

April XX, 2017

AN OPEN LETTER TO:

American Psychological Association
750 First St. NE
Washington, DC 20002-4242

American Psychiatric Association
1000 Wilson Boulevard, Suite 1825
Arlington, VA 22209-3901

American Counseling Association
6101 Stevenson Ave, Suite 600
Alexandria, VA 22304

National Association of Social Workers
750 First Street, NE, Suite 800
Washington, DC 20002

The undersigned organizations join with the International Society for Ethical Psychology and Psychiatry (ISEPP) in petitioning the American Psychological Association, American Psychiatric Association, American Counseling Association, and the National Association of Social Workers for ethical guidance in the face of substantial and growing concern that the Diagnostic and Statistical Manual of Mental Disorders (5th Edition) (DSM) is invalid¹. By far, the most significant threat to the DSM's validity is the lack of scientific evidence that would demonstrate a neurobiological pathology basis of mental disorders. Using an invalid tool is contrary to our codes of ethics.²

Of particular note was the alarming declaration in 2013 by the Director of the National Institute of Mental Health (NIMH), the leading figure in mental health research and services for the United States government, that the DSM's "weakness is its lack of validity"³. The Director called for a new system of diagnoses based on real diagnostic biomarkers of real neurological defects. The significance of the Director's

¹For reviews of this problem, see: British Psychological Society. (2013). Division of Clinical Psychology position statement on the classification of behaviour and experience in relation to functional psychiatric diagnoses: Time for a paradigm shift. Retrieved from <https://dxrevisionwatch.files.wordpress.com/2013/05/position-statement-on-diagnosis-master-doc.pdf>; Ghaemi, S. (October 14, 2013). Why DSM-III, IV, and 5 are Unscientific. *Psychiatric Times*. Retrieved from <http://www.psychiatrytimes.com/blogs/why-dsm-iii-iv-and-5-are-unscientific>; Phillips, J. (January 8, 2013). DSM-5 Field Trials: What Was Learned. *Psychiatric Times*. Retrieved from <http://www.psychiatrytimes.com/dsm-5/dsm-5-field-trials-what-was-learned>.

² Whereas the DSM's reliability has also been in question, its validity trumps reliability. A reliable but invalid system is useless at best and dangerous at worst.

³ <https://www.nimh.nih.gov/about/directors/thomas-insel/blog/2013/transforming-diagnosis.shtml>

pronouncement cannot be overstated. His statement was tantamount to saying the DSM is a catalogue of invalid diagnoses of false diseases.

But despite its lack of validity, the DSM remains the official diagnostic manual and those of us who are in the professions of helping must continue to rely on it if we agree to provide services to individuals who choose to use their health insurance benefits. How are we to provide ethical services to vulnerable populations in the face of this demand to perpetuate false information and negate informed consent?

We are in an ethical double bind. On one hand, we must knowingly use an invalid manual to help people in need, as health insurance companies require a diagnosis for services to be reimbursed. On the other hand, if we refuse to use the manual, most people will not be able to afford services and will go without help.

To further intensify this problem, above and beyond the question of validity, DSM diagnoses can be harmful. Such a diagnosis in one's record can jeopardize eligibility for employment, security clearances, military service, and insurance coverage. It can also damage one's self esteem, as a DSM diagnosis can send the message of an innate neurobiological defect when in fact there is no evidence of such defect. Lastly, the diagnosis can stereotype, promote misunderstanding of oneself and others, and lead to maltreatment by society at large. These problems are particularly impactful on young people who have yet to transition into adulthood.

So, we are left with a dilemma. In order to serve people in need, DSM diagnoses must be used. However, these diagnoses are knowingly invalid and potentially harmful to the individual being diagnosed. Some practitioners attempt to minimize potential harm by explaining these problems and obtaining informed consent to continue. However, most practitioners are either not aware of the problems or they choose not to inform their clients. More importantly, though, does informed consent really justify the use of an invalid and potentially harmful tool?

By knowingly promoting a system that defies scientific principles, misleads our clients and the public, and can potentially harm people, we are directly defying the ethical principals established by the above organizations. In short, using the DSM runs contrary to our fundamental principle of "do no harm." It is for this reason that we make this petition.

Chuck Ruby, Ph.D.
Executive Director
International Society for Ethical Psychology and Psychiatry