Kristen Porter
Ian Hales
Capstone ATLS 4010
March 11, 2015

**DSM-V Revisions and The Interpretation of Measurable Traits Versus The Diagnoses of Personality Disorders**

Personality disorders are commonly defined as patterns of cognition, affectivity, interpersonal behavior, and impulse control that culturally deviate from the norm, that are pervasive, inflexible, and substantially hinder the daily functioning of an individual (American Psychiatric Association, 1994). There are ten distinct types of these disorders: paranoid, schizoid, schizotypal, antisocial, borderline, histrionic, narcissistic, avoidant, dependent, and obsessive-compulsive personality disorder. The conceptualization of personality disorders (PD’s) outlined in both past and current editions of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* battle limitations of studies such as

> “inadequate coverage of personality psychopathology, variance, excessive comorbidity within-diagnosis, heterogeneity across patients, marked temporal instability, [unclear distinguishability of boundaries] between normal versus pathological personality, and poor convergent and discriminant validity across diagnostic categories” (e.g., Skodol, 2012; Skodol et al., 2011; Widiger & Trull, 2007).

These limitations block the progression and elaboration on the epidemiology, etiology, and treatment of personality disorders.
The DSM-V, due to there being no fundamental difference between disorders described on DSM-IV’s Axis I and Axis II, converted into a single axis system with all mental and other medical diagnoses. Such a conversion allows for the removal of artificial distinctions among conditions, benefitting both clinical practice and research use. The purpose of this revision allows for the break down of concise models of personality disorders and replaces them with methods that are “trait-specific.” With such a model, clinicians can determine a diagnosis of a PD on the basis of suggested traits, and ones ranking on a scale of symptom severity. This model proved to be too complex for clinical practice and instead a second revision was proposed, a hybrid model. This model hosts evaluations of impairments in personality functioning (how an individual typically experiences himself or herself as well as others) plus five broad areas of pathological personality traits. The American Psychiatry Association (APA) hopes the inclusion of the hybrid model’s dimensional categories to the new methodology in Section III of DSM-V will encourage research to support this model and its usage in the diagnoses patients, and allow greater understanding of the causes and treatments of personality disorders.

It is important to distinguish the DSM-V Trait Model from the DSM-V Section III PD Model. The Section III PD model is more extensive assessment in that it contains a number of elements beyond the personality traits assessed by the PID-5. For example, the Section III PD model describes problems in functioning such as the establishment of coherent working models of the individual themselves and others. If the patient does not match to a specific PD, the diagnosis of PD-trait specified can be used. To do so, clinicians first establish that problems with functioning impairment are present and then review the five broad domains of the FFM, recording clinically significant trait elevations in these domains, with the option of using either the five

The PID-5 traits are one part of the broader Section III PD model, it operationalizes only the personality trait aspect of the Section III PD model (Criterion B); it does not operationalize functioning (Criterion A). Criterion A refers to extant means of operationalizing constructs, but they are separate from the PID-5. Criterion A was informed by research using data from

“the Severity Indices of Personality Problems (Verheul et al. 2008) and the General Assessment of Personality Disorder (Livesley 2006) to identify the most informative indicators of overall personality pathology (Morey et al. 2011). Results validating Criterion A as an indicator of the overall magnitude of personality pathology, using data from a survey of clinicians, where the survey was designed to collect data on both DSM-IV PD’s and the DSM-V Section III PD model.”

Nevertheless, other attempts to operationalize the entire DSM-V Section III PD model as a single assessment instrument have not been made. Thinking through these issues empirically is likely to facilitate understanding of the strengths and limitations of the DSM-V trait model and allow further analysis in the development of future revisions; allowing for a comprehensive and quantifiable model depicting personality and psychopathology.

