

Brief Rationale and Status of the Development of a Trait Dimensional Diagnostic System for Personality Disorder in DSM-5

The DSM-5 Personality and Personality Disorders Work Group and work group consultants (Drs. David Watson and Kristian Markon, with Jaime Derringer serving as the lead Research Assistant) began with existing models and measures of maladaptive personality traits, as summarized in a 2004 pre-DSM-5 research planning meeting. That meeting resulted in a consensus that broad domains of personality focused on introversion (what we have termed detachment, because concerns were raised that the term “introversion” does not adequately convey the maladaptive aspects of this domain), antagonism, impulsivity (what we have termed disinhibition, to recognize the breadth of this domain relative to impulsivity as a narrower, more specific manifestation), and emotional dysregulation (here termed negative affectivity, to recognize the breadth of this domain relative to emotional lability as a narrower, more specific manifestation) could serve as an organizing framework for numerous models of personality disorder (PD) traits.

Although these domains are bipolar (e.g., extraversion is the opposite of introversion, a.k.a. detachment), specific poles of these domains are associated with PD. That is, although these domains are bipolar when considering both adaptive and maladaptive aspects of personality, the features of PD tend to be concentrated specifically at the maladaptive poles of these domains (detachment, antagonism, disinhibition, and negative affectivity), as shown in meta analytic research. There are two exceptions: histrionic PD has been associated with extraversion and obsessive-compulsive PD has been associated with a lack of disinhibition. Hence, we also endeavored to ensure that core features of these PDs are covered by our trait set: attention seeking covers the core feature of histrionic PD, and rigid perfectionism and perseveration cover the core features of obsessive-compulsive PD.

A fifth domain, “openness to experience,” is a major domain of normal-range personality variation, but an extensive literature shows essentially no relationship between this domain and DSM-IV PDs. Nevertheless, other research has identified a domain covering major features of Schizotypal PD, i.e., “cognitive or perceptual distortions and eccentricities of behavior” (DSM-IV-TR, p. 685). Hence, in addition to the four major domains, we also sought to identify and measure traits in a fifth domain of psychoticism, resulting in a model that, at the domain-level, bears a strong resemblance to Dr. Allan Harkness’ Personality Psychopathology Five (PSY-5) model of clinically relevant personality variants.

Essentially, our approach was to draw on existing models to generate a model and assessment instrument that (1) encompass the four major domains of maladaptive personality variation identified at the 2004 meeting; (2) encompass a fifth domain of psychoticism; and (3) contains multiple specific core criteria (trait facets) within all five domains (see the [Table with provisional mappings of facets into domains](#)), with a focus on covering major features of DSM-IV-TR PDs. To our knowledge, no existing model and assessment instrument encompasses this complete set of characteristics. For example, many measures of the Five Factor Model (FFM) of personality focus on variation at the adaptive poles, without explicitly measuring PD features located at the maladaptive poles (e.g., the NEO Five-Factor Inventory and the Big Five Inventory measure extraversion, but not specific manifestations of detachment).

At a DSM-5 Task Force meeting that occurred on April 11-12, 2011, the Task Force endorsed this model but asked the personality and personality disorders workgroup to implement the model in a “hybrid fashion,” by which they meant that the model should be introduced in DSM-5 but should also be used to describe key PD constructs from DSM-IV. As a result, **the PD diagnosis proposed for DSM-5 that implements the model in its full form is Personality Disorder Trait Specified**. In addition, specific DSM-IV PDs are also described by combining significant impairment in self (identity and self-direction) and interpersonal (empathy and intimacy) functioning (i.e., Criterion A) with specific core criteria in this model (i.e., Criterion B). These core criteria are thereby akin to the PD criteria of DSM-IV with regard to how they are used in this system. DSM-IV had 79 PD criteria and our aim was to condense this somewhat unwieldy number into a more manageable and reliable set (the 25 core criteria in the Table), that could be organized into broader, empirically-based dimensional domains (the 5 domains in the Table). As of this writing, beyond PD trait specified, the specific PDs diagnoses proposed for DSM-5 are Schizotypal, Borderline, Antisocial, Narcissistic, Avoidant, and Obsessive-Compulsive.

Our research on this model as part of the DSM-5 endeavor has resulted in a preliminary assessment instrument including 25 scales that are reliable in our data, and that index the 25 core criteria shown in the Table, and that appear to assort empirically into the 5 broad domains in the Table. Our goal at this juncture is to make this instrument available to qualified clinical researchers; as of this writing, it can be obtained by emailing Dr. Robert F. Krueger at krueg038@umn.edu. We hope others will be interested in working with this instrument, and that the resulting work can help to frame the way personality and PDs are represented in DSM-5 and beyond. Above all, the purpose of this work is ultimately to provide clinicians with a freely available assessment tool that is not only based in research evidence, but also facilitates better understanding of our patients' needs and concerns.

Further reading:

[Map of Core Criteria onto Diagnoses and General Definitions](#)

Harkness, A.R., McNulty, J.L., Ben-Porath, Y.S. (1995). The personality psychopathology five (PSY-5): Constructs and MMPI-2 scales. *Psychological Assessment*, 7, 104-114.

Krueger, R. F., Eaton, N. R., Clark, L. A., Watson, D., Markon, K. E., Derringer, J., Skodol, A., & Livesley, W. J. (2011). Deriving an empirical structure of personality pathology for DSM-5. *Journal of Personality Disorders*, 25, 170-191.

Krueger R. F., Eaton, N. R., Derringer, J., Markon, K. E., Watson, D., & Skodol, A. E. (in press). Personality in DSM-5: Helping delineate personality disorder content and framing the meta-structure. *Journal of Personality Assessment*.

Morey, L. C., Berghuis, H., Bender, D. S., Verheul, R., Krueger, R. F., & Skodol, A. E. (in press). Toward a model for assessing level of personality functioning in DSM-5, Part II: Empirical articulation of a core dimension of personality pathology. *Journal of Personality Assessment*.

Skodol, A. E., Bender, D. S., Morey, L. C., Clark, L. A., Oldham, J. M., Alarcon, R. D., Krueger, R. F., Verheul, R., Bell, C. C., & Siever, L. J. (2011). Personality disorder types proposed for DSM-5. *Journal of Personality Disorders*, 25, 136-169.

Widiger, T. A., & Simonsen, E. (2005). Alternative dimensional models of personality disorder: Finding a common ground. *Journal of Personality Disorders*, 19, 110-130.