The Personality Disorder Scene in North America: *DSM-5*

Bergen International Conference
on Forensic Psychiatry: Personality Disorder

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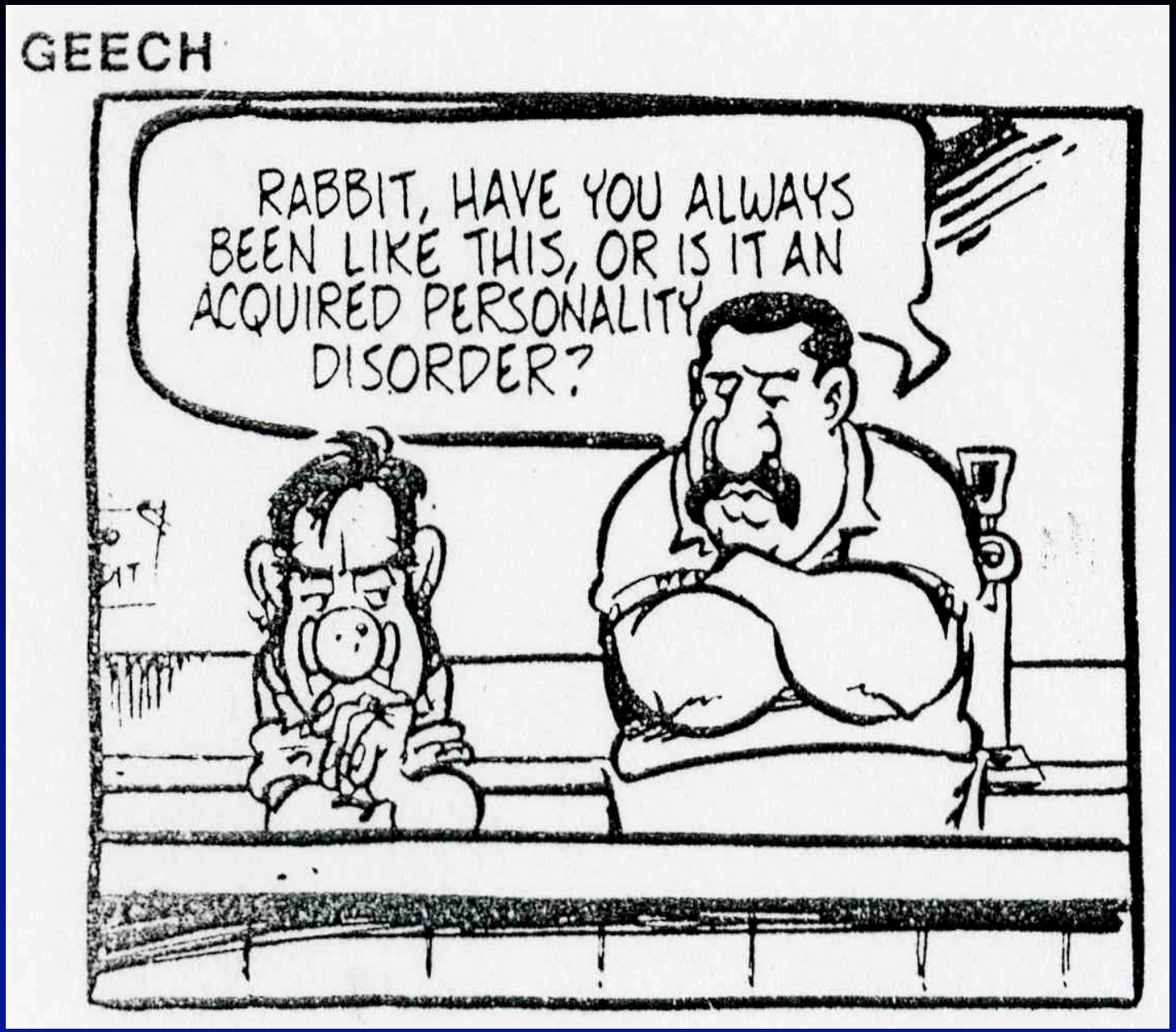
10/25/16

Target Audience

- Familiarity with general personality disorder characteristics
- TEST: Reaction to next 3 slides


GEECH
RABBIT, HAVE YOU ALWAYS BEEN LIKE THIS, OR IS IT AN ACQUIRED PERSONALITY DISORDER?

