The DSM-5: A History and Overview
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April 17, 2012

Lecture Overview
1) DSM-5: Why a new edition?
2) History
   - The APA and the DSM-5 Task Force
   - The Coalition for DSM-5 Reform
3) Timeline: Where are we now in the process?
4) Field Trials
5) "Open Letter to the DSM-5"
6) Changes for the DSM-5

General Disclaimer
- Information presented here is admittedly (and unfortunately) biased
  - DSM-5 source
  - Coalition source
- Any changes are not final (and won’t be until next year!)
DSM–5: Why a new edition?

- **Criticisms of DSM-IV-TR**
  - Too many co-morbidities
  - Too many ‘Not Otherwise Specified’ (NOS)
  - Lack of dimensional assessments

- **Advances in research and knowledge**
  - Technology: Neuromaging era ☞ SEXY
  - Push for biomarkers... (keep this in mind)

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**History:**

**The APA and the DSM–5 Task Force**

- **1999:** American Psychiatric Association (APA) & National Institute of Mental Health (NIMH)
  - Experts in: family/twin studies, molecular genetics, basic and clinical neuroscience, cognitive and behavioral science, development throughout the life-span, and disability

- **2004–2008:** 13 conferences held
  - 400 world-wide experts from 39 countries
  - Many published articles
  - Current state of knowledge, gaps in research, recommendations for additional research

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**History:**

**The APA and the DSM–5 Task Force**

- **2006:** Dr. Kupfer and Dr. Regier appointed to DSM–5 Task Force

  [Images of David Kupfer, M.D. and Darrel Regier, M.D.]
History:
The APA and the DSM-5 Task Force
» 2007: 13 Work Groups created
  • 8–15 experts each group (162 total)
    • 97 psychiatrists
    • 47 psychologists
    • 2 pediatric neurologists
    • 3 statisticians/epidemiologists
    • 1 representative each group from pediatric, social work, psychiatric nursing, speech and hearing specialists, and consumer groups
    • Also: 300 outside advisors (volunteer medical and mental health experts)

History:
The APA and the DSM-5 Task Force
» 13 Work Groups:
  • ADHD and Disruptive Behavior Disorders
  • Anxiety, Obsessive-Compulsive Spectrum, Posttraumatic, and Dissociative Disorders
  • Childhood and Adolescent Disorders
  • Eating Disorders
  • Mood disorders
  • Neurocognitive Disorders
  • Neurodevelopmental Disorders
  • Personality and Personality Disorders
  • Psychotic Disorders
  • Sexual and Gender Identity Disorders
  • Sleep-Wake Disorders
  • Somatic Symptoms Disorders
  • Substance-Related Disorders

History:
The APA and the DSM-5 Task Force
» Work Group Duties:
  1) Review DSM-IV strengths/weaknesses
  2) Literature reviews
  3) Develop questions/hypotheses
History:
The APA and the DSM–5 Task Force

- Feb. 10, 2010: Draft Diagnostic Criteria for DSM–5 Released
- Feb. 2010–April 2010:
  - 1st open forum
  - 8600+ comments
- May 2011–July 2011:
  - 2nd open forum
  - 2000+ comments

History:
The Coalition for DSM–5 Reform

- David Elkins, Ph.D.
  - President (1989–1999)
  - Division 32, Society for Humanistic Psychology of APA
  - (American Psychological Association)

History:
The Coalition for DSM–5 Reform

  - Petition quietly posted to ipetition.com
  - 1 week: 2000+ psychologists, counselors, mental health professionals
  - 3 weeks: 6000+
    - Endorsed by 23 mental health organizations (12 divisions of APA)
    - Notable supporters: Nature News, Medscape, USA Today, Forbes, Newsworks
    - As of this morning?:
      - 12,995
- Nov. 4, 2011: Task Force Responds
  - Don’t worry, we’re working on it!

  - Nov. 7, 2011: Coalition Responds to Task Force
    - We’re worried!
## History:
The Coalition for DSM-5 Reform

- **American Counseling Association (ACA)**

  - **Nov. 8, 2011:** Call for external review

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<thead>
<tr>
<th>Main Concerns</th>
<th>Main Suggestions</th>
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<td>Revisions lack empirical basis</td>
<td>1) Make reports public</td>
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<td>2) Field trials (will revisit)</td>
<td>2) Remove revisions that lack empirical evidence</td>
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<td>3) Definition of 'Mental Disorder' (will revisit)</td>
<td>3) Submit evidence/data for external review</td>
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<td>4) Transparency/Confidentiality agreement?</td>
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## History:
The Coalition for DSM-5 Reform

- **Nov. 21, 2011:** DSM-5 Task Force responds to ACA

**Task Force addresses**

1. Empirical evidence/independent review?
   - DSM-5 Work Groups = external review!
2. Transparency? Confidentiality agreement?
   - Not promoting secrecy
   - Plenty of sharing

## History:
The Coalition for DSM-5 Reform

- **Jan. 9, 2012:** Coalition calls for Independent Review

We appreciate the concern and approach to DSM-5 by a distinguished group of colleagues, and in line with the goals of the DSM-5 Task Force or the American Psychiatric Association for an independent, external review.

