Reliability
Validity
Utility

Categorical
Dimensional
Motivational
Approaches

PERSONALITY DISORDERS IN INTELLECTUAL DISABILITY

Treatment
Approaches

Treatment
Outcomes
& Services

The Interface
with ASD

29th October 2021

RADiANT CPD SEMINAR SERIES ON PERSONALITY DISORDER IN INTELLECTUAL DISABILITY (1/6)

Delivered on Microsoft Teams. Free to attend.
Attendees need to pre-register by contacting v.chester@nhs.net

THEME:

1:00pm: Welcome from Session Chair
Prof Regi Alexander, Consultant Psychiatrist, Hertfordshire Partnership University NHS Foundation Trust (HPFT) & Convenor of the RADiANT network

1:05pm: Personality disorders (PD) in Intellectual Disability (ID): Diagnostic reliability, validity and clinical utility, Categorical, dimensional and motivational models (30 minutes)
Prof Regi Alexander, University of Hertfordshire & Consultant Psychiatrist, Hertfordshire Partnership University NHS Foundation Trust

1:35pm: Developmental Trauma in the Intellectual Disability Population (30 minutes)
Dr Deborah Morris, Consultant Clinical Psychologist and Academic Psychologist Lead, St Andrew's Healthcare

2:05pm: Relational aspects when working with people with ID & PD (30 minutes)
Dr Rachel Holt, Consultant Clinical Psychologist & Responsible Clinician, Hertfordshire Partnership University NHS Foundation Trust

2:35pm: Panel discussion
Facilitated by Prof Regi Alexander with the speakers

3:00pm: Session Close
Prof Regi Alexander

PERSONALITY DISORDERS AND INTELLECTUAL DISABILITY:

Regi Alexander

Visiting Professor, University of Hertfordshire & Convenor, RADiANT
Consultant Psychiatrist, Hertfordshire Partnership NHS Foundation Trust
President, Intellectual Disability Section, Royal Society of Medicine
Associate Dean, Royal College of Psychiatrists

Prof Bill Lindsay

Prof Sab Bhaumik OBE

Oxford Textbook of the
Psychiatry of Intellectual Disability

OXFORD TEXTBOOKS IN PSYCHIATRY

Oxford Textbook of the
Psychiatry of Intellectual Disability

Intellectual Disability (ID) describes a lifelong condition of heterogeneous aetiology, associated with the impairment of intellectual functioning (IQ < 70), significant impairment of adaptive skills, and onset before the age of 18 years. People with ID experience significant physical and mental health problems, such as associated sensory/motor impairments and epilepsy, some of which are contributed to by underlying primary causes. Psychiatric problems are also three times more common in people with ID in comparison to the general population.

The psychiatry of ID is a core part of training to be a psychiatrist, yet there are limited resources on this topic aimed at both trainees and practising clinicians alike. The *Oxford Textbook of the Psychiatry of Intellectual Disability* bridges this gap by providing up-to-date evidence-based content on the assessment, diagnosis, and management of psychiatry in people with ID.

Featuring 28 chapters written by international experts in the field, the *Oxford Textbook of the Psychiatry of Intellectual Disability* presents fresh global insight and coverage of the subject. Chapters cover key topics from the developmental aspects of ID, mental disorders in childhood, and behaviour phenotypes, through to physical health, dementia and other disorders associated with ageing.

Each chapter provides trustworthy evidence and a wealth of practical advice for clinical situations, including case studies in community and hospital settings, and multiple-choice questions for self-evaluation and consolidation of knowledge.

Part of the authoritative *Oxford Textbooks in Psychiatry* series, this comprehensive resource is suitable for psychiatric trainees, qualified psychiatrists, general practitioners, and professionals from other disciplines working in mental health.

ALSO PUBLISHED BY OXFORD UNIVERSITY PRESS

Oxford Textbook of Inpatient Psychiatry
Edited by Alvaro Barrera, Caroline Attard, Rob Chaplin

Oxford Textbook of Attention Deficit Hyperactivity Disorder
Edited by Tobias Banaschewski, David Coghill, Alessandro Zuddas

Oxford Textbook of Correctional Psychiatry
Edited by Robert Trestman, Kenneth Appelbaum, Jeffrey Metzner

Oxford Textbook of Public Mental Health
Edited by Dinesh Bhugra, Kamaldeep Bhui, Samuel Y. S. Wong, Stephen E. Gilman

Cover image: Egyptian Abstract, created by Lee Parker, an artist who attends Artbox London, an art studio for adults with learning disabilities and autism. The views and facilities represented in the style of Klimt here.

