

Behavioral Health is Essential To Health



Prevention Works



Treatment is Effective



People Recover

Using the Cultural Formulation Interview to Support Recovery

with

Guest Host Chacku Mathai

NAMI STAR Center

and

Roberto Lewis-Fernández, MD, MTS

Oscar Jiménez-Solomon, MPH

*Columbia University Department of Psychiatry
New York State Center of Excellence for Cultural Competence
New York State Psychiatric Institute*



Resources and Continuing Education

“Download Materials Here” available now

- Speaker bios
- PDF of presentation slides

Available at end of webinar

- Certificate of Participation
- Link to NAADAC Continuing Education
- Participant feedback opportunity



The background features a series of colorful gears in shades of pink, light blue, green, orange, and yellow. Two dark grey hands are shown reaching up from the bottom, one holding a green gear and the other holding an orange gear, with their fingers interlocking. The title 'Recovery to Practice' is centered at the top in a bold, dark brown font.

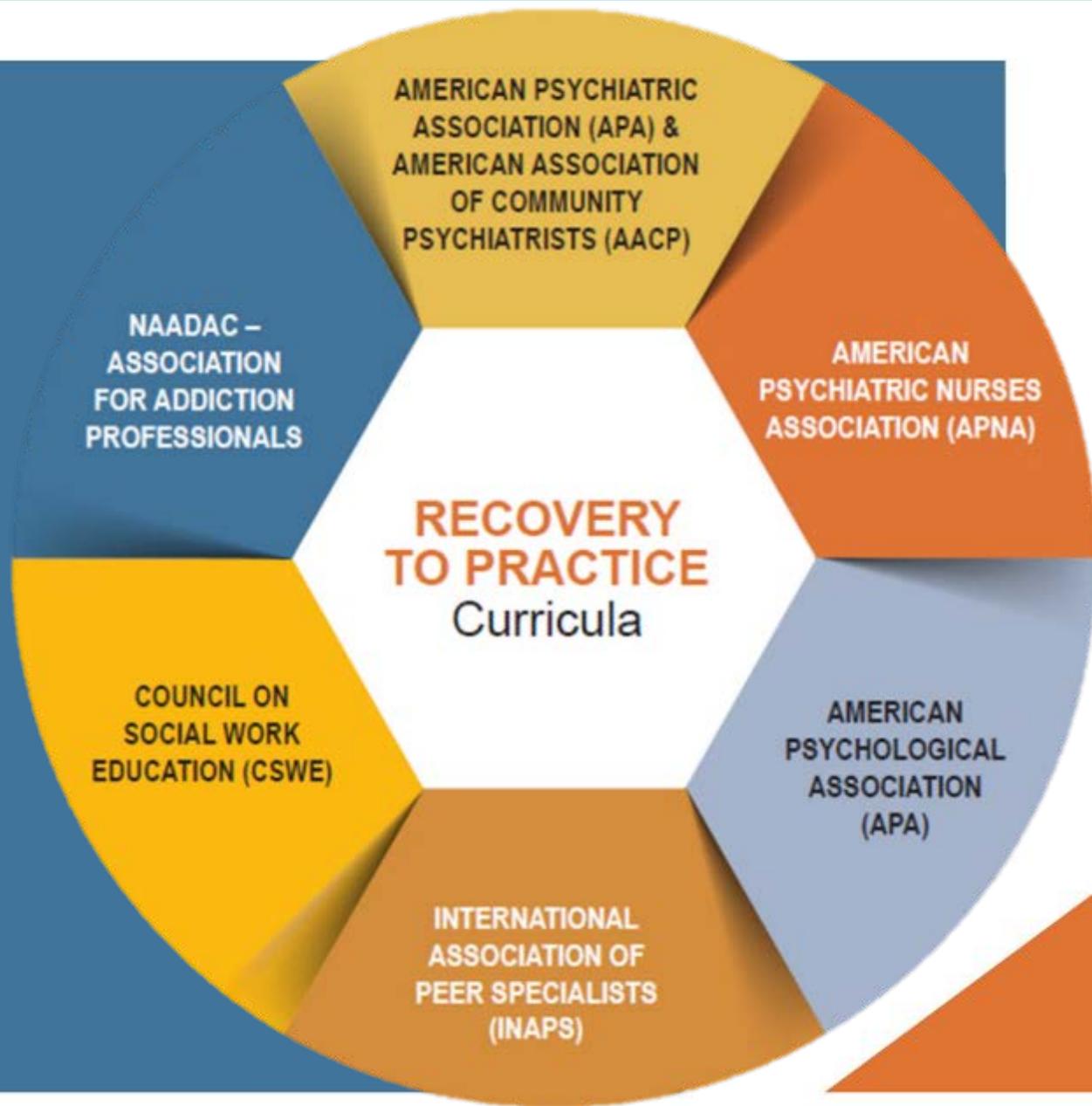
Recovery to Practice

Through education, training, and resources the Recovery to Practice (RTP) program supports the expansion and integration of recovery-oriented behavioral health care delivered in multiple service settings.



SAMHSA's
10 Principles
and
4 Dimensions
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Using the Cultural Formulation Interview (CFI) to Support Recovery



Roberto Lewis-Fernández, MD, MTS



Oscar Jiménez-Solomon, MPH

*Columbia University Department of Psychiatry
New York State Center of Excellence for Cultural Competence
New York State Psychiatric Institute*

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

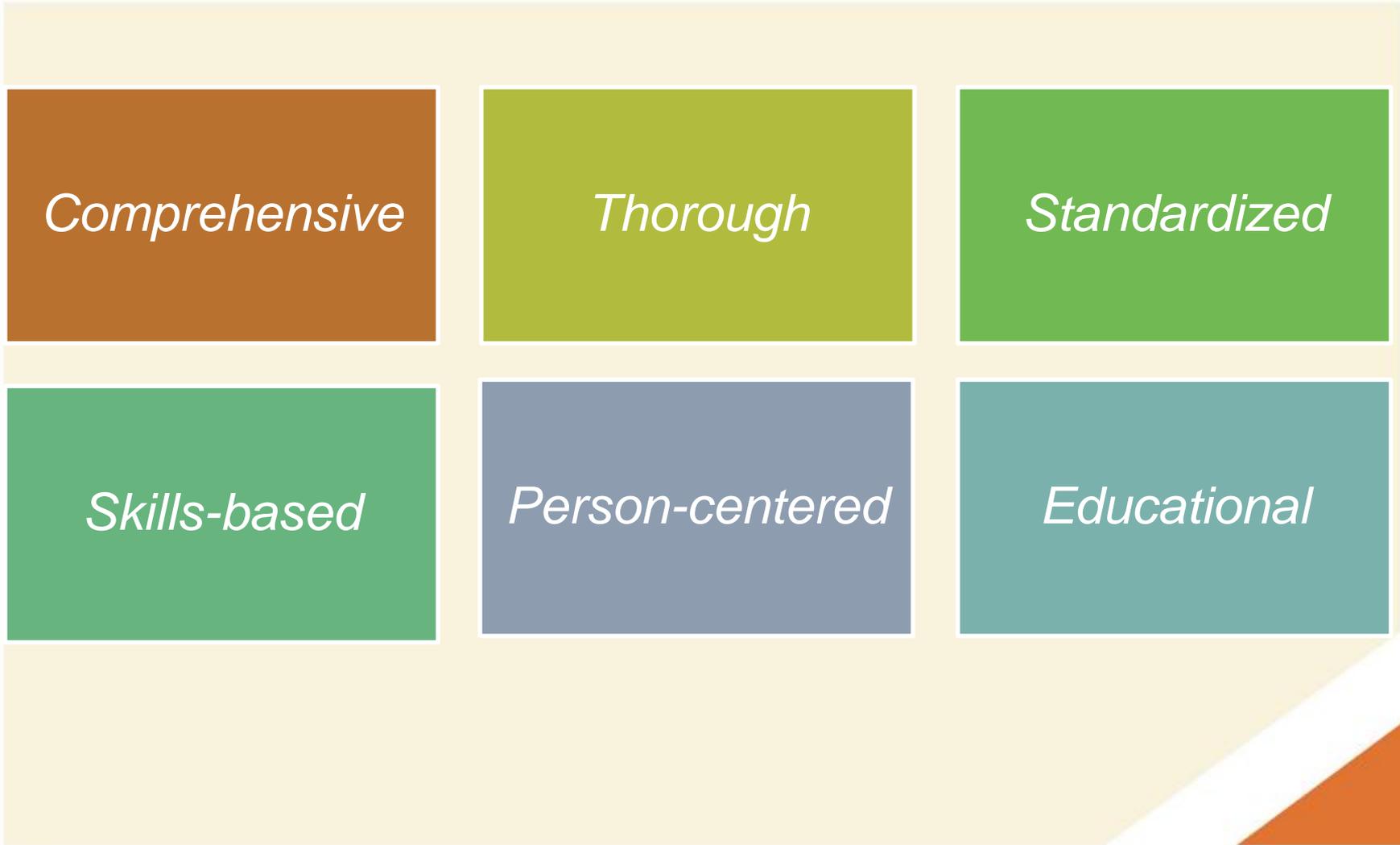
How we...

