

Putting Personality Pathology on a Foundation of Personality Traits

NEA-BPD
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DSM-5 Section III

PD material

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Personality Disorder in *DSM-5.1*

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A. Moderate or greater impairment in at least 2 of the following 4 areas of personality functioning:

1. Identity
2. Self-direction
3. Empathy
4. Intimacy

Scale: 0 = None 2 = Moderate 4 = Severe

Definitions + fully elaborated specification of the levels provided

DSM 5.1 PD Criterion A

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- **Self domain: Identity**
 - Experience oneself as unique
 - Boundaries between self /others
 - Stability of self-esteem
 - Accuracy of self-appraisal
 - Capacity for—and ability to regulate—a range of emotional experience

DSM 5.1 PD Criterion A

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- **Self domain: Self-direction**
 - Pursuit of coherent and meaningful short-term and life goals
 - Use of constructive and prosocial internal standards of behavior
 - Ability to self-reflect productively

DSM 5.1 PD Criterion A

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- **Interpersonal domain: Empathy**
 - Comprehension and appreciation of others' experiences and motivations
 - Tolerance of differing perspectives
 - Understanding of the effects of own behavior on others

DSM 5.1 PD Criterion A

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- **Interpersonal domain: Intimacy**
 - Depth and duration of positive connections with others
 - Desire and capacity for closeness
 - Mutuality of regard reflected in interpersonal behavior

PD Severity Assessment

Levels of Functioning

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2	<p>-Excessive dependence on others for identity definition, with compromised boundary delineation.</p> <p>-Vulnerable self-esteem controlled by exaggerated concern about external evaluation, with a wish for approval. Sense of incompleteness or inferiority, with compensatory inflated, or deflated, self-appraisal.</p> <p>-Emotional regulation depends on positive external appraisal. Threats to self-esteem may engender strong emotions such as rage or shame.</p>	<p>-Goals are more often a means of gaining external approval than self-generated, and thus may lack coherence and/or stability.</p> <p>-Personal standards may be unreasonably high (e.g., a need to be special or please others) or low (e.g., not consonant with prevailing social values). Fulfillment is compromised by a sense of lack of authenticity.</p> <p>-Impaired capacity to reflect upon internal experience.</p>	<p>-Hyper-attuned to the experience of others, but only with respect to perceived relevance to self.</p> <p>-Excessively self-referential; significantly compromised ability to appreciate and understand others' experiences and to consider alternative perspectives.</p> <p>-Generally unaware of or unconcerned about effect of own behavior on others, or unrealistic appraisal of own effect.</p>	<p>-Capacity and desire to form relationships in personal and community life, but connections may be largely superficial.</p> <p>-Intimate relationships are largely based on meeting self-regulatory and self-esteem needs, with an unrealistic expectation of being perfectly understood by others.</p> <p>-Tends not to view relationships in reciprocal terms, and cooperates predominantly for personal gain.</p>
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Personality Disorder in *DSM-5.1*

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B. One or more pathological personality traits
(25 specific facet traits organized in
5 broad domains)

1. Negative Affectivity
2. Detachment
3. Antagonism
4. Disinhibition
5. Psychoticism

Definitions of all traits—facets and domains—
are provided

DSM 5.1 PD Criterion A

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- **Negative Affectivity domain**

Frequent and intense experiences of high levels of a wide range of negative emotions (e.g., anxiety, depression, guilt/ shame, worry, anger) and their behavioral (e.g., self-harm) and interpersonal (e.g., dependency) manifestations.

DSM 5.1 PD Criterion A

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- Emotional lability (facet)

Instability of emotional experiences and mood; emotions that are easily aroused, intense, and/or out of proportion to events and circumstances.

Personality Disorder in *DSM-5.1*

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The impairments in personality functioning and the individual's personality trait expression are...

- C. relatively inflexible and pervasive across a broad range of personal and social situations.
- D. relatively stable across time with onsets that can be traced back to at least adolescence or early adulthood.

Personality Disorder in *DSM-5.1*

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The impairments in personality functioning and the individual's personality trait expression are...

- E. not better explained by another mental disorder.
- F. not solely attributable to the physiological effects of a substance or another medical condition (e.g., severe head trauma).
- G. not better understood as normal for an individual's developmental stage or sociocultural environment.

PD in *DSM-5.1*

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Six specific personality functioning—trait combinations:

1. Antisocial
2. Avoidant
3. Borderline
4. Narcissistic
5. Obsessive-Compulsive
6. Schizotypal

Borderline PD, Criterion A

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Identity

Markedly impoverished, poorly developed, or unstable self-image, assoc'd w/ excessive self-criticism

Chronic feelings of emptiness

Dissociative states under stress

Borderline PD, Criterion A

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Self-direction

Instability in goals, aspirations, values,
or careers plans

Borderline PD, Criterion A

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Empathy

Compromised ability to recognize the feelings and needs of others associated with interpersonal hypersensitivity (i.e., prone to feel slighted or insulted); perceptions of others selectively biased toward negative attributes or vulnerabilities.

Borderline PD, Criterion A

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Intimacy

Intense, unstable, and conflicted close relationships, marked by mistrust, neediness, and anxious preoccupation with real or imagined abandonment; close relationships often viewed in extremes of idealization and devaluation and alternating between over involvement and withdrawal

Borderline PD, Criterion B

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Four or more of the following seven pathological personality traits, including at least one of the last three:

aspects of *Negative Affectivity*

Emotional lability

Anxiousness

Separation insecurity

Depressivity

aspect of *Disinhibition*

Impulsivity

Risk-taking

an aspect of *Antagonism*

Hostility

DSM 5.1 PD Criterion A

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- **Anxiousness (facet of NA)**

Feelings of nervousness, tenseness, or panic in reaction to diverse situations; frequent worry about the negative effects of past unpleasant experiences and future negative possibilities; feeling fearful and apprehensive about uncertainty; expecting the worst to happen.

DSM 5.1 PD Criterion A

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- **Separation insecurity (facet of NA)**

Fears of being alone due to rejection by—and/or separation from—significant others, based in a lack of confidence in one's ability to care for oneself, both physically and emotionally.

DSM 5.1 PD Criterion A

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- **Depressivity (facet of NA)**

Feelings of being down, miserable, and/or hopeless; difficulty recovering from such moods; pessimism about the future; pervasive shame and/or guilt; feelings of inferior self-worth; thoughts of suicide and suicidal behavior.

DSM 5.1 PD Criterion A

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- **Impulsivity (facet of Disinhibition)**

Acting on the spur of the moment in response to immediate stimuli; acting on a momentary basis without a plan or consideration of outcomes; difficulty establishing and following plans; a sense of urgency and self-harming behavior under emotional distress.

DSM 5.1 PD Criterion A

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- **Risk taking (facet of Disinhibition)**

Engagement in dangerous, risky, and potentially self-damaging activities, unnecessarily and without regard to consequences; lack of concern for one's limitations and denial of the reality of personal danger; reckless pursuit of goals regardless of the level of risk involved.

DSM 5.1 PD Criterion A

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- **Hostility (facet of Antagonism/ NA)**

Persistent or frequent angry feelings; anger or irritability in response to minor slights and insults; mean, nasty, or vengeful behavior.

PD in *DSM-5.1*

How similar are the six specific *DSM-5.1* PDs to their *DSM-IV* counterparts?

1. Antisocial
2. Avoidant
3. Borderline
4. Narcissistic
5. Obsessive-Compulsive
6. Schizotypal

PD in *DSM-5.1*

Correlations with dimensional ratings of
DSM-IV PDs:

	Ratings	Self-report
1. Antisocial	.80	.65
2. Avoidant	.77	.59
3. Borderline	.81	.71
4. Narcissistic	.74	.54
5. Obsessive-Comp.	.58	.39
6. Schizotypal	.63	.66

N = 334, Morey et al., 2012

N = 227

DSM-5 PD Diagnoses with the PID-5

Sample demographics

- $N=277$

- **Sample type**

- 63% high-risk community adults
- 37% CMH patients

- **Mean age = 48.1 ± 12.8
range = 19-84 yrs.**

Sample Demographics

Gender

- 60% female, 40% male

Race

- 74% White
- 18% Black
- 8% other minority

nsd by subsample, $p < .09, .28$, respectively

Sample Demographics

Education level

- 29% high-school or less
- 48% some post-hs classes
- 23% college degree or higher

nsd by subsample, $p < .91$

Sample Demographics

Occupational level

- 46% unskilled/ clerical
- 22% skilled/ managerial
- 24% professional
- 8% none (e.g., retired, student)

nsd by subsample, $p < .18$

Sample Demographics

Relationship status

	High Risk	Patient
Single	17	42
Married	52	24
Div/Wid/Sep	31	34

$p < .0001$

Sample Demographics

Employment status

	High Risk	Patient
Employed	45	23
Unemployed	20	18
Disabled	7	41
Other ^a	28	18

^a(student, homemaker, retired)

$p < .0001$

Sample Demographics

Medication use

	High Risk	Patient
None	34	7
“Physical”	36	7
“Mental”	3	26
Both	26	60

$p < .0001$

DSM-IV—DSM-5 Primary PD Overlap: Dimensional Scores

	DSM-IV SNAP PD SCALE SCORES					
PID-5	STP	ASP	BDL	NAR	AVD	OC
STP TRAITS	.66					
ASP TRAITS		.65				
BOR TRAITS			.71			
NAR TRAITS				.54		
AVD TRAITS					.59	
OCP TRAITS						.39

Congruence KEY: **Red** $\geq .50$ **Yellow** $.20 < > .50$

DSM-IV—DSM-5 Primary PD Overlap: Dimensional Scores

	<i>DSM-IV (SNAP) DIMENSIONAL SCORES</i>					
PID-5	STP	ASP	BDL	NAR	AVD	OC
STP TRAITS	.66	.40	.63	.23	.41	.24
ASP TRAITS	.32	.65	.55	.39	.04	.04
BOR TRAITS	.51	.47	.71	.28	.33	.15
NAR TRAITS	.17	.21	.24	.54	-.08	.17
AVD TRAITS	.47	.21	.51	.02	.59	.18
OCP TRAITS	.40	.19	.45	.16	.32	.39

Congruence KEY: **Red** $\geq .50$ **Yellow** $.20 < > .50$ **Green** $\leq .20$

DSM-IV—DSM-5 Primary PD Overlap: Dimensional Scores

	DSM-IV SNAP PD SCALE SCORES					
PID-5	STP	ASP	BDL	NAR	AVD	OC
STP TRAITS	.66					
ASP TRAITS		.65				
BOR TRAITS			.71			
NAR TRAITS				.54		
AVD TRAITS					.59	
OCP TRAITS						.39

Congruence KEY: **Red** $\geq .50$ **Yellow** $.20 < > .50$

DSM-IV—DSM-5 PD Overlap: Categorical (kappa)

	DSM-IV SNAP PD CATEGORIES					
PID-5	STP	ASP	BDL	NAR	AVD	OC
STP TRAITS	.35					
ASP TRAITS		.25				
BOR TRAITS			.34			
NAR TRAITS				.12		
AVD TRAITS					.30	
OCP TRAITS						.15

