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January 27, 2012

Dear President Elkins:

We appreciate the January 9, 2012, open letter from you and the members of the Division 32 Open Letter Committee to the American Psychiatric Association and developers of DSM-5 regarding the need for a more thorough external review process in revising the manual.

We echo your desire to ensure that “the proposed DSM-5 is safe and credible.” To that end, the DSM-5 Task Force and Work Groups have been purposefully assembled to include clinicians and researchers with diverse backgrounds and expertise, representing nearly 100 different academic and medical institutions from around the world. Our November 21, 2011, letter to the American Counseling Association provides a more complete listing of the steps we have taken to obtain an independent review of the DSM-5 proposals. (This can be viewed at: [http://www.counseling.org/Resources/pdfs/APA\\_DSM-5\\_response\\_11-11.pdf](http://www.counseling.org/Resources/pdfs/APA_DSM-5_response_11-11.pdf))

There is in fact no outside organization that has the capacity to replicate the range of expertise that DSM-5 has assembled over the past decade to review diagnostic criteria for mental disorders. In addition, the posting of the criteria on the [www.dsm5.org](http://www.dsm5.org) Web site for an international review; the ongoing consultation and coordination with the WHO Mental Disorder Advisory Group for ICD-11; 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, collectively provide the most far-reaching review ever undertaken for any DSM revision. However, we recognize that there will not be universal agreement with all of the final decisions made in response to these reviews. As with all scientific classifications applied to clinical practice, research will continue to refine our understanding of these disorders, and revisions to the DSM-5 as a living document will be made after publication of DSM-5 in 2013.

Since there is no “gold standard” for defining mental disorders and many other medical disorders without pathognomonic biological markers, each revision of diagnostic criteria has been seen as the best current set of diagnostic criteria that are meant to be used in clinical practice and tested for their validity. Validity criteria first published by Robins and Guze in 1970 for the Feighner criteria have formed the basic framework for testing the Research Diagnostic Criteria, DSM-III, DSM-III-R, DSM-IV,



and the ICD-10. The work groups and the review groups have closely attended to these and an expanded set of validity criteria that are contained in the Guidelines for Making Changes to DSM on the [www.dsm5.org](http://www.dsm5.org) website: ([http://www.dsm5.org/ProgressReports/Documents/Guidelines-for-Making-Changes-to-DSM\\_1.pdf](http://www.dsm5.org/ProgressReports/Documents/Guidelines-for-Making-Changes-to-DSM_1.pdf)).

The work groups are accessing more than 30 years of research since the DSM-III was first published in making their recommendations. Some of the proposed changes, such as the inclusion of more dimensional components, have been recommended by members of previous Task Forces and by many participants in the National Institutes of Health-sponsored conference series leading up to the Task Force. We will also have empirical data from our field trials on how these and other proposed changes are working. Final decisions about the revisions will only be made after all of these reviews are completed.

We hope that this additional information is responsive to your members, colleagues, and individuals who use mental health services to clarify that we are undertaking an exceptionally extensive review process involving an international and multidisciplinary clinical and scientific group of experts.

As we continue to refine the proposals for DSM-5 and further progress to development of DSM-5.1 and beyond, we look forward to maintaining an open and ongoing dialogue with your organization, colleagues, and the mental health field at large.

Sincerely,

A handwritten signature in black ink, appearing to read "John Oldham". The signature is fluid and cursive, with a long horizontal stroke at the end.

John M. Oldham, M.D.  
President