kenniscentrum persoonlijkheidsstoornissen

Semi-Structured Interview for Personality Functioning DSM-5 (STiP-5.1)

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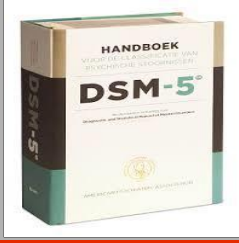
Program of this session:

- **Introduction AMPD: Han Berghuis**
- **Introduction STiP 5.1: Joost Hutsebaut**
- **Video-demonstration STiP 5.1: Theo Ingenhoven**
- **Discussion: Joost (and Han en Theo)**



The Alternative DSM-5 model for Personality Disorders

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DSM-5, section-III

Alternative DSM-5 model for PD (AMPD)

1. **Criterion A:** New general definition of PD + Levels of **Personality Functioning**?

2. **Criterion B:** Five domains of **Personality-traits**, comprising **25 traits facets**

3. Six **specific** personality disorders

Alternative DSM-5 model for PD (AMPD)

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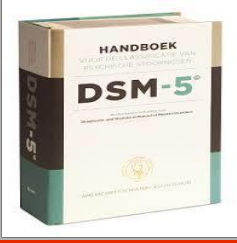
AMPD: new General Criteria for PD



The essential features of a personality disorder are:

A. Moderate or greater impairment in personality functioning (self / interpersonal functioning).
B. One or more pathological personality traits (facets).

The impairments in personality functioning and trait expression are:

C. Relatively inflexibel en pervasive in broad range of personal and social situations
D. Relatively stable across time, with onsets that can be traced back to at least adloscence or early adulthood.
E. Are not better explained by another mental disorder.
F. Are not solely attributable to the fysiological effects of a substance abuse or another medical conition (e.g., severe head trauma).
G. Are not better understood as normal for an developmental stage or sociocultural environment of the indidivual.

Models of core features and severity of PD.

Berghuis, Kamphuis, Verheul, 2013.

Verheul et al. (2008)	Livesley (2003)	Kernberg (1984)	Cloninger (2000)	Parker et al. (2004)	DSM-5 - AMPD (APA, 2013)
Identity integration	Selfpathology	Identity integration	Self-direction	Coping	Identity
Selfcontrol	Conative pathology	Defense mechanisms			Self-direction
Relational capacity	Interpersonal dysfunction		Cooperativeness	Cooperativeness	Empathy
Social concordance					Intimacy
Responsibility		Reality testing			

AMPD: Criterion A – Level of Personality Functioning

4 Elements
12 Aspects

Self:

Identity:

- Experience of oneself as unique; clear boundaries self-other
- Stable self-esteem, accurate self-appraisal
- Capacity for,and ability to regulate range of emotional experiences

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:

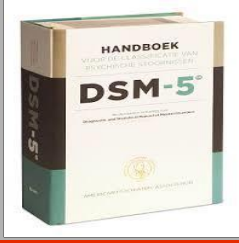
Empathy:

- Comprehension and appreciation of other's experiences and motivations
- Tolerance of differing perspectives
- Understanding the effects of one's own behavior on others

Intimacy:

- Depth and duration of connection with others
- Desire and capacity for closeness
- Mutuality of regard reflected in interpersonal behavior

AMPD: Criterion A –
Level of Personality Functioning



Self: **Identity:**

- Experience of oneself as unique
- Stable self-esteem, accu
- Capacity for,and s

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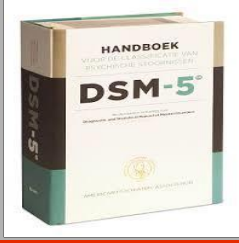
Level of Personality Functioning Scale (LPFS)

Five Levels of impairment

Level of Personality Functioning Scale (LPFS)



5 Levels of impairment:

Level 0: Little or no impairment (healthy / adaptive)

