

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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UNITED STATES OF AMERICA : 11 Cr. 897 (JFK)

-against- :

MANSSOR ARBABSIAR, :

GHOLAM SHAKURI, :

Defendants. :

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**DECLARATION OF MICHAEL B. FIRST, M.D., IN SUPPORT OF MR.
ARBABSIAR'S MOTION TO DISMISS THE INDICTMENT OR, IN THE
ALTERNATIVE, TO SUPPRESS.**

I, Michael B. First, M.D., declare as follows:

Background and Qualifications

1. I am a Professor of Clinical Psychiatry at Columbia University in New York and a Research Psychiatrist at the New York State Psychiatric Institute. I obtained my Medical Degree from the University of Pittsburgh School of Medicine in 1983. I then did my residency in Psychiatry at the New York State Psychiatric Institute/Columbia University Department of Psychiatry followed by a two-year fellowship in Biometrics Research, which is a specialty in the diagnosis and assessment of psychiatric disorders. I am Board Certified in Psychiatry. A copy of my current curriculum vitae is attached as Exhibit A.
2. I am the Editor of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR). The DSM-IV-TR is the current edition of the American Psychiatric Association's manual that provides scientifically-based definitions of mental disorders. The DSM-IV-TR is the standard text for defining and diagnosing mental disorders. The text is used by mental health professionals, other health care professionals, administrators, policy makers and lawyers in the United

States and internationally. The manual is 944 pages and provides diagnostic criteria for over 250 mental disorders. It is one of the largest selling medical texts ever, the current edition having sold over 1.2 million copies. I was also the editor of text and criteria of the 4th edition which was published in 1994 and I was the editor and co-chair of the Revision Workgroup of the DSM-IV-TR which was published in 2000. I was also co-editor of the Research Agenda for DSM-V, which represented the first phase of the DSM-V planning process. I was also co-principal investigator and a member of the Steering Committee overseeing the National Institute of Mental Health, National Institute of Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism funded DSM-V/ICD-11 diagnostic research conference co-operative agreement. I am also an external consultant to the National Institute of Mental Health's Research Domain Criteria project.

3. I am the chief technical and editorial consultant to the World Health Organization and am centrally involved in the revision of the mental disorders chapter of the International Classification of Diseases. This is the classification system used by mental health professionals outside of the United States. The 11th edition of the International Classification of Diseases is underway and is expected to be completed in 2016.
4. I am the lead author of the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I) and the Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II) which are assessment instruments useful in both clinical and research settings for making reliable and valid psychiatric diagnoses. The SCID-I is the most widely used structured diagnostic interview instrument in the United States.
5. I have given hundreds of lectures both in the United States and around the world about psychiatric diagnosis and clinical assessment, having trained thousands of researchers and clinicians.
6. I have been a consultant to a number of pharmaceutical companies for the purpose of training psychiatric investigators participating in clinical trials of new psychiatric medications. The training focuses on how to make reliable psychiatric diagnoses. The diagnoses are used to decide whether to include subjects in the protocols, a

crucial step in the U.S. Food and Drug Administration's procedure for approving medication for a specific diagnostic indication.

7. I have consulted with the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) since 2007 on the National Survey on Drug Use and Health (NSDUH) Mental Health Surveillance study. This Survey is the largest annual survey commissioned by the government for determining rates of mental disorders and drug use in the general population. I am also consulting with the Henry M. Jackson Foundation on the STARRS project. This project measures the prevalence of mental disorders in the Army, develops the diagnostic interview tool and supervises the training of interviewers.
8. I have consulted with a variety of other governmental and non-governmental agencies, including the Federal Bureau of Investigation and the International Headache Society on issues of classification and diagnosis. Finally, I have personally conducted thousands of psychiatric interviews and assessments.
9. I have also served as an expert psychiatric witness in numerous civil and criminal court cases.

