

Cultural Formulation Interview Guide

Cultural Diversity Icon

A Practical Implementation Guide for Psychiatric Providers

Purpose: This guide provides psychiatric nurse practitioners, physician assistants, and other mental health clinicians with practical strategies for implementing the DSM-5 Cultural Formulation Interview (CFI) in diverse clinical settings.

Introduction

Cultural competence represents a core clinical skill in psychiatric practice. The Cultural Formulation Interview (CFI) offers a structured approach to assessing cultural factors that impact mental health presentation, diagnosis, and treatment planning. This guide moves beyond theoretical frameworks to provide actionable implementation strategies that can be immediately incorporated into clinical practice. The importance of cultural assessment cannot be overstated in our increasingly diverse healthcare environment. Cultural factors influence every aspect of mental health, from symptom expression and illness beliefs to treatment preferences and therapeutic relationships. Without systematic attention to these factors, clinicians risk misdiagnosis, ineffective treatment planning, and poor therapeutic alliance.



This guide provides practical approaches to implementing the CFI across various clinical settings, with specific attention to time constraints, workflow integration, and documentation strategies. Each section includes clinical examples, implementation tips, and strategies for addressing common challenges. Special attention is given to adapting the CFI for specific populations and clinical scenarios commonly encountered in psychiatric practice.

Core Components of the Cultural Formulation Interview



The CFI consists of 16 questions organized into four domains, designed to elicit information about cultural factors affecting clinical care.

Understanding these core components is essential for effective implementation.

Cultural Definition of the Problem

This domain explores how the individual conceptualizes their problem, including: - The individual's understanding of their condition - Cultural labels or explanations for symptoms - How the problem is discussed within their community - Perceived severity and impact from their cultural perspective **Key**

questions include: - "What brings you here today?" - "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?" - "What troubles you most about your problem?"



Clinical Example:

A Hmong patient describes her depression as "soul loss" following a traumatic event. Rather than challenging this explanation, the clinician explores how this understanding shapes her experience of symptoms and expectations for treatment. This leads to a collaborative approach incorporating both antidepressant medication and a traditional healing ceremony conducted by a Hmong shaman, with the patient's permission for these approaches to work in parallel.

Cultural Perceptions of Cause, Context, and Support

This domain explores: - Explanatory models for the condition - Cultural and social context of symptoms - Sources of support and stressors - Role of cultural identity in the experience of illness **Key questions include:** - "Why do you think this is happening to you? What do you think are the causes of your problem?" - "Are there any supports that make your problem better, such as support from family, friends, or others?" - "Are there any stresses that make your problem worse, such as difficulties with money, or family problems?"



Clinical Example:

A Mexican immigrant attributes his anxiety symptoms to "susto" (fright) following a workplace accident. He believes prayer and herbal remedies should be the first line of treatment, with medications as a last resort. The clinician acknowledges this perspective and works with the patient to develop a stepped-care approach that begins with his preferred traditional methods while monitoring symptoms, with an agreement to consider medication if symptoms persist beyond an agreed-upon timeframe.

Cultural Factors Affecting Self-Coping and Past Help-Seeking

This domain explores: - Self-coping strategies influenced by cultural background - Previous experiences with professional and traditional healers - Cultural barriers to help-seeking - Preferences for treatment based on cultural values **Key questions include:** - 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?" - "What kinds of help do you think would be most useful to you at this time for your problem?"

Clinical Example: Coping Icon

An Orthodox Jewish patient with OCD has been consulting his rabbi about intrusive blasphemous thoughts, receiving spiritual guidance and reassurance. He worries that medication might "numb" his religious devotion. The clinician validates the importance of continued religious consultation while explaining how exposure and response prevention therapy can work alongside spiritual guidance, emphasizing that treatment aims to reduce distress while respecting religious

commitment.

Cultural Factors Affecting Current Help-Seeking

This domain explores: - Cultural expectations about current treatment - Preferences for provider characteristics - Role of family in treatment decisions - Cultural barriers in the healthcare system **Key questions include:** - "Are there any aspects of your background or identity that make a difference to your care?" - "Are there any concerns about your care that I should know about?" - "What would make it easier for you to receive care?"



