ESSPD NEWSLETTER

ESSPD | European Society for the Study of Personality Disorders

January 2014

ESSPD Newletter
A publication of the European Society for the Study of Personality Disorders

EDITOR
Theresa Wilberg
ESSPD

EDITORIAL ASSISTANT
Nicola Harding

Volume 3 Issue 1
January 2014

Anthony W Bateman

Message from the President

Welcome to the first newsletter of 2014. I hope the coming year will be productive and successful for you all.

The ESSPD as an organisation is looking forward to an exciting year. It is the year for our 3rd International conference on Borderline Personality Disorder and allied disorders. This is to be held in Rome from October 16-18th. Please put these dates in your diary and make a note of the deadline for submission of abstracts which is 25th February 2014. I hope to see you all there!

Amongst other scientific debates and symposia, there will be up-dates at the conference on the proposals for personality disorder in the new International Classification of Diseases (ICD-11), which is to be published in 2015. Our new newsletter editor, Theresa Wilberg, has put together an excellent series of articles which begin with a summary of the proposals from the Chair of the ICD-11 committee, Prof Peter Tyrer. All categories of personality disorder are to be discarded. This is, in itself, controversial and there appears to be no formal way to comment officially on the proposals. But Peter Tyrer has valiantly offered to receive emails from people who want a more detailed up-date or who have questions, criticisms and suggestions. So please take him up on his offer. The core of the proposals is personality disturbance being assessed according to severity. How to define severity remains unclear but the accompanying articles in this newsletter grapple with this and point towards ways of defining and measuring severity. I hope that you find them of interest.

Thank you for your membership of the ESSPD and I look forward to meeting many of you at the conference in Rome.

Anthony W. Bateman
President, ESSPD

Scientific News

Classification of personality disorder and assessment of personality functioning

Peter Tyrer

Developments with the ICD-11 Classification of personality disorder by Peter Tyrer

The ICD-11 reclassification of personality disorder will be published in 2015. Although there was a strong possibility that the main ICD 11 proposals will not be published until 2016, the Mental and Behavioural Disorders section is ahead of other ones and will definitely be published earlier. The essentials of the new classification have already been published (Tyrer et al, 2011a; 2012b) and can easily be summarised:

i) All existing categories of personality disorder will no longer be part of the classification

ii) Personality status will be recorded on a single dimension of severity, ranging from no personality disturbance to severe personality disorder, with personality difficulty, mild personality disorder, and moderate personality disorder between them

iii) The type of personality disturbance will be qualified by domain traits. There is still some discussion over the number and naming of the traits, but there will either be four or five covering the areas of dissocial behaviour including detached (formerly schizoid) traits, negative emotional (formerly neurotic) traits, anankastic and disinhibited traits. Field trials are currently under way, looking at each of these, but there is no good scientific reason for adding more (Mulder et al, 2011).

Readers will recognise this is a major change in the classification of personality disorder and, not surprisingly, many who have seen it are somewhat critical. But our Committee has been constantly aware that the present system of classification is no longer fit for purpose as illustrated by the fate of the DSM-5 proposals (not accepted by the American Psychiatric Association but placed in a section for further work). The clear disadvantage of the new classification is that studies using the existing labels, particularly those that involve long-term evaluation, will be compromised if they use the ICD classification. But most of these studies follow the DSM system, and clearly this can still be used, as officially the DSM-IV classification is being retained now that DSM-5 has been abandoned, at least temporarily.

There are several advantages of the new classification system:

i) As all personality dysfunction is recorded on one dimension the complicated comorbidity of personality disturbance that exists today will be removed entirely and will certainly help epidemiologists (Pulay et al, 2008, Crawford et al, 2011)

ii) in the new system of classification it is likely that most people will have some form of personality disturbance, as data that approximate to the new classification have found this (Yang et al, 2010), and this should help to de-stigmatise the diagnosis of personality disorder. It should be emphasised that most personality disturbance is in the area of 'personality difficulty', which is not a disorder in the ICD 11 classification but is recorded as a Z code

iii) We know already that personality disorder is not a stable condition over time, despite being defined as such originally, and the new classification will allow variation in severity to be recorded much more effectively

iv) Research in personality disorder will become much more straightforward, as groupings of disorder will be simplified, and it will be easier to generate clear hypotheses for interventions to be tested.

