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Criterion A: Level of Personality Functioning in the Alternative *DSM–5* Model for Personality Disorders

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Criterion A, as represented by Level of Personality Functioning (LPF), offers a means by which to conceptualize the core impairment in self and interpersonal functioning that distinguishes personality disorder (PD) from other forms of psychopathology. One of the most widely cited criticisms of the current Section II in *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* categorical diagnostic system is the high level of comorbidity among the categorical PD diagnoses. The Section III alternative *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* model for PDs (AMPD) addresses this problem by assessing the commonalities of the PDs using a single severity continuum, represented in the AMPD by the Level of Personality Functioning Scale (LPFS), which comprises both self and interpersonal pathology. Since its initial introduction, the LPFS has generated an expansive literature base and has also seen significant advancements in its measurement, including both semistructured and self-report methods. Such studies have generally demonstrated that the LPFS can be rated reliably, across both experienced and inexperienced raters, and demonstrates strong validity as evidenced by associations with relevant criterion variables and demonstrations of predictive and clinical utility. This review offers a brief history of the conceptualization and development of Criterion A and the LPFS, describes the major advancements in its measurement, and provides a summary of the status of the empirical literature regarding Criterion A's structure, reliability, and validity.

Keywords: alternative DSM-5 model for personality disorders, Criterion A, personality, personality pathology

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Since its introduction in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-III*; American Psychiatric Association, 1980), a categorical system of personality disorder (PD) diagnosis has been retained with only minimal modification in all subsequent revisions of the *DSM*, including the most recently published *DSM–5* manual (American Psychiatric Association, 2013). Criticisms of the categorical approach first appeared over 40 years ago shortly after the publication of *DSM–III* (Frances, 1980; Frances, 1982) and have persisted since (Clark, 2007; Widiger et al., 2005). Considerable research has detailed the major shortcomings of the categorical system, including excessive co-occurrence among PDs (Grant et al., 2005; Zimmermann et al., 2005), limited diagnostic reliability (Clark et al., 1997; Heumann & Morey, 1990), significant heterogeneity within PDs (Johansen et al., 2004), arbitrary diagnostic thresholds (Cooper & Balsis, 2009; Skodol et al., 2002), temporal instability (Zimmermann, 1994), and high prevalence of "PD–not otherwise specified" (PD-NOS) diagnosis (Verheul & Widiger, 2004).

Concerns regarding the categorical model were instrumental in the formation of the *DSM–5* Personality and PDs Work Group, which was tasked with developing a new approach to PD classification in light of growing consensus among PD experts that the extant model should be changed and that human personality was dimensional, not categorical, in nature (Bernstein et al., 2007). The Work Group ultimately proposed the alternative *DSM–5* model for PDs (AMPD), a hybrid diagnostic system incorporating both dimensional and categorical approaches to diagnosis. This model consists of two primary dimensional components: (a) specification of a severity continuum for personality pathology reflecting core impairments in self and interpersonal functioning, referred to as Criterion A in revised General Criteria for PD (American Psychiatric Association, 2013, p. 761) and (b) a set of maladaptive personality traits including 25 facet scales organized into five broad trait domains, referred to as Criterion B. In addition, configurations of these dimensional ratings can be used by clinicians to assign one of six specific categorical PD diagnoses, or a diagnosis of PD-trait specified (PD-TS) as a more informative replacement for PD-NOS.

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The conceptualization of Criterion A of the AMPD as "core" impairment in personality functioning, common across all PD manifestations, represents a noteworthy development in PD classification. The notion of a core dimension defining all personality pathology has a long history in theoretical, clinical, and empirical literature (Morey & Bender, 2021). Unlike the current categorical diagnostic system, the AMPD distinguishes core personality dysfunction (i.e., as captured by Criterion A) from pathological personality traits (i.e., as captured by Criterion B), attempting to disentangle the *severity* and the *style* of the PD (Hopwood et al., 2011). For the assessment of Criterion A, the *DSM–5* AMPD provides the Level of Personality Functioning Scale (LPFS; APA, 2013), a continuum for rating severity of impairment in capacities comprising self and interpersonal functioning thought to reflect a common core of personality and all PDs. The following sections of this review provide a brief history of the conceptualization and development of Criterion A and the LPFS, descriptions of the major advancements in its measurement, and a summary of the current status of the empirical literature regarding Criterion A's structure, reliability, and validity.

Conceptualization and Development of Criterion A: Level of Personality Functioning

Of the problems identified with the categorical diagnostic system, one of the most consistently replicated has been the extensive co-occurrence of PDs, such that most clients diagnosed with a PD meet criteria for more than one (Grant et al., 2005; Morey, 1988; Zimmermann et al., 2005). This comorbidity problem suggests significant shared variance across the PDs, thereby challenging the assumption that there are a small number of discrete and fundamentally different personality types. Indeed, several of the PDs appear to share similar trait configurations (i.e., high neuroticism, low conscientiousness, and low agreeableness; Morey et al., 2011), and thus the inclusion of Criterion A in the AMPD was first motivated in part by an effort to adequately account for these commonalities. Although the *DSM–5* Section-II acknowledges common aspects of the PDs through the use of general criteria, these criteria are quite broad, including pervasiveness and inflexibility, clinically significant distress or impairment, and temporal stability. Furthermore, recent research has challenged long-held assumptions regarding the pervasiveness and temporal stability of personality pathology (Zanarini et al., 2012), thus questioning the validity of these general criteria as defining features of personality pathology. As such, the existing general criteria were deemed to be nonspecific and inadequate as a delineation of the PD construct as distinct from other forms of psychopathology. In addition, it was increasingly recognized that extremity in personality traits alone is not necessarily pathological (Livesley & Jang, 2000; Livesley et al., 1994; Wakefield, 2008) and that personality traits have to be present in association with prominent personality dysfunction to fully capture disordered personality as a construct. Articulating this personality dysfunction became a major goal for the alternative model, as evidence mounted that the general severity of personality dysfunction has a greater influence on course and treatment than the specific configuration of the personality problems manifested (Hopwood et al., 2011; Tyrer, 2005).

The conceptualization of the PDs as being arrayed along a continuum of severity was supported by early research efforts. For instance, Morey (2005) examined three independent data sets, each of which included information about every *DSM*-defined PD criterion. For each client, a score was calculated that reflected the summed count of all PD criteria present for that specific client. Across these three data sets, the coefficient α values for these summed scores were .81, .96, and .94, offering support for a highly internally consistent dimension underlying the various problematic behaviors and characteristics represented by the PD criteria. Further evidence was offered by the Collaborative Longitudinal Personality Disorders study (CLPS; Gunderson et al., 2000; Skodol et al., 2005) project, which was a 10-year prospective, repeated-measures study including clients with one of four specific *DSM-IV-TR* PD diagnoses (schizotypal, borderline, avoidant, or obsessive–compulsive) or with major depressive disorder in absence of PD as a comparison group. Participants in the CLPS study were assessed using interview and questionnaire measures of PD symptoms, personality traits, and psychosocial functioning at regular intervals throughout the duration of the study. As in the case of Morey (2005), Hopwood et al. (2011) demonstrated that the severity composite representing the sum of *DSM-IV* PD criteria for each client was highly internally consistent (α = .90). The PD criteria demonstrating the largest item–total correlations with this severity composite were consistently related to problems in self (e.g., avoidant: "feelings of inadequacy"; borderline: "identity disturbance") or interpersonal (e.g., avoidant: "social ineptness" or "preoccupation with being rejected"; schizotypal: "paranoid ideation") functioning. Analysis of the predictive validity of this composite score revealed that generalized personality pathology severity was the strongest predictor of both concurrent and prospective dysfunction, although stylistic elements of personality pathology symptom expression offered incremental validity in predicting specific areas of dysfunction. Hopwood et al. (2011) put forth the recommendation that PD severity in the *DSM–5* should be represented by "a single quantitative dimension that accommodates a diverse array of elements, including dysfunction in social, emotional, and identity-related functioning, analogous to the GAF [Global Assessment of Functioning] score for general functioning but specifically linked to personality systems" (p. 317).

Following through on these recommendations, the *DSM–5* Personality and PDs Work Group proposed a dimensional general severity criterion (Bender & Skodol, 2007; Bender et al., 2011), represented by Criterion A, defined as a unidimensional construct representing delayed or otherwise impaired development of the intrapsychic systems necessary for mature adult functioning (Livesley, 2003; Morey et al., 2011). The *DSM–5* Work Group conducted a review of well-validated clinician-rated measures of general personality and psychopathology, which revealed the consistent presence of a self–other dimension that offered significant clinical utility in case conceptualization and treatment planning (Bender et al., 2011).

