

The psychometric properties of the Personality Inventory for DSM-5 Dutch translation (PID-5)

Masterthesis Clinical Psychology

Laura Lemaire 5882036 Local supervisor: H. Berghuis, Clinical Psychologist Supervisor Utrecht University: B. Mitima-Verloop, MSc Wordcount: 5000 Date: July 19, 2020 Utrecht University Master Clinical Psychology

Abstract

The current categorical classification system for personality disorders (PDs) has various limitations and therefore the Alternative DSM-5 Model for Personality Disorders (AMPD) in Section III emerged. The Personality Inventory for DSM-5 (PID-5) is a self-report questionnaire to map the maladaptive personality traits of this model. The instrument has been researched in different countries, but the Dutch translation of the PID-5 has not been studied yet. This was the goal of the current study. The study was conducted in a combined Dutch sample of two Dutch mental health institutions (N = 750). The reliability, convergent validity and factor structure of the PID-5 was studied. The results showed a good reliability at the domain level (range = .89-.93) and reasonable reliability at the trait-level (range = .75-.92). With regards to the validity of the PID-5, the traits of the PID-5 overall correlated with instruments that measure other aspects of personality dysfunctioning (severity) and the six PDs in the DSM-5 Section III (although mostly small to moderate correlations). Some assigned traits did not correlate with specific PDs (i.e., the traits Intimacy avoidance and Restricted affectivity and Obsessive-compulsive PD (OCPD)) and some non-assigned traits had high correlations with specific PDs (e.g., the trait *Manipulativeness* and Narcisstic PD (NPD)), suggesting rearrangement in trait profiles for PDs. The study found evidence for a five-factor model (Negative affectivity, Detachment, Antagonism, Disinhibition and Psychoticism), although some traits seemed better suited at domains they were not originally assigned to. Further studies should look into additional measures of reliability and validity, employment of cut-off scores, inclusion of validity scales and research in a normal population. To conclude, it can be stated that the Dutch translation of the PID-5 has reasonable to good reliability, validity and factor structure.

Keywords: Personality Inventory for DSM-5; PID-5; Maladaptive personality traits; Criterion B; Personality Assessment; Alternative DSM-5 Model for Personality Disorders; Dimensional system

Introduction

A personality disorder (PD) refers to a rigid pattern of traits, leading to a distorted look at oneself and the environment, with reduced capacity to adapt behavior. This often leads to various problems in daily lives (APA, 2014). The categorical classification system of PDs, as represented in DSM-5 section II (APA, 2013), has several shortcomings: high comorbidity between PDs, arbitrary cut-off points, temporal instability and heterogeneity in PD-symptoms (Clark, 2007; Hengartner, Zimmermann & Wright, 2018; Wright & Zimmermann, 2015; Widiger & Trull, 2007). As a result, patients are likely to receive multiple PD diagnoses or none (Krueger, 2013; Tyrer, Reed & Crawford, 2015). To overcome these shortcomings, the Alternative DSM-5 Model for Personality Disorders (AMPD; APA, 2013) was introduced upon the release of the DSM-5 (Section III). In the AMPD, PDs are defined according to the following conceptualization: impairments in personality functioning (Criterion A) and the presence of maladaptive personality traits (Criterion B). Criterion B consists of 25 lower order traits, which can be integrated in five higher order domains: Negative affectivity, Detachment, Disinhibition, Antagonism and *Psychoticism.* The AMPD has retained six PDs: antisocial (ASPD), borderline (BPD), narcisstic (NPD), schizotypal (STPD), avoidant (AVPD) and obsessive-compulsive PD (OCPD). When domain-trait combinations cannot be specified under any of the PDs, but there is personality dysfunctioning, the diagnosis PD Trait Specified (PDTS) can be assigned.

The AMPD resembles other models of maladaptive personality traits, for example the Personality Pathology-5 (PSY-5; Harkness, Finn, McNulty & Shields, 2012) and the Dimensional Assessment of Personality Pathology (DAPP-BQ; Livesley & Jackson, 2009). The AMPD also resembles models of normal personality traits, for example the NEO Personality Inventory (NEO-PI-R; Costa & McCrea, 1992). The traits of the AMPD give descriptions of individual differences in PDs, but also provide dimensions for the metastructure of psychopathology in the DSM-5, such as operationalized in the recently developed Hierarchical Taxonomy of Psychopathology model (HiTOP; Kotov et al., 2017). The domains *Negative affectivity* and *Detachment* resemble the *Internalizing* dimension, the domains *Disinhibition* and *Antagonism* the *Externalizing* dimension and the domain *Psychoticism* the *Though disorder* dimension (Kotov et al., 2017; Watson & Clark, 2019).

The domains and traits of the AMPD can be measured with the Personality Inventory for DSM-5 (PID-5; Krueger, Derringer, Markon, Watson & Skodol, 2012), as recommended by the APA. This instrument is used by clinicians to predict and assess personality traits that are in line with the dimensional perspective of personality pathology as described in Section III of the DSM-5 (APA, 2013). Although there are a variety of instruments to measure personality traits, most research into the traits of the AMPD has been done with the PID-5. Al-Dajani, Gralnick and Bagby (2015) recently reviewed 30 studies that tested the psychometric properties of the PID-5. Most studies found acceptable internal consistencies, in line with the general guidelines for reliability (i.e., alphas between .80 and .95; Nunnally & Bernstein, 1994) and consistent with the original study (domains ranging from .84 (*Disinhibition*) to .94 (*Detachment* and *Psychoticism*) and traits ranging from .72 (*Grandiosity*) to .96 (*Eccentricity*); Krueger et al., 2012).

The structure of the PID-5 resembles the other personality models mentioned before and reflects a relevant factor structure (Wright et al., 2012). At the initial factor of this structure, all items and traits resemble the overarching personality pathology ('p'-factor) (associated with general interpersonal impairment) and further reflects the aforementioned HiTOP model. By assessing maladaptive traits, the PID-5 represents an improvement in diagnostic classification as combinations of traits differ per individual. Therefore, the PID-5 captures heterogeneous expressions of PDs (Zimmerman et al., 2014) and addresses some of the problems with the current categorical approach to the diagnoses of PDs.

Despite the aforementioned qualities of the PID-5, there are limitations as well. For example, most studies that have assessed the psychometric properties of the PID-5 included nonclinical samples, while the distribution of the maladaptive traits are different between clinical and non-clinical samples (Bastiaens et al., 2016). More studies into clinical samples are therefore needed to capture a broader range of psychopathology. Another limitation is that the psychometric properties of the authorized Dutch translation of the PID-5 (Van der Heijden, Ingenhoven, Berghuis & Rossi, 2014) are yet to be determined. The factor structure and validity of translated versions of the PID-5 has previously been researched in other languages: Arabic, Brazilian, Czech, Danish, French, German, Flemish, Italian, Norwegian, Persian, Polish, Portuguese, Russian, Spanish and Swedish (Zimmermann, Kerber, Rek, Hopwood & Krueger, 2019). The Dutch version is used in clinical practice, therefore knowing its psychometric qualities is important.

In the present study, the psychometric properties of the Dutch translation of the PID-5 will be studied in a clinical sample of patients treated for PDs at Dutch mental health institutions. First, it is expected that the reliability is in accordance with previous studies of the PID-5 (Al-Dajani et al., 2016) and match the general guidelines for reliability (between .80 and .95). Second, it is further hypothesized that the PID-5 is convergent with instruments that measure different but related forms of personality functioning and instruments that screen for PDs. The General Assessment of Personality Disorders-83 (GAPD-83) and the Severity Indices of Personality Functioning-118 (SIPP-118) are used as instrument that map the dysfunctioning of personality according to Criterion A (Berghuis, Kamphuis, Verheul, Larstone & Livesley, 2013; Verheul et al., 2008). Criterion A and B are conceptually different aspects of personality dysfunctioning, but studies recently found overlap (e.g. Hopwood, Good & Morey, 2018; Widiger et al., 2019; Meehan, Siefert, Sexton & Huprich, 2019). Therefore, small correlations are expected. The Structured Clinical Interview for DSM-5 Screening Personality Questionnaire (SCID-5-SPQ) and the Personality Diagnostic Questionnaire-4+ (PDQ-4+) screen PDs for the current classification system. Because of previously found strong correlations (Fossati, Krueger, Markon, Borroni & Maffei, 2013; Somma, Krueger, Markon, Borroni & Fossati, 2019), strong correlations between these instruments and the PID-5 are expected. The strong correlations are especially expected for the trait profiles of the six PDs (APA, 2013) (Table 1). Third, the factor structure of the authorized Dutch translation of the PID-5 will be studied. The Dutch translations of the domains and traits resemble the original structure (Krueger et al., 2012), therefore it is expected that the instrument shows the same structure of the five higher order domains and its 25 traits.

Method

Participants

The sample consisted of 750 patients treated for their PDs and consisted of 223 men (31.1%) and 517 women (68.9%) (M = 33 years, SD = 10.31, range = 18-59) (see Table 2 for all demographical data). On the two screeners for PDs, BPD (cluster B) and OCPD (cluster C) were

most present. Cut-off scores were 2 (ASPD), 4 (PPD, SIPD, AVPD and OCPD) and 5 (STPD, BPD, HPD, NPD and DPD) (APA, 2014).

Procedure

The sample was recruited at two mental health institutes in the Netherlands: *Centrum voor Psychotherapie* (CvP) (n = 602) and *Reinier van Arkel* (RvA) (n = 148). The reason for including both institutions was the inclusion of a clinical sample with a broad scale of personality dysfunctioning. Patients were included in this study during the period of January 2017 till March 2020 (CvP) and November 2016 till March 2020 (RvA). The CvP is a specialized institute for the treatment of PDs. Patients need to have already received treatment for their PDs at other mental health institutes and need to be referred by their general practitioner (GP) or current clinician. The RvA is a mental health institute with a care-program for PDs for patients who live in the North East region of the Netherlands. Patients need to be referred by a GP or occupational physician (treatment-history not necessary). The inclusion criteria for the current study were participants between 18 and 60 years old who were referred to either of the two institutes with assumed personality dysfunctioning. The participants were invited for an intake at CvP or RvA and needed to complete questionnaires (before the intake or at the start of the treatment). The RvA patients completed the PID-5 and the CvP patients all the instruments (i.e., PID-5, GAPD-83, SIPP-118, PDQ-4+ and SCID-5-SPQ). The participants received a link to the questionnaires by email which they could complete anywhere (alone at a quiet place was advised). An informed consent was sent along with the instruments and completing took up a maximum of two hours.

Measurements

The *Personality Inventory for DSM-5* (PID-5; Krueger et al., 2012) is a 220-item selfreport questionnaire with the items representing five maladaptive traits-domains (i.e., *Negative affectivity*, *Detachment*, *Antagonism*, *Disinhibition* and *Psychoticism*) and 25 maladaptive traits (Appendix A). The instrument measures maladaptive personality traits according to the DSM-5 AMPD (APA, 2013). In this study, the Dutch translation of the PID-5 was studied (Van der Heijden et al., 2014). The answer choices were on a 4-point Likert-type scale (1 = strongly disagree to 4 = strongly agree). An example item is: 'Ik verander wat ik doe op basis van wat anderen willen' (English version: 'I change what I do depending on what others want'). Analyses were performed based on domain-scores, trait-scores and a total score (calculated with the sum of assigned items divided by the number of items, see Appendix A). Earlier studies on the PID-5 found adequate psychometric properties (domains ranging from .84 to .94 and traits from .72 to .96; Al-Dajani et al., 2016).

The *General Assessment of Personality Disorders-83* (GAPD-83; Berghuis et al., 2013) is an 83-item self-report questionnaire representing the two core components of personality pathology (Livesley, 2003). These components are the domains *Self-pathology* and *Interpersonal dysfunction* (see Appendix B for the facets). The answer choices were on a 5-point Likert-type scale (1 = strongly disagree to 5 = strongly agree). An example item is: 'Ik ben bang dat er op een dag bij mij geen echte ik over zal blijven' (English: 'I am afraid that one day I will not be left with a real me'). Analyses were performed based on domain-scores and facet-scores, calculated with the sum of assigned items divided by the number of items (Appendix B). The internal consistency of the domains in previous studies were .93 (*Self-pathology*) and .98 (*Interpersonal dysfunctioning*) and the internal consistencies of the subscales ranged from .66

(Poorly differentiated images of others) to .92 (Lack of meaning, purpose and direction) (Berghuis et al., 2013). The convergent validity of the GAPD-83 is good and the instrument has a sensitivity of .71 and specificity of .66. In the current study, the internal consistencies of the domains were .95 (*Self-pathology*) and .85 (*Interpersonal dysfunction*) and the facets ranged from .57 (*Fragmentary self-other representations*) to .85 (*Defective sense of self*).

The Severity Indices of Personality Functioning-118 (SIPP-118; Verheul et al., 2008) is a 118-item self-report questionnaire with the items representing five domains of maladaptive personality functioning (i.e., *Self-control, Identity integration, Responsibility, Relational capacities* and *Social concordance*) (see Appendix C for the facets). The answer choices were on a 4-point Likert-type scale (1 = strongly disagree to 4 = strongly agree). An example item is: 'Ik vind het moeilijk om genegenheid voor anderen te tonen' (English version: 'It is hard for me to show affection to other people'). Analyses were performed based on domain-scores and facet-scores, calculated with the sum of assigned items divided by the number of items (Appendix C). The internal consistencies in previous studies ranged from .69 to .84 (Verheul et al., 2008) and the questionnaire has good test-retest reliability (.87 to .95) and good concurrent, convergent and discriminant validity. In the current study, the internal consistencies of the domains ranged from .69 (*Self-control*) to .89 (*Social concordance* and *Identity integration*) and the facets ranged from .69 (*Purposefulness*) to .87 (*Aggression regulation*).

The *Personality Diagnostic Questionnaire-4*+ (PDQ-4+; Hyler et al., 1988; Dutch translation: Akkerhuis, Kupka, Van Groenestijn & Nolen, 1996) is a 99-item self-report questionnaire to screen PDs according to the DSM-IV-TR (for this study Paranoid PD (PPD), Schizoid PD (SIPD), Histrionic PD (HPD), Dependent PD (DPD), STPD, NPD, BPD, ASPD, AVPD and OCPD were included). The answer choices were on a 2-point Likert-type scale (0 =

no and 1 = yes). An example item is: 'Ik vermijd het werken met anderen die mij zouden kunnen bekritiseren' (English version: 'I avoid working with others who may criticize me'). Analyses were performed based on domain-scores, calculated with the sum of assigned items divided by the number of items (Appendix D). Earlier studies found low internal consistencies ranging from .46 to .70 (Fossati et al., 1998) and low predictive power (De Reus, Van der Berg & Emmelkamp, 2013). Nevertheless, the PDQ-4+ can be effectively used as screening-instrument, as it overdiagnoses the presence of PDs but adequately predicts the absence of one (Bos, Van Velzen & Meesters, 2005). The internal consistencies in the current study ranged from .39 (STPD) to .97 (ASPD).

The Structured Clinical Interview for DSM-5 Screening Personality Questionnaire (SCID-5-SPQ; Arntz, Kamphuis & Derks, 2017) is a 106-item self-report questionnaire to screen PDs according to the DSM-5 (same PDs as PDQ-4+). The answer choices were on a 2-point Likert-type scale (0 = no and 1 = yes). An example item is: 'Bent u voor het regelen van belangrijke zaken in uw leven, zoals de financiën, zorg voor de kinderen, of uw woonsituatie, van anderen afhankelijk?' (English: are you dependent on others for arranging important things in your life, such as finances, care for the children, or your living situation?'). Analyses were performed based on domain-scores, calculated with the sum of assigned items divided by the number of items (Appendix E). The instrument has a good test-retest reliability (Cronbach's alpha of .88) and good convergent validity (Bender, Zimmermann & Huprich, 2018). The internal consistencies in the present study ranged from .38 (SIPD) to .77 (BPD).

Analysis

The data were processed and analyzed using International Business Machines -

Statistical Package for the Social Sciences 25.0 (IBM SPSS 25.0; IBM, 2017). First, the data was inspected by means of a t-test between the CvP sample and the RvA sample. Second, the internal consistencies were measured with Cronbach's alpha. Third, the convergent validity was examined with Pearson correlation-analyses between the traits of the PID-5 and the domains of the GAPD-83 and SIPP-118 and between the traits of the PID-5 and the PDQ-4+ and SCID-5-SPQ. As mentioned before, attention was focused on the trait profiles of the six PDs in the DSM-5 Section III (see again Table 1). And last, the factor structure of the PID-5 was measured by means of a Principal Components Analysis (PCA). There were missing values for marital status, education and PDs (part of the CvP sample completed the PDQ-4+ and the other part the SCID-5-SPQ, the RvA sample none).

Results

Data-inspection

Comparing the two samples (Table 3), there was a significant difference between the RvA and CvP sample on the average scores on three of the five PID-5 domains, i.e. *Negative affectivity*, *Detachment* and *Psychoticism*. However, the effect sizes of these differences were small (Cohen's $d \le .30$). Regarding the PID-5 traits, for 9 out of the 25 traits were statistically significant differences on the mean scores between both samples. However, also these effect sizes of the differences were small (Cohen's $d \le .40$), with one trait showing a moderate effect size (*Depressivity*, Cohen's d = .57). Regarding age and marital status, there were statistically significant differences on the average scores between both samples. For marital status the effect size of the difference was small (Cohen's d = .37), but there was a moderate effect size for age

(Cohen's d = .67) (RvA sample somewhat older). In all cases, the differences in scores were considered too marginal to have a clinical significance. Therefore, the two samples were combined in the analyses. As mentioned before, another argument for combining the sample was the clinical scope of the sample thus achieved (clinical, day-clinical and part-time day-clinical).

Internal consistency

To measure the internal consistency of the PID-5, Cronbach's alpha was measured for the five domains, 25 traits and the total scale. As can be seen in Table 4, the alphas of the domains ranged from .89 (*Disinhibition*) to .93 (*Detachment*). The alphas of the traits ranged from .75 (*Irresponsibility* and *Unusual beliefs and experiences*) to .92 (*Eccentricity*). The internal consistency of the PID-5 total-score was .97.

Convergent validity

The convergent validity of the PID-5 was measured with Pearson correlations by analysing the association of the PID-5 traits with the domains of the GAPD-83 and SIPP-118 and the dimensional scores of the PDQ-4+ and SCID-5-SPQ. Correlation analyses at the .01 and .05 level were measured. Between the PID-5 and GAPD-83, small significant correlations were found in 14 out of 50 correlations (.10 < r < .30, M = .20, range = .12-.27). Further, 20 out of 50 correlations showed moderate significant associations (.30 < r < .50, M = .40, range = .30-.46). In 7 out of 50 correlations strong significant correlations were present (r > .50, M = .58, range = .51-.69). The GAPD-83 domain *Self-pathology* was most strongly related to the PID-5 trait *Depressivity* (r = .65, p < .01) and the domain *Interpersonal dysfunctioning* was most strongly related to *Withdrawal* (r = .69, p < .01). For the association between the PID-5 and SIPP-118 (Table 6), 54 out of 125 correlations showed small significant correlations (.10 < r < .30, M = .19, range = .10-.29). Moderate significant correlations were found 50 out of 125 correlations (.30 < r < .50, M = .38, range = .30-.49). In 10 out of 125 correlations strong significant correlation were present (r > .50, M =.60, range = .50-.74). The SIPP-118 domain *Self-control* was most strongly associated with the PID-5 traits *Hostility* (r = .63, p < .01) and *Impulsivity* (r = .61, p < .01), the domain *Identity integration* with the trait *Depressivity* (r = .61, p < .01), the domain *Responsibility* with the trait *Irresponsibility* (r = .73, p < .01), the domain *Relational capacities* with the trait *Withdrawal* (r = .45, p < .01) and the domain *Social concordance* with the trait *Hostility* (r = .74, p < .01).

Regarding the PDQ-4+ (Table 7), small significant correlations were found in 119 out of 250 correlations (.12 < r < .30, M = .20, range .12 - .29). Moderate significant correlations were found in 61 out of 250 correlations (.30 < r < .50, M = .38, range = .30 - .49). Strong significant correlations were found 20 out of 250 correlations (r > .50, M = .54, range = .50 - .75). The strongest correlations were found between ASPD and the traits *Deceitfulness* (r = .61, p < .01), *Impulsivity* (r = .61, p < .01) and *Irresponsibility* (r = .61, p < .01), between PPD and *Suspiciousness* (r = .75, p < .01), between SIPD and *Withdrawal* (r = .68, p < .01) and between DPD and *Separation Insecurity* (r = .60, p < .01).

