



PSYCHCEs

Overview of DSM-5-TR™ - Cultural Considerations and Clinical



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Section 1: Introduction to DSM-5-TR Revisions

Brief History and Evolution of the DSM

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM), published by the American Psychiatric Association (APA), has served as the authoritative guide for the diagnosis of mental disorders in the United States since its inaugural edition in 1952. Over the past seven decades, the DSM has undergone numerous revisions, each one reflecting advancements in scientific research, clinical insights, and cultural awareness within the field of mental health (APA, 2013). These revisions are designed to meet the evolving needs of clinicians and to address the diversity of mental health experiences, thereby enhancing the reliability and validity of mental health diagnoses (Kupfer et al., 2002). As a result, the DSM not only facilitates more accurate diagnosis but also plays a critical role in guiding research, shaping treatment approaches, and supporting ethical practice across diverse patient populations.

The evolution of the DSM has been marked by several significant updates aimed at increasing diagnostic accuracy and reducing biases. The initial DSM-I (1952) and DSM-II (1968) were largely descriptive and did not contain specific diagnostic criteria, reflecting the limited scientific knowledge and clinical methods available at the time (Blashfield et al., 2014). These early versions were primarily influenced by psychoanalytic theory, focusing on psychodynamic explanations for mental illness, which limited their applicability in diverse clinical settings. The publication of DSM-III in 1980 marked a paradigm shift in the DSM's approach by introducing explicit diagnostic criteria, which improved the manual's reliability and utility for clinical research and practice (Wilson, 1993). DSM-III also took steps to classify disorders more objectively, helping to eliminate subjective diagnostic judgments and increase inter-rater reliability among clinicians (Frances, 1980).

Following DSM-III, the DSM-IV and DSM-IV-TR (1994, 2000) integrated more empirical data, expanding the scope of diagnoses and refining criteria based on broader epidemiological and clinical studies (APA, 2000). The DSM-IV editions marked an important period in the DSM's history as they began to acknowledge cultural factors in mental health. Specifically, the DSM-IV introduced the *Glossary of Culture-Bound Syndromes*, which provided descriptions of culturally specific expressions of distress that might not align with Western conceptualizations of mental disorders (Kirmayer & Bhugra, 2009). This addition represented an initial acknowledgment of cultural diversity within the diagnostic process, though the manual remained predominantly focused on Western perspectives of mental health.

The DSM-5, released in 2013, built upon the foundation laid by DSM-IV but introduced more substantial structural changes. The DSM-5 removed the multi-axial system, reorganized certain diagnostic categories, and incorporated a lifespan perspective for some conditions to reflect a more developmental approach to mental health (APA, 2013). These changes were based on years of research, including findings from the National Institute of Mental Health and the World Health Organization, which pointed to the need for diagnostic categories that could accommodate variations in symptom presentation across different ages and populations (Regier et al., 2013). The DSM-5 also expanded its focus on culture with the addition of the *Cultural Formulation Interview* (CFI), a tool designed to assist clinicians in evaluating cultural factors that influence patients' mental health experiences. The CFI allows practitioners to assess cultural contexts more systematically, helping to reduce misdiagnoses related to cultural misunderstandings (Aggarwal et al., 2013).

The DSM-5-TR (Text Revision), published in 2022, continues this trajectory by refining existing categories, criteria, and codes based on emerging clinical evidence and societal understanding of mental health. Unlike the major structural

overhauls introduced in DSM-5, the DSM-5-TR serves as an intermediary update, incorporating advancements in research without making radical changes. This edition integrates new findings that emerged over the past decade, especially regarding disorders such as Prolonged Grief Disorder and updates to substance-related and neurocognitive disorders (First, 2022). The DSM-5-TR also introduces clearer language and diagnostic criteria for conditions like Autism Spectrum Disorder, Schizophrenia, and Major Depressive Disorder, which allows clinicians to make more precise and individualized diagnoses (Hasin et al., 2020; Prigerson et al., 2021).

Each revision of the DSM strives not only for greater diagnostic accuracy but also for ethical inclusivity and sensitivity to the diverse ways mental health issues manifest across cultures. Clinicians have an ethical obligation to stay informed about DSM updates, as outdated or inaccurate diagnostic practices can harm patients through misdiagnosis, unnecessary treatments, or social stigmatization. Inaccurate diagnoses may also lead to a misallocation of resources or barriers to accessing appropriate care, particularly for marginalized populations (Lewis-Fernandez et al., 2021). By aligning diagnostic practices with the latest scientific and cultural insights, the DSM-5-TR seeks to support clinicians in making informed, culturally responsive diagnoses that respect and address the unique experiences of each patient.

The DSM's evolution also reflects a growing awareness of how culture influences mental health. Cultural factors can shape the way symptoms are expressed, interpreted, and managed, which has profound implications for diagnosis and treatment. The DSM-5-TR continues to incorporate these insights, urging practitioners to consider the sociocultural contexts that may shape an individual's mental health experiences. For instance, it recognizes that symptoms of depression, anxiety, or psychosis may manifest differently across cultures, highlighting the importance of cultural competence in clinical settings (Lewis-

Fernandez et al., 2019). Cultural guidelines within the DSM-5-TR encourage clinicians to ask relevant questions about cultural background, personal values, and beliefs that may influence symptom presentation and treatment preferences. These considerations are essential in avoiding diagnostic biases and providing ethical care that respects the client's cultural identity and lived experiences (APA, 2013).

In summary, the DSM's evolution reflects a commitment to advancing the accuracy, inclusivity, and cultural sensitivity of mental health diagnoses. From the early, descriptive approaches of DSM-I and DSM-II to the empirical rigor and cultural consideration of DSM-5-TR, each revision underscores the ethical imperative for clinicians to offer accurate, culturally responsive care. The DSM-5-TR, by refining diagnostic categories and incorporating cultural guidelines, represents a vital tool for psychologists and mental health professionals who seek to support diverse populations with competence and compassion.

Detailed Examination of New Diagnoses in DSM-5-TR

The DSM-5-TR introduces several significant updates in diagnostic categories and criteria to enhance diagnostic specificity and reflect the latest research, addressing critical areas in mental health. One notable addition is the formal recognition of Prolonged Grief Disorder (PGD) as a distinct mental health condition. PGD describes a persistent and intense grief response that endures for an extended period, typically beyond one year. Individuals with PGD experience pervasive symptoms such as a deep sense of loss, emotional numbness, and difficulty moving forward in their daily lives. The inclusion of PGD is grounded in extensive research showing the profound and often debilitating impact of extended grief on mental health and functioning. Studies, such as those by Prigerson and colleagues (2021), emphasize that PGD is distinct from typical

bereavement or depression and can severely hinder a person's quality of life if left unaddressed. By formally recognizing PGD, DSM-5-TR provides psychologists and mental health providers with a framework to accurately diagnose and treat individuals who struggle with prolonged grief, which can improve treatment outcomes and address the unique challenges of this population.

Another important update in DSM-5-TR relates to substance-related and addictive disorders. The manual has refined substance use criteria to better differentiate between substance-related addictions (such as alcohol or drug use) and non-substance-related behavioral addictions. This revision is partly in response to growing evidence on behavioral addictions, such as gambling disorder, and acknowledges the complex nature of addiction beyond traditional substance abuse. The changes also allow for a more nuanced view of addiction, accommodating behaviors that may manifest similarly to substance-related addictions but do not involve a physical substance. Hasin et al. (2020) point to a growing body of research indicating that behavioral addictions can lead to similar disruptions in a person's life, including issues in relationships, work, and financial stability. For psychologists and mental health practitioners, this refined approach enables them to address addictive behaviors more holistically and tailor interventions to the individual's specific addiction profile, whether it involves a substance or a behavior. This shift also aligns with a more comprehensive view of addiction, which can facilitate more effective, evidence-based treatments for clients struggling with compulsive behaviors.

