

Beca ANPIR para la promoción de estancias en centros de excelencia extranjeros
2011/2012

**Memoria de Estancia en
The Personality Disorders Institute
New York-Presbyterian Hospital**



SARA HERRERA RODRÍGUEZ

PIR 4 Hospital Universitario Príncipe de Asturias



Contenido

1. Introducción.....	3
2. Descripción del centro de destino	4
2.1. Psicoterapia basada en la transferencia	5
3. Actividades realizadas.....	6
4. Aplicabilidad a nuestro contexto.....	8
5. Valoración personal.....	8
6. Agradecimientos.....	9
7. Referencias.....	10
Anexo: Entrevista Estructural “STIPO”	12

1. Introducción

La psicoterapia constituye uno de los tratamientos incluidos en la cartera de servicios del Sistema Nacional de Salud de nuestro país de eficacia validada en múltiples problemas de salud mental y otros problemas de salud. Además, la psicoterapia constituye para varios trastornos mentales graves, especialmente en los trastornos de personalidad, el grueso de la intervención, por lo que la formación de especialistas en este campo y su rigurosidad en los procedimientos, es un tema de especial relevancia.

En las últimas décadas, se han desarrollado múltiples abordajes terapéuticos para los trastornos de personalidad dada su complejidad, situándose como grupo, entre los trastornos más frecuentes tratados en los Servicios de Salud Mental. Los datos indican que un 11% de los pacientes en tratamiento ambulatorio cumplen criterios de trastorno límite de personalidad (TLP) así como el 20% de los pacientes hospitalizados (American Psychiatric Association, 2000; Selva, Bellver y Carabal, 2005). Su tasa de comorbilidad es también elevada especialmente en el caso del trastorno límite de la personalidad (TLP), apareciendo junto a los trastornos del estado de ánimo, abuso o dependencia de sustancias, trastornos de la conducta alimentaria, trastorno de estrés postraumático y otros trastornos de ansiedad (Clarkin, Yeomans, y Kernberg, 1999). Además, las conductas autolesivas y los intentos de suicidio son frecuentes en la población con TLP y las tasas de suicidio son elevadas, estimándose aproximadamente un 9% de los casos, siendo 400 veces más alto que en la población general (American Psychiatric Association, 2000; Selva, Bellver, y Carabal, 2005).

Dada la gravedad de estos trastornos se ha producido un aumento del interés de entre la comunidad científica por conocer y abordar mejor este tipo de patologías. Uno de los programas de tratamiento que ha recibido mayor apoyo empírico es Transference-Focused Psychotherapy (TFP, Psicoterapia basada en la transferencia), desarrollado por el Dr. Otto Kernberg y su equipo en The Personality Disorders Institute (PDI, Instituto de Trastornos de Personalidad) perteneciente al New York-Presbyterian Hospital, situado en Nueva York (Estados Unidos).

A continuación, se describe brevemente el funcionamiento del centro PDI así como los principios básicos de la TFP diseñada para el tratamiento intensivo de los trastornos de personalidad. Finalmente se hace referencia a las actividades realizadas durante la rotación externa y una valoración personal de la misma.

2. Descripción del centro de destino

The NewYork-Presbyterian Hospital, y en concreto el departamento de Salud Mental, se sitúa entre los cuatro mejores hospitales de Estados Unidos y en el número uno del estado de Nueva York de acuerdo con US News & World Report (<http://health.usnews.com/best-hospitals/rankings>), ofreciendo un tratamiento integral y profesional, tanto a pacientes hospitalizados como ambulatorios.

El hospital está afiliado a las escuelas Columbia University's College of Physicians and Surgeons y Cornell University's Weill Medical College que garantizan una formación especializada de residentes de alta calidad facilitada por el acceso a la investigación clínica. El departamento de Psiquiatría de Weill Cornell cuenta con dos instalaciones principales, los centros Payne Whitney Manhattan y Payne Whitney Westchester. En este último es dónde se ubica la sede central del PDI, dirigido por el profesor Otto Kernberg.

En la actualidad, el PDI se considera un referente a nivel internacional de la psicoterapia dirigida a tratar los trastornos de personalidad. Además cuenta con una importante institución, The Personality Studies Institute, dedicada a la investigación de procesos en psicoterapia, que emplea técnicas de investigación integradoras para validar y medir la eficacia de las intervenciones. Desarrolla por tanto una triple labor: asistencial, investigadora y formativa, reuniendo por todo ello las características que permiten adquirir el repertorio de habilidades específicas de intervención terapéutica, así como formas de evaluación de resultados y validación del mismos que deben estar presentes en la formación de los Psicólogos Clínicos.

El equipo del PDI encabezado por Otto Kernberg, ha sistematizado la TFP diseñada específicamente para el tratamiento del TLP, resultado de décadas de trabajo, dando lugar a un abordaje estructurado de carácter integrador (Clarkin, Yeomans y Kernberg, 1999; Yeomans, Clarkin y Kernberg, 2002).

Otto Kernberg es considerado en la actualidad como uno de los teóricos clave para entender los trastornos de personalidad. En un intento por clasificar de manera amplia y precisa estos trastornos, ha desarrollado una clasificación que combina los criterios dimensionales y categóricos estableciendo diferencias y similitudes en aspectos cualitativos y cuantitativos detectables en las estructuras de personalidad. Actualmente, es el Director del PDI y profesor de Psiquiatría en el Weill Cornell Medical College y en el Centro de la Universidad de Columbia para la Formación e Investigación Psicoanalítica. En el pasado, ha sido expresidente de la Asociación

Psicoanalítica Internacional y ha dirigido numerosos servicios como la FQ Menninger Memorial Hospital y el Servicio de Clínica General del Estado de Nueva York -Instituto Psiquiátrico. Ha sido Director del Proyecto de Investigación en Psicoterapia de la Fundación Menninger, así como analista, supervisor y docente del Instituto de Psicoanálisis de Topeka. Los premios por su excelencia en Psiquiatría son numerosos así como sus libros y publicaciones.

2.1. Psicoterapia basada en la transferencia

La TFP surge como un esfuerzo por dar respuesta a la necesidad de tratamiento de un grupo de trastornos históricamente difíciles de tratar, donde los pacientes son derivados de una clínica a otra, de un terapeuta a otro, generándose frustración tanto en los equipos terapéuticos como en los pacientes y sus familias.

La teoría contemporánea sobre relaciones objetales desarrollada por Kernberg, es la base de la comprensión de la patología límite, y la que va a determinar las características distintivas de la psicoterapia centrada en la transferencia. La teoría psicoanalítica de las relaciones de objeto señala que los afectos son experimentados en relación a un *otro*, que llamamos *objeto*. Estas relaciones afectivas con *otros* significativos son internalizadas desde muy temprano, de modo que se van organizando e integrando para formar las estructuras psíquicas que luego sirven como organizadoras de la motivación y la conducta. En otras palabras, las relaciones de objeto internalizadas, se constituyen como los componentes centrales de las estructuras psíquicas.

En TFP se apunta a una reorganización de las estructuras psíquicas, por lo que es justamente a este nivel, a nivel de las relaciones de objeto internalizadas, sobre la que va actuar este abordaje terapéutico principalmente a través de dos estrategias: la activación de relaciones de objeto en un contexto seguro y la traducción de la conducta y el afecto en términos de relaciones de objeto subyacentes. El foco principal de trabajo es la transferencia que hace que el paciente proyecte sus dificultades al interior de la relación terapéutica. Sin embargo, la naturaleza desbordada de los afectos presente en los trastornos de personalidad, hace necesario ajustar la técnica analítica clásica. A diferencia de la mayoría de las terapias de base psicoanalítica, la TFP pone especial énfasis en la evaluación, el contrato terapéutico y el encuadre, participando el paciente en la creación de estas condiciones.

Las técnicas principales se basan en la utilización consistente de la clarificación, confrontación, interpretación y análisis de la transferencia. Además la terapia reconoce la

integración de tratamientos combinados o auxiliares para abordar sintomatología concreta, como por ejemplo los trastornos de la conducta alimentaria o abuso de sustancias asociados al trastorno.

En resumen, la estrategia central en TFP es facilitar la reactivación en la situación terapéutica de las relaciones de objeto escindidas que son luego observadas e interpretadas en la transferencia y que, como consecuencia del proceso de integración, llevan a una reorganización de las estructuras psíquicas.

La TFP ha sido sometida a años de investigación, demostrando promover cambios significativos en los trastornos de personalidad severos, especialmente aquellos definidos por una estructura limítrofe (Clarkin, Levy, Lenzenweger y Kernberg, 2007; Levy, Clarkin, Yeomans, Scott, Wasserman, y Kernberg, 2006), concretamente reduciendo el riesgo de conducta suicida y conductas agresivas verbales o directas y manteniéndose esta mejoría a largo plazo.

3. Actividades realizadas

A lo largo de la rotación se desarrollan diferentes actividades de carácter clínico e investigador desde el rol de observador, asistiendo a las conferencias de casos, grupos de supervisión y seminarios psicoterapéuticos, siempre bajo la tutela del Dr. Kernberg.

Destacan la observación de evaluación en vivo de pacientes con trastornos graves de personalidad, especialmente trastornos límite y narcisista y la observación y análisis de la Entrevista Estructural (Kernberg, 1993; Lenzenweger y Clarkin, 2005; ver material anexo), desarrollada por Otto Kernberg como principal método diagnóstico. Se asistió a las sesiones de supervisión de los miembros del equipo con el Dr. Kernberg, de 50 casos aproximadamente, pudiendo además ver en video el desarrollo del tratamiento de varios de ellos a lo largo de los tres meses de rotación, lo que permitió estudiar la evolución de los casos en profundidad..

Semanalmente tuvieron lugar seminarios sobre trastornos de personalidad (etiología, diagnóstico diferencial, diagnóstico estructural) y supervisiones de casos junto a los residentes del New York Presbyterian Hospital en Manhattan y los residentes pertenecientes al Montefiore Hospital en el Bronx.

Además, se ofreció la posibilidad de asistir a sesiones clínicas multidisciplinarias organizadas por el departamento de Psiquiatría del Weill Cornell Medical College, de frecuencia quincenal que se detallan a continuación.

Grand Rounds Lectures (Sesiones Clínicas):

- Charles R. Marmar. *Risk and Resilience for Posttraumatic Stress Disorder: Finding from a prospective Study of Police officers.*
- Yale School of Medicine. *Autistic Spectrum Disorder.*
- Cornell Assessment of Pediatric Delirium.
- *Alcohol Withdrawal Clinical Pathway. Disorder of the Quarter.*
- Jonathan Haidt. NYU – Stern School of Business. *The Righteous Mind: Are Universal Moral Instincts related to Psychopathology?*
- David A. Hamburg, MD. *Give Peace a Chance: Preventing Mass Violence.*

Así mismo, surgió la posibilidad de asistir a dos congresos internacionales:

- *Childhood onset developmental disorders. Association for Research in Nervous and Mental Disease (ARNMD 92th).* The Rockefeller University. New York. Diciembre 2012.
- *National Meeting of the American Psychoanalytic Association.* Enero 2013, New York.

Semanalmente tuvieron lugar reuniones de equipo y de investigación en las que además de supervisión de casos, se discutieron los siguientes temas:

- Modelo TFP en pacientes hospitalizados, con la colaboración del profesor Daniel Sollberger.
- Narcisismo y cambios en el DSM 5, con la colaboración de Elsa Ronningstam, Ph.D, Harvard Medical School. McLean Hospital.
- Elaboración del manual TFP para adolescentes, con la colaboración de Lina Normandie y Karin Ensink.
- Discusión del modelo TFP en adolescentes y elaboración de la conferencia de las jornadas GRUP TLP Barcelona Avances en investigación y tratamiento del TLP.
- Análisis de entrevistas de Paulina Kernberg a través de vídeos.
- DSM 5 y trastornos de personalidad.
- Actualización de los códigos CPT 2013 para la práctica de la psicoterapia de la APA. (Current Procedural Terminology in Psychotherapy; www.apapracticecentral.org/codes).

- Modelo categórico y dimensional de los trastornos de personalidad. Referencia al modelo de Walter Mischel.
- Grupos de familiares de pacientes con trastorno límite de la personalidad: discusión sobre la integración del modelo psicoeducativo en TFP, con la colaboración de John Chardavoyne.

Además, se tuvo acceso gratuito a la biblioteca de Psiquiatría y Psicología Clínica del New York Presbyterian Hospital en la sede de Manhattan y de White Plains. Cabe destacar que el equipo pone a disposición del residente el acceso a vídeos tanto de sesiones de evaluación como de tratamiento de los distintos profesionales que forman el equipo, del Dr. Kernberg y Paulina Kernberg.

4. Aplicabilidad a nuestro contexto

Actualmente la aplicación del modelo de psicoterapia para trastornos de personalidad basado en TFP no solo es posible en nuestro país sino que ya existen varios grupos dedicados a su práctica e implantación. Recientemente se ha creado la International Society of Transference-Focused Psychotherapy de la que son miembros el Centre de Psicoterapia de Barcelona, el Grup TLP Barcelona y los grupos de trabajo liderados por el Dr. Luis Valenciano en Murcia y el Dr. Miguel Ángel González-Torres en Bilbao. A pesar de ello, aún queda un camino por recorrer debido al marco temporal que establece este modelo terapéutico, en el que la frecuencia de las sesiones debe ser de al menos dos veces a la semana. Este requisito, hace que la implantación de la TFP en algunos dispositivos de nuestro sistema de salud, como centros de salud mental o consultas externas, sea difícil a corto plazo. No obstante, dada la necesidad de tratamiento específico e intensivo para estos trastornos, su implantación es posible en dispositivos de tratamiento como los Hospitales de Día, Comunidades Terapéuticas o programas de tratamiento intensivo en los Centros de Salud Mental que cada vez más apuestas por modelos diseñados específicamente para trastornos de personalidad, y que exigen por parte del equipo terapéutico el mantenimiento de unos principios y filosofía de trabajo comunes.

5. Valoración personal

La rotación se caracteriza por el desempeño del rol de observador bajo el programa “fellowship” que el servicio ofrece a residentes y especialistas de todo el mundo. Este rol conlleva que el nivel de responsabilidad y actividad sea considerablemente menor al de la residencia, lo

cual debe valorarse en función de las expectativas y objetivos individuales. Sin embargo, el rol de observador exige adoptar una posición reflexiva, abierta, crítica y activa que hace que el aprovechamiento de la rotación sea del todo satisfactorio. Además, desde mi experiencia, hay tres puntos destacables de esta rotación que la hacen totalmente recomendable.

Uno es la calidad humana y profesional del equipo que desde el primer día se muestran abiertos y accesibles para cualquier duda, comentario y colaboración. La motivación por enseñar se palpa en profesionales de reconocido prestigio que aman la profesión y que a través de su cercanía y disponibilidad hacen que la motivación por aprender se multiplique.

Otro de ellos es el alto nivel de especialización en los aspectos asistenciales e investigadores. Conocer de primera mano la filosofía, esencia y aplicación de un modelo de intervención de calidad, respaldado y específicamente destinado a una de las patologías más complejas, marca la diferencia.