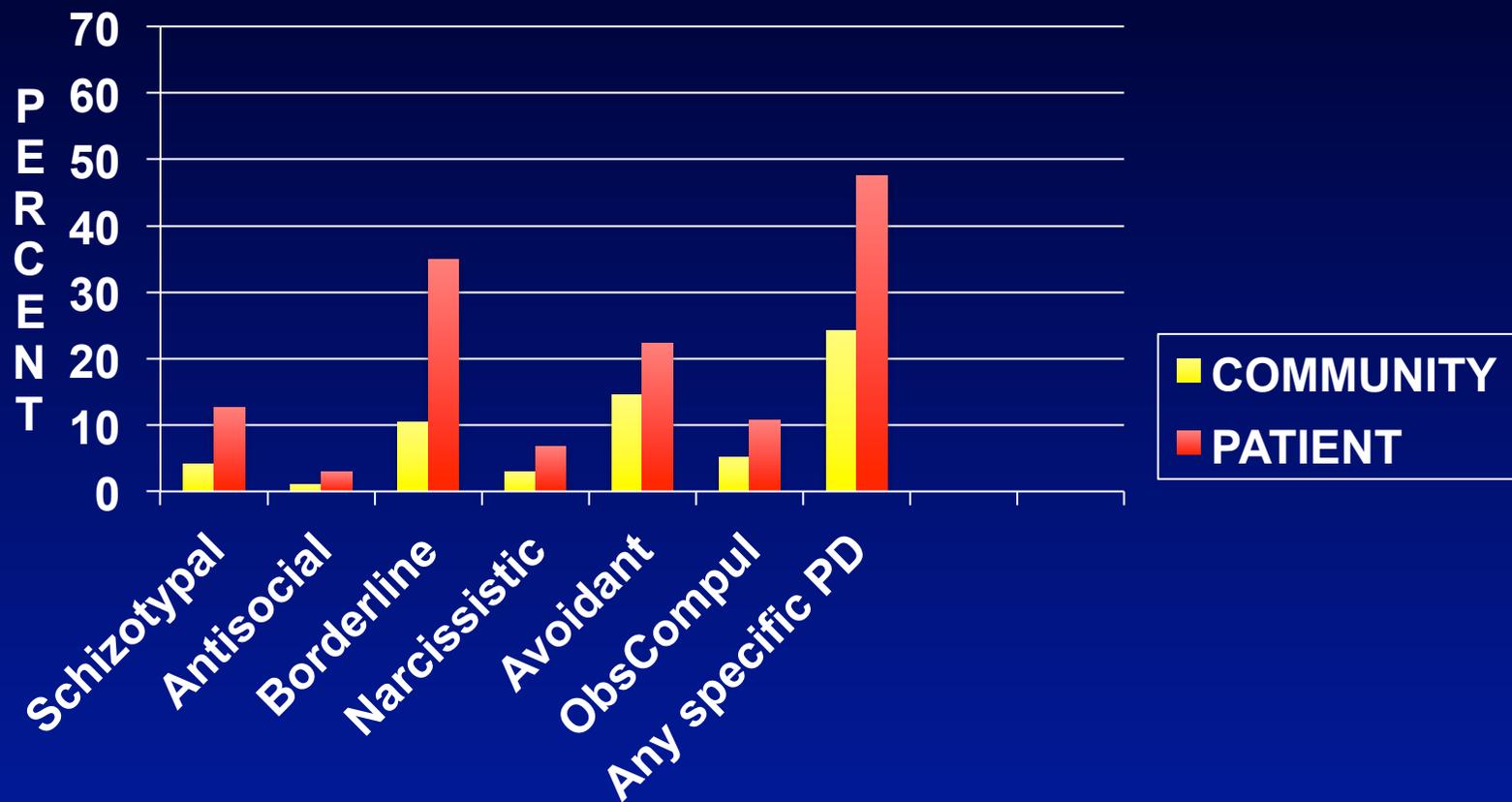
Congruence KEY: **Red** $\geq .50$ **Yellow** $.20 < > .50$ **Green** $\leq .20$

DSM-IV—DSM-5 PD Overlap: Literature Comparison

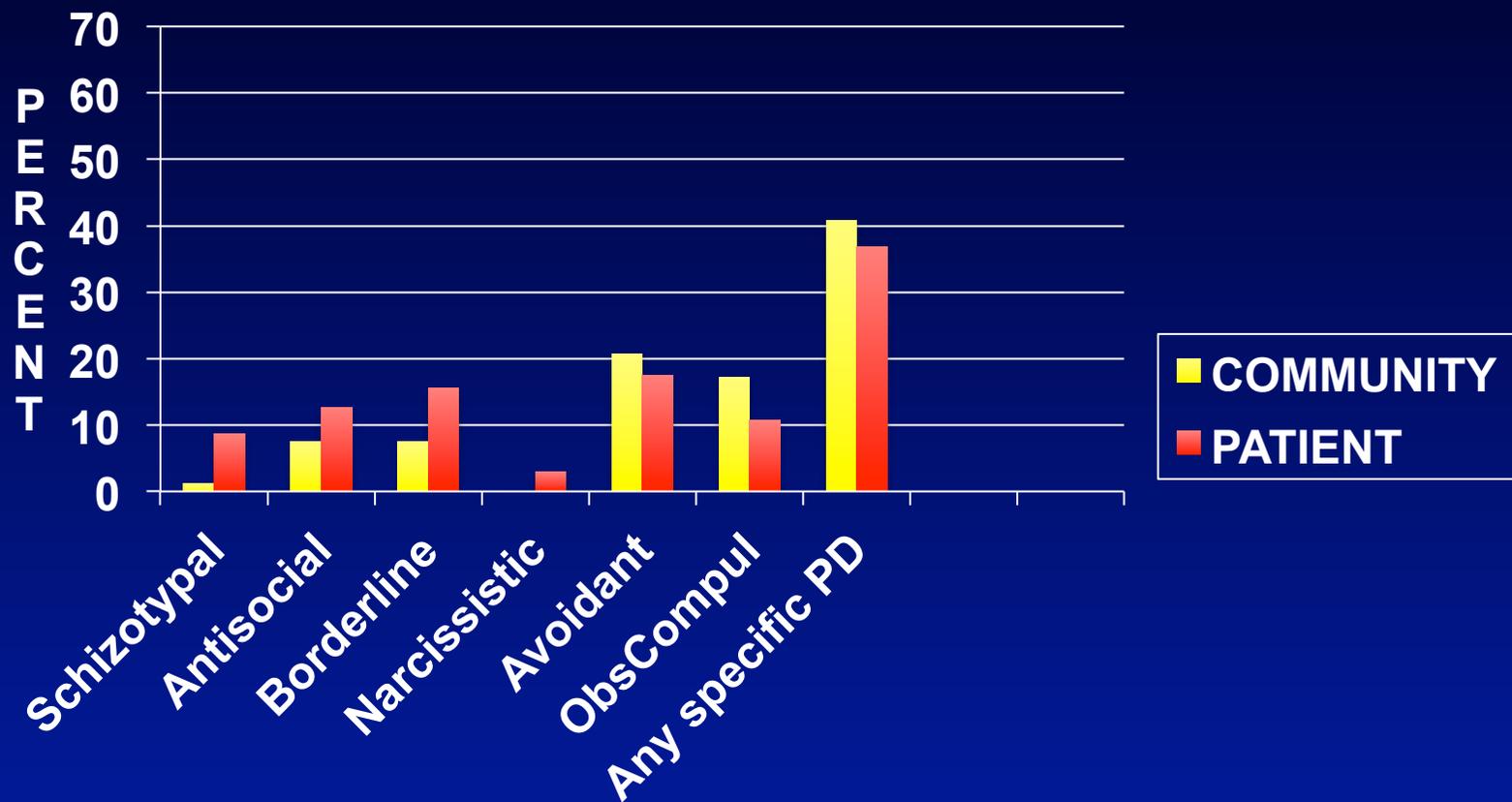
	MDN kappa	Any PD kappa
Clark et al. (2013)	.28	.47
MEDIAN 5 studies*	.35	.33
	MDN <i>r</i>	
Clark et al. (2013)	.60	
MEDIAN 4 studies†	.51	

*8 comparisons, interviews †Self-report scales
Clark, Livesley, & Morey, 1997

Specific PD Prevalence: *DSM-5.1*



Specific PD Prevalence: *DSM-IV*



Comorbidity of Six Specific PDs

PID-5	STPD	ASPD	BPD	NPD	AVPD	OCPD	ROW T
STPD	.20	.05	.60	.05	.50	.35	20
ASPD	.25	.00	1.00	.50	.00	.00	4
BPD	.22	.07	.31	.15	.44	.20	54
NPD	.08	.17	.67	.33	.17	.00	12
AVPD	.21	.00	.50	.04	.38	.25	48
OCPD	.35	.00	.55	.00	.60	.20	20
COL Total	20	4	54	12	48	20	.24

Filled = % "pure" Red \geq 50% Yellow 20%--50% Green < 20% comorbidity

PD-Trait Specified

PD-Trait Specified

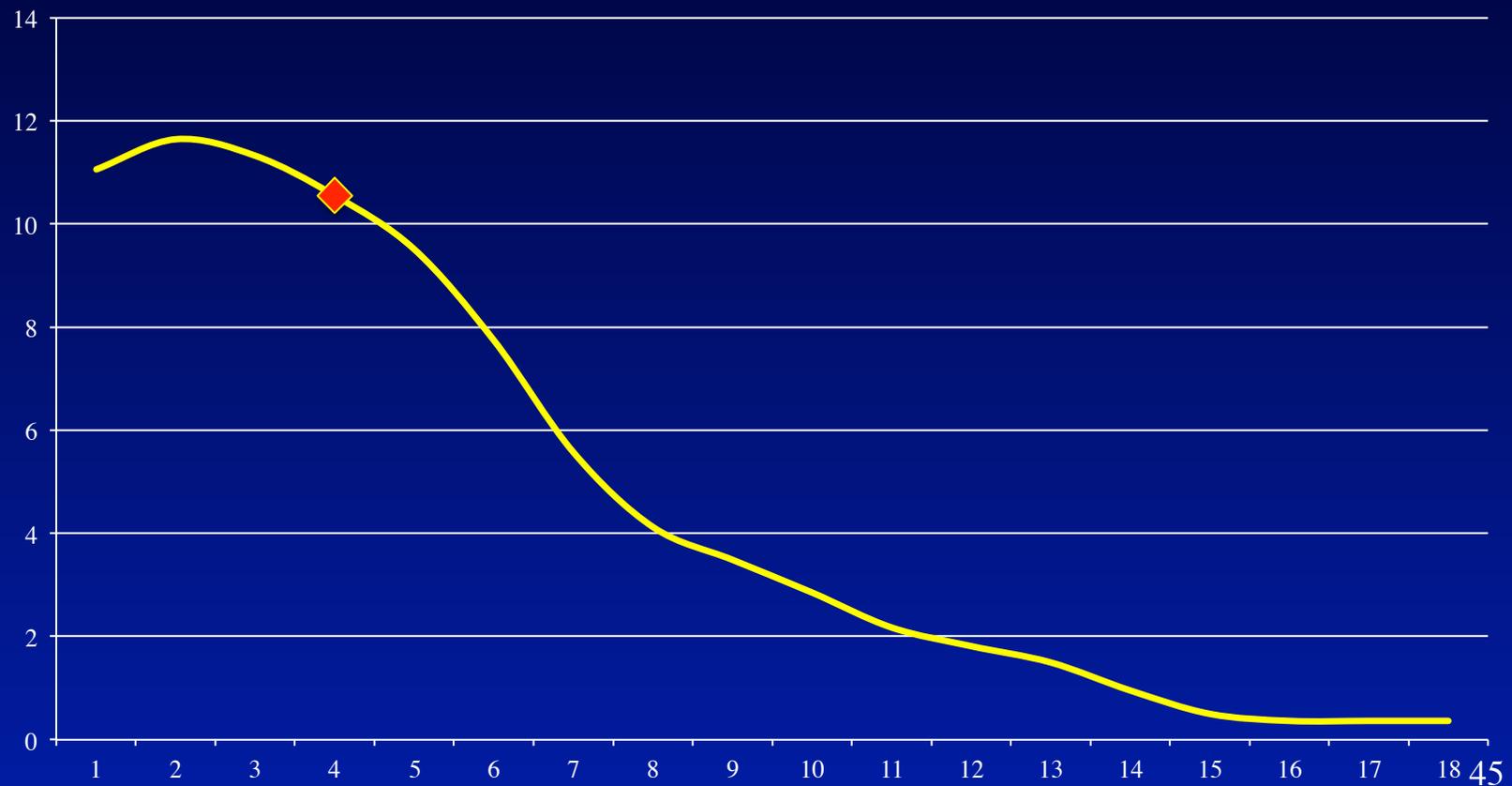
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A. Moderate or greater impairment in at least 2 of the following 4 areas of personality functioning:

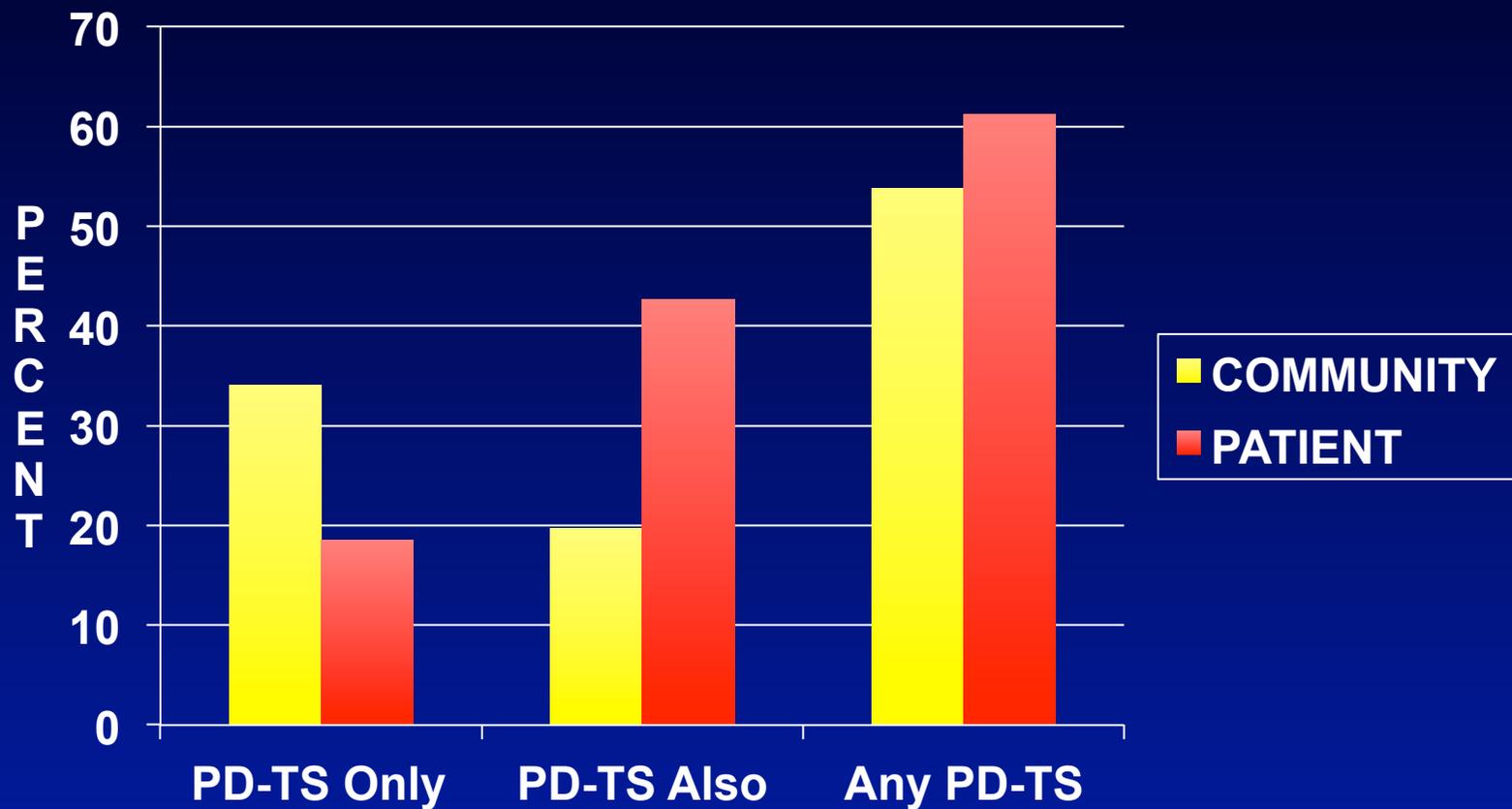
1. Identity
2. Self-direction
3. Empathy
4. Intimacy

B. One or more pathological personality traits.

Distribution of Elevated Traits *Above and Beyond* Traits used for Six Specific PD Diagnoses

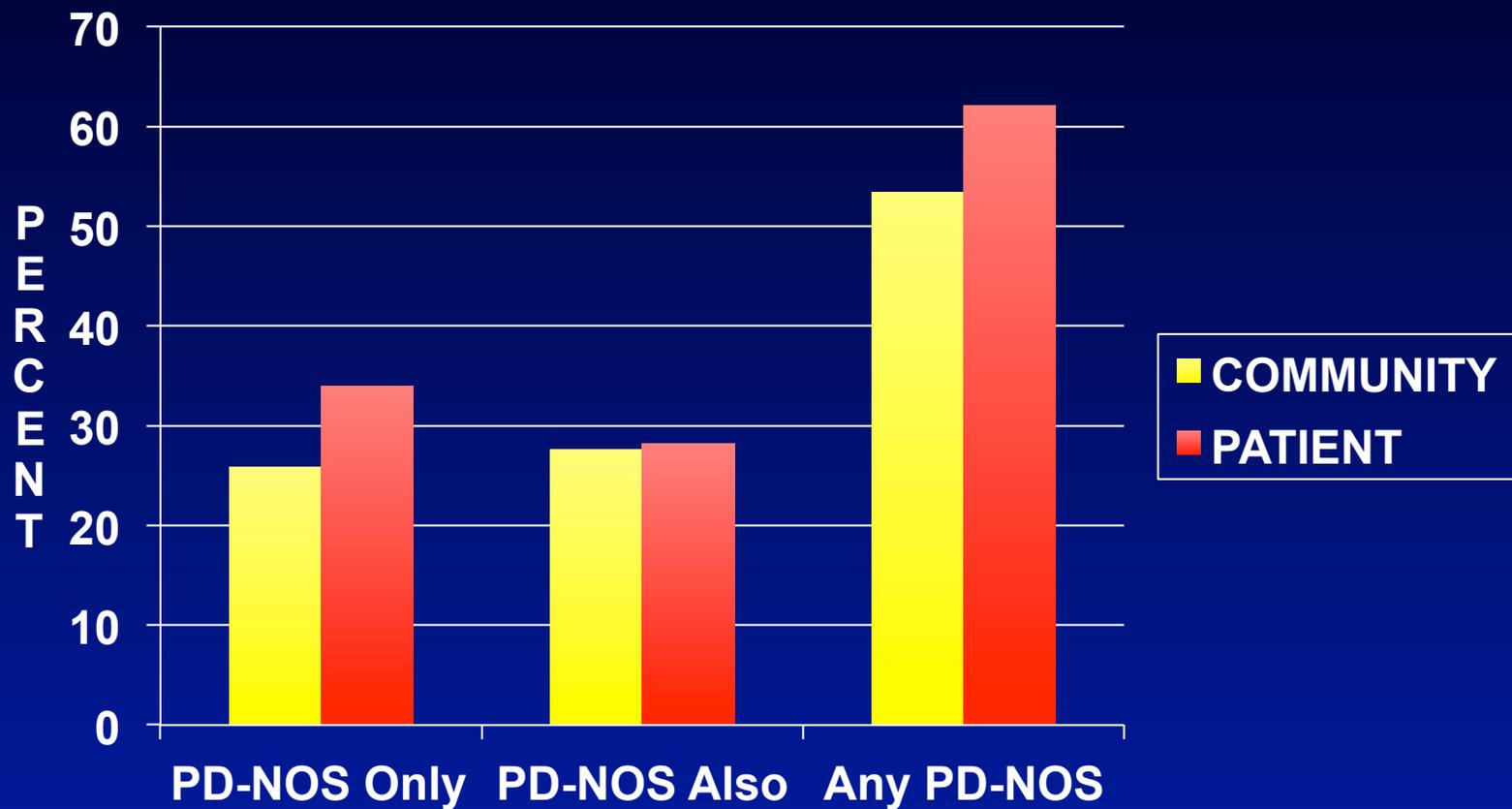


Prevalence of PD-Trait Specified



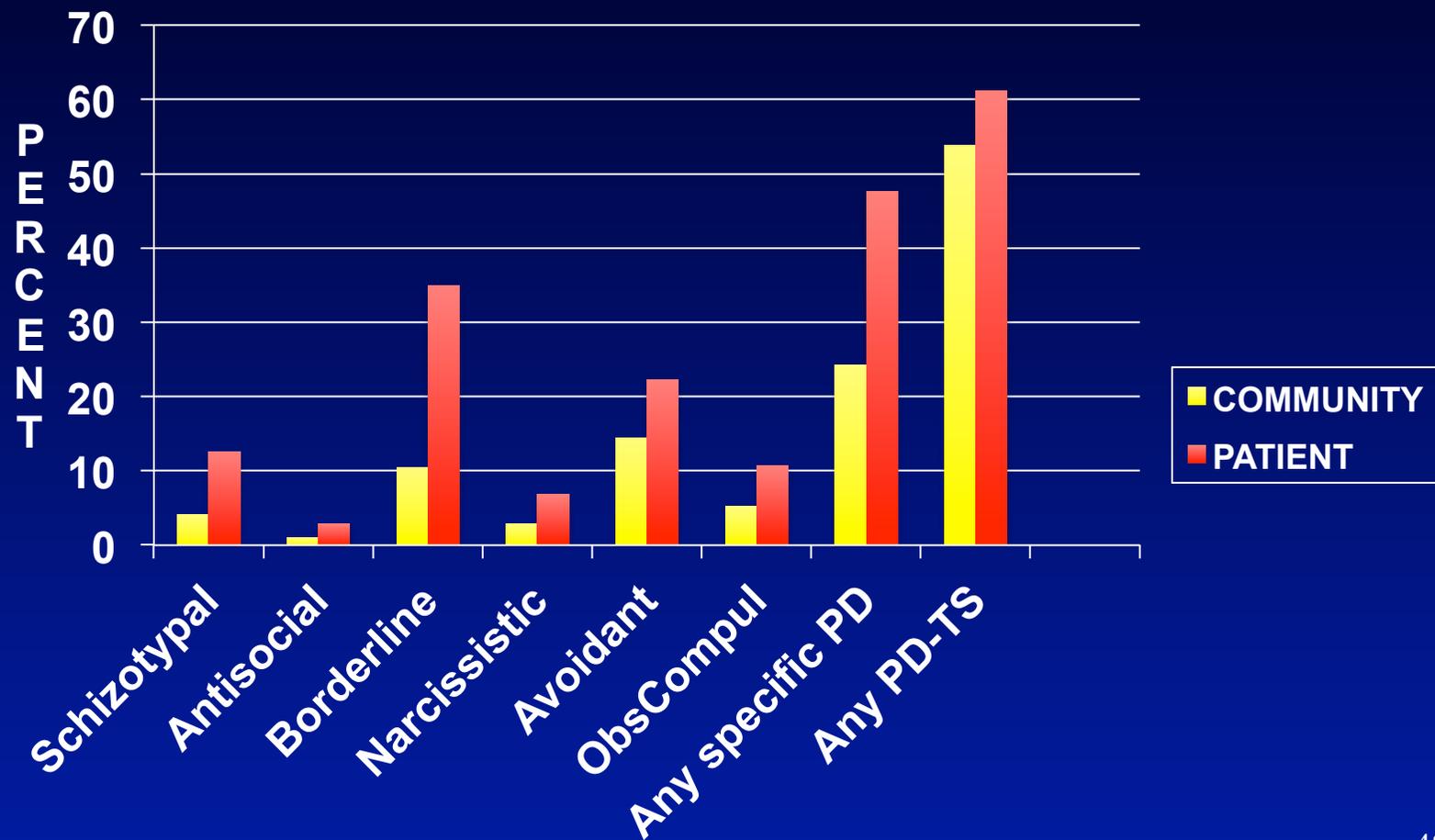
PD-TS = 4+ traits IN ADDITION TO traits used to diagnose specific PDs

