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Prototypes and Dimensions: Relations between the Shedler-Westen Assessment Procedure (SWAP-200) and the Personality Psychopathology Five (PSY-5) Maladaptive Personality Traits

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Abstract

In psychological assessment, employing a multi-method, multi-informant, and multi-conceptual approach is recommended (Bornstein, 2017). To enrich our understanding in evidence-guided composition of assessment instruments that encompass all these aspects, this study investigates the convergent validity of the SWAP-200 Personality Syndromes (PS) and Trait Dimensions (TD) scales with the MMPI-2-RF PSY-5-r scales, as well as the impact of divergent respondent types on process-focused validity in a clinical sample (n= 52). The study reveals several significant correlations between the SWAP-200 PS scales and MMPI-2-RF PSY-5-r scales that align with conceptual expectations, indicating convergent validity. While significant correlations were observed between TD and PSY-5-r scales, some of these deviated from expectations, most probably due to sample composition and respondent type. In all, results support previous research on the overlap between SWAP-200 scales and trait dimension measures, underscore the usage of both maladaptive dimensional traits (MMPI-2-RF PSY-5-r) and prototypes of personality functioning (SWAP-200 PS), and emphasize their utility as part of a multi-faceted approach in psychological assessment.
Key words: SWAP-200, MMPI-2-RF, PSY-5-r, personality, psychological assessment.

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Novelty and Significance

What is already known about the topic?

- The SWAP-200 systematizes clinician derived information into empirically derived prototypes, offering a dimensional approach to personality assessment.
- The SWAP-200 has high inter-rater reliability and test-retest reliability.
- The SWAP-200 Personality Disorder scales align well with the NEO-PI-R.

What this paper adds?

- This paper examines the associations between SWAP-200 personality prototypes and maladaptive personality traits measured by self-report (PSY-5-r).
- The results highlight the importance of including both self-reports and clinical observations to enhance the accuracy and depth of personality evaluations.
- The study provides insight into the process-focused validity of the SWAP-200, emphasizing the value of considering different informant perspectives in clinical practice.

Psychological assessment is the process of combining test-derived information from multiple assessment methods, and understanding this information in the context of an individual's life experiences and behavioral patterns (Eyde, Robertson, & Krug, 2010). Balanced and responsible assessment transcends the act of psychological testing (aimed at obtaining a single or series of scores) and -in its ideal form- uses multiple

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methods, multiple informants and multiple conceptual models (Hopwood & Bornstein, 2014; Bornstein, 2017). For example, one would perform a semi-structured interview along with a self-report questionnaire (multi-method), interview an informant that knows the patient well (multi-informant) and conceptualize results in the context of leading trait models and functional domains (multi-conceptual). In this investigation, we study associations between clinically obtained prototypes of personality functioning and maladaptive personality traits from self-report. Additionally, we address the influence of procedural aspects, more specifically the influence of the divergent respondent types (informant-report versus self-report).

Assessment instruments usually entail one or more of the necessary ingredients for qualitative psychological assessment (methods, informants and conceptual models). For example, self-report measures are commonly based on trait models, such as the Five Factor Model (FFM; Costa & McCrae, 1992), and maladaptive trait models like the Personality Pathology-5 (PSY-5; Harkness, Finn, McNulty, & Shields, 2012). In the last decade research concerning the understanding and assessment of personality pathology has focused on validity and clinical usage of these dimensional trait models. Studies aimed at finding a common ground among these models and measures demonstrated that they can be integrated in an overarching five-factor structure (e.g., Stepp, Yu, Miller, Halquist, Trull, & Pilkonis, 2012). Many studies have contributed to the robustness of these trait models (e.g., Anderson *et alii*, 2012; Widiger & Crego, 2019). The clinical utility of trait models has been well established in terms of the applicability by means of self-report questionnaires (Stanton, Brown, Bucher, Balling & Samuel, 2019) and the prognostic value of personality traits in clinical practice (e.g., Waszczuk *et alii*, 2021). At the same time, dimensional trait models of personality are more complex to use in clinical practice (Grove & Vrieze, 2010) than categorical approaches (e.g., Zimmerman, 2021) or prototype matching (Westen, 2012). For example, clinicians may find it difficult to translate categorical classifications of personality into dimensions (Heltne, Bode, Hummelen, Falkum, Selvik, & Paap, 2022). For these reasons, clinicians sometimes prefer conceptualizing personality pathology in prototypes (Spitzer, First, Shedler, Westen, & Skodol, 2008).