We respectfully note that you are right to seek assurances about the internal review and feedback because such assurances are not sufficient. We believe an external, independent review is critical in terms of ensuring the proposed DSM-5 is safe and credible. If you are willing to submit the comments/propose for external, independent review, we encourage you to do so and provide a detailed rationale for your refusal.

Because the DSM is used by hundreds of thousands of mental health professionals, we are publicly posting this letter and will share your personal response. As future mental health professionals, along with concerned mental health organizations in the United States and Europe, we will very closely monitor this important exchange.

Sincerely,

David H. Clancy, Ph.D., Chair, Coalition 25-Year Letter Committee, dclancyphd@uwhealth.com
History:
The Coalition for DSM–5 Reform


There is a fact-based scientific organization that has the capacity to replace the range of expertise that DSM–5 has assembled over the past decade to review diagnostic criteria for mental disorders. In addition, the panel for the criteria committee and the online resource for an international review, the ongoing consultation and coordination with the WHO Mental Disorder Advisory Group (ID: 13), and the several internal reviews provided by the Scientific Review Committee, a Clinical and Public Health Committee review, and the Task Force as a whole, offered to assess the proposed revisions.

Timeline: Where are we now in the process?

Today: April 17, 2012

April 2010–February 2012: Field Trials
  - Large medical centers
  - Smaller, private practices

April 2012 (now): Data analysis from field trials

Spring 2012: 3rd (and final) open forum


Field Trials

- Purpose: to assess reliability and clinical utility of proposed revisions
  - Validity?
  - Prevalence?

- Main focus: Test-retest reliability
  - Can two different clinicians, doing independent evaluations of same patient less than 2 weeks apart, come to same diagnostic conclusion?
Open Letter to the DSM–5

Oct. 22, 2011:

1) Lowering of diagnostic thresholds
   • Problems?
     - More people diagnosed, false positives, stigmatization
     - Ex: GAD, ADHD, MDD (bereavement?)

2) Vulnerable populations
   • Children/adolescents
     - Dangerous medications (e.g., neuroleptics)
   • Elderly
     - Normal cognitive decline?

3) ‘Psychobiological’ emphasis

Changes for the DSM–5

Roman numerals for DSM edition dropped
   - From now on: DSM-5, DSM-5.1, DSM-5.2…

Chapter Reorganization
   - ‘Developmental lifespan fashion’
     - Throughout chapters
     - Neurodevelopmental disorders → Neurocognitive Disorders
   - Within chapters
     - Within ‘Anxiety Disorders’ Chapter, Separation Anxiety → GAD

Specific disorders?
   - Too many to go through right now (i.e., I haven’t looked through them)

Definition of ‘Mental Disorder’

   - 2 proposed definition changes:
     - Anxiety, Obsessive-Compulsive Spectrum, Posttraumatic, and Dissociative Disorders (Stein et al., 2010)
     - DSM-5 Study Group on Impairment and Disability Assessment
   - In common?
     - “Psychobiological” dysfunction/disruption

Rationale?

   - “D. The term psychobiological is used to emphasize the inextricable links between the biological and the behavioral/psychological.”
   - As opposed to the DSM–IV:
     - “D. A manifestation of a behavioral, psychological, or biological dysfunction in the individual”
Changes for the DSM–5

- **Dimensional Ratings for disorder criteria**
  - Purpose: provide richer characterization of patient than previous categorical approach
  - Tracking of a patient’s improvement with treatment over time
  - Types of dimensional ratings:
    - Cross-cutting
    - Disorder-specific

Changes for the DSM–5: Dimensional Ratings

- **Cross-cutting dimensions** symptoms that ‘cut across’ the boundaries of any single disorder, e.g., depressed mood, anxiety, anger, substance abuse, sleeping problems
  - Encourage clinicians to document all symptoms instead of just those tied to primary diagnosis
  - Before diagnosis (at initial evaluation)
    - Establish baseline to track treatment changes
    - Method of assessment:
      - Patient-completed self-report measure
        - Rate 0–4: ‘not at all’ to ‘nearly every day’
      - Clinician-administered measure
        - Rate 0–4: ‘not present’ to ‘present and severe’

Changes for the DSM–5: Dimensional Ratings

- **Disorder-specific dimensions**
  - After diagnosis (e.g., Bipolar I Disorder)
  - Method of assessment:
    - Patient-completed self-report measures, or
    - Global clinician-rated severity measure
Summary: Changes for the DSM–5

- Roman numerals for edition dropped
- Chapter Reorganization
- Specific disorder changes (duh)
- Definition of ‘Mental Disorder’
- Addition of Dimensional ratings

Sources/Useful Websites

- www.dsm5.org
- www.dsm5-reform.com
- YouTube:
  1) “How DSM–5 will change your clinical practice” (4 videos)
     - http://www.youtube.com/watch?v=hX7oeG0IVh8

Thank you!