

# ICD-11s nye tilgang til personlighedsforstyrrelse - og dens betydning for forståelse og behandling af samtidig misbrugsproblematik

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## Plan og fundament

- ▶ Hvad er det nye jf. ICD-11?
- ▶ Hvordan ser det ud i praksis – illustreret med DIPP-11?
- ▶ Hvorfor/hvordan relevant for misbrug?



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## HVORFOR ER PERSONLIGHEDSFORSTYRRELSE VIGTIGT FOR ARBEJDET MED MISBRUG/AFHÆNGIGHED?

Current Psychiatry Reports (2023) 25:545–554  
<https://doi.org/10.1007/s11920-023-01452-6>

### The Co-occurrence of Personality Disorders and Substance Use Disorders

Khrystyna Stetsiv<sup>1</sup> · Ian A. McNamara<sup>1</sup> · Melissa Nance<sup>1</sup> · Ryan W. Carpenter<sup>1</sup>

JAMA Network | **Open.**

Original Investigation | Substance Use and Addiction

### Strategies to Identify Patient Risks of Prescription Opioid Addiction When Initiating Opioids for Pain A Systematic Review

Jan Klimas, PhD, MSc; Lauren Gorfinkel, BArtsSc; Nadia Fairbairn, MD, FRCPC; Laura Amato, MD; Keith Ahamad, MD, CCFP; Seonaid Nolan, MD, FRCPC; David L. Simel, MD, MHS; Evan Wood, MD, PhD, FRCPC

- Forekommer hos **50-92%** af stofmisbrugere (Stetsiv et al., 2023)
- Risikofaktor for udvikling/vedligeholdelse af stofmisbrug (Klimas et al., 2019)
- Særligt forbundet med "poly-substance-use" (Stetsiv et al., 2023)

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## ICD-11 differentialdiagnostisk guideline for personlighedsforstyrrelse

World Health Organization

Clinical descriptions and diagnostic requirements for ICD-11 mental, behavioural and neurodevelopmental disorders

Altså....

Når der er personlighedsproblemer, som går forud for udvikling af misbrug

Når der er personlighedsproblemer, som normalt ikke tilskrives misbrug (fx perfektionisme, følelse af særstatus)

Boundary w

Disorders du  
 interpersonal  
 esteem, diffic  
 drugs, and a v  
 disorder. If th  
 a diagnosis of  
 not entirely a  
 preceded the  
 not accounted  
 disorder may be assigned.

the self and  
 on and self-  
 ing or using  
 a personality  
 substance use,  
 disturbance is  
 disturbance  
 der that are

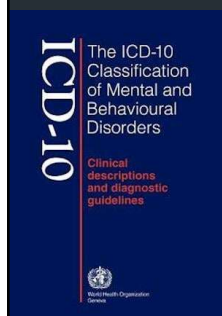
WHO (2024) p. 569

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## ICD-10 “Blue Book” (WHO, 1994, p. 20)

“[...] a new approach to the description of personality disorders is required.”

.... nu efter knap 30 års forskning og praksis er der en fundamental ny tilgang.



Frit tilgængelig som e-book (WHO, 2024)

<https://www.who.int/publications/i/item/978924007726>

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## ICD-10



## ICD-11

### Kategorier

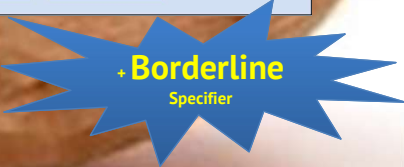
F60.0 Paranoid  
 F60.1 Skizoid  
 F60.2 Dyssocial  
 F60.3 Emotionelt ustabil (borderline)  
 F60.4 Histrionisk  
 F60.5 Tvangspræget  
 F60.6 Ængstelig-Evasiv  
 F60.7 Dependent  
 F60.8 Anden type  
 F60.9 Uspecificeret  
  
 (Z73.1 Accentuerede personlighedstræk)

1. **Personlighedsforstyrrelse** (Ja/Nej)  
 10.Z sværhedsgrad uspecificeret
2. **Sværhedsgrad**  
 (50.7 Personlighedsvanskeligheder)  
 10.0 **Let** Personlighedsforstyrrelse  
 10.1 **Moderat** Personlighedsforstyrrelse  
 10.2 **Svær** Personlighedsforstyrrelse
3. **Tillægskoder (specifiers)**  
 11.0 Negativ Affektivitet  
 11.1 Tilbagetrækning  
 11.2 Dyssocialitet  
 11.3 Disinhibition  
 11.4 Anankasme
4. 11.5 Borderline Mønster

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# ICD-11 PF i en nøddeskal

NONE <input type="checkbox"/>	DIFFICULTY <input type="checkbox"/>	MILD <input checked="" type="checkbox"/>	MODERATE <input type="checkbox"/>	SEVERE <input type="checkbox"/>	PERSONALITY DISORDER SEVERITY
NEGATIVE AFFECTIVITY <input checked="" type="checkbox"/>	DETACHMENT <input checked="" type="checkbox"/>	DISSOCIALITY <input type="checkbox"/>	DISINHIBITION <input type="checkbox"/>	ANANKASTIA <input type="checkbox"/>	PROMINENT DOMAIN FEATURES



**+ Borderline**  
Specifier

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## Personlighedens vigtige funktioner

- ▶ At bevare en overordnet stabil fornemmelse af identitet, selvværd, og målrettethed
- ▶ At forstå andres perspektiv, håndtere konflikter, samarbejde og bevare "give-and-take" relationer.





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## Personlighedens vigtige funktioner

# Hvordan vi håndterer os selv og vores relation til andre

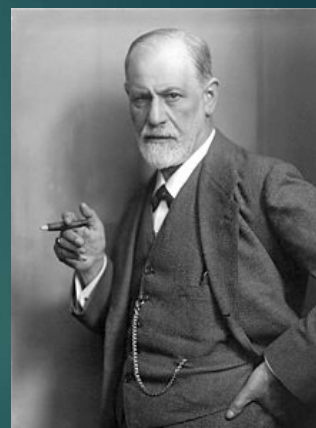
Hvad det vil sige at være menneske, psykologisk set



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## Personlighedens vigtige funktioner

"Love and work are the cornerstones of our humanness"



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Received: 10 November 2020 | Accepted: 23 March 2021  
DOI: 10.1002/pmh.1510

**RESEARCH ARTICLE** Personality and Mental Health

### Development and initial evaluation of the ICD-11 personality disorder severity scale: PDS-ICD-11

Bo Bach<sup>1</sup> | Tiffany A. Brown<sup>2</sup> | Roger T. Mulder<sup>3</sup> | Giles Newton-Howes<sup>4</sup> | Erik Simonsen<sup>1,5</sup> | Martin Sellbom<sup>2</sup>


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Received: 15 June 2023 | Accepted: 16 October 2023  
DOI: 10.1002/pmh.1596

**RESEARCH ARTICLE** Personality and Mental Health

### Development and psychometric evaluation of the Personality Disorder Severity ICD-11 (PDS-ICD-11) Clinician-Rating Form

Martin Sellbom<sup>1</sup> | Tiffany A. Brown<sup>1</sup> | Bo Bach<sup>2,3</sup>



