DISRUPTING CLINICAL COLONIZATION:

EXAMINING CULTURE WITHIN THE DSM THROUGH THE LENS OF INDIGENOUS MENTAL HEALTH

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Before you tell me what you know, tell me who you are

- Autumn Asher BlackDeer
- **Tsistsistas** – sovereign member of the mighty Southern Cheyenne Nation
- 5th year PhD candidate at Washington University in St. Louis
- Study the intersection of interpersonal violence + behavioral health among American Indian + Alaska Native communities
- **Decolonial scholar** using big data and quantitative methods as tools for responsible storytelling

Plan of Attack

- Role of **culture** in the DSM
- Evidence-based practice + **clinical colonization**
- Example of **decolonized** research + practice: Indigenous mental health
- Future directions
- Q&A

ROLE OF CULTURE IN THE DSM

Cultural Configuration of Distress

- Culture co-constitutes illness experience
- Understanding illness experience and diagnosing it validly for culturally diverse populations requires sensitivity to **cultural context**

Cultural Configuration of Distress

- **Egocentric** conceptions of self (hello, USA) focus on individual accomplishments + autonomy
- **Sociocentric** conceptions of self (Indigenous communities) focus on interdependence between people and groups
  - May experience and express psychiatric symptoms differently than people from egocentric societies, affecting the chain of diagnosis and treatment

Culture and the DSM

- Consideration of cultural context is important for valid diagnosis
  - Our lives don’t occur in a vacuum
- Culture is treated **inconsistently** throughout the DSM
  - Appears more in introductory or appended materials
  - Has limited influence on actual diagnostic criteria

Evolution of Culture in the DSM, part 1

- Cultural context became increasingly prominent in revisions from DSM III to 5
- DSM-IV (1994): broader discussion of culture
  - Ethnic and Cultural Considerations section:
    - “a clinician who is unfamiliar with the nuances of an individual’s cultural frame of reference **may incorrectly judge** as psychopathology those normal variations in behavior, belief, or experience that are particular to the individual’s culture”
  - New appendices: Outline of Cultural Formulation and Glossary of Culture Bound Symptoms

Evolution of Culture in the DSM, part 2

- DSM-5 (2013): enhanced prior framework
  - Describes disorders themselves as “defined in relation to cultural, social, and familial norms and values”
  - Highlights the way “culture provides interpretive frameworks that shape the experience and expression of the symptoms, signs, and behaviors that are criteria for diagnosis”
  - Culture and individual context as mediators of illness and treatment experience
- The presence of culture in the DSM demonstrates its **increasing importance**

What about culturally-bound syndromes? pt.1

- Most culture-bound syndromes associated with American Indians + Alaska Natives were **eliminated** from the DSM-5
- Additional Native American Cultural Syndromes Describe in the Literature
  - *Wacinko syndrome (Oglala Sioux; Lakota Sioux)*
  - *Windigo (or windigo psychosis) (Northern Algonkian; Cree, Ojibwa, Salteaux)*
  - *Crazy sickness or crazy violence (Navajo)*
  - *Worry sickness (Hopi)*
  - *Heartbreak (Mohave)*
  - *Kayak angst (Inuit)*
  - *Hiwa: itck (loss of appetite, sleeplessness, depressed behavior) (Mohave)*
  - *Tawatl ye sni ("totally discouraged") (Dakota Sioux)*

(Thompson, 2014)

What about culturally-bound syndromes? pt.2

Table 1

Native American Cultural Syndromes Included in the DSM-IV-TR and the DSM-5

Syndrome	Source
ghost sickness	DSM-IV-TR, p. 900
pibloktoq (arctic hysteria) (Inuit)	DSM-IV-TR, p. 901
soul loss (similar to *susto*)	DSM-5, p. 836 and DSM-IV-TR, p. 903
iich' aa (moth madness) (Navajo)	DSM-IV-TR, p. 899
"frenzy" witchcraft (Navajo)	DSM-IV-TR, p. 524
fatigue from thinking too much	DSM-5, p. 835 and DSM-IV-TR, p. 900

From Thomason, T. (2014). "Issues in the Diagnosis of Native American Culture-Bound Syndromes. *Arizona Counseling Journal*

