seeking

12. Help seeking from diverse sources

### G. Barriers

13. Barriers to obtaining help

# *Cultural Factors Affecting Coping and Help Seeking*

## *Self-coping*

- Q11: Methods of self-coping

## *Past help-seeking*

- Q12: Past help seeking from diverse sources
  - *Different kinds of doctors, helpers, or healers for treatment, help, advice, or healing*
- Which was most useful? Not useful?

## *Barriers*

- Q13: Barriers to obtaining help
  - *PROMPT: E.g., money, work or family commitments, stigma or discrimination, lack of services that understand your language or background*



# CFI Domains and Questions

## CULTURAL DEFINITION OF PROBLEM

### A. Definition of Problem

1. Own definition
2. How describe to social network
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## CURRENT HELP SEEKING

### H. Preferences

14. Most useful help at this time
15. Other help suggested by social network

### I. Clinician-Patient Relationship

16. Concerns about misunderstanding affecting care

# Current Help Seeking

## *Preferences*

- *INTRO: Now let's talk some more about the help you need*
- Q14: Most useful help at this time
- Q15: Other help suggested by social network\*

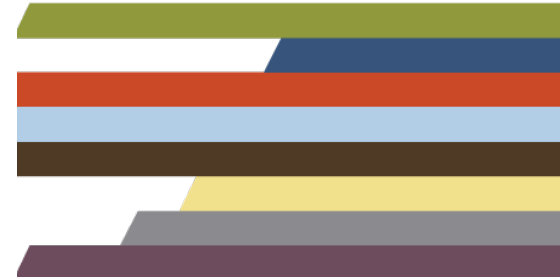
*\*Explores role of "family, friends, or others in your community"*

## *Clinician-Patient Relationship*

- *INTRO:*  
*Sometimes doctors and patients misunderstand each other because they come from different backgrounds or have different expectations.*
- Q16: Have you been concerned about this and is there anything that we can do to provide you with the care you need?



# Key Questions on CFI Implementation



## *Key Questions on CFI*

How easy to implement is the CFI, according to care recipients and providers?

# Key Questions on CFI

- **6-country DSM-5 Field Trial** (N=321 pts; 75 clinicians; 86 relatives)
  - CFI has high feasibility, acceptability, and clinical utility
  - Can be conducted in ~20 min, after 1 practice run

