Putting Personality Pathology on a Foundation of Personality Traits

NEA-BPD
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DSM-5 Section III
PD material

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Personality Disorder in DSM-5.1

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A. Moderate or greater impairment in at least 2 of the following 4 areas of personality functioning:

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

Scale: 0 = None 2 = Moderate 4 = Severe

Definitions + fully elaborated specification of the levels provided
**Self domain: Identity**

- Experience oneself as unique
- Boundaries between self and others
- Stability of self-esteem
- Accuracy of self-appraisal
- Capacity for—and ability to regulate—a range of emotional experience
• **Self domain: Self-direction**
  - Pursuit of coherent and meaningful short-term and life goals
  - Use of constructive and prosocial internal standards of behavior
  - Ability to self-reflect productively
Interpersonal domain: Empathy

- Comprehension and appreciation of others’ experiences and motivations
- Tolerance of differing perspectives
- Understanding of the effects of own behavior on others
• Interpersonal domain: Intimacy
  • Depth and duration of positive connections with others
  • Desire and capacity for closeness
  • Mutuality of regard reflected in interpersonal behavior
### PD Severity Assessment

#### Levels of Functioning

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<table>
<thead>
<tr>
<th>2</th>
<th>-Excessive dependence on others for identity definition, with compromised boundary delineation.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-Vulnerable self-esteem controlled by exaggerated concern about external evaluation, with a wish for approval. Sense of incompleteness or inferiority, with compensatory inflated, or deflated, self-appraisal.</td>
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<tr>
<td></td>
<td>-Emotional regulation depends on positive external appraisal. Threats to self-esteem may engender strong emotions such as rage or shame.</td>
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<tr>
<td></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>-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.</td>
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<tr>
<td></td>
<td>-Impaired capacity to reflect upon internal experience.</td>
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<tr>
<td></td>
<td>-Hyper-attuned to the experience of others, but only with respect to perceived relevance to self.</td>
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<tr>
<td></td>
<td>-Excessively self-referential; significantly compromised ability to appreciate and understand others’ experiences and to consider alternative perspectives.</td>
</tr>
<tr>
<td></td>
<td>-Generally unaware of or unconcerned about effect of own behavior on others, or unrealistic appraisal of own effect.</td>
</tr>
<tr>
<td></td>
<td>-Capacity and desire to form relationships in personal and community life, but connections may be largely superficial.</td>
</tr>
<tr>
<td></td>
<td>-Intimate relationships are largely based on meeting self-regulatory and self-esteem needs, with an unrealistic expectation of being perfectly understood by others.</td>
</tr>
<tr>
<td></td>
<td>-Tends not to view relationships in reciprocal terms, and cooperates predominantly for personal gain.</td>
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</tbody>
</table>
Personality Disorder in *DSM-5.1*

B. One or more pathological personality traits
(25 specific facet traits organized in
5 broad domains)

1. Negative Affectivity
2. Detachment
3. Antagonism
4. Disinhibition
5. Psychoticism

Definitions of all traits—facets and domains—are provided
• Negative Affectivity domain

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.
DSM 5.1 PD Criterion A

• Emotional lability (facet)

Instability of emotional experiences and mood; emotions that are easily aroused, intense, and/or out of proportion to events and circumstances.
The impairments in personality functioning and the individual’s personality trait expression are...

C. relatively inflexible and pervasive across a broad range of personal and social situations.

D. 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…

E. not better explained by another mental disorder.

F. not solely attributable to the physiological effects of a substance or another medical condition (e.g., severe head trauma).

G. not better understood as normal for an individual’s developmental stage or sociocultural environment.
Six specific personality functioning—trait combinations:

1. Antisocial
2. Avoidant
3. Borderline
4. Narcissistic
5. Obsessive-Compulsive
6. Schizotypal
Borderline PD, Criterion A

Identity

Markedly impoverished, poorly developed, or unstable self-image, assoc’d w/ excessive self-criticism

Chronic feelings of emptiness

Dissociative states under stress
Borderline PD, Criterion A

Self-direction

Instability in goals, aspirations, values, or careers plans
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 PD, Criterion A

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 over involvement and withdrawal.
Borderline PD, Criterion B

Four or more of the following seven pathological personality traits, including at least one of the last three:

aspects of *Negative Affectivity*

- Emotional lability
- Anxiousness
- Separation insecurity
- Depressivity

aspect of *Disinhibition*

- Impulsivity
- Risk-taking

an aspect of *Antagonism*

- Hostility
• Anxiousness (facet of NA)

