IACAP 2026 - Symposium:
A closer look at "Impaired Personality Functioning" to describe personality disorders and other severe psychopathology

Are SIPF the new GAF?

Severe Impairment of Personality Functioning as screening for global psychosocial functioning in clinical samples

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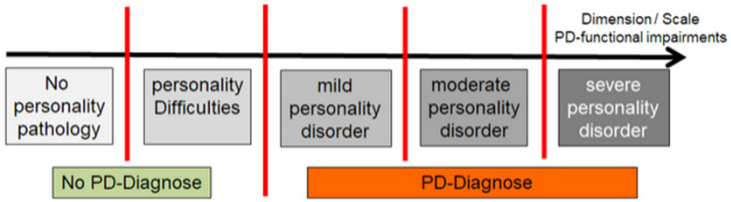
Disclosure Information:
I am co-author of the questionnaire LoPF-Q 12-18 which is used in the present study. I am organizing the self publisher academic-tests to distribute the LoPF-Q and related questionnaires for early detection of PD. Although all questionnaire and manuals can be freely downloaded in all culture-adapted versions and the scoring routines are freely available for scientific purposes, the use for profit-oriented diagnostic purposes is fee based and the authors are receiving royalties.

Overview: Are SIPF the new GAF?

- The new guidelines for diagnosing Personality Disorders (PD) according ICD-11 / DSM-5-AMPD by using a dimensional severity level of IPF = Impaired Personality Functioning



- The inventory LoPF-Q (**L**evels **o**f **P**ersonality **F**unctioning **Q**uestionnaire) to assess IPF = Impaired Personality Functioning from different perspectives
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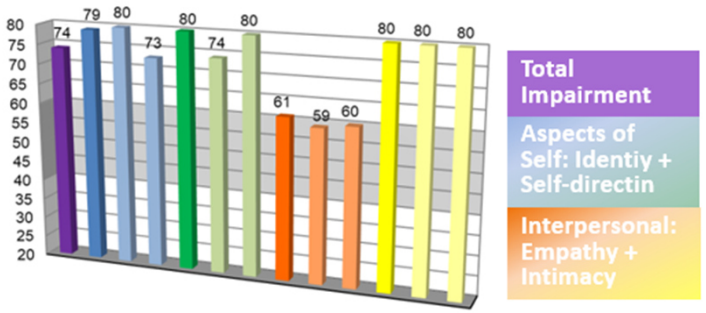

- LoPF-Q 12-18 profiles in different diagnostic groups:
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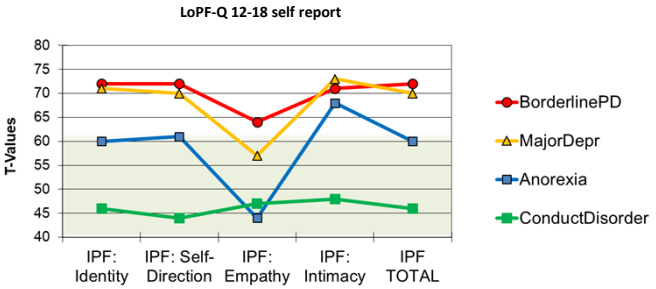
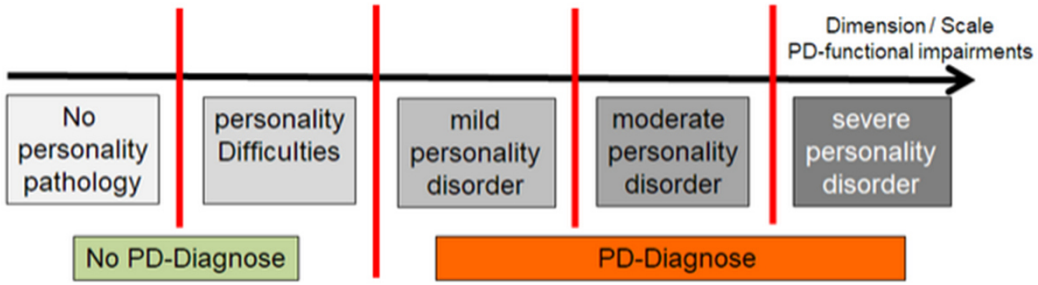


