9 - SCREENING MEASURES FOR PERSONALITY DISORDERS

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Abstract

Personality disorders are psychiatric disorders characterized by chronic patterns of inner experience and behavior that are inflexible and present across a broad range of situations. This paper reviews some common assessment instruments for personality disorders, as: Shedler-Westen Assessment Procedure (SWAP II), Standardised Assessment of Personality – Abbreviated Scale (SAPAS), Iowa Personality Disorder Screen (IPDS), Inventory of Interpersonal Problems - Personality Disorders - 25 (IIP-PD-25) and Five Factor Model Rating Form (FFMRF).

Cuvinte cheie: tulburarile de personalitate, evaluare, instrumente de screening

Keywords: personality disorders, assessment, screening measures

1. INTRODUCTION

Personality is the emotional, intellectual and behavioral characteristics of a person he/she show in daily life and personality disorder is the situation seen when the personality features are enlarged and ruined the environmental compliance, caused a malfunction and personal disorder. Personality disorder symptoms involve behavior patterns that make it consistently difficult for patients to maintain relationships and get along with others, regardless of the situation and the key symptoms of a personality disorder are relationship problems, poor impulse control, inappropriate emotional responses and distorted thinking. Patients with personality disorders often experience a less robust response to first-line treatments of Axis I conditions and tend to have longer, more complicated treatment courses (Newton-Howes, Tyrer, Johnson, 2006).

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The World Health Organization's International Classification of Diseases (ICD-10) includes ten personality disorder diagnoses, but it does not include narcissistic personality disorder, while DSM-IV-TR (2000) does not include enduring personality change after catastrophic experience or enduring personality change after psychiatric illness (Widiger, 2003).

Patients often meet diagnostic criteria for more than one personality disorder and co-morbidity is a pervasive phenomenon across both axes of DSM-IV that has substantial importance to clinical research and treatment (Widiger, Clark, 2000).

2. GENERAL CRITERIA FOR THE DIAGNOSIS OF PERSONALITY DISORDERS

The rate of personality disorders among patients in psychiatric treatment is between 30% and 50%.

The essential features of a personality disorder, according to General Criteria for a Personality Disorder DSM-IV DSM-5 Criteria (APA, 2012), are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose a personality disorder, the following criteria must be met:

A. Significant impairments in self (identity or self-direction) and interpersonal (empathy or intimacy) functioning.

B. One or more pathological personality trait domains or trait facets.

C. The impairments in personality functioning and the individual's personality trait expression are relatively stable across time and consistent across situations.

D. The impairments in personality functioning and the individual's personality trait expression are not better understood as normative for the individual's developmental stage or socio-cultural environment.

E. The impairments in personality functioning and the individual's personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication or a general medical condition (e.g., severe head trauma).

The current DSM-5 (APA, 2013) diagnostic system for PD has identified some significant diagnostic difficulties that can be summarized as follows:

1. The DSM-5 method for diagnosing personality disorders is called a categorical approach; however, the dimensional approach is also presented in DSM-5 for consideration and future research.
2. The DSM-5 does not account for the relative importance of various symptoms, and the descriptions of symptom criteria are overly broad.
3. There is a high degree of overlap or co-occurrence of personality disorders with each other, and other mental disorders.
4. Each of these difficulties will be further discussed in the following sections.

3. SCREENING MEASURES FOR PERSONALITY DISORDERS

The most widely used structured clinical interviews for diagnosing PDs are the *Structured Clinical Interview for Personality Disorders: SCID-PD,* formerly SCID-II (First, 2015); the *Structured Interview for DSM-IV Personality Disorders: SIDP-R* (Pfohl, Blum, Zimmerman,1995); the *Personality Disorder Interview-IV: PDI-IV* (Widiger, Mangine, Corbittt, Ellis, Thomas, 1995) and *International Personality Disorder Examination: IPDE* (Loranger, Sartorius, Andreoli, et al, 1994). Currently, interview-based methods for diagnosing PDs are considered among the best practices for diagnosing PD, but they are time consuming and require specific training, so several authors have suggested that clinicians should first screen patients for PD to identify patients who are in need of more thorough evaluation.

Shedler-Westen Assessment Procedure (SWAP II) represents an instrument which contains 200 personality-descriptive items or potential diagnostic criteria, with a high reliability and validity (Westen, Shedler, Bradley & DeFife, 2012). The authors described a system for diagnosing personality pathology that is both empirically based and clinically relevant and proposed a prototype matching approach to personality diagnosis which preserves a syndromal approach to personality diagnosis, while allowing dimensional assessment on a scale from 1 (no match) through 5 (very good match).

Standardised Assessment of Personality – Abbreviated Scale (SAPAS) have recently developed by Moran et al. (2003) as a brief interview-based instrument that can be used to screen for PD (Siefert, 2010). The SAPAS proved to be highly sensitive to the detection of personality disorders and reasonably specific; it is an appealing instrument to clinicians who wish to screen for PD as part of their initial

clinical evaluation, can be easily incorporated into routine clinical evaluations and have a high specificity for detecting personality disorders in a clinical population.

Iowa Personality Disorder Screen (IPDS) was developed by Langbehn et al (1999); it is a brief interview-based measure requiring roughly 5 min to complete which can be easily integrated into standard diagnostic clinical interviews and initial validation research has suggested that it is adequate in identifying patients requiring further evaluation to determine if they meet criteria for a personality disorder. A study conducted by Trull and Armdur (2001) examined the effectiveness of the IPDS in a non-clinical sample of 103 undergraduate students and concluded that it may not be as effective a screening instrument when used in non-clinical settings as compared to clinical settings (Siefert, 2010).

Inventory of Interpersonal Problems - Personality Disorders - 25 (IIP-PD-25) was developed by Kim and Pilkonis (1999) as a screening instrument for personality disorders which can be easily completed by patients in 10 min or less. It also provides clinicians with information on the patient's interpersonal functioning in general and is often helpful in highlighting areas of difficulty that may become the target for treatment (Siefert, 2010). The scale has 25 items which compose five separate scales: Interpersonal Sensitivity, Interpersonal Ambivalence, Aggression, Need for Social Approval and Lack of Sociability.

Five Factor Model Rating Form (FFMRF) is based on Five Factor Model (FFM) which is composed of the following five factors: neuroticism, extraversion, agreeableness, conscientiousness, and openness to experience. The FFMRF is a shorter measure, developed by Widiger et al. (2002) which produces a score for the six facets for each factor and is likely to be useful as a brief FFM measure that can be used to screen for PD. It has shown strong convergence with longer measures at both the factor and the facet level and is the only brief FFM measure to provide facet scores (Siefert, 2010).

The formal diagnosis for a PD is ultimately a clinical decision that should be made by incorporating multiple sources and the screening measures are intended to aid clinicians in making decisions with regard to identifying patients who are in need of a more thorough evaluation for personality disorders of data, but a formal diagnosis should not be given based exclusively on these data alone.

4. CONCLUSIONS

Personality disorder is a highly co-morbid condition, frequently occurring in combination with mental illnesses and substance use disorders and may be briefly assessed as part of a standard psychiatric assessment (Banerjee, Gibbon, Huband, 2009). There is an increased clinical interest in personality disorder, the need for assessment instruments and the knowledge accumulated about normal personality structure and personality measures could be used in the understanding of psychopathology. In a study conducted by Milton (2000) the conclusion was that diagnostic assessment of personality disorders should be employed as a prerequisite to other dimensional assessments of personality structure.

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