Thus, the LPFS was developed to operationalize an intrapsychic system encompassing both disturbances in self (i.e., identity and self-direction) and interpersonal (i.e., intimacy and empathy) functioning. Morey et al. (2011) applied an item response theory (IRT) approach to identify items, which would reflect this self–other continuum and serve as potential markers at various levels of personality pathology severity. The composite dimension of severity articulated by this study was found to be significantly associated

with (a) the probability of being assigned any *DSM-IV* PD diagnosis, (b) the total number of *DSM-IV* PD features manifested, and (c) the probability of being assigned multiple *DSM-IV* PD diagnoses. Self-related features (e.g., identity issues, low self-worth, impaired self-direction) were found to be central characteristics at milder levels of personality pathology severity, whereas interpersonal features (in addition to self-related features) became particularly discriminating at more severe personality pathology levels.

The LPFS (APA, 2013), as included in Section III of the *DSM–5*, was designed to be applied by clinicians to allow for a single-item composite evaluation of core impairment in self-other functioning. This clinician-rated single-item severity rating ranges from 0 (*little to no impairment*) to 4 (*extreme impairment*), thus offering a dimensional model that captures the full spectrum of both adaptive and maladaptive personality. As such, the LPFS is informative with respect to both healthy and unhealthy personality functioning and thus can be applied to all people, disordered or not (Morey et al., 2015). Furthermore, the LPFS distinguishes itself from other models of severity of impairment in global functioning (e.g., the GAF) in its specific assessment of self and interpersonal functioning, intended to capture the distinction between PD versus non-PD pathology (Bender et al., 2011; Morey et al., 2011).

Assessment of Level of Personality Functioning

Proxy Measures for Level of Personality Functioning

Although the *DSM–5* LPFS was still in the process of development, several preliminary validity studies were conducted using proxy LPF measures. As previously noted, Morey et al. (2011) reported significant associations between an IRT-derived personality pathology severity composite score and *DSM-IV* PD diagnosis and comorbidity, and Hopwood et al. (2011) demonstrated that a composite score of PD symptoms better predicted functional impairment in psychiatric clients at a 10-year follow-up than individual disorder diagnoses. In addition, self–other constructs were shown to distinguish between adolescent clients with and without PD (DeFife et al., 2015), thus offering validity for the LPF as distinct from other global measures of impairment. Other preliminary studies have offered support for the distinction between dimensional assessments of personality dysfunction and personality style (i.e., traits or disorders). Hentschel and Pukrop (2014) found that a proxy measure of Criterion A, the General Assessment of Personality Disorder, demonstrated incremental validity in the prediction of PD symptom count over proxy measures of Criterion B, assessed using the Dimensional Assessment of Personality Pathology and the Revised NEO Personality Inventory. Likewise, Parker et al. (2004) conducted a factor analysis of author-identified descriptors of disordered function and identified a factor structure with two higher order constructs, "Noncooperativeness" and "Noncoping," and 11 lower order trait-like constructs. The authors described the two higher order factors as aligning with the Freudian markers of full maturity, "to love" and "to work" (Erikson, 1977), and also noted the striking similarity to the self-other conceptualization of core impairment in personality pathology (Svrakic et al., 1993).

Ratings of the LPFS

Several studies have examined the reliability and validity of ratings of the LPFS (APA, 2013) by both clinically experienced and novice raters. These studies are summarized in the following sections.

Clinician Ratings

Reliability. As previously noted, one consistent criticism of the *DSM-IV* categorical diagnostic system has been limited diagnostic reliability. Using case vignettes to examine interdiagnostician reliability, Morey (2019a) reported an intraclass correlation coefficient (ICC) of .503 for the clinician-rated LPFS rating, which was appreciably higher than the ICC value obtained for the *DSM-IV* categorical diagnosis of borderline PD (.392). In a similar study, Few et al. (2013) reported double-entry ICC values for the four component scores of the LPFS as rated by trained graduate students: Identity (.49), Self-Direction (.47), Empathy (.49), and Intimacy (.47); however, no interrater reliability estimate was reported for the global LPFS rating. Garcia et al. (2018) had advanced clinical psychology doctoral students rate case vignettes using the LPFS, demonstrating a single-rater ICC value of .81 for the global LPFS rating. Using a Turkish translation of the LPFS, Dereboy et al. (2018) reported a test–retest ICC value of .67 for the global LPFS rating and the following ICC values for the four component ratings: Identity (.46), Self-Direction (.49), Empathy (.53), and Intimacy (.64). Likewise, the global LPFS rating (α = .86) and the component ratings (range α = .66–.76) demonstrated high internal consistency, offering support for the conceptualization of the LPF as a unidimensional construct. Results of these reliability studies suggest that the LPFS can be reliably rated by clinicians, even in the context of little to no previous exposure to the alternative diagnostic model.

Validity. The first study to examine the validity of the published *DSM–5* AMPD LPFS was conducted by Morey et al. (2013), in which a large national sample of mental health clinicians provided *DSM-IV* and proposed *DSM–5* (i.e., AMPD) diagnostic information for one of their clients, in addition to making other clinical judgments about the client. An LPFS global rating of "moderate" impairment or above (Level 2+) demonstrated 84.6% sensitivity and 72.7% specificity in identifying clients meeting criteria for a specific *DSM-IV* PD. Likewise, the single-item LPFS was found to be significantly associated with other measures of personality pathology as well as clinical judgments regarding functioning, risk of self-harm or violence, prognosis, and optimal treatment intensity. In addition, the LPFS was shown to be a better predictor of clinician-rated general psychosocial functioning than the 10 *DSM-IV* categories combined.

Few et al. (2013) examined correlations between component ratings of the LPFS, as completed by trained graduate students, and measures of emotional distress (i.e., anxiety, depression, and global symptom severity) and personality impairment (e.g., the sum of *DSM-IV* PD symptoms and individual *DSM-IV* PD diagnoses). All four of the component ratings demonstrated significant correlations (r values) with the measures of emotional distress, ranging from .27 (Empathy) to .56 (Identity) for anxiety, .36 (Empathy) to .61 (Identity) for depression, and .42 (Empathy) to .72 (Identity) for global symptom severity. Likewise, all four component scores demonstrated significant relationships with the sum of

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DSM-IV PD symptoms: Identity (r = .59), Self-Direction (r = .53), Empathy (r = .54), and Intimacy (r = .57), although LPFS component ratings demonstrated varied relationships with the individual *DSM-IV* PDs (range r = .07–.62). Similarly, Dereboy et al. (2018) found small-to-medium effect size relationships between the LPFS global and component ratings and the sum of PD symptoms and diagnoses, as assessed by the Structured Clinical Interview for *DSM-III-R*, in a Turkish clinical sample. Finally, Busmann et al. (2019) reported several significant correlations between the LPFS component ratings and individual *DSM-IV* PD diagnoses as well as multiple indicators of psychiatric severity; in addition, higher scores on the Identity and Self-Direction component ratings were found to be significantly predictive of inpatient treatment dropout.

Clinical Utility. Given previously described concerns that the LPF may be overly complex for clinician use (Clarkin & Huprich, 2011; Pilkonis et al., 2011), some research efforts have additionally been made to elicit feedback from clinicians regarding the comprehensiveness, usefulness, and ease of use of the LPFS with regard to case conceptualization, treatment planning, and communication with the client and other mental health professionals (Garcia et al., 2018; Morey et al., 2014). Morey et al. (2014) asked a large national sample of mental health professionals to make clinical utility judgments regarding the information provided by the *DSM-IV-TR* and *DSM–5* AMPD LPFS diagnostic criteria. Despite limited previous exposure to the *DSM–5* AMPD, clinicians endorsed the *DSM–5* LPFS as being equally comprehensive, useful for treatment planning, and useful for describing an individual's global personality as the *DSM-IV-TR* categorical diagnostic system. Garcia et al. (2018) extended these findings in a sample of advanced psychology doctoral students, also with relatively limited exposure to the *DSM–5* AMPD. The graduate students perceived strong clinical utility of the model, particularly for the purposes of formulating effective interventions, describing clients' global personalities, and communicating with other mental health treatment providers. Both studies offer evidence to support the clinical utility of the *DSM–5* AMPD LPF, suggesting that the model not only is easily learned by relatively inexperienced raters but also is perceived to offer practical and useful information for clinical use.

