Where Do Religion and Spirituality Appear in DSM-5-TR (2022)?

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

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Disclosures/Contact Information

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

- francislumd@gmail.com

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Outline

- Cultural and Social Structural Issues in DSM-5-TR
  - Section I: Introduction
  - Section II: Diagnostic Criteria and Codes
  - Section III: Emerging Measures and Models
    - Outline for Cultural Formulation (OCF)
    - Cultural Formulation Interview (CFI)

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DSM-5-TR

- Section I DSM-5 Basics: Introduction
  - Cultural and Social Structural Issues
  - Impact of Cultural Norms and Practices
  - Cultural Concepts of Distress
    - Cultural idiom of distress
    - Cultural explanation or perceived cause
    - Cultural syndrome
  - Impact of Racism and Discrimination on Psychiatric Diagnosis
  - Attention to Culture, Racism, and Discrimination in DSM-5-TR
  - Sex and Gender Differences

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Impact of Racism and Discrimination on Psychiatric Diagnosis

- "Race is a social, not a biological, construct."
- "The social process by which specific categories of identity are constructed on the basis of racial ideologies and practices is termed *racialization*."
- "Racialized identities are important because they are strongly associated with systems of discrimination, marginalization, and social exclusion. Other aspects of identity, including ethnicity, gender, language, religion, and sexual orientation, may also be the focus of stereotyping that can affect the process of diagnostic assessment."

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Impact of Racism and Discrimination on Psychiatric Diagnosis

- "Racism exists at personal, interpersonal, systemic/institutional, and social structural levels."

- "Racism is an important social determinant of health."

- "Clinicians should make active efforts to recognize and address all forms of racism, bias, and stereotyping in clinical assessment, diagnosis, and treatment."

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Section II: Diagnostic Criteria and Codes

- Disorder narrative sections for some disorders:
  - Culture-Related Diagnostic Issues
  - Sex- and Gender-Related Diagnostic Issues
- Other Conditions that May Be Focus of Clinical Attention (Z codes)

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DSM-5-TR

- Most disorder narrative texts were updated with about 3/4s having significant revisions. Text sections most extensively updated are:
  - Prevalence
  - Risk and Prognostic Factors
  - Culture-Related Diagnostic Features
  - Sex- and Gender-Related Diagnostic Features
  - Association With Suicidal Thoughts or Behavior
  - Comorbidity

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Culture-Related Diagnostic Features

- Information on variations in symptom expression, attributions for disorder causes or precipitants, and factors associated with differential prevalence across demographic groups.
- Prevalence data on specific ethnoracial groups when existing research documented reliable estimates based on representative samples.
- Cultural norms that may affect the level of perceived pathology.
- Attention to the risk of misdiagnosis when evaluating individuals from socially oppressed ethnoracial groups.

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Religion

- Alcohol Intoxication
- Avoidant/Restrictive Food Intake Disorder
- Brief Psychotic Disorder
- Depersonalization/Derealization Disorder
- Other Hallucinogen Use Disorder
- Sexual Masochism Disorder
- Schizotypal Personality Disorder
- Sexual Disorders
- Obsessive-Compulsive Disorder
- Schizophrenia

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Religion: Key Features that Define the Psychotic Disorders

- "Some religious and supernatural beliefs… may be viewed as bizarre and delusional in some cultural contexts but may be generally acceptable in others." (p. 101)
- "Hallucinations may be a normal part of religious experience in certain cultural contexts." (p. 102)

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Spirituality

- Obsessive-Compulsive Disorder
- Depersonalization/Derealization Disorder
- Nightmare Disorder
- Sexual Masochism Disorder
- Prolonged Grief Disorder
- PTSD

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

- "This chapter includes conditions and psychosocial or environmental problems that may be a focus of clinical attention or otherwise <u>affect the diagnosis, course, prognosis, or treatment of an individual's mental disorder</u>. These conditions are presented with their corresponding codes from ICD-10-CM (usually Z codes). A condition or problem in this chapter may be coded 1) if it is a reason for the current visit; 2) if it helps to explain the need for a test, procedure, or treatment; 3) <u>if it plays a role in the initiation or exacerbation of a mental disorder; or 4) if it constitutes a problem that should be considered in the overall management plan</u>."

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

- "The conditions and problems listed in this chapter are <u>not mental disorders</u>. Their inclusion in DSM-5-TR 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."