One criticism of the WHO system in comparison with the DSM system is that we do not currently have a website which updates people regularly on progress with the new ICD classification. If members of ESSPD wish to have more information urgently, they should contact Peter Tyrer (p.tyrer@imperial.ac.uk), Mike Crawford (m.crawford@imperial.ac.uk) or Roger Mulder (roger.mulder@otago.ac.nz). We hope to update ESSPD members shortly with further information, but should also like to stress that all of our recommendations are provisional until approved by the WHO Council.

Peter Tyrer, Chair, Work Group for Revision of Classification of Personality Disorders (ICD-11), WHO

References

Crawford M, Koldobsky N & Tyrer P (2011). Classifying personality disorder according to severity. *Journal of Personality Disorders* **25,** 321-330.

Mulder R, Crawford M & Tyrer P (2011). Classifying personality pathology in psychiatric patients. *Journal of Personality Disorders,* **25,** 364-377.

Pulay AJ, Dawson DA. Ruan J et al (2008). The relationship of impairment to personality disorder severity among individuals with specific Axis I disorders: results from the National Epidemiologic Survey on Alcohol and related conditions. *Journal of Personality Disorders*, 22, 405–417.

Tyrer P, Crawford M, Mulder R; on behalf of the ICD-11 Working Group for the Revision of Classification of Personality Disorders (2011a). Reclassifying personality disorders. *Lancet,* **377**, 1814-1815.

Tyrer P, Crawford M, Mulder R, Blashfield R, Farnam A, Fossati A, Kim Y-R, Koldobsky N, Lecic-Tosevski D, Ndetei D, Swales M, Clark LA, & Reed GM (2011). The rationale for the reclassification of personality disorder in the 11th Revision of the International Classification of Diseases. *Personality and Mental Health,* **5,** 246-59.

Yang M, Coid J & Tyrer P (2010). A national survey of personality pathology recorded by severity. *British Journal of Psychiatry,* 197, 193-9.

Scientific News

Classification of personality disorder and assessment of personality functioning

Han Berghuis

The Semi-structured interview for Personality Functioning DSM-5 (STiP): A Dutch interview for the assessment of DSM-5 levels of personality dysfunction by Han Berghuis

Severity of personality disorder (PD) is seen as one of the best predictors of the course of PD (Yang, Coid & Tyrer, 2010; Zanarini, Frankenburg, Reich, & Fitzmaurice, 2012). Therefore the Levels of Personality Dysfunction Scale (LPFS), as a measure of personality pathology severity, is part of the Alternative DSM-5 model for PD in Section III (APA, 2013). According to this model, the core features of PD are characterized by problems in *Self-functioning* and problems in *Interpersonal functioning*. Each of these two key features comprise two elements: *Self -functioning* consists of *Identity* and *Self-direction*, and *Interpersonal function* consists of *Empathy* and *Intimacy*. These four elements, in turn, involve 12 aspects of personality dysfunction which can be scored on a severity dimension ranging from *no impairment* to *extreme impairment.*

Joost Hutsebaut

The STiP-5

As there was no reliable interview available to measure the levels of personality dysfunction as operationalized in the Alternative DSM-5 model for PD, we decided to develop the *Semi-structured Interview for Personality functioning DSM-5* (STiP-5; Berghuis, Hutsebaut, Kaasenbrood, de Saeger & Ingenhoven, 2013). Our research group is part of the Netherlands Centre of Expertise on Personality Disorders. The development of the instrument was based on the assumption that the level of personality functioning might be assessed in the most reliable and valid way through the use of a clinical interview (Widiger & Samuel, 2005). An interview provides opportunities to observe and assess the functioning of the client during contact with the interviewer, and it also makes it possible for the interviewer to ask for concrete examples in ordinary life in order to provide more detailed information about specific aspects of (dys)functioning.

