Assessing Personality Disorders with the MMPI-2-RF

Martin Sellbom, PhD
Associate Professor
Department of Psychology
University of Otago
Dunedin, New Zealand

Agenda

• Introduction to Personality Disorders
• MMPI-2-RF and Personality Disorder Research
• MMPI-2-RF Scales and Personality Disorder Criteria
• DSM-5 Alternative Model of Personality Disorders
• Cases
Current System – DSM-5 Section II

- 10 PDs organized into three clusters

**Cluster A**
- Paranoid
- Schizoid
- Schizotypal

**Cluster B**
- Antisocial
- Borderline
- Histrionic
- Narcissistic

**Cluster C**
- Avoidant
- Dependent
- Obsessive-Compulsive

---

Measurement of *DSM-5* Section II Personality Disorder Constructs Using the MMPI-2-RF in Clinical and Forensic Samples

Jaime L. Anderson  
University of Alabama

Wieke Smid  
Forensic Care Specialists, Utrecht, The Netherlands

Martin Sellbom and Carly Pymont  
Australian National University

Hilde De Sager  
De Waagmeng, Haarlem, The Netherlands

Jan H. Kamphuis  
University of Amsterdam

In the current study, we evaluated the associations between the Minnesota Multiph Minh Personality Inventory-2 Restructured Form (MMPI-2-RF), Harris-Reis & Tellegen, 2008) scale scores and the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association, 2013) Section II personality disorder PDs criterion counts in inpatient and forensic psychiatric samples from The Netherlands using structured clinical interviews to operationalize PDs. The inpatient psychiatric sample included 190 male and female patients and the forensic sample included 162 male psychiatric patients. We conducted correlation and count regression analyses to evaluate the utility of relevant MMPI-2 RF scales in predicting PD criterion count scores. Generally, results from these analyses emerged in conceptually expected and provided evidence that MMPI-2 RF scales can be useful in assessing PDs. At the criterion level, most hypothesized associations between Section II disorders and MMPI-2 RF scales were supported. Similarly, in the regression analyses, a unique set of predictors emerged for each PD that was generally in line with conceptual expectations. Additionally, the results provided general evidence that PDs can be captured by dimensional psychopathology constructs, which has implications for both DSM-5 Section III specificity and the personality psychopathology literature more broadly.

*Keywords:* MMPI-2 RF, personality disorders, DSM-5
Mapping the Personality Psychopathology Five Domains Onto DSM–IV Personality Disorders in Dutch Clinical and Forensic Samples: Implications for DSM–5

MARTIN SELLBOM,1 WINEKE SMID,2 HILDE DE SAEGHER,3 NAOMI SMIT,4 AND JAN H. KAMPHUIS4

1Department of Psychology, The University of Alabama
2Van der Horsten Kliniek, Utrecht, The Netherlands
3De Viersprong, Halsteren, The Netherlands
4Department of Psychology, University of Amsterdam, The Netherlands

The Personality Psychopathology Five (PSY–5) model represents 5 broadband dimensional personality domains that align with the originally proposed DSM–5 personality trait system, which was eventually placed in Section III for further study. The main objective of this study was to examine the associations between the PSY–5 model and personality disorder criteria. More specifically, we aimed to determine if the PSY–5 domain scales converged with the alternative DSM–5 Section III model for personality disorders, with a particular emphasis on the personality trait profiles proposed for each of the specific personality disorder types. Two samples from The Netherlands consisting of clinical patients from a personality disorder treatment program (n=198) and forensic psychiatric hospital (n=162) were used. All patients had been administered the MMPI–2–RF, which MMPI–2–RF PSY–5 scales were scored and structured clinical interviews to assess personality disorder criteria. Results based on Poisson or negative binomial regression models showed statistically significant and meaningful associations for the hypothesized PSY–5 domains for each of the 6 personality disorders, with a few minor exceptions that are discussed in detail. Implications for these findings are also discussed.
SPECIAL SECTION: The Personality Psychopathology Five (PSY–5) and DSM–5 Trait Dimensional Diagnostic System for Personality Disorders: Emerging Convergence

The MMPI–2 Restructured Form Personality Psychopathology Five Scales: Bridging DSM–5 Section 2 Personality Disorders and DSM–5 Section 3 Personality Trait Dimensions

Jacob A. Finn, Paul A. Arbisi, Christopher R. Ebies, Melissa A. Polusny, and Paul Thuras

