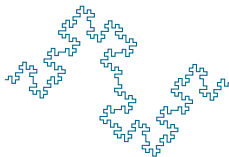


# Dimensional vs. Categorical Personality Disorder Structure

## The DSM-V Kerfuffle

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# INTRODUCTION

## Introduction

### Personality Disorder Structure

## Categorical Personality Disorders

### General Criteria

### Disorders

## Dimensional Personality Disorders

### General Criteria

### Diagnosis

### Disorders

## Categorical vs. Dimensional

### Borderline Personality Disorder

## Discussion

# INTRODUCTION I

- ▶ During the development process of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (2013; DSM-5), proposed revisions would have significantly changed the method of diagnosis for personality disorders.
- ▶ The proposed revisions would have replaced the categorical approach with a trait-specific method, addressing many of the structure problems, including the overuse of PD-NOS.
- ▶ Clinicals would then rate these traits in terms of severity.

## INTRODUCTION II

- ▶ The American Psychiatric Association (APA<sub>1</sub>) Board of Trustees decided to retain the DSM-IV-TR categorical approach with the same 10 personality disorders
- ▶ because the trait specific method was “too complex for clinical practice.”
- ▶ The proposed dimensional model was revised into a hybrid model.
- ▶ This alternative hybrid dimensional-categorical model was included in a supplemental chapter.

# PERSONALITY DISORDER STRUCTURE I

Within the Categorical Model,

- ▶ disorders fall within 10 distinct types,
- ▶ one either has the disorder or does not, and
- ▶ diagnosis requires meeting the criteria for both the broad disorder and the specific type.
- ▶ If they do not match a specific type, subjects may be diagnosed with Personality Disorder Not Otherwise Specified (PD-NOS).

Within the Alternative Hybrid Model,

- ▶ subjects are evaluated for impairments in typical personality functioning, and
- ▶ assessed on five broad areas of pathological personality traits.

# PERSONALITY DISORDER STRUCTURE II

- ▶ clinicians then diagnose patients into six personality disorder types, by matching specific patterns of five traits.
- ▶ If they do not match a specific pattern, subjects may be diagnosed with Personality Disorder Trait Specified (PD-TS).

# GENERAL PERSONALITY DISORDER CRITERIA I

- ▶ An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individuals culture. This pattern is manifested in two (or more) of the following areas:
  1. Cognition (i.e., ways of perceiving and interpreting self, other people, and events).
  2. Affectivity (i.e., the range, intensity, lability, and appropriateness of emotional response).
  3. Interpersonal functioning.
  4. Impulse control.
  
- ▶ The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.

# GENERAL PERSONALITY DISORDER CRITERIA II

- ▶ The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- ▶ The pattern is stable and of long duration, and its onset can be traced back at least to adolescence or early adulthood.
- ▶ The enduring pattern is not better explained as a manifestation or consequence of another mental disorder.
- ▶ The enduring pattern is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., head trauma).



# CATEGORICAL PERSONALITY DISORDERS

- ▶ Cluster A (Weird)
  - ▶ Paranoid personality disorder
  - ▶ Schizoid personality disorder
  - ▶ Schizotypal personality disorder
- ▶ Cluster B (Wild)
  - ▶ Antisocial personality disorder
  - ▶ Borderline personality disorder
  - ▶ Histrionic personality disorder
  - ▶ Narcissistic personality disorder
- ▶ Cluster C (Worried)
  - ▶ Avoidant personality disorder
  - ▶ Dependent personality disorder
  - ▶ Obsessive-compulsive personality disorder
- ▶ Personality disorder not otherwise specified

# CLUSTER A (WEIRD)

- ▶ Paranoid personality disorder
  - ▶ is characterized by “a pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent.”



# CLUSTER A (WEIRD)

- ▶ Paranoid personality disorder
- ▶ Schizoid personality disorder
  - ▶ is “a pattern of detachment from social relationships and a restricted range of emotional expression.”.



# CLUSTER A (WEIRD)

- ▶ Paranoid personality disorder
- ▶ Schizoid personality disorder
- ▶ Schizotypal personality disorder
  - ▶ is characterized by “a pattern of acute discomfort in close relationships, cognitive or perceptual distortions, and eccentricities of behavior.”



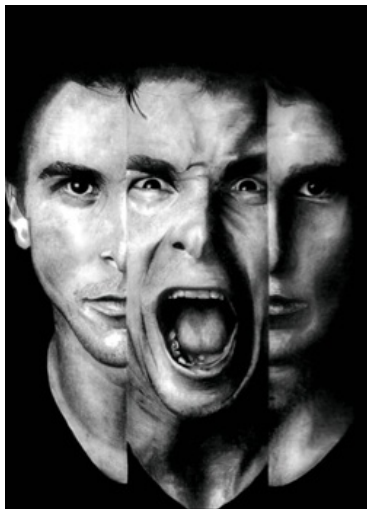
## CLUSTER B (WILD)

- ▶ Antisocial personality disorder
  - ▶ is “a pattern of disregard for, and violation of, the rights of others.”



## CLUSTER B (WILD)

- ▶ Antisocial personality disorder
- ▶ Borderline personality disorder
  - ▶ is characterized by “a pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity.”



## CLUSTER B (WILD)

- ▶ Antisocial personality disorder
- ▶ Borderline personality disorder
- ▶ Histrionic personality disorder
  - ▶ “is a pattern of excessive emotionality and attention seeking.”



## CLUSTER B (WILD)

- ▶ Antisocial personality disorder
- ▶ Borderline personality disorder
- ▶ Histrionic personality disorder
- ▶ Narcissistic personality disorder
  - ▶ is characterized by “a pattern of grandiosity, need for admiration, and lack of empathy.”





# CLUSTER C (WORRIED)

- ▶ Avoidant personality disorder
  - ▶ is characterized by “social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation.”



# CLUSTER C (WORRIED)

- ▶ Avoidant personality disorder
- ▶ Dependent personality disorder
  - ▶ is “a pattern of submissive and clinging behavior related to an excessive need to be taken care of.”



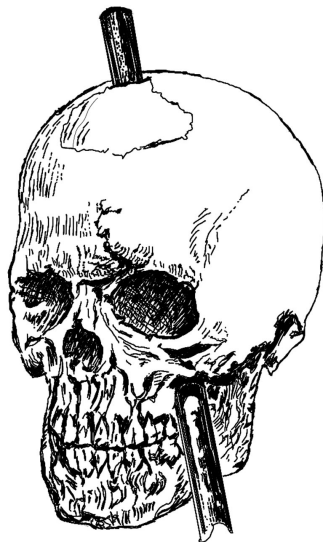
## CLUSTER C (WORRIED)

- ▶ Avoidant personality disorder
- ▶ Dependent personality disorder
- ▶ Obsessive-compulsive personality disorder
  - ▶ “is a pattern of preoccupation with orderliness, perfectionism, and control.”



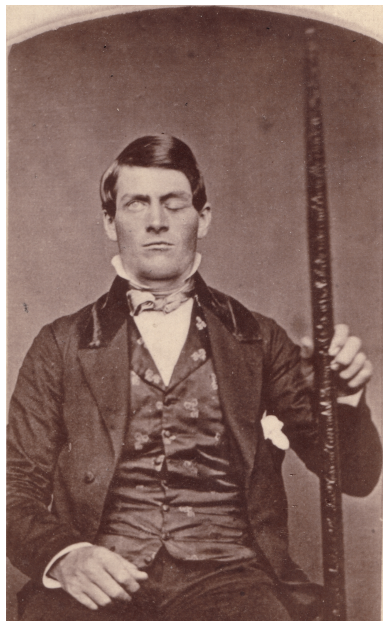
NOT OTHERWISE SPECIFIED

- ▶ Personality change due to another medical condition
  - ▶ “ is a persistent personality disturbance that is judged to be due to the direct physiological effects of a medical condition (e.g., frontal lobe lesion).”



# NOT OTHERWISE SPECIFIED

- ▶ Personality change due to another medical condition
  - ▶ “ is a persistent personality disturbance that is judged to be due to the direct physiological effects of a medical condition (e.g., frontal lobe lesion).”



# NOT OTHERWISE SPECIFIED

- ▶ Other specified personality disorder and unspecified personality disorder “is a category provided for two situations:
  1. the individual’s personality pattern meets the general criteria for a personality disorder, and traits of several different personality disorders are present, but the criteria for any specific personality disorder are not met;
  2. the individual’s personality pattern meets the general criteria for a personality disorder, but the individual is considered to have a personality disorder that is not included in the DSM–5 classification (e.g., passive-aggressive personality disorder).”

# GENERAL PERSONALITY DISORDER CRITERIA I

Personality disorders are characterized by **impairments in personality functioning** and **pathological personality traits**.

The essential features are:

- ▶ Moderate or greater impairment in personality (self/interpersonal) functioning.
- ▶ One or more pathological personality traits.
- ▶ The impairments in personality functioning and the individual's personality trait expression are relatively inflexible and pervasive across a broad range of personal and social situations.

