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In Reply Gómez-Carrillo et al suggest that precision psychiatry will be impossible unless it "...integrates multilevel explanatory models with cross-level dynamics and situates individuals' illness experience within a social context." The authors claim that our Viewpoint relies on a "...view [that] perpetuates current reductive explanatory approaches." We of course agree with the importance of social and environmental context and of treating individuals as whole persons. However, our Viewpoint was oriented toward providing specific examples of how genomic insights can advance precision medicine in ways that may illustrate opportunities for psychiatry. At no point did we argue that psychiatry should be reduced to genomics. Indeed, in our Viewpoint,¹ we explicitly alluded to the common definition of precision medicine as "...a project to improve the diagnosis, prevention, and treatment of disease by accounting for individual differences in genes, environment, and lifestyle." Whereas our Viewpoint provides specific examples of how genomics might inform treatment, the authors of the letter do not provide any details about how a "meaning-centered level of explanation" should be operationalized to improve diagnosis, prevention, or treatment. Such specifics will be needed "to achieve a true paradigm shift," as they put it.

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1. Stein MB, Smoller JW. Precision psychiatry—will genomic medicine lead the way? *JAMA Psychiatry*. 2018;75(7):663-664. doi:10.1001/jamapsychiatry.2018.0375

Disclosures Can Always Be Improved

To the Editor I read with considerable interest the article by Cristea and Ioannidis, "Improving Disclosure of Financial Conflicts of Interest for Research on Psychosocial Interventions,"¹ published in *JAMA Psychiatry* in June 2018. The authors make good points about the need for and the complexity of disclosures.

However, I want to clarify an ambiguous point in their article. They give as examples of conflict of interest activities that are "indelible components of psychosocial interventions. These are often marketed through free-standing for-profit entities ...Support activities also include instruments that measure the processes targeted by a particular intervention, such as...interpersonal difficulties for Interpersonal Therapy."¹

My late husband, Gerald Klerman, MD, and I developed interpersonal psychotherapy, and we did not develop, own, or market the measure called *interpersonal difficulties*. While we have published interpersonal psychotherapy manuals in 1984, 2000, 2007, and 2018 and do receive royalties, I am happy to provide free brief individual and group versions to anyone who emails me. While I do not do training myself, I am grateful to the many investigators who carry out training all over the world and especially in sub-Saharan Africa and the Middle East. Their compensation is often minimal. Others donate their compensation as trainers to the International Society of Interpersonal Psychotherapy.

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1. Cristea IA, Ioannidis JPA. Improving disclosure of financial conflicts of interest for research on psychosocial interventions. *JAMA Psychiatry*. 2018;75(6):541-542. doi:10.1001/jamapsychiatry.2018.0382

In Reply We thank Weissman for bringing further discussion points in reference to our Viewpoint on improving disclosure of financial conflict of interests (COIs) in research on psychosocial