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Our New DSM 5

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With the generation and implementation of the DSM5 clinical diagnosis has reached a level of application not seen in the history of the field. The DSM5 requires the clinician to tailor a diagnosis to the individual patient with the integration of Neurodevelopmental and Neurobehavioral context to the symptom severity expressed. This compassionate intellectual endeavor is one, or could be the one reason that many have decided to become a Professional Psychologist. Beyond the surface of agreeable responsibilities of our professional efforts, diagnosis with the DSM5 is now broadened and intensified to a more substantive level using empirically derived data linked to manifestation of the symptoms [1].

There is an aspect that the DSM5 is being used out of compliance. One impetus to the development of the DSM5 from the DSM IV system was the unmet need of parity with the ICD system; this is warranted by the compliance to insurance claims and professional communications. The utility, currently of the DSM5 is due to more clinical judgment in the diagnostic process. The dimensional approach positions the clinician to a more careful diagnosis that takes into account the patients functioning within the context of the symptom intensity.

Controversial views of the DSM5 continue to be presented [2]. Some views are from the point of view of diagnostic categories being collapsed (e.g., Asperger's). Other criticism of the DSM5 are in terms of the loss of the the axis system. Another criterion that is popular posits that the old DSM had parity with the ICD systems. These and other views have received rebuttal.

Some observations based in the short time with the DSM5 point to the general utility for clinical practice [3]. The popular positive views comment on the conceptual utility of neurobehavioral and neuro-developmental contexts [4]. Less comments, but still favorable, center on the aptness of clinical judgment exercise in diagnosis using the DSM5. The dimensional nature of a diagram exacts a conceptual platform by the clinician to consider layers of the patient' presentation-much like a hyperlink in a good webpage to the vast amounts of further information, However, an advantage is seriously gained in the field with this thoughtful and thought-inducing diagnostic system [5].

The next months to years will further define the advantage and limitations to the system. The current highlights of a shift focus away from a fragmented axial stance to a broad, dimensional approach to considering patient symptom profile certainly highlights clinical judgment. We have been in effect, upgraded in the expectations and resources of our diagnosing with the DSM5.Further examination and training may result in modifications of the DSM5.Right now, it seems, we have been given permission for substantial thinking, reflection and clinical judgment.

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