Imperial College London

The ICD-11 classification of personality disorder; implications for child psychiatry

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Declaration of interest

I was the Chair of the WHO ICD-11 Revision Group for the Classification of Personality Disorders from 2010 to 2017 and have received honoraria for talking about the subject (Norway, Germany and Hong Kong).

My aims in this short presentation

1. To explain why personality disturbance should be both acknowledged and diagnosed in childhood
2. To give details of the forthcoming ICD-11 classification
3. To show how the new classification should improve practice

1. Why personality disorder should be diagnosed in childhood

A. Because it is universally agreed that personality problems either begin, or are laid down, in the childhood years

B. Because it is now appreciated that having different diagnostic systems in childhood and adult life is unhelpful, and may be destructive in the years of transition after adolescence

C. Because even though more people diagnosed as personality disordered when young lose their diagnosis later than do adult patients, they still have higher adult rates of disorder than those not so diagnosed when young.

A. Because it is universally agreed that personality problems either begin, or are laid down, in the childhood years

Young children, who for whatever reason are deprived of the continuous care and attention of a mother or a substitute-mother, are not only temporarily disturbed by such deprivation, but may in some cases suffer long-term effects which persist (such long-term effects = personality)(Bowlby, 1956)

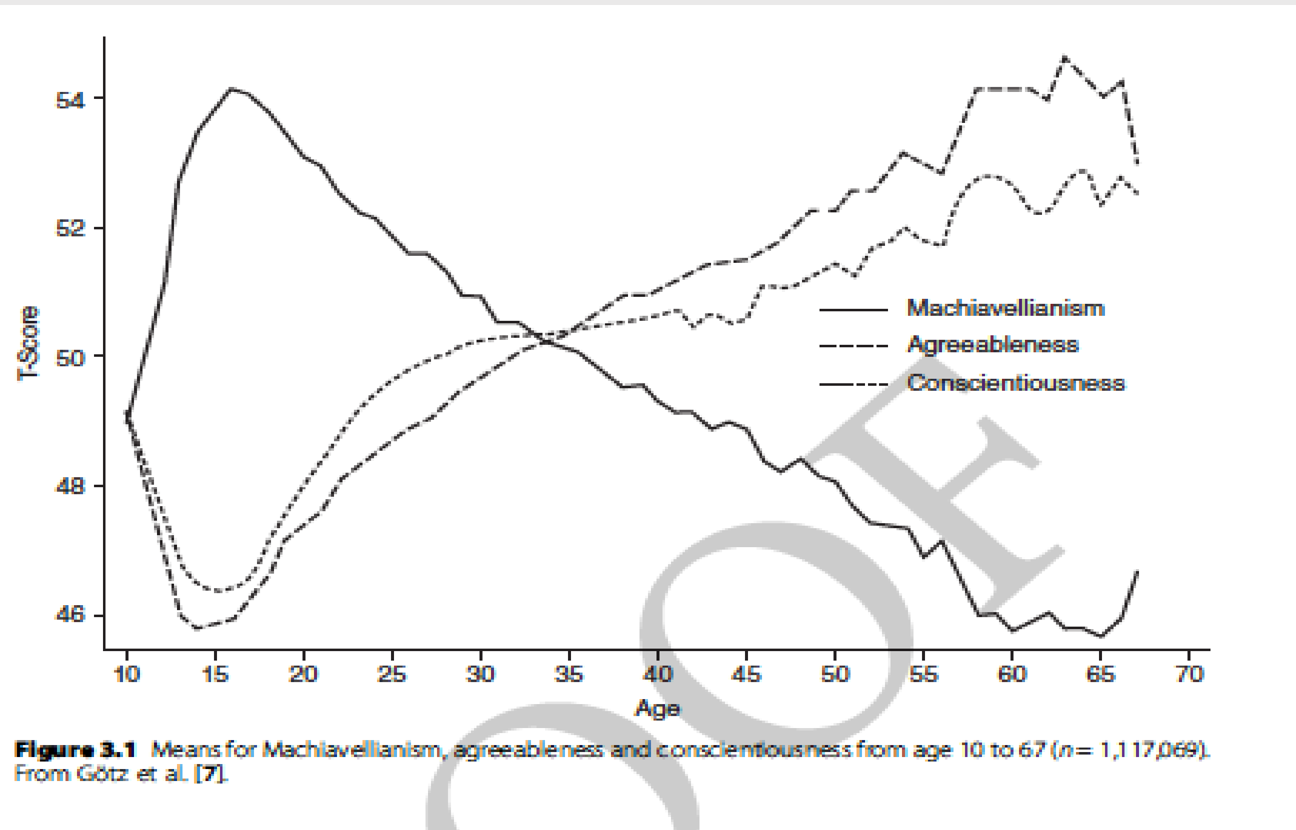

Figure 3.1 Means for Machiavellianism, agreeableness and conscientiousness from age 10 to 67 (n= 1,117,069). From Götz et al. [7].