A large discrepancy among the psychological community delves into the realm of developmental psychopathology. This is equated to the study of mental disorders amongst children and adolescents across their lifespan as they develop normal and abnormal behaviors (Cicchetti,
To fully comprehend the complexity behind personality disorders it is necessary to integrate the aspects of a diverse biological, psychological, and social system at a multitude of levels, in order to analyze across contexts and varying developmental periods (Cicchetti, 2006). Many mental disorders have several distinct phases, the associated factors of onset for the disorder can vary from “cessation” of a disorder or in recurrence. The processes within the individual can be characterized as having various shades or degrees and a life-span perspective suggests that, even with chronic recurrences, future remission and increases of adaptive functioning are possible. Three facets to consider when analyzing an individual are whether or not there are discrepancies in their definitions of “adaptive” and “maladaptive” behaviors and whether or not the time referent being used to study individuals deals with immediate circumstances or long-term development; whether you’re considering behavioral adaptation as a case of equifinality or multi-finality, and the measurement of an individual’s resilience.

Equifinality refers to the diversity of an individual’s life path, how their decisions and actions can converge into similar outcomes as another human being. This observation explores the possibility that a personality disorder may result due to various developmental progressions, rather than a singular path or instance being the primary descent into disorder. In contrast, multi-finality regards the effects of any one component’s value in life on functioning; thus, the same risk factor or starting point can potentially result in a wide range of outcomes (Cicchetti & Rogosch, 1996).

Resilience is another important factor of psychopathology and refers to an individual’s capacity to successfully adapt and function in their environment, despite experiencing chronic
adversity or having been exposed to prolonged or severe trauma (Luthar, Cicchetti, & Becker, 2000). Resilience is a dynamic developmental and multidimensional process; exemplified by findings that individuals who are at high risk for, or who have, a mental disorder may maintain competence in certain contexts, meanwhile exhibiting problems in other areas. The ability to function in a resilient fashion in the presence of biological, psychological, and sociocultural disadvantage is thought to be achieved through the use of developmental pathways that are less typical than those negotiated in usual circumstances. These observations are critical in conducting “process-oriented studies,” for instance examining patterns of commonality within relatively homogeneous subgroups of individuals with personality disorder, and “concomitant similarity” in profiles of contributory processes of analytic strategy. In summary, the detection of the presence of a PD in a child, adolescent, or adult would have different developmental implications depending on whether it occurs alone or in conjunction with other types of psychopathology.

Seemingly general, but a key issue in understanding differences in an individual’s personality, is that traits cannot be compartmentalized into a simple structure. However, experiments are often presented in such a way that a study’s targeted traits are introduced, discussed, and observed so that a single set of traits is presumed to underlie a test’s entirety. Research overall has proven this to be false, in that “multiple traits can influence responses to a single indicator” (e.g., Hopwood & Donnellan 2010, Turkheimer et al. 2008). Two related phenomena often correlated with this explanation are known as hierarchy and interstitiality.
Traits can be understood at different levels of abstraction, from relatively specific traits such as “emotional lability, separation anxiety, [and depression],” to broader traits like “negative emotionality or neuroticism, and extraversion.” These indicators are constructed hierarchically into different levels of relative breadth, or “a general propensity to experience diverse negative emotions,” versus specificity in the “tendency to experience the specific negative emotion of anxiety” (Robert F. Krueger and Kristian E. Markon). Another way personality measures deviate from simple structure is interstitiality. This is when a single indicator simultaneously reflects multiple traits at a mean level of abstraction. Hierarchy and interstitiality are related in that both account for “cross-loadings” and “alternate interpretations” to test responses (Brown & Barlow 2009, Naragon-Gainey et al. 2009).