# GENERAL PERSONALITY DISORDER CRITERIA II

- ▶ The impairments in personality functioning and the individual's personality trait expression are relatively stable across time, with onsets that can be traced back to at least adolescence or early adulthood.
- ▶ The impairments in personality functioning and the individual's personality trait expression are not better explained by another mental disorder.
- ▶ The impairments in personality functioning and the individual's personality trait expression are not solely attributable to the physiological effects of a substance or another medical condition (e.g., severe head trauma).



# GENERAL PERSONALITY DISORDER CRITERIA III

- ▶ The impairments in personality functioning and the individual's personality trait expression are not better understood as normal for an individual's developmental stage or sociocultural environment.

# DIAGNOSIS

A diagnosis of a personality disorder requires two determinations:

1. an assessment of the level of impairment in personality functioning, which is needed for Criterion A, and
2. an evaluation of pathological personality traits, which is required for Criterion B.

## CRITERION A: PERSONALITY FUNCTIONING

Disturbances in self and interpersonal functioning are the core of personality psychopathology

- ▶ Self functioning involves identity and self-direction;
- ▶ interpersonal functioning involves empathy and intimacy.
- ▶ Each are evaluated with the Level of Personality Functioning Scale (LPFS);
- ▶ impairment ratings range from
  - ▶ little or no impairment (i.e., healthy, adaptive functioning; Level 0) to
  - ▶ some (Level 1),
  - ▶ moderate (Level 2),
  - ▶ severe (Level 3), and
  - ▶ extreme (Level 4) impairment.

## CRITERION B: PATHOLOGICAL PERSONALITY TRAITS I

- ▶ Five broad domains:
  - ▶ Negative Affectivity (vs. Emotional Stability),
  - ▶ Detachment (vs. Extraversion),
  - ▶ Antagonism (vs. Agreeableness),
  - ▶ Disinhibition (vs. Conscientiousness), and
  - ▶ Psychoticism (vs. Lucidity).
- ▶ There are 25 facets, based on a review of existing trait models and iterative empirical research on clinical samples.

## PID-5 I

The Personality Inventory for DSM-5 (PID-5) was designed to operationalize this personality model.

- ▶ Negative Affectivity (vs. Emotional Stability),  
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.
- ▶ Emotional lability.  
Instability of emotional experiences and mood; emotions that are easily aroused, intense, and/or out of proportion to events and circumstances.

## PID-5 II

- ▶ Anxiousness.  
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.
- ▶ Separation insecurity.  
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.
- ▶ Submissiveness.  
Adaptation of one's behavior to the actual or perceived interests and desires of others even when doing so is antithetical to one's own interests, needs, or desires.

## PID-5 III

- ▶ Hostility.  
Persistent or frequent angry feelings; anger or irritability in response to minor slights and insults; mean, nasty, or vengeful behavior. See also Antagonism.
- ▶ Perseveration.  
Persistence at tasks or in a particular way of doing things long after the behavior has ceased to be functional or effective; continuance of the same behavior despite repeated failures or clear reasons for stopping.
- ▶ Depressivity. See Detachment.
- ▶ Suspiciousness. See Detachment.
- ▶ Separation insecurity.  
The **lack of** this facet characterizes low levels of Negative Affectivity. See Detachment for definition of this facet.

## PID-5 IV

- ▶ Detachment (vs. Extraversion),  
Avoidance of socioemotional experience, including both withdrawal from interpersonal interactions (ranging from casual, daily interactions to friendships to intimate relationships) and restricted affective experience and expression, particularly limited hedonic capacity.
  - ▶ Withdrawal.  
Preference for being alone to being with others; reticence in social situations; avoidance of social contacts and activity; lack of initiation of social contact.
  - ▶ Intimacy avoidance.  
Avoidance of close or romantic relationships, interpersonal attachments, and intimate sexual relationships.
  - ▶ Anhedonia.  
Lack of enjoyment from, engagement in, or energy for life's experiences; deficits in the capacity to feel pleasure and take interest in things.



## PID-5 V

- ▶ **Depressivity.**  
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.
- ▶ **Restricted affectivity.**  
Little reaction to emotionally arousing situations; constricted emotional experience and expression; indifference and aloofness in normatively engaging situations.
- ▶ **Suspiciousness.**  
Expectations of – and sensitivity to – signs of interpersonal illintent or harm; doubts about loyalty and fidelity of others; feelings of being mistreated, used, and/or persecuted by others.