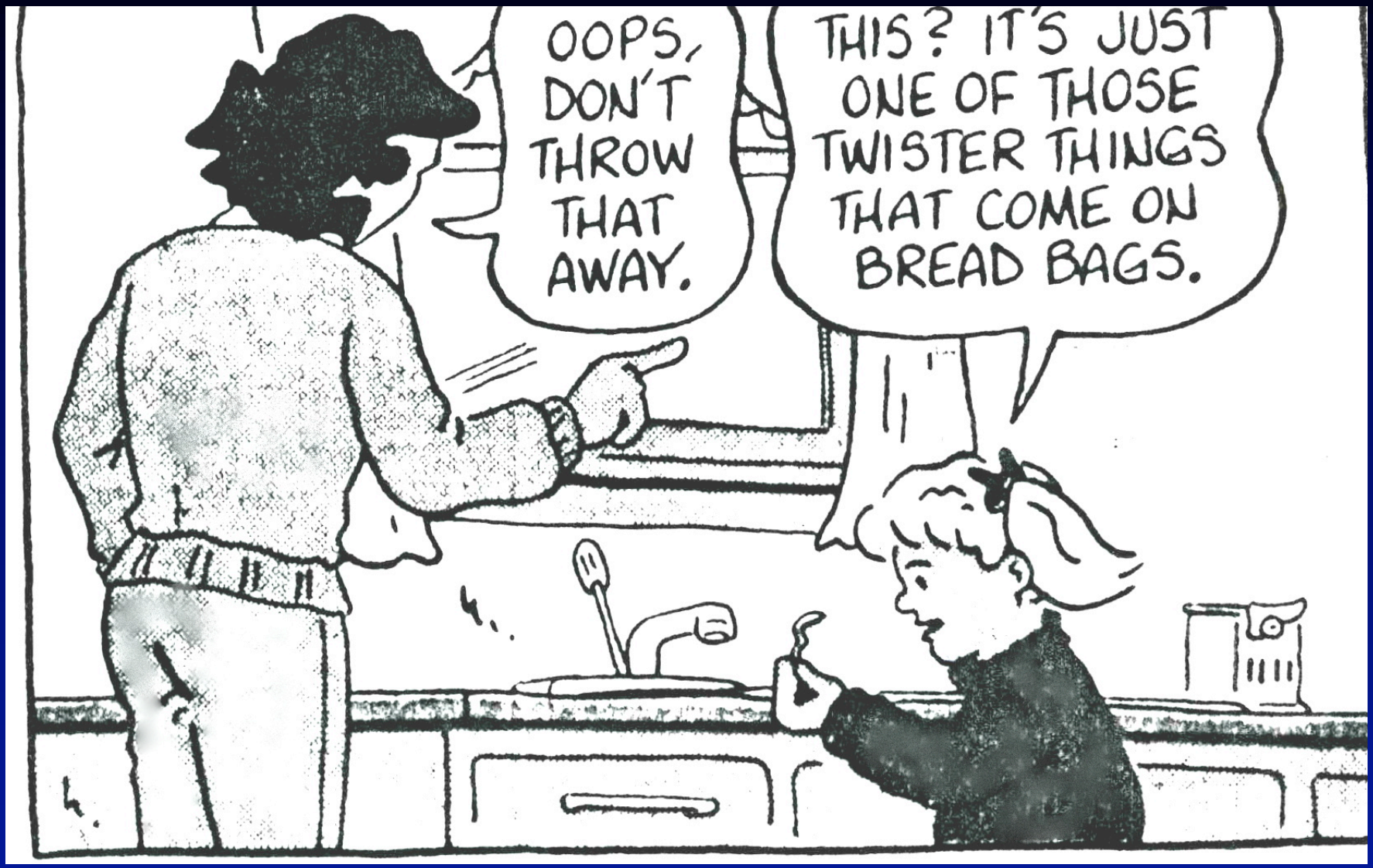

IT'S A GIFT.

