This Month's Highlights

♦ **Feasibility and Utility of *DSM-5***
The introduction of changes in *DSM-5*, such as revised diagnostic criteria and use of patient-reported symptom and disability measures, underscored the need to field test the draft manual in everyday settings. This month's lead article reports results from the *DSM-5* Field Trials in Routine Clinical Practice Settings. Researchers recruited clinicians from a wide array of backgrounds: psychiatrists, licensed clinical psychologists, clinical social workers, advanced practice nurses, licensed counselors, and licensed marriage and family therapists. A total of 621 clinicians reported data for 1,269 adult and child patients from October 2011 to March 2012. As Eve K. Mościcki, Sc.D., M.P.H., and colleagues report, clinicians found the manual easy to use. Three-quarters considered the *DSM-5* approach to be better than that of *DSM-IV*. Patients, who completed questionnaires about cross-cutting symptom domains and measures of disability, felt that the questionnaires would help the therapist better understand their problems (page 952).

♦ **Impact of Parity Laws**
Forty-nine states have passed laws to help ensure that insurance coverage for mental health conditions is on par with coverage for general medical conditions. Two studies this month examine how these laws affect services. To assess the impact of Oregon's 2007 parity law, Neal T. Wallace, Ph.D., and K. John McConnell, Ph.D., compared follow-up care after psychiatric hospitalization of patients enrolled in insurance plans differentially affected by the law. Follow-up rates increased among enrollees in parity plans. Persons with serious mental illnesses and children and young adults, who in the past were more likely to have met coverage limits, were most likely to benefit (page 961). Lucy A. Bilaver, Ph.D., and Neil Jordan, Ph.D., examined effects of parity laws, which vary widely by state, on access to autism services for privately insured children. They found that higher out-of-pocket costs may be offsetting improved access. Families in states with strict parity laws were more likely to report annual out-of-pocket spending greater than $1,000. Families in states where the strict laws specifically included autism were the most likely to report unreasonable out-of-pocket expenses (page 967). In Taking Issue, Howard H. Goldman, M.D., Ph.D., notes that the nature of these and similar studies underscores our high expectations of parity (page 939).

♦ **Recovery Measures: A Review**
Personal recovery is central to mental health policy, and measuring the experience of recovery is a priority. Do existing instruments adequately assess this personal and unique process? Vicki Shanks, B.Sc., M.Sc., and colleagues conducted a literature review to analyze current measures in terms of their fit with recovery and their psychometric adequacy. They identified 13 measures and compared how well each assessed five domains in the CHIME recovery framework (connectedness, hope and optimism, identity, meaning and purpose, and empowerment) and the extent to which each demonstrated nine psychometric properties. The authors concluded that no measure can be unequivocally recommended, although the Questionnaire About the Process of Recovery most closely maps to the CHIME framework (page 974).

♦ **Designing a Better EMR**
Many clinicians have had the experience of being handed a heavy patient file with thousands of historical notes to review for an intake. Some electronic medical records (EMRs) are not much better in terms of presentation of information. Scott I. Vrieze, Ph.D., and colleagues hope to change that. In this month's Best Practices column they present an EMR that organizes key information into a graphical, single-page dashboard. The prototype dashboard summarizes information on a patient's current and past providers, diagnoses, therapeutic interventions, prescriptions, dosages, and outcomes. The authors also tested a brief, two-question instrument that can provide needed outcome data to monitor a patient's progress (page 946).

♦ **Defending the Insanity Defense**
The Idaho legislature abolished the insanity defense in 1982. Thus, when a defendant in a multiple-murder case came to trial in 2009, he was unable to plead insanity, even though evaluators found him severely psychotic. After he was convicted, Idaho's supreme court rejected his appeal, holding that there is no constitutional right to an insanity defense. In this month's Law & Psychiatry column, Paul S. Appelbaum, M.D., describes what happened when the case—supported by a friend-of-the-court brief submitted jointly by the American Psychiatric Association and the American Academy of Psychiatry and the Law—was taken to the U.S. Supreme Court (page 943).

Briefly Noted . . .

♦ Four exemplary programs are recipients of the 2013 APA Achievement Awards, to be presented at the Institute on Psychiatric Services in Philadelphia later this month (page 1064).