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August 17, 2011

Don W. Locke
ACA President
American Counseling Association
5999 Stevenson Avenue
Alexandria, VA 22304

Dear Dr. Locke:

I am currently president of the Association for Assessment in Counseling and Education (AACE). Because the mission of AACE is to promote excellence in the development and use of assessment and diagnostic techniques in counseling, we have been monitoring the ongoing development process of the DSM-5. As a division of ACA, we have several concerns about the DSM-5 that we wish to convey to you.

Lack of Standardized Methodology

We have grave concerns about the reports that the DSM-5 work groups prepared their proposed revisions without the benefit of standardized methodology for conducting literature reviews, as well as no oversight in reviewing or editing the work groups' proposals. We have reviewed the rationales for proposed revisions on the DSM-5 website and are concerned about the inconsistency in thoroughness, quality, methodology, and clarity of the proposed revisions. Overall, we question the science supporting these revisions and the credibility of the resulting manual.

Poor Field Trial Research Design

Many of the AACE members are researchers who are highly qualified and very experienced in the process of conducting empirical research studies. Upon review of the DSM-5 field trial research design, we question why the DSM-5 Task Force has chosen to *not* evaluate diagnostic concordance between DSM-5 proposed revisions and DSM-IV disorders. This type of analysis was conducted for DSM-III-R and DSM-IV. It's a very important step in evaluating the validity of the proposals as well as in predicting prevalence rate changes for the revised disorders. This is particularly important because information about significant prevalence rate increases would play a role in the decision of including proposed revisions to the DSM-5.

Questionable Dimensional Assessments

The DSM-5 is proposing the addition of dimensional assessments (i.e., rating scales) to every disorder in the manual. We are very concerned about the type and quality of these assessments. The DSM-5 website (www.dsm5.org) provides inconsistent information about these assessments. For many of the disorders, the proposed assessments are new scales made up by the DSM-5 work groups; however, no scale development procedures or any psychometric information about these new scales is provided. In fact, for many disorders, no dimensional assessments are even posted yet. Furthermore, of the scales posted on the website, many appear overly long and complicated; as such, we question how usable these scales will be for working counselors with large case loads and time constraints.

We also question whether counselors can ethically use the proposed dimensional assessments. ACA ethical standards (2005) state that, "Counselors carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments" (E.6.a., p. 12). We are extremely concerned that the DSM-5 Task Force is proposing compulsory use of assessment instruments for diagnosis without providing any psychometric information about these scales.

Request for ACA

The publication of the DSM-5 has great implications for the counseling profession. Diagnosis using the DSM is a key part of counselors' work in assessing, diagnosing, and treating clients. For years, we have relied on the American Psychiatric Association (APA) and the DSM for guidance in the diagnosis process; yet, the inadequate methodology used in developing the proposed revisions DSM-5 leave us wondering if we should continue. We ask that ACA further investigate these issues and issue a position statement alerting members whether they should endorse and use the new manual or not.

Sincerely,



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