Psychodiagnosis and the DSM-5

Where we’ve been, where we’re at, and where we’re going

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Workshop Description
The DSM-III/IV era has witnessed significant advances in research on psychopathology and clinical intervention. Although the purpose of psychiatric diagnosis is to provide a bridge between people’s problems and effective treatments, this link has been under-developed for a variety of historical, theoretical, scientific, and practical reasons. In this three part workshop, the presenter will review changes in the diagnosis of psychopathology from the DSM-IV to DSM-5 in the context of broader historical and theoretical issues of diagnosis. In addition to focusing on concrete differences in diagnostic criteria across editions of the DSM, the presenter will also highlight empirical evidence for these changes. Furthermore, research suggesting the need for more dramatic changes to how psychopathology is organized and diagnosed in future editions of the manual will be reviewed, with an emphasis on the potential for the further enhancement of clinical utility. Throughout the workshop, connections will be made to day to day practice in the consulting room.

Presenter Biography
Christopher J. Hopwood, Ph.D. is an assistant professor of clinical psychology at Michigan State University, licensed clinical psychologist in the state of Michigan, and Director of the Michigan State University Psychological Clinic. He received his PhD from Texas A&M University and completed his clinical internship at Massachusetts General Hospital/Harvard Medical School. Dr. Hopwood was the recipient of the Samuel J. Beck Early Career Award from the Society for Personality Assessment. He has published 2 books and over 100 journal articles and book chapters on personality, assessment, psychopathology, and interpersonal processes. He is currently an Associate Editor of the Journal of Personality Disorders and the Journal of Personality Assessment, a Consulting Editor for a number of other journals, and a board member of the Society for Interpersonal Theory and Research and the National Association for the Scientific Study of Personality Disorders.

Part I: The Past: Competing Theoretical Model of Psychopathology
Medicine provides the important lesson that historically, advances in diagnosis have sprung from insights that integrate basic science with clinical practice. We will begin by reviewing examples of how such insights led to novel and effective treatments. We will then compare these integrative examples with the development of diagnostic models in psychiatry. This review will highlight how psychiatric diagnosis continues to be hampered by ostensibly incompatible theoretical perspectives and broad suspicion between basic researchers and practitioners and across training models. Competing theoretical models of psychopathology will be reviewed in terms of their historical roles in shaping diagnosis, their fidelity to contemporary basic research findings, and their strengths and weaknesses for informing diagnosis and clinical practice. The goal of this review is to provide a broad context for focal changes in the DSM-5, and to provide a framework for thinking about future advancements in psychiatric diagnosis.
Learning Outcomes
1. Discuss current focal debates about diagnosis in the context of broad historical, theoretical, and empirical issues in mental health.
2. Identify the strengths, weaknesses, and potential contributions of various theoretical models to contemporary diagnostic practice.
3. Provide the basis for considering the proposed changes in the DSM-5 in the broader context of these historical themes and findings from basic psychopathology research.

Part II: The Present: Proposed changes to the DSM-5
When the individuals in charge of the DSM-5 initiated the revision process, they made bold claims about the transformative potential of the revision. We are now close to the release of the manual, and it is fair to say that the DSM-5 includes some broad changes but is also tempered by conservative impulses to a greater degree than was originally envisioned. For instance, while chapters are now organized developmentally rather than arbitrarily, they continue to fail to map onto evidence-based models of the structure of psychopathology. Another example is that while an evidence-based model of individual differences has been introduced to the manual, it is not explicitly linked to formal psychiatric diagnosis. Although the manual has not been released and no decisions are yet final, expected changes to the implementation of the manual in general and in the criteria for specific disorders will be discussed in terms of their evidentiary basis and implications for clinical practice.

Learning Outcomes
1. Discuss the process of the DSM-5.
2. Describe familiar with changes to the organization and implementation of the DSM-5.
3. Describe specific changes to diagnostic criteria for DSM-5 disorders, review the empirical basis for these changes, and consider the implications of these changes for practice.

Part III: The Future: DSM-5.1 and Beyond
Whereas the DSM-5 is a practical document driven by a heavily political process, empirical research is bold and future-oriented. Indeed, changes in the DSM-5 could have been considerably more progressive from an empirical perspective. One strength of the DSM is that its potential to respond to empirical changes has been built into the manual in a number of ways, as signified by the transition to Arabic numerals. In this context, we will discuss ways in which psychodiagnosis could be brought further in line with current empirical evidence towards enhanced clinical utility. The link between evidence and practical utility will be emphasized, given that this connection has been the basis for transformative changes to medical practice and that there continues to be considerable disconnections between researchers and practitioners of mental health. An evidence-based and theoretically-integrative model designed to bridge science and practice through diagnosis will be presented using illustrative case material.

Learning Outcomes
1. Consider the limitations of the DSM-5 for clinical practice.
2. Orient to the direction that empirical research suggests for future editions of the DSM.
3. Develop the ability to use integrative models of personality and psychopathology to better understand patients, organize assessment data, and implement interventions.