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COMMENTARY

An Agenda for Establishing the *DSM–5* Alternative Model of Personality Disorder (AMPD) Trait Model in Adolescence: Comment on Clark and Watson (2022)

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In the years since the publication of the *Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition* (*DSM–5*; American Psychiatric Association, 2013), considerable progress has been made in understanding the structure of the traits included in the Alternative Model of Personality Disorders (AMPD) in adulthood. In the next phase of research, the structure of the pathological trait model needs to be established more firmly in adolescence as well. There is promising evidence from studies of the Personality Inventory for *DSM–5* (PID-5; Krueger et al., 2012) that the structure of pathological traits in adolescents shows considerable overlap with the structure in adult samples, but it is premature to conclude that the structure is entirely the same. To make additional progress in assessing personality pathology in youth, measures should be developed in multiple formats and for multiple informants; normal-range personality trait constructs should be included in measures for research and clinical use in young people; and research should incorporate Clark and Watson's (2022) recommendations to add new facets and the domain of Anankastia to adolescent measures of personality pathology. Adolescents stand to benefit from a trait taxonomy in the AMPD that more explicitly includes them.

Keywords: personality disorders, adolescence, AMPD, personality pathology, PID-5

The *Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition* (*DSM–5*; American Psychiatric Association, 2013) proposed a new dimensional framework for diagnosing personality disorders in the Alternative Model of Personality Disorders (AMPD). Criterion B for this new model comprises 25 pathological personality trait facets that can be used to describe a person's personality pathology in great detail and depth, with descriptors spanning a broad range of problematic behaviors, emotions, and cognitions. Clark and Watson (2022) offer a thorough and helpful overview of existing research on Criterion B, with a focus on the structure of the pathological trait model and its links with the five factor model (Digman, 1990; John, 2021). Clark and Watson make a series of recommendations for how to modify the AMPD in light of what is known about its structure, based in large part on research on the Personality Inventory for *DSM–5* (PID-5; Krueger et al., 2012).

In this commentary, I want to suggest that there is a critical omission in Clark and Watson's list of recommendations: *the structure of the pathological trait model needs to be established in adolescence, not only in adulthood.* Clark and Watson focused largely on the structure of pathological personality traits in adults, which makes good sense, given that most of the research on Criterion B of the AMPD has investigated the model in adult samples. However, the next phase of research on the AMPD needs to more fully include the study of personality pathology in adolescents.

Psychopathology typically begins in childhood and adolescence (Kessler et al., 2005). Indeed, fewer than half of children and adolescents experience "enduring mental health"—a persistent state of not experiencing a mental illness (Deighton et al., 2021)—and many psychological disorders emerge for the first time in the first 2 decades of life (Dalsgaard et al., 2020). Uhlhaas et al. (2021) recently called for a new focus on psychopathology in youth:

> One reason for the absence of clinically significant breakthroughs in improving mental health has been the emphasis on fully established or late-stage disorders in adulthood. However, all major syndromes—psychotic disorders, mood disorders, eating disorders, personality disorders, and substance use disorders, which together constitute 75% of mental disorders—have their peak onset before the age of 24 years. (p. 473)

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As Uhlhaas et al. (2021) noted, personality disorders—similar to other important families of disorders—typically emerge in adolescence and the transition to early adulthood. In fact, adolescence is a particularly high-risk period for the development of personality disorders (Sharp & Wall, 2018; Shiner & Allen, 2018). Contrary to previous claims in the *DSM* that personality disorders are rare in adolescence, there is good evidence that personality disorders are equally prevalent in adolescence and adulthood, with prevalence rates falling between 10% and 15% (Winsper et al., 2020). Further, there is some evidence that levels of personality disorder symptoms peak in adolescence (Shiner & Allen, 2018). Earlier versions of the *DSM* and *DSM–5* discouraged the routine use of the personality disorder diagnoses in youth under the age of 18. However, the AMPD and the newly published *International Classification of Diseases, 11th Edition* (World Health Organization, 2019) do not discourage use of personality disorder diagnoses in young people under age 18, in recognition of the emerging consensus that personality pathology often emerges in adolescence.