Enriching psychological assessment is usually done by adding instruments that address different informants or procedures (e.g., stimulus-attribution like the Rorschach Inkblot method or the Thematic Apperception Test). A well-established instrument that is based on a different conceptual model and respondent type, is the Shedler-Westen Assessment Procedure (SWAP-200; Westen & Shedler, 1999a,b). The SWAP-200 aims to reliably process information obtained by clinicians (i.e., observations, biographical information, motivational themes) into empirically derived prototypes by systematizing clinical observations through completion of a comprehensive questionnaire (200 items) after a thorough clinical interview. Key elements of the SWAP are: theoretically neutral formulated items of functional domains of personality, the use of Q-sort scoring (fixed distribution) to minimize the influence of rater's bias, prototype-matching approach where all item-scores are used in the equation of scale scores and rich and clinically useful dimensional scales providing in-depth insight in the individuals' personality constellation (see Shedler, 2015 for a comprehensive overview). The SWAP calculates 37 diagnostic scales, divided into three domains: Personality Syndromes or prototypes (PS; Westen & Shedler, 1999a,b), developed through q-factor analysis where clusters of patients are identified rather than clusters of items as is done with traditional factor analysis; Trait Dimensions (TD; Shedler & Westen, 2004a), identified through traditional factor analysis;

DSM-5 Personality Disorders (PD; Shedler & Westen, 2004b) including all DSM-5 personality disorder criteria enriched with criteria derived from clinical practice. There are two versions of the instrument: SWAP-200 and SWAP-II, the first is the originally developed instrument, is most used in clinical practice and is until this day the most heavily researched, which is why this version will be the focus of current study.

Since current investigation focuses on comparison between trait dimensions and prototypes, the PS scales of the SWAP-200 are of special interest to our study. However, to the author's knowledge no comparisons were made for the PS scales in relation to trait dimensions. Research focused mainly on the PD scales, therefore the following section will address literature on the PD scales. PD scales have been compared to scales from a diverse range of instruments in multiple studies. For example, Mullins-Sweat and Widiger (2007) compared the SWAP-200 PD and TD scales to the Revised NEO Personality Inventory (NEO-PI-R; Costa & McCrae, 2008) scales and concluded that both SWAP-200 scales relate to the domains and facets of the NEO-PI-R in a meaningful way, consistent with FFM theory and previous research on this theory. These findings were compatible with a study by Shedler and Westen (2004a), where they used a restricted version of the SWAP-200 containing 60 items theoretically selected based on their expected compliance with FFM domains. An additional study by Mullins-Sweatt and Widiger (2008) suggested that the more inclusive SWAP-FFM scales (containing 186 SWAP-200 items) developed earlier by McCrea, Lockenhoff & Costa (2005) are a better fit with three out of five FFM scales (Neuroticism, Agreeableness and Openness).

In clinical practice, using the SWAP-200 in combination with a self-report measure of maladaptive personality traits provides for a multi-informant, multi-method and multi-conceptual approach to personality assessment. In this study we choose to compare the SWAP-200 PS scales with the personality pathology five (PSY-5-r) because these scales are designed to measure traits associated with the Five Factor Model of personality (Costa & McCrae, 1992). Another advantage of these scales is that they characterize normal and abnormal traits, which adds to clinical utility in assessing problematic personality.

Since this comparison entails multiple variables, namely different conceptual models and different informants, we will specifically discuss the possible influence of the latter on outcome measures. It is of additional interest to consider this in light of process-focused validity (Bornstein, 2011), which emphasizes the importance of the influence of process related variables, such as respondent types or emotional states of the respondent, along with differences in setting or types of administrators. Earlier studies also addressed this question (Gritti, Samuel & Lang, 2016; Bradley, Hilsenroth, Guarnaccia, & Westen, 2007; and Davidson, Obonsawin, Seils & Patience, 2003). We will elaborate on our results considering this issue.

Hence, the current investigation aims to provide insight in relations between these two instruments on group level by focusing on: a) convergent validity of the SWAP-200 PS and TD scales with PSY-5-r scales; and b) discussing the influence on process focused validity considering the divergent respondent types. Based on previous study results with the SWAP-200 PD scales, we hypothesize the following associations as provided in Table 1.

Method

Participants

Data of 52 participants was collected by 14 clinicians within three large mental health care institutions in the Netherlands: Vincent van Gogh Institute, Reinier van Arkel

Table 1. Hypothesized correlations between PSY-5-r and SWAP-200 scales.

PSY-5-r Scales	Personality Syndromes (SWAP-200) Positive	Personality Syndromes (SWAP-200) Negative	Trait Dimensions (SWAP-200) Positive	Trait Dimensions (SWAP-200) Negative
Aggressiveness	Paranoid Antisocial-psychopathic Dysregulated Histrionic Narcissistic Hostile-externalizing	Health High-functioning depressive Dependent-victimized Avoidant Schizoid-schizotypal Obsessional	Psychopathy Hostility Narcissism	Psychological health, Obsessionality Thought disorder
Psychoticism	Paranoid Schizoid-schizotypal Dysregulated	High-functioning depressive Health	Thought disorder Dissociation Schizoid orientation	
Disconstraint	Antisocial-psychopathic Hostile-externalizing Dysregulated Histrionic	Obsessional High-functioning depressive	Psychopathy Oedipal conflict Sexual conflict	Obsessionality Psychological health
Neuroticism	Dysphoric Obsessional High functioning depressive Dysregulated Avoidant Dependent-victimized		Dysphoria Emotional dysregulation	Psychological health, Narcissism
Introversion	Schizoid-schizotypal Avoidant Dependent-victimized Obsessional	Hostile-externalizing Antisocial-psychopathic Histrionic Narcissistic	Dysphoria Schizoid orientation Dissociation	Hostility Oedipal conflict Narcissism Psychological health