Examination of Mr. Arbabsiar

10. I have personally examined Manssor Arbabsiar on several occasions at the Metropolitan Correctional Center in New York, New York. I have also conducted interviews of some of Mr. Arbabsiar's family members (including his wife, son, and sister) and a close friend (Ben Mohseni).
11. In addition to these examinations and interviews, I consulted with Dr. Joel Morgan, a neuropsychologist who performed testing of Mr. Arbabsiar's cognitive functioning. I have reviewed the results of Dr. Morgan's testing, as well as the results of an MRI conducted of Mr. Arbabsiar's brain on June 13, 2012.

Diagnosis

12. Based on the examinations described above, it is my diagnosis, within a reasonable degree of medical certainty, that Mr. Arbabsiar suffers from a major mental illness known as bipolar disorder.

13. Individuals with bipolar disorder suffer from manic episodes involving an abnormally and persistently elevated, expansive, or irritable mood. DSM-IV-TR at 357. An individual in a manic episode may display symptoms of "inflated self-esteem or grandiosity, decreased need for sleep, pressure of speech, flight of ideas" and "distractibility." Id. The individual's mood is elevated, and he or she may spontaneously start extensive conversations displaying inflated self-esteem ranging from uncritical self-confidence to marked grandiosity. Id.
14. As the DSM-IV-TR indicates, an individual in a manic episode may "give advice on matters about which they have no special knowledge," and it is common for an individual suffering from a manic episode to have grandiose delusions, such that they may believe that they have a special relationship to God or some political or religious public figure. Id. Lability of mood in which the person's mood alternates between euphoria and irritability is common. The DSM-IV-TR states that the expansiveness, unwarranted optimism, grandiosity, and poor judgment displayed by an individual suffering from a manic episode may lead the person to engage in behavior and make poor decisions without regard to the likely painful consequences. Id. at 358.
15. An individual with bipolar disorder suffering from a manic episode may act recklessly and disregard considerations that would normally be important to him or her. For example, "[e]thical concerns may be disregarded even by those who are typically very conscientious." Id. at 359.
16. Typically, a manic episode occurs following a psychological stress. Id. at 360. Jet lag resulting from time zone changes can also trigger manic episodes in some individuals with bipolar disorder.
17. In my interviews of Mr. Arbabsiar, his family members and close friend, it was consistently reported to me that Mr. Arbabsiar's history includes extended episodes of depression interspersed with episodes of mania, which is consistent with a diagnosis of bipolar disorder. I understand that Mr. Arbabsiar has displayed these symptoms for numerous years.

- a. For example, I was advised that, for roughly one year around approximately 2010, Mr. Arbabsiar was severely depressed, isolating himself in his bedroom and rarely getting out of bed except to pace around his bedroom and chain smoke. This is consistent with a depressive episode typical of an individual with bipolar disorder.
 - b. In my interviews with Mr. Arbabsiar, his family and friend, it has also consistently been reported to me that, at times, Mr. Arbabsiar has periods of time in which his mood becomes elevated or expansive, and at other times irritable, during which he becomes excessively energized, speaks rapidly, becomes hypersexual, is inappropriately trusting of other people to the point where he gets taken advantage of, and needs less sleep. One noteworthy example of manic behavior accompanying these periods of elevated mood was reported by his sister, who described an incident on an airplane in which Mr. Arbabsiar decided to treat the stewardesses, pilot, and passengers seated around him to expensive bottles of perfume from the duty-free cart because he wanted to make everyone feel good. These symptoms and behaviors are consistent with manic episodes typical of an individual with bipolar disorder.
18. Individuals suffering from bipolar disorder frequently display chronic difficulties in cognitive functioning when they are between episodes. Moreover, during the mental status examination I conducted with Mr. Arbabsiar, he displayed a particular cognitive style in which he was very tangential, meandering from topic-to-topic, and it was difficult to keep him on track.
19. Based on my observations and Mr. Arbabsiar's reported history of poor cognitive function (for example, I was told by his wife and his friend that he consistently lost the keys and titles to cars when he ran a used car lot, and by his son that his father would call him several times per day to ask him the same question repeatedly), I ordered neuropsychological testing to assess his cognitive function. The testing was done by Dr. Joel Morgan.
20. The results of Dr. Morgan's testing demonstrated that Mr. Arbabsiar has impaired cognitive functioning

substantially below his premorbid capacity, consistent with what is typically seen in individuals with bipolar disorder. An MRI was also performed on June 13, 2012 at New York Downtown Hospital. The results of the MRI indicate that Mr. Arbabsiar suffers from abnormalities of the brain (mild volume loss).