- 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

POLL



A Systematic Cultural Assessment Method Should Be:



DSM-5 Cultural Formulation



Cultural Explanations of “Illness”

Cultural Identity

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/PA_DSM5_Cultural-Formulation-Interview.pdf

CFI Informant Version

- https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/PA_DSM5_Cultural-Formulation-Interview-Informant.pdf

CFI Supplementary Modules

- https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/PA_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

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 social network (i.e., family, friends, and others involved in current care). 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.

Core CFI Structure

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?

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”*

2 3 **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

POLL



Domain 4: Current Help Seeking

Preferences

INTRO: “Now lets 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

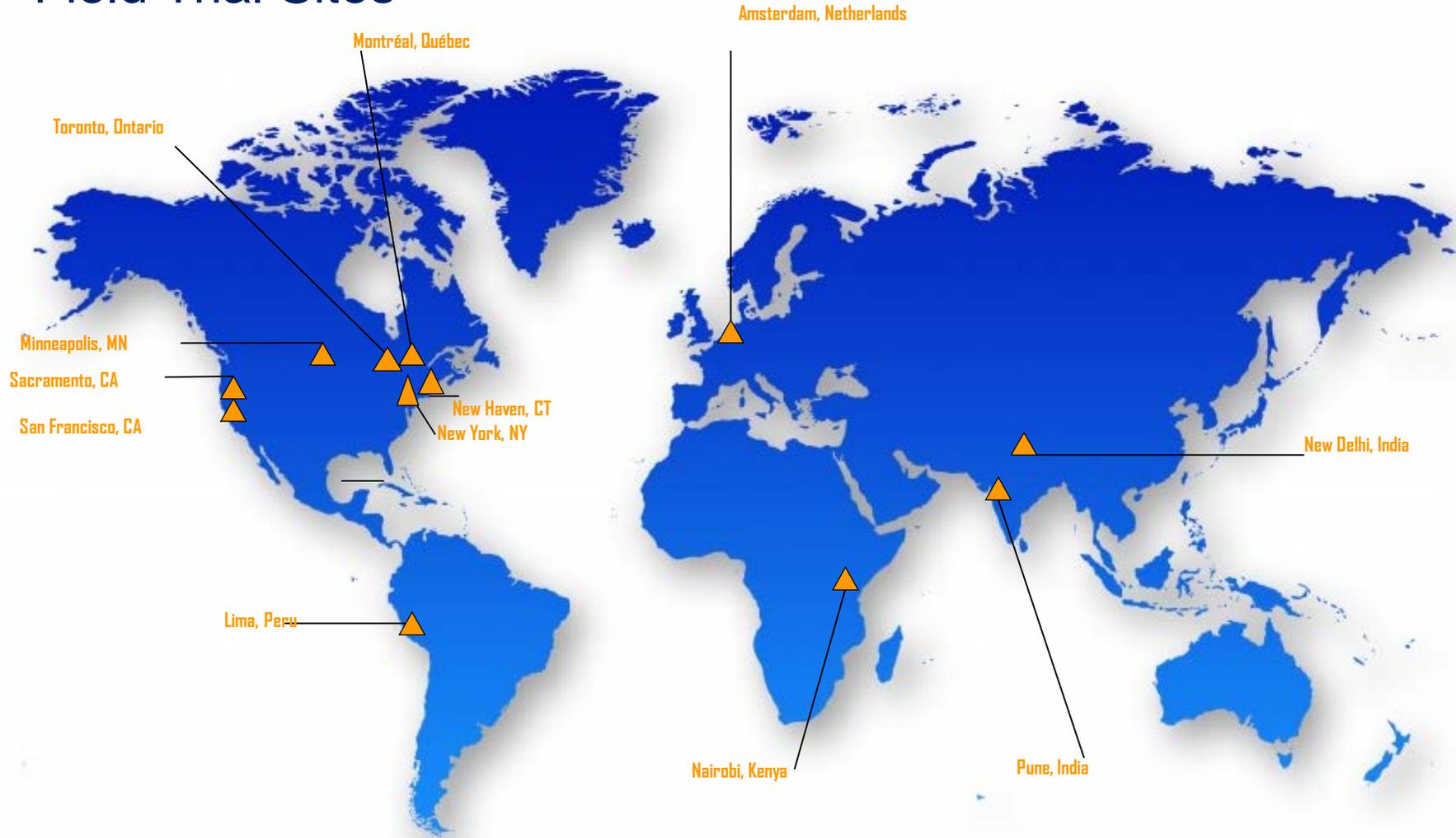
INTRO: Sometimes doctors and patients misunderstand each other because they come from different backgrounds or have different expectations.

