Understanding Trauma Exposure in Psychiatric Diagnosis: Opportunities in Alternative Diagnostic Approaches

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Abstract

The **Diagnostic and Statistical Manual of Mental Disorders (DSM-5)** occupies a central role in psychiatric diagnosis in the United States but does not account for patient narrative and experience. Alternate approaches such as the **Cultural Formulation Interview (CFI) and the Power Threat Meaning Framework (PTMF)** center patient's stories and understanding of their distress. This narrative review shows how the CFI and PTMF may illuminate divergent patient outcomes following a potentially traumatic exposure (PTE). Most people will experience a PTE during their lives, yet only a subset of these will suffer long-term mental health consequences including but not limited to Post-Traumatic Stress Disorder (PTSD). Interventions to decrease the burden of mental illness following a PTE rely on — primarily neurobiological — theories of the underlying pathogenesis of PTSD. These secondary prevention efforts cannot reliably interrupt the formation of PTSD.
Ongoing attempts to illuminate the underlying, multifactorial etiology of PTSD and other mental illnesses require an infusion of just what the CFI and PTMF have to offer: an integration of people's understanding of their distress grounded in the context of their lives. People's narratives, while each distinct, may have their own patterns divergent from mere symptoms that could complement attempts to understand the roots of persistently poor mental health following PTE.

Introduction

- The DSM occupies a central role in U.S. psychiatry, with hegemonic influence in research, reimbursement, forensics, and other areas of behavioral health.
- The DSM approach:
  - Categorical: a disorder is a discrete, non-overlapping entity.
  - Atheoretical: declines to specify the etiology of disorders.
  - Omits: focus on patient narrative and patient experience. Potentially hinders understanding of multifactorial disorders.
- The Cultural Formulation Interview (CFI):
  - Published as a chapter in section 3 of the DSM in 2013.
  - Sixteen questions to elicit a person-centered narrative.
  - Meant to contribute to a robust cultural formulation, though instructions for doing so are not included in the DSM.
  - Complimentary to DSM-based diagnosis/case formulations.
- The Power Threat and Meaning Framework (PTMF):
  - A project of the British Psychological Association introduced in 2018.
  - Six questions meant to generate a narrative.
  - This narrative can be mapped onto patterns of threat response which are explicitly non-diagnostic.
  - Refutes many of the tenants of DSM-based diagnosis.

Table 1: Predominant Diagnostic Frameworks and Emerging Approaches

	DSM 5	ICD 11	CFI	PTMF
Aims	Improved reliability (Freedman et al., 2013) and a "common diagnostic language spoken by mental health professionals" (Nussbaum, 2022)	Global applicability, scientific validity, clinical utility, and actionable epidemiology (Gaebel et al., 2020; Kapadia et al., 2020)	Understand a person's experience of illness & health and elevate the perspective of the patient to equal or greater importance than signs/symptoms (Lewis-Fernández et al., 2016b)	Understand distress in non-stigmatizing ways (Johnstone et al., 2018a)
Authorship	Consensus (Nussbaum, 2022)	Global consensus (Gaebel et al., 2020)	Consensus, DSM-5 Cross-Cultural Issues Subgroup (Lewis-Fernández et al., 2016b)	Johnstone & Boyle as lead authors with an extensive team supported by the British Psychological Society (Johnstone et al., 2018b)
Diagnostic Focus	Symptom, duration, and severity with emerging dimensional measures (Allsopp et al., 2019; American Psychiatric Association, 2022)	Primarily symptoms with subsidiary focus on duration and severity. Dimensional approach in development (Gaebel et al., 2020)	To collaboratively explore a patient's experience of distress within the culturally-specific context of their lives (Lewis-Fernández et al., 2016b)	universal human experiences of distress and "...patterns of embodied, meaning-based threat responses to the negative operation of power"(Johnstone et al., 2018a)
Definition of Normal	Varies across cultures; clinical judgement needed to distinguish normal from pathological (American Psychiatric Association, 2022)	"Severity continuum with no sharp division separating cases and non-cases (i.e. normality)" (World Health Organization, 2024)	Normalizes the influence of context of people's lives on their understanding of distress	Normal is on the same spectrum as distress. Survival strategies "are present at some points and to some degree in everyone's daily life" (Johnstone et al., 2018a)

