Introduction

Research suggests that psychological disorders, specifically personality disorders, are better conceptualized as maladaptive variants of normal personality traits. Despite support for a dimensional model of personality disorders, phenomena are better conceptualized as maladaptive variants of normal personality traits. Research shows that these two models converge with one another (Anderson et al., 2013; Finn et al., 2015)

The PSY-5r constructs, a revised version of the PSY-5, were created using a replicated rational selection technique and show adequate reliability and validity (Ben-Porath, 2008). They have the added benefit of being embedded in the MMPI-2-RF, a commonly used measure of psychological disorders. According to Cronbach and Glaser (1957) and Sechrest (1963), a test (or scales) intended for applied use should have the ability to add to the prediction of outcomes above and beyond those usually obtained as part of routine assessment. Research done by Bagby et al. (2008) found that relative to the FFM, the PSY-5 constructs accounted for significantly more variability in personality disorders characterized by externalizing problems and thought dysfunction, such as Narcissistic and Antisocial personality disorder.

Wygant et al. (2006) found that the PSY-5 constructs provided incremental information in the prediction of personality disorder scales above and beyond that obtained with relevant clinical and content scales of the MMPI-2.

The degree to which the PSY-5r provide incrementally valid information in the prediction of personality pathology as measured by DMS-5 criteria remains to be further determined. The present study examines the extent to which selected PSY-5r constructs were able to predict personality symptomology beyond that provided by relevant revised clinical scales and special problem (SP) scales of the RF.

Measures

MMPI-2-RF: A 338-item self-report inventory provides information relevant to psychiatric diagnoses and personality characteristics. The current study will focus on the following RC scales: RCd, RC2, RC4, RC6, RC7, RC8, and RC9; the following SP scales: AGG, ANG, DSF, IPP, NFC, SAV, and STW, and the PSY-5r. The PSY-5r constructs, a revised version of the PSY-5, were created using a replicated rational selection technique and show adequate reliability and validity (Ben-Porath, 2008). They have the added benefit of being embedded in the MMPI-2-RF, a commonly used measure of psychological disorders. According to Cronbach and Glaser (1957) and Sechrest (1963), a test (or scales) intended for applied use should have the ability to add to the prediction of outcomes above and beyond those usually obtained as part of routine assessment. Research done by Bagby et al. (2008) found that relative to the FFM, the PSY-5 constructs accounted for significantly more variability in personality disorders characterized by externalizing problems and thought dysfunction, such as Narcissistic and Antisocial personality disorder. Wygant et al. (2006) found that the PSY-5 constructs provided incremental information in the prediction of personality disorder scales above and beyond that obtained with relevant clinical and content scales of the MMPI-2.

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Table 1: Hierarchical Regressions Predicting Personality Disorder Scales

<table>
<thead>
<tr>
<th>Block</th>
<th>Antisocial</th>
<th>Borderline</th>
<th>Narcissistic</th>
<th>Compulsive</th>
<th>Schizotypal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>RCd, RC2, RC7</td>
<td>RCd, RC4, RC9</td>
<td>RC9</td>
<td>RCd</td>
<td>RCd, RC6, RC9</td>
</tr>
<tr>
<td>2</td>
<td>DSF, SAV, STW</td>
<td>ANP, STW</td>
<td>SAV, IPP</td>
<td>SAV, NFC</td>
<td>DSF, SAV</td>
</tr>
<tr>
<td>3</td>
<td>NEGE-r, AGGR-r</td>
<td>PSYC-r, NEGE-r</td>
<td>PSYC-r, NEGE-r</td>
<td>PSYC-r, NEGE-r</td>
<td>PSYC-r, NEGE-r</td>
</tr>
</tbody>
</table>

Participants

200 male and 228 female inpatients from a psychiatric facility in a medium sized Midwestern city completed these measures as part of treatment planning.

This sample was 88% Caucasian, 6% African American, 3% Native American, 2% Hispanic/Latino, and 1% other, mean age was 34 (SD = 12.1).

Results

Hierarchical regression analyses were performed for each personality disorder scale. For each scale, selected clinical scales were entered in the first block, special problems (SP) scales were entered in the second block, and the PSY-5r scales were entered in the third block. All scales were chosen a priori to align conceptually with personality disorder symptomology and based on previous research findings. Results are displayed in Table 1.

- For the Narcissistic scale, NEGE-r and AGGR-r added significantly to the prediction after RCd, SAV, and IPP.
- For the Compulsive scale, NEGE-r and INTR-r did significantly predict variability after RCd, SAV, and NFC.
- For the Schizotypal scale, PSYC-r and NEGE-r did not significantly predict variability beyond that accounted for by RCd, RC6, RC9, DSF, and SAV.
- For the Antisocial scale, DISC-r did not significantly predict variability beyond that explained by RCd, RC9, and AGG.
- For the Avoidant scale, NEGE-r and INTR-r did not significantly predict variability beyond that accounted for by RCd, RC7, STW, SAV, and DSF.
- For the Borderline scale, NEGE-r and PSYC-r did not predict variability beyond that explained by RCd, RC4, RC9, ANP, and STW.

Discussion

The purpose of this study was to investigate the incremental validity of the PSY-5r scales in the prediction of personality pathology as assessed by the MCMCI-III scales. The addition of conceptually-related PSY-5r scales did significantly increment the Avoidant, Borderline, Schizotypal, and Antisocial scales. The reason for such findings could be due to the fact that the RC and SP scales entered in the first and second blocks for these scales accounted for a substantial amount of variability (R² = .48-.57) before the PSY-5r were added. The addition of conceptually-related PSY-5r scales did significantly increment the Compulsive and Narcissistic scales. This finding is potentially due to the fact that the RC and SP scales entered in the first and second blocks tended to explain less variance, particularly for the Narcissistic scale. Intercorrelations between the RC, SP, and PSY-5r indicate that these scales tap similar, but not identical, constructs (i.e., RCd and NEGE-r both measure negative affect). Therefore for some of these scales the addition of the PSY-5r may not increment the prediction due to conceptual overlap. These findings have potential implications for dimensional models of personality disorders.