Prevalence of PD-NOS

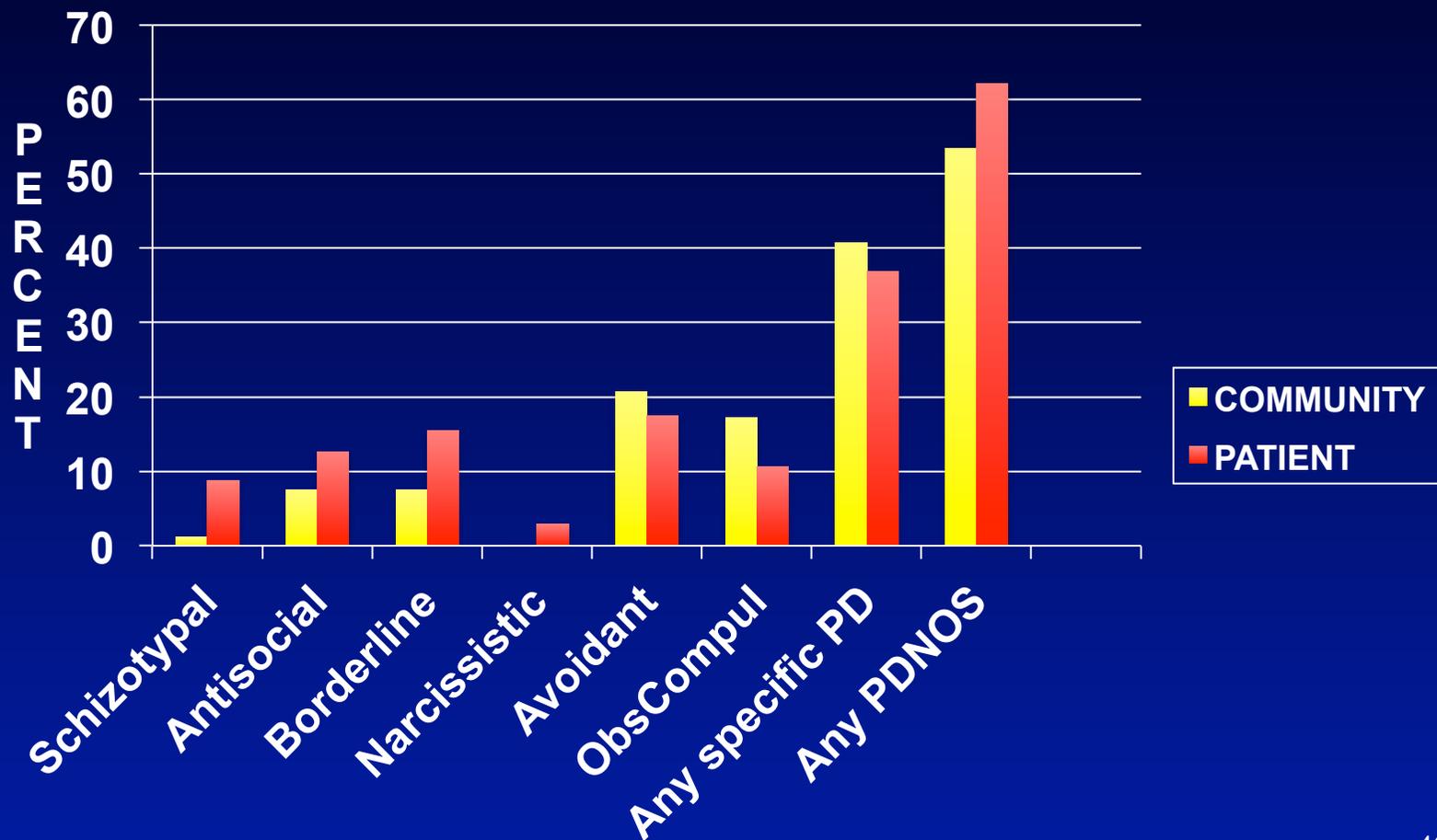


PDNOS = 2+ PDs 1 criterion below threshold for diagnosis 47

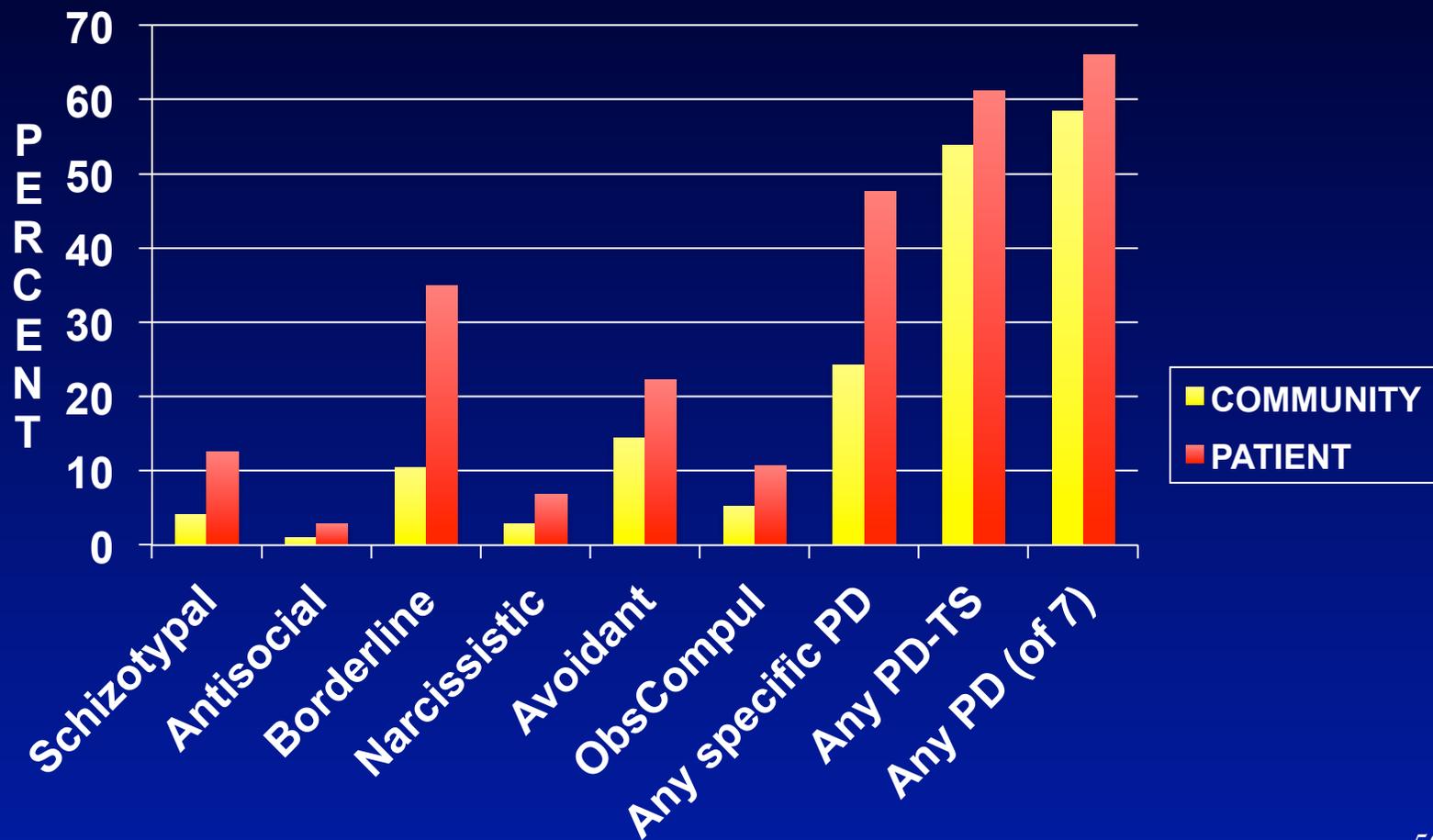
Any PD Prevalence: *DSM-5.1*



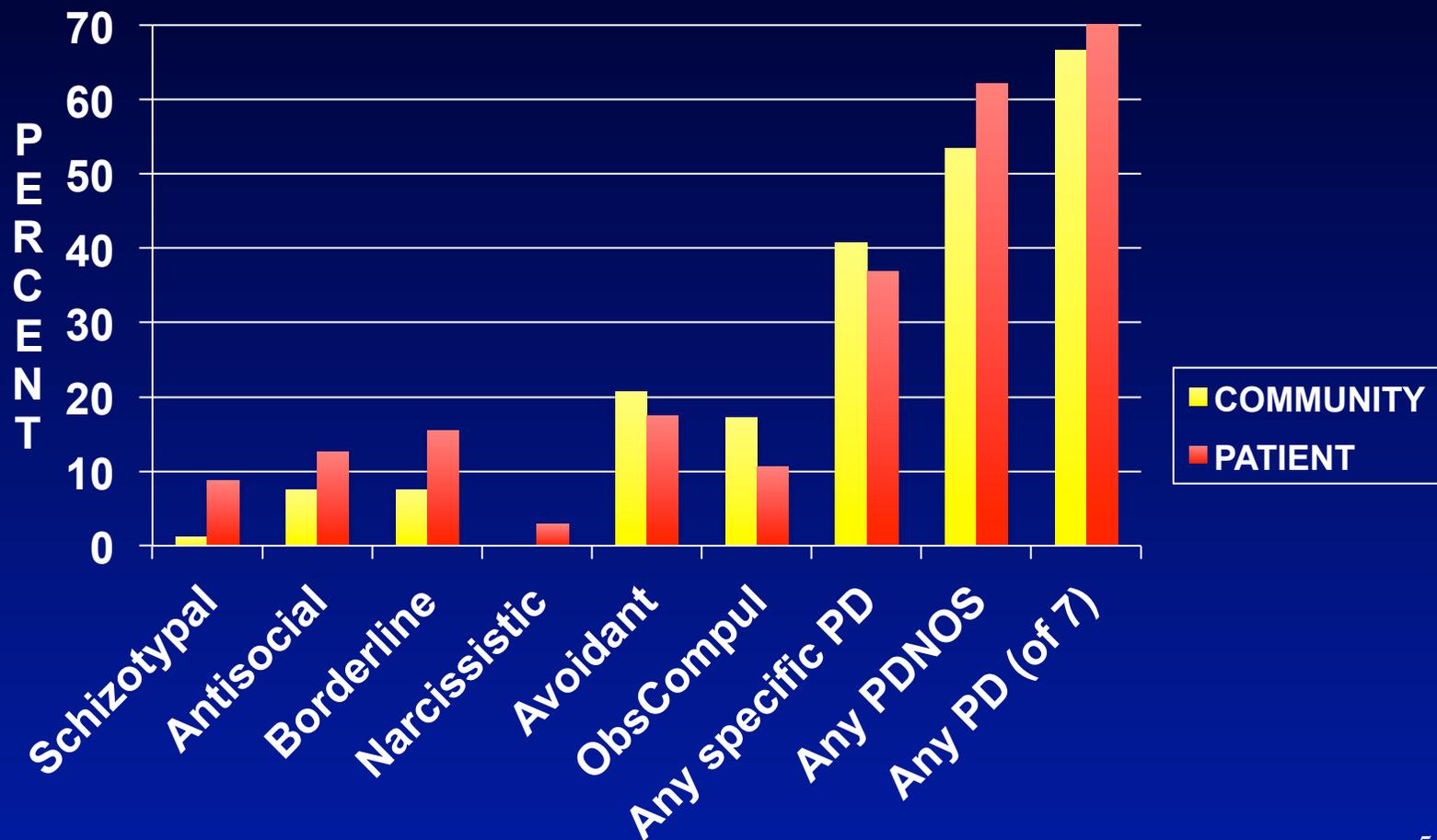
Any PD Prevalence: *DSM-IV*



All PD Prevalence: *DSM-5.1*



All PD Prevalence: *DSM-IV*

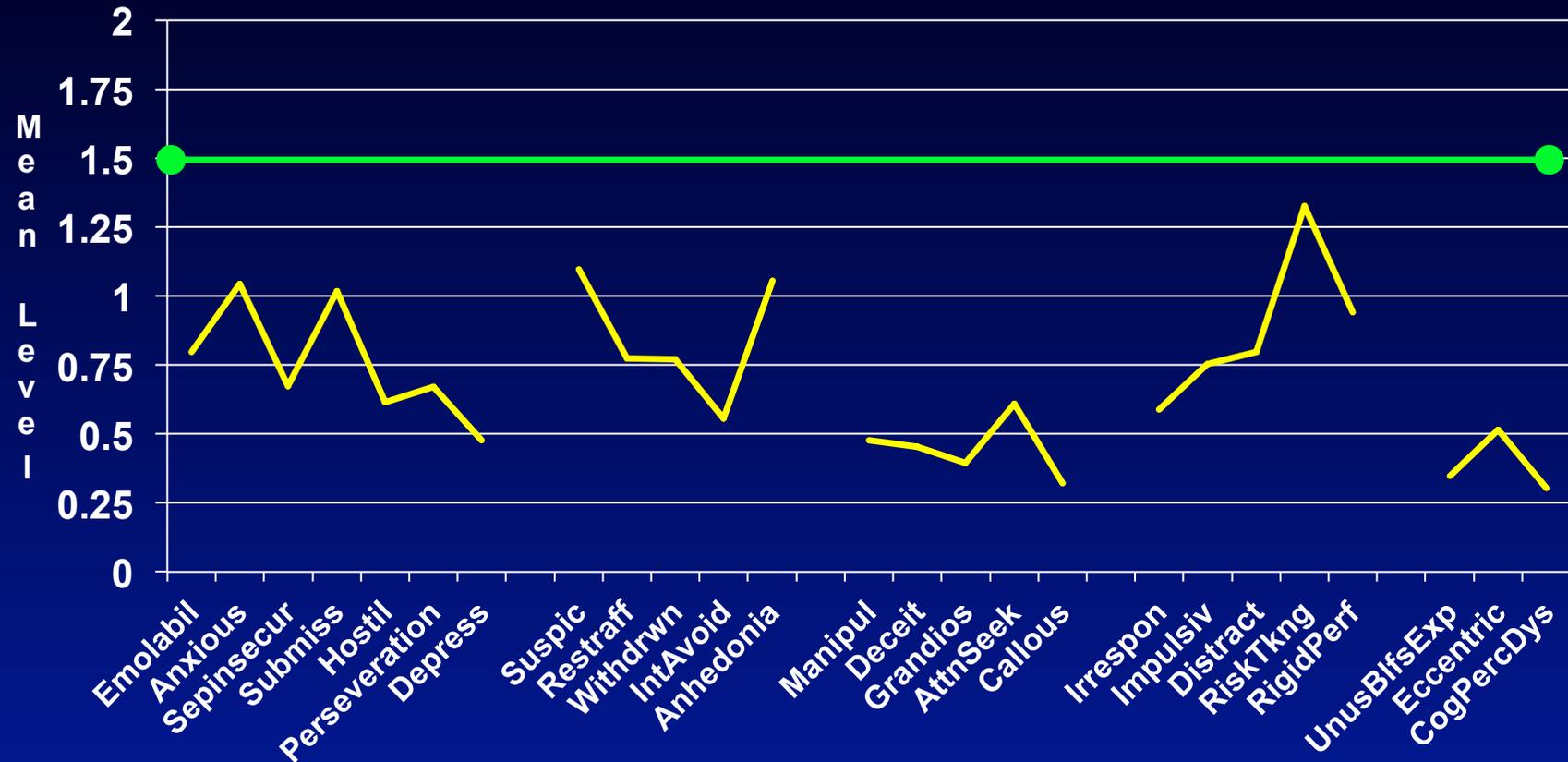


Comorbidity of Seven PDs

PID-5	STPD	ASPD	BPD	NPD	AVPD	OCPD	PD-TS	ROW T
STPD	.20	.05	.60	.05	.50	.35	.90	20
ASPD	.25	.00	1.00	.50	.00	.00	1.00	4
BPD	.22	.07	.31	.15	.44	.20	.93	54
NPD	.08	.17	.67	.33	.17	.00	1.00	12
AVPD	.21	.00	.50	.04	.38	.25	.88	48
