

Psychometric Evaluation of the Polish adaptation of a Self-Report Form of the DSM-5 *Level of Personality Functioning Scale (LPFS-SR)*

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Summary

Aim. This study examined psychometric properties of the Polish adaptation of a Self-Report Form of the DSM-5 Level of Personality Functioning Scale (LPFS-SR). It is a scale designed to measure general impairment, jointly with a detailed assessment of distinguished components of personality functioning characterized in terms of disturbances in self (identity and self-direction) and interpersonal (empathy and intimacy) functioning – Criterion A in the DSM-5 Alternative Model for Personality Disorders (AMPD).

Methods. The study involved a non-clinical sample of $N = 242$ adults (52.9% female; $M_{\text{age}} = 30.63$ years, $SD_{\text{age}} = 11.81$ years). To provide an evaluation of the criterion validity, Personality Inventory for DSM-5 (PID-5), Personality Inventory for ICD-11 (PiCD), Level of Personality Functioning Scale – Brief Form 2.0 (LPFS-BF 2.0), and Big Five Inventory-2 (BFI-2) were administered.

Results. Our data supported that identity, self-direction, intimacy, and empathy components of the LPFS-SR can be characterized by a single, global dimension of personality dysfunction, consistent with the assumption that DSM-5 Criterion A is a relatively homogeneous construct. The LPFS-SR showed good reliability estimates and demonstrated conceptually sound associations with the PD severity index and related measures of personality functioning. Moreover, all the LPFS-SR components manifested at least partial distinction from maladaptive personality traits (i.e., Criterion B in the DSM-5 AMPD).

Conclusions. These findings provide support for the validity of the Polish adaptation of the LPFS-SR as an operationalization of impairment in the core and common features of personality pathology described in the DSM-5 alternative model.

Key words: personality disorders, DSM-5, LPFS-SR

Introduction

Level of Personality Functioning (LPF) represents the basic criterion (Criterion A) of the Alternative Model for Personality Disorders (AMPD) in Section III of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) [1]. Under Section III, the LPF constitutes the first step toward the diagnosis of a personality disorder (PD). The LPF is defined as a dimensional general severity criterion common to all personality disorders and conceptually separate from personality types and traits. To aid professionals in conceptualizing and appraising Criterion A of the AMPD, the DSM-5 provides detailed indicator characteristics in the Levels of Personality Functioning Scale (LPFS) [1, pp. 775–778]. However, the LPFS is a clinician rating instrument, not a psychometric measure, whilst a self-report (or other-report) questionnaire assessing LPF seems to also be needed for both scientific and diagnostic purposes.

One of the self-report methods that directly operationalizes the LPF as conceptualized in the AMPD is an 80-item questionnaire – the Level of Personality Functioning Scale–Self-Report (LPFS-SR) – developed by Morey [2], a member of the DSM-5 workgroup, which created the AMPD itself. Although a number of instruments exist that refer to the LPF construct [for a review, see 3], the LPFS-SR is the first tool to provide a specific and complete, indicator-by-indicator mapping of the LPFS into a self-report measure. The overall goal of this paper is to provide preliminary reliability and validity data for the Polish adaptation of the LPFS-SR [1].

Within the LPFS [1, pp. 775–778], i.e., the original scale proposed by the DSM-5 for the specification of the LPF, the core of personality pathology is portrayed in terms of impairments in self-functioning (containing identity and self-direction components) and interpersonal functioning (containing empathy and intimacy components). In terms of definitional precision, it is worth mentioning that identity, self-direction, intimacy and empathy are interchangeably called components of personality functioning [3] or personality functions [2]. The scale can be used to appraise both the presence and severity of personality pathology [cf. 4-6]. Altogether, the LPFS provides 12 indicators clustered in four key personality functions (components of personality functioning).