Regarding the SCID-5-SPQ (Table 8), small significant correlations were found in 104 out of 250 correlations (.10 < r < .30, M = .20, range .12-.29). Moderate significant associations were found 59 out of 250 correlations (.30 < r < .50, M = .36, range = .30-.49). In 15 out of 250 correlations strong significant correlations were present (r > .50, M = .53, range = .50-67), in particular between PPD and *Suspiciousness* (r = .67, p < .01), HPD and *Attention seeking* (r = .66, p < .01) and DPD and *Separation insecurity* (r = .62, p < .01). The PDs have specific trait-profiles (asterisk in Table 7 and Table 8). For example,

AVPD is defined with the traits *Anxiousness*, *Withdrawal*, *Intimacy avoidance* and *Anhedonia*. Table 7 and 8 show that the strongest correlations between the PDs and PID-5 traits were found for the presumed PD-trait profiles. However, some notable differences were found. There were low correlations between OCPD and the traits *Intimacy avoidance* (r = .09, p = .11 PDQ-4+; r =-.02, p = .73 SCID-5-SPQ) and *Restricted affectivity* (r = -.02, p = .77 PDQ-4+; r = -.03, p = .69SCID-5-SPQ) and strong correlations between NPD and *Manipulativeness* (r = .52, p < .01PDQ-4+; r = .51, p < .01 SCID-5-SPQ).

Factor structure

To explore the factor structure of the PID-5 (Table 9), a PCA with Oblique (Oblimin) rotation using the traits of the PID-5 was conducted. Bartlett's test of sphericity was significant and the Kaiser-Meyer-Olkin measure of sampling adequacy (KMO) was .86. With parallel analysis, the average eigenvalues from random correlation-matrices were compared with the eigenvalues of the data of the current study. Five factors (with eigenvalues exceeding 1) were identified as underlying the 25 traits and accounted for 61.7% of the variance. Of the traits, 19 out of 25 had the highest loadings on factors they originally belong to. Of note, the traits *Emotional lability, Hostility, Rigid perfectionism* and *Suspiciousness*, in the AMPD originally belonging to the domains *Negative affectivity, Detachment*, and *Disinhibition* respectively, had the highest loadings on Factor 1, mainly representing the domain *Psychoticism*. The trait *Restricted affectivity*, originally belonging to the domain *Detachment*. The trait *Depressivity*, originally belonging to the domain *Detachment*.

domain *Negative affectivity*. The AMPD combines some traits among multiple domains; the traits *Hostility*, *Depressivity*, *Suspiciousness* and *Restricted affectivity* belong to a primary and a secondary domain (APA, 2013). In the current analysis, the above-mentioned traits have the highest loadings on their secondary domain, i.e. *Hostility* on *Antagonism*, *Depressivity* on *Negative affectivity* and *Suspiciousness* and *Restricted affectivity* on *Detachment*.

Discussion

In the current study, the psychometric properties of the Dutch translation of the PID-5 were measured in a clinical sample (N = 750). Hypothesized was that the internal consistency of the PID-5 was consistent with the general guidelines and alphas found in the original PID-5 study (Krueger et al., 2012). Further expected was that the PID-5 was convergent with the GAPD-83, SIPP-118, PDQ-4+ and SCID-5-SPQ (stronger with the PDQ-4+ and SCID-5-SPQ). Last, it was expected that the factor structure resembled the original PID-5 structure (Krueger et al., 2012).

Internal consistency of the PID-5

In accordance with the hypothesis, high internal consistencies of the PID-5 domains were found (> .89). This was also found in previous studies (e.g., Krueger et al., 2012; Al-Dajani et al., 2016). Regarding the traits, issues emerged where some traits showed internal consistencies slightly below the general guidelines. Earlier studies demonstrated these issues with reliability at the trait-level as well (e.g., Al-Dajani et al., 2016; Krueger et al., 2012; Quilty et al., 2013; Wright et al., 2012). These findings suggest reasonable reliability; good reliability at the domain-level and (minimal) issues at the trait-level.

Convergent validity

As expected, correlations were found between the PID-5 and GAPD-83, SIPP-118, PDQ-4+ and SCID-5-SPQ. Small correlations between the PID-5 and GAPD-83 and SIPP-118 were measured, although there were some stronger correlations. The high correlations can be explained by the fact that the instruments all assess pathological personality (wherefore some correlation would be expected) and the found overlap in Criterion A and B in previous studies (Livesley et al., 1998; Hopwood et al., 2018).

Not in accordance with the hypothesis were the mostly found small correlations between the PID-5 and PDQ-4+ and SCID-5-SPQ. This can be explained by the fact that there are assigned and non-assigned traits for PDs. The results showed strong associations between PDtrait profiles, suggesting that the PID-5 measures specific types of PDs (also found in Bastiaens et al., 2016; Hopwood et al., 2012, Yam & Simms, 2014; Fossati et al., 2013). This means the PDs can be represented in a dimensional approach. However, not all assigned and non-assigned traits correlated as predicted, as was also found in previous studies (e.g., Bastiaens et al., 2016; Yam & Simms, 2014; Berghuis, Ingenhoven, Van der Heijden, Rossi & Schotte, 2019). For example, the non-assigned trait Suspiciousness and BPD showed strong associations. This high association might be explained by the fact that this trait was a criterion for BPD in the DSM-5 Section II, but not in Section III (APA, 2013). Another example are the low correlations between the traits Intimacy avoidance and Restricted affectivity and OCPD, although they are assigned traits (also found in Anderson, Snider, Sellbom, Krueger & Hopwood, 2014). Also notable were the correlations between the traits Callousness, Hostility, Eccentricity and Manipulativeness and NPD (also found in Miller, Gentile, Wilson & Campbell, 2013; Wright et al., 2013). This finding

suggests that NPD focusses mainly on the Grandiosity-Exhibitionism factor and less on the Vulnerability-Sensitivity factor (Wink, 1991). For the classification of NPD, the vulnerability-features are not explicitly outlined, which has been criticized (Kernberg, 2007; Pincus, 2013). Some of the traits had negative associations with PDs (e.g., *Risk taking, Manipulativeness, Grandiosity* and *Attention seeking* for AVPD and *Intimacy avoidance* for NPD). This can be explained by the fact that AVPD is associated with interpersonal anxiety (Holt, Heimberg & Hope, 1992) and NPD is, opposite to avoidance of attention, associated with the seeking of attention (Miller et al., 2013) (also found in the current study).

Factor structure of the PID-5

The present study found a five factor-solution duly resembling the original structure (Krueger et al., 2012), the AMPD (APA, 2013) and previous studies (Al-Dajani et al., 2016). As expected, the traits belong to five domains (representing *Negative affectivity*, *Detachment*, *Antagonism*, *Disinhibition* and *Psychoticism*), where especially the domains *Detachment*, *Antagonism*, and *Disinhibition* resemble what has been found in the earlier studies. Not all traits had the highest loadings on their main domain. The traits *Emotional lability*, *Hostility*, *Suspiciousness* and *Rigid perfectionism* had higher loadings on the factor representing the domain *Psychoticism*. This is odd, seeing that other studies found rather low loadings of these traits on the domain (Van den Broeck et al., 2014; De Clercq et al., 2014; Wright & Simms, 2014). As other studies did not find these results, the finding might be explained by translation-bias. An alternative explanation might be that the factor representing the domain *Psychoticism* resembles the 'p'-factor for general psychopathology (Wright et al., 2012; Caspi et al., 2014). This 'p'-factor, as is 'g'-factor for intelligence, means that all the domains and traits resemble

general interpersonal impairment. The traits *Hostility*, *Depressivity*, *Suspiciousness* and *Restricted affectivity* had the highest loadings on their secondary domain. The above-mentioned studies generally found the same results. Overall, the findings in the current study validate the five factor-structure with possible rearrangement in the trait-domain combinations.

Limitations and strengths

The present study has some limitations that should be taken into account when generalizing the findings. First, not all instruments were completed by all the participants. However, as the numbers were enough per instrument, this was not considered a problem. Second, all instruments were based on self-reporting. For that reason, there is a risk of over- or underreporting. McGee Ng et al. (2015) studied to what extent the PID-5 is susceptible to the effects of over- and underreporting, where over-reporters were found to score significantly higher on PID-5 domains and traits and under-reporters significantly lower. Another reason for over- or underreporting was found by Oltmanns, Gleason, Klonksky and Turkheimer (2015). They state that patients with PDs not always have psychological insight (not seeing themselves as disturbed), which has an effect on how questionnaires are completed. Third, the study did not look into the divergent validity of the instrument. The current study solely compared the PID-5 to personality pathology and not psychopathology in general. Also, the psychometric qualities of the instruments used were not all sufficient. The PDQ-4+ and SCID-5-SPQ had low internal consistencies (for the PDQ-4+ also found in Fossati et al., 1998). Nevertheless, the instruments can still be used as screeners seeing the good sensitivity and specificity (Bos et al., 2005). The last limitation was the uneven distribution of the sample. The sample mostly consisted of high educated patients aged between 20 to 30 years old. Also, almost two-third of the sample were

women. Although the sample was large, for the interpretation of the results this means restricted generalizability to the Dutch clinical population.

Strong about the present study was the investigation in a clinical sample, as the majority of the studies have assessed the psychometric properties of the PID-5 in non-clinical samples. Therefore, more extreme levels of pathological personality had not been mapped. As such, the present study has captured a greater range of psychopathology than previous studies. Also strong about the present study was the inclusion of patients of two mental health institutions to include an as broad as possible population of patients with personality dysfunctioning.

Implications and future studies

The PID-5, as instrument for the AMPD, focusses on the (currently) overlooked features of PDs (individual differences), which is important for improving assessment of maladaptive personality and providing treatments tailored to the individual (Huprich, Bornstein & Schmitt, 2011; Stepp et al., 2012; Bach, Markon, Simonsen & Krueger, 2015). More research on the clinical usefulness of the PID-5 is essential. As the purpose of the PID-5 is to provide a tool for clinical assessment and treatment, the superiority of the PID-5 to other measures of personality needs to be proved in future studies (also stated by Hopwood & Sellbom, 2013). As there is currently a risk of over- or underreporting, validity scales are needed for the PID-5. Future studies should also look into normative samples (effectively interpret scores), cut-off scores (decide elevations on traits) and low levels of traits (as the traits are defined in an unipolar direction, although some traits have negative correlations with PDs).