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Divergence from the DSM

- CFI:
  - In two Canadian studies from a cultural consultation service, 50-60% of patients were rediagnosed when cultural formulation was used in assessment. While these were not RCTs, and the population and clinicians inevitably influenced outcomes, their results illustrate the impact culturally-informed, context-based narrative can have on a patient's diagnosis.
  - "Although the CFI is designed to be integrated seamlessly into the clinical practice, the CFI is also designed to advance what is, in effect, a radical agenda: to change the way clinicians conduct a diagnostic interview so that the perspective of the patient becomes at least as important as the signs and symptoms of disease identified by the clinician" (Lewis- Fernández, Aggarwal, and Kirmayer, 2016b) .
- PTMF
  - Explicitly critiques the DSM, with echoes of the anti-psychiatry movement.
  - PTMF-based narratives explore the negative operation of power in people's lives, including the power of existing mental health paradigms.
  - De-emphasizes the role of biology, regarding it as a mediator.
  - Regards treatment as beyond its current scope.

Future Directions

- CFI:
  - A robust set of tools for formally assessing patient's perspectives on their distress.
  - Could aid clinicians in a more culturally-based understanding of vulnerabilities and protective factors following PTEs.
  - These vulnerabilities/protective factors would not be limited to PTSD but would extend to other diagnoses associated with PTEs.
- PTMF
  - Less clear direct clinical application at this time.
  - Intriguing for the patterns of meaning that it produces, which could be used in research to broaden the search for unifying factors in heterogenous patient experiences.
- In conclusion:
  - If all diagnoses are "provisional formulæ designed for action," (Cohen, 1943) the extant DSM tools should be understood as only one part of the formula. Stone (2020) quotes Plato in the ages-old description of categorical diagnosis as trying to, "carve nature at its joints." The CFI and PTMF provide vital approaches to examine joints carved in nature whose articulation we do not yet fully understand.

Secondary Prevention after Potentially Traumatic Exposures (PTEs)

- An estimated 70% of people experience at least one PTE in their lives (data from 24 countries).
- An estimated 6-20% of people go on to develop symptoms of PTSD following a PTE.
- Qi et al (2016) show secondary intervention targets and their associated interventions:

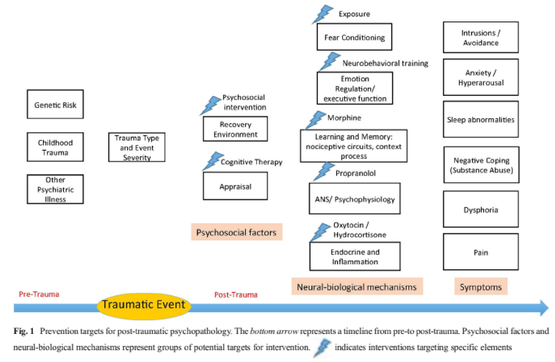

Fig. 1 Prevention targets for post-traumatic psychopathology. The *bottom arrow* represents a timeline from pre-to post-trauma. Psychosocial factors and neural-biological mechanisms represent groups of potential targets for intervention. indicates interventions targeting specific elements

- Qi et al's model reflects:
  - That interventions for preventing PTSD following PTE have been, "implemented regardless of sample heterogeneities and individual vulnerabilities, rudimentary theoretical assumptions have been hastily translated to haphazard case series, and randomized clinical trials fell short of informing the overall effectiveness of PTSD (prevention) in a real world"
  - The influence of the DSM:
    - Links PTE and PTSD as if PTSD where the worst/only consequence of PTE.
    - Attempts to unify heterogenous experiences and symptomology under a single diagnosis and focuses on primarily neurobiological pathogenesis.
- A focus on neurobiological mechanisms in the heterogenous outcomes following PTE may not be appropriate:
  - Childhood trauma/adverse life experiences have been linked to the following diagnoses through metanalysis: depression, anxiety, obsessive compulsive disorder, non-suicidal self-harm, functional neurologic disorders, dissociation, eating disorders, schizophrenia and psychotic disorders, and bipolar and related disorders.
  - The search for biomarkers in PTSD is ongoing.

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