# Methods of Field Trial

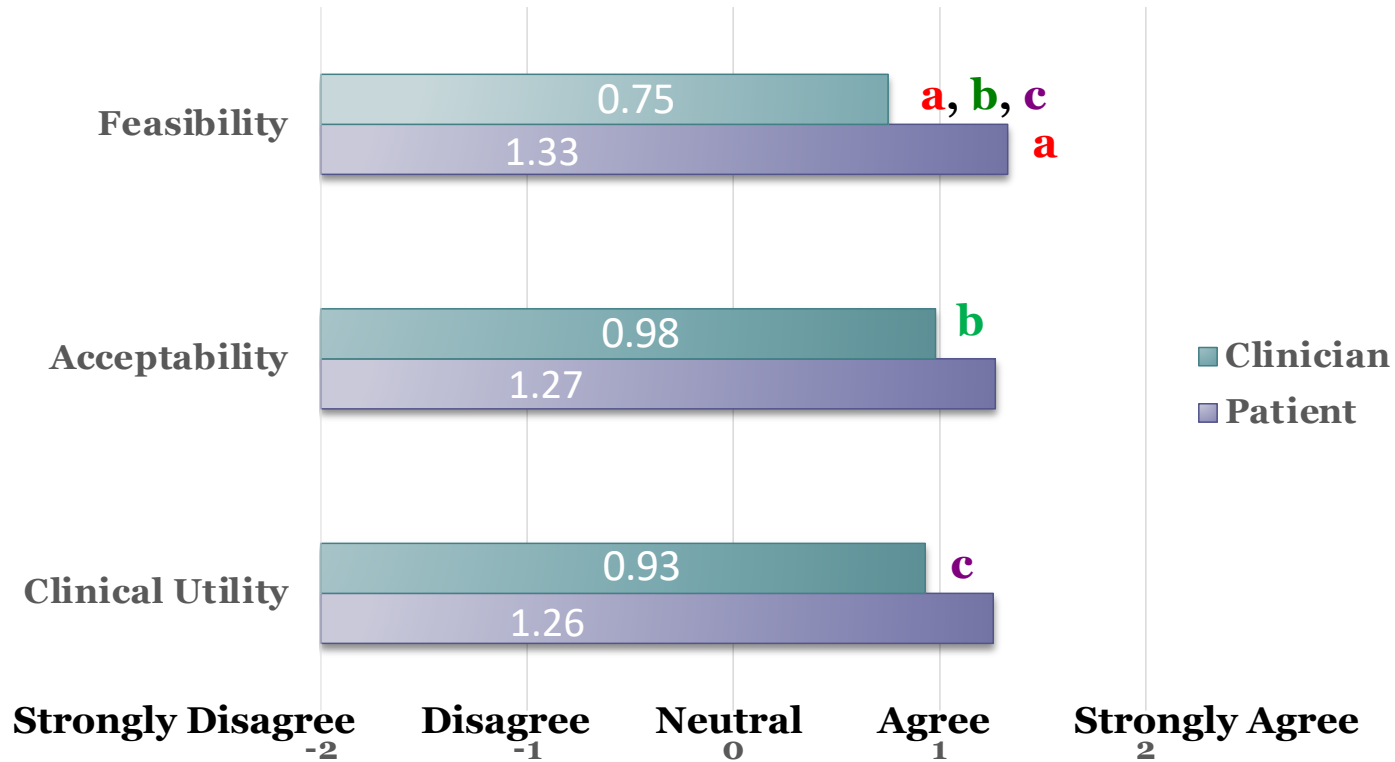
## Training

- Review CFI guidelines
  - Video
  - Role-playing
  - Question and answer
- } 1½-2 hours

## Recruitment

- New or existing patients
- Existing patients referred by usual clinicians
- Patients could be accompanied by relatives
- Each clinician interviewed 3-6 patients

