Culturally Competent Use of the DSM-5 in Problem Solving Courts

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Mental Disorder

- Clinically significant behavioral/psychological syndrome/pattern associated with present distress/disability or with significantly increased risk of suffering death, pain, disability, or an important loss of freedom
- Not merely expectable/culturally sanctioned response to a particular event
- A manifestation of a behavioral, psychological, biological dysfunction

Cultural Formulation Interview (CFI)

- A brief semi-structured interview used in a mental health assessment for systematically assessing cultural factors & their impact on a ct’s clinical presentation & care
- Follows a person-centered approach to cultural assessment by eliciting info about ct’s own views & those of others in ct’s social network
- Designed to avoid stereotyping; each individual’s cultural knowledge affects how s/he interprets illness experience & guides how s/he seeks help
CFI Used To

- Understand role of cultural context in expression/evaluation of symptoms & dysfunction
- Consider potential effects of cultural differences on therapeutic relationship (increase adherence/increase treatment satisfaction/improve diagnostic accuracy)
- Systematically describe clients' cultural/social reference group & ways cultural context relevant to clinical care

May be especially helpful when…..

- Difficulty in diagnostic assessment due to significant differences in cultural, religious, socioeconomic backgrounds of clinician & client
- Uncertainty about fit between culturally distinctive symptoms & diagnostic criteria
- Difficulty in judging illness severity/impairment
- Disagreement between examinee/clinician on course of care
- Limited engagement in/adherence to treatment

Outline for Cultural Formulation

- Cultural identity of the individual
- Cultural conceptualization of distress
- Psychosocial stressors & cultural features of vulnerability & resilience
- Cultural features of relationship between client & clinician
- Overall cultural assessment

- 2 versions: Individual & Informant
- 12 supplementary modules
Cultural Formulation Interview (CFI)

16 Questions over 4 domains (15-20 minutes to complete):
• Cultural Definition of Problem (Questions # 1 - 3)
• Cultural Perceptions of Cause, Context, & Support (Questions 4 - 10)
• Cultural Factors Affecting Self-Coping & Past Help Seeking (Questions 11-13)
• Cultural Factors Affecting Current Help Seeking (Questions 14-16)

INTRODUCTION

I would like to understand the problems that bring you here so that I can help you more effectively. I want to know about your experience & ideas. I will ask some questions about what is going on & how you are dealing with it. Please remember there are no right or wrong answers.

Cultural Definition of the Problem

Q1: What brings you here today? People often understand their problems in their own way, which may be similar to or different from how BHPs describe the problem. How would you describe your problem?

Q2: Sometimes people have different ways of describing their problems to their family, friends or others in their community. How would you describe your problem to them?

Q3: What troubles you most about your problem?
Cultural Perceptions of Cause, Context & Support

Q4: Why do you think this is happening to you? What do you think are the causes of ________?

Q5: What do others in your family, your friends, or others in your community think is causing ___?

Q6: Are there any kinds of support that make [PROBLEM] better, such as support from family, friends, or others?

Q7: Are there any kinds of stresses that make your [PROBLEM] worse, such as difficulties with money, or family problems?

Cultural Perceptions of Cause, Context & Support

Sometimes aspects of people’s background or identity can make their [PROBLEM] better or worse. By background or identity I mean, for example, the communities you belong to, the languages you speak, where you or your family are from, your race or ethnic background, your gender or sexual orientation, or your faith or religion?

Q8: For you, what are the most important aspects of your background or identity?

Q9: Are there any aspects of your background or identity that make a difference to your [PROBLEM]?

Q 10. Are there any aspects of your background or identity that are causing other concerns or difficulties for you?
Cultural Factors Affecting Self-Coping & Past Help Seeking

Q11: Sometimes people have various ways of dealing with problems like [PROBLEM]. What have you done on your own to cope with your [PROBLEM]?

Q12: Often people look for help from many different kinds of doctors, helpers, or healer. In the past, what kinds of help, treatment, advice or healing have you sought for your [PROBLEM]?

Has anything prevented you from getting the help you need?

Q13. Has anything prevented you from getting the help you need?

Cultural Factors Affecting Current Help Seeking

Now let’s talk some more about the help you need

Q14: What kinds of help do you think would be useful to you at this time for your [PROBLEM]?

Q15: Are there other kinds of help that your family, friends, or other people have suggested would be helpful for you now?

Q16: Have you been concerned about this & is there anything that we can do to provide you with the care you need?

DSM-5 Glossary of Cultural Concepts of Distress

• Ways that cultural groups experience, understand, communicate suffering, behavioral problems, troubling thoughts, emotions

• Concepts of distress that could influence perception of/mimic a mental disorder

• Clinicians alerted to culture-related features of DSM prototypes in main text & in more detail in the glossary to enhance ability to diagnose syndromes in appropriate cultural context
Ataque de nervios

- “Attack of the nerves”
- Principally Latino descendants in response to trauma
- Characterized by intense emotional upset, including acute anxiety, anger, or grief; screaming & shouting uncontrollably; attacks of crying; trembling; heat in the chest rising into the head; & becoming verbally & physically aggressive, or otherwise feeling out of control (p. 833)
- Could be mistaken for panic attacks/disorders with dissociative symptoms/intermittent explosive disorder

Khyal cap

- “wind attacks”
- Found among Cambodians in US/Cambodia
- Panic attacks (dizziness, palpitations, shortness of breath, cold extremities) & other sx of anxiety/autonomic arousal (e.g., tinnitus and neck soreness)
- Can occur without warning, but frequently brought about by triggers (worrisome thoughts, orthostasis, specific odors with negative associations, agoraphobic-type cues)

Dhat

- Found in cultures of the Indian subcontinent (SE Asia)
- Young male pts exhibit symptoms of anxiety/distress, resulting in wt loss; includes weakness, easy fatigueability, palpitations, insomnia, low mood, guilt
- Suffer from premature ejaculation/impotence
- Believe passing semen in their urine
Kufungisisa
- “brain fog”
- Originated with the Shona of Zimbabwe; includes feelings of anxiety, depression, & body-related concerns
- “Thinking too much”

Maladi moun
- Haitian people believe sxs (psychosis/depression) “humanely caused illness” sent by jealous/envious person (of social status, good fortune, attractive appearance, or other enviable asset) & will cause person to lose recent success

Nervios
- Common among Latinos in US & Latin America
- General vulnerability to stressful/difficult life circumstances
- Includes range of sxs of emotional distress, somatic disturbance, inability to function
- Most common: Headaches/brain aches (occipital neck tension), irritability, stomach disturbances, sleep difficulties, nervousness, easy tearfulness, inability to concentrate, trembling, tingling sensations, mareos (dizziness with occasional vertigo-like exacerbations)

Shenjing shuairuo
- Mandarin Chinese: “weakness of nerves”
- Roots in Western disease construct Neurasthenia: Condition characterized by physical/mental fatigue, dizziness, headaches, other pains, concentration difficulties, sleep disturbance, memory loss
- Individual experiences more stressors (social, occupational, family; or losing ability to save face when family is publicly embarrassed) than can handle; internal balance cannot be adjusted
Susto stres

- Related to frightening traumatic event so severe that soul or "life-blood" leaves body (in Latin American cultures)
- Symptoms include nervousness, anorexia, insomnia, listlessness, fever, depression, diarrhea

Taijin kyofusho (tī-jēn-kyō-foo-shō)

- "disorder of fear"
- Type of social phobia, primarily in Japanese culture
- Intense fear that body/parts/functions, displease, embarrass, are offensive to others in appearance, odor, facial expressions, movements