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November 4, 2011

Melba J.T. Vasquez, Ph.D., President
American Psychological Association
750 First Street, N.E.
Washington, DC 20002-4242

David N. Elkins, Ph.D., President
Society for Humanistic Psychology
750 First Street, N.E.
Washington, DC 20002-4242

Dear President Vasquez and President Elkins,

We are appreciative of the thoughtful concerns expressed in the Open Letter about the introduction of new diagnoses, proposals for modifying criteria definitions and thresholds for existing diagnoses. The current draft of the DSM-5 diagnostic criteria, still more than a year away from publication, is continually being refined and reworked by the DSM-5 Task Force and Work Group members. Final decisions about proposed revisions will be made on the basis of field trial data as well as on a full consideration of other issues such as those raised by the signatories to this petition, the 10,000 individuals who responded to the February 2010 and April 2011 postings of draft criteria on DSM5.org, other internal reviews by a Scientific Review Committee, the DSM-5 Task Force, and the APA Board of Trustees.

This level of both internal and external review and field trial exposure has never before been undertaken by any previous DSM or ICD revision proposals.

We wish to clarify several specific issues you raise. Several disorders that were mentioned, such as Parental Alienation Syndrome, were proposed by outside groups but have not been proposed for inclusion by the Task Force. Some of the newer diagnoses, including Disruptive Mood Dysregulation Disorder (DMDD), Attention Deficit Hyperactivity Disorder (ADHD), Attenuated Psychosis Syndrome Disorder (APSD), Complex Somatic Symptom Disorder (CSDD), Major Depressive Disorder (MDD), Generalized Anxiety Disorder (GAD), and Personality Disorders are all being tested in the 11 large academic field trial centers that have enrolled over 2,000 patients in a rigorous test-retest design to assess the reliability and clinical utility of proposed criteria. Based on the results of these field trials the DSM-5 Task Force and Work Groups will review the criteria for any necessary changes.



The definition of a mental disorder that is contained in DSM-IV is also undergoing a thorough review by the Task Force, which has not adopted the proposed revision that was published by Stein et al. in *Psychological Medicine*. There is certainly no intent on the part of the DSM-5 Task Force to diminish the importance of environmental and cultural exposure factors as etiological contributors to mental disorders—as indicated by an active study group charged with developing a cultural formulation section as well as culture specific expression issues for individual diagnoses.

We should also note that the DSM-5 Task Force and Work Groups include a multi-disciplinary mix of clinical and research experts in which psychologists are prominent members. There is also another field trial taking place in Routine Clinical Practice settings that will include psychiatrists and approximately 500 of each mental health specialty group of psychologists, social workers, psychiatric nurses, clinical counselors, and marriage and family counselors. The full range of disorders will be assessed in this field trial and the findings will contribute to the final decisions about the diagnoses.

We wish to express our appreciation to all of the clinicians and research investigators who have invested such intense interest and energy in assuring that the next revision of DSM will be based on the best available clinical experience and research evidence in an effort to improve patient care and our understanding of mental illnesses. We hear your concerns and are aware of those from others in the mental health field, and take them under serious consideration in our deliberations.

Please continue to visit and review the DSM-5 website for changes to the criteria, the rationale for proposed changes from DSM-IV, and an extensive set of research analyses on www.dsm5.org. We will be opening the website for public comment on the draft criteria and chapter organization one final time in 2012. We invite you all to submit your comments during that time so they can be reviewed thoroughly and systematically by the DSM-5 Task Force and Work Group members.

We would be most appreciative if you would share this information with your members.

Sincerely,

DSM-5 Task Force Members