Conflict with DSM

- Recent revisions of the DSM increasingly acknowledge the importance of cultural context for the diagnosis of mental illness
  - But these same revisions include evolving diagnostic criteria that **simultaneously decontextualize** particular disorders
- Native scholars say the DSM reflects a contradictory role for context in psychiatric diagnosis
  - Ex: some Indigenous languages don't have words for "depression" or "anxiety"

Diverging Trends in the DSM

- Recent editions of the DSM increasingly consider patient context via the influence of culture
  - One form of contextual consideration: **cultural variation**
- Context dependent diagnostic criteria for Major Depressive Disorder and PTSD have been removed between DSM-IV and DSM-5
  - Ex: the **removal of bereavement exclusion** from DSM-5 that limited MDD after the death of a loved one
  - Ex: Criterion A for PTSD: previously specified the disorder as contingent upon particular responses to a recognizable stressor "**generally outside the range of the usual human experience**"
  - Both bereavement and trauma are culturally patterned…

DSM Cultural Assessment

- Need to develop a **more nuanced** cultural assessment perhaps through looking at other racialized populations who experience discrimination, poverty, and/or trauma
- Potential solution? Contextualize diagnostic impressions to include **both** sociocultural and psychosocial environments

EVIDENCE-BASED PRACTICE + CLINICAL COLONIZATION

Empirically Supported Treatments (EST)

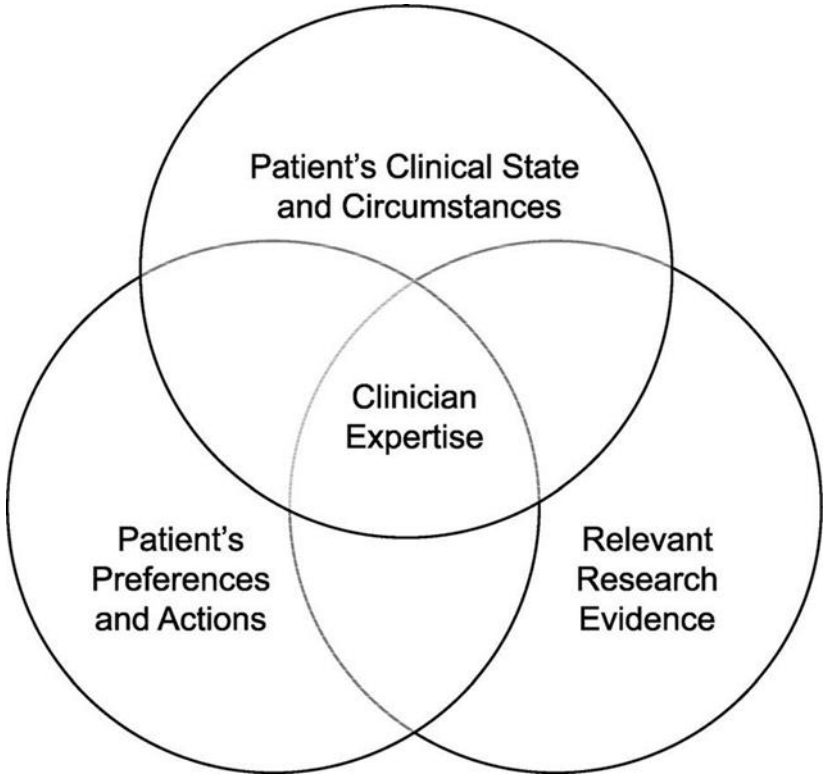
- In the 1990s the American Psychological Association proposed three categories of Empirically Supported Treatments (ESTs):
  - **"Well-Established" Treatments**
    - Evidence from at least 2 randomized trials (or 10 case studies) of "manualized" treatments for a specific problem (e.g. diagnosis) done by at least two independent research groups.
  - **"Probably Efficacious" Treatments**
    - Evidence from one randomized trial (or 3 case studies) of "manualized" treatments for a specific problem
  - **"Experimental" Treatments**
    - Any other kind of evidence (or lack of evidence)

Evidence-Based Practice Movement

- Government funding agencies push for evidence-based practices in behavioral health just like in healthcare
- Relocate professional practice from one's **clinical experience** into **scientific evidence**
- In 2005, APA published guidelines on Evidence Based Practice in Psychology (EBPP) defined as "integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences."

