



## Culturally Competent Care

Culturally competent care is an approach, not a score or outcome. It involves eliciting and understanding each person's beliefs, demonstrating personal humility, and building collaborations. The goal is not to change the patient's culture. It is to understand it and consider it when interpreting behavior, considering diagnoses, and developing treatment plans.

### Why it Matters

Culture can influence how symptoms are expressed and diagnoses are interpreted. Culturally competent care can improve:

- Diagnostic accuracy
- Therapeutic alliance
- Treatment adherence
- Patient outcomes

### Clinical Tool – [DSM-5 Cultural Formulation Interview \(16 questions\)](#)

The Cultural Formulation Interview (CFI) in the DSM-V-TR is quite comprehensive. It is designed for use by any clinician who provides services to any individual in any setting. The CFI has a version to use with an individual and also one for use with an informant, or collateral, if such a person is available. The CFI guides clinicians through questions to elucidate the impact of culture on key aspects of an individual's clinical presentation.

The CFI emphasizes four domains for assessment:

1. Cultural Definition of the Problem
2. Cultural Perceptions of Cause, Context, and Support
3. Cultural Factors Affecting Self-Coping and Past Help Seeking
4. Cultural Factors Affecting Current Help Seeking

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## Special Considerations in Forensic & Correctional Settings

Forensic and correctional environments have their own unique culture that you must consider when interpreting behavior. Clinicians need to be careful to not pathologize adaptation.

For example:

- Patients who do not speak English as their first language or are not familiar with the American legal system may be misdiagnosed and/or erroneously opined incompetent to stand trial.
- Patients may be reticent to share information, seem hypervigilant, or decline to speak because sharing information may have been used to suggest they have a mental illness and/or are incompetent to stand trial.
- Patients may decline medications and therapy because they believe this could make them potential targets of victimization by their peers in correctional settings and/or increase stigmatization.



### Practical Tip

Before documenting a behavior as “uncooperative” or “delusional,” ask: *Is this a symptom, a cultural idiom, or a survival strategy for this facility?*

### Putting It into Practice

✓ Stay curious and nonjudgmental

✓ Validate the patient's perspective

✓ Establish trust

✓ Avoid premature diagnostic conclusions



For more information, view this webinar  
[\*\*Approaching Patients in Forensic Settings Using a Cultural Lens\*\*](#)