# Diagnosis and assessment of Personality Disorders

# Outline

- What is personality disorder?
- Clinical & Psychometric issues
- Assessment of PD

# Normal vs deviant personality

- Distinction relative- arbitary cutoff points on continuum
- Distinction context dependent
- Context- both social and personal required

# Definition of Personality Disorder

- Way of thinking, feeling & behaving deviating from expectations of culture, causing distress or problems functioning and lasts over time
- Personality traits become unyielding and maladaptive - create impairment in ability of individual to function or cause distress - personality disorder

# Personality disorders

- Common and chronic
- 10-20 % in the general population
- 50 % of all psychiatric patients have a personality disorder
- Frequently comorbid
- Predisposing factor

Difficult to treat, increased incapacitation, mortality and morbidity

# Clinical & Psychometric issues

Egosyntonic and alloplastic nature of PD

- Egosyntonic- perceive their own deviant behaviors as appropriate and adequate
- Exceptions- avoidant and dependent PD
- Alloplastic- try to change others, not themselves
- Exceptions- avoidant and schizoid PD
- Externalization of responsibility

# Clinical & Psychometric issues

Social or clinical diagnosis ?

- "Deviates markedly from the expectations of the individual's culture."
- Normative phenotype- high reward dependence
- 'Cherry-picking' favorable profiles
- Human society -suppression of certain temperament traits and norm-favoring influence

# Clinical & Psychometric issues

## Categorical vs Dimensional approach

- Deviant traits are extreme variants of normal, adaptive behaviors
- Categorical model
  - Disorder present or absent
  - PD traits continuum
  - Arbitrary cut-off points
  - Fail to fit atypical/ overlapping/mild cases
  - Fail to establish prescriptive relationship

# Clinical & Psychometric issues

## Categorical vs Dimensional approach

- Dimensional approach
  - Continuous and graded behavior dimensions
  - Quantitative variations along dimension
  - Account for multiple and overlapping traits
  - Do not answer what makes traits disorders
  - Has to introduce cut-off points or probability estimates

# Clinical & Psychometric issues

## Integrated approach

- Combined approach
- Configuration of multiple dimensions into a personal profile
- Advantage of categorical diagnosis without falsely implying discrete disorder

# Assessment of PD

# Interview vs Self-report

**Interview:**

- Advantage- clarification of responses, observation of appearance and behaviour
- Disadvantage- bias, experiences, idiosyncrasies

**Self-report:**

- Limitation- bias in reporting deviant behavior
- Overcome by - various response sets, validity items

# Clinical Interview

**History taking:**

- Good retrospective history
- problematic interpersonal functioning -education, employment and relationship histories.
- Longitude of problems
- Variations in difficulties
- Previous treatment
- Other mental illness
- Substance use

# Clinical Interview

**Presentation:**

- State-trait effect- transient variation in one's emotional state can influence evaluation of long-term personality characteristics.
- Carry out an assessment over several interviews.
- Emphasize usual rather than current
- Fluctuation in presentation may itself be a characteristic of personality disorder

# Clinical Interview

**Interview:**

- Observe the patient's interaction- veral and non-verbal cues
- Understanding of the patient's interpersonal functioning and difficulties.
- Look for patterns in the way the pt describes social relations and work functioning.
- What causes distress and what they wish to change

# Clinical Interview

- Effect of maladaptive behavior on
  - Individual and others
  - Attitudes and relationships with others
  - Social functioning in all areas of the person's life over a prolonged period of time.
  - Separation/divorce, job changes, disability
- Assess pervasiveness- maladaptivity and inflexibility
- Assess onset, course and stability

# Clinical Interview

**Informant interview:**

- Patient- no insight in interference of personality with functioning
- Informant- no insight in inner subject world
- Collateral report- problematic IPR aspects, low self-report, deviant behaviors
- Influenced by relationship and their own traits

# Clinical Interview

| | Cognitive | Affective | IPR | Control |
|---|---|---|---|---|
| **Paranoid** | Distrust/ suspicion | | Detached | |
| **Schizoid** | Unconcern | Undesiring of pleasure | Detached | |
| **Borderline** | Splitting | Labile, overreaction | Dominance | Poor impulse control |
| **Histrionic** | | Shallow and dramatic emotions | Dominance | Poor impulse control |

