Personality Disorders and DSM-5
American College of Psychiatrists Annual Meeting
Tucson, AZ – February 19, 2015

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Disclosure Statement
The speaker has no conflicts to disclose
Personality Disorders

Dimensional or Categorical?

An old story!

The Interpersonal Circumplex

Examples: Leary (1957), and Kiesler (1983)
The Five-Factor Model of Personality

**Neuroticism**
- Calm – Worrying
- Even-tempered – Temperamental
- Self-satisfied – Self-pitying
- Comfortable – Self-conscious
- Unemotional – Emotional
- Hardy – Vulnerable

**Extraversion**
- Reserved – Affectionate
- Loner – Joiner
- Quiet – Talkative
- Passive – Active
- Sober – Fun-loving
- Unfeeling – Passionate

**Openness to Experience**
- Down-to-earth – Imaginative
- Uncreative – Creative
- Conventional – Original
- Prefer routine – Prefer variety
- Uncurious – Curious
- Conservative – Liberal

**Agreeableness**
- Ruthless – Soft-hearted
- Suspicious – Trusting
- Stingy – Generous
- Antagonistic – Acquiescent
- Critical – Lenient
- Irritable – Good-natured

**Conscientiousness**
- Negligent – Conscientious
- Lazy – Hardworking
- Disorganized – Well-organized
- Late – Punctual
- Aimless – Ambitious
- Quitting – Persevering

Adapted from Costa & McCrae 1986

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**DSM-IV-TR Personality Disorders**
(A “dimensionally-flavored” categorical system)

A. **Cluster A (odd/eccentric)**
   1. Paranoid
   2. Schizoid
   3. Schizotypal

B. **Cluster B (dramatic/emotional/impulsive)**
   1. Antisocial
   2. Borderline
   3. Histrionic
   4. Narcissistic

C. **Cluster C (anxious/fearful)**
   1. Avoidant
   2. Dependent
   3. Obsessive-Compulsive

D. **Personality Disorder Not Otherwise Specified**
“Well-informed clinicians and researchers have suggested that variation in psychiatric symptomatology may be better represented by dimensions than by a set of categories, especially in the area of personality traits...”

Bruce J. Rounsaville, MD  
Renato D. Alarcon, MD  
Gavin Andrews, MD  
James S. Jackson, PhD  
Robert E. Kendell, MD  
Kenneth Kendler, MD

(A Research Agenda for DSM-5, APA, 2002)

“The Diagnosis of Mental Disorders: The Problem of Reification”

“Disorders in which evidence favors a dimensional approach include major depression (Kendler & Gardner 1998), obsessive-compulsive disorder (Mataix-Cols et al. 2005), autism (Di Martino et al. 2009, Hoekstra et al. 2007), attention deficit hyperactivity disorder (ADHD; Hudziak et al. 2005), and personality disorders (Skodol et al. 2002a,b). For all these diagnoses, symptoms listed in their criterion sets are also normally distributed in the general population. The dimensional nature of personality disorders has long been argued (Skodol et al. 2002a,b; Widiger & Mullins-Sweatt 2009).”

- Hyman, Steven E  
Recent Wisdom

“Generally, our approach to modifying psychiatric diagnoses is like a small mutation. We consider adding a criterion...simplifying criteria...or changing duration. These small changes are like the small steps of an iterative evolutionary process. But maybe the place we started with a diagnosis is like an evolutionary box canyon. Small changes cannot fix it. We need a big re-design. According to some experts, this is the position in which personality disorders in DSM-IV finds itself.”


Personality and Personality Disorders

ANDREW E. SKODOL, M.D.
Chair

JOHN M. OLDHAM, M.D.
Co-Chair

Robert F. Krueger, Ph.D., Text Coordinator
Renato D. Alarcon, M.D., M.P.H.
Carl C. Bell, M.D.
Donna S. Bender, Ph.D.

Lee Anna Clark, Ph.D.
Leslie C. Morey, Ph.D.
Larry J. Siever, M.D.