Within self-functioning, identity refers to experiences of oneself as unique, stability of self-esteem, and capacity for and ability to regulate a range of emotional experiences; and, self-direction captures a pursuit of coherent and meaningful goals, constructive and prosocial internal standards of behaviour, and self-reflection. Within interpersonal functioning, empathy captures comprehension and appreciation of others' experiences and motivations, tolerance of differing perspectives, and understanding the effects of one's own behaviour on others; and, intimacy refers to depth and dura-

tion of connection with others, desire and capacity for closeness, and mutuality of regard (see Figure 1). These four components are rated individually, and for diagnostic purposes, a clinician selects the level of functioning that most accurately captures the patient's overall level of impairment in personality functioning, ranging from little or no impairment (i.e., healthy, adaptive functioning; Level 0) to some (Level 1), moderate (Level 2), severe (Level 3), and extreme (Level 4) impairment. The LPFS rating is essential for the diagnosis of a personality disorder, with moderate or greater impairment required [1].

According to the AMPD, each personality disorder can be optimally defined by impairment in personality functioning (Criterion A) and a constellation of characteristic pathological personality traits (Criterion B) [1] that can be assessed by the self-report Personality Inventory for DSM-5 (PID-5) [7, 8]. The ability to examine Criterion A and to evaluate the complete diagnostic model included in Section III has improved with the recent publication of a self-report measure of maladaptive personality functioning as defined within the LPFS. Developed by Morey [2], the LPFS-SR enables a full and thorough assessment of distinguished components of personality functioning charac-

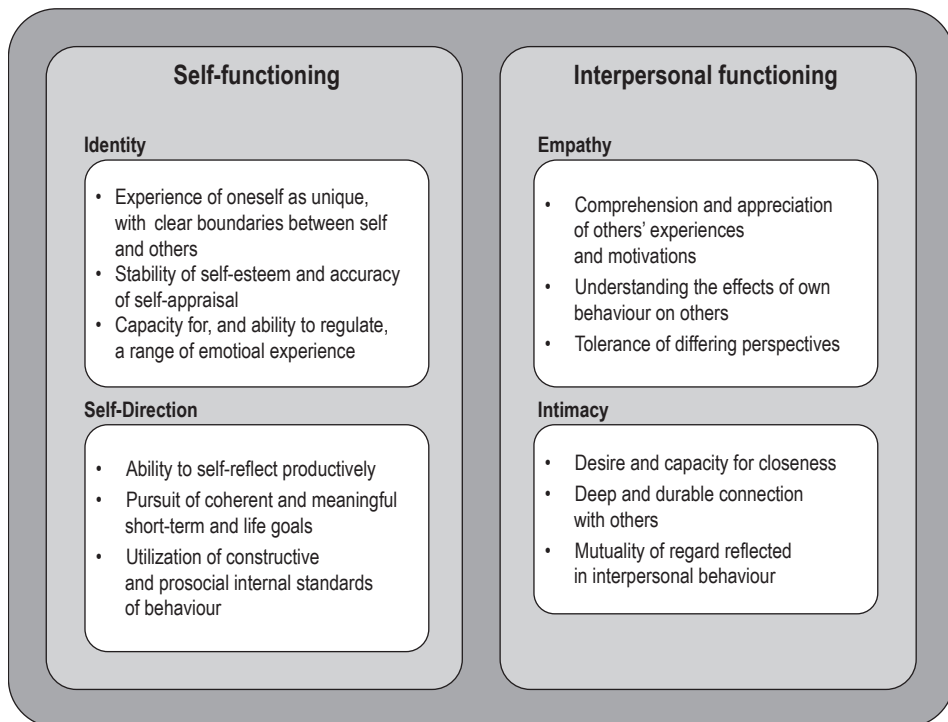


Figure. Components of the Level of Personality Functioning Scale [1]

terized in terms of disturbances in self (identity and self-direction) and interpersonal (empathy and intimacy) functioning as presented in the AMPD.

The LPFS-SR has demonstrated high internal consistency, high test-retest reliability, high intercorrelations between each of its dimensions, and high correlations with criterion measures [2, 9]. High intercorrelations between identity, self-direction, intimacy, and empathy component scores mirroring the four components of LPF [1] suggest they are all indicators of a single, global dimension of personality dysfunction; as further evidence, 85.5% of the variance among the four component scores was accounted for by a single factor [2, see also 9]. As the LPFS-SR has been shown as a reliable and valid marker of personality pathology severity that can provide a useful, freely available assessment tool in clinical practice and research, it is definitely worth preparing various language versions. Especially in a clinical setting, such an instrument that offers a full and detailed assessment of different components of personality functioning according to the AMPD may fructify considerable improvement in determining the type and degree of personality pathology, planning treatment interventions, and monitoring treatment courses and outcomes.

