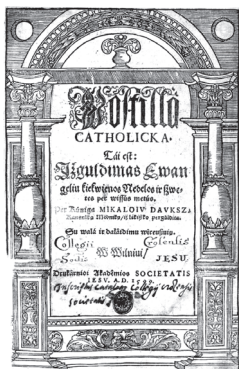


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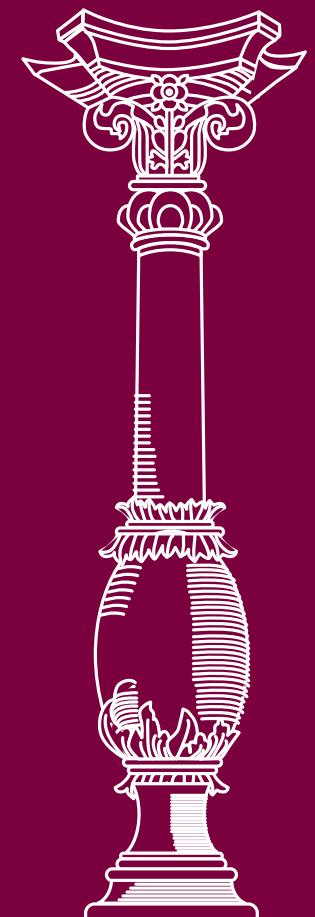
Understanding Personality Functioning and Its Impairments in Adolescents

Elena Gaudiešiūtė

DOCTORAL DISSERTATION
2026



Vilnius
University



Social Sciences
Psychology **S 006**

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VILNIUS UNIVERSITY

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Understanding Personality Functioning and Its Impairments in Adolescents

DOCTORAL DISSERTATION

Social Sciences,
Psychology (S 006)

VILNIUS 2026

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ABBREVIATIONS

AMPD	– Alternative Model for Personality Disorders
BPD	– Borderline personality disorder
BPFSC-11	– Borderline Features Scale for Children
CEQ	– The Childhood Experiences Questionnaire
DSM-IV	– Diagnostic and Statistical Manual for Mental Disorders, 4 th edition
DSM-5	– Diagnostic and Statistical Manual for Mental Disorders, 5 th edition
ICD-10	– 10 th edition of the International Classification of Diseases and Related Disorders
ICD-11	– 11 th edition of the International Classification of Diseases and Related Disorders
LoPF-Q 12-18	– Level of Personality Functioning Questionnaire
LPF	– Level of Personality Functioning
PD	– Personality disorder
PID-5-BF	– Personality inventory for DSM-5-brief version
SWLS	– Satisfaction with Life Scale
YSR 11/18	– Youth Self-Report Form
WHO	– World Health Organization

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LIST OF PUBLISHED PAPERS

This doctoral dissertation is based on the following papers:

1. Barkauskienė, R., Sharp, C., Kerr, S., **Gaudiešiūtė, E.**, Goth, K., & Skabeikytė-Norkienė, G. (2024). Examining the Validity of the Levels of Personality Functioning Questionnaire for Adolescents Aged 12-18 (LOPF-Q 12-18): A Replication and Extension with a Sample of Lithuanian Adolescents. *Journal of Personality Disorders*, 38(4), 330-349. <https://doi.org/10.1521/pedi.2024.38.4.330>
2. Barkauskienė, R., **Gaudiešiūtė, E.**, Grigaitė, A., & Skabeikytė-Norkienė, G. (2025). Criteria A and B of the alternative model for personality disorders as prospective predictors of psychosocial functioning in community-based adolescents: A 1-year follow-up study. *Personality disorders: Theory, Research, and Treatment*, 16(3), 286–296. <https://doi.org/10.1037/per0000717>
3. **Gaudiešiūtė, E.**, Skabeikytė-Norkienė, G., & Barkauskienė, R. (2025). Personality functioning in adolescents: exploring the links with childhood maltreatment types and internalizing and externalizing difficulties. *Child and adolescent mental health*, 30(3), 238–246. <https://doi.org/10.1111/camh.12781>
4. **Gaudiešiūtė, E.**, Sharp, C., Skabeikytė-Norkienė, G., & Barkauskienė, R. (2026). Uncovering trajectories of personality functioning in adolescence and their associations with baseline psychopathology. *Frontiers in Psychiatry*, (17), 1751455. <https://doi.org/10.3389/fpsyt.2026.1751455>

PREFACE

The systematic classification of personality pathology was initiated in 1980 with the publication of DSM-III (American Psychiatric Association, 1980), which facilitated empirical inquiry and prompted researchers to investigate the manifestations of categorically defined disorders, their longitudinal stability, underlying etiological models, and associated psychosocial and biological factors. Specialized interventions were developed following recognition of the persistent adverse outcomes of these conditions (e.g., Bateman & Fonagy, 2004; Linehan, 1993).

Although notable progress has been made in both research and clinical practice, the topic of personality disorders in adolescence has remained controversial, especially in clinical settings. For example, a survey of psychologists in the Netherlands and Belgium revealed that only 8.7% diagnosed personality disorders in adolescents, despite 57.8% acknowledging that they had observed these disorders in their adolescent patients (Laurensen et al., 2013). Similar findings were reported in a survey of mental health specialists in Lithuania (Barkauskienė et al., 2018), where only 14 adolescents were diagnosed with personality disorder in 2023 (Higienos Institutas, 2023).

Several factors contribute to this hesitancy, including concerns about stigmatizing young individuals and the previously held myth that psychiatric nomenclature prohibits diagnosing personality disorders before age 18. However, with the introduction of the DSM-5 (American Psychiatric Association, 2013) and ICD-11 (World Health Organization, 2018), both of which recognize that personality disorders typically emerge during adolescence, there has been increased interest in researching personality impairments in this age group. There appears to be a consensus within the research community that adolescence is a sensitive period for personality disorders (Sharp & Wall, 2018) and that both research and clinical practice should acknowledge this (Hutsebaut et al., 2023). The Global Alliance for Prevention and Early Intervention in Borderline Personality Disorder (GAP) has emphasized the importance of early intervention for personality disorders in adolescence. It advocates a worldwide initiative to identify factors associated with the course of personality disorder expression (Chanen et al., 2017). Despite this recognition, research in this area remains limited.

The reconceptualization of personality pathology in the DSM-5 AMPD model (APA, 2013) and later in ICD-11 (World Health Organization, 2018) has stimulated research by introducing a dimensional approach and marking a major shift in the understanding and assessment of personality pathology. The DSM-5 AMPD model introduces the Level of Personality Functioning (LPF,

or Criterion A), defined as "disturbances in self and interpersonal functioning," and states that it constitutes the core of personality pathology (APA, 2013). Similarly, in ICD-11's dimensional model, the severity of personality disorder (PD) is based on self-and/or interpersonal dysfunction, which is the only required step for the PD diagnosis, closely relating it to the LPF. Dimensionality has the potential to contribute to the early detection of impairments before personality disorders are fully developed; therefore, this dissertation will explore personality impairments and their expression in adolescence through the lens of dimensional conceptualization, specifically the construct of personality functioning, thereby contributing to a sparsely researched area.

As the field of dimensional conceptualization of personality pathology in adolescence remains under-researched, existing research on categorical PD provides an important basis for the present work. Therefore, while the introduction part of the dissertation will draw on contributions from categorical PD research, namely research on borderline personality disorder (BPD), it will also focus on recent dimensional developments, which is the principal aim of this dissertation. First, the concept of personality functioning will be introduced, along with the rationale for the shift to a dimensional approach, its conceptual links, and its structural components. Second, the associations with key correlates of personality pathology in adolescence will be examined. Third, the developmental course of personality pathology during adolescence will be described. Lastly, based on the most recent developments in the field, existing research gaps will be identified to frame the objectives of this dissertation.

1. INTRODUCTION

1.1 Dimensional approach to personality pathology

1.1.1 Change in conceptualization in DSM-5 and ICD-11

The research field of personality pathology has recently celebrated the 10th anniversary of one of the most significant changes in how it is conceptualized, researched, and diagnosed, with implications for practitioners and researchers. For several decades, the categorical model of personality disorders, which distinguishes between 10 personality disorders available in DSM-IV (American Psychiatric Association, 2000) has been criticized for the comorbidity of personality disorders in adulthood (Widiger & Samuel, 2005) and adolescence (Becker et al., 2001; Choate et al., 2021), the high frequency of use of unspecified personality disorder diagnoses (Verheul & Widiger, 2004), suggesting that different personality disorders might have more in common than not (Sharp et al., 2015). In addition, the heterogeneous nature of the expression of personality disorders within the same categorical diagnosis pointed to dimensionality (Johansen et al., 2004). Categorical classification systems offered limited ability to understand or monitor the disorder's actual severity, as assessment relied on a binary distinction between meeting and not meeting the diagnostic threshold, providing little insight into changes in severity. These criticisms from empirical research have led to changes in personality disorder classification, beginning with the publication of the DSM-5 (APA, 2013) and the subsequent ICD-11 (WHO, 2018). The DSM-5 retained the categorical approach as its primary framework, while the Alternative Model for Personality Disorders (AMPD) was introduced in Section III. The AMPD is a hybrid model that first assesses the level of personality functioning (Criterion A) on a dimension ranging from healthy functioning to significant impairment in the self (identity and self-direction) and interpersonal (empathy and intimacy) domains. The second mandatory step is the evaluation of pathological personality traits (Criterion B), which allows for a more specific definition of the expression of the impairments. The ICD-11 framework assesses the overall severity of personality disorder, defined as difficulties in the self (identity, self-esteem, capacity for self-direction) and/or in interpersonal functioning (interest in relationships with others; ability to understand and appreciate the perspectives of others; to establish and maintain close and mutually satisfying relationships; and to manage conflicts within relationships) (WHO, 2018). In ICD-11, there is also an option to specify the impairment level with additional trait expressions, yet

it is not mandatory, underscoring the importance of assessing the severity of the personality disorder. In determining PD severity (ICD-11) or the level of impairment (DSM-5 AMPD), both classifications require evaluation of the self and interpersonal domains; the exact descriptions of these functions in both models are presented in Table 1. While there are some differences, the self and interpersonal domains described in ICD-11 and the DSM-5 AMPD have been noted to show substantial conceptual overlap (Ma et al., 2024; Zimmermann et al., 2022). Both classifications recognize the onset of personality pathology in adolescence or early adulthood, its impact on psychosocial impairment (social, family, educational, etc.), its pervasiveness and relative stability, distinction from other disorders or conditions, and broader sociocultural or developmental context. For a more comprehensive comparison of these models, see Töre (2023).

Table 1. *Descriptions of self and interpersonal functioning in DSM-5 AMPD and ICD-11*

	DSM-5 AMPD	ICD-11
Self-functioning	Identity: experience of oneself as unique, with clear boundaries between self and others; stability of self-esteem and accuracy of self-appraisal; capacity for, and ability to regulate, a range of emotional experience. Self-direction: pursuit of coherent and meaningful short-term and life goals; utilization of constructive and prosocial internal standards of behavior; ability to self-reflect productively.	Degree and pervasiveness of disturbances in functioning of aspects of the self: Stability and coherence of one's sense of identity (e.g., extent to which identity or sense of self is variable and inconsistent or overly rigid and fixed). Ability to maintain an overall positive and stable sense of self-worth. Accuracy of one's view of one's characteristics, strengths, limitations. Capacity for self-direction (ability to plan, choose, and implement appropriate goals).

	DSM-5 AMPD	ICD-11
Interpersonal functioning	Empathy: comprehension and appreciation of others' experiences and motivations; tolerance of differing perspectives; understanding the effects of one's own behavior on others.	Degree and pervasiveness of interpersonal dysfunction across various contexts and relationships (e.g. romantic relationships, school/work, parent-child, family friendships, peer contexts):
	Intimacy: depth and duration of connection with others; desire and capacity for closeness; mutuality of regard reflected in interpersonal behavior.	Interest in engaging in relationships with others. Ability to understand and appreciate others' perspectives. Ability to develop and maintain close and mutually satisfying relationships. Ability to manage conflict in relationships.

Note. Adapted from the ICD-11 Clinical Descriptions and Diagnostic Guidelines for Personality Disorder (World Health Organization, 2018) and DSM-5 section III (American Psychiatric Association, 2013)

The level of personality functioning in DSM-5 AMPD (APA, 2013), or the severity of PD in ICD-11 (WHO, 2018), is also linked to borderline personality disorder. There is an ongoing debate based on empirical research suggesting that BPD might reflect common features of all personality disorders, particularly during adolescence (Sharp et al., 2015; Sharp & Wall, 2018). This would indicate that the criteria for BPD may capture the core aspects of personality pathology or impairments common across personality disorders (Fonagy et al., 2017a; Sharp et al., 2018; Sharp & Wall, 2018). Sharp et al. (2015) proposed that BPD may serve as an indicator of general maladaptation in self-other functioning, aligning closely with Criterion A of the Level of Personality Functioning or the severity criterion of ICD-11. Similarly, Clark and colleagues (2018) argue for a "reconceptualization of BPD... as reflecting a broad, general dimension of PD severity rather than a specific PD category" (p.119). Building on this, there may be a close relationship between BPD and Criterion A, suggesting that insights from previous BPD studies could be highly relevant to research on Criterion A. However, if BPD is indeed indicative of PD severity, given that BPD criteria

are more severe than other PD criteria (Sharp, 2020), it is possible that findings from previous studies did not account for lesser severity levels of personality dysfunction. Therefore, while prior knowledge remains valuable, it may not provide a complete picture of the dimensionality of personality impairments and the associations with relevant factors.

Despite the 10-year anniversary, there is still an ongoing debate in the field of research regarding the validity, reliability, clinical utility, and discriminative power of Criterion A (severity level) and Criterion B (maladaptive traits), leading to calls for improvements in the conceptualization and measurement of both (Sharp & Miller, 2022). While dimensional models of PD hold the possibility of enhancing the detection of personality impairments in adolescence, since it is a new conceptualization, it has yet to become fully established, both in the field of research and in clinical practice. Even though the evidence for including the revised AMPD model in the main DSM-5 section has now been organized and reported (Sharp et al., 2025), the AMPD model that introduced Criterion A is still in the third section of DSM-5, called “Emerging Measures and Models,” while the categorical model is being used as a primary approach. The ICD-11 was expected to be implemented starting in 2022, following a fully dimensional conceptualization of PD. Nevertheless, the time it might take to fully implement the changes and recognize their impact on clinical practice worldwide is unclear. Therefore, the field of research on the dimensional conceptualization of PD is building an empirical base focused on examining Criterion A's content and convergent validity, its measurement, and its associations with previously established constructs related to PD's onset, course, and outcomes. The field is still in development, with many unanswered research questions and mixed results. Despite a significant increase in studies on dimensional models since 2013, the empirical base is still developing, with a call for more research on adolescents, as this area of research is the least advanced.

1.1.2 Personality functioning: conceptual links, structure, and validity

Personality functioning is a relatively new concept, and yet it is grounded in constructs formulated in various theories addressing the development of personality pathology and research for many years. Since the model places self and interpersonal function as the core of personality disturbances while assessing the severity level, it is often linked with Otto Kernberg's (Kernberg, 1986) theory of levels of personality organization (Bender et al., 2011). Kernberg argues that the concept of the integrated self is a key element whose

level of disruption needs to be assessed in relation to personality pathology (Kernberg, 2012). Other theories are thought to either have influenced or to be related to the construct of personality functioning, including the later psychoanalytic/psychodynamic approaches (Blüml & Doering, 2021), contemporary integrative interpersonal theory (Pincus, 2018), narrative identity theories (Lind, 2021), personality constructs of McAdams & Pals (2006), and mentalization theory (Bateman & Fonagy, 2004) among others. The pantheoretical stance of the new model is recognized as one of its greatest strengths, due to the wide range of possible assessment methods and interventions (Hopwood et al., 2019). While influenced by various personality (pathology) theories, the construction of personality functioning, or Criterion A, was also firmly based on empirical evidence. Results from rigorous studies have identified an underlying dimension that captures the shared characteristics of different personality disorders (Hopwood et al., 2011; Morey et al., 2011). The criteria for personality disorders most closely associated with this dimension consistently related to problems in self or interpersonal functioning (Hopwood et al., 2011; Morey et al., 2011) and distinguished PDs from other psychopathologies (Morey et al., 2011). Moreover, a 10-year prospective repeated measures study by Hopwood et al. (2011, p. 305) found that “...the generalized personality pathology severity was the strongest predictor of both concurrent and prospective dysfunction”. Consequently, the Personality Disorder Work Group defined Criterion A as a unidimensional construct (APA, 2013), and the Level of Personality Functioning questionnaire (LPFS-SR) was introduced to assess Criterion A in adults (Morey, 2017), while the Levels of Personality Functioning Questionnaire (LoPF-Q 12–18; Goth et al., 2018), was specifically developed for adolescent populations. To date, the LoPF-Q 12–18 has become the most widely used self-report measure for assessing impairments in personality functioning in adolescents. Originally developed in German, it has been translated and culturally adapted into several languages, including Chinese (Cheng et al., 2023); English (Sharp & Vanwoerden, 2018); Farsi (Veysuei et al., 2023); Spanish (Kassin & Hackrad, 2019); Slovenian (Plakolm Erlač & Gregorič Kumperščak, 2022); Turkish (Cosgun & Cakiroglu, 2020), and Lithuanian (Barkauskiene & Skabeikyte, 2020).