Clinical Example:

A transgender patient expresses concern about previous negative healthcare experiences where providers focused exclusively on gender identity rather than presenting symptoms. The clinician acknowledges this concern, asks about preferred name and pronouns, and explicitly discusses how gender-affirming care will be integrated with treatment for anxiety, emphasizing that all aspects of identity will be respected while addressing the specific concerns that prompted the current visit.

Implementation Strategies for Different Clinical Settings



The CFI can be adapted for various clinical settings with different time constraints and workflow considerations. These implementation strategies provide practical approaches for integrating cultural assessment into diverse practice environments.

Initial Psychiatric Evaluations

For comprehensive initial evaluations (typically 45-60 minutes):

Implementation approach: - Integrate the full 16-question CFI

into your standard evaluation template - Allocate approximately 15 minutes specifically for cultural assessment - Consider

administering the CFI Informant Version to family members when appropriate - Document findings in a dedicated "Cultural



Formulation" section of your evaluation **Workflow**

integration: - Send cultural assessment questionnaires before the

appointment when possible - Use the CFI to guide portions of the clinical interview rather than as a separate component -

Incorporate cultural formulation into case presentations and treatment planning discussions

Implementation Tip:

Rather than asking CFI questions verbatim in sequence, weave them naturally into the clinical interview. For example, when exploring the chief complaint, ask "What do you call this problem?" and "How would you describe this to people in your community?" This approach feels more conversational while still eliciting crucial cultural information.

Brief Medication Management Visits

For focused follow-up visits (typically 15-30 minutes):

Implementation approach: - Use the CFI Supplementary Modules selectively based on clinical needs - Focus on 2-3 key cultural questions most relevant to medication adherence and response - Revisit cultural formulation when treatment

response is poor or unexpected - Document cultural factors affecting medication acceptance, adherence, and response

Workflow integration: - Create dot phrases or templates for commonly used cultural assessment questions - Develop a rotation schedule to cover different cultural domains across multiple visits - Use waiting room time for patients to complete brief cultural assessment forms



Implementation Tip:

For medication management visits, prioritize cultural questions about treatment expectations and medication beliefs. For example: "Some people have concerns about taking psychiatric medications because of what they've heard or what's valued in their community. Do you have any such concerns?" This targeted approach addresses key cultural factors affecting medication adherence within time constraints.

Emergency and Crisis Settings

For urgent care situations with significant time limitations: **Implementation**

approach: - Use the CFI Mini (8 essential questions) for rapid cultural assessment - Focus primarily on cultural factors affecting immediate safety and disposition - Prioritize questions about cultural concepts of the problem and help-seeking - Document key cultural factors to communicate to the treatment

team **Workflow integration:** - Include 2-3 essential cultural questions in standard risk assessment protocols - Train triage staff to flag potential cultural factors affecting crisis presentation - Develop relationships with cultural brokers who can be quickly accessed when needed

Implementation Tip:
Emergency Icon

In crisis settings, focus on cultural factors directly affecting safety assessment. For example: "In your family or community, how do people usually handle these kinds of thoughts/feelings?" and "Are there specific people from your community who should be involved in helping with this situation?" These questions can quickly identify cultural resources and considerations relevant to immediate safety planning.

Telepsychiatry Settings

For virtual care delivery: **Implementation approach:** - Send cultural assessment forms electronically before the appointment - Use screen sharing to review cultural formulation questions together - Pay particular attention to



cultural factors

affecting technology access and comfort - Document how cultural factors may influence the telehealth therapeutic relationship **Workflow integration:** - Create digital versions of the CFI that patients can complete online - Develop visual aids related to cultural assessment that can be shared on screen - Schedule interpreter services in advance when needed for telehealth visits

Implementation Tip:

For telepsychiatry, begin with questions about the cultural context of the virtual visit: "How does receiving mental health care by video compare with expectations in your family or community?" and "Are there aspects of your home environment or cultural background that I should be aware of during our video sessions?" This acknowledges the unique cultural dimensions of telehealth delivery.

Adapting the CFI for Specific Populations

Different populations may require specific adaptations to the CFI.

Diversity Icon

These strategies provide guidance for tailoring cultural assessment to various groups commonly encountered in psychiatric practice.