Research hypotheses

The aim of the present study was to examine basic psychometric properties of the Polish adaptation of the LPFS-SR [2] – the self-report questionnaire oriented to provide a full and thorough measure of the LPF as defined in the DSM-5 Section III alternative model for PDs [1]. In this study, we evaluated its structural validity, reliability, and construct validity.

The LPFS-SR was designed to provide point-by-point assessments of each specific indicator provided in the AMPD LPFS table of DSM-5 [1], where each indicator is intended to represent problems present at a particular level of dysfunction – problems that therefore may not be present at levels above or below that level. To capture this aspect of the LPF AMPD scale, Morey [2] used the item weighting scheme of the LPFS-SR, which includes positive and negative weights. Each item is weighted according to its putative severity within the LPFS conceptualization, reflecting different levels of severity and also effectively dealing with the fact that some DSM-5 LPFS descriptors are positively related to health, whereas most are negatively related to health (for a list of all items, weights, and their component assignments, see [2]).

Relatedly, the LPFS-SR corresponds to the LPFS model directly in terms of both content and item scoring. Given the nature of the LPFS-SR, and the AMPD LPFS itself which the questionnaire was derived from, it may not render well-suited for investigation using conventional factor analysis techniques at item-level data (for a conceptual discussion, see [10]). As such, in terms of the structure of the LPFS-

SR, as in the original study [2], we expected the LPFS-SR component scales to yield a single factor in principal component analysis (PCA) reflecting a global dimension of personality functioning.

With regard to the construct validity of the LPFS-SR, we expected it to be correlated with a range of maladaptive personality features. Basically, we expected to replicate the pattern of correlational associations reported in previous studies [2, 9]. These include severity indexes of personality dysfunction, maladaptive traits from the AMPD [1] and the ICD-11 PD model [11], and normal range traits that have established associations with personality pathology (e.g., neuroticism) [cf. 12]. These hypotheses are based on the notion that the LPFS was designed to embrace a broad personality functioning continuum and also to capture aspects of dysfunction that are common to all variants of PD [1].

Crucially, regarding the four components of personality functioning described in the LPFS [cf. 1, pp. 775–778], we anticipated identity to be most strongly (i.e., $\geq|0.50|$) related to traits involving negative affectivity and psychoticism; and, self-direction to be most strongly related to traits involving, besides negative affectivity, disinhibition and also to a lesser extent to low conscientiousness. In terms of interpersonal forms of personality dysfunction, we expected empathy to be most strongly related to antagonism/dissociality and also to a lesser extent to low agreeableness; and, intimacy to be more related to traits involving detachment. Furthermore, we also investigated the criterion validity of the LPFS-SR with another recently adapted in Poland measure of personality dysfunction – a brief alternative to the LPFS-SR that was designed to measure the broadly defined LPFS construct [13].

Finally, it is worth noting that there is a substantial ongoing debate on assumptions underlying Criterion A. Joint studies of AMPD Criterion A and B measures have revealed quite a high degree of overlap [3, 14–16; see also 10]. As such, one of the most important unsolved questions about the AMPD concerns potential distinctions and the amount of overlap between Criteria A and B. To provide additional empirical examinations of this issue, we determined the level of overlap between the pathological personality trait-domains measured by PID-5 (Criterion B) and the impairment in personality functioning measured by LPFS-SR (Criterion A). A set of regression analyses was conducted so that each Criterion A component was regressed onto the five DSM-5 Section III traits, providing an evaluation of the amount of variance in LPFS-SR components (Criterion A) accounted by the DSM-5 traits (Criterion B) and the level of overlapping information based on these two sources.

Method

Participants and procedure

The research was conducted using a self-report paper-and-pencil format, with the assistance of trained psychology students. We administered questionnaires to a sample of $N = 242$ adults (52.9% female; $M_{\text{age}} = 30.63$ years, $SD_{\text{age}} = 11.81$ years), mostly from central Poland. Each of the students administered the measures to approximately 8–10 respondents chosen from a pool of their distant relatives, friends, and acquaintances. Participation was entirely voluntary and anonymous. The research was conducted in compliance with the recommendations of the Commission of Ethics and Bioethics at the Cardinal Stefan Wyszyński University in Warsaw.