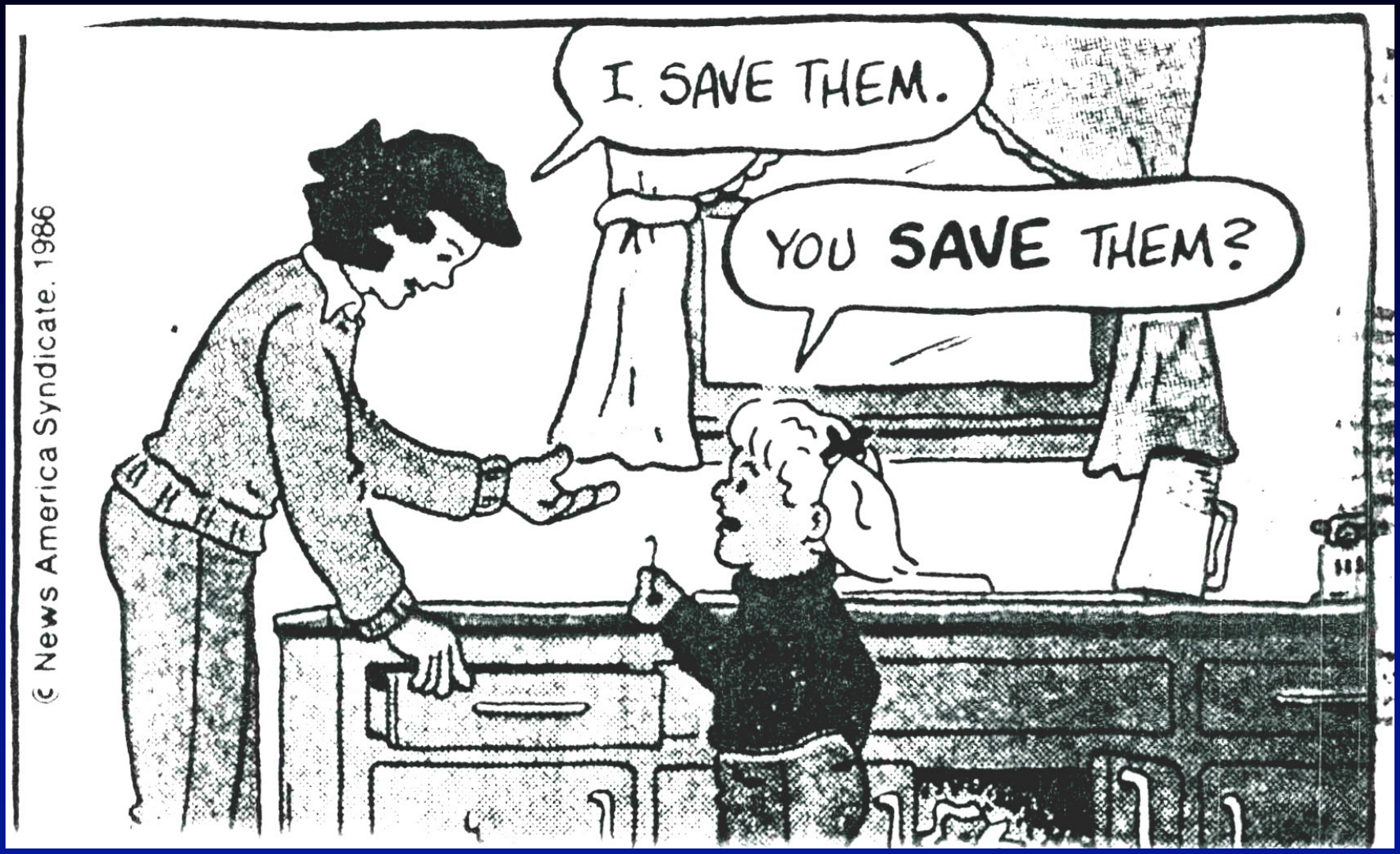
By Jerry Bittle

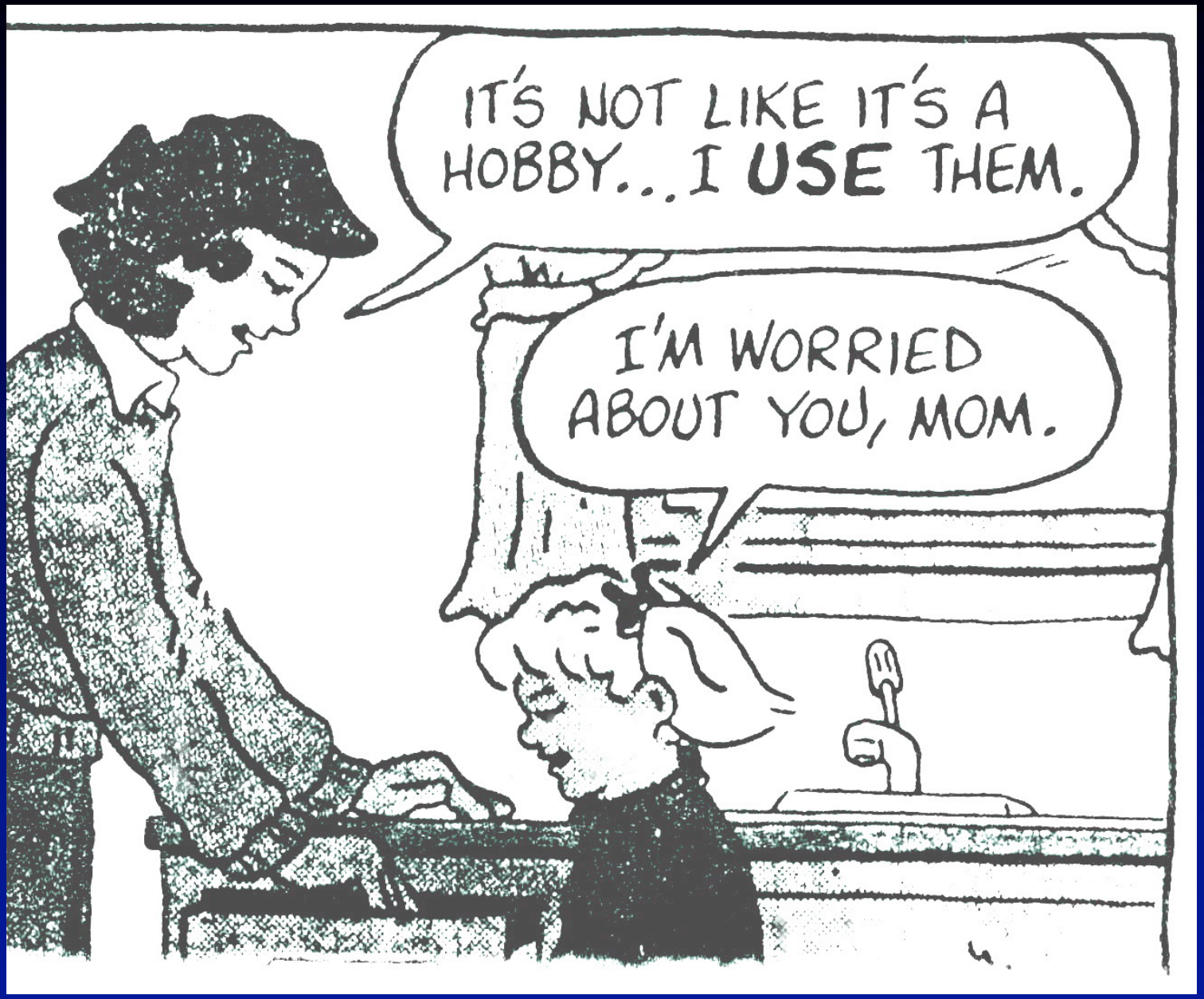
DSM Personality Definition

- Trait: Pervasive, enduring pattern of affect, behavior, and cognition that is exhibited in a wide range of activities and situations
- Disorder: Maladaptive and inflexible traits that cause significant distress or dysfunction


THANKS FOR HELPING ME CLEAN UP THE KITCHEN, HONEY.
YOU'RE WELCOME.


OOPS, DON'T THROW THAT AWAY.
THIS? IT'S JUST ONE OF THOSE TWISTER THINGS THAT COME ON BREAD BAGS.


I SAVE THEM.
YOU SAVE THEM?
© News America Syndicate. 1986


IT'S NOT LIKE IT'S A HOBBY... I USE THEM.
I'M WORRIED ABOUT YOU, MOM.


WHAT'S WRONG WITH SAVING TWISTERS?
IT SOUNDS AWFULLY COMPULSIVE TO ME.


SAVING TWISTERS IS NOT COMPULSIVE, HILARY. COMPULSIVE IS WHEN YOU SORT THEM BY COLOR.
howard
1-12

The Road to *DSM-5*

- *DSM-III* – major changes from *DSM-II*
  - Early critiques

Problems with PD in *DSM-III*

- Reliability remained low
  - Boundaries unclear
    - With normality – artificial cut points
    - Between PDs – overlapping criteria
  - Inferential criteria
  - Mismatch between definition and criteria

Problems with PD in *DSM-III*

- Questionable validity
  - Inability to
    - Sustain consistent work behavior
    - Function as a responsible parent
  - ~80% of criminals met ASPD criteria
  - ~30% of criminals met narrower psychopathy criteria

Frances (1980, 1982) on *DSM-III*

- *DSM-III* system "much more effective for Axis I conditions"
- PDs too heterogeneous to guide treatment selection
- "More nominal than real"

The Road to *DSM-5*

- *DSM-III* – major changes from *DSM-II*
  - Early critiques
- *DSM-III-R*
  - Severity of the problems became clear

Problems with PD in *DSM-III-R*

- Excessive comorbidity
- Temporal instability of categories vs. stability within dimensions
- No discrete breaks – arbitrary boundaries
- Heterogeneity within diagnoses
- Poor convergent validity

Which of these major *DSM-III-R* problems were fixed or improved in *DSM-IV* ?