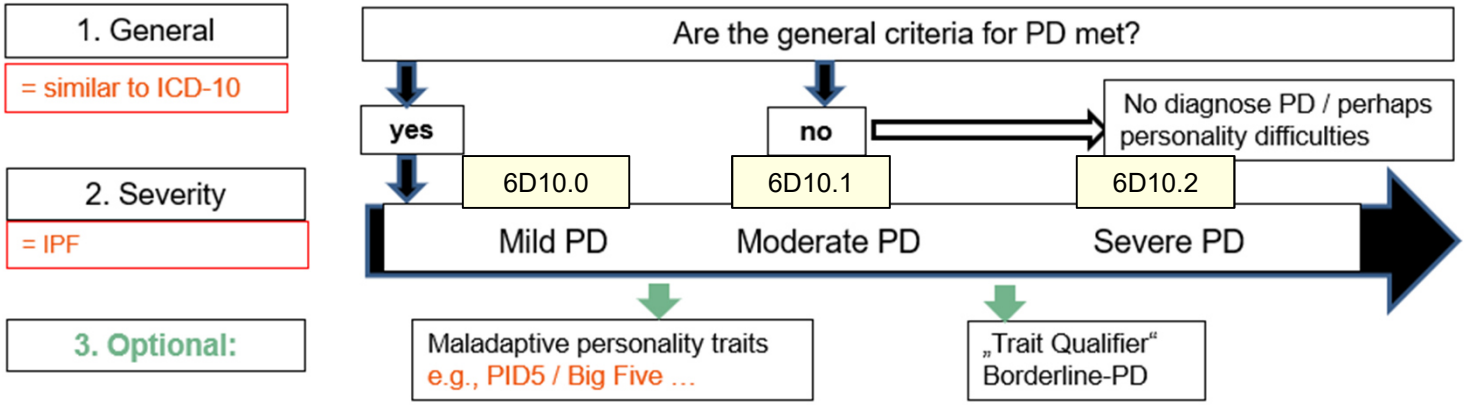
The new guidelines for diagnosing Personality Disorders (PD) according ICD-11 / DSM-5-AMPD: Joint Severity dimension instead of different PD-types

- 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



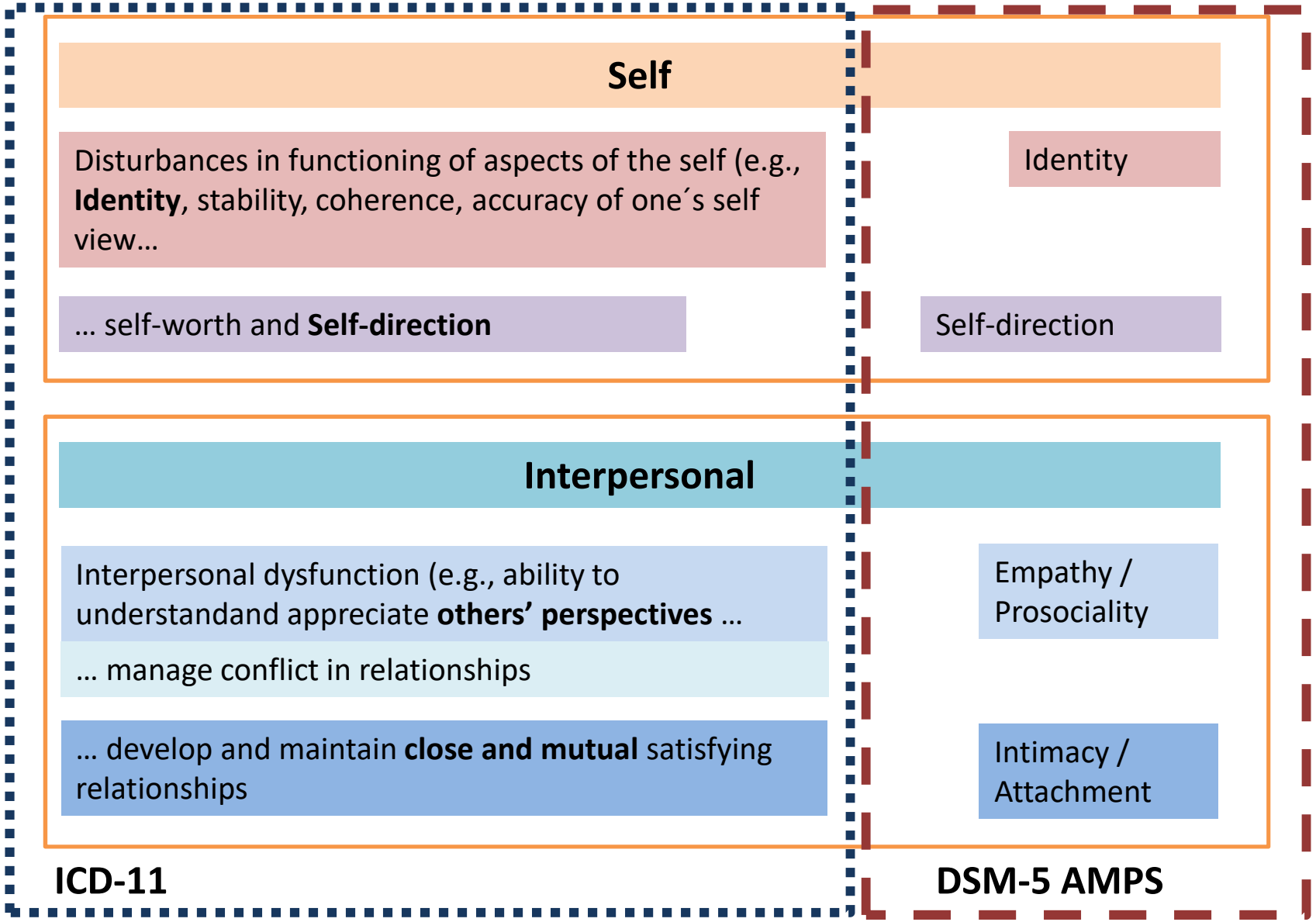
The new guidelines for diagnosing Personality Disorders (PD) according ICD-11 / DSM-5-AMPD: Lifetime approach = no age restriction anymore

