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Cross Cultural Adaptation of the Cultural Formulation Interview-Patient Version

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Authors Contribution
All authors made substantive intellectual contributions to this study to qualify as authors.
Ms. Saba Hakim Khan conceived the idea, designed the study, and performed the statistical analysis. She also wrote an initial draft of the manuscript and collected "data."
Dr. Muneeba Shakil re-drafted parts of the manuscript helped in IPA analysis and provided helpful advice on the final revision of the draft.
All authors were involved in writing the manuscript. All authors have read and approved the final manuscript.

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ABSTRACT

Objective: *The current study attempted to translate and adapt the Cultural Formulation Interview (CFI)-Patient Version from English into the national language, Urdu, and to guarantee the validity and reliability of measurements in Pakistani cultural and linguistic contexts*
Design: *Cross-Cultural Translation design / Structured interview*
Place and Duration of Study: *Lahore, Pakistan, March2024-August2024*
Subject and Method*: Pilot testing participants (N = 2), who are men (n = 1) and women (n = 1) with MDD diagnosis, will be selected via purposive sampling to examine gender differences with mild to moderate major depressive disorder. Two stages comprise the current research. Translations of the original Cultural Formulation Interview (CFI) Patient Version into forward and back translations, which are highly implied, were done in the initial step. Inter-rater reliability and content validity of translated interviews were carried out. Adaptation of translated Cultural formulation interview on the pilot sample.*
Result and Conclusion: *The results demonstrate sufficient reliability and validity. Pakistan's national language is Urdu. Most people in Pakistan can grasp Urdu but have trouble understanding and comprehending English. This is the primary reason the interview has been translated into Urdu: to get more accurate and verified measurements for Pakistani citizens in their mother language.*

Keywords: Cultural Formulation Interview; Culture; Language Adaptation, Cross Cultural Adaptation, Urdu Language

INTRODUCTION

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According to Kiermaier and Jarvis (2019), culture is a multifaceted system of values, language, and practices passed down from one generation to the next. Culture is an intricate web of beliefs and practices defining a particular group. Language, rituals, and values are all ingrained in the culture and are passed down from generation to generation. Diverse cultural origins give rise to varying perspectives on what defines health and sickness (Kiermaier & Jarvis, 2019).

Cultural attitudes impact how people view their health and react to medical treatments. Culture has a significant impact on how we understand things that may be seen as mental illnesses. Cultural factors impact several facets of mental health patient care, such as the reasons behind sharing medical experiences and the things, people, and circumstances involved. It has an impact on the theoretical frameworks and symptom patterns that medical practitioners use to interpret and evaluate the symptoms of mental disorders. Their culture influences patients' perceptions of care, particularly on the types and lengths of suitable therapies (Aggarwal et al., 2019).

The concept of illness must be understood as a cultural construct, and the impression of ailments implies the mental representations that patients and ailments construct about their condition. Here, cultural beliefs about how to remain calm following a negative test, how to feel satisfied following a consultation, and how patients perceive their condition concerning future use of pertinent services are important factors to consider. According to this reasoning, understanding illness influences how an individual manages that situation (e.g., acquiring therapy) and psychological reactions when faced with illness. In numerous societies, we may forgo hospital treatments (Aggarwal et al., 2019).

According to Kiermaier and Jarvis (2019), culture formulation is crucial to any thorough evaluation since it affects not just the relationships of members of underrepresented minority groups but also all patients. Mental health evaluation must consider cultural Formulation, which considers an individual's cultural upbringing, opinions, principles, and behaviours (Kiermaier & Jarvis, 2019).

According to Aggarwal et al. (2019) by incorporating cultural Formulation interviews, psychiatrists and psychologists can gather basic information about the source and intervening elements of a patient's problem. By adhering to the recommendations in the Outline of Cultural Formulation, approaches to addressing gender-based distress are developed and evaluated with consideration for the needs of both individuals and culturally diverse groups. This enhances communication with people from a variety of linguistic and cultural backgrounds (Aggarwal et al., 2019).