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

- Suicidal Behavior and nonsuicidal self-injury
- Abuse and Neglect
- Relational Problems
- Educational Problems
- Occupational Problems
- Housing Problems
- Economic Problems
- Problems Related to the Social Environment
- Problems Related to Crime or Interaction with the Legal System

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

- Problems Related to Other Psychosocial, Personal, and Environmental Circumstances
- Problems related to access to medical and other health care
- Circumstances of personal history
- Other health service encounters for counseling and medical advice
- Additional conditions or problems that may be a focus of clinical attention (e.g., wandering associated with a mental disorder, uncomplicated bereavement, phase of life problem).
  - Next slide: Compton and Shim, 2019

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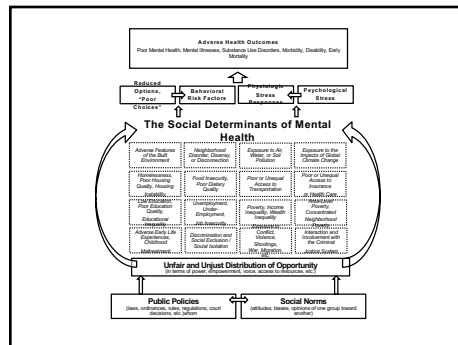
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Resources

Compton M and Shim R (eds.). **The Social Determinants of Mental Health**. Washington, DC: American Psychiatric Press, 2015

Shim R and Vinson S (eds.). **Social (In)Justice and Mental Health**. Washington, DC: American Psychiatric Press, 2020

Compton M and Manseau M (eds.). **Struggle and Solidarity: Seven Stories of How Americans Fought for Their Mental Health through Federal Legislation**. Washington, DC: American Psychiatric Press, 2022

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Problems Related to the Social Environment

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Z60.4 Social Exclusion or Rejection

- "This category may be used when there is an imbalance of social power such that there is recurrent social exclusion or rejection by others. Examples of social rejection include bullying, teasing, and intimidation by others; being targeted by others for verbal abuse and humiliation; and being purposefully excluded from the activities of peers, workmates, or others in one's social environment."

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

- "This category may 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."

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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."

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Example of Stressors: Religious and Spiritual Struggles (Pargament and Exline, 2022)

- Divine Struggles
  – Anger toward God
  – Concern about divine punishment
- Struggles with Doubt
  – Facing moral imperfection
  – Spiritual questions and doubts
- Interpersonal Struggles
  – Disagreements about religious issues
  – Offenses by members of religious groups

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Example of Stressors: Religious and Spiritual Struggles (Pargament, K, et. al.)

- Demonic Struggles
  – Concern about the devil or evil spirits are attacking an individual or causing negative events
- Struggles of Ultimate meaning
  – Concern about not perceiving ultimate meaning in one's life
- Moral Struggles

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Rationale
(Lukoff, Lu, and Turner, 1992)

- Improve diagnostic assessments when religious and spiritual issues are involved
- Reduce iatrogenic harm from misdiagnosis of psychoreligious and psychospiritual problems

6/15/23   25

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Rationale
(Lukoff, Lu, and Turner, 1992)

- Improve treatment of such problems by stimulating clinical research
- Encourage clinical training centers to address the religious and spiritual dimensions of human existence

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DSM-5-TR

Section III: Emerging Measures and Models

Culture and Psychiatric Diagnosis

- Outline for Cultural Formulation (OCF): revised from DSM-IV (Appendix i) and DSM-5
- Cultural Formulation Interview (CFI): new in DSM-5, unchanged in DSM-5-TR
- Cultural Concepts of Distress section now includes 10 examples.
  (replaced DSM-5 Glossary of Cultural Concepts of Distress)

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DSM-5-TR Outline for Cultural Formulation

A. Cultural identity of the individual

B. Cultural concepts of distress

C. Psychosocial stressors and cultural features of vulnerability and resilience

D. Cultural features of the relationship between the individual and the clinician, treatment team, and institution

E. Overall cultural assessment

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DSM-5-TR Cultural Formulation Interview
Patient and Informant core versions:
16/17 questions each to help obtain information for the OCF

- 12 Supplementary Modules

  (www.DSM5.org)
  - Cultural Identity
  - Explanatory Model
  - Coping and Help-Seeking
  - Psychosocial Stressors
  - Social Network

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

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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]?

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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]?

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OCF B: Cultural Concepts of Distress in DSM-5-TR

- "Describe the cultural constructs that influence how the individual experiences, understands, and communicates his or her symptoms or problems to others. These constructs include cultural idioms of distress, cultural explanations or perceived causes, and cultural syndromes [defined in Section I]. The level of severity and meaning of the distressing experiences should be assessed in relation to the norms of the individual's cultural background. Priority symptoms, perceived seriousness of the illness, the level of associated stigma, and anticipated outcomes are all relevant."