→ 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)



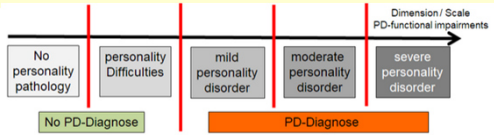
The new guidelines for diagnosing Personality Disorders (PD) according ICD-11 / DSM-5-AMPD: Based on „Impaired Personality Functioning" (IPF)

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.



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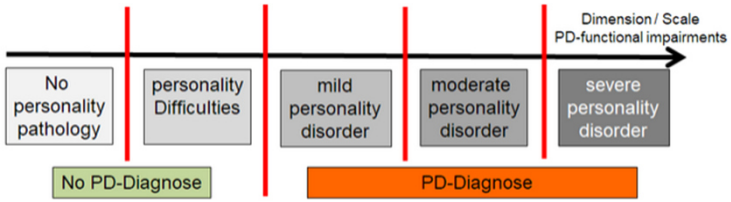

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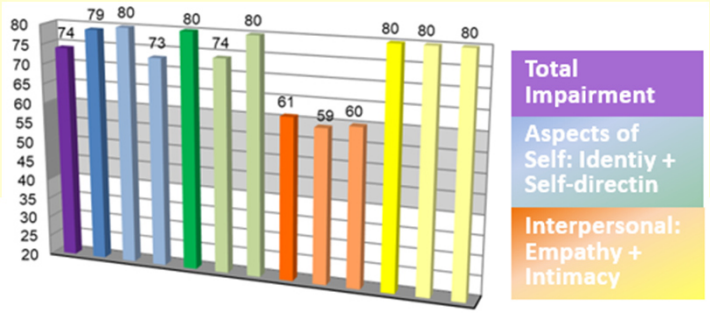

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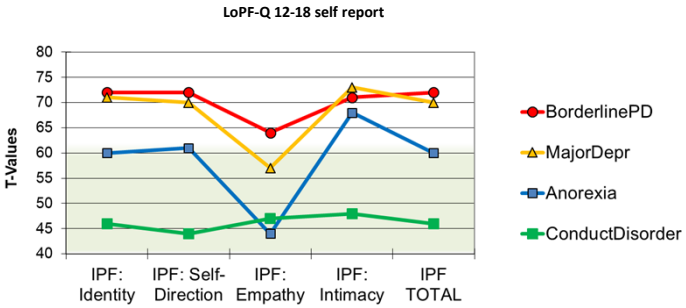


The inventory LoPF-Q (Levels of Personality Functioning Questionnaire) to assess IPF = Impaired Personality Functioning from different perspectives

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 supposed to enable 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

