

DSM-5 Outline for Cultural Formulation and the Cultural Formulation Interview: Tools for Culturally Competent Care

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Learning Objectives

1. Define the 5 parts of the DSM-5 Outline for Cultural Formulation and apply it in clinical assessment of patients.
2. Cite the 16 questions of the DSM-5 Cultural Formulation Interview and apply it in clinical assessment of patients.
3. List the 12 Supplementary Modules of the DSM-5 Cultural Formulation Interview and apply them in the clinical assessment of patients.

Outline

- Cultural competence: what is it and why is it important?
 - Quality of care
 - Patient-centered care
 - Equitable care
 - Training
 - ACGME standards for psychiatry residency training programs

Outline

- Cultural issues in DSM-5
 - Roadmap
 - DSM-5 Outline for Cultural Formulation (OCF)
 - DSM-5 Cultural Formulation Interview (CFI)
 - CFI Supplementary Modules
 - Highlighting changes from DSM-IV (1994) to DSM-5 (2013)

“Cultural Competence” (Joint Commission, 2010)

- “The ability of health care providers and health care organizations to understand and respond effectively to the cultural and language needs brought by the patient to the health care encounter.”

“Cultural Competence”

Essential Elements of the Journey

- Self-assessment about one’s own cultural identity, values, prejudices, biases, etc.
- Humility about the limits of one’s assessment and treatment knowledge/skills
- Valuing diversity via awareness of and sensitivity to cultural differences
- Ensuring safety about the power dynamics influenced by cultural differences
- Responsiveness to cultural diversity via adaptation of assessment and treatment

Crossing The Quality Chasm: A New Health System For The 21st Century (Institute of Medicine, 2001)



6 Quality outcomes as goals

- *Safe*: avoiding injuries to patients from the care that is intended to help them.
- *Effective*: providing services based on scientific knowledge to all who could benefit, and refraining from providing services to those not likely to benefit.
- ***Patient-centered***: providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions. [Culturally/linguistically competent]

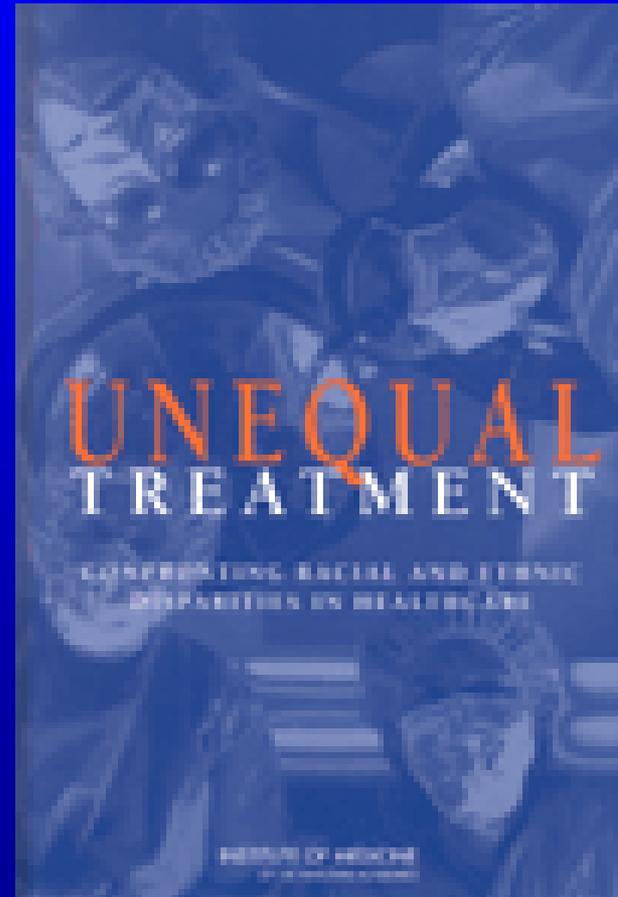
6 Quality outcomes as goals

- *Timely*: reducing waits and sometimes harmful delays for both those who receive and those who give care.
- *Efficient*: avoiding waste, including waste of equipment, supplies, ideas, and energy.
- ***Equitable***: providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

[Eliminating Disparities]

Unequal Treatment: Confronting Racial And Ethnic Disparities In Health Care

Controlling for income, insurance status, age, severity of illness, racial/ethnic minorities receive lower quality health care (IOM, 2002)



Clinical Encounter Factors Contributing to Disparities

- **Biases and prejudice** –some evidence suggests that unconscious biases may exist.
- **Stereotyping** – evidence suggests that physicians, like everyone else, use these ‘cognitive shortcuts.’
- **Clinical uncertainty** – a plausible hypothesis, particularly when providers treat patients that are dissimilar in cultural or linguistic background.

