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Introduction

The Changing Landscape of Personality Disorders

Steven K. Huprich

Over the past several years, psychology has increasingly shifted from a categorical model of diagnosis and treating personality disorders (PDs) to a more dimensional model. The shift began in 2007, when Widiger and Trull (2007) published a seminal article in *American Psychologist* that suggested that a radical shift was necessary in the ways in which psychologists assess and diagnose PDs. This article was preceded by a white paper by Widiger and Simonsen (2005), who challenged the field to move toward a dimensional model by which to understand, assess, and diagnose personality pathology. These concerns were heeded, and their voices reflected those of many researchers and clinicians who argued that the science did not support the retention of PD categories (e.g., Clark, 2007; Krueger & Eaton, 2010).

Indeed, with the publication of the *Diagnostic and Statistical Manual of Mental Disorders* (fifth ed. [DSM-5]; American Psychiatric Association, 2013), research output on the proposed, dimensionalized Alternative DSM-5 Model for Personality Disorders (AMPD) exploded. In this model, six traditional PD categories are retained—antisocial, avoidant, borderline, narcissistic, obsessive-compulsive, and schizotypal—although they are described on a continuum by both their level of personality functioning and their constellation of pathological personality traits. Levels of personality functioning is classified as Criterion A of the AMPD description of PDs and assesses personality pathology by its expressions in the sense of self and interpersonal relatedness. Self-functioning is assessed by the maturity of an individual's level of self-directedness and identity, while interpersonal functioning is assessed by an individual's capacity for

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Personality Disorders and Pathology: Integrating Clinical Assessment and Practice in the DSM-5 and ICD-11 Era, S. K. Huprich (Editor)

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empathy and intimacy. Criterion B of the AMPD describes 25 trait facets that fall more broadly into five superordinate trait domains: negative affectivity, detachment, antagonism, disinhibition, and psychoticism. Patients are rated along a continuum to describe the extent to which they possess each trait.

But it was not just within American psychiatry and psychology that the transition to a dimensional model was being proposed. Tyrer et al. (2011) made an even bolder suggestion, writing that all PD categories should be eliminated and that patients should be assessed for the severity of their PD and for their broad personality trait domains. The World Health Organization (WHO, 2019) proceeded along this pathway for the revision of the *International Statistical Classification of Diseases and Related Health Problems* (11th ed. [ICD-11]). The final version of *ICD-11* asks providers to rate their patients along a continuum of personality pathology severity, ranging from “none” to “severe.” Patients also are to be evaluated for the extent to which they exhibit certain trait domains, labeled as negative affectivity, detachment, disinhibition, dissociability, and anankastia. In addition, when WHO agreed on the final version of *ICD-11*, a borderline pattern specifier became an option for those patients who resemble past categorical descriptions of borderline PD.

Thus, much has changed since Widiger and Trull’s (2007) now clairvoyant paper. Clinicians throughout the world are asked to utilize a dimensionalized method of diagnosis and assessment. In an earlier edited text, I (Huprich, 2015) described the evolution of the diagnostic system. In 6 short years, a considerable body of research and discussion has arisen. The PD field is now embracing a dimensionalized approach to understanding personality pathology. Consequently, I believed it was time to produce another edited text on this matter—but one that had a focus on clinical utility and application of the dimensionalized models described by *DSM-5* and *ICD-11*. While some concerns remain about the utility of a fully dimensionalized system (see Huprich, 2018), I have found much of this approach more congruent with my thinking when I assess and treat patients with personality pathology. The authors of this edited volume have most aptly described research on the dimensional systems of both *ICD-11* and *DSM-5*. They also have described major treatment approaches and have discussed some of the well-established PD categories and how to consider them within a dimensionalized model. Thus, this book has something for both the researcher and the clinician.

Part I of this book lays out the empirical foundation of both *DSM-5* and *ICD-11* dimensional models. Cain and Mulay as well as Bach and Mulder, the authors of the first two chapters, respectively, make compelling arguments for the need and usefulness of these dimensional models. In the third chapter, Siefert and colleagues offer both important content related to the clinical utility of the dimensionalized systems and ideas for how to enhance clinical utility beyond what is currently known.

