Integrating quantitative classification and developmental psychopathology: Criterion A of the AMPD in HiTOP

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Objective  This paper proposes a model integrating the DSM-5 Section III alternative model for personality disorders (AMPD) and the hierarchical taxonomy of psychopathology (HiTOP). The AMPD offers an empirically based, pantheoretical approach to diagnosing personality disorder based on Criterion A impairments in self and interpersonal relatedness and Criterion B maladaptive personality traits. HiTOP, similarly, is an empirically derived, dimensional model of psychopathology proposed as an alternative to the traditional categorical classification system. While AMPD Criterion B has a place within HiTOP, Criterion A does not. The aim of this paper is to delineate a place for Criterion A within HiTOP.

Method  A review of the relevant literature was conducted, and the findings are synthesized in a theoretical model.

Results  Previous research shows that dysfunction in self and interpersonal relatedness is a feature not only of personality pathology but of psychopathology more generally. Moreover, these impairments are strong transdiagnostic correlates of emotion dysregulation, with the two developing concurrently through interactions between biological and environmental factors. Based on empirical research and informed by the theoretical foundation of Criterion A, a model is proposed wherein AMPD Criterion A is understood as a component of the general factor at the apex of HiTOP, known as the p-factor.

Conclusion  Incorporating AMPD Criterion A within HiTOP as a component of the p-factor is consistent with the view that all psychopathology is, to an extent, mediated by impairment in self and interpersonal functioning. It also lends a developmental perspective to the model and is consistent with a systems perspective, recognizing that psychopathology is a process that develops through the interplay of neurobiology, social environment, and personality. Designs for future research testing this model are proposed, and implications of this model for clinical symptom presentation and clinical interventions are discussed.

Learning Objectives
At the conclusion of the presentation, participants will be able to:
1. Identify different types of NPD patients
2. Identify effective interventions for these types of patients
3. Recognize reasons for interventions-NPD types matching

References: