ESCAP 2025 - Symposium:
Early detection of Personality Disorders following the severity concepts in ICD-11, OPD-CA-2 and DSM-5 AMPD

Agree to disagree?

Comparison of parent and self-rated impairment in the four areas of personality functioning

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Relations with industry: None

Conflicts of interest: I am co-author of the LoPF-Q test family used in this study to assess impaired personality functioning. It is available free of charge for research purposes in all language versions.
For individual case diagnostics, a fee-based evaluation option with result reports is offered through a self-publishing project, the authors receive royalties in the typical amount.

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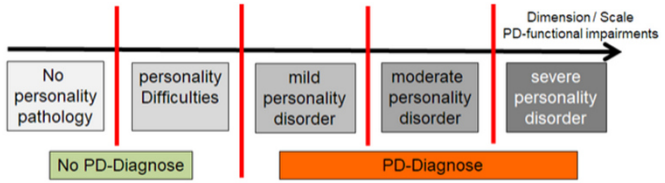
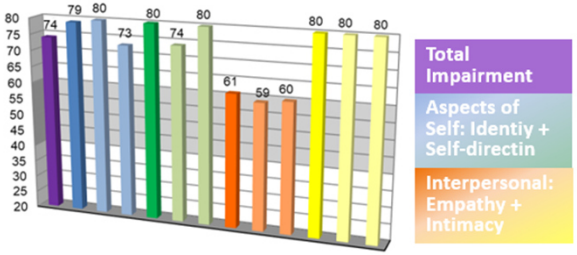
Overview: Agree to Disagree?

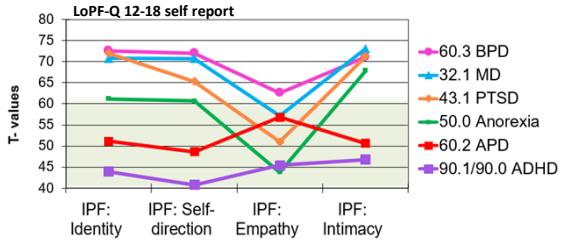
- The new guidelines for diagnosing Personality Disorders (PD) according ICD-11 / DSM-5-AMPD
  - ➢ Joint Severity dimension instead of different PD-types
  - ➢ Lifetime approach = no age restriction (symptoms > 2 years)
  - ➢ Based on „Impaired Personality Functioning" (IPF)

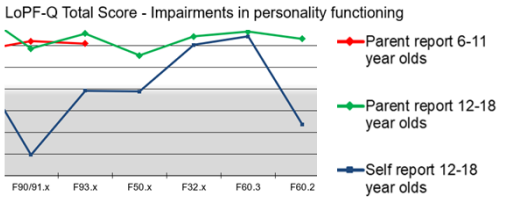


- The inventory LoPF-Q (**L**evels **o**f **P**ersonality **F**unctioning **Q**uestionnaire) to assess IPF = Impaired Personality Functioning from different perspectives
  - – **LoPF-Q 12-18** (self-report questionnaire, age 12-18 years (+/- 2 years)
  - – LoPF-Q Adult (self-report questionnaire, 19+ years)
  - – **LoPF-Q 6-18 PR** (Parent Report questionnaire, age 6-18 years)
  - – LoPF-Q 6-18 TR (Therapist Rating scale, age 6-18 years)



- Comparison of parent (LoPF-Q 6-18 PR) and self-rated (LoPF-Q 12-18) IPF (Impaired Personality Functioning) in different diagnostic groups:
  - ➢ Do the Impairment-Profiles vary reasonable between diagnostic groups?
  - ➢ Do the Impairment-Profiles differ between self-report and parent-report?
  - ➢ Who is right?

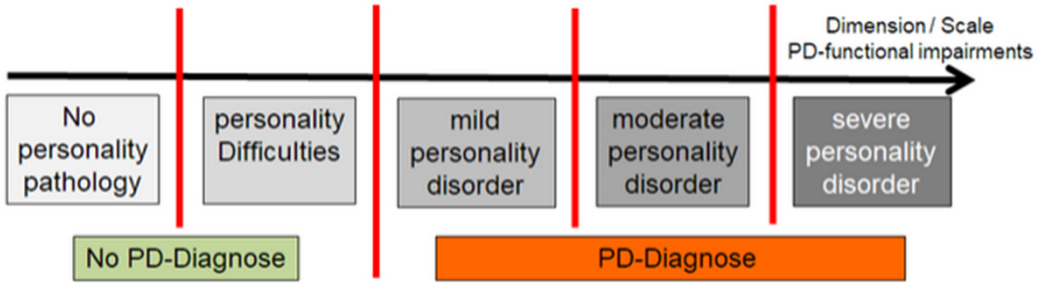




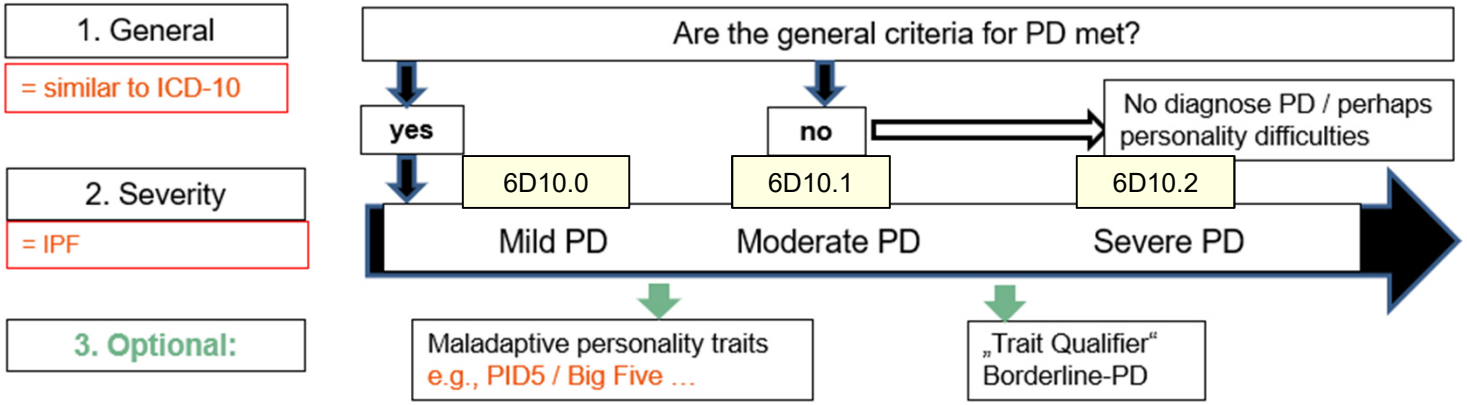
The new guidelines for diagnosing Personality Disorders (PD) according ICD-11 / DSM-5-AMPD: Joint Severity dimension instead of different PD-types

- With the **ICD-11** (**WHO, 2018/2022**) the dimensional model was introduced as mandatory and thus a radical paradigm shift was implemented:

  → There are no PD-prototypes anymore as a diagnostic basis but a general dimensional severity level of functional impairment (valid for all earlier types) based on personality functioning in different domains (self-related: identity + self-direction; interpersonal: empathy + intimacy).



