

# Appendix A

## Cultural Formulation Interview (CFI)–Core Version

The Cultural Formulation Interview (CFI) is a set of 16 questions that clinicians may use to obtain information during a mental health assessment about the impact of culture on key aspects of an individual’s clinical presentation and care. In the CFI, *culture* refers to

- The values, orientations, knowledge, and practices that individuals derive from membership in diverse social groups (e.g., ethnic groups, faith communities, occupational groups, veterans groups).
- Aspects of an individual’s background, developmental experiences, and current social contexts that may affect his or her perspective, such as geographical origin, migration, language, religion, sexual orientation, or race/ethnicity.
- The influence of family, friends, and other community members (the individual’s *social network*) on the individual’s illness experience.

The CFI is a brief semistructured interview for systematically assessing cultural factors in the clinical encounter that may be used with any individual. The CFI focuses on the individual’s experience and the social contexts of the clinical problem. The CFI follows a person-centered approach to cultural assessment by eliciting information from the individual about his or her own views and those of others in his or her social network. This approach is designed to avoid stereotyping, in that each individual’s cultural knowledge affects how he or she interprets illness experience and guides how he or she seeks help. Because the CFI concerns the individual’s personal views, there are no right or wrong answers to these questions. The interview follows and is available online at [www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures](http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures).

The CFI is formatted as two text columns. The left-hand column contains the instructions for administering the CFI and describes the goals for each interview domain. The questions in the right-hand column illustrate how to explore these domains, but they are not meant to be exhaustive. Follow-up questions may be needed to clarify individuals’ answers. Questions may be rephrased as needed. The CFI is intended as a guide to cultural assessment and should be used flexibly to maintain a natural flow of the interview and rapport with the individual.

The CFI is best used in conjunction with demographic information obtained prior to the interview in order to tailor the CFI questions to address the individual's background and current situation. Specific demographic domains to be explored with the CFI will vary across individuals and settings. A comprehensive assessment may include place of birth, age, gender, racial/ethnic origin, marital status, family composition, education, language fluencies, sexual orientation, religious or spiritual affiliation, occupation, employment, income, and migration history.

The CFI can be used in the initial assessment of individuals in all clinical settings, regardless of the cultural background of the individual or of the clinician. Individuals and clinicians who appear to share the same cultural background may nevertheless differ in ways that are relevant to care. The CFI may be used in its entirety, or components may be incorporated into a clinical evaluation as needed. The CFI may be especially helpful when there is

- Difficulty in diagnostic assessment owing to significant differences in the cultural, religious, or socioeconomic backgrounds of clinician and the individual.
- Uncertainty about the fit between culturally distinctive symptoms and diagnostic criteria.
- Difficulty in judging illness severity or impairment.
- Disagreement between the individual and clinician on the course of care.
- Limited engagement in and adherence to treatment by the individual.

The CFI emphasizes four domains of assessment: Cultural Definition of the Problem (questions 1–3); Cultural Perceptions of Cause, Context, and Support (questions 4–10); Cultural Factors Affecting Self-Coping and Past Help Seeking (questions 11–13); and Cultural Factors Affecting Current Help Seeking (questions 14–16). Both the person-centered process of conducting the CFI and the information it elicits are intended to enhance the cultural validity of diagnostic assessment, facilitate treatment planning, and promote the individual's engagement and satisfaction. To achieve these goals, the information obtained from the CFI should be integrated with all other available clinical material into a comprehensive clinical and contextual evaluation. An Informant version of the CFI can be used to collect collateral information on the CFI domains from family members or caregivers.

Supplementary modules have been developed that expand on each domain of the CFI and guide clinicians who wish to explore these domains in greater depth. Supplementary modules have also been developed for specific populations, such as children and adolescents, elderly individuals, and immigrants and refugees. These supplementary modules are referenced in the CFI under the pertinent subheadings and are available online at [www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures](http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures).

Supplementary modules used to expand each CFI subtopic are noted in parentheses.

**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 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**

CULTURAL DEFINITION OF THE PROBLEM

(Explanatory Model, Level of Functioning)

*Elicit the individual’s view of core problems and key concerns.*

*Focus on the individual’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 individual frames the problem for members of the social network.*

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

1. What brings you here today?

*IF INDIVIDUAL 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 PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT**

CAUSES

(Explanatory Model, Social Network, Older Adults)

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

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

*Focus on the views of members of the individual’s social network. These may be diverse and vary from the individual’s.*

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

*PROMPT FURTHER IF REQUIRED:*

Some people may explain their problem as the result of bad things that happen in their life, problems with others, a physical illness, a spiritual reason, or many other causes.

5. What do others in your family, your friends, or others in your community think is causing your [PROBLEM]?

**GUIDE TO INTERVIEWER****INSTRUCTIONS TO THE INTERVIEWER ARE  
ITALICIZED.**

## STRESSORS AND SUPPORTS

(Social Network, Caregivers, Psychosocial Stressors, Religion and Spirituality, Immigrants and Refugees, Cultural Identity, Older Adults, Coping and Help Seeking)

*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).*

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

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

## ROLE OF CULTURAL IDENTITY

(Cultural Identity, Psychosocial Stressors, Religion and Spirituality, Immigrants and Refugees, Older Adults, Children and Adolescents)

*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.*

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

*Probe as needed (e.g., clinical worsening as a result of discrimination due to migration status, race/ethnicity, or sexual orientation).*

*Probe as needed (e.g., migration-related problems; conflict across generations or due to gender roles).*

Sometimes, aspects of people's background or identity can make their [PROBLEM] better or worse. By *background* or *identity*, I mean, for example, the communities you belong to, the 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.

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

(Coping and Help Seeking, Religion and Spirituality, Older Adults, Caregivers, Psychosocial Stressors)

*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]?

**GUIDE TO INTERVIEWER****INSTRUCTIONS TO THE INTERVIEWER ARE  
ITALICIZED.**

## PAST HELP SEEKING

(Coping and Help Seeking, Religion and Spirituality, Older Adults, Caregivers, Psychosocial Stressors, Immigrants and Refugees, Social Network, Clinician-Patient Relationship)

*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).*

*Probe as needed (e.g., “What other sources of help have you used?”).*

*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]?

*PROBE IF DOES NOT DESCRIBE USEFULNESS OF HELP RECEIVED:*

What types of help or treatment were most useful? Not useful?

## BARRIERS

(Coping and Help Seeking, Religion and Spirituality, Older Adults, Psychosocial Stressors, Immigrants and Refugees, Social Network, Clinician-Patient Relationship)

*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

(Social Network, Caregivers, Religion and Spirituality, Older Adults, Coping and Help Seeking)

*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?

## CLINICIAN-PATIENT RELATIONSHIP

(Clinician-Patient Relationship, Older Adults)

*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.*

*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.*

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

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

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