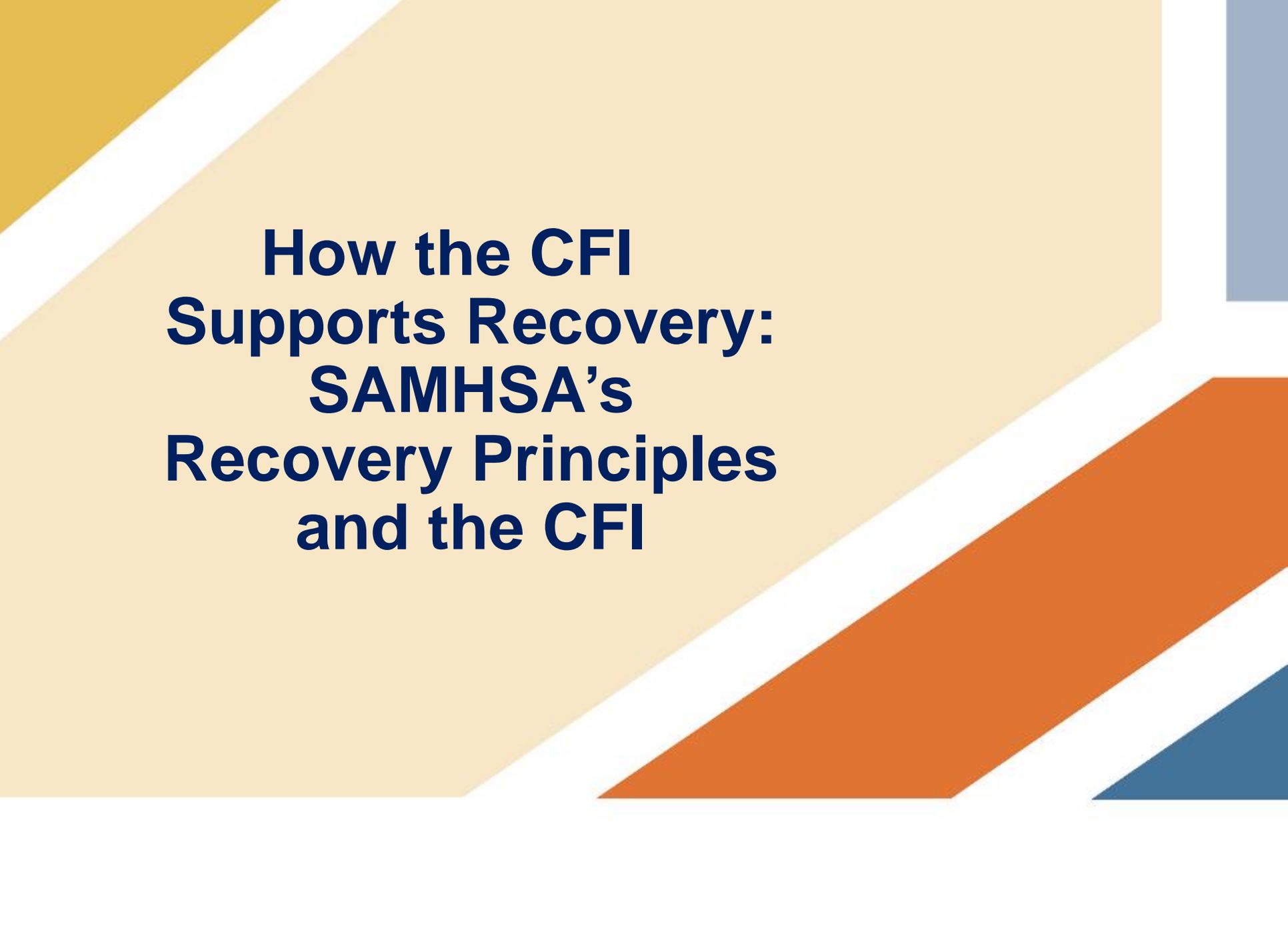
- Q16: Misunderstanding and how to provide care
Have you been concerned about this and is there anything that we can do to provide you with the care you need?