Diagnostic steps for diagnosing PD in ICD-11



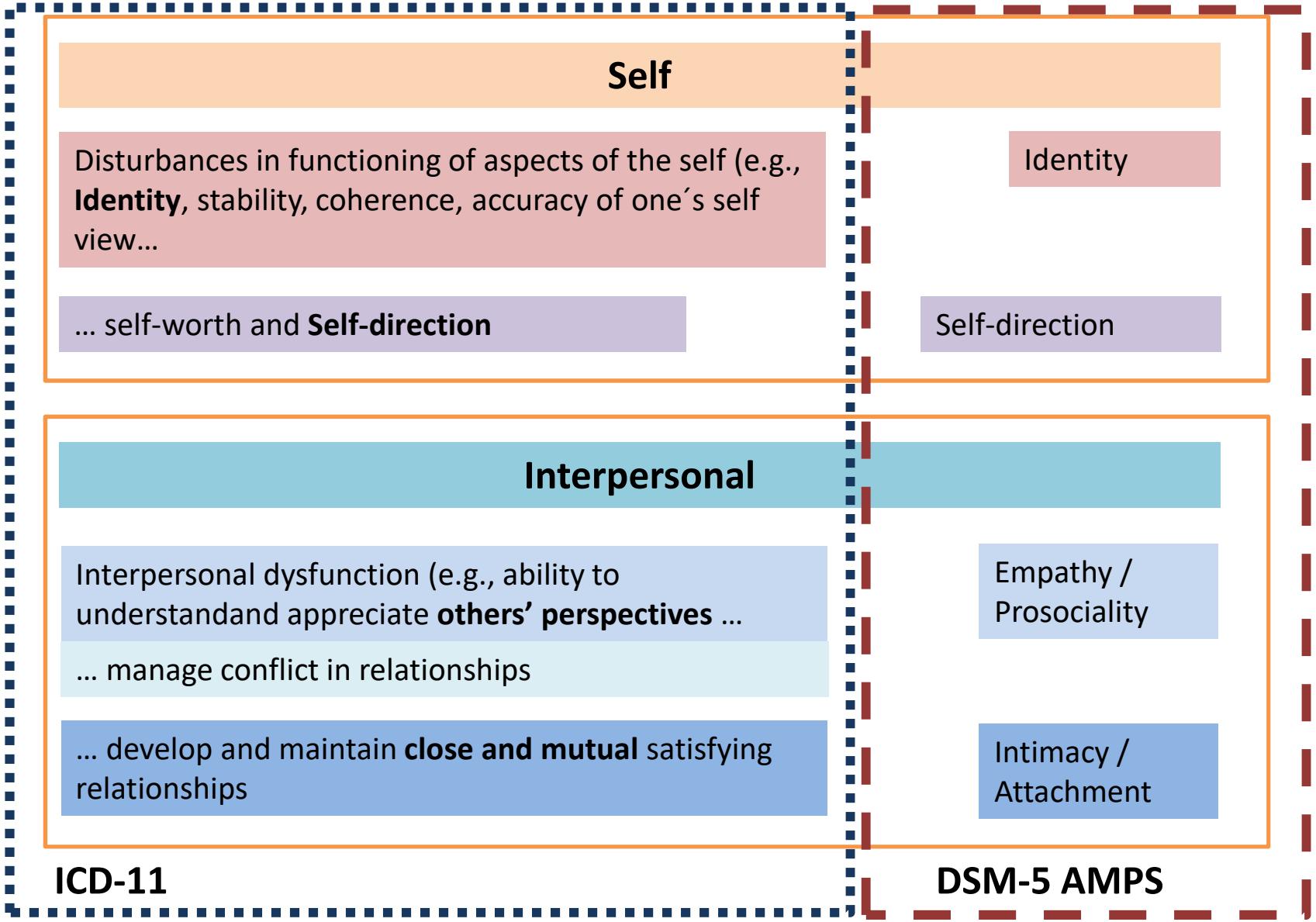
The new guidelines for diagnosing Personality Disorders (PD) according ICD-11 / DSM-5-AMPD: Lifetime approach = no age restriction anymore

→ In principle, there is no longer an age limit, but only the criterion „impairment > 2 years“ in accordance with the lifetime perspective. The diagnosis can and should therefore also be made for young people, provided that all general criteria are met.

General criteria for PD (ICD-10; DSM-IV; DSM-5; ICD-11)

- Compared to the majority of the population concerned, significant deviations in perception, thinking, feeling and relationships with others (i.e., behavior is not developmentally appropriate and cannot be explained primarily by social or cultural factors, including socio-political conflict). Not caused by any other mental or organic brain disorder.
- Subjective suffering of the affected person and/or their environment (i.e., the disturbance is associated with substantial distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning).
- Deeply rooted (problematic) behavioral patterns with rigid (e.g., inflexible or poorly regulated) reactions manifest in a variety of situations in many areas of life (i.e., is not limited to specific relationships or social roles).
- ~~Onset in childhood or adolescence, persisting into adulthood~~
  →-persisting over an extended period of time (e.g., 2 years or more)

The new guidelines for diagnosing Personality Disorders (PD) according ICD-11 / DSM-5-AMPD: Based on „Impaired Personality Functioning" (IPF)



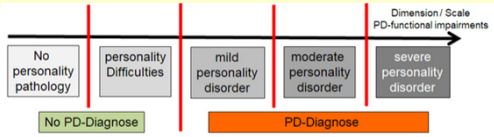
The new guidelines for diagnosing Personality Disorders (PD) according ICD-11 / DSM-5-AMPD: Based on „Impaired Personality Functioning" (IPF)

https://icd.who.int/browse11/ → text descriptions for each mild / moderate / severe PD

6D10.0 Mild personality disorder

All general diagnostic requirements for Personality Disorder are met. Disturbances affect some areas of personality functioning but not others (e.g., problems with self-direction in the absence of problems with stability and coherence of identity or self-worth), and may not be apparent in some contexts. There are problems in many interpersonal relationships and/or in performance of expected occupational and social roles, but some relationships are maintained and/or some roles carried out. Specific manifestations of personality disturbances are generally of mild severity. Mild Personality Disorder is typically not associated with substantial harm to self or others, but may be associated with substantial distress or with impairment in personal, family, social, educational, occupational or other important areas of functioning that is either limited to circumscribed areas (e.g., romantic relationships; employment) or present in more areas but milder.