1 The members of the Personality and Personality Disorders Work Group are responsible for the alternative DSM-5 model for personality disorders that is included in Section III. The Section II personality disorders criteria and text (with updating of the text) are retained from DSM-IV-TR.
DSM-5 PDs

- Personality and Personality Disorders Work Group took its APA charge seriously, and it was not easy!
- Challenges included:
  - Factor-analytic trait psychology research is extensive, and terms are often unfamiliar to clinicians
  - Vested interests of various research groups, clinical experts, and educators

Draft 1 PD Model Posted February 2010

- Prototype and trait model
Concerns were raised about the posted dsm5.org draft PD proposal. For example, a *Commentary* was published in AJP concerning the first posting (a prototype and trait model), by the following authors:

**Personality Disorders in DSM-5**

*Commentary*

Jonathan Shedler, PhD  
Aaron Beck, MD  
Peter Fonagy, PhD  
Glen O. Gabbard, MD  
John Gunderson, MD  
Otto Kernberg, MD  
Robert Michels, MD  
Drew Westen, PhD

*American Journal of Psychiatry, 2010*
Personality Disorders in DSM-5

Commentary

“The proposed DSM-5 diagnostic schema for personality disorders...raises the likelihood that many clinicians will not have the patience and persistence to make use of it in their practices.”

- Shedler et al., AJP, 2010

Draft 2 PD Model Posted May 2011

- Prototype model not accepted by Task Force
- Changed from prototype to hybrid type/trait model
Draft 3 PD Model Posted May 2012

- Minor modifications

DSM-V Task Force
David Kupfer, Chair, and Darrel Regier, Co-Chair

- ADHD and Disruptive Behavior Disorders (David Shaffer)
- Anxiety, Obsessive-Compulsive Spectrum, Posttraumatic, and Dissociative Disorders (Katherine Phillips)
- Eating Disorders (Timothy Walsh)
- Mood Disorders (Jan Fawcett)
- Neurocognitive Disorders (Daniel Blazer and Ronald Peterson)
- Neurodevelopmental Disorders (Susan Swedo)
- Personality and Personality Disorders (Andrew Skodol)
- Psychotic Disorders (William Carpenter)
- Sexual and Gender Identity Disorders (Kenneth Zucker)
- Sleep-Wake Disorders (Charles Reynolds)
- Somatic Symptom Disorders (Joel Dimsdale)
- Substance-Related Disorders (Charles O'Brien)
Final PD Proposal Presented to DSM-5 Task Force in October, 2012

Strongly and unanimously endorsed and approved

Final Board Decision

“Alternative Personality Disorder Model” placed in Section 3 of DSM-5

(“Emerging Measures and Models”)
Current DSM-5 Alternative PD Model
Section III

Elements of Normal Personality Functioning

1. Self
   a. Identify
   b. Self-direction

2. Interpersonal
   a. Empathy
   b. Intimacy
Elements of Normal Personality Functioning

**Self:**

1. **Identity:** Experience of oneself as unique, with clear boundaries between self and others; stability of self-esteem and accuracy of self-appraisal; capacity for, and ability to regulate, a range of emotional experience.

2. **Self-direction:** Pursuit of coherent and meaningful short-term and life goals; utilization of constructive and prosocial internal standards of behavior; ability to self-reflect productively.

**Interpersonal:**

1. **Empathy:** Comprehension and appreciation of others’ experiences and motivations; tolerance of differing perspectives; understanding the effects of own behavior on others.

2. **Intimacy:** Depth and duration of connection with others; desire and capacity for closeness; mutuality of regard reflected in interpersonal behavior.

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DSM-5 General Criteria for Personality Disorder (GCPD)

The essential features of Personality Disorder are:

A. Moderate or greater impairment in personality (self / interpersonal) functioning AND

B. One or more pathological personality traits
Criterion A: 
(Level of Impairment in Personality Functioning)

Moderate or greater impairment in personality (self/interpersonal) functioning, manifest by characteristic difficulties in two or more of the following four areas:

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

Guidance in estimating “moderate or greater impairment”:
Level of Personality Functioning Scale

0 - Little or No Impairment
1 - Some Impairment
2 - Moderate Impairment
3 - Severe Impairment
4 - Extreme Impairment
Why “impairment in functioning”? 

