

assessment of personality disorder

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overview

- what are you assessing when you assess ‘personality disorder’?
- assessment options
 - targets, formats, tools
- interview skills
- what to do with your assessment findings
 - the importance of formulation
- top tips

core disorder

- borderline personality disorder
- antisocial personality disorder

associated/ comorbid conditions

- substance dependence disorder
- post-traumatic stress disorder

effects of the disorder

- offending behaviour
- self-harm

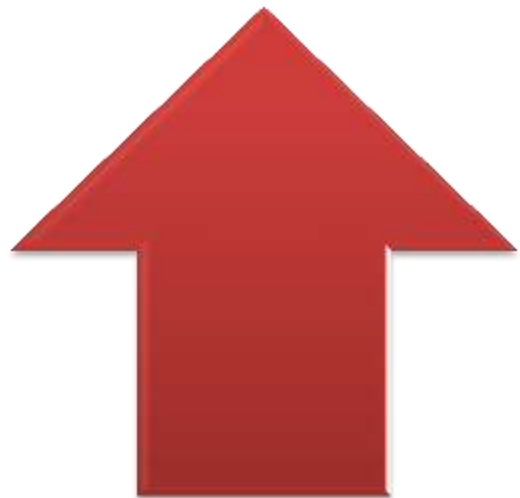
environment

- disadvantaged neighbourhood
- abusive or neglectful relationships

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targets



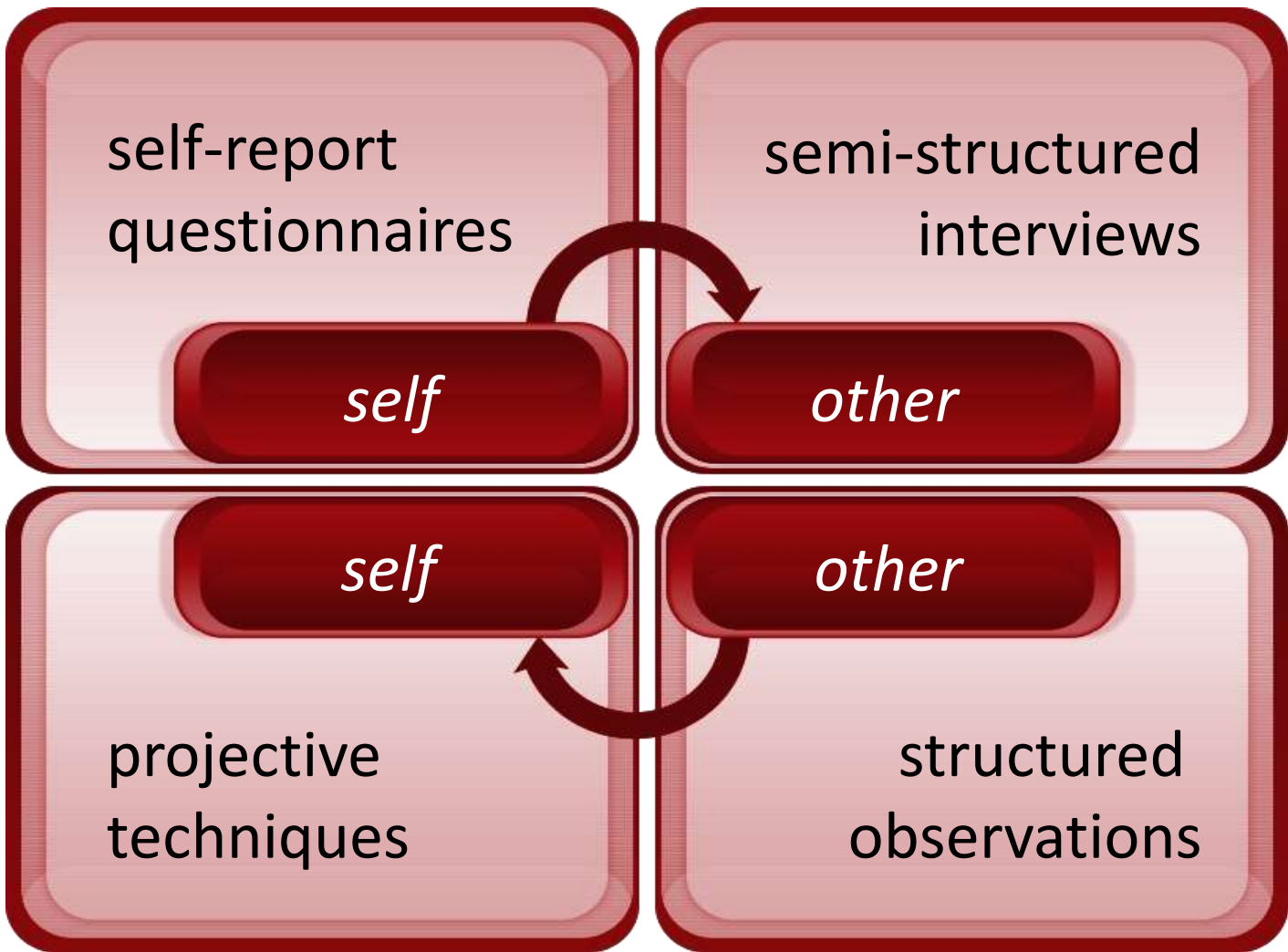
personality
disorder?



