THE WETC PSYCHOLOGY NEWSLETTER

Dr. Bruce Leckart

"Find the Truth, Tell the Story"

Westwood Evaluation & Treatment Center
11340 Olympic Blvd., Suite 303, Los Angeles, CA 90064
310-444-3154, DrLeckartWETC@gmail.com, www.DrLeckartWETC.com

September, 2013
Volume 1, Issue 56

DSM-5: Why the heat? Will it survive?

Dr. Allen Frances, a psychiatrist, was the Chairperson of the Task Force of the DSM-IV and the DSM-IV-TR. Among his many accomplishments is that he was the founding editor of the Journal of Personality Disorders and the Journal of Psychiatric Practice as well as the chairman of the Department of Psychiatry at Duke University Medical School. The American Psychiatric Association (APA) probably could not have picked a more prestigious and professional chair to produce the DSM-IV and its revision, the DSM-IV-TR. More recently he is best known for his leadership in the wide-ranging criticisms of the DSM-5.

Criticism of the DSM-5 has become a worldwide phenomenon. Tens of thousands of mental health professionals have signed petitions expressing their outrage over this manual. These professionals have critiqued the DSM-5 for many different reasons. Essentially, as a group they believe that the DSM-5 is not an effective and useful manual for arriving at psychiatric diagnoses. Clearly, no such controversy existed when either the DSM-IV or the DSM-IV-TR was published and those manuals were readily accepted as the diagnostic standard.

For forensic psychologists and psychiatrists, especially those of us involved in workers' compensation in the State of California, the overwhelming lack of acceptance of the DSM-5 is especially crucial. If for no other reason, this is true because Labor Code section 3208.3 requires that in order to conclude that a person has had an industrially produced psychiatric injury they must be diagnosed by using "psychiatric diagnostic manuals generally approved and accepted nationally by practitioners in the field of psychiatric medicine." While I obviously am not in a position to make legal decisions, the last few months have clearly and compellingly demonstrated that the DSM-5 has not been accepted "nationally," or for that matter, internationally.

"The bottom line is that the mental health community is outraged over a diminution in standards and a destruction of evidence-based medicine in favor of a subjective diagnostic realm with extraordinarily weak standards for making important decisions, taking care of people and facilitating justice in the medical-legal community."

This month's newsletter is my attempt to give my readers some insight into the simple questions, " Why the heat?" "Will the DSM-5 survive?" What has led vast numbers of concerned professionals to conclude that the DSM-5 is substantially flawed? Before proceeding to produce what is a simple and direct list of those flaws it is important to understand that depending on their own areas of interest, different professionals see different things wrong with the DSM-5. This is just like the parable of the three blind men touching the elephant who think they are confronting something different depending on what they have touched. The only problem with applying that parable to the DSM-5 is that the critics of the DSM-5 are by no means blind. They really do see the multitude of flaws!

Major Criticisms of the DSM-5

The DSM-5 explicitly states that diagnoses are to be based on patient's complaints and the doctor's subjective judgments while reducing, and in cases eliminating, the need to observe objective "signs" of a disorder.

The DSM-5 has changed the diagnostic process to allow the doctor's subjective opinions or clinical judgment to override the diagnostic criteria.

The DSM-5 has eliminated the Global Assessment of Functioning (GAF) scale used to measure disability. In its place the authors suggest that disability be measured by the patient's subjective rating of their complaints rather than objective data collected by the doctor.

The DSM-5 has taken an "in-your-face" approach to forensic issues by stating that the manual was not developed or intended to meet "all the technical needs of the court."

The DSM-5 includes untested new diagnoses that have no known validity, namely that these disorders have no known correspondence to the real world nor is it possible to demonstrate that they actually exist. More specifically, the authors of the DSM-5 created new disorders and made changes in the diagnostic criteria for existing disorders with little to no basis in the scientific literature.

The DSM-5's reduced threshold for diagnosing disorders, if applied, will result in over pathologizing and a great number of false-positive diagnoses in which people are diagnosed with disorders that do not exist.

The DSM-5's proclivity for diagnosing disorders that do not exist will result in over-medication of large numbers of individuals.

The DSM-5 has expanded diagnoses for children and the elderly, without a scientific basis, that will probably lead to the prescription of medications with dangerous side effects.

The DSM-5 portends to compromise patient safety through the implementation of lowered diagnostic thresholds and the introduction of new diagnostic categories that do not have sufficient empirical backing.

The DSM-5 has shifted from an "atheoretical" model of psychopathology, which was largely descriptive of disorders without discussing their cause, to a model favoring biological explanations of psychopathology in the face of substantial evidence that the biological model is wrong.

