What do practitioners consider the most helpful personality taxa in understanding their patients?

Robert M. Gordon, Andrea Blake, Robert F. Bornstein, Francesco Gazzillo, Janet Etzi, Vittorio Lingiardi, Nancy McWilliams, Cheryll Rothery, and Anthony F. Tasso[1]

While the DSM and ICD basically classify mental disorders according to manifest symptoms, the Psychodynamic Diagnostic Manuals (PDM Task Force (2006) 1 and 2 (Lingiardi & McWilliams in press) are taxonomies based on the dynamics of the whole person. The PDM considers in addition to manifest symptoms: personality organization (healthy, neurotic, borderline, psychotic[2]), personality disorders or syndromes (e.g. schizoid, histrionic, narcissistic, etc.), and mental functioning (e.g. capacity for intimacy, defensive level, self observing capacity, etc.). The aim of this categorization is to better inform psychotherapy. However, since the PDM is associated with a psychodynamic orientation, it is uncertain if the typical practitioner would accept a taxonomy not based on manifest symptoms.

In order to assess this, we asked a sample of mental health practitioners from a wide range of educational backgrounds and theoretical orientations. The participants filled out a demographic survey, rated a recent client on the Psychodiagnostic Chart (PDC) and then rated the clinical usefulness of each diagnostic taxon (1 = not at all helpful, 7 = very helpful).

Robert M. Gordon and Robert F. Bornstein (2012) developed the Psychodiagnostic Chart (PDC) as an operationalized guide to the Adult diagnostic section of the PDM. Gordon and Stoffey (2014) found excellent construct validity and excellent two-week test-retest reliability. The PDC was recently updated for the PDM2.[3]

The volunteers (N = 438) were recruited from 14 workshops on the DSM, ICD and PDM. In this sample, 46% held doctoral degrees, 67% were female, 60% were age 50 or older. Primary orientations were 41% Family Systems, Humanistic/Existential or Eclectic and 33% CBT. Only 26% identified themselves as primarily having a psychodynamic orientation.

The results of our survey indicated that the percent rated as "helpful – very helpful" (ratings from 5-7) in understanding their patient for each diagnostic taxon were: level of personality organization 75% (M = 5.3, SD = 1.40), personality disorders 62% (M = 4.9, SD = 1.49), mental functioning 67% (M =5 .0, SD = 1.40), and cultural/contextual issues 41% (M= 4.7, SD= 1.54). Only 30.5% (M = 4.2, SD =1.47) rated symptoms as "helpful-very helpful" in understanding their patient. Wilcoxon Sign Ranked Nonparametric Paired Tests was used due to the skewed distributions. All of the diagnostic dimensions

[2] The PDM1 did not include a psychotic level of personality organization, but psychotic level is in the PDM2.
[3] For free copies of the Psychodiagnostic Chart go to: https://sites.google.com/site/psychodiagnosticchart/

were significantly different at $p < .0001$, except the differences between personality disorders and cultural/contextual issues which was $p = .004$.

These results suggest that the typical practitioner would find the taxonomy of the PDM1 and PDM2 as clinically useful (the PDM2 has essentially the same taxonomic classification as the PDM1). They even value personality organization, personality disorders or syndromes, and mental functions more than manifest symptoms for helping to understand their clients. However, students and practitioners need to be educated about the PDM, and it needs to be taught whenever the DSM and ICD are introduced.

References

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