July 6, 2009

To the APA Board of Trustees:

There are two starkly contrasting evaluations of the DSM-V progress to date: 1) our view, shared by many in the field, is that DSM-V is headed for disastrous unintended consequences and a likely delayed publication; vs; 2) the DSM-V leadership view that DSM-V will bring a paradigm shifting advance to psychiatric diagnosis and will appear on time. We believe that this striking disconnect results from the rigid fortress mentality that has prevented the DSM-V process from learning and adapting. The DSM-V leadership has lost contact with the field by restricting the necessary free communication of its workgroups and by sealing itself off from advice and criticism.

The fundamental APA governance problem started when the DSM-V Task Force was not placed in a reporting relationship to the Council on Research--the standard reporting chain that had worked so effectively with previous DSMs. Without the proper external guidance, DSM-V has gone very badly off track and there are no signs of any self correction. Unless you quickly improve the internal APA DSM-V review process, there will inevitably be increasing criticism from the outside. Such public controversy will raise questions regarding the legitimacy of the APA's continued role in producing subsequent DSMs--a result we would all like to avoid.

It is your responsibility to save DSM-V from itself before it is too late. It is our responsibility to suggest the simple steps that need to be taken and to alert you to the criticisms you will face in the future if you fail to intervene now. We hope that once you re-establish the proper internal review structure for DSM-V, you will avoid the continuing problems that have forced us to intervene in so public a way. Our recommendations are so clearly needed we cannot imagine any reasonable person finding good grounds to object to them. We hope you will quickly act to minimize delays in the publication of DSM-V.

Our recommendations:

**Step 1.** The experience so far with DSM-V has proven what should have been obvious from the start--a secretive and closed DSM process simply cannot function properly. We strongly recommend that you immediately open the DSM-V process to full transparency. Scrap all the confidentiality agreements. Actively recruit a large circle of advisors, especially those who are most likely to spot the serious problems that will be created by many of the suggestions for DSM-V.

**Step 2.** It is absolutely impossible to begin any DSM-V field trials until the field has had an adequate opportunity to review and troubleshoot the precise wording of the options that are meant to be tested. The current DSM-V plan is to begin field testing quite soon and without the benefit of input from individuals outside the work groups (and their few, selectively chosen advisors). Well before considering field trials, the DSM-V Task Force must post a complete compilation of all the proposed changes to existing criteria sets,
proposed dimensional scales, and the proposed criteria sets for all the new diagnoses still being considered.

**Step 3.** The new transparency should continue into the future and be a "real time" process in which all options are stated in explicit language, issues discussed in work groups posted promptly, field trial proposals subjected to external review, and all literature reviews and source materials made available on the web.

**Step 4.** We believe that you have no choice but to appoint a DSM-V quality control committee reporting either directly to the Board of Trustees or to the Council on Research. Members of the committee should include experts in psychiatric diagnosis, epidemiology, forensics, education, disability and insurance, as well as representatives from the NIMH RDoC project, from private practice, and from primary care--plus liaisons from the Trustees and the Assembly. Members must be willing to give considerable time since this will be hands-on work that requires a lot of reading of DSM-V product to spot potential problems. We had this kind of monitoring in place for DSM-IV and it was very helpful. The damaging public controversies on DSM-V would never have occurred if the DSM-V Task Force had had closer monitoring in the earlier stages. The controversies will continue and get worse if the Task Force is not subjected to appropriate monitoring now.

**Step 5.** The publication date of DSM-V will almost certainly have to be made flexible since so much time has already been wasted and it will take considerable effort now to set the process on the right track. We realize how difficult a publication delay would be for APA, but an embarrassing DSM-V would be far worse and would haunt the field and the APA for decades.

What are the criticisms and risks you invite if you do not correct the problems with DSM-V? You must understand that the APA has never held a guarantee on the DSM franchise. There have been serious objections in the past that it is inappropriate for one professional "guild" to control a document with such wide usage and great public health importance. The privilege to prepare the DSMs has been extended only because of the credibility of previous DSMs and it depends upon the continuing trust in the openness and disinterestedness of the process. You need to weigh the risk that the constant airing of DSM-V mistakes may result in this issue being reopened.

The most vulnerable points for continuing controversy include:

1) The suggested subthreshold and premorbid diagnoses. If these were to become official categories in DSM-V, they could add tens of millions of newly diagnosed "patients"—the majority of whom would likely be false positives subjected to the needless side effects and expense of treatment. The APA might well be accused of a conflict of interest in fashioning DSM-V to create new patients for psychiatrists and new customers for the pharmaceutical companies. Certainly, the DSM-V Task Force does not have these motives but, in its effort to increase diagnostic sensitivity, it has been insensitive to the great risks of false positives, of medicalizing normality, and of trivializing the
whole concept of psychiatric diagnosis. None of these proposals can ever be adequately field tested and they should all be relegated to the appendix now--before they elicit additional criticism.

2) Keeping rigidly to a fixed publication date even at the risk of producing an inferior and problematic product might suggest that publishing profits are given undue weight in DSM-V considerations.

3) Claiming a DSM-V paradigm shift when there cannot possibly be one invites an unflattering comparison with the NIMH RDoC (Research Domain Categories) project—which really does have great potential to produce a welcome paradigm shift for our field. It would be wise to tone down the unrealistic ambitions and the grandiose claims for DSM-V.

4) Developing ad hoc and untested instruments as DSM-V products will infuriate the research community and may lead researchers to suggest that DSM-V is not necessary at all.

5) Many of the suggestions for DSM-V could have very unfortunate forensic implications that appear not to have been adequately considered. This should be an essential part of the internal review process or it will create a public outcry.

6) The closed and secretive DSM-V process is insulting to the other mental health professions whose acceptance and support is crucial to its legitimacy. All mental health disciplines should be openly invited to participate in troubleshooting DSM-V options.

We hope that you will take these risks as seriously as we do and will act quickly to avoid them. You are probably aware that our doubts about DSM-V arise from considerable experience. Dr Frances worked on DSM-III and DSM-III-R and headed DSM-IV. Dr Spitzer was a senior consultant on DSM-II; headed DSM-III and DSM-III-R; and was the senior advisor to DSM-IV. Even if you don't yet understand or share all of our concerns, it would be reckless for you to bet the house on the premise we are completely wrong--especially since all the logic really is on our side of the argument. At the very least, you need the insurance policy of appointing an independent committee to conduct a serious review of how DSM-V is being done. We think that the more you delve into the questions we have raised, the more you will appreciate the need to strengthen the internal APA review and governance of DSM-V so that we and others do not have to provide the critiques from outside.

Allen Frances MD
Robert Spitzer MD