- To decide between mild / moderate / severe PD, the therapist has to „count and weight“ the number of impaired aspects and domains and the each severity in order to build a „total impairment decision“
- This procedure is completely new, therapists will need time and experience. Specific assessment tools with clear Cut-Offs can support getting familiar and making diagnostic decisions.
- Research should try to build bridges between the “old prototype” and the new “dimensional” diagnostics.



The inventory LoPF-Q (Levels of Personality Functioning Questionnaire) to assess IPF = Impaired Personality Functioning from different perspectives

Our former working group from Basel / Switzerland “Phenotyping healthy and impaired personality development” (head: Klaus Schmeck, lead: Kirstin Goth) was promoting early detection of personality disorders in adolescence since 2010-2022

- matching the agenda of the GAP: Global Alliance for Prevention and Early Intervention for Borderline Personality Disorder
- Building on the new dimensional severity approach for diagnosing PD described in the diagnostic systems DSM-5 AMPD, ICD-11 und OPD-CA with the de-stigmatizing concept of personality functioning which is enabling individual profiles of strengths and difficulties and concrete therapeutic focus

Early detection = Early Assessment

We specifically developed questionnaires for **self-report** for adolescents from 12 years on and also for **parent-report** for kids from 6 years on to assess those personality functions with

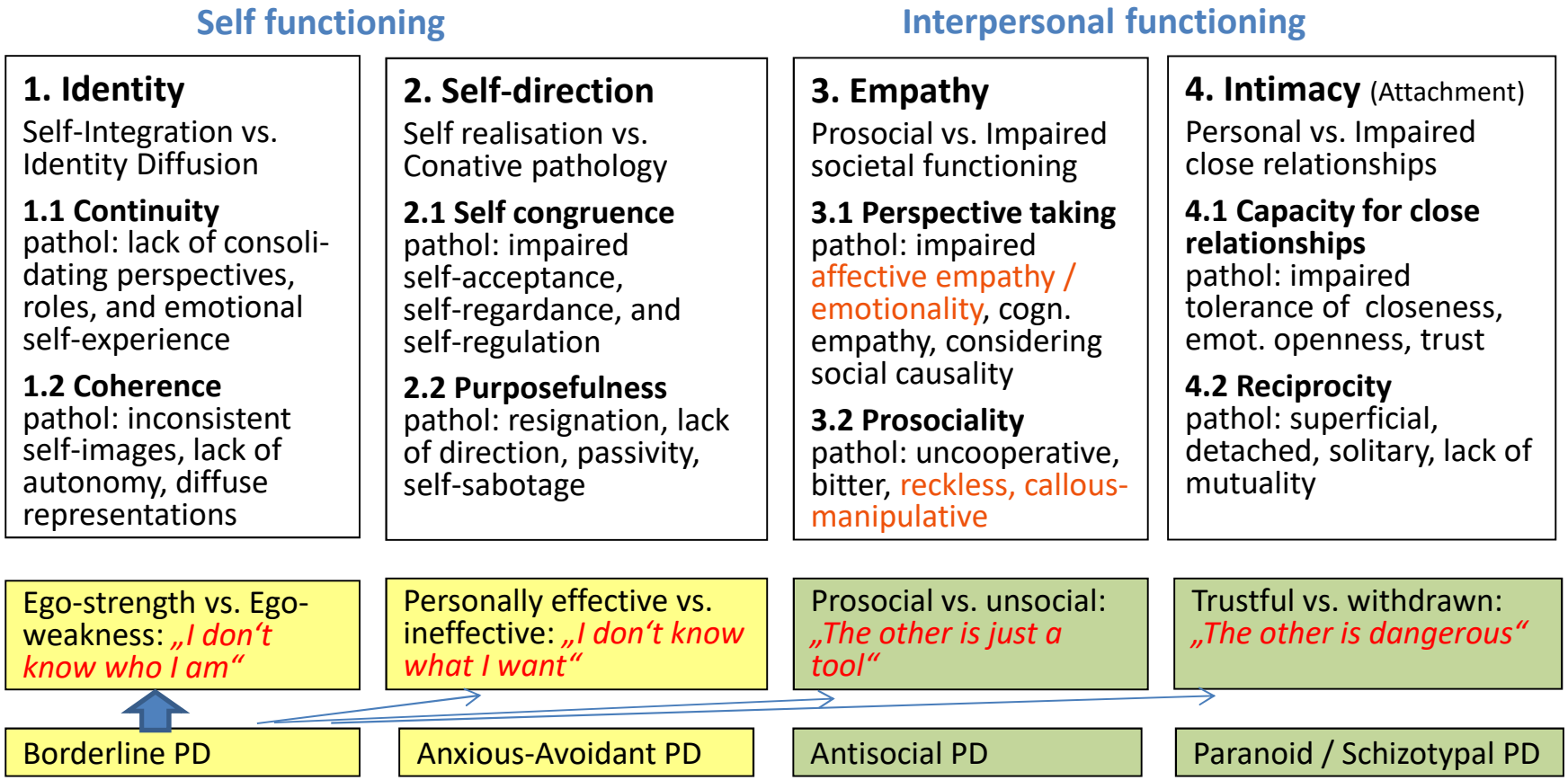
→ Focus on age adequate formulations
simple and clear; matching the life circumstances of kids; considering social desirabilty and gender/age bias

→ Focus on clinical validity
clear „healthy-to-impaired“ variation in each item; no general temperament items; integrating „effect size of differentiation between patients and controls“ into item selection process

