

## Abstracts

**5<sup>th</sup> ISSPD European Congress on Personality Disorders**  
**in conjunction with the**  
**3<sup>rd</sup> International Congress of Theory and Therapy of Personality Disorders**

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Munich  
*Department of Psychiatry*  
*Ludwig Maximilian University*

Personality Disorders: Neurobiology and Psychotherapy

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## IV. POSTERS

**Friday: 4.30 p.m. – 6.00 p.m.**

**Chair: Sabine Herpertz and Martin Bohus**

### **The ADP-IV Questionnaire: Reliability, validity and clinical utility (1)**

**De Doncker, D., Schotte, C. and Cosyns, P.**

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This poster depicts the state of affairs concerning the ADP-IV Questionnaire.

1. Description: The ADP-IV is a self-report instrument, which aims at the diagnosis of DSM-IV Axis II personality disorders. The questionnaire has a unique structure by allowing for each DSM-IV criterion to assess the trait as well as the impairment and distress, associated with or caused by the traits. Therefore, for each personality disorder criterion the ADP-IV assesses firstly the self-judged typicality of the criterion by means of a 7-point Trait scale; the distress and suffering of the subject or his/her environment is subsequently assessed with a 3-point Distress scale. This structure allows a dimensional diagnostic evaluation as well as a traditional categorical DSM-IV diagnosis, which is based on the use of scoring algorithms - i.e. combinations of cut off-scores for the ADP-IV Trait and Distress items.

2. Psychometric characteristics: The research findings on the psychometric properties of the ADP-IV will be summarized. These data show adequate parameters of reliability (i.e. internal consistency, test-retest reliability and temporal stability) and lend support to the construct validity of the questionnaire (i.e. factor structure, differential and concurrent validity with other self report instruments and with the semi-structured interview method). Moreover, new data concerning the investigation of the relationship between the personality disorders and the Perceived Stress construct (Cohen et al., 1983) will be presented.

3. Psychotherapeutic value: In addition to the diagnostic purposes, the ADP-IV information at the item/criterion level also offers psychotherapeutic possibilities. The method proposed is based on a classification of the items in idiosyncratic meaningful and significant domains by means of a content analysis of the criteria. This method can generate therapeutic perspectives and can also be used to offer a constructive feedback of the descriptive diagnostic evaluation to the client.

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Cohen, Kamarck T, Mermelstein R. A Global Measure of Perceived Stress. *Journal of health and social behavior*. 1983; 24: 385–96.

### **Die Bedeutung von Persönlichkeitsstörungen für den Therapieverlauf einer ambulanten Alkoholentwöhnungstherapie (2)**

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**1. Hintergrund und Fragestellung:** Obgleich Persönlichkeitsstörungen (PS) häufig als komorbide Störung bei alkoholabhängigen Patienten auftreten [1-4], wird deren Bedeutung für den Therapie- und Krankheitsverlauf kontrovers diskutiert [5-10]. Es werden erste Ergebnisse einer klinischen und katamnестischen Studie zur Effizienz einer hochstrukturierten ambulanten Entwöhnungstherapie bei alkoholabhängigen Patienten berichtet, wobei speziell der Einfluss einer komorbiden Persönlichkeitsstörung auf Rückfallrate und Abbruchquote wegen Rückfälligkeit dargestellt wird.

**2. Methodik:** In die prospektiv angelegte Studie wurden 102 alkoholabhängige Patienten eingeschlossen, die eine ambulante Entwöhnungstherapie begannen. Als Untersuchungsinstrumente wurden der Dokumentationsstandard der DG Sucht [11] und zur Erfassung von Persönlichkeitsstörungen der SCID-II nach DSM-IV [12] eingesetzt.

**3. Ergebnisse:** Das untersuchte Patientenkollektiv setzte sich aus 60 % männlichen und 40 % weiblichen Patienten zusammen. Das Durchschnittsalter lag bei 45 ( $\pm 8$ ) Jahren. Von den 102 in die Studie aufgenommenen Patienten beendeten 28 Patienten die aktuelle Therapie irregulär. Dabei erfolgte bei 18 Patienten der Therapieabbruch wegen Rückfälligkeit. In der Gesamtstichprobe ereignete sich bei 32 Patienten während der Therapie ein Alkoholrückfall, 70 Patienten waren während der gesamten Therapie glaubhaft abstinent. Hinsichtlich der Komorbidität mit einer Achse-II-Störung konnten wir folgende Unterschiede finden:

