Monday, November 7, 2011

Response to Letter from DSM-5 Task Force and the American Psychiatric Association

ATTENTION:
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Darrel A. Ragier, M.D., M.P.H., Vice Chair of DSM-5 Task Force
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To the DSM-5 Task Force and the American Psychiatric Association:

Thank you for your response to the Open Letter that was composed by the Society for Humanistic Psychology (Division 32 of the American Psychological Association) and endorsed by over 4,600 individuals and 17 organizations, including nine other divisions of the American Psychological Association. In this context, it should be noted that the American Psychological Association itself has not taken a position on this matter other than to encourage its members to participate in the DSM-5 development process. It is our understanding that President Melba Vasquez will be responding to your letter separately on behalf of the American Psychological Association. We are writing on behalf of the Society for Humanistic Psychology Open Letter Committee to express our gratitude that the Task Force has opened a public dialogue about these issues and to let you know that we are happy to share your letter with our membership. We are pleased that the Task Force will consider the issues we described in our Open Letter as well as those raised by others in the mental health field.

However, we remain deeply concerned about the issues we raised and find that your response did not adequately address them. Our main concerns include:

(1) The lowering of diagnostic thresholds, which may artificially inflate the prevalence of numerous disorders. By increasing the number of people who qualify for a diagnosis, DSM-5 may lead to the excessive medicalization and stigmatization of normative or transient distress.

(2) The potential consequences of lowered thresholds and new disorder categories on vulnerable populations such as children and the elderly. These populations are already at risk for excessive and inappropriate treatment with medications that have dangerous side effects. We are particularly concerned about the overuse of medications for “Attenuated Psychosis Syndrome,” “Disruptive Mood Dysregulation Disorder,” “Mild Neurocognitive Disorder,” Attention Deficit/Hyperactivity Disorder, and Generalized Anxiety Disorder.

(3) The lack of scientific evidence substantiating many of these new proposals.

Our rationale for these concerns can be found in our open letter, which is available at http://www.ipetitions.com/petition/dsm5/ for all interested mental health professionals to sign.

Although we appreciate your explanations of the Task Force’s activities, we did not find them sufficient to address our concerns for the following reasons:
• A single set of field trials, no matter how large and diverse the sample size, is not an adequate replacement for a body of scientific literature that is built over time through the contributions of multiple and independent researchers. Many of the newly proposed disorder categories lack this important and critically necessary body of scientific support.

• Though reliability and utility are important, we are also concerned about validity and potential social consequences. As you know, increasing the number of people who qualify for a psychiatric diagnosis may lead to epidemiological inflation and, as a consequence, the inappropriate medication and stigmatization of individuals with normative conditions. It also leads to ethical and moral concerns about our professions.

• Though we are pleased to learn you are not considering the inclusion of several conditions proposed by outside sources (such as Parental Alienation Disorder), it would help to avoid confusion if you removed these conditions from the list of DSM-5 considerations at your website (where they still appear as of 11/7/11): http://www.dsm5.org/proposedrevision/Pages/Conditions-Proposed-by-Outside-Sources.aspx

• We do not assume that the Task Force is intentionally deemphasizing social and psychological explanations. However, the proposed language deemphasizes social and psychological explanations and may lead to the pathologization of sociopolitical deviance. We emphasize again that the Stein et al. definition of mental disorder would result in the scientifically unsubstantiated reduction of all DSM-defined disorders to biological bases.

• We are aware that the DSM-5 Task Force and Work Groups include not only psychiatrists but also some psychologists and other mental health professionals. However, these teams represent a highly selective and circumscribed group of academic mental health professionals whose experiences differ from those of mental health professionals working in the field on an everyday basis. The purpose of the open letter is to represent the wide spectrum of voices in our community.

We believe it is important that the Task Force give serious consideration to the public feedback by thousands of mental health professionals and others who have signed the open letter to date. The open letter’s list of individual and organizational signatories continues to grow. As of today, we have over 4,600 individual signatures as well as endorsements from the following organizations: Behavioral Neuroscience and Comparative Psychology (Division 6 of the American Psychological Association), the Division of Developmental Psychology (Division 7 of the American Psychological Association), the Society for Community Research and Action: Division of Community Psychology (Division 27 of the American Psychological Association), Psychotherapy (Division 29 of the American Psychological Association), the Society for the Psychology of Women (Division 35 of the American Psychological Association), the Division of Psychoanalysis (Division 39 of the American Psychological Association), Psychologists in Independent Practice (Division 42 of the American Psychological Association), the Society for Group Psychology and Psychotherapy (Division 49 of the American Psychological Association), the Society for the Psychological Study of Men & Masculinity (Division 51 of the American Psychological Association), the Association for Women in Psychology, the Society for Personality Assessment, the Society for Descriptive Psychology, the UK Council for Psychotherapy (UKCP), the Constructivist Psychology Network (CPN), the Taos Institute, Psychoanalysis for Social Responsibility (Section IX of Division 39 of the American Psychological Association), and the Association for Counselor Education and Supervision (Division of the American Counseling Association). In addition, some are now considering a consumer petition that could tap into the concerns of hundreds of thousands of consumers. We believe you are also aware that the British Psychological Society (nearly 50,000 members), the American Counseling Association (45,000 members), and two previous chairs of DSM Task Forces have also raised concerns about the current proposals for DSM-5.
Again, we appreciate the Task Force’s assurance that the concerns expressed in our open letter will be taken into consideration. However, we believe these concerns to be of sufficient gravity to warrant more than confidential deliberations among those who invented and supported the problematic proposals. Further, the scientific review of DSM-5 conducted by the American Psychiatric Association was internal, and both the methods and findings of that review remain completely undisclosed to the public.

In view of the above concerns, as well as the unprecedented level of criticism of DSM-5 as currently proposed, we respectfully request an external review of the DSM-5 proposals by scientists and scholars who are not appointed by or affiliated with the American Psychiatric Association. We believe that only such an external review (alongside the implementation of any revisions recommended by the reviewers) will assure the mental health professions that DSM-5 is credible and safe to use.

For the future welfare of our clients/patients, as well as for the credibility of our professions, we hope you will submit the DSM-5 to independent, comprehensive, and scientific review.

Yours sincerely,

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