Opinion

21. It is my expert opinion that Mr. Arbabsiar suffers from bipolar disorder and was likely cycling in and out of manic episodes during the period of September 29, 2011, to October 10, 2011, if not earlier. His mania may have been further triggered by the time zone change resulting from his travels from Iran to Mexico, lack of sleep, and the psychological stress of his arrest.

22. The FBI reports regarding the twelve-day period of detention following September 29, 2011, indicate that [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

23. These [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] suggesting that Mr. Arbabsiar was experiencing pressured speech, paranoid and grandiose ideation, and was in a manic state. For example:

a. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

b. [REDACTED]

c. [REDACTED]

d. [REDACTED]

[REDACTED]

e. [REDACTED]

f. [REDACTED]

24. [REDACTED]

25. An individual with bipolar disorder who is in the throes of a manic episode would have significant difficulty comprehending the circumstances surrounding a particular decision or appreciating the consequences of that decision. Individuals with bipolar disorder who are in a manic state frequently display feelings of invincibility and grandiosity. These feelings may cause them to enter into agreements that they would not otherwise enter into.

26. As described earlier, an individual in a manic episode frequently exhibits a euphoric mood with inflated self-confidence, unbridled enthusiasm for speaking with others, and poor judgment. The individual would be unlikely to be able to intelligently weigh the benefits and drawbacks of a decision to speak or not to speak and would likely engage in manic speech in which he or she would talk nonstop,

sometimes for hours on end, without regard for others' wishes to communicate. See DSM-IV-TR at 358.

27. Because I believe that Mr. Arbabsiar was suffering from episodes of mania while he was being questioned by the FBI, there are serious questions as to whether any decisions made by him during this period were made rationally, with a full understanding of the consequences. Indeed, it is likely that his decisions were influenced, at least in part, by his mental illness.

I declare under penalty of perjury that the foregoing is true and correct. Sworn this 13 th day of July, 2012.



Michael B. First, M.D.

EXHIBIT A

CURRICULUM VITAE

Michael Bruce First

Birthdate: November 25, 1956

Birthplace: Philadelphia, PA

Citizenship: USA

Office Address:

1051 Riverside Drive – Unit 60

New York, NY 10032

212-543-5531

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Academic Training

Princeton University	BSE, Computer Science	1978
Univ. of Pittsburgh	MS, Computer Science	1983
Univ. of Pittsburgh	MD	1983

Traineeship

Internship - Medicine	Shadyside Hospital, Pittsburgh, PA	7/83-6/84
Residency - Psychiatry	Columbia-Presbyterian, New York, NY	7/84-6/87
Fellowship - Biometrics	NYS Psychiatric Institute	7/86-6/88

Board Qualification

4/89- Diplomate in Psychiatry of the American Board of Psychiatry and
Neurology, #31114

Professional Organizations and Societies

1979- American Medical Association
1985- American Psychiatric Association
1990- American Medical Informatics Association
1993- American Psychopathological Association
1996- Association for Research in Personality Disorders
2006- American Academy of Psychiatry and the Law

Academic Positions:

7/88-6/90 Instructor in Clinical Psychiatry, Department of Psychiatry,
Columbia University College of Physicians and Surgeons
7/90-6/98 Assistant Professor of Clinical Psychiatry, Department of
Psychiatry, Columbia University College of Physicians and
Surgeons
7/98-6/05 Associate Professor of Clinical Psychiatry, Department of
Psychiatry, Columbia University College of Physicians and
Surgeons
7/05- Professor of Clinical Psychiatry, Department of Psychiatry,
Columbia University College and Physicians and Surgeons

