Reviewer’s report

Title: A New Conception and Subsequent Taxonomy of Clinical Psychological Problems

Version: 1 Date: 20 Dec 2018

Reviewer: IRINA TROFIMOVA

Reviewer’s report:

Dear Editors and the Author,

I don't wish to enter into a lengthy polemic with the author as my first review was quite extensive. I will simply point out that for the most part my comments were not addressed. The author simply mentioned that there are many psychiatrists who are unhappy with current taxonomies (no doubt about this), and used it as an argument defending his suggestion for separating psychological and psychiatric taxonomies. However, he does not make the case for such a separation and does not provide an efficient classification system even for psychological diversity or for "psychological problems". Few changes were made to the taxonomy proposed by this author, and this taxonomy simply repeats categories already used by the current psychiatric classifications (DSM/ICD).

Moreover, the proposed coding, unfortunately, reflects neither the full complexity of psychopathology nor offers a more efficient way of coding psychopathology. The examples given in Table 7 could be easily derived from existing classifications (DSM, ICD) simply by using a Comorbid specifier (for example, Comorbid Anxiety and Depression; Comorbid Depression and Substance Abuse). Shuffling the codes doesn't solve the main flaws of current psychiatric taxonomies such as overlapping diagnoses, insufficient neurophysiological justification for the structure of these taxonomies, and (in the example of the HiTOP model) obsessions with dimensionality approach.

It seems that the only difference, in the author's opinion, between psychological problems and clinical psychological problems is the chronicity of symptoms (Table 1). If so, what is wrong with just using a specifier for the chronicity of the diagnosis (chronic, acute) rather than not complicating the classification with new sets of categories? In the Table 2 the author considers normal psychological reactions under "general psychological problems" (are they problems or are they not?), and grief reaction as something transient (this is hard to agree with). Moreover, the author implies that the diagnoses listed in the column with Clinical Psychological Problems are rather stable states. In reality, patients suffering from these psychiatric disorders have "good days and bad days", so the criterion of their persistence is rather unfruitful. Moreover, one of the author's arguments for having a special PMC taxonomy is that psychiatric diagnoses somehow refer to different behavioural aspects rather than psychological ones, and relate more to neurophysiological imbalances than psychological cycles. Yet, his list of psychological problems, that should be in his view a subject of psychological taxonomies, includes problems that mostly arise from psychophysiological problems - pain, acute stress, binging, tantrums, diet.
In brief, the author did not make a good case for a separation between psychological and psychiatric taxonomies, or for the use of the PMC concept.

In my previous review I advised the author to limit the paper just to underlining the need for using a "cycles" concept in developing new taxonomies. His diagrams (eg. Figure 2) are not very sophisticated or novel, but just remind the reader of the most well-known cycles in psychopathology. It seems that the author didn't follow my advice, and kept the main body of the paper untouched, only expanding it by a discussion of the dimensional approach. The paper became simply unreadable as it has too many comments about too many issues.

The author also over-estimates the effect of CBT, considering only evidence in favour of using this type of therapy. Such a bias is not advisable for a reputable journal such as BMC Psychiatry.

In summary, I recommended a major revision in my previous review, and the revision of this manuscript was rather light and superficial. I don't feel that the manuscript has been improved in terms of its major deficiencies. It is a pity that such a massive manuscript has to be rejected but, unfortunately, that what I recommend: rejection. In my opinion, the manuscript does not meet the standards of scientific rigor and accuracy that BMC Psychiatry is maintaining, and it doesn't deliver the promises described in its abstract. The offered model simply recycles the DSM categories and suggests coding that could be easily accomplished with regular specifiers of chronicity and comorbidity.

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No

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