Y por último, la oportunidad de conocer un sistema sanitario diferente al español, así como todo lo que supone conocer el desarrollo de la profesión en un país extranjero, con otro idioma, cultura y aspectos sociales diferentes a los habituales.

Y finalmente, es imposible no señalar como punto fuerte la ubicación del servicio, la ciudad de Nueva York, que ofrece numerosas oportunidades culturales y profesionales enriqueciendo aún más la estancia. En definitiva, esta rotación ha supuesto para mí un enorme crecimiento, tanto a nivel profesional como personal.

6. Agradecimientos

En primer lugar me gustaría agradecer a ANPIR la oportunidad que me ha brindado al optar a una de las ayudas económicas para el desarrollo de la rotación externa. Además, quisiera hacer constar el valor de ANPIR como asociación, comprometida y volcada en la formación de los residentes, en la defensa de la profesión y de la Psicología Clínica.

Agradecer también al profesor Otto Kernberg por brindarme la oportunidad de completar mi formación bajo su dirección. Gracias a John Clarkin, Frank Yeomans y al resto del equipo por su amabilidad y disponibilidad.

Gracias al Hospital Universitario Príncipe de Asturias, a nuestro Jefe de Unidad, mi tutora y a los profesionales que hacen que aprender allí sea todo un lujo. Gracias por su apoyo y

por facilitar todo con su actitud y disposición incondicional. Gracias también a la Fundación para la Investigación por concederme una de las ayudas para llevar a cabo esta rotación.

También quiero agradecer a mis tutores de tesis de la Universidad Autónoma de Madrid el apoyo ofrecido a lo largo de estos años y su ilusión puesta en este proyecto y en mi futuro.

Así mismo, esta maravillosa experiencia no habría sido posible sin la ayuda y apoyo incondicional de mi familia, ya que todos ellos han formado parte de ella con sus ánimos y confianza depositada en mí desde que inicié mi camino como psicóloga. Compartir con ellos esta experiencia ha sido todo un regalo.

Y gracias a Jesús, juntos hemos cumplido un sueño y disfrutado de esta experiencia que se ha hecho realidad, una realidad que ha superado con creces a lo soñado.

¡Gracias!

7. Referencias

- American Psychiatric Association (2000). *Manual diagnóstico y estadístico de los trastornos mentales, 4ª edición, texto revisado (DSM-IV-TR)*. Barcelona: Masson. (original Washington DC: APA).
- APA Practice Organization. (2013). 2013 Psychotherapy Codes for Psychologists. Recuperado de www.apapracticecentral.org/codes
- Clarkin, J.F., Levy, K.N., Lenzenweger, M.F., & Kernberg, O.F. (2007). Evaluating three treatments for borderline personality disorder: a multiwave study. *American Journal of Psychiatry*(164), 922-928.
- Clarkin, JF, Yeomans, FE, & Kernberg, OF (1999). *Psychotherapy for Borderline Personality*. New York: J. Wiley and Sons.
- Lenzenweger, M.F., & Clarkin, J.F. (2005). *Major theories of personality disorder (2nd ed)*. New York: Guilford.
- Levy, K.N., Clarkin, J.F., Yeomans, F.E., Scott, L., Wasserman, R., & Kernberg, O.F. (2006). The mechanisms of change in the treatment of borderline personality disorder with transference focused psychotherapy. *Journal of Clinical Psychology*(62), 481-501.
- Selva, G., Bellver, F. y Carabal, E. (2005). *Epidemiología del trastorno límite de la personalidad*. En G. Cervera, G. Haro y J. Martínez-Raga (2005). *Trastorno límite de la personalidad. Paradigma de la comorbilidad psiquiátrica*. Madrid: Editorial Médica Panamericana

Memoria de Estancia The Personality Disorders Institute of New York-Presbyterian Hospital

U.S.News & World Report LP. (2012). U.S. News Best Hospitals 2012-13. Recuperado de <http://health.usnews.com/best-hospitals/rankings/>

Yeomans, F.E., Clarkin J.F., & Kernberg, O.F. (2002). *A Primer of Transference-Focused Psychotherapy for the Borderline Patient*. Northvale, NJ: Jason Aronson.

Bibliografía recomendada:

Cloninger, S. (2002). *Teorías de la Personalidad*. Pearson Educación.

Grupo de trabajo de la guía de práctica clínica sobre trastorno límite de la personalidad. Fórum de Salud Mental y AIAQS, coordinadores. *Guía de práctica clínica sobre trastorno límite de la personalidad*. Barcelona: Agència d'Informació, Avaluació i Qualitat en Salut. Servei Català de la Salut. Pla Director de Salut Mental i Addiccions. Departament de Salut. Generalitat de Catalunya; 2011.

Gunderson, J.G. and Singer, M. (1975) Defining Borderline Patients: An Overview. *American Journal of Psychiatry*, 132, 1-10.

Kernberg, O.F. (2004). *Agresividad, narcisismo y autodestrucción en la relación psicoterapéutica*. Manual Moderno. México.

Kernberg, OF. (1979). *Desórdenes fronterizos y narcisismo patológico*. Paidós.

Kernberg, OF. (1987). *Trastornos graves de la personalidad*. Ed Manual Moderno.

Linehan, M.M. (2003). *Manual de tratamiento de los trastornos de personalidad límite*. Paidós Iberica. Barcelona.

Mischel, W. (1979). *Introducción a la personalidad*. Interamericana.

Schneider, K. (1971). *Personalidades psicopáticas*. Morata, Madrid.

Tyrer, P. and Ferguson, B. (1987) Problems in the classification of personality disorder. *Psychological Medicine*, 17,(1), 15-20.

Websites:

<http://www.personalitystudiesinstitute.com/>

<http://www.borderlinedisorders.com/>

<http://nyp.org/services/psychiatry.html>

<http://www.cornellpsychiatry.org/>

<http://www.appic.org/>

<http://www.aadprt.org/>

ANEXO: Entrevista Estructural “STIPO” *

* Material de acceso libre. Descargado de: <http://istfp.org/publications/diagnostic-instruments/> Junio 2013

STIPO: 1.07

STRUCTURED INTERVIEW OF PERSONALITY ORGANIZATION
(STIPO)

John F. Clarkin, Eve Caligor, Barry Stern & Otto F. Kernberg

Personality Disorders Institute
Weill Medical College of Cornell University

© 2007 Clarkin, Caligor, Stern, & Kernberg
Do Not Quote or Cite Without the Written Consent of the Authors

INTRODUCTION

The Structured Interview of Personality Organization (STIPO) provides a guide to the evaluation of the individual's personality organization according to the psychodynamic conceptualization of Kernberg (1996). The precursor to the STIPO is the structural interview (Kernberg, 1981; Clarkin, Kernberg & Somavia, 1998), which is a clinical assessment with internal guidelines organized to evaluate personality organization.

The advantage of the clinical structural interview is that it allows a sophisticated clinician to utilize accumulated clinical wisdom and intuition to take the interview into targeted areas. Its disadvantage is limited reliability across interviewers and uneven coverage of all areas of inquiry. The advantage of the STIPO is that it provides a framework within which the interviewer can arrive at a reliable assessment of psychic structure and structural change.

We are not the first to operationalize and standardize a structural diagnosis from a psychodynamic point of view. Sullivan wrote about the psychiatric interview in 1953/54. This was followed by "The initial interview in psychiatric practice" (Gill, Newman, Redlich, 1954), and the "Tavistock" interview (Balint & Balint, 1961). Other attempts followed, including "The psychoanalytic initial interview" (Argelander, 1966), "The biographical case history of depth psychology" (Duhrrssen, 1972), "The psychiatric examination" (Kind, 1973). Most recently, Weinryb (1991) constructed the "KAPP" interview to standardize the structural interview of Kernberg.

The STIPO is a semi-structured interview that yields a dimensional assessment of the domains of functioning central to Kernberg's theory of personality organization: identity consolidation; quality of object relations; use of primitive defenses; quality of aggression; adaptive coping versus character rigidity; and moral values. The STIPO explores both the patient's behavioral world and inner world. Phenomenology--the patient's work or interpersonal behavior, for example--without information about the patient's inner experience is limited as the same behavior may have different meanings in two different individuals. The patient's inner experience without a description of behavior can be misleading. The combination is both informative and theoretically sound.

Whereas the STIPO is used to make dimensional assessments of personality, the STIPO does not assess current or past symptoms (e.g., depression); other instruments such as the SCID-1 (First, Spitzer, Gibbon, & Williams, 1996) can be used in conjunction with the STIPO for this purpose. Rather, through the prism of object relations, the STIPO assesses the repetitive and therefore structured manner in which the individual conceives of self and others in interaction.

The Inventory of Personality Organization (IPO; Clarkin, Foelsch, & Kernberg, 2001) can be used as a self-report screening instrument before the administration of the STIPO.

Dimensions of Personality Measured in the STIPO

Identity. Identity is a descriptor of both the organization and the contents of the subject's inner world. An integrated and stable inner experience of self and others is responsible for the subjective sense of a cohesive self and also corresponds to the construct of identity, along with its behavioral correlates such as a capacity for investment in work and in stable, intimate relationships. Similarly, an unintegrated and unstable experience of self and others is responsible for the subjective sense of not having a cohesive self and also corresponds to the construct of identity diffusion, along with its behavioral correlates. Thus, a consolidated identity corresponds to an inner world in which experiences of self and others are well integrated and have depth and subtlety, i.e., have the qualities of "whole objects" and are relatively stable over time. Identity diffusion corresponds to an inner world in which experiences of the self and others are polarized, contradictory and superficial, i.e., have the quality of "part objects" and are unstable.

Identity is assessed in the STIPO by examination of the individual's capacity to invest in work or studies and free time activities, and the degree of integration and stability of sense of self, including the stability and general valence of self-esteem. Identity is also assessed by examination of the subject's sense of others, the degree of integration and stability in the experience of others, along with the capacity to evaluate others in depth, beyond their transitory, experienced behaviors, and to accurately perceive what others are feeling and thinking. The presence of a poorly consolidated identity distinguishes the borderline level of organization from the neurotic level of organization.

Quality of object relations. Quality of object relations refers both to the quality of the subject's interpersonal relationships and to the nature of the subject's inner experience of self and others in interaction. Intrapsychically, quality of object relations is described in terms of the stability, degree of integration and depth of the subject's inner experience of self and others in interaction and in terms of the capacity for investment in relationships. Quality of object relations is assessed in the STIPO by examining the nature and stability of interpersonal and intimate relations, ability to combine tenderness with erotism, tendency to view relationships in terms of need fulfillment, empathy and capacity to maintain a commitment to others over time.

Primitive Defenses. Primitive defenses, such as splitting, idealization/devaluation, primitive denial, projective identification, somatization and fantasy are characteristic of individuals with borderline personality organization. The STIPO assesses primitive defenses by

inquiring about the conscious, subjective affective, cognitive and behavioral correlates of the use of primitive defensive operations.

Coping and Rigidity. Defenses are the habitual reactions that the subject uses to ward off anxiety. The STIPO assesses the use of both advanced and primitive defenses. Advanced defenses, such as suppression and anticipation, and neurotic defenses, such as repression, intellectualization, reaction formation and displacement, are the predominant defenses used by individuals in the normal-neurotic range. Normals rely predominantly on advanced defenses, which are both flexible and adaptive. Neurotics rely predominantly on neurotic defenses, which are rigid, often cause psychological distress and are less adaptive than advanced defenses.

Coping refers to the individual's capacity to flexibly and adaptively respond to situations that are potentially stressful. An adaptive response, reflecting successful coping, will minimize psychological distress while responding appropriately and constructively to external circumstances. Rigidity refers to the chronic tendency to respond to potentially stressful situations in an automatic and stereotyped way that is to some degree maladaptive. A maladaptive response, reflecting character rigidity, causes psychological distress and does not necessarily lead to an optimal response to external circumstances. The STIPO assesses coping and rigidity by assessing how the individual anticipates and responds to stressful, challenging and disappointing situations, as well as the degree to which the individual is able to tolerate being in situations that are outside of his control.

Aggression. Quality of aggression refers to the extent to which the subject's inner life and external behavior are dominated by aggression and defenses against aggression. Aggression is assessed in the STIPO by examining destructive and self-destructive behavior, sadism, omnipotent control of others and hatred. It is predicted that the predominance of aggression will correlate with primitive defenses and poor quality of object relations.

Moral Values. Moral values refers to the extent to which the subject has internalized stable values and morals that affect his inner experience and guide his behavior. Morality and values are assessed in the STIPO by examining the subject's behavior in relation to moral decision-making and the capacity for guilt.

Differential Treatment Planning, Outcome Prediction
and Relation to Other Constructs

The STIPO content domains, particularly those considered the “core” of Kernberg’s theory of personality organization, Identity, Quality of Object Relations, and Primitive Defenses, are thought to be stable and meaningful descriptors of personality and a reliable way to predict patients’ behavior in and suitability for treatment. In conjunction with an Axis I instrument such as the SCID-1, the STIPO’s dimensional assessment of these domains can serve as the cornerstone for empirically based differential treatment planning, guiding the clinician’s selection among psychotherapeutic treatment options.

As described above, identity and quality of object relations are closely related constructs. One crucial distinction, however, is that while identity remains stable over time, the quality of object relations may be more fluid. Thus, it is expected that in the course of psychodynamic treatment, a broad range of object relations will be activated in the treatment while the underlying structural characteristics of the patient will remain relatively stable. (For example, a neurotic patient in analysis may operate, transiently, in a world of part objects and become very paranoid and controlling. But we would not expect this patient, even during a severe transference regression, to develop identity diffusion.)

It is predicted that in the treatment of patients with personality disorders, dimensional changes in quality of object relations and use of primitive defenses should precede evidence of structural change. Thus, it is hypothesized that treatment works at the level of patients’ object relations; it is by improving the quality of patients’ object relations that psychotherapeutic and psychoanalytic treatments can lead to structural change. In this emphasis on quality of object relations as the cutting edge of and the marker for personality change, our perspective is consistent with the perspective of the contemporary Kleinian school of psychoanalysis. In our emphasis on psychic structure and the centrality of psychic structure in diagnostic evaluation and assessment of therapeutic outcome, our perspective is consistent with the perspective of contemporary ego psychology.

An additional application of the STIPO is to examine the relationship between Identity, use of Primitive Defenses, and Quality of Object Relations as assessed in the STIPO, and near-neighbor constructs such as attachment style, reflective functioning and psychological mindedness, and personality disorder traits as assessed by measures linked to Axis II of the DSM (e.g., the International Personality Disorders Examination [IPDE], Loranger, 1999).

Scoring

Scoring of individual STIPO items

The STIPO is scored by the interviewer as it is administered. Each item is rated on a 0-2 scale, with zero reflecting the absence of pathology in the characteristic being assessed by a given question, two reflecting the clear presence of pathology in the characteristic being assessed, and a score of 1 representing an intermediate status in which some pathology in the characteristic being assessed is reflected in the response.