Bhaumik
Alexander

CONTENT AVAILABLE AT OXFORDMEDICINE.COM

The Wiley Handbook on
What Works for Offenders with Intellectual and Developmental Disabilities

An Evidence-Based Approach to Theory, Assessment, and Treatment

Edited by
William R. Lindsay
Leam A. Craig
Dorothy Griffiths

WILEY Blackwell

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fpg

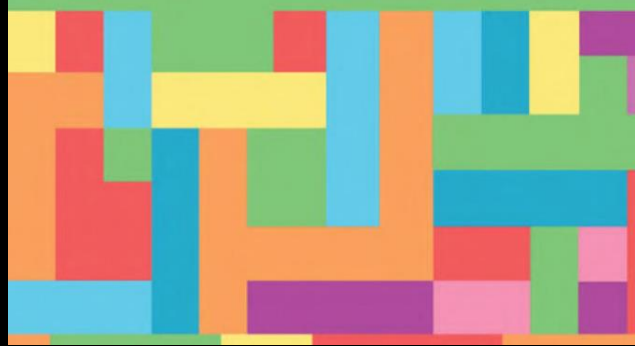The **Frith Prescribing Guidelines** for **People with Intellectual Disability**

Edited by:
Sabyasachi Bhaumik | David Branford
Mary Barrett | Satheesh Kumar Gangadharan

WILEY Blackwell

Edited by
William R. Lindsay and John L. Taylor

THE WILEY HANDBOOK ON
Offenders with Intellectual and Developmental Disabilities
Research, Training, and Practice

WILEY Blackwell

RCPSYCH Royal College of Psychiatrists

College Seminars Series

Seminars in the Psychiatry of Intellectual Disability

Edited by Mark Scheepers and Mike Kerr

THIRD EDITION

THIRD EDITION

Psychiatric and Behavioural Disorders in Intellectual and Developmental Disabilities

EDITED BY Colin Hemmings and Nick Bouras

The International Personality Disorder Examination

The World Health Organization/Alcohol, Drug Abuse, and Mental Health Administration International Pilot Study of Personality Disorders

Armand W. Loranger, PhD; Norman Sartorius, MD, PhD; Antonio Andreoli, MD; Peter Berger, MD; Peter Buchheim, MD; S. M. Channabasavanna, MD; Bina Coid, PhD; Alv Dahl, MD; Rene F. W. Diekstra, PhD; Brian Ferguson, MD; Lawrence B. Jacobsberg, MD, PhD; W. Mombour, MD; Charles Pull, MD; Yutaka Ono, MD; Darrel A. Regier, MD

Background: One of the aims of the World Health Organization/Alcohol, Drug Abuse, and Mental Health Administration joint program on psychiatric diagnosis and classification is the development and standardization of diagnostic assessment instruments for use in clinical research worldwide. The International Personality Disorder Examination (IPDE) is a semistructured clinical interview compatible with the *International Classification of Diseases, Tenth Revision*, and the *DMS-III-R* classification systems. This is the first report of the results of a field trial to investigate the feasibility of using the IPDE to assess personality disorders worldwide.

Methods: The IPDE was administered by 58 psychiatrists and clinical psychologists to 716 patients enrolled in clinical facilities at 14 participating centers in 11 countries in North America, Europe, Africa, and Asia. To de-termine interrater reliability, 141 of the IPDEs (20%) were independently rated by a silent observer. To determine temporal stability, 243 patients (34%) were reexamined after an average interval of 6 months.

Results: The IPDE proved acceptable to clinicians and demonstrated an interrater reliability and temporal stability roughly similar to instruments used to diagnose the psychoses, mood, anxiety, and substance use disorders.

Conclusion: It is possible to assess personality disorders with reasonably good reliability in different nations, languages, and cultures using a semistructured clinical interview that experienced clinicians find relevant, meaningful, and user-friendly.