Level 1: Some impairment

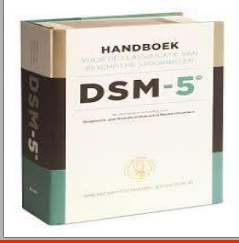
Level 2: Moderate impairment

Level 3: Severe impairment

Level 4: Extreme impairment

Personality disorder

Level of Personality Functioning Scale (LPFS)



Five Levels of Impairment in Personality Functioning

0 = Little or no impairment

Self:

Identity*:* - Ongoing awareness of unique self, maintains role-appropriate boundaries
- Consistent and self-regulated positive self-esteem, with accurate self-appraisal
- Capable of experiencing, tolerating, and regulating a full range of emotions

Self-direct.:- Reasonable goals, on basic of realistic assessment of personal capacities
- Appropriate standards of behavior, attaining fulfillment in multiple realms
- Can reflect on, and make constructive meaning of, internal experience

Interpersonal:

Empathy: - Capable of accurately understanding most of others' experiences and motivations
- Comprehends and appreciates others' perspectives, even if disagreeing
- Is aware of the effect of own actions on others

Intimacy: - Multiple satisfying and enduring relationships in personal and community life
- Desires and engages in a number of caring, close, and reciprocal relationships
- Strives for cooperation and mutual benefit and flexibly respons to others

Five Levels of Impairment in Personality Functioning

4 = Extreme impairment

Self:

Identity: - Experience of unique self is absent or organized around perceived external persecution; confused or lacking boundaries with others
- Weak or distorted self-image and self-appraisal, easily threatened in interactions
- Emotions not congruent with context or internal experiences; hatred and aggression

Self-direct.: - Poor differentiation of thoughts and actions; unrealistic or incoherent goals
- Internal standards for behavior are virtually lacking.
- Profoundly unable to reflect on own experiences; no personal motivations or externalized

Interpersonal:

Empathy: - Pronounced inability to consider and understand other's experiences and motivations
- Attention to other's perspectives is virtually absent
- Social interaction can be confusing and disorienting

Intimacy: - Limited desire for affiliation – profound disinterest, or expectation of harm. Disorganized.
- Relationships conceptualized in terms of ability to provide comfort or inflict pain or suffering
- Interp./social behavior is not reciprocal; seeks fulfillment of basic needs or escape pain

Alternative DSM-5 model for PD (AMPD)

1. **Criterion A:** New general definition of PD + Levels of **Personality Functioning**?

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3. Six **specific** personality disorders

AMPD: Criterion B –
One or more pathological personality traits (facets)

Five domains of pathological personality traits

Negative Affectivity (vs Emotional Stability):

Frequent and intense experiences of high levels of a wide range of negative emotions, and their behavior, and interpersonal manifestations.

Detachment (vs Extraversion):

Avoidance of socio-emotional experiences; interpersonal withdrawal, restricted affective experiences, limited hedonic capacity.

Antagonism (vs Agreeableness):

Behavior in conflict with others, including callousness and grandiosity

Disinhibition (vs Conscientiuosness)

Impulsivity without reflection (Lack of Rigid perfectionism)

Psychoticism (vs Lucidity):

Wide range of culturally incongruent odd, eccentric, unusual behaviors and cognitions (both process and content)

Dimensional traitmodels: “Big-Five”

Widiger&Simonson; 2005; Watson e.a. (2008)

	1	2	3	4	5
DSM-5	Negative Affectivity	Detachment	Psychoticism	Antagonism	Disinhibition
NEO-PI-R	Neuroticism	Extraversion	Openness	Agreeableness	Conscientiousness
DAPP-BQ	Emotional Disregulation	Inhibition	-	Dissocial Behavior	Compulsivity
PSY-5	Negative Emotionality /Neuroticsm	Introversion/ Low positive emotion	Psychoticism	Aggressiveness	Disconstraint
Watson	Neuroriticism	Extraversion	Oddity	Agreeableness	Conscientousness

AMPD: Criterion B – One or more pathological personality traits (facets)