Since Criterion A was intended to be a unidimensional construct, it has faced criticism due to the lack of consistent empirical evidence supporting its unidimensionality. Empirical studies investigating the factor structure of measures designed to assess Criterion A have yielded mixed results. For example, studies using the LoPF-Q 12–18 in adolescent samples have reported

unidimensional (Cosgun et al., 2021), bifactorial (Kerr et al., 2022), and four-dimensional hierarchical (Zimmermann et al., 2022) structures. Similarly, mixed findings have also been reported in adult samples (Bliton et al., 2021; Sleep et al., 2019; Uliaszek et al., 2023). Moreover, some researchers have questioned the ability of measures assessing Criterion A (level of personality functioning) to distinguish personality dysfunction from other forms of psychopathology (Cosgun et al., 2021; Sleep et al., 2021; Sleep et al., 2024). Consequently, these issues remain important areas for further investigation.

1.2 Recent advances regarding the emergence and antecedents of personality pathology

1.2.1 Adolescence as a sensitive period for the emergence of personality pathology

Adolescence is a particularly critical period of change and vulnerability for the emergence of various forms of psychopathology (Uhlhaas et al., 2023), including personality pathology (Sharp & Wall, 2018; Chanen, 2021). The new dimensional conceptualization of personality functioning offers an opportunity to identify impairments early, even when they do not meet the threshold for a formal diagnosis, enabling timely intervention. Moreover, research indicates that a dimensional assessment of personality impairments, as outlined in the DSM-5 and ICD-11, is considered a more developmentally appropriate approach for capturing personality dysfunction during adolescence (Weekers et al., 2021). Early intervention is essential for mitigating potential negative outcomes and altering the trajectory of personality disorders (Chanen et al., 2021). The domains described in personality functioning (Criterion A) - self and interpersonal functions - undergo rapid developmental change during adolescence (Sharp, 2020). The functions of identity, self-esteem, self-reflection, goal setting, empathy, and intimacy are thought to evolve throughout childhood and adolescence, eventually converging into the ability to develop a coherent sense of self (Rosen, 2016). Impairments or failures in this development can lead to the emergence of personality pathology (Sharp, 2020). The importance of a coherent sense of self was proposed as early as 1968 by Erik Erikson, who suggested that the primary task of adolescence is to address issues of identity and role confusion (Erikson, 1968). More recent developmental theories highlight the autobiographical reasoning that emerges during adolescence. It is an internalized and evolving life narrative that reconstructs the past and creates expectations for the future, thus contributing to an understanding of

one's identity (McAdams & Pals, 2006). In this way, the adolescent begins to construct a coherent, integrated life story - narrative identity that provides a sense of meaning, purpose, and temporal continuity to life, while the failure to do so - a lack of a sense of continuity and coherence - can lead to impairments in personality functioning. These adolescents are at risk of developing a full-blown personality disorder (PD). Studies indicate that the prevalence of borderline personality disorder (BPD) is approximately 3% among adolescents in the general population (Zanarini et al., 2011), 11–33% among those receiving inpatient treatment (Ha et al., 2014; Johnson et al., 2008). Prevalence estimates for any personality disorder are around 41% in psychiatric outpatient samples (Feenstra et al., 2011) and as high as 88% in juvenile justice samples (Livanou et al., 2019), highlighting that personality disorders are among the most common disorders in youth psychiatry (Chanen & Thompson, 2019).

Regarding the course of personality pathology, studies show that BPD onsets in early adolescence, peaks in middle to late adolescence, and gradually declines into adulthood (Johnson et al., 2000; Sharp & Wall, 2018; Videler et al., 2019; Winsper et al., 2020). Studies utilizing empirically derived trajectory groups indicate observable variability in the levels of impairment in borderline features (Haltigan & Vaillancourt, 2016), personality functioning (Benzi et al., 2023; Eggermont et al., 2023), and identity impairment (Bogaerts et al., 2023). Although findings from these studies vary, they all identify groups of adolescents with elevated or high scores: Haltigan and Vaillancourt (2016) found borderline personality features elevated and rising trajectories over six years of measurements, while Eggermont et al. (2023) found stable trajectories in two years of yearly measurements, even for the group with the highest impairment. Conversely, Bogaerts et al. (2023) observed a linear decrease in disturbed identity. These studies represent a sparse body of research on the stability and change of personality disorders in adolescence from a dimensional perspective; therefore, further research is needed to better understand the course and correlates of personality impairment, particularly as this conceptualization enables the assessment of severity beyond categorical diagnosis.

1.2.2 Previously researched antecedents of personality impairments and their connections to the recent dimensional approach

There is a large body of research investigating factors that may play a role to the development of personality impairments. Systematic reviews investigating risk factors associated with BPD suggest some degree of

heritability, with complex interaction between biological predispositions and environment, various broad social elements, such as low socioeconomic status, family and school stress, child related factors (cognitive function, other psychopathology, temperament and traits), family related factors (harsh parenting, parent psychopathology), and childhood maltreatment and victimization (Bornovalova et al., 2009; Bozzatello et al., 2021; Stepp et al., 2016). It is widely recognized that there is a strong link between traumatic experiences and personality disorders in both adulthood and adolescence (Ibrahim et al., 2018; Porter et al., 2020; Winsper, 2018). Even though there is a significant number of studies examining the associations between traumatic experiences and BPD (Bozzatello et al., 2021), the associations of specific types of maltreatment with dimensionally defined impairments in personality are only gaining research interest (Back et al., 2021). Systematic review of recent studies utilizing either the complete AMPD model or one of its domains (Criterion A or B) has emphasized a strong association with experiences of childhood emotional abuse and neglect, at least in adult populations (Back et al., 2021). However, only a few studies have investigated these links in adolescent populations (Gander et al., 2020). In a mixed sample of community and clinical groups of adolescents, Gander and colleagues (2020) found that the relationship between emotional types of maltreatment and personality dysfunction was twice as strong as that of other types of maltreatment.

Although there is a strong relationship between childhood maltreatment and PDs, it is neither sufficient nor a necessary precondition for the crystallization of the difficulties that are observable in personality pathology in adolescents (Cavelti et al., 2023; Paris, 1998). It is known that the pathway to personality disorder is complex, illustrated by *Equifinality*, meaning that different risk factors/conditions and their combinations may lead to the same developmental outcome - in this case, personality impairments (Cicchetti & Rogosch, 1996). To add to it, aiming to identify factors associated with the poorer prognosis of BPD for young people, among adverse childhood experiences and the severity of symptoms, other types of psychopathology were found to be of significant importance (Hutsebaut & Aleva, 2021). Various associations between internalizing (e.g., depression, anxiety, somatization, etc.) and externalizing difficulties (e.g., conduct disorder, oppositional defiant disorder, substance use) and personality pathology in young people have been found (Beauchaine & McNulty, 2013; Ensink et al., 2015; Hutsebaut & Aleva, 2021; Stepp et al., 2016). Sharp and Wall (2018) proposed a developmental psychopathology model, based on summarising the results of research studies on the associations presented above, stating that

untreated internalizing and externalizing problems may not only precede, but also contribute to the development of personality pathology during adolescence and continue to coexist with it (Sharp & Wall, 2021). While the aforementioned studies provide some understanding of the complex association and various precursors to personality pathology viewed from a categorical conceptualization, the area of research on the precursors and their relation to personality functioning impairments in adolescence is still very scarce, pointing to the need to investigate the factors that precede, are associated with, and persist throughout the development of personality impairments.