The Road to *DSM-5*

- *DSM-III* – major changes from *DSM-II*
  - Early critiques
- *DSM-III-R*
  - Severity of the problems become clear
- *DSM-IV*
  - Rearranging deck chairs on the Titanic

First (2011) on *DSM-IV*

- Purely categorical model for PD diagnosis "unsuitable"
- High % comorbidity & PDNOS
- Arbitrary threshold for diagnosis
- Questionable clinical utility

An alternative model for PD diagnosis

Frances (1982) concluded:

- Diagnostic nosologies that are too radically innovative are not likely to achieve wide acceptance.

First (2011)

DSM-5 proposal:

- Impossibly complex to use
- Too radical a shift from current practice
- Too unfamiliar to clinicians

Frances (1982) concluded:

- Diagnostic nosologies that are too radically innovative are not likely to achieve wide acceptance.
- As computers become ubiquitous and psychiatrists are better trained as scientists, dimensional diagnosis of personality will become essential for clinical decision making.

First (2011) concludes:

- A major hurdle to the successful adoption of a trait model for PD is lack of clinical comfort
- Trait system should be included in the *DSM-5* appendix to stimulate further study as well as future clinician acceptance

The Road to *DSM-5*

- *DSM-III* – major changes from *DSM-II*
  - Early critiques
- *DSM-III-R*
  - Severity of the problems become clear
- *DSM-IV*
  - Rearranging deck chairs on the Titanic
- *DSM-5,* Section II (*DSM-5*-II)
  - No change except in text

An alternative model for PD diagnosis

Theoretical Model of PD

- Extreme traits alone ≠ PD
- “Disorder” implies dysfunction
- What is dysfunctional in PD?

DSM-5, Section III

- Revised general criteria
  1. Impairment in personality functioning
     - 2 broad domains, 2 subdomains each
  2. 1+ pathological personality traits
     - 25 pathological personality traits in 5 domains

The function of X

Lungs – to take in oxygen

COPD = disorder because interferes with lung functioning

Knee – to enable mobility

Torn ACL = disorder because disrupts mobility

PD Proposal for *DSM-5*

- Extreme traits alone ≠ PD
- "Disorder" implies dysfunction
- What is dysfunctional in PD?
- What is the function of personality?

The function of personality

Evolved to handle major life tasks

- Stable representations of self /others
- Capacity for relationships, intimacy
- Effective societal functioning
  - Prosocial behavior
  - Cooperative relationships

Livesley (1998)

Essential Dysfunction in PD

- Impairments in core personality functioning, both
  - Self functioning
    - Identity
    - Self-directedness
  - Interpersonal functioning
    - Empathy
    - Intimacy

Self Functioning

- Identity
  - Sense of unique self
  - Clear self-other boundaries
  - Self-esteem stability, accurate self-appraisal
  - Emotion regulation

Self Functioning

- Self-directedness
  - Pursuit of short-term and life goals
  - Internalized standards of behavior
  - Self-reflection

Interpersonal Functioning

- Empathy
  - Comprehension, appreciation of others' experiences, motivations
  - Tolerance of differing perspectives
  - Understanding the effects of one's behavior on others

Interpersonal Functioning

- Intimacy
  - Connections with others
  - Desire, capacity for closeness
  - Mutuality of regard

Essential Dysfunction in PD

- 1+ pathological personality traits
  - Negative Affectivity
  - Detachment
  - Antagonism
  - Disinhibition vs. Compulsivity (Rigid Perfectionism)
  - Psychoticism (Schizotypy)

Personality Disorder diagnosis

Personality impairments and traits are

- Stable across time
- Consistent across situations
- *Not* developmentally normative
- *Not* culturally normative
- *Not* directly due to drugs or general medical condition

Personality Disorder diagnosis

- Two required decisions
  1. Severity level
  2. Trait configuration
- One optional decision
  - Trait configuration = type?

Levels of Functioning

0-4 scale of impairment

- 0 = None (healthy functioning)
- 1 = Mild (personality difficulty)

- 2 = Moderate (PD threshold)
- 3 = Severe impairment
- 4 = Extreme impairment

Self Functioning

- Identity – Level 1
  - Sense of self: relatively intact
  - Self-other boundary clarity: some decrease under stress
  - Self-esteem: at times, overly critical; self-appraisal distorted
  - Emotional regulation: Distressed by strong emotions; may restrict range of emotional experience

Self Functioning

- Self-directedness – Level 2
  - Goals: often driven by external approval; may lack coherence, stability
  - Personal standards: avowed standards unreasonably high or low; behavior inconsistent with standards
  - Self-reflection: Moderately impaired

Interpersonal Functioning

- Empathy – Level 3
  - Comprehension of others' experiences: significantly limited, often to specific aspects (e.g., anger, but not sadness)
  - Tolerance of other perspectives: very limited; feels threatened by differences of opinion, viewpoints
  - Understanding of effects of own behavior on others: Confused or unaware; often misattributes others' actions negatively

Interpersonal Functioning

- Intimacy – Level 4
  - Connections with others: Detached, disorganized, or consistently negative
  - Desire/ capacity for closeness: Disinterest or expectations of harm
  - Mutuality of regard: Absent; relationships viewed as providing comfort or inflicting harm

Personality Disorder diagnosis

- Two required decisions
  1. Severity level
  2. Trait configuration

Empirically based Trait Structure

Well known Five-Factor Model (FFM)

- Neuroticism (N)
- Extraversion (E)
- Agreeableness (A)
- Conscientiousness (C)
- Openness (O)

