ARPD SYMPOSIUM 2010 - DATE NOT YET SCHEDULED

Submission Title
Clinicians Impressions of the DSM-5 Personality Disorders **DSM-5 Track**

Topic
Personality Disorders

Allied or Component Affiliation - If your submission is presented in collaboration with an APA Component or Allied Group, please provide the name of the group.
Association for Research in Personality Disorders

Educational Objectives (Limited to 500 characters) Use action verbs such as list, recognize, identify, treat, diagnose, etc., to complete the sentence below.
At the conclusion of this session, the participant should be able to: 1) Recognize and gain understanding of how experienced clinicians think the change to DSM-5 personality disorders will change practice and perceptions of the personality disorders.

Literature References #1
Reich, J Personality Disorders: Current Reserach and Treatment, Taylor and Francis, New York, 2005.

Time Schedule/Agenda
Each presenter will speak from 20 to 25 minutes. this will be followed by a general discussion and question and answer period.

Abstract - Provide a descriptive statement of submission content, or if a Course submission, provide the description. (Limited to 2000 characters)
The DSM-5 personality disorders will represent a major change in our diagnosis of the personality disorders. This symposium's focus will be to have experienced clinicians in the area of personality discuss the implications of these changes for clinical practice. This is not the "official" version, rather people who have long worked in the field of personality disorders thinking about the implications of this change. Topics discussed will include the evolution of the concept of the personality disorder, the general diagnosis of a personality disorder, using the personality prototypes, levels of functioning in the personality disorders, personality traits and views of experts outside of the United States on the DSM5 personality disorders.

View ONLY Presenters Part (B)
Donald W. Black M.D. The Evolution of Personality Disorders and DSM-5 Maladaptive personality traits have been recognized since Cain killed his brother Abel. In acient Greece, four temperaments were described, and variations of this classification were used up to the 20th century. Formal attempts to list personality diorders took root with DSM-I published in 1952, in which 7 diferent "personality disturbances" were described. In DSM-III in 1980, based on clinical and research observations, personality disorders were accorded new status with a separate axis in the new multiaxial system. Eleven disorders were divided among three clusters based on their phenomenologic similarity. The disorders have been pared back to 10, and in DSM-5 further changes have been proposed that invove both categorical and dimensional components. The 4-part assessment includes: 1) a new general definition of personality disorder; 2) evaluation of level of function, 3) graded ratings of personality "type", and 4) ratings of "higher level" personality trait domains. The proposed changes will be placed into historical perspective and both advantages and disadvantages of the system will be discussed.

James Reich M.D.

Making a Personality Disorder Diagnosis in General Clinical Practice: Pitfalls and Indications.

Making the general diagnosis of a personality disorder is a difficult task for a clinician. Experts will describe various symptom clusters that might be indicative of a personality disorder. Experts might also describe types of functional deficits characteristic for given personality disorders. However, the clinician virtually never sees a personality disorder in isolation. He sees the patient who also has Axis I disorders with their own effect on personality functioning and overall functioning. There are frequently also what seem to be independent life stressors which seem at times to affect personality and functioning. Basically the clinician is facing a patient disabled by multiple factors. When asked to diagnose a personality disorder the clinician is, in effect, asked to do a careful dissection of causation usually without the aid of the "gold standard" several hour semi structured diagnostic interview. This presentation will discuss these complications that the clinician must grapple with in order to make a personality disorder diagnosis in the ordinary clinical situation.

Kenneth Silk M.D.

Measuring Levels of Personality Functioning in Personality Disorders in DSM-5

Functional impairment has long been a construct of personality disorders. Research reveals that despite improvement in symptoms and behaviors, patients with personality disorders continue to show impairment in "in social, occupational, or other important areas of functioning". However, the nature of this impairment and how to measure it has not been elaborated upon in previous and current editions of the DSM. DSM 5 attempts to improve on the concept of "functional impairment". It provides a 5 point scale from 0 (no impairment) to 4 (extreme impairment) by which to rate the patient on "Levels of Personality Functioning". Areas of functioning that are assessed are "levels of self and interpersonal functioning". The concept of "self" functioning consists of identity integration, integrity of self concept, and self-directedness encompassing the idea of a consistent sense of self and one's abilities and behaviors across various settings and stressors combined with a coherent sense of one's standards and life goals. The concept of "interpersonal" functioning consists of empathy, intimacy and cooperativeness, and complexity and integration of representations of others encompassing the ability to mentalize and fairly accurately assess the feelings and thoughts of others, to be able to appreciate others' perspectives, to be able to tolerate and be consistent in feeling close and attached to another person, and to be able to see others as cohesive individuals even when one does not at the moment hold positive feelings about them. Focus groups were held among the staff clinicians (consisting of psychiatrists, psychiatric residents, social workers, psychologists and clinical nurse specialists) of a University outpatient clinic to gather those clinicians' impressions of the user friendliness of these rating scales. The qualitative results of those focus groups will be presented and discussed.

Larry Siever M.D.

DSM-V Prototypes: Issues and Controversies

DSM-V personality disorders will be organized to include both overall levels of personality function, specific traits, and specific prototypes representing identified personality disorders. This structure is based on a model that personality disorder can be represented by numbers of traits that vary between individuals but specific prototypes emerge as clinically useful and supported by empirical evidence. However, criteria of clinical utility may not always converge with available empirical data, particularly since some of the personality disorders have received relatively little study. DSM-IV identified ten personality disorders. Five have been supported to varying degrees by empirical studies including schizotypal personality disorder, antisocial personality disorder, borderline personality disorder, avoidant personality disorder, and obsessive compulsive personality disorder and will be included as prototypes. The other disorders have received relatively less investigative attention and have less sound empirical bases. Indeed, only the first three have both extensive external validators and construct validity. Some of the personality disorders have also been argued to be representative of expanded definitions of single traits. Whether the other DSM-V personality disorders would be represented by traits or have some acknowledgement in DSM-V has yet to be determined. Another outstanding issue is how to accommodate disorders like schizotypal personality disorder and to a certain extent borderline personality disorder where there may be relationships to one or more valid major psychiatric syndromes spectra such as

the case for schizotypal personality disorder and schizophrenia. The data and controversial issues will be addressed.

Simone Kool M.D.

Guidelines and Algorithms: An European Perspective on Personality Disorders

In the last decade several evidence based clinical guidelines for the diagnosis and treatment of patients with personality disorders were introduced (e.g. APA, 2001; WFSBP, 2007; Nice, 2009). Although these guidelines converge on starting points and global recommendations, they also differ in many respects on relevant treatment issues. In the Netherlands a clinical guideline for the diagnosis and treatment of personality disorders was presented in 2008, constructed as a collaborative effort of psychiatrists, psychologists, general practitioners, psychiatric nurses and other disciplines working in mental health care, as well as patients and family members organizations. In this duo presentation we present a general outline of the Dutch personality disorder guideline (CBO, 2008), focusing on similarities and differences with guidelines from other countries and organizations. As a demonstration we present our systematic review on pharmacotherapeutic interventions (Rinne & Ingenhoven, 2007), the constructed treatment algorithms, and the validation of our efforts by current meta-analyses (Ingenhoven et al., 2010). We reflect on the impact of the introduction of the guideline on every day clinical practice in mental health care in the Netherlands. Finally, we summarize recommendations for empirical research in the service of revising current algorithms and guidelines. References: CBO. Multidisciplinaire Richtlijn voor de diagnostiek en behandeling van volwassen patiënten met een persoonlijkheidsstoornis. Utrecht, Trimbos-instituut, 2008 Rinne T, Ingenhoven T. Pharmacotherapy of severe personality disorders: a critical review. In: van Luyn B. , Akhtar S. & Livesley W.J. (Eds). Severe Personality disorders, major issues in everyday practice. The Cambridge Press; 2007. Ingenhoven T, Lafay P, Rinne T et al. Effectiveness of pharmacotherapy for severe personality disorders: meta-analyses of randomized controlled trials. J Clin Psychiatry. 2010;71:14-25

Thomas Widiger Ph.D.

The DSM-5 Personality Disorder Dimensional Model

DSM-5 is likely to include a supplementary dimensional model for the description of personality disorders. The current version consists of 6 domains and 37 traits. The dimensional model can be used in two ways: as a means to diagnose the personality disorder categories or as an entirely independent method for patient description. Concerns and limitations with respect to both potential uses will be discussed.