personality?

FFM	ASPD	NPD	BPD	AvPD	OCPD	SPD
N			+	+	+	
E		(+)		-		-
O						+
A	-	-	-			
C	-		-		+	

formats



tools

self-report tests

- Millon Clinical Multiaxial Inventory (MCMI-III)
 - www.parinc.com
- Minnesota Multiphasic Personality Inventory 2nd Edition (MMPI-2)
 - www.pearsonassessments.com/tests/mmpi_2.htm
- Personality Diagnostic Questionnaire (PDQ-4+)
 - www.pdq4.com/

tools

self-report tests

- Personality Assessment Inventory (PAI)
 - www.parinc.com
- Dimensional Assessment of Personality Pathology-Brief questionnaire (DAPP-BQ)
www.sigmaassessmentsystems.com/assessments/dapp.asp
- Schedule for Non-adaptive and Adaptive Personality (SNAP)
 - www.upress.umn.edu/tests/snap_products.html

tools

self-report tests

- NEO-Personality Inventory-Revised (NEO-PI-R)
 - www.parinc.com
- Inventory of Interpersonal Problems (IIP)
 - www.arts.uwaterloo.ca/~jmoakman/psych257-f98/iip.html

Lilienfeld & Fowler, 2006

advantages of self-report tests

self-as observer

economy

permits assessment of response styles

reliability

Lilienfeld & Fowler, 2006

disadvantages of self-report tests

dishonesty

lack of insight

semantic aphasia

saturation with negative emotionality

low inter-correlations with other measures

tools

semi-structured interviews

- International Personality Disorder Examination (IPDE and IPDE-SQ)
 - www.parinc.com
- Structured Clinical Interview for DSM-IV Axis II Disorders (SCID-II and SCID-II-SQ)
 - www.scid4.org/scidupd.htm
- Structured Interview for DSM-IV Axis II Disorders (SIDP-IV and SIDP-IV SQ)
 - www.appi.org/book.cfm?id=8937

tools

semi-structured interviews

- Personality Disorder Interview-IV (PDI-IV)
 - www.parinc.com
- Personality Assessment Schedule (PAS)
 - www.scid4.org/scidupd.htm
- Psychopathy Checklist-Revised (PCL-R, PCL:SV, PCL-YV)
 - www.mhs.com; www.hare.org

Lilienfeld & Fowler, 2006

advantages of interview methods

breath of coverage

depth of coverage

differential diagnosis

opportunity to detect *hidden* and *blind* regions
of the personality

Lilienfeld & Fowler, 2006

disadvantages of interview methods

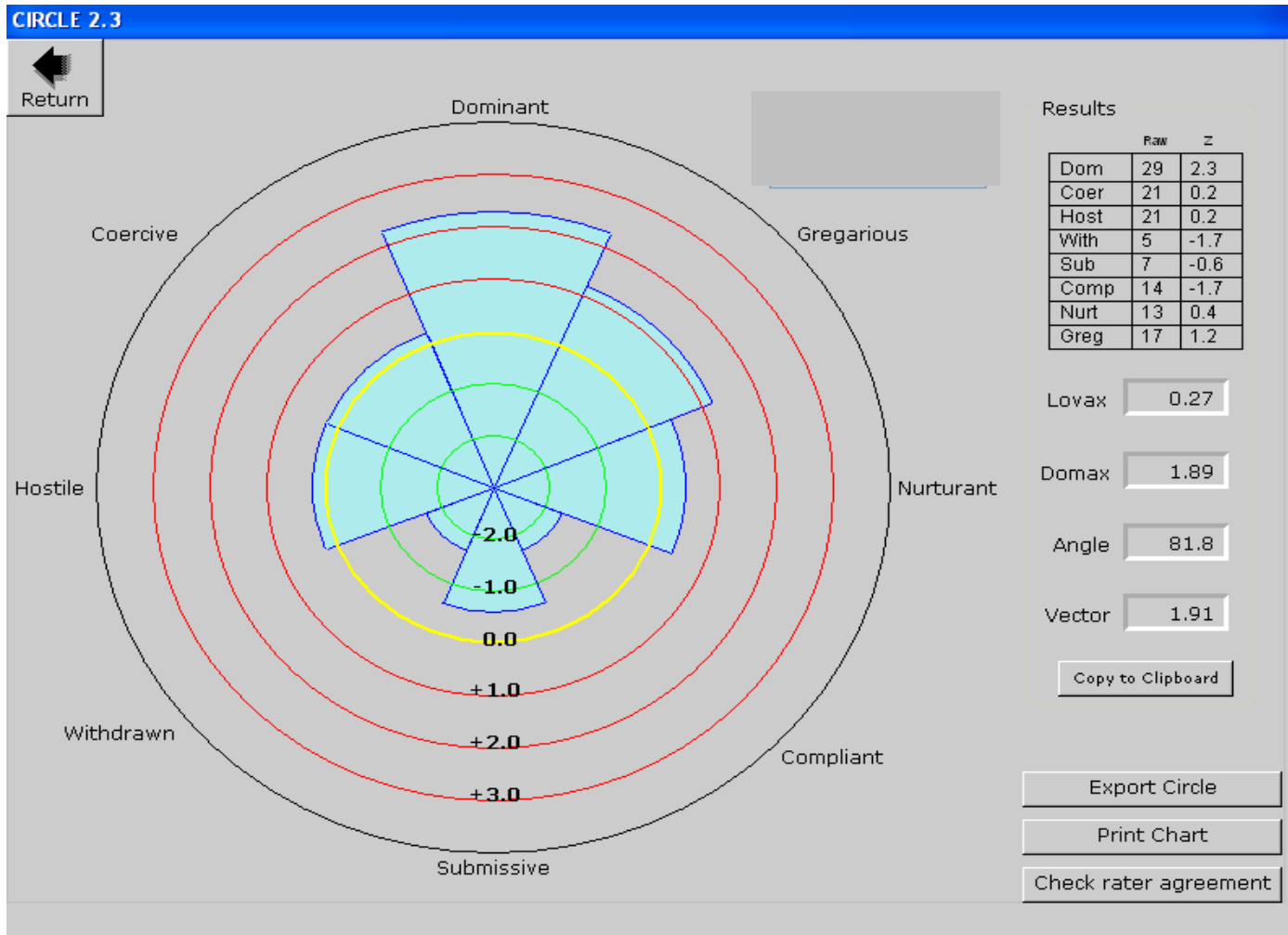
lack of coherence in conceptual model

differential diagnosis

cultural context can be ignored

tools

structured observations



tools

projective techniques



Thematic Apperception Test



Murray & Morgan, 1930

tools

screening test

Standardised Assessment of Personality: Abbreviated Scale (SAPAS)	Y / N
In general, do you have difficulty making and keeping friends?	Y / N
Would you normally describe yourself as a loner?	Y / N
In general, do you trust other people?	Y / N
Do you normally lose your temper easily?	Y / N
Are you normally an impulsive sort of person?	Y / N
Are you normally a worrier?	Y / N
In general, do you depend on others a lot?	Y / N
In general, are you a perfectionist?	Y / N