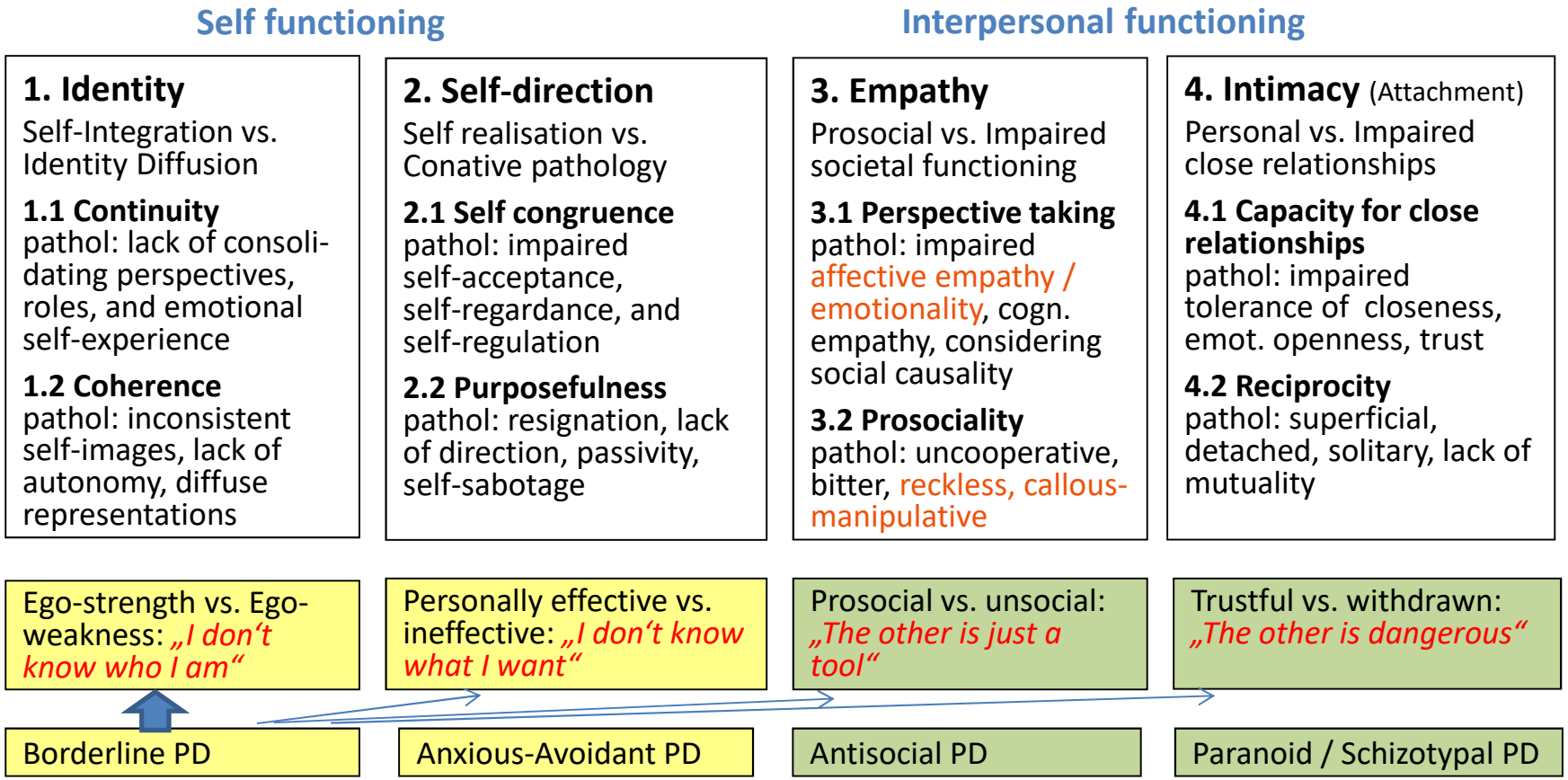
→ Focus on age adequate formulations
simple and clear; matching the life circumstances of kids; considering social desirabilty and gender/age bias

→ 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



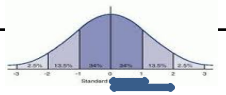
→ Each former PD-Type is supposed to show impairments in several areas of personality functioning, but specific weightings are assumed (signature PD)

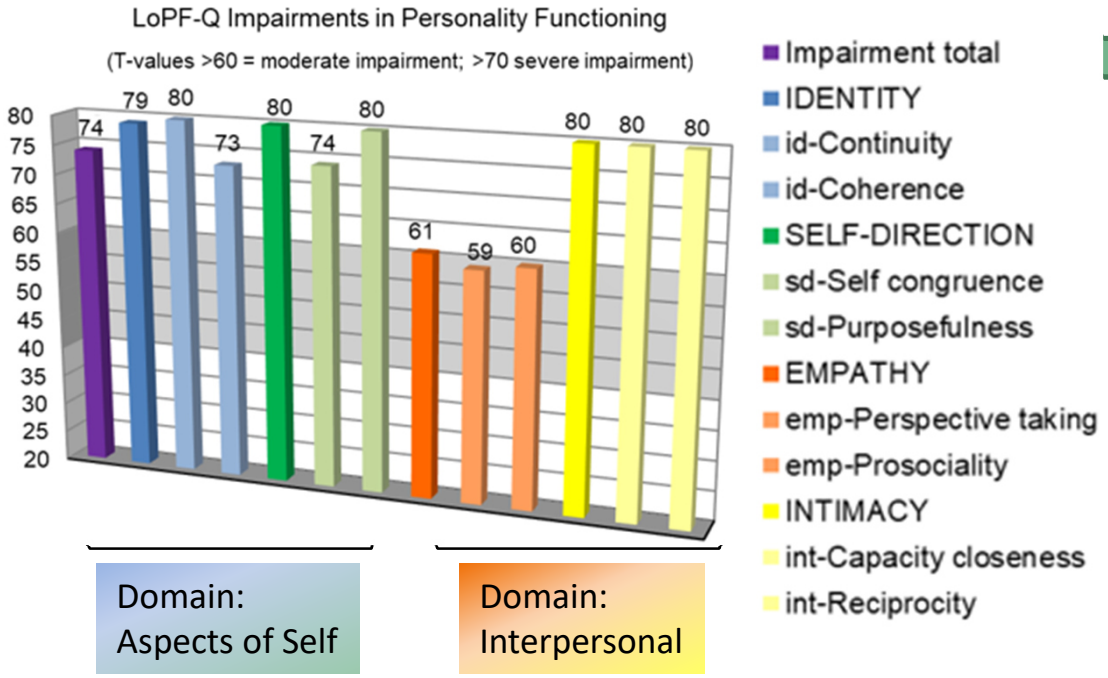
→ Each severe mental illness is seen as accompanied by some impairments in personality functioning, but PD is characterized by it and the impairments are extreme, inflexible and occurr in many areas

