Cultural Issues in the DSM-5: The Outline for Cultural Formulation and the Cultural Formulation Interview

Francis G. Lu, MD
Luke & Grace Kim Professor in Cultural Psychiatry, Emeritus, University of California, Davis
Department of Psychiatry & Behavioral Sciences
Disclosures

• Francis Lu has no financial relationship with products and organizations mentioned in this presentation.
Outline

• Cultural competence: what is it and why?
• Cultural issues in DSM-5
  – Roadmap
  – DSM-5 Outline for Cultural Formulation (OCF)
  – DSM-5 Cultural Formulation Interview (CFI)
  – Highlighting changes from DSM-IV to DSM-5
“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 requires organizations and their personnel to do the following:
“Cultural Competence” (Joint Commission, 2010)

• value diversity;
• assess themselves;
• manage the dynamics of difference;
• acquire and institutionalize cultural knowledge; and
• adapt to diversity and the cultural contexts of individuals and communities served.”
“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
- Vigilance towards the power dynamics that result from cultural differences
- Responsiveness to cultural differences 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. [Eliminates 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, Ruiz and Primm (eds.), 2009

- Racial/ethnic minorities
- Women
- LGBT
- Incarcerated
- Chronically mentally ill
- Dual diagnosed
- Rural areas
- Disabled
- More
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
Cultural Issues in DSM-5

Section 3

• Outline for Cultural Formulation (OCF): revised from DSM-IV/-IV-TR

• Cultural Formulation Interview (CFI): new

Appendix

• Glossary of Cultural Concepts of Distress replaced the Glossary of Culture-Bound Syndromes
“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.”
“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.”
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)
Applying the OCF: The CFI

- **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

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.

INSTRUCTIONS TO THE INTERVIEWER ARE ITALICIZED.

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

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 Formulation Interview – 1

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 Formulation Interview – 2

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 Part 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.”
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.”
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

- Stressors and supports
- Role of religion, family, and other social networks in providing support
- Levels of functioning, disability, and resilience related to the individual’s cultural reference groups
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?
Role of cultural identity (cont.)

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.”
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 problems?

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

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?
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?*
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?
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 [the patient and the clinician having different backgrounds] 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

- “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

- “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.
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
OCF Part E: Overall cultural assessment

“Summarize the implications of the components of the cultural formulation...for diagnosis...as well as appropriate management and treatment intervention.”
Differential diagnosis: Issues

- Misdiagnosis due to:
  - Misunderstanding cultural idioms of distress/syndromes
  - Not eliciting and understanding explanatory models
  - Inadequate relationship to gather history
  - Clinician bias, stereotyping, clinical uncertainty

- Prevalence may vary by culture/gender.
- Course and outcome may vary by culture/gender.
- Misdiagnosis can lead to mis-treatment.
Treatment planning - 1

• Process
  – Negotiate and manage a treatment plan to maximize adherence/compliance

• Content
  – Biological
  – Psychological
  – Sociocultural
Biological

- Medication pharmacodynamics and pharmacokinetics may vary due to:
  - Genetics related to race/ethnicity
  - Diet/smoking
  - Interaction with herbal medications
- Medication adherence/compliance strategies
- Medication combined with other biological approaches such as acupuncture?
Psychotherapy

Respect patient/family expectations

• “Be the Tiger Balm oil at the first interview.” - Evelyn Lee, EdD.
• Family vs. Individual vs. Group
  - Supportive vs. Cognitive
  - Behavioral 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 when possible such as:
    - Family
    - Spiritual/religious beliefs/practices
  - Work w/ other systems of care such as:
    - Primary care
    - Faith organizations and leaders
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
  – New chapters on women, LGBT, and religion/spirituality
2015 APPI Resources

  – Includes video vignettes
2015 APPI Resources

- The Social Determinants of Mental Health book edited by Michael Compton and Ruth Shim. Chapters on:
  - Discrimination
  - Adverse Early Life Experiences
  - Poor Education
  - Unemployment
  - Economic Inequality, Poverty
2015 APPI Resources

– Food Insecurity
– Poor Housing Quality
– Adverse Features of the Built Environment
– Poor Access to Health Care
Resources

- Society for the Study of Psychiatry and Culture
  - Annual Meeting: May 5-7, 2016, Minneapolis
  - Transcultural Psychiatry journal
  - Webinars
  - Mentorship