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## **Personality Disorders and DSM-5**

American College of Psychiatrists Annual Meeting  
Tucson, AZ – February 19, 2015

### **John M. Oldham, M.D.**

Senior Vice President and Chief of Staff  
The Menninger Clinic;  
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Endowed Chair in Personality Disorders,  
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Menninger Department of Psychiatry and Behavioral Sciences  
Baylor College of Medicine



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## **Disclosure Statement**

The speaker has no conflicts to disclose



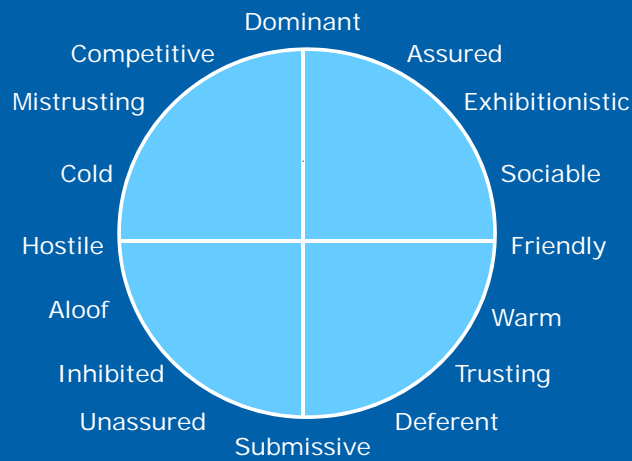
## Personality Disorders

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*

## 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

*Ann Rev Clin Psychol* 2010; 6:155-179

## 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.**”

- Kendler KS, Parnas J: Philosophical Issues in Psychiatry II, Oxford University Press, 2012

## Personality and Personality Disorders<sup>1</sup>

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.

W. John Livesley, M.D., Ph.D. (2007–2012)

Leslie C. Morey, Ph.D.

Larry J. Siever, M.D.

Roel Verheul, Ph.D. (2008–2012)

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<sup>1</sup>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

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## **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

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## **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

**TABLE 2 Level of Personality Functioning Scale (continued)**

Level of impairment	SELF		INTERPERSONAL	
	Identity	Self-direction	Empathy	Intimacy
2—Moderate impairment	<p>Depends excessively on others for identity definition, with compromised boundary delineation.</p> <p>Has vulnerable self-esteem controlled by exaggerated concern about external evaluation, with a wish for approval. Has sense of incompleteness or inferiority, with compensatory inflated, or deflated, self-appraisal.</p> <p>Emotional regulation depends on positive external appraisal. Threats to self-esteem may engender strong emotions such as rage or shame.</p>	<p>Goals are more often a means of gaining external approval than self-generated, and thus may lack coherence and/or stability.</p> <p>Personal standards may be unreasonably high (e.g., a need to be special or please others) or low (e.g., not consonant with prevailing social values). Fulfillment is compromised by a sense of lack of authenticity.</p> <p>Has impaired capacity to reflect on internal experience.</p>	<p>Is hyperattuned to the experience of others, but only with respect to perceived relevance to self.</p> <p>Is excessively self-referential; significantly compromised ability to appreciate and understand others' experiences and to consider alternative perspectives.</p> <p>Is generally unaware of or unconcerned about effect of own behavior on others, or unrealistic appraisal of own effect.</p>	<p>Is capable of forming and desires to form relationships in personal and community life, but connections may be largely superficial.</p> <p>Intimate relationships are predominantly based on meeting self-regulatory and self-esteem needs, with an unrealistic expectation of being perfectly understood by others.</p> <p>Tends not to view relationships in reciprocal terms, and cooperates predominantly for personal gain.</p>