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 (facet of NA)

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.
• **Depressivity (facet of NA)**

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.
• **Impulsivity (facet 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 and following plans; a sense of urgency and self-harming behavior under emotional distress.
• **Risk taking (facet 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; reckless pursuit of goals regardless of the level of risk involved.
• Hostility (facet of Antagonism/ NA)

Persistent or frequent angry feelings; anger or irritability in response to minor slights and insults; mean, nasty, or vengeful behavior.
How similar are the six specific DSM-5.1 PDs to their DSM-IV counterparts?

1. Antisocial
2. Avoidant
3. Borderline
4. Narcissistic
5. Obsessive-Compulsive
6. Schizotypal
Correlations with dimensional ratings of *DSM-IV* PDs:

<table>
<thead>
<tr>
<th>PD Type</th>
<th>Ratings</th>
<th>Self-report</th>
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<tbody>
<tr>
<td>Antisocial</td>
<td>0.80</td>
<td>0.65</td>
</tr>
<tr>
<td>Avoidant</td>
<td>0.77</td>
<td>0.59</td>
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<tr>
<td>Borderline</td>
<td>0.81</td>
<td>0.71</td>
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<tr>
<td>Narcissistic</td>
<td>0.74</td>
<td>0.54</td>
</tr>
<tr>
<td>Obsessive-Comp.</td>
<td>0.58</td>
<td>0.39</td>
</tr>
<tr>
<td>Schizotypal</td>
<td>0.63</td>
<td>0.66</td>
</tr>
</tbody>
</table>

*N = 334, Morey et al., 2012*  
*N = 227*
**DSM-5 PD Diagnoses with the PID-5**

**Sample demographics**

- $N=277$
  - **Sample type**
    - 63% high-risk community adults
    - 37% CMH patients
  - *Mean age* = $48.1 \pm 12.8$
    - range = 19-84 yrs.
Sample Demographics

Gender
• 60% female, 40% male

Race
• 74% White
• 18% Black
• 8% other minority

nsd by subsample, $p < .09, .28$, respectively
Sample Demographics

Education level

• 29% high-school or less
• 48% some post-hs classes
• 23% college degree or higher

nsd by subsample, $p < .91$
Sample Demographics

Occupational level

- 46% unskilled/ clerical
- 22% skilled/ managerial
- 24% professional
- 8% none (e.g., retired, student)

nsd by subsample, \( p < .18 \)
Sample Demographics

### Relationship status

<table>
<thead>
<tr>
<th></th>
<th>High Risk</th>
<th>Patient</th>
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<tbody>
<tr>
<td>Single</td>
<td>17</td>
<td>42</td>
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<tr>
<td>Married</td>
<td>52</td>
<td>24</td>
</tr>
<tr>
<td>Div/Wid/Sep</td>
<td>31</td>
<td>34</td>
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</table>

$p < .0001$
Sample Demographics

Employment status

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<tr>
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<tr>
<td>Employed</td>
<td>45</td>
<td>23</td>
</tr>
<tr>
<td>Unemployed</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>Disabled</td>
<td>7</td>
<td>41</td>
</tr>
<tr>
<td>Other(^a)</td>
<td>28</td>
<td>18</td>
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</table>

\(^a\)(student, homemaker, retired)

\(p < .0001\)
### Sample Demographics

#### Medication use

<table>
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<tr>
<td>None</td>
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<tr>
<td>“Physical”</td>
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<td>“Mental”</td>
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<tr>
<td>Both</td>
<td>26</td>
<td>60</td>
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\[ p < .0001 \]
### DSM-IV—DSM-5 Primary PD Overlap: Dimensional Scores

<table>
<thead>
<tr>
<th>PID-5</th>
<th>DSM-IV SNAP PD SCALE SCORES</th>
</tr>
</thead>
<tbody>
<tr>
<td>STP</td>
<td>ASP</td>
</tr>
<tr>
<td>STP TRAITS</td>
<td>.66</td>
</tr>
<tr>
<td>ASP TRAITS</td>
<td></td>
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<tr>
<td>BOR TRAITS</td>
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<tr>
<td>NAR TRAITS</td>
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<tr>
<td>AVD TRAITS</td>
<td></td>
</tr>
<tr>
<td>OCP TRAITS</td>
<td></td>
</tr>
</tbody>
</table>

**Congruence KEY:**
- Red > .50
- Yellow 0.20 < > 0.50
**DSM-IV—DSM-5 Primary PD Overlap: Dimensional Scores**

<table>
<thead>
<tr>
<th>PID-5</th>
<th>DSM-IV (SNAP) DIMENSIONAL SCORES</th>
</tr>
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<tbody>
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<td></td>
<td>STP</td>
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<tr>
<td>STP TRAITS</td>
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<tr>
<td>ASP TRAITS</td>
<td>.32</td>
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<tr>
<td>BOR TRAITS</td>
<td>.51</td>
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<td>NAR TRAITS</td>
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<tr>
<td>AVD TRAITS</td>
<td>.47</td>
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<tr>
<td>OCP TRAITS</td>
<td>.40</td>
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</tbody>
</table>

**Congruence KEY:**
- **Red** > .50
- **Yellow** .20 < > .50
- **Green** < .20
### DSM-IV—DSM-5 Primary PD Overlap: Dimensional Scores

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<tr>
<td>AVD TRAITS</td>
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<td>OCP TRAITS</td>
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</table>

Congruence KEY: **Red > .50**  **Yellow .20 < > .50**
### DSM-IV—DSM-5 PD Overlap: Categorical (kappa)

<table>
<thead>
<tr>
<th>PID-5</th>
<th>DSM-IV SNAP PD CATEGORIES</th>
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<td>STP</td>
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<tr>
<td>STP TRAITS</td>
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<td>ASP TRAITS</td>
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<td>BOR TRAITS</td>
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<td>NAR TRAITS</td>
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<td>AVD TRAITS</td>
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<tr>
<td>OCP TRAITS</td>
<td></td>
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</tbody>
</table>

Congruence KEY: **Red** > .50 **Yellow** .20 < > .50 **Green** ≤ .20
### DSM-IV—DSM-5 PD Overlap: Literature Comparison

<table>
<thead>
<tr>
<th></th>
<th>MDN kappa</th>
<th>Any PD kappa</th>
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</thead>
<tbody>
<tr>
<td>Clark et al. (2013)</td>
<td>.28</td>
<td>.47</td>
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<tr>
<td>MEDIAN 5 studies*</td>
<td>.35</td>
<td>.33</td>
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<tr>
<td>MDN r</td>
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<tr>
<td>Clark et al. (2013)</td>
<td>.60</td>
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<tr>
<td>MEDAN 4 studies†</td>
<td>.51</td>
<td></td>
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</table>

*8 comparisons, interviews †Self-report scales
Clark, Livesley, & Morey, 1997
Specific PD Prevalence: *DSM-5.1*

![Bar chart showing prevalence of different personality disorders in community and patient populations.](chart.png)
Specific PD Prevalence: DSM-IV

[Graph showing specific PD prevalence comparing community vs. patient populations]
**Comorbidity of Six Specific PDs**

<table>
<thead>
<tr>
<th>PID-5</th>
<th>STPD</th>
<th>ASPD</th>
<th>BPD</th>
<th>NPD</th>
<th>AVPD</th>
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<tbody>
<tr>
<td>STPD</td>
<td>.20</td>
<td>.05</td>
<td>.60</td>
<td>.05</td>
<td>.50</td>
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<td>.00</td>
<td>1.00</td>
<td>.50</td>
<td>.00</td>
<td>.00</td>
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<tr>
<td>BPD</td>
<td>.22</td>
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<td>.15</td>
<td>.44</td>
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<tr>
<td>NPD</td>
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<td>.33</td>
<td>.17</td>
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<td>AVPD</td>
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<td>.00</td>
<td>.50</td>
<td>.04</td>
<td>.38</td>
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<td>OCPD</td>
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<td>.00</td>
<td>.55</td>
<td>.00</td>
<td>.60</td>
<td>.20</td>
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<tr>
<td>COL Total</td>
<td>20</td>
<td>4</td>
<td>54</td>
<td>12</td>
<td>48</td>
<td>20</td>
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</tbody>
</table>

Filled = % “pure”  Red > 50%  Yellow 20%--50%  Green < 20% comorbidity
PD-Trait Specified
PD-Trait Specified