Consensus Hierarchical Trait Structure

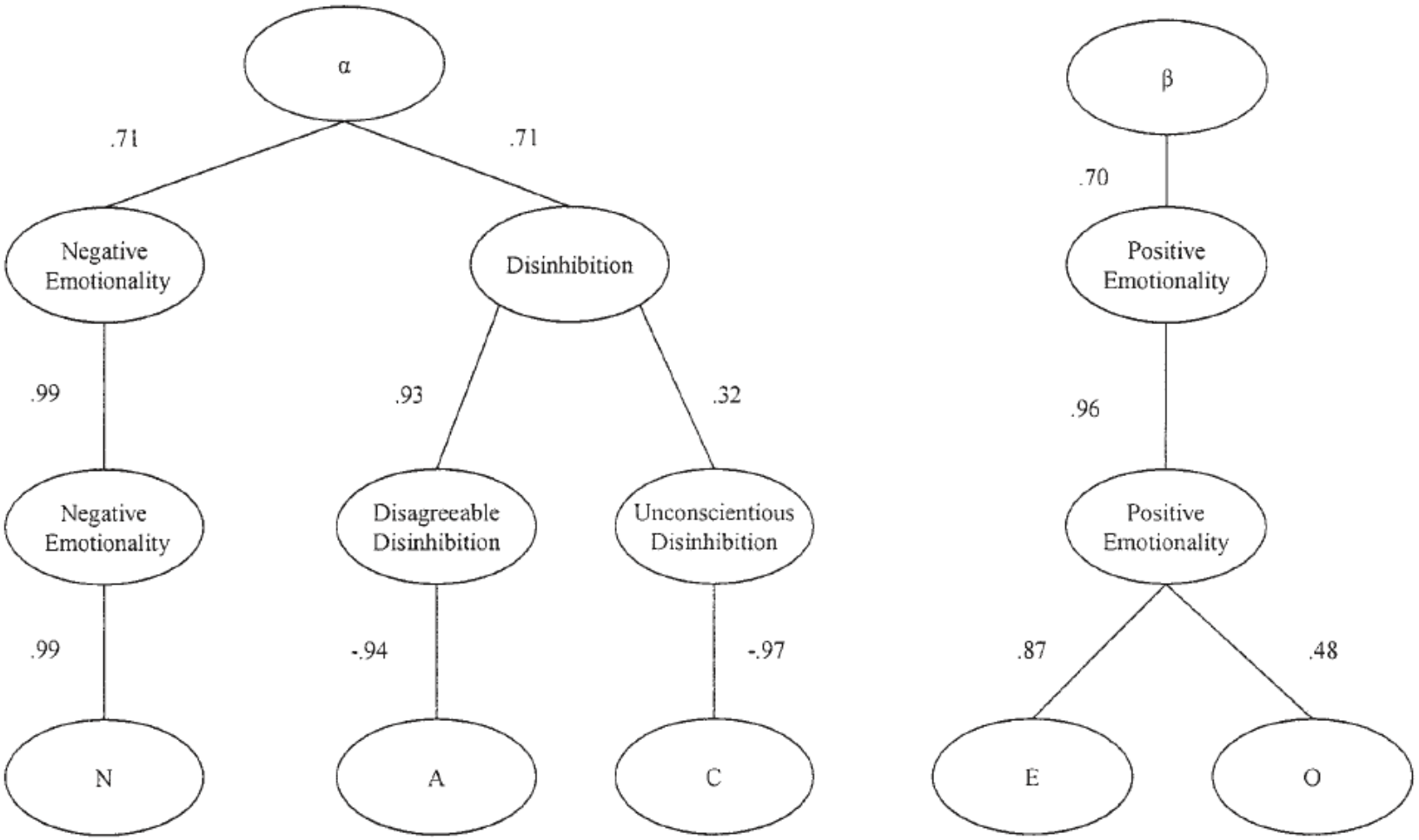


Figure 1. Study 1: Correlations between subordinate and superordinate factors. N = Neuroticism; A = Agreeableness; C = Conscientiousness; E = Extraversion; O = Openness.