## PID-5 VI

- ▶ **Antagonism (vs. Agreeableness),**  
Behaviors that put the individual at odds with other people, including an exaggerated sense of self-importance and a concomitant expectation of special treatment, as well as a callous antipathy toward others, encompassing both an unawareness of others' needs and feelings and a readiness to use others in the service of self-enhancement.
  - ▶ **Manipulativeness.**  
Use of subterfuge to influence or control others; use of seduction, charm, glibness, or ingratiation to achieve one's ends.
  - ▶ **Deceitfulness.**  
Dishonesty and fraudulence; misrepresentation of self; embellishment or fabrication when relating events.
  - ▶ **Grandiosity.**  
Believing that one is superior to others and deserves special treatment; self-centeredness; feelings of entitlement; condescension toward others.

## PID-5 VII

- ▶ Attention seeking.  
Engaging in behavior designed to attract notice and to make oneself the focus of others' attention and admiration.
- ▶ Callousness.  
Lack of concern for the feelings or problems of others; lack of guilt or remorse about the negative or harmful effects of one's actions on others.
- ▶ Hostility. See Negative Affectivity.
  
- ▶ Disinhibition (vs. Conscientiousness),  
Orientation toward immediate gratification, leading to impulsive behavior driven by current thoughts, feelings, and external stimuli, without regard for past learning or consideration of future consequences.

## PID-5 VIII

- ▶ Irresponsibility.  
Disregard for – and failure to honor – financial and other obligations or commitments; lack of respect for – and lack of follow-through on – agreements and promises; carelessness with others' property.
- ▶ Impulsivity.  
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.
- ▶ Distractibility.  
Difficulty concentrating and focusing on tasks; attention is easily diverted by extraneous stimuli; difficulty maintaining goal-focused behavior, including both planning and completing tasks.

## PID-5 IX

- ▶ Risk taking.  
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.
- ▶ Rigid perfectionism (lack of).  
Rigid insistence on everything being flawless, perfect, and without errors or faults, including one's own and others' performance; sacrificing of timeliness to ensure correctness in every detail; believing that there is only one right way to do things; difficulty changing ideas and/or viewpoint; preoccupation with details, organization, and order. The lack of this facet characterizes low levels of Disinhibition.

## PID-5 X

- ▶ Psychoticism (vs. Lucidity). Exhibiting a wide range of culturally incongruent odd, eccentric, or unusual behaviors and cognitions, including both process (e.g., perception, dissociation) and content (e.g., beliefs).
  - ▶ Unusual beliefs and experiences.  
Belief that one has unusual abilities, such as mind reading, telekinesis, thought-action fusion, unusual experiences of reality, including hallucination-like experiences.
  - ▶ Eccentricity.  
Odd, unusual, or bizarre behavior, appearance, and/or speech; having strange and unpredictable thoughts; saying unusual or inappropriate things.
  - ▶ Cognitive and perceptual dysregulation.  
Odd or unusual thought processes and experiences, including depersonalization, derealization, and dissociative experiences; mixed sleep-wake state experiences; thought-control experiences.

# DIMENSIONAL PERSONALITY DISORDERS

- ▶ Antisocial personality disorder
  - ▶ typical features include “a failure to conform to lawful and ethical behavior, and
  - ▶ an egocentric, callous lack of concern for others,
  - ▶ accompanied by deceitfulness, irresponsibility,
  - ▶ manipulateness, and/or risk taking.”



# DIMENSIONAL PERSONALITY DISORDERS

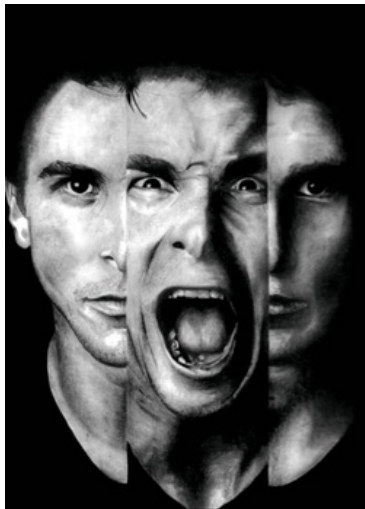
- ▶ Antisocial personality disorder
- ▶ Avoidant personality disorder
  - ▶ features include “avoidance of social situations and inhibition in interpersonal relationships
  - ▶ related to feelings of ineptitude and inadequacy,
  - ▶ anxious preoccupation with negative evaluation and rejection, and
  - ▶ fears of ridicule or embarrassment.”





# DIMENSIONAL PERSONALITY DISORDERS

- ▶ Antisocial personality disorder
- ▶ Avoidant personality disorder
- ▶ Borderline personality disorder
  - ▶ features are “instability of self-image, personal goals, interpersonal relationships, and affects,
  - ▶ accompanied by impulsivity, risk taking, and/or hostility.”



