

The DSM 5 and the Cultural Formulation Interview: What it is and how to implement it

ANDRÉS HOYOS, MS, LCSW

Objectives

- ▶ To understand the historical context and evolution of the cultural competency in the DSM
- ▶ To understand the Cultural Formulation Interview (CFI) as a guiding tool with strengths and limitations
- ▶ To understand each of the 12 supplementary modules of the CFI
- ▶ To learn how to conduct the CFI by learning the concepts through concrete clinical case examples
- ▶ To understand some important considerations for Implementation of the Cultural Formulation Interview

Presentation Outline

Introduction

Implementation

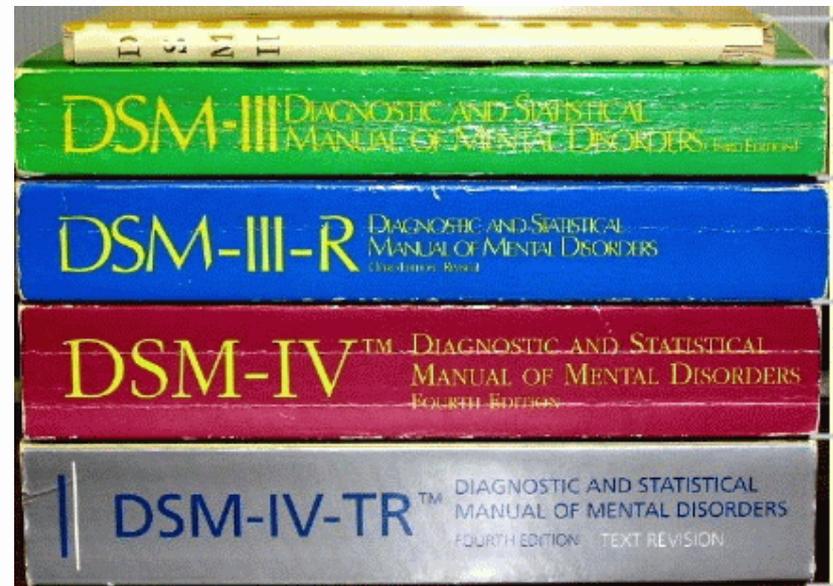
- Cultural Definition of The Problem
- Cultural Perception of the Causes, Context and Support
 - Causes
 - Stressors and support
 - Role of Cultural Identity
- Cultural Factors Affecting Self-Coping and Past Help Seeking
 - Self-Coping
 - Past Help Seeking
 - Barriers
- Cultural Factors Affecting Current Help Seeking
 - Preferences
 - Client-Patient Relationship

12 Supplementary models

Introduction

DSM 5 and cultural competence

- ▶ From inexistent, to culture bound syndromes and now, CFI!



GUIDE TO INTERVIEWER

The following questions aim to clarify key aspects of the presenting clinical problem from the point of view of the individual and other members of the individual'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 INDIVIDUAL:

- ▶ 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

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- ▶ Elicit the individual's view of core problems and key concerns.
- ▶ Focus on the individual's own way of understanding the problem.

1. What brings you here today?

CULTURAL DEFINITION OF THE PROBLEM

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- ▶ Ask how individual frames the problem for members of the social network.

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?

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

3. What troubles you most about your problem?

CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

CAUSES

- ▶ This question indicates the meaning of the condition for the individual, which may be relevant for clinical care.

4. Why do you think this is happening to you? What do you think are the causes of your [PROBLEM]?

- ▶ Note that individuals may identify multiple causes, depending on the facet of the problem they are considering.

CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

CAUSES

- ▶ Focus on the views of members of the individual's social network. These may be diverse and vary from the individual's.
5. What do others in your family, your friends, or others in your community think is causing your [PROBLEM]?

CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

STRESSORS AND SUPPORTS

- ▶ Elicit information on the individual's life context, focusing on resources, social supports, and resilience. May also probe other supports (e.g., from co-workers, from participation in religion or spirituality).

6. Are there any kinds of support that make your [PROBLEM] better, such as support from family, friends, or others?

CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

STRESSORS AND SUPPORTS

- ▶ Focus on stressful aspects of the individual's environment. Can also probe, e.g., relationship problems, difficulties at work or school, or discrimination.