A. Moderate or greater impairment in at least 2 of the following 4 areas of personality functioning:
   1. Identity
   2. Self-direction
   3. Empathy
   4. Intimacy

B. One or more pathological personality traits.
Distribution of Elevated Traits

Above and Beyond Traits used for Six Specific PD Diagnoses
Prevalence of PD-Trait Specified

PD-TS = 4+ traits IN ADDITION to traits used to diagnose specific PDs
Prevalence of PD-NOS

PD-NOS = 2+ PDs 1 criterion below threshold for diagnosis
Any PD Prevalence: *DSM-5.1*

![Bar chart showing the prevalence of different personality disorders in community and patient populations.](chart.png)
Any PD Prevalence: DSM-IV

- Schizotypal
- Antisocial
- Borderline
- Narcissistic
- Avoidant
- ObsCompl
- Any specific PD
- Any PDNOS

COMMUNITY: Yellow
PATIENT: Red
All PD Prevalence: *DSM-5.1*
All PD Prevalence: *DSM-IV*
## Comorbidity of Seven PDs

<table>
<thead>
<tr>
<th>PID-5</th>
<th>STPD</th>
<th>ASPD</th>
<th>BPD</th>
<th>NPD</th>
<th>AVPD</th>
<th>OCPD</th>
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<tr>
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<td>.50</td>
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<td>BPD</td>
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<td>.55</td>
<td>.00</td>
<td>.60</td>
<td>.20</td>
<td>.95</td>
<td>20</td>
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<td>.35</td>
<td>.08</td>
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<td>12</td>
<td>48</td>
<td>20</td>
<td>156</td>
<td>.27</td>
</tr>
</tbody>
</table>

Yellow = % “pure”  Red > 50%  Grey 20%--50%  Green < 20% comorbidity
Four Levels of Pathological Traits

Yellow = No PD, $n = 107$
Red = PD-TS only, $n = 78$
Turq = Specific PD only, $n = 13$
Lilac = Comorbid PD, $n = 78$
Four Levels of Pathological Traits

Yellow = No PD, $n = 107$  Red = PD-TS only, $n = 78$
Turq = Specific PD only, $n = 13$  Lilac = Comorbid PD, $n = 78$
Four Levels of Pathological Traits

Yellow = No PD, n = 107  Red = PD-TS only, n = 78
Turq = Specific PD only, n = 13  Lilac = Comorbid PD, n = 78
Four Levels of Pathological Traits

Yellow = No PD, n = 107
Red = PD-TS only, n = 78
Turq = Specific PD only, n = 13
Lilac = Comorbid PD, n = 78
AVPD vs. OCPD PID-5 profiles

AVPD, n=48  OCPD, n=20
AVPD vs. OCPD PID-5 profiles

[Graph showing comparison between AVPD and OCPD profiles for different personality traits, with labels for traits such as ResAff, Int Avd, Rigid Perf, and others. There are annotations indicating sample sizes: AVPD, n=48 and OCPD, n=20.]
Patient 1 SNAP
Patient 1 SNAP

![Graph showing SNAP scores for Patient 1 with various domains such as VRIN, TRIN, DRIN, RV, DE, BD, II, NT, MIS, MANIP, AGG, SLFH, LOSE, SUICP, ECCP, DEP, PT, EXH, ENT, DET, DIS, IMP, PRO, and WRK. The graph displays fluctuations in scores across these domains.](image-url)
Patient 1 PID-5

Emolabil
Anxious
Sep Insecur
Submiss
Hostil
Perseveration
Depress
Suspic
Restr Aff
WithdrwN
Int Avoid
Anhedonia
Manipul
Deceit
Grandios
Attn Seek
Callous
Irrespon
Impulsiv
Distract
Risk Tkng
Rigid Perf
Unus Bifs Exp
Eccentric
Perc dys
PT 1 Self-Report, DSM-IV – 5: Similarities

**DSM-IV – SNAP**

- PDNOS–BOR, DPN criteria; Depressive PD
  - **NA:** Negative Temperament, Suicidality, Mistrust
  - **DIS:** Impulsivity

**DSM-5.1 – PID-5**

- Borderline PD: Emotional Lability, Anxiousness
  - Sep’n Insec, Depressvity, Impulsiv, Risk Taking
- PD-Trait Specified
  - **NA:** Submissiveness, Suspiciousness
  - **DET:** Anhedonia
PT 1 Self-Report, *DSM-IV* – 5: Differences