(1) Patienten, die während der Therapie rückfällig mit Alkohol wurden hatten signifikant häufiger eine negativistische PS und tendenziell häufiger eine borderline und antisoziale PS. Rückfällige Patienten wiesen eine höhere durchschnittliche Anzahl von PS auf. Weiterhin zeigte sich, dass bei rückfälligen Patienten häufiger eine hohe Anzahl von PS (>3 PS) zu diagnostizieren war. Ein spezifischer Zusammenhang zwischen Rückfälligkeit im Therapieverlauf und Persönlichkeitscluster zeigte sich darin, dass Patienten mit Rückfälligkeit tendenziell häufiger eine Cluster B Störung aufwiesen.

(2) Patienten, die rückfallbedingt die Therapie abbrachen, hatten häufiger eine negativistische, histrionische und narzisstische PS, dagegen konnte bei Patienten mit regulärem Therapieende häufiger eine zwanghafte PS diagnostiziert werden und PS aus dem Cluster A. Dabei zeigten sich keine signifikanten Unterschiede.

**4. Diskussion:** Insgesamt schlossen 72 % der Patienten die hochstrukturierte psychotherapeutische Alkoholismusbehandlung erfolgreich ab. Bezüglich des Einflusses von Persönlichkeitsstörungen auf den Therapieerfolg fand sich, dass bei rückfälligen Patienten und Therapieabbrechern im Vergleich zu Patienten mit regulärem Therapieverlauf zwar Unterschiede in der Häufigkeit von Persönlichkeitsstörungen vorlagen, diese Unterschiede erreichten jedoch bis auf Unterschiede bezüglich der Komorbidität mit einer negativistischen PS keine statistische Signifikanz. Wir gehen davon aus, dass die Bedeutung einer komorbiden PS auf den Therapieverlauf bislang möglicherweise überschätzt wurde. Die Befunde können hypothesengenerierend dahin wirken, dass auch Patienten mit einer komorbiden Persönlichkeitsstörung erfolgreich in hochstrukturierte ambulante Therapien integriert werden können.

*Hinweis:* Diese Untersuchung wurde gefördert durch die Bundesversicherungsanstalt für Angestellte (BfA, Berlin).

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## **Impulsivity and aggression as predictors of suicide attempts in alcoholics**

(3)

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**Introduction:** The aim of this study is to assess the potential role of impulsive and aggressive behavior in the pathogenesis of suicide attempts in alcoholics. Impulsive and aggressive behavior as well as a psychiatric comorbidity with depressive conditions and personality disorders have been reported to be significant risk factors for suicide attempts in alcoholics. We hypothesize that alcoholics with a history of violent suicide attempts show an increased level of impulsive and aggressive behavior. Furthermore, the potential influence of concurrent personality disorders and depressive conditions were assessed.

**Material and methods:** 182 detoxified alcohol-dependent subjects were enrolled into the study. Impulsive and aggressive traits were assessed using the Buss-Durkee Hostility Inventory and the Brown-Goodwin Assessment for Lifetime History of Aggression, personality disorders using the SCID II. Characteristics of alcohol dependence and suicide attempts were evaluated using the Semi-Structured Assessment on Genetics in Alcoholism (SSAGA).

**Results:** Alcohol-dependent subjects with a history of suicidal behavior show a profile with higher impulsive and aggressive behavior. No significant association between these traits and concurrent borderline and antisocial personality disorder was found. Subjects with suicide attempts tended to have a significantly higher rate of depressive disorders.

**Discussion:** These results suggest that impulsive and aggressive traits might contribute significantly to the risk of suicide attempts in alcoholics.

## **DSM-IV Personality Disorders in Somatoform Pain Patients\* (4)**

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**Background:** Research on Personality Disorders (PDs) in chronic pain patients yielded inhomogenous results. Estimates for prevalences range from 14% to 64%. In most of the studies, an exact definition of the population studied is missing. Additionally, different diagnostic instruments in different settings were utilized. The prevalence of PDs in somatoform pain patients is sparsely examined. There are only two studies investigating this issue: Ekselius et al. (1997) used a self-report questionnaire for diagnosing PDs. Prevalence rate for any PD was 25%. Polatin et al. (1993) found a prevalence rate of 51% using a structured interview.