# Field Trial Results

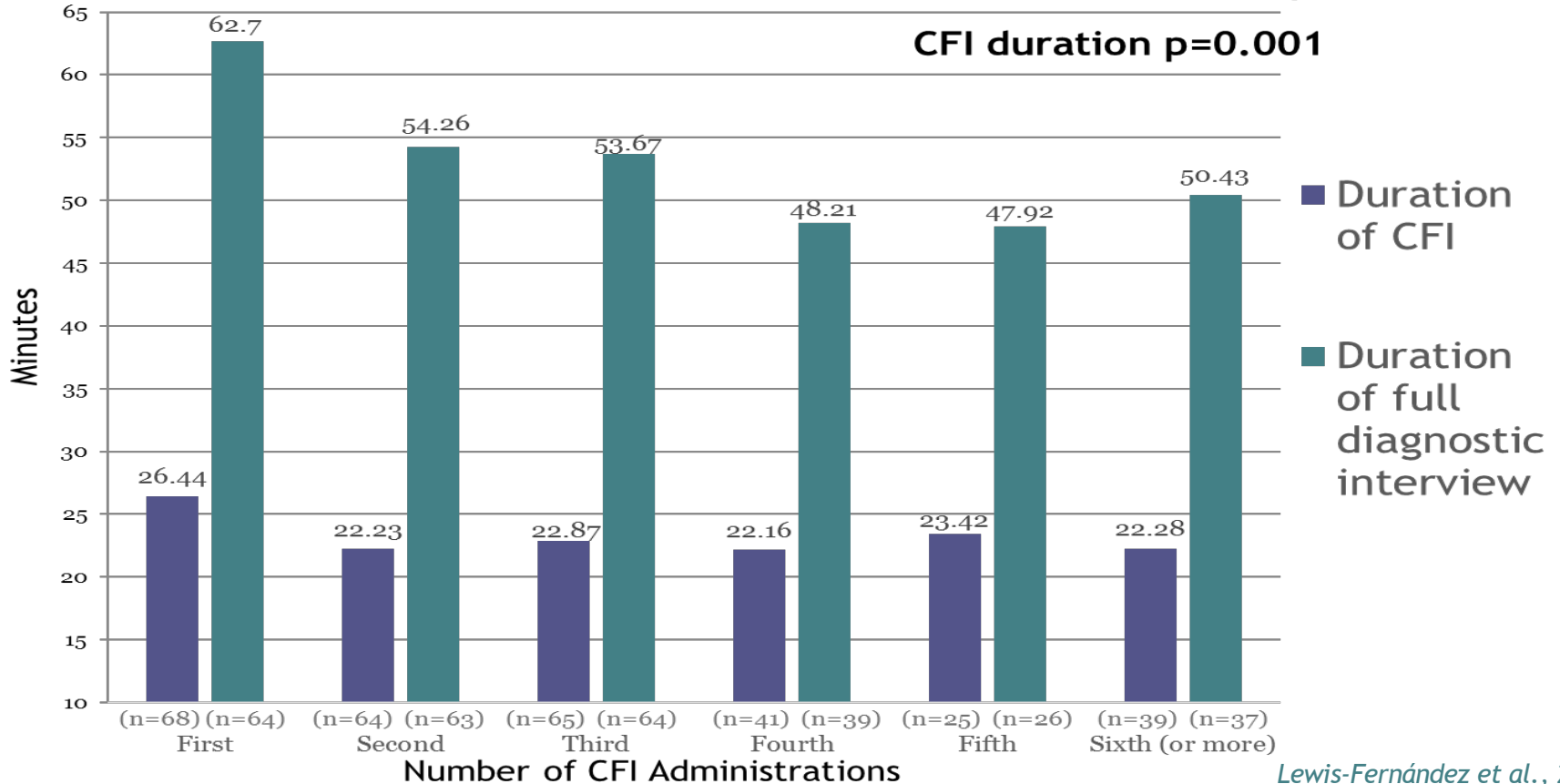


Values with the same superscript differ significantly at  $p < .05$

# Interview duration

Interview duration  $p=0.004$

CFI duration  $p=0.001$





# Implementation

## Pilot at NYS-OMH PC

- Goal: Identify barriers and facilitators of CFI use
- N=14 providers in inpatient units
  - 8 largely in civil units; 5 in forensic units
- Interviewed 5 times over 10 months, after CFI use
- Implementation over time: civil > forensic
- Qualitative findings:
  - Providers want to use flexibly based on clinical status
    - E.g., use later for acutely psychotic patients
  - Use is facilitated if CFI integrated into treatment plans
  - Impact of requiring CFI depends on flexibility and meaningful incorporation into care

## *Key Questions on CFI*

What kind of training is needed to use the CFI?

