ABSTRACT

Increasing dissatisfaction with categorical personality disorder (PD) diagnoses has led to the development of dimensional PD frameworks, which have gained influence in recent years. Although most studies contrasting the dimensional and categorical frameworks focus on issues related to construct validity, there is a burgeoning literature evaluating the clinical utility of these two approaches, with studies typically contrasting clinicians’ ratings of various dimensions of clinical and dimensional PD models across case vignettes or actual patients. This study used meta-analytic techniques to synthesize extant findings in this area, integrating data from 11 studies (103 total effect sizes, N of raters = 2033) wherein clinical utility ratings of categorical and dimensional PD frameworks were compared. Dimensional models in general, and the Five-Factor Model in particular, received more positive clinical utility ratings than categorical PD models in the majority of clinical utility domains. Stronger results were obtained for ratings of actual patients than ratings derived from case vignettes. Implications of these findings for the conceptualization and diagnosis of personality pathology are discussed, and suggestions for future research in this area are offered.

METHOD AND ANALYSES

To gather published studies for potential inclusion, an extensive database search was performed in late 2018 using ProQuest, PsyNets (including Psychinfo), and EBSCOHost (including Medline). Results of each statistical test used by researchers to analyze the difference in clinical utility (e.g., f, t, Χ²) were transformed into the standardized difference score (d) (Table 1). In addition to the effect size, a Combined Z was calculated for each effect size.

Two strategies were employed to address issues of publication bias (Fail-safe N, Rosenthal 1979, 1991; funnel plot analyses with Egger’s regression tests of funnel plot asymmetry, Egger et al., 1997). All analyses were conducted using the corrected data set.

Meta-analytic techniques were used to synthesize results from 11 studies (103 total effect sizes, N of raters = 2033) wherein clinical utility ratings of categorical and dimensional PD frameworks were compared. Two additional variables (type of dimensional model, condition) were extracted from the data to examine whether these variables were related to the magnitude and direction of the difference in clinical utility ratings.

RESULTS

Dimensional frameworks in general (Table 2), and the Five-Factor Model in particular (Table 3), received more positive clinical utility ratings than categorical PD frameworks in the majority of clinical utility domains. Additionally, stronger results were obtained for ratings of actual patients than ratings derived from case vignettes (Table 4).

DISCUSSION

The present results indicate that dimensional PD models are rated more positively than categorical PD models with respect to most areas of clinical utility. These results dovetail with recent findings contrasting the categorical and dimensional frameworks on various indices of construct validity and psychometric rigor, which also favor the dimensional approach (see, e.g., Gore & Widiger, 2015; Hopwood et al., 2018).

Future research should continue to examine the clinical utility of dimensional models in different sample settings, given present findings, those studies may find it beneficial to ask raters to consider actual patients rather than fictitious cases.

A primary limitation of the present investigation was the modest number of studies available for inclusion in the meta-analysis. On the positive side, however, these 11 studies involved more than 2,000 independent clinician-raters, and yielded a sizable number of categorical-dimensional comparisons.

As research examining the clinical utility of dimensional and categorical PD models evolves, several other unanswered questions should be addressed (e.g., obtain ratings from other types of health care professionals, examine domains of clinical utility related to issues such as risk management, competency, parent fitness, and other areas outside traditional clinical settings). Moving forward, it will be important to document the clinical utility of categorical and dimensional models in vivo, extending the results of analogue studies to inpatient and outpatient settings. It is important to demonstrate whether clinicians evaluate categorical and dimensional models differently when thinking about past or present patients; it is also important to show that one model actually leads to better treatment outcomes when applied (see Bornstein, 2019, for a detailed discussion of this issue, and suggestions for implementing studies in this area).