

SAMPLE OUTLINE OF THE CULTURAL FORMULATION INTERVIEW-ENGAGEMENT AID (CFI-EA)¹

Overview. Culture affects how all people communicate and understand the world. Culture is important because patients and clinicians from different cultural backgrounds may have different preferences for communication. For example, some patients want clinicians to tell them what to do [*a directive approach*] while other patients want clinicians to help them discover what to do [*an exploratory approach*]. Some patients may view clinicians as friendly consultants whereas other patients may view clinicians as distant experts. Mismatch in the clinician's approach and the patient's expectations of care can lead to patient dissatisfaction and discontinuation with treatment. Patients and clinicians may also have different views about what caused an illness, how it functions, what makes it better or worse, and the types of treatment needed. The CFI-EA clarifies patient views about treatment and communication so that patients stay in treatment longer. Clinicians can use the CFI-EA to supplement their current treatment plans.

Session Content. The CFI-EA is delivered during the first 3 patient sessions: intake and treatment planning (Session 1), treatment initiation (Session 2) and initial treatment continuation (Session 3). Each session has 3 domains of instructions: (1) positive communication behaviors, (2) questions to patients on cultural views of illness and treatment, and (3) treatment negotiation.

Logistics. General format: The CFI-EA is delivered by clinicians to individual patients. Frequency: In each session, the clinician follows the CFI-EA model below. Session format and structure: The first session starts with all CFI questions before moving on to the standard diagnostic assessment. The clinician should begin Sessions 2 and 3 with the CFI-EA. At all times, clinicians should use the general positive communication behaviors listed under the "Instructions" section below. Flexibility: Clinicians can change the wording of the questions to sound more natural in their own style, but all topics should be covered.

Instructions to clinicians for all sessions:

1. Please emphasize to the patient during each session that there are no right or wrong answers. Please do not correct the patient even if the patient offers information that may conflict with history obtained from other people, lab or radiological information, or your understanding of how the illness and treatments work [*patient-centeredness*].
2. Please use the patient's description of the illness as much as possible in the CFI-EA questions. Wherever the question includes "[PROBLEM]," please use the patient's term or description for the illness [*vocabulary matching*]. For example, if the patient describes her illness as "the baby blues" in a referral for potential post-partum depression, please use the patient's term "the baby blues" throughout all questions and not "post-partum depression."
3. Please use open-ended questions as much as possible when using the CFI-EA questions, even if you decide to reword the questions to fit your own voice [*open-ended questions*].

SESSION 1: Intake and treatment planning

Goal: Learn about the patient's views of illness and treatment.

Positive communication behaviors (in addition to those specified above for all sessions):

- Introduce yourself and acknowledge that there are no right or wrong answers to the questions that you will be asking.
- Begin the session with the questions below and proceed to the standard intake assessment that you would normally do.
- Ask clarifying questions if you do not understand patient responses.
- Answer any questions that the patient may have.
- Legitimate the patient's concerns and reassure them that they are likely to improve now that they have started to seek services.

Questions to patients on their cultural views (These 16 questions come directly from the Cultural Formulation Interview in DSM-5):

1. What brings you here today?
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? (Please use the patient's description where it says [PROBLEM] below)
3. What troubles you most about your [PROBLEM]?
4. Why do you think this is happening to you? What do you think are the causes of your [PROBLEM]?
5. What do others in your family, your friends, or others in your community think is causing your [PROBLEM]?
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?

Prompt for the next 3 questions (8-10): 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?

¹ This is a sample outline for the CFI-EA and includes all components required of a manual at Stage 1 in the Stage Model of Intervention Development.¹⁴³ The actual intervention manual is subject to change based on data from the candidate's research plan. For example, the final questions and steps for treatment negotiation may change based on our data analyses. There will be "Optional" sections of the manual that guide the clinician in case the linear sequence of steps for treatment negotiation breaks down. This extra material will include how the clinician can refer to the beginning and start over if the first treatment does not work or if the patient rejects the recommended treatment.

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?
11. Sometimes people have various ways of dealing with problems like [PROBLEM]. What have you done on your own to cope with your [PROBLEM]?
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]? What types of help or treatment were most useful? Not useful?
13. Has anything prevented you from getting 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?

Prompt for the next question. 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?

Steps for treatment negotiation:

- Ask patients about their treatment preferences and why they prefer certain treatments over others.
- Explain your treatment plan and patients about their views on your treatment plan.
- Explain differences (if they exist) between their preferences and your recommendations [The final treatment manual will include examples of how to use the CFI-EA when the patient and clinician do not agree].

Session 2: Treatment initiation

Goal: Continue treatment negotiation and begin treatment for the patient's illness.

Positive communication behaviors (in addition to those specified above for all sessions):

- Greet the patient and ask how they have been since their intake appointment.
- Answer any questions that they may have.

Questions to patients on their cultural views:

1. What problems are you concerned about from the treatment that I'm recommending for your [PROBLEM]?
2. How long would you like this treatment?
3. How often would you like to come for treatment?
4. What changes will tell you whether the treatment has worked or not worked?

Steps for treatment negotiation (the final manual will provide examples for clinicians for each task):

- Ask patients about their thoughts regarding your treatment plan from the last session.
- Explain your treatment plan again and ask patients if they understand it.
- Explain differences (if they exist) between their preferences and your treatment recommendations [The final treatment manual will include examples of how to use the CFI-EA when the patient and clinician do not agree on views of illness and treatment].
- Incorporate their treatment preferences if they do not conflict with your treatment recommendations [For example, patients may wish to seek pastoral counselling in addition to treatment from you (in response to Q14 or Q15), and you may choose to incorporate this preference into the treatment plan].
- Ask patients how they would like to handle any disagreements you may have regarding the treatment plan.

Session 3: Treatment continuation

Goal: Assess if the patient has adhered to the negotiated treatment plan.

Positive communication behaviors (in addition to those specified above for all sessions):

- Greet the patient and ask how they have been since their last appointment.
- Answer any questions that they may have.
- Ask them about their progress with treatment (*see following section*).
- NOTE: Do not show negative emotions if the patient has not adhered to your recommended treatment plan. Instead, clarify their reasons for not doing so.

Questions to patients on their cultural views:

1. How has the treatment for your [PROBLEM] been going so far?
2. What, if anything, has gotten in the way of treatment and how have you been able to still adhere to it?
3. What has worked well with treatment and what more can we do to help you?
4. What more could you be getting out of treatment that you want us to provide?

Steps for treatment negotiation (the final manual will provide examples for clinicians for each task):

- Reassure the patient that you and them are working together toward the patient's goal of getting better.
- Remind them of your negotiated treatment plan based on information elicited from the previous two CFI-EA sessions.
- Clarify problems that may have gotten in the way of treatment.
- Explain differences (if they exist) between their preferences and your treatment recommendations.
- Incorporate their treatment preferences if they do not conflict with your treatment recommendations.