Immigrant and Refugee Populations

Key considerations: - Migration history and circumstances (voluntary vs. forced) - Acculturation stress and adaptation challenges - Language barriers and interpreter needs - Legal status concerns affecting treatment engagement - Trauma related to migration or pre-migration experiences **Adaptation strategies:** - Add questions about migration journey and its impact on mental health - Assess for cultural bereavement (loss of cultural connection) - Explore differences between healthcare systems in country of origin and current setting - Address confidentiality concerns, particularly regarding legal status - Identify community resources specific to the patient's cultural background



Additional Questions:

- "How has moving to this country affected your mental health and well-being?"
- "What aspects of your home culture do you miss that might be affecting how you feel?" - "How do mental health services in your home country differ from services here?" - "Do you have concerns about discussing certain topics related to your immigration experience?"

Older Adult Populations

Key considerations: - Generational differences in mental health concepts - Cultural views on aging and elder care - Historical

context of the individual's formative years - Cultural factors affecting end-of-life care preferences - Traditional healing practices important to older generations **Adaptation**

strategies: - Use age-appropriate language and concepts - Allow additional

time for cultural assessment - Include family members when culturally appropriate (with patient consent) - Explore cultural expectations regarding family involvement in care - Address cultural factors affecting medication acceptance



Additional Questions:

- "How did people in your generation typically handle these kinds of problems?" - "What traditional remedies or practices have helped you with emotional difficulties in the past?" - "In your culture, what role should your family play in your healthcare decisions?" - "How have views about mental health changed from when you were younger to now?"

LGBTQ+ Populations

Key considerations: - Intersection of sexual/gender identity with cultural background - Religious or cultural conflicts regarding identity - Experiences of minority stress within both dominant and heritage cultures - Cultural variations in concepts of gender and sexuality -

Family acceptance and rejection based on cultural values **Adaptation**

strategies: - Create safe space by using affirming, culturally sensitive language - Assess both LGBTQ+ community culture and heritage culture influences - Explore how cultural background affects identity

disclosure decisions - Identify culturally competent resources within LGBTQ+ communities - Address internalized stigma influenced by cultural factors

Additional Questions:
LGBTQ+ Icon

- "How do your cultural or religious background and your sexual/gender identity interact for you?" - "How have you navigated any conflicts between your identity and your family's cultural expectations?" - "What resources within both LGBTQ+ communities and your cultural communities have been helpful?" - "How would you like me to address aspects of your identity in our work together?"

Racial and Ethnic Minority Populations

Key considerations: - Historical trauma and mistrust of healthcare systems - Experiences of racism and discrimination affecting mental health - Cultural strengths and resilience factors - Within-group diversity and avoiding overgeneralization - Cultural idioms of distress specific to the group

Adaptation strategies: - Acknowledge historical context of mental healthcare for the specific group - Explore experiences of discrimination and their impact on symptoms - Identify cultural protective factors and community resources - Address potential concerns about cultural misunderstanding - Recognize the diversity within any racial or ethnic group



Additional Questions:

- "Have you had experiences with healthcare providers who didn't understand important aspects of your cultural background?" - "How have experiences of discrimination or racism affected your mental health?" - "What strengths from your cultural background help you cope with difficulties?" - "Are there concerns about mental health treatment that people in your community often have?"

Documentation Strategies



Effective documentation of cultural assessment findings is essential for clinical care, communication with other providers, and demonstrating the medical necessity of culturally informed interventions.

Cultural Formulation Statement Template

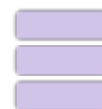
CULTURAL FORMULATION

Cultural Identity: [Describe the patient's cultural, ethnic, racial, gender, and religious/spiritual identities, and other relevant aspects of identity. Note language preferences and proficiency.] **Cultural Conceptualization of Distress:** [Describe cultural explanatory models, idioms of distress, and cultural concepts that shape the presentation. Include cultural terminology used by the patient.] **Cultural Psychosocial Stressors and Supports:** [Identify culturally specific stressors and protective factors, including migration issues, discrimination experiences, religious/ spiritual resources, and community supports.] **Cultural Elements of the Provider Patient Relationship:** [Note how cultural differences or similarities between provider and patient may influence diagnosis, treatment, and rapport. Address use of interpreters if relevant.] **Cultural Assessment of Diagnosis and Treatment:** [Describe how cultural factors influence the differential diagnosis, treatment planning, and potential barriers to care. Include culturally adapted interventions.]