This study examined in a college sample and a sample of non-treatment-seeking, trauma-exposed veterans the association between the MMPI-2 Restructured Form (MMPI–2-RF) Personality Psychopathology Five (PSY–5) Scales and DSM–5 Section 2 personality disorder (PD) criteria, the same system used in DSM–IV–TR, and the proposed broad personality trait dimensions contained in Section 3 of DSM-5. DSM–5 Section 2 PD symptoms were assessed using the SCID–BP–PQ, and applying a replicated national selection procedure to the SCID–HP–PQ true pool, provision for the DSM–5 Section 3 dimensions and select facets were constructed. The MMPI–2-RF PSY–5 scales demonstrated appropriate convergent and discriminant associations with both Section 2 PDs and Section 3 dimensions in both samples. These findings suggest the MMPI–2-RF PSY–5 scales can serve both conceptually and practically as a bridge between the DSM–5 Section 2 PD criteria and the DSM–5 Section 3 personality features.

Associations Between DSM–5 Section III Personality Traits and the Minnesota Multiphasic Personality Inventory 2-Restructured Form (MMPI–2-RF) Scales in a Psychiatric Patient Sample

Jaime L. Anderson
University of Alabama

Lindsay Ayaar
University of Toronto

Michael Chuniewski
Southern Methodist University

Martin Sellbom
Australian National University

Lena C. Quilty
Centre for Addiction and Mental Health, University of Toronto

R. Michael Bagby
University of Toronto

Our aim in the current study was to evaluate the convergence between Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) Section III dimensional personality traits, as operationalized via the Personality Inventory for DSM–5 (PID–5), and Minnesota Multiphasic Personality Inventory 2-Restructured Form (MMPI–2-RF) scale scores in a psychiatric patient sample. We used a sample of 348 (171 men, 175 women) patients who were recruited through a university-affiliated psychiatric facility in Toronto, Canada. We estimated zero-order correlations between the PID–5 and MMPI–2-RF substantive scale scores, as well as a series of exploratory structural equation modeling (ESEM) analyses to examine how these scales converged in multivariate latent space. Results generally showed empirical convergence between the scales of these two measures that were thematically meaningful and in accordance with conceptual expectations. Correlation analyses showed significant associations between conceptually expected scales, and the highest associations tended to be between scales that were theoretically related. ESEM analyses generated evidence for distinct intermixing, externalizing, and psychotonic factors across all analyses. These findings indicate convergence between these two measures and help further elucidate the association between dysfunctional personality traits and general psychopathology.

Keywords: MMPI–2-RF, DSM–5, personality disorders, personality traits
Diagnosis for 301.0 Paranoid Personality Disorder

A pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

- Suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her;
- Preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates;
- Reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him or her;
- Reads hidden demeaning or threatening meanings into benign remarks or events;
- Persistently bears grudges, i.e., is unforgiving of insults, injuries, or slights;
- Perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counterattack;
- Recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner;

Paranoid Personality Disorder

A pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent, beginning by early adulthood and present in a variety of contexts...

- Suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her;
  - MMPI-2-RF: PSYC, RC6

- Is preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates; is reluctant to confide in others; has recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner;
  - MMPI-2-RF: PSYC, RC6, NEGE, RC7, (RC3)

- Reads hidden demeaning or threatening meanings into benign remarks or events; Persistently bears grudges, i.e., is unforgiving of insults, injuries, or slights; Perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counterattack;
  - MMPI-2-RF: PSYC, AGGR, ANP (RC4, RC9)
Diagnostic Criteria for
301.20 Schizoid Personality Disorder

A pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

– Neither desires nor enjoys close relationships, including being part of a family
– Almost always chooses solitary activities
– Has little, if any, interest in having sexual experiences with another person
– Takes pleasure in few, if any, activities
– Lacks close friends or confidants other than first-degree relatives
– Appears indifferent to the praise or criticism of others
– Shows emotional coldness, detachment, or flattened affectivity

Schizoid Personality Disorder

“A pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings, beginning by early adulthood and present in a variety of contexts...”