# DIMENSIONAL PERSONALITY DISORDERS

- ▶ Narcissistic personality disorder
  - ▶ typical features include “variable and vulnerable self-esteem,
  - ▶ with attempts at regulation through attention and approval seeking, and either
  - ▶ overt or covert grandiosity.”



# DIMENSIONAL PERSONALITY DISORDERS

- ▶ Narcissistic personality disorder
- ▶ Obsessive-compulsive personality disorder
  - ▶ features include “difficulties in establishing and sustaining close relationships,
  - ▶ associated with rigid perfectionism, inflexibility, and
  - ▶ restricted emotional expression.”



# DIMENSIONAL PERSONALITY DISORDERS

- ▶ Schizotypal personality disorder
  - ▶ features are “impairments in the capacity for social and close relationships, and
  - ▶ eccentricities in cognition, perception, and behavior that are associated with
  - ▶ distorted self-image and incoherent personal goals and
  - ▶ accompanied by suspiciousness and restricted emotional expression.”



# BORDERLINE PERSONALITY DISORDER I

## Girl Interrupted Video Example

### Categorical Diagnostic Criteria

- ▶ A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning by early adulthood and present in a variety of contexts, as indicated by **five (or more)** of the following:
  1. Frantic efforts to avoid real or imagined abandonment.  
(Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.)
  2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
  3. Identity disturbance: markedly and persistently unstable self-image or sense of self.

# BORDERLINE PERSONALITY DISORDER II

4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). (Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.)
5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.
6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
9. Transient, stress-related paranoid ideation or severe dissociative symptoms.

# BORDERLINE PERSONALITY DISORDER III

## Dimensional Diagnostic Criteria

- ▶ Moderate or greater impairment in personality functioning, manifested by characteristic difficulties in **two or more** of the following four areas:
  1. Identity: Markedly impoverished, poorly developed, or unstable self-image, often associated with excessive self-criticism; chronic feelings of emptiness; dissociative states under stress.
  2. Self-direction: Instability in goals, aspirations, values, or career plans.
  3. 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 PERSONALITY DISORDER IV

4. 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 overinvolvement and withdrawal.
- ▶ **Four or more** of the following seven pathological personality traits, at least one of which must be **(5) Impulsivity, (6) Risk taking, or (7) Hostility**: enumerate
  - ▶ Emotional lability (an aspect of Negative Affectivity): Unstable emotional experiences and frequent mood changes; emotions that are easily aroused, intense, and/or out of proportion to events and circumstances.



# BORDERLINE PERSONALITY DISORDER V

- ▶ Anxiousness (an aspect of Negative Affectivity): Intense feelings of nervousness, tenseness, or panic, often in reaction to interpersonal stresses; worry about the negative effects of past unpleasant experiences and future negative possibilities; feeling fearful, apprehensive, or threatened by uncertainty; fears of falling apart or losing control.
- ▶ Separation insecurity (an aspect of Negative Affectivity): Fears of rejection by - and/or separation from significant others, associated with fears of excessive dependency and complete loss of autonomy.
- ▶ Depressivity (an aspect of Negative Affectivity): Frequent feelings of being down, miserable, and/or hopeless; difficulty recovering from such moods; pessimism about the future; pervasive shame; feelings of inferior self-worth; thoughts of suicide and suicidal behavior.

# BORDERLINE PERSONALITY DISORDER VI

- ▶ Impulsivity (an aspect 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 or following plans; a sense of urgency and self-harming behavior under emotional distress.
- ▶ Risk taking (an aspect 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.
- ▶ Hostility (an aspect of Antagonism): Persistent or frequent angry feelings; anger or irritability in response to minor slights and insults.

# BORDERLINE PERSONALITY DISORDER VII

Specifiers. Trait and level of personality functioning specifiers may be used to record additional personality features that may be present in borderline personality disorder but are not required for the diagnosis.

The median population prevalence of borderline personality disorder is estimated to be 1.6 percent but may be as high as 5.9 percent.

# DISCUSSION POINTS

- ▶ The DSM dimensional approach seems to suggest that one pole of the Big Five is the maladaptive one. What other approaches disagree?
- ▶ What are the pros and cons to dimensional vs. clinical approaches to PDs?
- ▶ Why the reduction from 10 clinical to 6 dimensional PDs?
- ▶ How does the dimensional approach use as the cut-off from normal to abnormal? Isn't that the same as the clinical approach?

# REFERENCES I

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders.