Meting van DSM-III persoonlijkheidspathologie
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SUMMARY

MEASURING DSM-III PERSONALITY PATHOLOGY.
RELIABILITY AND VALIDITY OF THE SIDP-R AND DSM-III AXIS II.

This thesis describes the development and psychometric evaluation of the Structured Interview for DSM-III Personality Disorders Revised Version (SIDP-R) and some explorations regarding the validity of the taxonomic structure and predictive validity of DSM-III Axis II.

Chapter 1 begins with an overview regarding the validity of the constructs "personality" and "personality disorder". It then provides an operational definition of the latter and delineates the distinctive features of personality disorders (e.g. DSM-III Axis II) vis-a-vis psychiatric symptom disorders (e.g. DSM-III Axis I).

The frequent comorbidity of psychiatric symptom disorders and personality disorders raises questions with regard to the validity of the theoretical distinction and the nature of the relationship between the two types of psychiatric disorders. Some hypotheses regarding the relationship between psychiatric symptom disorders and personality disorders are briefly discussed (i.e. vulnerability, continuity, complication, psychoplasty, and orthogonality hypothesis). It is concluded that in order to study personality disorders and their relationship to psychiatric symptom disorders, reliable and valid assessment instruments are necessary. Therefore the first aim of this study is to (further) develop and evaluate an interview for assessing DSM-III personality disorders.

Chapter 2 provides an overview of diagnostic procedures, classification systems and taxonomic models in psychiatry. In addition various models for evaluating psychiatric classification systems are presented. Skinner's "construct validation approach" (1981, 1986) is regarded as the most comprehensive. The model is based on the philosophical notion that a "psychiatric classification should be viewed as a scientific theory that is open to empirical falsification" (Skinner, 1981). It consists of three interacting components: theory formulation, internal validation and external...
validation. These form a program of research in which successive refinements are made to both the empirical typology and the underlying theoretical model. Subsequently DSM-III is evaluated with regard to taxonomic consistency and the presence of underlying theoretical models that are falsifiable in principle. It is concluded that the taxonomic structure of Axis I is rather inconsistent and that a theoretical model is missing for most of its categories. Axis II seems to share the taxonomic inconsistencies and the atheoretical approach of Axis I. However, closer inspection of the description of the diagnostic categories, their historical background and their relationship to different theoretical models, reveals that Axis II is less atheoretical than its developers might suggest. In fact, many of its categories resemble Millon’s maladaptive and dysfunctional coping-patterns (Millon, 1969, 1986), whereas other categories are rooted in classical psychoanalysis or based on recent work of object-relations theorists (Van den Brink, 1987). Furthermore, there is a significant degree of overlap in the domains tapped by the interpersonal and the DSM-III models of personality (Morey, 1985). The implicit theoretical context together with the presence of explicit inclusion and exclusion criteria enables the application of Skinner’s construct validation approach to the classification of personality disorders according to DSM-III. Therefore, the second aim of this study is to explore the taxonomic structure and the predictive validity of DSM-III Axis II.

Chapter 3 deals with formulating the research-questions and the description of study-design, assessment instruments and sampling procedure. Seventythree psychiatric outpatients were examined at intake (T1), and 4 and 10 months later (T2 and T3 respectively). Two semi-structured interviews were conducted: the Revised Version of the Structured Interview for DSM-III Personality Disorders (SIDP-R) for the assessment of personality disorders (at T2 and T3) and an extended version of the Present State Examination (PSE-R) for the assessment of (the course of) psychiatric symptom disorders (at T1, T2 and T3). In addition, several self-report questionnaires designed to measure personality characteristics (NPV, SPEL, ICL, PDQ) and psychosocial/interpersonal problems (BIOPRO) were administered. The chapter ends with a brief description of the demographic characteristics and the symptomatic status (Axis I) of the sample at intake (T1).

Chapter 4 begins with an overview of available instruments for the assessment of personality pathology and (DSM-III) personality disorders. The remainder of the chapter deals with the development and the description of the SIDP-R; the central assessment tool in this study.
The refinements are critical model. Sustained and the principle. It is consistent and that a seems to share the others. However, closer historical background tells that Axis II is... of its categories (Hollon, 1969, 1986), based on recent personal and the theoretical context criteria enables the classification of the aim of this study III Axis II.

Chapter 5 describes the reliability of the SIDP-R. The historical overview of reliability research in psychiatry is followed by a review of the various reliability designs and reliability statistics.

In order to put a rigorous test to the reliability of the SIDP-R, the design included intrarater and test-retest elements. The time interval between test and retest was 6 months (!) and 38 (52%) of the test-and retest-interviews were conducted by different interviewers. Kappa (K) and the intraclass correlation coefficient (ICC-(1)) were used as the key reliability coefficients.

Intrarater reliability was excellent (K > .75; ICC-1 > .90) for almost all DSM-III criteria, for DSM-III diagnostic categories and for the dimensional and prototypicality ratings. Generally, intrarater reliability was slightly better at T3 as compared to T2. This improvement might be attributed to the increased experience of interviewers, to mutual tuning of interviewers and observers and to the use of a glossary that was developed during the study.

As expected, the test-retest reliability was substantially lower than the intrarater reliability. Approximately 50% of the DSM-III criteria had kappa's < .40, and the weighted mean kappa for all 85 DSM-III criteria was .43. Test-retest reliability on the general diagnostic level was good with a kappa of .71 for the presence versus absence of any DSM-III personality disorder. Kappa's for specific diagnostic categories ranged from .14 (schizotypal personality disorder), through .50 (histrionic personality disorder), to .77 (borderline personality disorder). Intraclass correlation coefficients for dimensional ratings ranged from .46 (egocentricity) to .82 (impulsiveness), with a mean of .61 over 18 dimensions. Finally, ICC's for prototypicality ratings ranged from .56 (compulsive personality disorder) to .85 (borderline personality disorder), with a mean of .67 over 11 prototypes.
In summary, the results with regard to reliability were ambiguous. On the one hand excellent interrater reliability was achieved, on the other test-retest reliability was rather low for individual criteria and for some of the personality disorder diagnoses. However, one should realize that these results were obtained in a test-retest design with a 6 months(!) time-lag, and with a sample of relatively young psychiatric outpatients who changed considerably with regard to their psychiatric status during the interval between the test- and retest-interview. The results of this study belong to the best reported in the literature so far.

Chapter 6 is an attempt to locate potential sources of unreliability and to quantify their effect. The chapter begins with a classification of potential sources of unreliability. Subsequently, separate and combined affects of five potential sources of unreliability are examined, using an analysis of (co)variance model. The effect of the various sources of unreliability varied with the various pathologic personality characteristics in an intelligible way. Changes in psychiatric state had a negative influence on the reliability of affect-loaden personality characteristics (e.g. worthlessness, affective instability). A protocol with different interviewers at T2 and T3 resulted in a lower reliability of socially undesirable traits (e.g. suspicion, egocentricity) compared to the reliability of these traits in the protocol with the same interviewer at T2 and T3. Age affected the reliability of pathological traits that resemble normal adolescence (e.g. identity disturbance, schizotaxia), with lower reliabilities in the group of younger patients. Finally, high levels of personality pathology at T2 were associated with a lower reliability of almost all ratings. Taken together, however, these sources explained only 17% of the unreliability of the PAS-like dimensional ratings and 29% of the unreliability of the prototypicality ratings. Therefore, even if full control over these sources could be established, no substantial improvements in the test-retest reliability of the SIDP-R can be expected. Moreover, the reliability estimates of the SIDP-R are very similar to those obtained for self-report questionnaires designed to measure (pathologic) personality traits (e.g. NPV) and for (semi)structured interviews measuring psychiatric symptoms (e.g. PSE). Thus, improvement in reliability over what was obtained in this study seems unlikely. The chapter concludes with a recommendation for future research to focus on the issues of validity rather than reliability.

Chapter 7 focuses on the validity of the SIDP-R and of Axis II of the DSM-III. The findings with regard to the validity of the SIDP-R were generally positive. Most theoretical assumptions regarding the internal structure of the interview were
On the one hand, test reliability was disorder diagnoses. In a test-retest design, young psychiatric status during this study belong unreliability and to potential sources of inaccurate potential sources.

Various pathologic psychiatric state had a characteristics (e.g. viewers at T2 and its (e.g. suspicion, protocol with the pathological traits of autism), with lower levels of personality at all ratings. Taken into account the internal consistency of personality disorders. The low internal consistency of the schizoid, antisocial and narcissistic personality disorder might be attributed to the low prevalence of many of their diagnostic criteria. On the other hand, the results regarding the validity of the categorical structure of Axis II were unequivocally negative. The distribution of Axis II criteria in the study population strongly suggested a gradual transition from "normality" to personality pathology (also Kass et al., 1985). In addition, there was a great deal of diagnostic overlap between many of the personality disorders (also Pfohl et al., 1986) and the most frequent Axis II diagnosis was "mixed/other personality disorder".