• Neither desires nor enjoys close relationships, including being part of a family; Almost always chooses solitary activities; Lacks close friends or confidants other than first-degree relatives
  – MMPI-2-RF: INTR, SAV, DSF

• Has little, if any, interest in having sexual experiences with another person; Takes pleasure in few, if any, activities
  – MMPI-2-RF: INTR, RC2; (Low RC9, low ACT)

• Appears indifferent to the praise or criticism of others
  – MMPI-2-RF: Look for non-elevated score on NEG, RC7, and SHY to differentiate from Avoidant PD

• Shows emotional coldness, detachment, or flattened affectivity
  – MMPI-2-RF: INTR, DSF

Note: Sellbom & Smith, 2017 – potential concerns with discriminant validity
Diagnostic Criteria for 301.22 Schizotypal Personality Disorder

A pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

- Ideas of reference (excluding delusions of reference)
- Odd beliefs or magical thinking that influences behavior and is inconsistent with subcultural norms (e.g., superstitiousness, belief in clairvoyance, telepathy, or "sixth sense"; in children and adolescents, bizarre fantasies or preoccupations)
- Unusual perceptual experiences, including bodily illusions
- Odd thinking and speech (e.g., vague, circumstantial, metaphorical, overelaborate, or stereotyped)
- Suspiciousness or paranoid ideation
- Inappropriate or constricted affect
- Behavior or appearance that is odd, eccentric, or peculiar
- Lack of close friends or confidants other than first-degree relatives
- Excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgments about self

Schizotypal Personality Disorder

"A pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior, beginning by early adulthood and present in a variety of contexts—"

- Ideas of reference (excluding delusions of reference); Odd beliefs or magical thinking; Unusual perceptual experiences, including bodily illusions; odd thinking and speech; Inappropriate or constricted affect; Behavior or appearance that is odd, eccentric, or peculiar
  - MMPI-2-RF: THD, PSYC, RC6, NUC

- Suspiciousness or paranoid ideation
  - MMPI-2-RF: PSYC, RC6

- Lack of close friends or confidants other than first-degree relatives
  - MMPI-2-RF: SAV, INTR, RC2, DSF

- Excessive social anxiety
  - MMPI-2-RF: NEGE, RC7, SHY
  - Differates from AvPD based on PSYC; AvPD also likely higher on SHY
Diagnostic Criteria for 301.7 Antisocial Personality Disorder

There is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three (or more) of the following:

- Failure to conform to social norms with respect to lawful behaviors
- Deceitfulness
- Impulsivity or failure to plan ahead
- Irritability and aggressiveness
- Reckless disregard for safety of self or others
- Consistent irresponsibility
- Lack of remorse

Antisocial Personality Disorder

“A pervasive pattern of disregard for and violation of the rights of others...”

- Failure to conform to social norms with respect to lawful behaviors; Irresponsibility; Impulsivity or failure to plan ahead; Reckless disregard for safety of self or others
  - MMPI-2-RF: BXD, DISC, RC4, JCP, SUB

- Deceitfulness, Conning/Manipulative
  - MMPI-2-RF: AGGR, RC9; low IPP, low SHY

- Irritability and aggressiveness
  - MMPI-2-RF: RC9, ANP, AGG

- Lack of remorse
  - MMPI-2-RF: AGGR, RC9, DSF; low RC7
Diagnostic Criteria for 301.83 Borderline Personality Disorder

A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

– Frantic efforts to avoid real or imagined abandonment. Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.
– A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
– Identity disturbance: markedly and persistently unstable self-image or sense of self
– Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.
– Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
– Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)
– Chronic feelings of emptiness
– Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
– Transient, stress-related paranoid ideation or severe dissociative symptoms

Borderline Personality Disorder

“A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts...”

• Frantic efforts to avoid real or imagined abandonment; A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
  – MMPI-2-RF: EID, NEGE, RC7, FML

• Identity disturbance: markedly and persistently unstable self-image or sense of self
  – MMPI-2-RF: NEGE, RC7, SFD

• Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating)
  – MMPI-2-RF: BXD, DISC, RC4, SUB

• Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
  – MMPI-2-RF: NEGE, RCG, SUI
Borderline Personality Disorder

“A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts...”