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. Alpha= .91, .84 - .71 effect size d= 3,1; only total + primary scales
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

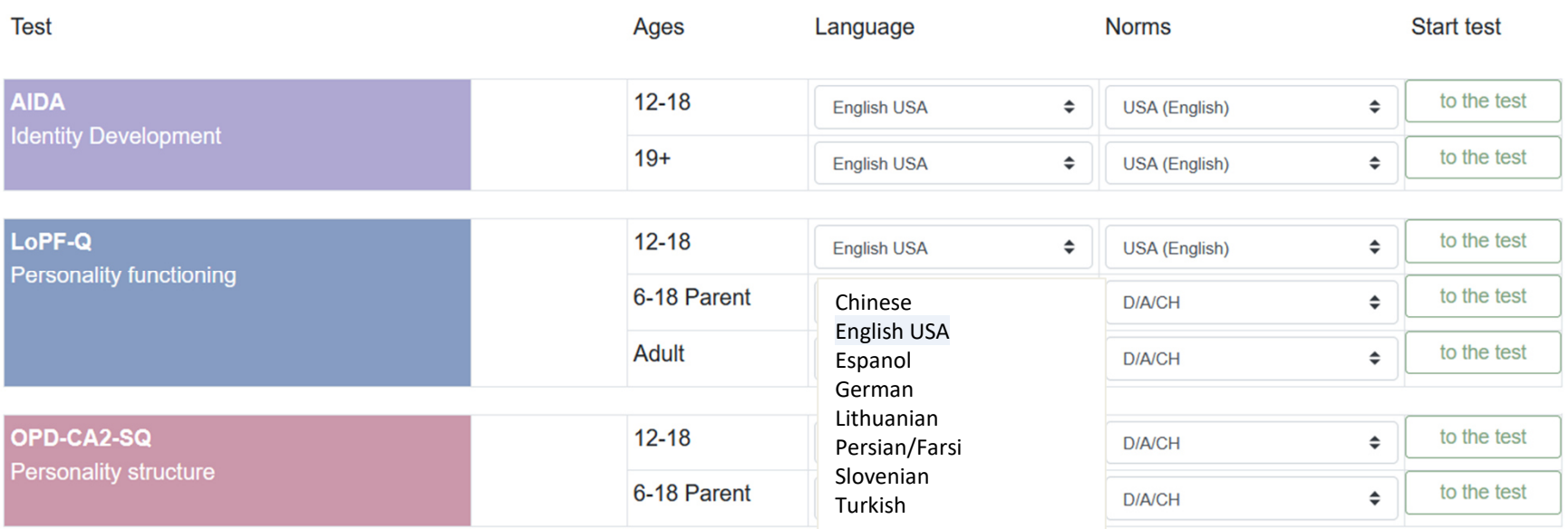
- → with the same number of items per subscale and even per clinical sub-aspect
- → each version is empirically developed, validated and normed in age-adequate samples
- → Each translated version is likewise empirically developed, validated and normed in culture-adequate samples

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

All results for psychometric properties are freely available on our website for everyone:
Our **self-publishing project academic-tests** for fast and easy availability of our tests

For registered users from the field of psychology, psychiatry and education (no fee):

→ Questionnaires and manuals for **free download**
→ Free **research test-sets** with SPSS routines and profile templates for research projects
→ Direct and/or **Online administration** with detailed result profiles for a small fee per testing



https://academic-tests.com

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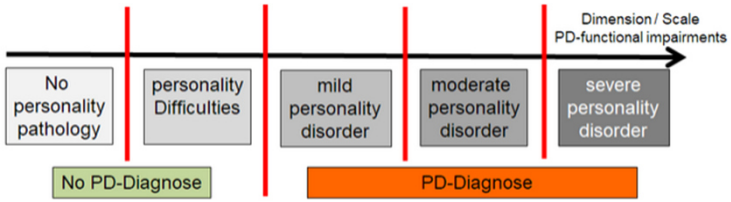

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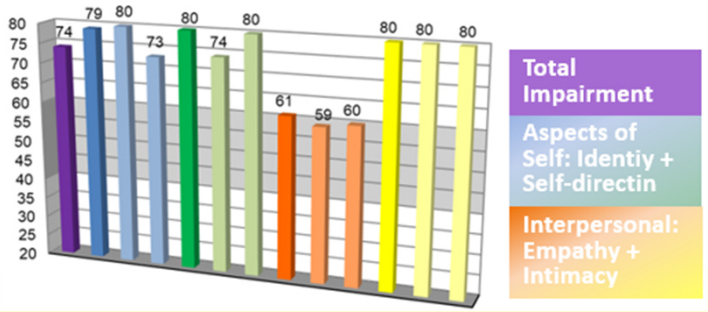

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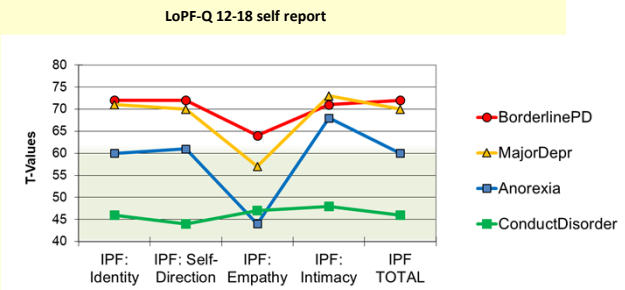


SIPF (Severe Impairment of Personality Functioning) – A new name for PD?