## PDS-ICD-11 Scale

Oversat til 32+ sprog

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## Udviklingen af **DIPP-11**



PDS-ICD-11 Self-Report Form

▼

PDS-ICD-11 Clinician-Rating Form

▼

Trait Inventories (PiCD, PID5BF+M)

▼

**DIPP-11 Interview Instrument**

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## DIPP-11 Expert panel reviewers (16 countries)

- ▶ Marc Birkhölzer, MD
- ▶ Víctor Blüml, MD
- ▶ Jillian Broadbear, PhD
- ▶ Andrew Chanen, MD
- ▶ Lee Anna Clark, PhD
- ▶ Alireza Farnam, MD
- ▶ Andrea Fossati, MD
- ▶ Dominick Gamache, PhD
- ▶ Sabine Herpertz, MD
- ▶ Christopher J. Hopwood, PhD
- ▶ Steven Huprich, PhD
- ▶ Jane L. Ireland, PhD
- ▶ Youl-Ri Kim, MD

- ▶ Dusica Lecic-Tosevski, MD
- ▶ Tennyson Lee, MD
- ▶ Majse Lind, PhD
- ▶ Roger Mulder, MD
- ▶ Giles Newton-Howes, MD
- ▶ Sérgio Ede Oliveira, PhD
- ▶ Emanuele Preti, PhD
- ▶ Carla Sharp, PhD
- ▶ Mikhail Zinchuk, MD
- ▶ Åse Line Baltzersen  
Lived experience expert consultant

**Senior expert consultants**

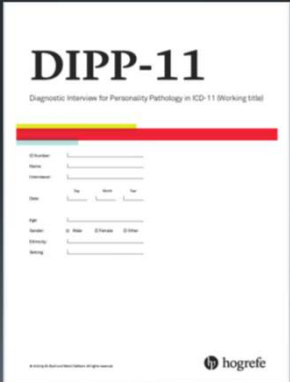
- ▶ Erik Simonsen, MD
- ▶ Peter Tyrer, MD



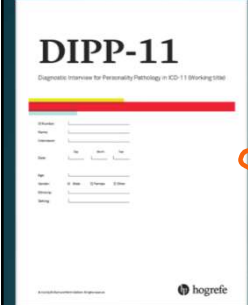


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# Diagnostic Interview for Personality Pathology based on ICD-11 (DIPP-11)



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Introduction

**General Interview Guidelines**

Semi-structured format

Clinical ratings

Introducing the interview

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2. Accuracy of self-perception
3. Ability to maintain an overall positive and stable sense of self-worth
4. Capacity for self-direction
5. Ability to make appropriate decisions in situations of uncertainty
6. Flexibility in modulating behaviour
7. Interest in engaging in relationships
8. Ability to appropriately understand and consider others' perspectives
9. Ability to develop and maintain close and mutually satisfying relationships
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12. Ability to recognise and acknowledge emotions that are difficult or unwanted
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1. Negative affectivity (NA)
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3. Dissociality (DS)
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5. Anankastia (AN)

Observation sheet for trait domain features

6. Optional specifier: Borderline pattern

**Diagnostic Summary**

Descriptions and Requirements for Severity Levels

### Starting the Interview

I am going to ask you some questions about your personality or how you are as a person.

In other words, we will talk about the way you normally think, feel, and behave, which gives us an idea of your strengths and difficulties.

This will include questions about various things that you might often be experiencing in your life in relation to yourself and other people.

Keep in mind that I am most interested in how you usually are.

If the way you've been in recent weeks or months is different from how you usually are, please consider your usual self when you answer the questions.

Possible extraordinary circumstances in recent weeks or months:  
*Broke up with boyfriend and grandmother passed away*

[IF RELEVANT]: Have you ever experienced or been diagnosed with any form of mental disorder such as [mention diagnosis or symptoms].  
*Depressive episodes, eating disorder (bulimia)*  
**[Including any addiction?]**

[IF APPROPRIATE]: It is also helpful for me to know about any adversity during your childhood, adolescence, or adulthood that you may have experienced, which gives me an idea of what you have been going through. Would you be comfortable telling me about this?  
*Father left before birth, grew up with abusive stepfathers*

I would now like you to focus on how you usually are in general, outside of these specific episodes in your life. Does that make sense?  
*Ok (nodding)*

Do you have any questions before we start?

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1	Unstable identity and beliefs	2	1	0	1	2	Inflexible identity and beliefs	1
2	No perceived strengths	2	1	0	1	2	No perceived weaknesses	2
3	Deflated sense of self-worth	2	1	0	1	2	Inflated sense of self-worth	3
4	Weak self-direction	2	1	0	1	2	Rigid self-direction	4
5	Imprudent decision-making	2	1	0	1	2	Paralysed decision-making	5
6	Behavioural undercontrol	2	1	0	1	2	Behavioural overcontrol	6
7	Avoiding others	2	1	0	1	2	Excessive engagement with others	7
8	Lack of perspective-taking	2	1	0	1	2	Excessive perspective-taking	8
9	Dominant self-absorption	2	1	0	1	2	Submissive self-deprivation	9
10	Conflict seeking	2	1	0	1	2	Conflict avoidant	10
11	Emotion under-regulation	2	1	0	1	2	Emotion over-regulation	11

12	Impaired emotion recognition	0	1	2	3
13	Impaired reality testing	0	1	2	3
14	Harm to self	0	1	2	3
15	Harm to others	0	1	2	3
16	Psychosocial impairment	0	1	2	3

Vice of Excess — VIRTUE — Vice of Deficiency

rashness ..... BRAVERY ..... cowardice

intemperance ..... TEMPERANCE ..... enervated

wastefulness ..... GENEROSITY ..... miserliness

vulgarity ..... MAGNIFICENCE ..... stinginess

vanity ..... MAGNANIMITY ..... pusillanimity

irascibility ..... MILDNESS ..... intractability

boastfulness ..... TRUTHFULNESS ..... self-deception

buffoonery ..... WIT ..... boorishness

ingratitude ..... FRIENDSHIP ..... quarrelsomeness

excessive shame ..... SHAME ..... disgracelessness

envy ..... PROPER INDIGNATION ..... spitefulness

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# Selvverd

- Nedsat (mindreværd)
- Oppustet (særstatus)
- Svinger mellom oppustet og punkteret



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### 3. Ability to maintain an overall positive and stable sense of self-worth

Do other people ever say that you are too hard on yourself?  
[IF NO]: Do you think you are too hard on yourself?

Usually people tend to value what other people think about them. How does the way you feel about yourself change depending on what others think of you or what happens to you? What problems does this cause you or others, if at all?

Do you ever feel shame or self-hatred?  
[IF YES]: How often does that happen?

**START: Now I am going to ask some questions about how you feel about yourself, which is a bit different from how you perceive yourself.**

On a scale of 1 to 10, with 1 being terrible, and 10 being fantastic, how do you feel about yourself on average?

Does the way you feel about yourself ever change dramatically?  
[IF YES]: Can you give me some examples?

How does the way you feel about yourself affect your relationships with other people?  
Can you give me some examples?

How do you feel about yourself in comparison to other people? Do you feel that others often fail to recognise your special qualities?  
[IF YES]: Does this ever create problems in your relationships? Can you give me some examples?