Scoring anchors are provided for each STIPO item to assist the interviewer in determining the appropriate scoring (0, 1, or 2) of a response. These anchors include various features that are characteristic of a 0, 1, or 2 response. Unless it is explicitly stated, the respondent is not expected to manifest all of the features listed under a given anchor in order to score at that level. We simply provide a listing of the features that *could*, in various combinations, constitute a response at that level. When evaluating any of those characteristics and trying to distinguish, for example, a score of 1 from a 2, the interviewer should consider the *frequency, intensity or severity, and pervasiveness* of the particular behavior or feeling being assessed. Given that information, it is up to the interviewer to use his or her judgment in determining the score.

For some STIPO items a score of 3 can be recorded. A score of 3 has different implications for different STIPO items, but can indicate that the subject either: did not answer the question; failed, after repeated clarifications, to understand the question; or, responded to the question in a manner that was incoherent, highly superficial, or internally inconsistent.

For some STIPO items a score of 9 can be recorded, indicating that the item has been skipped. For example, items one through four pertain to the area of work; if a respondent has not been working during the past five years, these questions should be skipped, and a 9 recorded as the response for each. Similarly, question 36 assesses intimacy and interdependency in one's intimate relationships; if the respondent reported having no significant intimate / romantic relationships in the past five years (question 35), then question 36 should be skipped with a 9 recorded as the response.

Domain scores calculated by mean-of-items

Scores for each STIPO domain and subscale are calculated by averaging the 0-2 scores for the items in that particular domain or subscale.

Domain scores calculated through 5-point rating scales

In addition to the calculation of domain and subscale scores by taking the mean of items in that domain or subscale, the interviewer also completes a 5-point rating for each domain, and several additional subscales, of the interview. The 5-point scales define the range of health and pathology for each section being rated. For example, an examinee with a score of 1 on the Quality of Object Relations Scale would have described, across the various questions in the Object Relations section of the interview, strong, enduring and satisfying object relations, not viewed in terms of need fulfillment, and would demonstrate the ability to combine sexuality and intimacy. In contrast, an examinee with a score of 5 on the same scale would have described a severe paucity of attachments, a view of relationships based strictly on need fulfillment, little capacity for empathy, and little to no capacity to sustain interest or commitment to others across time.

The 5-point scales are rated by the interviewer after the last question in a given section has been administered. The interviewer is instructed to use his or her clinical impression of the examinee, based on responses to STIPO questions, the examinee's non-verbal behavior during the interview, and the interviewer's clinical sense of the of the examinee, bearing in mind factors that appear evident during the interview but that might not be manifest in the examinee's verbal responses. Also, in contrast to the mean-of-items scoring method, in which each STIPO item is given equal weight in the scoring, the 5-point ratings allow the interviewer, based on his or her clinical judgment, to differentially weight items within a given domain in calculating the 5-point rating.

In summary, there are currently two systems for calculating STIPO domain and subscale scores. Each is based on ratings made by the interviewer while the interview is being administered. Pilot data collected to date suggest that the 5-point ratings are highly correlated with the mean-of-item scores, and a method for the integration of these two systems is currently under development.

Interviewer Qualifications and Training

The STIPO is designed to be administered by experienced, psychoanalytically-oriented psychiatrists and psychologists and those with comparable training. Competent administration of the STIPO requires familiarity with the constructs underlying assessment of personality organization, notably normal and pathological identity formation and higher-level and primitive defensive operations. It is presumed that those who administer the STIPO are already well trained as clinical interviewers and have experience administering semi-structured interviews.

References

- Clarkin, J. F., Foelsch, P. A., & Kernberg, O. F. (2001). *The Inventory of Personality Organization*. White Plains, NY: The Personality Disorders Institute. Weill College of Medicine of Cornell University.
- Clarkin, J.F., Kernberg, O.F., and Somavia, J. (1998). Assessment of the patient with borderline personality disorder for psychodynamic treatment. In: J.W. Barron (Ed.), Making diagnosis meaningful: Enhancing evaluation and treatment of psychological disorders. Washington, D.C.: American Psychological Association.
- First, M. B., Spitzer, R. L., Gibbon, M., & Williams, J. B. W. (1996). *Structured Clinical Interview for DSM-IV Axis I Disorders, Patient Edition (SCID-I/P, Version 2.0)*. NY: Biometrics Research Department. New York State Psychiatric Institute, New York.
- Kernberg, O.F. (1984). Severe Personality Disorders: Psychotherapeutic Strategies. New Haven: Yale University Press.
- Kernberg, O.F. (1981). Structural interviewing. Psychiatric Clinics of North America, 4(1), 169-195.
- Kernberg, O.F. (1996). A psychoanalytic theory of personality disorders. In: J.F. Clarkin & Mark F. Lenzenweger (Eds.), Major theories of personality disorder. New York: Guilford Press.
- Loranger, A.W. (1999). *International Personality Disorder Examination (IPDE) manual*. Odessa, FL: Psychological Assessment Resources, Inc.

STIPO Interview Instructions

I am going to ask a number of questions about your life situation and your personality characteristics. Please answer these questions as openly and honestly as possible. In answering the questions, we ask that you respond as you generally have been during the last five years.

In the last 5 years, have there been times when you have not been your “normal self,” due to psychiatric difficulties such as bipolar disorder, schizophrenia, or drug or alcohol abuse? Where you weren’t functioning as your “normal self”?

If yes, how much of the time during the past 5 years were you affected by these difficulties and not your “normal self”?

Would you say that you were functioning in a way that was drastically different from your normal self during that time?

Probe for: hospitalizations, loss of jobs or relationships, interruptions of jobs or schooling, etc..

Finally, before we start the interview, I should tell you that this is in some ways like an interview and discussion, and in other ways not. I will be asking you lots of questions, and I will then listen to your responses. In some cases, I may ask you additional questions to clarify your responses, and in some cases, I may actually stop you when you’re speaking – I’ll generally do this because I have all the information that I need, and because I’m concerned about us being able to go through the entire interview. Do you have any questions?

SECTION 1: IDENTITY

Capacity to Invest

Tell me how you have spent the majority of your time in the past 5 years; for example, have you been working full-time, part-time, have you been a student?

Investment in Work

What kind of voluntary or paid work have you done in the past 5 years?

Probe: full-time / part time, average number of hours per week, etc..

1. How effective are you in your work?

Idinv1 Probe: for performance reviews, raises, whether respondent supports him or herself through work.

Work Effectiveness Would you say that your performance in work is significantly below your ability or potential, or that it is pretty much up to your capability?

Is your work below or above the level of your education?

0= *Perceives self as being effective in work: works largely up to potential and at a level commensurate with education*

1= *Perceives self as being less than optimally effective: works at a level that is somewhat below potential or level of education*

2= *Significant to severe impairment in the domain of work: perceives self as being largely to entirely ineffective, and/or as working well below potential and level of education*

9 = *No significant work role during past 5 years – question skipped*

2. How stable are you in your work?

Idinv2

Do you miss work frequently; in the past month, for example, how many days of work did you miss?

*Work
Stability*

When you do have to miss work, what generally is the reason?

(How much time do you miss for those reasons?)

Have there been periods of time in the past 5 years when you were not working or in school?

0= *Work is stable: absences limited to non-psychiatric illnesses, planned vacation, or other expectable reasons*

1= *Work is somewhat unstable: reports absences that are not due to physical illness or vacation; perhaps switches jobs frequently; may have frequent absences due to physical illness, but does not significantly impair work performance*

2= *Work is unstable: work may be sporadic, with more days missed than worked; frequent job changes, with brief stays with a given job*

9 = *No significant work role during past 5 years -- question skipped*

3. How important is work to you? Would you say that you are ambitious with respect to work and career; what are your goals with respect to work?

Idinv3

*Work
Ambition/goals*

How realistic would you say those goals are? Have you been effective at meeting your work goals?

How stable have your work goals and ambitions been – do they frequently change?

Over the past 5 years has your work corresponded to your goals?

0= *Has clear occupational ambitions / goals: correspondence between work and life goals*

1= *Occupational goals / ambitions are less than clear: may be invested and consistent in work, but sees it strictly as a “means to an end”, with little sense of goals and/or ambition; may demonstrate ambition, but in context of unrealistic goals, or ineffectiveness in meeting goals*

2= *Cannot identify clear occupational goals / ambitions: no ambition; little to no correspondence between work and professional and life goals*

9 = *No significant work role during past 5 years -- question skipped*

4. Do you enjoy working?

Idinv4 Does working give you a sense of satisfaction, accomplishment?

Work Satisfaction Does it give you some sense of pride and satisfaction just “doing a job well”?

0= *Obtains clear satisfaction and enjoyment from work*

1= *Somewhat dissatisfied with work: obtains some satisfaction / gratification from work; enjoyment derived from work is minimal; may see work as a means to an end, with little intrinsic reward*

2= *Significant to severe, and / or chronic dissatisfaction with work: little to no sense of gratification / satisfaction / enjoyment in work; may resent having to work*

9 = *No significant work role during past 5 years -- question skipped*

Investment in Studies

What formal schooling have you engaged in during the past 5 years?

Probe: Full- or part-time, how long in school, etc.

5. How effective are you in your studies?

Idinv5 How are your grades? Are you able to meet deadlines?

Studies Do you achieve up to your potential?

Effectiveness What is the feedback you have generally received about your academic work (generally positive or negative)?

0= *Effective in studies: meets deadlines; achieves up to potential in terms of grades; across the majority of educational endeavors; receives positive feedback*

1= *Somewhat ineffective in studies: may be effective in some but ineffective in others; feedback on academic performance is mixed*

2= *Ineffective in studies: drops out, fails to complete courses or perform to expectations in majority of efforts*

9 = *No significant role as a student during past 5 years -- question skipped*

6. How stable are you in your studies?

Idinv6

Have there been breaks in your education that were not planned?

*Studies
Stability*

Have you had to take incompletes in any of your courses?

If yes, why?

0= *Stable in educational endeavors: remains in school, no drop outs for reasons other than unexpected, unusual circumstances*

1= *Somewhat unstable in educational endeavors: evidence of some instability in educational endeavors as an adult, e.g., pattern of being in and out of enrollment, working slower than intended towards a degree*

2= *Unstable in educational endeavors: drop outs: frequently starts and stops educational endeavors; switches degree programs; failure to complete courses in timely fashion such that goal attainment is highly doubtful*

9= *No significant role as a student during past 5 years -- question skipped*

7. Do you enjoy your studies and get satisfaction from them?

Idinv7

Do you enjoy learning?

*Studies-
Satisfaction*

- 0= Enjoys studies: derives clear sense of intrinsic satisfaction from work and study*
- 1= Some lack of enjoyment in studies: satisfaction and gratification is muted; some sense of indifference, cynicism, or of seeing studies as simply a means to an end*
- 2= Dislikes or is strongly indifferent to studies: little to no sense of intrinsic gratification or enjoyment; sees studies strictly as a means to an end*
- 9 = No significant role as a student during past 5 years -- question skipped*

8. How important are your studies to you?

Idinv8

Do your studies correspond to what you want to do in life professionally, do they correspond to your goals?

Studies

ambition / goals

Note. Ask the following questions only if you have not asked questions 1-4, Investment in Work.

Do you have a clear sense of what you would like to accomplish professionally, of your professional goals and aspirations?

Do your professional goals and aspirations shift frequently, or have they been stable for a longer period of time?

If questions 1-4 were already asked, question 8 can be scored with the same response to question 3.

0= *Studies correspond to professional and / or life goals. NOTE: this may include the “liberal arts” undergraduate student who may or may know what he or she wishes to do after graduating, yet articulates the importance of a “well rounded” education for future success*

1= *Studies have a tenuous relation to professional goals: goals may be somewhat unstable*

2= *Studies have little to no relation to professional and / or life goals: respondent has no sense of professional / life goals; goals may shift frequently; may articulate no goals for which an education is clearly needed*

9 *No significant role as a student during past 5 years -- question skipped*

Investment in Recreation

9. On the weekends, or in your free time, what interests do you pursue?

Idinv9

Are you engaged in activities that involve a considerable amount of your time? If

Recreation

the respondent cannot identify any such activity, prompt with the following: For

*Presence of
sustained
interests*

example, do you have any hobbies that you spend time developing, such as a learning or playing a musical instrument, a craft or artistic hobby, a regular engagement in a sporting activity, or any such activities?

What about cultural activities, regularly going to the theatre or musical events, or involvement in a regular way in religious activities?

What about regular volunteer activities, or involvement in political activities?

Choose the one or two most significant activities, and, for each, probe:

How long have they been engaged in the activity, time spent engaged in the activity, consistency of involvement, seriousness of interest, efforts to increase knowledge of that activity or interest (e.g., taking classes or lessons, reading about the activity or interest).

How stable is your involvement in _____ and _____; are they activities that you regularly put time into, or activities that you do once in a while?

- 0= *Sound investment in recreational activities: as one or more activities/ areas of interest involving regular engagement as described above*
- 1= *Some investment in recreational activity: activity / interests are identified but participation / interest is not consistent over the long-term; makes little effort to ensure consistent involvement; participates sporadically even during “active periods”; reports that interest waxes and wanes*
- 2= *Little to no significant investment in recreational activity: interests shift significantly and frequently; infrequent or superficial participation even during “active” periods; may report having no activities / interests with any measurable, regular investment of time or effort; workaholic who “does not have time” for recreational engagement scores a 2*

10. Are you the kind of person who tends to pick up hobbies and interests and then drop them?

Idinv10

Recreation

Have you had several activities or hobbies that you were at one time really interested and involved in, that you later became disinterested in and dropped?

Picks up and drops

If yes, please describe.

- 0= *Consistent engagement in identified activities over time: consistent participation in the activity during “active periods” as indicated by a 0 on item #9*
- 1= *Somewhat inconsistent engagement in recreational activity: picks up and drops activities with little sustained interest in them over time, and in the absence of a clear area of recreational investment*
- 2= *Significant to severe instability in recreational engagement: interests may shift significantly and frequently: may report having no activities / interests*

Note: A respondent who scores a 0 on question #9 automatically scores a 0 on # 10 as the capacity to invest in recreation has been confirmed.

11. If there is a specific, identified recreational activity indicated on item #9,

Idinv11

Is your interest in _____ satisfying?

Recreation

Do you enjoy _____ and feel a sense of satisfaction from your participation in _____?

Satisfaction

If not, why do you continue to be involved in those interests and activities? Do you feel you do them for yourself?

If there is no specific, identified recreational activity indicated on item #9,

In what other ways do you occupy your free time?

Do you have lots of unstructured time that you don't know what to do with or would you say you keep yourself occupied?

Is your free, recreational time satisfying to you?

0= *Recreational time is generally structured and satisfying: engagement in identified activities or time spent with friends; may report having little 'free' time because respondent is so engaged socially or in recreational activity*

1= *Ambivalent about the activities: some pleasure and enjoyment, but perhaps also sees the engagement as a chore or obligation; may not endorse ambivalence about activity, but may describe superficial investment, as indicated by a 1 on question #9*

2= *Recreational time is unstructured or unsatisfying: not invested in significant activities as described on #9 above; may report having lots of unstructured free time with no productive social or recreational engagement; no satisfaction in recreational time; may report engagement in activities or social obligations but with no sense of pleasure / satisfaction from the activities, experiencing them as a chore and with little to no intrinsic enjoyment; the "workaholic" who has not free / recreational time*

Sense of self – coherence and continuity

Questions 12 - 14

12. Superficiality versus Depth

I want to shift gears a little bit here and ask you some questions about yourself as a person...about your personality. Tell me about yourself, what are you like as a person? Let's say that you wanted me to get to know you as quickly as possible, in just a few minutes – how would you describe yourself to me so that I get a live and full of picture of the kind of person you are?

If initial response does not rate a "0", Is there anything else you can tell me about what is most characteristic of you, about your essence as a person?

If respondent provides:

1. A list of Adjectives, "you've used several adjectives to describe yourself: I'm wondering if you could fill in your description a bit, perhaps bringing it to life with an example or story that illustrates some of those qualities." Note: elicit *two* examples as needed.
2. A superficial description, inquire about one or more of the adjectives or qualities offered, and ask if the respondent can describe those qualities in greater detail.

13. Ambivalence

The interviewer should ask about the respondent's most and least admirable / desirable quality; it may be one of the qualities identified above, and for each ask:

Tell me about your most (least) admirable or desirable quality. If it would help, perhaps you can provide an example or a story that illustrates this quality.

Note: If the respondent cannot speak with clarity / depth about the first negative quality of the self, inquire about a second negative quality. If the respondent cannot speak with clarity / depth about the second negative quality, then score a 2. Repeat the same procedure for two positive qualities as needed.

14. Reflective functioning

For each of the qualities identified in question #13 ask:

“Why do you think you are _____? What is your theory about why you are like that?”

“How did you come to be someone who is _____?”

(If respondent answers with a literal or reductionistic response, e.g., “I don’t know, I guess because my father is like that,”, then ask: “I wonder how it is that you became like your father; how did that quality become part of you?”)

12. 0= *Describes self with subtlety, depth and self-awareness: easy for respondent to elaborate multiple, diverse qualities; narrative quality*

Idcc1

Self Description 1= *Somewhat superficial description of self: some poverty in descriptors of self; tends towards list of adjectives with little elaboration, narration*

Superficiality Versus Depth 2= *Superficial description of self: little subtlety or depth; significant poverty in descriptors of self; list of adjectives with no elaboration; little to no narrative quality*

13. 0= *Can provide realistic, elaborated descriptions of both positive and negative qualities of the self: little to no sense of being guarded or defensive; appears comfortable discussing positive / desirable, and negative / less than desirable qualities*

Idcc2

Self Description 1= *Difficulty seeing self as whole object: may be able to discuss both positive and negative qualities, but descriptions may be lacking in depth; may have considerably more difficulty describing the positive or negative qualities of self; response may be defensive, or demonstrate discomfort talking about either positive or negative qualities*

Ambivalence 2= *No ability to see self as whole object: marked difficulty describing either the positive or negative qualities of the self, or both; may demonstrate marked defensiveness in speaking about positive or negative qualities*

14. 0= *Ability to articulate a theory of his or her personality and inner mental life: can elaborate hypotheses linking personal history to current personality; can suggest well reasoned, if potential, causes for current dispositions and tendencies; articulates theories that seem plausible and realistic*
- Idcc3*
- Self* 1= *Contains some self-reflective capacity: this capacity may be lacking in depth or subtlety; theories articulated may lack plausibility or a sense of being real; theories may be characterized by externalization*
- Description*
- Reflective* 2= *Little to no ability to reflect on inner mental life: reflection is characterized significantly by externalization or reductionism (e.g., “I’m sad because my parents were terrible to me”; “I’m depressed because it’s in my genes”)*
- Functioning*

15. If you look back over the past 5 years would you say that you have a continuous sense of yourself moving through time, or does it feel like a series of different selves moving through your life?
Idcc4

Self
When you look back on yourself as you were yesterday, and as you were a week ago, does your sense of who you are feel the same or different?

*Consistency
across time*

(When you look back on events from the recent past, do you feel connected to that person who experienced those events?)

(Does the passage of time, or series of events feel like a steady flow, or would you say that it feels choppy or broken up?)

If choppy / discontinuous can you give me an example of how your life feels discontinuous or choppy?

0= *Continuity in sense of self across time: same person, changed by experience*

1= *Somewhat discontinuous sense of self across time: some ability, however, to see oneself as continuous, working towards coherence in sense of self across time*

2= *Little to no sense of continuity in sense of self across time: elaborated with clear examples of discontinuity*

3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

16. Do you see yourself as someone who has definite opinions or feelings about things; for example, moral or political views, or other opinions?

Idcc5

Self

Would you say that you look to see what opinions other people hold and that you tend to take those opinions on as your own, or are your opinions pretty clear to you?

Tastes/Opinions

If opinions are borrowed, does a particular example of this come to mind?

What about your tastes and preferences: for example, if you're ordering food in a restaurant, are you pretty clear about what you like or are you one to let others decide for you?

What about clothing: when you go shopping to you have a clear sense of what style you're drawn to? Are you clear about the kinds of things you like to wear?

Do you find that your tastes, preferences, or opinions change significantly from day to day or from week to week?

- 0= *Has strong sense of his or her own opinions / tastes: has own opinions, but is open to influence by others*
- 1= *Some instability or lack of authenticity in tastes, preferences, opinions: can give at least some examples in which opinions / tastes of others are taken as one's own*
- 2= *Unstable, inauthentic sense of personal tastes, preferences: little to no sense of his or her own preferences or opinions; tastes / preferences may change significantly and frequently, perhaps according to social demands, i.e., taking on the tastes / opinions of others*
- 3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

17. Would you say that you come across like a different person to your different friends so that each of them get a different sense of who you are as a person?

idcc6

Self

(Note: if necessary, clarify that this is not about a behavior changing, but a different sense of who you are).

*Consistent
Sense of Self
In Present*

Would you say that you feel different about yourself, about who you are as a person, across different situations or depending on who you're with?

Would you say that you come across to the same person in very different ways at different times?

If yes,

Would they still recognize you as yourself?

Can you explain what you mean, perhaps providing an example?

0= *Consistent sense of self across situations*

1= *Somewhat inconsistent sense of self, varying across situations*

2= *Marked shifts in sense of self across situations: more globally unstable than in response #1*

3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

18. Do you enjoy spending time alone – would you say that it makes you feel free and relaxed to be alone, or do you tend to become anxious, or confused about who you are?
idcc7

Self
Time Alone Would you say that being alone makes it difficult for you to hold onto a sense of yourself and of who you are as a person?

If yes, can you explain to me what you mean by that?

(Do you ever make plans or do things with people whom you don't necessarily want to be with in order to avoid being alone?)

0= *Little to no discomfort / anxiety spending time alone: no loss of sense of self in spending time alone*

1= *Some discomfort or anxiety associated with being alone: minor avoidance of being alone*

2= *Being alone leads to severe discomfort and/or anxiety: takes active steps to avoid being alone*

3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

19. In the course of an intimate relationship (/ your marriage), or as one begins to develop, do you tend to “lose yourself,” your sense of who you are or of what is important to you, in the relationship?

idcc8

Self

If yes, can you explain how this typically happens to you, perhaps using a recent relationship (/your marriage) as an example?

In intimate relationships

In the course of an intimate relationship (/ your marriage), is it hard to maintain a sense of your own interests, tastes, attitudes, or opinions; do you tend to take on those of your partner?

If yes, is that just “being flexible” or adapting to your partner, or does it feel like your own interests, tastes, and sense of self get lost?

0= *No loss or diminishment in sense of self in context of intimate relationship as described above*

1= *Some sense self being compromised or lost in context of an intimate relationship: sense of self in this context is not entirely secure*

2= *Significant to severe loss of sense of self in context of an intimate relationship: “I don’t fear losing myself because I don’t have a clear sense of self”*

3 = *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

9 = *Question skipped because no significant intimate relationships in last 5 years; Highly superficial response; cannot reflect upon or understand the question; does not answer the question*

20. Does your self-esteem depend a lot on how you are seen by others, or would you say that your self esteem comes from inside of you?

idcc9

Self

Self Esteem

Do you compare yourself to others a lot?

If yes, would you say that your self-esteem changes a lot in response to how you compare to others?

If yes to either of the above, can you describe to me how your self-esteem change in response to external feedback or comparisons to others, perhaps using an example?

Probe for: typicality, severity in shift of self-esteem, duration of shift / return to baseline.

Would you say that there are significant swings or shifts in your sense of self-esteem or that it is pretty stable?

If unstable,

Describe for me the different feelings you shift between.

Are those changes simply changes in your mood that last for a little while, or does external feedback affect your self-esteem over a longer period of time?

- 0= *Self-esteem is secure, internally-derived, resilient, and stable: normal variations in self-esteem (feels inferior or intimidated when confronted with a “supermodel” or “genius”); bounces back from brief setbacks / injuries to self-esteem quickly*
- 1= *Self-esteem is somewhat secure and stable, but vulnerable to fluctuations in response to external circumstances / feedback*
- 2= *Self-esteem is unstable / insecure: highly dependent upon external feedback; highly unstable, or enduringly negative based on perception of low self-valuation by others*
- 3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

Representation of Others

Who is the most important person in your present life, excluding people from the family you grew up in, and your children (and your therapist).

21. Superficiality versus Depth

Tell me about ____, what ____ like as a person? Let's say that you wanted me to get to know ____ as quickly as possible, in just a few minutes – how would you describe ____ to me so that I get a live and full of picture of the kind of person ____ is?

If initial response does not rate a "0", Is there anything else you can tell me about what is most characteristic of ____, about ____'s essence as a person?

If respondent provides:

1. A list of Adjectives, "you've used several adjectives to describe ____: I'm wondering if you could fill in your description a bit, perhaps bringing it to life with an example or story that illustrates some of those qualities." Note: elicit *two* examples as needed.
2. A superficial description, inquire about one or more of the adjectives or qualities offered, and ask if the respondent can describe those qualities in greater detail.

22. Ambivalence

The interviewer should ask the respondent about the most and least admirable qualities of the person identified above, and for each ask:

"Tell me about ____'s most (least) desirable or admirable quality. If it would help, perhaps you can provide an example or a story that illustrates this quality.

Note: Repeat this probe for at least one positive and one negative quality. If the respondent cannot speak with clarity / depth about the first negative quality of the identified individual, inquire about a second negative quality. If the respondent cannot speak with clarity / depth about the second negative quality, then score a 2. Repeat the same procedure for two positive qualities as needed.

23. Reflective functioning

For each of the qualities identified in question #22 ask:

“Why do you think that ___ is ____; what’s your theory about why ___ is like that?”

“How did ___ come to be someone who is _____?”

(If respondent answers with a literal or reductionistic response, e.g., “I don’t know, I guess because ___’s father is like that,”, then ask: “Well I wonder how it is that _____ became like ___’s father; how did that quality become part of _____?”)

21.	0=	<i>Describes other with subtlety, depth and self-awareness: easy for respondent to elaborate multiple, diverse qualities; narrative quality</i>
<i>idso1</i>		
<i>Other</i>	1=	<i>Somewhat superficial description of other: some poverty in descriptors of other; tends towards list of adjectives with little elaboration, narration; narcissistic, self-referential (we have a lot in common, we’re very similar)</i>
<i>Description of significant other:</i>		
<i>Superficiality versus Depth</i>	2=	<i>Superficial description of other: little subtlety or depth; significant poverty in descriptors of other; list of adjectives with no elaboration; little to no narrative quality; highly narcissistic and/or self-referential</i>
22.	0=	<i>Realistic, elaborated descriptions of both positive and negative qualities of the other: little to no sense of being guarded or defensive; appears comfortable discussing positive / desirable, and negative / less than desirable qualities</i>
<i>Idso2</i>		
<i>Other</i>	1=	<i>Some difficulty seeing other as whole object: may be able to discuss both positive and negative qualities, but descriptions may be lacking in depth; may have considerably more difficulty describing either the positive or the negative qualities of the other; response may be overly defensive</i>
<i>Description of significant other:</i>		
<i>Ambivalence</i>	2=	<i>No ability to see other as whole object: marked difficulty describing either the positive or negative qualities of the other, or both; may demonstrate marked defensiveness in speaking about positive or negative qualities</i>

23. *Idso3*
- 0= *Ability to articulate a theory of the other's personality and inner mental life: can elaborate hypotheses linking the identified individual's history to his or her current personality; can suggest well reasoned, if potential, causes for current dispositions and tendencies; articulates theories that seem plausible and realistic*
- Other*
- Description of significant other:*
- 1= *Some sense of reflection related to inner mental life of the other: this capacity may be lacking in depth or subtlety; theories articulated may lack plausibility or a sense of being real; theories may be characterized by externalization*
- Reflective Functioning*
- 2= *Little to no ability to reflect on inner mental life: reflection is characterized significantly by externalization or reductionism (e.g., "I'm sad because my parents were terrible to me"; "I'm depressed because it's in my genes")*

24. Is it confusing for you when you're trying to figure out what other people are thinking or feeling?

Idso4 Do you read other people accurately? Are you able to understand well what people are feeling or thinking based on their behavior, or on the way they act?

Other
Assessing
Others Do you find that you misjudge others; for example, do you misinterpret other people's emotions or find that the things you think would be just the right thing to say end up hurting or offending others?

If yes:

Does a specific example of this come to mind?

Is this the case in all or most situations, with all or most people, or is it more limited, for example, to specific people like parents, friends, significant others?

Note: this question does *not* address how the subject perceives other people's feelings about him or her. This is addressed in question #25.

0= *Reports being consistently able to judge people's feelings from their actions: does not generally misread others feelings*

1= *Some difficulty judging people's feelings: may report getting an accurate "read" on some people but not others, or perhaps some people on some occasions but not others, e.g., may be good with friends, colleagues, and peers, but experiences difficulty assessing thoughts/feelings of others in context of romantic relationships*

2= *Significant to severe difficulties getting an accurate "read" on people across majority of relationships and domains of respondent's life: inability or significant difficulty judging someone's feelings by their actions*

3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

25. Are you unsure about how others view you?

Idso5 Is it hard for you to figure out what people think about you, what qualities in you they appreciate or dislike?

Other Do you have the experience of being surprised to find out how people really feel about you?

*Other's
Judgments*

If yes,

Does a particular example of this come to mind?

Do you experience this sense of uncertainty about how others view you even with people who know you very well?

Is this a source of difficulty for you, is it something that causes excessive anxiety or worry?

- 0= *Accurately judges how others perceive or feel about him or her most of the time: little to no preoccupation with or fear of people's opinions rapidly changing*
- 1= *Some difficulty assessing how others view respondent: accurately judges how he or she is being perceived in some relationships but not others; preoccupation with fears of people's opinions of him or her changing rapidly*
- 2= *Significant to severe and pervasive difficulty estimating how others view self: consistent preoccupation with a fear of people's opinions of him or her changing rapidly and unpredictably*
- 3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

26. Do you find that people's responses to you surprise you, for example, do you have the experience of people becoming angry or upset with you without you knowing why?
Idso6

Other
Social Reality Testing Do you find that friends tell you, after the fact, that you caused other people to be uncomfortable or embarrassed in some way, or that you offended others without you having being aware of it?

0= *Infrequent misreading of social cues as described above*

1= *Some misreading of social cues as described above*

2= *Regular to frequent misreading of social cues as described above: may be infrequent but the lapses in social judgment have significant consequences*

3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

Tell me about the family you grew up in; who were the people in your family, are they still living?

Can you pick one person from your family who played an important role in your development as a person?

Note: If respondent has difficulty identifying someone, ask if they can think of someone who played a significant role in their lives when they were growing up, not necessarily limited to a parent or relative, but whomever they feel played an important role in their development.

27. Superficiality versus Depth

Tell me about ____, what ____ like as a person? Let's say that you wanted me to get to know ____ as quickly as possible, in just a few minutes – how would you describe ____ to me so that I get a live and full of picture of the kind of person ____ is?

If initial response does not rate a "0", Is there anything else you can tell me about what is most characteristic of ____, about ____'s essence as a person?

If respondent provides:

1. A list of Adjectives, "you've used several adjectives to describe ____: I'm wondering if you could fill in your description a bit, perhaps bringing it to life with an example or story that illustrates some of those qualities." Note: elicit *two* examples as needed.
2. A superficial description, inquire about one or more of the adjectives or qualities offered, and ask if the respondent can describe those qualities in greater detail.

28. Ambivalence

The interviewer should ask the respondent about the most and least admirable qualities of the person identified above, and for each ask:

“Tell me about ____’s most (least) desirable or admirable quality. If it would help, perhaps you can provide an example or a story that illustrates this quality.

Note: Repeat this probe for at least one positive and one negative quality. If the respondent cannot speak with clarity / depth about the first negative quality of the identified individual, inquire about a second negative quality. If the respondent cannot speak with clarity / depth about the second negative quality, then score a 2. Repeat the same procedure for two positive qualities as needed.

29. Reflective functioning

For each of the qualities identified in question #22 ask:

“Why do you think that ____is ____; what’s your theory about why ____is like that?”

“How did ____come to be someone who is _____?”

(If respondent answers with a literal or reductionistic response, e.g., “I don’t know, I guess because ____’s father is like that,” then ask: “Well I wonder how it is that _____became like ____’s father; how did that quality become part of _____?”)

27. *idso7*
- 0= *Describes other with subtlety, depth and self-awareness: easy for respondent to elaborate multiple, diverse qualities; narrative quality*
- Other*
- 1= *Somewhat superficial description of other: some poverty in descriptors of other; tends towards list of adjectives with little elaboration, narration*
- Description*
- Family of*
- Origin:*
- Superficiality*
- versus Depth*
- 2= *Superficial description of other: little subtlety or depth; significant to severe poverty in descriptors of other; list of adjectives with no elaboration; little to no narrative quality*
28. *Idso8*
- 0= *Realistic, elaborated descriptions of both positive and negative qualities of the other: little to no sense of being guarded or defensive; appears comfortable discussing positive / desirable, and negative / less than desirable qualities*
- Other*
- 1= *Difficulty seeing other as whole object: may be able to discuss both positive and negative qualities, but descriptions may be lacking in depth; may have considerably more difficulty describing either the positive or the negative qualities of the other; response may be overly defensive*
- Description*
- Family of*
- Origin:*
- Ambivalence*
- 2= *No ability to see other as whole object: marked difficulty describing either the positive or negative qualities of the other, or both; may demonstrate marked defensiveness in speaking about positive or negative qualities*
29. *Idso9*
- 0= *Ability to articulate a theory of the other's personality and inner mental life: can elaborate hypotheses linking the identified individual's history to his or her current personality; can suggest well reasoned, if potential, causes for current dispositions and tendencies; articulates theories that seem plausible and realistic*
- Other*
- 1= *Some reflective capacity related to the mental life of others: this capacity may be lacking in depth or subtlety; theories articulated may lack plausibility or a sense of being real; theories may be characterized by externalization*
- Description*
- Family of*
- Origin:*
- Reflective*
- Functioning*
- 2= *Little to no ability to reflect on the mental life of others: reflection is characterized significantly by externalization or reductionism (e.g., "I'm sad because my parents were terrible to me"; "I'm depressed because it's in my genes")*

SECTION 2: OBJECT RELATIONS

Interpersonal relationship

30. Do you have close friends?

Obrell

(Note: This question assesses the presence of friends, *excluding* spouses, girlfriends / boyfriends, and siblings, children.)

Interpersonal relationships

If yes. Can you tell me about two of your closest friends and your relationships with them?

Close friendships

Probe: for each of the close friends identified, inquire about:

Duration of the friendship;
Mode and frequency of contact, e.g., by phone or in person; and,
Consistency of contact over time, e.g., in and out of touch?

- 0= *At least 2 close friends, as characterized by duration, frequency / regularity of contact over past 5 years*
- 1= *No more than 1 close friend who is not a family member, or presence of several friendships with impoverished descriptions according to the above criteria*
- 2= *No relationship meeting any of the qualities of duration, frequency of contact, as described above*

31. For each of the friendships identified in #30,

Obrel2 Tell me about your friendship; what do you share with one another that makes it a friendship?

Interpersonal Relationships Do you share the more intimate details of your life, your successes and joys, as well as your disappointments, difficulties, fears with ____?

Depth of close friendships Does ____ share the intimate details of his/her life, his/her ups and downs, feelings with you?

If yes, can you give me an example of something deeply personal that you recently shared with one of your close friends?

- 0= *Clear capacity for in-depth friendships: able to share intimate details of one's life with close friends; intimacy is reciprocated in these relationships*
- 1= *Capacity for friendships, but with limitation in depth / intimacy: difficulties with intimate self-disclosure; may report non-reciprocal relationships in terms of either commitment or disclosure; superficial response to question*
- 2= *Severe limitations in qualities of depth / intimacy in friendships: no relationships in which reciprocal intimate self-disclosure is reported*
- 9= *Question skipped – no close friendships identified in question #30*

32. Are your friendships in general prone to conflict, fights, falling outs, or other types of volatility?

Obrel3

*Interpersonal
relationships*

Are there other types of difficulties that you experience in your friendships (chronic and severe deception, secrets, manipulateness, or dishonesty)?

*Problems /
Volatility*

If yes, can you describe the types of problems you experience with your close friends?

- 0= *Conflicts with close friends are infrequent and minor: no major fights / falling outs; friendship recover from conflicts*
- 1= *Some conflicts with close friends: some periods of falling out, volatility, or stress, but the relationships are resilient, with repair and recovery common*
- 2= *Serious conflicts with close friends: regular volatility, falling outs, and fighting; common to most or all of the respondent's relationships; friendships regularly do not recover from conflicts / volatility*
- 9= *Question skipped – no close friendships identified in question #30*

33. How do you cope with periods when they are not available to you in the ways you're used to? For example, if a close friend goes away on a long vacation, has a big project at work, becomes involved in a new romantic relationship, or for some other reason cannot be available to you in the way that you're used to - what is that like for you?

Obrel4

*Interpersonal
Relationships*

*Friends'
unavailability*

How do you act and react to your friend under those circumstances?

Do your feelings about your friend change under those circumstances; do you get angry or resentful?

Do these kinds of stresses happen frequently in your friendships?

- 0= *Resilient to temporary decreases in the availability of friends: may report feeling lonely or missing the friend's company, or mild irritation, but feelings about the friendship remain intact; little change in overt behavior or feelings toward friend; respondent does not become angry or resentful as described*
- 1= *Somewhat vulnerable to temporary decreases in the availability of friends: changes in behavior and / or inward feeling toward friend; may describe feelings resentful or angry and withdrawing from friendship as a result; friendships are generally maintained through this process*
- 2= *Significant to severe vulnerability to temporary decreases in the availability of friends: marked changes in overt behavior toward friend and in internal feeling toward friend; may report this as a relatively constant stressor; anger, resentment, compensatory withdrawal, paranoia; friendships may end as a result of this process; constant or severe reaction*
- 9= *Question skipped – no close friends identified in question #30*

34. Do you find that you tend to be in and out of touch with your friends?

Obrel5

Do you find that you'll be really close with someone for a while but then they drop out of your life?

*Interpersonal
Relationships*

If I were to ask you to list your closest friends 5 years ago, 2 years ago, and today, would that list be mostly the same or different?

*Temporal
Stability*

- 0= *Majority of friendships endure over time: regular, consistent contact with closest friends*
- 1= *Some friendships endure over time: tendency to either drop friends, or have friends come in and out of respondent's life*
- 2= *Few, if any, non-family relationships that have endured over time: significant pattern of starting and stopping friendships; no friendships identified*
- 9= *Question skipped – no close friends identified in question #30*

Intimate Relations and Sexuality

Have you been involved in any romantic relationships in the past 5 years? (Assess number of significant relationships in the past 5 years, duration of each).

Of the relationships you just described to me, which one do you feel was the most meaningful or significant relationship? **Use only the most significant relationship as a focus for question 35, 36, and 37.**

Tell me about your relationship with ___ and why it was significant to you?

Probe for:

How much time do/did you spend together, how often did you see one another?

Is / Was your relationship an exclusive relationship?

Do / Did you consider yourselves a couple? Did others consider you a couple?

Is / Was your relationship with ___ a sexual relationship?

Do you or did you love ____? Did _____ love you?

If no, have you ever loved anyone romantically?

If the relationship has terminated, can you tell me how or why things ended?

35. Would you say that your relationship with ____ is / was characterized by intimacy and trust?

Obint1

Intimate Relations

*Intimacy /
interdependency*

Note: If respondent is focusing largely on sexual intimacy, redirect by asking whether it was difficult to maintain *emotional* closeness in the relationship.

Can / Could you depend upon this person?

Can / Could you allow this person to depend upon you?

If yes, in what ways?

Does / Did the relationship involve trust, openness, disclosure, or would you say that are cautious and guarded with your partner, or have significant fears of opening up?

Are / Were there serious problems in the relationship, such as significant dishonesty, manipulation, or deception?

0= *Interdependence, intimacy, and disclosure: strong sense of reciprocity on these dimensions; general atmosphere of trust, collaboration, and openness*

1= *Flawed sense of interdependence, intimacy, or disclosure: some sense of reciprocity, which may be intermittent and/or superficial; relationship is/was limited in terms of reciprocal nurturance and support; perhaps an intense and passionate, but conflicted and tormented relationship; long-distance relationship, perhaps of duration, but with a superficial or idealized quality*

2= *Significantly to severely flawed with respect to interdependence, intimacy and/or disclosure; total absence of intimacy, disclosure, or may be entirely non-reciprocal; significant fears of openness; severe lack of trust*

9= *Question skipped – no romantic relationships in the past 5 years*

36. Is / Was your relationship with ____ a volatile relationship, filled with conflict and problems?

Obint2

Intimate Relations

Conflict / volatility

If yes, did these conflict make it difficult for you or your partner to experience feelings of warmth and affection?

- 0= *Absence of significant conflict and volatility: disagreements and arguments are tolerated and managed without verbal or physical volatility*
- 1= *Some conflict and volatility: does not undermine what is good in the relationship*
- 2= *Significant to severe conflict / volatility: emotional, verbal, or physical abuse; what is good in the relationship is undermined by the aggression*
- 9= *Question skipped – no romantic relationships in the past 5 years*

37.

Obint3

Intimate Relations

Capacity for Investment

- 0= *Significant investment in at least one romantic relationship of substantial duration: relationship sounds realistic and personally meaningful; may be flawed, but clearly demonstrates capacity to invest in relationships involving emotional and sexual intimacy, and interdependence*
- 1= *Some investment in at least one romantic relationship of significant duration: limited, however, by duration, quality of intimacy and/or investment*
- 2= *Significant to severe impairment in intimate / romantic relationships: relationships may be extremely brief in duration; highly superficial; no romantic engagements at all*

38. Do you tend to think about your romantic or intimate relationships / marriage in terms of an exchange, you know, ‘I’ll do X for you if you do Y for me’? Is this type of thinking typical of your intimate relationships?

Obint4

Intimate Relations

Need Fulfilling

Do you find yourself “keeping score”, thinking about how many times your partner / spouse did this or that thing, or figuring out whose turn it is to do this or that?

Do you ever wonder whether you’re being taken advantage of?

If yes, describe for me how this kind of thinking happens to you during the course of an intimate relationship.

Do you find yourself feeling resentful about getting the short end of the stick in your romantic relationships / marriage?

Some of the time or frequently?

(Is it important to you that things be equal in your romantic relationships / marriage, or perhaps that you’re the one getting more out of the relationship than your partner?)

0= *Does not report being preoccupied with who is getting or giving more in relationships: no history of exploitive intimate relationships*

1= *Some preoccupation with who is getting more out of the relationship: sometimes finds self in relationships in which respondent is either predominantly giving or taking; some experience of feeling exploited by or of exploiting romantic partners*

2= *Clear preoccupation with whether or not the respondent is getting less or more out of the relationship than his or her partner: fears or accepts exploitation; consistently finds self in exploitative intimate relationships*

9= *Question skipped – no romantic relationships in the past 5 years*

39. If unmarried:

Obint5

I'm interested in how your romantic relationships end: who usually initiates the breakup?

Intimate Relations

Bored

Do you find that you tend to end relationships because you lose interest in your partners over time, or they become boring to you?

If yes, does this occur frequently, across multiple relationships?

If married:

Over the course of your marriage, has your spouse become boring to you, have you lost interest in him or her over time?

Have you had affairs or lovers?

If yes, is your affair steady, with one partner, or do you tend to have affairs with one person for a while, then moving on to someone else?

If moves on from partner to partner, why do you think you tend to move from partner to partner; is it because you lose interest in one partner over time?

0= *Ability to sustain interest in romantic partners over time*

1= *Some tendency for partners to become boring over time: pattern of loss of interest in relationships; pattern prevalent across some of the respondent's intimate relationships*

2= *Significant to pervasive pattern of ending romantic relationships because partner or the relationship becomes boring*

9= *Question skipped – no romantic relationships in the past 5 years*

40. In your romantic relationships / marriage, do you find yourself wondering if you could “do better” or fantasizing about what it would be like with someone else?

Obint6

Intimate Relations

Do better

If yes,

How extensive are your thoughts about finding a “better” partner?

Does this feeling lead you to leave your relationships, or make it difficult to enjoy your partner?

0= *Does not engage in preoccupation with idealized other partners as described*

1= *Some preoccupation with idealized other partners as described; somewhat preoccupied with finding a “better” partner*

2= *Significant preoccupation with “doing better,” with idealized other partners*

9= *Question skipped – no romantic relationships in the past 5 years*

41. Would you say that you are very critical of your partner's faults or shortcomings?

Obint7

Intimate Relations

Do you have conversations with yourself, in which you express your angry / critical feelings?

Critical

Do you find yourself fantasizing about leaving your partner because of his or her shortcomings?

Do you find yourself expressing critical feelings, picking at your partner?

If yes,

Probe for description / examples

Do you find yourself to be so critical with your partner's faults and flaws that it becomes difficult to experience positive, loving feelings towards him / her?

If unmarried, do you find that this is the case with most of the people you date?