Figure from proof of *Antisocial Personality* (Howard and Duggan (2022), Cambridge University Press), showing changes in the key components of antisocial personality characteristics over the life span

B. Because having different diagnostic systems is destructive

When adolescents with conduct disorder, oppositional defiant disorder, ADHD and autistic spectrum disorder become adults they are left without a diagnostic framework. Many of them should have been diagnosed earlier with personality disorder.

C. Personality disorder in adolescence may be ephemeral or may be persistent; this is not a reason to avoid the diagnosis

One of the important, and often neglected, aspect of personality disorder is that it can change over time, both in adolescence and adult life.

Children in the Community Study

- 800 youths followed up from adolescence to adulthood over 20 years
- Axis I and Axis II disorders recorded (but some finessing with Axis II)
- Those with Axis II disorders in adolescence had much greater incidence of Axis I disorders, suicide attempts, violent and criminal behaviour, and interpersonal conflict.
- ‘The substantial independent impact of personality disorder on these and other problematic adult outcomes confirms the importance of attention to these problems when they manifest in early adolescence’. (Cohen et al, *Journal of Personality Disorders*, 2005, 19, 466-86)

3. ICD-11 – the right way forward

- All the evidence shows that a dimensional system is better than a categorical one
- Such a classification avoids comorbidity
- Its sub-classification is based on five traits that are common to all levels of personality function
- It abolishes categories
- It puts personality disorder in the spotlight, not in the bin

Diagnostic spectrum of personality disorder

Cut –off point
for disorder

No personality dysfunction | personality difficulty | mild personality disorder | moderate personality disorder | severe personality disorder

Advantages of ICD-11 proposal

Acknowledgment of change over time

Mild personality Disorder – time 2

Moderate pers dis – time 1

Why is this important?

Because personality disorder has become to be regarded as an indelible diagnosis – once attributed it is implied to be a permanent label

This is not true – personality does not change much but personality disorder changes greatly over time (test retest reliability after 3m is only around 0.5) and there are considerable changes across the lifespan.

Nottingham Study of Neurotic Disorder – 30 yr follow up of anxious/depressed patients – personality disorder change (PAS) over time *(Lancet, 1988, 2002; Psychol Med 1990, 1998, 2004; Psychother Psychosom 2016, Personal Ment Health, 2019)*

	PDs present	Baseline N=200	2yrs N=165	12yrs N=185	30yrs N=88
↓	Sociopathic: n(%)	27 (**13.5**)	8 (**4.9**)	9 (**4.8**)	8 (**9.0**)
↑	Passive Dep: n(%)	27 (**13.5**)	14 (8.6)	29 (15.6)	20 (**22.5**)
↑	Anankastic: n(%)	21 (**10.5**)	13 (8.0)	27 (14.5)	17 (**19.1**)
↑	Schizoid: n(%)	9 (**4.5**)	10 (6.2)	31 (16.7)	14 (**15.7**)
	Borderline: n(%)	22 (11.0)	13 (8.0)	18 (9.7)	14 (14.7)

Mean age of cohort at baseline – 36y

Now to the formal approved ICD-11 classification of personality disorder(June 2018)

This is not published in paper form until January 2022 but is now online and will take over from ICD-10, introduced in 1992. This is the longest interval between successive revisions of ICD

ICD-11 general definition of personality disorder (World Health Organisation, 2018)

- Personality disorder is characterized by problems in functioning of aspects of the self (e.g., identity, self-worth, accuracy of self-view, self-direction), and/or interpersonal dysfunction (e.g., ability to develop and maintain close and mutually satisfying relationships, ability to understand others' perspectives and to manage conflict in relationships) that have persisted over an extended period of time **(e.g., 2 years or more).** The disturbance is manifest in patterns of cognition, emotional experience, emotional expression, and behaviour that are maladaptive (e.g., inflexible or poorly regulated) and is manifest across a range of personal and social situations (i.e., is not limited to specific relationships or social roles). The patterns of behaviour characterizing the disturbance are not developmentally appropriate and cannot be explained primarily by social or cultural factors, including socio-political conflict. The disturbance is associated with substantial distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Implications of phrase 'that have persisted over an extended period of time (e.g., 2 years or more).

