

## **Handout for Group Activity: Using Cultural Formulation Interview to Mitigate Bias in Treatment**

### **Group Activity Instructions:**

- Break into small groups (4–5 participants).
- Each group will review a case study.
- Use the Cultural Formulation Interview (CFI) prompts to explore the case.
- Identify potential biases that could arise in treatment.
- Discuss and propose best practices for culturally responsive engagement.
- Complete the worksheet provided.
- Share key takeaways with the larger audience.

### **Cultural Formulation Interview: Key Questions**

- What cultural identity is most important to the client (ethnicity, gender, religion, disability status, etc.)?
- How does the client perceive the problem and its causes?
- What cultural factors influence how the client expresses symptoms and seeks help?
- What are the client's past experiences with treatment systems or authority figures?
- What supports does the client have in their community or family network?

### **Case Studies**

- Case Study 1: Racial Identity
- Derek, 27-year-old Black man seeking outpatient SUD treatment after inpatient care.
- History of racial profiling and healthcare distrust.
- Expresses frustration with medication options.
- Expresses concerns over being able to discuss his trauma in group and individual sessions.

#### **Case Study 2: LGBTQ+ Identity**

- Jordan, 32-year-old nonbinary individual (they/them) in residential treatment for methamphetamine use.
- Experienced misgendering and discrimination.
- Requests LGBTQ+ inclusive support groups.
- Express concerns about gender specific housing.

#### **Case Study 3: Disability Identity**

- Elena, 45-year-old Latina woman with visual/mobility impairment and chronic pain entering IOP for alcohol misuse.
- Reports inaccessible groups and assumptions about her needs
- Expresses frustrations made limiting medications she is prescribed for pain management.

#### **Case Study 4: Intersectionality (Race + LGBTQ+)**

- Andre, 23-year-old Afro-Latino gay man recently completing detox, referred to outpatient care.
- Expresses fear of racial and sexual orientation bias.
- Feels unseen in traditional therapies.
- Seeking support with engaging family in treatment.

#### **Best Practices for Bias Mitigation (Quick Reference)**

- Use curiosity rather than assumptions during assessments.
- Document observations objectively (e.g., 'client responded briefly' vs. 'client was resistant').
- Adapt treatment plans based on client-identified goals.
- Create inclusive environments using affirming language and visual cues.
- Reflect on biases after sessions using daily reflection tools.

#### **Group Report Out:**

##### **1. Key Cultural Factors Identified:**

*(List 2–3 important cultural factors about the client that could impact quality of care outcomes.)*

##### **2. Potential Biases or Assumptions:**

*(What clinician biases or assumptions could negatively impact quality of care?)*

##### **3. CFI Questions That Would Help:**

*(Write 2 Cultural Formulation Interview questions you would use to improve understanding and care quality.)*

##### **4. Strategies to Ensure Culturally Responsive, High-Quality Care:**

*(List 1–2 action steps to support improved quality of care for this client.)*

#### **Group Reflection Questions**

1. What did your group learn about the importance of culturally responsive practices in improving quality of care outcomes?
2. How might using the CFI strengthen our ability to deliver more equitable, higher-quality care?
3. How could collecting both qualitative (narratives, lived experiences) and quantitative (measurable outcomes) data help track and improve quality of care?
4. What specific changes could your program make, based on collected data, to immediately strengthen quality of care and reduce disparities?