EHR Integration Strategies

Implementation approaches: - Create standardized templates for cultural formulation in your EHR - Develop dot phrases or smart text for commonly used cultural assessment elements - Include cultural formulation fields in standard assessment templates - Create a cultural factors section in treatment plan documentation - Implement cultural assessment flowsheets for tracking over time

Documentation tips: - Document cultural factors affecting diagnosis in assessment section - Include cultural elements in treatment planning rationale - Note cultural considerations in medication selection and dosing decisions - Document use of cultural brokers or interpreters - Update cultural formulation when new information emerges



Documentation Example:

Assessment: "Ms. Garcia presents with symptoms consistent with Major Depressive Disorder. Cultural factors influencing the presentation include her conceptualization of symptoms as 'nervios' (a cultural idiom of distress in many Latino cultures that encompasses both anxiety and depressive features), her reluctance to discuss mental health outside the family (reflecting cultural values of familismo), and stressors related to acculturation as a second-generation immigrant navigating different cultural expectations at home and work." *Treatment Plan:* "Treatment approach will incorporate cultural values by: 1) including family in sessions as appropriate with patient's permission; 2) acknowledging both biomedical and cultural explanatory models; 3) using culturally adapted CBT that incorporates values of familismo and respeto; and 4) connecting patient with a Spanish-language depression support group in her community."

Medical Necessity Documentation factors to diagnostic assessment -

Key elements to document: - How cultural factors affect symptom presentation and severity - Cultural barriers to standard treatment approaches necessitating adaptation - Cultural factors requiring additional assessment or treatment time - Need for cultural consultation or interpretation services - Cultural considerations affecting level of care decisions

Documentation strategies: - Explicitly connect cultural

Document cultural adaptations to evidence-based interventions - Note when cultural factors necessitate modified treatment approaches - Include cultural elements in risk assessment documentation - Document cultural considerations in referral and coordination of care

Medical Necessity Example:

Medical Necessity Icon

"Extended evaluation time was medically necessary due to cultural factors affecting symptom presentation and requiring careful assessment. Patient's somatic presentation of anxiety (focusing on heart sensations and dizziness) is consistent with cultural idioms of distress in Southeast Asian cultures and required additional time to distinguish from cardiac concerns. Use of interpreter services was necessary to ensure accurate assessment, as patient's English proficiency was limited when discussing emotional concepts. Cultural factors necessitate modified CBT approach with greater emphasis on somatic mindfulness techniques and inclusion of traditional healing practices to ensure treatment engagement and effectiveness."

Addressing Common Implementation Challenges

Implementing cultural assessment in clinical practice presents

Challenges Icon

various challenges. These strategies address common barriers to effective cultural formulation.

Time Constraints

Implementation challenges: - Perceived lack of time for cultural assessment in busy clinical settings - Concern that opening cultural discussions will exceed appointment times - Competing priorities during limited appointment slots - Productivity pressures limiting time for comprehensive assessment
Practical solutions: - Use the CFI Mini (8 questions)



when time is limited - Distribute cultural assessment across multiple visits - Implement pre-visit cultural assessment forms - Integrate cultural questions into existing assessment components - Focus on cultural domains most relevant to presenting concerns

Efficiency Strategy:

Create a rotation schedule for cultural assessment in medication management visits. For example: - Visit 1: Focus on cultural understanding of the problem and symptoms - Visit 2: Explore cultural factors affecting medication beliefs and adherence - Visit 3: Assess cultural supports and stressors affecting treatment - Visit 4: Discuss cultural factors affecting the therapeutic relationship This approach distributes comprehensive cultural assessment across multiple visits while ensuring all domains are eventually covered.

Language Barriers

Implementation challenges: - Limited availability of trained interpreters - Concerns about interpretation accuracy for cultural concepts - Extended time required for interpreted sessions - Difficulty capturing nuanced cultural expressions through interpretation

Practical solutions: - Develop relationships with interpreters familiar with mental health concepts - Allow

additional time for interpreted cultural assessments - Use culturally validated translated versions of the CFI when available - Provide interpreters with CFI questions in advance when possible - Work with cultural brokers in addition to language interpreters

Interpreter Collaboration Strategy:
Language Icon

Schedule a brief pre-session meeting with interpreters to: 1. Explain the purpose and nature of cultural assessment 2. Review key mental health and cultural terminology 3. Discuss how to handle cultural concepts that may not translate directly 4. Clarify the interpreter's role in conveying cultural context This preparation enhances the quality of interpreted cultural assessments and builds interpreter capacity for future sessions.

