

Appendix B

Cultural Formulation Interview (CFI)–Informant Version

The CFI–Informant Version collects collateral information from an informant who is knowledgeable about the clinical problems and life circumstances of the identified individual. This version can be used to supplement information obtained from the core CFI or can be used instead of the core CFI when the individual is unable to provide information—as might occur, for example, with children or adolescents, floridly psychotic individuals, or persons with cognitive impairment.

GUIDE TO INTERVIEWER

The following questions aim to clarify key aspects of the presenting clinical problem from the informant’s point of view. This includes the problem’s meaning, potential sources of help, and expectations for services.

INSTRUCTIONS TO THE INTERVIEWER ARE **ITALICIZED.**

INTRODUCTION FOR THE INFORMANT:

I would like to understand the problems that bring your family member/friend here so that I can help you and him/her more effectively. I want to know about *your* experience and ideas. I will ask some questions about what is going on and how you and your family member/friend are dealing with it. There are no right or wrong answers.

RELATIONSHIP WITH THE PATIENT

Clarify the informant’s relationship with the individual and/or the individual’s family.

1. How would you describe your relationship to [INDIVIDUAL OR TO FAMILY]?
PROBE IF NOT CLEAR:
How often do you see [INDIVIDUAL]?

CULTURAL DEFINITION OF THE PROBLEM

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

Focus on the informant’s way of understanding the individual’s problem.

Use the term, expression, or brief description elicited in question 1 to identify the problem in subsequent questions (e.g., “her conflict with her son”).

Ask how informant frames the problem for members of the social network.

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

2. What brings your family member/friend here today?
IF INFORMANT GIVES FEW DETAILS OR ONLY MENTIONS SYMPTOMS OR A MEDICAL DIAGNOSIS, PROBE:
People often understand problems in their own way, which may be similar or different from how doctors describe the problem. How would *you* describe [INDIVIDUAL/S] problem?
3. Sometimes people have different ways of describing the problem to family, friends, or others in their community. How would *you* describe [INDIVIDUAL/S] problem to them?
4. What troubles you most about [INDIVIDUAL/S] problem?

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GUIDE TO INTERVIEWER

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CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

CAUSES

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

Note that informants 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 informant's.

5. Why do you think this is happening to [INDIVIDUAL]? What do you think are the causes of his/her [PROBLEM]?

PROMPT FURTHER IF REQUIRED:

Some people may explain the 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.

6. What do others in [INDIVIDUAL'S] family, his/her friends, or others in the community think is causing [INDIVIDUAL'S] [PROBLEM]?

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).

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 supports that make his/her [PROBLEM] better, such as from family, friends, or others?

8. Are there any kinds of stresses that make his/her [PROBLEM] worse, such as difficulties with money, or family problems?

ROLE OF CULTURAL IDENTITY

Sometimes, aspects of people's background or identity can make the [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, and your faith or religion.

Ask the informant to reflect on the most salient elements of the individual's cultural identity. Use this information to tailor questions 10–11 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).

9. For you, what are the most important aspects of [INDIVIDUAL'S] background or identity?

10. Are there any aspects of [INDIVIDUAL'S] background or identity that make a difference to his/her [PROBLEM]?

11. Are there any aspects of [INDIVIDUAL'S] background or identity that are causing other concerns or difficulties for him/her?

GUIDE TO INTERVIEWER**INSTRUCTIONS TO THE INTERVIEWER ARE
ITALICIZED.****CULTURAL FACTORS AFFECTING SELF-COPING AND PAST HELP SEEKING**

SELF-COPING

Clarify individual's self-coping for the problem.

12. Sometimes people have various ways of dealing with problems like [PROBLEM]. What has [INDIVIDUAL] done on his/her own to cope with his/her [PROBLEM]?

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 alternative healing).

Probe as needed (e.g., "What other sources of help has he/she used?").

Clarify the individual's experience and regard for previous help.

13. Often, people also 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 has [INDIVIDUAL] sought for his/her [PROBLEM]?

PROBE IF DOES NOT DESCRIBE USEFULNESS OF HELP RECEIVED:

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

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?").

14. Has anything prevented [INDIVIDUAL] from getting the help he/she needs?

PROBE AS NEEDED:

For example, money, work or family commitments, stigma or discrimination, or lack of services that understand his/her language or background?

CULTURAL FACTORS AFFECTING CURRENT HELP SEEKING

PREFERENCES

Clarify individual's current perceived needs and expectations of help, broadly defined, from the point of view of the informant.

Probe if informant lists only one source of help (e.g., "What other kinds of help would be useful to [INDIVIDUAL] at this time?").

Focus on the views of the social network regarding help seeking.

Now let's talk about the help [INDIVIDUAL] needs.

15. What kinds of help would be most useful to him/her at this time for his/her [PROBLEM]?
16. Are there other kinds of help that [INDIVIDUAL'S] family, friends, or other people have suggested would be helpful for him/her now?

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.

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.

17. Have you been concerned about this, and is there anything that we can do to provide [INDIVIDUAL] with the care he/she needs?

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