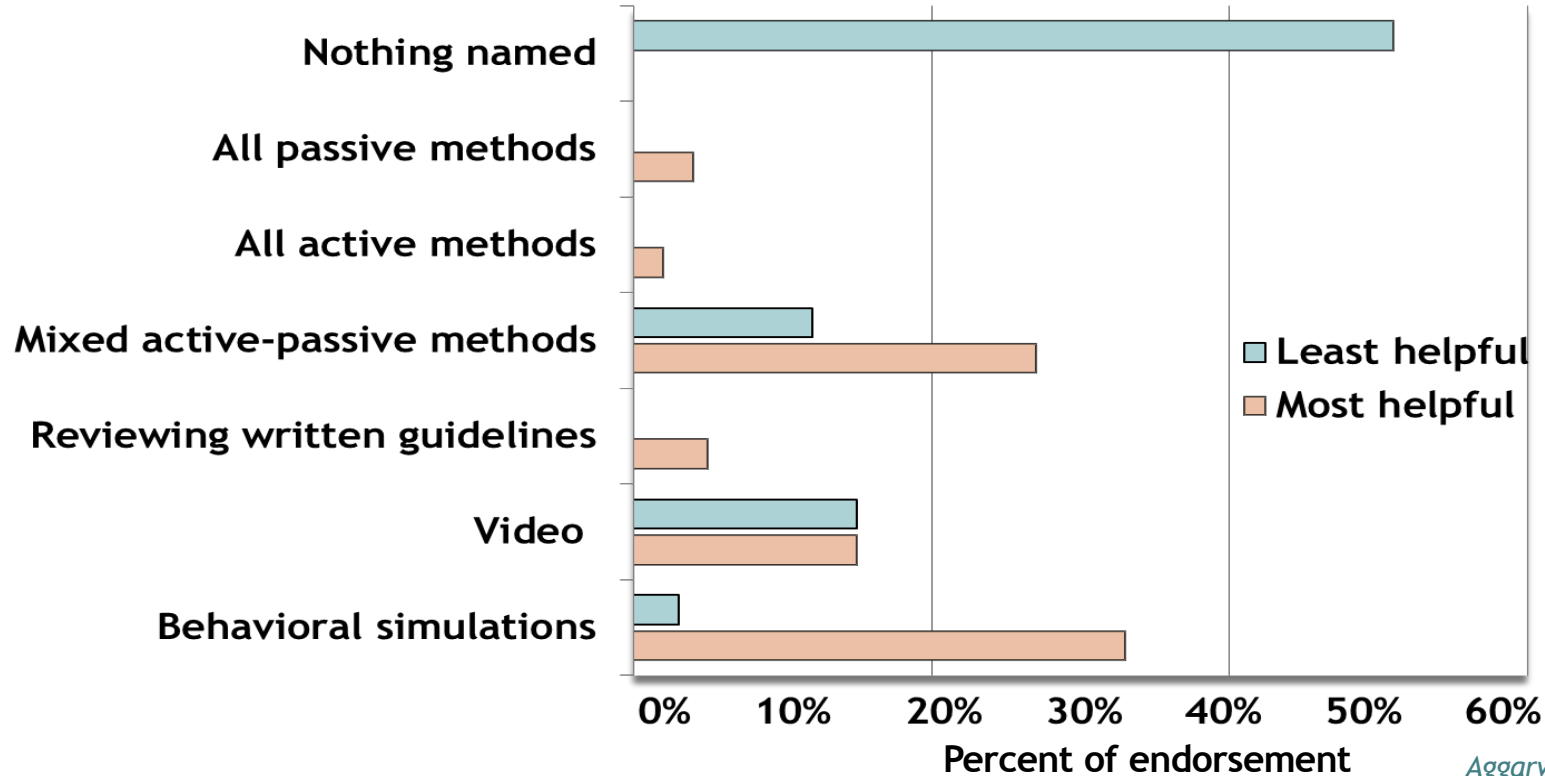
# Need for Training

- CFI + qualitative debriefing interviews
- CFI was free-standing from diagnostic evaluation
- Mexican regional psychiatric outpatient clinic
- N=19 patients, 11 clinicians (10 psychiatry residents)
- Training: written summaries of DSM-5 guidelines
- Inductive/deductive coding:
  - CFI obtained useful information on social support
  - Q#8 on cultural identity often not understood
  - CFI helped diagnosis, treatment plan, patient-provider relationship
  - Impact of provider culture and training

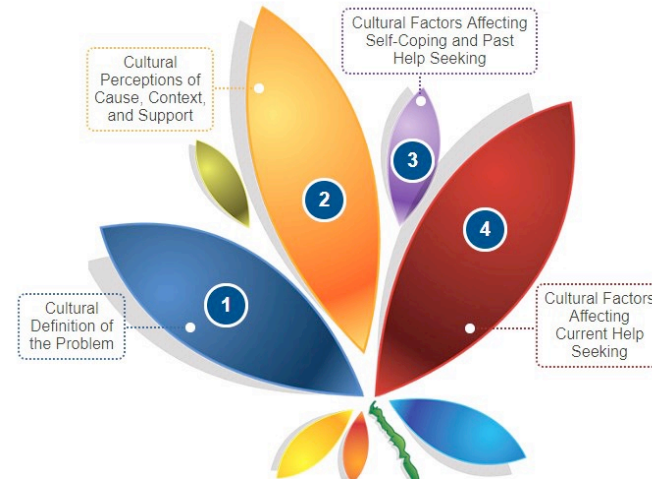
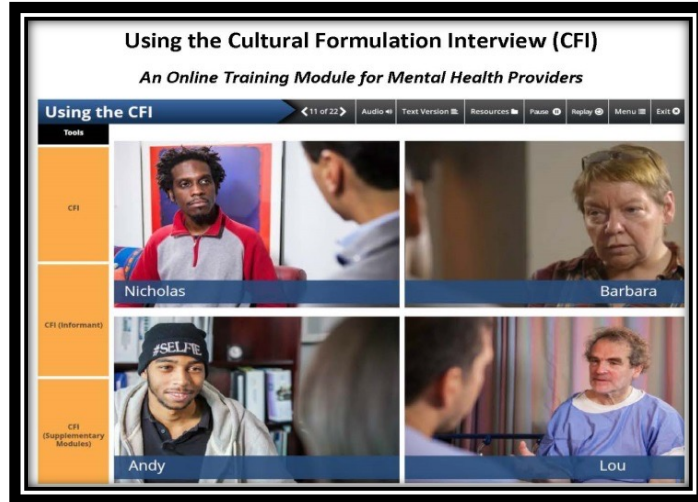
# *The Science of Training*