1.3 Personality functioning for prediction of the negative concurrent and prospective psychosocial outcomes

Adolescence is a critical and formative period that lays the groundwork for adult well-being and productivity in terms of psychosocial functioning (Kramer et al., 2017). Psychosocial functioning is viewed as a „person’s ability to perform activities in daily life, including in social or interpersonal, school or work, recreational or leisure “ (Skodol, 2018, p. 33). Personality pathology has negative and enduring psychosocial outcomes in both adults and adolescents (Barkauskienė et al., 2021; Kramer et al., 2017; Skodol, 2018), with some researchers suggesting that personality disorders have a greater impact on psychosocial functioning than other mental disorders (Hastrup et al., 2019). Research from longitudinal studies with adolescents informs that: BPD symptoms and psychosocial functioning co-develop during adolescence, with increasing BPD symptoms being associated with worsening social, academic, and mental health outcomes (Wright et al., 2016); B(PD) uniquely predicts increased risk for other mental disorders for up to two decades (Cohen et al., 2005; Winograd et al., 2008); high levels of borderline traits (in a study of 2,232 twins) at age 12 predict psychiatric problems including depression, posttraumatic stress disorder, self-harm and suicide attempts, poor educational and economic outcomes, and victimization at age 18 (Wertz et al., 2020). These studies highlight the detrimental outcomes associated with the course of B(PD) in adolescence, underscoring the need to detect impairments early with a possibility to mitigate the possible risks, since recent research suggests that severity may be the most substantial predictor of dysfunction in personality psychopathology (Hopwood et al., 2011). Even subthreshold personality difficulties create significant distress, similar to that experienced by individuals with a personality disorder (Karukivi et al., 2017); therefore, dimensional conceptualizations provide opportunities for early

detection and treatment, which, based on the possible negative psychosocial outcomes, are crucial for a more positive life trajectory for a young person.

Studies analyzing psychosocial outcomes in the context of the new approach to PD are rare; longitudinal studies are scarce. To the best of our knowledge, there are only a few studies to date analysing the dimensional model in contrast with the categorical approach: Clark et al. 2018 found that the AMPD model (Criterion A and B) together was able to predict almost twice as much variance as the section II categorical model. Buer Christensen and colleagues (2020) found Criterion A to outperform the sum of DSV-IV PD criteria in predicting psychosocial outcomes in a clinical sample, while Weekers and colleagues (2024) found the AMPD model to be a strong predictor of disability and symptom severity in a year, while the section II PD model was not significantly predictive. These studies provide empirical evidence of possible AMPD's superiority over the traditional Section II categorical model in predicting psychosocial outcomes. Additionally, there is evidence that Criterion A may be a stronger indicator of psychosocial outcomes than Criterion B (Weekers et al., 2024), aligning with the ICD-11 PD conceptualization, which requires only assessing the level of impairment. Given that the impact of personality pathology severity on psychosocial functioning has only recently been the focus of considerable research interest (Wright et al., 2016), more studies are needed to understand these associations between personality functioning and psychosocial impairment in adolescents given that recent research suggests that the dimensional approach may be a more reliable predictor of treatment outcomes (Sharp et al., 2024; Weekers et al., 2024) and psychosocial functioning (Buer Christensen et al., 2020) associated with personality pathology.

1.4 Novelty and knowledge gap

Although much is known about personality disorders (PDs) in adults, research on the onset, associated factors, and the course of personality impairments during adolescence remains sparse, either focusing on research based on categorical or dimensional conceptualization. Since the introduction of the dimensional conceptualization of personality disorders into diagnostic classifications, ongoing changes and discussions that have shaped the field over the past decade are yet to be fully implemented in clinical practice. With the complete transition from ICD-10 to ICD-11 coming into effect and ongoing discussions about future revisions of the DSM, which may adopt the hybrid AMPD model as the primary framework (Sharp et al., 2025), there is a need for further research in this area. While DSM-5 proposed the

unidimensional structure of Criterion A, or the level of personality functioning, the findings from empirical studies are heterogeneous; therefore, the validity and utility of Criterion A are still being discussed. Although the criticism mainly stems from studies on adult populations, the structure and associations of Criterion A with other factors are of particular interest in adolescence, a critical developmental period for the emergence of PD. Given that personality impairments in adolescence have the potential to have long-lasting, enduring effects on psychosocial functioning, both during adolescence and well into adulthood, the field of research still needs to explore the predictive ability of Criterion A to detect potential changes in adolescents' psychosocial functioning over time.

Dimensional models are thought to be more developmentally sensitive, and the dimensionality should be more fit to detect impairments that do not meet the threshold for a disorder, providing an opportunity for early recognition and effective intervention. One of the key interests in the field of PDs in recent years has been identifying the course of personality impairments and their associated factors (Chanen et al., 2017). Therefore, there's a need for research on previously studied precursors of categorically assessed PD, including childhood maltreatment (Back et al., 2021) and other associated constructs, such as various mental health difficulties that might precede and later co-exist with PD impairments. While little is known about the course of categorically defined personality impairments across adolescence, even less is understood about dimensionally defined impairments and the factors associated with them. Building on prior research on borderline personality disorder (BPD), informed by developmental perspectives, and aligned with recent changes in the conceptualization of personality disorders, this dissertation seeks to expand the limited research base by examining personality functioning in adolescents, emerging impairments, and their correlates.

1.5 Aims of the thesis

The current thesis aims to contribute to the emerging literature on the dimensional view of personality pathology in adolescence. More specifically, this dissertation aims to examine personality functioning (Criterion A) by evaluating its validity in a mixed sample of Lithuanian adolescents, assessing trajectories of personality functioning over a two-year follow-up period, and investigating its cross-sectional and prospective associations with related factors.

Research questions

The current thesis incorporates four empirical studies and addresses the following research questions:

- a) What is the factor structure of the Level of Personality Functioning in Lithuanian adolescents, and is there evidence supporting its convergent and discriminant validity? (Paper I)
- b) What is the prospective relationship between personality functioning and psychosocial functioning in adolescents in one year? (Paper II)
- c) What is the relationship between childhood maltreatment and personality functioning? Do psychological problems have a mediating effect on this potential relationship? (Paper III)
- d) What are the trajectories of personality functioning over two years? Do current psychological problems discriminate between the level of personality functioning trajectories in adolescence? (Paper IV)

2. METHODS

This dissertation is based on the data from the study: “A study of personality disorder in adolescence: features, dynamics, and its factors”, which was conducted by the Center for Developmental Psychopathology of the Institute of Psychology at the Faculty of Philosophy of Vilnius University. This research is the first prospective study of personality pathology in adolescence in Lithuania. The study included a three-wave longitudinal assessment of community adolescents and a cross-sectional assessment of a clinical sample, both of which were used in the papers presented in this dissertation.

2.1 Participants

Sample I comprised community-dwelling adolescents and included three measurement points, while Sample II consisted of adolescents seeking treatment and was analyzed cross-sectionally. The main demographic characteristics of the samples are presented in *Table 2*.

Table 2. *Demographic characteristics of the sample*

Variable	Sample I						Sample II	
	Wave I		Wave II		Wave III		(N=193)	
	(N= 855)		(N= 806)		(N= 750)			
	n	%	n	%	n	%	n	%
Age								
Mean	14.44		15.37		16.32		15.11	
(SD)	(1.60)		(1.60)		(1.57)		(1.41)	
Range	11-18		12-19		13-19		11-17	
Gender								
Female	534	62.5	503	62.4	469	62.9	154	79.8
Male	321	37.5	303	37.6	277	37.1	39	20.2
Place of living								
Urban	669	78.2					169	90.4
Rural	187	21.9					18	9.6
Parental status								
Married/ live together	569	66.5					92	50.5
Divorced	158	18.5					51	28
Other	93	10.9					39	21.5

Sample I

The data was collected through three measurement points over two years, from September 2021 to November 2023. The sample at the first measurement point consisted of 855 adolescents aged 11–18 ($M = 14.44$, $SD = 1.60$; 62.5% female). The participants were enrolled through public schools covering several cities (37.2%), towns (40.9%), and rural areas (21.9%) in different regions of Lithuania. Participants reported that their parents were married (66.5%), divorced (18.5%), or that the status of the family relationship was “other” (10.90%). The study's first-wave data were analyzed across all four papers covered in this thesis (Papers I–IV).

At the second and third measurement waves, the retention rate was 94.7% and 87.7%, respectively. At wave 2, 804 participants completed the questionnaires, and at wave 3, 750. The mean age of adolescents at wave two was $M = 15.37$, $SD = 1.60$, with 62.4% girls, and at wave three, $M = 16.32$, $SD = 1.57$, with 62.9% girls. Attrition analyses indicated no significant differences between participants retained at wave 3 and those lost to follow-up with respect to baseline age ($t(852) = -1.28$, $p = .202$) or gender ($\chi^2(1) = 0.004$, $p = .952$). Although participants who dropped out had higher baseline total LoPF-Q 12-18 scores, this difference did not reach statistical significance ($t(823) = -1.75$, $p = .081$). The data on other demographic factors presented at wave one were not further collected. The data from the second wave of the study were analyzed in Papers II and IV, while the data from the third wave were analyzed in Paper IV. The author of this thesis contributed substantially to data collection across all three measurement waves, including organizing students who supported the research and collaborating with participating schools.