Conclusion

In conclusion, there is a shift in personality psychopathology from a categorical to a more dimensional approach (DSM-5 Section III), addressing many of the problems with the current assessment of PDs. This is important for improving assessment and treatment of personality (tailored to the individual). The Dutch translation of the PID-5, a self-report questionnaire to assess pathological personality traits according to the AMPD, has reasonable to good reliability and validity and a factor structure resembling the original structure (with some advised shifts to the secondary domains). This means the instrument can be used to measure traits according to the dimensional approach of the AMPD. More research is needed in other clinical samples and normal samples, addressing the clinical utility, employing cut-off scores, inclusion of validity scales and additional forms of reliability and validity.

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Table 1							
Trait profiles of	the PD in the l	DSM-5 Section	on III				
Traits	ASPD	AVPD	BPD	NPD	OCPD	STPD	
Anhedonia		Х					

· · ·		**	**			
Anxiousness		Х	Х			
Attention				Х		
seeking						
Callousness	Х					
Cognitive and						Х
perceptual						
dysregulation						
Deceitfulness	Х					
Depressivity			Х			
Distractibility						
Eccentricity						Х
Emotional			Х			
lability						
Grandiosity				Х		
Hostility	Х		Х			
Impulsivity	Х		Х			
Intimacy		Х			Х	
avoidance						
Irresponsibility	Х					
Manipulativeness	Х					
Perseveration					Х	
Restricted					Х	Х
affectivity						
Rigid					Х	
perfectionism						
Risk taking	Х		Х			
Separation			Х			
insecurity						
Submissiveness						
Suspiciousness						Х
Unusual beliefs						Х
and experiences						
Withdrawal		Х				Х
$\frac{1}{Note} \Delta SPD - \Delta ntis$	social person		$\cdot \Lambda V P D = \Lambda y$	voidant DD. I	2DD - Border	

Note. ASPD = Antisocial personality disorder; AVPD = Avoidant PD; BPD = Borderline PD; NPD = Narcistic PD; OCPD = Obsessive-compulsive PD; STPD = Schizotypal PD. According to the DSM-5 Section III (APA, 2013)

Table 2

Demographic data of the sample (N = 750): gender/age, education attainment, marital status and personality disorders

	N	Percentage (%)
Gender/age		
Men	233 ($M = 35$, $SD = 10.65$)	31.1
Women	517 (M = 32, SD = 9.97)	68.9
Total	750 ($M = 33$, $SD = 10.31$)	100
Education		

Primary	116	15.5
education/preparatory		
secondary education		
Secondary vocational	242	32.3
education		
Graduate school/university	211	28.1
Total	569	75.9
Missing	181	24.1
Marital status		
Married	125	16.7
Divorced	49	6.5
Unmarried	487	64.9
Widow/widower	2	0.3
Missing	87	11.6
Personality disorders*		
Paranoid	254	33.3
Obsessive-compulsive	394	51.7
Borderline	379	49.7
Dependent	227	29.8
Schizotypal	230	30.2
Histrionic	52	6.8
Schizoid	213	28.0
Avoidant	176	23.1
Narcissistic	63	8.3
Antisocial	53	7.0
Missing	159	20.9

Note. * Unofficial diagnoses based on the screeners Personality Diagnostic Questionnaire-4+ and Structured Clinical Interview for DSM-5 Personality Disorders Questionnaire

Table 3

Means (M), standard deviations (SD) and effect sizes of differences between the RvA sample and the CvP sample

	Mean score RvA	Mean score CvP	Significance p	Effect size Cohen's d
	(n = 148)	(n = 602)	P	
Demographic				
data				
Age	37.99 (9.78)	31.36 (10.02)	.00	.67
Gender	1.68 (.47)	1.69 (.46)	.84	.02
Marital status	2.93 (1.07)	3.34 (1.16)	.00	.37
Education	2.27 (.73)	2.13 (.72)	.07	.19
PID-5 domains				
Negative	1.60 (.58)	1.48 (.41)	.01	.24
affectivity				
Detachment	1.28 (.59)	1.44 (.46)	.00	.30
Antagonism	.52 (.48)	.54 (.38)	.57	.05

Disinhibition	1.21 (.54)	1.16 (.39)	.33	.11
Psychoticism	.82 (.49)	.72 (.46)	.03	.21
PID-5 traits				
Anhedonia	1.65 (.72)	1.92 (.62)	.00	.40
Anxiousness	1.87 (.66)	1.97 (.66)	.10	.15
Attention	.77 (.63)	.75 (.66)	.69	.03
seeking				
Callousness	.36 (.44)	.27 (.34)	.02	.23
Cognitive and				.07
perceptual	.74 (.45)	.71 (.47)	.50	
dysregulation				
Deceitfulness	.54 (.56)	.51 (.51)	.50	.06
Depressivity	1.44 (.69)	1.82 (.64)	.00	.57
Distractibility	1.69 (.67)	1.71 (.71)	.79	.03
Emotional				.04
lability	1.67 (.77)	1.70 (.77)	.73	
Eccentricity	1.03 (.74)	.93 (.67)	.11	.14
Grandiosity	.41 (.49)	.28 (.40)	.00	.29
Hostility	1.11 (.71)	.95 (.63)	.01	.24
Impulsivity	1.12 (.83)	.86 (.77)	.00	.32
Intimacy				.01
avoidance	.85 (.78)	.86 (.72)	.83	
Irresponsibility	.67 (.52)	.72 (.60)	.29	.09
Manipulativeness	.59 (.60)	.50 (.57)	.12	.15
Perseveration	1.49 (.59)	1.49 (.61)	.80	.00
Restricted			02	.21
affectivity	1.03 (.65)	1.17 (.67)	.02	
Rigid	1.00 (70)	1.01 (70)	00	.03
perfectionism	1.33 (.70)	1.31 (.72)	.80	
Risk taking	1.09 (.56)	1.06 (.59)	.65	.05
Separation				.03
insecurity	1.19 (.74)	1.21 (.76)	.76	
Submissiveness	1.48 (.81)	1.57 (.80)	.26	.11
Suspiciousness	1.37 (.69)	1.19 (.68)	.00	.26
Unusual beliefs				.40
and experiences	.58 (.48)	.39 (.46)	.00	
Withdrawal	1.24 (.69)	1.23 (.68)	.90	.01
			a	

Note. PID-5 = Personality Inventory for DSM-5; CvP = Centrum voor Psychotherapie; RvA = Reinier van Arkel. PID-5: 1 (strongly disagree) to 4 (strongly agree); RvA = 1, CvP =2; Gender: 1 = man, 2 = woman; Marital status: 1 = married, 2 = divorced, 3 = missing, 4 = unmarried, 5 = widow/widower; Education: 1 = primary education/preparatory secondary education, 2 = secondary vocational education, 3 = graduate school/university

Table 4

Items, means (M), standard deviations (SD) and internal consistencies of the domains and traits of the PID-5 in a clinical sample (N=750)

Scales	Items	M	SD	Cronbach's Alpha
Negative	53	74.85	21.62	.91
affectivity				
Emotional	7	11.85	5.41	.88
lability				
Anxiousness	9	13.64	4.55	.78
Hostility	10	9.84	6.50	.87
Perseveration	9	13.43	5.45	.80
Restricted	7	7.98	4.69	.81
affectivity				
Separation	7	8.47	5.31	.85
insecurity				
Submissiveness	4	6.0	3.21	.87
Detachment	45	65.01	21.84	.93
Withdrawal	10	12.29	6.81	.90
Anhedonia	8	14.55	5.01	.80
Depressivity	14	24.43	9.39	.92
Intimacy	6	5.31	4.20	.79
avoidance				
Suspiciousness	7	8.43	4.44	.78
Antagonism	43	21.01	16.33	.93
Manipulativeness	5	2.60	2.89	.80
Deceitfulness	10	5.48	5.08	.84
Grandiosity	6	1.82	2.54	.75
Attention	8	6.02	5.25	.88
seeking				
Callousness	14	4.33	5.00	.84
Disinhibition	46	54.45	17.93	.89
Irresponsibility	7	5.26	4.02	.75
Impulsivity	6	5.60	4.59	.88
Distractibility	9	15.38	6.31	.88
Rigid	10	13.14	7.14	.89
perfectionism				
Risk Taking	14	15.07	7.68	.86
Psychoticism	33	24.41	15.38	.92
Unusual beliefs	8	3.43	3.74	.75
and experiences		-		
Eccentricity	13	12.36	8.92	.92
Cognitive and	12	8.63	5.61	.78
perceptual		-		
dysregulation				
Total	220	239.22	69.64	.97

Note. PID-5 = Personality Inventory for DSM-5

	Self-Pathology	Interpersonal dysfunctioning
Anhedonia	.52	.41
Anxiousness	.46	.07
Attention seeking	.20	05
Callousness	.25	.51
Cognitive and perceptual	.57	.25
dysregulation		
Deceitfulness	.37	.30
Depressivity	.65	.27
Distractibility	.42	.21
Eccentricity	.58	.40
Emotional lability	.46	.05
Grandiosity	.18	.18
Hostility	.40	.41
Impulsivity	.31	.12
Intimacy avoidance	.25	.38
Irresponsibility	.36	.32
Manipulativeness	.22	.19
Perseveration	.54	.18
Restricted affectivity	.26	.38
Rigid perfectionism	.31	.03
Risk taking	.04	03
Separation insecurity	.36	06
Submissiveness	.40	04
Suspiciousness	.45	.33
Unusual beliefs and	.31	.15
experiences		
Withdrawal	.44	.69

Correlations between the PID-5 (N = 750) and GAPD-83 (N = 602) in a clinical sample

Note. All correlations of > .11 significant at the .01 level. PID-5 = Personality Inventory for DSM-5; GAPD-83 = General Assessment of Personality Disorders-83

Table 6

Correlations between the PID-5 (N = 750) *and SIPP-118* (N = 602) *in a clinical sample* Self-Identity Responsibility Relational Social Control Integration Capacities Concordance .41 Anhedonia .08 .46 .11 .10 Anxiousness .35 .46 .17 .29 .20 Attention .35 .14 .27 .03 .28 seeking Callousness .34 .31 .13 .47 .16 Cognitive .39 .30 .49 .38 .32 perceptual dysregulation Deceitfulness .29 .53 .13 .35 .41 Depressivity .31 .61 .29 .40 .12

