To facilitate the work of the DSM Steering Committee (SC), we require that all proposals for change to DSM-5 be submitted in a standard format (called a “Proposal in Support of Change” or PSC). “Change” is defined as the addition, deletion, or modification of diagnostic categories or criteria.

Five types of proposed changes are anticipated:

**Type 1: Changes to an existing diagnostic criteria set.**

For Type 1 changes, the PSC would need to provide substantial evidence that the proposed changes would markedly improve at least one of the following:

- **Type 1a.** Validity of an existing diagnostic criteria set.
- **Type 1b.** Reliability of a diagnostic criteria set, without an undue reduction in validity;
- **Type 1c.** Clinical utility of a diagnostic criteria set, without a reduction in validity or reliability

or would substantially reduce:

- **Type 1d.** Deleterious consequences associated with a diagnostic criteria set, without a reduction in validity

**Type 2: Addition of a new diagnostic category or specifier**

For Type 2 changes involving a new category, the PSC must provide substantial evidence that the proposed category would accomplish all of the following:

- Meet criteria for a mental disorder (see DSM-5, p. 20);
- Have strong evidence of validity;
- Be capable of being applied reliably (i.e., at least moderate reliability has been demonstrated);
- Manifest substantial clinical value (e.g., identify a group of patients now not receiving appropriate clinical attention; facilitate the appropriate use of available treatment[s]);
- Avoid substantial overlap with existing diagnoses, and not be better conceptualized as a subtype of an existing diagnosis; and
- Have a positive benefit/harm ratio (e.g., acceptable false positive rate; low risk of harm due to social or forensic considerations).

For type 2 changes involving the addition of a new specifier or subtype, the PSC should provide substantial evidence that the new specifier/subtype:

- Has strong evidence of validity (e.g., identifies a subgroup of patients with a common biological marker) or clinical utility (e.g., identifies a subgroup of patients that responds to the same treatment),
- Can be applied reliably, and
- Avoids substantial overlap with existing specifiers or subtypes
Type 3: Deletion of an existing diagnostic category or specifier/subtype

For Type 3 changes involving the deletion of an existing category, the PSC must provide substantial evidence that the existing category:
- Has weak evidence of validity, and
- Has minimal utility (e.g., is rarely used in clinical practice or research), or
- Does not meet criteria for a mental disorder or is better conceptualized as a subtype of an existing diagnosis.

For Type 3 changes involving the deletion of an existing specifier or subtype, the evidence required for the PSC will vary depending on the nature of the specifier/subtype. For specifiers/subtypes that are simply descriptive (e.g., alcohol withdrawal, with perceptual disturbances), the PSC should provide substantial evidence that the specifier/subtype:
- Has minimal utility (e.g., is not useful or is rarely used in clinical practice or research)

For specifiers/subtypes that have predictive or treatment implications, the PSC should provide substantial evidence that the specifier/subtype:
- Has evidence of poor validity, or
- Causes deleterious consequences that would be remedied by deleting the specifier/subtype

Type 4: Corrections and clarifications (including changes aimed at improving the understanding and application of an ambiguous diagnostic criterion, specifier, or text).

For Type 4 changes involving correction or clarification of the wording of a criteria set, specifier, or text, the PSC should provide:
- Clear, common sense evidence that the change is merited, and
- An analysis of the advantages and disadvantages of the proposed change

Type 5: Changes to the Text (not necessitated by changes to diagnostic criteria)

For Type 5 changes involving alterations of the DSM text that are not necessitated by changes to diagnostic criteria, the PSC must provide clear, commonsense evidence (and when available, empirical evidence) that:
- The current text could result in errors in diagnosis, which would be avoided by the proposed change(s); or
- The current text could lead to other harms to patients, which would be avoided by the proposed change(s); or
- The current text reflects a clear and significant error of fact.