The Cultural Formulation Interview (CFI) is an evaluation technique designed to determine how cultural context or circumstances influence a client's clinical expression and treatment. The CFI is a manual, standardised technique for assessing mental health that takes cultural considerations into account. , consists of sixteen items. Its right side looks at in-person interactions between patients and providers, while its left half provides guidance to clinicians. Its structure is comparable to those of other assessment standards, most notably the Structured Clinical Interview of the DSM-IV. Cultural formulation interviews come in two varieties:

Cultural Formulation Interview (CFI) Patients version. That covers the person's perspective, which must be considered while understanding and treating mental health concerns in a cultural setting. Informant version of the Cultural Formulation Interview (CFI). Ethnic competency about mental health evaluations is enhanced by the informant version. It provides a more thorough grasp of the cultural determinants of mental health among genders, as reported by the informant.

The ways that mental diseases present themselves vary throughout cultures. Depression is often limited to the physical and interpersonal dimensions in non-Western societies. In

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contrast, sadness is typically characterised by unhappiness and worthlessness in Western societies, which indicates such countries' individualistic tendencies (Wooyoung et al., 2019).

Mental health therapists need to consider patients' cultural origins and points of view since culture impacts how individuals view the world and relate to one another. Concurrently, identify illnesses and create treatment strategies (Wallin et al., 2019)

The higher prevalence of anxiety and depressive disorders in Pakistani women may be explained by several reasonable factors, such as biological factors, socioeconomic disadvantage, loss of social standing, improper coping strategies, and the lack of a nationwide network of support for women (Ahmad et al., 2022). Another well-known argument is that most Pakistani women are forced to balance their work and family responsibilities due to the deeply embedded social and cultural standards that persist in Pakistani families. Men seldom help out around the house. Because of the "stay-at-home" mentality, men spend more time at home (Badahah et al., 2021).

Consider the potential influence of an individual's cultural background on their ability to perceive, analyse, and communicate symptoms and issues. Stress is characterised and communicated in society in this way. A thorough understanding of a patient's interpretative model which encompasses their expectations for the therapy's trajectory and their views on triggers, procedures, starting point, and initiation—can improve therapeutic outcomes (Lewis-Fernández et al., 2019).

Distress may be communicated and expressed in different ways across cultural boundaries. For example, whereas some cultures use physical symptoms to express their emotional pain, others use more verbal or cerebral means. By using cultural Formulation, clinicians can better recognize and comprehend these feelings in light of cultural variations (Lewis-Fernández et al., 2019).

After they begin to make assumptions based on gender, toddlers create their own identities, which are logically explained by two crucial psychological theories. According to the gender schema hypothesis, toddlers consciously imprint themselves and provide distinct genders, or mental frames, to the mannerisms, characteristics, and actions they come across. These subsequently affect how youngsters see and remember things. When behavioural patterns and attributes align with schemas, people of all ages may remember them more rapidly than when they don't (Germani et al., 2020).

Method

Participants

Purposive sampling will be used to choose the two individuals (N = 2) for the pilot test diagnosed with MDD (men = 1, women = 1) from different mental hospitals or clinics in Pakistani populations. The age of participants ranged from 18-80.

Measures

1. Demographic Information Form.

The demographic form was supplemented with the following information: name, age, education, marital status, family structure, birth order, and any psychological disorders prescribed.

2. Cultural Formulation I interview (CFI)- Patient version

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, or DSM-5 TR, has a thorough cultural formulation technique, one of which is the Cultural Formulation Interview. There are sixteen questions on it. Its right half looks at face-to-face encounters between patients and psychiatrists, while its left side contains instructions for medical professionals. Clinicians can utilise the Cultural Formation Interview-Informative Version (I-CFI) to interview the patient's family members, close friends, caregivers, children, and other people who can provide further information (Gao et al., 2020).

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The following are two types of interviews pertaining to cultural formulation:
The Cultural Formulation Interview (CFI)- Patient Version
The Cultural Formulation Interview (CFI)- Informant Version

The CFI-Patient Version emphasises that understanding and addressing mental health in a cultural setting requires considering the person's viewpoint.

Procedure

The research is divided into the following phases: The first part involved translating the Cultural Formulation Interview (CFI) into Urdu; the second phase involved examining the interview's validity and reliability.

Translation Procedure for the Cultural Formulation Interview

Ethical Approval

Permissions and ethical permits were obtained from the COMSATS review board or ethics committees prior to the inquiry starting. The American Psychiatric Association (APA) gave permission for the patient versions of the Cultural Formulation Interview prior to translation. Respecting ethical guidelines and preserving the rights of the research methodology and the community of interest, the Cultural Formulation Interview (CFI) was translated and modified.