For there to be progress made in describing, assessing, and treating personality pathology, it is essential that research on the AMPD include adolescents. I offer four recommendations to further our understanding of the structure of pathological personality traits in youth.

1. The structure of pathological personality traits needs to be more firmly established in adolescent samples because it may differ from the structure in adults.

Clark and Watson (2022) draw from two recent meta-analyses of the AMPD factor structure—namely, those by Somma et al. (2019) and Watters and Bagby (2018). These meta-analyses focused on investigations of the structure of the PID-5 to determine the structure of the AMPD model. Although these meta-analyses included numerous studies using undergraduate samples, they included only a handful of studies assessing the AMPD factor structure in adolescents (De Caluwé et al., 2019; De Clercq et al., 2014; Somma et al., 2017). In the years since these meta-analyses were published, several additional structural analyses of the PID-5 in adolescence have been published (Koster, et al., 2020, See et al., 2020; Zhang, Ouyang, et al., 2021; Zhang, Wang, et al., 2021). These studies provide promising evidence that the PID-5 structure in adolescents shows considerable overlap with the structure of the PID-5 in adult samples (Fossati & Somma, 2021), but it seems premature to conclude that the structure is entirely the same. In addition, there are some instances in which the internal consistency of the PID-5 scales is quite low (e.g., Suspiciousness, De Clercq et al., 2014; Somma et al., 2017), which suggests that the scales may not be as reliably assessing the underlying traits in adolescents.

2. To assess personality pathology in youth, measures should be developed in multiple formats and for multiple informants.

Clark and Watson (2022) note that almost all the research on the structure of the AMPD pathological personality traits derives from studies of the PID-5; as they put it, "... it is not much of an exaggeration to say that, with regard to the AMPD and the PID-5, the measure <u>is</u> the model." As they argue, this overreliance on a single measure is problematic for establishing a more complete understanding of the pathological trait constructs. Even more so than the research on adults, the research on the structure of the AMPD traits in adolescents derives entirely from self-report studies using the PID-5. Moving forward, it will be important to study the structure of the AMPD trait model in adolescents using a variety of methods and informants. Adult informants are often asked to report on youth's personality traits (Shiner et al., 2021), and it would be useful to study the structure of informant reports of adolescents' traits. Some young people may lack insight into their personality patterns (Shiner & Allen, 2013), so it would be useful to test interview formats (where interviewers can use clarifying follow-up questions) for assessing youth's problematic personality traits as well.

3. Normal-range personality trait constructs should ideally be included in measures for research and clinical use in young people.

Clark and Watson (2022) consider studies investigating the joint structure of the PID-5 and various five factor model measures to provide a more robust understanding of the constructs underlying the various traits. To the best of my knowledge, such an approach has rarely been used in studying the AMPD traits in adolescents (De Caluwé et al., [2019] is an exception), but this approach would be helpful in clarifying the structure of the full spectrum of normal-range and problematic traits displayed by young people.

In addition, it would be of great benefit to develop newer measures for adolescents that assess the full spectrum of traits from healthy to problematic. Clinicians often remain hesitant to use personality disorder diagnoses in young people because of concerns about stigma, and personality pathology is therefore more rarely assessed in adolescents (Kongerslev et al., 2015). The inclusion of positive personality descriptors in measures of AMPD traits would be helpful in encouraging clinicians to see personality disorder traits as just one aspect of a young person's more complete personality picture and may make it more likely that clinicians would assess problematic traits on a more regular basis. And, indeed, it would likely prove useful for clinicians to recognize and draw on youth's positive personality traits in their work with young people (Shiner & Allen, 2013).

4. Consider Clark and Watson's (2022) recommendations to clarify the structure and add new facets and the domain of Anankastia in adolescent measures of personality pathology.