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?

Field Trial Sites





**How the CFI
Supports Recovery:
SAMHSA's
Recovery Principles
and the CFI**

SAMHSA's Working Definition of Recovery/ Recovery Principles and the CFI

1. Recovery emerges from hope

2. Recovery is person-driven

- Asks about & builds upon individual's main concerns (what bothers individual most) (CFI questions 2, 3)
- Elicits what individual feels is causing his/her main concerns (CFI question 4)
- Asks about types of help most helpful at present (CFI question 14)

3. Recovery occurs via many pathways

4. Recovery is holistic

- Asks about coping strategies individuals have found useful, such as spirituality, religion, alternative supports (CFI question 11)
- Seeks to identify recovery barriers, including financial, lack of services, stigma, discrimination (CFI question 13)

SAMHSA's Working Definition of Recovery/ Recovery Principles and the CFI (Continued)

5. Recovery is supported by **peers and allies**

6. Recovery is supported through relationship and **social networks**

- Asks how individual's social network (e.g., family, friends, peers, community) sees causes of concern (CFI question 5)

- Explores how support of social network are helpful with main concern (CFI question 6)

7. Recovery is **culturally-based** and influenced

- Asks individual about concerns he/she may have about how cultural differences may affect provider-person relationship (CFI question 16)

SAMHSA's Working Definition of Recovery/ Recovery Principles and the CFI (Continued)

8. Recovery is supported by addressing trauma

- Contextualizes recovery process within structural forces (e.g., money, lack of services, stigma, discrimination)
(CFI question 13)