Five domains and 25 trait-facets

Negative Affectivity:

Emotional lability, Anxiousness, Seperation insecurity, Submissiveness, Hostility, Perseveration, Depressivity, Suspiciousness, (lack of) Restricted affectivity

Detachment:

Withdrawal, Intimacy avoidance, Anhedonia, Depressivity, Restricted affectivity, Suspiciousness

Antagonism:

Manipulativeness, Deceitfulness, Grandiosity, Attention seeking, Callousness, Hostility

Disinhibition:

Irresponsibility, Impulsivity, Distractibility, Risk taking, (lack of) Rigid perfectionism

Psychoticism:

Unusual beliefs and experiences, Eccentricity, Cognitive and perceptual dysregulation

AMPD: Criterion B – One or more pathol… …cets)

Five dom…

Nega… …nsecurity, Submissiveness, …spiciousness, (lack of) Restricted a…

Detachment:
Withdrawal, Intimacy avoida…
Suspiciousness

Antagon…

Dis…
Irrespon…
perfectionism

Psychoticism:
Unusual belie…
dysregulation

PID-5

The Personality Inventory for DSM -5

(Krueger e.a., 2012)

Google:
Boom -> PID-5

Scoren:
hanberghuis.nl

Alternative DSM-5 model for PD (AMPD)

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AMPD: Specific Personality Disorders

Six Specific Personality Disorders

- **Antisocial PD**
- **Avoidant PD**
- **Borderline PD**
- **Narcissistic PD**
- **Obsessive-Compulsive PD**
- **Schizotypal PD**

~~Paranoid PD~~
~~Schizoid PD~~
~~Histrionic PD~~
~~Dependent PD~~

Each PD defined by typical impairment in personality functioning (crit. A) and characteristic pathological personality traits (Crit. B).

- **Personality Disorder – Trait Specified**

PD in terms of general personality dysfunction (Crit. A) and on basis of ALL personality traits

Borderline PD --- criterion A

Borderline Personality Disorder

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.

Proposed Diagnostic Criteria

A. Moderate or greater impairment in personality functioning, manifested by characteristic difficulties in two or more of the following four areas:

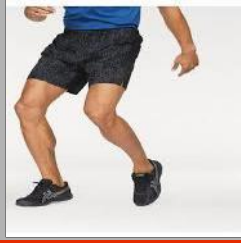
   1. ***Identity:*** Markedly impoverished, poorly developed, or unstable self-image, often associated with excessive self-criticism; chronic feelings of emptiness; dissociative states under stress.
   2. ***Self-direction:*** Instability in goals, aspirations, values, or career plans.
   3. ***Empathy:*** 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.
   4. ***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 overinvolvement and withdrawal.

Borderline PD ---- criterion B

B. Four or more of the following seven pathological personality traits, at least one of which must be (5) Impulsivity, (6) Risk taking, or (7) Hostility:

1. ***Emotional lability*** (an aspect of **Negative Affectivity**): Unstable emotional experiences and frequent mood changes; emotions that are easily aroused, intense, and/or out of proportion to events and circumstances.
2. ***Anxiousness*** (an aspect of **Negative Affectivity**): Intense feelings of nervousness, tenseness, or panic, often in reaction to interpersonal stresses; worry about the negative effects of past unpleasant experiences and future negative possibilities; feeling fearful, apprehensive, or threatened by uncertainty; fears of falling apart or losing control.
3. ***Separation insecurity*** (an aspect of **Negative Affectivity**): Fears of rejection by—and/or separation from—significant others, associated with fears of excessive dependency and complete loss of autonomy.
4. ***Depressivity*** (an aspect of **Negative Affectivity**): Frequent feelings of being down, miserable, and/or hopeless; difficulty recovering from such moods; pessimism about the future; pervasive shame; feelings of inferior self-worth; thoughts of suicide and suicidal behavior.
5. ***Impulsivity*** (an aspect 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 or following plans; a sense of urgency and self-harming behavior under emotional distress.
6. ***Risk taking*** (an aspect 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.
7. ***Hostility*** (an aspect of **Antagonism**): Persistent or frequent angry feelings; anger or irritability in response to minor slights and insults.

