

500 Words, 1 table, 7 references

Issues for DSM-V; Unintended Consequences of Small Changes: The Case of  
Paraphilias

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Although DSM-IV-TR includes many close judgment calls that could plausibly have gone another way, it contains only one outright mistake -- in criterion A of the Paraphilia section. The enormously disturbing unintended consequences that followed what we thought was just a small wording change provide a cautionary tale for DSM-V.

The mistake arose innocently enough from the decision to add the following criterion to most disorders in DSM-IV: "the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning." This addition was intended to be an explicit reminder that just meeting the symptom criteria is insufficient to qualify as a mental disorder (1). In the Paraphilia section, the new wording replaced DSM-III-R criterion B, which had set the significance threshold based on either acting on the urges or experiencing distress (see table 1 for Pedophilia criteria). Furthermore, criterion A was amended (by adding "behavior" along with "fantasies" and "urges") to emphasize that it is behavior that most typically brings individuals to clinical attention.

The reworded definition resulted in two unanticipated problems. First, conservative religious groups mistakenly worried that this change was a signal that the APA was moving towards eliminating Pedophilia from the DSM by requiring that the individual experience distress or impairment (2-4). To eliminate this confusion in DSM-IV-TR, the original DSM-III-R criterion B was re-instated in DSM-IV-TR for those paraphilias

involving non-consenting victims (i.e., Pedophilia, Voyeurism, Exhibitionism, Frotteurism, and Sexual Sadism) (5).

The minor adjustment in the criterion A wording ultimately caused a far more damaging unintended consequence. This was in the application of the paraphilia definition in the context of state statutes authorizing the indefinite civil commitment of sexually violent predators (SVP) after their prison terms are completed. The constitutionality of SVP commitment statutes depends on the requirement that a violent sexual offender has a "mental abnormality" that makes him commit sexual offenses (6). This means that the presence of a paraphilia is almost always a key piece of evidence in SVP civil commitment adjudications. Unfortunately, many forensic evaluators have mistakenly concluded that the revised wording of criterion A (i.e., including "or behaviors") allows them to diagnose paraphilia based on a history of repeated acts of sexual violence and that this satisfies the statutory mandate for the presence of mental disorder (7). This was never our intent in DSM-IV. Defining paraphilia based on acts alone blurs the distinction between mental disorder and ordinary criminality. Decisions regarding possible lifelong psychiatric commitment should not be made based on a misreading of a poorly worded DSM-IV criterion item.

We greatly regret the confusion caused and have two recommendations based on this experience: 1) criterion A for Paraphilias should be restored to its DSM-III-R wording (i.e., remove the phrase "or behaviors") in DSM-V (if not sooner); and 2) because of the potentially unforeseen consequences of rewording criteria (not to mention the disruptive

nature of all changes), tinkering with criteria wording should be done only with great care and when the advantages clearly outweigh the risks.

## References

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Table 1: Comparison of DSM-III-R, DSM-IV, and DSM-IV-TR criteria for Pedophilia

DSM-III-R	DSM-IV	DSM-IV-TR
<p>A. Over a period of at least six months, recurrent intense sexual urges and sexually arousing fantasies involving sexual activity with a prepubescent child or children (generally age 13 or younger).</p>	<p>A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, <i>or behaviors</i> involving sexual activity with a prepubescent child (generally age 13 years or younger)” (italics added).</p>	<p>A. Over a period of at least 6 months, recurrent, intense sexually arousing fantasies, sexual urges, <i>or behaviors</i> involving sexual activity with a prepubescent child (generally age 13 years or younger) (italics added)</p>
<p>B. The person has acted on these urges, or is markedly distressed by them.</p>	<p>B. The fantasies, sexual urges, or behaviors cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.”</p>	<p>B. The person has acted on these urges or is markedly distressed by them</p>