Translation procedure

The second step was the translation procedure. Professionals who could speak Urdu and English well were taken into consideration. They could appropriately communicate the idea in a cultural formulation interview since they conversed with the basic terms used in psychology.

Forward translation. A faculty member with expertise in Urdu from COMSATS University Islamabad Lahore Campus was approached. Her specialty was multidisciplinary research, and she was employed as a Ph.D. scholar in the department of Islamic studies. She translated the Cultural Formulation Interview (CFI) - Patient Version into Urdu. The translation was carried out independently without help to capture various interpretations and variations in the data.

Back translation. To ensure the accuracy and equivalency of the translated cultural formulation interview, a back translation of the CFI was requested from a PhD scholar of Applied Linguistics and had specialised knowledge in the English language of the English Department at COMSATS University Islamabad Lahore Campus.

Expert panel review. Five psychologists were given access to the forward and back translations to assess them and ensure they were reliable compared to the original CFI. To produce a logical, grammatically correct, and culturally appropriate synthesised version of the cultural formulation interview in Urdu, they need to determine whether any disparities or variances exist.

Interrater Reliability. Inter-rater reliability is the degree to which different raters or evaluators agree or are consistent when assessing, categorising, or evaluating the same phenomenon or data. This measures how several people (raters) make judgments or assessments about the same topic similarly so that the interpretation of any individual does not influence the results.

The researcher requested five clinical psychologists to assess the inter-rater reliability of the original interview and the translated version. Two clinical psychologists scored back translation using the original CFI version, and three rated forward translation using it. Their evaluation was centred on ensuring the translated content was understood accurately and consistently. This procedure involves several qualified individuals, which helped to validate the translation's correctness and preserve the original meaning.

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Data Analysis. Data analysis for inter-rater reliability was done using percentage agreement.

Content validity

For the researcher to verify content validity and assess the cultural formulation interview-patient version translation items in Urdu for language appropriateness, relevance, clarity, and comprehensiveness, four subject matter experts thoroughly reviewed the translated version of the instrument.

These experts assessed whether the translations accurately conveyed the original concept and the products conveyed the intended message. Their recommendations were immensely helpful in ensuring that the translation was complete and appropriately described the construct being measured.

Data analysis. To determine the predominant pattern and diversity of the expert evaluation for each item, the mean rating was calculated.

Phase 2: Pilot Testing

Participants.

Using purposive sampling approaches, a sample of two individuals (Woman=1, age =38) and (Man =1, age =45) with major depressive disorder (MDD) were chosen from several psychiatric facilities in Lahore, Pakistan.

Method

The synopsis was given to the hospitals to obtain authorization to administer translated cultural formulation interviews to participants. The individuals were asked for their participation in the study with informed consent. In addition, the duration of the research, its goal, and the measures taken to maintain participant confidentiality were explained to the participants. After completing the measures, the participants were asked to complete the demographic sheet. The research and data collection for the study were done with ethical considerations in mind. Every participant was free to leave the research at any moment.

Data analysis

There was no ambiguity in the interview questions, and participants understood and responded to the interview. The feedback gathered from pilot interviews was positive.

Results

Table 1

Inter-Rater reliability of Forward Translation of Cultural Formulation Interview (CFI)-Patient Version

Interview Categories	Rater 1	Rater 2	Rater 3
1	5.00	5.00	5.00
2	5.00	5.00	5.00
3	5.00	5.00	5.00
4	4.00	5.00	5.00
5	5.00	5.00	5.00
6	5.00	5.00	5.00
7	5.00	5.00	5.00

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8	5.00	5.00	5.00
9	5.00	5.00	5.00
10	4.00	5.00	4.00

Note. *N=10*

There are ten cases in all, according to Table 3. Regarding examples 1, 2, 3, 5, 6, 7, 8, and 9, all three raters concur. In ten cases, eight agreements have been made. Once the formula is applied, Percent Agreement equals (10/8) × 100 = 80%. The outcome shows that there is 80% agreement between the two raters, indicating a high percentage of agreement between the two, indicating reliable ratings.

Table 2

Inter-Rater Reliability of Back translation of Cultural Formulation Interview (CFI)-Patient Version

Interview Categories	**Rater 1**	**Rater 2**
1	5.00	5.00
2	5.00	5.00
3	5.00	5.00
4	5.00	5.00
5	5.00	5.00
6	5.00	5.00
7	4.00	5.00
8	5.00	5.00
9	4.00	5.00
10	5.00	4.00

Note. *N= 10*

There are 10 cases in all, according to Table 4, and cases 1, 2, 3, 4, 5, 6, and 8 all have the same ratings. Out of ten instances, seven have agreements. Following the use of the formula Percent Agreement = (10/7) × 100 = 70%. The results show that there is 70% agreement between the two raters, indicating a reasonable level of agreement between them.