The DSM-5-TR also makes important adjustments to the criteria for neurocognitive disorders. Reflecting recent insights into the cognitive decline associated with aging, particularly in diverse populations, these updates enhance diagnostic precision. These criteria changes provide clearer distinctions between mild and major neurocognitive disorders, such as Alzheimer's disease and other forms of dementia, allowing for earlier and more accurate diagnoses. Research by

Albert et al. (2011) highlights that early diagnosis of neurocognitive issues can significantly affect treatment outcomes, as it enables interventions that may slow progression or improve cognitive functioning. For clinicians, the improved criteria offer a refined understanding of neurocognitive impairments, empowering them to identify specific areas of cognitive decline more effectively. This approach is especially beneficial for populations where aging-related cognitive issues might present differently due to cultural, genetic, or environmental factors. Mental health providers can now more accurately tailor interventions, taking into account the individual's cognitive profile and cultural background, which may help optimize care and support for aging clients and their families.

Overall, the DSM-5-TR's introduction of PGD, updates to substance-related and addictive disorders, and refinements to neurocognitive disorders mark significant advancements for mental health diagnoses and treatment. These changes equip psychologists and other mental health professionals with more precise tools for assessment and intervention, enabling them to provide more individualized and culturally sensitive care. By incorporating these updated criteria, mental health providers can more accurately recognize and treat complex mental health issues, ultimately enhancing client outcomes and improving the standard of care within the mental health field.

Introducing new diagnoses like PGD requires sensitivity. Diagnoses related to grief, for example, may manifest differently across cultures, and professionals must apply cultural competence when assessing symptoms. Failure to account for cultural diversity in grieving can lead to pathologizing normal cultural expressions of loss, which is ethically and professionally inappropriate.

Modifications to Existing Categories

The DSM-5-TR has introduced revisions to existing diagnostic categories to enhance clinical utility and improve diagnostic reliability across various mental health conditions. For Autism Spectrum Disorder (ASD), criteria have been refined to distinguish between different levels of social, cognitive, and behavioral functioning more clearly. This refinement enables clinicians to create more individualized and effective treatment plans tailored to the specific needs of each person with ASD. Changes have also been made to the criteria for Schizophrenia Spectrum and Other Psychotic Disorders, which now include expanded descriptions that account for cultural and language-related manifestations of symptoms. This addition aims to reduce the risk of misdiagnosing culturally influenced behaviors as psychosis, acknowledging that symptom presentation may vary significantly based on cultural background. Additionally, criteria for Major Depressive Disorder (MDD) have been updated to provide guidance on differentiating between culturally normative expressions of sadness and clinical depression, helping clinicians to avoid pathologizing culturally appropriate responses to life events. These modifications reflect the DSM-5-TR's commitment to diagnostic precision and cultural sensitivity, ensuring that diagnoses are both accurate and contextually informed.

These updates underscore the ethical importance of diagnostic accuracy, especially when working with diverse populations. Misinterpretation of culturally specific behaviors, such as beliefs influenced by spiritual practices, can lead to erroneous diagnoses of psychosis or depression. The DSM-5-TR's revisions aim to minimize such biases, supporting ethical, culturally responsive care.

Why and How Revisions Were Implemented

The updates in DSM-5-TR were driven by a commitment to enhance diagnostic precision, improve clinical utility, and incorporate greater cultural sensitivity. With new research continually advancing our understanding of mental health, refining diagnostic criteria was essential to distinguish between disorders more accurately, leading to clearer and more reliable diagnoses. Additionally, the revised criteria and updated codes aim to make DSM-5-TR more practical and user-friendly for clinicians, allowing for more nuanced and individualized diagnostic approaches. This increased usability supports clinicians in effectively addressing the specific needs of their patients. A critical aspect of the revisions also involves the incorporation of cultural sensitivity. Updated cultural guidelines emphasize the importance of understanding each patient's unique cultural background and experiences, helping clinicians to avoid biases and provide care that respects diverse cultural contexts. Together, these changes reinforce DSM-5-TR as a tool that supports precise, inclusive, and contextually relevant clinical practice.

For instance, the DSM-5-TR integrates the *Cultural Formulation Interview* (CFI) as a tool to help practitioners systematically evaluate cultural factors. This shift acknowledges the importance of cultural sensitivity in accurately understanding and diagnosing symptoms (APA, 2013).

Case Studies in DSM-5-TR Application

To illustrate the application of DSM-5-TR updates in clinical settings, several case studies highlight how these diagnostic revisions and cultural considerations play out in real-world scenarios.

In the first case, Maria, a 52-year-old woman, experienced the loss of her spouse two years ago. She continues to experience deep sadness, a strong sense of loss, and significant difficulty resuming daily activities. With the DSM-5-TR's addition of

Prolonged Grief Disorder (PGD), Maria's clinician assesses her symptoms based on the new diagnostic criteria, which include the persistence of grief beyond typical mourning timelines and its profound impact on daily functioning. Maria's symptoms align with the criteria for PGD, leading to a diagnosis that allows for targeted therapeutic interventions. Additionally, her clinician remains mindful of cultural norms around mourning and grief, recognizing that some cultures have extended periods of grieving that might be mistaken for pathological behavior in other contexts. This culturally informed approach ensures that Maria's grief is not pathologized without proper cultural context, supporting an ethical and accurate diagnosis.

The second case involves Ryan, a 28-year-old male who reports compulsive online betting behaviors that have led to financial strain and difficulty in maintaining relationships. With DSM-5-TR's clear criteria for behavioral addictions, Ryan's clinician can diagnose him with gambling disorder, which enables the development of a focused intervention plan tailored to address his addictive behavior. However, in making this diagnosis, the clinician is sensitive to Ryan's socioeconomic background and potential social stigma associated with addiction. Considering these factors is crucial in building a treatment approach that respects Ryan's autonomy and aligns with his personal values and goals. By prioritizing ethical considerations, the clinician fosters a supportive environment that respects Ryan's background and reduces potential stigma surrounding his gambling disorder.

The third case study highlights the importance of cultural competence in differentiating between psychotic symptoms and culturally influenced experiences. Li, a 35-year-old immigrant from China, reports hearing voices. In his cultural context, these voices represent a form of spiritual communication rather than psychosis. Utilizing DSM-5-TR's cultural guidelines, the clinician carefully evaluates the voices Li hears, taking into account cultural beliefs about spirituality

and communication with ancestors. By recognizing the cultural underpinnings of Li's experiences, the clinician avoids a misdiagnosis of psychosis, which could have led to inappropriate treatment. Instead, they work with Li to develop coping strategies that are culturally compatible, supporting both his mental health and his cultural identity.

These cases exemplify the importance of DSM-5-TR's updated criteria and cultural guidelines in promoting accurate diagnosis, ethical clinical practice, and culturally responsive care. Each scenario demonstrates how clinicians can apply DSM-5-TR's revisions while considering the unique cultural and ethical aspects of each client's experience.

Conclusion

The DSM-5-TR updates underscore the importance of accurate, culturally informed diagnoses in clinical practice. Practitioners must understand and apply these revisions to enhance diagnostic precision, respect cultural diversity, and uphold ethical standards. These case examples show how DSM-5-TR criteria can be used to accurately identify and address diverse mental health issues, particularly within culturally varied populations.

Section 2: Practical Impacts on Clinical Practice

Impact on Clinical Practice

The publication of the DSM-5-TR marks an essential step forward in refining the diagnostic criteria and enhancing the usability of the manual in clinical practice. For clinicians, understanding how to practically apply these updates in assessments, diagnoses, and treatment planning is crucial for accurate and

effective patient care. The DSM-5-TR updates were introduced not only to clarify and adjust diagnostic criteria based on the latest evidence but also to incorporate cultural considerations that ensure diagnoses are contextually appropriate. This evolution in the manual underscores the importance of remaining up-to-date with diagnostic standards to maintain ethical and effective care (First, 2022).

Practical Application in Client Assessment, Diagnosis, and Treatment Planning

The DSM-5-TR offers nuanced revisions that affect the approach clinicians take in evaluating and treating clients. For instance, the inclusion of new diagnoses, such as Prolonged Grief Disorder (PGD), provides a structured framework for identifying and addressing complex grief that exceeds the normative range and impacts functioning (Prigerson et al., 2021). When assessing a client who presents with persistent, severe grief symptoms that interfere with daily life for over a year, a clinician can now refer to the DSM-5-TR criteria for PGD. This diagnostic structure aids in differentiating between typical bereavement and pathological grief, ensuring that treatment plans are tailored accordingly, such as incorporating evidence-based interventions like grief-focused cognitive-behavioral therapy (Boelen et al., 2019).

Substance-related and addictive disorders have also seen refinements that improve the clinical approach to both diagnosis and treatment. The DSM-5-TR acknowledges the complexity of behavioral addictions, such as gambling disorder, as well as the intricate nature of substance use disorders. This updated perspective encourages clinicians to adopt a more holistic and comprehensive approach when diagnosing and planning treatment. By integrating the latest evidence on behavioral and substance-related addictions, mental health professionals can develop more effective treatment plans that address the

biological, psychological, and social aspects of these conditions (Hasin et al., 2020).

The DSM-5-TR's updates to neurocognitive disorders are also noteworthy. These criteria have been revised to include more detailed distinctions between mild and major neurocognitive impairments. This change allows clinicians to better diagnose and manage conditions like Alzheimer's disease or other forms of dementia. Accurate early diagnosis facilitates timely intervention, which can slow disease progression and improve quality of life for clients (Albert et al., 2022). Treatment plans that are informed by these distinctions can include a combination of pharmacological and non-pharmacological strategies, tailored cognitive rehabilitation, and psychosocial support.

Challenges and Considerations in Implementing DSM-5-TR Updates in Real-World Settings

While the DSM-5-TR offers improvements, its implementation in clinical practice comes with challenges. One significant hurdle is ensuring that practitioners are well-versed in the updates and can apply them accurately. Training programs and continuous professional development are critical for bridging this knowledge gap. Research indicates that when clinicians are not adequately informed about changes in diagnostic manuals, there can be inconsistencies in how criteria are applied, leading to potential misdiagnosis or missed diagnosis (Kupfer et al., 2019).

Another challenge is the integration of cultural considerations into diagnosis. The DSM-5-TR places an increased emphasis on cultural sensitivity, with expanded guidelines on how cultural factors can influence symptom expression and client-clinician communication (Lewis-Fernandez et al., 2021). However, applying these cultural guidelines effectively requires clinicians to possess not only knowledge of

the DSM-5-TR's content but also cultural competence and awareness. This competence extends to understanding the sociocultural backgrounds of clients, which can shape their experiences of mental health symptoms. For example, clinicians must distinguish between culturally normative practices and behaviors that might be misinterpreted as symptoms of a disorder. Without adequate training and experience in cultural competency, there is a risk of diagnostic inaccuracies that can impact treatment planning and outcomes.

The administrative burden of implementing new diagnostic codes and criteria can also pose a practical challenge. Clinicians must ensure that they use updated coding practices for insurance billing and documentation, which can require adjustments to existing workflows. Proper training and administrative support are necessary to facilitate this transition and reduce errors that could result in claim denials or delays in reimbursement (Regier et al., 2022).

Case Example

Case Study 1: Prolonged Grief Disorder

Background: Sarah, a 48-year-old woman, lost her son to a sudden illness two years ago. She reports ongoing, intense grief that has not abated, accompanied by feelings of profound sadness, numbness, and a lack of interest in activities she once enjoyed. These symptoms interfere significantly with her daily functioning, including her ability to work.

Application of DSM-5-TR Criteria: Using the DSM-5-TR, Sarah's clinician evaluates her symptoms against the criteria for Prolonged Grief Disorder, which includes persistent grief-related symptoms that last for at least one year and significantly impair daily functioning. The clinician confirms the diagnosis of PGD and develops

a treatment plan that incorporates cognitive-behavioral therapy focused on grief and loss, as well as support group participation.

Discussion: This case highlights the DSM-5-TR's utility in distinguishing between typical grief and PGD, allowing for targeted treatment that acknowledges the severity and persistence of Sarah's condition. Culturally, the clinician also takes into account Sarah's background and how cultural norms related to mourning might impact her expression of grief, ensuring an empathetic and culturally aware approach (Prigerson et al., 2021).

Case Study 2: Substance-Related and Behavioral Addictions

Background: David, a 35-year-old male, presents with a history of excessive online gaming that has affected his job performance and personal relationships. He spends up to 12 hours a day gaming, neglecting responsibilities and showing signs of withdrawal when unable to play.

Application of DSM-5-TR Criteria: The DSM-5-TR's updated focus on behavioral addictions allows David's clinician to assess his symptoms under the criteria for a non-substance-related addictive disorder. This diagnosis is made after thorough evaluation, and treatment planning includes cognitive-behavioral therapy and strategies for managing screen time and developing healthier habits.

Discussion: This example underscores how the DSM-5-TR's inclusion of behavioral addictions aids clinicians in recognizing and addressing conditions beyond traditional substance abuse. It reflects an understanding of how modern societal changes, such as the increased prevalence of digital media use, influence mental health and addiction (Hasin et al., 2020).

Enhanced Diagnostic Precision and Treatment Accuracy

The DSM-5-TR's refinements contribute to more precise diagnostic processes, which in turn enable tailored treatment planning. Enhanced diagnostic criteria, such as those seen in Prolonged Grief Disorder and neurocognitive disorders, help clinicians differentiate between conditions with overlapping symptoms. This precision prevents the over-pathologizing of normal reactions (e.g., cultural expressions of mourning) and ensures that clients receive the appropriate level of care (Lewis-Fernandez et al., 2021). For instance, the improved criteria for neurocognitive disorders allow mental health providers to identify specific cognitive deficits earlier, facilitating interventions that can delay cognitive decline or support adaptive strategies.

Furthermore, accurate diagnosis improves treatment accuracy by enabling the development of interventions that directly address the diagnosed condition. When clients receive targeted treatments informed by precise diagnoses, they are more likely to experience positive outcomes (First, 2022). This is particularly true for complex conditions like PGD and behavioral addictions, where specific, evidence-based therapies are necessary for effective treatment.

Ethical and Cultural Implications in Clinical Practice

The DSM-5-TR's integration of cultural considerations is significant in fostering ethical clinical practice. Ethical guidelines emphasize that mental health practitioners must respect clients' cultural backgrounds, beliefs, and values (APA, 2017). The DSM-5-TR's expanded cultural framework supports this by encouraging clinicians to use tools like the Cultural Formulation Interview to explore cultural dimensions of mental health symptoms (Lewis-Fernandez et al., 2021). For instance, differentiating between culturally normative behaviors and pathological symptoms can prevent misdiagnosis and inappropriate treatment.

Misunderstandings in cultural context can lead to stigmatization or failure to provide effective care.

Ethical practice also entails staying informed about the latest diagnostic standards. Clinicians have a duty to provide evidence-based care, which involves understanding and correctly applying updates like those in the DSM-5-TR. This commitment reduces the risk of harm and promotes the best outcomes for clients. The practical application of DSM-5-TR criteria in clinical settings, as demonstrated through case examples, exemplifies how informed, culturally competent care supports ethical practice and enhances client trust.

Conclusion

The DSM-5-TR's revisions provide valuable updates that improve diagnostic precision, enrich treatment planning, and emphasize cultural competence. These changes, while beneficial, also introduce challenges such as the need for clinician training and the integration of cultural considerations. By understanding and applying these updates, clinicians can better support their clients' mental health needs, deliver tailored treatment, and uphold ethical standards of practice. Through case study analysis and group discussions, practitioners can deepen their diagnostic and treatment skills, ensuring that they are well-equipped to navigate the complexities of real-world clinical practice.

Section 3: Enhancing Cultural Competence in Diagnosis

Cultural Competence in Diagnosis

The Importance of Integrating Cultural Context

Cultural competence is a cornerstone of ethical and effective mental health practice. The DSM-5-TR emphasizes the need for integrating cultural context into diagnosis, as cultural factors significantly influence the presentation, perception, and interpretation of mental health symptoms (American Psychiatric Association [APA], 2013). Symptoms that may align with a disorder in one cultural framework might represent normative behaviors or culturally specific expressions of distress in another. Without incorporating cultural context, clinicians risk misdiagnosing clients or imposing inappropriate interventions, potentially causing harm (Lewis-Fernandez et al., 2021).

Culture shapes every aspect of mental health, including symptom expression, coping mechanisms, and help-seeking behaviors. For instance, somatization—expressing psychological distress through physical symptoms—is common in certain cultures and may be misinterpreted as a physical illness or disorder by clinicians unfamiliar with this presentation (Kirmayer et al., 2017). Similarly, cultural beliefs about spiritual experiences, such as communicating with ancestors or spirits, may be misdiagnosed as psychosis in Western frameworks (Aggarwal et al., 2013). Clinicians must understand how cultural values, beliefs, and practices influence the way individuals experience and report symptoms to ensure accurate and respectful care.

