Cultural Formulation Interview (CFI)
Military Version for Active-Duty Members, Veterans, and their Families

INSTRUCTIONS

The purpose of the original or "Core" CFI is 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 members of the person's community). This includes the problem's meaning, potential sources of help, and expectations for services. This military/veteran version is for patients who have identified their military service as an important aspect of their situation or specific problem. This version of the Core CFI *introduces* military identity but does NOT assume that military identity will be the most important identity for your patient. It is important to allow individuals to choose which identity or identities (spiritual, gender, marital, occupational, etc.) is/are most important to them. Some military members will not identify their military identity as important – this is totally normal. Focus on the identity or identities that the individual describes as important to them. Details specific to this version are in green. Instructions to the interviewer are italicized on the left. Recommended questions and talking points are on the right.

BACKGROUND ON MILITARY VERSION

This version is based on a systematic review of the clinical literature of influences on clinical care due to military identity. Military members, veterans, and their families are often concerned that their civilian providers will not understand them. Military identity is typically defined by themes of service, competence, sacrifice, collectivism, and mission prioritization. These aspects often inform their experiences of deployments, reintegration with society, and processing of violence. Military identity also informs their understanding of structure and order in systems and leadership hierarchies. Variability in military identity can occur due to different occupations, branches of service, status (active duty, reserve, or national guard), and the period of service (generation). These factors also interact with differing norms and standards of privacy and stigma. Family also plays an important role in military identity. Non-masculine gender identity and a non-heterosexual orientation may be interpreted as being in conflict with military identity. Each of these factors can manifest differently over the lifespan of an individual with a military service history (while on active duty, while deployed, as a veteran). Please consider these factors when assessing individuals in relation to their community, identity, how they perceive stressors and supports, and how they define the problem that brings them to care. A glossary of these themes can be found at the end of this interview guide.

INTRODUCTION FOR THE PATIENT

This introduction will help the patient understand that you are looking for more than just a simple problem or chief complaint – you are looking for context.

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. For example, your answers may be affected by military service.

Have you ever served in the military? Has anyone in your family served?

If they answer yes to this question, continue using this version of the core CFI. If not, we recommend using the original core CFI. Please note that if military culture appears to be important later in the interview you can always return to using these questions.

PROBE IF YES: Do you think your/their service has made a difference to your problem or situation?

Please remember there are no right or wrong answers.

IF BOTH YES: Thanks for letting me know. I'll do my best to explore how your answers are influenced by your/their military service during our interview.

CULTURAL DEFINITION OF THE PROBLEM

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").

1. What brings you here today?

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If individual gives few details or only mentions symptoms or medical diagnosis, probe further.

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?

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

2. Sometimes people have different ways of describing their [PROBLEM] to their family, friends, or others in their community – which may include the military. How would **you** describe your [PROBLEM] to them?

If individual endorses military service, probe as appropriate. Look for differences in how the individual describes their answer to military members vs how civilians might answer – military members may feel that civilians do not understand them. Also consider differences in explaining the [PROBLEM] to command versus peers.

PROBE: How would **you** describe your [PROBLEM] to other service members, veterans, or their family members? How would you describe your [PROBLEM] to civilians?

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

3. What troubles you most about your [PROBLEM]?

Consider impacts on competence, ability to sacrifice, mission, deployments, reintegration, and privacy. If problem relates to sexuality or gender, consider relationship to military membership.

PROBE: How is this influenced by your/their military service, if at all?

CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

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

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

Note that individuals may identify multiple causes, depending on the facet of the [PROBLEM] they are considering. Some military members and their families may feel that suffering is part of their service. It can also be specific to deployments, reintegration, or exposure to violence. Sexuality and gender can be other specific sources of suffering for military members.

PROBE: Some people may explain their [PROBLEM] as the result of bad things that happen in their life, problems with others, a physical illness, or a spiritual reason. Members of the military and their family members may explain their [PROBLEM] as being related to military service, deployments, or occupational difficulties.

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

5. What do others in your family, your friends, or others in your community, which may include the military, think is causing your [PROBLEM]?

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). The role of collectivism in others (a perception that other members of the military are prioritizing the patient over themselves) or sacrifice (where others sacrifice themselves for the patient) can also be helpful to assess. Similar themes can be true for family members as well. The structure, hierarchy, and order of the military can also be helpful as stabilizing elements.

6. Are there any kinds of support that make your [PROBLEM] better, such as support from family, friends, or others – including the military?

Focus on stressful aspects of the individual's environment. Can also probe, e.g., relationship problems, difficulties at work or school, or discrimination. Examples of how military service can make the [PROBLEM] worse include feeling a need to put others first (as a sacrifice or as part of collectivism) or to prioritize the mission over other activities or relationships. Fear of appearing incompetent can also negatively affect the problem, as well as the impact of inflexibly applied structure, hierarchy, and order. Impending deployments or re-integrations can also be additional sources of stress.

7. Are there any kinds of stresses that make your [PROBLEM] worse, such as difficulties with money, family problems, or difficulties with your / their military service?

ROLE OF CULTURAL IDENTITY

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.

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.

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

Military-specific aspects to consider include: the importance of service, competence, sacrifice, collectivism, and mission focus; service branch; generation (when they served, veteran vs active); Active Duty vs. Reserve; and occupation within the military.

PROBE: At this time, what is the role of your / their military service in your identity?

PROBE: For example, when you describe yourself to others, how often do you mention that you are or were in the military – or that you are a military family? How easily do you think people identify you / your family as serving in the military? Is that identification important to who you are?