**Table 2: Level of Personality Functioning Scale (continued)**

<table>
<thead>
<tr>
<th>Level of Impairment</th>
<th>SELF</th>
<th>INTERPERSONAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Identity</td>
<td>Self-direction</td>
</tr>
<tr>
<td>Moderate impairment</td>
<td>Depends excessively on others for identity definition, with compromised boundary delineation.</td>
<td>Goals are more often a means of gaining external approval than self-generated, and thus may lack coherence and/or stability.</td>
</tr>
<tr>
<td></td>
<td>Has vulnerable self-esteem compromised by exaggerated concern about external evaluation, with a wish for approval. Has sense of incompetence or inferiority, with compensation inclined, or defective self-appraisal.</td>
<td>Personal standards may be unreasonably high (e.g., need to be special or please others) or low (e.g., not consistent with prevailing social values).</td>
</tr>
<tr>
<td></td>
<td>Emotional regulation depends on positive appraisal. Threats to self-esteem may engender strong emotions such as rage or shame.</td>
<td></td>
</tr>
</tbody>
</table>

**Menninger**
DSM-IV and DSM-5 Section II general criteria for any PD include the following:

“D. The pattern is stable and of long duration...”

But in fact, CLPS data and MSAD data demonstrate otherwise.
BPD Remission (cumulative): Lifetest survival estimates

Remission definition: BPD > 12 mo

Years of Follow-up

Gunderson et al., Arch Gen Psych, 2011

Functional Remission (GAF > 70 for 12 months): Lifetest survival estimates

Years of Follow-up

Gunderson et al., Arch Gen Psych, 2011
Criterion B: (Patterns of Pathological Personality Traits)

Trait Domains
- Negative Affectivity
- Detachment
- Antagonism
- Disinhibition
- Psychoticism

Personality Disorders
- Antisocial
- Avoidant
- Borderline
- Narcissistic
- Obsessive-Compulsive
- Schizotypal
- PD – Trait Specified
Personality Disorder – Trait Specified

**Criterion A:** Moderate or greater impairment in personality functioning, manifest by characteristic difficulties in two or more of the following four areas:
1. Identity
2. Self-direction
3. Empathy
4. Intimacy

**Criterion B:** One or more pathological personality trait domains OR specific trait facets within domains, considering **ALL** of the following domains:
1. Negative Affectivity
2. Detachment
3. Antagonism
4. Disinhibition
5. Psychoticism

Negative Affectivity (vs. emotional stability)
1. Emotional lability
2. Anxiousness
3. Separation insecurity
4. Submissiveness
5. Hostility
6. Perseveration
7. Depressivity
8. Suspiciousness
9. Restricted affectivity
**Detachment** (vs. extraversion)

1. Withdrawal
2. Intimacy avoidance
3. Anhedonia
4. Depressivity
5. Restricted affectivity
6. Suspiciousness

**Antagonism** (vs. agreeableness)

1. Manipulativeness
2. Deceitfulness
3. Grandiosity
4. Attention seeking
5. Callousness
6. Hostility
**Disinhibition** (vs. conscientiousness)

1. Irresponsibility
2. Impulsivity
3. Distractibility
4. Risk taking
5. (lack of) Rigid perfectionism

**Psychoticism** (vs. lucidity)

1. Unusual beliefs and experiences
2. Eccentricity
3. Cognitive & perceptual dysregulation
Clinician Assessment of DSM-5 Personality Disorders

Moderate or Greater Impairment in Personality Functioning

Personality Disorder(s) or PD – Trait-Specified

Meets All Other General PD Criteria

PD Diagnosis Confirmed

A dimensional approach to assessing personality functioning: examining personality trait domains utilizing DSM-IV personality disorder criteria