The integration of cultural context also supports ethical practice by aligning with the APA's Ethical Principles of Psychologists and Code of Conduct. These principles

emphasize respect for individuals' rights and dignity, including cultural and linguistic diversity (APA, 2017). Failing to account for cultural differences in diagnosis may lead to stereotyping, stigmatization, or the pathologizing of normative cultural behaviors, violating ethical principles and undermining the therapeutic alliance.

Guidance on Using the Cultural Formulation Interview (CFI)

The Cultural Formulation Interview (CFI), introduced in the DSM-5, is a structured tool designed to help clinicians systematically explore cultural factors that influence mental health. The CFI consists of 16 questions that guide the clinician in understanding the client's cultural identity, cultural explanations for symptoms, and the influence of cultural context on coping and support systems (APA, 2013). By using the CFI, clinicians can gather a comprehensive understanding of the client's cultural background, values, and belief systems, which are critical for accurate diagnosis and effective treatment planning.

Key Components of the CFI

1. **Cultural Definition of the Problem:** Understanding how the client perceives and describes their symptoms within their cultural framework.
2. **Cultural Perceptions of Cause, Context, and Support:** Identifying cultural beliefs about the causes of symptoms and the role of social, familial, and community support.
3. **Cultural Factors Affecting Self-Coping and Past Help-Seeking:** Exploring the client's coping strategies and their experiences with previous treatment, influenced by cultural beliefs and practices.

4. **Cultural Factors Affecting the Clinician-Client Relationship:** Identifying potential cultural barriers or facilitators in the therapeutic relationship, such as language, power dynamics, or mistrust of institutions.

Using the CFI requires active listening, cultural humility, and sensitivity to the client's worldview. Clinicians should avoid making assumptions based on cultural stereotypes and instead seek to understand the client's unique experiences and perspectives. For example, when collaborating with a client from a collectivist culture, a clinician might use the CFI to explore how family dynamics and communal support systems influence the client's mental health and treatment preferences.

Case Example: Applying the CFI

Background: Juan, a 40-year-old man from Mexico, reports symptoms of anxiety and difficulty sleeping. He attributes these symptoms to a curse placed on him by a family member.

Application of CFI: Using the CFI, the clinician explores Juan's cultural belief in spiritual causes of illness and learns that seeking help from a traditional healer is a culturally normative coping strategy. The clinician integrates this understanding into the treatment plan by collaborating with Juan to combine evidence-based therapy with culturally congruent spiritual practices.

Outcome: This culturally sensitive approach respects Juan's beliefs, strengthens the therapeutic alliance, and enhances treatment adherence.

Strategies for Identifying Cultural Variations and Minimizing Bias

To effectively diagnose and treat clients from diverse backgrounds, clinicians must develop strategies for identifying cultural variations in symptom presentation and minimizing cultural bias. These strategies include:

1. **Developing Cultural Awareness and Humility:** Clinicians should engage in ongoing self-reflection to recognize their own cultural assumptions, biases, and limitations. Cultural humility involves acknowledging that clinicians are learners in the client's cultural world and must approach each case with curiosity and respect (Hook et al., 2017). For example, a clinician collaborating with a client from an unfamiliar culture might educate themselves about the client's cultural norms and practices while remaining open to learning directly from the client.
2. **Recognizing Culturally Specific Expressions of Distress:** Certain cultures express psychological distress through idioms of distress, such as "thinking too much" in Southeast Asian cultures or "heart distress" in Middle Eastern cultures (Hinton et al., 2015). Clinicians must familiarize themselves with these expressions to avoid misdiagnosis or the inappropriate application of Western diagnostic criteria.
3. **Collaborating with Cultural Brokers:** A cultural broker, such as a community leader or interpreter, can help bridge cultural gaps between the clinician and client. Cultural brokers provide insights into cultural norms, values, and practices, enhancing the clinician's understanding of the client's experiences (Sue et al., 2019).
4. **Incorporating Cultural Context into Diagnostic Formulations:** The DSM-5-TR encourages clinicians to consider cultural factors in all aspects of diagnosis, including symptom presentation, disorder classification, and treatment planning. This involves using tools like the CFI and culturally adapted assessment measures to gather a holistic view of the client's mental health.
5. **Addressing Language Barriers:** Language differences can impede accurate diagnosis and treatment. Clinicians should collaborate with professional

interpreters when needed and ensure that assessment tools are linguistically and culturally validated for the client's population (APA, 2017).

Ethical and Cultural Implications

Cultural competence is not only a clinical skill but also an ethical imperative. The APA's ethical guidelines highlight the responsibility of psychologists to respect diversity and avoid harm caused by cultural insensitivity (APA, 2017). Misdiagnosis or inappropriate treatment due to cultural misunderstandings can lead to stigma, mistrust, and reduced treatment adherence, undermining the clinician's ethical obligations.

Clinicians also have a responsibility to advocate for equitable mental health care for underserved populations. This includes addressing systemic barriers, such as racism and discrimination, which contribute to mental health disparities. For example, clinicians can work to reduce the overdiagnosis of schizophrenia in African American men, which research suggests may be influenced by racial bias in diagnostic practices (Schwartz & Blankenship, 2014). By incorporating cultural competence into their practice, clinicians can help ensure that all clients receive respectful, equitable, and effective care.

Conclusion

Enhancing cultural competence in diagnosis is essential for providing ethical, accurate, and effective mental health care. The DSM-5-TR's emphasis on cultural considerations, particularly through tools like the Cultural Formulation Interview, supports clinicians in understanding and respecting the cultural contexts of their clients' experiences. By developing cultural humility, recognizing cultural variations in symptom presentation, and minimizing bias, clinicians can improve

diagnostic accuracy, build stronger therapeutic alliances, and promote positive outcomes for clients from diverse backgrounds.

Section 4: Coding Changes in the DSM-5-TR

Introduction to DSM-5-TR Coding Changes

The DSM-5-TR introduced updates to diagnostic codes to improve clarity, accuracy, and usability for mental health professionals. These updates reflect changes in diagnostic criteria, align with the International Classification of Diseases, 10th Revision (ICD-10-CM), and respond to the evolving demands of clinical practice, research, and billing. The DSM-5-TR coding system ensures consistency in diagnosis, documentation, and reimbursement processes, which is critical for effective communication among providers, insurance companies, and researchers (First, 2022).

Understanding and correctly applying these changes is essential for clinicians to provide accurate diagnoses, avoid billing errors, and support ethical, transparent care. Coding changes also address cultural and diversity considerations by emphasizing the importance of precise diagnostic documentation for underserved populations who might face disparities in mental health care access (Lewis-Fernandez et al., 2021).

Overview of DSM-5-TR Coding Structure

The DSM-5-TR codes align with ICD-10-CM, the standardized coding system used for insurance billing and data collection. Each diagnosis in the DSM-5-TR is accompanied by a corresponding ICD-10-CM code, a numeric or alphanumeric identifier used to classify mental health conditions. For example, Major

Depressive Disorder (MDD) is coded as **F32.x** for single episodes and **F33.x** for recurrent episodes, with additional specificity for severity and associated features.

The DSM-5-TR retains the organizational structure introduced in DSM-5 but incorporates revisions to certain categories and adds new codes. These changes are designed to enhance clinical utility and improve the granularity of diagnostic data. By refining coding practices, the DSM-5-TR supports clinicians in capturing the complexity of clients' mental health needs, which is vital for individualized treatment planning and accurate billing.

Key Coding Updates in the DSM-5-TR

1. Addition of New Diagnoses and Codes

The DSM-5-TR includes new diagnoses that reflect emerging research and clinical evidence. Each of these diagnoses is accompanied by a unique ICD-10-CM code for documentation and billing.

- **Prolonged Grief Disorder (PGD):**
 - ICD-10-CM Code: **F43.8**
 - Description: PGD describes a persistent and pervasive grief response lasting more than a year, characterized by intense yearning, sadness, and difficulty moving forward with life.
 - Practical Application: Clinicians can use this code to differentiate pathological grief from normal bereavement, ensuring that individuals receive targeted interventions such as grief-focused therapy.

- Ethical and Cultural Considerations: Recognizing PGD helps reduce the stigma associated with grief-related conditions, especially in cultures where extended mourning periods are normative. Clinicians must carefully distinguish between cultural expressions of grief and pathological symptoms (Prigerson et al., 2021).
- **Unspecified Mood Disorders:**
 - ICD-10-CM Code: **F39**
 - Description: This new code captures mood disturbances that do not fully meet criteria for specific mood disorders but still require clinical attention.
 - Practical Application: This code provides flexibility for clinicians to document symptoms that may evolve into a more specific diagnosis over time, ensuring that clients receive appropriate monitoring and care.

2. Changes to Existing Codes

The DSM-5-TR refines coding for several existing disorders to improve specificity and align with ICD-10-CM updates.

- **Neurocognitive Disorders:**
 - New subtypes and specifiers have been added to differentiate between mild and major neurocognitive disorders, including distinctions based on etiology (e.g., Alzheimer's, vascular, or traumatic brain injury).
 - Practical Application: These updates facilitate early identification and intervention for neurocognitive decline, which is particularly

important for aging populations. Accurate coding supports reimbursement for comprehensive assessments and treatment plans.

- **Substance-Related and Addictive Disorders:**

- Codes for substance use disorders now include specifiers for severity (mild, moderate, severe) and the presence of co-occurring conditions such as intoxication or withdrawal.
- Practical Application: Clinicians can use these refined codes to document the complexity of substance use presentations and guide integrated treatment approaches.

3. Expanded Use of Specifiers

The DSM-5-TR emphasizes the use of specifiers to provide additional detail about a diagnosis, including severity, course, and associated features.

- **Example: Major Depressive Disorder (MDD):**

- Specifiers such as "with anxious distress," "with mixed features," or "with peripartum onset" provide a more comprehensive clinical picture.
- Practical Application: These specifiers support tailored treatment plans and facilitate insurance reimbursement for condition-specific interventions.

Changes in Bereavement and Depression in DSM-5-TR

The DSM-5-TR provides further clarification and refinement in the diagnostic criteria for Major Depressive Disorder (MDD) and grief-related conditions, marking a significant advancement in the differentiation and treatment of these

overlapping yet distinct experiences. The removal of the bereavement exclusion in the DSM-5 and the addition of Prolonged Grief Disorder (PGD) in the DSM-5-TR are crucial updates that address the complex interplay between grief and depressive disorders. These changes reflect the evolving understanding of how bereavement can manifest, interact with depressive symptoms, and sometimes transition into a clinically significant mental health condition requiring intervention.

Historical Perspective on Bereavement and Depression

In DSM-IV, the bereavement exclusion was included to prevent the over-diagnosis of depression in individuals experiencing normative grief. This exclusion criterion stated that depressive symptoms occurring within two months of the loss of a loved one were attributable to bereavement unless they included severe impairments such as suicidal ideation, psychotic symptoms, or marked functional deterioration (American Psychiatric Association, 2000). However, this approach was increasingly criticized for its rigid timelines and failure to consider the coexistence of grief and depression. Emerging research demonstrated that grief-related depression can meet the clinical criteria for MDD and that distinguishing between the two based solely on the time elapsed since a loss was neither empirically valid nor clinically useful (Wakefield et al., 2007).

The DSM-5 addressed these criticisms by removing the bereavement exclusion and encouraging clinicians to evaluate the full range of symptoms, their intensity, and their impact on functioning. This change underscored that bereavement does not immunize individuals from developing depression and that grief-related depression should be treated with the same clinical rigor as any other depressive episode (Zisook & Shear, 2009). The DSM-5-TR builds on this foundation by further distinguishing normative grief, complicated grief, and depressive disorders through the addition of PGD as a standalone diagnosis.

Prolonged Grief Disorder: A New Addition

Prolonged Grief Disorder (PGD) is a new diagnosis in the DSM-5-TR, characterized by a persistent, pervasive grief response that lasts for at least 12 months following a loss and significantly impairs an individual's ability to function. PGD includes symptoms such as intense longing or yearning for the deceased, emotional numbness, a diminished sense of identity, and difficulty re-engaging with life (Prigerson et al., 2021). Unlike normal grief, which typically subsides over time, PGD is marked by an enduring and maladaptive response to loss that exceeds cultural and societal norms for mourning.

The addition of PGD is based on robust evidence demonstrating that prolonged and intense grief can develop into a pathological condition distinct from both normal grief and depression. Studies show that approximately 7-10% of bereaved individuals experience prolonged grief, and these individuals are at greater risk of developing comorbid conditions such as depression, anxiety, and substance use disorders if left untreated (Boelen et al., 2019). Recognizing PGD as a separate diagnosis allows clinicians to identify and address these cases more effectively, offering grief-specific interventions such as Complicated Grief Therapy (CGT) or other evidence-based treatments tailored to the unique needs of individuals with PGD.

Differentiating Bereavement, Prolonged Grief Disorder, and Major Depressive Disorder

One of the primary goals of the DSM-5-TR updates is to help clinicians distinguish between normative grief, pathological grief, and depression, as these conditions often overlap in presentation but differ significantly in their underlying mechanisms, course, and treatment needs. This differentiation is achieved by evaluating key factors such as symptom duration, intensity, and functional impact.

1. **Normative Grief:** Normative grief is a natural and adaptive response to loss, characterized by waves of sadness, longing, and emotional distress. These feelings typically diminish over time, though grief may persist at a lower intensity for years without impairing daily functioning (Stroebe et al., 2017). Culturally specific mourning practices, such as wearing mourning clothes or observing periods of ritualized grieving, play a crucial role in helping individuals navigate loss. Clinicians must be cautious not to pathologize these cultural expressions of grief, particularly when collaborating with clients from diverse backgrounds where prolonged mourning is normative.
2. **Prolonged Grief Disorder (PGD):** The hallmark of PGD is the persistence of intense grief symptoms beyond 12 months, accompanied by significant functional impairment. Symptoms of PGD include emotional numbness, difficulty accepting the loss, and a preoccupation with the deceased that disrupts daily life. Unlike normal grief, PGD is associated with an inability to adjust to life without the deceased, often accompanied by feelings of hopelessness or self-blame (Prigerson et al., 2021). The DSM-5-TR specifies that the diagnosis of PGD should account for cultural norms regarding mourning, as what constitutes "prolonged" grief may vary across societies.
3. **Major Depressive Disorder (MDD):** Depression and grief can share similar symptoms, such as sadness, insomnia, and loss of interest in activities, but they differ in their clinical presentation and etiology. In MDD, symptoms are pervasive, persistent, and unrelated to a specific loss. Feelings of worthlessness, suicidal ideation, and a lack of reactivity to positive stimuli are more characteristic of depression than grief. The DSM-5-TR encourages clinicians to evaluate the overall symptom profile, including the presence of vegetative symptoms (e.g., appetite changes, fatigue) and the extent to which symptoms impair functioning across multiple domains (Zisook & Shear, 2009).

Practical Applications in Clinical Practice

The DSM-5-TR's refinements have significant practical implications for clinicians tasked with diagnosing and treating grief-related and depressive conditions. These updates provide a framework for nuanced assessment and intervention, ensuring that individuals receive appropriate care based on their specific needs and experiences.

1. **Assessment:** Clinicians should conduct comprehensive evaluations that consider the cultural context, the timeline of symptoms, and the client's functional status. Tools such as the Cultural Formulation Interview (CFI) can help explore how cultural beliefs and practices shape the client's experience of grief and depression. For example, in cultures where ongoing spiritual communication with the deceased is common, clinicians should differentiate these culturally normative practices from symptoms of PGD or psychosis (Lewis-Fernandez et al., 2021).
2. **Treatment Planning:**
 - **Normative Grief:** For clients experiencing normal grief, psychoeducation, supportive counseling, and validation of their feelings are often sufficient. Clinicians can also recommend participation in bereavement support groups to facilitate healing.
 - **Prolonged Grief Disorder:** Individuals diagnosed with PGD may benefit from targeted therapies such as Complicated Grief Therapy (CGT), which focuses on helping clients process their loss, restructure maladaptive beliefs, and re-engage with life (Shear et al., 2016).
 - **Major Depressive Disorder:** Evidence-based treatments for MDD, such as Cognitive-Behavioral Therapy (CBT), Interpersonal Therapy (IPT), and pharmacological interventions, are effective for managing

depressive symptoms. For bereaved individuals with MDD, integrating grief-focused interventions can address the dual burden of depression and loss.