**Objective:** To investigate the prevalence rates of the DSM-IV PDs in somatoform pain patients. To examine differences between different levels in the diagnostic process, i.e. screening questionnaire and PD diagnosis. To demonstrate the clinical impact of a PD diagnosis in these patients.

**Method:** N = 100 patients were diagnosed as having persistent somatoform pain disorder, ICD-10 F45.4 (resp. DSM-IV „Pain Disorder Associated With Psychological Factors“, 307.80) were interviewed with the SCID-II (German version). PDs were diagnosed according to the criteria specified in DSM-IV. The mean age was 44,7 years, 65% were female. Beforehand, Axis-I Disorders were assessed in a structured Interview (SCID-I).

**Results:** Based on patient's self-report, in the SCID-II-Screening Questionnaire the majority of patients (70) exceeded the cut-off score for at least one PD. More than half of the Patients (51) scored positive on the screening for Obsessive-Compulsive PD.

Clinicians ratings according to DSM-IV diagnostic rules revealed 17 patients who met the criteria for any DSM-IV PD Diagnosis. 3 of these patients met the criteria for two PDs, no one for more than two. Cluster-C-Disorders („anxious-fearful“) prevail. There are no gender differences in PD diagnosis.

Comparing patients with and without PD, reveals no differences in pain related disability (measured with the Pain Disability Index, PDI), and no differences regarding the pain intensity (measured with visual analogue scales).

Quality of life was measured with the Short-Form-36. Concerning the physical component both groups are affected to a similar degree. In the mental component patients with PD are more disabled than patients without PD.

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## **Normal personality and personality disorders: Categorical or dimensional?**

**(5)**

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The issue whether the DSM-IV personality disorders (PDs) should be conceived as categorical or dimensional is a topic of in-depth discussion. In a previous study, we developed a psychometric modeling framework, based on the principles of Item Response Theory, in order to test different meanings of categorical and dimensional. The framework was tested as to the comparison between the borderline, histrionic, and antisocial PDs, using trait judgments from clinicians, with the traits referring to the diagnostic criteria of the corresponding PDs as defined in the DSM-IV. The results revealed mixed qualitative/quantitative between-group differences for the borderline and histrionic traits and purely qualitative between-group differences for the antisocial traits.

The present study is an extension of the previous research. Our first objective is to compare a group of 120 normal subjects (from a nonclinical sample) and a group, matched on gender, age, and educational level, of 120 patients (from an inpatient sample) with a borderline PD diagnosis. The psychometric modeling framework of the previous study will be used again in the present study. A second objective is to investigate whether the results do generalize to self-report judgments and judgments from informants.

The outline of the present study will be described, with the borderline traits as a reference to be compared with traits formulated in a normal variant. Also, we will describe the principles of a self-report inventory we developed, that can be applied to normal subjects and subjects with a PD, as most inventories do not seem to be appropriate for measuring normal personality and PD traits through the same instrument.

## **Temperament and character dimensions related to suicidal ideation (6)**

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Cloninger's psychobiological model of personality accounts for normal and pathological variation along four temperament and three character dimensions. These variations are measured by means of the Temperament and Character Inventory (TCI) of Cloninger et al. (1994). The Dutch abbreviated adaptation (TCI-105) of the TCI of Duijsens et al. (1999) with 105 self-report items has psychometric properties that seem to be equivalent with those of the extensive TCI.

The present study was part of a large study on risk factors of suicidal ideation among university students. The TCI-105 was administered to 1069 undergraduate psychology students at a university in Flanders (Belgium). The relationship between the TCI-105 as a measure of personality and the Suicidal Ideation Scale of Rudd (1989) as a measure of suicidal ideation, was investigated. Also, the associations of the TCI with instruments measuring locus of control, perfectionism, depression, and hopelessness, were explored.

The results revealed a strong relationship between most variables and the character dimension 'self-directedness' and the temperament dimension 'harm avoidance'. Suicidal ideation, depression, hopelessness, and external locus of control correlated highly negatively with self-directedness and highly positively with harm avoidance. As to perfectionism, a different pattern was found with highly positive and negative correlations with the temperaments 'persistence' and 'novelty seeking', respectively.

## **SELECTION OF PATIENTS SUFFERING FROM PERSONALITY DISORDERS FOR GROUP PSYCHOTHERAPY (7)**

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**Introduction:** Personality Disorder (PD) have complex and weak diagnostic patterns, with a short compliance to the treatment and frequent drop-out phenomena, so it is difficult to define and programme a "possible" way of therapy, which can face the individual sufferings and discomforts. The presence, in these disorders of problems that concern the social area and inner and interpersonal relationship, are important element which have led us to propose Group Psychotherapy (1).