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 …

a) 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/...)

b) as basic psychological abilities that are believed to be necessary for coping with a wide variety of internal and external demands.

c) as covering many goals of psychotherapy focus: functions of the self (including identity and self-regulation) and interpersonal relationships (including empathy and closeness).

This goes along with a kind of "rebranding / renaming" = A new term is being introduced to provide a broader framework and to mitigate the negative connotations associated with "personality disorder" (PD). The disorder group PD is now called "Severe Impairment of Personality Functioning" (SIPF).

Benecke, van Haaren, Engesser, Dotzauer, Wendt, Daszkowski, Dillo, Dulz, Dürich, Engel-Diouf, Engelhardt, Eversmann, Fassbinder, Franke, Giertz, Herpertz, Hörz-Sagstetter, Jansen, Klein, Kopp, Kruse, Kubiak, Kupsch, Lammers, Lindner, Matzat, MilchMontag, Munz, Muschalla, Nothacker, Ommert, Reddemann, Reininger, Rixe, Röh, Schäfer, Schumacher, Siegel, Siegl, Spitzer, Steger, Tarbiat, Taylorvon Haebler, Waldherr, Weißflog, Welk, Wiegand, Wingenfeld, Zimmermann, Singer (2024). Heraugegeben von DGPT. https://register.awmf.org/de/leitlinien/detail/134-001

SIPF (Severe Impairment of Personality Functioning) – A new name for PD?

… the S3 Guideline …

PFs are primarily used to define personality disorders (in cases of extreme impairment in the most areas of functioning):

- Personality disorders (PD) (all forms) = SIPF is the basis for this diagnose

But patients with the following diagnoses are also likely to have SIPF:

- Chronic/treatment-resistant depression, double depression
- Severe/complex post-traumatic stress disorder
- Schizophrenia (all forms)
- Psychotic disorders
- Dissociative identity disorder
- Somatization disorders

→ PFs (Personality Functions) are suggested to be useful for describing a baseline level of psychological functioning.

→ In principle, this is similar to other measures of severity (e.g., number of symptoms, psychosocial functioning level; **GAF**), but goes beyond them, as the PFs (identity and self-direction; empathy and intimacy/attachment) contribute to a possible explanation of these impairments in coping with life and daily activities.

GAF (Global Assessment of Functioning)

The GAF (Global Assessment of Functioning) is a 0-100 clinician-rated scale that measures a person's overall psychological, social, and occupational functioning. While often used alongside ICD-10, the GAF is technically a component of the DSM-IV multiaxial system.

- **91–100:** Superior functioning, no symptoms.
- **81–90:** Absent or minimal symptoms, good functioning in all areas.
- **71–80:** Symptoms are transient and expectable reactions to psychosocial stressors; no more than slight impairment in social, occupational, or school functioning.
- **61–70:** Some mild symptoms or some difficulty in social, occupational, or school functioning.
- **51–60:** Moderate symptoms or moderate difficulty in social, occupational, or school functioning.
- **41–50:** Serious symptoms or any serious impairment in social, occupational, or school functioning.
- **31–40:** Some impairment in reality testing or communication, or major impairment in several areas (e.g., work/school, family relations).
- **21–30:** Behavior is considerably influenced by delusions or hallucinations, or serious impairment in communication or judgment.
- **11–20:** Some danger of hurting self or others, or occasionally fails to maintain minimal personal hygiene.
- **1–10:** Persistent danger of severely hurting self or others, or persistent inability to maintain minimal personal hygiene.

The GAF provides a quick snapshot of a patient's functional status to help clinicians plan treatment and track recovery.

In modern diagnostic manuals (like DSM-5), the GAF has been replaced by the WHODAS 2.0 (World Health Organization Disability Assessment Schedule).

However, in German healthcare contexts it remains heavily used for social medicine and specific care directives. For instance, a GAF score of ≤ 40 is a primary requirement for qualifying for statutory Sociotherapy.

Our **Sample** for comparing LoPF-Q 12-18 profiles in different diagnostic groups

- **Broad 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 in self+parent-report (ongoing assessments in a cooperating project with similar test batteries).

  → **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).