Hospital Positions:

7/88-6/90 Assistant Psychiatrist, Presbyterian Hospital
7/90-6/98 Assistant Attending Psychiatrist, Presbyterian Hospital
7/98-6/05 Associate Attending Psychiatrist, Presbyterian Hospital
7/05- Attending Psychiatrist, Presbyterian Hospital

Editorial:

1997-2000 Editor, DSM-IV-TR
1997-2000 Co-chairperson, DSM-IV Text Revision Workgroup
1999-2004 Medical Editor, Quick Reference Guides for APA Practice Guideline
Project
1999-2002 Senior Associate Editor, Psychiatry Second Edition, John Wiley
and Sons, 2002.
1990-1994 Editor, Text and Criteria, Diagnostic and Statistical Manual of
Mental Disorder (DSM-IV), American Psychiatric Association
1992-1996 Editor, Diagnostic and Statistical Manual of Mental Disorders -
Primary Care Version (DSM-IV-PC), American Psychiatric Association
1995-1997 Editor, Handbook of Psychiatric Measures, American Psychiatric
Association
1990- Reviewer, American Journal of Psychiatry
1987- Reviewer, Psychiatric Services
1991- Reviewer, Journal of Personality Disorders
1990- Reviewer, Archives of General Psychiatry
1993- Reviewer, Journal of the American Medical Informatics Association
1993- Reviewer, Psychosomatics
1995- Reviewer, Journal of the American Medical Association
2001- Reviewer, Biological Psychiatry
2002- Reveiwer, Comprehensive Psychiatry
2003- Reviewer, Psychological Medicine
2004- Reviewer, Journal of Psychiatric Research
2005- Co-editor, APA's Handbook of Psychiatric Measures

2006- Co-editor, Psychiatry, Third Edition, John Wiley and Sons
2011- Associate Editor, Journal of Nervous and Mental Diseases

Forensic:

1998- Member, Forensic Panel, New York, NY

Court Testimony as Expert Witness:

Paul Dennis Reid, Sr. vs. State of Tennessee, Post-conviction No. 38887, Circuit Court, 19th Judicial District, Montgomery County, Tennessee, Division III. Testimony for Paul Dennis Reid, May 15, 2008. Presented evidence regarding competency to waive appeal process for defendant on death row for multiple murders.

United States of America vs. Abdullah Khadr, Ontario Superior Court of Justice, Court File Number EX0037/05, Testimony for United States of America, June 25, 2009. Presented evidence questioning whether purported PTSD diagnosis related to alleged torture in Pakistan jail could account for alleged false confession in terrorism case.

Doe v. Marriott International Connecticut 10896.00020. Deposition for defendant. March 8, 2010

Dixon vs. Kubiak et al, Deposition for defendant, September 30, 2010

Malajian vs. In Mocean, et. al., Deposition for defendant, August 3, 2011.

Cohn vs. Hayward et al. Deposition for plaintiff, September 7, 2011

Collins vs. State of New York et. al. 07-CV-0493 testimony for defendant in civil lawsuit March 19, 2012

Consultative:

1986-1987 Consultant, DSM-III-R Mood and Personality Disorder Committees

1987 Clinical Consultant, New York State Office of Mental Health Alternative Reimbursement Methodologies Project

1989 Participant in ICD-10 Field Trial of Clinical Guidelines for Diagnosis

1989-1992 Consultant, Committee on Information Systems, American Psychiatric Association

1989-1995 Consultant, Chapter V, International Classification of Diseases - Tenth Edition (ICD-10)