# Clinical Interview

| | Cognitive | Affective | IPR | Control |
|---|---|---|---|---|
| **Narcissistic** | Grandiose sense of self | | Dominance | |
| **Dissocial** | | Irritable/ aggressive/ intimidating | Dominance | Poor impulse control Outbursts |
| **Avoidant** | -ve about self | | Inhibition, detached | Overcontrolled |
| **Dependent** | | | Submissive | Overcontrolled |
| **Anakastic** | Rigid and perfectionist | Controlled expression of love/pleasure | Dominance | Overcontrolled |

# Clinical Interview

**Difficulties**

- Effects of gender, culture and age
  - M>F: paranoid, schizoid, schizotypal, antisocial, narcissistic, and OC personality disorders.
  - F>M: borderline, histrionic, and dependent PDs
  - M=F: avoidant PD
- Overlapping characteristics
- Assessing effect of co-morbidities
- Personality traits vs PD- ICD and DSM

# Assessment Tools

- **Self-report inventory:** equivalent to a fully structured, self-administered interview
- **Semi-structured interviews:** verbally administered self-report inventories that include at least some open-ended questions
- **Fully structured interviews:** verbally administered self-report inventories

# Assessment Tools

**BOX 1** Structured personality disorder assessment instruments

**Structured categorical (diagnostic) assessments**

*Observer-rated structured interview*

- International Personality Disorder Examination (Loranger 1994)
- Diagnostic Interview for DSM–IV Personality Disorders (Zanarini 1996)
- Structured Interview for DSM–IV Personality Disorders (Pfohl 1997)
- Structured Clinical Interview for DSM–IV Axis I Disorders (First 1997)
- Personality Disorder Interview–IV (Widiger 1995)

*Self-rated questionnaire*

- Personality Diagnostic Questionnaire (Hyler 1994)

*Structured interview – other sources*

- Standardised Assessment of Personality (Mann 1981)
- Personality Assessment Schedule (Tyrer 1979)

**Structured dimensional assessments**

*Observer-rated structured interview*

- Schedule for Normal and Abnormal Personality (Clark 1990)

*Self-rated questionnaire*

- Personality Assessment Inventory (Morey 1991)
- Minnesota Multiphasic Personality Inventory–II (Butcher 1989)
- Millon Clinical Multiaxial Inventory–III (Millon 1997)
- Eysenck Inventory Questionnaire (Eysenck 1975)
- NEO Five-Factor Inventory (McCrae 1992)

**Unstructured assessments**

*Interview based*

- Clinical interview
- Psychodynamic formulation

*Other*

- Rorschach test (Rorschach 1964)
- Thematic Apperception Test (Morgan 1935)

# Categorical Assessment Tools

**Self-reports:**

- The Personality Diagnostic Questionnaire (PDQ R)
- MMPI

# Categorical Assessment Tools

**The Personality Diagnostic Questionnaire (PDQ-R) (Hyler et al):**

- DSM criteria
- 133 questions
- 3 optional scales- perceived impairment or distress, social desirability, to detect random responses
- High sensitivity, moderate specificity
- Limitation- over diagnosis

# Categorical Assessment Tools

**Minnesota Multiphasic Personality Inventory- 2:**

- 567 true/false questions
- 60-90 min
- 20 primary scales
- Validity scales-lie, f-scale, fb- scale, VRIN
- Characteristics rather than dimensions
- Most heavily researched and validated
- Most commonly used in clinical practice.

# Categorical Assessment Tools

**Structured interviews:**

- The Structured Interview for DSM-IV PDs (SIDP IV)
- Structured Clinical Interview for DSM-IV PDs (SCID II)
- Diagnostic Interview for Personality Disorders (DIPD)
- Personality Disorder Examination (PDE)
- Personality Inventory for DSM-5

# Categorical Assessment Tools

**The Structured Interview for DSM-IV PDs (SIDP IV):**

- Most common
- Regularly updated with each new DSM revision and edition
- Diagnostic validity - answers for selected questions from a collateral informant.