OCPD	.35	.00	.55	.00	.60	.20	.95	20
PS-TS	.13	.03	.35	.08	.31	.13	.50	156
COL Total	20	4	54	12	48	20	156	.27

Yellow = % "pure" Red \geq 50% Grey 20%--50% Green < 20% comorbidity

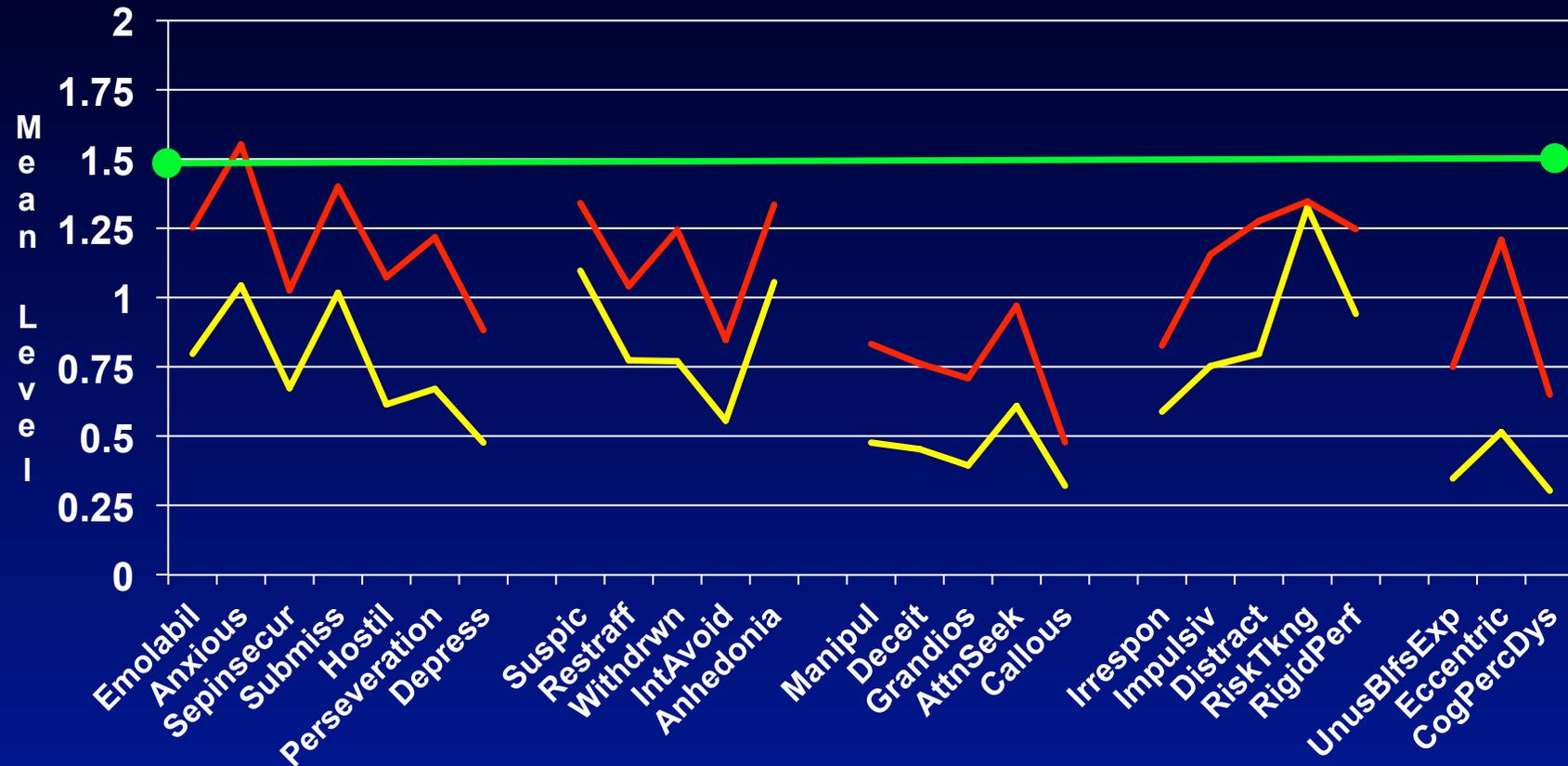
Four Levels of Pathological Traits



Yellow = No PD, n = 107 **Red = PD-TS only, n = 78**

Turq = Specific PD only, n = 13 **Lilac = Comorbid PD, n = 78**

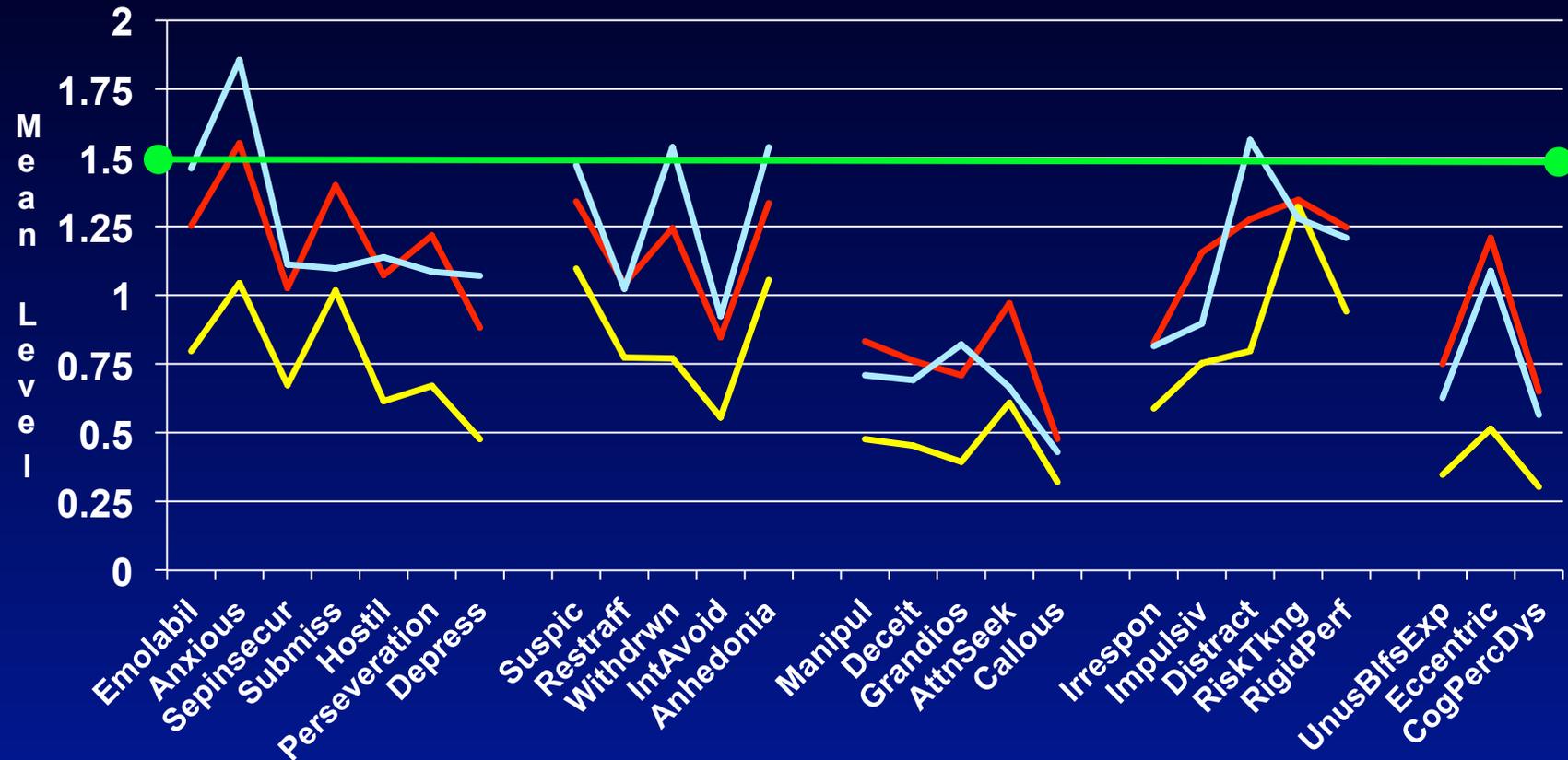
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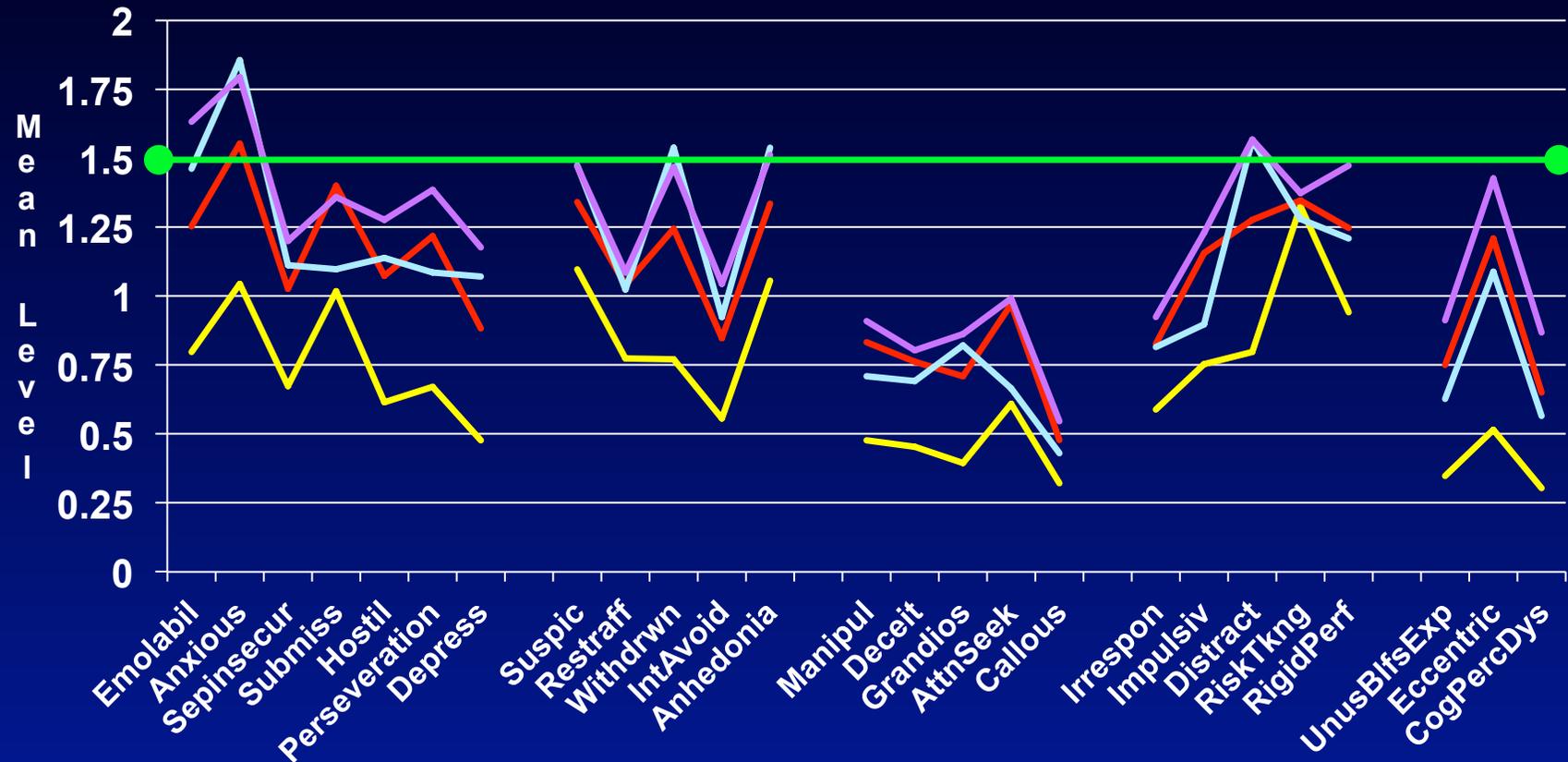
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Four Levels of Pathological Traits