Biases: Intended/Conscious/Explicit and Unintended/Unconscious/Implicit

- Racism
- Bias against immigrants/refugees
- Sexism
- Classism
- Ageism
- Homophobia
- Bias against religion/spirituality
- Other biases

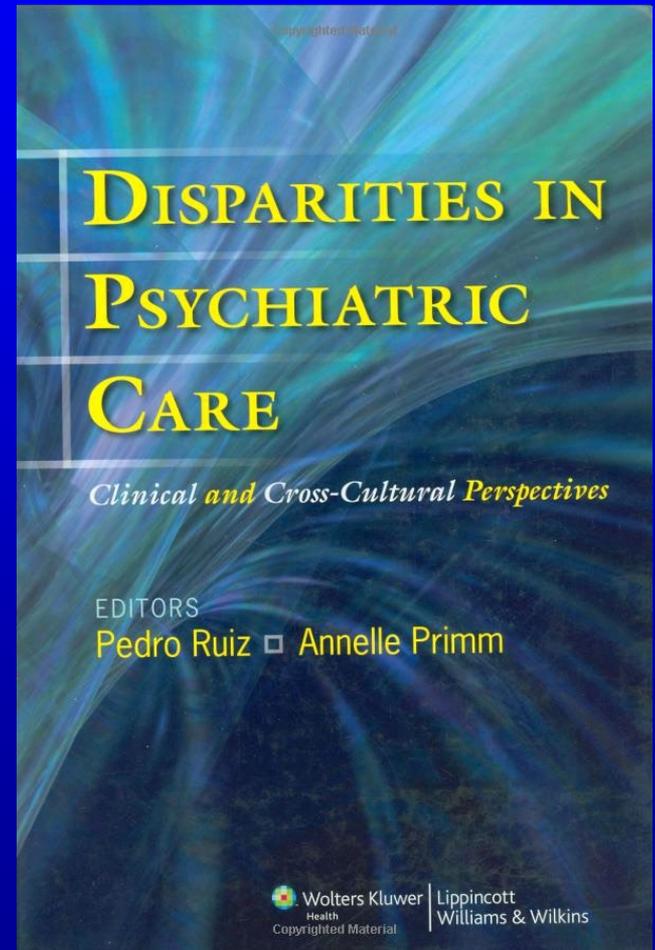
Mental Health: Culture, Race, And Ethnicity

(USDHHS-Office of the Surgeon General, 2001)

- Striking disparities in mental health care are found for racial and ethnic minorities
 - Minorities have less access to, and availability of, mental health services.
 - Minorities are less likely to receive needed mental health services.
 - Minorities in treatment often receive a poorer quality of mental health care.
 - Minorities are underrepresented in mental health research.
- These disparities create an increased disability burden for racial/ethnic minorities.

Disparities in Psychiatric Care, Pedro Ruiz and Annelle Primm (eds.), 2009

- Racial/ethnic minorities
- Women
- LGBT
- Children and adolescents
- Older adults
- Migrants and refugees
- Rural populations
- Incarcerated
- Chronically mentally ill
- Dually diagnosed
- Developmentally disabled



ACGME accreditation standards: Patient Care

- “Residents must demonstrate competence in the evaluation and treatment of patients of different ages and genders from diverse backgrounds, and from a variety of ethnic, racial, sociocultural, and economic backgrounds.”

ACGME accreditation standards: Patient Care

- “Residents must demonstrate competence in forging a therapeutic alliance with patients and their families of all ages and genders, from diverse backgrounds, and from a variety of ethnic, racial, sociocultural, and economic backgrounds.”

ACGME accreditation standards: Medical Knowledge

- “Residents must demonstrate competence in their knowledge of aspects of American culture and subcultures, including immigrant populations, particularly those found in the patient community associated with the educational program, with specific focus on the cultural elements of the relationship between the resident and the patient, including the dynamics of differences in cultural identity, values and preferences, and power.”

ACGME accreditation standards: Professionalism

- “Residents are expected to demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.”