	Patient subsample with LoPF-Q 12-18 Self report for the given research question
N	89
Sex %	male 29,2 / female 70,8
Age	13-22; AM 15,5; SD 1,7
Diagnose group	60.3 **Borderline PD** **N=19** 32.1 **Major Depression** **N=32** 50.0 **Anorexia** **N=19** 91.0/90.1 **Conduct Disorder** **N=19**

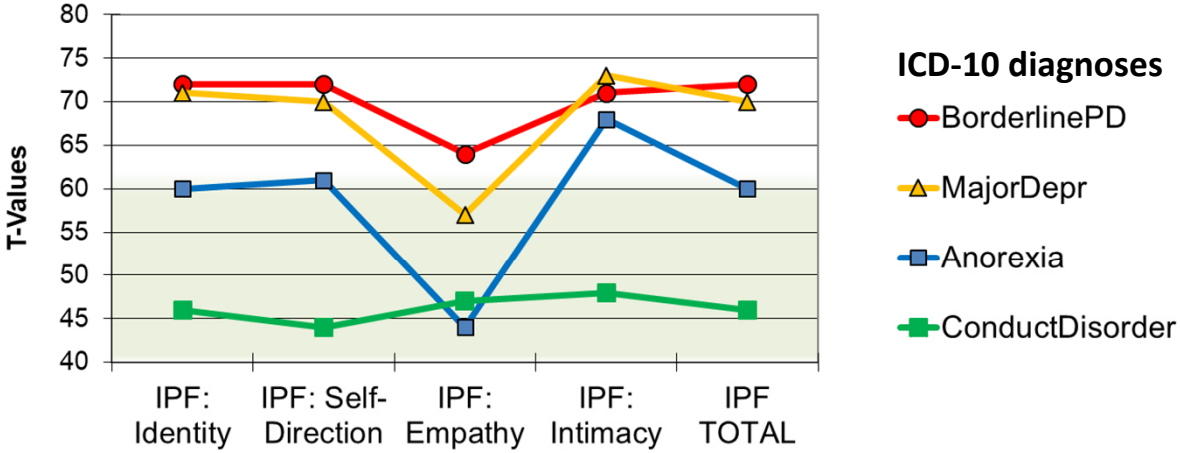
Comparison of self-rated IPF (Impaired Personality Functioning) in different diagnostic groups using the LoPF-Q 12-18 questionnaire

Method: MANOVA with the factor „diagnostic group“

Statistical question: Is IPF significantly differentiating the diagnostic groups

Research question: Is SIPF specific for PD or also seen in other diagnostic groups?

Impairment profiles in different diagnostic groups
(T-values >60 moderate impairment, T>70 severe impairment)



Yes, there is a significant multivariate difference in self-rated IPF between the diagnostic groups for all 4 domains and the total IPF p<.001; F=37,666 to 13,915; effect size pη2= .571 to .329
(pη2>.140 = large effect)

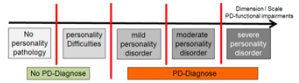
PD patients showed the highest impairments with 3 domains T>70 and 1 domain T>60
→ IPF has obviously something to do with PD, speaking in favour for the paradigm change in ICD-11 diagnostics

MD patients also showed high impairments with 3 domains T>70
Anorexia patients showed also moderate impairments with 3 domains T>60
Conduct Disorder patients showed no self-reported impairments in functioning
→ In line with the S3 guideline, SIPF = impairments in functioning are present in different pathologies in different degrees of severity (BPD > MD > Anorexia > CD) and may help to inform prognostics and therapeutic focus

SIPF is not specific für PD but could be globally used to describe severity of functional impairment like the GAF

Conclusion and Outlook: Are SIPF the new GAF? Yes, they can be!

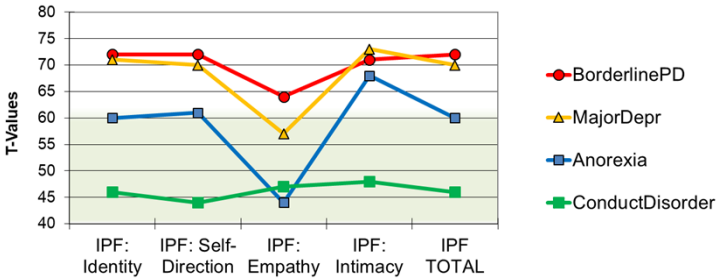
The new ICD-11 / DSM-5-AMPD concept for diagnosing Personality Disorders (PD) using „Severe Impairment of Personality Functionig“ (SIPF) provides:



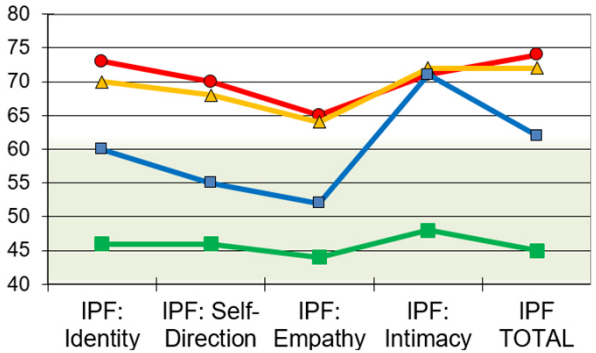
- A meaningful differentiation of diagnostic groups. Patients with Borderline PD showed the highest impairments = SIPF; Early detection of PD is possible for age 12+
- A meaningful description of functional impairment for all patients with severe psychiatric diagnoses (e.g., PD, Depression etc.), matching the assumptions of the new S3 guideline; Impairment profiles can reduce stigmatization and support prognostics and therapeutic focus
- = The assessment of SIPF as a kind of GAF-score (global functioning) seems highly recommendable in clinical routine diagnostics.