3. **Cultural Sensitivity:** Cultural competence is critical when addressing grief and depression, as cultural norms significantly influence how individuals perceive, express, and cope with loss. For example, in some Indigenous cultures, mourning may involve prolonged rituals that integrate spiritual and communal practices. Clinicians must respect these practices and avoid pathologizing behaviors that fall outside Western norms (Kirmayer et al., 2017).

Ethical Implications

The DSM-5-TR's changes in bereavement and depression have important ethical implications. Clinicians are ethically obligated to use updated diagnostic criteria to provide accurate assessments and avoid harm. Misdiagnosing grief as depression or failing to recognize PGD can lead to inappropriate treatments that may exacerbate distress. Conversely, under-diagnosing depression in bereaved individuals may leave significant symptoms untreated, increasing the risk of suicide or chronic mental health issues.

Cultural considerations also play an ethical role. Clinicians must avoid imposing Western norms on clients from diverse backgrounds and ensure that diagnostic practices are inclusive and respectful. For example, understanding cultural grieving processes can prevent misdiagnosis and strengthen the therapeutic alliance, promoting trust and collaboration.

The DSM-5-TR's refinements in bereavement and depression represent a significant step forward in enhancing diagnostic accuracy and cultural sensitivity. By differentiating between normal grief, Prolonged Grief Disorder, and Major

Depressive Disorder, the DSM-5-TR equips clinicians with the tools to provide individualized care that acknowledges the complexities of loss and depression. These updates underscore the importance of comprehensive assessment, cultural competence, and evidence-based interventions, ensuring that all clients receive the support they need to heal and thrive.

Practical Applications of DSM-5-TR Coding in Documentation and Billing

Accurate coding is essential for several critical aspects of clinical practice:

1. Insurance Reimbursement:

- Mental health services are reimbursed based on the diagnostic codes submitted during billing. Inaccurate or outdated codes can result in claim denials, delays in payment, or compliance issues.
- Example: A clinician treating a client with Prolonged Grief Disorder must use code **F43.8** to ensure proper reimbursement for therapy sessions addressing this condition.

2. Interdisciplinary Communication:

- Clear and consistent coding facilitates communication among providers, ensuring continuity of care across disciplines.
- Example: A psychiatrist prescribing medication for Generalized Anxiety Disorder (**F41.1**) can coordinate effectively with a therapist providing Cognitive-Behavioral Therapy for the same diagnosis.

3. Research and Data Collection:

- Coding data contributes to epidemiological research, helping to identify trends in mental health prevalence and treatment outcomes.
- Example: Accurate coding for substance use disorders supports public health initiatives aimed at addressing the opioid crisis.

4. Legal and Ethical Documentation:

- Proper documentation using updated codes protects clinicians in legal and ethical disputes by demonstrating adherence to current standards of care.
- Example: A clinician who documents a diagnosis of Schizophrenia (F20.9) with appropriate specifiers provides a clear record of the client's condition and treatment plan.

Challenges in Implementing DSM-5-TR Coding Changes

1. Training and Familiarity

Clinicians must stay informed about coding updates to avoid errors in diagnosis and billing. Training programs and resources are essential to ensure that practitioners understand how to apply the new codes effectively.

2. Cultural and Diversity Considerations

Coding practices must reflect cultural competence to avoid misdiagnosis. For example, clinicians collaborating with clients from diverse backgrounds should use the Cultural Formulation Interview (CFI) to contextualize symptoms before assigning a diagnosis (Lewis-Fernandez et al., 2021).

3. Systemic Barriers

Administrative systems, such as electronic health records (EHRs), must be updated to accommodate new codes. Delays in system updates can impede clinicians' ability to implement DSM-5-TR changes.

Ethical Implications of DSM-5-TR Coding

1. Accuracy and Transparency

Ethical practice requires clinicians to use accurate codes that reflect the client's condition. Misuse of codes for financial gain or convenience violates ethical standards and can harm clients.

2. Advocacy for Underserved Populations

Accurate coding can help address disparities in mental health care by documenting the needs of underserved populations. For instance, using culturally appropriate codes for disorders like PTSD in refugee populations can highlight the need for targeted resources and interventions.

3. Client-Centered Care

Ethical coding practices prioritize the client's well-being by ensuring that diagnoses are based on thorough assessments and cultural considerations. This approach fosters trust and promotes positive therapeutic outcomes.

Conclusion

The coding changes in the DSM-5-TR enhance diagnostic precision, streamline documentation and billing, and support ethical, culturally competent care. By understanding and applying these updates, clinicians can improve the accuracy of

diagnoses, ensure compliance with billing standards, and advocate for equitable mental health services. Ongoing education and collaboration are essential for maximizing the benefits of DSM-5-TR coding in clinical practice.

Section 5: Ethical Implications of DSM-5-TR Changes

Introduction

The DSM-5-TR's updates carry significant ethical implications for psychologists and other mental health professionals. These changes affect their responsibilities in ensuring diagnostic accuracy, providing culturally competent care, and upholding principles of non-maleficence, beneficence, and justice in mental health practice. By addressing the potential for diagnostic bias and incorporating culturally sensitive tools and guidelines, the DSM-5-TR underscores the importance of ethical obligations in delivering equitable care to diverse populations. This module explores the ethical dimensions of these changes and provides guidance for psychologists to navigate their responsibilities in providing unbiased and culturally competent care.

Psychologists' Ethical Responsibilities due to DSM-5-TR Changes

1. Ensuring Diagnostic Accuracy

Accurate diagnosis is central to ethical mental health practice, as it forms the foundation for effective treatment planning and client outcomes. The DSM-5-TR's refinements in diagnostic criteria and the inclusion of new disorders, such as Prolonged Grief Disorder (PGD), underscore the importance of staying updated with the latest diagnostic standards. Inaccurate or outdated diagnoses can lead to

inappropriate treatment, harm to the client, and violation of ethical principles, particularly the principle of non-maleficence (APA, 2017).

For example, a clinician who fails to differentiate between Major Depressive Disorder (MDD) and PGD due to a lack of familiarity with the DSM-5-TR's criteria might recommend treatments that do not address the client's grief-specific needs. This misstep can hinder the client's healing process and lead to unnecessary frustration or distress. Staying informed about the DSM-5-TR's changes enables psychologists to uphold their ethical responsibility to provide evidence-based care tailored to the client's unique presentation.

2. Promoting Cultural Competence in Clinical Practice

Culturally competent care is an essential component of ethical practice, as emphasized by both the DSM-5-TR and the APA's Ethical Principles of Psychologists and Code of Conduct (APA, 2017). Cultural competence involves understanding how cultural factors shape individuals' experiences of mental health, ensuring that diagnoses and treatments are not only accurate but also respectful of the client's cultural identity.

Key Components of Culturally Competent Care

1. **Awareness of Cultural Bias and Stereotyping:** Clinicians must reflect on their own biases and how these may influence diagnostic and treatment decisions. Unchecked biases can lead to overdiagnosis, underdiagnosis, or the pathologizing of culturally normative behaviors. For instance, a clinician might mistakenly diagnose psychosis in a client from an Indigenous culture who reports spiritual visions, without considering the cultural context of such experiences (Kirmayer et al., 2017).
2. **Application of the Cultural Formulation Interview (CFI):** The DSM-5-TR encourages the use of the Cultural Formulation Interview (CFI), a structured

tool that helps clinicians systematically evaluate the cultural dimensions of a client's mental health concerns. The CFI guides exploration of cultural identity, cultural explanations for symptoms, and culturally influenced coping mechanisms (Lewis-Fernandez et al., 2021).

Example: A clinician collaborating with a client from a collectivist culture uses the CFI to understand how family dynamics influence the client's anxiety symptoms. Through this process, the clinician learns that the client's distress stems from their perceived failure to meet familial expectations, enabling the development of a culturally informed intervention that incorporates family therapy.

3. **Understanding Cultural Idioms of Distress:** Many cultures express psychological distress through unique idioms that may not align with Western diagnostic frameworks. For example, in South Asian cultures, the term “thinking too much” (samvedha) is often used to describe distress linked to anxiety or depression (Hinton et al., 2015). Clinicians must be familiar with these idioms to avoid misdiagnosis and ensure culturally sensitive care.

