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## Adolescent Personality Pathology

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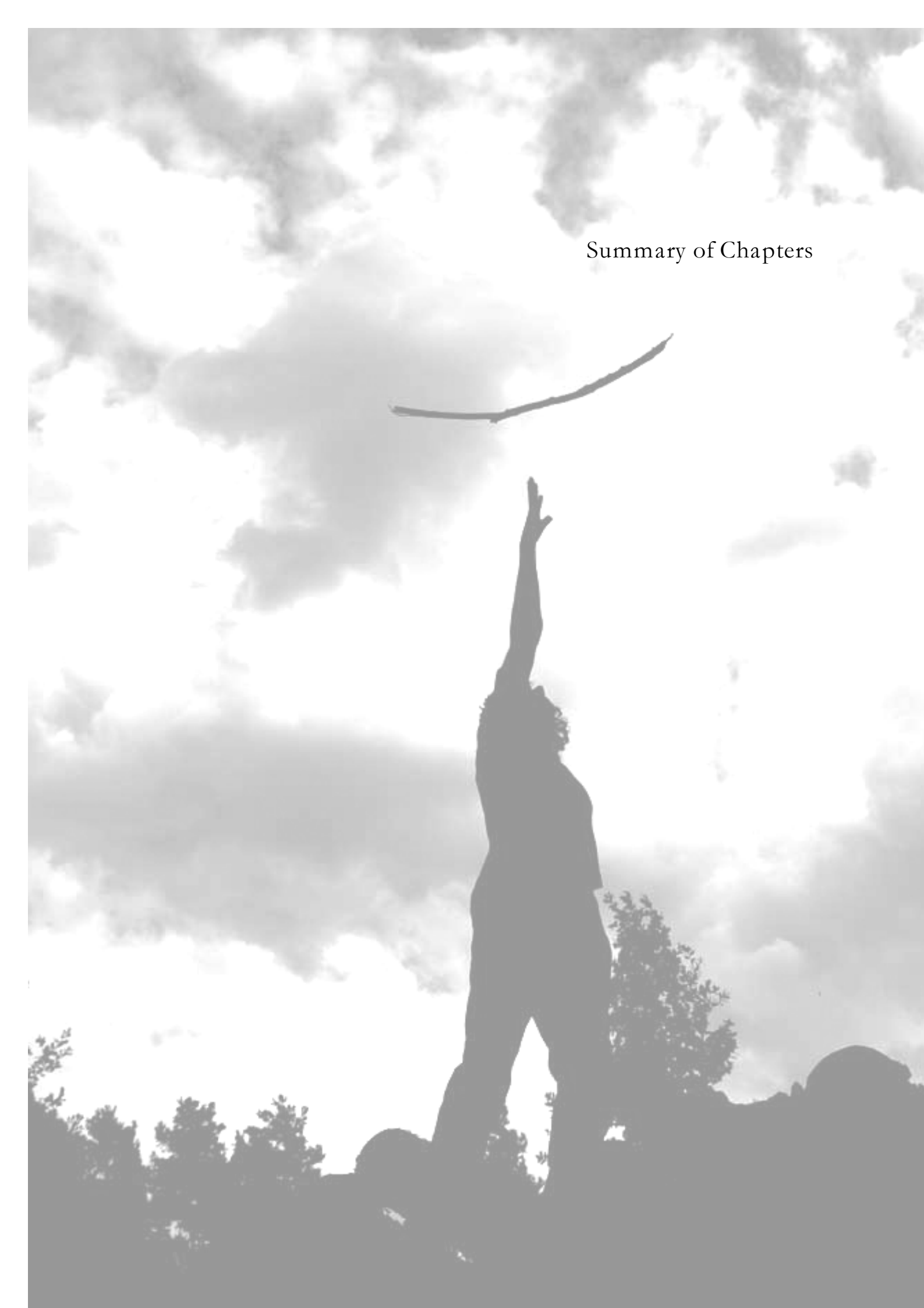
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Summary of Chapters

## Chapter 1: General Introduction

The opening chapter of this thesis provides a general introduction to personality pathology in adolescence. It starts with an overview of available knowledge on adolescent personality disorders (PDs). Most of this knowledge is based on research applying the PD criteria and thresholds, as defined in the categorical DSM-system, to adolescents. Research on prevalence, stability, gender differences, risk and associated factors, and long-term outcomes is presented. The chapter continues to discuss the critique on the categorical DSM-system and subsequently introduces an alternative approach: the dimensional approach to personality pathology. The two main objectives of the present thesis are, first, to conceptualize and operationalize personality pathology in adolescent populations using a dimensional model, and second, to extend knowledge on personality pathology dimensions in adolescence. The introductory chapter closes with an outline of the issues addressed in this thesis to arrive at the objectives.

## Chapter 2: DAPP-BQ-A

This chapter aims to contribute to the dimensional approach to personality pathology by addressing the applicability of a personality pathology questionnaire, originally developed for adults, in adolescent samples. The psychometric properties of the Dimensional Assessment of Personality Pathology-Basic Questionnaire for Adolescents (DAPP-BQ-A) are studied in two samples including 170 adolescents referred for mental health services and 1,628 non-referred adolescents, respectively. Factor analysis results in a strong replication of the original structure, retaining four factors (Emotional Dysregulation, Dissocial Behavior, Inhibitedness, and Compulsivity), which can be further organized into a two-dimensional structure with factors identifiable as Internalizing and Externalizing. These latter two factors suggest a possible link between dimensions of personality and characteristics of psychopathology conform the broad distinction of Achenbach (1966). Internal consistency and test-retest reliability proves to be satisfactory for all lower-order dimensions, with the exception of Intimacy Problems. Several of these dimensions show considerable promise in differentiating non-referred adolescents, referred adolescents without and referred adolescents with a personality disorder. The findings presented in this chapter underscore the need for a developmental perspective on personality pathology. Promising aspects of the dimensional approach to personality pathology in adolescence are discussed.