- CFI guidelines and content - *Passive*
- Video demonstration - *Passive*
- Behavioral simulations - *Active*
- Expert coaching and feedback - *Active*
- Question and answer period - *Active*
- Fidelity assessment - *Active*

# Clinician Training Preferences in CFI Field Trial (n=75)



# CFI Online Training Module



<http://nyculturalcompetence.org/cfionlinemodule/>

# Register

## Using the Cultural Formulation Interview: Online Training Module

To purchase the online training module, begin by creating an account

### More Information

[Request a quote for group purchasing](#)

[View minimum system requirements](#)

[CFI fee structure](#)

[Using the CFI Online Training Module: FAQ](#)

### CREATE YOUR ACCOUNT

In what country do you work? \*

-- Select a Country --

Select Your Position \*

- MD/PhD
- Non-MD/PhD

CONTINUE

“One of the greatest challenges in the field of cultural psychiatry over the past two decades—since the Outline for Cultural Formulation was published in DSM-IV—has been the need to develop a clinically effective set of questions that mental health practitioners could use to reliably describe the cultural context of psychological distress and psychiatric symptoms. This volume, the product of a DSM-5 work group dedicated to this challenge since 2007, represents a major step forward. It includes a core 16-item Cultural Formulation Interview, along with 12 supplementary modules on subjects such as the patient-clinician relationship, immigrants and refugees, children and adolescents, and caregivers. Its widespread use by clinicians and students should lead to more sensitive interactions with patients and their families in diverse and multicultural settings, as well as to more effective, person-centered clinical care.”

Ronald Wintrub, M.D., Clinical Professor of Psychiatry and Human Behavior,  
Warren Alpert School of Medicine, Brown University, Providence, Rhode Island

The Cultural Formulation Interview (CFI) is the product of an intensive process undertaken for DSM-5, and only one book—the *DSM-5® Handbook on the Cultural Formulation Interview*—provides clinicians with the background and guidance they need to implement this innovative tool.

The CFI can be used in widely varied research and clinical settings to enhance clinical understanding and decision making. This handbook presents the underlying theories behind the CFI and practical strategies to enable providers to understand patients' health and illness experience in cultural context. The benefits include enhanced communication, a greater sense of the issues at stake for the patient, more accurate diagnosis and comprehensive assessment, and improved treatment planning across clinical encounters in any setting.