Clark and Watson offer a wide range of useful recommendations for how to approach the measurement of the AMPD traits moving forward, and these recommendations are likely to be useful in assessing traits in adolescents as well. For example, De Clercq et al. (2014) noted several instances where the structure of the PID-5 facets did not match the original PID-5 structure (e.g., hostility was a better marker of disinhibition than negative affectivity), and they suggested that perhaps these differences may reflect developmental differences in the structure of pathological traits. But, in fact, with more empirical evidence, it has become clear that these differences from the original structure have been found in multiple studies of adults, too. Likewise, some studies of youth (Zhang, Ouyang, et al., 2021) have pointed to the presence

of a anankastia trait marked by rigid perfectionism and compulsivity. Thus, it seems prudent to test the recommended structures articulated by Clark and Watson in samples of adolescents to determine how robust the suggested structures are.

It is exciting to see the progress that has been made in understanding the structure of the AMPD pathological trait model in the years since the publication of *DSM–5*. In order to advance a truly developmental perspective on personality disorders and to improve clinical practice with adolescents, it will be important to more fully include adolescents in this line of research moving forward. A good taxonomy promotes better research and clinical practice, and adolescents stand to benefit from a trait taxonomy in the AMPD that more explicitly includes them.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual for mental disorders, Fifth Edition (DSM-5)*.

Clark, L. A., & Watson, D. (2022). The trait model of the DSM-5 Alternative Model of Personality Disorders (AMPD): A structural review. *Personality Disorders: Theory, Research, and Treatment*, *13*(4), 328–336. https://doi.org/10.1037/per0000568

Dalsgaard, S., Thorsteinsson, E., Trabjerg, B. B., Schullehner, J., Plana-Ripoll, O., Brikell, I., Wimberley, T., Thygesen, M., Madsen, K. B., Timmerman, A., Schendel, D., McGrath, J. J., Mortensen, P. B., & Pedersen, C. B. (2020). Incidence rates and cumulative incidences of the full spectrum of diagnosed mental disorders in childhood and adolescence. *JAMA Psychiatry*, *77*(2), 155–164. https://doi.org/10.1001/jamapsychiatry.2019.3523

De Caluwé, E., Verbeke, L., Aken, M. V., Heijden, P. T. V., & Clercq, B. (2019). The DSM-5 trait measure in a psychiatric sample of late adolescents and emerging adults: Structure, reliability, and validity. *Journal of Personality Disorders*, *33*(1), 101–118. https://doi.org/10.1521/pedi_2018_32_333

De Clercq, B., De Fruyt, F., De Bolle, M., Van Hiel, A., Markon, K. E., & Krueger, R. F. (2014). The hierarchical structure and construct validity of the PID-5 trait measure in adolescence. *Journal of Personality*, *82*(2), 158–169. https://doi.org/10.1111/jopy.12042

Deighton, J., Lereya, S. T., & Wolpert, M. (2021). Enduring mental health in childhood and adolescence: Learning from the Millennium Cohort Study. *Journal of the American Academy of Child and Adolescent Psychiatry*, *60*(8), 1030–1039. https://doi.org/10.1016/j.jaac.2020.11.012

Digman, J. M. (1990). Personality structure: Emergence of the five-factor model. *Annual Review of Psychology*, *41*(1), 417–440. https://doi.org/10.1146/annurev.ps.41.020190.002221

Fossati, A., & Somma, A. (2021). The assessment of personality pathology in adolescence from the perspective of the Alternative DSM-5 Model for Personality Disorder. *Current Opinion in Psychology*, *37*, 39–43. https://doi.org/10.1016/j.copsyc.2020.07.015

John, O. P. (2021). History, measurement, and conceptual elaboration of the Big-Five trait taxonomy: The paradigm matures. In O. P. John & R. W. Robins (Eds.), *Handbook of personality* (4th ed., pp. 35–82). Guilford Press.

Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age-of-onset distributions of *DSM–IV* disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, *62*(6), 593–602. https://doi.org/10.1001/archpsyc.62.6.593

Kongerslev, M. T., Chanen, A. M., & Simonsen, E. (2015). Personality disorder in childhood and adolescence comes of age: A review of the current evidence and prospects for future research. *Scandinavian Journal of Child and Adolescent Psychiatry and Psychology*, *3*(1), 31–48. https://doi.org/10.21307/sjcapp-2015-004

Koster, N., Laceulle, O. M., Van der Heijden, P. T., Klimstra, T., De Clercq, B., Verbeke, L., De Caluwé, E. A. L., & Van Aken, M. A. G. (2020). A psychometric evaluation of a reduced version of the PID-5 in clinical and non-clinical adolescents. *European Journal of Psychological Assessment*, *36*(5), 758–766. https://doi.org/10.1027/1015-5759/a000552

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

See, A. Y., Klimstra, T. A., Cramer, A. O. J., & Denissen, J. J. A. (2020). The network structure of personality pathology in adolescence with the 100-Item Personality Inventory for DSM-5 Short-Form (PID-5-SF). *Frontiers in Psychology*, *11*, Article 823. https://doi.org/10.3389/fpsyg.2020.00823

Sharp, C., & Wall, K. (2018). Personality pathology grows up: Adolescence as a sensitive period. *Current Opinion in Psychology*, *21*, 111–116. https://doi.org/10.1016/j.copsyc.2017.11.010

Shiner, R. L., & Allen, T. A. (2018). Developmental psychopathology of personality disorders. In J. Livesley & R. Larstone(Eds.), *Handbook of personality disorders: Theory, research, and treatment* (2nd ed., pp. 309–323). Guilford Press.

Shiner, R. L., & Allen, T. A. (2013). Assessing personality disorders in adolescents: Seven guiding principles. *Clinical Psychology: Science and Practice*, *20*(4), 361–377. https://doi.org/10.1111/cpsp.12047

Shiner, R. L., Soto, C. J., & De Fruyt, F. (2021). Personality assessment in children and adolescents. *Annual Review of Developmental Psychology*, *3*(1), 113–137. https://doi.org/10.1146/annurev-devpsych-050620-114343

Somma, A., Borroni, S., Maffei, C., Giarolli, L. E., Markon, K. E., Krueger, R. F., & Fossati, A. (2017). Reliability, factor structure, and associations with measures of problem relationship and behavior of the Personality Inventory for DSM-5 in a sample of Italian community-dwelling adolescents. *Journal of Personality Disorders*, *31*(5), 624–646. https://doi.org/10.1521/pedi_2017_31_272

Somma, A., Krueger, R. F., Markon, K. E., & Fossati, A. (2019). The replicability of the Personality Inventory for DSM-5 Domain Scale factor structure in U.S. and non-U.S. samples: A quantitative review of the published literature. *Psychological Assessment*, *31*(7), 861–877. https://doi.org/10.1037/pas0000711

Uhlhaas, P. J., McGorry, P. D., & Wood, S. J. (2021). Toward a paradigm for youth mental health. *JAMA Psychiatry*, *78*(5), 473–474. https://doi.org/10.1001/jamapsychiatry.2020.3905

Watters, C. A., & Bagby, R. M. (2018). A meta-analysis of the five-factor internal structure of the Personality Inventory for DSM-5. *Psychological Assessment*, *30*(9), 1255–1260. https://doi.org/10.1037/pas0000605

Winsper, C., Bilgin, A., Thompson, A., Marwaha, S., Chanen, A. M., Singh, S. P., Wang, A., & Furtado, V. (2020). The prevalence of personality disorders in the community: A global systematic review and meta-analysis. *The British Journal of Psychiatry*, *216*(2), 69–78. https://doi.org/10.1192/bjp.2019.166

World Health Organization. (2019). *ICD-11: International classification of diseases (11th revision)*. https://icd.who.int/

Zhang, P., Ouyang, Z., Fang, S., He, J., Fan, L., Luo, X., Zhang, J., Xiong, Y., Luo, F., Wang, X., Yao, S., & Wang, X. (2021). Personality inventory for DSM-5 brief form(PID-5-BF) in Chinese students and patients: Evaluating the five-factor model and a culturally informed six-factor model. *BMC Psychiatry*, *21*(1), Article, 107. https://doi.org/10.1186/s12888-021-03080-x

Zhang, W., Wang, M., Yu, M., & Wang, J. (2021). The hierarchical structure and predictive validity of the Personality Inventory for DSM-5 in Chinese nonclinical adolescents. *Assessment*. Advance online publication. https://doi.org/10.1177/10731911211022835

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