Measures

Level of Personality Functioning Scale-Self Report (LPFS-SR). The LPFS-SR [2] is an 80-item, self-report measure of personality dysfunction designed to correspond to the description of the LPFS indicators provided in the DSM-5 AMPD [1]. The LPFS-SR assesses four interrelated components of identity, self-direction, empathy, and intimacy, with each of these subcomponent scales consisting of 16 to 23 items. The four subcomponent scores are summed to yield an index of the level of severity of impairment in general personality functioning.

The Polish adaptation process was performed by two co-authors of this article, in an effort to ensure that the Polish version of the items is: (1) as close as possible to the original content; (2) adapted for use in the Polish cultural context; and, (3) consistent with the conceptual characteristics of the LPFS.

The LPFS-SR items designed to capture varying levels of impairment are weighted according to their relative severity within the LPFS conceptualization. As the DSM-5 LPFS Level 0 indicators imply “little or no impairment” whereas all other indicators imply some impairment, the items on the LPFS-SR are weighted as follows: *Level 0* items are weighted -0.5 ; *Level 1* items (“some impairment”) are weighted $+0.5$; *Level 2* items (“moderate impairment”) are weighted $+1.5$; *Level 3* items (“severe impairment”) are weighted $+2.5$; and *Level 4* items (“extreme impairment”) are weighted $+3.5$. Results for the LPFS-SR total score and identity, self-direction, intimacy, and empathy component scores are presented. All analyses reported were conducted using weighted item scores.

Level of Personality Functioning Scale-Brief Form 2.0 (LPFS-BF 2.0). The LPFS-BF 2.0 [13, Polish adaptation: 17] is a very brief 12-item self-report instrument to globally assess the LPF as described in Section III of the DSM-5 [1]. The LPFS-BF 2.0 is composed of two subscales measuring features corresponding to self – and in-

terpersonal impairment of personality functioning. Participants are asked to rate the 12 items on a 4-point Likert scale from 1 (*completely untrue*) to 4 (*completely true*). The LPFS-BF 2.0 has been found to show good psychometric properties.

Personality Inventory for DSM-5 (PID-5). The PID-5 [7, Polish adaptation: 8] is a 220-item self-report measure designed to assess 25 pathological trait-facets across five trait-domains according to the AMPD (Criterion B) DSM-5 [1]. The five broad trait domains are negative affect, detachment, antagonism, disinhibition, and psychoticism. Items are rated on a 4-point Likert scale from 0 (*very false or often false*) to 3 (*very true or often true*). Besides five trait-domains, the total PID-5 sum score was used (a proxy for severity of personality dysfunction). The PID-5 has been found to show good psychometric properties.

Personality Inventory for ICD-11 (PiCD). The PiCD [18, Polish adaptation: 19] is a 60-item self-report measure capturing five broad personality domains of the ICD-11 PD model [11]. The five broad trait domains are negative affectivity, detachment, dis-sociality, disinhibition, and anankastia. Each domain contains 12 items rated on a 5-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*). The PiCD has been found to show good psychometric properties.

Big Five Inventory-2 (BFI-2). The BFI-2 [20] is a 60-item self-report measure designed to assess the Big Five personality traits, that is: neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness as well as their 15 facets (which were not used in this study). Each trait-domain contains 12 items rated on a 5-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*). The BFI-2 has been found to show adequate psychometric properties, also in Polish samples [21].

Results

Means, standard deviations, reliability estimates, and intercorrelations between LPFS-SR components are presented in Table 1 and Table 2, respectively. All component score intercorrelations were high (all exceeded 0.53). The first and second eigenvalues from a principal components analysis of the four component scores were 2.80 and 0.54, respectively. The single component accounted for 70.0% of the variance. These results corroborate the notion that a strong general factor underlies the LPFS-SR subscales.

The reliability estimates for the LPFS-SR total score and for identity, self-direction, intimacy, and empathy components were adequate and comparable with estimates obtained by Morey [2], with a minor exception for empathy component scores.