Sample II

Sample II comprised 193 adolescents, $M=15.11$; $SD=1.41$; 79.8% female. 90.4% lived in urban areas, while 9.6% lived in rural areas. Participants reported that their parents were married (50.5%), divorced (28 %), or that the status of the family relationship was “other” (21.5%). Participants in this sample were currently receiving mental health care in inpatient (63.2%) and outpatient (36.8%) settings. At the time of the study, 65.8% of adolescents had received a psychiatric diagnosis of a mental health disorder, whereas 34.2% exhibited clinically significant symptoms during the initial psychological assessment but either had no formal diagnosis or diagnostic information was not reported. Among those with a diagnosis, mood (affective) disorders were

the most prevalent (33.6%), followed by schizophrenia spectrum disorders (19.8%), eating disorders (17.6%), emotional and behavioral disorders (15.3%), anxiety disorders (9.9%), personality disorders (3.1%), and harmful substance use (0.8%). Among adolescents without a reported diagnosis, the primary reasons for seeking help included anxiety-related problems, somatic complaints, depressive symptoms, eating disorder-related symptoms, emotional and behavioral problems, and self-harm. The data from sample II were analyzed in Papers I and III.

2.2 Procedures and Research Ethics

The study presented in this thesis was conducted in accordance with the Declaration of Helsinki, and the protocols were approved by the Psychological Research Ethics Committee at Vilnius University for the community and clinical subsamples (No 34/27-02-2020 and No 53/15-11-2020). A non-probabilistic sampling method was applied to select schools from various regions of Lithuania. The research team presented the study in person in selected schools or clinical settings, and consent forms were distributed. Only adolescents whose parents or legal guardians provided signed consent, and who themselves gave oral assent, participated in the study. Participants were informed that they could withdraw from the study at any time, that their participation is confidential, that the data are processed anonymously, and that access is limited to the project researchers. The study was conducted by trained research assistants (master's or PhD students) during school hours, in small groups of adolescents or individually, with a clinical sample. During the study, the aim and procedure were repeatedly presented to the participants, and questionnaires were distributed with pre-assigned IDs. During data collection, the researchers were available to answer adolescents' questions and ensure the quality of the process. Participants were provided information about possible emotional support options, such as support lines or those available in their school. If participants changed schools or cities across the measurement waves, they were contacted individually to minimize attrition, and the questionnaires were sent to their preferred addresses.

2.3 Measures

A description of the measures is provided below, and *Table 3* summarizes the measures used across the four papers. Given that Papers I and III utilized mixed samples (Sample 1(Wave 1), and Sample 2), Papers II and IV included data from two and three waves, respectively, of the same longitudinal sample,

and all four papers examined psychopathological symptoms using different variations of the YSR 12–18 syndrome scales or the broadband second-order factors, the internal consistency estimates for each variation are reported in the *Methods* sections of the respective papers due to space constraints.

Table 3. *Measures used in the studies*

Measure	Paper I	Paper II	Paper III	Paper IV
Levels of Personality Functioning Questionnaire (LoPF-Q 12-18) (97 items)	+	+	+	+
Personality Inventory for DSM-5 (PID-5- BF) (25 items)	+	+		
Borderline Personality Features Scale for Children-11 (BPFSC-11) (11 items)	+			
Youth Self-Report Form (YSR 11/18) (112 items)	+	+	+	+
Childhood Experiences Questionnaire (CEQ) (10 items)			+	
Multidimensional Peer-Victimization Scale (24 Items)		+		+
The KIDSCREEN-10 (10 Items)	+	+		
Academic Motivation Scale (6 items)	+	+		
Satisfaction with Life Scale (SWLS) (5 items)		+		

2.3.1 Measurement of adolescent personality functioning impairments

Personality functioning was measured using the culturally adapted Lithuanian version of the DSM-5-based *Levels of Personality Functioning Questionnaire* (LoPF-Q 12–18; Barkauskiene & Skabeikyte, 2020). The original instrument was developed by Goth et al. (2018). The LoPF-Q 12–18 is a 97-item self-report measure employing a 5-point response scale (0 = no to 4 = yes), with higher scores indicating greater impairment in personality functioning and a higher likelihood of a current personality disorder. This study calculated an overall personality functioning score by summing the questionnaire’s scales.

Maladaptive Personality Traits were measured with the *Personality Inventory for DSM-5 Brief Form for children aged 11–17* (PID-5-BF; APA,

2013), a 25-item measure of the original 220-item Personality Inventory for DSM-5 developed by Krueger et al. (2012). The PID-5-BF is intended to measure five maladaptive higher-order traits, as presented in the DSM-5 AMPD Criterion B - Negative Affectivity, Detachment, Antagonism, Disinhibition, and Psychoticism. Each scale has five items, measuring the presence and severity on a 4-point scale (0 = very false, 3 = very true), with higher scores indicating greater expression.

The Borderline Personality Features Scale for Children (BPFSC-11; Sharp et al., 2014) is an 11-item self-report questionnaire to assess the difficulties associated with emotional instability and interpersonal problems as core aspects of BPD. The responses are rated on a 5-point Likert-type scale from 1 (not true at all) to 5 (always true), with higher scores indicating higher expression of borderline features.

2.3.2 Measurement of associated mental health and risk correlates

Psychopathological Symptoms. The Youth Self-Report Form (YSR 11-18; Achenbach, T. M., & Rescorla, 2001) was used to measure psychopathological symptoms in adolescents. The YSR 11-18 is a self-report questionnaire that assesses psychopathology in the past 6 months. It comprises 112 items with three response options (0 = not true; 1 = sometimes or somewhat true; and 2 = very true or often true) for different adolescent behavior problems. The studies presented in this dissertation used DSM-oriented scales (Paper I and Paper IV), narrow-band syndrome scales (Paper II), two broad-band or second-order factors (internalizing and externalizing disorders (Paper III), and item 18th *“I deliberately try to harm or kill myself”* for self-harm evaluation (Paper IV). The YSR 11-18 has been adapted and standardized for the Lithuanian population (Žukauskienė et al., 2012).

The Childhood Experiences Questionnaire (CEQ), adapted from the Adverse Childhood Experiences Questionnaire (Dube et al., 2001) and the ACE Score Calculator (Anda, 2007), was used to assess adolescents' childhood maltreatment. The Lithuanian version includes 10 items covering emotional abuse, emotional neglect, physical abuse, physical neglect, and sexual abuse (Gervinskaitė-Paulaitienė, 2018). Emotional and physical abuse/neglect are rated on a 5-point scale (0 = never, 4 = very often), while sexual abuse items are coded yes (1) or no (0). The score for each scale is obtained by summing the items' scores. Subscale scores are summed, and the total score (0–34) reflects overall exposure, with higher scores indicating greater exposure to childhood adversities.

The Multidimensional Peer Victimization Scale (MPVS) (Mynard & Joseph, 2000) consists of 24 statements that address various forms of peer victimization. Participants rate their experiences on a 0-2 Likert scale, where zero represents 'never,' 1 represents 'once,' and 2 represents 'more than once.'

2.3.3 Measures of psychosocial functioning

The KIDSCREEN-10 is a 10-item self-report measure providing a singular index of global health-related quality of life (HRQoL). It addresses physical, psychological, and social dimensions in children and adolescents. The measure was developed by KIDSCREEN Europe (Ravens-Sieberer & the European KIDSCREEN Group, 2006; Ravens-Sieberer et al., 2010). Participants are asked to rate how often they have experienced each item during the past week. The answers to each item are given on a 5-point scale: 1 (never), 2 (seldom), 3 (sometimes), 4 (often), and 5 (always). A higher total score indicates a higher level of HRQoL.

Academic motivation was measured by the perceived academic motivation scale (Ruchkin et al., 2004) whose six items describe the perceived importance of academic achievements and academic motivation (e.g., “It is important for me to be thought of as a good student by the other students” and “Education is so important that it is worth it to put up with things I don’t like”). This measure is a part of the Social and Health Assessment (Ruchkin et al., 2004). Items are rated on a 4-point Likert-type scale (1 = definitely not true, 2 = mostly not true, 3 = mostly true, and 4 = definitely true). Greater scores correspond to higher levels of perceived motivation.

