



AGREEMENT BETWEEN SELF-REPORT AND SEMI-STRUCTURED INTERVIEWING IN THE ASSESSMENT OF PERSONALITY DISORDERS

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Summary—This paper presents the results of a study comparing two instruments for the assessment of personality disorders according to the DSM-III-R and the ICD-10 classification systems: the International Personality Disorder Examination (IPDE), a semi-structured clinical interview, and the "Questionnaire on Personality Traits" (VKP), a self-report questionnaire. IPDE interviews and VKP self-reports were administered to 108 psychiatric patients and 'normals'. The VKP appeared to overestimate the prevalence of personality disorders when compared with the IPDE: prevalence of personality disorders is about 2.5 times higher when assessed by self-report than by interview. The mean Kappas for DSM and ICD disorders were low, respectively 0.25 and 0.26. These mean Kappas were only calculated if a positive DSM and ICD disorder base rate is at least 5%. The sensitivity of the VKP is 100% for eight of the 22 disorders. For 15 out of 22 disorders, the specificity of the VKP is reasonable to high (≥ 0.80). The probable and positive diagnoses of the VKP cover 87% of the positive IPDE diagnoses. On the dimensional level high correlations were found between similar scales of the IPDE and the VKP, and low correlations between scales that measure different concepts, pointing to reasonable convergent and discriminant validity. Based on the results of this study it is concluded that the VKP is a suitable screening instrument for most DSM-III-R and ICD-10 personality disorders. Copyright © 1996 Elsevier Science Ltd.

INTRODUCTION

During recent years research in the area of classification and measurement of personality disorders has increased greatly, which has resulted in the construction of several semi-structured interview instruments that can assess personality disorders with the same amount of reliability as accepted interviews for Axis I disorders (see, among others, Loranger, 1992; Reich, 1989; Zimmerman, 1994; Ouwersloot, Van der Brink, Diekstra & Hoogduin, 1994).

The IPDE is a semi-structured interview for the diagnoses of both the DSM-III-R (American Psychiatric Association, 1987) and the ICD-10 (International Classification of Diseases, WHO, 1992) personality disorders. The IPDE, which is an official instrument of the World Health Organisation (WHO), is an extension of the Personality Disorder Examination (Loranger, 1988) that only diagnosed according to the DSM-III-R. In a WHO multicentre study using the IPDE, it was concluded (Loranger, Sartorius, Andreoli, Berger, Buchheim, Channabasavanna, Coid, Dahl, Diekstra, Ferguson, Jacobsberg, Mombour, Pull, Ono & Regier, 1994) that the IPDE is a reliable instrument, found useful by clinicians all over the world for diagnosing personality disorders. The VKP has been developed on the basis of the IPDE (Duijsens, Eurelings-Bontekoe, Diekstra & Ouwersloot, 1993) as a self-report instrument. Ouwersloot *et al.* (1994) reported the first results of the agreement between the International Personality Disorder Examination (IPDE) and a self-report instrument, "Questionnaire on Personality Traits" (VKP). In their study both instruments were in a pre-find or research version. Since then the final versions of both instruments have become available (VKP: Duijsens *et al.*, 1993; IPDE: WHO, 1993; Diekstra, Duijsens, Eurelings-Bontekoe & Ouwersloot, 1993). This article reports on the agreement between the two versions of the instruments.

According to Zimmerman (1994), one of the advantages of a self-report questionnaire is that, apart from cost-effectiveness, it elicits no systematic bias or interview tendencies. A disadvantage of self-report questionnaires is the overestimation of the number of personality disorders. It is therefore meaningful to do research into the potential of self-report questionnaires as screening

instruments for interviews for personality disorders. "The accuracy of a screening measure is evaluated primarily in terms of the true positives and false negatives obtained using the measure. Clinicians are most interested in avoiding undetected diagnoses (i.e. false negatives) through the screening process" (Nussbaum & Rogers, 1992). This would mean that a positive diagnosis in an interview must also be found on a related self-report. To achieve this, the self-report should generally render more positive diagnoses than will be found with the interview (overdiagnosis), taking the interview as standard.

Several studies recently have addressed this issue using the PDE as interview. Hyler, Skodol, Kellman, Oldham and Rosnick (1990) compared the PDQ-R with two structured interviews: the SCID-II and the PDE. The instruments were used with 87 psychiatric patients who had been admitted because of serious personality pathology. The PDQ-R had little connection with either interview; the mean of the Kappa with the PDE was 0.37 (range $-0.02-0.54$). The sensitivity of the PDQ-R compared with the PDE was high (75–100%) and the specificity was very low (24–89%). The PDQ-R overdiagnoses personality disorders. Hyler *et al.* (1990) concluded that the PDQ-R cannot replace the structured interview. The PDQ-R could be used as a screening instrument for personality disorders in psychiatric patients, particularly whenever these disorders are expected to be present. The positive diagnoses with the PDQ-R could be verified by the clinician for clinical significance, which could save a lot of time. At the same time, Hyler *et al.* (1990) suggest developing a flexible cut-off system to maximize the use of the screening instruments for different target groups and applications.

Hunt and Andrews (1992) investigated the agreement of the PDQ-R and the PDE for a group of 40 intelligent adults most of whom were staying in a ward for anxiety and panic disorders. The agreement between the two instruments was small. The percentage of personality disorders found with the PDE was 7.5% (for three patients) and with the PDQ-R 67.5% (for 27 patients). The sensitivity of the PDQ-R in comparison with the PDE was very high (96–100%) and the specificity was extremely low (0–11%). This rules out the use of the PDQ-R as a screening instrument for the PDE. Hunt and Andrews (1992) concluded that the PDQ-R might be suitable for measuring certain dimensions of personality, but was unsuitable for measuring specific personality disorders. They thought that the diagnosis of personality disorders could best be made through a clinical or structured interview.

Soldz, Budman, Demby and Merry (1993) compared the MCMI-II with the PDE for 97 psychiatric outpatients. There was little agreement between the two instruments. The mean value of the Kappa was 0.23, and 0.26 with the probable and positive diagnoses taken together. Compared with the PDE, the MCMI-II has a low sensitivity and a high specificity. The two instruments concurred on the absence of a disorder, but differed regularly on the presence of positive diagnoses.

Barber and Morse (1994) compared the Wisconsin Personality Disorder Inventory (WISPI) with the PDE for 52 patients. Five of the 11 PDE dimensional scores showed a good convergent and divergent validity with the WISPI scales. Correlations of ≥ 0.50 were found for the corresponding scales of the avoidant, dependent and passive-aggressive personality disorders.

Ouwersloot *et al.* (1994) compared the DSM diagnoses that were made with the research versions of the VKP and IPDE for 34 admitted psychiatric patients. Their results had to be interpreted with caution, because two of the six reported Kappas are based on positive IPDE diagnoses of fewer than three persons. The mean Kappa for DSM was 0.41. The authors concluded that the high sensitivity renders the VKP most suitable as a screening for the exclusion of presence of personality disorders, but that the restrictive specificity forms a problem for the diagnostic value. The sensitivity was 100% for three of the seven reported disorders (range 0.35–1.00). The specificity was 100% for three of the 13 disorders with an average of 0.88 and a range of 0.69–1.00.

The aim of this study is to determine the correspondences and differences between the most recent versions of VKP and IPDE and to see to what extent the VKP can be used as a screening instrument for the interview.

METHOD

Subjects

Two groups were investigated: one group of psychiatric patients (the psychiatric group $N = 70$) and one group of selected 'normals' (the normal group $N = 38$).

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