→ Following the strict guidelines of the ITC (International Test Commission)
1. in-depth content analysis to build a model, 2. deductive item formulation for each modeled aspect in expert panels, 3. empirical beta and pilot tests to ensure basic item qualities, 4. empirical main test in large representative samples (healthy and impaired) to select the final item set based on quality criteria

The inventory **LoPF-Q** (Levels of Personality Functioning Questionnaire) to assess IPF = Impaired Personality Functioning from different perspectives

LoPF-Q model for deriving age-adequate assessment tools to operationalize the DSM-5 AMPD / ICD-11 (Criterion A of PD) **core impairments in personality functioning** suitable for children and adolescents



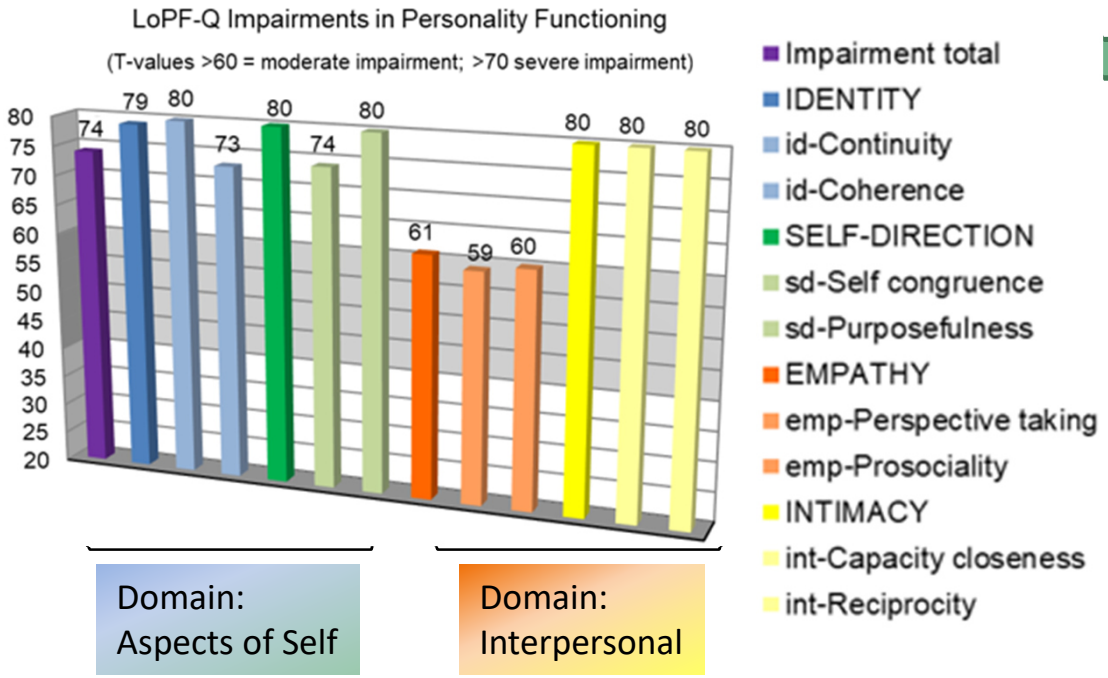
→ Each former PD-Type is supposed to show impairments in several areas of personality functioning, but specific weightings are assumed (signature PD)

→ Each severe mental illness is seen as accompanied by some impairments in personality functioning, but PD is characterized by it and the impairments are extreme, inflexible and occurr in many areas

The inventory LoPF-Q (Levels of Personality Functioning Questionnaire) to assess IPF = Impaired Personality Functioning from different perspectives

Version	Properties original version	Additional versions
LoPF-Q 12-18 (self-report questionnaire, age 12-18 years (+/- 2 years)	97 items Alpha= .97; .87 -.92 effect size d= 2,1 *	**Short version**, 36 items; Alpha= .95; .79 -.88; effect size d= 2,1 SCREENER version, 20 items. only total + primary scales, in validation
LoPF-Q Adult (self-report questionnaire, age 19+ years)	97 items Alpha= .98; .89 - .96 effect size d= 3,1	**Short version**, 36 items Alpha= .96; .74 -.91 effect size d= 3,0 SCREENER version
LoPF-Q 6-18 PR (Parent Report questionnaire, age 6-18 years)	36 items; Alpha= .96; .87 - .90; effect size d= 2,8	
LoPF-Q 6-18 TR (Therapist Rating scale, age 6-18 years)	24 items, in validation	

* = discrimination between diagnosed PD-patients and healthy controls in d= standard deviations



All versions provide the same structure of:
1 total scale of Impairment +
4 primary scales + each 2 subscales

- → with the same number of items per subscale and even per clinical sub-aspect
- → each version is empirically developed, validated and normed in age-adequate samples
- → Each translated version is likewise empirically developed, validated and normed in culture-adequate samples

The inventory LoPF-Q (Levels of Personality Functioning Questionnaire) to assess IPF = Impaired Personality Functioning from different perspectives

Item examples (only selected if empirically proofed to distinguish between "healthy-and-impaired")

1. Identity

1.1 Continuity

I have nothing in common with the most people my age.

Sometimes I have strong feelings without knowing where they come from.

1.2 Coherence

I often feel lost, as if I have no clear inner self.

I am confused about what kind of person I really am.

2. Self-direction

2.1 Self congruence

I would like to be very different from what I am actually.

When I am upset, my emotions escalate until I flip out or break down.

2.2 Purposefulness

Often I don´t know what to do with my life.

I have difficulties to reach the goals that I set for myself.

3. Empathy

3.1 Perspective taking

Others perceive me as unfeeling.

I often don´t understand the reactions of other people to my behavior.

3.2 Prosociality

If someone allows that I treated him badly, then he deserves no better.

It gives me a good feeling to point out others' mistakes.

4. Intimacy (Attachment)

4.1 Capacity for close relationships

I prefer others not to know too much about me.

I am often worried about getting hurt in friendships.

4.2 Reciprocity

I feel like I don't really belong with anyone.

It is important for me to get to know my friends very well, so that we can be "real friends". (-)

Item examples for changed rater perspectives

Some items could directly be reformulated from self-report to parent-report, e.g.:
Identity/aspect: lack of consolidating roles and emotional self-experience
SR: I feel comfortable in my body.
PR: … seems to feel comfortable in his/her body.