**Materials and Methods:** The selection of the sample, object of study, started in September 2001, and it has been made taking into consideration in and out patients of the Clinica Psichiatrica of "Umberto I" Hospital, Ancona.

At the beginning, 13 patients were selected (8 males and 5 females) between the age of 26 and 40. The diagnosis in Axis I was carried out according to a diagnostic criteria of DSM VI and that in the Axis II through the administration of SCID-II 2.0 (Structured Clinical Interview for DSM VI, version 2.0).

Ten patients were under pharmacological treatment, eight were admitted at least once in the last two years.

With reference to the literature data and through the monthly supervisions, we have established the following criteria of exclusion: high persecution, inflexibility and/or stereotyped function of the thought, serious obsessive traits and “impaired mental grasp”.

#### **Results**

By applying these criteria, we excluded 7 patients (5 males and 2 females), aged between 25 and 38, among which 6 had a higher secondary school education and 1 had a lower secondary school education, only 2 were married. Every one of them had been diagnosed in Axis I (Schizophreniform Disorder, Major Depressive Episode, Brief Psychotic Disorder, 4 Anxiety Disorders) and presented in Axis II: Obsessive Compulsive PD (OCPD), Paranoid and Avoidant PD (PPD and APD), Avoidant PD (APD), 2 Narcissistic PD (NPD), Paranoid, Depressive and Dependent Traits, Borderline Traits.

The patients were under pharmacological treatment and only 2 were out-patients. During preliminary meetings, there were 2 drop outs.

All things considered has been formed a group of 6 members (3 males and 3 females), aged between 26 and 40, personal characteristics prevailing in the “dramatic” cluster, fair socialization. With reference to the diagnosis in Axis I, the heterogeneity present in the first sample was maintained (1 Alcohol Dependence, 2 Anxiety Disorders, 1 Bipolar Disorder, 1 Schizophreniform Disorder, 1 Eating Disorder); the diagnoses present in Axis II were: Borderline PD (BPD) and OCPD, Depressive PD with Borderline and Obsessive traits, NPD with Borderline and Histrionic traits, Oppositive PD (OPD) with Obsessive traits, OPD and APD, BPD and Histrionic PD (HPD) with Narcissistic traits.

The educational level was above average (3 patients with a higher secondary school education, 1 with a lower secondary school education and 2 university graduates); each one had a working occupation. In reference to sentimental relationships, 3 were married, but they all manifested a certain degree of interpersonal conflicts.

Before starting the Group Psychotherapy, 4 individual warming interviews have been carried out.

The Psychotherapy will take place at the department of the Clinica Psichiatrica and it will carry on by a therapist with the presence of a participant observer. The interviews will be weekly with a length of 90 minutes.

#### **Conclusions**

The excluded patients, basically presented these characteristics: excessive inflexibility, significant obsessiveness, persecution traits and inaccurate insight.

We chose a group heterogeneous for diagnosis in Axis I and in Axis II, age, education, registry status and also for the gravity of the psycho-pathologic table.

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## **Personality Characteristics in PD inpatients: Aggression, Impulsiveness and Suicidal Behaviours (8)**

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**Introduction:** Recent literature has shown that impulsive and aggressive aspects, with their own genetic and environmental components, play an important role in the determination of suicidal behaviours (1,2). Moreover, the diagnosis of Personality Disorder (PD) (above all BPD) could lead to the risk of self-destructive behaviour about 38 times superior compared to the general population; such a risk could increase if a comorbidity with Axis I disorders were present.

**Methods:** The sample of our research was made up by inpatients at the Psychiatric Clinic and the SPDC of “Umberto I” Hospital in Ancona, with continuous admissions from September 2000. The inpatients underwent 3 tests that included: SCID II 2.0, BIS – 11(Barratt Impulsiveness Scale) and AQ (Aggression Questionnaire). The

exclusion criteria were : age ( <18 or > 65 years); I.Q. (<75); low academic level; presence of Cognitive Disorders or Psychosis (DSM IV). Inpatients were subdivided into 3 clusters: 1) PD (PD); 2) PD with suicidal behaviours (PD+ SB); 3) Control Group (CG).