Layperson Ratings

One of the major concerns raised in response to the *DSM–5* Work Group's proposal of the AMPD was that the model's perceived level of complexity, including the LPFS, would hinder its utility among clinicians, particularly those who may lack training using dimensional models (Clarkin & Huprich, 2011; Leising & Zimmermann, 2011; Pilkonis et al., 2011). As such, a number of studies have examined the extent to which laypersons, with no particular expertise or training in PDs, can provide LPFS assessments that demonstrate reliability and validity, as described in the following sections.

Reliability. Several studies have examined the diagnostic reliability of the LPFS among lay raters, such as undergraduate students. Zimmermann et al. (2014) demonstrated an ICC of .51 among psychology undergraduate students instructed to complete ratings of the LPFS after watching videotaped clinical interviews. Preti et al. (2018) conducted a similar study in which undergraduate students completed LPFS ratings based upon audio recordings of the Structured Interview of Personality Organization (STIPO) clinical interviews, with a reported single-measures ICC for the LPFS global rating of .42. Morey (2018) randomly assigned undergraduate students with limited *DSM-IV/DSM–5* Section II PD exposure to rate a target acquaintance who they "consider to have a personality problem" or who they believe "does not have a personality problem" using the LPFS. Internal consistency estimates of the global LPFS rating (α = .97) and component ratings (range α = .85–.92) were very high. Finally, Roche et al. (2018) had undergraduate students rate the LPFS using self-written psychological life histories provided by other students; single-measure ICCs ranged from .36 to .58 across the three coding teams, with average reliability ratings ranging from .74 to .88. Taken together, these reliability studies suggest that untrained raters with limited clinical experience can provide ratings on the LPFS with a considerable degree of reliability, thus countering notions regarding the model's complexity and difficulty of use.

Validity. In addition to examining reliability among laypersons, several studies have also reported relationships between lay ratings of the LPFS and a variety of relevant external criteria. For instance, Zimmermann et al. (2014) found that undergraduate students' LPFS ratings significantly differentiated between target clients with and without PD diagnosis and were also positively associated with the number of PD diagnoses. Similarly, Preti et al. (2018) reported that undergraduate students' LPFS ratings were significantly correlated with expert clinicians' judgments regarding the number of PD diagnoses and personality functioning as assessed by the STIPO. Morey (2018) demonstrated that undergraduate students' LPFS ratings of a target acquaintance significantly differentiated "PD problem" versus "no PD problem" groups with a very large effect size (Cohen's d = 2.04). Likewise, undergraduate students' LPFS ratings demonstrated relationships in the expected directions (based upon previous PD research) with ratings of the same target acquaintance on the five factor-model: Neuroticism (r = .79), Extraversion (r = –.54), Openness to Experience (r = –.55), Agreeableness (r = –.77), and Conscientiousness (r = –.63). Finally, Roche et al. (2018) examined relationships between undergraduates' LPFS ratings of other undergraduate student targets and target-rated scores across a variety of criterion measures, including assessments of pathological personality traits and psychodynamic and interpersonal paradigms. For instance, undergraduates' LPFS ratings were positively associated with target-rated identity diffusion (r = .37), attachment anxiety (r = .24), and attachment avoidance (r = .18), and negatively associated with mature psychological defenses (r = –.26).

Semi-Structured and Self-Report Measures of LPF

As previously noted, the development of the LPF was influenced by several existing measures that tap into the dimensions of maladaptive self and interpersonal functioning (Bender et al., 2011), including the General Assessment of Personality Disorder (Livesley, 2010), the Severity Indices of Personality Problems (Verheul et al., 2008), the Inventory of Personality Organization (Lenzenweger et al., 2001), the Quality of Object Relations Scale (Azim et al., 1991), the Shedler–Westen Assessment Procedure (Westen & Shedler, 1999a; 1999b), the STIPO (Clarkin et al., 2004), the Object Relations Inventory (Bers et al., 1993; Huprich et al., 2016), and the Operationalized Psychodynamic Diagnosis

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System (OPD Task Force, 2001, 2008). Notably, although these measures offer value as tools to assess Criterion A broadly, many of these instruments were developed primarily for research purposes, require extensive training to administer, and do not align perfectly with the *DSM–5* LPF conceptualization. Since the introduction of the AMPD, several measures have been explicitly developed to assess the *DSM–5* Section III LPFS. Such measures include semistructured clinical interviews, such as the Structured Clinical Interview for the *DSM–5* AMPD Module I (Bender et al., 2018), Semi-Structured Interview for Personality Functioning *DSM–5* (Hutsebaut et al., 2017), and Clinical Assessment of the Level of Personality Functioning Scale (Thylstrup et al., 2016), and self-report instruments, such as the Level of Personality Functioning Scale–Self-Report (LPFS-SR; Morey, 2017), *DSM–5* Levels of Personality Functioning Questionnaire (DLOPFQ; Huprich et al., 2018), Level of Personality Functioning Scale–Brief Form (LPFS-BF; Hutsebaut et al., 2016)/LPFS-BF 2.0 (Weekers et al., 2019), and Self and Interpersonal Functioning Scale (SIFS; Gamache et al., 2019). Self-report assessments of Criterion A have also been developed for use with adolescents (i.e., Levels of Personality Functioning Questionnaire 12–18; Goth et al., 2018) and Spanish speakers from Latin American cultures (i.e., Personality Functioning Scale; Stover et al., 2020). These instruments are described in detail in several previous publications (Birkhölzer et al., 2021; Sharp & Wall, 2021; Zimmermann et al., 2020) and in the online supplemental materials of this review.

In light of the growing number of self-report instruments designed to assess the *DSM–5* Section III LPF, a few comparative evaluations of these measures have been conducted (McCabe et al., 2021; Waugh et al., 2021; Zimmermann et al., 2020). Zimmermann et al. (2020) used a joint IRT model to examine the underlying structure of six self-report LPF measures, including the aforementioned LPFS-BF 2.0 and LPFS-SR. Results indicated that all items loaded positively on to a single general factor, which accounted for 65.5% of common variance, thereby offering support for a single latent continuum. Of the instruments examined, the LPFS-SR was found to provide the most comprehensive assessment of PD severity. In a similar investigation, McCabe et al. (2021) examined the convergent and discriminant validity of Criterion A self-report measures, including the LPFS-BF, DLOPFQ, and LPFS-SR. Although strong convergent validity was demonstrated across the various measures, within-measure interscale correlations were often larger than correlations of the same construct across measures, thus raising potential concerns regarding discriminant validity. Finally, Waugh et al. (2021) conducted a comparative content analysis of several self-report instruments designed specifically to assess the LPF, including the LPFS-SR, LPFS-BF 2.0, SIFS, and DLOPFQ. The LPF self-report measures were generally similar in item content, offering support for broad-level interchangeability, although some differences between the instruments were noted. Specifically, although all of the measures demonstrated some degree of empirical overlap with Criterion B, the DLOPFQ, LPFS-SR, and LPFS-BF 2.0 were found to most strongly reflect Criterion A constructs in their items. Relative to the other measures, the LPFS-BF 2.0 and SIFS were found to include items representative of a greater severity level, whereas the LPFS-SR items represented relatively lower severity. Furthermore, the LPFS-BF 2.0 and SIFS, which are the briefest of the measures (i.e., 12 and 24 items, respectively), were recommended for use in the context of time constraints. Waugh et al., concluded that there is currently no "gold standard" self-report measure of the LPF, but rather a variety of indicators to be used by investigators and practitioners in continuing to refine the articulation of Criterion A.

Issues Needing Further Research: Distinction Between Criterion A and Criterion B

The *DSM–5* AMPD LPF has garnered a significant amount of empirical attention since its initial introduction, as intended and called for by the *DSM–5* Work Group (Morey et al., 2013). However, some of this research has raised alternative perspectives regarding the conceptualization of Criterion A (see Sharp & Wall, 2021 for a comprehensive discussion). One major criticism of the model commonly raised in the literature is the distinction between Criterion A and trait characterization of PDs, as assessed by Criterion B. This section summarizes the major empirical findings surrounding this issue and describes potential sources of the purported redundancy of Criterion A and B.