PROBE: What is or was your / their role in the military? When did you / they serve? Where?

Elicit aspects of identity that make the [PROBLEM] *better or worse.*

9. Are there any aspects of your background or identity that make a difference to your [PROBLEM]?

Probe as needed (e.g., clinical worsening as a result of discrimination due to migration status, race/ethnicity, or sexual orientation). In addition to the military-specific considerations from question #8, you might also consider the following as influencing the [PROBLEM]: the military-civilian gap, hierarchy, order, and structure.

PROBE: Is there something specific about your / their military service that influences your [PROBLEM]?

Probe as needed (e.g., conflict between non-military cultural identity and military identity, migration-related problems; conflict across generations or due to gender roles).

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

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]?

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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).

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

Consider resources like military peers, chaplains, embedded mental health providers, veteran support groups, military supervisors, and clinic-based medical providers. May also consider civilian organizations that support military members and veterans.

12. Often, people look for help from many different sources, including different kinds of doctors, medics, chaplains, embedded providers, helpers, or healers. In the past, what kinds of treatment, help, advice, or healing have you sought for your [PROBLEM]?

PROBE: When you sought help, to what extent was it from military resources, civilian resources, or both?

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

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: For example, money, work or family commitments, stigma or dis-crimination, lack of services that understand your language or background, or demands that were related to your / their military service?

In probing, also consider service obligations, sense of competence, need to sacrifice, mission priorities, deployment, reintegration, hierarchy, order, structure, reserve status, sexuality, and gender. Stigma and perceived lack privacy are commonly reported barriers to explore. For example, seeking care in the military can be perceived as being at odds with other aspects of military ethos.

PROBE: For example, it can be difficult to seek care during the duty day when on active duty. There can also be concerns that seeking care will undermine how the military views your / their competence and/or commitment.

CULTURAL FACTORS AFFECTING CURRENT 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?").

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]?

Consider sense of competence, ability to complete mission, deployment status, and ability to reintegrate.

PROBE: How can the help you receive reduce the impact that [PROBLEM] may have on your / their military service?

Consider impact that certain care may have on military service/identity.

PROBE: Are there types of help/treatment that you would prefer to avoid? If so, which? Why?

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

15. Are there other kinds of help that your family, friends, or other people have suggested would be helpful for you now?

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: Sometimes doctors and patients misunderstand each other because they come from different backgrounds or have different expectations. For example, if I had different or no military experience, that could influence how I understand you.

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. Consider possibility of military-civilian gap or misunderstanding of specific military terms or concepts.

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

Glossary of Themes

These are definitions of clinically relevant military-related themes found in the literature. Details on the methods used to create this Military/Veteran version of the Core CFI can be found in (Article Reference).

Civilian / Military Gap. Military members may perceive that civilian providers do not understand the military.

Language. Members of the military may have a unique language that is foreign to civilians.

Values

Service. Membership in the military may be defined by putting service first. This may or may not require sacrifice: if serving is what one wishes to do, it may not be a sacrifice.

Competence. Membership in the military may be defined by being able to do a specific job. Not just technical knowledge and skills (i.e., doing well on examinations or test) - but demonstrating proficiency in the field (i.e., "pulling one's weight").

Sacrifice. Membership in the military may be defined by sacrifice, even when not explicitly serving others. Being away from family, appearance, ability to travel, not feeling emotion, potential for trauma or death.

Mission. Members of the military may view mission (purpose or task) as the guiding principle that determines what to sacrifice for, why and how to organize, and what to serve.

Collectivism. Membership in the military may be defined by the needs of the group. This may or may not require sacrifice. It may also not be done for the sake of service. For example, a whole unit might not discuss traumatic event because it undermines the self-perception of the unit.

Events

Deployments. Membership in the military may involve being sent away from family to an area with increased risk.

Reintegration. Membership in the military frequently involves returning from areas and situations of high risk and attempting to re-integrate into daily military and/or civilian/family life.

Trauma. Membership in the military may involve exposure to trauma. This can be in garrison or when deployed, accidental or intentional, human-made or natural.

Structural Organization

Hierarchy. Members of the military may view the world as hierarchical; a chain of command makes decisions.

Order. Members of the military may emphasize a worldview based on order – that directions from the chain of command are to be followed, that structures/systems are to be followed. Chaos or uncertainty is to be avoided.

Structure. Members of the military may view the world as requiring structure, that complex systems should be organized to make them easier to navigate.

Individual Social Variables

Family. Family members of military members may be influenced by military values/events/organization AND military members often identify family as what was sacrificed.

Gender. Different genders in the military experience military identity and culture differently. Some may use military service to help them actualize a perceived "masculinity" while others may perceive this military "masculinity" or "hyper-masculinity" as being at odds with "feminine" culture.

Sexuality. Members of the military may report that their sexual identity is at odds with or in conflict with their military identity.

Structural Differentiation

Branch. Members of the military may identify with their branch of service (Army, Navy, Air Force, Marines)

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Generations. Members of the military who served at different periods of time may experience military identity and culture differently.

Active Duty vs. Reserves. Members of military may have different perceptions of the military based on Active Duty or Reserve status.

Occupations. Members of the military may identify with their job (infantry, medical corps, intel, pilot)

Barriers to Care

Stigma. Members of the military may report that seeking care may compromise other aspects of their military identity.

Privacy. Members of the military may report a perception that they have no privacy.