Some items needed huge changes to truly display the given aspect of functioning (parents don´t want to blame themselves), e.g.:
Self-Direction/aspect: resignation, passivity
SR: I often feel that I am a victim of my life's circumstances.
PR: … is often hopeless and does not believe that he/she can make a difference.

The inventory LoPF-Q (Levels of Personality Functioning Questionnaire) to assess IPF = Impaired Personality Functioning from different perspectives

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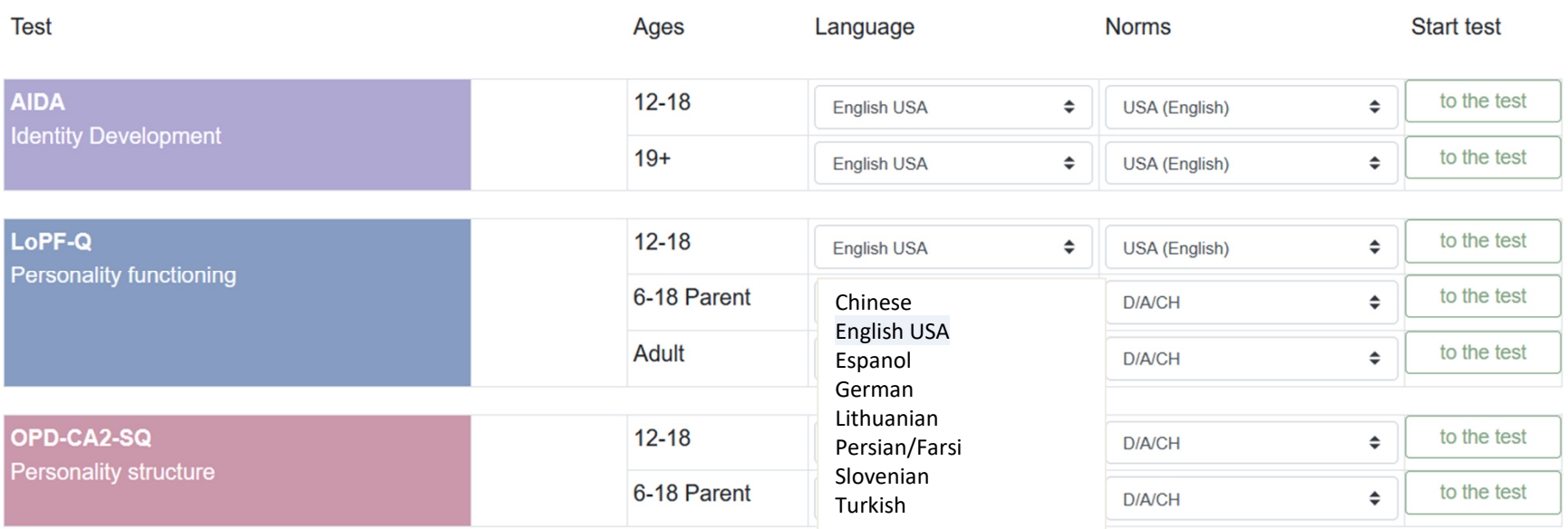

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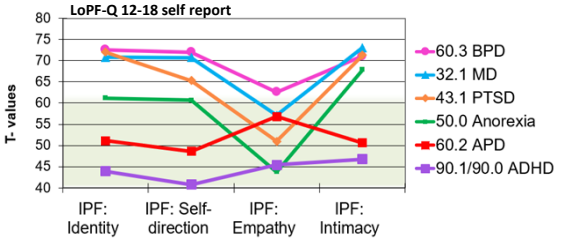
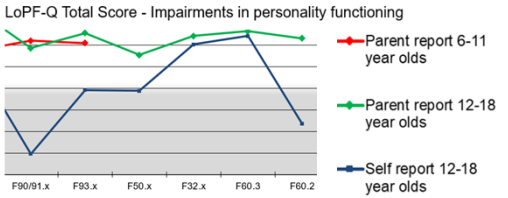
New projects since 2022

- EARLY (Basel / Switzerland): focus= International versions, short versions and longitudinal approach
  Birkhölzer: Switzerland, joint project with Turkey, Mexico, Slovenia, Lithuania, Russia, Romania
- IPF and severe mental illness (Homburg / Germany): focus = Deeper evaluation in different diagnostic groups and relation to risk factors like ACE, problematic media use, emotional availability, mobbing, defense style etc.
  Goth: Homburg, Saarbrücken, joint projects with Innsbruck, Berlin, Kassel, Vienna

→ **Research question for this presentation:**

- Do the Impairment-Profiles vary reasonable between diagnostic groups?
- Do the Impairment-Profiles differ between self-report and parent-report?
- Who is right?





Comparison of parent (LoPF-Q 6-18 PR) and self-rated (LoPF-Q 12-18) IPF (Impaired Personality Functioning) in different diagnostic groups

- **Basis** is a patient sample of currently N= 372 children and adolescents from 6 different German-speaking CAP units (Germany, Austria, Switzerland) and a school sample of N= 355 assessed with LoPF + OPD + PID5BF+ M … each self+parent-report (ongoing assessments).
  - → **School sample**: age 6 -25 (M 11,4; SD 3,9); 60% age-group 6-11, 40% age-group 12-18+, 52,2% girls; CBCL T-scores > 70: total = 2,6%, internalizing = 5,3%, externalizing = 2,6%
  - → **Clinic sample**: age 6 -26 (M 14,4; SD 2,7); 15% age-group 6-11, 85% age-group 12-18+, 58,9% girls
- **Clinical comparison groups** are formed based on careful diagnostics (guideline-conform ICD-10 diagnoses, classification conferences) with the goal to be as homogeneous as possible to enable meaningful interpretation of group differences. Not all of the patients can be clearly grouped for those statistical comparisons (e.g., with high comorbidity).

