

# 3<sup>rd</sup> International Conference on Forensic Research and Technology

October 06-08, 2014 Hilton San Antonio Airport, USA

## Clinical forensic psychological factors in DSM-5: Cultural paradigm

Ronn Johnson, Harry Dixon, Jo Jo Lee and Cindy Kim  
University of San Diego, USA

In the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), the outline for Cultural Formulation (OCF) marked as an attempt to apply anthropological concepts within psychiatry. OCF was created to improve the clinician's interpretative abilities in diagnostic assessment and treatment. However, the feedback of the OCF has been mixed. Its vague format may not help clinicians to formulate specific questions. Additionally, it poses a question as to if it needs to form a separate assessment from the standard interview. In 2010, the DSM-5 Cultural Issues Subgroup conducted a literature review on the OCF. It converted the OCF into the Cultural Formulation Interview (CFI) for clinicians in general outpatient clinical settings. The concept of using cultural formulation assessments promises to reveal knowledge about the cultural world view of patients, culturally normative and sanctioned health practices, and health systems that are critical for clinical care. The cultural formulation was developed to bridge the gap of the cultural differences between clinicians and their patients. The OCF has been considered as the most significant contribution to psychiatry, due to its emphasis on the patient's subjective experience and conceptualization of illness. While the importance of culturally competent counselors in clinical practice has been established, the assessment of the impact these trained counselors have on a diverse population remains underdeveloped. Thus an important implication for the CFI on clinicians would be to enhance existing cultural competencies. A study by Aggarwal et al. (2013) investigated the barriers of implementing CFI in clinical practice. The results showed that the most frequent limitations for the CFI were lack of differentiation from other treatments, lack of buy-in ambiguity of design, over-standardization of the CFI, and severity of illness. In addition, the clinicians presented that the CFI is lack of conceptual relevance between intervention and problem, drift from the format, repetition, severity of patient illness and lack of clinician buy-in. The population of Asians, including those of more than one race, is estimated at 18.2 million in the United States in 2011. With this growing population and these limitations, we propose the following recommendations for use with Asian American populations: A greater focus on somatic symptoms, the impact cultural perspectives influence conceptualization of mental illness, and the impact of stigma and negative associations on symptom presentation. Through a poster presentation, we will discuss and evaluate cultural values of Asian American populations, the various barriers towards the implementation, application of the DSM-5 CFI to inform clinicians, and provide an approachable cultural assessment tool for generalized practice.

### Biography

Ronn Johnson is licensed and board certified clinical psychologist with extensive experience in academic and clinical settings. He is a Diplomate of the American Board of Professional Psychology. He has served as a staff psychologist in community mental health clinics, hospitals, schools and university counseling centers. The University of Iowa, University of Nebraska-Lincoln, University of Central Oklahoma, and San Diego State University are among the sites of his previous academic appointments. His forensic, scholarship, and teaching interests include ethical-legal issues, police psychology, women death penalty, and contra-terrorism.

[ronnjohnts@gmail.com](mailto:ronnjohnts@gmail.com)