Table 1. Descriptive statistics and reliability estimates of the LPFS-SR

	M	SD	Cronbach's α	McDonald's ω
LPFS-SR total	223.23	47.35	0.93	0.93
Identity	74.95	19.35	0.86	0.86
Self-direction	49.40	13.99	0.86	0.86
Empathy	37.89	8.91	0.67	0.70
Intimacy	61.00	13.60	0.76	0.76

Regarding validity analyses (see Table 2), the LPFS-SR showed conceptually sound associations with related measures of personality functioning. The LPFS-SR total and (most) subscale scores correlated strongly with the index of global PD severity (PID-5) and personality impairment indexed by the LPFS-BF 2.0. With regard to the other criterion measures, identity was shown to be more related to traits involving negative affectivity (PID-5 and PiCD) and psychoticism (all r s > 0.50); and self-direction to be more strongly related to traits involving, besides negative affectivity, detachment (PID-5), psychoticism (PID-5), and as expected disinhibition (PiCD). Self-direction was also related to low conscientiousness ($r = -0.36$). In terms of interpersonal forms of personality dysfunction, empathy showed to be more related to antagonism/dissociality, and within Big Five traits to low agreeableness ($r = -0.33$). Intimacy showed to be more related to traits involving negative affectivity and detachment.

Table 2. Correlations of the LPFS-SR with criterion measures

	LPFS-SR total	Identity	Self-Direction	Empathy	Intimacy
LPFS-SR total	—				
Identity (LPFS-SR)	0.91	—			
Self-direction (LPFS-SR)	0.86	0.74	—		
Empathy (LPFS-SR)	0.74	0.53	0.54	—	
Intimacy (LPFS-SR)	0.83	0.64	0.56	0.59	—
Age	-0.03	-0.17	-0.04	0.16	0.09
LPFS-BF 2.0 total	0.75	0.75	0.69	0.46	0.53
Self-functioning (LPFS-BF 2.0)	0.66	0.73	0.63	0.29	0.43
Interpersonal functioning (LPFS-BF 2.0)	0.64	0.56	0.56	0.54	0.50
Global severity of PD ¹	0.72	0.70	0.63	0.55	0.51

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Negative Affect (PID-5)	0.73	0.75	0.62	0.43	0.57
Detachment (PID-5)	0.63	0.56	0.58	0.44	0.51
Antagonism (PID-5)	0.47	0.41	0.35	0.50	0.35
Disinhibition (PID-5)	0.25	0.27	0.32	0.18	0.04
Psychoticism (PID-5)	0.58	0.60	0.48	0.45	0.37
Negative Affectivity (PiCD)	0.59	0.65	0.47	0.27	0.48
Detachment (PiCD)	0.37	0.26	0.36	0.31	0.35
Dissociality (PiCD)	0.35	0.26	0.23	0.48	0.29
Disinhibition (PiCD)	0.45	0.46	0.48	0.29	0.24
Anankastia (PiCD)	0.15	0.09	-0.01	0.16	0.28
Neuroticism (BFI-2)	0.52	0.57	0.45	0.23	0.38
Extraversion (BFI-2)	-0.28	-0.26	-0.30	-0.10	-0.21
Openness (BFI-2)	-0.12	-0.04	-0.17	-0.09	-0.11
Agreeableness (BFI-2)	-0.29	-0.25	-0.22	-0.33	-0.23
Conscientiousness (BFI-2)	-0.33	-0.37	-0.36	-0.23	-0.09

Note. LPFS-SR – Level of Personality Functioning Scale-Self Report; LPFS-BF 2.0 – Level of Personality Functioning Scale-Brief Form 2.0; PID-5 – Personality Inventory for DSM-5; PiCD – Personality Inventory for ICD-11; BFI-2 – Big Five Inventory-2. Correlations greater than $|0.12|$ are significant at $p < 0.05$ (two-tailed).

¹ the total PID-5 sum score.

Finally, to evaluate the overlap between the pathological personality trait-domains (Criterion B) measured by the PID-5 and the impairment components (Criterion A) measured by the LPFS-SR, we conducted a set of regression analyses (Table 3). Each Criterion A component was regressed onto the five DSM-5 Section III traits. The traits accounted for 33% to 61% of the variance in Criterion A components indexed by the LPFS-SR, with a mean adjusted R^2 of 0.44. Negative affect and detachment were significantly and uniquely related to most of the Criterion A components. Negative affect was related to identity, self-direction, and intimacy, accounting for the largest part of the variance in those components. Detachment was related to self-direction, empathy, and intimacy. Antagonism was significantly and uniquely related to empathy and intimacy, whereas disinhibition, conversely, was significantly and uniquely related to identity and self-direction. Psychoticism was significantly and uniquely related to identity only.