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OCF B: Cultural Concepts of Distress in DSM-5-TR

- "Elicit the individual's and family's or friends' help-seeking expectations and plans, as well as patterns of self-coping and their connection to the individual's cultural concepts of distress, including past help-seeking experiences. Assessment of coping and help-seeking patterns should consider the use of professional as well as traditional, alternative, or complementary sources of care."

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Cultural Concepts of Distress

- Relevance for Diagnostic Assessment
- Examples of Cultural Concepts of Distress
  – "Clinicians need to familiarize themselves with individuals' cultural concepts of distress to understand individuals' concerns and facilitate accurate diagnostic assessment."
  – Ten examples are described.
    • Hikikimori was added in DSM-5-TR.

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Ten Examples
Includes description, related conditions in DSM-5-TR, related conditions in other cultural contexts, and sometime prevalence/distribution

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

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Recommended Book as a Cautionary Tale

- 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

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CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT
Stressors and Supports

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

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

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OCF C: Psychosocial stressors and cultural features of vulnerability and resilience in DSM-5-TR

- "Identify key <u>stressors</u>, <u>challenges</u>, and <u>supports</u> in the individual's <u>social environment</u> (which may include both <u>local and distant events</u>). These include <u>social determinants of the individual's mental health</u> such as access to resources (e.g., housing, transportation) and opportunities (e.g., education, employment); exposure to racism, discrimination, and systemic institutional stigmatization; and social marginalization or exclusion (structural violence)."

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OCF C: Psychosocial stressors and cultural features of vulnerability and resilience in DSM-5-TR

- "Also assess the role of <u>religion, family, and other interpersonal relationships and social networks</u> (e.g., friends, neighbors, coworkers, online forums or groups) in <u>causing stress or</u> providing emotional, instrumental, and informational <u>support</u>. Social stressors and social supports vary with social context, family structure, developmental tasks, and the cultural meaning of events. Levels of functioning, disability, and resilience should be assessed in light of the individual's cultural background."

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Potential psychosocial stressors/supports

- Interpersonal relationships [Local]
  – Religion, spirituality, moral traditions
  – Family
  – Social network
- Other Conditions that May be a Focus of Clinical Attention (Z codes)
- Social determinants of mental health
  – Local by geography or time
  – Distant by geography or time

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Supplementary Module: Religion, Spirituality, and Moral Traditions

- Religious, spiritual, and moral identity
- Roles in everyday life: Practices/rituals/ceremonies individually, with family, and with faith leaders and communities
- Relationship with the problem: How has these practices/rituals/ceremonies helped with coping with the problem?
- Potential stresses or conflicts

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Family

- Who is in the family? Use a genogram
  - Nuclear family
  - Extended family
- Family characteristics
  - Ethnicity
  - Immigration and acculturation
  - Social class
  - More characteristics and how they intersect

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Culturally related strengths and supports: *Personal strengths*
(Pamela Hays, 2022)

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

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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

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Culturally related strengths and supports: *Environmental conditions*

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

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Recommended Books on Stressors and Supports

Compton M and Shim R (eds.). The Social Determinants of Mental Health. Washington, DC: American Psychiatric Press, 2015

Hays P. Addressing Cultural Complexities in Clinical Practice and Counseling, 4th ed. Washington, DC: American Psychological Association Press, 2022

McGoldrick M et. al. (eds.). Ethnicity and Family Therapy, 3rd ed. New York: Guilford Press, 2005

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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?

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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?

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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…"

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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."

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OCF A: Cultural identity of the individual in DSM-5-TR

- "Describe the individual's demographic (e.g., age, gender, ethnoracial background) or other socially and culturally defined characteristics that may influence interpersonal relationships, access to resources, and developmental and current challenges, conflicts, or predicaments. Other clinically relevant aspects of identity may include religious affiliation and spirituality, socioeconomic class, caste, personal and family places of birth and growing up, migrant status, occupation, and sexual orientation, among others. Note which aspects of identity are prioritized by the individual and how they interact (intersectionality), which may reflect the influence of clinical setting and health concerns."

