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Editorial Open Access

Clinical Judgement and the DSM5

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Editorial

One premise that influences the dimensional approach to the DSM5 was a more useful research approach. Evident of this circumstance was the suggestion to make two versions of the DSM5 – one for clinical use and one for research use. However, the resolution of this was to set the classifications up with sections of "criteria sets and axes provided for further study [1]." Herein the reliability for diagnostics are described. Also, the appendices were expanded to include research area. Commonly described examples of this include the 30 dimensions found by five factor model studies of anti-social personality disorder. Thus the constraint of fixed diagnostic criteria in the old categorical model has opened the way for valuable conclusions based on clinical experience and knowledge of psychopathology [2]. Additionally, the Personality disorders classification is considered to have both a clinical and research focus [3]. Research studies have completed Five Factor Model analyses of Personality Disorder types [3].

Given the novelness of the DSM5, controversial and conflictual comments about its formation still appear as relevant considerations. However, a pragmatic view of looking to the clinical judgment emphasis gained from the dimensional nature is advantageous [4]. The constraint of a categorical model with fixed, operational domains, while providing parity to operational definition, gives little to clinical decision making [5]. The clinical experience gained from exposure, understanding and sensitivity to a myriad of individual norms of expression provides essential context to the symptom presentation. The clinical decision making necessary to evaluate the presence of symptoms in a criteria set and determine if the severity level constitutes a mental disorder predicates sound clinical judgment [5,6]. The issue of dimensionality in the DSM5 is not so much to accommodate a research agenda or provide a balance component for operational definition and clinical diagnoses but rather that provides empirical guidelines for clinical judgment.

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