- Personality disorder can be diagnosed **at any age** if it shows 2 year persistence

- The features of impaired 'cognition, and emotional experience, emotional expression, and behaviour that are maladaptive and manifest across a range of personal and social situations (i.e., is not limited to specific relationships or social roles)' can apply to all generations.

Consequences of this addition to ICD-10 definition

ICD-10 essentially confines manifestation of personality disorder to late adolescence or early adult life

ICD-11 will allow personality disorder to be diagnosed at any time in life if it has lasted for 2 years or longer

This may increase prevalence from 10% to 12% (Tyrer et al, 2014)

C. Where the new classification should help treatment in children/adolescents

- Give proper attribution to personality status instead of being diverted to inappropriate diagnoses such as ADHD or Asperger's syndrome

- Lead to appropriate interventions (many still to be tested) for children and adolescents identified with personality difficulties of all sorts

- Highlight any educational or training needs

Environmental change can constitute good management for children and adolescents

This is called social prescribing (when mild) and nidotherapy (when more severe) and enabling environments in specialised settings

From: Tyrer P (2018). The importance of nidotherapy and environmental change in the management of people with complex mental disorders. *International Journal of Environmental Research and Public Health,* **15**, 972.

Consensual general environmental changes (CGECs)	Individual decision-making with friends and family if needed	Easy
Forced general environmental changes (FGECs)	External organisations determine change unilaterally (eg, move from prison)	Easy
Forced focused environmental changes (FFECs)	Decisions made by external agencies with little or no input from individual	Relatively easy, especially in coercive situations
Consensual focused environmental changes (CFECs)	Agreed changes made in full cooperation and with agreement of individual	Fairly easy to fairly difficult, depending on nature of change*
Desired but resistant environmental changes (DRECs)	Environmental advocacy and persuasion of all parties to agree to changes	Very difficult*

Taxonomy of environmental changes and their implementation

** involvement of nidotherapy*

This is social prescribing

This is nidotherapy

Levels of personality dysfunction in ICD-11

These are all described in detail on the WHO website so are skipped through briefly here:

https://icd.who.int

Level 1 of ICD-11 – personality difficulty

Personality difficulty refers to pronounced personality characteristics that may affect treatment or health services but do not rise to the level of severity to merit a diagnosis of personality disorder. Personality difficulty is characterized by long-standing difficulties (e.g., at least 2 years), in the individual's way of experiencing and thinking about the self, others and the world. In contrast to personality disorders, these difficulties are manifested in cognitive and emotional experience and expression only intermittently (e.g., during times of stress) or at low intensity. The difficulties are associated with some problems in functioning but these are insufficiently severe to cause notable disruption in social, occupational, and interpersonal relationships and may be limited to specific relationships or situations.

Level 2 of ICD-11 – mild personality disorder

All general diagnostic requirements for Personality Disorder are met. Disturbances affect some areas of personality functioning but not others (e.g., problems with self-direction in the absence of problems with stability and coherence of identity or self-worth), and may not be apparent in some contexts. There are problems in many interpersonal relationships and/or in performance of expected occupational and social roles, but some relationships are maintained and/or some roles carried out. Specific manifestations of personality disturbances are generally of mild severity. Mild personality disorder is typically not associated with substantial harm to self or others, but may be associated with substantial distress or with impairment in personal, family, social, educational, occupational or other important areas of functioning that is either limited to circumscribed areas (e.g., romantic relationships; employment) or present in more areas but milder.

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Level 3 of ICD-11 – moderate personality disorder

All general diagnostic requirements for personality disorder are met.

Disturbances affect multiple areas of personality functioning (e.g., identity or sense of self, ability to form intimate relationships, ability to control impulses and modulate behaviour). However, some areas of personality functioning may be relatively less affected. There are marked problems in most interpersonal relationships and the performance of most expected social and occupational roles are compromised to some degree. Relationships are likely to be characterized by conflict, avoidance, withdrawal, or extreme dependency (e.g., few friendships maintained, persistent conflict in work relationships and consequent occupational problems, romantic relationships characterized by serious disruption or inappropriate submissiveness). Specific manifestations of personality disturbance are generally of moderate severity. Moderate personality disorder is sometimes associated with harm to self or others, and is associated with marked impairment in personal, family, social, educational, occupational or other important areas of functioning, although functioning in circumscribed areas may be maintained

Level 4 of ICD-11 – severe personality disorder

All general diagnostic requirements for Personality Disorder are met.

