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# INTRODUCTION

# Ten-Year Retrospective on the *DSM–5* Alternative Model of Personality Disorder: Seeing the Forest for the Trees

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On the eve of the 10-year anniversary of the publication of the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition's* (*DSM–5*) Alternative Model for Personality Disorders (AMPD; APA, 2013), this special section of *Personality Disorders: Theory Research and Treatment* brings together four target articles on the AMPD. Two of these are written by the architects of the AMPD, focusing on Criterion A (maladaptive self and interpersonal functioning; Morey et al., 2022) and Criterion B (pathological personality traits; Clark & Watson, 2022), and are complemented by an article reviewing both Criterion A and Criterion B in tandem (Widiger & Hines, 2022) and an article on the clinical utility of the AMPD (Bach & Tracy, 2022). We then invited three commentaries for each of the four target reviews to provide additional context and diversity in perspectives. Finally, this special section includes six short review articles that evaluate the extent to which the AMPD adequately represents each of the six personality disorder categories retained in the alternative model.

We begin this editorial by summarizing the main findings and recommendations from each target review and its commentaries, as well as the shorter review articles, after which we offer additional remarks in the hopes of contributing to the setting of an agenda for the next iteration of the *DSM*. Our main conclusion is that the experts invited to participate in this special issue agree on the value of dimensionalization of personality pathology—that is, describing personality from typical to atypical (Criterion A) and using dimensions that explain covariation of symptoms of psychopathology (Criterion A and Criterion B), instead of categories, to denote personality pathology. We contend that at this juncture in the field's attempts to legitimize the dimensionalization of personality pathology in the main body of the *DSM*, it is important to keep our eyes on the forest, and not get lost in the trees.

## Special Section Findings and Recommendations

Criterion A in the *DSM–5* AMPD references levels of personality functioning with a specific focus on difficulties in relation to self (i.e., identity; self-direction) and interpersonal functioning (i.e., intimacy; empathy). Morey et al. (2022) discussed evidence in support of the validity, reliability, and clinical utility of Criterion A, and offer a possible solution to the Criterion A–B overlap by suggesting the removal of general personality pathology from Criterion B, instead focusing Criterion B on basic personality traits (the five-factor model) and relying upon Criterion A to represent personality dysfunction. Sharp (2022) reiterated enthusiasm for the assessment of Criterion A as conditional to the diagnosis of personality disorder. She emphasizes the importance of viewing Criterion A not as the functional impairment consequent to high maladaptive trait severity, but as its source: a subjective meaning-making system located in biological systems that support the metacognitive capacities necessary for abstracting a sense of self, thereby influencing trait severity. Sleep and Lynam (2022) presented a more pessimistic view of the value of Criterion A. They challenge Morey et al.'s (2022) conclusions that the levels of personality functioning model (LPF) and subsequent measures distinguish between personality pathology and other forms of psychopathology, and that Criterion A adequately increments Criterion B. They also point to what they perceive to be a problematic factor structure of Morey's (2017) Level of Personality Functioning Scale. Based on their review, they recommend that pathological traits are sufficient to capture severity of dysfunction. Finally, Zimmerman (2022a) pointed out that discussions about the LPF/Criterion A are caught in reflexive positions and counterpositions split between those defending Criterion A and those advocating for its abolishment. He calls for the dispassionate evaluation for how Criterion A can be refined, and points to two areas of improvement: first, the structure and scaling of the Level of Personality Functioning Scale, and second, the possibility of conceiving Criterion A as "capacities" and Criterion B as traits—thereby potentially resolving conceptual overlap between Criterion A and Criterion B. This is a position consistent with Sharp (2022) and the *DSM–5* workgroup (Bender et al., 2011; Morey et al., 2022). Among advocates for a move to or toward the AMPD, the role and conceptualization of Criterion A, alone and vis-à-vis Criterion B, remains a focal point of discussion.

In Clark and Watson's (2022) target review of Criterion B, they confirm the structural validity of Criterion B in broad terms, but highlight inconsistencies in the maladaptive trait model on which basis they offer 11 recommendations for improving and refining the structural location of certain Personality Inventory for *DSM–5* (PID-5) facets. In addition, they warn against an overreliance on