Distractibility	.36	.39	.57	.22	.28	
Eccentricity	.50	.48	.42	.31	.47	
Emotional	.53	.42	.20	.17	.32	
lability						
Grandiosity	.22	.10	.23	.11	.38	
Hostility	.63	.38	.32	.28	.74	
Impulsivity	.61	.33	.53	.07	.34	
Intimacy	01	.16	.04	.24	.02	
avoidance						
Irresponsibility	.40	.28	.73	.14	.32	
Manipulativeness	.34	.18	.37	.10	.32	
Perseveration	.41	.46	.35	.26	.33	
Restricted	03	.15	.12	.30	.09	
affectivity						
Rigid	.21	.28	02	.20	.23	
perfectionism						
Risk taking	.27	.12	.32	.00	.16	
Separation	.31	.33	.14	.23	.16	
insecurity						
Submissiveness	.14	.35	.13	.22	10	
Suspiciousness	.40	.42	.15	.39	.38	
Unusual beliefs	.26	.31	.22	.17	.29	
and experiences						
Withdrawal	.13	.33	.19	.45	.26	
Note Completions	00 aigm	ficent at the 05	laval completi	and > 10 signifi	ant at the 01 law	_1

Note. Correlations > .08 significant at the .05 level; correlations > .10 significant at the .01 level. PID-5 = Personality inventory for DSM-5; SIPP-118 = Severity Indices Personality Functioning-118

Table 7

Correlations between the PID-5 traits (N = 750) and the dimensional scores of the PDQ-4+ (N = 364) and SCID-5-SPQ (N = 238) from the personality disorders of the DSM-5 section III in a clinical sample

surveur senipre												
	AS	SPD	A۱	/PD	B	PD	N	PD	00	CPD	ST	PD
	PD	SC										
	Q	ID										
Anhedonia	.01	-	.31	.40	.28	.06	.04	-	.03	.03	.27	.19
		.06	*	*				.10				
Anxiousness	.06	.02	.45	.29	.46	.36	.20	.14	.26	.28	.35	.28
			**	**	*	*						
Attention seeking	.36	.24	-	-	.20	.23	.54	.58	.15	.06	-	.07
			.12	.25			**	**			.02	
Callousness	.48	.35	-	-	.22	.22	.40	.45	.05	-	.18	.11
	*	*	.09	.01						.01		
Cognitive and	.26	.17	.23	.03	.49	.44	.35	.34	.20	.16	.43	.44
perceptual											*	*
dysregulation												

Deceitfulness	.61 *	.40 *	.03	- .05	.28	.31	.48	.49	.09	.01	.18	.08
Depressivity	.19	.02	.41	.42	.46 *	.36 *	.03	- .02	.09	.02	.32	.28
Distractibility Eccentricity	.36 .30	.21 .28	.22 .21	.14 .17	.20 .42	.31 .45	.18 .58	.21 .28	.20 .40	.13 .28	.27 .52 *	.24 .44 *
Emotional lability	.15	.13	.25	.08	.54 *	.59 *	.29	.25	.26	.17	.23	.31
Grandiosity	.31	.32	- .23	- .16	.14	.12	.52 **	.53 **	.18	.02	.15	.08
Hostility	.41 *	.31 *	.13	.05	.51 **	.51 **	.41	.52	.27	.15	.38	.24
Impulsivity	.61 *	.39 *	.03	- .08	.44 **	.54 **	.27	.38	.12	- .10	.17	.20
Intimacy avoidance	.01	.05	.21 *	.27 *	.12	- .03	- .02	- .24	.09 *	- .02 *	.26	.09
Irresponsibility	.61 *	.38 *	.09	.12	.28	.32	.26	.34	.02	- .14	.17	.15
Manipulativeness	.47 *	.34 *	- .11	- .25	.19	.24	.52	.51	.08	.03	.12	.04
Perseveration	.30	.10	.34	.13	.38	.26	.36	.24	.43 *	.41 *	.35	.20
Restricted affectivity	.14	.08	.13	.27	.04	- .06	.06	- .01	- .02 *	- .03 *	.20 *	.15 *
Rigid perfectionism	- .05	- .02	.27	.16	.28	.25	.20	.18	.53 **	.56 **	.30	.22
Risk taking	.48 *	.36 *	- .29	- .28	.28 **	.25 **	.19	.28	- .01	- .12	- .04	.03
Separation Insecurity	.12	- .04	.30	.05	.38 *	.33 *	.25	.37	.12	.07	.12	.19
Submissiveness	- .00	- .13	.34	.34	.21	.10	- .00	- .06	.11	.22	.16	.17
Suspiciousness	.21	.18	.37	.18	.47	.41	.32	.24	.29	.20	.55 *	.44 *
Unusual beliefs and experiences	.20	.17	.01	- .06	.29	.41	.26	.31	.15	.19	.43 *	.50 *
Withdrawal	.07	.10	.50 *	.56 *	.29	.10	.05	- .13	.10	.06	.56 *	.32 *

Note. Correlations > .12 significant at the .05 level; correlations > .16 significant at the .01 level. * trait belonging to personality disorder (PD) according to DSM-5 Section III, ** obligatory trait belonging to PD. PID-5 = Personality Inventory for DSM-5; PDQ-4+ = Personality Diagnostic Questionnaire-4+; GAPD-83 = General Assessment of Personality Disorders-83. ASPD = Antisocial personality disorder, AVPD = Avoidant PD, BPD = Borderline PD, NPD = Narcistic PD, OPD = Obsessive-compulsive PD, STPD = Schizotypal PD

Table 8

Correlations between the PID-5 (N = 750) and the remaining personality disorders (DSM-5 section II) of the PDO-4+ (N = 364) and SCID-5-SPO (N = 238) in a clinical sample

section II) of the PDQ-4+ ($N = 364$) and SCID-5-SPQ ($N = 238$) in a clinical sample								
		PPD		SIPD		HPD		DPD
	PDQ	SCID	PDQ	SCID	PDQ	SCID	PDQ	SCID
Anhedonia	.24	.14	.55*	.36*	16	14	.27	.13
Anxiousness	.39	.25	.16	.12	.17	.21	.49*	.32*
Attention	.10	.10	25	20	.58*	.66*	.21	.21
seeking								
Callousness	.29	.27	.20	.09	.15	.20	.01	.07
Cognitive and	.37	.28	.15	.09	.30	.36	.16	.31
perceptual								
dysregulation								
Deceitfulness	.22	.18	.15	02	.37	.44	.23	.20
Depressivity.	.33	.23	.34	.35	.01	.08	.40	.31
Distractibility	.21	.19	.15	.07	.58	.28	.40	.28
Eccentricity	.38	.34	.27	.16	.29	.37	.23	.22
Emotional	.29	.34	.00	01	.38*	.47*	.35*	.30*
lability								
Grandiosity	.10	.13	02	11	.33	.40	.07	.13
Hostility	.52*	.55*	.21	04	.27	.32	.17	.12
Impulsivity	.27	.25	03	.02	.42	.45	.22	.21
Intimacy	.17	.02	.33	.47	14	-,21	03	09
avoidance								
Irresponsibility	.19	.10	.12	.07	.29	.31	.28	.20
Manipulativeness	.20	.12	.03	01	.40*	.51*	.21	.14
Perseveration	.33	.18	.15	.02	.31	.24	.45	.38
Restricted	.16	.07	.38*	.33*	20	24	.01	03
affectivity								
Rigid	.29	.31	.12	.02	.12	.09	.23	.24
perfectionism								
Risk taking	.03	.10	14	05	.16	.34	09	07
Separation	.28	.19	10	12	.35	.42	.60	.61
insecurity								
Submissiveness	.12	.06	.09	.11	.15	.12	.49*	.32*
Suspiciousness	.75*	.67*	.25	.16	.19	.20	.26	.24
Unusual beliefs	.25	.28	.13	.08	.26	.38	.11	.28
and experiences								
Withdrawal	.37	.27	.68*	.48*	15	20	.16	04
Note Correlations								

Note. Correlations > .12 significant at the .05 level; correlations > .16 significant at the .01 level. * trait belonging to personality disorder (PD). PID-5 = Personality Inventory for DSM-5; PDQ-4+ = Personality Diagnostic Questionnaire-4+; GAPD-83 = General Assessment of Personality Disorders-83. PPD = Paranoid personality disorder; SIPD = Schizoid PD; HPD = Histrionic PD;

DPD = Dependent PD

Table 9 Factor loadings of the 25 traits of the PID-5 in a clinical sample (N = 750)

Scales	Factor 1	Factor 2	Factor 3	Factor 4	Factor 5
Negative					
affectivity					
Emotional	.61		32		
lability					
Anxiousness	.39				.61
Hostility	.53	31			
Perseveration	.42				.48
Restricted		32	.76		
affectivity					
Separation			33		.65
insecurity					
Submissiveness					.71
Detachment					
Withdrawal	.31		.74		
Anhedonia			.62		.45
Depressivity			.39		.58
Intimacy			.64		
avoidance					
Suspiciousness	.61				
Antagonism					
Manipulativeness		81			
Deceitfulness		71		.30	
Grandiosity		75			
Attention		71	35		
seeking					
Callousness		64	.33		
Disinhibition					
Irresponsibility				.71	
Impulsivity				.74	
Distractibility				.51	.32
Rigid	.60			45	
perfectionism					
Risk taking				.60	31
Psychoticism					
Unusual beliefs	.69				
and experiences					
Eccentricity	.62				
Cognitive and	.57				
perceptual					
dysregulation					

Note. Direct oblimin rotation. Only loadings > .30 are displayed in the table and unique loadings (> .50) are in bold. PID-5 = Personality Inventory for DSM-5. Factor 1 = Psychoticism; Factor 2 = Antagonism; Factor 3 = Detachment; Factor 4 = Disinhibition; Factor 5 = Negative affectivity

Appendixes

Appendix A – Personality Inventory for DSM-5 questionnaire and domain/traits

DSM-5* Persoonlijkheidsvragenlijst [PID-5-NL]

Paul van der Heijden, Theo Ingenhoven, Han Berghuis & Gina Rossi (2014) Dit is een lijst met eigenschappen die mensen over zichzelf zouden kunnen zeggen. Wij zijn geïnteressered in hoe u zichzelf zou beschrijven. Er zijn geen goede of foute antwoorden. U kunt uzelf zo eerlijk mogelijk beschrijven. Wij houden uw antwoorden vertrouwelijk. Neem uw tijd en lese lek setelling aandachtig en kies het antwoord dat u het beste omschrijft.