1990 Consultant, Federal Bureau of Investigation Project on Classification of Violent Crime

- 1990 Consultant, National Digestive Diseases Advisory Board
- 1990- Consultant, Committee on Diagnosis and Assessment, American Psychiatric Association
- 1991- Consultant, Committees on Personality Disorders, Mood Disorders, Psychotic Disorders, Anxiety Disorders, World Health Organization, 1991.
- 1991-1995 Consultant, American Health Information Management Association
- 1992- Consultant, National Center for Health Statistics
- 1987- Principal Trainer, SCID, Office of Mental Health, New York State
- 1993- Principal Trainer, DSM-IV, Office of Mental Health, New York State.
- 1993 Member, Initial Review Group, NIMH B-Start Program
- 1995 Consultant, Depression Management Program, UCLA Department of Psychiatry
- 1995-1997 Consultant, Columbia-Cornell-Duke Practice Guideline Consortium
- 1999-2005 Chairperson, Subcommittee for Psychiatric Causes of Headache, for International Classification of Headache, published by International Headache Society
- 1999-2005 Member, Steering Committee to Revise International Classification of Headache
- 1999- 2002 Chair, GAPS in DSM-IV subcommittee for APA DSM-V Research Planning Project
- 2002-2007 Member, Editorial Board, Diagnostic Manual for the Dually Diagnosed, National Association for the Dually Diagnosed (Mental Disorders and Mental Retardation)
- 2004-2007 Director, DSM-V Prelude Web-Based Project
- 2006- 2009 Chair, American Psychiatric Association Committee on Psychiatric Diagnosis and Assessment
- 2006- Member, American Psychiatric Association, Council on Research
- 2009- Consultant to WHO Secretariat, Revision of the Mental and Behavioral Disorders Chapter on the International Classification of Diseases
- 2010- External consultant to the National Institute of Mental Health Steering Committee on the Research Domain Criteria Project

Honors and Awards:

- Castle Connolly Best Doctors in New York award (top 2.2% of peers) 2010, 2009, 2007, 2005 and 2006
- Faculty member, Lundbeck International Neuroscience Foundation, 2004-present
- NYSPI Alumni Association Research Award for best research by graduating resident, May 1987
- L.W. Earley Memorial Prize, University of Pittsburgh School of Medicine, June 1983, award for highest honors in Psychiatry
- Graduated Summa Cum Laude, Princeton University, 1978
- Membership in Tau Beta Pi, Engineering Honorary Society, 1977-present
- Membership in Eta Kappa Nu, Electrical Engineering Honorary Society, 1977-present.

Winner Westinghouse Science Talent Search, 1974

Fellowships and Grant Support

2003-2007

Co-principal investigator, Future of Psychiatric Diagnosis, APA-NIMH Cooperative agreement for 10 research planning conference for DSM-VI.ICD-11

2000-2004

Co-principal investigator, Services Needs in Early Psychosis and Drug Use Continuation, NIDA RO1-DA1053906, \$1,282,406 4/1/00 to 2/28/04

1997-2002

Co-principal investigator, Service Needs in Early Psychosis and Drug Use. NIDA R01-DA10539. 01A1, \$1,732,011 4/11/97 to 2/28/02.

1990-2007

Salary support paid to Columbia University Biometrics Research from American Psychiatric Association Office of Research for DSM-related projects: \$454,000 in salary, direct and indirect costs

1989-present

Principal Investigator: DTREE: DSM Diagnostic Expert System. Royalty Account #903-4019A, \$77,957.11 (ongoing accrual)

1990-93

Co-Principal Investigator: Focused Field Trials for DSM-IV. NIMH Program Project Grant SRCM-P (20) 3 P01 MH47200-01F2. Three years with \$2,023,590 in direct costs (A. Frances, PI)

1991-94

Co-investigator: MICA Project, St. Lukes-Roosevelt Hospital, Center for Substance Abuse Treatment, Grant #OT-90-2 (S. Zinberg, PI)

1985-87

Principal Investigator: PSYCH-AID: A microcomputer-based expert system for guiding diagnostic workups in Psychiatry, Basic Research Support Grant #903-E761S from Research Foundation for Mental Hygiene, Inc./New York State Psychiatric Institute, Two years, \$8000.00