## Why "impairment in functioning"?



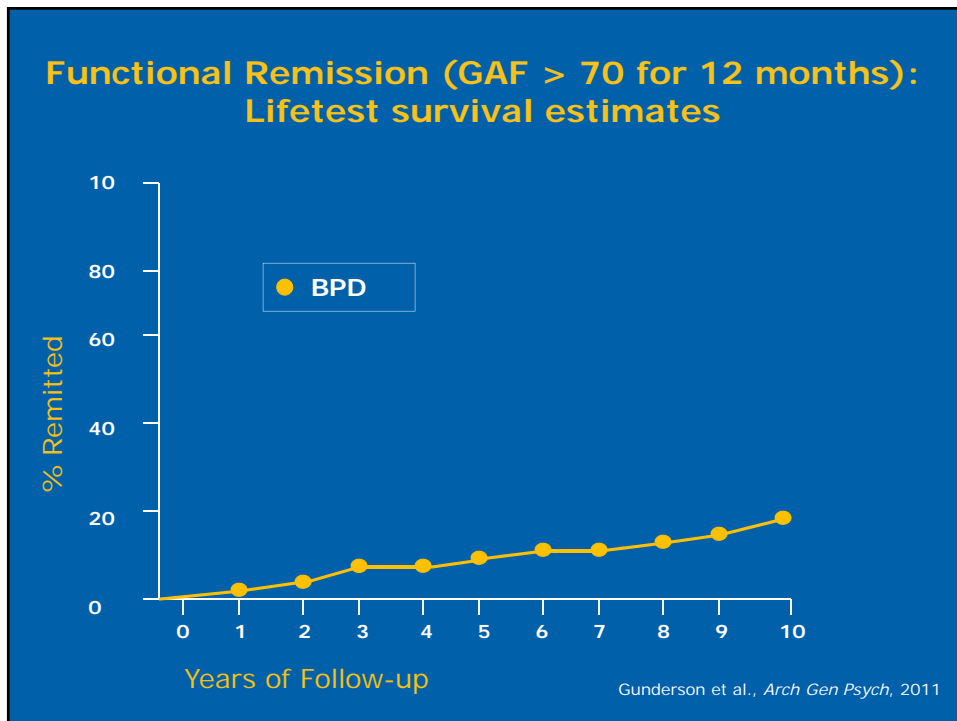
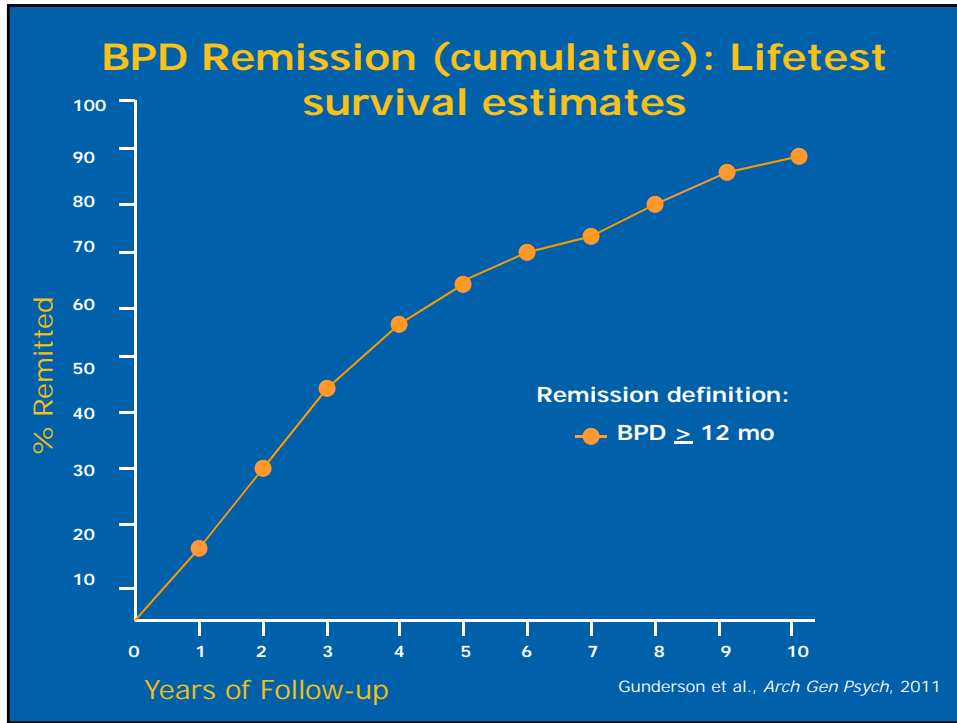
**DSM-IV and DSM-5 Section II  
general criteria for any PD include  
the following:**

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

But in fact, CLPS data and MSAD data  
demonstrate otherwise.



**NIMH Collaborative Longitudinal  
Personality disorders Study (CLPS)**







## Criterion B:

*(Patterns of Pathological Personality Traits)*

### Trait Domains

- Negative Affectivity
- Detachment
- Antagonism
- Disinhibition
- Psychoticism

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## 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

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## 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