9. Recovery involves individual, family, and community strengths and responsibility

10. Recovery is based on respect

CFI Scenarios: Supporting Recovery

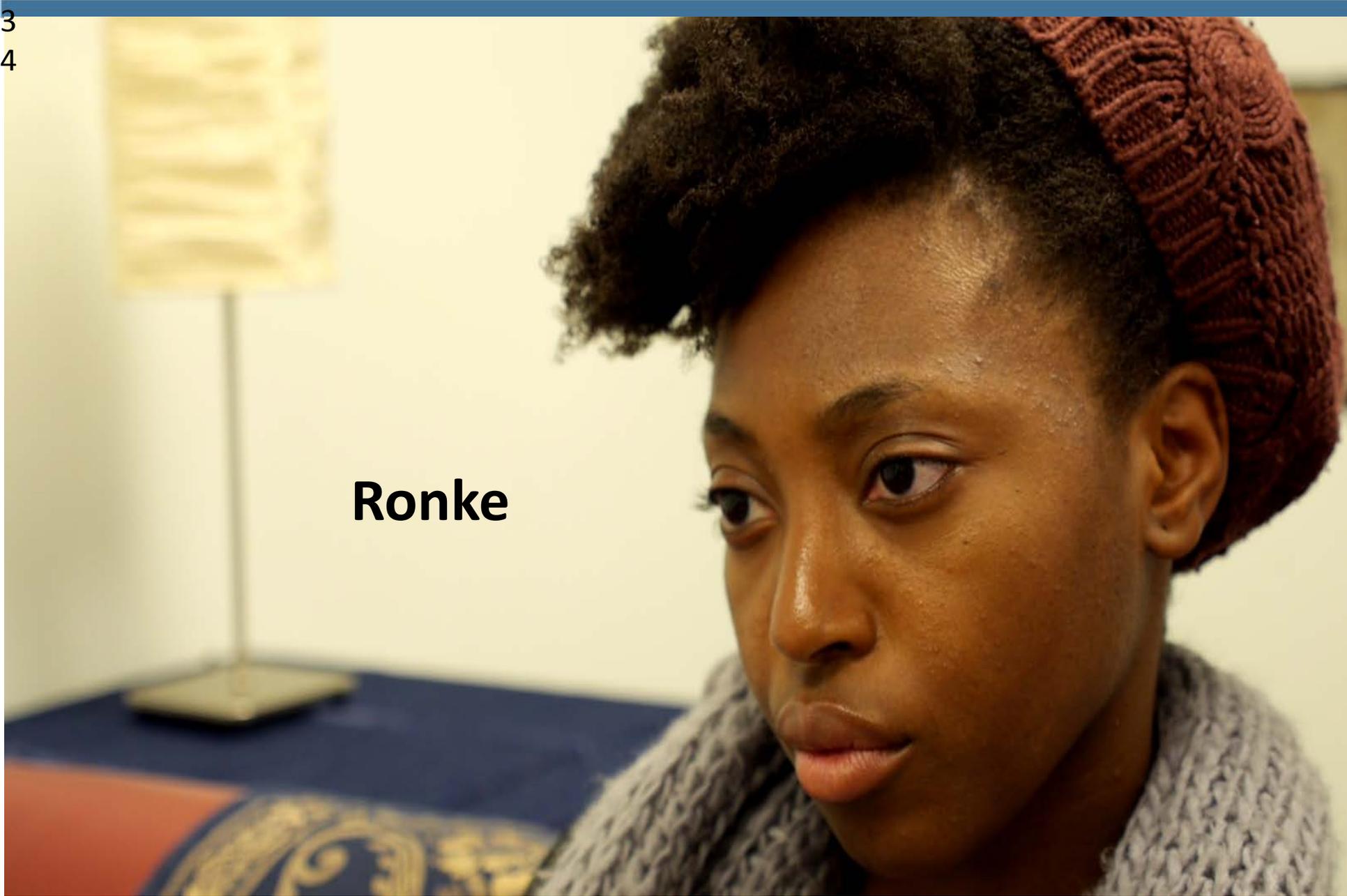


Three young people experiencing a
“first episode of psychosis”

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 liked to be helped**
- **Lessons on improving engagement and recovery supports**





Ronke

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 liked 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



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)

Mike: Lessons For Supporting Engagement and Recovery



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

04:47

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 liked 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: Lessons For Supporting Engagement and Recovery



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.



Using the Cultural Formulation Interview (CFI)

An Online Training Module for Mental Health Providers



Coming Soon!

Summer 2016

Visit us at:

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New York State
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for Cultural Competence



Center for Practice Innovations
at Columbia University
New York State Psychiatric Institute
Building best practices with you.

CFI Online Training Module for Providers in NYS

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

Key features:

- 55-minute training session
- Available online through CPI web platform
- “Action Planners” to support implementation in real-life program settings

**Expected Launch
Date:
July 2016**



Recovery to Practice
Resources for Behavioral Health Professionals



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
- 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

Roberto Lewis-Fernández, MD, MTS

Professor of Psychiatry, Columbia Dept. of Psychiatry
Director, NYS Center of Excellence for Cultural Competence,
New York State Psychiatric Institute
Lecturer, Harvard University
rlewis@nyspi.columbia.edu

Oscar Jiménez-Solomon, MPH

Senior Research Staff Associate, Columbia Dept. of Psychiatry
Research Coordinator, NYS Center of Excellence for Cultural Competence,
New York State Psychiatric Institute
Adjunct Faculty, Rutgers University Dept. of Psychiatric Rehabilitation
jsolomo@nyspi.columbia.edu



Comments?
Questions?

Roberto Lewis-Fernández
rlewis@nyspi.columbia.edu



Oscar Jiménez-Solomon
jsolomo@nyspi.columbia.edu

Chacku Mathai
cmathai@nami.org

Recovery to Practice
RTP@AHPnet.com

Coming up!

Watch your inbox for details!



In development:

3-webinar series on Shared Decision Making

LearnMore webinar on Psychiatric Advance Directives (PAD)



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