Life satisfaction was measured with the five-item Satisfaction with Life Scale (Diener et al., 1985), using the Lithuanian version validated in previous studies (Šilinskas & Žukauskienė, 2004). Items are rated on a 5-point Likert scale to assess global life satisfaction (e.g., “I am satisfied with my life”).

2.4 Data Analysis

Paper I. The LOPF-Q 12-18 internal structure was assessed using the confirmatory factor analysis (CFA). Convergent and discriminant validity were evaluated using zero-order correlations, and a test of dependent correlations with Zou's confidence interval.

Paper II. The associations between Criterion A and various indicators of psychosocial functioning at wave I and II were assessed using zero-order correlations. Predictive effects of Criterion A on adolescent psychosocial functioning over 1 year were assessed using multiple regression analyses.

Paper III. The prevalence of maltreatment was evaluated using descriptive statistics. Spearman correlation coefficients were calculated to test associations among LPF (Criterion A), internalizing and externalizing difficulties, and childhood maltreatment, and the differences between groups were assessed using the Mann-Whitney U-test. PROCESS Macrop V.4.1 was used with 5000 bias-corrected bootstrapping to examine the mediation model.

Paper IV. Latent Class Growth Analysis (LCGA) was used to identify the developmental trajectory classes of personality functioning (Criterion A). Multinomial logistic regression was used to assess predictors of membership in each latent class relative to the other classes measured at wave I.

3. RESULTS

3.1. Principal findings from Paper I

The structure of LOPF-Q 12-18 in adolescents. The single-factor and bifactor structures were tested. The unidimensional model showed poor fit, $\chi^2(4559) = 21,551,098$, $p < .001$; RMSEA = .060; CFI = .82; TLI = .81; SRMR = .081. The bifactor model with one general and four specific factors showed an acceptable fit, $\chi^2(4462) = 15,668,433$, $p < .001$; RMSEA = .050; CFI = .88; TLI = .87; SRMR = .066, though CFI and TLI remained slightly below cutoffs. Factor loadings indicated that all Self-direction items except one loaded $\geq .40$ on the general factor, along with 82.6% of Identity items, 50.0% of Empathy items, and 69.6% of Intimacy items. Omega hierarchical was high for the general factor (.91), with 4.3% of the reliable variance in total scores attributable to multidimensionality. After controlling for general factor variance, the specific factors' reliability dropped: Identity = .42, Self-direction = .04, Empathy = .15, and Intimacy = .06. Moreover, additional indices (ECV = .757; PUC = .734; bias = 3.5%) indicated that the measure could be treated as essentially unidimensional.

Convergent and discriminant validity. The LoPF-Q 12-18 correlated strongly with convergent validity measures: BPFSC-11 ($r = .751$) and PID-5-BF ($r = .806$), while discriminant correlations ranged from moderate to high for the majority of measures. Differences between convergent (LoPF-Q 12-18 $\times$ BPFSC-11, PID-5-BF) and discriminant (LoPF-Q 12-18 $\times$ YSR DSM-oriented scales: Affective, Anxiety, Conduct, PTSD, Social problems; KIDSCREEN-10) correlations were estimated with Zou's CIs. Across most measures, differences ranged from .004 to .367, with most being statistically significant in the combined sample. The same pattern was found in the population subsample, while in the clinical subsample, LoPF-Q 12-18 did not discriminate between affective, PTSD, and social problems measured by the YSR 11-18.

3.2. Principal findings from Paper II

Zero-order correlations showed that gender was significantly related to all T1 and T2 measures, with girls reporting higher impairment in personality functioning, more maladaptive personality traits (except antagonism), greater dysregulation, and more psychosocial difficulties than boys. At T1, age was not significantly correlated with either AMPD criterion. Bivariate analyses indicated that Criterion A at T1 was significantly associated with lower

psychosocial functioning at T1 and T2, and that T1 psychosocial functioning variables were moderately to highly correlated with their T2 counterparts.

After controlling for gender, T1 dysregulation, and baseline psychosocial functioning, Criterion A predicted all T2 psychosocial functioning domains except academic motivation. Criterion A had a small effect on T2 social and well-being outcomes, while T1 psychosocial functioning showed small to moderate associations with corresponding T2 measures. Impairments in personality functioning were predictive of social difficulties, social rebuff, lower health-related quality of life, and reduced life satisfaction.

3.3. Principal findings from Paper III

Prevalence and types of childhood maltreatment. The cumulative percentage and the occurrence of specific types of childhood maltreatment were calculated in a mixed sample of clinical and community groups. The results showed that overall, 59% of the adolescents reported having experienced at least one type of childhood maltreatment. Almost one in two adolescents reported having experienced emotional abuse (44.7%) and emotional neglect (44%). A third of adolescents reported physical abuse (28.5%), while around one in ten adolescents reported having experienced physical neglect (10.8%) or sexual abuse (10%). The clinical group showed significantly higher scores than the community group on all the maltreatment scales, internalizing and externalizing difficulties, and personality functioning, with small to medium effect sizes.

Associations between childhood maltreatment, internalizing and externalizing difficulties, and personality functioning. Impairments in personality functioning were most strongly associated with emotional abuse ($r=0.44$, $p<0.001$) and emotional neglect ($r=0.57$, $p<0.001$). Significant mediating effects of childhood maltreatment on personality functioning through internalizing problems and very modest through externalizing problems were found for all types of childhood maltreatment: overall maltreatment ($\beta_1 = 0.312$, $p < .001$; $\beta_2 = 0.032$, $p < 0.01$), emotional abuse ($\beta_1 = 0.269$, $p < .001$; $\beta_2 = 0.033$, $p < 0.004$), physical abuse ($\beta_1 = 0.165$, $p < .001$; $\beta_2 = 0.031$, $p < .004$), sexual abuse ($\beta_1 = 0.100$, $p < .001$; $\beta_2 = 0.018$, $p = .004$), emotional neglect ($\beta_1 = 0.324$, $p < .001$; $\beta_2 = 0.028$, $p = .001$), and physical neglect ($\beta_1 = 0.119$, $p < .001$; $\beta_2 = 0.020$, $p < .001$). The proportions of indirect effects of internalizing difficulties of the total effect for all types of maltreatment varied from 76% to 79%, except for emotional neglect, which was 65%. The proportions of indirect effects of externalizing difficulties of the total effect for all types of maltreatment ranged from 1% to 13%. The direct effect of childhood maltreatment on personality functioning, when

internalizing and externalizing difficulties were included as parallel mediators, was found for emotional neglect ($\beta = 0.148$, $p < .001$) and overall childhood maltreatment score ($\beta = 0.087$, $p < .001$).

3.4. Principal findings from paper IV

Latent Class Growth Analysis (LCGA) was employed to investigate the developmental trajectory classes of personality functioning. Evaluation of model fit statistics suggested that a 4-class solution was empirically and conceptually justified. The first trajectory class was labeled the “*adaptive*” class ($n=184$, 21.5%, M intercept = 81.23, M slope = -5.267, $p = .001$), representing the group of adolescents reporting the lowest and decreasing scores of impaired personality functioning. The second trajectory class was labeled the “*normative*” class ($n=420$, 49.18%, M intercept = 138.43, M slope = -0.924, $p = .591$), representing the average of the total mean of the whole sample, which is ($M_1=144$; $M_2 = 140$, $M_3=141.5$) and remained stable over time. The third class was labeled the “*slight impairment*” class ($n=218$, 25.5%, M intercept = 199.40, M slope = -3.75, $p = .072$), representing adolescents with higher scores of personality functioning impairment than the normative group, with a slight decrease, yet not significant. The last class was labeled the “*significant impairment*” class ($n=32$, 3.7%, M intercept = 256.73, M slope = 1.792, $p = .685$), representing the group of adolescents reporting the highest levels of personality functioning impairment, with a slight but non-significant increase.

In follow-up multinomial regression analyses, the predictive significance of each T1 predictor of membership in each empirically derived LoPF trajectory group was assessed. All predictors were included simultaneously. To control for type 1 error, only results with a significance level of $p < 0.01$ were considered statistically significant. The multinomial logistic regression model indicated that affective symptoms differentiated adaptive and higher symptom trajectories from the normative trajectory. Specifically, compared to those on the normative personality functioning trajectory, adolescents in the slight impairment and significant impairment trajectories exhibited higher levels of affective symptoms at Time 1. Additionally, anxiety and attention-deficit/hyperactivity problems differentiated adolescents in the slight personality functioning impairment trajectory group from those in the normative group.