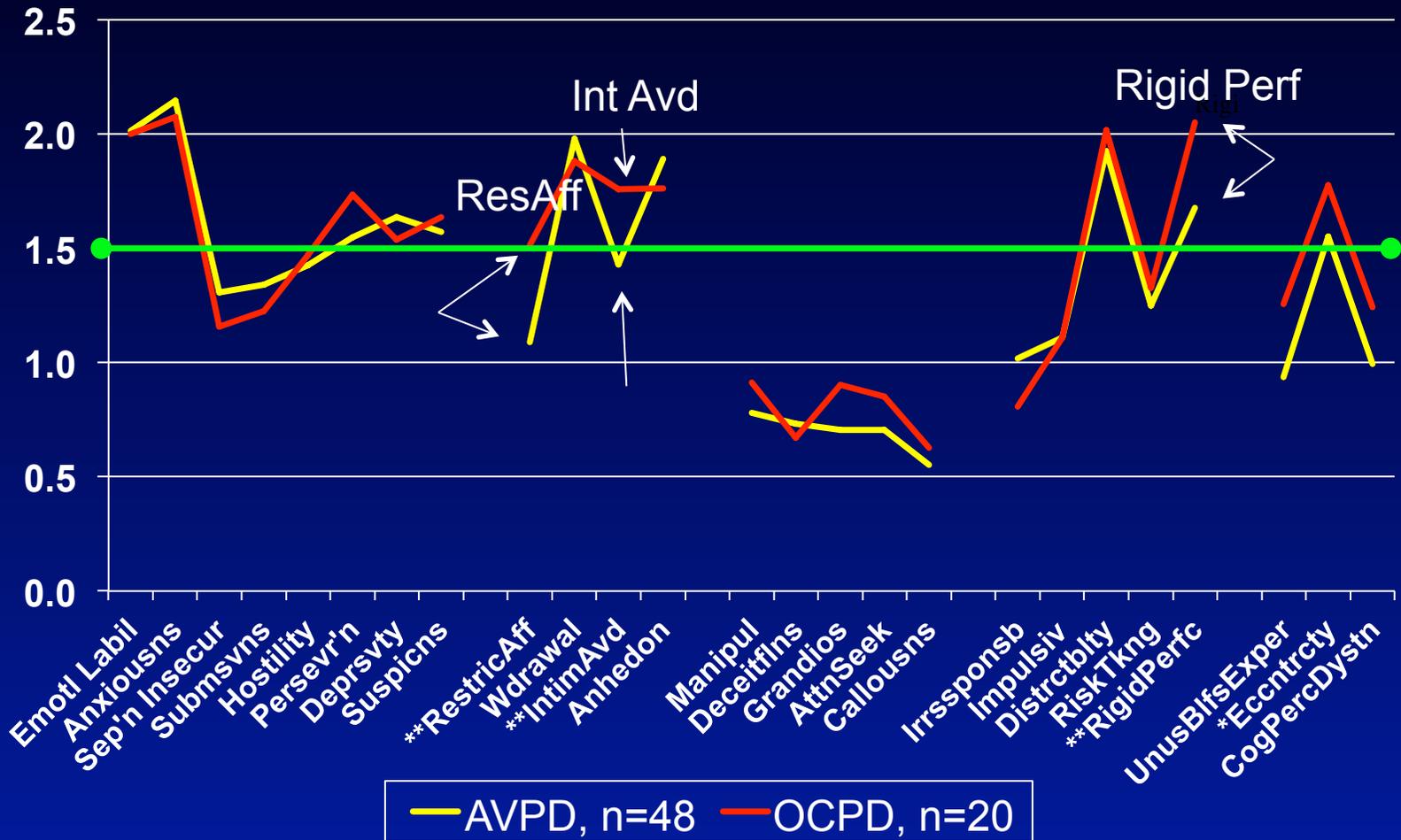
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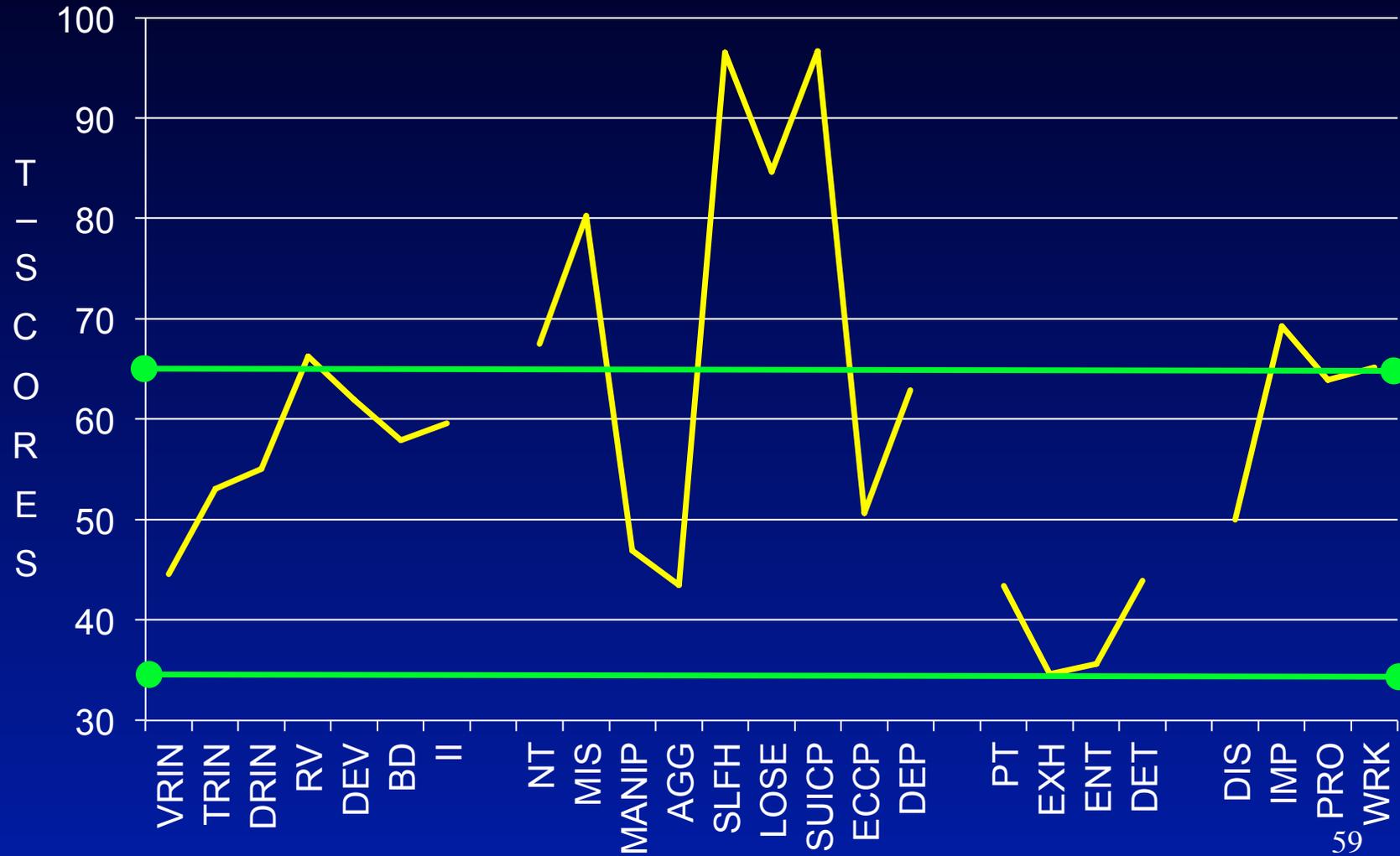
AVPD vs. OCPD PID-5 profiles



