

Personality pathology assessment:
Use of the Level of Personality Functioning Scale by clinically inexperienced raters
and associations with the Structured Interview of Personality Organization

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INTRODUCTION

The aim of the present study is to investigate the reliability and validity of the Level of Personality Functioning Scale (LPFS; APA, 2013) rated by psychology students without prior experience in clinical assessment.

The LPFS allows to obtain a dimensional assessment of the severity of personality pathology, measuring core pathological dimensions characteristic of patients with personality disorders (PDs). According to the Criterion A of the Alternative Model for PDs (APA, 2013), the LPFS measures the degree of impairment in both self (identity and self-direction) and interpersonal functioning (empathy and intimacy).

Several authors have recently recognized the importance of assessing not only the presence/absence of PD but also its severity (Bornstein & Huprich, 2011; Leising & Zimmermann, 2011; Widiger & Trull, 2007). In this regard, the LPFS could represent an ideal instrument. However, the complexity of the constructs assessed by the LPFS raised some concerns in regard to its reliability and validity (Clarkin & Huprich, 2011; Tyrer, 2012; Zimmermann et al., 2012).

In regard to this concern, Zimmerman et al. (2014) investigated whether untrained and clinically inexperienced students might use the LPFS in a reliable way. The results suggested that the LPFS does not require neither extensive clinical experience nor training.

Replicating the study by Zimmerman et al. (2014), we investigated the reliability and validity of LPFS ratings reported by untrained students, using the Structured Interview for Personality Organization (STIPO; Clarkin et al., 2004) as the material on which students based their LPFS rating. Moreover, we investigated whether student’s LPFS ratings converged with experts ratings of dimensions of personality pathology assessed through the STIPO.

METHODS

Raters
73 psychology students, enrolled in the final year of the Master's Degree in Clinical Psychology and Neuropsychology at the Department of Psychology of the University of Milano-Bicocca, participated. The evaluators were 62 females (84.9%) and 11 males (15.1%), their mean age was 24.96 years (SD = 3.717, range: 22-45). Among these, 27 students (36,9%) were included in the analyses due to missing values. On a 9-point scale ranging from 1 ("Not at all") to 9 ("Totally"), the evaluators reported to have a good level of knowledge regarding the DSM-IV-TR diagnostic model for personality disorders (M = 6.85, SD = 1.29, range: 3-9), a good clinical knowledge of the STIPO interview (M = 5.64, SD = 1:43, range: 2-8), and little understanding of the dimensional model of the DSM-5 (M = 3.21, SD = 1.62, range: 1-8). Also, on the same 9-point scale, the students reported having a poor experience in leading/conducting a clinical evaluation (M = 1.96, SD = 1:48) and an even lower one regarding leading/conducting clinical interviews (M = 1.78, SD = 1.32) .

Patients
Eight female inpatients (mean age= 37.38; SD= 12,40). All the patients reported Axis I disorders [mood disorder (N=5), anxiety disorder (N=1), eating disorder (N=1), substance use disorder (N=1)]. The number of Axis II diagnoses ranged from 1 to 3 (M=1.62, SD= .92). The most prevalent PDs were obsessive-compulsive (N=3), not otherwise specified (N=4), borderline (N=2), passive-aggressive (N=1), dependent (N=1), and schizoid (N=1). For all the patients, the STIPO and the SCID-II were administered by an expert clinical interviewer and the STIPO was rated by two independent experts.

Measures
LPFS (APA, 2013) measures dimensions of identity, self-direction, empathy and intimacy describing five levels of impairment on a continuum of severity (0= no impairment, 4= extreme impairment). The STIPO (Clarkin et al. 2004) is a 100-item, semi-structured interview that assesses seven domains of functioning according to Kernberg’s model of personality pathology: Identity consolidation; quality of object relations; use of primitive defenses; quality of aggression; adaptive coping versus character rigidity; moral values; reality testing. Each item is rated on a 0-2 scale. The interviewer also completes a 5-point rating of pathology for each domain.

Statistical Analyses
Intraclass correlation analyses (ICC) were conducted to test the interrater reliability of the students’ LPFS ratings.
Linear Mixed-Effect Models were implemented to investigate whether the number of PDs and dimensions of the STIPO predicted the students’ LPFS ratings.

RESULTS

Table 1. Descriptives and Intraclass Correlation Coefficients				
	Descriptives		ICCs [95% CI]	
	M	SD	Single	Average
LPFS total score	1.51	.81	.52* [.31-.83]	.97* [.92-.99]
Identity	1.42	.91	.29* [.13-.64]	.92* [.81-.98]
Self-directtion	1.49	.91	.37* [.19-.72]	.94* [.86-.99]
Empathy	1.43	.99	.31* [.15-.66]	.94* [.82-.98]
Intimacy	1.70	.95	.53* [.32-.83]	.97* [.93-.99]

Descriptive statistics refer to the full set of 216 ratings. ICC = two-way intraclass correlation coefficient; model; LPFS = Level of Personality Functioning Scale., *p<.001