Table 3. **Regression analyses: Variance accounted for in LPFS-SR by the DSM-5 trait-domains**

	LPFS Criterion A components and total severity indexed by the LPFS-SR				
	Identity	Self-direction	Empathy	Intimacy	LPFS-SR total
	β	β	β	β	β
Negative Affect	0.63***	0.41***	0.01	0.36***	0.49***
Detachment	0.01	0.26***	0.26***	0.23**	0.20**
Antagonism	-0.08	-0.07	0.37***	0.16*	0.06
Disinhibition	0.14**	0.25***	-0.05	-0.10	0.09*
Psychoticism	0.22***	0.05	0.11	-0.03	0.12*
Adjusted R^2	0.61	0.48	0.33	0.35	0.59

Note. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Discussion

Under the alternative model of PD developed for DSM-5, Criterion A refers to the impairment in personality functioning and can be assessed based on an expert rating using the LPFS [1, pp. 775–778]. The LPFS is based on the assumption that the shared features of all PDs involve disturbances in self (identity and self-direction) and interpersonal (empathy and intimacy) functioning. This study sought to provide a psychometric evaluation of the Polish adaptation of the self-report counterpart of the LPFS enabling assessment of general impairment, together with a detailed assessment of distinguished components of personality functioning.

The LPFS-SR [2] is a freely available instrument (available from the authors upon request) that corresponds thoroughly to the content and scoring of the DSM-5 LPFS (i.e., Criterion A) [1]. In the current study, the LPFS-SR was characterized by good reliability estimates and demonstrated conceptually sound associations with the PD severity index and related measures of personality functioning. All the LPFS-SR components manifested at least partial distinction from maladaptive personality traits (i.e., Criterion B in the AMPD), suggesting that LPFS-SR provides additional information captured by the LPFS (Criterion A) relative to the maladaptive traits. Our data also further support that identity, self-direction, intimacy, and empathy components of the LPFS-SR can be characterized by a single, global factor, consistent with the assumption that DSM-5 Criterion A LPF is a relatively homogeneous construct.

The LPFS-SR total and subscale scores manifested (mostly) theoretically relevant associations with criterion variables, including global severity of PD (PID-5) and

personality impairment indexed by the LPFS-BF 2.0. Moreover, with regard to the other criterion measures, identity was shown to be more related to traits involving negative affectivity and psychoticism; and self-direction to be more strongly related to traits involving negative affectivity, detachment (PID-5), psychoticism (PID-5), and disinhibition (PiCD). In terms of interpersonal forms of personality dysfunction, empathy showed to be more related to antagonism/dissociality. Intimacy showed to be more related to traits involving negative affectivity and detachment.

Notably, the LPFS-SF showed a less clear pattern of correlations with personality traits derived from the DSM-5 (PID-5) than with the traits of the ICD-11 PD model measured by the PiCD. This was anticipated based on the reports of problematic discriminant validity shown by the PID-5 [7, 8; for a meta-analysis, see 22, 23]. The disrupted correlational links were seen especially in relation to the three most problematic trait-domains of PID-5, that is, negative affect, detachment, and disinhibition. Furthermore, in terms of validity, given the LPFS embraces a broad personality functioning continuum, it is worth noting that the LPFS-SR total and subscale scores showed meaningful links with the Big Five personality domains, e.g., identity was most strongly related to neuroticism, self-direction was most strongly related to low conscientiousness, and empathy was most strongly related to low agreeableness. Although the links achieved mostly medium effect sizes, this is to be expected and conceptually justified for the convergence with the normal personality traits.

In discussing the results on the validity, it should also be noted that the LPFS-SR showed theoretically consistent relationships with the questionnaire that measures similar constructs – LPFS-BF 2.0. As expected, while empathy and intimacy components showed stronger correlations with the Interpersonal functioning scale (LPFS-BF 2.0) than with the Self-functioning scale of the LPFS-BF 2.0, identity and self-direction showed stronger associations with the Self-functioning scale (LPFS-BF 2.0) than with the Interpersonal functioning scale of the LPFS-BF 2.0. However, identity and self-direction also had moderately high correlations with the Interpersonal functioning scale of the LPFS-BF 2.0 (0.56 and 0.56, respectively). These correlations, although relatively high, still remained lower than those (expected and significantly higher) correlations with the Self-functioning scale (LPFS-BF 2.0); in both cases, for identity and self-direction (0.73 and 0.63, respectively).

