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**DSM-IV-TR/DSM-5, An Evidence-Based Comparative Analysis with
Focus on the Cultural Context of Mental Health Illness of: Bipolar
Disorders, Depression, Autism Disorders, Anxiety and ADHD.**

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DSM-IV-TR/DSM-5, AN EVIDENCE-BASED COMPARATIVE ANALYSIS

With focus on the cultural context of mental health illness of: Bipolar Disorders, Depression, Autism Disorders, Anxiety and ADHD.

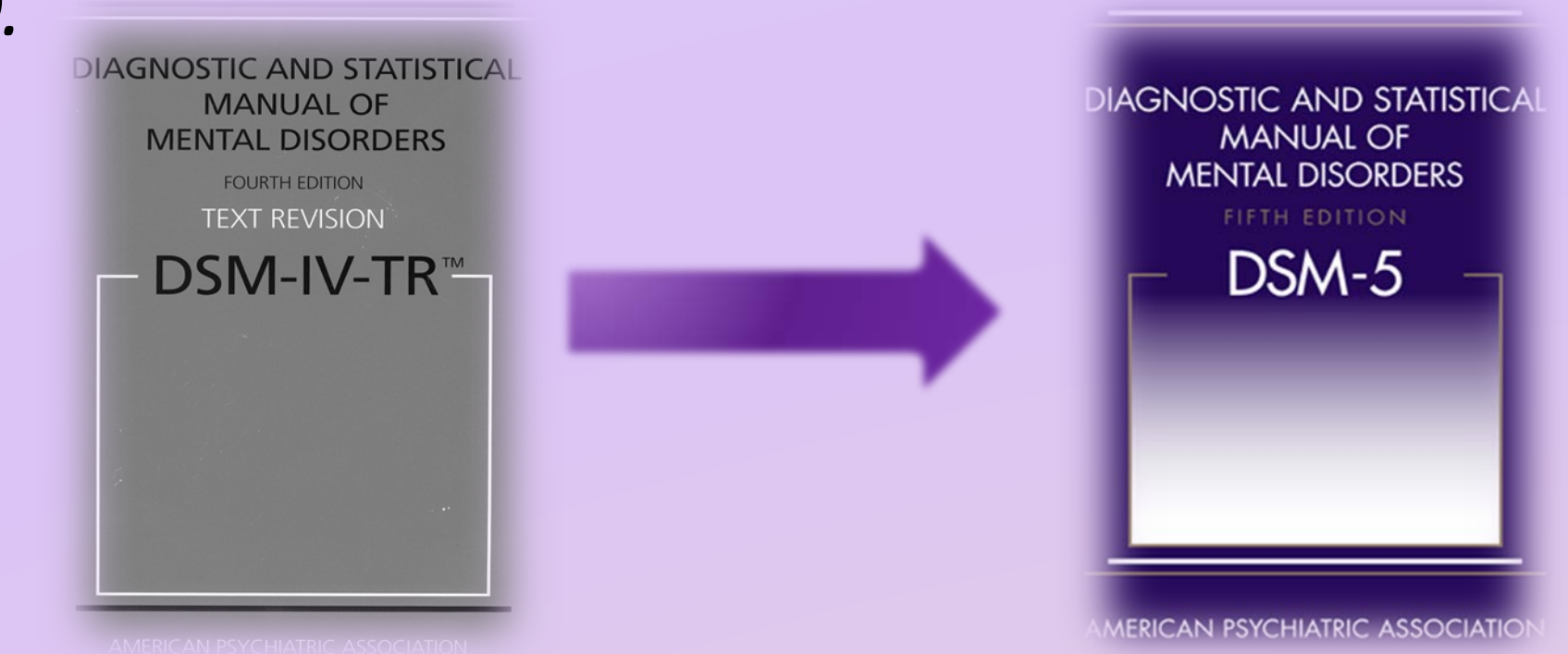
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Purpose

The DSM-5 presents many changes in the criteria and categories used in the clinical diagnosis of clients. In addition, the proposed changes within the DSM-5 also attempts to address some of the concerns regarding the lack of a contextual assessment process regarding the role of culture within the lives of clients (Warren, 2013).

This research aims to create a comparison between the DSM-IV-TR and the DSM-5 of some of the most common diagnosis used by Family Service Rochester including: bipolar disorder, depression, autism disorder, anxiety and ADHD. In addition, this project also intends to develop a comprehensive cultural analysis of the already mentioned disorders to enlighten future culturally appropriate interventions for individuals who face mental health challenges.

Methodology

- An extensive systematic literature review through the MSU library data-bases such as, ProQuest, SAGE journals, PscyINFO, Google, Google Scholar, Social Services Abstracts, electronic resources, books, manuals, professional and educational magazines, was completed.
- A comprehensive review process to analyze the differences between the DSM-IV-TR and DSM-5 manuals of the top-five most common diagnosis used by Family Service Rochester was completed. In addition,
- Special attention is directed to the African-American, Asian, Hispanic and the Somali cultures and is presented here.
- Finally, The information obtained from the research was analyzed, organized, and compiled into a research-based comparison manual, available for review.

References are available upon request.

Neurodevelopmental Disorders	Bipolar Related Disorders	Depressive Disorders	Anxiety Disorders	
Autism Spectrum Disorder Cultural Analysis <p>African-American: *According with Carr & Lord (2013), African Americans are one of the ethnic groups that have not been well-researched within the field of autism. *Mandell, Ittenbach, Levy, & Pinto-Martin (2007) noted that African Americans usually received their first documented ASD diagnosis around school-age. *This delay may be due to inadequate screening practices, low sensitivity of screening instruments for autism, and a general lack of awareness of symptoms (Mandell, et al., 2007).</p> <p>Asian: *There is little research documenting the experiences of immigrant families of children with autism and their experiences during diagnosis, accessing appropriate services and understanding of the disability (Dyches, Wilder, Sudweeks, Obiakor, & Algozzine, 2004). *In an ethnographic study conducted in the U. S., South Asian Muslim parents of children with autism believed that they were 'chosen' by Allah to take care of his special child and viewed disability as a gift from God (Jegatheesan, Fowler and Miller, 2010).</p> <p>Hispanic: *Studies found that the number of reports of autism diagnosis was lower for Hispanics than for non-Hispanics; but Hispanic rated their children's autism as more severe (Liptak et al., 2008). *Hispanic children may also be more likely to receive an alternate diagnosis, such as specific language impairment, and may not be evaluated for an ASD when an intellectual impairment is observed (Magaña, Lopez, Aguinaga, & Morton, 2013).</p> <p>Somali: *According to a study published by the Minnesota Department of Health in 2009, there might be a higher incidence of autism within Somali children, but the evidence is not complete. *In the popular press and media communications we are beginning to see more and more the higher incidence of autism in the Somali children.</p>	Attention-Deficit/Hyperactivity Disorder(ADHD): Cultural Analysis <p>African-American: *Recent studies suggested that African-American children were 5.1 times more likely than white children to receive a diagnosis of adjustment disorder than of ADHD (Mandell, Ittenbach, Levy, & Pinto-Martin, 2007).</p> <p>Asian: *According to Hong (as cited in Choi, 1997) the term ADHD was introduced in Korea in 1987. *In 2004-2005 the concept of ADHD was introduced by the Korean Academy for Child and Adolescent Psychiatry to the general public. *Researchers found that schools in Thailand have fewer students with ADHD because children are trained to behave and talk quietly in public.</p> <p>Hispanic: *Several studies reported that Hispanic youth are less likely than non-Hispanic youth to identify when ADHD symptoms are present, received proper diagnosis, and treatment(Becker, et. al., 2014). *The belief system of less acculturated Hispanic groups might be different from the traditional practices and beliefs of acculturated U.S. residents. *Mexican might use the services of a <i>curandera</i> (practitioner of folk medicine) to treat the <i>mal puesto</i> (hex). *Puerto Ricans also believe in <i>espiritismo</i>, a belief system consisting of an invisible world populated by spirits that surrounds the visible world.</p> <p>Somali: *In cases of mental distress Somali migrants generally prefer indigenous and Somali and Islamic treatments as supposed to Western psychotherapy and psychopharmacology (Mölsä, Hjelde & Tiilikainen, 2010). *Somalis traditionally explain behavioral problems such as ADHD as a result of spiritual causes or possession by an evil spirit (Schuchman & McDonald, 2004).