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the PID-5 (Krueger et al., 2012) to prevent conflation of the trait model with its measurement, and call for the use and development of alternative measures of Criterion B, as well as the assessment of Criterion B across multiple sources (e.g., the informant version, semistructured interview, and Clinician Rating Scale). Bagby and Zahid (2022) made an even stronger case for decoupling the maladaptive trait model from its PID-5 measurement. They emphasize that modification of the trait model, as suggested by Clark and Watson, should not be undertaken without first verifying Clark and Watson's recommendations with other measures, and other forms of measurement. Similarly, Shiner (2022) supported the use of the maladaptive trait model in general but calls for more research aimed toward testing and refining the model with developmental considerations in mind. More specifically, Shiner recommends attempts to verify its structure in youth samples, develop informant measures that can be used in younger samples, include normal range personality constructs in understanding youth personality pathology, and clarifying the location of an Anankastia factor in youth samples. In the final commentary on Clark and Watson, Hopwood (2022) called for a more radical change to the AMPD, echoing Morey et al.'s (2022) position, by suggesting that Criterion B be used to measure "normal range" personality traits rather than pathological traits. He points to the problem of discriminant validity of maladaptive trait domains and suggest that higher intercorrelations among maladaptive trait domains compared with basic trait domains may be explained by shared variation attributable to nonspecific personality pathology (i.e., self and other dysfunction) that is not specific to any single trait domain. Hopwood suggested that the problems of discriminant validity (with Criterion A and among the AMPD trait domains themselves), in addition to the unipolarity and relative instability of maladaptive traits compared with basic traits, could be solved or mitigated by focusing Criterion B on the assessment of normal range, five-factor model traits.

In considering the overall AMPD model, Widiger and Hines (2022) identified several questions that require clarification in future research. They call for the demonstration of the AMPD's superiority over the *DSM–IV*/Section II categories, proof of the usefulness of Criterion A, proof of the usefulness of retaining the six traditional PD categorical constructs in step three of the diagnostic process of the AMPD (e.g., borderline; schizotypal), refinement of Criterion B coverage, harmonization of the AMPD with *International Classification of Diseases, 11th Revision* (*ICD-11*), and the development of treatment protocols explicitly developed for the AMPD. In his commentary, Rodriguez-Seijas (2022) added another important question for consideration, namely, the explicit accommodation of sociocultural context in AMPD. He points out that personality disorder theory and research continue to operate in a manner that is decontextualized from the broader social, structural environment in which individuals exist. He calls for urgent inclusion of an intersectionality perspective into personality disorder research in general, and AMPD work in particular. Tackett et al. (2022) expressed frustration with the slowness in adopting a dimensional model. They draw on principles from the disruptive innovator entrepreneurial process to identify features that may have stifled progress: the lack of an iterative measure and learning process with respect to Criterion A, analysis paralysis, overly high levels of prudence, exclusion of consumer perspectives, and inability to pivot based on evidence. Wright and Ringwald (2022) challenged some of Widiger and Hines's conclusions, and suggest that it is too early to write off Criterion A, acknowledging that refinement of its measurement is necessary. Along with some others in the special section (Morey, Sharp, Zimmerman, J., Hopwood, Skodol, Bender, and Livesley), Wright and Ringwald contend that what differentiates personality disorder from other psychopathology is self and interpersonal dysfunction, as Criterion A currently states. However, they call for a more radical reconceptualization of personality disorder as "interpersonal disorders."

Bach and Tracy's (2022) target review focuses on evaluating the clinical utility of the AMPD. They show the AMPD to be superior to the categories with respect to perceived clinical utility, prognostic utility, prediction of psychosocial impairment, and the ability to inform clinical management. Their review also suggests limited clinical utility in retaining the trait-specified PD types and note that their removal would promote harmonization with the *ICD-11* system that offers a more parsimonious and clinically useful diagnostic system with the removal of categorical diagnosis. In Livesley's (2022) commentary, he points out that despite the data in support of clinical utility of the AMPD, its utility is necessarily constrained by its construct validity—which, according to Livesley, needs improvement. Livesley, who originally suggested maladaptive self and interpersonal functioning to be core to personality pathology, points out the rather arbitrary selection of the constructs of identity, self-direction, empathy, and intimacy to form the LPF. Although Livesley regards the current LPF operationalization plausible, he calls for greater precision in the definition of LPF constructs and its levels of severity. Livesley similarly points out limitations to the trait model—most notably the descriptive nature of traits, its limitations in describing personality dynamics and organization, and what he sees as the dubious inclusion of psychoticism. In their commentary, Herpertz and Bertsch (2022) celebrate the numerous clinical utility studies that have been conducted on the AMPD. They emphasize the alignment of the AMPD with the National Institute of Mental Health's Research Domain Criteria, the newly adopted *ICD-11* system, and longstanding clinical theories associated with treatment protocols. They agree with the abolishment of the categories as it would foster further alignment with the *ICD-11* (which removes all but borderline), but call attention to several avenues of research and practice to further strengthen the clinical utility of the AMPD. More specifically, they call for additional AMPD assessment tools (beyond self-report) and their dissemination among clinicians, adaptation of treatment manuals to the AMPD, education in the AMPD, as well as research that maps neurobiology onto the AMPD. Zimmerman (2022b) is less enthusiastic about the promise of the AMPD and suggests a single criterion to evaluate clinical utility, namely, improvement in patient outcome. He argues that such a dramatic, substantial change to the nosology cannot be justified, even if more valid, without demonstration in this one domain.

