



EARLY INTERVENTION FOR PERSONALITY DISORDER - P2 CLINICAL PRESENTATIONS, SCREENING AND ASSESSMENT OF PERSONALITY DISORDERS

Dr Louise McCutcheon
Orygen, The Centre for Youth Mental Health, The University of Melbourne

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OBJECTIVES

- Brief outline of the dimensional models of PD classification
- ICD-11
- DSM-AMPD
- Assessment of severity of Personality Disorder
- Screening versus assessment?
- The 'Borderline' specifier

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STATING THE OBVIOUS...

DIAGNOSIS ALWAYS NEEDS TO BE
ACCOMPANIED BY FORMULATION

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DIMENSIONAL MODELS OF PERSONALITY DISORDER

DSM-5 and ICD-11 share a focus on impairment in:

- Self and
- Interpersonal functioning

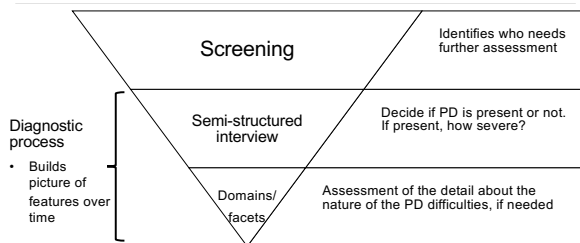
To describe the general features as well as the severity of PD

Pros and cons:

- Better representation of how Personality and PD present in real-life
- A simpler system for clinical settings
- Increase in development of screening and assessment tools
- Confusing – which should we use?

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THE DIFFERENCE BETWEEN SCREENING AND DIAGNOSTIC ASSESSMENT



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Bach and First *BMC Psychiatry* (2018) 18:351
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BMC Psychiatry

CASE REPORT

Open Access



Application of the ICD-11 classification of personality disorders

Bo Bach^{1*} and Michael B First²

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WHAT IS PERSONALITY DISORDER ACCORDING TO ICD-11?

Self-disturbance

- Stability and coherence of identity
- A stable and positive sense of self-worth
- Accuracy of one's view of one's characteristics, strengths, limitations
- Capacity for self-direction

Interpersonal functioning

- Interest in engaging in relationships with others
- Ability to understand and appreciate others' perspectives
- Ability to develop close and mutually satisfying relationships,
- Ability to manage conflict

Cohen, Crawford, Johnson, & Kasen, 2005a; Skodol, 2008; Vinograd, Cohen, & Chen, 2008; Winsper et al., 2015; Choudhry & Gupta, 2020; Livesley, 2011

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THESE DIFFICULTIES ARE SHOWN IN THE WAY A PERSON FUNCTIONS ACROSS THREE AREAS

Emotions: Ability to manage emotions

- How well the person can recognize and manage their emotions (without over/under reacting)
- In particular, identify and manage unwanted emotions

Cognition: Ability to think rationally and reasonably

- Especially under stress
- Ability to recognize and understand situations (without distortion)
- Ability to recognize and understand interactions with others (without distortion)
- Belief systems are both stable as well as being flexible (enough to grow and change)

Behaviour: Ability to act in helpful ways

- Unhelpful impulses are controlled flexibly
- Behaviour is matched to situations effectively and can be changed if unhelpful.

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CLINICAL SEVERITY – SELF & INTERPERSONAL FUNCTIONING

	MILD	MODERATE	SEVERE
Self	Disturbance affects some areas of functioning but not others e.g., problems with self-direction, but not with stability, or coherence of identity	Disturbances affect multiple areas, but some relatively less E.g., identity, ability to form intimate relationships, control impulses but some areas may be less affected.	Severe functioning of the self across virtually all areas e.g., sense of self very unstable or very rigid, self-view characterized by self-contempt or be grandiose or highly eccentric.
Interpersonal	Problems in many relationships or roles, but not all, and Some social roles and responsibilities are carried out.	Marked problems in most relationships, and Performance in most roles is compromised to some degree.	Problems in interpersonal functioning seriously affected in almost all relationships, and Ability and willingness to perform expected social and occupational roles is absent or severely compromised.