**Results:** The number of subjects included in this work was 105 (male 32,4%, female 67,6%), mostly married (52,4 %), unemployed (23,8%) and employed (21,9%). The CG mainly included Mood and Anxiety disorders of Axis I diagnoses ( 50% and 27,8%). In clusters PD and PD+SB, most subjects manifested a comorbidity with Mood disorders (43,8% and 17,4% respectively), Anxiety disorders (25% and 8,7%) and Drug Abuse (15,6% and 26%). Borderline Personality disorder was the most represented diagnosis of Axis II (54%). Drug intoxication was the most frequent self-destructive action in cluster PD+SB (60,9%) and in 64,3% of the cases, it was carried out by BPD subjects in comorbidity with Mood Disorders (14,3%) and Drug Abuse (21,4%).

**Conclusions:** Our findings show that in cluster PD+SB, there were considerably more cases related to aggression and impulsiveness and the differences were statistically significant among the 3 clusters, also with reference to the subtotals (factors of II order of AQ and BIS-II). These findings are confirmed in literature (3) and they underline the importance of BPD , comorbidity and of aggression- impulsiveness behaviours like factors of risk of self-destructive actions.

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## **A study of quality of life in outpatients with personality disorders (9)**

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Very few studies have examined the quality of life for patients with personality disorders, but indicate reduced levels. Such studies of patients with anxiety disorders and depression have not considered comorbid personality disorders, and compare the measurement of those found in a normal population. In addition, we also wanted to study the influence of comorbid axis I disorders on the QoL in PD, and the change of QoL over a two-year period in PD patients. 130 patients were included and 87 (66.9 %) of them had PD as diagnosed by the IPDE, and they constituted the PD group. Sixty one (70.1 %) of these patients also had at least one comorbid axis-I disorder as diagnosed by MINI. Forty-three (33.1 %) patients had only axis I disorders. Among these patients 72 (82.6 %) of those with PD delivered complete SF-36 forms at baseline and 36 (83.7 %) of those in the axis I group delivered such forms. Significantly lower scores were found in the PD patients compared to the axis I and control group.

## **DIMENSIONS OF PERSONALITY IN SUBJECTS WITH PROBLEMATIC INTERNET USE (10)**

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**OBJECTIVE:** To study the prevalence of “subjects at risk” and “subjects with pathological internet use” in a sample of on-line users. To analyze the dimensions of personality that characterize this sample and its relationship with the use of the web (chat, forum, gambling, internet shopping, internet sex...)

**METHOD:** Men and women who connected to the web page “adictosainternet.com” during a period of three

months (July-September 2001). Subjects answered the screening questionnaire about the internet use (adapted from the one developed by Young) and questions related to other problematic behaviors and the use of other substances. Personality was assessed by the Inventory of Temperament and Character Inventory revised (TCI-R). RESULTS: The total sample was 2573. The prevalence of subjects at risk was 38.7% and the one of subjects with pathological internet use was 8.8%. 71.4% of the sample were men. A 78% of the sample were younger than 35 years old. The subjects with problematic internet use who completed the TCI-R were 200. These subjects scored low in Self-directedness and Cooperativeness compared with normative data in Spanish general population. In the temperament dimensions, they scored high in Novelty seeking and low in Reward Dependence. CONCLUSIONS: Problematic internet use is associated with a greater risk of personality disorder. In addition, these subjects are prone to be impulsive and aloof.

## **Comparative validity of EQ-I and MMPI-2 scales with regard to psychopathology in a non-clinical sample (11)**

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In recent years Emotional Intelligence (EI) has become a popular topic of interest and many scientific articles have been published on this subject. The aim of our study was to examine some aspects of the validity of one measure of EI, namely the Bar-On Emotional Quotient Inventory (EQ-i). One of our hypotheses was that if the EQ-i is a good measure of EI, this should be apparent in the relationship between EQ-i scores and degree of psychopathology, as measured by the MMPI-2.

This hypothesis was tested in a Flemish, non-clinical sample: for 439 subjects EQ-i and MMPI-2 profiles were collected, as well as demographic variables.