Example: A clinician diagnosing a refugee client from Southeast Asia learns that the client attributes physical symptoms, such as fatigue and headaches, to “thinking too much.” Instead of pathologizing these experiences as somatization, the clinician incorporates relaxation techniques and culturally relevant coping strategies into the treatment plan.

4. **Adapting Treatment Approaches:** Ethical care requires adapting treatment approaches to align with the client's cultural values and preferences. For example, some cultures prioritize collective well-being over individual autonomy, which may necessitate incorporating family members into the treatment process. Failure to adapt interventions to the client's cultural

context can undermine treatment adherence and outcomes (Sue et al., 2019).

3. Ethical Challenges in Implementing DSM-5-TR Changes

The integration of DSM-5-TR changes presents specific ethical challenges that clinicians must navigate:

1. **Balancing Standardized Diagnoses with Individualized Care:** While the DSM-5-TR provides standardized diagnostic criteria, clinicians must balance these guidelines with the need to individualize care. Ethical dilemmas may arise when diagnostic criteria do not fully capture the client's lived experience, particularly for individuals from diverse cultural backgrounds.

Example: A clinician collaborating with a Latina client experiencing “ataques de nervios” (attacks of nerves) must decide whether to diagnose the client with a panic disorder or interpret the symptoms as culturally normative expressions of distress. The clinician's decision should be informed by the DSM-5-TR's cultural guidelines and the client's specific context.

2. **Navigating Systemic Barriers to Equitable Care:** Systemic barriers, such as lack of access to culturally competent providers or financial constraints, can impede equitable mental health care. Clinicians have an ethical responsibility to advocate for systemic changes that promote access and equity, such as lobbying for the inclusion of diverse cultural perspectives in diagnostic frameworks and expanding culturally tailored services (Schwartz & Blankenship, 2014).
3. **Addressing Disparities in Diagnosis and Treatment:** Research highlights disparities in mental health diagnoses, with certain populations, such as African American men, being disproportionately diagnosed with severe conditions like schizophrenia. The DSM-5-TR's emphasis on cultural

considerations aims to reduce these disparities, but clinicians must remain vigilant in their diagnostic practices to avoid perpetuating bias (Lewis-Fernandez et al., 2021).

Case Examples: Ethical Practice in Culturally Competent Care

1. Case Example: Misdiagnosis Due to Cultural Misunderstanding

- Scenario: A clinician diagnoses an immigrant client from West Africa with psychosis based on the client's report of hearing ancestral voices.
- Ethical Issue: The clinician fails to explore the cultural context of the client's experiences, leading to a misdiagnosis and inappropriate treatment.
- Resolution: Upon reviewing the DSM-5-TR's cultural guidelines, the clinician revises the assessment to acknowledge the client's spiritual beliefs, avoids pathologizing their experiences, and develops a culturally informed treatment plan.

2. Case Example: Prolonged Grief Disorder in a Refugee Client

- Scenario: A refugee client from Syria presents with intense grief symptoms one year after losing multiple family members in a conflict.
- Ethical Issue: The clinician must distinguish between culturally normative mourning practices and Prolonged Grief Disorder (PGD).
- Resolution: Using the Cultural Formulation Interview, the clinician evaluates the client's grief in the context of their cultural norms and diagnoses PGD based on the persistent functional impairment. The

treatment plan incorporates both grief-focused therapy and culturally congruent rituals to honor the deceased.

Conclusion

The DSM-5-TR's emphasis on cultural considerations challenges psychologists to expand their diagnostic and treatment practices to meet the needs of diverse populations. By integrating tools like the Cultural Formulation Interview, reflecting on their own biases, and adapting interventions to align with clients' cultural values, clinicians can fulfill their ethical responsibility to provide unbiased, culturally competent care. These practices not only enhance client outcomes but also promote equity and justice within the field of mental health.

Section 6: Future Directions, Cultural Implications, and Conclusions

Future Directions in Ethical and Culturally Competent Care

The DSM-5-TR represents a pivotal step in refining mental health diagnosis and treatment, but its implementation raises important questions about the future of mental health care, both in psychology and across healthcare disciplines. Moving forward, the field must address critical areas of development, including advancing cultural competence, promoting diversity, equity, and inclusion (DEI), and integrating interprofessional collaboration into clinical practice.

1. Enhancing Cultural Competence in Diagnostic Tools

Future editions of the DSM should prioritize the inclusion of more culturally specific diagnostic frameworks and idioms of distress, ensuring that all

populations are adequately represented. Research should focus on diversifying clinical trials and epidemiological studies to provide robust data on mental health conditions across racial, ethnic, and cultural groups. For example, idioms like "ataques de nervios" in Latino populations or "kufungisisa" (thinking too much) in Zimbabwean cultures have been documented but remain underutilized in standardized diagnostic criteria (Hinton & Lewis-Fernández, 2015). These additions would enhance diagnostic precision for diverse populations and reduce the risk of misdiagnosis.

2. Addressing Systemic Barriers to Equity

Systemic barriers, such as economic disparities, limited access to culturally competent providers, and linguistic barriers, must be addressed through policy changes and resource allocation. The DSM-5-TR's updates can catalyze healthcare systems to allocate resources for training mental health professionals in cultural competence and integrating tools like the Cultural Formulation Interview (CFI) into routine care. Additionally, payment models and insurance policies should incentivize culturally tailored care to improve access and reduce disparities (Lewis-Fernández et al., 2021).

3. Interdisciplinary Integration

Mental health care cannot exist in isolation. Future directions should include deeper integration of psychological principles into general healthcare. Primary care providers, nurses, social workers, and other healthcare professionals must be trained in recognizing culturally influenced mental health conditions and collaborating with psychologists. This collaboration will bridge gaps between mental health and physical health services, ensuring holistic care for patients.

Example: A family physician working in a rural area with limited access to mental health professionals might use the DSM-5-TR's diagnostic criteria to identify

symptoms of depression in a patient. Through collaboration with a psychologist, the physician can ensure that the patient receives culturally informed care while managing comorbid physical conditions, such as diabetes or cardiovascular disease.

Cultural Implications on Future Directions

The inclusion of cultural considerations in the DSM-5-TR lays the groundwork for advancing DEI in mental health care, but much work remains to ensure that cultural competence becomes a standard of practice rather than an optional skill. The future of culturally competent care hinges on addressing the following implications:

1. Expanding Training in Cultural Competence

Educational programs for psychologists and healthcare providers must embed cultural competence as a core component of training. This includes not only understanding cultural influences on mental health but also developing skills to address implicit bias and systemic inequities. Training should emphasize the use of tools like the CFI and encourage clinicians to engage in lifelong learning about cultural dynamics (Sue et al., 2019).

Example: A psychology training program incorporates role-playing exercises where students practice using the CFI with simulated clients from diverse backgrounds. This hands-on experience prepares clinicians to navigate complex cultural scenarios in real-world practice.

2. Promoting Representation in Research

Current mental health research disproportionately focuses on Western, educated, industrialized, rich, and democratic (WEIRD) populations, limiting its applicability

to diverse groups. Future research must prioritize representation by including participants from underrepresented racial, ethnic, and cultural backgrounds. This will generate more inclusive diagnostic criteria and improve the validity of evidence-based treatments for diverse populations (Henrich et al., 2010).

3. Empowering Marginalized Communities

Cultural competence is not just about adapting care to clients' needs; it is also about empowering marginalized communities to have a voice in their own care. Clinicians and researchers should actively involve communities in shaping diagnostic tools and treatment approaches. This participatory approach ensures that care is not only culturally sensitive but also culturally informed and responsive.

Example: A community mental health clinic collaborates with local Indigenous leaders to develop culturally relevant interventions for trauma. These interventions integrate traditional healing practices with evidence-based therapies, fostering trust and engagement among clients.

Impact on Healthcare Beyond Psychology

The DSM-5-TR's changes extend far beyond psychology, influencing how various healthcare disciplines address the intricate relationship between mental and physical health. The manual's refinements and emphasis on cultural competence provide a framework that enhances diagnostic accuracy, promotes interdisciplinary collaboration, and informs public health policy. These changes support healthcare providers in delivering comprehensive, patient-centered care, with implications for disciplines such as psychiatry, primary care, rehabilitation, and allied health professions. This section explores how these updates reshape the healthcare landscape and improve outcomes across diverse populations.

