Accounting for Culture in Clinical Practice

Cultural background can greatly influence how an individual perceives and presents with psychiatric symptoms, as well as impacts diagnosis and treatment. **Section III addresses this important issue through cultural concepts of distress,** which detail the ways that different cultures describe syndromes and perceived causes.

To help clinicians gauge such factors, a cultural formulation interview guide is provided with questions about patients’ history in terms of their race, ethnicity, language, religion, social culture or customs, and geographical origin.

The interview provides an opportunity for individuals to define their distress in their own words and then relate this to how others, who may not share their culture, see their problems. This gives the clinician a more complete foundation on which to base both diagnosis and care.

**Cultural Formulation Interviews**

Cultural Formulation Interview (also available in print book)

Cultural Formulation Interview—Informant Version (also available in print book)

Supplementary Modules to the Core Cultural Formulation Interview (CFI)
REVIEW

A Single Axis Approach

With the new assessment system, clinicians will still take note of the same mental, physical, and social considerations as under the multi-axial system to provide comprehensive assessments. They’ll just go about it differently.

DSM-5 combines the first three axes into one that contains all mental and other medical diagnoses. Doing so removes artificial distinctions among conditions, benefitting both clinical practice and research use.

In addition, the current fourth axis, describing contributing stressors, is now represented through an expanded selected set of ICD-9-CM V codes and, from the forthcoming ICD-10-CM, Z codes. These V and Z codes provide ways for clinicians to indicate other conditions or problems that may be a focus of clinical attention or otherwise affect the diagnosis, course, prognosis, or treatment of a mental disorder (such as relationship problems between the patient and their intimate partner).

Finally, DSM-IV’s fifth axis, providing an assessment of functioning scale, was removed from DSM-5 due to its conceptual lack of clarity and questionable use in routine clinical practice. Instead, the World Health Organization’s Disability Assessment Schedule (WHODAS), in which disorders and their associated disabilities are conceptually distinct and assessed separately, is recommended as a global measure of disability. This measure is based on an international classification of functioning and disability that is currently used throughout the rest of medicine, thereby bringing DSM-5 into greater alignment with other medical disciplines.

Using the WHODAS - a useful article (MUSC access)

WHODAS Abridged 12 item scale (more practical)

Major Revisions

Overview Summary of Major Changes DSM IV to DSM 5 (APA)

Chart of Major Changes from IV to 5 (Psychiatric Times)

End of Multiaxial Diagnosis (APA)

Quick and Dirty DSM5 Charts (Psychiatric Times)