Ad Kaasenbrood

Development of the STiP-5

The interview was developed with the following objectives in mind:

i) The interview should lead to a reliable estimate of the level of personality functioning, as operationalized in the Alternative DSM-5 model for PD
ii) The interview should conceptually match the DSM-5 model as closely as possible
iii) The interview should be relatively short, with a considered fall time of 30-45 minutes, and therefore easily applicable in clinical practice
iv) The interview is applicable, after basic training and supervision, to a broad range of clinicians.
v) The scoring has to be simple and straightforward, but at the same time

sufficiently differentiated to score each different aspect of the levels of personality dysfunction.

vi) The interview should be focused as much as possible on the *actual* personality functioning, measuring concrete examples from the last few (six) months.

vii) The interview should be suitable for both diagnosis and assessment, as well as for outcome measurement.

Short description of the STiP-5

First, in order to focus the client's attention to the main purpose of the interview, the subject of the interview is explained in the introduction to the interview. Here, the interviewer can also observe and assess whether the client is capable of doing the interview. Next, during the interview itself , the four major elements of self and interpersonal functioning are explored: identity , self-direction , intimacy and empathy. These elements are further classified in the interview with the respective underlying aspects, with the exception of the aspect *self-reflection* which is scored at the end using the entire interview. Each new section of the interview begins with an open question. Depending on the clarity and differentiation of the answer of the respondent, more clarification can be asked by several specific 'help' questions. The rationale behind this format is that we assumed that better functioning respondents often have a sufficient basis to answer open questions, while less adaptive functioning respondents need more external structure and support. The interview schedule consists of three columns. The left column includes the questions of the interview, including the 'help' questions. The middle column provides instructions for conducting the interview. The last column shows the DSM-5 Alternative model operationalized definitions of the concerning aspect of personality function (LPFS), whereby the interviewer can score during the interview, whenever possible. However, the final scoring is estimated at the end of the interview, taking into account all aspects of the whole interview.

The present status of the STiP-5.

The STiP-5 is a clinical interview developed in the Netherlands. The scoring of the interview is based on (the Dutch translation) of the LPFS of the Alternative model for PD as presented in DSM-5 Section III. The STiP-5 is not yet translated in other languages. The STiP-5 was presented by one of the authors (TI) in a symposium on the 2013 ISSPD-congress in Copenhagen. The present version of the STiP-5 is now investigated in a pilot project concerning the inter-rater reliability of the interview. We expect to have data in 2014. The STiP-5 is available from our research group: **info@kenniscentrumps.nl**

Hilde de Sanger

Theo Ingenhoven

The Semi-structured interview for Personality Functioning DSM-5 (STiP): A Dutch interview for the assessment of DSM-5 levels of personality dysfunction by Han Berghuis (continued)

The Podium DSM-5 research group of the Netherlands Centre of Expertise on Personality Disorders:

Han Berghuis, clinical psychologist, Pro Persona Mental Healthcare, Tiel
Theo Ingenhoven (chair), psychiatrist, Center for Psychotherapy, Pro Persona Mental Healthcare, Lunteren
Joost Hutsebaut, psychologist, The Netherlands Institute for Personality Disorders-de Viersprong, Halsteren
Hilde de Saeger, clinical psychologist,The Netherlands Institute for Personality Disorders-de Viersprong, Halsteren
Ad Kaasenbrood, psychiatrist, Pro Persona Mental Healthcare, Arnhem

References

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5™), Section III: Alternative DSM-5 model for PD.* Washington, DC: Author.

Berghuis, H., Hutsebaut, J., Kaasenbrood, A., de Saeger, H., & Ingenhoven, T. (2013). *Semi-structured Interview for Personality functioning DSM-5 (STiP-5).* The Podium DSM-5 research group of the Netherlands Centre of Expertise on Personality Disorders. Utrecht: Trimbos Institute.

Widiger, T.A. & Samuel, D.B. (2005). Evidence-based assessment of personality disorders. *Psychological Assessment, 17,* 278–287.

Yang, M., Coid, J. & Tyrer, P. (2010). Personality pathology recorded by severity: national survey. *British Journal of Psychiatry, 197,* 193-199.

Zanarini, M.C., Frankenburg, F.R., Reich, D.B., & Fitzmaurice, G. (2012). Attainment and stability of sustained symptomatic remission and recovery among patients with borderline personality disorder and axis II comparison subjects: a 16-year prospective follow-up study. *American Journal of Psychiatry, 169,* 476-483.