School N= 355	**Patients total N= 372** (Innsbruck, Basel, Homburg/Saarbrücken, Kassel, Vienna, Berlin)							
	D1: int/ext **N= 146**		**D2**: Homogenous ICD-10 F-groups **N= 279**					
	N = 109 internal	**N = 37** external	**N = 61** (32.x) Depression	**N = 42** (43.x) Trauma	**N = 43** (50.x) ED	**N = 66** (60.x) PD	**N = 37** (90+91.x) ADHD+CD	**N = 30** (93.x) Emotional
	Anx., Depr., Phob., OCD, ED, Emotion. 93.8/9	ADHD, CD, Substance	32.0 (N=1) 32.1 (60)	43.0 (14) 43.1 (20) 43.2 (7) 43.8 (1)	50.0 (40) 50.1 (3)	60.2 (19) 60.3 (20) 60 (27)	90.0 (6) 90.1 (12) 90.8 (1) 91.0 (11) 91.3 (6) 91.9 (1)	93.0 (1) 93.1 (1) 93.2 (2) 93.3 (2) 93.8 (12) 93.9 (12)

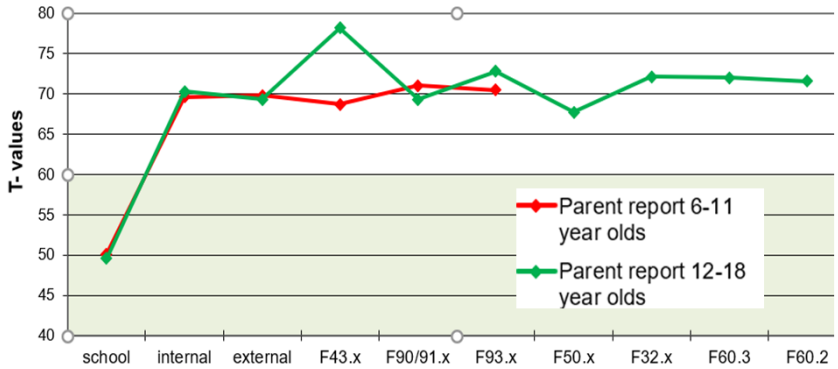
D1 Diagnose group 1: Clear internalizing / externalizing (53,7% of cases assignable)
D2 Diagnose group 2: ICD-10 F-Diagnose groups (59,1% clearly assignable)

Comparison of parent (LoPF-Q 6-18 PR) and self-rated (LoPF-Q 12-18) IPF (Impaired Personality Functioning) in different diagnostic groups

First comparison (presented at the DGKJP congress 2024): **Multivariate differences in LoPF-Q total scores** between **a**) different diagnostic groups and **b**) self-report and parent-report

Method: MANOVA with the factors „diagnostic group“, „informant“ and interaction term „diagn x informant“

Pretest: Does parent report of IPF works similarily in younger and older children?

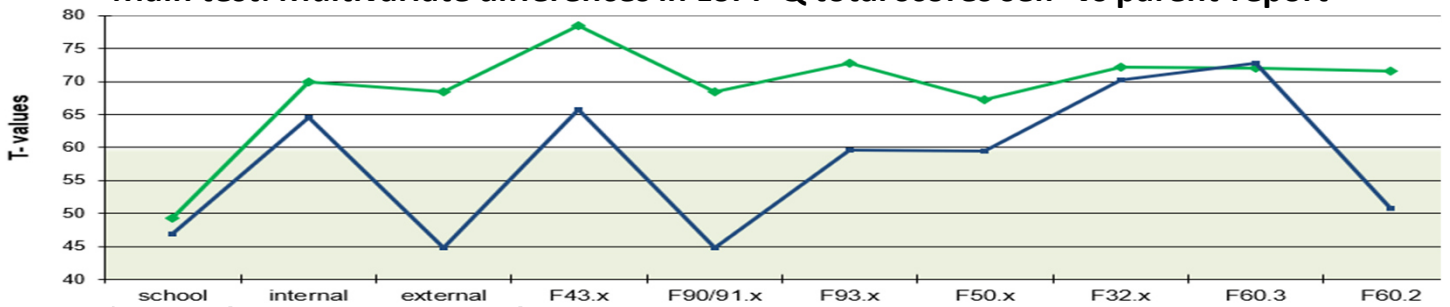


LoPF-Q Total Score - Impairments in personality functioning (T>60 moderate impairment, T>70 severe impairment)

Yes, there is no significant multivariate difference in parent-rated IPF between the two age groups over different diagnostic groups (p=.137; F=2,215; effect size pη2=.004). Only in the group F43.x a significant difference (p=.004) was found, however for both age groups the IPF was rated as highly impaired.

→ **Ratings for younger and older kids can be matched**

Main test: Multivariate differences in LoPF-Q total scores self- vs parent-report

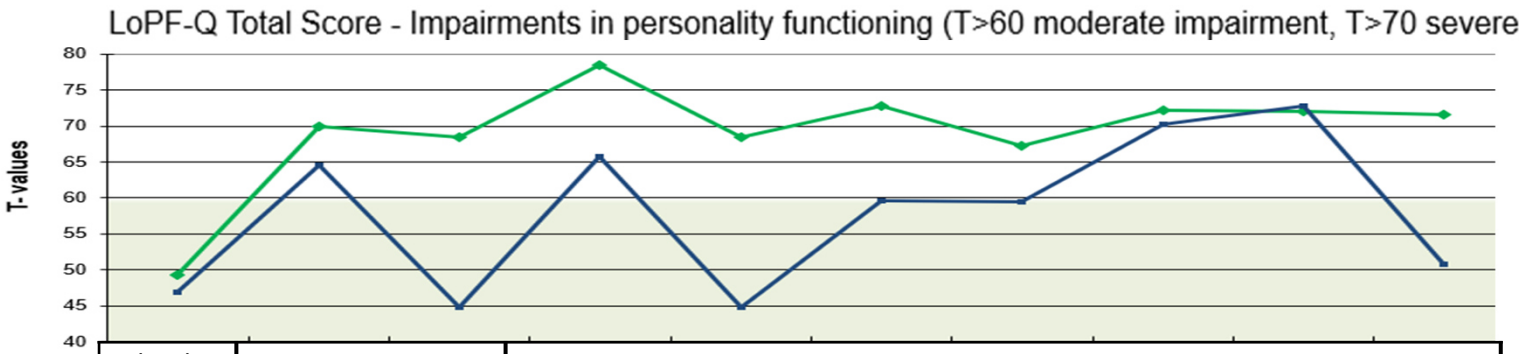


LoPF-Q 6-18 PR Total score parent-report

LoPF-Q 12-18 total score self-report

	Diagnostic-group 1		Diagnostic-group 2						
School 12-18	Inter-nalizing	Exter-nalizing	43.x Trauma	90+91.x ADHD + CD	93.x Emotion al	50.x Anorexia	32.x Depre-ssion	60.3 BPD	60.2 APD
N= 128	85	24	20	24	12	39	32	17	17

Comparison of parent (LoPF-Q 6-18 PR) and self-rated (LoPF-Q 12-18) IPF (Impaired Personality Functioning) in different diagnostic groups



LoPF-Q 6-18 PR Total score parent-report

LoPF-Q 12-18 total score self-report

school	Diagnostic-group 1		Diagnostic-group 2 = ICD-10 F-groups						
	Inter-nalizing	Exter-nal.	43.x Trauma	90+91.x ADHD+ CD	93.x Emotional	50.x Anorexia	32.x Depression	60.3 BPD	60.2 APD
Factor: diagnose group	p<.001*** F=134,714; η^2=.358 p<.001*** F=20,311; pη^2=.492		p<.001***; F=74,109; pη2=.558 (patients only= p=.011*; F=2,685; pη2=.060) p<.001***; F=33,629; pη^2=.476						
Factor: informant	**p<.001*** F=106,918; pη^2=.323		**p<.001*** F=112,980; pη2=.276						
Inter-action	***	***	***	***	***	.004**	p=.420	p=.822	***

Significance p*=5%, **=1%, ***=0.1% level; Effect size: η2p >0.01 small, >0.06 medium, >0.14 large

→ **Parent-report**: IPF differs highly significant and with large effect size between diagnostic groups = Pathology is detected and differentiated BUT parents reported severe impairment for all patient-groups with T> 65 (no impact for differential diagnostics)

→ **Self-report**: IPF differs highly significant and with large effect size between diagnostic groups = Pathology is detected and differentiated according to theoretical assumptions: severe impairment is reported specifically in Bordeline PD and Depression

→ The **difference between parent-report and self-report** is highly significant and with large effect size = **they do not agree** (except for depressed and Borderline patients)

Comparison of parent (LoPF-Q 6-18 PR) and self-rated (LoPF-Q 12-18) IPF (Impaired Personality Functioning) in different diagnostic groups

Second comparison: The current research goal was the comparison of detailed profiles on all 4 dimensions of impairment for a subsample of patients from the following diagnostic groups:

Deeper background: End of 2024, the S3 Guideline from/for German speaking countries was published. It describes in detail (and in several languages) „Diagnostics, therapy and rehabilitation of patients with severe impairment of personality functioning (LL-SBPF)".

The four aspects of impaired personality functioning Identity, Self-Direction, Empathy, and Intimacy are described as associated not only with PD but also with other serious mental illnesses and are recommended as a general screening for risk groups. (https://register.awmf.org/...)

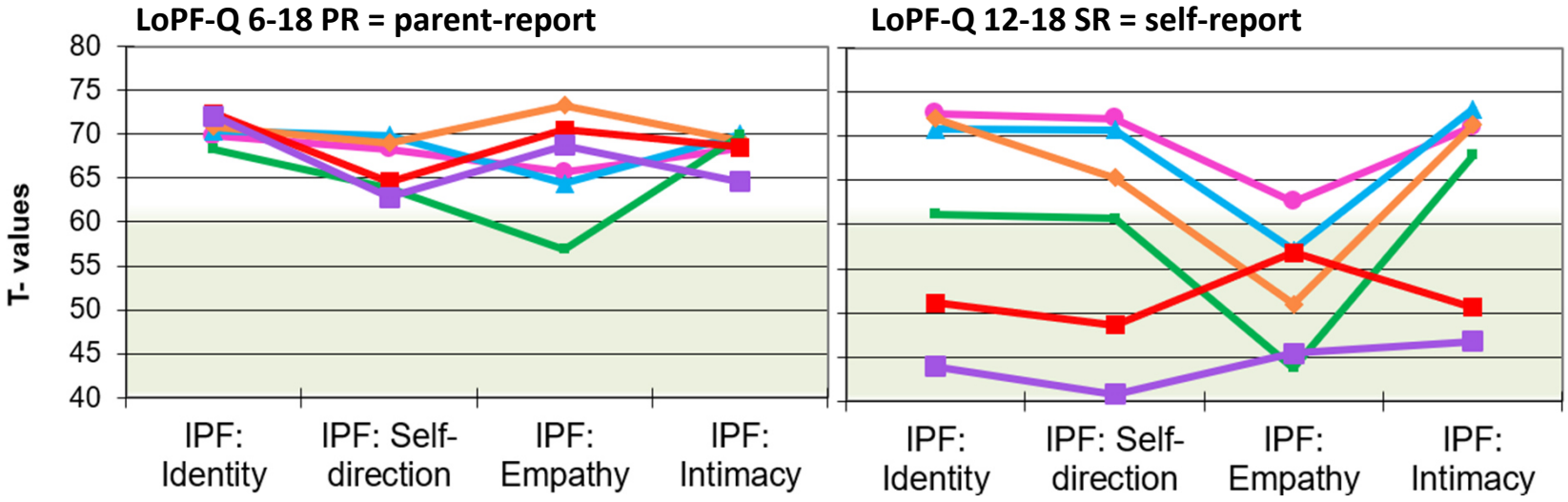
Method: Explorative, considering "ecological validity".

= Matching the ICD-11 descriptions to differ between "mild / moderate / severe" PD.

→ impairments were weighted concerning a) how many dimensions / aspects of functioning were impaired and b) how severe these impairments were.

	Patient subsample
N	132
Sex %	male 38,9 / female 61,1
Age 6-11 12-18+	7 - 26 / AM 14,7 / SD 2,8 11,4 % (N= 15) 88,6 % (N= 117)
Diagnose-group	60.3 BPD N=20 32.1 MD N=34 43.1 PTSD N=17 50.0 Anorexia N=23 60.2 APD N=19 90.0/1 ADHD N=19
Informant Sex % Age	72,5% parent / 25,0% nursing caregiver male 33,0 / female 67,0 25 - 73 / AM 43,9 / SD 10,1

Comparison of parent and self-rated IPF (Impaired Personality Functioning):
Do the detailed Impairment-Profiles on 4 domains **vary reasonable between diagnostic groups**?