tools

choosing a test or method

- interview-based assessments considered the ‘gold standard’
 - conflicting information a problem
- self-report tests thought less valid for PD assessment if used alone
 - lack of insight and desire to deceive a problem
- method of assessment sensitive to problems assessed (Blackburn et al, 2004)

tools

choosing a test or method

- use self-report tests that have response style indices (e.g., MCMI-III, MMPI-2, avoid PDQ-4+)
- note the thematic or domain organisation of interviews (IPDE vs SCID-II)
- DSM-5 and ICD-11?

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core stages of the forensic clinical interview
core skills in forensic clinical interviewing
a personality-based approach to clinical
interviewing

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formulation:
the art

**organisational framework
for producing a narrative that
explains the **underlying mechanism**
and proposes **hypotheses** regarding
action to facilitate change**

the purpose of case formulation

organise

mutual understanding

connections

intervention

communication

Think about formulation development in 7 stages:

1. presenting problem & chief complaint
2. identify (a) *predisposing* (vulnerability) and (b) *protective* factors
3. hypothesise about the mechanism whereby the interactions between these factors generate the chief complaint
4. identify the developmental origins of the complaint

Think about formulation development in 7 stages:

5. identify potential triggers (*precipitating* factors) that can activate/aggravate the chief complaint at any one time
6. identify what is making this problem a persistent one (*perpetuating* or maintenance factors)
7. prepare hypotheses about (a) problem recurrence, (b) interventions required and (anticipated obstacles to effective intervention

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top tips

selecting relevant information:

- history is better than cross-sectional observation
- recent history is better than ancient history
- collateral information augments history from the patient
- signs are better than symptoms
- objective assessments are better than subjective judgements
- crisis-generated data are suspect

top tips

formulating a rational diagnosis:

- try to explain all the symptoms with the fewest diagnoses possible
- consider first disorders that have been present longer
- use family history as a guide
- use collateral sources of information to confirm or augment self-reported symptoms
- if all else fails, use the safest diagnosis

top tips

formulating a rational diagnosis:

- NB.
disorders due to general medical conditions, or cognitive disorders, pre-empt all other diagnoses that could produce the same symptoms
- differentiate personality from personality disorder, and trait strength from functional impairment

top tips

Cooke & Hart (2004)

- PD is a culture-bound concept
 - *assessment is not independent of culture*
- PD is a higher-order inferential construct
 - *assessment requires information about multiple domains of functioning*
- PD is inherently relational
 - *assessment cannot rely only on self-report*

top tips

Cooke & Hart (2004) *contd*/...

- PD symptomatology is diverse
 - *simple categorical systems fail to capture the diversity of PD*
- PD is independent of acute mental disorder
 - symptoms of other mental health problems may be comorbid with PD symptomatology – or may mimic or mask PD
 - *assessment has to take account of the potential impact of any comorbid mental disorder*

top tips

Hart (2001)

- diagnosis of PD not thought to make a person incompetent to stand trial or not criminally responsible
- integrate information derived from multiple sources
 - resolve conflicts, do not rely on self-report

top tips

Hart (2001) *contd/...:*

3. provide information about the context in which personality disorder diagnoses are interpreted/ detected
4. communicate how and reasons why personality disorder is linked to legally relevant impairment or risk to others

top tips

Hart (2001) *contd/...:*

5. beware role conflict (assessment vs treatment roles) and conflicts of interest
6. assess PD symptomatology using dimensional methods as well as categorical
7. when communicating findings, acknowledge the weaknesses of the assessment methods used

top tips

Hart (2001) *contd/...:*

8. be familiar with the law relevant to case
9. be prepared to discuss scientific and professional literature as it related to the legal issues at hand

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