Table 3

Content Validity of Cultural Formulation Interview(Patient View)

Interview Questions	**Ratings**	**Average**
1	5+5+5+5	5
2	5+5+5+5	5
3	5+5+5+5	5

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4	5+5+5+5	5
5	5+5+5+5	5
6	5+5+5+5	5
7	5+5+5+5	5
8	4+5+4+4	4.25
9	5+5+5+5	5
10	5+5+5+5	5
11	5+5+5+5	5
12	5+5+5+5	5
13	5+5+5+4	4.75
14	5+5+5+5	5
15	5+5+5+5	5
16	4+5+5+4	4.5

Note. *N=4*

All 16 questions of the interview have been retained and none of the items have been rephrased by experts. Therefore, the same translated version of the interview is used for pilot study.

Discussion

This research aimed to translate and adapt the cultural formulation interview into Urdu. In order to accurately diagnose mental illness and effectively arrange therapy, researcher examine how CFI is utilised to comprehend the cultural, social, and religious effects on mental health in Pakistan. It facilitates the development of cultural equivalency and aids in removing the language barrier. Additionally, the study offers validity and reliability, making it simple for researchers to conduct reliable interviews with Pakistani individuals who have trouble understanding English. Unfortunately, the cultural formulation interview is not available in Urdu. It has not yet been linked to Pakistan despite being widely used by medical professionals outside of Pakistan and published by the American Psychiatric Association. In Pakistan, a complex fusion of socioeconomic class, language, ethnicity, and religion shape's cultural identity. Because Pakistan has such a complex cultural environment, the CFI is very useful in helping doctors comprehend these features in their patients. Like cultural practices and beliefs of a Punjabi may differ significantly from those of a Pashtun or a tribesman from the Baloch region. By being aware of these distinctions, clinicians may approach all patients with a multicultural viewpoint.

In Pakistani homes, where there is a strong emphasis on collective identity, societal standards and family honour may have a big influence on a person's behaviours and decisions. This may have an impact on how patients view their mental health conditions; for example, some may view them as a burden or a cause of shame. Many people in Pakistan may believe

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that supernatural or spiritual factors, such as jinn possession, the evil eye (nazar), or the effects of black magic (kala jadu), are to blame for their mental health issues. These ideas are well ingrained in the society's religious and cultural fabric. Given that these beliefs may affect the patient's desire to accept traditional psychiatric therapy, the CFI enables physicians to investigate these reasons with empathy and without passing judgment. For example, a patient who feels that a jinn is the source of their symptoms may at first be resistant to psychological therapies and would rather go to a religious healer or an amil for assistance.

Conclusion

Consequently, we deduced that the CFI's translation into Urdu demonstrates sufficient reliability and validity, indicating that it is a legitimate and coherent interview that can be employed to gauge cultural expectations and problem perception in Urdu and assist in avoiding potential linguistic and cultural obstacles during evaluation. Medical professional run the risk of misdiagnosing a patient if they fail to consider the cultural context of their symptoms. For instance, in Pakistan, behaviours that are commonly connected in Western cultures to mental illness—such as speaking to self or having spectacular dreams—might be interpreted differently and connected to profound religious devotion or spiritual experiences.

With the help of the CFI, Research may also focus on adapting the CFI for use in Pakistan's remote and rural regions, where cultural practices and viewpoints could differ significantly from those in urban settings as well as medical professionals may create therapies that consider culturally relevant strategies. Incorporating religious practices such as fasting, prayer, or attending religious gatherings into depression treatment might help patients feel more at peace and a part of the community. Having a solid understanding of the ethnic origins of their patients helps medical personnel diagnose patients more accurately, treat them more effectively, and foster stronger patient-clinician relationships. As the field of psychological care in Pakistan advances, the CFI will play a more significant role in guaranteeing that all patients, regardless of their cultural background, receive comprehensive, considerate, and efficient care.

There are several study opportunities available as a result of the introduction of a translated edition of CFI in Pakistan. In conclusion, the Cultural Formulation Interview translated into Urdu is a crucial resource for mental health professionals in Pakistan who are aware of cultural variances in patient treatment.