www.appi.org

DSM-5® Handbook on the  
Cultural Formulation Interview

Lewis-Fernández • Aggarwal  
Hinton • Hinton • Kirmayer



# DSM-5®

## Handbook on the Cultural Formulation Interview

Video  
Illustrated

Edited by

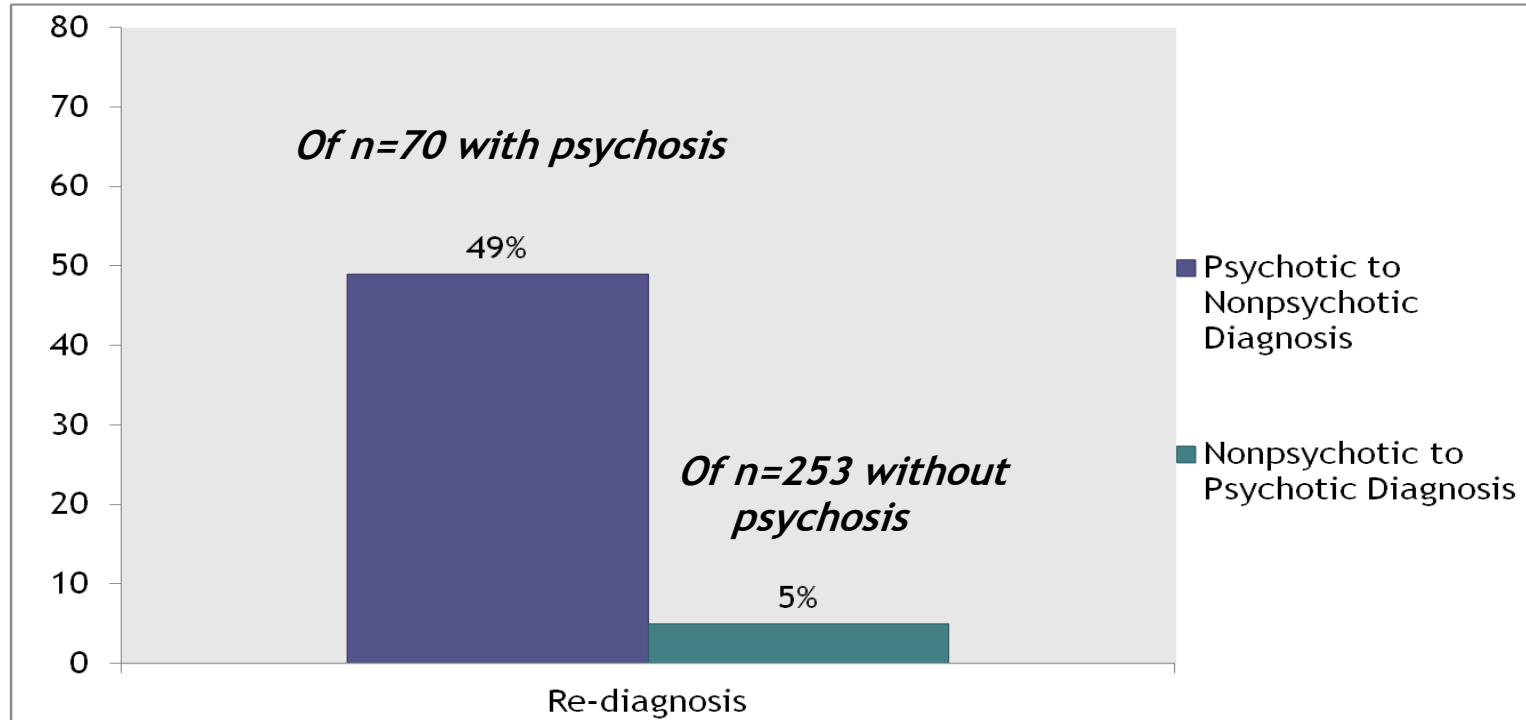
Roberto Lewis-Fernández, M.D., M.T.S.  
Neil Krishan Aggarwal, M.D., M.B.A., M.A.  
Ladson Hinton, M.D.  
Devon E. Hinton M.D., Ph.D.  
Laurence J. Kirmayer, M.D.