In short: Alternative Model of PD



Criterion A:

- New **general definition** of personality disorder;
- 5 levels of **personality functioning** →

(Severity-score: 0 - 4)

Criterion B:

- 5 pathological personality trait domains,

divided in **25 trait-facets**

Criterion A + B:

- 6 **specific** personality disorders (and **PD-Trait Specified**)

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Assessing the Level of Personality Functioning using the Semi-Structured Interview for Personality Functioning DSM-5 (STiP-5.1)

Joost Hutsebaut

IFP, Amsterdam, June 2018

Two teams

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- Theo Ingenhoven

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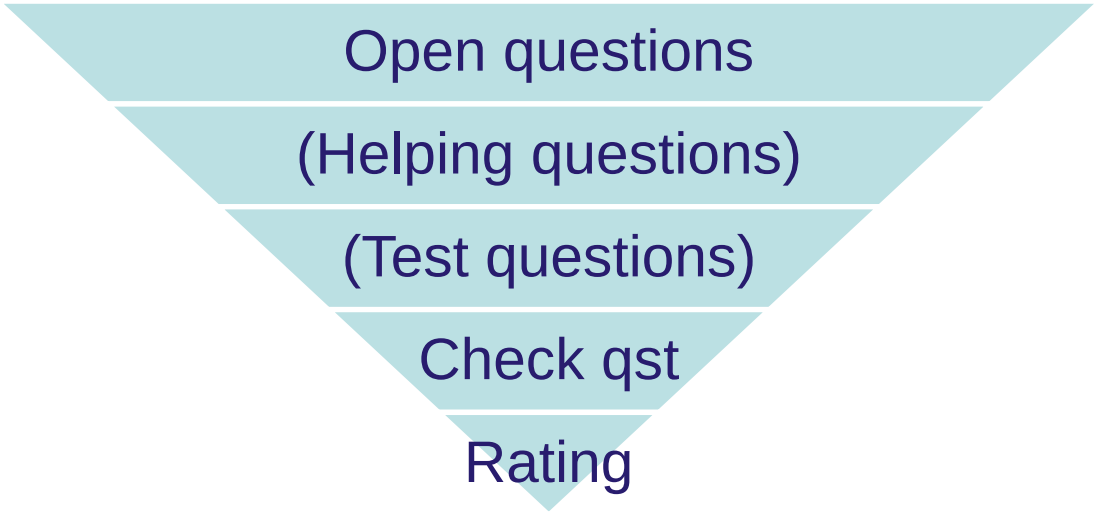
Developing an interview: Aims

- Multi-item assessment of the several facets of the LPFS
  - Close operationalization of the original LPFS
- Time-efficient: 45 minutes for a complete assessment of Criterion A
- Easy to administer and score, even by modestly experienced psychologists

Developing an interview: Format

- LPFS consists of 12*5 criteria of severity
- How to combine the aims of ‘reliable assessment’ and ‘time-efficiency’ with 60 descriptors of severity?
- STiP-5.1.: ‘funnel’ strategy



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Developing an interview: Format

Sequence of Questions according to the 'funnel' strategy:

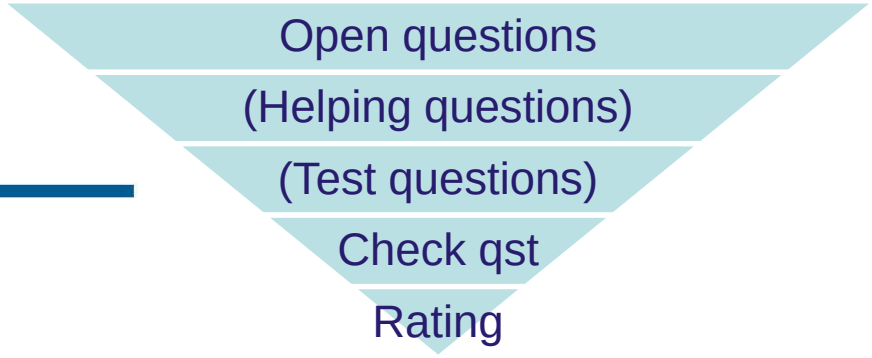
- Each facet draws upon 2-3 'pieces of information' that should be collected before the facet can be rated
  - E.g. Uniqueness:
    - Clear sense of self
    - Stability of sense of self and capacity to maintain in contact with others / under stress
- For each 'piece of information' an Open question is formulated
  - E.g. Uniqueness
    - How would you describe yourself? What kind of person are you?
    - To what extent are you capable of really being yourself and staying yourself?
- Open questions may be followed by 'Helping Questions' that can help to clarify specific information about the facet
  - E.g. Uniqueness
    - Does it happen that you overly adapt such that you are no longer yourself?

Developing an interview: Format

Sequence of Questions according to the 'funnel' strategy:

- Based upon the information collected, the interviewer might still doubt between 2 possible levels to be rated for this facet: Test Question
  - E.g. Uniqueness
    - I'm still doubting whether I understand well what you tell me and I want to give you two possibilities that might describe how you feel about yourself: On the one hand, do you mean that you do have a picture of whom you are, but that you have difficulties to really be yourself when you're with others OR, on the other hand, do you mean that you barely have any idea of whom you are, leading you to be easily confused about yourself and being easily influenced by the opinions of others?

- If the interviewer has a clear idea about the level of personality functioning for this facet: Check Question
  - E.g. Uniqueness
    - 'If I understand well, you might have some clue of whom you are, but you experience significant problems to maintain this when you're dealing with others, leading you to adapt to their expectations and losing your own sense of self easily. Is this correct?'



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IDENTITEIT
Niveaus van (dis)functioneren
1.1 Eigenheid/begrenzing
0. Heeft een voortdurend besef van een uniek zelf; bewaakt de bij de eigen rol passende grenzen.
1. Heeft een relatief intact zelfgevoel, met enige afname in duidelijkheid van de begrenzing bij het ervaren van sterke emoties of psychische spanning.
2. Is excessief afhankelijk van anderen voor de invulling van de eigen identiteit, met een beperkte begrenzing tegenover anderen.
3. Heeft een zwak besef van autonomie/ zelfcontrole; ervaart een gebrek aan identiteit, of leegheid. Begrenzing is slecht of rigide: over-identificatie met anderen, overmatig benadrukken van de onafhankelijkheid ten opzichte van anderen, of wisselingen hiertussen.
4. Het ervaren van een uniek zelf en een gevoel van zelfcontrole/autonomie is nagenoeg afwezig, of is georganiseerd rondom vermeende bedreigingen van buitenaf. Begrenzing tegenover anderen is onduidelijk of ontbreekt.

IDENTITEIT	
Vragen	Achtergrond of aard van de vraagstelling
1.1 Eigenheid/begrenzing	**Probeer zicht te krijgen op de volgende twee zaken:**
De eerste vragen gaan over jou als persoon.	1. *Heeft de persoon een duidelijk gevoel van eigenheid?*
1. Zou je jezelf willen beschrijven? Wat voor iemand ben je?	2. *Is de persoon in staat om dat gevoel van eigenheid te behouden onder stress en in contact met anderen?*
Hulpvragen: • Zijn er nog andere kenmerken die jou als persoon typeren? • In hoeverre heb je een duidelijk beeld van wie jij bent? • Voel je je wel eens "leeg", dat je helemaal niet meer weet wie je bent? Zo ja, heb je dat vaak?	**Vraag steeds naar concrete voorbeelden.**
2. In welke mate lukt het je om echt jezelf te zijn en te blijven? Lukt dat ook in contact met andere mensen? Of wanneer je gespannen raakt?	
Hulpvragen: • Gebeurt het wel eens dat je je overmatig aanpast (of laat beïnvloeden) waardoor je niet meer jezelf kunt zijn? Zo ja, heb je dat vaak? • In hoeverre kan je jezelf op zulke momenten verliezen? • Gebeurt het wel eens dat je jezelf nauwelijks meer herkent wanneer je heel erg gespannen of emotioneel bent ('Ik ben mezelf dan niet meer', 'Ik verlies mezelf')? • Heb je vaak moeite om jezelf te blijven omdat je je bedreigd voelt door anderen of het idee hebt dat anderen tegen je zijn? • Gebeurt het dat je juist je eigenheid benadrukt door je heel nadrukkelijk af te zetten tegen anderen, en bijvoorbeeld een tegengesteld standpunt in te nemen?	