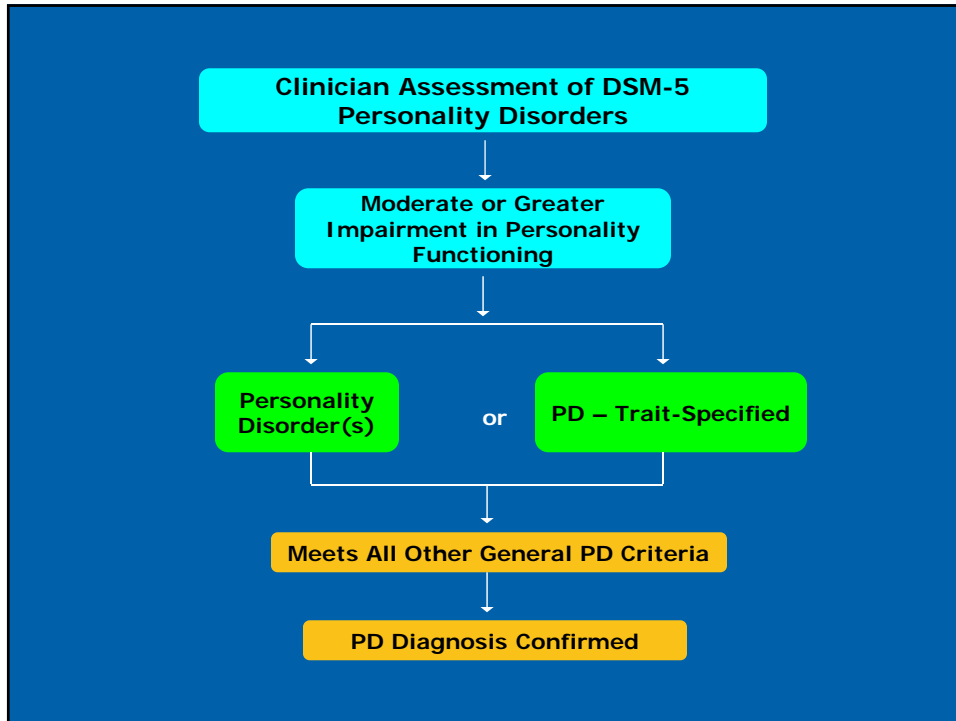
## **Disinhibition** (vs. conscientiousness)

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



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  **ScienceDirect**

Comprehensive Psychiatry 56 (2015) 75–84

**COMPREHENSIVE PSYCHIATRY**

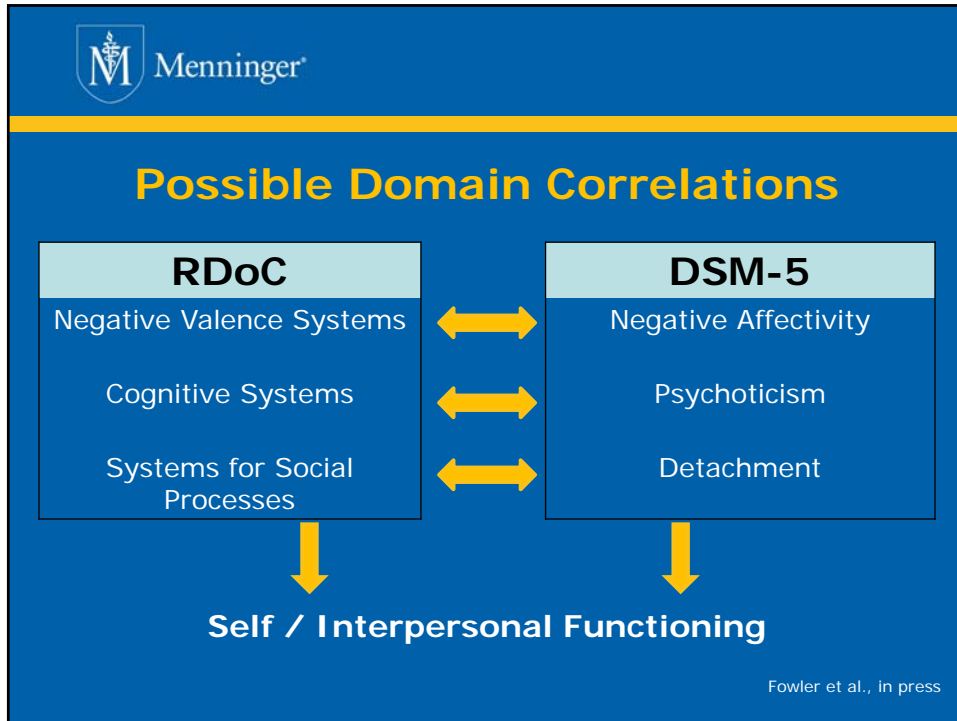
[www.elsevier.com/locate/comppsy](http://www.elsevier.com/locate/comppsy)

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

J. Christopher Fowler<sup>a,b,\*</sup>, Carla Sharp<sup>a,b,c</sup>, Allison Kalpakci<sup>a,c</sup>, Alok Madan<sup>a,b</sup>, Joshua Clapp<sup>d</sup>, Jon G. Allen<sup>a,b</sup>, B. Christopher Frueh<sup>a,b,e</sup>, John M. Oldham<sup>a,b</sup>

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<sup>b</sup>Baylor College of Medicine, One Baylor Plaza, Houston, TX 77030, USA  
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<sup>e</sup>University of Hawaii, 200 West Kawili St., Hilo, HI 96720, USA





This slide, also featuring the Menninger logo in the top left, is titled "Example" in large yellow font. Below the title, the text "Borderline Personality Disorder" is displayed in a smaller yellow font. The rest of the slide is a solid blue background.