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EXAMPLES OF SPECIFIC DISTURBANCE IN SELF FUNCTIONING

Table 4 Examples of specific disturbances in personality functioning

Mild Personality Disorder	Moderate Personality Disorder	Severe Personality Disorder
The individual's sense of self may be somewhat contradictory and inconsistent with how others view them. The individual has difficulty recovering from injuries to self-esteem.	The individual's sense of self may become incoherent in times of crisis. The individual has considerable difficulty maintaining positive self-esteem or, alternatively, has an unrealistically positive self-view that is not modified by evidence to the contrary.	The individual's self-view is very unrealistic and typically is highly unstable or internally contradictory. The individual has serious difficulty with regulation of self-esteem, emotional experience and expression, and impulses, as well as other aspects of behaviour (e.g., perseveration, indecision).
The individual's ability to set appropriate goals and to work towards them is compromised; the individual has difficulty handling even minor setbacks.	The individual exhibits poor emotion regulation in the face of setbacks, often becoming highly upset and giving up easily. Alternatively, the individual may persist unreasonably in pursuit of goals that have no chance of success.	The individual is largely unable to set and pursue realistic goals.
The individual may have conflicts with supervisors and co-workers, but is generally able to sustain employment.	The individual may exhibit little genuine interest in or efforts toward sustained employment.	The individual is unwilling or unable to sustain regular work due to lack of interest or effort, poor performance (e.g., failure to complete assignments or perform expected roles, unreliability), interpersonal difficulties, or inappropriate behaviour (e.g., fits of temper, insubordination).

Bach & First (2018)

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EXAMPLES OF SPECIFIC DISTURBANCE IN INTERPERSONAL FUNCTIONING

Table 4 Examples of specific disturbances in personality functioning

Mild Personality Disorder	Moderate Personality Disorder	Severe Personality Disorder
The individual's limitations in the ability to understand and appreciate others' perspectives create difficulties in developing close and mutually satisfying relationships. There may be estrangement in some relationships, but relationships are more commonly characterized by intermittent or frequent, minor conflicts that are not so severe that they cause serious and long-standing disruption. Alternatively, relationships may be characterized by dependence and avoidance of conflict by giving in to others, even at some cost to themselves.	Major limitations in the ability to understand and appreciate others' perspectives hinder developing close and mutually satisfying relationships. Problems in those relationships that do exist are common and persistent; may involve frequent, serious, and volatile conflict; and typically are quite one-sided (e.g., very strongly dominant or highly submissive).	The individual's interpersonal relationships, if any, lack mutuality; are shallow, extremely one-sided, unstable, and/or highly conflictual, often to the point of violence. Family relationships are absent (despite having living relatives) or marred by significant conflict. The individual has extreme difficulty acknowledging unwanted emotions (e.g., does not recognize or acknowledge experiencing anger, sadness, or other emotions).
Under stress, there may be some distortions in the individual's situational and interpersonal appraisals but reality testing remains intact.	Under stress there are marked distortions in the individual's situational and interpersonal appraisals. There may be mild dissociative states or psychotic-like beliefs or perceptions (e.g., paranoid ideas).	Under stress, there are extreme distortions in the individual's situational and interpersonal appraisals. There are often dissociative states or psychotic-like beliefs or perceptions (e.g., extreme paranoid reactions).

Note: The examples should be accompanied with the diagnostic guideline provided in Table 3. Adapted from the ICD-11 Clinical Descriptions and Diagnostic Guidelines for Personality Disorder. All five levels of personality functioning are described and exemplified in Additional file 1

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ICD-11 - THE FOCUS OF DIAGNOSIS OF PD IS SEVERITY

Step 1: Core personality dysfunction (self and interpersonal): mild, moderate, severe

Step 2: Option of specifying one or more prominent trait domain qualifiers (tendencies)

- **Negative Affectivity:**
 - Experiencing a broad range of disproportionately negative emotions
- **Detachment:**
 - Maintaining interpersonal and emotional distance
- **Disinhibition:**
 - Acting rashly, based on immediate external or internal stimuli (sensations, emotions, thoughts), without consideration of potential negative consequences
- **Dissociality:**
 - Disregard for the rights and feelings of others, encompassing both self-centeredness, lack of empathy
- **Anankastia:**
 - A narrow focus on one's rigid standard of perfection and of right and wrong, and on controlling one's own and others' behaviour and controlling situations to ensure conformity to these standards