Naam
Datum
Code

		Helemaal niet waar of vaak onwaar	Soms niet waar of eerder onwaar	Soms waar of eerder waar	Vaak waar of helemaal waar
1	Ik haal niet zoveel plezier uit dingen zoals anderen dat lijken te doen.				
2	Veel mensen zijn er op uit om mij te pakken.				
3	Mensen zouden mij als roekeloos beschrijven.				
4	Ik heb het gevoel dat ik mij volledig impulsief gedraag.				
5	Ik heb vaak ideeën die te ongewoon zijn om aan anderen uit te leggen.				
6	Ik verlies de draad in gesprekken omdat andere zaken mijn aandacht trekken.				
7	Ik vermijd risicovolle situaties.				
8	Wat mijn emoties betreft vinden anderen mij een kil persoon.				
9	Ik verander wat ik doe op basis van wat anderen willen.				
10	Ik geef er de voorkeur aan om niet te dicht bij mensen te komen.				
11	Ik raak vaak betrokken bij vechtpartijen.				

1 | 14

DSM-5^{*} Persoonlijkheidsvragenlijst [vervolg]

		Helemaal niet waar of vaak onwaar	Soms niet waar of eerder onwaar	Soms waar of eerder waar	Vaak waar of helemaal waar
12	Ik word doodsbang als er niemand zou zijn die van mij houdt.	D		D	
13	Brutaal en onvriendelijk zijn is gewoon een deel van wie ik ben.				
14	Ik doe dingen om er zeker van te zijn dat anderen mij opmerken.			0	
15	Ik doe gewoonlijk wat anderen vinden dat ik zou moeten doen.			0	
16	Gewoonlijk doe ik dingen impulsief, zonder na te denken over de gevolgen.			D	
17	Tegen beter weten in kan ik het niet laten om overhaaste beslissingen te nemen.				
18	Mijn emoties veranderen soms zonder goede reden.		0		
19	Ik trek mij er helemaal niets van aan als anderen door mij lijden.			0	
20	Ik ben erg op mijzelf.			0	
21	Ik zeg vaak dingen die anderen raar of vreemd vinden.			D.	
22	Ik doe dingen altijd in een opwelling.				
23	Ik heb nergens echt interesse in.		0		
24	Andere mensen lijken mijn gedrag vreemd te vinden.				
25	Anderen hebben me gezegd dat ik op een erg vreemde manier over dingen nadenk.	•			
26	Ik geniet bijna nooit van het leven.				
27	Ik heb vaak het gevoel dat wat ik doe van geen enkel belang is.			D	
28	Ik snauw mensen af voor kleine dingen waarmee ze me irriteren.	0		0	

		Helemaal niet waar of vaak onwaar	Soms niet waar of eerder onwaar	Soms waar of eerder waar	Vaak waar of helemaal waar
29	Ik kan mij nergens op concentreren.			۵	
30	Ik ben een energiek persoon.			0	
31	Anderen zien mij als onverantwoordelijk.		0	٥	
32	Ik kan gemeen zijn als het moet.				
33	Mijn gedachten gaan vaak in een vreemde of ongewone richting.				
34	Men heeft mij erop gewezen dat ik te veel tijd besteed aan het nagaan of alles precies op de juiste plaats ligt.				
35	Ik vermijd risicovolle sporten en activiteiten.		0	D	
36	Ik vind het soms moeilijk om een onderscheid aan te geven tussen dromen en het werkelijke leven.				
37	Soms heb ik de vreemde gewaarwording dat delen van mijn lichaam dood aanvoelen of niet echt van mijzelf zijn.				
38	Ik word snel kwaad.	D		0	
39	Als het gaat om gevaarlijke dingen doen, heb ik geen grenzen.			0	
40	Eerlijk gezegd ben ik gewoonweg belangrijker dan andere mensen.				
41	Ik verzin verhalen over gebeurtenissen die helemaal niet waar zijn.				
42	Mensen vertellen vaak dingen over mij die ik doe zonder dat ik mij daarvan iets kan herinneren.		0		
43	Ik doe dingen op zo'n manier dat anderen mij wel moeten bewonderen.				

3 | 14

DSM-5[®] Persoonlijkheidsvragenlijst **[vervolg]**

		Helemaal niet waar of vaak onwaar	Soms niet waar of eerder onwaar	Soms waar of eerder waar	Vaak waar of helemaal waar
44	Het is vreemd, maar soms lijken gewone voorwerpen er anders uit te zien dan normaal.				
45	Ik heb niet erg langdurige emotionele reacties op gebeurtenissen.				
46	Het is moeilijk voor mij om een bezigheid te stoppen, zelfs als daar het moment voor is.				
47	Ik ben niet goed in vooruit plannen.				
48	Ik doe veel dingen die anderen riskant vinden.				
49	Mensen vertellen me dat ik mij te veel richt op kleine details.				
50	Ik maak me vaak zorgen over alleen zijn.				
51	Ik heb kansen gemist omdat ik te druk bezig was om iets precies goed te doen.				
52	Mijn gedachten slaan volgens anderen vaak nergens op.				
53	Ik verzin vaak dingen over mezelf om zo mijn zin te krijgen.				
54	Het kan mij niet echt schelen om te zien dat anderen worden gekwetst.				
55	Mensen kijken mij vaak aan alsof ik iets heel vreemds heb gezegd.				
56	Mensen hebben niet in de gaten dat ik overdreven aardig tegen hen doe om iets gedaan te krijgen.				
57	Ik zou liever een slechte relatie hebben dan alleen te zijn.				
58	Ik denk gewoonlijk na alvorens te handelen.				
59	Ik zie vaak levendige beelden, zoals in een droom, wanneer ik in slaap val of wakker aan het worden ben.				

		Helemaal niet waar of vaak onwaar	Soms niet waar of eerder onwaar	Soms waar of eerder waar	Vaak waar of helemaal waar
60	Ik blijf dingen op dezelfde wijze aanpakken, ook al werkt dat niet.				
61	Ik ben erg ontevreden met mezelf.	0			
62	Ik heb veel sterkere emotionele reacties dan bijna alle andere mensen.	D		٥	
63	Ik doe wat anderen mij zeggen te doen.				
64	Ik kan er niet tegen om alleen gelaten te worden, zelfs niet voor een paar uur.	0	ii.		
65	Ik heb uitzonderlijke kwaliteiten die weinig anderen bezitten.		0		
66	De toekomst ziet er voor mij compleet hopeloos uit.	0			
67	Ik hou ervan om risico's te nemen.	D	0		
68	Ik kan doelen niet bereiken omdat andere dingen mijn aandacht trekken.				
69	Als ik iets wil doen laat ik mij er niet van weerhouden omdat het misschien wel gevaarlijk is.	•	0		
70	Anderen lijken te denken dat ik nogal raar of vreemd ben.	0			
71	Mijn gedachten zijn vreemd en onvoorspelbaar.				
72	Het maakt me niets uit wat andere mensen voelen.		D		
73	Je moet wel eens op iemands tenen gaan staan om in het leven te krijgen wat je wil.				
74	Ik houd ervan om de aandacht van andere mensen te krijgen.				
75	Ik doe er alles aan om groepsactiviteiten te vermijden.	0			
76	Ik kan slinks zijn als ik dan krijg wat ik wil.	0	0		

5 | 14

DSM-5[®] Persoonlijkheidsvragenlijst **[vervolg]**

		Helemaal niet waar of vaak onwaar	Soms niet waar of eerder onwaar	Soms waar of eerder waar	Vaak waar of helemaal waar
77	Soms wanneer ik naar een bekend voorwerp kijk, lijkt het net alsof ik het voor de eerste keer zie.				
78	Het is moeilijk voor mij om van de ene naar de andere activiteit om te schakelen.				
79	Ik maak me vaak zorgen over vreselijke dingen die zouden kunnen gebeuren.				
80	Ik vind het moeilijk om hoe ik iets doe te veranderen, zelfs als het niet goed loopt.	•			
81	De wereld zou beter af zijn als ik dood ben.				
82	Ik houd afstand van mensen				
83	Ik heb vaak geen controle over mijn gedachten.				
84	Ik word niet emotioneel.				
85	Ik heb er een hekel aan als anderen zeggen wat ik moet doen, zelfs bij mensen die de leiding hebben.				
86	Ik schaam mij erg over hoe ik mensen heb teleurgesteld op allerlei kleine manieren.				
87	Ik vermijd alles dat maar enigszins gevaarlijk zou kunnen zijn.				
88	Ik vind het moeilijk om specifieke doelen na te streven, zelfs voor een korte periode.				
89	Ik kies ervoor om in mijn leven geen liefdesrelaties aan te gaan.				
90	Ik zou een ander nooit kwaad berokkenen.				

		Helemaal niet waar of vaak onwaar	Soms niet waar of eerder onwaar	Soms waar of eerder waar	Vaak waar of helemaal waar
91	Ik laat mijn emoties niet nadrukkelijk zien.				
92	Ik heb een opvliegend karakter				
93	Ik maak me vaak zorgen dat er iets ergs zal gebeuren door de fouten die ik in het verleden heb gemaakt.				
94	Ik heb enkele ongewone kwaliteiten, zoals soms precies weten wat iemand anders aan het denken is.				
95	Ik word erg zenuwachtig wanneer ik over de toekomst nadenk.				
96	Ik maak me zelden zorgen over iets.				
97	Ik geniet ervan om verliefd te zijn.				
98	Ik verkies zekerheid boven het nemen van onnodige risico's				
99	Ik heb soms dingen gehoord die anderen niet kunnen horen.				
100	Ik raak gefixeerd op bepaalde zaken en kan er niet mee stoppen.				
101	Mensen zeggen mij dat het moeilijk is om mijn gevoelens in te schatten.				
102	Ik ben een zeer emotionele persoon.				
103	Anderen zullen van mij profiteren als ze daar de kans voor krijgen.				
104	Ik voel me vaak een mislukkeling.				
105	Ik vind het gewoon niet aanvaardbaar als ik iets niet volledig perfect doe.				
106	Ik heb vaak ongewone ervaringen, zoals de aanwezigheid van iemand voelen die er niet echt is.				