# Categorical Assessment Tools

**Structured Clinical Interview for DSM-IV PDs (SCID II):**

- Evaluates traits for the past 5 years
- The screener has 119 items
- Administration only by experienced clinicians
- Items are grouped by diagnosis

# Categorical Assessment Tools

**International Personality Disorders Examination (IPDE; Loranger 1999):**

- Worldwide field trials.
- 537-question semi-structured interview
- DSM-IV-TR and ICD-10 criteria
- Used by professionals
- 77 true/false questions screener

# Categorical Assessment Tools

**International Personality Disorders Examination (IPDE; Loranger 1999):**

- Inter-rater reliability & temporal stability
- 3–4 hours.
- Trait needs to be prominent during last 5 yrs to be considered a part of the respondent's personality.
- Provision for “late onset” diagnosis
- Questions : **work, self, IPRs, affects, reality testing, and impulse control**

# Categorical Assessment Tools

**International Personality Disorders Examination (IPDE; Loranger 1999):**

- Final output:
  - Presence/absence of each criterion
  - No. of criteria met for each disorder
  - A dimensional score
  - A categorical diagnosis (definite, probable, or negative)

# Categorical Assessment Tools

**International Personality Disorders Examination (IPDE; Loranger 1999):**

- Limitations:
  - Poor patient insight
  - Under/over acknowledgement of behavior
  - Dysphoric state - distorted perception of some of their behaviour.
  - Experienced psychiatrists
  - Time consuming

# Dimensional Assessment Tools

- Self-reports (except for Tyrer's Personality Assessment Schedule).
- Millon Clinical Multiaxial Inventory (MCMI)
- NEO PI
- TCI

# Dimensional Assessment Tools

**Millon Clinical Multiaxial Inventory–III (MCMIIII; Millon et al. 1997):**

- 175-item true/false questionnaire
- Long-term behavior traits systematized as 10 basic personality patterns
- 3 pathological pds (i.e., borderline, schizotypal, and paranoid).
- The test also evaluates nine clinical syndromes.

# Dimensional Assessment Tools

**NEO Personality Inventory–Revised (Costa and McCrae 1992):**

- Five factors: Neuroticism, extraversion, openness to experience, agreeableness and conscientiousness
- Self-report checklist
- NEO PI-R -240 items
- **NEO-FFI** -60 items
- Reliability and validity established

# Dimensional Assessment Tools

**Temperament and character inventory (TCI):**

- 4 major temperament dimensions
  - Harm avoidance, novelty seeking, reward dependence, and persistence
- 3 major character dimensions
  - Self-directedness, cooperativeness, and self-transcendence
- Family of tests-varying informants, age, details
- 240 item- true/false and 5-point Likert format

# Assessment of Co-morbidities

- Another PD: maladaptive variants of general personality structure
- Major clinical syndromes-
  - Alter state, behaviour, attitude
  - Transient variation of traits
  - Prodrome
  - Chronic unremitting disorder
  - Phenotypic similarity
- Substance use

# Assessment of Severity

- Impact on functioning - indication of the severity of the disorder.
- No standard way of recording this from DSM–IV or ICD–10
- More severe personality disorder tend to have a greater number of personality disorder diagnoses/ more clusters
- ICD-11

# Assessment of Treatability

- Readiness for treatment
- Level of intellectual functioning
- Current mental state, education and cultural influences
- Identification of the individual's strengths and protective factors

# Risk Assessment

- Harm to self and others
- Cluster B personality- suicide, self-harm, violence
- Psychopathy Checklist – Revised
- Historical, Clinical and Risk Management scale (HCR–20)

# Risk Assessment

**BOX 2** Factors to be considered during assessment

- Demographic factors
- Current social situation
- Current presentation
- Psychosocial stressors
- Previous history of violence and self-harm
- Previous response to treatment/supervision
- Level of social support
- Anger
- Impulsivity
- Substance misuse
- Presence or absence of mental illness

(Doyle 2006)

# Assessment

Emphasis on

- Risk of harm to self and others
- The presence of other mental health difficulties
- The complexity of a person's personality difficulties
- The level of burden and/or distress placed on other family members or agencies.