STiP-5.1

English (and Dutch) version (including brief manual) freely available at: www.kenniscentrumPS.nl

Methods: procedure patients

- Interview was part of the intake procedure
- Informed consent
- Administration and scoring by 12 trained psychologists
  - Blind rating, no file review, no prior information from intake
- Interviews were recorded and uploaded
- The first 40 recordings were double scored by 4 trained psychologists to perform reliability ratings
- A research employee built a data file containing
  - DSM diagnosis
  - Self reported symptoms and personality indices

Methods: level of experience and training interviewers

- All interviewers were psychologists, working as intakers at De Viersprong, with varying levels of experience (ranging from no to 20 years of clinical experience)

- All interviewers were given a basic training of 3 hours, including
  - Information about DSM-5 and the AMPD
  - Information about STiP-5.1
  - 1 video-demonstration of the STiP-5.1 by one of the developers
  - Discussion of ratings based upon the video

- All interviewers were encouraged to practice the interview twice before recording and participating in the study

- All recordings of acceptable quality were included (up to 40)

Methods: Additional instruments(clinical sample)

- Brief Symptom Inventory (Arrindell & Ettema, 1986, 2003)
- Severity Indices of Personality Problems (Verheul et al., 2005)
- SCID-I and SCID-II (APA, DSM-IV, 2000)

Included in the regular intake

Informed consent of patients to use data

Methods: Analyses

- Interrater reliability using iota and Intra Class Correlation (Janson & Olsson, 2001, 2004): independent analyses by 2 researchers
- T-test comparing Pts and HC, PD vs no PD
- Pearson Correlations between STiP-dimensions, self reported symptoms, DSM-IV PD traits and personality indices

Results: Inter-rater reliability

Scale	Clinical (n=40)	Total (n=58)
STiP-5.1 total score	0.71	0.89
Domain Self-functioning	0.78	0.91
Element Identity	0.76	0.90
Experience of oneself as unique	0.79	0.91
Self-esteem	0.77	0.89
Emotions	0.66	0.87
Element Self-direction	0.64	0.90
Goals	0.65	0.86
Norms	0.65	0.85
Self-reflection	0.58	0.85
Domain Interpersonal functioning	0.79	0.91
Element Empathy	0.79	0.87
Understanding others	0.67	0.86
Perspectives	0.69	0.81
Impact	0.58	0.81
Element Intimacy	0.80	0.92
Connection	0.82	0.88
Closeness	0.60	0.88
Mutuality	0.80	0.89

Table 1.
ICC STIP-51.: facets, elements, domains (Self/ Interpersonal), and total score, N= 40.