7 | 14

DSM-5[®] Persoonlijkheidsvragenlijst **[vervolg]**

		Helemaal niet waar of vaak onwaar	Soms niet waar of eerder onwaar	Soms waar of eerder waar	Vaak waar of helemaal waar
107	Ik ben er goed in om mensen te laten doen wat ik wil dat ze doen.			0	
108	Ik beëindig relaties als ze intiem worden.	0			
109	Ik maak me altijd zorgen over iets.	D		0	
110	Ik maak me over bijna alles zorgen.	D		0	
111	Ik hou er van om in een menigte op te vallen		0	D	
112	Ik vind het geen probleem om af en toe kleine risico's te nemen.	D			
113	Ik gedraag mij vaak brutaal en trek zo de aandacht van anderen.	0			
114	Ik ben beter dan bijna iedereen.	D	0		
115	Mensen klagen over mijn behoefte om alles tot in de puntjes geregeld te hebben.				
116	Ik zorg er altijd voor dat ik mensen die mij onrecht aandoen terug pak.	D			
117	Ik ben altijd op mijn hoede dat iemand mij probeert te bedriegen of te kwetsen.	<u>.</u>			
118	Ik heb moeite om mijn aandacht te blijven richten op wat moet gebeuren.	D		D	
119	Ik praat veel over zelfmoord.				
120	Ik ben gewoon niet erg geïnteresseerd in het hebben van seksuele relaties.	D	0		
121	Ik kan dingen vaak maar moeilijk loslaten.	D		D	
122	Ik word gemakkelijk emotioneel, vaak door erg kleine redenen.	0			
123	Zelfs als andere mensen er gek van worden, sta ik erop dat alles wat ik doe absoluut perfect is.				

		Helemaal niet waar of vaak onwaar	Soms niet waar of eerder onwaar	Soms waar of eerder waar	Vaak waar of helemaal waar
124	Ik ben bijna nooit tevreden met mijn dagelijkse bezigheden.				
125	De anderen vleien helpt mij om te krijgen wat ik wil.	0		0	
126	Soms moet je overdrijven om vooruit te komen.	0	0	٥	
127	Alleen zijn in het leven, dat is het ergste dat ik vrees.				
128	Ik loop vast in een bepaalde manier om iets te doen, zelfs wanneer het duidelijk is dat het niet zal werken.				
129	Ik ben vaak nogal onzorgvuldig met mijn eigen en andermans zaken.				
130	Ik ben een zeer angstig persoon.				
131	Mensen zijn van nature betrouwbaar.	0			
132	Ik ben snel afgeleid.				
133	Het lijkt erop dat anderen me altijd oneerlijk behandelen.				
134	Ik aarzel niet om iemand te bedriegen als mij dat vooruit helpt.	0			
135	Ik controleer dingen meerdere keren om er zeker van te zijn dat ze perfect zijn.				
136	Ik houd er niet van om tijd met anderen door te brengen.				
137	Ik voel me gedwongen om door te gaan met dingen, zelfs wanneer het niet zinvol is om dat te doen.	•			
138	Ik weet nooit welke kant mijn emoties telkens weer op zullen gaan.				
139	Ik heb dingen gezien die er niet echt waren.	D		0	
140	Het is belangrijk voor mij dat de dingen op een bepaalde manier gedaan worden.				

9 | 14

DSM-5[®] Persoonlijkheidsvragenlijst **[vervolg]**

		Helemaal niet waar of vaak onwaar	Soms niet waar of eerder onwaar	Soms waar of eerder waar	Vaak waar of helemaal waar
141	Ik verwacht altijd dat het ergste gaat gebeuren.			D	
142	Ik probeer de waarheid te vertellen, zelfs wanneer het moeilijk is.	0		0	
143	Ik geloof dat sommige mensen met hun gedachten dingen kunnen laten bewegen.				
144	Ik kan mij niet erg lang op iets concentreren.	D			
145	Ik laat mij niet in met liefdesrelaties.	D	0	D	
46	Ik vind het niet belangrijk om vrienden te maken.				
47	Ik zeg zo weinig mogelijk wanneer ik met mensen om ga.	0	Ū.		
48	Als persoon ben ik waardeloos.	D		0	
49	Ik zou bijna alles doen om iemand te weerhouden mij te verlaten.	0		0	
50	Soms kan ik andere mensen beïnvloeden enkel en alleen door mijn gedachten naar hen te versturen.	•	•		
51	Voor mij ziet het leven er erg deprimerend uit.			0	
152	Ik denk op een vreemde manier over dingen waardoor de meeste mensen het niet kunnen begrijpen.				
153	Het kan me niet schelen wanneer ik met mijn gedrag anderen kwets.	D			
54	Soms voel ik me "gecontroleerd" door de gedachten van iemand anders.	D	0	0	
55	Ik haal echt alles uit mijn leven.				
56	Ik maak beloftes waarvan ik niet echt de intentie heb om ze na te komen.	0		D	
57	Er is niets waardoor ik me goed ga voelen.		0	0	

		Helemaal niet waar of vaak onwaar	Soms niet waar of eerder onwaar	Soms waar of eerder waar	Vaak waar of helemaal waar
158	Ik raak door allerlei zaken gemakkelijk geïrriteerd.				
159	Ik doe wat ik wil ongeacht hoe onveilig dat zou kunnen zijn.				
160	Ik vergeet vaak mijn rekeningen te betalen.				
161	Ik houd er niet van om te nauw betrokken te raken bij mensen.				
162	Ik ben er goed in om mensen op te lichten.				
163	Alles lijkt zinloos voor mij.				
164	Ik neem nooit risico's.				
165	Ik word emotioneel bij de geringste aanleiding.				
166	Het is niet echt een punt dat ik andermans gevoelens kwets.				
167	Ik toon nooit emoties aan anderen.				
168	Ik voel me vaak gewoonweg ellendig.				
169	Als persoon ben ik niets waard.				
170	Ik ben gewoonlijk nogal vijandig.				
171	Ik ben er wel eens vandoor gegaan om mijn verantwoordelijkheden uit de weg te gaan.				
172	Er is mij al meermalen gezegd dat ik een aantal vreemde trekken of gewoontes heb.				
173	Ik ben graag iemand die opgemerkt wordt.				
174	Ik ben altijd angstig of gespannen over nare dingen die zouden kunnen gebeuren.				

11 | 14

DSM-5^{*} Persoonlijkheidsvragenlijst [vervolg]

		Helemaal niet waar of vaak onwaar	Soms niet waar of eerder onwaar	Soms waar of eerder waar	Vaak waar of helemaal waar
175	Ik wil nooit alleen zijn.	0			
176	Ik blijf proberen om zaken te perfectioneren, zelfs wanneer ik ze al zo goed mogelijk gemaakt heb.				
177	Ik heb zelden het gevoel dat mensen die ik ken mij proberen te gebruiken.	D	0		
178	Ik weet dat ik vroeg of laat zelfmoord zal plegen.	0			
179	Ik heb veel meer bereikt dan bijna iedereen die ik ken.	D	D	0	
180	Ik kan altijd nog mijn charme inzetten om mijn zin te krijgen.		0		
81	Mijn emoties zijn onvoorspelbaar.	D	Ū.		
82	Ik ga niet met mensen om, tenzij het moet.	D			
83	Andermans problemen kunnen mij niets schelen.			0	
84	Ik reageer weinig op zaken die anderen emotioneel lijken te raken.	D			
85	Ik heb verschillende gewoontes die anderen excentriek of vreemd vinden.	0			
86	Ik vermijd sociale gebeurtenissen.	D	0		
87	Ik verdien een speciale behandeling.		0		
188	Ik word echt kwaad wanneer mensen mij beledigen, ook al is dat maar in lichte mate.				
89	Ik word zelden enthousiast over iets.			0	
90	Ik vermoed dat zelfs mijn zogenaamde vrienden me vaak verraden.				
191	Ik hunker naar aandacht.	D	0		
92	Soms denk ik dat iemand anders gedachten uit mijn hoofd aan het weghalen is.	0			

		Helemaal niet waar of vaak onwaar	Soms niet waar of eerder onwaar	Soms waar of eerder waar	Vaak waar of helemaal waar
193	Bij tijden voel ik mij losgekoppeld van de wereld of van mijzelf.				
194	Ik zie vaak ongebruikelijke verbanden tussen dingen die de meeste mensen ontgaan.				
195	lk denk er niet bij na dat ik gewond zou kunnen raken als ik dingen doe die mogelijk gevaarlijk zijn.	0			
196	lk kan er eenvoudigweg niet tegen wanneer dingen niet op hun juiste plek liggen.			1	
197	Ik moet vaak omgaan met mensen die minder belangrijk zijn dan ikzelf.	0	0	D	
198	Ik geef mensen soms een tik om hen eraan te herinneren wie er de baas is.				
199	Ik ben snel afgeleid, zelfs door kleine dingetjes.	0	0	0	
200	Ik geniet ervan om mensen die de leiding hebben belachelijk te maken.			D	0
201	Ik sla afspraken of vergaderingen gewoon over wanneer ik niet in de stemming ben.				
202	Ik probeer te doen wat anderen willen dat ik doe.				
203	Ik ben liever alleen dan dat ik een liefdesrelatie heb.	0			
204	Ik ben erg impulsief.				
205	lk heb vaak gedachten die wat mij betreft logisch zijn, maar waarvan anderen zeggen dat ze vreemd zijn.				
206	Ik gebruik mensen om te krijgen wat ik wil.	0	0	D	
207	lk zie niet in waarom ik me schuldig zou moeten voelen over dingen die ik gedaan heb en waarmee ik andere mensen heb gekwetst.			٥	

13 | 14

DSM-5^{*} Persoonlijkheidsvragenlijst **[vervolg]**

		Helemaal niet waar of vaak onwaar	Soms niet waar of eerder onwaar	Soms waar of eerder waar	Vaak waar of helemaal waar
208	Ik zie er meestal het nut niet van in om vriendelijk te zijn.				
209	Ik heb enkele echt vreemde ervaringen gehad die zeer moeilijk uit te leggen zijn.				
210	Ik kom altijd mijn verplichtingen na.	0	0		
211	Ik houd ervan om de aandacht naar mezelf toe te trekken.				
212	Ik voel me een groot deel van de tijd schuldig.	D	0	0	
213	Ik dwaal vaak af en kom dan plotseling weer bij en besef dan dat er veel tijd verstreken is.				
214	Liegen is voor mij erg gemakkelijk.		D .	D	
215	Ik haat het om risico's te nemen.				
216	Ik ben gemeen en kortaf tegen iedereen die dat verdient.	0			
217	De dingen om mij heen voelen vaak als onwerkelijk aan, of juist als realistischer dan gewoonlijk.				
218	Ik verdraai de waarheid als dat in mijn voordeel is.	0		0	
219	Het is gemakkelijk voor mij om van anderen te profiteren.	0			
220	Ik heb een vaste manier om dingen te doen.				

