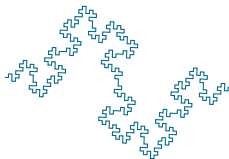


Dimensional vs. Categorical Personality Disorder Structure

The DSM-V Kerfuffle

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July 19, 2015

INTRODUCTION

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Personality Disorder Structure

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General Criteria

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INTRODUCTION I

- ▶ During the development process of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (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.
- ▶ Clinicians would then rate these traits in terms of severity.

INTRODUCTION II

- ▶ The American Psychiatric Association (APA₁) 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” (American Psychiatric Association, 2013).



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.”



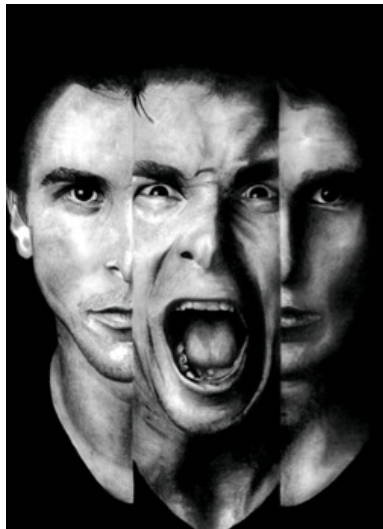
CLUSTER B (WILD)

- ▶ Antisocial personality disorder
 - ▶ is “a pattern of disregard for, and violation of, the rights of others”(American Psychiatric Association, 2013).



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” (American Psychiatric Association, 2013).



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.”



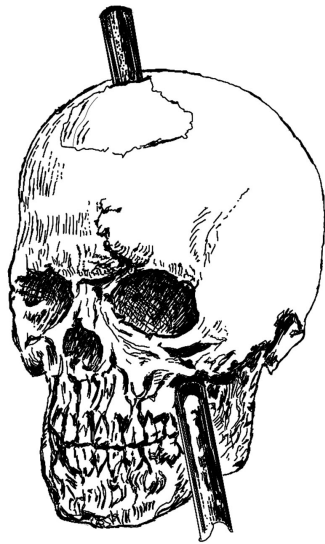
CLUSTER C (WORRIED)

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



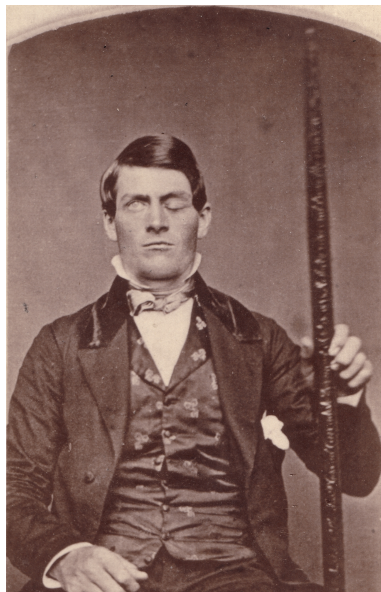
NOT OTHERWISE SPECIFIED

- ▶ 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)” (American Psychiatric Association, 2013).



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)” (American Psychiatric Association, 2013).



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).
- ▶ Each domain has 5 facets, based on a review of existing trait models and iterative empirical research on clinical samples.

DIMENSIONAL 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

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.