Part II of this book focuses on assessment and treatment within the dimensionalized models. Dowgwillo and colleagues present an up-to-date, comprehensive discussion of principles that guide personality pathology assessment, reviewing what has historically been known in the PD literature but

also linking current assessment research into the newer paradigms. Specific applications of assessing and treating patients with these models are presented by Waugh and colleagues for *DSM-5* and Mulder and Bach for *ICD-11*. Sharp and colleagues present the value and necessity of assessing and treating adolescents for PDs and pathology, offering clear reasons for evaluating adolescents more carefully than is typically done and then providing a case application of how the dimensionalized models can be clinically helpful. I also provide a chapter on guiding principles of how to use these dimensionalized systems in treating personality pathology, something that hopefully will help clinicians rooted in categorial models of PD as they transition into a dimensional framework.

Part III is organized around major treatment paradigms for personality pathology that arguably have the most empirical support and clinical utility. While each of these chapters presents a concise and helpful overview of the treatment model, the authors also discuss how dimensionalized models can be used within these frameworks. What I believe is especially helpful in this section is that these chapters demonstrate that existing treatments all can be implemented with newer, dimensionalized models. The authors review challenges that exist in transitioning older models into newer frameworks yet send the strong message that PDs and pathology are treatable conditions.

Part IV offers specific guidelines for those PD for which we know the most from the evidence base and clinical applications. The authors of these chapters review these conditions in depth as well as offer clinical examples of what it is like to work with such patients. Again, these authors send a strong message about the treatability of most of these conditions and the challenges that remain in how to best intervene with very challenging patients. I am especially pleased to present a chapter on higher level PDs that is written by McCommon and colleagues. These disorders, although originally rooted in a categorial framework, have always been placed within a dimensional understanding of personality pathology in general. This chapter provides clear guidelines for how to understand this set of disorders and conditions and what clinical approaches are required for such patients.

In closing, I express my deepest and most sincere appreciation for all the authors who contributed to this book. Engaging in a project such as this during a pandemic came with more challenges than one typically experiences when writing chapters like these. All authors were thoughtful and collaborative, demonstrating high levels of professionalism and competency. The field is fortunate to have such good individuals help shape the future.

I also am grateful for the support I received from the American Psychological Association to put together this book. Emily Ekle and Beth Hatch were attentive to the process and details, and I could not have asked for better individuals to help develop and produce this book.

And I express my deepest appreciation to my family (Donna, Chris, and Katie) and for the many patients I have had the privilege of treating over the years. The love of my family and their presence in my life have allowed me to enjoy a profession that is fruitful and satisfying. My patients' commitment to therapy and their honest desire for a better life have allowed me to understand their

inner worlds with a level of insight that I could not have attained if they did not have faith in me and the psychotherapy process. Ultimately, it is for them and patients everywhere that this book has been created.

REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Clark, L. A. (2007). Assessment and diagnosis of personality disorder: Perennial issues and an emerging reconceptualization. *Annual Review of Psychology*, 58(1), 227–257. <https://doi.org/10.1146/annurev.psych.57.102904.190200>
- Huprich, S. K. (Ed.). (2015). *Personality disorders: Moving toward theoretical and empirical integration in assessment and diagnosis*. American Psychological Association. <https://doi.org/10.1037/14549-000>
- Huprich, S. K. (2018). Moving beyond categories and dimensions in personality pathology diagnosis and assessment. *The British Journal of Psychiatry*, 213(6), 685–689. <https://doi.org/10.1192/bjp.2018.149>
- Krueger, R. F., & Eaton, N. R. (2010). Personality traits and the classification of mental disorders: Toward a more complete integration in *DSM-5* and an empirical model of psychopathology. *Personality Disorders*, 1(2), 97–118. <https://doi.org/10.1037/a0018990>
- Tyrer, P., Crawford, M., Mulder, R., Blashfield, R., Farnam, A., Fossati, A., Kim, Y.-R., Koldobsky, N., Lecic-Tosevski, D., Ndeti, D., Swales, M., Clark, L. A., & Reed, G. M. (2011). The rationale for the classification of personality disorder in the 11th revision of the *International Classification of Diseases (ICD-11)*. *Personality and Mental Health*, 5(4), 246–259. <https://doi.org/10.1002/pmh.190>
- Widiger, T. A., & Simonsen, E. (2005). Alternative dimensional models of personality disorder: Finding a common ground. *Journal of Personality Disorders*, 19(2), 110–130. <https://doi.org/10.1521/pedi.19.2.110.62628>
- Widiger, T. A., & Trull, T. J. (2007). Plate tectonics in the classification of personality disorder: Shifting to a dimensional model. *American Psychologist*, 62(2), 71–83. <https://doi.org/10.1037/0003-066X.62.2.71>
- World Health Organization. (2019). *International statistical classification of diseases and related health problems* (11th ed.). <https://icd.who.int/>