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OCF A: Cultural identity of the individual in DSM-5-TR

- "For migrants, the degree and kinds of involvement with both the cultural contexts of origin and the new cultural contexts should be noted. Similarly, for individuals who identify with racialized and ethnic groups, the degree of interaction and identification with their own group and other segments of society should be noted. Language abilities, preferences, and patterns of use are relevant for identifying difficulties with access to care, social integration, and clinical communication or the need for an interpreter."
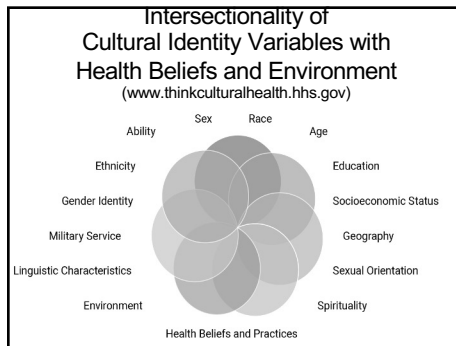
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"Addressing" Framework

- **A**ge and generational influences
- **D**evelopmental or other
- **D**isabilities
- **R**eligion and spirituality
- **E**thnic and racial identity
- **S**ES/social class   [Language]
- **S**exual orientation
- **I**ndigenous heritage
- **N**ational origin
- **G**ender   Source: Hays, 2022

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Intersectionality of Cultural Identity Variables with Health Beliefs and Environment
(www.thinkculturalhealth.hhs.gov)

Sex Race
Ability Age
Ethnicity Education
Gender Identity Socioeconomic Status
Military Service Geography
Linguistic Characteristics Sexual Orientation
Environment Spirituality
Health Beliefs and Practices

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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

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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.

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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?

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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?

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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?

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OCF B: Cultural Concepts of Distress

- "Assessment of <u>coping and help-seeking patterns</u> should consider the use of professional as well as traditional, alternative, or complementary sources of care."

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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)

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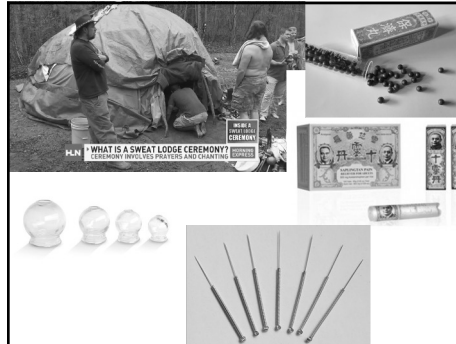
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Examples of treatment pathways involving CAM or indigenous healing practices - 1

- 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).

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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.

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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?

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OCF D: Cultural features of the relationship between the individual and the clinician, treatment team, and institution in DSM-5-TR

- "Identify differences in cultural background, language, education, and social status among other aspects of identity between an individual and clinician (or the treatment team and institution) that may cause difficulties in communication and may influence diagnosis and treatment. Considering the ways that individuals and clinicians are positioned socially and perceive each other in terms of social categories may influence the assessment process."

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OCF D: Cultural features of the relationship between the individual and the clinician, treatment team, and institution in DSM-5-TR

- "Experiences of racism and discrimination in the larger society may impede establishing trust and safety in the clinical diagnostic encounter. 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 accurate assessment and an effective clinical alliance."

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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.

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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.

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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

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Biases: Intended/Conscious/Explicit or Unintended/Unconscious/Implicit
- Racism
- Bias against immigrants/refugees
- Sexism
- Classism
- Ageism
- Homophobia
- Religion/spirituality
- Other biases

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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

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Cultural features of the relationship

- Between patients and clinicians
- Between trainees and supervisors
- Between supervisors and patients
- Between patients and the treatment team and institution

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OCF E: Overall cultural assessment in DSM-5-TR

"Summarize the implications of the components of the cultural formulation identified in earlier sections of the Outline for the differential diagnosis of mental disorders and other clinically relevant issues or problems, as well as appropriate management and treatment intervention."

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Differential diagnosis: Issues

- We want to make an accurate and complete 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

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Differential diagnosis: Issues

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

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Treatment planning - 1

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

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Treatment planning - 2

Biological
- Medication pharmacodynamics and 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?

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Treatment planning - 3

Psychotherapy
- Respect patient/family expectations
  - "Be the Tiger Balm oil at the first interview." - Evelyn Lee, EdD.
- 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?

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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)

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Books for Further Learning

- DSM-5-Text Revision (2022)

- Clinical Manual of Cultural Psychiatry, Second Edition (2015) edited by Russell Lim, which focuses on the OCF.

- DSM-5 Handbook on the Cultural Formulation Interview (2016) edited by Roberto Lewis-Fernandez, et al.

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New York State Psychiatric Institute

Center for Practice Innovations
New York State Psychiatric Institute
Building best practices with you.

COLUMBIA UNIVERSITY
IRVING MEDICAL CENTER

Using the DSM-5 Cultural Formulation Interview

Online Training Module

https://nyculturalcompetence.org/ cfionlinemodule/

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Resources

- Society for the Study of Psychiatry and Culture www.psychiatryandculture.org
- WPA
  - Transcultural Psychiatry section
  - Religion, Spirituality, and Psychiatry section
- Transcultural Psychiatry journal
- DEIA Resource list (Lu)
  - Google "ADMSEP DEIA"

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