Scientific News

Classification of personality disorder and assessment of personality functioning

Assessing the Levels of Personality Functioning Scale through a semi-structured interview: A Danish research project by Morten Hesse and Birgitte Thylstrup

The Levels of Personality Functioning Scale (LPFS) was proposed for the DSM-5, but is currently in the appendix awaiting more research. The LPFS was intended as a new way of conceptualizing personality disorder, in that the basis for personality disorder was conceived as intra- and interpersonal dysfunction, rather than the match of particular criteria set for particular disorders. The primary reason that it was not accepted in the current DSM-5 version was due to insufficient research, especially insufficient research that was directly applicable to clinical practice.

Other recent research has indicated that the LPFS can be assessed reliably based on videotaped Operationalized Psychodynamic Diagnosis (Zimmermann J, Benecke C, Bender DS, Skodol AE, Schauenburg H, Cierpka M, Leising D, in press), suggesting that indeed the LPFS may have utility in assessing and describing actual clinical cases.

Our research group has been developing a semi-structured interview that focuses directly on the areas of functioning described in the LPFS. The interview is divided into four parts that correspond to these four areas: *self-direction*, *intimacy*, *empathy* and *identity*. Within each part, patients are asked closed questions, followed by prompts for concrete patient examples and details. *Self-direction* is assessed through interviewing the patient about goals in life: why these goals are meaningful to the patient and what the patient has done to pursue the goals as well as potential hindrances and how these can be overcome. *Intimacy* is assessed through questions about intimate social relationships: frequency of contact; what the patient likes about a partner or a close friend or family member and what the recipient likes about the patient. Empathy is assessed through questions about disagreements and conflicts with others and ruptures in friendships or relationships. A patient example of a conflict is evaluated through questions about each part's perspective and perceptions and how the conflict ended. Finally, *identity* is assessed through questions about specific patient emotions (anger, sadness, fear, joy), what triggers these emotions and how the patient copes with them.

In the spirit of the LPFS, the rating is based on the full interview (app. one hour), rather than on each section. In a study that started in November 2013, 120 patients from diverse samples and 30 controls take the LPFS interview, as well as the SCID-II-Screen; the Personality Inventory for the DSM-5; the Toronto Empathy Questionnaire; the Work and Social Adjustment Scale and the Mini International Neuropsychiatric Interview. Each interview will be rated by two experts,

Morten Hesse

Birgitte Thylstrup

using the LPFS, the Social and Occupational Functioning Assessment Scale and the Reflective Functioning Scale.

Because personality disorders are present in diverse settings, the patients in the study will include patients undergoing treatment for personality disorders, anxiety or depression; residential rehabilitation or inpatient treatment for substance use disorders in the community and patients assessed for substance use disorders or psychiatric disorders in prison settings.

The project is planned in collaboration with Professor Erik Simonsen of the Psychiatric Research Unit, Region Zealand, Denmark.

The interview guide in is the process of being translated to English. Interested readers can contact mh@crf.au.dk for more information.

Morten Hesse and Birgitte Thylstrup, Centre for Alcohol and Drug Research, Aarhus University, Denmark

References

Zimmermann J, Benecke C, Bender DS, Skodol AE, Schauenburg H, Cierpka M, Leising D. Assessing DSM-5 Level of Personality Functioning from videotaped clinical interviews: A pilot study with untrained and clinically inexperienced students. *Journal of Personality Assessment (in press)*

Scientific News

Classification of personality disorder and assessment of personality functioning

Assessing the DSM-5 Level of Personality Functioning and the OPD Level of Structural Integration amounts to the same thing by Johannes Zimmermann