Compared to the normative group, younger age and female gender were significant discriminators of membership in the slight impairment group. Associations with self-harm, somatic problems, oppositional defiant, conduct problems, and victimization were not significant.

4. DISCUSSION

The overarching objective of this dissertation was to empirically explore personality functioning among adolescents, both cross-sectionally and prospectively, examining its structure, validity, developmental trajectories, and factors and outcomes associated with impairments.

4.1 Dimensional assessment of personality impairments and their outcomes in adolescents

4.1.1. Personality functioning as a complex construct

Despite the release of the dimensional approach to personality pathology and the development of the first instruments to measure it over a decade ago, there is still ongoing debate about the structure of personality functioning (Criterion A). The study presented in this dissertation contributes to this debate, as there are still few studies examining the structure of personality functioning in adolescent populations, whether assessed through self-report or semi-structured interviews. The study examined the factor structure of the Level of Personality Functioning questionnaire (LoPF-Q 12-18) in a large and diverse sample of Lithuanian adolescents, including community and clinical subsamples. The results supported the bifactorial model with a strong general factor and only minor contributions from specific factors, indicating an essentially unidimensional structure. This finding aligns with other studies on adolescents, including a study of Turkish adolescents, where a unidimensional structure was reported (Cosgun et al., 2021), a U.S. sample that revealed a bifactorial structure (Kerr et al., 2022), and, among German adolescents, a hierarchical four-factor structure (Goth et al., 2018). In the latter two studies, a strong general factor emerged, while the subscales contained little reliable variance beyond general severity. Taking into account other ways of measuring personality functioning using the dimensional approach, studies using semi-structured interviews (e.g., STIP 5.1; Hutsebaut et al., 2017) report unidimensional structure in adolescents (Barkauskiene et al., 2024) and young adults in the US (Balzen et al., 2025), while a two-factor structure was found to have a better fit in Check, Estonian, and German adaptations of the interview with adults (Heissler et al., 2021; Oitsalu et al., 2022; Thomson et al., 2024). Recent research on adolescents from a clinical sample reported no changes in the magnitude of improvement between the elements of personality functioning (identity, self-direction, empathy, and intimacy) over 2 years of measurement, further supporting LPF as a unidimensional severity criterion

(Palermo et al., 2025). While additional research is needed to establish its structure more consistently, given that the factor structure across different measurement methods remains somewhat inconsistent, the unidimensional structure appears to be the most likely choice.

The level of personality functioning, as outlined in the DSM-5 AMPD model, was intended to be a unidimensional severity criterion, the mixed findings and ongoing discussions regarding its structure point to its complexity: Criterion A consists of two broad dimensions: self and interpersonal functioning, with four domains - identity, self-direction, empathy and intimacy each of them being multifaceted constructs that have been agreed to be difficult to assess, on their own, such as identity (Kaufman et al., 2014; Lind et al., 2022). Personality functioning, or Criterion A, was elsewhere outlined as an effort to describe “*what it means to be human*” (Sharp & Wall, 2021) by conceptualizing, examining, and assessing it along a continuum from normal to impaired; by considering the development and change of these functions over time; and by exploring their associations with other psychopathological symptoms (Sleep et al., 2021). It could be argued that a certain conceptual and measurement complexity is necessary to capture such intrapsychic phenomena. The following chapters will examine some of these questions within the limitations of the data from the four studies presented in this dissertation. Based on the results of Paper I, which align with other available studies of adolescent populations, the subsequent papers of this thesis (II, III, and IV) used a total LPF score, in line with the unidimensional conceptualization. Empirically, the unidimensional structure appears to have greater consensus within the research community. However, its application in clinical practice remains to be seen. The unidimensional structure can offer an accessible way for professionals to discuss the level of impairment, as intended in the ICD-11. At the same time, when tracking client progress and symptom changes, the total score across all scales and the four elements, or even more specific facets, can provide necessary guidance for intervention. Emerging studies suggest that there are variations or subtypes of impairment (Thomson et al., 2024), and the agreement of structure and the best applicable way of measurement of personality functioning impairments is still to be determined, with empirical research informing clinical practice and clinical insights, in turn, shaping future studies toward a more nuanced approach.

4.1.2 The role of personality functioning in assessing prospective psychosocial impairment

Dimensional assessments of personality disorders, particularly Criterion A, are now debated as a potentially better way to predict symptom severity and psychosocial impact more consistently than the categorical model, at least in adult populations (Weekers et al., 2024). For decades, personality pathology has been associated with various negative long-term psychosocial outcomes (Wertz et al., 2020), increased strain on healthcare systems, and potential negative effects on the next generation (Pearson et al., 2018). If left unaddressed, personality impairments detectable in adolescence may persist into adulthood, with the associated psychosocial impairments being of even greater concern (Hutsebaut et al., 2023). From a clinical and research perspective, it is crucial to have methods to predict these impairments early, enabling timely intervention.

To the best of our knowledge, Paper II represents the first attempt to prospectively assess Criterion A's ability to predict psychosocial functioning in adolescents. The study's results revealed that personality functioning was significantly associated with lower levels of psychosocial functioning at both the initial measurement and 1 year later. Moreover, Criterion A significantly predicted social difficulties, social rejection, lower health-related quality of life, and reduced overall life satisfaction, reflecting daily functioning and well-being in adolescents one year later. This finding aligns with dimensional cross-sectional studies in clinical adolescents (Wyssen et al., 2024) and longitudinal studies using BPD as a measure of personality pathology (Wright et al., 2016; Wertz et al., 2020), as well as with studies in adults (Clark et al., 2024; Weekers et al., 2024). In study II, the predictive association between personality functioning and psychosocial outcomes was observed even after accounting for dysregulation indices, including internalizing, externalizing, and attention problems. Similar results were found in a previous cross-sectional study with adolescents, where maladaptive self and identity pathology had an incremental value in predicting psychosocial disability in association with borderline features above and beyond general psychopathology (Sharp et al., 2022). This finding underscores the unique impairments associated with personality pathology beyond the effects of internalizing and externalizing difficulties and highlights the importance of not overlooking these impairments during adolescence. Acute symptoms, such as repetitive self-harming behavior, suicidal behavior, other impulsive or destructive actions, and intense anger, often mark personality disorder (PD) expression in adolescence. These pronounced symptoms may be more

apparent when assessments for PD are not employed; as a result, other difficulties, such as externalizing spectrum disorders (e.g., conduct disorder, substance dependence) or internalizing disorders (e.g., mood and anxiety disorders) are more commonly recognized (Chanen et al., 2017; Fonagy et al., 2015), while the underlying PD is left unaddressed. Moreover, recent studies also point towards the reciprocal nature of the relationship between personality and psychosocial functioning, showing that not only impairments in personality functioning might create difficulties fulfilling the youth-related professional or social milestones, but also problems in these tasks might, in turn, deepen the personality functioning impairments (Iannattone et al., 2024). Additionally, studies have found that although the diagnostic stability of personality disorders tends to decrease over time, the associated negative psychosocial outcomes often persist, creating a lasting burden on individuals across multiple domains of functioning, including employment, and placing strain on the mental health system (Hutsebaut et al., 2023; Zanarini et al., 2012). The promising results in predicting concurrent and prospective psychosocial impact underscore the value of early detection, with the potential that a dimensional conceptualization of personality disorders may effectively identify impairments at an early stage, with the potential to mitigate the outcomes.

