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

April 25, 2016  1:00 pm - 2:30 pm

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Mental Disorder

- Clinically significant behavioral/psychological/biological 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
- “defined in relation to cultural, social & familial & values” (APA, 2013, p. 14)
Purposes of Diagnosis

- Clinical Practice
- Legal System
- Organizational
- Research/Statistical
- Educational
- Reimbursement
- Communication
Diagnosis

- Not necessarily a neutral/empirically-based process

- Influenced by social forces:
  - Favorite diagnosis/theory promotion by academics
  - Practitioner desire for predictable clinical results
  - Patient advocacy
  - Media
International Classification of Disease Related Health Problems (WHO)

- 14,400 diseases, signs/symptoms, abnormal findings, complaints, social circumstances, external causes of injury/diseases
- Official psychiatric nosology used throughout most of world
- DSM-5 diagnostic criteria used by insurance companies for chart quality assessment, audit, determine fraud/abuse
- ICD-10-CM codes alpha-numeric – in parentheses within diagnostic criteria box for each DSM-5 disorder
ICD-10-CM, DSM

• If more than 1 code should be assigned, found at bottom of diagnostic criteria box (subtypes coded)
DSM-5

• Philosophical changes
• Changes to chapter organization (lifespan approach)
• Removal of multiaxial system/combines Axes I, II, III
  – All mental, personal, physical disorders recorded in 1 place:
    (Principal Diagnosis)
    (Reason for Visit)
• Psychosocial/envir factors (Axis IV), that within last yr
  effect evaluation/diagnosis/management of pt or, if
  occurred prior, contributes to development of disorder/
  focus of treatment, AND Axis V, replaced by measures of
  severity & Z Codes
DSM-5

- Diagnostic changes

- Use of dimensional/cross-cutting assessments
  - Domains commonly seen/monitored, regardless of initial clinical presentation /subsequent diagnosis (e.g., depressed mood, anxiety, substance use, sleep problems)
  - Ratings for areas over time regardless of specific disorder

- Now a narrative/dimensional diagnostic approach
DSM-5 Diagnostic Changes

**Other specified disorder 300.9 (F99)**
- Identify specific reason does not meet criteria for any specific category within a diagnostic class
- Record name of category, then reason
  
  ex: 312.89 Other specified disruptive, impulse-control, and conduct disorder, recurrent behavioral outbursts of insufficient frequency

**Unspecified disorder 300.9 (F99)**
- Do not specify reason does not meet criteria for any specific category within a diagnostic class
  
  ex: 312.89 Unspecified disruptive, impulse-control, and conduct disorder
Effects of Age, Gender, Culture

- Can effect validity of diagnosis
- Disorders can present differently at different ages
  - Early in life vs. post-puberty (psychosis/depression/ASPD/ADHD)
- Disorders can present differently in women and men
  - Schizophrenia/Substance Use Disorders/ASPD > Male
  - Bipolar Disorder =
  - Major Depressive Disorder/BPD (only in clinical pop) > Female
- Disorders can present differently in 1 culture than in another
  - Social forces influence expression of vulnerabilities (bulimia)
  - Add social stress to preexisting biological vulnerabilities
  - “Culture bound” disorders (Anorexia Nervosa)
Cultural Formulation Interview
(APA, DSM-5 p. 749)

Semi-structured systematic review of cultural background 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
Outline for Cultural Formulation

Assessment Categories:

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

- 2 versions: Individual & Informant
- 12 supplementary modules
3 Principles

Cultural Syndromes
- Clusters of signs/symptoms people within a culture describe together

Cultural Idioms of Distress
- Way person within a culture describes experience of sx/sign

Cultural Explanations of Distress
- How person within a culture explains her/his understanding of the distressing experience (e.g., why occurring/meaning)
Cultural Formulation Interview (CFI)

16 Questions, 4 domains (15-20 minutes to complete):

• Cultural Definition of Problem (Questions # 1 - 3)
  - The presenting issues that led to current illness episode, via pt’s worldview. Pt describes problem, focusing on most troubling aspects. Info addresses what most at stake for pt with respect to current presentation, including non-medical aspects
Cultural Definition of the Problem

“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?

“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?

“What troubles you most about your problem?”
Cultural Formulation Interview (CFI)

- Cultural Perceptions of Cause, Context, & Support (Questions 4 - 10)
  
  - Pt’s explanations for circumstances of illness, including cause of problem. Pt clarifies factors that improve/worsen problem, with attention to role of family, friends, cultural background. Clinician obtains holistic picture of pt in his/her social environment with emphasis on how cultural elements affect presentation
Cultural Perceptions of Cause, Context & Support

“Why do you think this is happening to you? What do you think are the causes of ________?”

“Some people may explain their problems as the result of bad things that happen in their life, problems with others, a physical illness, a spiritual reason, or many other causes?

“What do others in your family, your friends, or others in your community think is causing ___?”
“Are there any kinds of support that make _______ better, such as support from family, friends, or others?”

“Are there any kinds of stresses that make your _______ worse, such as difficulties with money, or family problems?”
“Sometimes aspects of people’s background or identity can make their _____ better or worse. By background or identity I mean, for ex., 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?”

“For you, what are the most important aspects of your background or identity?”