As described previously, the *DSM–5* Section III AMPD conceptualizes Criterion A as underlying core impairment in self and interpersonal functioning (i.e., personality pathology severity), which is complemented by Criterion B's description of the unique constellation of pathological personality traits manifested (i.e., personality pathology style). In contrast to Criterion A, Criterion B was developed using factor analytic approaches, resulting in a five-factor structure of maladaptive variants of the Big Five personality trait domains (i.e., negative affectivity = neuroticism; detachment = opposite of extraversion; antagonism = disagreeableness; disinhibition = opposite of conscientiousness; psychoticism = potentially related to openness). One common critique of the *DSM–5* Section III AMPD is the demonstration of significant overlap between Criterion A and Criterion B; for instance, identity has been shown to correlate with neuroticism/negative affectivity, self-direction with disinhibition, intimacy with detachment, and empathy with antagonism (Hopwood et al., 2018). As such, some have argued that Criterion A is fully accounted for by Criterion B traits, thus suggesting that inclusion of Criterion A works against the parsimony of the model (Krueger et al., 2018; Sleep et al., 2019, 2020; Zimmermann et al., 2015). In addition, some have proposed that LPF may be more closely aligned with a general factor of psychiatric severity, such as that defined in the Hierarchical Taxonomy of Psychopathology (HiTOP) model (Widiger et al., 2019) and commonly referred to as the p factor (Caspi et al., 2014). The p factor, which has been identified in bifactor models as the common factor underlying all psychopathology, is conceptualized analogously to Criterion A, such that it has been shown to account for the high covariance among the internalizing-externalizing-psychoticism spectra and represents the highest level of the HiTOP hierarchy. Likewise, the five major spectra dimensions (Internalizing, Thought Disorder, Disinhibited Externalizing, Antagonistic Externalizing, and Detachment) underlying the p factor in the HiTOP model align with the pathological trait domains of the AMPD (Negative Affectivity, Psychoticism, Disinhibition, Antagonism, and Detachment). A more specific general factor (g-PD) has also been identified as the common factor across all personality pathology (Sharp et al., 2015; Williams et al., 2018; Wright et al., 2016), with specific types of personality pathology

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emerging from the g-PD factor as disorder-like (Sharp et al., 2015) or maladaptive trait domain-like (Wright et al., 2016) constructs (i.e., with the exception of borderline PD, which loads almost exclusively onto the g-PD factor). Recent research has suggested that the p and g-PD factors are highly convergent, suggesting that they may both reflect overall level of impairment or dysfunction (Oltmanns et al., 2018).

Some have argued that the p (or g-PD) factor could simply be represented as the total of the maladaptive personality traits, thus rendering Criterion A redundant and unnecessary (Krueger et al., 2018; Sleep et al., 2019, 2020). However, it has been argued that trait extremity alone is not sufficient for diagnosis of PD (Livesley & Jang, 2000; Livesley et al., 1994; Wakefield, 2008), with a number of conceptual arguments against a purely Criterion B approach (Hopwood et al., 2018). First, this approach potentially confounds personality pathology severity, which tracks dynamically with clinical functioning, and personality traits, which tend to remain relatively stable (Hopwood et al., 2011; Morey & Hopwood, 2013; Wright et al., 2016). Second, this definition of personality pathology emphasizes the psychometric at the potential expense of the conceptual, potentially creating threats to content validity (Loevinger, 1957). For example, because generalized personality pathology is likely to correlate with a variety of mental health problems, solely relying upon the (presumably large) cross-sectional associations between such indicators might not provide a clear conceptual basis for distinguishing between personality pathology and other forms of psychopathology that might develop from or be exacerbated by personality dysfunction.

The overlap between Criterion A and Criterion B has been frequently examined in the empirical literature, with several studies reporting high correlations between Criterion A and Criterion B constructs (Anderson & Sellbom, 2018; Bach & Hutsebaut, 2018; Berghuis et al., 2014; Clark & Ro, 2014; Few et al., 2013; Fossati et al., 2017; Hentschel & Pukrop, 2014; Hopwood et al., 2018; Huprich et al., 2018; Sleep et al., 2019, 2020). As such, concerns have been raised about the potential redundancy of these criteria, and several studies have reported on the incremental validity of Criterion A over Criterion B and vice versa (Anderson & Sellbom, 2018; Bach & Hutsebaut, 2018; Bastiaansen et al., 2013; Berghuis et al., 2014; Creswell et al., 2016; Few et al., 2013; Hentschel & Pukrop, 2014; Hopwood et al., 2012; Roche, 2018; Roche et al., 2016; Sleep et al., 2019, 2020). The general consensus of these studies is that Criterion A demonstrates modest but statistically significant incremental prediction over Criterion B (see Widiger et al., 2019 for a review), although there have been some exceptions to this finding (Creswell et al., 2016; Few et al., 2013). The incremental prediction of Criterion A over Criterion B constructs tends to be most substantial when the outcome variables are related to general functioning or severity (Bach & Hutsebaut, 2018; Huprich et al., 2018; Zimmermann et al., 2015), whereas more modest incremental validity has been observed over normative and maladaptive personality trait domains in the prediction of specific Section II *DSM–IV*/*DSM–5 PD* diagnoses or total number of PD criteria (Anderson & Sellbom, 2018; Bastiaansen et al., 2013; Berghuis et al., 2014; Hentschel & Pukrop, 2014; Hopwood et al., 2012; Sleep et al., 2019, 2020). Indeed, in some studies (Anderson & Sellbom, 2018; Few et al., 2013), Criterion A impairment ratings have failed to increment Criterion B ratings in the prediction of all or most specific PDs, whereas appreciable incremental validity was demonstrated when the reverse was examined, although it should also be noted that in the Few et al. (2013) study, LPF proxy ratings were generated from assessments of the traditional diagnostic categories rather than from an LPF-specific measure. Furthermore, as noted by Morey (2019b), findings that indicate the superiority of the Criterion B traits in predicting specific *DSM-IV* PDs are what might be expected per the *DSM–5* AMPD conceptualization of Criterion A and Criterion B, given that Criterion B was designed to characterize the specific form of PD presentation, whereas Criterion A explicitly was not. Furthermore, emerging evidence has suggested that the differentiation between Criterion A and Criterion B may become more evident when examined over time (Roche et al., 2016; Roche, 2018; Wright et al., 2016); as such, longitudinal methods examining temporal-dynamic personality dysfunction may be beneficial to further elucidate the distinction between Criterion A and Criterion B.

It should also be noted that intercorrelations are also high within these broader constructs. The high intercorrelations among the Criterion A components such as identity and intimacy problems has been argued as evidence of poor differentiation (Sleep et al., 2019, 2020), but because Criterion A is conceptualized as a unidimensional concept, such results should be anticipated. However, Criterion B maladaptive trait scores have also demonstrated substantial intercorrelations, reaching magnitudes as high as .84 (i.e., Anhedonia and Depressivity; Bo et al., 2016). Moreover, some studies have found a higher mean intercorrelation among the Criterion B trait domains than the 10 *DSM-IV* disorders (Morey et al., 2013). Unlike Criterion A, the conceptual origins of Criterion B as derived from generally orthogonal factors makes such high intercorrelations unexpected.

These findings hint at an explanation for the significant overlap between Criterion A and Criterion B, namely, that the maladaptive trait domains as presented in *DSM–5* may be heavily saturated with PD dysfunction, at the potential expense of trait differentiation (Morey, 2019b). Morey et al. (2022) demonstrated that personality dysfunction, as assessed by the LPFS-SR, significantly and independently contributed to the prediction of the maladaptive trait domains, as assessed by the Personality Inventory for *DSM–5* (PID-5; Krueger et al., 2012), above and beyond the contribution of the corresponding normal range (i.e., the five-factor model) trait. Furthermore, in the majority of samples examined, personality dysfunction explained a significant percentage of the shared variance between the maladaptive (and to a lesser extent, the normative) trait domains. When the variance contributed by personality dysfunction (i.e., the LPFS-SR) was statistically removed from the maladaptive trait measures, the maladaptive trait domains demonstrated improved discriminant validity in terms of their relationships with presumably corresponding normative traits. In other words, removing general personality dysfunction from the maladaptive personality traits resulted in more sharply differentiated dimensions that more closely resembled the five-factor model. Thus, these findings suggest that the maladaptive trait domains as represented in the AMPD may reflect a confounding of normal range traits and personality dysfunction, thus resulting in the high level of overlap often observed between Criterion A and Criterion B constructs.