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Internal structure

	STiP-5.1 Total	Self-functioning	Identity	Self-direction	Inter-personal	Empathy
Self-functioning	0.90**					
Identity	0.88**	.89**		.		
Self-direction	0.88**	.89**	.80**			
Interpersonal functioning	0.89**	0.87**	0.84**	0.83**		
Empathy	0.88**	0.87**	0.83**	0.79**	0.88**	
Intimacy	0.88**	0.86**	.81**	.81**	0.95**	.85**

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Clinical versus HC, PD versus No-PD

	M	SD	ES
Clinical	2,63	0,66	3,27**
Normal	0,56	0,51	
Clinical PD	2,8	0,54	1,53**
Clinical No PD	1,94	0,68	

Associations with SCID-I and SCID-II measures

	STiP-5.1 Total	Interpersonal	Self
Interpersonal functioning	0.89**		
Self-functioning	0.90**	0.87**	
Number of PDs	0.56**	0.52**	0.39**
Number of PD traits	0.54**	0.45**	0.48**
Number of Axis I diagnoses	0.10	0.02	0
Lifetime Axis I diagnoses	0.10	0.15	0.09
Avoidant PD (n=11)	0.01	-0.09	-0.03
Narcissistic PD (n=5)	0.15	0.17	0.08
Borderline PD (n=22)	0.44**	0.29**	0.33**
PDNOS (n=27)	0.01	0.17	-0.02

Cross-method associations with personality pathology and symptom stress

	STiP-5.1 Total score	Interpersonal functioning	Self-functioning	Difference (*p*)
SIPP-118 Self-control	-0.40**	-0.40**	-0.47**	.09
SIPP-118 Identity integration	-0.41**	-0.32**	-0.43**	.02*
SIPP-118 Responsibility	-0.36**	-0.44**	-0.35**	.05*
SIPP-118 Relational capacities	-0.51**	-0.47**	-0.42**	.17
SIPP-118 Social concordance	-0.40**	-0.39**	-0.25*	.005**
BSI total score	0.41**	0.24	0.43**	<.001**

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Conclusions: reliability

- Reliability:
  - The STiP-5.1 allows for reliable ratings of the Level of Personality Functioning in this sample
    - Clear improvement as compared to SCID-II based ratings of LPFS (Few et al., 2013)
    - Clear improvement as compared to ratings based upon OPD-interview data (Zimmermann et al. 2013)

  However:

    - Drop of ICC in (homogeneous) clinical sample (although still improvement compared to earlier studies)

Conclusions: Clinical utility

Clinical utility

- Hundreds psychologists are trained in the interview
- Despite (initially) untested empirical status
- Clinical enthusiasm
- ‘Friendly’ interview for patients, exploring ‘relevant’ issues
- Patients prefer STiP-5.1 to SCID-II

- However
  - Not as easy as initially expected
  - Concepts require training to be fully understood
  - Basic Interview skills are important
  - Only few interviewers really used interview strategy properly after short training

SOME REFLECTIONS ON THE LPFS

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General comments (I)

- In our experience, the LPFS meets a need of the practitioner to include an assessment of severity of personality pathology in a review of someone's problems
  - Severity of PP is formulated in terms of personality processes and not in terms of its consequences
  - The LPFS captures what clinician's *feel* that matters and what they have always used to assess a client's functioning
    - Someone's capacity to self-reflect, regulate emotions, attune to the other, establish a working relationship,…
  - The LPFS provides a common language to assess severity
  - The LPFS seems to rely upon psychodynamic thinking, but might offer a more widely acceptable alternative

General comments (II)

- However, some descriptions require theoretical background or are formulated in a complicated way
  - E.g. Unique sense of self (4): Experience of a unique self and sense of agency/autonomy are virtually absent or are organized around perceived external persecution
- Disadvantages:
  - Assessment requires an interpretation of the patient-reported experiences or observations of patient behavior
  - Acceptability of the model outside the field of PDs might be limited
  - It makes the LPFS less easy to discuss with patients and report about

➢ The LPFS could in our opinion benefit from *simplification*

➢ The LPFS could benefit from a more *straightforward* language that captures patients' subjective experiences more closely

