

(Continued)

that is used. *DSM* research typically uses the diagnosis category as the independent variable. For example, individuals with anxiety according to the *DSM* are compared with a control group of individuals without anxiety. RDoC does not allow this type of approach. RDoC begins with a selection procedure. You might begin by looking at everyone who presented themselves at a VA clinic focusing on the treatment of PTSD. Another approach would be to study those who had experienced a trauma in the past month. You would then choose one or more independent variables that fit your research hypothesis. It could be distress, sleep, brain imaging, and so forth.

5. The fifth point relates to a search for an integrated understanding of behavioral and brain processes. This is understood in the RDoC approach to mean that both the behavioral measure and the brain measure or other physiological measure would be valid in themselves as a component of a particular

disorder. The *DSM*, on the other hand, emphasizes signs and symptoms, without using specific neuroscience measurement techniques.

6. The sixth point reflects the different development trajectories of the *DSM* and RDoC. RDoC began with a focus on those disorders with solid research. Although the *DSM* seeks to be informed by research, the disorders included began with historical precedence.
7. Since RDoC is an experimental approach to understanding mental disorders, it can change as new information is obtained. This has less of an effect on society in terms of insurance payments, legal considerations, and the collection of prevalence rates. That is, every time diagnostic criteria for a *DSM* disorder changes, older studies of a disorder with different criteria must be reconsidered.

**Thought Question:** What are the advantages and disadvantages of *DSM-5* and RDoC?