# Diagnosis of PD

# General Diagnostic Criteria

- Common diagnostic guidelines in ICD-10 & **DSM-5**: (≥3)
  1. Disharmonious attitudes and behaviours in many areas of functioning (**cognition, affectivity, interpersonal functioning, impulse control (≥2),** arousal, ways of perceiving and thinking)
  2. **Enduring**, long standing; **stable**, not episodic
  3. **Pervasive**, maladaptive to personal and social situations
  4. **Onset in childhood/adolescence**, continuing in adulthood

**Blue text - DSM-5**

# General Diagnostic Criteria

5. **Personal distress**
6. **Socio-occupational functioning impairment**

– **Not explained by other mental disorder**

– **Not attributable to substance or other medical condition**

**Blue text - DSM-5**

# General diagnostic guidelines

- Exclude organic conditions
- Shouldn’t be explained as manifestation of another mental disorder
- Ethnic, social, and cultural background- acculturation or expression of original culture
- Children and adolescents- 1 year ( except ASPD)

# General diagnostic guidelines

- Avoid gender bias
- Pervasive, inflexible and maladaptive- wide range of personal and social contexts
- Associated features- helpful when diagnosis not certain
- Other specified PD

# Cluster A: Odd/Eccentric

| | DSM-IV | ICD-10 |
|---|---|---|
| **Paranoid** | Interpretation of other's actions as deliberately demeaning/threatening | Excessive sensitivity, preoccupation with conspiratorial explanation of events, persistent tendency to self-reference |
| **Schizoid** | Indifference to social relationships and restricted range of emotional experiences & expression | Emotional coldness, detachment, lack of interest in others, eccentricity & introspective fantasy |
| **Schizotypal** | Deficit in interpersonal relatedness with peculiarities of ideation, odd beliefs and thinking, unusual appearance and behaviour | Categorized as a mental disorder (Schizotypal Disorder, F21) |

# Cluster B: Dramatic

| | DSM-IV | ICD-10 |
|---|---|---|
| **Antisocial** | Pervasive pattern of disregard for and violation of the rights of others | Callous unconcern for others, irritability and aggression, incapable of making enduring relationships |
| **Borderline/ Emotionally unstable borderline type** | Pervasive instability of mood, interpersonal relationships and self-image associated with marked impulsivity, fear of abandonment, identity disturbance, recurrent suicidal behaviour | Impulsivity with uncertainty over self-image, liability to become involved in intense and unstable relationships and recurrent threats of self-harm |
| **Emotionally unstable impulsive type** | No direct equivalent | Inability to control anger, to plan ahead or think before acts, with unpredictable mood and quarrelsome behaviour |

# Cluster B: Dramatic

| | DSM-IV | ICD-10 |
|---|---|---|
| **Histrionic** | Excessive emotionality and attention-seeking, suggestibility and superficiality | Self-dramatization, shallow mood, egocentricity and craving for excitement with persistent manipulative behaviour |
| **Narcissistic** | Pervasive grandiosity, lack of empathy, arrogance and requirement for excessive admiration | Not defined |

# Cluster C: Anxious/Fearful

| | DSM-IV | ICD-10 |
|---|---|---|
| **Avoidant/ Anxious** | Pervasive social discomfort, fear of negative evaluation and timidity, with feelings of inadequacy in social situations | Persistent tension, self-consciousness, exaggeration of risks and dangers, hypersensitivity to rejection and restricted lifestyle because of insecurity |
| **Dependent** | Persistent dependent and submissive behaviour | Failure to take responsibility for actions, with subordination of personal needs to those of others, excessive dependence with need for constant reassurances and feelings of helplessness when a close relationship ends |
| **Obsessive-compulsive/ Anankastic** | Preoccupation with orderliness, perfectionism and inflexibility which leads to insufficiency | Indecisiveness, doubt, excessive caution, pedantry, rigidity and need to plan in immaculate detail |

# Cluster Validity

- Construct validity of clusters supported by studies
- Exception-  compulsive disorder  (ICD-11)
- Dimensions underlying Clusters correspond closely to normal temperament traits
- A- detachment : low Reward dependence
- B- impulsivity : high Novelty Seeking
- C- fearfulness : high Harm Avoidance

