THE NYAPRS CULTURAL COMPETENCE COMMITTEE PRESENTS

Using the Cultural Formulation Interview to Support Recovery Outcomes
July 6th, 2:30-3:30pm
with

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Using the Cultural Formulation Interview (CFI) to Support Recovery

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Overview

Definition of culture
Importance of cultural assessment
Development of the Cultural Formulation Interview (CFI)
CFI content
Results of international field trial
The CFI & Recovery Principles: a walk-through
Examples: CFI as a tool to support engagement, shared decision-making and person-centered planning

Q & A
DSM-5 Definition of Culture

Values, orientations, knowledge, and practices that individuals use to understand their experiences

Aspects of a person’s background, experience, and social contexts that may affect his or her perspective

The influence of family, friends, and other community members (the individual’s social network) on the individual’s illness experience
Fish don’t know they are in water
Culture Impacts People Seeking Mental Health Recovery

**How we...**

- Identify mental health condition
- Seek help
- Experience and prioritize symptoms
- Conceptualize treatment
- Define recovery
- Participate in care
- Experience response and recovery
CULTURE IMPACTS BEHAVIORAL HEALTH PROVIDERS

How we...

- Determine whether an experience is an “illness:"
- Communicate during a clinical encounter/service
- Support individuals
- Structure our work settings
- Develop a moral stance toward care
A Systematic Cultural Assessment Method Should Be:

- Comprehensive
- Thorough
- Standardized
- Skills-based
- Person-centered
- Educational
POLL
DSM-IV 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
ACCESSING THE CFI

The APA DSM-5 Cultural Formulation Interviews available at the following links:

Core CFI

• https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview.pdf

CFI Informant Version

• https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview-Informant.pdf

CFI Supplementary Modules

• https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview-Supplementary-Modules.pdf
Development of 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
- Preliminary data analysis of field trial results
- Revision to 16-item final version of CFI
- Reports of field trial findings
- Implementation: fidelity instrument, training
Cultural Formulation Interview

Individual -> Core CFI

Informant [Family] -> Informant Version

12 Supplementary Modules
(use as adjunct or in-depth cultural assessment tool)
Cultural Formulation Interview (CFI)

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

**GUIDE TO INTERVIEWER**

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.

**INSTRUCTIONS TO THE INTERVIEWER ARE ITALICIZED.**

**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**

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?
Domain 1: Cultural Definition of the “Problem”

Cultural Definition of the “Problem”

Q1: Own definition of “problem” or concern
   PROMPT: Patients and doctors may agree or disagree

Q2: How describe to social network*

Q3: Most troubling aspect

*Explores role of “family, friends, or others in your community”
Domain 2: Cultural Perceptions of Cause, Context, and Support

**Causes**

INTRO: Diverse types of causes

- Q4: Cause of problem
  PROMPT: Diverse types of causes

- Q5: Cause according to social network*

**Stressors and Supports**

- Q6: How environment is supportive
- Q7: How environment is stressful

*Explores role of “family, friends, or others in your community”*
Domain 2: Cultural Perceptions Of Cause, Context, And Support (Continued)

**Role of Cultural Identity**

INTRO: Definition of “background or identity”

- Q8: Key aspects of background or identity
- Q9: Effect on problem or condition
- Q10: Other concerns regarding cultural identity
Domain 3: Cultural Factors Affecting Coping and Help Seeking

Self-coping
- Q11: Methods of self-coping

Past help-seeking
- Q12: Past help seeking from diverse sources
  PROMPT: Which was most useful? Not useful?

Barriers
- Q13: Barriers to obtaining help
  PROMPT: Examples of barriers
Domain 4: 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”
Domain 4: Current Help Seeking (Continued)

**Clinician-Patient Relationship**

INTRO: Sometimes doctors and patients misunderstand each other because they come from different backgrounds or have different expectations.

- **Q16:** Misunderstanding and how to provide care
  Have you been concerned about this and is there anything that we can do to provide you with the care you need?
Field Trial

• Led by:
  • Study Group on Gender & Culture
  • NYSPI Cultural Competence Center
• N=321 outpatients in 12 cities and 6 countries
• Aims are to assess:
  • **Feasibility**: Can clinicians do it? Do patients answer?
  • **Acceptability**: Do patients and clinicians like it?
  • **Perceived clinical utility**: How useful do they think it is?
How the CFI Supports Recovery Outcomes
Grounding recovery goals and plans in what matters to people

- Asks about & builds upon individual’s main concerns (what bothers individual most) (e.g., CFI questions 2, 3)
- Focuses on what individual feels is causing his/her main concerns (e.g., CFI question 4)

Building upon strengths of individuals

- Asks about coping strategies individuals have found useful, such as spirituality, religion, alternative supports (CFI question 11)
How Can the CFI help Promote Recovery Principles and the CFI: Examples

Promoting stronger supports from peer, families, and communities

• Asks how individual’s social network – such as family, friends, peers, community - sees causes of concern (e.g., CFI question 5)
• Explores how support of social network are helpful with main concern (e.g., CFI question 6)

Fostering a holistic view of individuals

• Identifies barriers - in the entire person’s life - that limit opportunities of individuals to recover (e.g., financial, lack of services, stigma, discrimination (CFI question 13)
Promoting self-direction and self-determination
• Asks about types of help individual would find most helpful at present (e.g., CFI question 14)

Recovery is based on respect
• Asks individual about concerns he/she may have about how cultural differences may affect provider-person relationship (e.g., CFI question 16)
CFI Scenarios: Supporting Recovery

Three young people experiencing a “first episode of psychosis”

For each, we summarize:

• What concerns them most
• Why they think this is happening
• How their families see what is happening
• What matters most to them (in the context of their identities)
• How they would like to be helped
• Lessons on improving engagement and recovery supports
Ronke

What concerns her most:
- The medications I take make me too drowsy, and I can’t find my purpose
- Why is it that every time I have a feeling, people think it’s mental illness

Why she thinks this is happening:
- I am not psychotic or mentally ill, I am having a spiritual experience
- Last doctor I told about my spiritual experience, she said I was delusional and in denial

How her family sees what is happening:
- They are confused. If we were in Africa they wouldn’t doubt it is a spiritual experience
Ronke

What matters most to her (in the context of her identities):

• My faith, finding purpose
• Dance, clothing, designing dresses
• I believe in the goodness of herbs, want to be a naturalist

How she would like to be helped:

• Would like to one day have a boutique to help women dress modest but pretty, according to their faith
Ronke: Lessons for Supporting Engagement and Recovery

Ronke did not need to be convinced that she is “mentally ill” to become or remain engaged (or be confronted with her “denial”)

Ronke and her provider found a point of engagement: her educational/career goals, which for Ronke is a way of pursuing her God-given purpose
POLL
Mike
Mike

What concerns him most:

• I feel stuck in this job (delivering sandwiches). I fear my dream of being a chef will never be realized.

How his family sees what is happening:

• My dad says I had my chance when I went to culinary school and I blew it. My goal is too lofty.

• My dad thinks I am too vulnerable, I might get sick again.

How he would like to be helped:

• I want my peer provider to support me to talk to my dad: to tell my dad I understand he is concerned about me, but that he has to let me try again (cooking is to me, what cars are to you, Dad)
What matters most to Mike is to go back to culinary school.

Working with his peer provider, he has come to realize that he does not have to choose between his dream and his father, that his relationship with his dad matters a lot to him too.
Taina

What concerns her most:
  • Not being able to have a girlfriend, an intimate relationship, just like my friends do
  • The medications I take shut down my artistic creativity, my drawing and painting

How her family sees what is happening:
  • My mother doesn’t think I had a psychotic episode. She thinks I am possessed by a demon. She took me to a priest to drink holy water, to be exorcised.

How she would like to be helped:
  • Last time I told a therapist what my mother thought, she said to “cut ties” with them (become an independent young woman). I don’t want that.
  • I want help to have my mother understand that I like girls, and I am not possessed.
Taina was afraid of sharing with her provider how her family saw what was happening.

Asking about what she wanted (maintain family relationship), and her family views without judgement, opened door for trust in provider.
Goal: To foster **person-centered, culturally competent, recovery-oriented** treatment planning by offering practitioners cutting-edge interactive online training on the effective use of the CFI.

In **partnership with**: Center for Practice Innovations (CPI) at NYSPI/Columbia University, experts in online training

**Expected Launch Date:**

July 2016

**Key features:**

- 55-minute training session
- Available online through CPI web platform
- “Action Planners” to support implementation in real-life program settings
Using the Cultural Formulation Interview (CFI)

An Online Training Module for Mental Health Providers

Coming Soon!

Summer 2016

Visit us at:

http://nyculturalcompetence.org/

http://practiceinnovations.org/
DSM-5 Cultural Formulation Interview

- Promotes recovery principles
- Can be used with every person seeking help for mental illness, in any setting, by any provider, including peer providers
- Was developed to be person-centered, to avoid stereotyping and to elicit the person’s views of illness and care, as well as their social networks’
- Is operationalized and implementable
- Can guide clinical assessment and treatment negotiation following a shared-decision making approach
Contact Information

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Comments? Questions?