- 0= *Is not unduly critical of relationship partners: minimal to no interference in the ability to experience positive, loving feelings*
- 1= *Some tendency critical, intolerant of partner's faults and to be vocal about it: pattern prevalent across most of the respondent's intimate relationships; some interference in ability to access positive / loving feelings towards partner*
- 2= *Significant to pervasive pattern of being overly critical, demanding, disappointed in, frustrated by partner's faults: may report ending romantic relationships because of partner's perceived shortcomings; substantial interference in ability to access positive / loving feelings towards partner; near constant criticism of partner*
- 9= *Question skipped – no romantic relationships in the past 5 years*

42. Are you sexually active now?

Obint8

If yes, with whom?

If no, have you been sexually active in the past 5 years?

*Intimate
Relations*

If respondent is not married:

Sexual Activity

Have you had other sexual partners in the past 5 years?

If yes,

How many sexual partners have you had?

Were your sexual relationships generally in the context of ongoing relationships?

How long did these relationships typically last?

Did you maintain sexual involvements with more than one individual at the same time?

Are you satisfied with the sexual aspects of your relationships?

If yes, tell me in what way you mean “satisfied.”

If no, tell me what is unsatisfying.

If respondent is married:

In the past 5 years, how frequently do you have sex with your wife / husband?

Are you satisfied with the sexual aspects of your relationship with your spouse?

If yes, tell me in what way you mean “satisfied.”

If no, tell me what is unsatisfying.

(Continued on next page)

Have you had a sexual relationship with anyone other than your spouse in the past 5 years?

If yes

How many sexual partners have you been with other than your spouse in the past 5 years?

Are you satisfied with the sexual aspects of your relationships?

If yes, tell me in what way you mean “satisfied.”

If no, tell me what is unsatisfying

- 0= *Healthy sexual activity: is sexually active; sex generally in the context of a relationship; reports generally satisfying sexual relationships*
- 1= *Somewhat impaired sexual activity: restricted sexual activity or sexual activity generally outside the context of an ongoing relationship; some dissatisfaction with sexual relationships*
- 2= *Significantly to severely impaired sexual activity: no sexual activity; little to no satisfaction from sexual relationships; satisfaction, but with partners consistently outside the context of an ongoing relationship or in a series of one- night stands; anonymous sex with multiple partners*
- 9= *No sexual relationships in past 5 years*

43. Are you inhibited in establishing or maintaining sexual relationships?

Obint9 Are you shy about sex?

Intimate Relations Are you afraid to initiate and direct the sexual activity?

Sexual Inhibition 0= *No evidence of sexual inhibition; initiates and directs sex*

1= *Some sexual inhibition: shyness, self-consciousness even in the context of long-standing or committed relationships that are otherwise secure; may report "having difficulty letting go"*

2= *Significant to severe sexual inhibition*

9= *Question skipped – no sexual relationships in the past 5 years*

44. Do you enjoy the sensual experience in sexuality?

Obint10 Is this with yourself or others (do you masturbate)?

Intimate Relations Are you comfortable experiencing sexual pleasure?

*Sensual Pleasure
in Sex* 0= *Enjoys the sensuality of sex, enjoys being touched, being pleased by self or others*

1= *Some difficulty experiencing sexual pleasure; discomfort with masturbation; may enjoy masturbation but have few or no sexual relationships; may have difficulty letting partner pleasure him or her*

2= *Significant to severe discomfort with sexual pleasure, with self or others; no sexual contact; no report of masturbation; may report being disgusted by sex*

Scoring note: a respondent who has had no sexual experiences in the past five years cannot obtain a score a 0 on this item.

45. Do you find it difficult to experience tender feelings while still enjoying sex?

Obint11

With your sexual partners can you enjoy both tender feelings and feelings of sexual passion?

Intimate Relations

Does having sex make you feel emotionally closer to your partner?

Love and Sex

0= *Ability to combine tender, loving feelings with the experience of sex*

1= *Some difficulty combining tender, loving feelings and sex: does not enjoy sex very much with romantic partners; may report some inhibition with romantic partners and less with casual sex partners*

2= *Significant to severe difficulty combining tender, loving feelings, and sexual pleasure: reports the absence of romantic relationships in which tender, loving feelings are experienced; no sexual contact at all in the context of a romantic relationship; only enjoys sex with casual sex partners*

9= *Question skipped – no romantic relationships in the past 5 years*

Internal Working Model of Relationships

I'm now going to ask you some questions about the way you relate to people other than your romantic and sexual partners.

46. What's it like for you when people close to you are in need of comfort, or are in emotional distress; is supporting and comforting them something you can do easily and comfortably?
Obiwmr1

*Concern for
Other* Can you think of the last time when someone close to you turned to you for emotional support?

If yes, elicit example and the examinee's response.

Do people close to you sometimes complain that they can't always count on you to be supportive, or that you sometimes don't seem to understand or are not interested in what they are going through?

Do you sometimes get impatient when others make it clear that they need you: for example, if a friend or someone in your family gets sick and asks you to do something that they can't do themselves – in that situation do you ever find yourself impatient or short with them, or irritated by the imposition?

0= *No difficulties providing emotional support or comfort to others*

1= *Reports some difficulties providing emotional support or comfort to others*

2= *Significant to severe difficulty providing emotional support or comfort to others*

3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

47. Is it difficult for you when someone close to you does well, experiences a success?

Obiwmr2 When something good happens to someone you care about, not that you're not happy for them, but inside, does their good fortune make you feel less good about yourself?

Envy Do you find yourself sometimes secretly wishing for certain people close to you to fail, even though you may feel guilty about it, because their success would be painful to you?

If yes, Do you ever do things to actively undermine the success of others because it would pain you to see them succeed?

(Examples: a good friend gets promoted while you are struggling to advance; your significant other gets straight A's without studying while you work very hard to get B's).

If yes,

Does a recent example in which you another's success was painful for you, or where you wished for someone close to you to fail so that you would not feel badly about yourself come to mind?

How frequently does this happen to you?

Does this happen with different people, or only in a few specific relationships?

0= *Does not report envious feelings as described*

1= *Some report of envious feelings as described; envious feelings are limited to fantasy and not acted upon*

2= *Significant to severe preoccupation with envious feelings; may extend to active efforts to undermine the success of others; happens frequently, across multiple relationships*

3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

48. Do you have the experience of feeling surprised or disappointed when people don't seem to recognize your value or status, or treat you just like everyone else rather than with the respect you deserve?
Obiwmr3

Entitlement Do you have the experience of feeling surprised or disappointed when people you know don't go out of their way to make things easier for you or take care of your needs when they are able to do so?

(Do you get upset with people who stick closely to the rules or procedure, when they are unwilling to be flexible if it would make your life easier?)

If yes,

Can you give a recent example of a time when you felt surprised, disappointed, or angry in this way?

How did you feel and how did you respond?

Do you regularly feel that people don't treat you with the respect you are due?

Does this happen with different people or is it limited to specific relationships?

0= *Rarely experiences feeling disrespected as described*

1= *Experiences disrespect as described: perhaps limited to a few specific relationships; feelings are not intense and are short-lived*

2= *Frequently experiences a lack of courtesy or respect: pattern exists across multiple relationships; responds with shock, anger, severe disappointment; feelings endure over time*

3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

49. Are you the kind of person that gets anxious or resentful when there are aspects of a person's life, someone who is important to you, that you don't know about or are excluded from?
Obiwmr4

Autonomy of other Are you the kind of person that gets anxious or resentful when people don't let you into their lives to the extent you would like or feel they should?

Probe: if you have a romantic partner, or colleague at work, or a friend and you sense that there is something important in their life that you are excluded from, does that make you uncomfortable, anxious, or perhaps angry?

If yes,

Can you give me an example of a relationship in which this is the case for you and tell me how you respond, what you do?

Does this cause problems between you and your friends?

- 0= *Does not report becoming anxious or angry when excluded as described above*
- 1= *Somewhat anxious, angry when excluded as described above: may report engaging in passive aggressive behaviors in response to these situations; may be limited to some relationships but not others*
- 2= *Reports frequently becoming anxious or angry when excluded as described above; response is manifest across multiple relationships and contexts*
- 3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

50. When considering whether or not to befriend someone new, what factors do you consider?

Obiwmr5

Need Fulfilling 1

Do you consider such things as how intelligent or creative the person is, who his or her friends are, how physically attractive he or she is, or what he or she can do for you?

If yes, do you ever seek out friendships with this directly in mind?

Would you say that your friendships can be a good way to improve your social standing?

Is there any specific person that has reached out to befriend you and whom you've avoided because of a fear that he or she would damage your social standing?

If yes, is this because you are afraid they might in some way pull you down, or because you would be seen as less special because of your being around them?

- 0= *Choice of associates not based on their perceived social value or standing; 'things just play out naturally'*
- 1= *Choice of associates governed somewhat by the perception of enhancing one's own social standing: may report avoiding some social contacts so that one's social standing or value will not be diminished; some sense that one's own value fluctuates according to the perceived value of those with whom one associates and that the choice of friendships is influenced by this consideration*
- 2= *Choice of associates is based significantly to exclusively upon perception of the relationship's influence on the respondent's own social standing*
- 9= *Question skipped – no friendships identified in question #30*

51. Do you tend to think about friendships in terms of an exchange, you know, 'I'll do this for you, and then you'll owe me in return, do *that* for me.'

Obiwmr6

Need Fulfilling -11 Do you find yourself "keeping score", thinking about how many times your friend did this or that thing, or figuring out whose turn it is to do this or that?

Is it important to you that things be equal in your friendships, or perhaps that you're getting more out of the relationship than your friend?

If yes to any of the above,

Elicit an example of the examinee's thinking in terms of relationships as an exchange

Do you find yourself feeling resentful about getting the short end of the stick in your friendships?

Is this with one friend in particular, some of the time, or with several friends, and frequently?

0= *Is not preoccupied with who is getting or giving more in friendships*

1= *Some concern / preoccupation with who is getting more out of the friendship*

2= *Significant to pervasive preoccupation with the exchange element of relationships: preoccupation with either getting more out of the friendship than his or her friends, or with feeling exploited; "Exploit or be exploited" attitude; may be incredulous at the idea that there is another way to look at the value of friendships*

9= *Question skipped - no friendships identified in question #30*

SECTION 3: PRIMITIVE DEFENSES

52. Would you consider yourself someone who is cautious about what other people know about you; would you call yourself “guarded”?

Pdef1 Are you someone who is suspicious about other people, concerned about their motives, perhaps afraid that if you let down your guard you could be easily taken advantage of or hurt?

Paranoia If yes,

Can you describe for me the ways in which you tend to be guarded or cautious?

Is this because you are afraid that people will manipulate you or that the information you reveal will be used against you?

Is this guardedness present across all or most relationships, or would you say that there are some relationships where this is not the case, where you are more open and less cautious?

0= *Little to no sense of being unusually guarded*

1= *Some discomfort with disclosure and openness in relationships; may be limited to specific relationships; motivation may be fear of being judged rather than exploited*

2= *Significant to severe mistrust of others: significant difficulties being open and disclosing personal information to others; across multiple relationships; may be due to the fear that the information will be used against the self; score 2 for significant to severe guardedness, even if a fear of information being used against the self is not endorsed*

3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

53. Do you act in ways that appear to others as unpredictable and erratic?

Pdef2

Do people tell you that you behave in contradictory ways, or would you say that people pretty much know what to expect from you in terms of your behavior?

Erratic behavior

Are people regularly surprised by your behavior?

If yes,

Could you give me an example of what you mean by that?

Is that example characteristic of you, or do you appear less erratic and more consistent and stable to other people or in other contexts?

- 0= *Does not report coming across to others as unpredictable or erratic; does not report being perceived by others as acting in contradictory ways*
- 1= *Some sense that his or her behavior is perceived as being unpredictable or erratic*
- 2= *Clear sense of behavior being perceived as unpredictable and / or erratic: across multiple situations and persons; severely chaotic behavior*
- 3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

54. Do you tend to look up to people, to put them on a pedestal?

Pdef3

Are there people whom you would say that you idealize, whom you hold in an unrealistically high regard?

*Idealization /
Devaluation I*

If yes,

Do they at times fall from their pedestal?

Do you find yourself at times becoming angry or disappointed in people when they fail to live up to your expectations?

Does this happen frequently in your relationships: that you put someone up on a pedestal or expect a lot of someone, but then find yourself disappointed in them later?

Note: consult “representation of other” questions #__and #__; if idealized or devalued views of others were presented, ask if those views ever shift radically.

0= *No evidence of idealization / devaluation in relationships as described*

1= *Some tendency towards idealization / devaluation as described; may be limited to some relationships or to times of stress*

2= *Unstable view of relationships: unpredictable shifts in view of others based on idealization / devaluation; shifts may be extreme and/or frequent; may occur across many relationships, regardless of level of respondent’s life-stress*

3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

55. About people whom you know well, would you say that your feelings tend to be unstable: by that I mean, do your feelings for people run “hot and cold”, or do your feelings about certain people can change quickly or frequently?

Pdef4

*Idealization /
Devaluation II*

As an example, would you say that it’s like you to feel close and positive about someone one day, and distant, angry, negative about them the next?

(Do your feelings for people tend to shift rapidly - do you have the experience of seeing the same person in very different ways at different times?)

If yes to any of the above,

Can you describe an example of this happening with a relationship in your recent life?

Is this characteristic of all or most of your relationships, or are some of your relationships less “up and down”?

Is it like this in your relationships some of the time, perhaps when you’re under a great deal of stress, or is this what your relationships are generally like most or all of the time?

0= *No evidence of idealization / devaluation in relationships as described*

1= *Some tendency towards idealization / devaluation as described; may be limited to some relationships or to times of stress*

2= *Unstable view of relationships: unpredictable shifts in view of others based on idealization / devaluation; shifts may be extreme and/or frequent; may occur across many relationships, regardless of level of respondent’s life-stress*

3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

56. Do you tend to deny or ignore important situations in your life that are painful or frightening to you?

Pdef5 For example, if you have:

Primitive Denial

- a serious conflict with a close friend – can you just forget about it and not deal with it for a few weeks or months?
- a serious medical problem – can you ignore getting it treated or following up with your care?
- Financial difficulties – could you ignore the problem by not opening bills because you have no money to pay them

With any of these kinds of problems, or similar problems that are painful or frightening to you, are you the kind of person who can act as though it doesn't exist, and just not deal with it?

If yes,

Does a recent example of this from your life come to mind?

Has this tendency caused you problems in life, for example, has it interfered with your meeting deadlines, following up on important life goals, following up on medical problems, or caused any legal difficulties?

- 0= *Does not important problems as described; may put off or procrastinate with certain problems, but with no minimal consequence*
- 1= *Some tendency to ignore or put off addressing painful realities: tendency has not interfered with meeting deadlines, exacerbated medical problems, or had major consequences in respondent's life*
- 2= *Significant to pervasive avoidance of painful / difficult realities: serious consequences involving either physical health, missing deadlines, legal or other difficulties*
- 3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

57. We all have times when we are disrespected, disregarded, or treated poorly by others.

Pdef6

Is this kind of treatment by others something you experience occasionally, or frequently?

*Projective
Identification*

Would you say that you are sensitive to slights or that you feel provoked by others easily?

If yes, more so than the average person?

When you are feeling disrespected or slighted by someone do you tend to withdraw, or is it your tendency to get angry, to provoke people right back?

Do people find you to be provocative, or are you aware of trying to goad people.

Have you found it necessary to be very alert to other people who might be trying to control or manipulate you?

- 0= *Resilient to perceived lack of respect / disregard: may be annoyed but is able to “let it go”; generally withdraws from the situation; does not generally respond with anger, and when respondent does become angry, it appears to be an appropriate response to the interaction*
- 1= *Sensitive to lack of respect / disregard: no strong external displays of reactive verbal / physical aggression; may be limited to a few particularly conflicted relationships*
- 2= *Vulnerable and sensitive to lack of respect / disregard: perceives lack of respect or disregard frequently and in different circumstances; responds to even slight provocation with hostility and overt verbal or/ physical aggression; may be limited to few relationships; pervasive pattern of strong response to provocation across majority of relationships; may discuss serious difficulties with authority*
- 3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

58. Do you tend to daydream? For example, playing out fantasies that are good and pleasurable, like having a million dollars, or meeting the greatest man / woman, becoming the head person at your job?

Pdef7

Fantasy

Are you the kind of person who reads the same book or watches the same movie over and over and over?

If yes,

Does an example of such daydreaming come to mind?

Do you lose track of time thinking about these things that feel good, or does this tendency interfere in other ways with your daily life?

Do you have conversations with yourself in which you imagine and play out these fantasies?

Do you tend to retreat to these fantasies, books, movies: for example, when you're feeling particularly anxious or wanting to avoid some aspect of your life, do these fantasies take up more of your time?

0= *Daydreaming is minimal, no loss of time, not a significant preoccupation*

1= *Some elaborate daydreaming; some sense that it takes the place of action*

2= *Elaborate fantasy life, significant preoccupation and extensive time spent in fantasies of success and grandeur; takes the place of action; may involve loss of time*

3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

59. Do you get physically ill when you're under stress? When you feel under pressure or are experiencing stress in your social relations, or in your work or studies, do you tend to develop physical symptoms?

Pdef8

Somatization

If no, are you the kind of person who always has physical symptoms or difficulties, like chronic stomach aches or headaches, insomnia?

If yes,

What kinds of physical symptoms?

Do you have a tendency under such situations to withdraw from others and to become focused on your body and how it is functioning?

Does this tendency interfere with your daily functioning, or your relationships with significant others?

- 0= *Does not develop physical symptoms in response to stress may occasionally develop minor, transient symptoms; little to no interference in functioning*
- 1= *Develop physical symptoms in response to stress with some regularity: some interference in daily functioning or relationships*
- 2= *Significant tendency to develop moderate to severe physical symptoms as a consistent response to stress: interference with daily functioning and/or significant relationships*
- 3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

60. Do you tend to react strongly to certain kinds of events, say a change in your typical commuting pattern, or a sudden change in your schedule?

Pdef9

Over-reaction

Some people react strongly to these types of changes, perhaps more so than other people who might take them a bit more “in stride”; which is more characteristic of you?

If yes,

Is there an example that you can provide?

Did you become angry and resentful about the change?

If yes, how angry; how long did your anger / resentment last?

Is this typical of your response to these types of changes or event?

0= *No tendency to over-react to stressful events as described above*

1= *Some tendency to become distraught, over-reacting to stressful events / situations, losing sense of perspective; able to recognize the distortion in retrospect*

2= *Significant to severe and pervasive, tendency to become overwrought in response to stressful events / situations: may respond in this way to a variety of traumatic and non-traumatic stressors; fails to regain a sense of perspective and to recognize the distortions in his or her perception when looking back on the event / incident*

3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

SECTION 4: COPING / RIGIDITY

61. When you are anticipating stressful events or periods of time in your life, do you spend time planning ahead how you handle the stress?

Cop1 Would you ever say to yourself, “ok, this next week is going to be very busy and stressful, so I should really do x, y, and z now so that I’m all prepared?”

*Anticipation /
Planning*

Do you make lists?

If yes, Are they helpful, do you stick to them?

When you’re anticipating a stressful situation is it your tendency to take the “bull by the horns,” and do things to proactively, or do you take more of a “wait and see approach, letting things unfold before taking action?

If proactive,

Can you tell me about an example of when you were active in the way I described?

Is your planning effective, does it help you get things done?

Does planning help to make you less anxious?

If passive,

Does your failure to prepare in advance result in you becoming overwhelmed under stress?

0= *Plans carefully in advance so as to manage anxiety, prepare for the stressor: anxiety is generally alleviated; the strategy is solid and applied in a range of situations*

1= *Some use of proactive planning for upcoming stressors: may be an inconsistent strategy, may not relieve anxiety*

2= *Little to no use of advance planning to manage future stressors: little to no relief of anxiety through advance planning; becomes easily overwhelmed in response to stress as a result of poor planning*

9= *Does not apply to the respondent because there are no situations in which such demands are experienced (e.g., respondent does not work, is not in school, is in no situation where performance is demanded).*

62. When it comes to stressful or troubling situations that you are powerless to change, where there is simply nothing you can do, are you able to put it out of your mind until later, or does it nag at you?

Cop2

Suppression

For example, if you applied for a job and are waiting for a reply, or waiting for results of an important school exam or for medical tests, or you said something hurtful or mean to a friend that you wish you could take back: if there is nothing you can do about the situation in the moment, can you put it out of your mind and move on with your day, or is that really challenging for you?

If they can put it out of their mind,

Can you think of an example when you were able to put such troubling thoughts out of your mind?

Is this example typical of how you handle situations in which there is nothing you can do, for the moment, to change the outcome?

- 0= *Ability to suppress distressing thoughts or situations the respondent is powerless to change; use of suppression as a general strategy across most situations*
- 1= *Some ability to suppress distressing thoughts: not as consistently applied or effective as in #0; engages in ruminative behavior to a greater extent than desired*
- 2= *Rare and / or ineffective use of suppression: unable to deal effectively with stress through the use of suppression; coping involves obsessional rumination and may be associated with intense anxiety/distress*
- 3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

63. When plans that you are counting on fall through, are you the kind of person who can easily adapt, “roll with the punches,” and making a new plan, or when things don’t go as planned do you tend to get stuck?

Cop3

Flexibility

For example, if a specific vacation plan doesn’t work out – do you stay home, shift to a different vacation plan, is this relatively easy or difficult?

If some social commitment changes, say the movie you want to see is sold out; can you adapt without too much trouble, finding another movie or activity, or is that change stressful for you?

If respondent reports “getting stuck”,

Can you think of a recent situation in which plans changed and you had difficulty adapting, moving on and describe how you responded?

Is that typical of the way you respond when plans you’re making fall through?

When plans change in the way I described, do you find yourself becoming resentful or angry, and withdrawing?

0= *Flexible, adaptive responses to unplanned changes*

1= *Response to failed plans is somewhat rigid, controlled, associated with some anxiety or anger: difficulty “letting go” or “going with the flow”; plans are not typically sabotaged by examinee’s response to unplanned changes*

2= *Response to failed plans is rigid, fixed, and associated with strong anxiety and/or resentment, rumination; perhaps, total withdrawal from dealing with the issue; plans are often sabotaged by examinee’s response to unplanned changes*

9= *Does not apply to the respondent because there are no situations in which such demands are experienced (e.g., respondent does not work, is not in school, is in no situation where performance is demanded).*

64. Are you the kind of person who copes well with pressure?

Cop4

Stress response

Would you say that you think well “on the spot,” or under pressure, or do you need time to step back, slow down, organize your thoughts and carefully review your options before acting?

When you’re in a stressful situation, do you lose the ability to think clearly and maintain a sense of perspective?

If examinee reports a poor response to stress,

Can you provide me with a recent example of when this happened?

Would you say that this is highly characteristic of the way you respond to most stressful situations?

0= *Can handle or thrive in pressure-filled situations*

1= *Difficulty performing in response to stress*

2= *Significant to severe difficulty functioning under conditions of stress; loses ability to think clearly; withdrawal from dealing with the stressful situations*

3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

65. Do you hold yourself to unreasonably high standards?

Cop5

Self Blame

If yes,

What happens when you can't perform to those standards?

Would you say that you are a highly self-critical person?

How bad does your self-criticism get?

Are you able to stop from criticizing yourself at times when you know that your criticism is unreasonable or out of proportion to the shortcoming?

Does your self-blame get in the way of you moving forward, functioning well, does it result in you missing opportunities to succeed?

- 0= *Able to limit self-blame with relative ease; this is particularly so in cases in which the respondent realizes that there is little he or she could have done to change the outcome*
- 1= *Some difficulty limiting self-blame; some awareness that the self-flagellation is excessive*
- 2= *Significant to severe self-critical rumination; excessive self-flagellation perhaps without any awareness that it is excessive and with little to no ability to stop the critique*
- 9= *Not self-critical, even when respondent ought to be; N/A*

66. Are you the kind of person who needs to do things in a particular way, or “my way”?

Cop6

When working with others, is it hard for you when others want to do things in a certain way that is different from how you yourself would do it working on your own?

Control I

(Have people ever accused you of being a “control freak”?)

(Examples: collaborative project at work or school; collaborating on household chores, or parenting, e.g., one person wants to do it this way and one person the other way)

If yes, can you give us an example of what you mean?

In situations in which you have to work with others and you can't do things in your way, is it your tendency to withdraw and become less involved in the work?

Do you at times take on too much responsibility because sharing it would mean having to accept some of the work being done in ways that you would not choose?

If yes to any of the above, Is this something that has caused problems for you in your work, studies, or relationships?

0= *Flexible; may prefer “my way,” but reports ability to share control with others and tolerate alternate methods of working*

1= *Some rigidity and control in group tasks: may be in limited situations; consequences of this behavior are minimal*

2= *Significant to pervasive rigidity and need for control: difficulty sharing tasks with others; withdraws or becomes angry / resentful when sharing control; may report taking on additional work to avoid sharing tasks; tendency results in significant difficulties in one or more areas of the respondent's life*

9= *Does not apply to the respondent because there are no situations in which such demands are experienced (e.g., respondent does not work, is not in school, is in no situation where performance is demanded).*

67. Would you consider yourself, or have other people told you that you are a worrier or that you “obsess” a lot?

Cop7

Control II

If yes, can you tell me what you (they) mean?

Do you tend to worry a lot, or ruminate about upcoming situations or events, and to think of all the different ways in which things could be solved or go wrong?

What about far-off threats, or not-so-far-off threats, like the threat of a terrorist attack, or of catching some serious medical illness - are these things that you frequently worry about?

If yes,

Can you give me an example of the kinds of things that you typically worry about?

Does your worry about these things bother you or interfere with your functioning in any way?

0= *Appropriate anticipatory worry regarding uncertain situations*

1= *Excessive anxious rumination and worry: playing out multiple scenarios in situations of uncertainty; difficulty “letting it go”; associated with some distress and interference in functioning*

2= *Significant to severe anxious rumination and worry regarding uncertainty: almost always in a state of worry; significant preoccupation with playing out various scenarios; inability to suppress worry; significant interference with functioning, ability to experience pleasure*

3= *Highly superficial response; response is overtly internally inconsistent and poorly integrated; cannot reflect upon or understand the question; does not answer the question or does so incoherently*

68. Some people like their lives to remain the same, on an even keel, and others are constantly looking to take on a new challenge: do you get excited about and embrace new challenges, or would you say that you're cautious, anxious and hesitant in the face of change?

Cop8

Challenges

(Examples: a job promotion that requires you to use skills beyond your current level, or requires a level of social interaction you're not used to; a project that could be very rewarding but will take a great deal of time; relocating).

Can you describe an example of a recent challenge and how you responded to it?

If accepting / embracing,

Is that typical of how you respond to most challenges, provided the challenge is of interest to you?

If avoidant, cautious,

Do you feel intimidated and shy away from challenges?

Would you say that a concern about your performance and how people will think you are doing interferes with your enjoyment of challenges or with your willingness to take on new opportunities?

Is that typical of the way you respond to challenges?

Has this tendency to avoid challenging opportunities resulted in any problems in terms of your work, education or relationships?

0= *Seeks out and enjoys new challenges; anxieties about success / performance may exist but do not prevent respondent from taking on the challenge*

1= *Some avoidance of challenges: may be due to significant anxieties about performance or negative evaluation; anxiety in accepted challenges may result in compromised performance*

2= *Significant to severe tendency to become anxious when faced with challenging opportunities and to avoid them: will often reject those opportunities, resulting in significant consequences in work/ relationships*

9= *Does not apply to the respondent because there are no situations in which such demands are experienced (e.g., respondent does not work, is not in school, is in no situation in which performance is demanded).*

SECTION 5: AGGRESSION

Self-Directed Aggression

69. Do you sometimes neglect your physical health? For example, do you fail to take care of injuries, do you avoid going to a doctor when you're ill, do you fail to get regular checkups?

Sag1

Self Neglect

If yes,

With what types of problems or injuries; do you neglect all problems with your physical health?

Have there been serious health consequences due to your neglect?

Probe: If respondent only indicates neglect of minor health problems, ask; "Are there big problems with your health that you neglect?"

0= *Takes care of physical health consistently and promptly: takes medications as prescribed; some minor neglect; no significant consequences*

1= *Some neglect of health concerns: failure to follow up with medical tests; neglect of preventive health measures; failure to take medications regularly; may have some minor health consequences*

2= *Significant to serious neglect of health: misses or fails to schedule significant appointments; failure to follow-up on important concerns or tests; fails to take medication related to major health concerns*

70. Do you at times do things that seem unwise and potentially dangerous to yourself, such as having unprotected sex, heavy drinking or drug use, or getting yourself into situations in which you could be in physical danger?

Sag2

Risky Behavior

If yes, do you end up suffering from these actions?

0= No engagement in dangerous / risky practices as described

1= Some, infrequent risk-taking behavior as described; perhaps a more frequent engagement in behavior that poses a less severe health or injury risk

2= Significant to severe engagement in risk-taking behavior: frequently places the examinee at considerable risk; infrequent risk-taking but with high potential lethality

71. Do you hurt, cut or cause physical pain to yourself, for example, by scratching yourself, cutting or picking your skin, biting your cuticles, or picking at pimples, binge-eating or purging food, or other things?

Sag3

Self-injury

If yes,

To the point where you leave marks on yourself, draw blood, or require medical attention?

Do you get relief from tension by hurting yourself?

0= *No evidence of self-directed aggression as described (picking cuticles or nails, scratching that does not leave marks can still rate a #0)*

1= *Some evidence of self-directed aggression as described: scratching or picking of the skin that leaves marks or draws blood; no history of having injuries treated medically; minor health consequences, if any; may find relief from tension in the behavior*

2= *Significant to severe self-directed aggression: scarring, scabbing, or other marks; history of having such injuries treated medically; self-injury poses risk to physical well-being*

72. Have you made suicide attempts in the past five years?

Sag4 If yes, have any of these been life-threatening?

Suicidality (Probe: have they required medical attention, hospitalization, follow-up medical or psychiatric care, etc..)

0= *No history of suicide attempts in past 5 years*

1= *Suicide gestures or attempts that have not been life-threatening: have required either minor or no medical attention; no serious intent to kill oneself*

2= *At least one serious suicide attempt characterized by an intent to die or by severity that required medical attention and/or posed a serious threat to the respondent's life*

73. Do you engage in sexual behavior that could hurt you physically?

If yes.

Sag5

*Sexual Aggression
– Self*

Do you experience it as being pleasurable?

Have you ever had to receive medical treatment as a result of injuries suffered during aggressive sexual experiences?

Are there other types of sex and sexual play in which you engage or is aggressive sex that is dangerous to you a significant part of your sex life?

Can you enjoy the sexual experience when it is not aggressive or posing a danger to you?

0= *Does not engage in dangerous sexual behavior*

1= *Some engagement in sexual behavior that is painful or dangerous to self; aggression / danger directed towards self is not essential for sexual pleasure and is not the primary mode of sexual activity*

2= *Regular to frequent engagement in sexual behavior that is dangerous and/or painful to self; enjoys the experience of dangerous or painful sexual behavior directed against self; aggression / danger is a primary mode of sexual activity; aggression / danger against self may be required for enjoyment of sex; may have received medical treatment for injuries received during sex*

9= *Question skipped – no sexual relationships in the past 5 years*

Other-directed Aggression

74. Do you lose your temper with others?

Oagl If yes,

Temper

How bad do your temper outbursts get?

How do you feel afterwards?

Are these outbursts frequent or rare?

Are you aware of provoking people into verbal arguments?

- 0= *Temper outbursts are rare and contained: generally accompanied by feelings of guilt / remorse; few, if any interpersonal consequences from outbursts*
- 1= *Some problems with temper, e.g., occasional outbursts of yelling and screaming; tantrums are less frequent and severe than in #2; may be limited to certain relationships; some sense of guilt after a tantrum; may involve some interpersonal consequences*
- 2= *Regular to frequent temper outbursts directed at others: may be infrequent but particularly severe; little if any sense of guilt or remorse; respondent may report pleasure / relief rather than guilt; regular volatility, provocation, fighting in relationships with others*

75. In the past five years, have you at any time ever intentionally seriously harmed someone physically?

Oag2

Attacks on Others

If yes,

Please tell me the story.

Was it in self-defense?

How did you feel about this incident afterwards?

- 0= *Has not intentionally inflicted severe harm on another person (other than in self-defense)*
- 1= *At least one instance in which harm was inflicted NOT in self defense: experienced feelings of regret, remorse afterwards; attack may not have been severe*
- 2= *One or more instances in which respondent intentionally inflicted severe harm on another person; little to no sense of remorse*

76. How do you feel when witnessing the pain and suffering of others?

Oag3

*Enjoyment of
Suffering of Others*

Do you enjoy making or seeing others suffer?

Do you ever find that you enjoy causing or witnessing the emotional pain of others?

Do you enjoy inflicting physical harm on others or seeing others suffer physical pain?

If yes to any of the above,

Please describe what you mean.

How you feel afterwards?

0= *Is upset by the suffering of others and dislikes even the inadvertent infliction of harm on others*

1= *Some ambivalence or indifference to witnessing or inflicting pain and suffering on others: may be in limited circumstances or activities, or directed at a specific person; supported by at least one behavioral example*

2= *Derives pleasure from the suffering of others: either when inflicted by self or others; can provide multiple examples of either inflicting pain on others or enjoying watching others suffer in pain; may seek out opportunities to witness or inflict suffering on others*

77. Have you engaged in sexual behavior that could be considered aggressive, or physically dangerous for your partner?

Oag4

If yes,

Sexual Aggression -
Others

Can you describe for me a recent example of this kind of behavior?

Is this type of sexual behavior typical for you?

How serious are the physical risks for your partners; have any of your partners ever required medical attention as a result of your sexual behavior?

Are there other types of sex and sexual play in which you engage or is sexual behavior that is aggressive and dangerous for your partner a big part of your sex life?

Can you enjoy the sexual experience when it is not aggressive or dangerous for your partner?

- 0= *Does not engage in sexual behavior that is unusually aggressive or physically dangerous to partner*
- 1= *Engages in some sexual behavior in which aggression or the infliction of pain is characteristic: no risk of physical injury to other; partner has never received medical treatment for injuries received during sex; aggression / danger against partner is not essential for the examinee's sexual pleasure and is not the primary mode of sexual activity*
- 2= *Engages in sexual behavior that is physically dangerous, likely to result in the infliction of pain: may report partner having been treated for injuries received during sex; aggression / danger against partner is a primary mode of sexual activity; aggression / danger against partner may be required for the examinee's enjoyment of sex*
- 9= *Question skipped – no sexual relationships in the past 5 years*

78. Are you aware of people being afraid of you, either of your behavior, or of you becoming angry?

Oag5

Intimidation

Are you aware of doing things, deliberately or not, that result in people being afraid of you or of what you might do, or of you getting upset?

If yes,

Are you pleased that this is the case; do you like it that people are afraid of you?

Do you ever do things that make others afraid of you so that you will then be able to control them?

(Do you find that you use hurting yourself, or threatening to hurt yourself, to get what you want from others, or to control others?)

If yes to any of the above,

Can you describe for me a recent example in which you did this?

Is this behavior typical and frequent, or does it happen rarely?

0= *Is not aware of being feared by or intimidating others*

1= *Is somewhat intimidating to and feared by others: may be limited to specific people or situations; little sense of pleasure at the idea of being feared by others; behavior would be infrequent; severity of aggression low; extent of conscious manipulation and intent to intimidate is low*

2= *Clear experience of intimidating and being feared by others: clear awareness of behaviors causing such fear; may take pleasure in inducing fear in others or in the intimidation of others; Regular or serious self-injury or threats thereof, with the clear intent to manipulate others*

79. If someone has hurt you, or if you feel slighted or mistreated by someone, do you find yourself responding with the wish to seek revenge on that person?

Oag6

Revenge

If yes,

Do you find yourself fantasizing about the ways you could get back at and hurt the person who wronged you?

Do you experience a sense of comfort or pleasure in the fantasy of getting your revenge?

Do you ever set your plan for revenge into motion, or actually get revenge against those who have tried to hurt you?

(Assess for extent of planning, preoccupation, time spend in fantasy, frequency)

0= *No preoccupation with revenge fantasies*

1= *Some fantasies of revenge: some sense of pleasure and/or comfort; does not act on revenge fantasies*

2= *Significant preoccupation with revenge fantasies: considerable time spent developing such fantasies; considerable pleasure / comfort in the fantasies; may report taking action to set the revenge fantasy in motion*

SECTION 6: MORAL VALUES

80.

Mor1

*Internalized Moral
Values*

We all have situations in which we are confronted with the opportunity to do something immoral, whether it being telling a lie, taking something that doesn't belong to us, or cheating in some way.

When you're confronted with those kinds of situations, what is it that helps you determine how to act?

(Would you say that it is the threat of public embarrassment or punishment that you think about, or is more that you look to an internal sense of what is right when determining how to act?)

If respondent endorses having an internal moral code,

Is there an example you can share with me in which you consulted your internal sense of what is right in determining how to act?

- 0= *Guided by internal sense of right / wrong; may be confused about what is the right course of action, but this confusion involves a consideration of respondent's internal moral code*
- 1= *Some internal sense of right / wrong: guided at times by a threat of embarrassment or punishment; at times confused as to the right course of action, with some part of the decision determined by looking inward, but also some consideration of consequences and/or getting caught*
- 2= *No reference to an internal sense of right / wrong: frequent involvement in ethically questionable opportunities mitigated only by fear of consequences or of getting caught*

81. Are there times when you deliberately deceive others?

Mor2

Deceit

If yes. Tell about the times or ways in which you deceive others?

Are there times when you twist the facts or bend the truth so that you'll look better, more successful or attractive to someone else, or to get something you want?

Have you been deceptive or untruthful in answering questions in this interview?

If yes. How and when? Why?

I'm going to read you some examples and you tell me if things like this happen in your life:

- You get credit for work that your assistant or someone else in your group did – are you one to take credit for things that someone else did or for doing more than you actually did

- What about stretching the truth on a resume or job application, perhaps lengthening the time you were employed at a certain place or embellishing your accomplishments or responsibilities to the point where it's really not truthful?

(- What about stretching the truth when it comes to your emotional difficulties, perhaps pretending that you're sicker than you are or more distressed than you are, so as to get something that will benefit you, like sympathy or help?)

Do any other examples like these come to mind?

If yes,

Describe

Is this something that regularly do?

How do you feel about doing this?

- 0= *Is not deceitful or untruthful as described*
- 1= *Somewhat opportunistic in terms of bending the truth / deceiving others: examinee expresses some ambivalence about the behavior; takes advantage of some opportunities, but these are generally passive, e.g., things falling into one's lap; consequences for others are minimal*
- 2= *Seeks out and exploits questionable opportunities for personal gain: more active engagement and/or seeking out of opportunities to lie or actively deceive others; greater distortions of truth; consequences for others; little to no guilt*

82. When faced with a situation that clearly goes against what you know to be right, do find yourself having a struggle over what to do?

Mor3

Moral Struggle

If you know that you're not going to get caught, and that there will be no consequence to you for lying, stealing something, or cheating – does that make it more difficult for you to do the moral thing?

Do you struggle with yourself about what to do when you know that no one's going to find out?

0= Moral behavior comes naturally and easily, feels "second nature"; little to no struggle

1= Some internal debate about acting morally; respondent generally knows what is right and engages in the moral course of action

2= Clear struggle to engage in what the examinee knows is the moral choice: no struggle because there exists no internal moral code; easily chooses the immoral course of action

83. Do you lie to others?

Mor4

Probe: big scale lies, “white lies,” lies for which complicated alibis or cover-ups are needed.

Lying

If examinee endorses significant lying.

Does a recent example of a complicated lie you’ve told come to mind?

Is this kind of lying something that you do frequently or is this atypical of you?

How do you feel about lying in this way?

0= *Does not tell lies other than occasional “white lies,” or lies “by omission”*

1= *Lies occasionally about things of greater consequence than “white lies”: some purposeful deception of relatively small consequence to self and others; some sense of guilt / remorse, particularly when lies have consequences for others*

2= *Lies frequently about a range of things: may lie infrequently but about things of significant consequence to others; little to no sense of guilt*

84. In the past 5 years have you ever done anything that is illegal?

Mor5 Do you have a criminal record?

Illegal activity

If no,

What about things like shoplifting, stealing, illicit drug use, prostitution, drug trafficking?

What about things like not paying your taxes, embezzling money, writing checks that you knew you weren't good?

If yes,

Can you describe those activities for me?

Did you experience legal difficulties as a result of these activities?

Probe: assess whether or not there are situations in which respondent confronted and/or threatened the victim of his or her crimes; assess whether crimes were planned in advance or impulsive; history of incarceration / probation?

0= *No history of illegal activity in past 5 years: no criminal record; speeding, jaywalking, occasional marijuana use*

1= *Some illegal activity: no significant investment of time in the illegal activity; no criminal record or legal involvement; no significant negative consequences to self or others as a result of this activity*

2= *Significant to frequent and serious involvement in illegal activities as described above: may include regular illicit drug use, sale of drugs, tax evasion, embezzlement; may involve significant investment of time in the illegal activity; may involve pre-meditated crimes or crimes involving the confrontation of a victim*

85. Can you think of an example when you did something that went against your sense of what is right, when you failed to live up to your personal code or standards of “good behavior?”

Mor6

Guilt I

In this situation, how did you feel and what did you do?

Would you say that you felt guilty?

If yes,

What do you mean by guilt, tell me what you typically do or feel?

Probe for: anxious, withdrawal, self-criticism, feels bad vs. guilt and active efforts to address the wrongdoing

Do you spend a lot of time worrying, or become frightened about people finding out about what you did, or about getting punished in some way?

Is this typical of the way you feel and behave when you do things that go against your sense of what is good and right?

0= *Experiences guilt after having done something perceived to be morally wrong: clear sense of regret and efforts to remedy or prevent a similar situation in the future; Needs to describe active attempts to redress problem, and the experience of guilt to obtain a 0*

1= *Anxious, self-critical, uncomfortable with his or her action: focus is more on self-recrimination than on actively making amends for the wrongdoing; anxiety predominates over guilt; some sense of guilt*

2= *Little to no sense of guilt: focus on consequences, fear of punishment; focus on / fear of people finding out, of getting caught*

9= *Cannot think of an example in which respondent has done something that goes against his or her sense of what is right*

86.

Mor7

Exploitation

We all at times take advantage of opportunities that have negative consequences for others; I'm going to read you examples of a few of these types of situations, and I want you to tell me if anything like this occurs in your life (Note: read each example and ask if the respondent has treated another in the manner described or if he or she would do that if given the opportunity).

1. Have you ever revealed confidential information about someone you don't like or with whom you're competitive or envious, when you could stand to gain from it?
2. Have you ever sought out or developed a relationship with someone who could do something for you, or give you something you needed, even if you don't like the person?
3. Have you ever dated someone because of what he or she could do for you, whether it was buying things for you, treating you to things, or just to be around the things that they have that you desire?
4. Have you ever strung along an employee because you need them or because it was convenient for you, even if you knew that staying at the job was not in their best interest?
5. Have you ever chosen to delay breaking up with someone because you like the sex, or so that you can have a date for some special occasion that's coming up, even if you knew you didn't want to be with him or her?

If yes to any of the above,

Can you describe the situation?

Is this type of behavior something you regularly do?

Are there examples of others ways in which you take advantage of others, use others in ways that hurt them, to advance yourself?

If yes,

Can you describe what you do? How frequently do you do this?

- 0= *Does not exploit opportunities for personal gain at another's expense*
- 1= *Some exploitation of opportunities to benefit personally, but this is not a regular pattern, and the consequences for self and others are relatively minor*
- 2= *Significant to pervasive exploitation of opportunities for personal gain: regular pattern of behavior in interpersonal relationships; clear, significant expense to others*

87. Even the nicest person catches him or herself, in retrospect, doing something that is purposefully mean to someone else. Are there examples of things like this in your life?

Mor8

Guilt II

If respondent cannot produce an example, for example, if you're in a close relationship and you say something "mean" to your partner, or someone asks you to be somewhere and you fail to show up without letting them know, or you put someone down or disagree with them for no good reason.

Does this kind of situation happen frequently in your life?

When you realize that this is something that you have done, how do you feel afterwards?

What do you typically do about the situation?

Does a good example of how you typically behave in response to such a situation come to mind?

0= *Regretful, proactive with making amends and with taking responsibility*

1= *Feels guilty, but with a focus on self-recrimination or fear of reprisal rather than active efforts to make amends or concern for the other: may find it difficult to make apologies*

2= *Cruel behavior: behavior is regular; little to no sense of guilt; may perceive no need to make amends or to apologize; brittle to no sense of remorse*

3= *Cannot think of an example in which respondent did something that was purposefully mean*

**© 2007 Clarkin, Caligor, Stern,
& Kernberg
Do Not Quote or Cite Without the Written Consent of
the Authors**