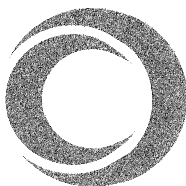

AMERICAN COUNSELING ASSOCIATION

June 11, 2012

John Oldham, MD
President, American Psychiatric Association
1000 Wilson Boulevard, Suite 1825
Arlington, VA 22209-3901

Dear Dr. Oldham:

I am sending this letter on behalf of over 50,000 members of the American Counseling Association (ACA), the largest association for professional counselors in the United States. We are responding to your open call for final comments on the proposed revisions to the *Diagnostic and Statistical Manual of Mental Disorders, Edition Five* (DSM-5) . We collected comments and concerns from our members and had them reviewed by the ACA DSM-5 Task Force. Here is the resulting feedback from the American Counseling Association:

- Culture and gender play an important role in mental health and we are therefore pleased with the Cultural Formulation Interview. Although the Cultural Formulation Outline was present in the DSM-IV, the addition of the interview gives professional counselors a tool that can be used to apply material related to culture.

- We are also pleased to see the clarification for determining the differences between bereavement/other losses and major depression. In addition, adding language to Major Depressive Disorder criteria to help differentiate between normal bereavement associated with a significant loss and a diagnosis of a mental disorder is a helpful, clarifying change.

- ACA applauds the recommendations made by the Personality Disorders Work Group to reduce the current ten categories to six specific personality disorder types (antisocial, avoidant, borderline, narcissistic, obsessive/compulsive and schizotypal).

- While Disruptive Mood Dysregulation Disorder falls under the category of Depressive Disorders, much of the rationale comes from the Bipolar workgroup. This suggests that Disruptive Mood Dysregulation is a precursor to a later diagnosis of Bipolar disorder. We therefore propose that DMD be listed under Bipolar Disorders.

- The one-dimensional nature of the new Substance Use Disorder category is too broad, making it difficult to determine appropriate treatment or levels of care. Further, the threshold is low (two of eleven for Mild) and may result in dramatic increases in diagnoses of this disorder, particularly as it applies to alcohol use in young people. This could also result in stigmatizing individuals whose substance use/abuse problems are intermittent, temporary, or based on environmental and developmental factors.

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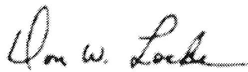
- The Substance Related Disorders Workgroup needs to provide a rationale as to why they replaced "nicotine" with "tobacco," especially considering that nicotine is the actual addictive substance that is found in tobacco products. When we consider nicotine replacement therapies (gum, sublingual tablets, inhalers, lozenges, and patches), we see that treatments focus on the nicotine, not the tobacco. ACA therefore proposes that the nomenclature of nicotine not be changed.

- The stated purpose of the dimensional assessments was to provide clinicians with additional information to assist with assessments, treatment planning, and treatment monitoring. ACA President Lynn Linde's letter of April 16, 2010, stated that mental health counselors have long documented limitations to the purely categorical approach to diagnostic classification. The current categorical system encourages counselors to look for client behaviors that fit solely within the diagnostic structure (Ivey& Ivey, 1998; Malik & Beutler, 2002; White, 2002), focuses little on clients' contextual factors (Eriksen & Kress, 2006; Maracek, 1993), and minimizes peoples' individual uniqueness (Denton, 1989). Furthermore, low clinical validity, high use of NOS diagnoses, and high comorbidity have been widely documented (Widiger & Samuel, 2005). Given these concerns, we stand in agreement with the American Psychiatric Association's Assembly in their rejection of the proposed dimensional assessments.

Overall, we believe considerable strides have been made toward improving all diagnostic criteria in the proposed revisions to the DSM-5. Thank you again for your thoroughness, and I hope we can continue to foster a relationship between the American Psychiatric Association and the American Counseling Association.

Sincerely,



Don W. Locke
ACA President

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