

Call for papers
Personality Disorders: Theory, Research and Treatment

Special issue on head-to-head comparisons of DSM-5 Section II defined personality disorder vs. AMPD-defined personality in relation to outcomes

The recent 10-year retrospective on the Alternative Model for Personality Disorders identified several important avenues for research to accelerate the adoption of a dimensional model for the assessment, diagnosis and treatment of personality disorder. While AMPD-defined personality disorder demonstrates adequate convergence with traditional personality disorder categories, an important current gap represents head-to-head comparisons between traditional categorical PD constructs (any of the 10 personality disorders described in Section II of the DSM-5) and AMPD-defined personality disorder in the prediction of cross-sectional or prospective clinical outcomes.

This special issue invites empirical papers that compare the utility of personality disorder categories (or symptom counts) vs. AMPD-defined personality to predict clinically-relevant outcomes. AMPD-defined personality may include personality pathology captured by the assessment of Criterion A or Criterion B; however, studies evaluating personality pathology through both Criterion A and B as an integrated diagnostic system will be given preference. Studies including the third diagnostic step of the AMPD (i.e. the use of one of the six retained categories) will not be considered. Clinical outcomes may include a variety of dependent variables, including for instance, treatment outcome, indices of severity like suicidality, treatment drop-out and/or uptake, ETC. Dependent variables can be assessed cross-sectionally or prospectively. While all samples are of interest, clinical samples are of particular interest. If college or internet-based samples are used, adequate justification for their use and safeguards to ensure quality of data should be included.

Preference will be given to submissions that are pre-registered with accessible, time-stamped documentation (e.g., available on OSF). This does not mean that new data are needed, however, but that analyses are clearly specified prior to running them (see Benning et al., 2019 for discussion of the registration continuum; <https://psycnet.apa.org/record/2019-43757-007>). In their cover letter and subsequent paper, if invited, authors should attest to the fact that core analyses (i.e., comparing DSM-5 Section II vs III in the prediction of outcomes) have not been run and thus outcomes are not known to authors. If data have been used previously by current authors or another team, full disclosure of the nature of previous analyses should be provided along with an acknowledgement that results from those previous analyses might have affected predictions. Finally, preference will also be given for submissions that note a plan to upload de-identified data and data analytic scripts.

Abstracts (1.5 page maximum) with proposed submissions should be submitted by 30 April 2023 to Carla Sharp (csharp2@uh.edu). Invited papers based on review of abstracts will be expected to be submitted by 30 October. Papers submitted and accepted early will be available on-line immediately after acceptance. See also PD TRT webpage: <https://www.apa.org/pubs/journals/per/head-to-head-comparisons>