Cultural Issues in DSM-5

- **Section 1:** Introduction: “Cultural Issues” and “Gender Differences” (p. 14-15)
- **Section 2:** Disorder narrative sections:
 - Culture-Related Diagnostic Issues (index p. 923-924)
 - Gender-Related Diagnostic Issues
- Diagnostic criteria (some disorders)
- Other Conditions (V codes)

Cultural Issues in DSM-5

Section 3

- Outline for Cultural Formulation (OCF): revised from DSM-IV
- Cultural Formulation Interview (CFI): new

Appendix

- Glossary of Cultural Concepts of Distress replaced the Glossary of Culture-Bound Syndromes

Culture/cultural identity in mental health

- Culture/cultural identity is NOT JUST ONE variable like geographic origin, race or ethnicity.
- Culture/cultural identity is dynamic, not static.
- **Cultural Competence** refers to the ability of mental health professionals and services to provide person-centered care to patients by taking into account the intersectional, ever-changing, and **highly individualized cultural identity of each person receiving services.**

Schizophrenia - 1

- **Culture-Related Diagnostic Issues:**
“Cultural and socioeconomic factors must be considered, particularly when the individual and the clinician do not share the same cultural and socioeconomic background. Ideas that appear to be delusional in one culture (e.g., witchcraft) may be commonly held in another.”

Schizophrenia - 2

- “In some cultures, visual or auditory hallucinations with a religious content (e.g., hearing God’s voice) are a normal part of religious experiences....In certain cultures, distress may take the form of hallucinations or pseudo-hallucinations and overvalued ideas that may present clinically similar to true psychosis but are normative to the patient’s subgroup.”
(p. 103)

Other Conditions That May Be a Focus of Clinical Attention (V codes)

- “This discussion covers other conditions and problems that may be a focus of clinical attention or that may otherwise affect the diagnosis, course, prognosis, or treatment of a patient’s mental disorder... A condition or problem in this chapter may be coded if it is a reason for the current visit or helps to explain the need for a test, procedure, or treatment. “

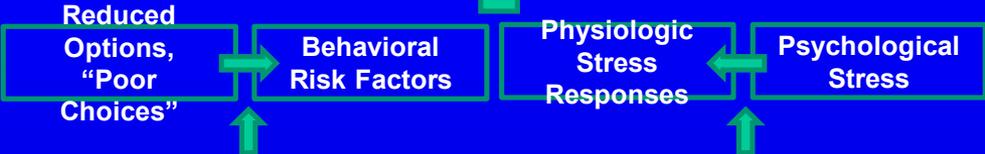
Other Conditions That May Be a Focus of Clinical Attention (V codes)

- “The conditions and problems listed in this chapter are not mental disorders. Their inclusion in DSM-5 is meant to draw attention to the scope of additional issues that may be encountered in routine clinical practice and to provide a systematic listing that may be useful to clinicians in documenting these issues.”

Other Conditions That May be a Focus of Clinical Attention (V codes)

- Relational Problems
- Abuse and Neglect
- Educational and Occupational Problems
- Housing and Economic Problems
- Problems Related to the Social Environment
- Problems Related to Crime or Interaction with the Legal System
- Problems Related to Other Psychosocial, Personal, and Environmental Circumstances
 - Next slide: Compton and Shim, 2019

Adverse Health Outcomes
 Poor Mental Health, Mental Illnesses, Substance Use Disorders, Morbidity, Disability, Early Mortality



The Social Determinants of Mental Health

<i>Adverse Features of the Built Environment</i>	<i>Neighborhood Disorder, Disarray, or Disconnection</i>	<i>Exposure to Air, Water, or Soil Pollution</i>	<i>Exposure to the Impacts of Global Climate Change</i>
<i>Homelessness, Poor Housing Quality, Housing Instability</i>	<i>Food Insecurity, Poor Dietary Quality</i>	<i>Poor or Unequal Access to Transportation</i>	<i>Poor or Unequal Access to Insurance or Health Care</i>
<i>Low Education, Poor Education Quality, Educational Inequality</i>	<i>Unemployment, Under-Employment, Job Insecurity</i>	<i>Poverty, Income Inequality, Wealth Inequality</i>	<i>Area-Level Poverty, Concentrated Neighborhood Poverty</i>
<i>Adverse Early Life Experiences, Childhood Maltreatment</i>	<i>Discrimination and Social Exclusion / Social Isolation</i>	<i>Exposure to Conflict, Violence, Shootings, War, Migration, etc.</i>	<i>Interaction and Involvement with the Criminal Justice System</i>

Unfair and Unjust Distribution of Opportunity
 (in terms of power, empowerment, voice, access to resources, etc.)