“Are there any aspects of your background or identity that make a difference to your _______?”
Cultural Formulation Interview (CFI)

- Cultural Factors Affecting Self-Coping & Past Help Seeking (Questions 11-13)
  - Strategies employed by pt to improve situation, including those that have been most/least helpful. Pt identifies past barriers to care, so as to help clarify pt’s perspective on nature of problem, his/her mental health treatment expectations vs. other forms of help, & current resources to address situation
Cultural Factors Affecting Self-Coping & Past Help Seeking

“Sometimes people have various ways of dealing with problems like _______. What have you done on your own to cope with your ________?”

Past Help Seeking

“Often people look for help from many difference kinds of doctors, helpers, or healer. In the past, what kinds of help, treatment, advice or healing have you sought for your___?”

“What types of help or treatment were most useful? Not?”
Cultural Factors Affecting Self-Coping & Past Help Seeking

“Has anything prevented you from getting the help you need?”

“For example, money, work or family commitment, stigma, or discrimination, or lack of services that understand your language or background?”
Cultural Formulation Interview (CFI)

Cultural Factors Affecting Current Help Seeking (Questions 14-16)

- Pt’s perception of relationship with clinician, current potential treatment barriers, & preferences for care. Pt specifies how clinician may facilitate current treatment & what may interfere with clinical relationship. Treatment preferences elicited that may be incorporated into the treatment plan.
Cultural Factors Affecting Current Help Seeking

“What kinds of help do you think would be useful to you at this time for your ______?”
“Are there other kinds of help that your family, friends, or other people have suggested would be helpful for you now?”

Clinician-Patient Relationship

“Sometimes doctors & patients misunderstand each other because they come from different backgrounds or have different expectations…. Have you been concerned about this & is there anything that we can do to provide you with the care you need?”
Cultural Formulation Interview

Can help practitioners:

- Avoid misdiagnosis
- Obtain clinically useful information
- Improve clinical rapport
- Improve therapeutic efficacy
- Guide research
- Clarify cultural epidemiology
Glossary of Cultural Concepts of Distress

- Includes 9 cultural concepts of distress that could influence perception of/mimic a mental disorder
- Is cross referencing in main text of disorders; with more detail in glossary to enhance ability of clinician to diagnose syndromes in an appropriate cultural context
- Clinicians are alerted to culture-related features of DSM prototypes in the main text and in more detail in the glossary. If BHPs are not sensitive to these syndromes and their limitations, they may inaccurately assess such sx as a DSM-5 diagnosis.
Ataque de nervios

- “Attack of the nerves”
- Principally reported among those of Latino descent in response to a 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; and becoming verbally and physically aggressive,” or otherwise feeling out of control (p. 833)
- Could be mistaken for panic attacks or disorders with dissociative symptoms or intermittent explosive disorder
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 fatiguability, palpitations, insomnia, low mood, guilt
- Suffer from premature ejaculation/impotence
- Believe passing semen in their urine
Khyal cap

- “wind attacks”
- Syndrome 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)
Kufungisisa

- “brain fog”
- originated with the Shona of Zimbabwe that include feelings of anxiety, depression, and body-related concerns (involves “thinking too much”)

Maladi moun

- Haitians believe sxs (psychosis/depression) are “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

• Concept of distress found among Latinos where one chronically reports feeling vulnerable & unable to handle stressful life events

• Symptoms can vary (headache, dizziness, emotional distress, irritability, stomach disturbance, problems either falling/staying asleep, easy tearfulness, inability to concentrate, trembling, tingling sensations)

• Mimic depressive/anxiety disorder
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

• Related to frightening traumatic event so severe that the 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 fea,”
• type of social phobia occurring primarily in Japanese culture
• Intense fear that body/parts/functions, displease, embarrass, are offensive to others in appearance, odor, facial expressions, movements
Classifications

- Neurodevelopmental Disorders
- Schizophrenia Spectrum & Other Psychotic Disorders
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Trauma- and Stressor-Related Disorders
- Dissociative Disorders
- Somatic Symptom and Related Disorders
- Feeding and Eating Disorders
Classifications

- Elimination Disorders
- Sleep-Wake Disorders
- Sexual Dysfunctions
- Gender Dysphoria
- Disruptive, Impulse-Control & Conduct Disorders
- Substance-Related and Addictive Disorders
- Neurocognitive Disorders
- Personality Disorders
- Paraphilic Disorders
- Medication-Induced Movement Disorders & Other Adverse Effects of Medication
- Other Conditions that may be a Focus of Clinical Attention
Ideas that appear to be delusional in 1 culture (e.g., witchcraft) may be commonly held in another….In some cultures, visual/auditory hallucinations with a religious content (e.g., hearing God’s voice) are normal part of religious experiences….In certain cultures, distress may take the form of hallucinations or pseudo-hallucinations & overvalued ideas that may present clinically similar to true psychosis but are normative to the pt’s subgroup” (DSM p. 103)
Panic Disorder
Culture-Related Diagnostic Issues

- Cultural variations in onset, severity, symptom expression
- Relationship to cultural concepts of distress (Ataque de nervios, Khyal cap)
- Diagnostic Criteria change: “Culture-specific symptoms (e.g., tinnitus, neck soreness, headache, uncontrollable screaming or crying) may be seen. Such symptoms should not count as one of the four required symptoms”
Other Conditions That May Be a Focus of Clinical Attention

- Should be coded if reason for visit
- Helps explain need for assessment/intervention/circumstance that may affect client care
How to Contact the Presenter

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