**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”

**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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## **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

## **Borderline Personality Disorder** **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



*Discovering hope, one life at a time*

## **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:

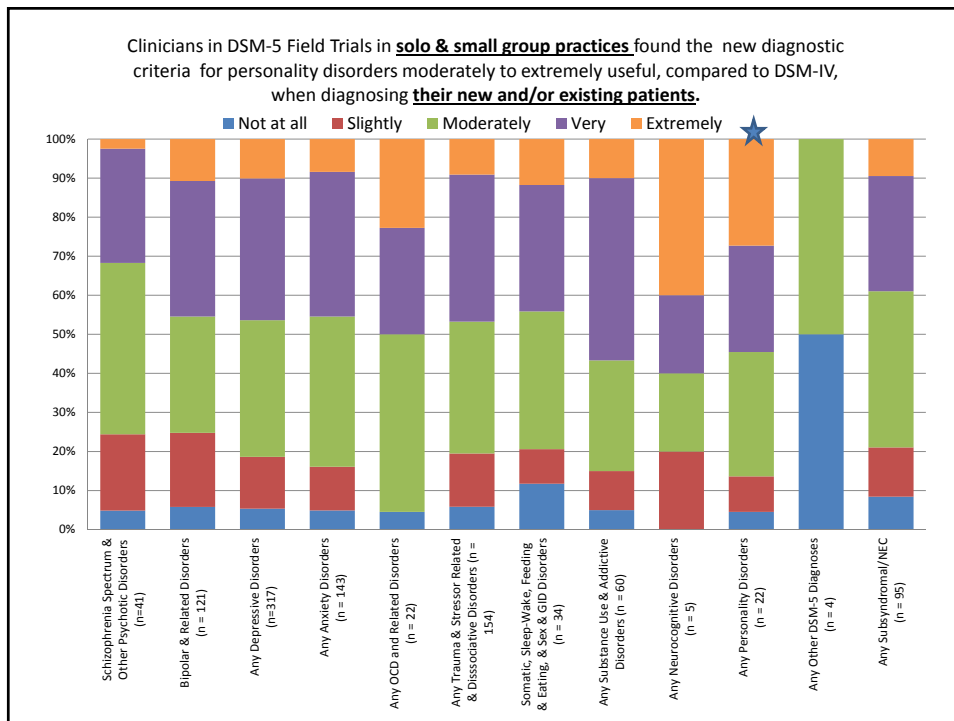
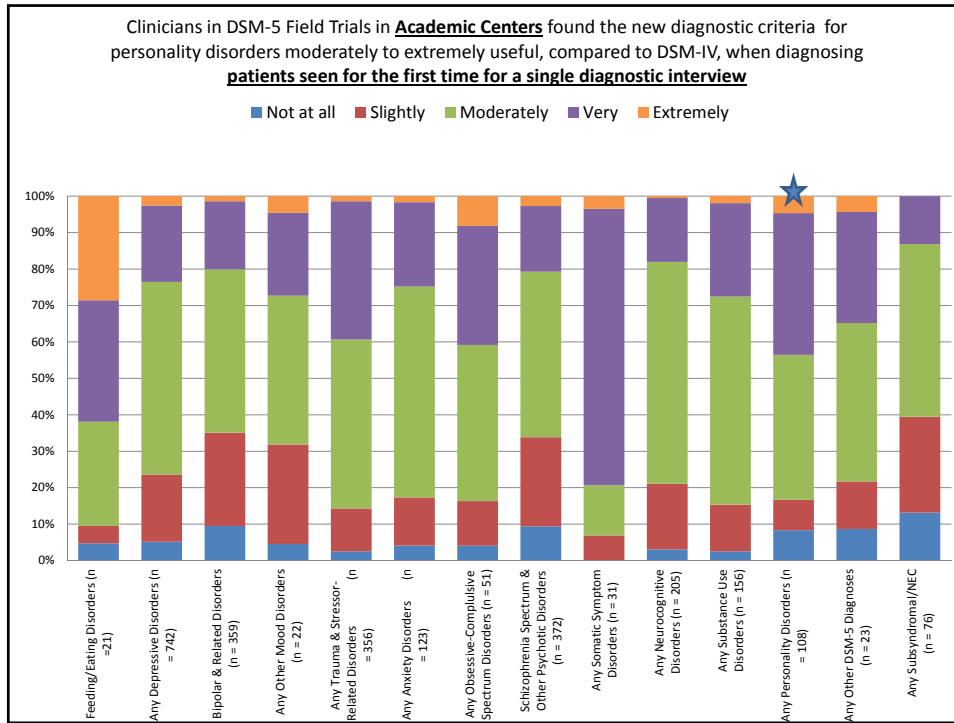
- Ease of use
- Communication of clinical information to other professionals
- Communication of clinical information to patients
- Comprehensiveness in describing pathology
- Treatment planning

Morey et al. *J Abnorm Psychol*, 2012



## 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.



## DSM-5 Field Trials: Test – Retest Reliability

Data from 11 Academic Centers

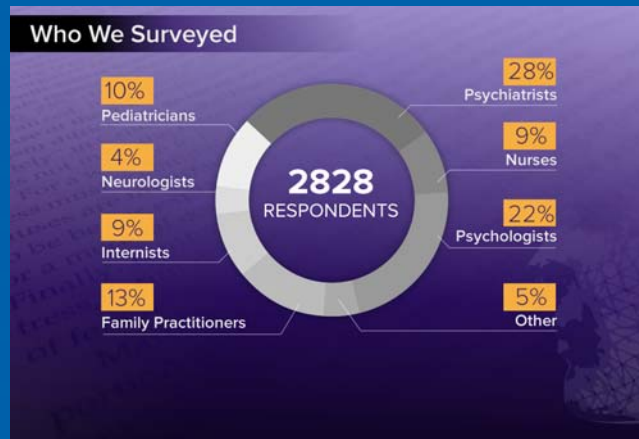
### Pooled Test – Retest Reliability

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

- Regier et al., *AJP*, 2012

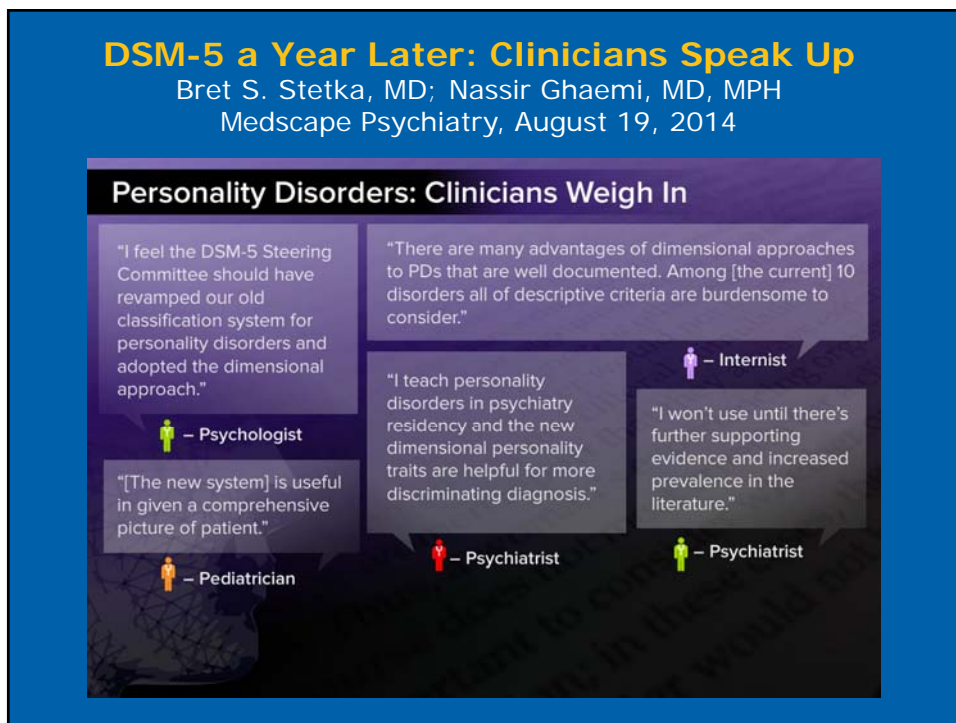
## DSM-5 a Year Later: Clinicians Speak Up

Bret S. Stetka, MD; Nassir Ghaemi, MD, MPH  
 Medscape Psychiatry, August 19, 2014



### 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 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**