(Arch Gen Psychiatry. 1994;51:215-224)

Earlier studies gave wide ranging figures

... too wide ranging for meaningful conclusions

Diagnosis of personality disorders in learning disability*

REGI ALEXANDER and SHERVA COORAY

Background Though contentious, the diagnosis of personality disorders in persons with learning disability is clinically relevant because it affects many aspects of management.

Aims To examine published literature on the diagnosis of personality disorders in learning disability.

Method Selective review with computerised (Medline, Embase and Psych Info) and manual literature searches.

Results The variation in the co-occurrence of personality disorder in learning disability, with prevalence ranging

The diagnosis of personality disorders is fraught with methodological, clinical and ethical controversies (Tyrer *et al*, 1993). Although these difficulties are more evident in the context of learning disability, their diagnosis is still significant because it may affect the patient's acceptance into community placements (Reid & Ballinger, 1987), predict subsequent psychiatric disorders (Goldberg *et al*, 1995), determine the rate of referrals to psychiatric services (Khan *et al*, 1997) and significantly influence the mode of management (Hurley & Sovner, 1995; Mavromatis, 2000; Wilson, 2001). This selective review will examine published literature on the diagnosis of personality disorders in learning disability.

Prevalence studies - Community

Study	Rate
Deb & Hunter (1991)	< 1%
Gostasson (1987)	3%
Jacobson (1990)	5.06% and 3.9%
Bouras & Drummond (1993)	6.9%
Naik et al (2002)	7%
Bouras et al (2003)	7%
Corbett (1979)	25.4%
Eaton & Menolascino (1982)	27%
Khan et al (1997)	31%
Reiss (1990)	25 to 45%
Goldberg (1995)	91%

Prevalence studies – Hospital

Study	Rate
Reid & Ballinger (1987)	22%
Deb & Hunter (1991)	36%
Day (1985)	50.5% & 35.7%
Goldberg (1995)	57%
Alexander et al (2002)	58%
Flynn et al (2002)	92%

- ❖ **Avoid the full range of ID**
- ❖ **Avoid the full range of PD**
- ❖ **Higher age cut off**
- ❖ **Informant information**
- ❖ **Careful examination of exclusion criteria**

- Mild LD
- 21 years as the cut off age (DC-LD)

Paranoid, Schizoid, Schizotypal	Paranoid, Schizoid
Antisocial, Borderline, Histrionic, Narcissistic	Dissocial, Emotionally unstable, Histrionic
Avoidant, Dependent Obsessive compulsive	Anxious, Dependent Anankastic

Prevalence figures:
Community LD teams: around 7%
Forensic services: around 50%

Validity of the diagnosis of personality disorder in adults with learning disability and severe behavioural problems

Preliminary study

ANDREW FLYNN, HELEN MATTHEWS and SHEILA HOLLINS

Background Personality disorder in people with learning disability has received little research attention, with only a handful of cross-sectional surveys of prevalence available. As yet, there have been no studies to include an examination of validity.

Aims To investigate the prevalence of personality disorder in adults with learning disability who are in specialist challenging behaviour in-patient services and to

In contrast to other psychiatric diagnoses in adults with learning disabilities, personality disorder has received little attention. A small number of cross-sectional surveys of prevalence have established the reliability of the Standardised Assessment of Personality (SAP; Pilgrim *et al*, 1990) for adults with learning disability and found high rates of the diagnosis in hospital and community settings (Ballinger & Reid, 1987; Khan *et al*, 1997). However, although the diagnostic criteria can be applied reliably, their validity in terms of aetiology, prognosis and treatment response has not been

satisfactory interrater reliability when used with people with learning disabilities in an institutional setting. It is administered by a trained interviewer to an informant who has at least 5 years of acquaintance with the participant. The interview generates ICD–10 (World Health Organization, 1992) diagnoses of personality disorder. The guidance recommends that where more than one category can be assigned, the 'most disabling' should be rated alone. However, because of the preliminary nature of this study and the desire to avoid unnecessary subjectivity, in cases where multiple diagnoses were made, each was accorded equal rank.

Case notes were reviewed by the principal investigator (A.F.) for clinical diagnoses and histories of childhood abuse or neglect. Although this judgement was largely subjective, instances had to be associated with a child protection response by social services. These reviews were carried out blind to the results of SAP ratings.