In this regard, it is also noteworthy to mention that the interpersonal component of the LPFS is not to be seen as strictly separate and independent but as depicting a representation of self in relation to others. Both aspects are strongly related and mutually interlaced [1, p. 772; see also 24]. Therefore, no strict distinction in the correlation patterns for those components should be expected.

Finally, to provide additional evidence on the validity of the LPFS-SR, we also evaluated the level of overlap between the pathological personality trait-domains

(Criterion B) measured by the PID-5 and the impairment in personality functioning (Criterion A) measured by the LPFS-SR. Analyses showed the traits accounted for 33% to 61% of the variance in Criterion A components indexed by the LPFS-SR, suggesting these components manifest at least partial distinction from maladaptive personality traits (i.e., Criterion B in the AMPD). Our findings thus contribute to the ongoing debate regarding the assumptions underlying the AMPD, and mostly Criterion A [see 3]. Nonetheless, because the conceptual distinctions between personality functioning and traits seem to be quite blurred [3, 10, 14-16], more research is needed to more thoroughly evaluate the psychometric distinctiveness of these constructs (i.e., incremental validity). Decisively, the conceptual issues in terms of the core of personality pathology and proper methods for diagnosing maladaptive personality functioning urge an important empirical question and deserve more attention from researchers in the PD field than they have received so far, especially to provide a firm conceptual basis for distinguishing personality pathology from other forms of mental health problems.

While in the DSM-5 AMPD Criterion B maladaptive traits provide important descriptive indicators to manifestations of personality pathology, the determination of maladaptive LPF (Criterion A) is conditional to the diagnosis of personality disorder. This study provides support for the validity of the Polish adaptation of the LPFS-SR [2] as an operationalization of the construct of impairment in personality functioning described in the DSM-5 AMPD [1]. The LPFS-SR was designed to provide point-by-point assessments of each specific indicator provided in the AMPD LPFS, where each indicator is intended to mirror problems present at a particular level of dysfunction. Our data support the LPFS-SR as a reliable and valid marker of personality pathology severity that correlates significantly with a wide range of personality functioning indices. It offers a useful, freely available tool for assessing core deficits in self and interpersonal functioning to use both in clinical practice and research.

Recognizing the limitations of this study, future studies should verify the validity of the LPFS-SF more specifically in comparison with results obtained by the original DSM-5 LPFS as well as further corroborate the construct validity of the LPFS-SR using other criterion measures along with informant-reported and/or interview-rated data. Finally, it is important to replicate the results in clinical samples.

References

1. American Psychiatric Association. *Diagnostic and statistical manual of mental disorders – 5th edition*. Washington, D.C.: APA; 2013.
2. Morey LC. *Development and initial evaluation of a self-report form of the DSM-5 Level of Personality Functioning Scale*. *Psychol. Assess.* 2017; 29(10): 1302–1308.