- Affective instability due to a marked reactivity of mood
  - MMPI-2-RF: EID, NEGE, RC7, RCd, STW, AXY, ANP

- Chronic feelings of emptiness
  - MMPI-2-RF: INTR, RC2

- Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
  - MMPI-2-RF: NEGE, RC7, ANP, AGG

- Transient, stress-related paranoid ideation or severe dissociative symptoms
  - MMPI-2-RF: THD, PSYC, RC8, RC6

Note: Very setting dependent – forensic vs. clinical
Externalizing + Emotional lability vs. Psychoticism

Diagnostic Criteria for
301.50 Histrionic Personality Disorder

A pervasive pattern of excessive emotionality and attention seeking, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following

- Uncomfortable in situations in which he or she is not the center of attention
- Interaction with others is often characterized by inappropriate sexually seductive or provocative behavior
- Displays rapidly shifting and shallow expression of emotions
- Consistently uses physical appearance to draw attention to self
- Style of speech that is excessively impressionistic and lacking in detail
- Shows self-dramatization, theatricality, and exaggerated expression of emotion
- Suggestible, i.e., easily influenced by others or circumstances
- Considers relationships to be more intimate than they actually are
Histrionic Personality Disorder

“A pervasive pattern of excessive emotionality and attention seeking, beginning by early adulthood and present in a variety of contexts...”

- Is uncomfortable in situations in which he or she is not the center of attention; Interaction with others is often characterized by inappropriate sexually seductive or provocative behavior; Consistently uses physical appearance to draw attention to self
  - MMPI-2-RF: Low INTR, low RC2, low SHY, low SAV

- Displays rapidly shifting and shallow expression of emotions
  - MMPI-2-RF: NEGE, RC7

- Has a style of speech that is excessively impressionistic and lacking in detail; Shows self-dramatization, theatricality, and exaggerated expression of emotion; Considers relationships to be more intimate than they actually are
  - MMPI-2-RF: RC9, ACT, low SAV

- Is suggestible, i.e., easily influenced by others or circumstances
  - MMPI-2-RF: Low RC3

Diagnostic Criteria for 301.81 Narcissistic Personality Disorder

A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:
  - Has grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements)
  - Preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
  - Believes that he or she is "special" and unique and can only be understood by, or should associate with, other special or high-status people (or institutions)
  - Requires excessive admiration
  - Has a sense of entitlement, i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations
  - Interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends
  - Lacks empathy: is unwilling to recognize or identify with the feelings and needs of others
  - Often envious of others or believes that others are envious of him or her
  - Shows arrogant, haughty behaviors or attitudes
Narcissistic Personality Disorder

“A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts…”

• Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements); Believes that others are envious of him/her
  — MMPI-2-RF: AGGR, RC9, low SFD

• Is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love; Believes that he or she is “special” and unique and can only be understood by, or should associate with, other special or high-status people (or institutions)
  — MMPI-2-RF: PSYC

• Requires excessive admiration; Is often envious of others
  — MMPI-2-RF: NEGE, RC7, SFD

• Has a sense of entitlement; Is interpersonally exploitative; lacks empathy
  — MMPI-2-RF: AGGR, RC9, low IPP, AGG

• Shows arrogant, haughty behaviors or attitudes
  — MMPI-2-RF: AGGR, low IPP

Note: Empirical data in forensic setting; more grandiose manifestations

Diagnostic Criteria for
301.82 Avoidant Personality Disorder

A pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

— Avoids occupational activities that involve significant interpersonal contact, because of fears of criticism, disapproval, or rejection
— Unwilling to get involved with people unless certain of being liked
— Shows restraint within intimate relationships because of the fear of being shamed or ridiculed
— Preoccupied with being criticized or rejected in social situations
— Inhibited in new interpersonal situations because of feelings of inadequacy
— Views self as socially inept, personally unappealing, or inferior to others
— Unusually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing
Avoidant Personality Disorder

“A pervasive pattern of social inhibition, feelings of inadequacy, hypersensitivity to negative evaluation...”

- Hypersensitivity to criticism; Fear of negative evaluation and rejection
  - MMPI-2-RF: NEGE, RC7, SHY

- Extreme social withdrawal and alienation
  - MMPI-2-RF: INTR, SAV, DSF

- Feelings of inadequacy and ineptitude
  - MMPI-2-RF: NEGE, SFD, NFC

- Emotional indicators, such as RCd and RC2 are likely to be common as well, and supported by data
- NEGE should be viewed as differentiating AvPD from Schizoid PD

Diagnostic Criteria for 301.6 Dependent Personality Disorder

A pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- Difficulty making everyday decisions without an excessive amount of advice and reassurance from others
- Needs others to assume responsibility for most major areas of his or her life
- Difficulty expressing disagreement with others because of fear of loss of support or approval.
- Difficulty initiating projects or doing things on his or her own (because of a lack of self-confidence in judgment or abilities rather than a lack of motivation or energy)
- Goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant
- Feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for himself or herself
- Urgently seeks another relationship as a source of care and support when a close relationship ends
- Unrealistically preoccupied with fears of being left to take care of himself or herself
Dependent Personality Disorder

“A pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation, beginning by early adulthood and present in a variety of contexts ...”