The issues described by Morey et al. (2022) have important implications for future revisions to the AMPD. If the present definitions of the maladaptive trait domains are appreciably saturated

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with PD dysfunction, this distorts their verisimilitude with the five-factor model. A possible solution to the purported redundancy between Criterion A and Criterion B would be to attempt to remove general personality pathology from Criterion B, instead focusing Criterion B on personality traits that are applicable across the full range of personality function (i.e., normal and disorders) and relying upon Criterion A to represent personality dysfunction. The strengths of the five-factor model in diagnosing personality pathology have been outlined by others (Widiger et al., 2002; Widiger & Presnall, 2013), and some of these strengths may represent advantages over the current approach of Criterion B. For example, a more pure trait model for Criterion B would allow the unconfounding of trait extremity and problem severity, which are poorly distinguished in AMPD Criterion B but are not the same (Livesley & Jang, 2000). In addition, the well-documented stability of normal range personality traits may facilitate differentiating static from dynamic aspects of personality (Wright et al., 2016), which may have distinct etiological mechanisms. Finally, the standard five-factor model of personality has a clearer bipolar structure, such that potentially maladaptive variants can be identified at either end of each of the five domains (Morey et al., 2022; Widiger, 2011; Widiger & Presnall, 2013). This is not the case with the largely unipolar maladaptive trait model, wherein extremity is only considered maladaptive at one end of each dimension, as bipolar maladaptive trait data have failed to fit well into a five-factor structure (Crego et al., 2018). For example, in the maladaptive trait model, an individual who scores low on disinhibition, detachment, and antagonism is conceptualized as not demonstrating maladaptive personality traits in these domains. Conversely, in the five-factor model, high scores on conscientiousness (e.g., compulsivity, perfectionism), extraversion (e.g., author-itarianism, attention-seeking), and agreeableness (e.g., gullibility, selflessness) can be conceptualized as problematic to the same extent as low scores on these dimensions (Widiger, 2011; Widiger & Presnall, 2013). Furthermore, alignment of Criterion B to the standard five-factor model may assist in providing indication of client strengths in addition to areas of impairment (Morey et al., 2022; Widiger & Presnall, 2013). In general, a closer adherence to normal range personality traits would also allow the AMPD to benefit from and build upon the extensive history of basic personality research using such trait models.

Conclusion

Criterion A, as represented by LPF, offers a means by which to conceptualize the fundamental nature of personality pathology, that is, the core impairment in self and interpersonal functioning that distinguishes PD from other forms of psychopathology. Among the many criticisms raised regarding the current Section II *DSM–5* categorical diagnostic system, one of the most consistently cited is the high level of comorbidity among the categorical PD diagnoses. The *DSM–5* Section III AMPD addresses this problem by assessing the commonalities of the PDs using a single severity continuum, represented in the AMPD by the LPFS, which encompasses both self and interpersonal pathology. Since its initial introduction, the LPFS has seen significant advancements in its measurement, including both semistructured and self-report methods, and a burgeoning literature base. Specifically, the LPFS has been shown to be rated reliably, across both experienced and inexperienced raters, and has evidenced strong validity via associations with relevant criterion variables and demonstrations of predictive and clinical utility. Although some studies (Buer Christensen et al., 2020; Morey et al., 2014) have conducted head-to-head comparisons of the *DSM–5* Section II criteria and LPF measures, more research of this nature is needed to determine the extent to which these two models increment each other and differentially predict external correlates. In addition, questions remain regarding the conceptualization of Criterion A, particularly pertaining to its theoretical and empirical distinction from general psychosocial impairment, general psychopathology severity, and maladaptive traits. Further research will be necessary to continue to disentangle these constructs as well as to guide the dissemination and clinical implementation of the *DSM–5* AMPD as the model becomes more widely utilized among mental health professionals.

References

American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.).

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).

Anderson, J. L., & Sellbom, M. (2018). Evaluating the DSM-5 Section III personality disorder impairment criteria. *Personality Disorders: Theory, Research, and Treatment*, *9*(1), 51–61. https://doi.org/10.1037/per0000217

Azim, H. F., Piper, W. E., Segal, P. M., Nixon, G. W., & Duncan, S. C. (1991). The quality of object relations scale. *Bulletin of the Menninger Clinic*, *55*(3), 323–343.

Bach, B., & Hutsebaut, J. (2018). Level of Personality Functioning Scale—Brief Form 2.0: Utility in capturing personality problems in psychiatric outpatients and incarcerated addicts. *Journal of Personality Assessment*, *100*(6), 660–670. https://doi.org/10.1080/00223891.2018.1428984

Bastiaansen, L., De Fruyt, F., Rossi, G., Schotte, C., & Hofmans, J. (2013). Personality disorder dysfunction versus traits: Structural and conceptual issues. *Personality Disorders: Theory, Research, and Treatment*, *4*(4), 293–303. https://doi.org/10.1037/per0000018

Bender, D. S., Morey, L. C., & Skodol, A. E. (2011). Toward a model for assessing level of personality functioning in DSM-5, part I: A review of theory and methods. *Journal of Personality Assessment*, *93*(4), 332–346. https://doi.org/10.1080/00223891.2011.583808

Bender, D. S., & Skodol, A. E. (2007). Borderline personality as a self-other representational disturbance. *Journal of Personality Disorders*, *21*(5), 500–517. https://doi.org/10.1521/pedi.2007.21.5.500

Bender, D. S., Skodol, A. E., First, M. B., & Oldham, J. M. (2018). *Structured Clinical Interview for the DSM -5 Alternative Model for Personality Disorders (SCID -5 -AMPD), Module I: Level of Personality Functioning Scale*. American Psychiatric Association Publishing.

Berghuis, H., Kamphuis, J. H., & Verheul, R. (2014). Specific personality traits and general personality dysfunction as predictors of the presence and severity of personality disorders in a clinical sample. *Journal of Personality Assessment*, *96*(4), 410–416. https://doi.org/10.1080/00223891.2013.834825

Bernstein, D. P., Iscan, C., & Maser, J., & International Society for the Study of Personality Disorders. (2007). Opinions of personality disorder experts regarding the *DSM–IV* personality disorders classification system. *Journal of Personality Disorders*, *21*(5), 536–551. https://doi.org/10.1521/pedi.2007.21.5.536

Bers, S. A., Blatt, S. J., Sayward, H. K., & Johnston, R. S. (1993). Normal and pathological aspects of self-descriptions and their change over long-term treatment. *Psychoanalytic Psychology*, *10*(1), 17–37. https://doi.org/10.1037/h0079432

Birkhölzer, M., Schmeck, K., & Goth, K. (2021). Assessment of Criterion A. *Current Opinion in Psychology*, *37*, 98–103. https://doi.org/10.1016/j.copsyc.2020.09.009

Bo, S., Bach, B., Mortensen, E. L., & Simonsen, E. (2016). Reliability and hierarchical structure of DSM-5 pathological traits in a Danish mixed sample. *Journal of Personality Disorders*, *30*(1), 112–129. https://doi.org/10.1521/pedi_2015_29_187

Buer Christensen, T., Eikenaes, I., Hummelen, B., Pedersen, G., Nysæter, T. E., Bender, D. S., Skodol, A. E., & Selvik, S. G. (2020). Level of personality functioning as a predictor of psychosocial functioning-Concurrent validity of criterion A. *Personality Disorders: Theory, Research, and Treatment*, *11*(2), 79–90. https://doi.org/10.1037/per0000352

Busmann, M., Wrege, J., Meyer, A. H., Ritzler, F., Schmidlin, M., Lang, U. E., Gaab, J., Walter, M., & Euler, S. (2019). Alternative model of personality disorders (DSM-5) predicts dropout in inpatient psychotherapy for patients with personality disorder. *Frontiers in Psychology*, *10*, 952. https://doi.org/10.3389/fpsyg.2019.00952

Caspi, A., Houts, R. M., Belsky, D. W., Goldman-Mellor, S. J., Harrington, H., Israel, S., Meier, M. H., Ramrakha, S., Shalev, I., Poulton, R., & Moffitt, T. E. (2014). The p factor: One general psychopathology factor in the structure of psychiatric disorders? *Clinical Psychological Science*, *2*(2), 119–137. https://doi.org/10.1177/2167702613497473

Clark, L. A. (2007). Assessment and diagnosis of personality disorder: Perennial issues and an emerging reconceptualization. *Annual Review of Psychology*, *58*, 227–257. https://doi.org/10.1146/annurev.psych.57.102904.190200

Clark, L. A., Livesley, W. J., & Morey, L. (1997). Personality disorder assessment: The challenge of construct validity. *Journal of Personality Disorders*, *11*(3), 205–231. https://doi.org/10.1521/pedi.1997.11.3.205

Clark, L. A., & Ro, E. (2014). Three-pronged assessment and diagnosis of personality disorder and its consequences: Personality functioning, pathological traits, and psychosocial disability. *Personality Disorders: Theory, Research, and Treatment*, *5*(1), 55–69. https://doi.org/10.1037/per0000063

Clarkin, J. F., Caligor, E., Stern, B., & Kernberg, O. F. (2004). *Structured interview of personality organization (STIPO)*. Weill Medical College of Cornell University.