Step 3: Can specify a 'Borderline Pattern' qualifier

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COMPARISON OF ICD-11 AND DSM-5 AMPD SYSTEMS

ICD-11 Severity of Personality Disorder	DSM-5 Criterion A: Level of Personality Functioning
None	0 = No impairment (Healthy Functioning)
Personality Difficulty	1 = Some impairment
Mild	2 = Moderate impairment
Moderate	3 = Severe impairment
Severe	4 = Extreme impairment

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ICD-11 Trait Domains	DSM-5 Criterion B: Domain Specifiers
Negative Affectivity	Negative Affectivity
Detachment	Detachment
Disinhibition	Disinhibition
Dissociality	Antagonism
Anankastia	[Rigid Perfectionism and Perseveration]

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Table 5 Trait domain qualifiers that contribute to the expression of personality dysfunction

Trait domain	Core definition	Specific features
Negative affectivity	A tendency to experience a broad range of negative emotions with a frequency and intensity of proportion to the situation and social context.	Anxiety, anger, worry, fear, vulnerability, hostility, shame, disappointment, pessimism, guilt, low self-esteem, and mistrustfulness. For example: once upon, such individuals have feelings regarding their course and must rely on others or leaving the situation to calm down.
Detachment	A tendency to maintain interpersonal distance (social detachment) and emotional distance (emotional detachment)	Social detachment including avoidance of social interactions, lack of empathy, and avoidance of intimacy. Emotional detachment including being reserved, aloofness, and limited emotional involvement and experience. For example: such individuals seek out employment that does not involve interactions with others.
Disociality	Disregard for the rights and feelings of others, encompassing both self-centredness and lack of empathy.	Self-centredness including entitlement, grandiosity, expectation of other admiration, and attention-seeking. Lack of empathy including being despotic, manipulative, abusive, insensitive, cold, callous, and physically aggressive; while sometimes taking pleasure in others' misfortune.
Disinhibition	A tendency to act impulsively based on immediate external or internal stimuli (i.e., sensations, emotions, thoughts), without consideration of potential negative consequences.	Impulsivity, disinhibition, impulsiveness, desires, and lack of planning. For example: such individuals respond with anger or aggression of others when they are not granted admiration.
Anankastia	A narrow focus on one's rigidly defined notion of perfection and of life's right and wrong, and on controlling one's own and others' behaviour to conform to these and controlling situations to ensure conformity to these standards.	Perfectionism, holding control with rules, norms of right and wrong, details, hyper-scheduling, orderliness, and neatness. For example: such individuals are rigid and have rigid emotional expression, stubbornness, risk aversion, perseverance, and deliberativeness. For example: such individuals may stubbornly refuse the suggestion of

Note. Adapted from the ICD-11 Clinical Descriptions and Diagnostic Guidelines for Personality Disorder, which include a more detailed description of the trait domain qualifiers

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BPD CRITERIA (DSM-5 AND ICD-11 'BORDERLINE SPECIFIER')

1. Frantic efforts to avoid abandonment
2. Relationship instability
3. Identity disturbance
4. Potentially self-damaging impulsivity
5. Recurrent suicidal behaviours
6. Affective instability
7. Chronic feelings of emptiness
8. Inappropriate anger
9. Transient stress-related dissociation

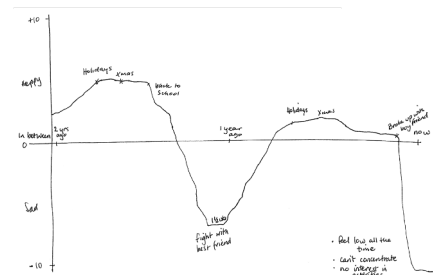
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DISTINGUISHING STATE FROM TRAIT

- First diagnose other mental disorders
 - Depression, anxiety, eating disorder, substance use, psychosis...
- Look for recurrent patterns of the feature
 - Usually present for at least two years.
 - We are interested in the way a person *usually* behaves
- A timeline can help to tease out *frequency, intensity and duration*

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MOOD TIMELINE



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**REVOLUTION
IN MIND** *ory
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THANK YOU



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