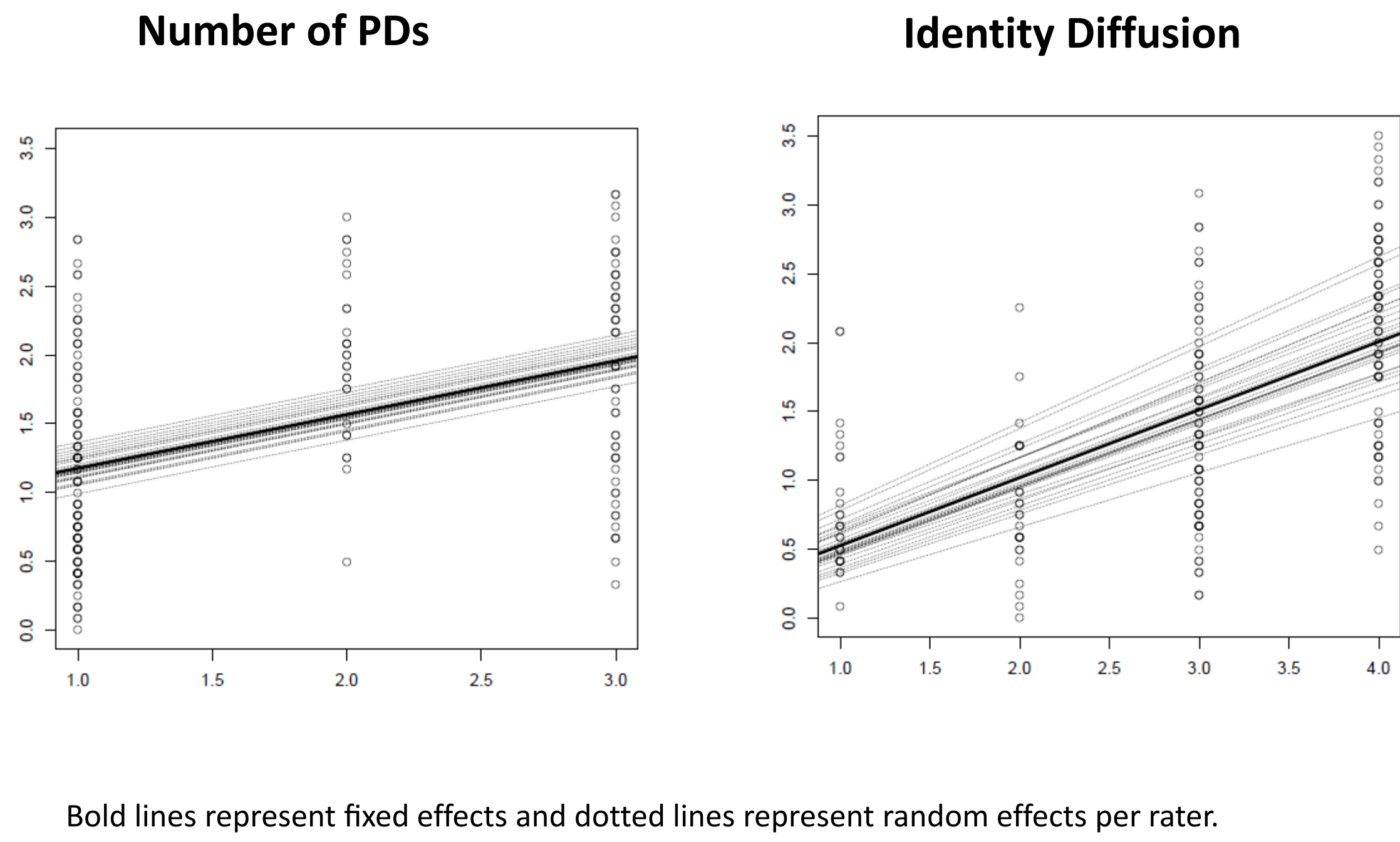
ICC results suggest that untrained and clinically inexperienced students are able to assess the overall severity of personality pathology (LPFS total score) starting from clinical interview material with adequate reliability.

As regards subdimensions of the LPFS, high reliability of their means across raters were found, but LPFS ratings are not completely reliable for single raters (ICC <.40), except for the intimacy domain.

Table 2. Predictions of external measures on students’ total LPFS ratings			
	B	SE	β
Number of PDs	.39*	.06	.42
Identity	.49*	.04	.60
Object Relations	.55*	.07	.48
Difenses	.27*	.06	.32
Coping	.39*	.05	.48
Aggression	.24*	.02	.53
Moral Values	.33*	.11	.19
Reality Testing	.24*	.05	.28

*p<.001

The linear mixed-effects model analyses showed that students’ total LPFS ratings were positively associated with the number of PDs and experts’ STIPO ratings.



CONCLUSIONS

Results partially support previous findings (Zimmerman et al., 2014). As in Zimmerman et al. (2014), untrained and clinically inexperienced students show to be able to reliably judge the overall severity of personality pathology through the LPFS.

Despite this, some differences emerge when considering the 4 domains of the LPFS. Indeed, Zimmerman et al. (2014) found that individual raters’ judgments of the targets’ impairments in the majority of LPFS domains were reliable (except for empathy). On the contrary, in our study high reliability of the domains means

across rater were found, but at the individual level our sample fell below the acceptable level of reliability (except for intimacy). These findings require further attention in order to understand whether they are due to the complexity of constructs assessed by the LPFS (and descriptions) or to the clinical material on which they rate the LPFS.

Moreover, students’ judgements on the overall severity of personality pathology are in line with external severity indexes related to the number of PDs diagnoses (SCID-II) and experts ratings on the dimensions of the STIPO.

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