J. Christopher Fowler\textsuperscript{a,b,*}, Carla Sharp\textsuperscript{a,b,c}, Allison Kalpakci\textsuperscript{a,c}, Alok Madan\textsuperscript{a,b}, Joshua Clapp\textsuperscript{d}, Jon G. Allen\textsuperscript{a,b}, B. Christopher Fruce\textsuperscript{a,b,c}, John M. Oldham\textsuperscript{a,b}

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\textsuperscript{c}University of Houston, 1 Main Street, Houston, TX 77002, USA
\textsuperscript{d}University of Wyoming, 1000 E. University Ave., Laramie, WY 82071, USA
\textsuperscript{*}University of Hawaii, 290 West Kauili St., Hilo, HI 96720, USA
A Hierarchical Model of Personality Psychopathology


The Five Domains of the NIMH Research Domain Criteria (RDoC)

1. Negative Valence Systems
2. Positive Valence Systems
3. Cognitive Systems
4. Systems for Social Processes
5. Arousal / Regulatory Systems
Possible Domain Correlations

**RDoC**
- Negative Valence Systems
- Cognitive Systems
- Systems for Social Processes

**DSM-5**
- Negative Affectivity
- Psychoticism
- Detachment

Self / Interpersonal Functioning

Fowler et al., in press

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Example

Borderline Personality Disorder
Borderline Personality Disorder (BPD)
APA DSM-IV / DSM-5 (Section II)
Criteria *(At least 5 must be present)*

1. Fear of abandonment
2. Difficult interpersonal relationships
3. Uncertainty about self-image or identity
4. Impulsive behavior
5. Self-injurious behavior
6. Emotional changeability or hyperactivity
7. Feelings of emptiness
8. Difficulty controlling intense anger
9. Transient suspiciousness or “disconnectedness”

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Borderline Personality Disorder (BPD)
APA DSM-5 Alternative Model (AM)

Typical features of Borderline Personality Disorder are instability of self-image, personal goals, interpersonal relationships, and affects, accompanied by impulsivity, risk-taking, and/or hostility. Characteristic difficulties are apparent in identity, self-direction, empathy, and/or intimacy, as described below, along with specific maladaptive traits in the domain of Negative Affectivity, and also Antagonism and/or Disinhibition.

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Reprinted with permission from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, (Copyright © 2013), American Psychiatric Association. All rights reserved.
Borderline Personality Disorder

**Criterion A (abbreviated):**

Moderate or greater impairment in personality functioning in 2 or more of the following areas:

1. **Identity:** Marked instability of self-image, strong self-criticism, feelings of emptiness, stress-induced dissociative states
2. **Self-direction:** Unstable goals and values
3. **Empathy:** Limited ability to see things from another’s point of view, sensitivity to real or imagined criticism
4. **Intimacy:** Conflicted relationships, difficulty trusting others, separation insecurity, patterns of overinvolvement/withdrawal

**Criterion B (abbreviated):**

4 or more of the following pathological personality traits (requiring at least one of #5, #6, or #7)

1. Emotional Lability (a facet of Negative Affectivity)
2. Anxiousness (a facet of Negative Affectivity)
3. Separation Insecurity (a facet of Negative Affectivity)
4. Depressivity (a facet of Negative Affectivity)
5. Impulsivity (a facet of Disinhibition)
6. Risk-taking (a facet of Disinhibition)
7. Hostility (a facet of Antagonism)
BPD, Alternative Model, “Shorthand”

A. Moderate or greater impairment in personality functioning
B. Pathological personality traits in the domains of negative affectivity, disinhibition, and/or antagonism

Clinical Usefulness of the DSM-5 Diagnostic Criteria for Personality Disorders
Morey et al. WG Study

A recent empirical study involving 334 clinicians found that in 14 of 18 comparisons, DSM-5 is perceived as more clinically useful than DSM-IV with respect to:

- Ease of use
- Communication of clinical information to other professionals
- Communication of clinical information to patients
- Comprehensiveness in describing pathology
- Treatment planning


Clinicians in Academic and RCP Field Trials

Over 80% of clinicians in the Academic and Routine Clinical Practice (RCP) field trials found the new PD criteria “moderately” to “extremely” useful compared to DSM-IV.
Clinicians in DSM-5 Field Trials in Academic Centers found the new diagnostic criteria for personality disorders moderately to extremely useful, compared to DSM-IV, when diagnosing patients seen for the first time for a single diagnostic interview.