Clarkin, J. F., & Huprich, S. K. (2011). Do DSM-5 personality disorder proposals meet criteria for clinical utility? *Journal of Personality Disorders*, *25*(2), 192–205. https://doi.org/10.1521/pedi.2011.25.2.192

Cooper, L. D., & Balsis, S. (2009). When less is more: How fewer diagnostic criteria can indicate greater severity. *Psychological Assessment*, *21*(3), 285–293. https://doi.org/10.1037/a0016698

Crego, C., Oltmanns, J. R., & Widiger, T. A. (2018). FFMPD scales: Comparisons with the FFM, PID-5, and CAT-PD-SF. *Psychological Assessment*, *30*(1), 62–73. https://doi.org/10.1037/pas0000495

Creswell, K. G., Bachrach, R. L., Wright, A. G., Pinto, A., & Ansell, E. (2016). Predicting problematic alcohol use with the DSM-5 alternative model of personality pathology. *Personality Disorders: Theory, Research, and Treatment*, *7*(1), 103–111. https://doi.org/10.1037/per0000131

DeFife, J. A., Goldberg, M., & Westen, D. (2015). Dimensional assessment of self- and interpersonal functioning in adolescents: Implications for DSM-5's general definition of personality disorder. *Journal of Personality Disorders*, *29*(2), 248–260. https://doi.org/10.1521/pedi_2013_27_085

Dereboy, F., Dereboy, Ç., & Eskin, M. (2018). Validation of the DSM–5 alternative model personality disorder diagnoses in Turkey, Pt. 1: LEAD validity and reliability of the personality functioning ratings. *Journal of Personality Assessment*, *100*(6), 603–611. https://doi.org/10.1080/00223891.2018.1423989

Erikson, E. H. (1977). *Childhood and Society*. Paladin Grafton.

Few, L. R., Miller, J. D., Rothbaum, A. O., Meller, S., Maples, J., Terry, D. P., Collins, B., & MacKillop, J. (2013). Examination of the Section III DSM-5 diagnostic system for personality disorders in an outpatient clinical sample. *Journal of Abnormal Psychology*, *122*(4), 1057–1069. https://doi.org/10.1037/a0034878

Fossati, A., Borroni, S., Somma, A., Markon, K. E., & Krueger, R. F. (2017). Testing relationships between DSM-5 Section III maladaptive traits and measures of self and interpersonal impairment in Italian community dwelling adults. *Personality Disorders: Theory, Research, and Treatment*, *8*(3), 275–280. https://doi.org/10.1037/per0000192

Frances, A. (1980). The *DSM–III* personality disorders section: A commentary. *The American Journal of Psychiatry*, *137*(9), 1050–1054. https://doi.org/10.1176/ajp.137.9.1050

Frances, A. (1982). Categorical and dimensional systems of personality diagnosis: A comparison. *Comprehensive Psychiatry*, *23*(6), 516–527. https://doi.org/10.1016/0010-440X(82)90043-8

Gamache, D., Savard, C., Leclerc, P., & Côté, A. (2019). Introducing a short self-report for the assessment of DSM-5 level of personality functioning for personality disorders: The Self and Interpersonal Functioning Scale. *Personality Disorders: Theory, Research, and Treatment*, *10*(5), 438–447. https://doi.org/10.1037/per0000335

Garcia, D. J., Skadberg, R. M., Schmidt, M., Bierma, S., Shorter, R. L., & Waugh, M. H. (2018). It's not that difficult: An interrater reliability study of the DSM–5 section III alternative model for personality disorders. *Journal of Personality Assessment*, *100*(6), 612–620. https://doi.org/10.1080/00223891.2018.1428982

Goth, K., Birkhölzer, M., & Schmeck, K. (2018). Assessment of personality functioning in adolescents with the LoPF–Q 12–18 Self-Report Questionnaire. *Journal of Personality Assessment*, *100*(6), 680–690. https://doi.org/10.1080/00223891.2018.1489258

Grant, B. F., Stinson, F. S., Dawson, D. A., Chou, S. P., & Ruan, W. J. (2005). Co-occurrence of *DSM–IV* personality disorders in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Comprehensive Psychiatry*, *46*(1), 1–5. https://doi.org/10.1016/j.comppsych.2004.07.019

Gunderson, J. G., Shea, M. T., Skodol, A. E., McGlashan, T. H., Morey, L. C., Stout, R. L., Zanarini, M. C., Grilo, C. M., Oldham, J. M., & Keller, M. B. (2000). The collaborative longitudinal personality disorders study: Development, aims, design, and sample characteristics. *Journal of Personality Disorders*, *14*(4), 300–315. https://doi.org/10.1521/pedi.2000.14.4.300

Hentschel, A. G., & Pukrop, R. (2014). The essential features of personality disorder in DSM-5: The relationship between criteria A and B. *The Journal of Nervous and Mental Disease*, *202*(5), 412–418. https://doi.org/10.1097/NMD.0000000000000129

Heumann, K. A., & Morey, L. C. (1990). Reliability of categorical and dimensional judgments of personality disorder. *The American Journal of Psychiatry*, *147*(4), 498–500. https://doi.org/10.1176/ajp.147.4.498

Hopwood, C. J., Good, E. W., & Morey, L. C. (2018). Validity of the DSM-5 Levels of Personality Functioning Scale-Self Report. *Journal of Personality Assessment*, *100*(6), 650–659. https://doi.org/10.1080/00223891.2017.1420660

Hopwood, C. J., Malone, J. C., Ansell, E. B., Sanislow, C. A., Grilo, C. M., McGlashan, T. H., Pinto, A., Markowitz, J. C., Shea, M. T., Skodol, A. E., Gunderson, J. G., Zanarini, M. C., & Morey, L. C. (2011). Personality assessment in DSM-5: Empirical support for rating severity, style, and traits. *Journal of Personality Disorders*, *25*(3), 305–320. https://doi.org/10.1521/pedi.2011.25.3.305

Hopwood, C. J., Thomas, K. M., Markon, K. E., Wright, A. G., & Krueger, R. F. (2012). DSM-5 personality traits and *DSM–IV* personality disorders. *Journal of Abnormal Psychology*, *121*(2), 424–432. https://doi.org/10.1037/a0026656

Huprich, S. K., Auerbach, J. S., Porcerelli, J. H., & Bupp, L. L. (2016). Sidney Blatt's object relations inventory: Contributions and future directions. *Journal of Personality Assessment*, *98*(1), 30–43. https://doi.org/10.1080/00223891.2015.1099539

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Huprich, S. K., Nelson, S. M., Meehan, K. B., Siefert, C. J., Haggerty, G., Sexton, J., Dauphin, V. B., Macaluso, M., Jackson, J., Zackula, R., & Baade, L. (2018). Introduction of the DSM-5 levels of Personality Functioning Questionnaire. *Personality Disorders: Theory, Research, and Treatment*, *9*(6), 553–563. https://doi.org/10.1037/per0000264

Hutsebaut, J., Feenstra, D. J., & Kamphuis, J. H. (2016). Development and preliminary psychometric evaluation of a brief self-report questionnaire for the assessment of the DSM–5 Level of Personality Functioning Scale: The LPFS Brief Form (LPFS-BF). *Personality Disorders: Theory, Research, and Treatment*, *7*(2), 192–197. https://doi.org/10.1037/per0000159

Hutsebaut, J., Kamphuis, J. H., Feenstra, D. J., Weekers, L. C., & De Saeger, H. (2017). Assessing DSM-5-oriented level of personality functioning: Development and psychometric evaluation of the Semi-Structured Interview for Personality Functioning DSM-5 (STiP-5.1). *Personality Disorders: Theory, Research, and Treatment*, *8*(1), 94–101. https://doi.org/10.1037/per0000197

Johansen, M., Karterud, S., Pedersen, G., Gude, T., & Falkum, E. (2004). An investigation of the prototype validity of the borderline *DSM–IV* construct. *Acta Psychiatrica Scandinavica*, *109*(4), 289–298. https://doi.org/10.1046/j.1600-0447.2003.00268.x

Krueger, R. F., Derringer, J., Markon, K. E., Watson, D., & Skodol, A. E. (2012). Initial construction of a maladaptive personality trait model and inventory for DSM-5. *Psychological Medicine*, *42*(9), 1879–1890. https://doi.org/10.1017/S0033291711002674

Krueger, R. F., Kotov, R., Watson, D., Forbes, M. K., Eaton, N. R., Ruggero, C. J., Simms, L. J., Widiger, T. A., Achenbach, T. M., Bach, B., Bagby, R. M., Bornovalova, M. A., Carpenter, W. T., Chmielewski, M., Cicero, D. C., Clark, L. A., Conway, C., DeClercq, B., DeYoung, C. G., . . . Zimmermann, J. (2018). Progress in achieving quantitative classification of psychopathology. *World Psychiatry*, *17*(3), 282–293. https://doi.org/10.1002/wps.20566

Leising, D., & Zimmermann, J. (2011). An integrative conceptual framework for assessing personality and personality pathology. *Review of General Psychology*, *15*(4), 317–330. https://doi.org/10.1037/a0025070

Lenzenweger, M. F., Clarkin, J. F., Kernberg, O. F., & Foelsch, P. A. (2001). The Inventory of Personality Organization: Psychometric properties, factorial composition, and criterion relations with affect, aggressive dyscontrol, psychosis proneness, and self-domains in a nonclinical sample. *Psychological Assessment*, *13*(4), 577–591. https://doi.org/10.1037/1040-3590.13.4.577

Livesley, J. (2003). *Practical management of personality disorders*. Guilford Press.