Important implications for ideal measures for personality are posed through the concepts of hierarchy and interstitiality. Both raise questions on how to select and construct indicators during test development. For example, depression is a critical psychopathology construct that has measurements influenced by negative and positive emotion. The question posed in assessment is if items reflecting depression should be omitted because they are relatively “impure?” A reasonable defense for this argument is depression items can measure across multiple constructs, depending on the circumstances and purposes. Elimination of indicators not exhibiting simple structure, even when “theoretically meaningful,” may prove to be convenient, but risks creating an incomplete representation of personality or psychopathology. Similarly, treating indicators as if they do have simple structure by ignoring “cross-loadings” has the potential to distort the nature of subordinate constructs.
Trait models of PD’s conceptualize personality pathology as the personality trait dimensions reflected at the extremities along their individual spectrums (O’Connor & Dyce 2001, Widiger & Costa 1994). Personality is assumed to range from adaptive and nonpathological (normal or typical trait levels), to maladaptive and pathological. Although trait constructs themselves may span this range from normal and adaptive to abnormal and maladaptive, trait measures do not span this entire range (Samuel et al. 2010). Two measures of the same trait may potentially differ in content and empirical characteristics. For example, one set of test items may measure primarily toward the low end of the negative emotionality distribution, such as not being easily worried or stressed; sets of items measuring at the high end of a distribution could contain content such as suicidal thoughts, anxiety, and depressive feelings. A consequence of this phenomenon is that measures assessing the same range of a distribution tend to be more closely related than measures assessing different ends of the distribution, even in the analysis of the same trait. This occurs due to the sources of observed variance differentiating between measures transforming “location difference” into a variance difference (McDonald 1965).

Related to the issue of range is polarity and whether the extremes of traits, both negative and positive, are associated with pathology. Extreme conscientiousness for example, one might hypothesize having this trait or lack thereof can be associated with impairment. Another hypothesis, however, is that only extreme un-conscientiousness is associated with impairment, and increasing conscientiousness improve upon an individual’s functioning. The former essentially predicts a “non-monotonic U-shaped curve” between trait level and impairment; the latter predicts a “monotonic decreasing curve.” Evidence regarding these two polarity hypotheses is mixed, for instance, in meta-analyses trait continua are associated with measures found on both extremes of
the distribution (e.g., Markon et al. 2005, Samuel & Widiger 2008). In contrast, some specific “broadband instruments” tend to be relatively unipolar (e.g., Krueger et al. 2012, Livesley & Jackson 2009).

The source of information about an individual’s personality has historically been, and continues to be, a central issue in assessment of personality and psychopathology. Sources include the subject themselves, a knowledgeable informant, a clinician, or at times a teacher (Annu. Rev. Clin. Psychol. 2014.10:477-501.). Most personality data is obtained through self-report, a trend that reflects practical obstacles faced in obtaining information from multiple sources. However, this is arguably harmful to a study’s conclusions, for self-report comprises a sampling of behavior directly from the individual being assessed (Meehl 1945/2000). Informants provide a substantial body of evidence about the subject’s personality and allow for greater demonstration of validity in certain situations compared to the information self provided (Connelly & Ones 2010, Duckworth & Kern 2011, Oh et al. 2011).

What constitutes an evaluative trait or what is socially desirable is ultimately determined from the perspective of the informant. Emerging research on psychopathy and related traits (e.g., callousness or lack of empathy) suggests, that those who disregard others’ concerns are likely to honestly report on their behavior due to that disregard (Markon et al. 2013, Miller et al. 2011). Also, individuals do not need to have insight into their behavior for their self-reports to be useful; self-report constitutes a sampling of behavior from an individual being assessed, and items may be thought of as mini quasi-experiments involving theories about the construct being assessed (Meehl 1945/2000). These phenomena lead to complexities in determining the optimal
informant per situation for each has their own advantages and disadvantages. However, obtaining information from a variety of sources in such assessment is crucial to avoid bias, false negatives, false positives in data compilation.

DSM-V represents a change from DSM-IV because through its contents of an empirically based model of personality traits and an assessment inventory known as the PID-5. The addition of the DSM-V trait model is useful in its accounts for the variance in DSM-IV PD’s and its associated constructs, while making the variance structure more empirically fashioned. The DSM-V bridges other personality models and the PID-5 thereby provides an explicit and extensive empirical literature. Research involving the DSM-V trait model will be useful in shifting the DSM further away from categorical diagnoses and toward an empirically based dimensional model of personality and psychopathology for use in various research and clinical settings.
Works Cited


Zanarini, M., Skodol, A., Bender, D., Dolan, R., Sanislow, C., Schaefer, E., ... Gunderson, J.