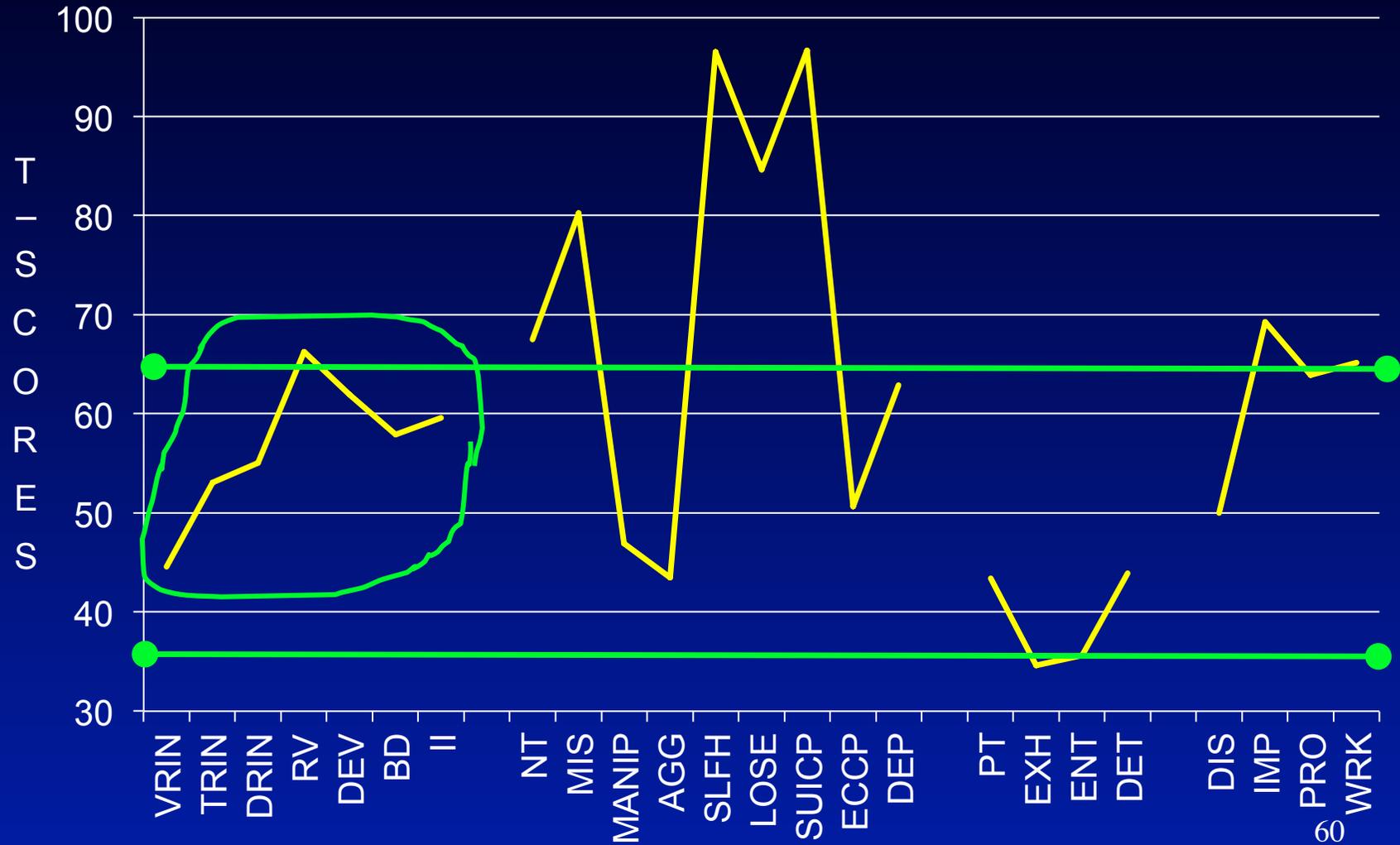
AVPD vs. OCPD PID-5 profiles



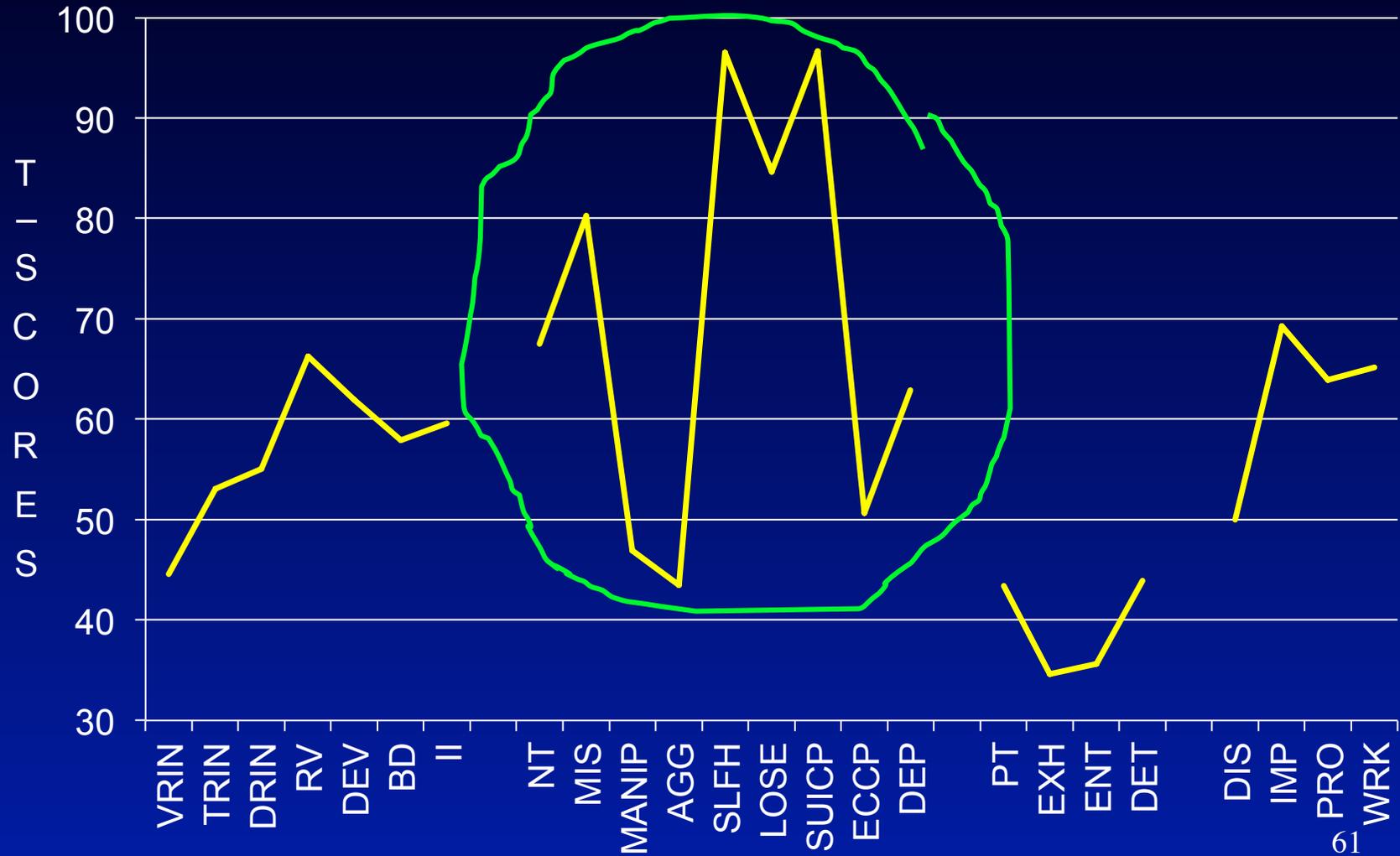
Patient 1 SNAP



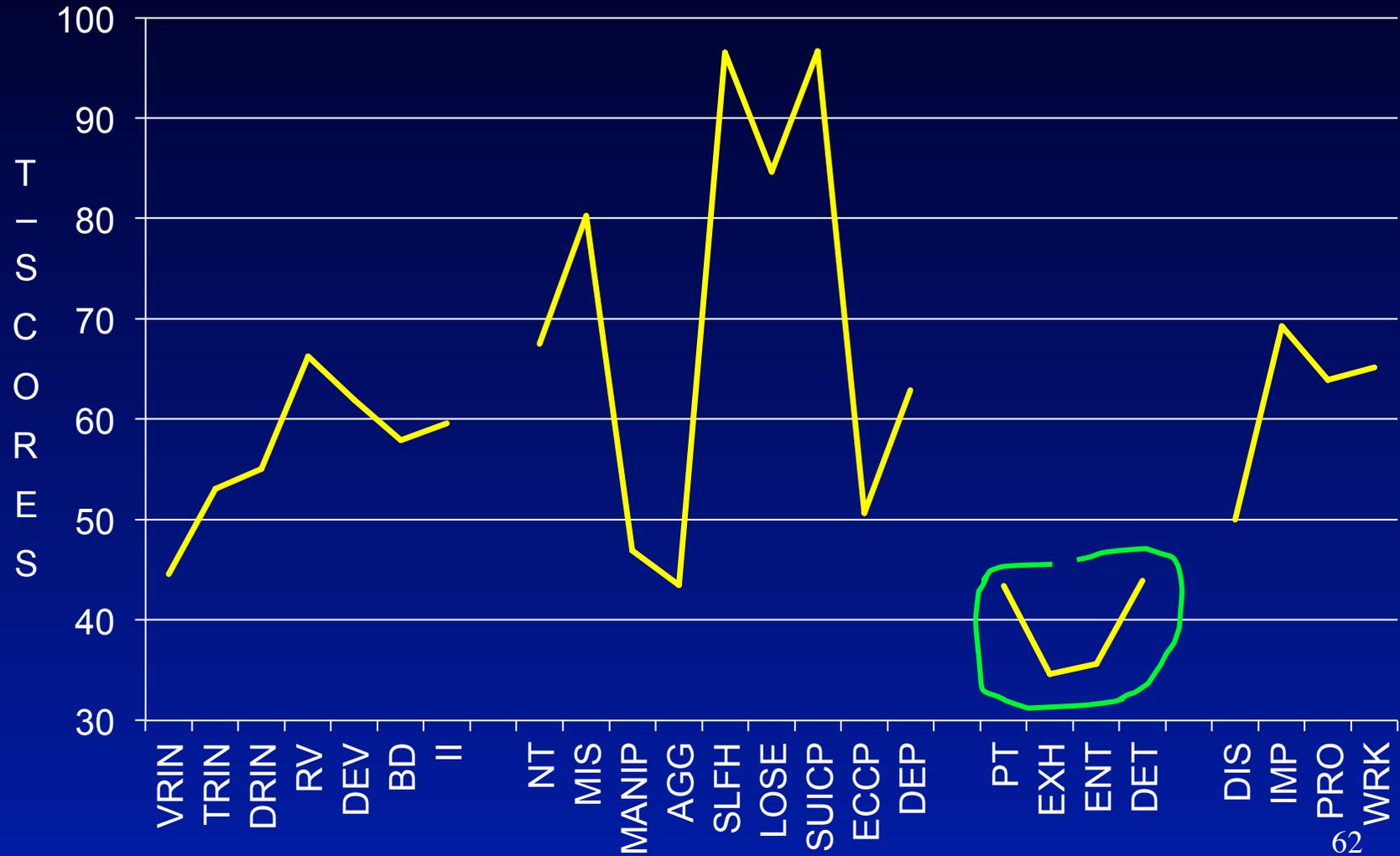
Patient 1 SNAP



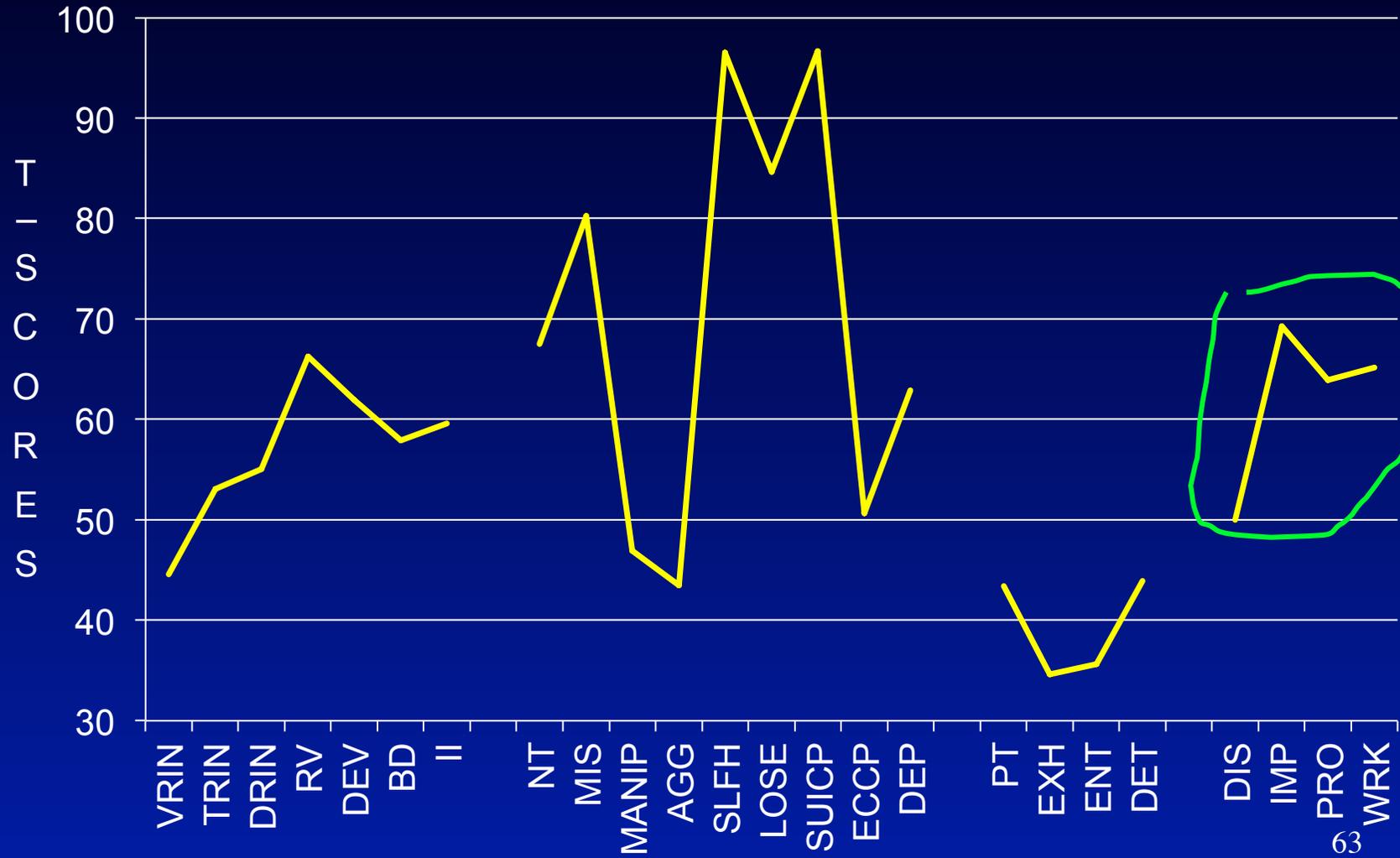
Patient 1 SNAP



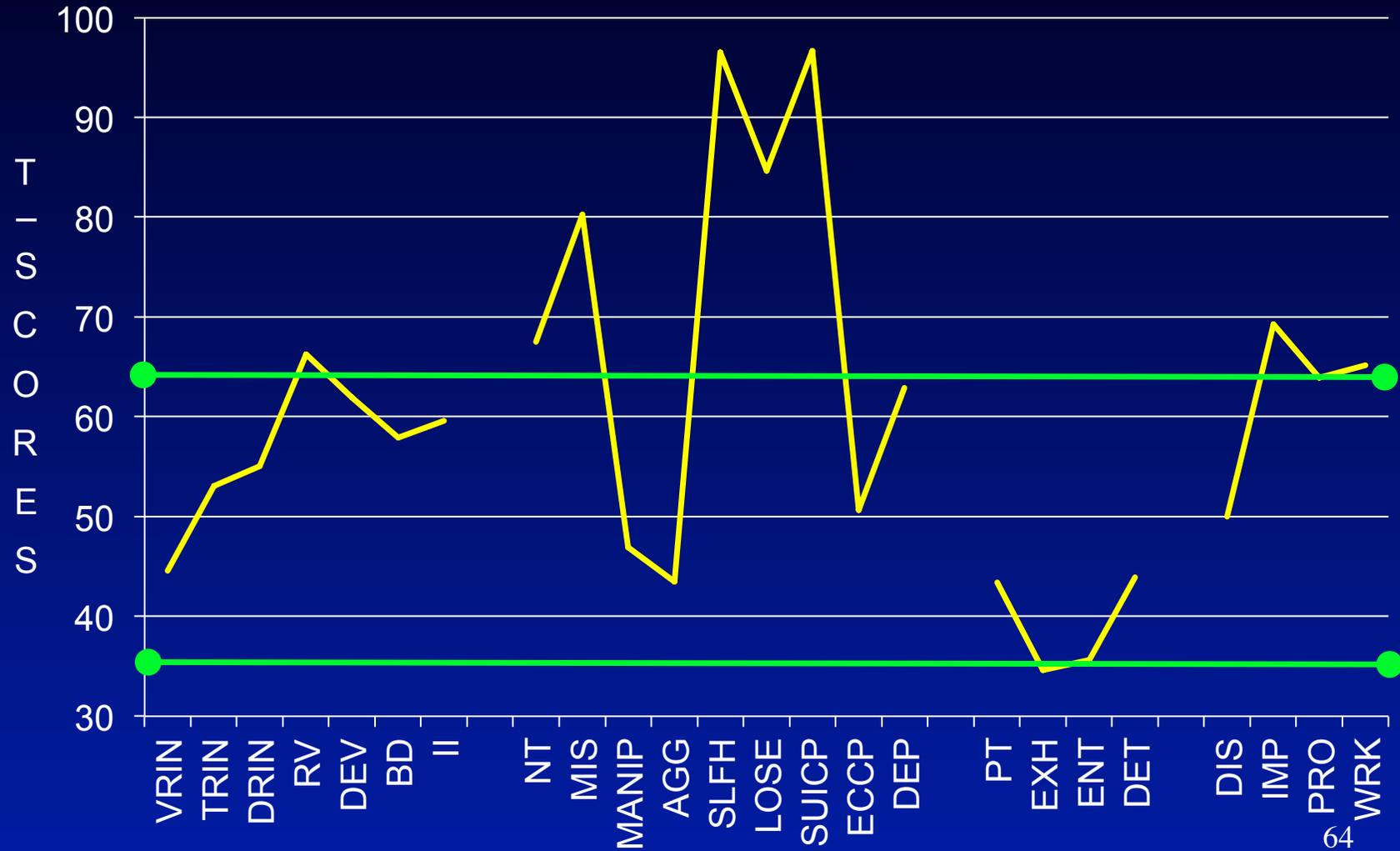
Patient 1 SNAP



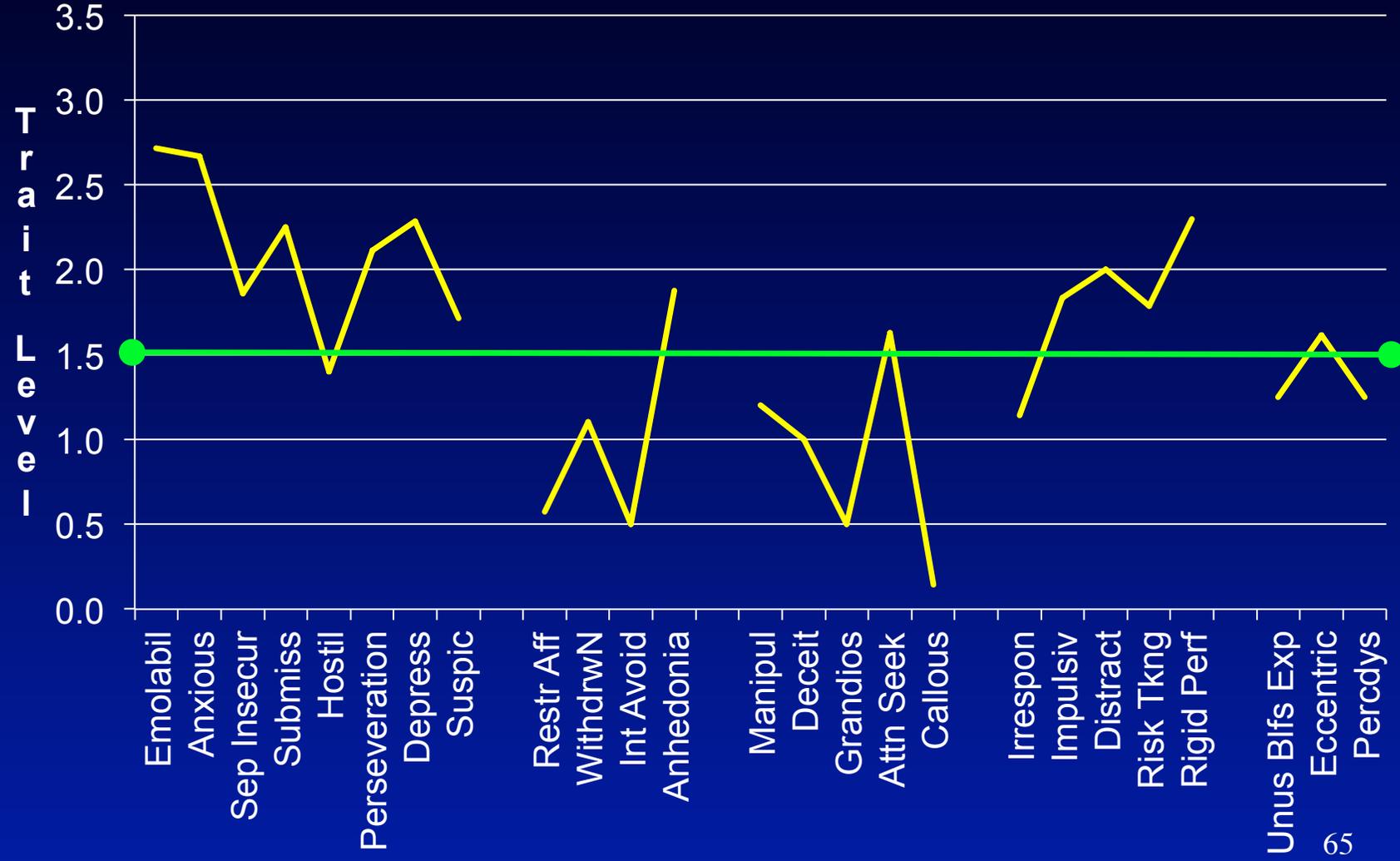
Patient 1 SNAP



Patient 1 SNAP



Patient 1 PID-5



PT 1 Self-Report, *DSM-IV* – 5: Similarities

DSM-IV – SNAP

- PDNOS–BOR, DPN criteria; Depressive PD
 - **NA:** Negative Temperament, Suicidality, Mistrust
 - **DIS:** Impulsivity

DSM-5.1 – PID-5

- Borderline PD: Emotional Lability, Anxiousness
 - Sep'n Insec, Depressvity, Impulsiv, Risk Taking
- PD-Trait Specified
 - **NA:** Submissiveness, Suspiciousness
 - **DET:** Anhedonia

PT 1 Self-Report, *DSM-IV – 5*: Differences

DSM-IV – SNAP

- PDNOS–BOR, DPN criteria; Depressive PD
 - **NA**: Negative Temperament, Suicidality, Mistrust
 - **DIS**: Impulsivity

DSM-5.1 – PID-5

- Borderline PD: Emotional Lability, Anxiousness
 - Sep'n Insec, Depressvity, Impulsiv, Risk Taking
- PD-Trait Specified
 - **NA**: Submissiveness, Suspiciousness
 - **DET**: Anhedonia **ANT**: Attention Seeking
 - **DIS**: Distractibility, Rigid Perfectionism

Patient 1 Interview: Similarities

DSM-IV – SIDP

- PDNOS – 3 Borderline, 2 Avoidant, 2 O-C,
1 Dependent, 1 Histrionic

DSM-5.1 – CRF-5

- PD-TS – NA domain (overall)
 - *NA Domain*: Emotional Lability, Depressivity
+ subclinical Anxiousness, Submissiveness,
Separation Insecurity
 - *DIS Domain*: Impulsivity

Patient 1 Interview: Differences

DSM-IV – SIDP

- **PDNOS** – 3 Borderline, 2 Avoidant, **2 O-C**,
1 Dependent, **1 Histrionic**

DSM-5.1 – CRF-5

- **PD-TS** – NA domain (overall)
 - **NA Domain:** Emotional Lability, Depressivity
+ subclinical Anxiousness, Submissiveness,
Separation Insecurity
 - **DIS Domain:** Impulsivity

Patient 1 *PID-5* – *CRF-5*, Similarities

PID-5 PD-TS

- **NA:** Emotional Lability, Depressivity
Anxiousness, Submissiveness,
Separation Insecurity