Do you ever get in trouble with others because they think you act superior, arrogant or entitled?

2	Has a deflated sense of self-worth most of the time, which causes significant distress or affects relationships with other people
1	Often experiences low self-worth which causes distress or sometimes affects relationships with other people
0	Usually able to maintain an overall realistic and stable sense of self-worth
1	Often feels better than others which affects relationships with other people
2	Has a highly inflated sense of self-worth which affects how they relate to other people

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# Målrettethed

Evne til at...

- **Udvælge** realistiske mål
- **Planlægge** realistiske mål
- **Forfølge** realistiske mål
- **Realisere** realistiske mål

**Uden mål**  
Hvem er jeg og hvor er jeg på vej hen?

**Målhæmmet**  
Bange for at tage chancer og mislykkes

**Overdreven målrettet**  
Ekstremt ambitiøs  
og optaget af at gøre alt perfekt



**DIPP-11**  
Diagnostic Interview for Personality Pathology - ICID-11 (Working Title)

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2. Accuracy of self-perception.....
3. Ability to maintain an overall positive and stable sense of self-worth.....
4. **Capacity for self-direction**.....
5. Ability to make appropriate decisions in situations of uncertainty.....
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6. Optional specifier: Borderline pattern.....

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**4. Capacity for self-direction**

At what times do you find it difficult to meet your goals?

What sort of barriers tend to get in your way of you meeting your goals?

Do you think that frustration, giving up easily, fear, shame, lack of planning or impulsivity are some reasons why you don't achieve your goals?

**START: Now I am going to ask some questions about setting and achieving goals. Some people struggle to set and pursue goals whereas others are extremely focused in achieving their goals.**

How successful do you think you are at achieving what you want in life and getting your needs met?

What steps do you need to take?

What are some recent short-term and long-term goals you have set for yourself?

How easy will it be to achieve these goals? What steps do you need to take?

To what degree are you able to adjust your goals as circumstances change? Can you give me some examples?

Do your goals ever become overly focused on a particular issue or accomplishment, for example in your work or other aspect of your life?

2	Is rarely able to set and follow realistic goals (e.g. impulsive or rash behaviour that causes problems with goal-directedness, significant goal inhibition due to fear, shame, severe frustration intolerance or indifference)
1	Sometimes finds it hard to set and follow realistic goals (e.g. due to insecurity, dependency, impulsivity, overconfidence, frustration intolerance or lack of planning)
0	Generally has no problem setting and following realistic goals and adjust them to circumstances as necessary
1	Sometimes becomes overly goal-driven and has difficulties with adjusting or changing goals (e.g. rigid standards, overly stubborn or unrealistic expectations, persists unreasonably in pursuit of goals that have little chance of success)
2	Regularly becomes overly goal-driven and finds it nearly impossible to adjust or change goals (e.g. completely uncompromising or extremely stubborn)

# Interesse i at engagere sig i relationer

## Afstand

- Undvigelse
- Bekymring for at blive til skamme, kritiseret eller behandlet dårligt

## Tæt på

- Overdreven investeret i relationer til andre
- Mangler evnen til at være alene



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1. Stability, coherence, and flexibility of identity and belief systems
2. Accuracy of self-perception
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4. Capacity for self-direction
5. Ability to make appropriate decisions in situations of uncertainty
6. Flexibility in modulating behaviour
- 7. Interest in engaging in relationships**
8. Ability to appreciate and understand other people's perspectives
9. Ability to develop and maintain close and mutually satisfying relationships
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### 7. Interest in engaging in relationships

Do you feel distressed when you have to interact with other people?  
(IF YES): Does this lead to avoiding other people?

Some people avoid jobs, school or doing tasks that have required dealing with other people. Does this sound like you?

**START!** I am going to move on now and ask some questions about relationships. Some people really enjoy interacting with other people whereas others dread it or find it difficult or unpleasant to do so.

How interested are you in having relationships with other people?

Do you feel it is important to have people you feel close to around you? Can you give me some examples?

How do you feel when you are alone? Are you comfortable with your own company?

How would you feel if you imagine someone you care about is leaving you?

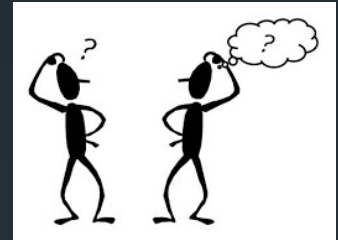
Are there times you feel desperate or helpless without others?  
(IF YES): Can you give me some examples?

2	Strives to avoid other people to a degree where it causes significant problems (e.g. extreme isolation, serious neglect of other people or feeling extremely distressed when interacting with others)
1	Sometimes avoids other people to a degree where it causes problems (e.g. social isolation, neglect of other people or feeling distressed when interacting with others)
0	Generally has a good balance of feeling comfortable with being alone and being with others
1	Sometimes becomes distressed or upset when not around others (e.g. feels lonely or yearning for attention)
2	Often becomes distressed, upset or desperate when not around others (e.g. feels extreme loneliness, abandonment or severe yearning for attention)

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# Se tingene fra andres perspektiv ("mentalisering")

- Mangler nysgerrighed og undren ("too sure")
- Besvær med at forstå misforståelser
- Læser for meget mellem linjerne (overtænker)
- Hyper- og hypo-mentalisering



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Observation sheet for trait domain features .....

6. Optional specifier: Borderline pattern .....

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**8. Ability to appropriately understand and consider others' perspectives**

Are you sometimes confused or surprised by other people's feelings or motivations?

Are you ever confused or surprised by the impact that your words or actions have on others?

[IF YES TO EITHER]: Can you give me some examples?

Do you find yourself simply not considering or caring about other people's thoughts or opinions?

Does this cause problems in relationships?

[IF YES]: In what way and how often?

Do others ever complain that you don't understand them?

[IF YES]: Can you give me some examples?

Everyone has experiences in which they find that they have misunderstood someone, but it happens to some people a lot more than others. To what degree does this happen to you?

**START: Now I am going to ask some questions about understanding other people's perspectives, that is, picturing oneself in the situation that another person is in and having a good idea of what the other person must be feeling.**

**Some people find it easy to see things from others' perspectives, whereas other people find it difficult. How would you describe yourself?**

**How much do you care about other people's feelings?**

Do you spend too much time thinking or worrying about what others think and how they feel?

Are there times when you feel overwhelmed by other people's feelings?

[IF YES TO EITHER]: Can you give me some examples?

Does it ever reach a point where you feel distressed by these issues or they cause you problems in some ways?

2	Rarely considers or understands other people's thoughts and feelings, which causes serious problems in relationships
1	Often does not consider or understand other people's thoughts and feelings, which causes problems in relationships
0	Generally considers and can easily understand other people's thoughts and feelings
1	Often spends too much time with or considers too intently what others think or feel, which causes distress or other problems
2	Always considers far too intently what others think or feel even for extended periods of time, which causes serious distress or other problems

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# Konflikthåndtering

- Overreagerer (hvor det er bedst at holde igen)
- Underreagerer (hvor det er bedst at reagere)

Man skal vælge sine kampe



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9. Ability to create and sustain close and mutually satisfying relationships
- 10. Ability to manage conflict in relationships**
11. Emotional regulation and expression
12. Ability to recognise and acknowledge emotions that are difficult or unwanted
13. Accuracy of situational and interpersonal appraisals under stress
14. Harm to self
15. Harm to others
16. Psychosocial impairment

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2. Detachment (DT)
3. Dissociality (DS)
4. Disinhibition (DN)
5. Anankastia (AN)
6. Optional specifier: Borderline pattern

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### 10. Ability to manage conflict in relationships

To what extent do disagreements or conflicts with friends or romantic partners cause problems for you?

Have you lost important relationships because of arguments or conflicts?  
[IF YES]: Can you give me some examples?

**START: Some people strongly prefer to avoid conflicts whereas others sometimes enjoy arguments and conflicts. How do you manage disagreements or conflicts in relationships?**

Can you give me some examples?

When does this happen? (For example, at work, at school, at home?)

Has your avoidance of disagreements or conflicts in relationships caused problems for you?  
[IF YES]: Can you give me some examples?

Have you often felt that your needs or wishes are unfulfilled or ignored because of your avoidance of conflicts and disagreements?  
[IF YES]: Can you give me some examples?

2	Often seeks out arguments or conflicts with others, which causes serious relationship problems (e.g. results in absence of or failure to maintain reliable friendships or romantic relationships)
1	Sometimes seeks out arguments or conflicts with others, which causes relationship problems (e.g. results in fewer friendships or difficulty maintaining romantic relationships)
0	Generally able to manage disagreements or conflicts in relationships in a productive manner
1	Often avoids disagreements and conflicts with others which causes problems for them (e.g. having difficulties asserting their needs resulting in low fulfillment)
2	Avoids disagreements and conflicts with others at any cost, which causes serious problems (e.g. being unable to assert their needs resulting in a lack of fulfillment)

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# Regulering og udtryk af følelser

- **Underregulering**  
Overfølsom og eksplosiv
- **Overregulering**  
Følelsesmæssigt nedlukket
- **Svinger** mellem under- og overregulering
- **Udtryk** af følelser er ude af proportion med virkeligheden!  
(fx smadrer døren fordi kæresten kommer for sent)



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### 11. Emotional regulation and expression

2	Frequently cannot regulate emotions which causes serious problems for them or others
1	Sometimes has trouble regulating emotions which causes problems for them or others
0	Generally able to regulate and express emotions in an appropriate way
1	Sometimes suppresses or does not express emotions, which causes some problems for them or others
2	Almost always suppresses or never expresses emotions at all, which causes serious problems for them or others

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## Kognitivt: Situationel og interpersonel vurdering ("realitetstestning")

Let PF	Moderat PF	Svær PF
<p><b>Nogle</b> forvrænginger under stress.</p> <p><b>Realitetstestning forbliver intakt.</b></p>	<p><b>Udtalte</b> forvrænginger under stress.</p> <p><b>Der kan forekomme let</b> dissociation eller psykose-lignende overbevisninger eller perceptioner (f.eks. paranoide reaktioner).</p>	<p><b>Ekstreme</b> forvrængninger under stress.</p> <p><b>Der forekommer ofte</b> dissociation eller psykose-lignende overbevisninger eller perceptioner (f.eks. paranoide reaktioner).</p>



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## Realitetstestning – under affekt/pres

### Forvrængninger i opfattelse

- Katastrofetænkning
- Sort-hvid tænkning
- "Jumping to conclusions"
- Milde vrangforestillinger, illusioner v. pres (oplever ting der ikke er der, overdreven mistænksom)
- Transiente psykotiske symptomer



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# Psykose-lignende karakteristika



## ICD-10

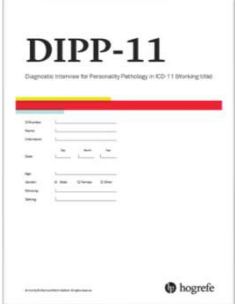
Ingen psykose-lignende symptomer v. PF

## ICD-11

### *Svær Personlighedsforstyrrelse*

“Under stresspåvirkning er der ekstreme forvrængninger i personens situationelle og interpersonelle vurdering. Der forekommer ofte dissociative tilstande eller psykoselignende overbevisninger eller opfattelser (f.eks. ekstremt paranoide reaktioner)”

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### 13. Accuracy of situational and interpersonal appraisals under stress

**START:** Some people, when stressed out, can clearly understand what is happening around them, while others can experience distortions of reality or feeling spaced out. Which of these better describes you?

0	Experience of situational or interpersonal reality is usually accurate when feeling stressed out
1	Experience of situational or interpersonal reality is somewhat distorted when feeling stressed out (e.g. expecting the worst to happen; feeling rejected when criticised by others; engages in black-and-white thinking about others)
2	Poor experience of situational or interpersonal reality is significantly distorted when feeling stressed out (e.g. overly suspicious of others; experiences of dream-like states; polarization in the perception of others as being only bad or only good)
3	Often loses touch with situational or interpersonal reality when feeling stressed out (e.g. transient hallucinations or other aberrant experiences; depersonalisation experiences; extreme suspiciousness or polarization)

Do you ever get the sense that people are out to harm you? For example, betraying you, plotting against you, trying to hurt you.

Do you ever become mistrustful or suspicious?

Do you tend to see other people as being all good or all bad? (For example, thinking that someone is perfect and all you've ever wanted, and then other times thinking they are awful and not worth your time).

How often does this happen?

Do you have unusual experiences when stressed out, such as feeling spaced out or numb?

Do you ever have out-of-body experiences or 'dream-like' states when stressed out? Or having episodes of losing time or 'blackouts'?

How about experiences in which you have lost the capacity to judge what is real or not?

How often do these experiences happen when you are stressed out?

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## Skade mod selv eller andre

Let PF	Moderat PF	Svær PF
Almindeligvis ikke forbundet med skade mod selv eller andre.	Nogle gange forbundet med skade mod selv eller andre.	Oftest forbundet med skade mod selv eller andre.



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### 14. Harm to self

**START:** I am going to move on now and ask about times when you may have harmed yourself.

*Note: Take into consideration whether the inflicted harm is truly attributed to personality dysfunction or better explained by extraordinary circumstances (e.g. a frantic reaction to an actual horrific event or serious life crisis; severe self-neglect due to a serious mental or physical condition) that are clearly unrelated to their personality.*

<p><b>A. Have you ever intentionally hurt or injured yourself?</b> [If NO]: Go to "B" [If YES]: What types of things have you done?  On how many separate occasions?</p>	<p>0</p>	<p>Never significantly harms themselves or places themselves in harmful situations</p>
<p><b>B. Have you ever intentionally tried to end your life?</b> [If NO]: Go to "C" [If YES]: What did you do?  How many times has this happened?</p> <p><i>Note: Any current suicidal thoughts, plans, or actions should be thoroughly assessed by the clinician, and action be taken if necessary.</i></p>	<p>1</p>	<p>Rarely harms themselves (e.g. no more than one or two minor self-injuries; no suicidal behaviours) or places themselves in harmful situations</p>
<p><b>C. Have you ever allowed yourself to be harmed in any way?</b> [If YES]: In what ways have you allowed yourself to be harmed?  How often has this occurred?</p> <p><i>Note: If necessary, provide examples such as placing oneself in harmful situations including extreme sport, allowing oneself to be psychologically, physically or sexually abused, exposing oneself to harmful starvation, harmful binge eating, severe financial recklessness, or not taking prescribed medication with high risk of bodily damage. See User's Guide for more details and examples.</i></p>	<p>2</p>	<p>Sometimes harms themselves (e.g. a few self-injuries; at least one suicidal act) or places themselves in harmful situations</p>
<p><b>D. Have you ever allowed yourself to be harmed in any way?</b> [If YES]: In what ways have you allowed yourself to be harmed?  How often has this occurred?</p>	<p>3</p>	<p>Often harms themselves (e.g. several self-injuries; significant suicidal acts) or places themselves in harmful situations</p>


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1	Unstable identity and beliefs	2	1	0	1	2	Inflexible identity and beliefs	1
2	No perceived strengths	2	1	0	1	2	No perceived weaknesses	2
3	Deflated sense of self-worth	2	1	0	1	2	Inflated sense of self-worth	3
4	Weak self-direction	2	1	0	1	2	Rigid self-direction	4
5	Imprudent decision-making	2	1	0	1	2	Paralysed decision-making	5
6	Behavioural undercontrol	2	1	0	1	2	Behavioural overcontrol	6
7	Avoiding others	2	1	0	1	2	Excessive engagement with others	7
8	Lack of perspective-taking	2	1	0	1	2	Excessive perspective-taking	8
9	Dominant self-absorption	2	1	0	1	2	Submissive self-deprivation	9
10	Conflict seeking	2	1	0	1	2	Conflict avoidant	10
11	Emotion under-regulation	2	1	0	1	2	Emotion over-regulation	11
12	Impaired emotion recognition	0	1	2	3			
13	Impaired reality testing	0	1	2	3			
14	Harm to self	0	1	2	3			
15	Harm to others	0	1	2	3			
16	Psychosocial impairment	0	1	2	3			

Aspects of personality functioning	Features and examples
1 Identity and belief systems: Stability and flexibility	Weak personal integrity – easily influenced by others
2 Accuracy of self-perception	Negatively skewed self-view
3 Ability to maintain an overall positive and stable sense of self-worth	Sense of inferiority
4 Capacity for self-direction	Goal-inhibited due to fear of "shameful" situations
5 Ability to make appropriate decisions in situations of uncertainty	Decision-inhibited due to insecurity
6 Flexibility in modulating behaviour	Restricted behavior with risk aversion
7 Interest in engaging in relationships	Avoidant other people because of fear of criticism
8 Ability to appropriately understand and consider others' perspectives	Reading a bit too much between the lines
9 Ability to develop and maintain close and mutually satisfying relationships	Overly compliant to avoid criticism
10 Ability to manage conflict in relationships	Avoidant conflicts at almost any costs
11 Emotional regulation and expression	Emotionally inhibited due to shame
12 Ability to recognise and acknowledge emotions that are difficult or unwanted	-
13 Accuracy of situational and interpersonal appraisals under stress	Some cognitive distortions (catastrophic thinking)
14 Harm to self	-
15 Harm to others	-
16 Psychosocial impairment	-

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**Global Severity Assessment of Personality Pathology**

Circle the overall level of severity that best describes the person based on the global information rated in items 1–16 (please consult the official ICD-11 definitions and examples for each severity level, which are described on pages 32–34).

0	<b>No personality disorder or difficulty</b> No evidence of long-standing difficulties (e.g. at least two years) in personality functioning; healthy ability to maintain an overall positive and stable sense of self-worth; healthy capacity for self-direction; healthy ability to maintain close and mutually satisfying relationships; flexibility to react appropriately and adapt to life events and other people.
1	<b>Personality difficulty (no disorder)</b> Pronounced and longstanding difficulties in the perception of self and others, with manifestations that are only intermittent (e.g. during times of stress) or at low intensity (i.e., not rising to the level of a personality disorder diagnosis); do not cause notable psychosocial disruption or may only be limited to specific relationships or situations.
2	<b>Mild personality disorder</b> Disturbances affect some areas of functioning of the self but not others; problems in many interpersonal relationships or in the performance of expected occupational and social roles; some relationships are maintained and/or some roles fulfilled; typically no harm to self or others; distress/impairment may only be present in circumscribed contexts or of milder severity if in more areas.
3	<b>Moderate personality disorder</b> Disturbances affect multiple areas of functioning of the self; marked problems in most interpersonal relationships and the performance of most expected social and occupational roles is compromised to some degree; harm to self or others may sometimes be present; distress/impairment is marked across contexts, although functioning in some circumscribed contexts may be maintained.
4	<b>Severe personality disorder</b> Severe disturbances in multiple areas of functioning of the self; problems in interpersonal functioning seriously affect virtually all relationships; the ability or willingness to perform expected social and occupational roles is severely compromised or absent; often associated with harm to self or others; severe impairment in all or nearly all areas of life.
Z	<b>Personality disorder, severity unspecified</b> This level should only be used if personality disorder is present (i.e., at least mild personality disorder), but severity cannot currently be specified with reasonable clinical certainty.

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### General requirements for personality disorder diagnosis

- Significant problems with aspects of the self and/or interpersonal functioning manifested as maladaptive emotional, cognitive, and behavioural patterns (see overview of items 1-15).  Yes  
 No  
 Unsure
- Associated with substantial distress or significant impairment in personal, family, social, educational, occupational or other important areas of functioning (a score of at least "1" on item 16).  Yes  
 No  
 Unsure
- Persistent over an extended period of time (e.g. two years or more), with typical onset in adolescence or early adulthood.  Yes  
 No  
 Unsure
- Manifests across a range of personal and social situations without exclusively being limited to specific relationships or social roles.  Yes  
 No  
 Unsure
- Not exclusively associated with or attributed to another mental health condition.  
Question: Do the [relevant areas of impairment] occur exclusively in the context of symptoms of other mental, behavioural or neurodevelopmental disorders?  Yes  
 No  
 Unsure
- Not exclusively associated with or attributed to problematic substance use.  
Question: Do the [relevant areas of impairment] occur exclusively in the context of using alcohol or other substances, including withdrawal effects?  Yes  
 No  
 Unsure
- Not exclusively associated with or attributed to personality change secondary to a medical condition.  
Question: Did the [relevant areas of impairment] begin after you experienced a major head injury or another medical condition?  Yes  
 No  
 Unsure
- Not developmentally appropriate (e.g. problems are not exclusively related to normative moodiness or difficulty establishing an independent self-identity during adolescence).  Yes  
 No  
 Unsure
- Not explained primarily by social or cultural factors, including socio-political conflict.  Yes  
 No  
 Unsure

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### 4. Disinhibition (DN)

The core feature of the disinhibition trait domain is the tendency to act rashly based on immediate external or internal stimuli (i.e. sensations, emotions, thoughts), without consideration of potential negative consequences

#### Questions

Disinhibition	0	1	2
Would you describe yourself as someone who tends to do things on the spur of the moment?	0	1	2
Are you easily distracted? (IF YES: Can you give me some examples?)	0	1	2
Do you sometimes struggle with completing work or school assignments or other expected duties? Do you easily get bored with routine tasks?	0	1	2
Do others complain that you are not taking responsibility for things or other people? (IF YES: Can you give me some examples?)	0	1	2
Have you ever had financial problems? (IF YES: Can you give me some examples?)	0	1	2
How do you feel about taking risks?	0	1	2
Do you consider the consequences of your actions?	0	1	2
What is your preference: planning your activities or being spontaneous and carefree? Tell me more about that.	0	1	2

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**Diagnostic Summary**

Descriptions and Requirements for Severity Levels

Trait domains	Observations and examples					
<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table> <p>Negative Affectivity</p>	1	2	3	4	5	<p>Poor self-worth manifested as envy of others' success. Suspiciousness of others' intentions. An underlying sense of shame.</p>
1	2	3	4	5		
<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table> <p>Detachment</p>	1	2	3	4	5	<p>Sometimes withdrawing from situations where one might be exposed to others' superiority</p>
1	2	3	4	5		
<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table> <p>Dissociality</p>	1	2	3	4	5	<p>Seeking to be center of attention. Lack of empathy for others unless it can be useful.</p>
1	2	3	4	5		
<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table> <p>Disinhibition</p>	1	2	3	4	5	<p>Lack of self-control due to sense of entitlement and self-indulgence.</p>
1	2	3	4	5		
<table border="1"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr> </table> <p>Anankastia</p>	1	2	3	4	5	<p>Seeking control of others' behaviors and seeking to live up to own sense of superiority by means of perfectionism and vanity</p>
1	2	3	4	5		

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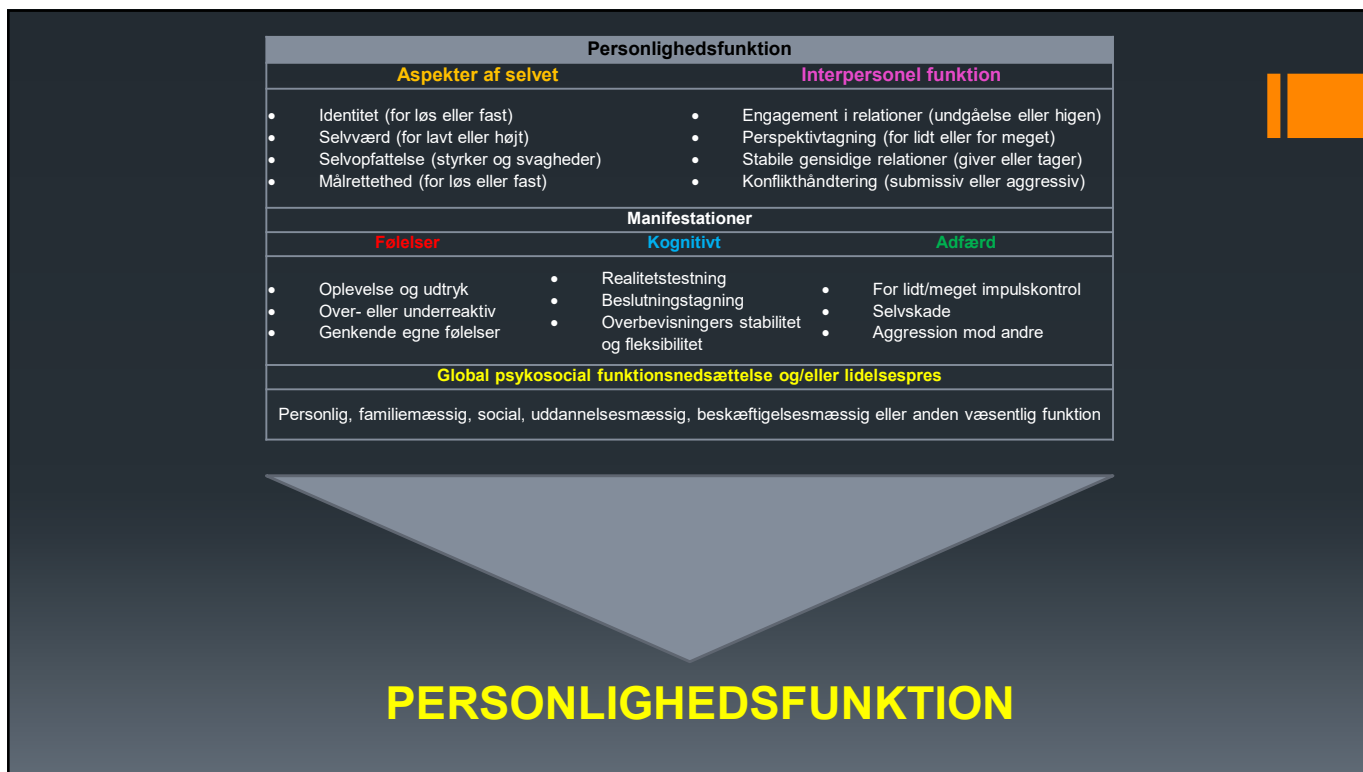
### Diagnostic Summary

Tick diagnosis and the occurrence of one or more specifiers.

ICD-11 code	Personality disorder	Diagnosis
	No Personality Disorder or Difficulty	
QE50.7	Personality difficulty (no disorder)	
6D10.0	Mild personality disorder	
6D10.1	Moderate personality disorder	✓
6D10.2	Severe personality disorder	
6D10.Z	Personality disorder, severity unspecified	
	<b>Trait domain specifiers</b>	<b>Not descriptive</b> <b>Somewhat descriptive</b> <b>Clearly descriptive</b>
6D11.0	Negative affectivity	
6D11.1	Detachment	✓
6D11.2	Dissociality	✓
6D11.3	Disinhibition	✓
6D11.4	Anankastia	✓
	<b>Additional option</b>	
6D11.5	Borderline pattern <sup>a</sup>	✓

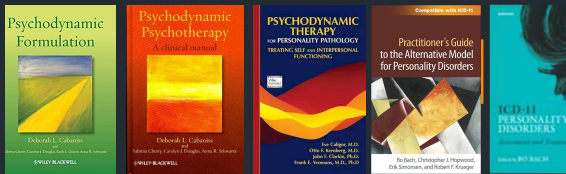
<sup>a</sup> Need at least 5 of 9 borderline features "present" for "clearly descriptive"; 1-4 features may qualify as "somewhat descriptive".

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## Personlighedsfunktion som mål for intervention



- Personlighedsfunktion er psykoterapiens sprog (Hutsebaut, 2023)
- Psykoterapi virker ved at styrke patientens personlighedsfunktion – traditionelt kaldet EGO-funktioner – eller JEG-funktioner (Cabaniss et al., 2010)
- F.eks. regulering af selvværd, impuls kontrol og realitetstestning

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## Styringsredskab og Målgruppeafgrænsning

### Let forstyrrelse

- Primær/praksissektor el. ambulante almenpsykiatri.
- Privatpraktiserende psykolog eller psykiater (specialist)

### Svær forstyrrelse

- Hospitalssektor: specialfunktion eller distrikpsykiatri
- Socialpsykiatri el. støtte/kontakt person.

Goordon et al. (2017)

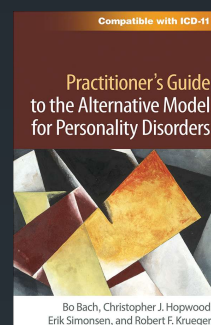
45

## Bobby: *The Disappointed Self-Aggrandizer*

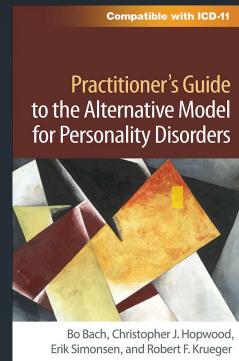
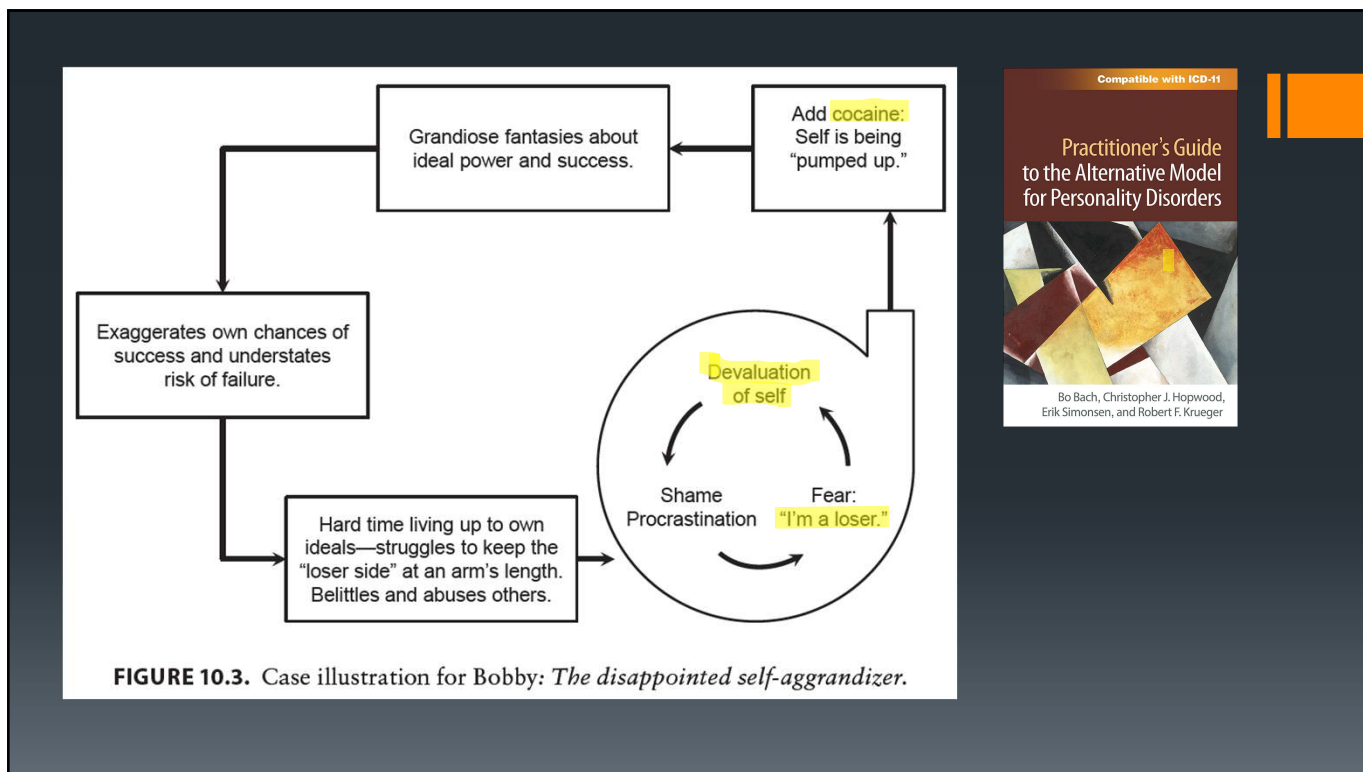
Bobby er en 46-årig selvlagt grafisk designer, der drømmer om en dag at blive politiker. Han har været arbejdsløs det meste af sit voksenliv, fordi han endnu ikke har fundet et job, hvor hans unikke færdigheder virkelig bliver anerkendt. I mange år har han brugt det meste af sin tid på frivilligt arbejde for etablerede politikere, han ser op til (f.eks. grafisk og praktisk arbejde ved politiske møder). Han griber enhver mulighed for at tale i en mikrofon eller dele sin mening i den lokale avis. Han forventer en dag at slå igennem som en person, andre vil følge og stemme på. Dog har han allerede oplevet mange ydmygende nederlag og "slag" mod sit selvværd.

For nogle år siden begyndte han derfor at bruge kokain — på daglig basis — **for at opretholde sin følelse af betydning samt fastholde sin egen overbevisning om at være en dygtig - men endnu ikke opdaget - politisk skikkelse.**

Bobby voksede op i et følelsesmæssigt koldt hjem – og blev verbalt nedgjort og devalueret af sin far samt følelsesmæssigt forsømt af sin mor.



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## Eksempel

På overfladen klammer Bobby sig til forestillingen om at være vigtig og succesfuld, mens han under overfladen plages af en følelse af værdiløshed, skam og af, at ingen vil tage sig af ham.

Han begynder at indse, at hans terapeut faktisk bekymrer sig om ham – især når han viser sårbarhed.

**Corrective Emotional Experience:**  
Genaktiverer udviklingen af hans selvværdsregulering og hans evne til at indgå i sunde relationer med andre.

(Cabaniss et al., 2013, p. 11)

1	Unstable identity and beliefs	2	1	0	1	2	Inflexible identity and beliefs	1
2	No perceived strengths	2	1	0	1	2	No perceived weaknesses	2
3	Deflated sense of self-worth	2	1	0	1	2	Inflated sense of self-worth	3
4	Weak self-direction	2	1	0	1	2	Rigid self-direction	4
5	Imprudent decision-making	2	1	0	1	2	Paralysed decision-making	5
6	Behavioural undercontrol	2	1	0	1	2	Behavioural overcontrol	6
7	Avoiding others	2	1	0	1	2	Excessive engagement with others	7
8	Lack of perspective-taking	2	1	0	1	2	Excessive perspective-taking	8
9	Dominant self-absorption	2	1	0	1	2	Submissive self-deprivation	9
10	Conflict seeking	2	1	0	1	2	Conflict avoidant	10
11	Emotion under-regulation	2	1	0	1	2	Emotion over-regulation	11
12	Impaired emotion recognition	0	1	2	3			
13	Impaired reality testing	0	1	2	3			
14	Harm to self	0	1	2	3			
15	Harm to others	0	1	2	3			
16	Psychosocial impairment	0	1	2	3			

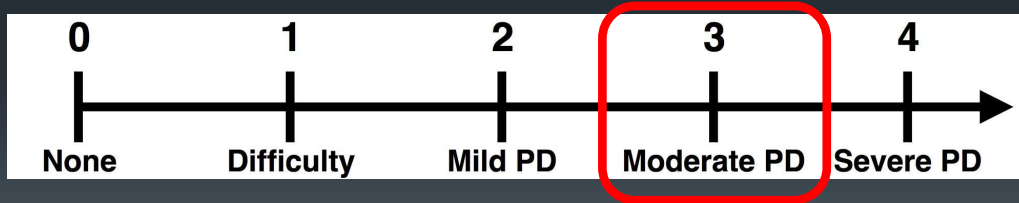
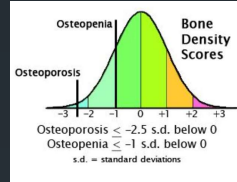
**Moderat PF**

↓

**Let PF**  
(motivation for getting clean)

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# Forandring i sværhedsgrad – recovery proces Efter terapi eller nye livserfaringer



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Aspects of personality functioning	Features and examples
1 Identity and belief systems: Stability and flexibility	<i>Weak personal integrity – easily influenced by others Plus inflexible beliefs about own inadequacy</i>
2 Accuracy of self-perception	<i>Negatively skewed self-view</i>
3 Ability to maintain an overall positive and stable sense of self-worth	<i>Sense of inferiority</i>
4 Capacity for self-direction	<i>Goal-inhibited due to fear of “shameful” situations</i>
5 Ability to make appropriate decisions in situations of uncertainty	<i>Decision-inhibition or paralysis due to insecurity</i>
6 Flexibility in modulating behaviour	<i>Risk aversion leading to restricted behavior</i>
7 Interest in engaging in relationships	<i>Avoiding other people because of fear of criticism</i>
8 Ability to appropriately understand and consider others' perspectives	<i>Reading a bit too much between the lines</i>
9 Ability to develop and maintain close and mutually satisfying relationships	<i>Overly compliant and submissive to avoid criticism</i>
10 Ability to manage conflict in relationships	<i>Avoiding conflicts at almost any cost</i>
11 Emotional regulation and expression	<i>Emotionally inhibited due to shame</i>
12 Ability to recognise and acknowledge emotions that are difficult or unwanted	<i>Difficulty integrating emotions of fear and anger</i>
13 Accuracy of situational and interpersonal appraisals under stress	<i>Some cognitive distortions (catastrophic thinking)</i>
14 Harm to self	<i>History of harmful bulimic eating problems</i>
15 Harm to others	-
16 Psychosocial impairment	-



Informing  
and Tracking  
Treatment

Item	Personality functioning
1	<i>Fear self-worth, inadequacy, dependency, shame-proneness</i>
2	<i>Tends to withdraw from social/interpersonal contact due to fear of rejection/shame</i>
3	<i>Distorted fearfulness and stress-management</i>
4	<i>A lot of responsibility due to interpersonal dependency</i>
5	<i>Must do everything perfect due to fear of rejection and failure</i>

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14	Harm to self	0	1	2	3			
15	Harm to others	0	1	2	3			
16	Psychosocial impairment	0	1	2	3			

**Ængstelig-evasiv**

## Let/Moderat PF

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3	Deflated sense of self-worth	2	1	0	1	2	Inflated sense of self-worth	3
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13	Impaired reality testing	0	1	2	3			
14	Harm to self	0	1	2	3			
15	Harm to others	0	1	2	3			
16	Psychosocial impairment	0	1	2	3			

**Borderline (Svær PF)**

## Svær PF



52

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16	Psychosocial impairment	0	1	2	3			

**Grandios Narcissisme**



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3	Deflated sense of self-worth	2	1	0	1	2	Inflated sense of self-worth	3
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14	Harm to self	0	1	2	3			
15	Harm to others	0	1	2	3			
16	Psychosocial impairment	0	1	2	3			

**Vulnerabel Narcissisme**

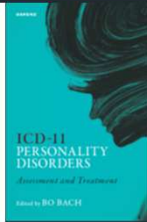


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## Clinical Management of Co-Occurring Addictions

Tore Willy Lie, Lars Linderoth, and Bo Bach



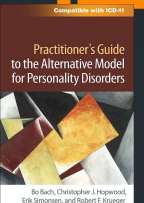
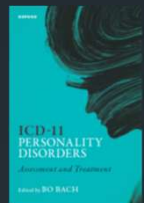
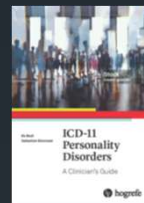
Trait domains	Examples
<b>Negative affectivity</b>	Pain-medicine, gaming, shopping, food, or porn may be used to cope with and regulate difficult emotions (e.g., anxiety and sadness).
<b>Detachment</b>	Cannabis or heroin may be used to detach from other people, the world, and own painful and incomprehensible emotions.
<b>Dissociality</b>	Cocaine or methamphetamine may be used to preserve and bolster own inflated sense of self-esteem, superiority, and entitlement.
<b>Disinhibition</b>	Gambling, food, alcohol, or any available substance may be used for immediate gratification or intoxication.
<b>Anankastia</b>	Performance-enhancing drugs or “workaholism” may be used to improve own productivity, ensure perfection, and sustain extreme goal-directedness.

Severity levels	Factors
<b>None</b>	Healthy personality functioning makes it unlikely that the individual engages in activities that result in addiction. In the unlikely case of addiction, the intact capacities for self-direction, emotion regulation, and conflict management make it easier for the individual to recover. There is typically also good social support in terms of healthy relationship and occupational roles. <b>Patient collaboration will be optimal.</b>
<b>Difficulty (subdiagnostic)</b>	Without rising to the level of a PD diagnosis, this level involves pronounced personality characteristics that may affect treatment or health services for addiction (e.g., person being anxious and emotionally overregulated). Social, occupational, and interpersonal relationships are generally sustained, despite some issues, which may be favorable when recovering from addiction. Patient collaboration will typically work.
<b>Mild</b>	Difficulties in close relationships as well as conflicts with colleagues and supervisors sometimes make it challenging to get the needed support and stability to recover from addiction. However, there is minimal tendency to cause substantial harm to self, which may involve addictions that are less harmful. <b>Patient collaboration is somewhat challenging.</b>
<b>Moderate</b>	Most interpersonal relationships and occupational roles are compromised to some degree, which generally makes it challenging to get the needed support and stability to recover from addiction. There may be some tendency to cause substantial harm to self, which may also involve moderately harmful addictions. Poor emotion regulation may involve giving up easily, which frequently results in relapse. Patient collaboration is quite challenging.
<b>Severe</b>	Interpersonal dysfunction severely compromises virtually all relationships and occupational roles, which generally makes it impossible to get the needed support and stability to recover from addiction. This is further complicated by extreme challenges in acknowledging difficult or unwanted emotions. There may be a severe tendency to cause substantial harm to self, which may involve severely harmful addictions. <b>Patient collaboration is extremely challenging.</b>

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ICD-11s nye tilgang til personlighedsforstyrrelse  
- og dets betydning for forståelse  
og behandling af samtidig misbrugsproblematik

# Tak for opmærksomheden Spørgsmål?



SKANROP 2026 – AARHUS 29.5.2026

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AARHUS UNIVERSITET  
Psykologisk Institut  
Center for Rusmiddelforskning



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