• Has difficulty making everyday decisions; needs others to assume responsibility for most major areas of his or her life; goes to excessive lengths to obtain nurturance and support from others
  – MMPI-2-RF: Low AGGR, NFC, IPP

• Has difficulty expressing disagreement with others because of fear of loss of support or approval
  – MMPI-2-RF: Low AGGR; high NEGE, RC7, SHY, IPP

• Feelings of inadequacy
  – MMPI-2-RF: Low AGGR; high NEGE, SFD

• Feels uncomfortable or helpless when alone; is unrealistically preoccupied with fears of being left to take care of himself or herself
  – MMPI-2-RF: NEGE, RC7, HLP, NFC, BRF

• Look for Introversion indicators (INTR) as potential for differential diagnosis for AvPD

• Emotional indicators, such as EID, RCd are likely to be common as well

Diagnostic criteria for 301.4 Obsessive-Compulsive Personality Disorder

A pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

—Preoccupied with details, rules, lists, order, organization, or schedules to the extent that the major point of the activity is lost

—Shows perfectionism that interferes with task completion (e.g., is unable to complete a project because his or her own overly strict standards are not met)

—Excessively devoted to work and productivity to the exclusion of leisure activities and friendships (not accounted for by obvious economic necessity)

—Overconscientious, scrupulous, and inflexible about matters of morality, ethics, or values (not accounted for by cultural or religious identification)

—Unable to discard worn-out or worthless objects even when they have no sentimental value

—Reluctant to delegate tasks or to work with others unless they submit to exactly his or her way of doing things

—Adopts a miserly spending style toward both self and others; money is viewed as something to be hoarded for future catastrophes

—Shows rigidity and stubbornness
Obsessive-Compulsive Personality Disorder
“...a pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control...”

• Is preoccupied with details, rules, lists, order, organization, or schedules to the extent that the major point of the activity is lost; Shows perfectionism that interferes with task completion
  — MMPI-2-RF: Low DISC, low RC4, RC7, COG

• Is excessively devoted to work and productivity to the exclusion of leisure activities and friendships
  — MMPI-2-RF: SAV, DSF

• Is overconscientious, scrupulous, and inflexible about matters of morality, ethics, or values; Shows rigidity and stubbornness
  — MMPI-2-RF: Low DISC, low RC4; NEGE, RC7, NFC

• Is unable to discard worn-out or worthless objects even when they have no sentimental value; Adopts a miserly spending style toward both self and others; Money is viewed as something to be hoarded for future catastrophes
  — MMPI-2-RF: RC7, NFC, STW

• Is reluctant to delegate tasks or to work with others unless they submit to exactly his or her way of doing things
  — MMPI-2-RF: NEGE, RC7, STW

DSM-5 Alternative Model of Personality Disorders

• Listed in Section III in DSM-5

• Criterion A: Impairment

• Criterion B: Personality traits

• Personality Disorder Types: Antisocial, Avoidant, Borderline, Narcissistic, Obsessive-Compulsive, and Schizotypal
  — Personality Disorder: Trait Specified
DSM-5 AMPD and MMPI-2-RF

- Similar idea to what is just described
- PSY-5 domains should be used as anchors
  - Other MMPI-2-RF scales can be used to further delineate
  - Research support, e.g.,
    - Anderson, Sellbom et al. (2013)
    - Anderson, Sellbom et al. (2015)
    - Sellbom, Anderson, & Bagby (2013)
Assessing DSM-5 Section III Personality Traits and Disorders With the MMPI-2-RF