Departmental and University Committees

1990- Member, NYSPI Institutional Review Board

Teaching experience and responsibilities

7/06- Co-teach Diagnostic Interviewing Course for PGY2 residents

7/01- Lecture on Personality Disorders for Second Year Medical Students

7/00-6/01 Course on Personality Disorders for Third Year Medical Students – Columbia College of Physicians and Surgeons

- 7/88- Psychotherapy Supervisor (Schema-focused cognitive therapy for Personality Disorders); 2 residents per year (either 2 PGY3 residents or 1 PGY3 and 1 PGY4 elective supervision per year), Residency Program, New York State Psychiatric Institute
- 7/92- SCID Interviewing Course, PGY2 residents, New York State Psychiatric Institute (4-6 hours per year)
- 7/87-7/89 Preceptor, Columbia University School of Medicine Third year psychiatry course (15 students per year)

Publications

1. First MB, Weimer BJ, McLinden S, Miller RA. LOCALIZE: Computer-assisted localization of peripheral nervous system lesions. *Computers and Biomedical Research*, 1982; 15:525-43.
2. First MB, Soffer LJ, Miller RA. QUICK (Quick Index to Caduceus Knowledge): Using the Internist-I/Caduceus knowledge base as an electronic textbook of medicine. *Computers and Biomedical Research*, 1985; 18:137-65.
3. Masarie FE, Miller RA, First MB, Myers JD. An electronic textbook of medicine. *Proceedings of the Ninth Annual Symposium on Computer Applications in Medical Care*, Washington, D.C.: IEEE Computer Society Press, 1985, p. 325.
4. First MB, Williams JBW, Spitzer RL. DTREE: Microcomputer-assisted Teaching of Psychiatric Diagnosis Using a Decision Tree Model, *Proceedings of the 12th Annual Symposium on Computer Applications in Medical Care*, Washington, D.C.: IEEE Society Press, 377-381, 1988.
5. Miele G, Tilly S, First MB, Frances A: The Definition of Dependence and Behavioral Addictions. *British Journal of Addition* 85:1421-1423, 1990.
6. Frances A, Pincus HA, Widiger TA, Davis WW, First MB. DSM-IV: Work in Progress. *American Journal of Psychiatry*, 147:11, 1439-1448, November 1990.
7. Frances A, Pincus HA, Widiger T, Davis W, First MB: An introduction to DSM-IV. *Hosp and Community Psychiatry* 41:493-494, 1990.
8. Widiger T, Frances A, Pincus H, Davis W, First MB: Toward a more empirical diagnostic system. *Canadian Psychology* 32(2):174-176, 1991.
9. Frances A, First MB, Widiger TA, Miele G, Tilly S, Davis W, Pincus HA: An A to Z guide to DSM-IV conundrums. *J of Abnorm Psychol*, Vol 100, No 3, 407-412, 1991.