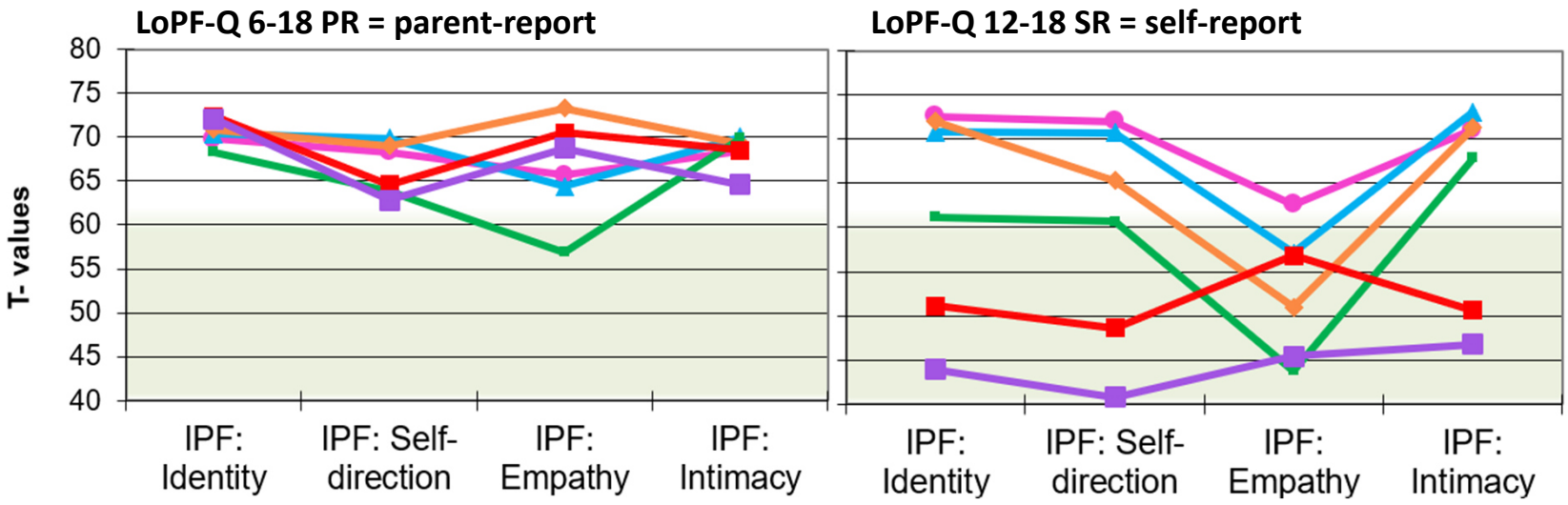
60.3 BPD	PR: all 4 T66-69 -	**SR: all 4 T63-73** →	severe impairment
32.1 MD	PR: all 4 T64-70 -	**SR: 3 T71-73** →	moderate impairment
43.1 PTSD	PR: all 4 T69-73 -	**SR : 3 T65-72** →	moderate impairment
50.0 Anorexia	PR: 3 T64-70 -	**SR: 3 T61-68** →	mild impairment
60.2 APD	PR: all 4 T65-72 -	**SR: no T>60** →	no impairment
90.1/90.0 ADHD	PR: all 4 T63-72 -	**SR: no T>60** →	no impairment

→ **Parent-report**: No, mostly all 4 domains show similar variations between diagnostic groups (= severe impairment)

→ **Self-report**: Yes, impairments vary reasonable between different diagnostic groups. BPD > MD and PTSD > Anorexia > ADHD = for those groups, pathology is captured well matching the assumptions.
BUT Antisocial PD would not be detected via self-report

→ BTW: Empathy was often reported as less impaired = specific impact of the construct „callous-unemotional“?

Comparison of parent and self-rated IPF (Impaired Personality Functioning):
Do the detailed Impairment-Profiles on 4 domains **differ between self-report and parent-report**?



Parent-report and Self-report seems …

- to **match well only for patients with Borderline PD and Depression** (severe impairments with empathy distinctively less/not impaired)
- to **match a bit for PTSD patients** (severe impairment in ID, SD and INT, but disagreement on empathy)
- to **match a bit for Anorexia patients** (less impaired and no impairment in empathy)
- to **not match at all for Antisocial PD and ADHD patients**

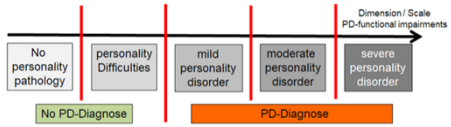
→ Who is right when there is no match?

→ It is known from CBCL / YSR and other pathology-related assessment tool, that with externalizing pathology often no impairment is self-reported but parent/informant-reported

Outlook: Agree to Disagree?

- The new guidelines for diagnosing Personality Disorders (PD) according ICD-11 / DSM-5-AMPD:

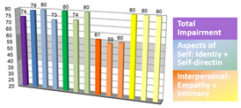
We tried to simulate the typical process of diagnostic decision making with considering and „counting“ several aspects of functioning.



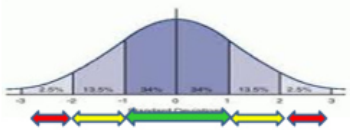
Based on the self-reported impairments, the amount of impaired aspects indeed seemed to fit the clinical diagnoses well to some extent:

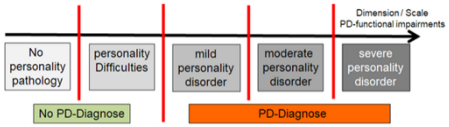
- Borderline PD patients reported the highest IPF
- Also patients with other severe psychiatric diagnoses reported high levels of IPF (Depression, PTSD), matching the assumptions of the new S3 guideline

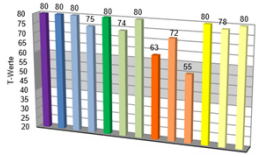
→ Thus, assessing IPF as a new GAF-score (global functioning) may help „building bridges“ between theory and clinical practice and provide early detection and possible treatment of PD



- Comparison of parent (LoPF-Q 6-18 PR) and self-rated (LoPF-Q 12-18) IPF (Impaired Personality Functioning) in different diagnostic groups:
  - Parent-report captures general pathology well in this patient sample, but the incremental information for diagnostic decision making is questionable (no differentiation between diagnostic groups)
  - Self-report showed clinically reasonable variation of impairment between diagnostic groups and, thus, seems to be useful for differential diagnostic decision making …
  - … except for externalizing problem behaviors. For those problem behaviors, the parent/therapist-report should perhaps be preferred?







Thank you for your attention!

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