## *Key Questions on CFI*

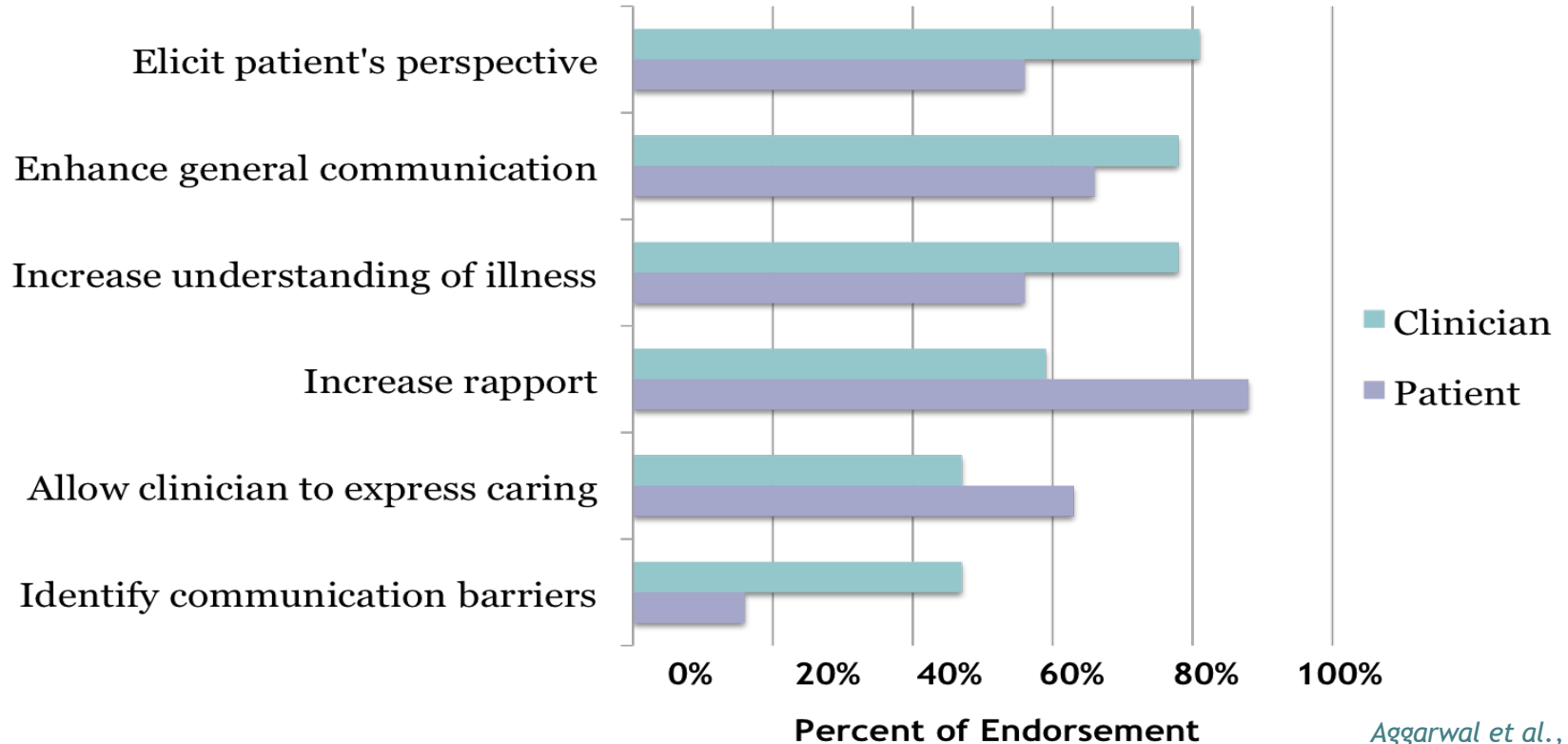
**What is the CFI  
most useful for?**

# Re-Diagnosis Using Cultural Formulation (n=323)



# Tasks Met by CFI Questions

*NYSPI Site (n=32 patient-clinician dyads)*



# Neil K. Aggarwal NIMH K23

- Developed 3-session CFI Engagement Aid (CFI-EA)
  - Assessment + treatment planning intervention over 12 weeks
  - Goal: improve communication to enhance engagement
- Evaluation (quant-qual)
  - DESIGN
    - 2-arm RCT: CFI-EA vs. TAU
    - N=18 pts & 3 clinicians per arm
    - Multi-ethnic sample
  - OUTCOME MEASURES
    - Implementation (e.g., feasibility)
    - Communication (e.g., RIAS)
    - Engagement (e.g., retention)
    - Response (e.g., symptom reduction)

## *Key Questions on CFI*

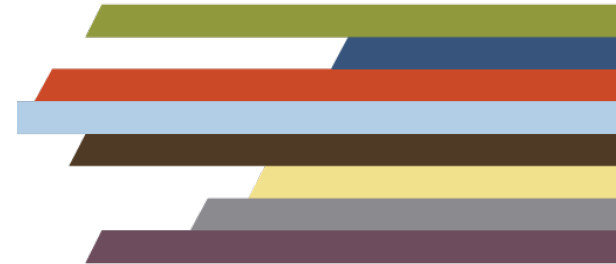
**What are areas in need  
of research on CFI?**

# Ongoing Research on CFI

- Efficacy studies
  - Uninterrupted vs. interspersed CFI? Tailored vs. full CFI?
  - Which outcomes? Engagement? Diagnosis? Others?
  - Compared to usual treatment? To in-depth cultural assessment?
- Implementation best practices
  - Team-based care, including interpreters, culture brokers, peer providers
  - Continuity across levels of care
  - Standardized vs. flexible use (e.g., when in care process?)
  - Role of Electronic Health Record in structuring information obtained
- Ongoing development of the CFI
  - Clarification of question #8 on background and identity
  - Evaluation of families and pre-school age children
  - Further inclusion of structural determinants of mental health



# Conclusions



# Conclusions

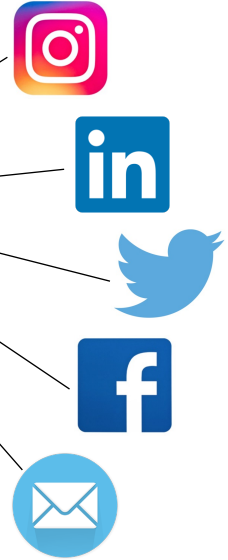
- DSM-5 Cultural Formulation Interview
  - Is a standardized sociocultural assessment for individuals
  - May be implemented in routine mental health services
  - Shows promise in enhancing quality of care
- Can be combined with other therapeutic modalities
- May help enhance quality of care and overcome disparities
- Needs additional efficacy and implementation research



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## THANK YOU!



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