

Symposium | CFI : [Symposium 83] Cultural Formulation Interview (CFI) Symposium 2

2025年9月28日(日) 9:00 ~ 10:30 Session Room 6 (Conference Room B)

**[Symposium 83] Cultural Formulation Interview (CFI) Symposium 2**

Moderator: Valerie DeMarinis (Innlandet Hospital Trust, Norway; Umeå University, Sweden), Simon Groen (De Evenaar Center for Transcultural Psychiatry)

**[SY-83-02] Implementation of the Cultural Formulation Interview (CFI) in Norway**

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キーワード : CFI Implementation as CFI process、 Initial Staff Training and Ongoing Consultation/Feedback、 Clinical contexts in mental health and somatic health

The presentation first provides a brief overview of research with the core CFI, through five efficacy pilot studies in Norway, encompassing both psychiatric and somatic clinical contexts. Following the positive pilot study results, two of the clinical contexts requested an implementation of the CFI into their routine care procedure. The CFI research team developed an implementation research protocol in coordination with the clinics. The presentation then focuses on the ongoing implementation research at the youth psychiatry context. The research protocol has an organizational approach, meaning that multiple data-gathering processes are used to map interactions among patient, clinical staff, and director levels. Four preliminary results from the ongoing implementation study are discussed. First, in the pilot study and continuing in the implementation study, the experiencing of the CFI for these young persons (of ethnic Norwegian majority population) is a type of intervention in the classical sense, and initial analysis points to the core CFI functioning as a Brief Intervention that sets in motion several intra- and inter-personal processes. Second, the experiencing of the CFI is ongoing and thus it is important to understand that it is a CFI process that is underway and not a single, isolated event. Third, the information shared in the CFI responses is often very personal and often is information not previously asked for or shared in other healthcare contexts. This creates an expectation that the information will be respected and made use of in the treatment process. Failure to do so can have iatrogenic consequences. Fourth, the operationalization of certain types of information from the CFI into treatment planning requires additional training. This training needs to focus on how to deal with symbolic metaphors, embodiment expressions and existential meaning-making clues, in short, information that is not generally a part of healthcare professional training.