3. Sharp C, Wall K. *DSM-5 Level of Personality Functioning: Refocusing personality disorder on what it means to be human*. *Annu. Rev. Clin. Psychol.* 2021; 17(1): 313–337.
4. Hopwood CJ, Muly AL, Waugh MH, editors. *The DSM-5 alternative model for personality disorders: Integrating multiple paradigms of personality assessment*. New York, NY: Routledge; 2019.
5. Bender DS, Morey LC, Skodol AE. *Toward a model for assessing level of personality functioning in DSM-5, part I: A review of theory and methods*. *J. Pers. Assess.* 2011; 93(4): 332–346.
6. Skodol AE, Clark LA, Bender DS, Krueger RF, Morey LC, Verheul R et al. *Proposed changes in personality and personality disorder assessment and diagnosis for DSM-5 Part I: Description and rationale*. *Personal. Disord.* 2011; 2(1): 4–22.
7. Krueger RF, Derringer J, Markon KE, Watson D, Skodol AE. *Initial construction of a maladaptive personality trait model and inventory for DSM-5*. *Psychol. Med.* 2012; 42(9): 1879–1890.
8. Rowiński T, Kowalska-Dąbrowska M, Strus W, Ciecuch J, Czuma I, Żechowski C et al. *Measurement of pathological personality traits according to the DSM-5: A Polish adaptation of the PID-5. Part II – empirical results*. *Psychiatr. Pol.* 2019; 53(1): 23–48.
9. Hopwood CJ, Good EW, Morey LC. *Validity of the DSM-5 Levels of Personality Functioning Scale-Self Report*. *J. Pers. Assess.* 2018; 100(6): 650–659.
10. Morey LC. *Thoughts on the assessment of the DSM-5 alternative model for personality disorders: Comment on Sleep et al. (2019)*. *Psychol. Assess.* 2019; 31(10): 1192–1199.
11. World Health Organization. *ICD-11, the 11th Revision of the International Classification of Diseases*. Available from: <https://icd.who.int/en> [cited 2021 Jul 20]
12. Widiger TA, McCabe GA. *The Alternative Model of Personality Disorders (AMPD) from the perspective of the Five-Factor Model*. *Psychopathology* 2020; 53(3–4): 149–156.
13. Weekers LC, Hutsebaut J, Kamphuis JH. *The Level of Personality Functioning Scale – Brief Form 2.0: Update of a brief instrument for assessing level of personality functioning*. *Personal. Ment. Health.* 2019; 13(1): 3–14.
14. Widiger TA, Bach B, Chmielewski M, Clark LA, DeYoung C, Hopwood CJ et al. *Criterion A of the AMPD in HiTOP*. *J. Pers. Assess.* 2019; 101(4): 345–355.
15. Zimmermann J, Böhnke JR, Eschstruth R, Mathews A, Wenzel K, Leising D. *The latent structure of personality functioning: Investigating criterion A from the alternative model for personality disorders in DSM-5*. *J. Abnorm. Psychol.* 2015; 124(3): 532–548.
16. Zimmermann J, Kerber A, Rek K, Hopwood CJ, Krueger RF. *A brief but comprehensive review of research on the Alternative DSM-5 Model for Personality Disorders*. *Curr. Psychiatry Rep.* 2019; 21(9): 92.
17. Łakuta P, Ciecuch J, Strus W, Hutsebaut J. *Level of Personality Functioning Scale-Brief Form 2.0: Validity and reliability of the Polish adaptation*. Accepted for publication, *Psych. Pol.* 2022.
18. Oltmanns JR, Widiger TA. *A self-report measure for the ICD-11 dimensional trait model proposal: The personality inventory for ICD-11*. *Psychol. Assess.* 2018; 30(2): 154–169.
19. Ciecuch J, Łakuta P, Strus W, Oltmanns JR, Widiger T. *Assessment of personality disorder in the ICD-11 diagnostic system: Polish validation of the Personality Inventory for ICD-11*. *Psychiatr. Pol.* 2021; 247(Online first), 1–18.

20. Soto CJ, John OP. *The next Big Five Inventory (BFI-2): Developing and assessing a hierarchical model with 15 facets to enhance bandwidth, fidelity, and predictive power*. J. Pers. Soc. Psychol. 2017; 113(1): 117–143.
21. Kłosowski M, Ciecuch J, Strus W. *The Polish adaptation of the Five-Factor Obsessive-Compulsive Inventory – Short Form (FFOCI-SF): A preliminary study*. Health Psychol. Rep. 2019; 7(2): 165–75.
22. Watters CA, Bagby RM. *A meta-analysis of the five-factor internal structure of the Personality Inventory for DSM-5*. Psychol. Assess. 2018; 30(9) :1255–1260.
23. Watters CA, Bagby RM, Sellbom M. *Meta-analysis to derive an empirically based set of personality facet criteria for the alternative DSM-5 model for personality disorders*. Personal. Disord. 2019; 10(2): 97–104.
24. Buer Christensen T, Eikenaes I, Hummelen B, Pedersen G, Nysæter T-E, Bender DS et al. *Level of personality functioning as a predictor of psychosocial functioning – Concurrent validity of criterion A*. Personal. Disord. 2020; 11(2): 79–90.

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