Livesley, J. (2010). *General assessment of personality disorder*. Sigma Assessment System.

Livesley, W. J., & Jang, K. L. (2000). Toward an empirically based classification of personality disorder. *Journal of Personality Disorders*, *14*(2), 137–151. https://doi.org/10.1521/pedi.2000.14.2.137

Livesley, W. J., Schroeder, M. L., Jackson, D. N., & Jang, K. L. (1994). Categorical distinctions in the study of personality disorder: Implications for classification. *Journal of Abnormal Psychology*, *103*(1), 6–17. https://doi.org/10.1037/0021-843X.103.1.6

Loevinger, J. (1957). Objective tests as instruments of psychological theory. *Psychological Reports*, *3*(3), 635–694. https://doi.org/10.2466/pr0.1957.3.3.635

McCabe, G. A., Oltmanns, J. R., & Widiger, T. A. (2021). Criterion A scales: Convergent, discriminant, and structural relationships. *Assessment*, *28*(3), 813–828. https://doi.org/10.1177/1073191120947160

Morey, L. C. (2005). Personality pathology as pathological narcissism. In M. Maj, H. S. Akiskal, J. E. Mezzich, & A. Okasha (Eds.), *Evidence and experience in psychiatry: Personality disorders* (Vol. 8, pp. 328–331). Wiley, Ltd.

Morey, L. C. (1988). Personality disorders in *DSM–III* and *DSM–III–R*: Convergence, coverage, and internal consistency. *The American Journal of Psychiatry*, *145*(5), 573–577. https://doi.org/10.1176/ajp.145.5.573

Morey, L. C. (2017). Development and initial evaluation of a self-report form of the DSM-5 Level of Personality Functioning Scale. *Psychological Assessment*, *29*(10), 1302–1308. https://doi.org/10.1037/pas0000450

Morey, L. C. (2018). Application of the DSM-5 Level of Personality Functioning Scale by Lay Raters. *Journal of Personality Disorders*, *32*(5), 709–720. https://doi.org/10.1521/pedi_2017_31_305

Morey, L. C. (2019a). Interdiagnostician reliability of the DSM-5 section II and section III alternative model criteria for borderline personality disorder. *Journal of Personality Disorders*, *33*(6), 721–S18. https://doi.org/10.1521/pedi_2019_33_362

Morey, L. C. (2019b). Thoughts on the assessment of the DSM-5 alternative model for personality disorders: Comment on Sleep et al. (2019). *Psychological Assessment*, *31*(10), 1192–1199. https://doi.org/10.1037/pas0000710

Morey, L. C., & Bender, D. S. (2021). Articulating a core dimension of personality pathology. In A. E. Skodol & J. M. Oldham (Eds.), *The American Psychiatric Publishing textbook of personality disorders* (3rd ed., pp. 47–64). American Psychiatric Publishing.

Morey, L. C., Bender, D. S., & Skodol, A. E. (2013). Validating the proposed diagnostic and statistical manual of mental disorders, 5th ed., severity indicator for personality disorder. *The Journal of Nervous and Mental Disease*, *201*(9), 729–735. https://doi.org/10.1097/NMD.0b013e3182a20ea8

Morey, L. C., Benson, K. T., Busch, A. J., & Skodol, A. E. (2015). Personality disorders in DSM-5: Emerging research on the alternative model. *Current Psychiatry Reports*, *17*(4), 558. https://doi.org/10.1007/s11920-015-0558-0

Morey, L. C., Berghuis, H., Bender, D. S., Verheul, R., Krueger, R. F., & Skodol, A. E. (2011). Toward a model for assessing level of personality functioning in DSM-5, part II: Empirical articulation of a core dimension of personality pathology. *Journal of Personality Assessment*, *93*(4), 347–353. https://doi.org/10.1080/00223891.2011.577853

Morey, L. C., Good, E. W., & Hopwood, C. J. (2022). Global personality dysfunction and the relationship of pathological and normal trait domains in the DSM-5 alternative model for personality disorders. *Journal of Personality*, *90*(1), 34–46. https://doi.org/10.1111/jopy.12560

Morey, L. C., & Hopwood, C. J. (2013). Stability and change in personality disorders. *Annual Review of Clinical Psychology*, *9*, 499–528. https://doi.org/10.1146/annurev-clinpsy-050212-185637

Morey, L. C., Skodol, A. E., & Oldham, J. M. (2014). Clinician judgments of clinical utility: A comparison of *DSM–IV*-TR personality disorders and the alternative model for DSM-5 personality disorders *Journal of Abnormal Psychology*, *123*(2), 398–405. https://doi.org/10.1037/a0036481

Oltmanns, J. R., Smith, G. T., Oltmanns, T. F., & Widiger, T. A. (2018). General factors of psychopathology, personality, and personality disorder: Across domain comparisons. *Clinical Psychological Science*, *6*(4), 581–589. https://doi.org/10.1177/2167702617750150

OPD Task Force. (2001). *Operationalized Psychodynamic Diagnostics (OPD): Foundations and practical handbook*. Hogrefe.

OPD Task Force. (2008). *Operationalized Psychodynamic Diagnosis OPD-2: Manual of diagnosis and treatment planning*. Hogrefe.

Parker, G., Hadzi-Pavlovic, D., Both, L., Kumar, S., Wilhelm, K., & Olley, A. (2004). Measuring disordered personality functioning: To love and to work reprised. *Acta Psychiatrica Scandinavica*, *110*(3), 230–239. https://doi.org/10.1111/j.1600-0447.2004.00312.x

Pilkonis, P. A., Hallquist, M. N., Morse, J. Q., & Stepp, S. D. (2011). Striking the (im)proper balance between scientific advances and clinical utility: Commentary on the DSM–5 proposal for personality disorders. *Personality Disorders: Theory, Research, and Treatment*, *2*(1), 68–82. https://doi.org/10.1037/a0022226

Preti, E., Di Pierro, R., Costantini, G., Benzi, I. M. A., De Panfilis, C., & Madeddu, F. (2018). Using the Structured Interview of Personality Organization for DSM–5 level of personality functioning rating performed by inexperienced raters. *Journal of Personality Assessment*, *100*(6), 621–629. https://doi.org/10.1080/00223891.2018.1448985

Roche, M. J. (2018). Examining the alternative model for personality disorder in daily life: Evidence for incremental validity. *Personality Disorders: Theory, Research, and Treatment*, *9*(6), 574–583. https://doi.org/10.1037/per0000295

Roche, M. J., Jacobson, N. C., & Phillips, J. J. (2018). Expanding the validity of the Level of Personality Functioning Scale observer report and self-report versions across psychodynamic and interpersonal paradigms. *Journal of Personality Assessment*, *100*(6), 571–580. https://doi.org/10.1080/00223891.2018.1475394

Roche, M. J., Jacobson, N. C., & Pincus, A. L. (2016). Using repeated daily assessments to uncover oscillating patterns and temporally-dynamic triggers in structures of psychopathology: Applications to the DSM-5 alternative model of personality disorders. *Journal of Abnormal Psychology*, *125*(8), 1090–1102. https://doi.org/10.1037/abn0000177

Sharp, C., & Wall, K. (2021). DSM-5 level of personality functioning: Refocusing personality disorder on what it means to be human. *Annual Review of Clinical Psychology*, *17*, 313–337. https://doi.org/10.1146/annurev-clinpsy-081219-105402

Sharp, C., Wright, A. G., Fowler, J. C., Frueh, B. C., Allen, J. G., Oldham, J., & Clark, L. A. (2015). The structure of personality pathology: Both general ('g') and specific ('s') factors? *Journal of Abnormal Psychology*, *124*(2), 387–398. https://doi.org/10.1037/abn0000033