Evidence-Based Practice (EBP) vs. Evidence-Supported Treatments (EST)

- A more comprehensive concept than EST
  - **ESTs** start with a specific treatment and ask whether it works for a specific problem
  - **EBPP** starts with the patient and asks what evidence, including RCTs, will help the clinician reach the best outcome
- Emphasized the importance of using formal evidence to guide clinical intervention but recommended a flexible, inclusive approach that allows a range of evidence



Clinical Colonization

- Majority of ESTs identified through the EBP process are build on assumptions of a western medical model which emphasized **distress** and **dysfunction**
- Critiques of western medical model:
  - its incompatible and hypocritical to use with AI/AN populations given the majority of dysfunction and distress began here in the US through European conquest
  - **"You cannot be the doctor if you are the disease."**

(Daes, 2000, p.4)

Because Colonialism.

Clinical Colonization

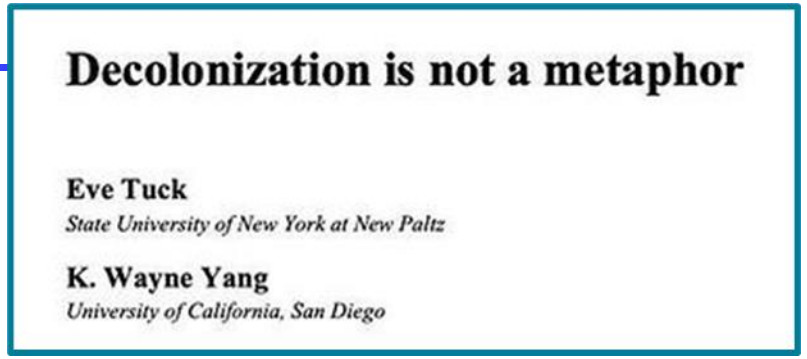
- Randomized controlled trials **not super compatible** with behavioral health
  - We cannot isolate specific portions of interventions
  - Therapeutic relationship cannot easily be replicated
- EBP **imposition** of western epistemology
  - Forcing Native populations to select an EST not rooted in tribal context with no known effectiveness with tribal populations
  - Are western treatments appropriate for Native communities?

EXAMPLE OF DECOLONIZED RESEARCH + PRACTICE: INDIGENOUS MENTAL HEALTH

Indigenous Mental Health

- Overrepresentation in the DSM – *recall inconsistent treatment of culture*
  - Lifetime prevalence 35-54% any mental health disorder
  - IHS reports mental health dx among top 10 causes of hospitalization
  - Roughly 21% of Native population impacted by mental health issues
- Field lacks even the most **basic** information about relative mental health burdens of Native populations
- Barriers to treatment:
  - Lack culturally appropriate treatment
  - Stereotyping, discrimination, stigma

What is Decolonization? pt.1



- The **undoing of colonization** whereby a nation reestablishes itself
  - Returning to traditional ways of being, such as traditional practices and languages
  - Addressing one's own internalized oppression and colonization
  - Logical endpoint: dismantling structures

- **NOT** a buzzword
  - Does a disservice to the truly decolonial work that targets power structures
  - Not a metaphor for other things we want to do to improve our societies and schools

What is Decolonization? pt.2

- Short term work that's **not** decolonization but helpful:
  - Diversify syllabus and curriculum
  - Digress from the cannon
  - Decenter knowledge + knowledge production
  - Devalue hierarchies
  - Disinvest from citational power structures
  - Diminish some voices and opinions in meetings while magnifying others

- **Social justice**
  - Reformist
  - Diversification + Inclusion
  - Recognition
- **Decolonial work**
  - Anti-capitalist
  - Anti-colonialist
  - Sovereignty
  - Abolition

What can we do?