1. Primary Care Integration

Primary care providers often serve as the first point of contact for patients presenting with mental health concerns. The DSM-5-TR's updates enable these providers to better identify, document, and address conditions such as Prolonged Grief Disorder (PGD), anxiety disorders, and depression, ensuring timely referrals to mental health specialists. By integrating DSM-5-TR criteria into primary care settings, providers can address both mental and physical health needs, fostering a holistic approach to patient care.

Enhanced Screening and Diagnosis

Primary care providers, such as general practitioners and nurse practitioners, frequently encounter patients with overlapping mental and physical health symptoms, such as fatigue, insomnia, or unexplained pain. The DSM-5-TR equips these providers with refined diagnostic criteria that facilitate the differentiation of mental health disorders from physical ailments. For instance, a provider evaluating a patient with persistent sleep disturbances and weight loss might use the DSM-5-TR to assess whether the symptoms are linked to PGD or Major Depressive Disorder (MDD). Accurate diagnosis in primary care settings reduces the risk of untreated mental health conditions and ensures that patients receive appropriate interventions.

Collaborative Care Models

The DSM-5-TR's updates also strengthen collaborative care models, where primary care providers work closely with mental health professionals to deliver integrated care. For example, a nurse practitioner managing a patient with diabetes and depression can use DSM-5-TR guidelines to inform a shared care plan with a psychologist, addressing both the patient's physical and emotional well-being. This model not only improves outcomes but also reduces the stigma often associated with seeking mental health services.

Example in Practice

A nurse practitioner identifies symptoms of PGD in a patient presenting with insomnia and significant weight loss following the death of a spouse. Recognizing the diagnostic criteria outlined in the DSM-5-TR, the practitioner refers the patient to a psychologist for grief-focused therapy while managing their physical symptoms. This integrated approach ensures comprehensive care that addresses both the mental and physical dimensions of the patient's condition.

2. Training for Allied Health Professionals

Allied health professionals, including social workers, occupational therapists, and speech-language pathologists, play a crucial role in supporting patients with mental health needs. Training these professionals in the DSM-5-TR's updates enhances their ability to identify mental health conditions, understand cultural factors, and collaborate effectively with psychologists and psychiatrists to provide holistic care.

Social Workers



Social workers often serve as critical liaisons between patients and healthcare systems. Familiarity with DSM-5-TR updates allows social workers to better advocate for clients, particularly those from underserved or marginalized communities. For instance, a social worker assisting a refugee family might recognize symptoms of PTSD or Prolonged Grief Disorder (PGD) using DSM-5-TR criteria and connect the family with culturally competent mental health services.

Occupational Therapists

Occupational therapists frequently collaborate with clients experiencing mental health challenges that impact daily functioning. Understanding DSM-5-TR updates enables these professionals to design interventions that address specific mental

health conditions. For example, an occupational therapist collaborating with a patient recovering from a traumatic brain injury might use the DSM-5-TR's refined criteria for neurocognitive disorders to tailor strategies that enhance cognitive and emotional functioning.

Speech-Language Pathologists

Speech-language pathologists often encounter clients whose mental health intersects with communication difficulties. Training in DSM-5-TR updates enhances their ability to identify and address underlying mental health conditions. For instance, a pathologist working with a bilingual child might recognize symptoms of anxiety related to language barriers and cultural adaptation. By consulting with a psychologist, the pathologist can contribute to a care plan that addresses both speech development and emotional well-being.

Example in Practice

A speech-language pathologist notices that a bilingual child displays avoidance behaviors and difficulties engaging in social interactions. By recognizing these signs as potential indicators of anxiety, informed by DSM-5-TR criteria, the pathologist collaborates with a psychologist to develop a comprehensive intervention plan. This approach not only supports the child's communication goals but also addresses their mental health needs.

3. Policy and Public Health Implications

The DSM-5-TR's updates align with public health goals to reduce health disparities, improve access to mental health care, and promote equity in underserved communities. Policymakers and public health professionals can leverage the manual's guidelines to develop initiatives that address systemic barriers to mental health care and improve outcomes for diverse populations.

Addressing Mental Health Disparities

The DSM-5-TR's emphasis on cultural competence provides a foundation for addressing disparities in mental health care. For example, minority populations often face higher rates of misdiagnosis or underdiagnosis due to cultural misunderstandings or systemic biases (Schwartz & Blankenship, 2014). By encouraging the use of tools such as the Cultural Formulation Interview (CFI), the DSM-5-TR empowers clinicians to provide more accurate and equitable diagnoses.

Expanding Access to Culturally Tailored Services

Policymakers can use DSM-5-TR data on mental health trends to allocate funding for culturally competent mental health programs. For instance, a state public health department might establish telehealth services to address the needs of rural immigrant populations, providing access to bilingual clinicians trained in DSM-5-TR guidelines.

Example in Practice

A state public health department uses data from DSM-5-TR-informed studies to identify high rates of anxiety and depression among immigrant populations in urban areas. In response, the department funds culturally tailored mental health services, including community outreach programs and telehealth platforms that connect clients with bilingual providers.

4. Implications for Psychiatry and Rehabilitation Disciplines

The DSM-5-TR's updates also impact psychiatry and rehabilitation disciplines, fostering a more integrated approach to care.

Psychiatry

Psychiatrists rely heavily on the DSM-5-TR for diagnostic precision and treatment planning. The manual's updates, such as refined criteria for substance use disorders and neurocognitive conditions, enhance psychiatrists' ability to develop personalized interventions. Additionally, the emphasis on cultural competence encourages psychiatrists to consider clients' cultural backgrounds when prescribing treatments or engaging in psychotherapy.

Example: A psychiatrist treating an elderly client with cognitive decline uses the DSM-5-TR's updated criteria for major neurocognitive disorders to differentiate between Alzheimer's disease and vascular dementia. This precise diagnosis informs the selection of pharmacological and non-pharmacological treatments.

Rehabilitation Disciplines

Rehabilitation professionals, including physical and occupational therapists, often collaborate with clients whose physical health conditions intersect with mental health challenges. Understanding DSM-5-TR updates allows these providers to address the psychological aspects of rehabilitation more effectively. For example, an occupational therapist helping a stroke survivor reintegrate into daily life might recognize symptoms of depression using DSM-5-TR criteria and coordinate with a psychologist to provide holistic care.

Example: A physical therapist collaborating with a patient recovering from a spinal cord injury notices signs of hopelessness and withdrawal. By understanding the DSM-5-TR's criteria for depression, the therapist refers the patient to a psychologist for counseling while continuing physical rehabilitation.

The DSM-5-TR's changes have profound implications across the healthcare spectrum, fostering a more integrated and culturally competent approach to mental health care. By enabling primary care providers, allied health

professionals, and policymakers to recognize and address mental health conditions, the manual supports a collaborative model of care that prioritizes equity, diversity, and inclusion. As mental health becomes increasingly recognized as a critical component of overall health, the DSM-5-TR's emphasis on diagnostic precision and cultural competence provides a foundation for advancing holistic care in diverse settings.

Through interdisciplinary collaboration, ongoing training, and systemic efforts to reduce disparities, the DSM-5-TR's updates have the potential to transform not only psychology but also the broader healthcare landscape, ensuring that all individuals have access to compassionate, effective, and culturally informed care.

Conclusions

The DSM-5-TR's changes represent a significant evolution in the integration of mental health care across disciplines, from primary care and psychiatry to allied health and public health. By standardizing diagnostic criteria and emphasizing cultural competence, these updates empower healthcare providers to deliver holistic, equitable, and patient-centered care. The DSM-5-TR not only enhances psychologists' and psychiatrists' diagnostic capabilities but also provides a valuable framework for other healthcare professionals to recognize and address mental health conditions within their scope of practice.

Looking ahead, the impact of the DSM-5-TR will continue to grow as interdisciplinary collaboration becomes a cornerstone of healthcare. By fostering partnerships between mental health professionals, primary care providers, and allied health practitioners, the DSM-5-TR paves the way for integrated care models that address the complex interplay between mental and physical health. This collaborative approach holds promise for improving patient outcomes,

reducing disparities, and advancing equity in healthcare delivery for all populations.



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