With regard to emotional well-being, concurrent validity between the EQ-i and the MMPI-2 indicated that people high on EI experience fewer behavioural and personality problems than people low on EI. Similarly our results revealed a linear decline in psychopathology as EI increases. On the whole we obtained good results regarding the concurrent validity between the EQ-I and the MMPI-2 and thus provided some support for the validity of the Bar-On EQ-i in a Flemish sample. However, these observations were made in a non-clinical sample. In future research it would be interesting to look at EI in clinical settings (e.g. the link between EI and different clinical syndromes or personality disorders) and to study the impact of EI in relation to treatment and to prediction of treatment outcome.

## **Cloninger's Temperament and Character Inventory: Psychometric properties and Spanish normative data (12)**

**Camen Bayón Pérez, Jose Alfonso Gutiérrez-Zotes, Fernando Fernández Aranda,  
Carmen Monserrat, J, Valero Oyarzabal.**

Objective: The psychometric properties of the Spanish version of Cloninger's Temperament and Character Inventory revised were examined on a representative sample of 438 adults.

Method: Internal consistency and factor structure were studied.

Results: A moderate to high internal consistency for all the dimensions of personality was found. Further, the Spanish new version of the TCI had a reliable factor structure. There were differences in the scores on Novelty seeking and Harm avoidance with age. In addition, women scored higher on Reward dependence, Harm Avoidance and Cooperativeness.

Conclusion: The revised Spanish version of the TCI has shown to be as good as the old version of the TCI, though Persistence dimension shows better internal consistency. The results of this study confirm the theory of a seven factor model of personality.

## **Predicating DSM-IV Personality Disorders with the Five Model of Personality (13)**

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It has been proposed that the personality disorders in the fourth edition of the Diagnostic and Statistical Manual (DSM-IV) can be captured adequately by extreme scores on “normal” dimensions of personality such as those represented by the “Big Five” or the Five-Factor Model of Personality (FFM). In this study the capacity of the FFM personality traits to predict DSM-IV, Axis II disorders was examined with a sample of 115 psychiatric patients referred to an assessment service. A series of regression analysis, revealed that the five broad FFM domain traits and/or the 30 lower order facet traits, which compose the domain traits, as measured by the revised NEO Personality Inventory (NEO PI-R), predicted significantly symptom counts for all ten DSM Axis II disorders, as measured by the Structured Clinical Interview for DSM-IV Personality Disorders Questionnaire (SCID-II/P), with  $R^2$  values ranging from 0.18 ( $p < 0.01$ ) to 0.60 ( $p < 0.001$ ). The average  $R^2$  across the ten personality disorders was .42 and all five domains or facets of the FFM contributed significantly to the prediction of at least one of the disorders. The mean T scores for the significantly predicting domain and facet scores deviated significantly from the normative sample. These results suggest that personality disorder pathology can be capture by the traits of the FFM and that personality psychopathology can be represented as extreme scores on normal dimensional traits.

## **Effects of personality disorders on treatment outcome in obsessive-compulsive disorders (14)**

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Objective: Advances in cognitive behavior therapy have resulted in successful treatment strategies for obsessive compulsive disorder (OCD). Nevertheless, a substantial portion of patients respond poorly to treatment. Recent research gives evidence for a negative impact of comorbid personality disorders on treatment outcome. In the majority of these studies treatment involves standardized behavior therapy (predominantly exposure and response prevention). Little is known about the effects of a more individualized and multimodal treatment. For the present study, it was investigated whether personality disorders (assessed either in a categorical or dimensional fashion) have a negative impact on treatment outcome in a comprehensive cognitive behavior therapy, that focuses on OCD symptoms as well as on dysfunctional personality traits.

Methods: Fifty-five patients were investigated prior to a cognitive-behavioral inpatient treatment and before discharge. Obsessive-compulsive symptoms were measured with the Yale-Brown Obsessive Compulsive Scale (Y-BOCS). Personality disorders were assessed according to DSM- IV with the International Diagnoses Checklist for Personality Disorder (IDCL-P) and the Inventory of Clinical Personality Accentuations (ICP). Additionally, patients were administered a series of self-report psychological tests to measure psychological and psychiatric impairment (e.g. depression, anxiety, social skill deficits).

Results: The majority of patients showed significant improvement after treatment. Categorical personality disorder variables did not affect treatment outcome in OCD patients. On a dimensional level, patients with

dissociative and anxious personality traits respond poorer to treatment. Schizotypal and passiv-aggressive traits were negatively associated with outcome on a trend level. Histrionic traits were positively related to outcome. Conclusion: The present study gives evidence that patients with OCD and comorbid personality disorders could benefit from an individualized cognitive behavior treatment approach as well as OCD-patients without personality disorders. Some personality traits were associated with poorer outcome highlighting the need for additional psychotherapeutic efforts in these at-risk patients.