Consensus Hierarchical Trait Structure

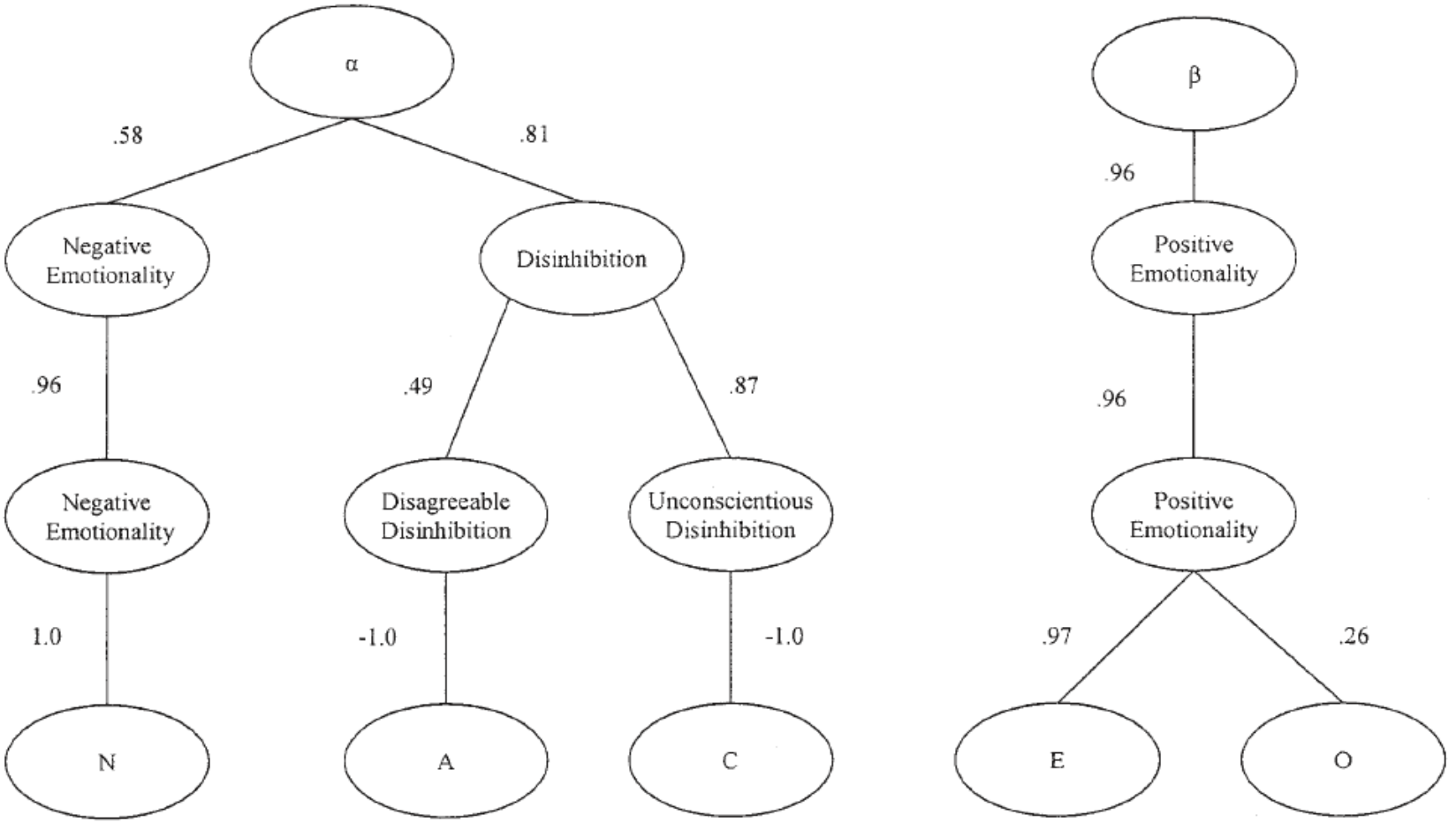


Figure 2. Study 2: Correlations between subordinate and superordinate factors. N = Neuroticism; A = Agreeableness; C = Conscientiousness; E = Extraversion; O = Openness.

Preliminary Structure:
Four of "Big Five" / FFM

Neg. Affectivity	Neuroticism
Detachment	Extraversion
Antagonism	Agreeableness
Disinhibition	Conscientiousness

Openness found not to be PD relevant

Four of "Big Five" / FFM + Clinically Relevant Traits

Neg. Affectivity	Neuroticism
Detachment	Extraversion
Antagonism	Agreeableness
Disinhibition	Conscientiousness
Compulsivity	
Psychoticism	

Four of "Big Five" / FFM + Clinically Relevant Traits

Neg. Affectivity Neuroticism

Detachment Extraversion

Antagonism Agreeableness

Disinhibition Conscientiousness

vs. Compulsivity (Rigid Perfectionism)

Psychoticism

Brief Definitions

Neg Affectivity — Experiencing negative emotions frequently and intensely

Detachment — Withdrawal from other people and social interactions

Antagonism — Behaving in ways that puts one at odds with other people

Brief Definitions

Disinhibition Engaging in behaviors on impulse, without reflecting on potential future consequences

vs. Compulsivity Rigid insistence on things being flawless and orderly at expense of timeliness; difficulty with change

Psychoticism Having unusual, bizarre cognitions, perception, and experiences; behaving oddly

Sample Content

Neg Affectivity	I always expect the worst.
Detachment	I prefer not to get too close to other people.
Antagonism	I use people to get what I want.
Disinhibition	Others see me as irresponsible
Compulsivity (Rigid Perf.)	If something I do isn't perfect, it's unacceptable.
Psychoticism	People seem to think I'm weird

Personality Disorder diagnosis

- Two required decisions
  1. Severity level
  2. Trait configuration –
     Domain-level sufficient

  If domain seems to apply,
  facet assessment is available

Negative Affectivity

Emotional lability Anxiousness

Separation insecurity

Perseveration Submissiveness

SHARED FACETS

Hostility (*Antagonism*)

Restricted affectivity (negatively)

(*Detachment - positively*)

Detachment

Withdrawal Anhedonia

Intimacy avoidance

SHARED FACETS

Depressivity (*Negative Affectivity*)

Suspiciousness (*Negative Affectivity*)

Antagonism

Manipulativeness Deceitfulness

Grandiosity Attention seeking

SHARED FACETS

Hostility (*Negative Affectivity*)

Disinhibition

Irresponsibility Impulsivity

Distractibility

SHARED FACETS

Rigid Perfectionism (*Negative Affectivity*)

Risk taking (*Detachment - negatively*)

Psychoticism

Unusual beliefs and experiences

Cognitive and perceptual dysregulation

Eccentricity

SHARED FACET

Perseveration (*Negative Affectivity*)

Personality Disorder diagnosis

- Two required decisions
  1. Severity level
  2. Trait configuration

Personality disorder—Trait Specified

Ex.: Moderate PD with Negative Affectivity, Disinhibited traits

Personality Disorder diagnosis

- Two required decisions
  1. Severity level
  2. Trait configuration
- One optional decision
  - Trait configuration = type?

Five Types Proposed Initially

Schizotypal
Borderline
Antisocial / Dyssocial
Avoidant
Obsessive-compulsive

Rationale for Retaining Types

- Large research literature
- Described by 2+ trait domains

Schizotypal: Psychoticism
Detachment, NA (*Suspiciousness*)

Borderline: Negative Affectivity,
Disinhibition, Antagonism (*Hostility*)

Antisocial / Dyssocial:
Antagonism, Disinhibition

Rationale for Retaining Types

- Large research literature
- Described by 2+ trait domains

Avoidant: Detachment +
NA (*Anxiousness*)

Obsessive-Compulsive: Compulsivity
(*Rigid Perfectionism*),
NA (*Perseveration*)

A Rationale for Dropping Types

Described by 1 trait domain or facet

Paranoid: Suspiciousness facet (NA)

Histrionic: Attention-seeking facet (Ant.)

Dependency: Submissiveness & Insecure attachment (NA)

Schizoid: Detachment domain

Narcissistic: Attention-seeking & Grandiosity (Antagonism)

A Rationale for Dropping Types

Described by 1 trait domain or facet

Paranoid: Suspiciousness facet (NA)

Histrionic: Attention-seeking facet (Ant.)