</p>	Bipolar Cultural Analysis <p>African-American: *According to Barnes (2008) the bipolar disorders are underdiagnosed in African Americans. *African-Americans with bipolar disorder may experience high stigma and distrust of psychiatric care that may obstruct the treatment engagement (Carpenter-song, 2009).</p> <p>Asian: *There is limited data available that correlates the relationship between ethnicity and bipolar Disorder (Durvasula & Sue, 1996). *Researches have identified several barriers for Asian Americans to seek mental health services including a delay in recognizing symptoms and seek for help, stigma and shame over utilizing existing services, beliefs system, lack of financial resources, language and culture differences (Sue, Cheng, Saad, & Chu, 2012).</p> <p>Hispanic: *In accordance with Marin, Escobar & Vega (2006) there is not reliable data with regards to the frequency among Hispanic of mental health search a bipolar disorder. *The stigma of having mental health illness is one of the most significant obstacles preventing Latinos from seeking help. *Latino ethnic groups use the term of "<i>locura</i>" term that refers to was a better form of chronic psychosis (Kramer, Guarnaccia, Resendez & Lu, 2009).</p> <p>Somali: *Schuchman, & McDonald, 2004 find there is no concept of mental illness for many Somalis, except for crazy. *When Somalis think of crazy its extreme cases, one is either crazy or sane (Schuchman & McDonald 2004). *For the Somali culture, counseling is done with the family or with community elders (Schuchman & McDonald 2004).</p>	Depression Cultural Analysis <p>African-American: *Major depressive disorder (MDDMDD) is more likely to be chronic and disabling in African Americans than among non-Hispanic whites (Bailey, Blackmon & Stevens, 2009). *According to Jackson et al., Caucasians experience depression more often, but African Americans experience greater severity and persistence.</p> <p>Asian: *Depression is the second leading cause of death in Asians with the highest rate of suicide among women between 15 and 24 years of age (Nikolchev, 2010). *The stigma associated with mental illness within the Asian culture often prevents Asian-American communities to seek mental health help (Nikolchev, 2010).</p> <p>Hispanic: *A review of the literature yielded very few articles pertaining to the prevalence of depression, or <i>ataque de nervios</i> within the Hispanic population. *The term <i>nervios</i> may be used to refer to an individual's general state of vulnerability and to other symptoms triggered by stress (Kramer, Guarnaccia, Resendez & Lu, 2009). *Symptoms of <i>nervios</i> include headaches, irritability, stomach disturbance, trembling, and dizziness. *<i>Susto</i> (fright) is another term used by the Hispanic or Latino community that relate to the conditions of a major depressive disorder (APA, 2013).</p> <p>Somali: *The concepts of mental health and behavior health are nonexistent Somali culture. *Somalis are more likely to report physical pain when they are experiencing depression or sadness including headaches, chest pain, sleep problems, nightmares, sweating, decreased appetite, change in weight, low energy and forgetfulness (Schuchman & McDonald, 2004).</p>	Anxiety Disorder Cultural Analysis <p>African-American: *According to Paradis, Hatch & Friedman (1994) African-Americans with anxiety disorders are less likely to seek help from mental health professionals and more likely to be misdiagnosed when they do seek help. *Anxiety symptoms reported by African-Americans participants include: chronic worrying, intrusive thoughts, and difficulties concentrating(Brown, Shear, Schulberg & Madonia, 1999).</p> <p>Asian: *According to Lee, Lei, & Sue (2001; 2000), a fair amount of research on anxiety has been devoted to Asian Americans, particularly recent immigrants and refugees. *In accordance to Leong, Park & Kalibatseva (2013) certain factors related to immigration my decrease or increase the risk of anxiety, depressive, and substance related disorders in Asian Americans immigrants</p> <p>Hispanic: *Anxiety is a very common problem for the Hispanic and Latino communities (Martinez, Polo & Carter, 2012). *Due to the emphasis on family in many Latino and Hispanic cultures, a strong family cohesion may be associated with a reduced likelihood of having an anxiety disorder(Priest & Denton, 2012).</p> <p>Somali: *Kuenzli (2012) reports that anxiety is a concept that is seeing within the Somali culture as a general lack of well-being. *Somali's beliefs perceived as an effective treatment for anxiety includes reading the "Quran."(Schuchman & McDonald, 2004).</p>