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14 | 14

Table 10

Domains	Traits	Items
Negative affect	Anxiousness	79, 93, 95, 96R, 109, 110, 130, 141, 174
	Emotional lability	18, 62, 102, 122, 138, 165, 181
	Hostility	28, 32, 38, 85, 92, 116, 158, 170, 188, 216
	Perseveration	46, 51, 60, 78, 80, 100, 121, 128, 137
	Restricted affectivity	8, 45, 84, 91, 101, 167, 184
	Separation insecurity	12, 50, 57,64, 127, 149, 175
	Submissiveness	9, 15, 63, 202
Detachment	Anhedonia	1, 23, 26, 30R, 124, 155R, 157, 189
	Depressivity	27, 61, 66, 81, 86, 104, 119, 148, 151, 163, 168, 169,
		178, 212
	Intimacy avoidance	89, 97R, 108, 120, 145, 203
	Suspiciousness	2, 103, 117, 131R, 133, 177R, 190
	Withdrawal	10, 20, 75, 82, 136, 146, 147, 161, 182, 186
Antagonism	Attention seeking	14, 43, 74, 111, 113, 173, 191, 211
	Callousness	11, 13, 19, 54, 72, 73, 90R, 153, 166, 183, 198, 200,
		207, 208
	Deceitfulness	41, 53, 56, 76, 126, 134, 142R, 206, 214, 218
	Grandiosity	40, 65, 114, 179, 187, 197
	Manipulativeness	107, 125, 162, 180, 219
Disinhibition	Distractibility	6, 29, 47, 68, 88, 118, 132, 144, 199
	Impulsivity	4, 16, 17, 22, 58R, 204
	Irresponsibility	31, 129, 156, 160, 171, 201, 210R
	Rigid perfectionism	34, 49, 105, 115, 123, 135, 140, 176, 196, 220
	Risk taking	3, 7R, 35R, 39, 48, 67, 69, 87R, 98R, 112, 159,
		164R, 195, 215R
Psychoticism	Eccentricity	5, 21, 24, 25, 33, 52, 55, 70, 71, 152, 172, 185, 205
	Cognitive and	36, 37, 42, 44, 59, 77, 83, 154, 192, 193, 213, 217
	perceptual	
	dysregulation	
	Unusual beliefs and	94, 99, 106, 139, 143, 150, 194, 209
	experiences	

Higher order domains and underlying traits of the Personality Inventory for DSM-5 (broken down by items)

Note. Derived from Krueger et al. (2012). R = reverse coded

Appendix B – General Assessment of Personality Disorders-83 domains and facets

Table 11

Higher order domains and underlying facets of the General Assessment of Personality Disorders-83 (broken down by items)

Domains	Facets	Items
Self-Pathology	Poorly delineated boundaries	26, 32, 38, 46
	Lack of self-clarity	5, 7, 23, 35

	Sense of inner emptiness	21, 28, 45, 48
	-	19, 27, 40, 79
	Context-dependent self-definition	
	Poorly differentiated images of others	4, 29, 34, 42
	Lack of historicity and continuity	10, 16, 24, 65
	Fragmentary self-other representations	1, 58, 63, 83
	Self-state disjunctions	25, 50, 69, 77
	False self-real self-disjunction	15, 31, 51, 80
	Lack of authenticity	49, 57, 67, 74
	Defective sense of self	61, 68, 73
	Poorly developed understanding of	8, 11, 14, 52
	human behavior	
	Lack of autonomy and agency	12, 20, 39, 62
	Lack of meaning, purpose and	41, 43, 47, 56
	direction	
	Difficulty setting and attaining goals	37, 54, 76, 82
Interpersonal	Intimacy and attachment	2, 17, 70
dysfunction	•	
2	Affiliation	6, 30, 53, 55, 66
	Prosocial	3, 9, 13, 33, 59, 60, 64, 71, 72, 81
	Cooperativeness	18, 22, 36, 44, 75, 78
Note Derived from	m Berghuis et al. (2013)	

Note. Derived from Berghuis et al. (2013)

Appendix C – Severity Indices of Personality Functioning-118 domains and facets

Table 12

Higher order domains and underlying facets of the Severity Indices of Personality Functioning-118 (broken down by items)

Domains	Facets	Items
Self-control	Emotion regulation	17, 30, 52, 67, 79, 92, 106
	effortful control	2, 31, 41, 53, 68, 80, 107
	stable self-image	4, 43, 55, 69, 82, 94, 109
	self-reflective functioning	5, 19, 56, 83, 95, 110, 118
	aggression regulation	3, 18, 32, 42, 54, 81, 93, 108
Identity integration	Enjoyment	10, 24, 47, 61, 73, 86, 100
	purposefulness	9, 23, 35, 46, 60, 72, 114
	self-respect	6, 20, 33, 57, 70, 84, 96, 111
	frustration tolerance	1, 16, 29, 40, 51, 66, 78, 105
Relation capacities	Enduring relationships	13, 27, 37, 75, 88, 102, 116
	intimacy	12, 26, 36, 49, 63, 87, 99
	feeling recognized	7, 21, 34, 44, 58, 71, 97, 112
Responsibility	Responsible industry	14, 38, 50, 64, 76, 90, 103
-	trustworthiness	15, 28, 39, 65, 77, 91, 104, 117
Social concordance	Cooperation	11, 25, 48, 62, 74, 89, 101, 115
	respect	8, 22, 45, 59, 85, 96, 113

Note. Derived from Verheul et al. (2008)

Appendix D – Personality Diagnostic Questionnaire-4+ domains

Table 13

Personality Diagnostic Questionnaire-4+ scales broken down by items

Scales	Items
Paranoid personality disorder	11, 24, 37, 50, 61, 62, 96
Schizoid personality disorder	9, 22, 34, 47, 60, 71
Schizotypal personality disorder	10, 23, 36, 48, 60, 74
Histrionic personality disorder	4, 17, 30, 43, 55, 67
Narcistic personality disorder	5, 18, 31, 44, 57, 63, 68, 79, 92, 94
Borderline personality disorder	6, 19, 32, 45, 58, 69, 78, 91, 93, 98
Antisocial personality disorder	8, 20, 33, 46, 59, 75, 85, 99
Avoidant personality disorder	1, 13, 26, 39, 52, 83, 87
Dependent personality disorder	2, 15, 27, 40, 53, 65, 80, 82, 88
Obsessive-compulsive personality disorder	3, 16, 29, 42, 54, 66, 89
<i>Note</i> Derived from Akkerbuis et al. (1996)	

Note. Derived from Akkerhuis et al. (1996)

Appendix E – Structured Clinical Interview for DSM-5 Personality Disorders Questionnaire

domains

Table 14

Structured Clinical Interview for DSM-5 Personality Disorders Questionnaire domains broken down by items

Domains	Items
Avoidant personality disorder	1 t/m 7
Dependent personality disorder	8 t/m 15
Obsessive-compulsive personality disorder	16 t/m 24
Paranoid personality disorder	25 t/m 32
Schizotypal personality disorder	33 t/m 45
Schizoid personality disorder	46 t/m 51
Histrionic personality disorder	52 t/m 59
Narcistic personality disorder	60 t/m 76
Borderline personality disorder	77 t/m 91
Antisocial personality disorder	92 t/m 106

Note. Derived from Arntz et al. (2017)

Appendix F – Definitions of personality disorders

Personality disorders	Definition
Paranoid personality disorder	A pattern of being suspicious of others and seeing them as mean or spiteful. People with paranoid personality disorder often assume people will harm or deceive them and don't confide in others or become close to them.
Schizoid personality disorder	Being detached from social relationships and expressing little emotion. A person with schizoid personality disorder typically does not seek close relationships, chooses to be alone and seems to not care about praise or criticism from others.
Schizotypal personality disorder	A pattern of being very uncomfortable in close relationships, having distorted thinking and eccentric behavior. A person with schizotypal personality disorder may have odd beliefs or odd or peculiar behavior or speech or may have excessive social anxiety.
Histrionic personality disorder	A pattern of excessive social anxiety. A pattern of excessive emotion and attention seeking. People with histrionic personality disorder may be uncomfortable when they are not the center of attention, may use physical appearance to draw attention to themselves or have rapidly shifting or exaggerated emotions.
Narcistic personality disorder	A pattern of need for admiration and lack of empathy for others. A person with narcissistic personality disorder may have a grandiose sense of self-importance, a sense of entitlement, take advantage of others or lack empathy.
Borderline personality disorder	A pattern of instability in personal relationships, intense emotions, poor self- image and impulsivity. A person with borderline personality disorder may go to great lengths to avoid being abandoned, have repeated suicide attempts, display inappropriate intense anger or have ongoing
Antisocial personality disorder	feelings of emptiness. A pattern of disregarding or violating the rights of others. A person with antisocial personality disorder may not conform to social norms, may repeatedly lie or deceive others, or may act impulsively.

 Table 15

 Definitions of personality disorders

 Personality disorders

Avoidant personality disorder	A pattern of extreme shyness, feelings of inadequacy and extreme sensitivity to criticism. People with avoidant personality disorder may be unwilling to get involved with people unless they are certain of being liked, be preoccupied with being criticized or rejected, or may view themselves as not being good enough or socially inept.
Dependent personality disorder	A pattern of needing to be taken care of and submissive and clingy behavior. People with dependent personality disorder may have difficulty making daily decisions without reassurance from others or may feel uncomfortable or helpless when alone because of fear of inability to take care of themselves.
Obsessive-compulsive personality disorder	A pattern of preoccupation with orderliness, perfection and control. A person with obsessive-compulsive personality disorder may be overly focused on details or schedules, may work excessively not allowing time for leisure or friends, or may be inflexible in their morality and values.

Note. Derived from https://www.psychiatry.org/patients-families/personality-disorders/what-are-personality-disorders (APA, 2018)