Dependency: Submissiveness & Insecure attachment (NA)

Schizoid: Detachment domain

Narcissistic: Attention-seeking & Grandiosity (Antagonism)

IMP: Improving the Measurement of Personality

- Multi-domain (personality, functioning, disorders)
- Multi-measure (6 pers trait + 3 pers function instru, 2 meas clinical syndromes, 4 functioning meas)
- Multi-method (questionnaires-interviews)
- Multi-population (~300 each: pts, high-risk comm)
- Multi-occasion (two waves, 6-12 months apart)
- Multi-perspective (primary participants-informants)

Personality Diagnosis: Issues

Optimally combining traits & dysfunction

Current model: Multiple-threshold

Above threshold on *functional level*
AND *1+ traits*

Personality Diagnosis: Issues

Optimally combining traits & dysfunction

1. Is trait-threshold model alone sufficient?
2. If *yes*, how many elevated traits needed?
   One domain? One facet?
3. If *no*, is multiple-threshold model optimal?
4. Should other than *personality* dysfunction (e.g., occupational) be considered?

Personality Diagnosis: Issues

Optimally combining traits & dysfunction

1. Is trait-threshold model alone sufficient?

   Specifically, how well do traits alone capture *DSM-5*-III PD diagnoses?

Demographics

- *N* = 605
  - Subsamples
    - 50% high-risk community adults
    - 40% CMH patients
  - 56% female
  - Age_M = 45.7 ± 13.3
    range = 18-84 yrs.

Demographics

- Race ($p < .01$) HRC / Pt
  - 69% White (**75** / 63)
  - 22% Black (18 / **25**)
  - 9% Other minority (7 / **12**)
- Education level
  - 33% high-school or less
  - 46% some post-hs classes
  - 21% college degree or higher

Relationship Status

$p < .0001$	High-Risk Comm. Adults	Patients	Total (%)
Single / Never Married	25	**43**	34
Married / Partnered	**48**	21	34
Divorced / Separated	21	**34**	28
Widowed	6	2	4

Employment Status

$p < .0001$	High-Risk Comm. Adults	Patients	Total (%)
Employed	**44**	18	31
Unemployed	17	**28**	22
Disabled	14	**38**	26
Other	25	16	21

Occupational Status

$p < .0001$	High-Risk Comm. Adults	Patients	Total (%)
Unskilled	26	**34**	30
Skilled/ Clerical	29	25	27
Managerial / Professional	**35**	25	30
None / Other	10	16	13

Income Level

$p < .0001$	High-Risk Comm. Adults	Patients	Total (%)
< $10,000	14	**53**	34
$10,000 - $19,999	17	**24**	21
$20,000 – 39,999	**28**	12	20
$40,000 – 59,999	**18**	5	11.5
$60,000+	**23**	6	14.5

Treatment Status

$p < .0001$	High-Risk Comm. Adults	Patients	Total (%)
Never	**54**	0	26
Past Only	**38**	14	26
Current	8	**86**	48
Ever hospzd	14	**64**	39

Medication Use

$p < .0001$	High-Risk Comm. Adults	Patients	Total (%)
None	**37**	10	23
Physical Only	**37**	6	22
Mental Only	5	**24**	14
Both	21	**60**	41

Method – Interview

- *SIDP* interview
  - Each PD criterion scored 0-3

+ Interviewers rated *DSM-5*-III
  Criteria A & B, 0-3 scale
  - 4 functional domains (LPFS)
  - 25 trait facets (CRF)

Method – Self-report

- Personality Traits
  - *PID-5* questionnaire
- Personality Impairment
  - *GAPD* (Livesley)
  - *SIPP* (Verheul)
  - *MDPF* (Parker)

Interrater Reliability – SIDP

Personality Disorder	Dimensional Ratings (ICC)	Dichotomous Ratings (ICC)
Paranoid PD	.85	.82
Schizoid PD	.89	.79
Schizotypal PD	.85	.82
Antisocial Adult/Ch	.83/.96	.85/1.0
Borderline PD	.86	.89
Histrionic PD	.92	.80
Narcissistic PD	.94	.97
Avoidant PD	.96	.87
Dependent PD	.90	.61
Obs-Compulsv PD	.73	.75
General PD Criteria	--	.82

Interrater Reliability – *DSM-5*-III

Personality Rating	Dimensional Ratings (ICC)	Dichotomous Ratings (ICC)
Personality Impairment		
Identity	**.71**	.62
Self-direction	**.76**	**.77**
Empathy	.67	.50
Intimacy	**.73**	.58
Facets by Domain	***Mean***	***Sum***
Negative Affectivity	**.70**	**.72**
Detachment	.64	.68
Antagonism	**.71**	**.85**
Disinhibition	**.70**	**.83**
Psychoticism	.52	.64

Internal Consistency – *PID-5*

Personality Rating	*MEAN*	*SUM*
Personality Impairment		
Self-pathology	**.90**	.62
Interpersonal pathol	**.77**	.50
Facets by Domain	***Mean***	***Sum***
Negative Affectivity	**.70**	**.72**
Detachment	.64	.68
Antagonism	**.71**	**.85**
Disinhibition	**.70**	**.83**
Psychoticism	.52	.64

Internal Consistency – PID-5

Scale	# items	Alpha	AIC
Emotional lability	7	**.87**	.49
Anxiousness	9	**.89**	.47
Separation Insecurity	7	**.84**	.43
Submissiveness	4	**.79**	.48
Hostility	10	**.86**	.38
Perseveration	9	**.82**	.36
Depressivity	14	**.93**	.49
Withdrawal	10	**.91**	.50
Intimacy Avoidance	6	**.83**	.45
Anhedonia	8	**.87**	.46
Restricted Affectivity	7	**.75**	.30
Suspiciousness	7	**.79**	.35