Skodol, A. E., Gunderson, J. G., Pfohl, B., Widiger, T. A., Livesley, W. J., & Siever, L. J. (2002). The borderline diagnosis I: Psychopathology, comorbidity, and personality structure. *Biological Psychiatry*, *51*(12), 936–950. https://doi.org/10.1016/S0006-3223(02)01324-0

Skodol, A. E., Gunderson, J. G., Shea, M. T., McGlashan, T. H., Morey, L. C., Sanislow, C. A., Bender, D. S., Grilo, C. M., Zanarini, M. C., Yen, S., Pagano, M. E., & Stout, R. L. (2005). The collaborative longitudinal personality disorders study (CLPS): Overview and implications. *Journal of Personality Disorders*, *19*(5), 487–504. https://doi.org/10.1521/pedi.2005.19.5.487

Sleep, C. E., Lynam, D. R., Widiger, T. A., Crowe, M. L., & Miller, J. D. (2019). An evaluation of DSM-5 Section III personality disorder Criterion A (impairment) in accounting for psychopathology. *Psychological Assessment*, *31*(10), 1181–1191. https://doi.org/10.1037/pas0000620

Sleep, C. E., Weiss, B., Lynam, D. R., & Miller, J. D. (2020). The DSM-5 section III personality disorder criterion a in relation to both pathological and general personality traits. *Personality Disorders: Theory, Research, and Treatment*, *11*(3), 202–212. https://doi.org/10.1037/per0000383

Stover, J. B., Liporace, M. F., & Solano, A. C. (2020). Personality Functioning Scale: A scale to assess DSM-5's Criterion A personality disorders. *Interpersona: An International Journal on Personal Relationships*, *14*(1), 40–53. https://doi.org/10.5964/ijpr.v14i1.3925

Svrakic, D. M., Whitehead, C., Przybeck, T. R., & Cloninger, C. R. (1993). Differential diagnosis of personality disorders by the seven-factor model of temperament and character. *Archives of General Psychiatry*, *50*(12), 991–999.

Thylstrup, B., Simonsen, S., Nemery, C., Simonsen, E., Noll, J. F., Myatt, M. W., & Hesse, M. (2016). Assessment of personality-related levels of functioning: A pilot study of clinical assessment of the DSM-5 level of personality functioning based on a semi-structured interview. *BMC Psychiatry*, *16*(1), 298. https://doi.org/10.1186/s12888-016-1011-6

Tyrer, P. (2005). The problem of severity in the classification of personality disorder. *Journal of Personality Disorders*, *19*(3), 309–314. https://doi.org/10.1521/pedi.2005.19.3.309

Verheul, R., Andrea, H., Berghout, C. C., Dolan, C., Busschbach, J. J. V., van der Kroft, P. J. A., Bateman, A. W., & Fonagy, P. (2008). Severity Indices of Personality Problems (SIPP-118): Development, factor structure, reliability, and validity. *Psychological Assessment*, *20*(1), 23–34. https://doi.org/10.1037/1040-3590.20.1.23

Verheul, R., & Widiger, T. A. (2004). A meta-analysis of the prevalence and usage of the personality disorder not otherwise specified (PDNOS) diagnosis. *Journal of Personality Disorders*, *18*(4), 309–319. https://doi.org/10.1521/pedi.2004.18.4.309

Wakefield, J. C. (2008). The perils of dimensionalization: Challenges in distinguishing negative traits from personality disorders. *Psychiatric Clinics of North America*, *31*(3), 379–393, v. https://doi.org/10.1016/j.psc.2008.03.009

Waugh, M. H., McClain, C. M., Mariotti, E. C., Mulay, A. L., DeVore, E. N., Lenger, K. A., Russell, A. N., Florimbio, A. R., Lewis, K. C., Ridenour, J. M., & Beevers, L. G. (2021). Comparative content analysis of self-report scales for level of personality functioning. *Journal of Personality Assessment*, *103*(2), 161–173. https://doi.org/10.1080/00223891.2019.1705464

Weekers, L. C., Hutsebaut, J., & Kamphuis, J. H. (2019). The Level of Personality Functioning Scale-Brief Form 2.0: Update of a brief instrument for assessing level of personality functioning. *Personality and Mental Health*, *13*(1), 3–14. https://doi.org/10.1002/pmh.1434

Westen, D., & Shedler, J. (1999a). Revising and assessing axis II, Part I: Developing a clinically and empirically valid assessment method. *The American Journal of Psychiatry*, *156*(2), 258–272.

Westen, D., & Shedler, J. (1999b). Revising and assessing axis II, Part II: Toward an empirically based and clinically useful classification of personality disorders. *The American Journal of Psychiatry*, *156*(2), 273–285.

Widiger, T. A. (2011). The DSM-5 dimensional model of personality disorder: Rationale and empirical support. *Journal of Personality Disorders*, *25*(2), 222–234. https://doi.org/10.1521/pedi.2011.25.2.222

Widiger, T. A., Bach, B., Chmielewski, M., Clark, L. A., DeYoung, C., Hopwood, C. J., Kotov, R., Krueger, R. F., Miller, J. D., Morey, L. C., Mullins-Sweatt, S. N., Patrick, C. J., Pincus, A. L., Samuel, D. B., Sellbom, M., South, S. C., Tackett, J. L., Watson, D., Waugh, M. H., . . . Thomas, K. M. (2019). Criterion A of the AMPD in HiTOP. *Journal of Personality Assessment*, *101*(4), 345–355. https://doi.org/10.1080/00223891.2018.1465431

Widiger, T. A., & Presnall, J. R. (2013). Clinical application of the five-factor model. *Journal of Personality*, *81*(6), 515–527. https://doi.org/10.1111/jopy.12004

Widiger, T. A., Simonsen, E., Krueger, R., Livesley, W. J., & Verheul, R. (2005). Personality disorder research agenda for the DSM-V. *Journal of Personality Disorders*, *19*(3), 315–338. https://doi.org/10.1521/pedi.2005.19.3.315

Widiger, T. A., Trull, T. J., Clarkin, J. F., Sanderson, C., & Costa, P. T. (2002). A description of *DSM–IV* personality disorders with the five-factor model of personality. In P. T. Costa & T. A. Widiger (Eds.), *Personality disorders and the five-factor model of personality* (2nd ed., pp. 89–99). American Psychological Association. https://doi.org/10.1037/10423-006

Williams, T. F., Scalco, M. D., & Simms, L. J. (2018). The construct validity of general and specific dimensions of personality pathology. *Psychological Medicine*, *48*(5), 834–848. https://doi.org/10.1017/S0033291717002227

Wright, A. G., Hopwood, C. J., Skodol, A. E., & Morey, L. C. (2016). Longitudinal validation of general and specific structural features of personality pathology. *Journal of Abnormal Psychology*, *125*(8), 1120–1134. https://doi.org/10.1037/abn0000165

Zanarini, M. C., Frankenburg, F. R., Reich, D. B., & Fitzmaurice, G. (2012). Attainment and stability of sustained symptomatic remission and recovery among patients with borderline personality disorder and axis II comparison subjects: A 16-year prospective follow-up study. *The American Journal of Psychiatry*, *169*(5), 476–483. https://doi.org/10.1176/appi.ajp.2011.11101550

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Zimmerman, M. (1994). Diagnosing personality disorders. A review of issues and research methods. *Archives of General Psychiatry*, *51*(3), 225–245. https://doi.org/10.1001/archpsyc.1994.03950030061006

Zimmermann, J., Benecke, C., Bender, D. S., Skodol, A. E., Schauenburg, H., Cierpka, M., & Leising, D. (2014). Assessing DSM-5 level of personality functioning from videotaped clinical interviews: A pilot study with untrained and clinically inexperienced students. *Journal of Personality Assessment*, *96*(4), 397–409. https://doi.org/10.1080/00223891.2013.852563

Zimmermann, J., Böhnke, J. R., Eschstruth, R., Mathews, A., Wenzel, K., & Leising, D. (2015). The latent structure of personality functioning: Investigating criterion a from the alternative model for personality disorders in DSM-5. *Journal of Abnormal Psychology*, *124*(3), 532–548. https://doi.org/10.1037/abn0000059

Zimmermann, J., Müller, S., Bach, B., Hutsebaut, J., Hummelen, B., & Fischer, F. (2020). A common metric for self-reported severity of personality disorder. *Psychopathology*, *53*(3-4), 168–178. https://doi.org/10.1159/000507377

Zimmermann, M., Rothschild, L., & Chelminski, I. (2005). The prevalence of *DSM–IV* personality disorders in psychiatric outpatients *The American Journal of Psychiatry*, *162*(10), 1911–1918. https://doi.org/10.1176/appi.ajp.162.10.1911

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