10. Frances A, Hall W, First M, Widiger T, Pincus HA: Issues and Proposals for Changes in Mood Disorders in DSM-IV. *Journal of Clinical Psychiatry* 1:5-10, 1991.
11. Frances A, Davis W, Kline M, Pincus HA, First MB, Widiger TA: The DSM-IV Field Trials: Moving Toward an Empirically Derived Classification. *European Psychiatry* 6:307-314, 1991.
12. Pincus HA, Frances A, Davis WW, First MB, Widiger TA: DSM-IV and New Diagnostic categories: Holding the line on proliferation. *Am J Psychiatry*, 149:112-117 (1992).
13. Spitzer RL, First MB, Williams JBW, Kendler K, Pincus HA, Tucker G: Now is the time to retire the term "organic mental disorders." *Am J Psychiatry*, 149:240-244 (1992).
14. First MB, Frances A, Widiger TA, Pincus, HA, Davis WW: DSM-IV and behavioral assessment. *Journal of Psychopathology and Behavioral Assessment*, 14:297-306 (1992).
15. Spitzer RL, Williams JBW, Gibbon M, First MB: The Structured Clinical Interview for DSM-III-R (SCID): I. History, rationale and description. *Arch Gen Psychiatry*, 49:625-629 (1992).
16. Williams JBW, Gibbon M, First MB, Spitzer RL, Davis M, Borus J, Howes MJ, Kane J, Pope HG, Rounsaville B, Wittchen H: The Structured Clinical Interview for DSM-III-R (SCID) II. Multi-site test-retest reliability. *Arch Gen Psychiatry*, 49:630-636 (1992).
17. First MB. Trends in Psychiatric Classification: DSM-III-R to DSM-IV. *Psychiatria Hungarica*, 7:539-546 (1992).
18. First MB, Opler LA, Hamilton RM, Linder J, Linfield, LS, Silver, JM, Toshav, NL, Kahn, D, Williams, JBW, Spitzer, RL. Evaluation in an Inpatient Setting of DTREE, a Computer-assisted Diagnostic Assessment Procedure *Comprehensive Psychiatry*, 34:171-175 (1993).
19. First MB, Vettorello N, Frances AJ, Pincus HA. DSM-IV in Progress: Changes in Mood, Anxiety, and Personality Disorders. *Hospital and Community Psychiatry*, 44 (11): 1034-1037 (1993).
20. First MB, Frances AJ, Pincus HA, Vettorello N, Davis WW. DSM-IV in Progress: Changes in Substance-Related, Schizophrenia, and Other Primarily Adult Disorders. *Hospital and Community Psychiatry*, 45 (1): 18-20 (1994).

21. Frances AJ, First MB, Pincus HA, Davis WW, Vettorello, N. DSM-IV in Progress: Changes in Child and Adolescent Disorders, Eating Disorder, and the Multiaxial System. *Hospital and Community Psychiatry*, 45 (3): 212-214 (1994).
22. First MB. Computer-assisted assessment of DSM-III-R diagnoses. *Psychiatric Annals* 24:25-29 (1994).
23. Frances A, Mack AH, First, MB, Pincus HA. DSM-IV Meets Philosophy. *J. Med Philos* 19:207-218 (1994).
24. Frances AF, Mack AH, First MB. Pincus HA, Miele G, DSM-IV: issues in development. *Psychiatric Annals*, 25(1):15-19 (January 1995).
25. First MB. Differential Diagnosis--Making Sense of the Mood Disorders. *Journal of Practical Psychiatry and Behavioral Health*. (May 1995).
26. First MB, Spitzer RL, Gibbon M, Williams JBW. The Structured Clinical Interview for DSM-III-R Personality Disorders (SCID-II), Part I: Description. *Journal of Personality Disorders*, 9:2 (June 1995).
27. First MB, Spitzer RL, Gibbon M, Williams JBW, Davies M, Borus J, Howes MJ, Kane J, Pope HG, Rounsaville B. The Structured Clinical Interview for DSM-III-R Personality Disorders (SCID-II). Part II: Multi-site Test-retest Reliability Study, *Journal of Personality Disorders*, 9:2 (June 1995).
28. Keller MB, Klein DN, Hirschfeld RMA, Kocsis JH, McCullough JP, Miller I, First MB, Holzer CP, Keitner GI, Marin DB, Shea T. DSM-IV Mood Disorders Field Trial Investigation Results. *American Journal of Psychiatry*, 152(6):843-849 (June 1995).
29. Pincus HA, Vettorello NE, McQueen LE, First M, Wise TN, Zarin D, Davis WW. Bridging the gap between psychiatry and primary care. *The DSM-IV-PC Psychosomatics* 1995 Jul-Aug;36(4):328-35.
30. Pincus HA, Wise T, First MB, McQueen L. DSM-IV primary care version: an opportunity for general hospital and consultation-liaison psychiatrists? *Gen Hosp Psychiatry*. 1995 Sep;17(5):324-5.
31. First MB. Mastering DSM-IV Axis V. *Journal of Practical Psychiatry and Behavioral Health*. (November 1995):258-259.
32. First MB: Tools for Differential Diagnosis: Part I: Decision Trees. *Journal of Practical Psychiatry and Behavioral Health* (March 1996): 128-131.

