Misuse of the diagnosis of ‘Personality Disorder’

[in family courts]

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Rosenhan Experiment

- Wikipedia:
- “The most fundamental scientific criticism of the DSM concerns the validity and reliability of its diagnoses. This refers, roughly, to whether the disorders it defines are actually real conditions in people in the real world, which can be consistently identified by its criteria. These are long-standing criticisms of the DSM, originally highlighted by the Rosenhan experiment in the 1970s, and continuing despite some improved reliability since the introduction of more specific rule-based criteria for each condition”

Is ‘personality’ a valid construct?

- For several decades this was a lively debate – still relevant in relation to ‘personality disorder’.
- A convenient summary label for behaviours that happen to covary? [Mischel 1968]
- Skinner 1957 “personality is nothing but the locus of behaviour” and the concept is “an explanatory fiction” based on circular reasoning and tautology.
- Mischel 1968 pointed to the cross-situational inconsistency of personality traits

Why have contemporary psychologists bought into the diagnostic model so compliantly?

- Increased concern with success in the commercial marketplace?
- Selling therapies as ‘products’ – marketed like drugs for particular diagnoses?
- Commercialisation of the NHS?
- Decrease in critical thinking?
- Increased numbers of psychologists – leading to greater conformity? Standardised products of training courses?
- General socio-cultural changes?

Instability of the diagnosis

- Patients tend to lose their BPD diagnosis over time
- McLean Adult Development study found remission rate of 35% at 2 years, 50% at 4 years, and 69% at 6 years [Zanarini et al 2003].
- Paris & Zweig-Frank (2001): only 25% still met BPD criteria at 15 years, and 7.8% at 27 years

Lack of precision

- A patient can receive the BPD diagnosis in over 150 different ways, based on varying combinations of the 9 criteria.
- Two patients may be diagnosed with BPD whilst sharing only one symptom in common.
- High comorbidity
- Structured interviews and questionnaires correlate poorly with consensus diagnoses made by teams of clinicians who know the patients well.

Categories or dimensions

- Categorical diagnosis suggests constructs have clear boundaries.
- Dimensions presume natural continua
- Is the use of cutoffs on dimensions justified for pragmatic purposes?

Rampant comorbidity

- Fiester et al 1990 found individuals diagnosed with one personality disorder are likely to be diagnosed with at least one other.
- Widiger & Rogers 1989 found the average proportion of patients diagnosed with a PD who met criteria for at least one other PD was 85%
- Many people diagnosed with a PD are also diagnosed with a mood disorder, anxiety disorder, or schizophrenia.
- “the fundamental relationship of these disorders to one another remains a puzzle.”

Problems of reliability

- Problems of internal consistency, test-retest reliability, & interrater reliability.
- Morey 1988: internal consistency among diagnostic features for DSM-III PDs, by median correlation ranged from r = .10 to r = .34
- Loranger et al 1988: test-retest reliability over 6 months – median kappa for presence/absence ranged from .52 to .57 (except OC PD, where it was only .26
- Interrater reliability for DSM-III kappa .61
- Later versions of DSM not much better.

Paucity of evidence for construct validity

- Information about the course, family history, laboratory and physiological correlates of PD is largely absent.
- Thus making the construct vulnerable to the radical behaviourists' criticism that PDs are little more than tautological summary labels for covarying thoughts, emotions, and behaviours

Gender bias

- Warner 1978: when given identical profiles supposed to describe a histrionic PD, clinicians tended to diagnose males with antisocial PD and females with histrionic PD.
- Some argue that DSM unfairly pathologizes people who are extreme examples of stereotypical sex roles

Paucity of good research on effective treatments

- Few documented effective interventions for PD – apart from a few treatments for BPD that have some empirical support.
- Marked pessimism about treatments for various PDs - particularly antisocial PD

Neglect of professional duty

- If a court expert fails to indicate the scientific limitations of concepts of PD, it is a neglect of professional duty – with profound implications for families.

Ms A – alleged to have a ‘dependent personality disorder’

- Court expert Dr X states she has “an emotionally dependent personality disorder” (but does not state specific criteria and his report contains factual inaccuracies and conflation of events).
- He states: “The treatment for her personality disorder would require a year to eighteen months of individual therapy exploring her childhood experiences and how this has impacted on her adult life in terms of emotional vulnerability and her interactions with others”

A recommendation of DBT for Ms A's dependent PD!

- Court expert Mr Y – a forensic psychologist – argues Mrs A should receive dialectical behaviour therapy for her dependent personality disorder! [Note that Mrs A has never self-harmed or displayed any difficulty in managing her emotions]
- He gives her a schema questionnaire – using this to support his diagnosis. When she is given the same questionnaire a year later, her scores are very different.

Flawed reasoning

- When the problems of the PD diagnosis were brought to the attention of her solicitor, her legal counsel advised:
- [The original slide contained a quote from the legal counsel – illustrating circular tautological reasoning – that Ms A's behaviour must be because she has a personality disorder – and this must be because she experienced sexual abuse in childhood]

The reality

- [The original slide contained an account of the complex circumstances that explain Ms A's behaviour – contrasting with the explanation in terms of a personality disorder]
- Ms A did not experience abuse in childhood. Adult and child experiences were misleadingly conflated in the report by Dr X [original details removed from this slide]

Ms B – alleged to have an 'emotionally unstable personality disorder'

- Dr X (again)
- "In my opinion, [Ms B] has a personality disorder, a deeply ingrained maladaptive pattern of behaviours commencing in her childhood years and continuing into adolescence and adulthood … In my opinion she has an emotionally unstable personality disorder … also emotionally dependent traits to her personality"
- But he gives no criteria for his diagnosis.

Ms B shows no current signs of PD or any mental health problem

- After careful consideration by the CMHT, Ms B was not considered in need of any help. CORE scores were minimal

- Dr X criticised the CMHT for only looking at Ms B's current functioning, rather than taking a longitudinal view – so that "they missed the most appropriate diagnosis".

- Note the assumptions:
- 1. the PD exists even if there are no current indications but only historical data
- 2. the hidden PD must be treated with psychotherapy

Mrs Z – psychologist – supports the diagnosis despite finding no evidence!

- Mrs Z states she files an average of 2 reports per week for family courts
- She uses a range of assessment tools, including the Millon PD scale, a variety of questionnaires, a measure of parenting skills, and a clinical assessment [original details removed from this slide:
- All results were found to be normal and healthy!

Mrs Z recommends therapy

- Mrs Z cautions that Ms B's Paulhus Deception Scale suggests she may over-report her positive features, but acknowledges that Ms B's presentation during the assessment was congruent with her psychometric profile – i.e. that she shows no current disturbance [original quote removed].

- Nevertheless, Mrs Z concludes that Ms B will need a programme of therapy with a skilled and experienced psychotherapist [original quote removed]:

It matters!

- Mothers and children are torn apart.
- Family courts are bound to rely on the opinions expressed by ‘experts’
- The experts seem unaccountable
- They express personal opinions as if objective scientific or medical fact.
- A PD is alleged to exist when there is no current evidence