Johannes Zimmermann

In February 2010, the DSM-5 Work Group on Personality and Personality Disorders published their first proposal for the new classification system of personality disorders (PDs). A major component of this proposal was a 5-point scale that was designed to help clinicians assess the severity of PDs: the Level of Personality Functioning Scale (LPFS). When reading this proposal for the first time, I was struck by the similarity of this scale to an instrument that is widely used by psychodynamically oriented clinicians in Germany: the Level of Structural Integration Axis (LSIA) of the Operationalized Psychodynamic Diagnosis (OPD) system (OPD Task Force, 2008). The OPD-LSIA is an expert-rated measure of personality functioning that provides a reliable assessment based on a one- to two-hour clinical interview and shows substantial and specific associations with the presence and number of PDs (Dinger et al., in press; Doering et al., in press; Zimmermann et al., 2012). Both the LPFS and the OPD-LSIA assess core capacities central to personality functioning, both employ a self-other framework to organize these capacities, both assume that it is reasonable to differentiate between several prototypical levels of functioning, and both can be viewed as attempts to integrate and streamline existing measures of "personality structure" that are rooted in the psychodynamic research literature. The two measures also have a formal similarity that became especially apparent in the final publication of the LPFS in DSM-5 Section III: This section includes a table in which each possible combination of capacities and levels is described by three short paragraphs. Exactly the same is true for the OPD-LSIA.

Based on these first impressions of convergence, I conducted two empirical studies that should help clarify the commonalities and differences between these two measures. The first study was an expert-consensus study (Zimmermann et al., 2012). Six OPD experts were presented with the 60 short paragraphs of the LPFS arranged in a random order. Their task was to assess (a) the OPD level of structural integration that corresponds to a given item description and (b) the extent to which a given item description captures the content of each of the 24 specific OPD capacities. The bottom line of our findings was quite clear: The majority of the LPFS levels and domains can be easily "translated" into the OPD-LSIA framework. For example, LPFS items representing "moderate" impairments in personality functioning (= 2) roughly correspond to a "moderate to low" level of structural integration (= 2.5) on the OPD-LSIA, and LPFS items representing impairments in "intimacy" match well with the OPD-LSIA capacities of attachment, balancing interests, and protecting relationships. However, it should be noted that the "disintegrated" level (= 4) on the OPD-LSIA as well as several facets of communication and attachment capacities appeared to be somewhat underrepresented on the LPFS.

In the second study, I tested whether the two measures would also converge empirically when applied to the same clinical material (Zimmermann et al., in press).

Classification of personality disorder and assessment of personality functioning

Specifically, using a 12-item version of the LPFS, 22 untrained and inexperienced students assessed the level of personality functioning of 10 female inpatients. The German translation of the LPFS was developed in cooperation with Donna Bender and Andrew Skodol and was approved by the American Psychiatric Association. The students' ratings were based on videotaped clinical interviews lasting 60 to 90 minutes. These interviews had been conducted by experienced clinicians following the guidelines of the OPD system (OPD Task Force, 2008) and had been previously rated by two experts according to the OPD-LSIA. Again, the findings were unequivocal: Individual students' LPFS ratings and experts' OPD-LSIA ratings correlated around .60, even when controlling for distress unspecific to personality. Note that the disattenuated correlation of the two scales (i.e., the correlation corrected for measurement error) was even .87. More detailed results on the reliability and validity of the German LPFS can be found in Zimmermann et al. (in press).

My conclusion from these two studies is that the conceptual and empirical overlap of the newly proposed LPFS and OPD-LSIA is indeed substantial. This has important consequences. For example, we are in the comfortable situation that thousands of clinicians from Germany have already been trained in the use of the OPD-LSIA and thus, they should be able to quickly familiarize themselves with the use of the LPFS. Moreover, we already have a reliable strategy for collecting the data that is necessary for conducting LPFS ratings: the OPD-interview (OPD Task Force, 2008). This is a systematic clinical interview that covers a wide range of topics (e.g., descriptions of the self and others and specific relationship episodes; issues of intimacy and psychosexual development), and that alternates between relatively unstructured phases of free exploration and more structured questions regarding biographical and clinical details. Finally, the OPD-LSIA might offer a blueprint for how the LPFS could be adapted for the purposes of case formulation, treatment planning, and monitoring of therapeutic change (Zimmermann et al., in press).

Johannes Zimmermann, University of Kassel, Germany

References

Dinger, U., Schauenburg, H., Hörz, S., Rentrop, M., Komo-Lang, M., Klinkerfuß, M., Köhling, J., … Ehrenthal, J. C. (in press). Self-report and observer ratings of personality functioning: A study of the OPD system. *Journal of Personality Assessment*.