33. First MB: Tools for Differential Diagnosis: Part II: Differential Diagnosis Text and Tables. *Journal of Practical Psychiatry and Behavioral Health* (November 1996): 380-382.
34. First MB. Structured Interviews: Current Status and Future Directions. *Current Review of Mood and Anxiety Disorders*, 1:26-35, (1996).
35. First MB. Demystifying Diagnostic Coding, *Journal of Practical Psychiatry and Behavioral Health* (September 1997): 310-315.
36. Hein D, Zimberg S, Weisman S, First MB, Ackerman S. Dual Diagnosis Subtypes in Urban Substance Abuse and Mental Health Clinics. *Psychiatric Services* (August 1997), 48 (8):1058-1063.
37. Pincus HA, First MB, McQueen L. Gender and age patterns of prevalence across depressive conditions. *Psychol Med*. 1998 Sep;28(5):1253.
38. First MB, Pincus HA. Classification in Psychiatry: ICD-10 vs. DSM-IV. A response. *British Journal of Psychiatry* (September 1999), 175:205-209.
39. First MB, Pincus, HA, Frances, A. Another perspective on "Putting DSM-IV in perspective." *American Journal of Psychiatry*. 156(3), (March 1999), 499-500.
40. First MB, Pincus, HA. Definitions of schizophrenia. [Journal Article] *British Journal of Psychiatry*. 174, (Mar 1999), 273.
41. Pincus HA, First, M. Critical differences between binge eating and overeating. *Archives of General Psychiatry*. Vol 56(10), (Oct 1999), 951.
42. First MB. (Letter re: Psychiatrists' attitudes toward dissociative disorders diagnoses). *Am J Psychiatry*. 2000 Jul;157(7):1180; discussion 1181-2.
43. Volkmar FR, Shaffer D, First M. PDD-NOS in DSM-IV. *J Autism Dev Disord* 30(1) (Feb 2000): 74-75.
44. Caine ED, Porsteinsson A, Lyness JM, First M. Reconsidering the DSM-IV Diagnoses of Alzheimer's Disease: Behavioral and Psychological Symptoms in Patients With Dementia. *International Psychogeriatrics*, (2000)12(suppl 1): 23-28.
45. First MB, Pincus HA. Dr. First and dr. Pincus reply. *Am J Psychiatry*. 2000 Jul;157(7):1180.
46. Regier DA, Narrow WE, First MB, Marshall T The APA Classification of Mental Disorders: Future Perspectives. *Psychopathology* 2002 Mar-Jun;35(2-3):166-70.

47. First MB The DSM Series and Experience with DSM-IV Psychopathology 2002 Mar-Jun;35(2-3):67-71.
48. Doidge N, Simon B, Lancee WJ, First M, Brunshaw J, Brauer L, Grant DC, Stevens A, Oldham JM, Mosher P. Psychoanalytic patients in the U.S., Canada, and Australia: II. A DSM-III-R validation study. J Am Psychoanal Assoc. 2002 Spring; 50(2):615-27.
49. Doidge N, Simon B, Brauer L, Grant DC, First M, Brunshaw J, Lancee WJ, Stevens A, Oldham JM, Mosher P. Psychoanalytic patients in the U.S., CANADA, and Australia: I. DSM-III-R disorders, indications, previous treatment, medications, and length of treatment. J Am Psychoanal Assoc. 2002 Spring; 50(2):575-614.
50. First MB, Pincus HA The DSM-IV Text Revision: rationale and potential impact on clinical practice. Psychiatr Serv 2002 Mar;53(3):288-92.
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