## Chapter 3: Relations to DSM-IV

The aim of the third chapter is to relate and compare two approaches to personality pathology in adolescents. Dimensions of personality pathology, assessed by the DAPP-BQ-A, are related to DSM-IV PD symptoms in 168 adolescents referred for mental health services. Correlational analyses reveal that the DAPP-BQ-A higher- and lower-order dimensions are related to PD symptoms in predictable ways. Regression analyses show that for all but three PDs (Schizoid, Schizotypal, and Passive-Aggressive), lower-order dimensions account for unique variance, after controlling for gender, age, and co-occurring PD symptoms. The chapter

demonstrates that dimensional assessment may provide valuable information on adolescent personality pathology, and may facilitate the study of developmental antecedents of adult personality pathology.

#### Chapter 4: Normal and Abnormal Personality

This chapter aims to elucidate dimensions of normal and abnormal personality underlying DSM-IV personality disorder (PD) symptoms in 168 adolescents referred to mental health services. Dimensions derived from the Big Five definition of normal personality and from Livesley's DAPP-BQ-defined conceptualization of personality pathology are regressed on interview-based DSM-IV PD symptom counts. When examined independently, dimensions originating from both definitions demonstrate significant levels of predictive power regarding DSM-IV PD symptom counts at the higher-order level. However, when added to the higher-order Big Five dimensions, Livesley's higher- and lower-order dimensions afford a supplementary contribution to the understanding of dysfunctional characteristics of adolescent PDs. In addition, they contribute to a better differentiation between adolescent PDs. The findings presented in the fourth chapter suggest that adolescent PDs are more than extreme, maladaptive variants of higher-order normal personality traits. Adolescent PDs seem to encompass characteristics that may be more completely covered by dimensions of abnormal personality than by dimensions of normal personality alone. Developmental issues and implications of the findings are discussed.

#### Chapter 5: Informant Agreement

Assessment of personality pathology relies heavily on self-report, although it has been argued that proxy report may contribute valuable information. This chapter examines reports of adolescents and parents on dimensions of adolescent personality pathology, as assessed by the DAPP-BQ-A, and their relations to clinician-reported dysfunction in a sample of 110 youngsters referred to mental health services. Adolescent and parent reports show moderate agreement (mean ICC = .45). However, regression analyses controlling for Axis I psychopathology indicate that both adolescent- and parent-reported dimensions uniquely contribute to variance in dysfunction. Analysis of the multitrait-multi-informant correlation matrix supports the convergent and discriminant validity of the DAPP-BQ-A. Applying a multi-informant approach in the assessment of adolescent personality pathology using the DAPP-BQ-A may improve decision making on diagnostic and intervention issues.

#### Chapter 6: Associated Factors

The sixth chapter explores associations between a wide range of personal and ecological factors and adolescent personality pathology, as conceptualized using a dimensional approach. A large adolescent general population sample (N = 1,686) was assessed using the DAPP-BQ-A. In addition, adolescents provided self-reported information on school functioning, psychiatric treatment, police contact, substance use, stressful life events, social support, and family composition. Regression analyses, controlling for gender and age, demonstrate that poor school functioning, psychiatric treatment, substance use, stressful life events, and lack of social support

are strong indicators of adolescent personality pathology. The findings presented in this chapter increase our understanding of the epidemiology of adolescent personality pathology and its associated dysfunction.

#### Chapter 7: General Discussion

The closing chapter provides a comprehensive evaluation of the DAPP-BQ-A as a dimensional instrument to assess personality pathology in adolescents. Aspects addressed in this evaluation are coverage, conceptual fit within a common trait hierarchy, conceptual fit within a developmental model, relations to dysfunction, integrative perspective on Axis I and Axis II psychopathology, clinical utility, sensitivity to gender differences, sensitivity to differences in clinical status, cross-cultural application, sensitivity to stability and change, and predictive validity. Based on the evaluation, it is concluded that the DAPP-BQ-A is a reliable, valid, and comprehensive instrument to assess personality pathology in both referred and non-referred adolescents.

In view of the second objective of this thesis, the closing chapter continues to provide a description of adolescent personality pathology and its associated factors, as conceptualized using a dimensional model. Several dimensions seem especially indicative of personality pathology in adolescence, including Identity Problems, Suspiciousness, Self Harm, and Conduct Problems. Adolescent personality pathology seems to be well understood from a dimensional approach, although it may be less crystallized than adult personality pathology. In addition, adolescent personality pathology seems to be more than extreme, maladaptive variants of normal personality traits. Finally, it is associated with several indicators of functional status.

The strengths and limitations of the thesis are discussed, as well as its implications for clinical practice and future research activities. Possible directions of future studies are highlighted, including the need for longitudinal research investigating developmental trajectories of temperament and normal traits, via abnormal traits, into disordered personality.