Doering, S., Burgmer, M., Heuft, G., Menke, D., Bäumer, B., Lübking, M., Feldmann, M., … Schneider, G. (in press). Assessment of personality functioning: Validity of the Operationalized Psychodynamic Diagnosis Axis IV (Structure). *Psychopathology*.

OPD Task Force. (2008). *Operationalized Psychodynamic Diagnosis OPD–2: Manual of diagnosis and treatment planning*. Cambridge, MA: Hogrefe & Huber.

Zimmermann, J., Benecke, C., Bender, D. S., Skodol, A. E., Schauenburg, H., Cierpka, M., & Leising, D. (in press). Assessing DSM-5 level of personality functioning from videotaped clinical interviews: A pilot study with untrained and clinically inexperienced students. *Journal of Personality Assessment*.

Zimmermann, J., Ehrenthal, J. C., Cierpka, M., Schauenburg, H., Doering, S., & Benecke, C. (2012). Assessing the level of structural integration using Operationalized Psychodynamic Diagnosis (OPD): Implications for DSM–5. *Journal of Personality Assessment*, *94*, 522–532.

European Activities

The Institute of Personality Theory and Psychopathology (IPTP), Denmark by Erik Simonsen

Erik Simonsen

The Institute of Personality Theory and Psychopathology (IPTP) was founded in 1989 by the group of psychiatrists and psychologists who organized the First International Congress on Personality Disorders. The Institute became the first secretariat when the International Society on the Study of Personality Disorders (ISSPD) was founded. The overall aim of the IPTP is to promote research and through seminars to educate clinicians in assessment and therapy of personality and its disorders.

The IPTP is based at the Psychiatric Research Unit, Region Zealand, Denmark and is led by a Board of psychiatrists and psychologists. Erik Simonsen, Professor of Psychiatry at the University of Copenhagen, has been the Director since the IPTP's foundation. The IPTP has a steady number of about 250 members and provides members with information about current activities in a bi-annual printed Newsletter. The IPTP's Danish language homepage is: www.iptp.dk.

The IPTP organizes annual national seminars on personality disorders, in which researchers and clinicians from all over Demark present their empirical work and clinical experiences. Numerous seminars and workshop have been held with prominent, international highly respected researchers including Theodore Millon; Otto Kernberg; Daniel Stern; Georg Vaillant; Michael Stone; Lorna Smith Benjamin; David Malan; Christopher Perry; Glen O. Gabbard; Robert Hare; Peter Fonagy; Paul Lysaker; David Cooke and Anthony Bateman.

The IPTP is affiliated with the Psychiatric Research Unit, Psychiatry Region Zealand at Copenhagen University Hospital. Anthony Bateman is currently Honorary Professor of Psychotherapy at the Faculty of Health Sciences at the University of Copenhagen, and he is working closely with PhD students in the Research Unit and members of the IPTP.

The IPTP translates and validates instruments for personality assessment; provides courses in personality assessment, diagnosis and psychotherapy of personality disorders. Research projects are conducted between members of the institute and the Psychiatric Research Unit in collaboration with clinical psychiatric departments and research institutions in Roskilde and in Copenhagen.

Examples of the IPTP's research interest include personality assessment (DAPP, MCMI-III, PID-5, LPFS); outcome of psychotherapy (MBT); developmental psychopathology (ADHD and PD, schemata-trauma-traits); comorbidity of personality and psychopathology (health anxiety, depression); narcissism; psychopathy; epidemiology and personality disorders; assessment of aggression and violence; screening and epidemiology; assessment of aggression and violence and neurobiology and personality.

Erik Simonsen, Professor of Psychiatry, University of Copenhagen

IPTP, Toftebakken 9, DK-4000, Roskilde, Denmark. dmo@regionsjaelland.dk

Submissions

Theresa Wilberg

Newsletter Submissions

Submissions to the *ESSPD Newsletter* are accepted on an ongoing basis. Subject areas may include issues from clinical practice, views and comments on current development within PD, reports from affiliated societies, member information, national and international events and conferences, research updates on personality disorders and more.

We are interested in submissions from practitioners and researchers from both within and outside of Europe. The length of submissions should be from 300-800 words and formatted in Word. We suggest that the authors limit their use of references. Please enclose author photos with the all text.

Submissions should be emailed to Theresa Wilberg at uxthwi@ous-hf.no