Consideration of the pattern of diagnostic overlap coupled with the results of principal component analysis corroborated the validity of the DSM-III clustering of personality disorders. Using the principal component analysis of Axis II prototypicality scores, four factors were extracted that accounted for 80% of the total variance. The first two factors were concordant with DSM-III cluster A (odd, eccentric) and cluster B (dramatic, emotional, erratic). Cluster C (anxious, fearful) was represented by two factors. The dependent and avoidant personality disorder constituted one factor, the compulsive and passive-aggressive personality disorder the other.

The findings with regard to the validity of DSM-III Axis II were mixed. On the one hand, acceptable levels of internal consistency (Cronbach's α) were obtained for most DSM-III personality disorders. The low internal consistency of the schizoid, antisocial and narcissistic personality disorder might be attributed to the low prevalence of many of their diagnostic criteria. On the other hand, the results regarding the validity of the categorical structure of Axis II were unequivocally negative. The distribution of Axis II criteria in the study population strongly suggested a gradual transition from "normality" to personality pathology (also Kass et al., 1985). In addition, there was a great deal of diagnostic overlap between many of the personality disorders (also Pfohl et al., 1986) and the most frequent Axis II diagnosis was "mixed/other personality disorder".

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Altogether, the results of this study strongly advocate a renewed interest in multidimensional approaches to the classification and diagnosis of personality pathology. The predictive validity of a psychiatric classification system is generally considered to be the most decisive test for its clinical usefulness. The study demonstrated substantial predictive validity for (categorical) DSM-III personality disorders. Patients with a personality disorder exhibited a chronic course of psychiatric symptoms during the 10 month follow-up period in 65% of the cases, compared to 36% chronicity among patients with without a personality disorder. Furthermore, personality disordered patients endorsed significantly more and more severe psycho-social/interpersonal problems (BIOPRO) than patients without a personality disorder on every measurement occasion. At the time of the first interview (T1), i.e. 4 months before the administration of the SIDP-R, "life-long complaints and/or personal difficulties" were reported by 54% of the patients with a personality disorder compared to 22% life-long problems among patients without a personality disorder. Overall, the predictive power of dimensional personality ratings was modest. Best results were obtained for some dimensional SIDP-R scores and the Inadequacy and Social Inadequacy scores (~ neuroticism) of the NPV.

Chapter 8 begins with a summary of the empirical findings noting the limited generalizability of these findings to other populations (e.g. psychotic patients, addicts), different interviewers and observers (e.g. clinicians), and new classification systems (e.g. DSM-III-R, ICD-10).

The discussion regarding theoretical implications of the study focuses on the factorstructure of the SIDP-R prototypicality scores and on the related DSM-III clustering of personality disorders. The factorstructure of Axis II prototypicality scores corroborated the DSM-III clustering of personality disorders and was invariant over time (T2-T3) and assessment instruments (SIDP-R, PDQ). In addition, other studies demonstrated invariance of the factorstructure over populations and some other instruments (MCMI, MMPI). Finally, a selected review of the literature showed that the factorstructure and the DSM-III clustering of personality disorders were in general agreement with the classification of personality pathology according to the most prominent biological, interpersonal and psychoanalytic models of personality. In an attempt to explain this remarkable convergence, two meta-theoretical models are presented. According to the first model, the convergence of empirical findings with different theoretical models is the result of (artificial) similarities in the operationalization of theoretically divergent personality models. The second model is based
I have a strong interest in multi-dimensional pathology. Personality disorders are generally considered to be aetiologically distinct from psychiatric disorders. A study demonstrated that a significant proportion of psychiatric cases, compared to non-psychiatric cases, were associated with personality disorders. Furthermore, patients with more severe psychiatric disorders were more likely to have a personality disorder. In a meta-analysis of 4 studies, it was found that the prevalence of personality disorders was modest. Best evidence currently available is from the Inadequacy and Excessiveness of Personality Questionnaire (TEPQ), which has been validated in various populations.

The literature notes the limited evidence for personality disorders in psychotic patients, and new classification criteria are needed. This text focuses on the factor-invariant DSM-III clustering of personality disorders, which is based on the evolutionary concept of "goodness of fit" (Thomas & Chess, 1977). It assumes that the development of personality and personality pathology is influenced by extensive interactions between biological, environmental and temporal factors. The convergence of empirical findings with different theoretical models is the result of the necessary co-occurrence of biological, environmental and temporal risk factors in the pathogenesis of personality pathology.

The discussion regarding practical implications of the study advocates the development of a multi-dimensional classification systems and screening-questionnaires. In addition, multi-conceptual-multi-instrumental diagnostic procedures (Van den Brink, 1989) and integrated intervention strategies are recommended.

The chapter ends with recommendations for future research.