- Become aware of EST alternatives – see my publication ;) **Asher BlackDeer & Patterson Silver Wolf, 2020:**
  - Understand effectiveness of community-defined treatments, especially culture as treatment
  - Evidence mapping: less exhaustive analysis of evidence, yet still systematic, rigorous, and replicable to bridge the gap between research + practice

JOURNAL OF EVIDENCE-BASED SOCIAL WORK
2020, VOL. 17, NO. 1, 49–62
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Routledge
Taylor & Francis Group

Check for updates

Evidence Mapping: Interventions for American Indian and Alaska Native Youth Mental Health

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ABSTRACT

Background: Suicide is the second leading cause of death for Native youth aged 15–24. Similarly, Native youth have a suicide rate 1.5 times higher than the general population and are at higher risk for depression and substance use. A persistent need remains for culturally specific mental health interventions for American Indian youth.
Methods: In response to the push for research-supported interventions, evidence mapping has emerged as systematic, rigorous, and replicable analysis of evidence. The overall goal of this study is to utilize evidence mapping for mental health interventions for American Indian youth.
Results: A total of 9 interventions were mapped as research-supported interventions for American Indian mental health. The interventions fell into one or more of four main categories: school-based services, cultural adaptations, culture as treatment, and community involvement.
Discussion: Results of this study demonstrate the strength of culturally specific mental health interventions for American Indian youth. Future research should seek to evaluate promising practices for American Indian youth in order to increase available research-supported interventions. Additionally, future endeavors should seek to combine both Indigenous and Western approaches to practice with a particular focus on holistic wellness.

KEYWORDS
evidence mapping; American Indian/Alaska Native; youth; adolescents; research-supported treatments; RST; mental health; interventions

Can download the article *for free* from
https://www.autumnasherblackdeer.com/publications

Decolonizing Research Methodologies

- Co-construction of methodology
- Community-driven
- Rejecting the RCT gold standard: context matters!
- Dissemination, not just reporting back
- Rejecting interventionism: clinical colonization

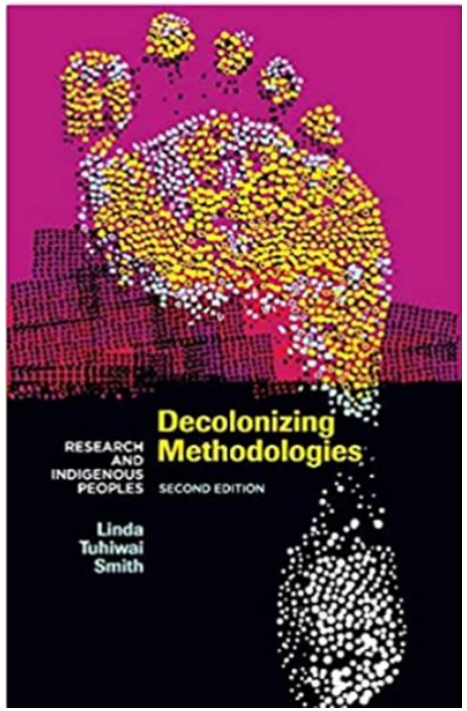
Decolonizing Practice

- **Who defines "normality" or what counts as "pathology"?**
- Community-defined treatments
- Decrease and address pathologization that occurs with Indigenous clients
  - Better accounting for **culture**!
- Indigenous conceptualizations of wellness
  - Traditional healers and healing
  - Role of ceremony
  - Relational worldview


FUTURE
DIRECTIONS

Next Steps: Decolonizing Research

- **Decolonizing Methodologies: Research and Indigenous Peoples** by Linda Tuhiwai Smith
- Questions to ask:
  - Whose research is it?
  - Who owns it?
  - Whose interests does it serve?
  - Who will benefit from it?
  - Who has designed its questions and framed its scope?
  - Who will carry it out?
  - Who will write it up?
  - How will results be disseminated?



Next Steps: Decolonizing Practice

- **Systemic change!**
  - Learn about and incorporate Indigenous conceptions of wellness into your practice
  - Understand effectiveness of community-defined treatments
  - Increase comfort in referring to community resources
  - Increase Native representation in providers
  - Advocate for increased resources for Natives in your community

Final Thoughts

- **Culture as the ultimate intervention**
  - How can we empower Native communities to reconnect and honor that process of reconnection to culture?
- **Nothing about us without us**
  - Following up on decentering one's self.. Kindly get out of the way.
- **Active efforts**
  - We can't will colonization and white supremacy away. It takes concerted and consistent action
- **Honor tribal sovereignty and self-determination**

NEA'ESE

THANKS SO MUCH FOR HAVING ME!

Feel free to reach out or send additional questions to **autumn.asher@wustl.edu**

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