In addition to the four target articles and 12 associated commentaries, we invited short review articles that evaluated the extent to which the AMPD provides coverage of the six PD categories retained in the AMPD. By eliciting these reviews, we do not wish to imply that the categories provide a gold standard against which the AMPD should be measured. On the contrary, as is well known, the AMPD was developed precisely due to the acknowledgment of the limitations of these categories. However, in legitimizing the AMPD, a logical first step is to examine convergence between the

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AMPD and traditional PD categories to make sure that the AMPD is able to capture longstanding, important clinical constructs (e.g., emotional dysregulation; grandiosity) and it is to this end that the following reviews were elicited: schizotypal (Kwapil & Barrantes-Vidal, 2022), antisocial and psychopathic (Anderson & Kelley, 2022), borderline (Vanwoerden & Stepp, 2022), narcissistic (Miller et al., 2022), avoidant (Hummelen et al., 2022), and obsessive–compulsive personality disorder (Samuel et al., 2022). Collectively, these reviews demonstrate convergence of the AMPD with traditional categories, with the exception of obsessive–compulsive disorder, which shows significantly poorer coverage by AMPD traits than other personality disorders. Samuel et al. (2022) explain this anomaly by pointing out that compulsivity (a hallmark feature in obsessive–compulsive personality disorder) was folded into the disinhibition domain when trait facets were reduced from 37 to 25 in the development of the AMPD trait model. Future refinement of the trait model would have to reconsider inclusion of compulsivity to ensure coverage of obsessive–compulsive personality disorder. Pending these revisions, the six reviews collectively conclude that no information is lost by abolishment of the six categories as they are well represented by Criterion A and Criterion B features.

## Discussion

Our reading of the contributions in this special issue reveal several points of convergence. Authors call for the refinement and improvement of both Criterion A and Criterion B conceptualization and measurement, including improvement of discriminant validity (perhaps by replacement of the maladaptive trait model with the five-factor model, or by refinement of Criterion B facets, or Criterion A concepts), increasing precision in the conceptualization and scaling of LPF constructs, refinement of the trait model structure (also in youth), developing *and using* additional measures across multiple sources of report, and improving the AMPD's sociocultural contextualization. We agree that these are all vital steps for improvement and refinement, and no doubt should be part of the research agenda going forward. In addition, as rightly pointed out by Zimmerman (2022b) and Vanwoerden and Stepp (2022), the AMPD must demonstrate at least similar, if not superior, patient outcomes as the categories. Although convergence studies have been conducted, superiority studies have not. That is, with the exception of borderline personality disorder (Vanwoerden & Stepp, 2022), few head-to-head comparisons (in the same study) in predicting outcomes and interrater reliability have been undertaken; and only one study has evaluated the incremental predictive value of the AMPD over a PD category. Related, and echoing Widiger and Hines' (2022), we must show that AMPD-identified patients respond as well, or better, to evidence-based treatments as Section II-identified patients. And with "AMPD-defined" we mean the use of both Criterion A and Criterion B. As yet, much of the existing AMPD research has focused primarily on one or the other, whereas the AMPD was designed to be an integrated, hierarchical two-step process: first identify severity of impairment in self and interpersonal function and then determine level of severity in maladaptive trait domains. Part of this was likely due to the existence of a *DSM–5* supported self-report measure for Criterion B that emerged much earlier than a similar measure for Criterion A but that situation has since been rectified. In fact, there are now many more measures of Criterion A than Criterion B such that this portion of the model is less intimately tied with any one given measure, whereas the same cannot be said for Criterion B as noted by several authors of special issue articles or commentaries.

These issues notwithstanding, we do not think legitimization of the AMPD in Section II should wait on the collection of the aforementioned data. On the contrary, the above research will be significantly accelerated if the AMPD is finally legitimized in Section II. We contend that the evidence reported here is "good-enough" to support the validity of Criterion A, Criterion B, and convergence between the AMPD and traditional categories, and to downgrade the categories as specifiers, as the *ICD-11* did with borderline personality disorder. Based on the convergence of the AMPD and the categories reported in this special issue, we fully expect outcome and treatment data to support treatment efficacy of specialized treatment for AMPD-defined individuals, as they did for the categories. Indeed, explicit reorientation toward AMPD in treatment manuals has already begun (Caligor et al., 2018; Choi-Kain & Sharp, 2022; Sauer-Zavala et al., 2022; Sharp & Bevington, 2022). Empirical verification of treatment efficacy and positive prospective patient outcomes and adjustment of treatment manuals based on AMPD language will be significantly accelerated with the legitimization of the AMPD in Section II. In fact, the inclusion of the AMPD in *DSM–5* spurred tremendous research attention as described earlier. Without a more formal recognition of this model in the *DSM*, however, clinicians will continue to focus on and use the invalid categorical approach to PD diagnosis in identifying patients, stifling progress in assessing treatment outcome.

In conclusion, although continued refinement and sharpening of the AMPD is necessary (diagnostic labels continue to evolve as they should), this work should not detract from the main goal of dimensionalizing personality disorder assessment, diagnosis, and treatment. The data that have accumulated in the last 10 years are impressive. For this work to fully pay off, it is important to not lose sight of the forest for the trees, and that the focus remains on the value of dimensionalization, regardless of its specific form.

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