and Virenze. Social demographic information from 5 participants was missing. From the remaining 47 participants 55% self-identified as female. *Mean* age of the 47 participants was 32 years (*SD*= 14.2) and education level was 60% secondary or lower education and 40% graduates. The majority (53%) had received professional help somewhere between 2 to 10 years (27% between 2-5 years; 28% between 5-10 years). Existing patient files showed 32% was previously diagnosed with an anxiety disorder, 28% with a depressive disorder and 32% with a personality disorder. Avoidant Personality Disorder was most prevalent (15%), followed by Personality Disorder Not Otherwise Specified (13%), Borderline Personality Disorder (4%), and Dependent Personality Disorder (2%).

Clinicians were mostly female (86%) with a total *Mean* age of 29 years (*SD*= 4.2). Seven had one or multiple registrations according to the Dutch register of professions in individual health care (which stands for 3-7 years of postmaster clinical education). They accounted for 46% of the participant profiles used for this investigation. The remaining 7 were postmaster trainees with 1-3 years of supervised clinical experience. Preferred theoretical orientations of all clinicians were (including overlap): 14% psychodynamic, 93% cognitive behavioral, 21% interpersonal, 29% patient centered, and 43% neuropsychological.

Instruments and Measures

Shedler-Westen Assessment Procedure 200 (SWAP-200; Shedler, 2009). The SWAP-200 is a personality assessment instrument of 200 items scored by the clinician following a fixed distribution (Q-sort). The main elements are already described in the introduction. The psychometric qualities are well established, with an inter-rater reliability of r= .80 or higher (Westen & Shedler, 1999a; Marín Avellan, McGauley, Campbell, & Fonagy, 2005), test-retest reliability of *r*= .85-.90 (Blagov, Bi, Shedler, & Westen, 2012; Shedler, 2015) and a convergent validity of *r*= .70 or higher (Westen et alli, 2014). The SWAP-200 was translated by Egger, Van der Heijden, Derksen, & Kuipers (2012) according to procedures described by Brislin (1986), i.e., the forward-backward translation method. This version will from now on be referred to as SWAP-200-NL.

Clinical Diagnostic Interview (CDI; Westen & Muderrisoglu, 2003). To obtain all relevant information for scoring the SWAP-200 the Clinical Diagnostic Interview is recommended (CDI). The CDI is a systematic clinical interview which aims to encourage patients to tell about biographical information, their current situation and aspects of their personality to provide the clinician with necessary information to construct well-informed clinical observations. The interview takes up to two and a half hours which can be split into two or more sessions.

Maladaptive Personality Traits (PSY-5-r; Butcher, Dahlstrom, Graham, Tellegen & Kaemmer, 1989; Ben-Porath & Tellegen, 2008). The PSY-5-r scores were obtained from the MMPI-2 or MMPI-2-RF booklet. It has been empirically demonstrated that scores from both booklets are comparable (Tellegen & Ben-Porath, 2009; Van der Heijden, Egger & Derksen, 2010). De PSY-5-r scales contain 104 items. The PSY-5-r scales show high internal consistency (Cronbach's Alpha= .75 or higher; Harkness et alii, 2012; Harkness, McNulty, Finn, Reynolds, Shields, & Arbisi, 2014). Test-retest reliability lies between *r*= .80-.85 (Harkness *et alii*, 2014). The PSY-5-r scales have demonstrated sufficient stability over time (Langwerden, Van der Heijden, Egger, & Derksen, 2021).

Procedure

All participating clinicians received a three-hour training in which the use and background of the SWAP-200-NL was explained and they were trained in using the SWAP-200-NL scoring program and the CDI. Instructions included criteria for entering valid SWAP profiles, for example seeing their patient for a minimum of six therapy sessions or after using the CDI. The SWAP data was collected from patients in out-patient settings referred to either assessment or treatment for problems related to personality functioning. Standard assessment protocols of the specific institutions were followed with the only exception that the interviews were structured following the CDI. All data was collected online, completely anonymous. Support was offered by email, telephone or face-to-face contact. Clinicians completed a questionnaire for demographical information about their patients and consecutively scored the 200 SWAP items. The study was approved by the institutional review boards of the Reinier van Arkel group (LEERH/RvI/047971) and the Vincent van Gogh Institute (NvdK/f/13.032) and is carried out in accordance with the Declaration of Helsinki and the Guidelines for Good Clinical Practice established by the International Conference on Harmonisation (CPMP=ICH=135=95).