Limitations and Suggestions for the Future

Since the data used in this study was restricted to a single region of Pakistan, it cannot be applied to the whole population. It is advised that samples be gathered from throughout Pakistan in the future. When used as a representative sample for the entire population, it will aid in lowering sampling bias. Despite these shortcomings, our study offers more than just a trustworthy and valid Urdu language assessment.

REFERENCES

Aggarwal NK, Jarvis GE, Gómez-Carrillo A, Kirmayer LJ & Lewis-Fernández R. (2020). The Cultural Formulation Interview since DSM-5: Prospects for training, research, and clinical practice. *Transcultural Psychiatry;* *57*(4): 496- 514 Https://doi:10.1177/136346152094048

Aggarwal, N. K., Cedeno, K., & Lewis-Fernández, R. (2020). Patient and clinician communication practices during the DSM-5 cultural formulation interview field trial.

Anthropology & Medicine, *27*(2), 192–211. https://doi:10.1080/13648470.2019.1641014.

Ahmad, S.S., & Koncsol, S.W. (2022). Cultural Factors Influencing Mental Health Stigma: Perceptions of Mental Illness (POMI) in Pakistani Emerging Adults. *Religions*, *13*, 401. https://doi.org/10.3390/rel13050401.

Badahdah, A. M., Khamis, F., & Al Mahyijari, N. (2020). The psychological well-being of physicians during COVID-19 outbreak in Oman. *Psychiatry Research*, 289, 113053. https://doi:10.1016/j.psychres.2020.113053.

Evans-Lacko, S., Aguilar-Gaxiola, S., & Al-Hamzawi A, et al. (2018). *Socioeconomic variations in the mental health treatment gap for people with anxiety, mood, and substance use disorders:* results from the WHO World Mental Health (WMH) surveys. *Psychological Medicine;48*(9):1560-1571. https://doi:10.1017/S0033291717003336.

García-Fernández, L., Romero-Ferreiro, V., López-Roldán, P. D., Padilla, S., Calero- Sierra, I., Monzó-García, M., Pérez-Martín J., & Rodríguez-Jimenez, R. (2020). Mental health impact of COVID-19 pandemic on Spanish healthcare workers. *Psychological Medicine;*1–6. https://doi:10.1017/S0033291720002019.

Gao, W., Zhu, J., & Fang, Z. (2020). Negative prediction of father involvement on aggressive behaviours among primary school students: the partial mediating effect of maternal parenting stress. *Psychological Development and Education; 36*, 84–93. https://doi:10.16187/j.cnki.issn.

Kirmayer, L. J., & Jarvis, G. E. (2019). *Culturally responsive services as a path to equity in mental healthcare.* Health co Pap; 18:11–23.https://doi:10.12927/hcpap.2019.25925.

Lewis-Fernández R. (2019). How do clinicians prefer cultural competence training? Findings from the DSM-5 Cultural Formulation Interview Field Trial. *Academic Psychiatry*, *40*, 584–591. https://doi:10.1007/s40596-015-0429-3.

LeMoult, J., Battaglini, A., Rnic, K., & Castonguay, L. G. (2021). Depression. In L.G. Castonguay, T. F. Oltmanns, & A. P. Lott (Eds.), *Psychopathology: From science to clinical practice*. 17–55. The Guilford Press. https://doi.org/10.1037/abn0000087.

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:10.1177/1363461520938273.

Skammeritz, S., Lindberg, L. G., Mortensen, E. L., Norredam, M., & Carlsson, J. (2020). *Using the Cultural Formulation Interview in Denmark*: Acceptability and clinical utility for medical doctors and migrant patients. *Transcultural Psychiatry;57*(4):556-566. https://doi:10.1177/1363461520935673.

Weiss, M. G. (2018). *Explanatory models in psychiatry*. In D. Bhugra, & K. Bhui (Eds.). Textbook of Cultural Psychiatry (2nd Edition). 127–140 Cambridge, UK: Cambridge University Press. https://doi:10.1017/cbo9780511543609.012.

Wallin, M.I., Dahlin, M., Nevonen, L., & Bäärnhielm, S. (2019). *Patients' and clinicians' experiences of the DSM-5 Cultural Formulation Interview: A mixed method study in a Swedish outpatient setting. Transcultural Psychiatry;57*(4):542-555. https://doi:10.1177/1363461520938917.