

## **Toolkit 2 - Learning Unit 5**

Ethics and human values inspire your leadership as a coordinator

### **Culture & Religion : Pre-Acute Intervention Activities 5**

Culture & Religion: The encounter with the victims, their spirituality and their territory. Preparation of the intervention based on knowledge, respect and support of the values of the population affected by the crisis.



**Training**

## PRE and Acute-INTERVENTION

- Question : Do you know the cultures et traditions of the population of crisis intervention?
- **Green side YES:** Go to the Toolkit 1, Unit 1 Body, Step 5 for **social feeling stabilization**
- **Orange side NON :** Non, I don't and my team doesn't.  
Please follow this section to assess and evolve in team awareness of the population territory.  
Activity 5 : Cultural Formulation Interview (from APA)

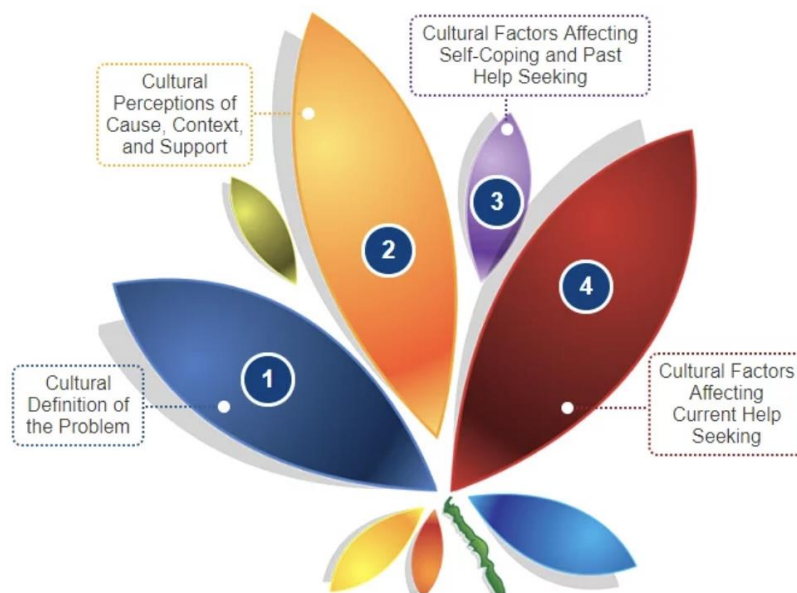
### **ACTIVITY 5 : Cultural Formulation Interview (from APA)**

The DSM-5 defines culture in the following way: « Culture is therefore a multifactorial set of overlapping systems made up of many components beyond race and ethnicity, including not only the characteristics mentioned above but also gender identity, sexual orientation, and even generational cohort and occupational group. The views and practices associated with the confluence of these cultural characteristics affect how all participants in the health care process—patients and their relatives, as well as clinicians, administrators, and policy makers—understand illness and engage in care. (...) Culture, race, and ethnicity are related to economic inequities, racism, and discrimination that result in health disparities. Cultural, ethnic, and racial identities can be sources of strength and group support that enhance resilience, but they may also lead to psychological, interpersonal, and intergenerational conflict or difficulties in adaptation that require diagnostic assessment. » (APA, 2013, p. 749).

Sir William Osler (1849-1919) said : “it is much more important to know what sort of a patient has a disease than what sort of disease a patient has.” Misunderstanding the worldview of a client can lead to ethical dilemmas and misdiagnosis. The Islamic perspective of mental health, for instance, is dramatically different from the Judeo-Christian nosology of mental health, and practitioners must be able to elicit the client’s understanding of the presenting problem related to their cultural and religious identity (Rasool, 2015) ».

« Thus, the overall intent of the CFI is to guide practitioners in asking the client “What should we know about you that contextualizes you and understands you from a cultural lens?” The CFI also addresses idea that the importance of cultural context extends to practitioners, who possess particular expectations or interpretations based on their personal experiences (Lewis-Fernandez, 2015). Sue and Sue (2016, p. 294) note that “this view (i.e., that contextual and therapist factors are also important in therapy outcome)” moves the field forward in recognizing the complexities involved in mental health assessment and treatment across a broad range of cultural differences. »  
(Dorie J. Gilbert and Katarzyna Olcoń, Cultural Formulation Interview, 2020, In book: Encyclopedia of Social WorkPublisher: Oxford University Press, p.3)

LINK TO THE APA PDF FOR CFI



## Using the DSM-5 Cultural Formulation Interview Online Training Module