There are severe disturbances in functioning of the self (e.g., sense of self may be so unstable that individuals report not having a sense of who they are or so rigid that they refuse to participate in any but an extremely narrow range of situations; self view may be characterized by self-contempt or be grandiose or highly eccentric). Problems in interpersonal functioning seriously affect virtually all relationships and the ability and willingness to perform expected social and occupational roles is absent or severely compromised. Specific manifestations of personality disturbance are severe and affect most, if not all, areas of personality functioning. Severe personality disorder is often associated with harm to self or others, and is associated with severe impairment in all or nearly all areas of life, including personal, family, social, educational, occupational, and other important areas of functioning.

What determines level of disorder?

- Degree of interpersonal social dysfunction
- Degree of pervasiveness
- Situational aspects
- Ability to perform societal roles
- Risk of harm to self or others
- Mental state comorbidity

Qualifying severity: Trait domains

Trait domain qualifiers may be applied to Personality Disorders or Personality Difficulty to describe the characteristics of the individual's personality that are most prominent and **that contribute to personality disturbance**. Trait domains are continuous with normal personality characteristics in individuals who do not have Personality Disorder or Personality Difficulty. Trait domains are not diagnostic categories, but rather represent a set of dimensions that correspond to the underlying structure of personality. As many trait domain qualifiers may be applied as necessary to describe personality functioning. Individuals with more severe personality disturbance tend to have a greater number of prominent trait domains.

Trait domains

- negative emotionality/negative affectivity (equivalent to ‘neurotic’ in old terminology)
- detachment
- anankastia
- dissociality
- disinhibition

Relationship between domain traits and severity levels

- Each domain trait is a potential qualifier of each level of personality disturbance but not a diagnosis in its own right.

- A domain trait cannot therefore be judged in isolation – it has to be attached to the appropriate severity level

Trait Domains: Negative affectivity

Negative affectivity. The core feature of the Negative Affectivity trait domain is the tendency to experience a broad range of negative emotions. Common manifestations of Negative Affectivity, not all of which may be present in a given individual at a given time, include: experiencing a broad range of negative emotions with a frequency and intensity out of proportion to the situation; emotional lability and poor emotion regulation; negativistic attitudes; low self-esteem and self-confidence; and mistrustfulness.

Dissocial domain trait

Dissociality. The core feature of the Dissociality trait domain is disregard for the rights and feelings of others, encompassing both self-centeredness and lack of empathy. Common manifestations of dissociality, not all of which may be present in a given individual at a given time, include: self-centeredness (e.g., sense of entitlement, expectation of others' admiration, positive or negative attention-seeking behaviours, concern with one's own needs, desires and comfort and not those of others); and lack of empathy (i.e., indifference to whether one's actions inconvenience hurt others, which may include being deceptive, manipulative, and exploitative of others, being mean and physically aggressive, callousness in response to others' suffering, and ruthlessness in obtaining one's goals).

Anankastic domain trait

The core feature of the Anankastia trait domain is a narrow focus on one's rigid standard of perfection and of right and wrong, and on controlling one's own and others' behaviour and controlling situations to ensure conformity to these standards. Common manifestations of Anankastia, not all of which may be present in a given individual at a given time, include: perfectionism (e.g., concern with social rules, obligations, and norms of right and wrong, scrupulous attention to detail, rigid, systematic, day-to-day routines, hyper-scheduling and planfulness, emphasis on organization, orderliness, and neatness); and emotional and behavioral constraint (e.g., rigid control over emotional expression, stubbornness and inflexibility, risk-avoidance, perseveration, and deliberativeness).

Detached domain trait

The core feature of the Detachment trait domain is the tendency to maintain interpersonal distance (social detachment) and emotional distance (emotional detachment). Common manifestations of detachment, not all of which may be present in a given individual at a given time, include: social detachment (avoidance of social interactions, lack of friendships, and avoidance of intimacy); and emotional detachment (reserve, aloofness, and limited emotional expression and experience).

Disinhibited domain trait

The core feature of the Disinhibition trait domain is the tendency to act rashly based on immediate external or internal stimuli (i.e., sensations, emotions, thoughts), without consideration of potential negative consequences. Common manifestations of disinhibition, not all of which may be present in a given individual at a given time, include: impulsivity; distractibility; irresponsibility; recklessness; and lack of planning.

Summary

- Personality can be assessed in childhood and adolescence
- When personality is identified as disordered this should be described as ‘current personality function’; it need not last
- Once personality problems are identified correction can be implemented earlier than is currently the case
- Get over the message that everyone is on the same personality spectrum