Clinicians in DSM-5 Field Trials in solo & small group practices found the new diagnostic criteria for personality disorders moderately to extremely useful, compared to DSM-IV, when diagnosing their new and/or existing patients.
**DSM-5 Field Trials: Test – Retest Reliability**

Data from 11 Academic Centers

<table>
<thead>
<tr>
<th>DSM-5 Diagnosis</th>
<th>Intraclass Kappa</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Neurocognitive Disorder</td>
<td>0.78</td>
<td>Very Good</td>
</tr>
<tr>
<td>Posttraumatic Stress Disorder</td>
<td>0.67</td>
<td>Very Good</td>
</tr>
<tr>
<td>Bipolar I Disorder</td>
<td>0.56</td>
<td>Good</td>
</tr>
<tr>
<td><strong>Borderline Personality Disorder</strong></td>
<td><strong>0.54</strong></td>
<td><strong>Good</strong></td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>0.50</td>
<td>Good</td>
</tr>
<tr>
<td>Mild Neurocognitive Disorder</td>
<td>0.48</td>
<td>Good</td>
</tr>
<tr>
<td>Major Depressive Disorder</td>
<td>0.28</td>
<td>Questionable</td>
</tr>
<tr>
<td>Mixed Anxiety-Depressive Disorder</td>
<td>0.004</td>
<td>Unacceptable</td>
</tr>
</tbody>
</table>

- Regier et al., *AJP*, 2012

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**DSM-5 a Year Later: Clinicians Speak Up**

Bret S. Stetka, MD; Nassir Ghaemi, MD, MPH

Medscape Psychiatry, August 19, 2014

**Who We Surveyed**

2828 RESPONDENTS

- 28% Psychiatrists
- 9% Nurses
- 22% Psychologists
- 5% Other
- 13% Family Practitioners
- 9% Internists
- 4% Neurologists
- 10% Psychiatrists

**Who Completed Our Survey?**

Nearly 3000 clinicians completed our survey, indicating that they do have experience using DSM-5 in clinical practice. The majority of completers were mental health specialists.
DSM-5 a Year Later: Clinicians Speak Up
Bret S. Stetka, MD; Nassir Ghaemi, MD, MPH
Medscape Psychiatry, August 19, 2014

A New Approach to Personality Disorders
In your psychiatric assessments, have you started considering the dimensional personality traits which, though not in DSM-5 proper, are included in the section for further research?

**YES** 39%  
**NO** 61%

DSM-5 a Year Later: Clinicians Speak Up
Bret S. Stetka, MD; Nassir Ghaemi, MD, MPH
Medscape Psychiatry, August 19, 2014

Personality Disorders: Clinicians Weigh In

- **Psychiatrist**
  - “I teach personality disorders in psychiatry residency and the new dimensional personality traits are helpful for more discriminating diagnosis.”
  - “I won’t use until there’s further supporting evidence and increased prevalence in the literature.”

- **Internist**
  - “There are many advantages of dimensional approaches to PDs that are well documented. Among the current 10 disorders all of descriptive criteria are burdensome to consider.”

- **Pediatrician**
  - “I feel the DSM-5 Steering Committee should have revamped our old classification system for personality disorders and adopted the dimensional approach.”

  “[The new system] is useful in given a comprehensive picture of patient.”
DSM-5 PDs

- Frequently heard concerns – “it’s too complex, and clinicians won’t use it.”
- “Reality check” - DSM-5 proposed 25 traits, compared to 94 criteria in DSM-IV (43% reduction)
- Interpretation – “It’s more complicated than what I now do”

DSM-5: A Work Now Complete

DSM-5.1: A Work for the Future
Thank you for your interest