# Classification

| Cluster | Subtype | Discriminating Features |
|---|---|---|
| **A: Odd/eccentric** | Schizoid | Socially indifferent |
| | Paranoid | Suspicious |
| | Schizotypal | Eccentric |
| **B: Dramatic** | Antisocial | Disagreeable |
| | Borderline | Unstable |
| | Histrionic | Attention seeking |
| | Narcissistic | Self-centered |
| **C: Anxious/fearful** | Avoidant | Inhibited |
| | Dependent | Submissive |
| | Obsessive | Perfectionistic |
| **Other specified** | Passive-aggressive | Negativistic |
| | Depressive | Pessimistic |

# Issues with Current Criteria

- Personality Disorders vs Personality Variants
  - ICD-10 -personality disorders ( chapter F) and personalities relevant for medicine (Chapter Z).
  - Personality disorders- presence of symptoms
  - Personalities- traits not reaching threshold for PD
  - Symptoms -categorical classification
  - Psychological traits- dimensions.

# Issues with Current Criteria

- Etiologically "atheoretical" classification
- No natural boundaries between different categories- qualify for more than one PD
- Pigeonhole- atypical and mild forms
- Maximum diagnosis- other specified, unspecified, mixed- wastebasket

# Proposed ICD-11 criteria

- Based on Cloninger proposal- 2 steps
- 1st- rating the presence of PD and its severity in terms of levels of adaptive functioning
- ICD-11- mild, moderate, or severe PD
- DSM-5( alternate)- character traits based on abnormal form of five factor (self-directedness, cooperativeness)

# Proposed ICD-11 criteria

- Consistent features
  - Low self-directedness
    - Irresponsible, blaming
    - No mature goals
    - Resourceless, helpless
    - Poor self-esteem
    - Undisciplined
  - Low cooperativeness
    - Intolerant of others
    - Lack of empathy
    - Unhelpful
    - Revengeful
    - Unprincipled
- Variable features
  - High persistence (obsessive-compulsive symptoms only)
  - Low reward dependence (odd cluster only)
  - High novelty seeking (erratic cluster only
  - High harm avoidance (anxious cluster only)

DSM-5 Dimensional features of PD

# Proposed ICD-11 criteria

- 2nd- describing the specific traits that are prominent in the person.
- ICD-11- four temperament dimensions “the four As”:
  - Asthenic/anxious (high harm avoidance, galen’s melancholic temperament),
  - Adventurous/antisocial (high novelty seekiing, galen’s choleric temperament),
  - Asocial (low reward dependence)
  - Anankastic (high persistence, galen’s phlegmatic temperament).

# Proposed ICD-11 criteria

- ICD-11- no psychotc dimension
- Based on psychobiological model of cloninger
- Neurobiology and genetics taken into account
- Combination of traits- categories not mutually exclusive
- General features of all pds -character traits,
- Clusters and categories -temperament features.

# Personality change due to medical conditions/ Organic PD

- Temporal lobe epilepsy, limbic lobe syndrome, frontal lobe syndrome
- Subtypes-

Labile type
Disinhibited type
Aggressive type
Apathetic type
Paranoid
Other
Combined (more than one of the above features)
Unspecified (e.g., if change is due to substance abuse and features are not specified)

# Other specified/ unspecified PD

- Passive-aggressive
- Depressive
- Eccentric
- Immature
- Narcissitic

- Enduring personality changes-catastrophic event, psychitric illness

# Summary

- PD- variants of normal personality traits
- Social connotation
- Psychobiological basis
- Assessment- detailed, longitudinal, structured + unstructered
- Diagnosis- compromise between dimensional and categorical models

# References


- Sadock, Benjamin J.; Sadock, Virginia A.; Ruiz, Pedro Kaplan & Sadock's Comprehensive Textbook of Psychiatry, 10th Edition 2017 Wolters Kluwer
- Cloninger CR. A practical way to diagnosis personality disorder: a proposal. Journal of Personality Disorders. 2000 Jun;14(2):99-108.
- Banerjee PJ, Gibbon S, Huband N. Assessment of personality disorder. Advances in psychiatric treatment. 2009 Sep;15(5):389-97.

# References


- American Psychiatric Association. Diagnostic and statistical manual of mental disorders (DSM-5®). American Psychiatric Pub; 2013 May 22.
- Svrakic DM, Whitehead C, Przybeck TR, Cloninger CR. Differential diagnosis of personality disorders by the seven-factor model of temperament and character. Archives of general psychiatry. 1993 Dec 1;50(12):991-9.