V62.4 Acculturation Difficulty

- “This category should be used when difficulty in adjusting to a new culture (e.g., following migration) is the focus of clinical attention or has an impact on the individual’s treatment or prognosis.” (p. 724)

V62.4 Target of (Perceived) Adverse Discrimination or Persecution

- “This category should be used when there is perceived or experienced discrimination against or persecution of the individual based on his or her membership (or perceived membership) in a specific category. Typically, such categories include gender or gender identity, race, ethnicity, religion, sexual orientation, country of origin, political beliefs, disability status, caste, social status, weight, and physical appearance.” (p. 724)

V62.89 Religious or Spiritual Problem

- “This category can be used when the focus of clinical attention is a religious or spiritual problem. Examples include distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of other spiritual values which may not necessarily be related to an organized church or religious institution.” (p. 725)

The DSM-5 Outline for Cultural Formulation - 1 (p. 749-750)

- A. Cultural identity of the individual
- B. Cultural conceptualizations of distress (Cultural explanations of the individual's illness)
- C. Psychosocial stressors and cultural features of vulnerability and resilience (Cultural factors related to psychosocial environment and functioning)

The DSM-5 Outline for Cultural Formulation - 2

- D. Cultural features (elements) of the relationship between the individual and the clinician
- E. Overall cultural assessment (for diagnosis and care)

DSM-5 Cultural Formulation Interview

- **Patient version:** 16 questions (p. 750-754)
- **Informant version** (p. 755-757)
- **12 Supplementary Modules**

(Google “Supplementary Modules DSM-5”):

- Cultural Identity
- Explanatory Model
- Coping and Help-Seeking
- Psychosocial Stressors
- Social Network
- Caregivers
- Level of Functioning

12 Supplementary Modules

- Patient–Clinician Relationship
- School-Age Children and Adolescents
- Older Adults
- Religion, Spirituality, and Moral Traditions
- Immigrants and Refugees

Cultural Formulation Interview (CFI)

Supplementary modules used to expand each CFI subtopic are noted with underline.

GUIDE TO INTERVIEWER**INSTRUCTIONS TO THE INTERVIEWER ARE *ITALICIZED*.**

The following questions aim to clarify key aspects of the presenting clinical problem from the point of view of the patient and other members of the patient's social network (i.e., family, friends, or others involved in current problem). This includes the problem's meaning, potential sources of help, and expectations for services.

INTRODUCTION FOR THE PATIENT:

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 and ideas. I will ask some questions about what is going on and how you are dealing with it. Please remember there are no right or wrong answers.

CULTURAL DEFINITION OF THE PROBLEM**CULTURAL DEFINITION OF THE PROBLEM****Explanatory Model, Level of Functioning**

Elicit the patient's view of core problems and key concerns.

Focus on the patient's own way of understanding the problem.

Use the term, expression, or brief description elicited in question 1 to identify the problem in subsequent questions (e.g., "your conflict with your son").

Ask how patient frames the problem for members of the social network.

Focus on the aspects of the problem that matter most to the patient.

1. What brings you here today?

IF PATIENT GIVES FEW DETAILS OR ONLY MENTIONS SYMPTOMS OR A MEDICAL DIAGNOSIS, PROBE:

People often understand their problems in their own way, which may be similar to or different from how doctors describe the problem. How would you describe your problem?

2. Sometimes people have different ways of describing their problem to their family, friends, or others in their community. How would you describe your problem to them?
3. What troubles you most about your problem?

CULTURAL DEFINITION OF THE PROBLEM

1. What brings you here today?
2. Sometimes people have different ways of describing their problem to their family, friends, or others in their community. How would you describe your [PROBLEM] to them?
3. What troubles you most about your [PROBLEM]?

CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

Causes

4. Why do you think this is happening to you? What do you think are the causes of your [PROBLEM]?

5. What do others in your family, friends, or others in your community say are the causes of your [PROBLEM]?

OCF B: Cultural conceptualizations of distress

- “Describe the cultural constructs that influence how the individual **experiences, understands, and communicates** his or her symptoms or problems to others. These constructs may include **cultural syndromes, idioms of distress, and explanatory models** or perceived causes”

OCF B: Cultural conceptualizations of distress

- “The level of severity and meaning of the distressing experiences should be assessed in relation to the **norms of the individual’s cultural reference groups**. Assessment of **coping and help-seeking patterns** should consider the use of professional as well as traditional, alternative, or complementary sources of care.”