Provider Discomfort

Implementation challenges: - Clinician discomfort discussing cultural differences - Fear of offending patients or appearing culturally insensitive - Concern about stereotyping or overgeneralizing - Uncertainty about how to respond to unfamiliar cultural beliefs **Practical solutions:** - Frame questions as learning opportunities rather than assumptions - Practice cultural humility by acknowledging limitations in cultural knowledge - Use the CFI's standardized questions to reduce discomfort - Participate in cultural competence training and supervision - Develop consultation relationships with culturally diverse colleagues



Cultural Humility Approach:

When encountering unfamiliar cultural concepts, try this framework: 1. Acknowledge limited familiarity: "I'm not very familiar with this concept in your culture." 2. Express genuine interest: "I'd like to understand how this affects your

experience." 3. Invite teaching: "Would you help me understand what this means for you?" 4. Check understanding: "So from what you're saying, this means... Is that correct?" 5. Express appreciation: "Thank you for helping me understand this important aspect of your experience." This approach models cultural humility while gathering essential clinical information.

Patient Reluctance

Implementation challenges: - Patient concern about cultural stereotyping - Reluctance to discuss cultural factors with culturally different providers - Previous negative experiences with cultural misunderstanding - Uncertainty about relevance of cultural factors to treatment **Practical solutions:** - Explain the purpose and value of cultural assessment - Emphasize that questions are asked of all patients - Acknowledge the patient's expertise about their own cultural experience - Respect boundaries if patients prefer not to discuss certain cultural aspects - Revisit cultural assessment when therapeutic alliance is stronger



Introduction Script:

"I'd like to ask you some questions about your cultural background and beliefs, which helps me provide care that respects and incorporates what's important to you. I ask these questions of all my patients because everyone has cultural influences that can affect their health and treatment preferences. You're the expert on your own cultural experience, and understanding this helps us work together more effectively. Of course, you can choose not to answer any questions that make you uncomfortable." This introduction normalizes cultural assessment, emphasizes its clinical value, acknowledges the patient's expertise, and respects autonomy.

Conclusion



Implementing the Cultural Formulation Interview in psychiatric practice enhances diagnostic accuracy, treatment effectiveness, and therapeutic alliance. By adapting the CFI to various clinical settings and patient populations, clinicians can integrate cultural assessment into routine care despite practical constraints.

The strategies outlined in this guide provide practical approaches to cultural assessment that can be immediately implemented in diverse clinical environments. By systematically addressing cultural factors affecting mental health, psychiatric nurse practitioners, physician assistants, and other mental health clinicians can provide more personalized, effective, and culturally responsive care.

Cultural competence represents an ongoing journey rather than a destination. Clinicians are encouraged to continue developing their cultural assessment skills through practice, consultation, and ongoing education. With consistent attention to cultural factors, providers can enhance both the quality and equity of psychiatric care for increasingly diverse patient populations.

"Culture is not an exotic notion studied by a select group of anthropologists in the South Seas. It is a mold in which we are all cast, and it controls our daily lives in many unsuspected ways." - Edward T. Hall

References

- Balsam, K. F., Molina, Y., Beadnell, B., Simoni, J., & Walters, K. (2011). Measuring multiple minority stress: The LGBT People of Color Microaggressions Scale. *Cultural Diversity and Ethnic Minority Psychology*, 17(2), 163–174. <https://doi.org/10.1037/a0023244>
- DeSilva, R. (2015, June 30). *The DSM-5 Cultural Formulation Interview and the Evolution of Cultural Assessment in Psychiatry*. Psychiatric Times. <https://www.psychiatrictimes.com/view/dsm-5-cultural-formulation-interview-and-evolution-cultural-assessment-psychiatry>
- Lewis-Fernández, R., Aggarwal, N. K., & Kirmayer, L. J. (2020). The Cultural Formulation Interview: Progress to date and future directions. *Transcultural Psychiatry*, 57(4), 487–496. <https://doi.org/10.1177/1363461520938273>