Diagnosis of PD increased the odds for re-conviction

Long-term outcome from a medium secure service for people with intellectual disability

R.T. Alexander,[1] K. Crouch,[2] S. Halstead[3] & J. Piachaud[4]

1 St John's House Hospital, Norfolk & Honorary Clinical Fellow, University of Leicester, Leicester, UK
2 Eric Shepherd Unit, Herts, UK
3 Care Principles & Honorary Senior Lecturer, St Georges Medical School, London, UK
4 Imperial College School of Medicine & Eric Shepherd Unit, Herts, UK

More similarities than differences between the two groups

Personality disorders in offenders with intellectual disability: a comparison of clinical, forensic and outcome variables and implications for service provision

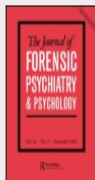R. T. Alexander,[1] F. N. Green,[2] B. O'Mahony,[3] I. J. Gunaratna,[1] S. K. Gangadharan[1] & S. Hoare[1]

1 Psychiatry, PIC LD Services, St John's House, Norfolk, UK
2 Nursing, St John's House, Norfolk, UK
3 Psychology, St John's House, Norfolk, UK

Pre treatment variables: closer to the PD group

Post treatment outcomes: closer to the LD group

Submit an article   Journal homepage

Research Articles

Patients with personality disorders and intellectual disability – closer to personality disorders or intellectual disability? A three-way comparison

Regi T. Alexander ✉, Verity Chester, Nicola S. Gray & Robert J. Snowden

66 Download citation   🔗 https://doi.org/10.1080/14789949.2012.694462

📄 Full Article   🖼 Figures & data   📑 References   66 Citations   📊 Metrics   🖨 Reprints & Permissions   Get access

Clinical utility ....

❖ **influences the ability to place someone in the community (Ballinger & Reid '87)**

❖ **predicts future psychiatric morbidity (Goldberg '95)**

❖ **predicts rate of referrals (Khan 1997)**

❖ **influences the mode of management (Wilson 2001)**

❖ **Predicts outcome of patients discharged from forensic settings (Alexander et al 2006, 2011, 2012, 2015)**

Approaches to diagnosis

TEMPERAMENT   CHARACTER   INTELLIGENCE

WHAT IS PERSONALITY?

THINKING   FEELING   DOING

Categorical

❖ **Major diagnostic systems (ICD and DSM) based PD diagnosis on categorical disorders.**

❖ **DSM 5, nine PD diagnoses in three clusters were proposed:**

❖ **1: Paranoid PD, Schizoid PD, Schizotypal PD**

❖ **2: Antisocial PD, Borderline PD, Histrionic PD, Narcissistic PD**

❖ **3: Avoidant PD, Dependent PD, Obsessive Compulsive PD.**

Cons:

❖ **Categories of PD are almost always "fuzzy" around the edges with no precise distinction between abnormal and normal personality traits.**

- Mild LD
- 21 years as the cut off age (DC-LD)

Paranoid, Schizoid, Schizotypal	Paranoid, Schizoid
Antisocial, Borderline, Histrionic, Narcissistic	Dissocial, Emotionally unstable, Histrionic
Avoidant, Dependent Obsessive compulsive	Anxious, Dependent Anankastic

Dimensional

NEUROTICISM (N)

OPENNNESS (O)

EXTROVERSION (E)

THE FIVE FACTOR MODEL

AGREEABLENESS

THE NEO
PERSONALITY
INVENTORY

CONSCIENTIOUSNESS

Motivational

Zigler & colleagues, Yale

❖ Repeated failure experiences in people with ID changes their problem solving style.

❖ This leads to avoidance of normal, challenging tasks.

❖ They expect to fail and look to others for cues.

5 personality traits that differentiate people with ID

1. Positive reaction tendency *(heightened motivation to interact with and be dependent upon a supportive adult)*

2. Negative reaction tendency *(initial wariness when dealing with adults who are strangers)*

3. Outerdirectedness *(a tendency to look to others for cues to solutions of difficult or ambiguous tasks).*

5 personality traits that differentiate people with ID

4. Expectancy of success *(the degree to which one expects to succeed when presented with a novel task)*

5. Efficacy motivation *(pleasure derived from tackling and solving difficult problems)*

Problems in making the diagnosis

Can we make it more reliable

Validity and clinical utility

TO RECAP

Categorical Approaches (DSM/ ICD)

Dimensional

Zigler's motivational model

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