The DSM-5 has defined normal responses of people to their experiences, such as the death of a loved one, as pathology needing medical treatment.

The DSM-5 will produce a mislabeling of mental illness in people who would fare better without a psychiatric diagnosis.

The DSM-5 has included many diagnostic categories that have questionable reliability, such that two or more doctors when examining the same patient will not agree on a diagnosis.

The DSM-5 was published without receiving a much-needed and widely requested external scientific review by independent experts.

The DSM-5 field tests produced results that did not meet the historical standards of previous APA diagnostic manuals.

The DSM-5 did not allow enough time to complete the second stage of field-testing, which reportedly was abruptly cancelled because of constant administrative delays in completing the first stage and what has been characterized as an attempt to gain publishing profits more rapidly.

The DSM-5 in creating a Disruptive Mood Dysregulation Disorder has turned temper tantrums into a mental disorder, a likely new fad diagnosis.

The DSM-5 allows everyday forgetting, characteristic of almost everyone of advanced age, to be diagnosed as a mental disorder called a Minor Neurocognitive Disorder for which there is no treatment.

The DSM-5 has created an Adult Attention Deficit Disorder that will probably lead to widespread misuse of stimulant drugs for performance enhancement and recreation.

The DSM-5 created a psychiatric illness called a Binge Eating Disorder which is diagnosed if one eats excessively 12 times in 3 months.

The DSM-5 has lumped first time substance abusers in with hard-core addicts despite these individuals having very different treatment needs and prognoses.

The DSM-5 has introduced the concept of Behavioral Addictions that eventually can spread to make a mental disorder of what is now high frequency normal behavior.

The DSM-5 facilitates taking an individual's everyday concerns and what are now a person's normal worries about life and turning them into a Generalized Anxiety Disorder.

The DSM-5 has opened the gate even further to the already existing problem of misdiagnosis of a Posttraumatic Stress Disorder in forensic settings. Specifically, the DSM-5 allows for the diagnosis of a Posttraumatic Stress Disorder in individuals who have simply learned about a traumatic event rather than having experienced it or witnessed it directly. This has been labeled a "forensic quagmire" regarding who is entitled to compensatory damages in lawsuits.

The DSM-5 has created a Somatic Symptom Disorder, which will lead to many individuals with medical illness being misdiagnosed as being mentally ill and create havoc in forensic psychology.

The DSM-5 has introduced the concept of "Other Unspecified" diagnostic categories, which encourage clinicians and forensic evaluators to arrive at creative diagnoses that lead to excessive treatment with medication and to what has been called "mischief in the courtroom."

The DSM-5 has removed the IQ requirement for diagnosing Intellectual Disability, which reduces the validity and reliability of that diagnosis that portends to have severe forensic implications.

The DSM-5 has redefined Psychological Factors Affecting a Medical Disorder to allow a mental health professional's subjective opinions about the cause of physical symptoms to define a psychiatric disorder, creating a new class of compensable psychiatric injuries.

The DSM-5 has a Paraphilia section that has been characterized as being "an ambiguous hodgepodge" that "will surely be misused in sexually violent predator hearings where every word is given legal spin."

The DSM-5 contains a variety of obvious verbal errors such as in the discussion of mania in Depressive Disorders where it incoherently specifies that a diagnostic requirement is that the **"**symptoms are present nearly every day during the majority of days of a major depressive episode." Or how about this sentence from the discussion of Erectile Disorders on page 427, "There is minimal evi-2t most of these problems spontaneously remit without professional intervention, but some men may continue to have episodic problems." Perhaps you can be the first on your block to decipher the meaning of these words or the concept "evi-2t."

The DSM-5 contains what has been characterized as having multiple "amateurish mistakes" in the text because of the methods by which it was produced and a rush to publish motivated by economics. In this regard, the DSM-5 critics point out that a truly large proportion of the APA budget is funded by DSM-5 profits, which are produced as a result of the significantly greater cost of the manual than the DSM-IV or the DSM-IV-TR.

The bottom line is that the mental health community is outraged over a diminution in standards and a destruction of evidence-based medicine in favor of a subjective diagnostic realm with extraordinarily weak standards for making important decisions, taking care of people and facilitating justice in the medical-legal community. Only time will tell if the DSM-5 will survive the heat.

This is the fifty-sixth of a series of monthly newsletters aimed at providing information about psychological evaluations and treatment that may be of interest to attorneys and insurance adjusters working in the areas of workers' compensation and personal injury. If you have not received some or all of our past newsletters listed on the next page, and would like copies, send us an email requesting the newsletter(s) that you would like forwarded to you.