- **DIS:** Impulsivity

CRF-5 PD-TS – NA domain (overall)

- **NA:** Emotional Lability, Depressivity
+ subclinical Anxiousness, Submissiveness,
Separation Insecurity
- **DIS:** Impulsivity

Patient 1 *PID-5* – *CRF-5*, Differences

PID-5 PD-TS

- *NA*: Emotional Lability, Depressivity
Anxiousness, Submissiveness,
Separation Insecurity, **Suspiciousness**
- *DIS*: Impulsivity, **Rigid Perfectionism**
Distractibility, Risk Taking
- *DET*: **Anhedonia** *ANT*: **Attention Seeking**

CRF-5 PD-TS – NA domain (overall)

- *NA*: Emotional Lability, Depressivity
+ subclinical Anxiousness, Submissiveness,
Separation Insecurity
- *DIS*: Impulsivity

Patient 1 *PID-5* – *CRF-5*, Differences

PID-5 PD-TS, Borderline PD

- *NA*: Emotional Lability, **Depressivity**
Anxiousness, Submissiveness,
Separation Insecurity, Suspiciousness
- *DIS*: **Impulsivity**, Rigid Perfectionism
Distractibility, **Risk Taking**
- *DET*: Anhedonia *ANT*: Attention Seeking

CRF-5 PD-TS – **NA domain (overall)**

- *NA*: Emotional Lability, **Depressivity**
+ subclinical **Anxiousness**, Submissiveness,
Separation Insecurity
- *DIS*: **Impulsivity**

Patient 1 *DSM-5.1* Clinical Picture

PID-5 PD-TS

- **NA:** Emotional Lability, Depressivity
Anxiousness, Suspiciousness,
Separation Insecurity, Submissiveness
- **DIS:** Impulsivity, Rigid Perfectionism
Distractibility, Risk Taking
- **DET:** Anhedonia **ANT:** Attention Seeking

CRF-5 PD-TS – **NA domain (overall)**

- **NA:** Emotional Lability, Depressivity
+ subclinical Anxiousness, Submissiveness,
Separation Insecurity
- **DIS:** Impulsivity

Improvements over *DSM-IV* PDs

1. Conceptual clarity/ validity

- Distinguishes personality dysfunction from maladaptive traits

2. Psychometric validity

- Traits based on established hierarchical system
- Unified, dimensional assessment of both personality dysfunction & maladaptive traits

3. Clinical utility

- Clearer specification of pathological components
- Better reflection of PD complexity

Timetable for *DSM-5.1* PDs

TBD, stay tuned.

THANK YOU

Questions?