7. Are there any kinds of stresses that make your [PROBLEM] worse, such as difficulties with money, or family problems?

CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

ROLE OF CULTURAL IDENTITY

- ▶ Ask the individual to reflect on the most salient elements of his or her cultural identity. Use this information to tailor questions 9–10 as needed.

8. For you, what are the most important aspects of your background or identity?

CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

ROLE OF CULTURAL IDENTITY

- ▶ Elicit aspects of identity that make the problem better or worse.

9. Are there any aspects of your background or identity that make a difference to your [PROBLEM]?

10. Are there any aspects of your background or identity that are causing other concerns or difficulties for you?

CULTURAL FACTORS AFFECTING SELF-COPING AND PAST HELP SEEKING

SELF-COPING

- ▶ Clarify self-coping for the problem.

11. Sometimes people have various ways of dealing with problems like [PROBLEM]. What have you done on your own to cope with your [PROBLEM]?

CULTURAL FACTORS AFFECTING SELF-COPING AND PAST HELP SEEKING

PAST HELP SEEKING

- ▶ Elicit various sources of help (e.g., medical care, mental health treatment, support groups, work-based counseling, folk healing, religious or spiritual counseling, other forms of traditional or alternative healing).
- ▶ Clarify the individual's experience and regard for previous help.

12. Often, people look for help from many different sources, including different kinds of doctors, helpers, or healers. In the past, what kinds of treatment, help, advice, or healing have you sought for your [PROBLEM]?

CULTURAL FACTORS AFFECTING SELF-COPING AND PAST HELP SEEKING

BARRIERS

Clarify the role of social barriers to help seeking, access to care, and problems engaging in previous treatment.

- ▶ Probe details as needed (e.g., “What got in the way?”).

13. Has anything prevented you from getting the help you need?

PROBE AS NEEDED:

- ▶ For example, money, work or family commitments, stigma or discrimination, or lack of services that understand your language or background?

CULTURAL FACTORS AFFECTING CURRENT HELP SEEKING

PREFERENCES

Clarify individual's current perceived needs and expectations of help, broadly defined.

- ▶ Probe if individual lists only one source of help (e.g., “What other kinds of help would be useful to you at this time?”).
- ▶ Focus on the views of the social network regarding help seeking.
- ▶ Now let's talk some more about the help you need.

14. What kinds of help do you think would be most useful to you at this time for your [PROBLEM]?

15. Are there other kinds of help that your family, friends, or other people have suggested would be helpful for you now?

CULTURAL FACTORS AFFECTING CURRENT HELP SEEKING

CLINICIAN-PATIENT RELATIONSHIP

Elicit possible concerns about the clinic or the clinician-patient relationship, including perceived racism, language barriers, or cultural differences that may undermine goodwill, communication, or care delivery.

- ▶ Sometimes doctors and patients misunderstand each other because they come from different backgrounds or have different expectations.
- ▶ Probe details as needed (e.g., “In what way?”).
- ▶ Address possible barriers to care or concerns about the clinic and the clinician-patient relationship raised previously.

16. Have you been concerned about this and is there anything that we can do to provide you with the care you need?

CFI's 12 Modules

- ▶ **Module 1: Explanatory Model**
- ▶ **Module 2: Level of Functioning**
- ▶ **Module 3: Social Network**
- ▶ **Module 4: Psychosocial Stressors**
- ▶ **Module 5: Spirituality, Religion, and Moral Traditions**
- ▶ **Module 6: Cultural Identity**
- ▶ **Module 7: Coping and Help Seeking**
- ▶ **Module 8: Patient-Clinician Relationship**
- ▶ **Module 9: School-Age Children and Adolescents**
- ▶ **Module 10: Older Adults**
- ▶ **Module 11: Immigrants and Refugees**
- ▶ **Module 12: Caregivers**

Some Additional Considerations for Implementation of the Cultural Formulation Interview

- Planning and Assessment.
- Use of the Cultural Formulation Interview in Different Clinical Settings
- Administrative Perspectives on the Implementation and Use of the Cultural Formulation Interview
- Application of the Cultural Formulation Interview in International Settings

Reference

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

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Contact Information

Andrés Hoyos, MS LCSW
andreshoyospsychotherapy@gmail.com

www.ctacny.org

For CTAC specific questions:
ctac.info@nyu.edu