The self-report questionnaire LoPF-Q 12-18 was successfully used for this. However, with 97 items it takes much longer than the clinician rated GAF score.

→ The LoPF-Q 12-18 SCREENER version with only 20 items (selected with ACO/CFA; Zimmermann et al., 2022) was able to discriminate wit the same quality between the diagnostic groups in the given sample:

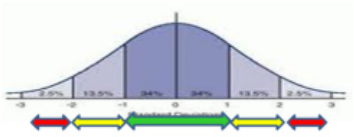


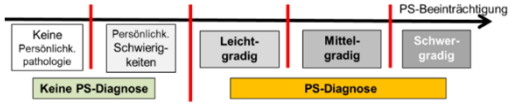
LoPF-Q 12-18 full version

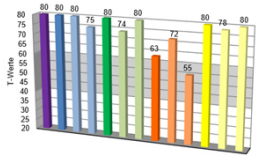


LoPF-Q 12-18 SCREENER version

With minimal loss of clinical accuracy, the LoPF-Q 12-18 SCREENER could be used for assessing SIPF in clinical routine diagnostics for age 12+







Thank you for your attention!

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- Schmeck, K., & Goth, K. (2018). Diagnostische Verfahren im Kinder- und Jugendbereich. In G. Berberich, M. Zaudig, C. Benecke, H. Sass, & J. Zimmermann (Eds.), Persönlichkeitsstörungen – Update zu Theorie und Therapie (pp. 83-95).
- K. Goth, M. Birkhölzer & K. Schmeck (2018). Assessment of Personality Functioning in Adolescents with the LoPF-Q 12-18 self-report questionnaire. Journal of Personality Assessment, 100:6, 680-690.
- Sevecke, K., Haid-Stecher, N., Goth, K. Bock, A., Krischer, M.K. (2019). Zeit für etwas Neues? Paradigmenwechsel für die Persönlichkeits-störung im ICD-11. Überblick und Chancen für das Jugendalter. Persönlichkeitsstörungen Theorie und Therapie, 4/19, 299-309.
- Gander M, Buchheim A, Bock A, Steppan M, Sevecke K, and Goth K (2020). Unresolved Attachment Mediates the Relationship Between Childhood Trauma and Impaired Personality Functioning in Adolescence. Journal of Personality Disorders.
- Dixius A, Goth K, Moehler E (2021). Pilotevaluation eines neuen Programms zur Förderung von Emotionsregulation und Stressresilienz bei Kindern. START-Kids: Stress-Arousal-Regulation-Treatment for Kids. Praxis der Kinderpsychologie und Kinderpsychiatrie, Vol. 70, 8.
- Schmeck K, Kumperscak, H, Birkhölzer M, Goth K (2022). Editorial: Dimensional assessment of personality disorders in young people: A closer look on personality functioning in younger ages, different cultures, and various clinical settings. Frontiers in Psychiatry, 13.
- Mazreku G, Birkhölzer M, Cosgun S, Kerber A, Schmeck K, Goth K (2023). Impaired Personality Functioning in Children and Adolescents Assessed with the LoPF-Q 6-18 PR in Parent-Report and Convergence with Maladaptive Personality Traits and Personality Structure in School and Clinic Samples. Children, 10(7), 1186.
- Akın A, Reichel PM, Weber EC, Kluge G, Goth K, Obbarius A, Seiffge-Krenke I, Sarrar L (2024). Die Zusammenhänge von psychischer Struktur, psychodynamischen Konflikten und Abwehrstilen bei Adoleszenten mit psychischen Beschwerden. Psychother Psychosom Med Psychol., 74(05): 157-164.
- Joas J, Hussong J, Aktürk S, Goth K, Möhler E, Honecker-Gebauer H. (2025) Maternal Postnatal Psychopathology Predicts Identity Diffusion in Young Adult Offspring. Children, 12(1):24
- Lind, M. & Goth, K. (2025). Maladaptive Sense of Identity and Agency, in Bo Bach (ed.), ICD-11 Personality Disorders: Assessment and Treatment, Oxford Academic.
- Gander, M., Goth, K., Fritz, J., Sevecke, K. (2026). Behind the scars: adolescents with non-suicidal self-injury disorder show profound personality pathology. Child Adolesc Psychiatry Ment Health. https://doi.org/10.1186/s13034-026-01075-8