Glossary of Cultural Concepts of Distress (p. 833-837)

- “Provides [9] examples of well-studied cultural concepts of distress that illustrate the relevance of cultural information for clinical diagnosis.”
- Replaces DSM-IV-TR Glossary of Culture-Bound Syndromes

Examples

Includes description, DSM differential diagnosis, related categories in other cultures, and sometime prevalence/distribution

Concept	Main Type	Region
Ataque de nervios	Cultural syndrome	Latin America
Dhat syndrome	Explanation of illness	South Asia
Khyal cap	Cultural syndrome	Cambodia
Kunfungisisa	Idiom of distress	Zimbabwe
Maladi moun	Explanation of illness	Haiti
Nervios	Idiom of distress	Latin America
Shenjing shuairuo	Cultural syndrome	China
Susto	Explanation of illness	Latin America
Taijin kyofusho	Cultural syndrome	Japan/Korea

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Recommended

- Fadiman, Anne. *The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors and the Collision of Two Cultures*. New York: Farrar Straus & Giroux, 1997

CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

Stressors and Supports

6. Are there any kinds of **support** that make your [PROBLEM] better, such as support from family, friends, or others?

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

OCF Part C: Psychosocial stressors and cultural features of vulnerability and resilience

- “Identify key stressors and supports in the individual’s social environment (which may include both local and distant events) and the role of religion, family, and other social networks (e.g., friends, neighbors, coworkers) in providing emotional, instrumental, and informational support.”

OCF Part C: Psychosocial stressors and cultural features of vulnerability and resilience

- “Social stressors and social supports vary with cultural interpretation of events, family structure, developmental tasks, and social context. **Levels of functioning, disability, and resilience** should be assessed in light of the individual’s cultural reference groups.”

Potential psychosocial stressors

- Interpersonal relationships
 - Religion, spirituality, moral traditions
 - Family
 - Social network
- **Social** determinants of mental health

Culturally related strengths and supports: *Personal strengths* **(Pamela Hays, 2016)**

- Pride in one's culture
- Religious faith or spirituality
- Artistic or musical abilities
- Bilingual and multilingual skills
- Group-specific social skills
- Sense of humor
- Culturally-related knowledge and practical skills
- Culture-specific beliefs that help one cope
- Respectful attitude toward the natural environment
- Commitment to helping one's own group
- Wisdom from experience

Culturally related strengths and supports: *Interpersonal supports*

- Extended families, including non-blood related kin
- Cultural- or group-specific networks
- Religious communities
- Traditional celebrations and rituals
- Recreational, playful activities
- Storytelling activities that make meaning and pass on history of the group
- Involvement in political or social action group
- A child who excels in school

Culturally related strengths and supports: *Environmental conditions*

- An altar in one's home or room to honor deceased family members and ancestors
- A space for prayer and meditation
- Culture-specific art or music
- Foods related to cultural preferences for cooking and eating
- Caring for animals
- Access to outdoors for gardening, subsistence or recreation
- Communities that facilitate social interaction

Family

- Who is in the family? Genogram
- Nuclear family: parents, patient as oldest son, younger sister
- Extended family
- Ethnicity and acculturation
- Ethnicity and Family Therapy, 3rd edition. Monica McGoldrick , et. al. (eds.). Guilford Press, 2005

Recommended

- Compton M and Shim R (eds.). The Social Determinants of Mental Health. Washington, DC: American Psychiatric Press, 2015
- Hays P. Addressing Cultural Complexities in Practice, 3rd ed. Washington, DC: American Psychological Association Press, 2016
- Peteet J et. al. (eds.). Religious and Spiritual Issues in Psychiatric Diagnosis: A Research Agenda for DSM-V. Washington, DC: American Psychiatric Press, 2011
- McGoldrick M et. al. (eds.). Ethnicity and Family Therapy, 3rd ed. New York: Guilford Press, 2005

CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

Role of cultural identity

*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.*

8. For you, what are the most important aspects of your background or identity?

CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

Role of cultural identity

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

10. Are there any aspects of your background or identity that are causing other concerns or difficulties for you?

OCF Part A: Cultural identity of the individual (DSM-IV)

- “Describe the individual’s racial, ethnic, or cultural reference groups”
- “For immigrants and racial or ethnic minorities, ...degree of involvement with both the culture of origin and the host or majority culture”
- “Language abilities, preferences, patterns of use...”

OCF Part A: Cultural identity of the individual (added in DSM-5)

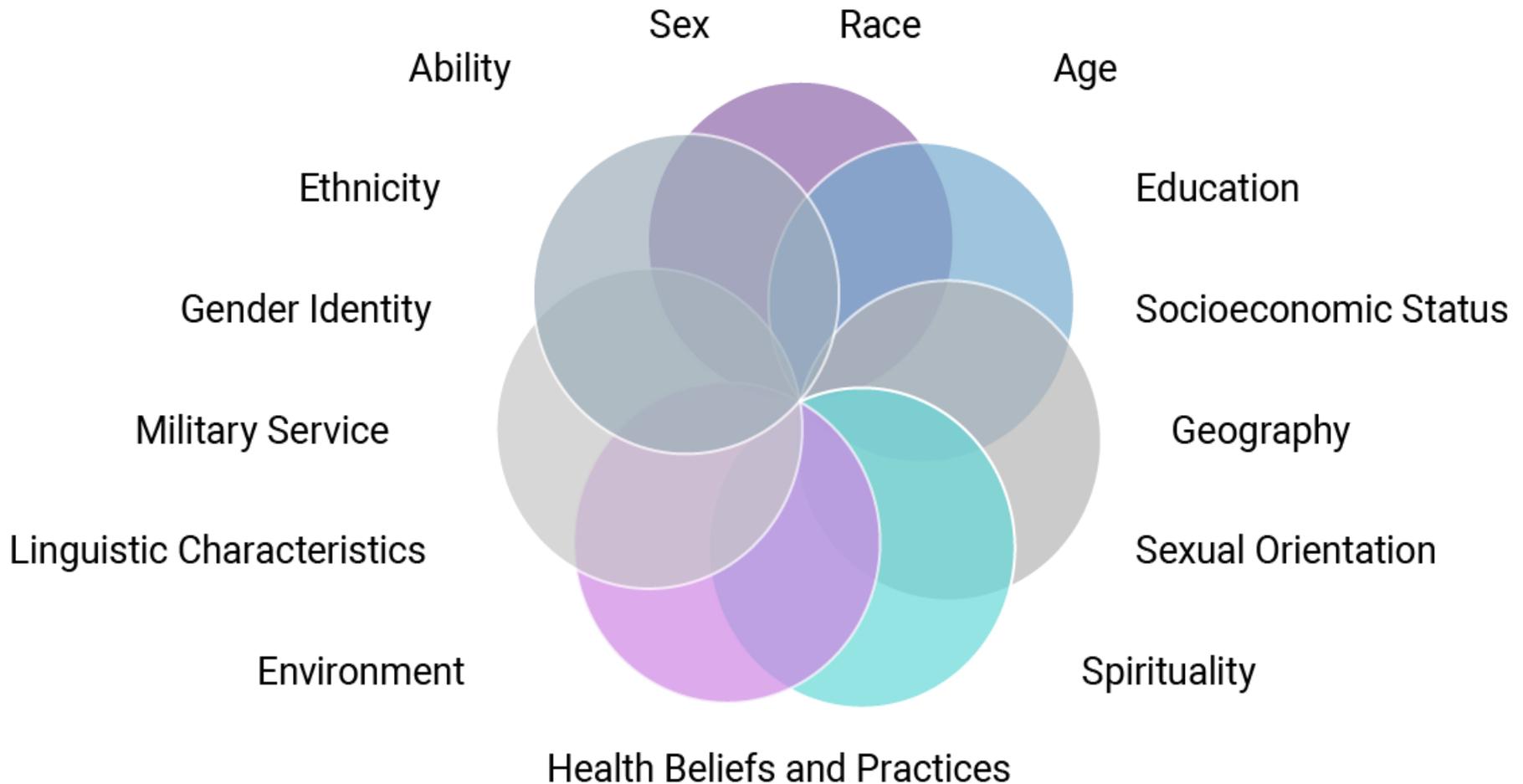
- “Other clinically relevant aspects of identity may include religious affiliation, socioeconomic background, personal and family places of birth and growing up, migrant status, and sexual orientation.”

“Addressing” Framework

- **Age and generational influences**
- **Developmental and acquired**
- **Disabilities**
- **Religion and spiritual orientation**
- **Ethnic and racial identity**
- **Socioeconomic status** [Language]
- **Sexual orientation**
- **Indigenous heritage**
- **National origin**
- **Gender**

Source: Hays, 2016

Intersectionality of Cultural Identity Variables with Health Beliefs and Environment



Cultural identity:

“Ask, don’ t assume!”

- “Asian” encompasses 30 Asian subgroups and 21 Pacific Islander groups.
- National origin does not define a homogeneous ethnic group.
Example: 54 distinct ethnic groups in Vietnam.
- Ask the person: “What are the most important aspects of your background or identity?”

Cultural identity: Why is it important to understand for clinical care?

- Cultural identity is related to:
 - Cultural concepts of distress including health beliefs and practices
 - Psychosocial stressors and supports in the person's life
 - Cultural features of the relationship with the healthcare provider

Cultural identity can be a potential source of stress or support

- Intrapsychic: Cultural identity conflict
 - Ethnicity, acculturation, and biculturality
 - Sexual orientation
 - Religious identity
- Interpersonal relationships with family and social network
- Social: Discrimination, war, migration, etc.

CULTURAL FACTORS AFFECTING SELF-COPING AND PAST HELP SEEKING

Self-Coping

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

Past Help Seeking

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

*What types of help or treatment were most useful?
Not useful?*

CULTURAL FACTORS AFFECTING SELF-COPING AND PAST HELP SEEKING

Barriers

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

For example, money, work or family commitments, stigma or discrimination, or lack of services that understand your language or background?

CULTURAL FACTORS AFFECTING SELF-COPING AND PAST HELP SEEKING

Help-seeking preferences

Now let's talk some more about the help you need.

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

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

OCF B: Cultural Concepts of Distress

- “Assessment of coping and help-seeking patterns should consider the use of professional as well as traditional, alternative, or complementary sources of care.”

Help-seeking behavior and Treatment pathways: Past history and current expectations of care

- None
- Primary care
- CAM or indigenous healing practices
- Religious/spiritual healer
- Mental health (See CFI #11-15)

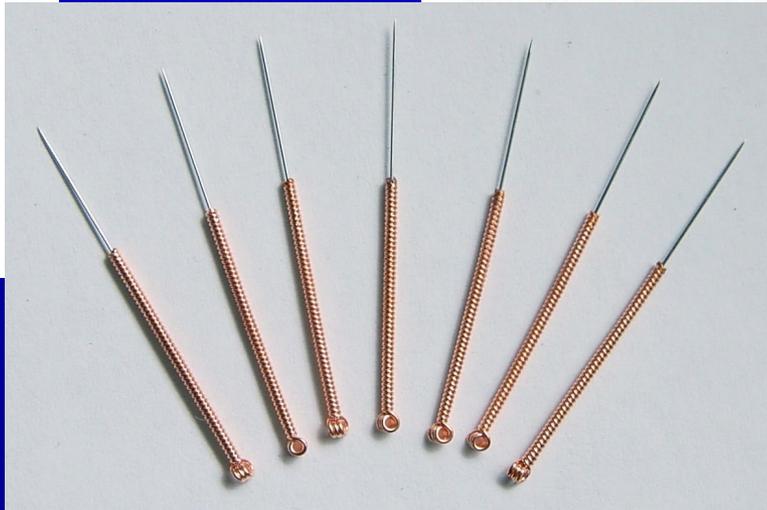


INSIDE A SWEAT LODGE CEREMONY

HLN

WHAT IS A SWEAT LODGE CEREMONY? CEREMONY INVOLVES PRAYERS AND CHANTING

MORNING EXPRESS



Examples of treatment pathways involving CAM or indigenous healing practices - 1

- **Alternative medical systems:** ayurveda, homeopathy, naturopathy, acupuncture, cupping, and coining.
- **Mind-body interventions:** meditation, hypnosis, dance/music/art therapy, prayer, and mental healing (e.g., shamanism).

Examples of treatment pathways involving CAM or indigenous healing practices - 2

- **Biologically-based therapies:** herbal therapies, diets, and vitamins.
- **Manipulative and body-based methods:** osteopathic manipulations, chiropractic, and massage therapy.
- **Energy therapies:** such as qi gong, reiki, therapeutic touch, and magnets.

CULTURAL FACTORS AFFECTING SELF-COPING AND PAST HELP SEEKING

Clinician-Patient Relationship

Sometimes doctors and patients misunderstand each other because they come from different backgrounds or have different expectations.

16. Have you been concerned about this and is there anything that we can do to provide you with the care you need?

OCF Part D: Cultural features of the relationship between the individual and the clinician-1

- “Identify differences in culture, language, and social status between an individual and clinician that may cause difficulties in communication and may influence diagnosis and treatment. Experiences of racism and discrimination in the larger society may impede establishing trust and safety in the clinical diagnostic encounter.

OCF Part D: Cultural features of the relationship between the individual and the clinician-2

- “Effects may include problems eliciting symptoms, misunderstanding of the cultural and clinical significance of symptoms and behaviors, and **difficulty establishing or maintaining the rapport needed for an effective clinical alliance.**”

Step 1: Understand the cultural identity of the clinician through self-reflection

- Be aware of and understand one's own personal and professional cultural identity development.
- Be aware of biases and limitations of knowledge and skills that might affect the clinical encounter.

Step 2: Compare the cultural identity of the patient to the that of the clinician

- Compare cultural identity variables looking for both differences and similarities.
- Go beyond a categorical approach to understanding of self-construal of identity.
- Consider the context of the encounter.
- Look for problems in the clinical encounter, assessment and treatment that might arise from either differences or similarities.

Biases: Intended/Conscious or Unintended/Unconscious

- Racism
- Bias against immigrants/refugees
- Sexism
- Classism
- Ageism
- Homophobia
- Religion/spirituality
- Other biases

Step 3: Assess the cultural features of the relationship

- Respect, degree of intimacy, rapport, and empathy
- Communication
 - verbal including limited English proficiency
 - non-verbal
 - health literacy
- Eliciting symptoms and history gathering
- Dealing with stigma and shame
- Transference and Counter-transference

Step 4: What would help the clinician to provide optimal care?

- Cultural identity matches and/or
- Increased knowledge/skills concerning:
 - Race/Ethnicity
 - Gender
 - Migration/acculturation
 - Language
 - Sexual orientation
 - Socioeconomic status
 - Religion/Spirituality and more

OCF Part E: Overall cultural assessment

“Summarize the implications of the components of the cultural formulation identified in earlier section of the outline for diagnosis and other clinically relevant issues or problems as well as appropriate management and treatment intervention.”

Differential diagnosis: Issues

- We want to make an accurate diagnosis by having a complete differential diagnosis.
- Misdiagnosis can lead to mistreatment due to:
 - Misunderstanding cultural idioms of distress/ syndromes/explanatory models/coping and help-seeking.
 - Inadequate relationship to gather history
 - Clinician bias, stereotyping, clinical uncertainty

Differential diagnosis: Issues

- Review **Culture-Related and Gender-Related Diagnostic Issues** sections
 - Differential diagnosis issues for both phenomena and disorders
 - Prevalence may vary by culture/gender
 - Course and outcome may vary by culture/gender
- Review and add **V codes** that map to social determinants of mental health so they can be addressed in the treatment plan.

Treatment planning - 1

- Process
 - Negotiate and manage a treatment plan to maximize adherence/compliance
- Content
 - Biological
 - Psychological
 - Sociocultural

Treatment planning - 2

Biological

- Medication pharmacodynamics/ pharmacokinetics may vary due to:
 - Genetics related to race/ethnicity, gender
 - Age
 - Environment: Diet, smoking, pollution, etc.
 - Interaction with herbal medications
- Medication adherence/compliance strategies
- Medication combined with other biological approaches such as acupuncture?

Treatment planning - 3

Psychotherapy

- Respect patient/family expectations
 - “Be the Tiger Balm oil at the first interview.” - Evelyn Lee, Ed.D.
- Family vs. Individual vs. Group Rx
- Supportive vs. CBT vs. Insight-oriented
- What cultural modifications in therapy would help?
- What therapist characteristics would facilitate/hinder treatment?

Treatment planning - 4

- Sociocultural Approaches
 - Utilize cultural strengths/address cultural stressors:
 - Family
 - Spiritual/religious beliefs/practices
 - Social network
 - Address social determinants of mental health through structural competency.
(Hansen and Metzl, 2019)

2015 APPI Resources

- **Clinical Manual of Cultural Psychiatry, Second Edition** edited by Russell Lim, which focuses on the DSM-5 Outline for Cultural Formulation
 - Includes video vignettes
 - Twice the size as 1st edition with new chapters on women, LGBT, and religion/spirituality
 - 2015 Creative Scholarship Award, Society for the Study of Psychiatry and Culture

2015 APPI Resources

- **DSM-5 Handbook on the Cultural Formulation Interview** edited by Roberto Lewis-Fernandez, et al.
 - Includes video vignettes



Using the DSM-5 Cultural Formulation Interview

Online Training Module

<https://nyculturalcompetence.org/cfionlinemodule/>

National CLAS Standards

- Culturally and Linguistically Appropriate Services Standards (2001, 2013)
- Office of Minority Health, Dept. of Health and Human Services, Federal Govt.
- Improving Cultural Competency for Health Professionals E-Learning Programs (Behavioral Health-2019)
[Www.thinkculturalhealth.hhs.gov](http://www.thinkculturalhealth.hhs.gov)

Society for the Study of Psychiatry and Culture

- 42nd Annual Meeting (virtual): April 22-24
- Transcultural Psychiatry journal
- Webinars including Cultural Psychiatry 101 on the OCF
- Mentorship
- www.psychiatryandculture.org