Data Analysis

SPSS 25 was used for data analysis. Correlations were calculated for the SWAP-200-NL PS and TD scales with PSY-5-r scales. According to Cohen (1988), correlations of *r*= .50-1.0 are considered high and correlations of *r*= .30-.49 are considered moderate, *r*= .10-.29 are considered low. Because of the large number of comparisons only correlations with $p < .01$ are interpreted.

RESULTS

Table 2 shows correlations between the Personality Syndromes of the SWAP-200-NL and the PSY-5-r scales. We found several expected significant correlations. For example: for Obsessional PS with Psychoticism (*r*=-0.29, $p < .05$) and Disconstraint (*r*= -0.43, $p < .01$), for Dysregulated PS with Neuroticism (*r*= 0.40, $p < .01$) and for Antisocial PS with Disconstraint (*r*= 0.36, $p < .01$). For the Antisocial PS, however, we also expected significant positive correlations with Aggressiveness.

Table 2. Pearson correlations between SWAP-200-NL Personality Syndrome scales and PSY-5-r scales.

Personality Syndromes (SWAP-200)	PSY-5-r scales				
	Aggressiveness	Psychoticism	Disconstraint	Neuroticism	Introversion
Dysphoric	.14	.07	.04	.34*	.33*
Antisocial-Psychopathic	.25	.23	.36**	.01	.12
Schizoid-Schizotypal	.18	.04	.20	.14	.30*
Paranoid	.10	.18	.10	.04	.20
Obsessional	-.40**	-.29*	-.43**	-.28*	.04
Histrionic	.15	.07	.05	.18	.22
Narcissistic	.12	.21	.16	.24	.12
Avoidant	.27	.15	.23	.09	.39**
High-Functioning Depr.	.23	.21	.12	.07	.03
Dysregulated	.17	.28*	.27	.40**	.18
Dependent-Victimized	.21	.03	.14	.38**	.03
Hostile-Externalizing	.02	.08	.16	.13	.04
Health	-.34*	-.32*	.26	.14	.02

Notes: *= p <.05; **= p <.01

It is also worth noting that some PS did not correlate significantly with any PSY-5-r scales, e.g. the High-functioning Depressive, Narcissistic and Histrionic PS.

Correlations between the SWAP-200-NL TD scales and PSY-5-r scales are shown in Table 3. Again, we can see several expected significant correlations. Such as Dysphoria TD with Introversion (r= 0.46, p <.01), Emotional dysregulation TD and Neuroticism (r= 0.45, p= .01), and for Psychopathy TD with Disconstraint, (r= 0.44, p <.001). Remarkably, Hostility TD did not significantly correlate with any of the PSY-5-r scales, even though conceptually overlapping with Aggressiveness and Disconstraint. Also, Thought Disorder TD did not correlate significantly with the conceptually similar scale Psychoticism.

Further inspection of the data identified outliers for the scales Narcissism, Thought Disorder, Shizoid orientation, Obsessionality and Sexual conflict. In Table 4 correlations with outliers removed are displayed. Meaningful differences can be seen for Thought disorder, which now only significantly correlated with Psychoticism. Also, Narcissism TD is now negatively correlated with Neuroticism instead of positively, although this result is not significant.

Table 3. Pearson correlations between SWAP-200 Trait Dimension scales and PSY-5-r scales.

Trait Dimensions (SWAP-200)	PSY-5-r scales				
	Aggressiveness	*Psychoticism*	*Disconstraint*	*Neuroticism*	*Introversion*
Psychological Health	.24	-.29*	.19	.15	.04
Psychopathy	.36**	.28*	.44**	.04	.17
Hostility	.16	.19	.25	.07	.18
Narcissism	.04	.13	.02	.27	.03
Emotional Dysregulation	.21	.20	.26	.45**	.11
Dysphoria	.16	.00	.00	.25	.46**
Schizoid Orientation	.08	.03	.15	.24	.11
Obsessionality	.22	.05	-.28*	.21	.01
Thought Disorder	.01	.11	.19	-.29*	-.29*
Oedipal Conflict	.19	.05	.10	.07	.18
Dissociation	.05	.18	.15	.06	.19
Sexual Conflict	.35*	.10	.21	.20	.02

Notes: *= p <.05; **= p <.01

Table 4. Pearson correlations between SWAP-200 Narcissism, Schizoid orientation and Thought disorder Trait Dimension scales and PSY-5-r scales with outliers excluded.

Trait Dimensions (SWAP-200)	PSY-5-r scales					*N adjusted*
	Aggressiveness	Psychoticism	Disconstraint	Neuroticism	Introversion	
Narcissism	.09	.08	.00	-.29	-.22	47
Schizoid orientation	-.20	.03	-.14	-.21	.19	51
Obsessionality	-.19	-.20	-.28*	-.12	.07	50
Thought disorder	.06	.35*	-.08	-.16	-.15	50
Sexual conflict	.26	.12	.20	.26	.05	47

Notes: *= p <.05; **= p <.01

Discussion

The present study, using multi-method, multi-informant and multi-conceptual personality assessment, aimed to provide clinicians with insight in (a) convergent validity of the SWAP-200 PS and TD scales with PSY-5-r scales, and (b) possible influence of divergent respondent types on process focused validity. Results show several significant correlations between SWAP-200 and PSY-5-r scales that were conceptually expected. For instance, for the SWAP-200 PS, significant correlations were found for Obsessional PS with Aggressiveness (negative), Psychoticism (negative) and Disconstraint (negative); Dependent-victimized PS with Neuroticism; Dysphoric PS with Neuroticism and Introversion; Antisocial-psychopatic PS with Disconstraint; Avoidant PS with Introversion; Dysregulated PS with Psychoticism and Neuroticism; and Psychological Health with Aggressiveness (negative) and Psychoticism (negative). Also, for the SWAP-200 TD, significant correlations were found for Psychological Health TD with Psychoticism (negative); Psychopathy TD with Aggressiveness, Psychoticism and Disconstraint; Emotional dysregulation TD with Neuroticism; Dsyphoria with Introversion; Obsessionality TD with Disconstraint (negative); Thought disorder TD with Neuroticism (negative) and Introversion (negative); and Sexual conflict with Aggressiveness. As expected, correlations were mostly moderate, which is in accordance with the literature on agreement between self- and informant-based instruments (Klonsky, Oltmanns, & Turkheimer, 2002).

While for the SWAP-200 PS earlier research did not focus on convergence with trait dimension measures, the current study finds meaningful overlap between conceptually matching scales of the SWAP-200 and the PSY-5-r. For example, some correlations are in line with results from a previous study on the SWAP-200-NL PS higher order factor structure in a Dutch sample (Lie Sam Foek-Rambelje, Van der Heijden, Berix, & Egger, 2020). In particular, the PS with significant correlations on the PSY-5-r Introversion scale (Dysphoric and Shizoid-schizotypal) also clustered in the identified higher order factor scale Introversion. In addition, overlap is seen for PS correlations with the PSY-5-r Neuroticism scale and the higher order factor scale Constraint-Emotionally driven (Obsessional, Dependent-victimized and Health). On the other hand, we did find some unexpected results, which might be understood by the difference in informant types (self-report versus clinician-report). For example, we expected higher correlations for Antisocial PS with Aggressiveness. Even though the Antisocial PS entails much more than aggressive tendencies (like the tendency to manipulate, deceive, lack empathy and morality, act impulsively and untrustworthy), they are incorporated in its description. One explanation could be that the Aggressiveness scale encompasses some socially undesirable traits which one would be hesitant to self-report but are more easily scored by a trained clinician.

Consistent with findings by Gritti *et alii* (2016), Bradley *et alii* (2007) and Davidson *et alii* (2003), who addressed the question of informant agreement (process-focused validity) in relation to the SWAP-200, our results show that the PS with avoidant, obsessive-compulsive, borderline and antisocial characteristics showed the highest correlations. Davidson *et alii* (2003) found poor to moderate informant- and self-report agreement (ICC= -0.06 -0.67) comparing the SWAP-200 with a version of the SWAP-200 that was modified for patient use for the purpose of that study. Bradley *et alii* (2007) compared a selection of the SWAP-200 PD scales to the Personality Assessment Inventory (PAI; Morey, 1991) and found low to moderate correlations (r= -0.03 -0.54). Finally, Gritty *et alii* (2016) compared the SWAP PD scales to the Millon

Clinical Multiaxial Inventory–III (MCMI-III; Millon, Davis, & Millon, 1997) and also found low to moderate correlations (r= -0.10 -0.45). Probable explanations for divergence proposed by these authors contain that agreement was greater for observable behavior (Gritti *et alii*, 2016) and that sample composition influenced results. Bradley *et alii* (2007) discussed that their sample of patients with Borderline Personality Disorder were higher functioning, which could have explained lack of significant convergence with the PAI self-harm and suicidal ideation scale. In current study we can also identify the tendency for scales containing more observable behaviors to show more convergence on matching self-report scales.