Martin Sellbom1, Jaime L. Anderson2, and R. Michael Bagby3

Abstract
An alternative model for diagnosing personality disorders (PDs) appears in DSM-5 Section III. This model includes a set of dimensional personality traits, which along with impairment in personality functioning can be configured to represent one of six PDs. Although specific assessment instruments for these personality traits have already been developed (e.g., the Personality Inventory for DSM-5 [PID-5]), clinicians will likely continue to use omnibus measures of psychopathology that are familiar to them to inform diagnostic decision making. One such measure, the Minnesota Multiphasic Personality Inventory–2–Restructured Form (MMPI-2-RF), will likely remain in the test armamentarium of many practitioners and be employed to assess the DSM-5 dimensional traits. In the current investigation, we examined the associations between MMPI-2-RF scale scores and the PID-5 trait scores and DSM-5 Section III PDs in a combined sample of university students (n = 668) from the United States and Canada. Our results indicated that the MMPI-2-RF scale scores mostly converge with PID-5 dimensional traits as well as the Section III PDs in a conceptually expected manner. As such, we conclude that the MMPI-2-RF is a potentially useful instrument in assessing personality psychopathology as conceptualized in DSM-5 Section III.

Keywords
MMPI-2-RF, PID-5, DSM-5, personality traits

The PSY-5 and DSM-5 Section III

<table>
<thead>
<tr>
<th>PSY-5</th>
<th>DSM-5 Section III domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressiveness</td>
<td>Antagonism</td>
</tr>
<tr>
<td>Psychoticism</td>
<td>Psychoticism</td>
</tr>
<tr>
<td>Disconstraint</td>
<td>Disinhibition</td>
</tr>
<tr>
<td>Negative Emotionality/</td>
<td>Negative Affectivity</td>
</tr>
<tr>
<td>Neuroticism</td>
<td></td>
</tr>
<tr>
<td>Introversion/Low Positive</td>
<td>Detachment</td>
</tr>
<tr>
<td>Emotionality</td>
<td></td>
</tr>
</tbody>
</table>
Associations Between DSM-5 Section III Personality Traits and the Minnesota Multiphasic Personality Inventory 2-Restructured Form (MMPI-2-RF) Scales in a Psychiatric Patient Sample

Jaime L. Anderson
University of Alabama

Martin Sellbom
Australian National University

Lindsay Ayeast
University of Toronto Scarborough

Lena C. Quilty
Centre for Addiction and Mental Health, University of Toronto

Michael Chmielewski
Southern Methodist University

R. Michael Bagby
University of Toronto

Our aim in the current study was to evaluate the convergence between Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) Section III dimensional personality traits, as operationalized via the Personality Inventory for DSM-5 (PID-5), and Minnesota Multiphasic Personality Inventory 2-Restructured Form (MMPI-2-RF) scale scores in a psychiatric patient sample. We used a sample of 346 (171 men, 175 women) patients who were recruited through a university-affiliated psychiatric facility in Toronto, Canada. We estimated zero-order correlations between the PID-5 and MMPI-2-RF substantive scale scores, as well as a series of exploratory structural equation modeling (ESEM) analyses to examine how these scales converged in multivariate latent space. Results generally showed empirical convergence between the scales of these two measures that were theoretically meaningful and in accordance with conceptual expectations. Correlation analyses showed significant associations between conceptually expected scales, and the highest associations tended to be between scales that were theoretically related. ESEM analyses generated evidence for distinct internalizing, externalizing, and psychoticism factors across all analyses. These findings indicate convergence between these two measures and help further elucidate the associations between dysfunctional personality traits and general psychopathology.

Keywords: MMPI-2-RF, DSM-5, personality disorders, personality traits
Case 1

- 40 year-old NZ Maori man seeking parole
- Convicted of aggravated murder and aggravated robbery
- Incarcerated for 19 years
  - Denied parole for past 9 years
- Long history of severe juvenile delinquency
- Numerous formal citations for misconduct in prison
- Completed several programs
- Improved over the past 5 years
Case 2

- 30 year old White woman charged with a DUI
- Hit another vehicle and drove away
- Significant history of physical and sexual abuse
  - Biological father (physical), stepfather (both)
- Unstable romantic relationship history
  - Reports bisexual; three of her previous relationships, men and women, were “true loves”
- Never held a job for longer than two years
- Significant suicidal ideation, attempts, and hospitalizations since age 11
  - Initially in response to sexual abuse
- Extensive alcohol and marijuana use history since age 18
- Four previous convictions of DUI
Thank you!

QUESTIONS?

Dr. Martin Sellbom
msellbom@psy.otago.ac.nz