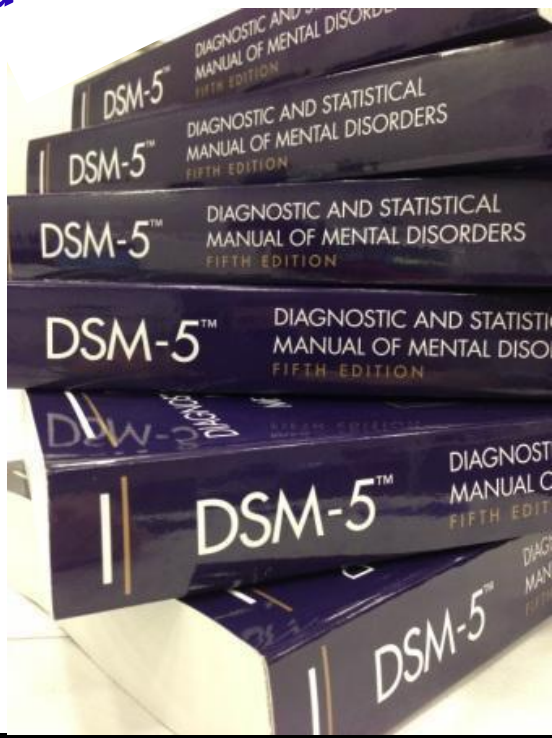
General comments (III)

- Scale construction lacks coherence and consistency
  - Increasing levels of severity are not always formulated in a coherent and consistent way
  - E.g. emotions
    - Level 0: Is capable of experiencing, tolerating, and regulating a full range of emotions
    - Level 1: Strong emotions may be distressing, associated with a restriction in range of emotional experience
    - **Level 2: Emotional regulation depends on positive external appraisal. Threats to self-esteem may engender strong emotions such as rage and shame**
    - Level 3: Emotions may be rapidly shifting or a chronic, unwavering feeling of despair
    - **Level 4: Emotions not congruent with context or internal experience. Hatred and aggression may be dominant affects, although they may be disavowed and attributed to others**

  ➢ Subsequent levels should ideally be formulated in terms of gradually increasing impairments of the basic capacities in level 0

Illustration STiP-5.1

Assessing the Level of Personality Functioning DSM-5 Section III



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DSM-5 Personality disorders **Section III**

Step 1: **Five Levels of Personality Functioning**

Step 2: **Six specific Personality Disorder "Types" and Personality disorder-Trait Specified**

Step 3: **Five Domains: 25 Personality Traits**

Step 4: **General Criteria for Personality Disorder**

DSM-5 Personality Disorders **(Section III)**

Step 1: Five Levels of Personality Functioning

Self:

Identity:

1.1 Unique self; clear boundaries self-others
1.2 Stabile self-esteem; accurate self-appraisal
1.3 Capacity for emotion regulation

Self-direction:

2.1 Coherent and meaningful short-term goals and life goals
2.2 Constructive and prosocial internal standards
2.3 Productive self-reflection

4 Elements
12 Aspects

Interpersonal:

Empathy:

3.1 Comprehension and appreciation of others' experiences and motivations
3.2 Tolerance of differing perspectives
3.3 Understanding effects on others

Intimacy:

4.1 Deep ongoing connection with others
4.2 Desire and capacity for closeness
4.3 Mutuality of regard reflected in behavior

DSM-5 Personality Disorders (Section III)

Step 1: Five Levels of Impairement

Level 0: Little or no impairment

Level 1: Some impairment

Level 2: Moderate impairment

Level 3: Severe impairment

Level 4: Extreme impairment

Personality Disorder

STiP-5.1 (2014)

Semi-gestuctureerd interview voor Persoonlijkheidsfunctioneren

(Semi Structured Interview for Personality Functioning DSM-5 version 1)

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Conclusions and impressions:

- LPF will give us an essential, but only a global understanding (global severity measure)
- LPF's 4 elements and 12 aspects can scatter
- Next to one global measure, a more detailed LPF profile can be obtained and can be necessary
- LPF can probably be trained easily and assessed reliable
- But its validity is still be questioned
- Other assessment procedures are necessary for a more detailed and thorough case formulation
- It is the difference that makes the difference

Thank you for your attention

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