Convergence between SWAP-200 TD and PSY-5-r scales also followed expected patterns, in concordance with results from Mullins-Sweatt *et alii* (2007) who compared SWAP-200 TD to the NEO-PI-R. The SWAP-200-NL Psychopathy TD, Emotional Dysregulation TD, Dysphoria TD, Obsessionality TD showed similar correlational patterns. After correction for outliers, Thought Disorder TD correlated significantly with the conceptually overlapping scale Psychoticism, whereas Mullins-Sweatt *et alii* (2007) found no meaningful correlation between this scale and Openness. This can be understood by the difference in measured qualities by both instruments, maladaptive (PSY-5-r) versus generic (NEO-PI-R) personality characteristics. Additionally, correlations in current study are overall lower and several significant correlations were not replicated. For example, for Narcissism and Schizoid TD we did not find any significant correlations, where Mullins-Sweatt *et alii* (2008) did find significant correlations with Neuroticism and Extraversion of the NEO-PI-R. Two important differences between the study of Mullins-Sweatt *et alii* (2008) and current study can explain these variations: 1) current study consisted of a sample of actual patients scored by trained professionals instead of college student volunteers who scored both the SWAP-200 and the NEO-PI-R for an acquaintance; and 2) current sample size was considerably smaller (N= 52 compared to N= 94 in the Mullins-Sweatt *et alii*, 2008 study).

The lack of meaningful correlations for Narcissistic PS and Narcissism TD can furthermore be understood because these scales consist of somewhat divergent items. Especially the composition of PS, but syndromes in general, take into account that a particular disorder may be expressed in contrasting ways in varying settings or contexts. For example, the Narcissistic PS also contains items reflecting a more vulnerable side (e.g., 'Tends to feel life has no meaning' and 'Has a disturbed or distorted body image; sees self as unattractive, grotesque, disgusting, etc.'). Harford, Chen, Saha, Smith, Ruan, & Grant (2013) studied associations of DSM-IV PD's with externalizing and internalizing disorders and found that PD'S with overlapping content (Narcissistic and Schizoid PD) did not discriminately load on specific higher order factors (e.g., internalizing or externalizing). The authors explained this by the PD containing items loading on both dimensions, irrespective of individual differences on these items. This also seems to hold true for the Narcissistic PS.

Some limitations of current study, like the relatively small sample size which increases type II error probability, are already briefly mentioned. Also, data was gathered over a time span of 4 years from three different institutions, which may have contributed to methodological dissimilarities. To overcome this issue, however, all clinicians received the same training and a step-by-step guide for data gathering (including a desirable intervention time path). The fact that data was gathered from three different institutions can also be seen as a strength, since this probably approaches clinical reality better and can improve generalizability of results to clinical practice. To further validate current results, replication of this study with a greater sample size would be beneficial.

In conclusion, the present study shows meaningful overlap of SWAP-200-NL PS and TD scales with PSY-5-r scales, indicating that maladaptive dimensional traits are integrated in the SWAP-200-NL scales and that the SWAP-200-NL can add to a multi-method, multi-informant and multi-conceptual approach to personality assessment. SWAP-200-NL prototypes may be of added value because they can provide clinicians with an in-depth narrative description of their patient. The relatively low correlations are well understood considering limited self- and informant report agreement and can be seen as an indication of the importance of including both perspectives (self and clinical observation) in performing adequate personality assessment.

References

Anderson JL, Sellbom M, Bagby RM, Quilty LC, Veltri CO, Markon KE, & Krueger RF (2013). On the convergence between PSY-5 domains and PID-5 domains and facets: Implications for assessment of DSM-5 personality traits. *Assessment, 20*, 286-294. Doi: 10.1177/1073191112471141

Ben-Porath YS & Tellegen A (2008). *Minnesota Multiphasic Personality Inventory-2 Restructured Form: Manual for administration, scoring, and interpretation*. Minneapolis, MN: University of Minnesota Press.

Blagov PS, Bi W, Shedler J, & Westen D (2012). The Shedler-Westen Assessment Procedure (SWAP). Evaluating Psychometric Questions About Its Reliability, Validity, and Impact of Its Fixed Score Distribution. *Assessment*, *19*, 370-382. Doi: 10.1177/1073191112436667

Bornstein RF (2011). Toward a process-focused model of test score validity: improving psychological assessment in science and practice. *Psychological Assessment*, 23, 532. Doi: 10.1037/a0022402

Bornstein RF (2017). Evidence-Based Psychological Assessment. *Journal of Personality Assessment, 99*, 435-445. Doi: 10.1080/00223891.2016.1236343

Bradley R, Hilsenroth M, Guarnaccia C, & Westen D (2007). Relationship between clinician assessment and self-assessment of personality disorders using the SWAP-200 and PAI. *Psychological Assessment, 19*, 225-229. Doi: 10.1037/1040-3590.19.2.225.

Brislin RW (1986). Research instruments. In WJ Lonner & JW Berry (Eds.), *Field Methods in Cross-Cultural Research Cross-Cultural Research and Methodology Series, Volume 8*, (pp. 137-164). Los Angeles, CA: Sage Publications.

Butcher JN, Dahlstrom WG, Graham JR, Tellegen AM, & Kaemmer B (1989). *Minnesota Multiphasic Personality Inventory-2 (MMPI-2): Manual for administration and scoring*. Minneapolis, MN: University of Minnesota Press.

Cohen J (1988). *Statistical power analysis for the behavioral sciences* (2nd ed.). Hillsdale, NJ: Erlbaum.

Costa PT & McCrae RR (1992). The five-factor model of personality and its relevance to personality disorders. *Journal of Personality Disorders, 6*, 343-359. Doi: 10.1521/pedi.1992.6.4.343

Costa PT & McCrae RR (2008). The Revised NEO Personality Inventory (NEO-PI-R). In SE Rivers, MA Brackett, P Salovey, GJ Boyle, G Matthews, & DH Saklofske (Eds.), *The SAGE handbook of personality theory and assessment, Vol. 2. Personality measurement and testing* (pp. 179-198). Los Angeles, CA: Sage Publications, Inc.

Davidson KM, Obonsawin MC, Seils M, & Patience L (2003). Patient and clinician agreement on personality using the SWAP200. *Journal of Personality Disorders, 17*, 208-218. Doi:10.1521/pedi.17.3.208.22148

Egger JIM, Van der Heijden PT, Derksen JJL, & Kuipers HJH (2012). *Shedler-Westen Assessment Procedure (SWAP 200-NL)* [Authorized Dutch Language Version of the Shedler-Westen Assessment Procedure]. Venray: Vincent van Gogh Institute for Psychiatry.

Eyde LD, Robertson GJ, & Krug SE (2010). *Responsible test use: Case studies for assessing human behavior*. Washington DC: American Psychological Association.

Gritti ES, Samuel DB, & Lang M (2016). Diagnostic agreement between clinicians and patients: The convergent and discriminant validity of the SWAP-200 and MCMI-III personality disorder scales. *Journal of Personality Disorders*, *30*, 796-812. Doi: 10.1521/pedi_2015_29_231

Grove WM & Vrieze SI (2010). On the substantive grounding and clinical utility of categories versus dimensions. In T Millon, RF Krueger, & E Simonsen (Eds.) *Contemporary directions in psychopathology: Scientific*

foundations of the DSM-V and ICD-11 (pp. 303-323) New York: Guilford Press.

Harford TC, Chen CM, Saha TD, Smith SM, Ruan WJ, & Grant BF (2013). DSM-IV Personality disorders and associations with externalizing and internalizing disorders: Results from the national epidemiologic survey on alcohol and related conditions. *Journal of Psychiatric Research, 47*, 1708-1716. Doi: 10.1016/j.jpsychires.2013.07.016

Harkness AR, Finn JA, McNulty JL, & Shields SM (2012). The Personality Psychopathology-Five (PSY-5): Recent constructive replication and assessment literature review. *Psychological Assessment, 24*, 432.

Doi: 10.1037/a0025830

Harkness AR, McNulty JL, Finn JA, Reynolds SM, Shields SM, & Arbisi P (2014). The MMPI-2-RF personality psychopathology five (PSY-5-RF) scales: Development and validity research. *Journal of Personality Assessment*, *96*, 140-150. Doi: 10.1080/00223891.2013.823439

Heltne,A, Bode, C, Hummelen, B, Falkum, E, Selvik, SG, & Paap, MC (2022). Norwegian clinicians' experiences of learnability and usability of SCID-ii, SCID-5-pd and SCID-5-ampd-i interviews: A sequential multi-group qualitative approach. *Journal of Personality Assessment*, *104*, 599-612. Doi: 10.1080/00223891.2021.1975726

Hopwood CJ & Bornstein RF (2014). *Multimethod clinical assessment*. New York: Guilford.

Klonsky ED, Oltmanns TF, & Turkheimer E (2002). Informant-reports of personality disorder: Relation to self-reports and future research directions. *Clinical Psychology: Science and Practice*, *9*, 300-311.

Doi: 10.1093/clipsy.9.3.300

Langwerden RJ, van der Heijden PT, Egger JIM, & Derksen JJ (2021). Robustness of the maladaptive personality plaster: an investigation of stability of the PSY-5-r in adults over 20 years. *Journal of Personality Assessment*, *103*, 27-32. Doi: 10.1080/00223891.2020.1729772

Lie Sam Foek-Rambelje KP, van der Heijden PT, Berix AA, & Egger JIM (2020). Factor structure of the Dutch language version of the Shedler-Westen Assessment Procedure (SWAP). *European Journal of Psychological Assessment, 36,* 584-592. Doi: 10.1027/1015-5759/a000542

Marin-Avellan L, McGauley G, Campbell C, & Fonagy P (2005). Using the SWAP-200 in a personality-disordered forensic population; is it valid, reliable and useful? *Journal of Criminal Behavior and Mental Health, 15*, 28-45. Doi: 10.1002/cbm.35

McCrae RR, Lockenhoff CE, & Costa PT, (2005). A step toward DSM-V: Cataloguing personality-related problems in living. *European Journal of Personality, 19*, 269-286.

Millon T, Davis R, & Millon C (1997). *Millon Clinical Multiaxial Inventory-III Manual*. Minneapolis, MN: National Computer Systems.

Mullins-Sweatt S & Widiger TA (2007). The Shedler and Westen Assessment Procedure from the perspective of general personality structure. *Journal of Abnormal Psychology, 116*, 618-623. Doi: 10.1037/0021-843X.116.3.618

Mullins-Sweatt SN & Widiger TA (2008). Comparative validity of the Shedler and Westen Assessment Procedure-200. *Psychological Assessment, 20*, 183-188. Doi: 10.1037/1040-3590.20.2.183

Shedler J (2015). Integrating clinical and empirical perspectives on personality: The Shedler-Westen Assessment Procedure (SWAP). In SK Huprich (Ed.), *Personality disorders: Toward theoretical and empirical integration in diagnosis and assessment* (pp. 225-252). Washington, DC: American Psychological Association

Shedler J (2009). *Guide to SWAP-200 interpretation*. Retrieved on 29-12-2016 from: http://www.swapanalyse.nl/wp-content/uploads/2014/02/SWAP-manual.pdf

Shedler J & Westen D (2004a). Dimensions of personality pathology: An alternative to the Five Factor Model. *American Journal of Psychiatry, 161*, 1743-1754. Doi: 10.1176/ajp.161.10.1743

Shedler J & Westen D (2004b). Refining personality disorder diagnosis: Integrating science and practice. *American Journal of Psychiatry, 161*, 1350-1365. Doi: 10.1176/appi.ajp.161.8.1350

Spitzer RL, First MB, Shedler J, Westen D, & Skodol AE (2008). Clinical utility of five dimensional systems for personality diagnosis: a "consumer preference" study. *Journal of Nervous and Mental Disease, 196*, 356-374. Doi: 10.1097/NMD.0b013e3181710950

Stanton K, Brown MF, Bucher MA, Balling C, & Samuel DB (2019). Self-ratings of personality pathology: insights regarding their validity and treatment utility. *Current Treatment Options in Psychiatry, 6*, 299-311. Doi: 10.1007/s40501-019-00188-6

Stepp SD, Yu L, Miller JD, Hallquist MN, Trull TJ, & Pilkonis PA (2012). Integrating competing dimensional models of personality: Linking the SNAP, TCI, and NEO using Item Response Theory. *Personality Disorders: Theory, Research, and Treatment, 3*, 107-126. Doi: 10.1037/a0025905

Tellegen A, Ben-Porath YS, & Sellbom M (2009). Construct validity of the MMPI-2 restructured clinical (RC) scales: Reply to Rouse, Greene, Butcher, Nichols, and Williams. *Journal of Personality Assessment*, *91*, 211-221. Doi: 10.1080/00223890902794192

Van der Heijden PT, Egger JIM, & Derksen JJL (2010). Comparability of scores on the MMPI-2-RF scales generated with the MMPI-2 and MMPI-2-RF booklets. *Journal of Personality Assessment, 92*, 254-259. Doi: 10.1080/00223891003670208

Waszczuk MA, Hopwood CJ, Luft BJ, Morey LC, Perlman G, Ruggero CJ, Skodol AE, & Kotov R (2021). The Prognostic Utility of Personality Traits Versus Past Psychiatric Diagnoses: Predicting Future Mental Health and Functioning. *Clinical Psychological Science, 10,* 734-751. Doi: 10.1177/21677026211056596

Westen D (2012). Prototype diagnosis of psychiatric syndromes. *World Psychiatry, 11*, 16-21. Doi: 10.1016/j.wpsyc.2012.01.004

Westen D & Shedler J (1999a). Revising and assessing Axis II, Part 1: Developing a clinically and empirically valid assessment method. *American Journal of Psychiatry, 156,* 258-272. Doi: 10.1176/ajp.156.2.258

Westen D & Shedler J (1999b). Revising and assessing Axis II, Part 2: Toward an empirically based and clinically useful classification of personality disorders. *American Journal of Psychiatry, 156,* 273-285. Doi: 10.1176/ajp.156.2.273

Westen D & Muderrisoglu S (2003). Reliability and validity of personality disorder assessment using a systematic clinical interview: Evaluating an alternative to structured interviews. *Journal of Personality Disorders, 17*, 350-368. Doi: 10.1521/pedi.17.4.351.23967

Westen D, Waller NG, Shedler J, & Blagov PS (2014). Dimensions of personality and personality pathology: Factor structure of the Shedler-Westen Assessment Procedure-II (SWAP-II). *Journal of Personality Disorders, 28*, 281-318. Doi: 10.1521/pedi_2012_26_059

Widiger TA & Crego C (2019). HiTOP thought disorder, DSM-5 psychoticism, and five factor model openness. *Journal of Research in Personality, 80*, 72-77. Doi: 10.1016/j.jrp.2019.04.008

Zimmerman M (2021). Why hierarchical dimensional approaches to classification will fail to transform diagnosis in psychiatry. *World Psychiatry, 20*, 70-71. Doi: 10.1002/wps.20815

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