## PERSONALITY DISORDERS AND TEMPORARY OCCUPATIONAL DISABILITY (15)

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**Department of Psychiatry and Clinical Psychology of IBERMUTUAMUR (Madrid, Spain)**

**Objective:** In this study we explore prevalence of personality disorders among persons in temporary occupational disability.

**Methods:** A personality inventory (MCMI-II) was administered in a sample of 100 outpatients in temporary occupational disability associated with a episode of psychiatric disorder, who were assessed in the Department of Psychiatry and Clinical Psychology of Ibermutuamur.

**Results:** A high rate of subjects obtained a score higher than cutpoint in a personality disorder subscale. The more frequent personality disorders we found, were dependent, schizoid, avoidant and obsessive-compulsive personality disorders.

**Conclusions:** Comorbid personality disorders are highly prevalent among persons in a long temporary occupational disability period. Some pathological personality traits (dependent, schizoid, avoidant and obsessive-compulsive) seems to be closely associated with a higher risk of enter in a long episode of temporary occupational disability related with psychiatric illness.

## Cultural and moral factors in the management of aggressiveness of OCDP (16)

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**Introduction:** Through their adaptation peculiarities and function in social and professional roles, obsessive-compulsive disorder personalities (OCDP), do seem to offer a well defined model of study of aggressiveness.

**Material and Method:** The behavior of a group of 28 OCDP patients was analyzed clinically and psychometrically, starting from cultural and moral characteristics of present-day Romanian society, which can determine both obvious and hidden expressions of aggressiveness including autoaggressive behaviors. In their treatment, we resorted to rehabilitation methods with origins in the cultural and moral traditions of the patient's communities.

**Results:** Specific cultural and moral factors which characterize the present-day Romanian society can facilitate the sublimation of aggressiveness to its socially-accepted form provided that these factors are known and attached to the therapeutic approach. The cultural and moral environment can therefore enhance, diminish or underline aggressive manifestations in a society, which, lacking the obsessive personality's rigor, tends to fulfill them.

## Psychopathy and Acting Out (17)

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Abstract fehlt

## Orientierungsrahmen für Interdisziplinarität in den Humanwissenschaften (18)

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Der Bezugsrahmen für jene Disziplinen, deren Gegenstand Leistungen des Nervensystems sind, erschließt sich, wenn anhand des Rasters der Vier **Grundfragen** der biologischen Forschung (Phylogenese, Anpassungswert, Ontogenese, Verursachungen) gefragt wird und gleichzeitig die **Bezugsebenen** (z.B. Zelle, Organ, Individuum, Gruppe) berücksichtigt werden, auf die sich die Fragen richten. Dieser "bio-psycho-soziale" Rahmen ist Grundlage für die Entwicklung eines fächerverbindenden Konsens: Er ist Ausgangspunkt für eine Systematik jener Disziplinen, sowie Grundlage für eine konsistente Vernetzung und Strukturierung ihrer Ergebnisse.

## Selbstkonzept und subjektive Arbeits- und Lebenszufriedenheit bei Vertretern verschiedener Therapieschulen – ein Vergleich (19)

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In den letzten Jahren haben sich auch in Sachsen verschiedene psychotherapeutische Richtungen etabliert. Ziel dieses Pilotprojektes war es, Vertreter der zwei Therapieschulen Tiefenpsychologie und Verhaltenstherapie bezüglich ihres Selbstkonzeptes und ihrer subjektiven Arbeits- und Lebenszufriedenheit zu befragen. Es wurden insgesamt 139 psychotherapeutisch arbeitende Kolleginnen und Kollegen angeschrieben und um die Bearbeitung zweier standardisierter Messmittel (PSSI, Kuhl & Kazen, 1997; AVEM, Schaarschmidt & Fischer, 1995) gebeten. Im Ergebnis zeigte sich, dass sich zwischen den beiden Therapieschulen keine signifikanten Unterschiede im Selbstkonzept und in der Arbeits- und Lebenszufriedenheit abbilden ließen. Signifikante Unterschiede zeigten sich jedoch in Abhängigkeit vom Berufsalter über beide Therapierichtungen in den Variablen Verausgabungsbereitschaft, Offensive Problembewältigung und Distanzierungsfähigkeit.