Internal Consistency – PID-5

Scale	# items	Alpha	AIC
Manipulativeness	5	**.81**	.44
Deceitfulness	10	**.88**	.42
Grandiosity	6	**.79**	.37
Attention seeking	8	**.89**	**.53**
Callousness	14	**.88**	.34
Irresponsibility	7	**.74**	.29
Distractibility	6	**.89**	**.57**
Risk taking	9	**.88**	.45
Rigid perfectionism	14	**.88**	.34
Unusual Beliefs/ Exp	10	**.85**	.36
Eccentricity	8	**.95**	.38
Cog/ Percep Dysreg	13	**.87**	**.25**

Convergent/ Discriminant Validity of Self-report Personality Functioning scales

Scale	*M r*	Range
Self-pathology	**.77**	.74-.81
Interpersonal pathology	**.53**	.53-.65
Self with Interpersonal pathology scales	= **.63**	

Method

- 44 *a priori* hypotheses re: *DSM-5*-II criteria — *DSM-5*-III trait correlations
- Predictions made in 2011
  - 25 *DSM-5*-III PD facets were set
  - Which facets → each PD type NOT set

Example: Antisocial PD

- Callousness
  - Disregard for the rights of others
  - Lacks remorse
- Hostility
  - Irritability and aggressiveness
  - Adolescent bullying, threats, fights…
- Recklessness
  - Reckless disregard for the safety of self and others

Example: Antisocial PD

- Manipulativeness / Deceitfulness
  - Violation of the rights of others
  - Failure to conform to social norms
  - Deceitfulness (e.g., lying, conning)
- Impulsivity
  - Failure to plan ahead
- Irresponsibility
  - Failure to sustain consistent work behavior, honor financial obligations

CRF Intercorrelations

Antisocial PD

SCALE	Irresp	Manipl	Impuls	Deceit	Callous	Hostile
Manipltvness	**.56**					
Impulsivity	**.66**	**.53**				
Deceitfulness	**.62**	**.73**	**.53**			
Callousness	.44	**.53**	.41	**.56**		
Hostility	.35	.37	.38	.37	.44	
Risk-taking	.43	.37	.43	.42	.43	.24

Facets alpha = .86; AIC = .47

Facets + Criterion A alpha = .85, AIC = .41

PID-5 Intercorrelations

Antisocial PD

SCALE	Irresp	Manipl	Impuls	Deceit	Callous	Hostile
Manipltvness	.38					
Impulsivity	**.55**	.32				
Deceitfulness	**.58**	**.72**	.45			
Callousness	**.56**	.49	.43	**.64**		
Hostility	.47	.38	**.51**	.46	**.59**	
Risk-taking	.37	.39	**.51**	.38	.40	.27

Facets alpha = .85; AIC = .45

Facets + Criterion A alpha = .86, AIC = .43

CRF—PID-5 Correlations

Antisocial PD

SCALE	Irresp	Manipl	Impuls	Deceit	Callous	Hostile	RiskT
Irresponsibility	**.41**	.22	.31	.28	.29	.25	.29
Manipltvness	.32	**.43**	.29	**.41**	.34	.28	.34
Impulsivity	.38	.23	**.40**	.26	.27	.25	.34
Deceitfulness	.38	.39	.26	**.44**	.37	.30	.32
Callousness	.28	.31	.25	.29	**.40**	.28	.30
Hostility	.29	**.41**	.34	.28	.34	**.53**	.25
Risk-taking	.23	.28	.24	.22	.24	.14	**.43**

Antisocial PD—facet correlations

Scale	CRF	PID-5
Irresponsibility	**.79**	***.46***
Deceitfulness	**.71**	**.38**
Impulsivity	**72**	**.37**
Manipulativeness	**.68**	.34
Callousness	**.57**	***.42***
Risk taking	**.55**	***.42***
Hostility	**.47**	.33
Multiple *R*	.82	.52
Multiple *R*, sig. facets	**.82**	**.52**

Italics = not significant in multiple regression

DSM-5-III — *DSM-IV/5*-II **Summary**

- Clinician's Rating Form
  - *M* hypothesized trait-PD *r*s .56
    - Six *DSM-5*-III types .58
    - Four non-*DSM-5*-III types .55

    100% *r* s ≥ .35 86% ≥ .40
  - Median multiple *R* .82
    - Six *DSM-5*-III types .83
    - Four non-*DSM-5*-III types .82

DSM-5-III — *DSM-IV/5*-II **Summary**

- PID-5 questionnaire
  - *M* hypothesized trait-PD *r*s .40
    - Six *DSM-5*-III types .41
    - Four non-*DSM-5*-III types .37

    70% *r* s ≥ .35 77% ≥ .30
  - Median multiple *R* .54
    - Six *DSM-5*-III types .54
    - Four non-*DSM-5*-III types .54

Conclusions re: *DSM-5*-III

Clinician Trait Ratings

- High interrater reliability
  - .89 dimensional ratings
  - .82 dichotomous ratings
- Model *DSM-IV/ 5*-II PDs with high fidelity
- No distinction for PDs *in* vs. *not in* *DSM-5*-III

Conclusions re: *DSM-5*-III

PID-5 *trait* ratings

- Correlate with clinicians' diagnostic ratings as or more strongly as self-report diagnostic ratings

DSM-5-III model has greater coverage

- can specify 10 *DSM-IV/ 5*-II PDs
- PLUS *all* other trait profiles

Thanks to all who helped IMP

Graduate + Undergraduate Students

Elizabeth Daly	Hallie Nuzum	Emily VanDerBleek
Jamie Shapiro	Xia Allen	Stephanie Larew
Deborah Stringer	Carrie Weaver	Tony Cunningham
Kasey Stanton	Nadia Suzuki	Kelsey Blomeke
Morgan Oiler	Jiwon Min	Laura Gumbiner
Tom Kingsbury	Derek Novacek	Heidi Webking
Olivia Gutgsell	Kaylee Calles	Cindy Mongrain
Bethany Young	Mary Szeliga	Mellisa Schopper
Laura Yoviene	Emily Casaletto	Kristin Pieczynski

NIMH: R01-MH083830

x

Caroline & Stephan for this opportunity, AND

THANK *YOU*