**DSM-IV – SNAP**
- PDNOS–BOR, DPN criteria; Depressive PD
  - **NA**: Negative Temperament, Suicidality, Mistrust
  - **DIS**: Impulsivity

**DSM-5.1 – PID-5**
- Borderline PD: Emotional Lability, Anxiousness
  - Sep’n Insec, Depressvity, Impulsiv, Risk Taking
- PD-Trait Specified
  - **NA**: Submissiveness, Suspiciousness
  - **DET**: Anhedonia, **ANT**: Attention Seeking
  - **DIS**: Distractibility, Rigid Perfectionism
Patient 1 Interview: **Similarities**

**DSM-IV – SIDP**

- **PDNOS** – 3 Borderline, 2 Avoidant, 2 O-C, 1 Dependent, 1 Histrionic

**DSM-5.1 – CRF-5**

- **PD-TS** – NA domain (overall)
  - **NA Domain**: Emotional Lability, Depressivity
    + subclinical Anxiousness, Submissiveness, Separation Insecurity
  - **DIS Domain**: Impulsivity
Patient 1 Interview: Differences

**DSM-IV – SIDP**

- **PDNOS** – 3 Borderline, 2 Avoidant, 2 O-C, 1 Dependent, 1 Histrionic

**DSM-5.1 – CRF-5**

- **PD-TS** – NA domain (overall)
  - **NA Domain**: Emotional Lability, Depressivity
    + subclinical Anxiousness, Submissiveness, Separation Insecurity
  - **DIS Domain**: Impulsivity
Patient 1 *PID-5 – CRF-5, Similarities*

**PID-5**  **PD-TS**
- **NA:** Emotional Lability, Depressivity, Anxiousness, Submissiveness, Separation Insecurity
- **DIS:** Impulsivity

**CRF-5**  **PD-TS – NA domain (overall)**
- **NA:** Emotional Lability, Depressivity, Anxiousness, Submissiveness, Separation Insecurity
  + subclinical
- **DIS:** Impulsivity
Patient 1 *PID-5 – CRF-5, Differences*

**PID-5 PD-TS**
- **NA:** Emotional Lability, Depressivity, Anxiousness, Submissiveness, Separation Insecurity, Suspiciousness
- **DIS:** Impulsivity, Rigid Perfectionism, Distractibility, Risk Taking
- **DET:** Anhedonia  **ANT:** Attention Seeking

**CRF-5 PD-TS – NA domain (overall)**
- **NA:** Emotional Lability, Depressivity, subclinical Anxiousness, Submissiveness, Separation Insecurity
- **DIS:** Impulsivity
Patient 1 *PID-5 – CRF-5, Differences*

**PID-5**  **PD-TS**, **Borderline PD**
- **NA:** Emotional Lability, Depressivity, Anxiousness, Submissiveness, Separation Insecurity, Suspiciousness
- **DIS:** Impulsivity, Rigid Perfectionism, Distractibility, Risk Taking
- **DET:** Anhedonia
- **ANT:** Attention Seeking

**CRF-5**  **PD-TS** – **NA domain (overall)**
- **NA:** Emotional Lability, Depressivity, + subclinical Anxiousness, Submissiveness, Separation Insecurity
- **DIS:** Impulsivity
Patient 1 *DSM-5.1 Clinical Picture*

**PID-5**  **PD-TS**
- **NA:** Emotional Lability, Depressivity, Anxiousness, Suspiciousness, Separation Insecurity, Submissiveness
- **DIS:** Impulsivity, Rigid Perfectionism, Distractibility, Risk Taking
- **DET:** Anhedonia  **ANT:** Attention Seeking

**CRF-5**  **PD-TS – NA domain (overall)**
- **NA:** Emotional Lability, Depressivity, + subclinical Anxiousness, Submissiveness, Separation Insecurity
- **DIS:** Impulsivity
Improvements over *DSM-IV* PDs

1. Conceptual clarity/ validity
   - Distinguishes personality dysfunction from maladaptive traits

2. Psychometric validity
   - Traits based on established hierarchical system
   - Unified, dimensional assessment of both personality dysfunction & maladaptive traits

3. Clinical utility
   - Clearer specification of pathological components
   - Better reflection of PD complexity
Timetable for *DSM-5.1 PDs*

TBD, stay tuned.
THANK YOU
Questions?