4.2 The salience of emotional abuse and neglect for personality functioning

Childhood maltreatment is widely recognized as being associated with various negative outcomes, including a twofold increase in the risk of developing mental disorders compared to those who have not experienced adversity (McLaughlin et al., 2012). The results of Paper III revealed that 59% of the adolescents in the mixed sample retrospectively reported at least one type of childhood maltreatment, mirroring findings from a national survey in the United States in which 58.3% of respondents reported similar experiences (McLaughlin et al., 2012). Emotional abuse or neglect emerged as the most prevalent form of maltreatment, reported by nearly half of the sample. The results are in line with previous studies of dimensional and categorical conceptualization of PD, showing that personality pathology is found to be associated with reported experiences of childhood maltreatment, with recent emerging research highlighting the particular negative impact of emotional abuse and neglect (Back et al., 2021). Additionally, Paper III found internalizing and externalizing difficulties to be potential mediators between childhood maltreatment and personality functioning, resembling results of a recent study with a mixed sample of clinical and non-clinical adolescents,

where internalizing spectrum problems were found to mediate the relationship between childhood maltreatment and BPD symptoms (Marchetti et al., 2022). Maltreatment in attachment relationships, particularly emotional maltreatment, is strongly linked to both internalizing and externalizing difficulties and personality impairments (Back et al., 2021; Bozzatello et al., 2021; D'Huart et al., 2022; Falgares et al., 2018; Gander et al., 2020; Krakau et al., 2021; Leban, 2021; Schlensog-Schuster et al., 2022). Emotion dysregulation may represent a potential mechanism underlying these associations, as it has been recognized as a process involved in the development of various internalizing and externalizing problems and as a common feature of personality disturbance (Beauchaine & Cicchetti, 2019). Invalidating environments are thought to contribute to the development and maintenance of emotion dysregulation by hindering a child's ability to recognize, name, or regulate the full spectrum of emotional experiences, thereby maintaining emotional dysregulation and leaving adolescents vulnerable in interpersonal contexts (Crowell et al., 2009; Sharp & De Clercq, 2020). Moreover, under adverse environmental conditions and traumatic experiences, a person may develop heightened vigilance in the form of hypermentalizing, which has been observed in adolescents with personality disorders (Sharp et al., 2011). Hypermentalization involves misattributing or overattributing intentions to others, perceiving malicious motives, and engaging with others with excessive caution or overconfidence (Fonagy et al., 2017b; Sharp et al., 2011). It undermines emotion regulation (McLaughlin et al., 2012), inhibits social learning, and impedes the development of stable interpersonal relationships, leaving adolescents vulnerable to personality disorders (Bo et al., 2015; Sharp et al., 2011) and other internalizing-externalizing spectra problems (Heleniak et al., 2016; Taillieu et al., 2016).

Additionally, in paper III, emotional abuse and neglect showed the strongest associations with personality functioning, with emotional neglect in particular demonstrating a direct effect on personality functioning. This is in line with a meta-analysis of 97 studies, which found a strong association between borderline personality disorder and experiences of childhood adversity, with particularly large effects when considering emotional abuse and neglect (Porter et al., 2020). Furthermore, a study of high-risk youth and a community adult sample also found that only emotional neglect directly predicted impairments in overall personality functioning (D'Huart et al., 2022; Maerz et al., 2025). This underscores a possible particular association between emotional neglect and personality impairments. Emotional neglect may contribute to feelings of unworthiness and low self-esteem by failing to meet a child's needs, thereby implicitly communicating a lack of value or worth

(Cicchetti & Lynch, 1995). In cases of maltreatment, individuals who are expected to provide support and care often simultaneously become sources of threat, anxiety, and neglect. This sense of confusion between self and other within relationships is characteristic of individuals with attachment disruptions who have experienced childhood maltreatment (Cyr et al., 2010). This creates a serious challenge for maltreated individuals in developing self-regulation and a sense of self-continuity (Luyten et al., 2020), as well as in developing self-esteem and a sense of connection with others (Fonagy et al., 2017b), which are core dimensions of personality functioning. Environments characterized by neglect or harmful interpersonal feedback can foster emotional and behavioral dysregulation, increasing the likelihood of erratic behavior and identity disturbance. In contrast, supportive environments promote coherent and stable identity development by encouraging emotional and behavioral consistency, helping individuals recognize their own emotional experiences, and fostering autonomy, self-esteem, and effective social skills (Kaufman & Crowell, 2018). Research and theory on the developmental trajectory from childhood maltreatment to personality pathology remain complex, with multiple developmental pathways potentially involved. Given emerging evidence of a particular association with emotional maltreatment, and especially emotional neglect, future research should prospectively examine this relationship to better understand the developmental pathways linking emotional neglect and personality pathology.

4.3 Understanding the correlates associated with trajectories of personality functioning in adolescence

4.3.1 Trajectories of personality functioning impairments in adolescents

The dimensional conceptualization of personality disorders enables the detection of varying levels of severity, indicating not only the potential presence of a personality disorder but also the extent of the impairments. This approach might provide greater insight into the stability of impairments over time and potential changes across different severity levels. Paper III included both community and clinical samples and revealed significant differences in total LoPF scores, with adolescents in the clinical sample reporting higher levels of impairment. Furthermore, strong associations between total LoPF 12–18 scores and other measures of personality pathology (Paper I) support its construct validity, in line with previous studies using both self-report (Kerr et al., 2022) and interview-based measures (Weekers et al., 2021), and demonstrate that personality functioning varies along a continuum from

normative to impaired levels in adolescence. In addition, Paper IV used a community sample with initial and two follow-up measurements over 2 years and identified 4 subgroups of personality functioning trajectories. While most adolescents fell into normal functioning trajectories (70.7%), the remaining 29.32% reported scores that could indicate impairment, echoing previous results in the Lithuanian community sample, in which 19.71% of adolescents reported significant levels of borderline personality symptoms (Barkauskienė et al., 2021). Additionally, out of the 29.32% of adolescents reporting PF impairment, 3.7% of adolescents presented with highly elevated scores, more than two standard deviations above the Lithuanian norms. The significant impairment group could correspond to 1–3% of adolescents having personality pathology, which is typically found in community samples (Zanarini et al., 2011). These results suggest that even within a community sample, a group with high levels of impairment can be identified, with almost one in three showing signs of some impairment. The higher percentages of PF impairments found in studies compared to the fit of diagnostic requirements could suggest that dimensional models may be more sensitive in detecting early impairments, which is particularly important in adolescence. It cannot be concluded that the impairments identified in the study are equivalent to a diagnosable disorder; however, considering evidence that even subthreshold impairments may have enduring negative effects (Karukivi et al., 2017; Thompson et al., 2019), the use of dimensional assessment may offer a valuable opportunity to identify adolescents who need intervention or further detailed assessments for PD. Therefore, the dimensional approach allows for the detection of individuals across the spectrum of personality impairment who might otherwise be overlooked within a binary framework of diagnosed versus undiagnosed personality disorder.

Building on the results of study IV, within the two-year interval between the initial and follow-up measurements, the reported personality functioning impairments remained stable. Even more, the group of adolescents reporting the highest scores showed a slight but insignificant increase, which is in line with recent studies on the stability of BPD (Aleva et al., 2023). Aleva and colleagues (2023) published a meta-analysis to investigate whether adolescence is a peak period for borderline features, as previously suggested (Sharp & Wall, 2018; Videler et al., 2019). The analysis was complex, and the results were inconclusive, as there are still not enough studies examining personality disorder features across adolescence. As the authors note, most studies either end or begin around age 18, and existing samples often include a surplus of participants in their 30s. Interestingly, the study found different developmental trajectories depending on the sample type. Community

samples indicated a linear decline in borderline features, whereas samples with diagnosed BPD showed a rising trend. Therefore, the findings of Paper IV are important not only for the empirical examination of the new conceptualization of PD, but also for recognition that adolescents with high levels of impairments are detectable even in community samples, and for these adolescents, the impairments do not appear to wane over time. These results are comparable to recent studies with adolescents diagnosed with BPD at 14–17 years of age: at a five-year follow-up, one in four still met diagnostic criteria for BPD, while almost half of the sample were still seeking treatment (Jorgensen et al., 2024). Similarly, in one of the few studies using the dimensional conceptualization of personality impairments, Iannattone et al. (2024) found moderate stability of personality functioning over one year in a clinical youth sample, and while using a person-centered approach, Eggermont et al. (2023) observed an increase in severity of symptoms over time in the high-impairment group. The results of Paper IV, together with other studies, emphasize that first, personality impairments might not be as uncommon as they seem, and second, that if impairments reach a higher level, they do not seem to resolve on their own or represent a normative part of the turbulent adolescent period. The change in detecting varying levels of impairments might allow for a more realistic examination of the scope of the problem, which is known to be underidentified yet of grave concern.

4.3.2 Complex associations between internalizing and externalizing difficulties and personality functioning impairment

The co-occurrence of various internalizing and externalizing difficulties and PD has been recognised by various researchers, in both adult (Winograd et al., 2008) and adolescent (Ha et al., 2014) samples. In this thesis, Paper I, to the best of our knowledge, was the first to attempt to examine the discriminant validity of the level of personality functioning (LPF) in an adolescent sample, with results showing that while most differences between convergent and discriminant validity correlations were statistically significant, different patterns emerged for the clinical subsample. Specifically, the LoPF-Q 12–18 did not adequately discriminate between affective disorders using either measurement variation in the clinical group. Therefore, while there is evidence that the LoPF-Q 12-18 has the potential to discriminate between personality functioning and psychopathological difficulties in the general population, it did not perform as well in the clinical sample. This result is in line with a recent study of clinical youth by Thomson et al. (2024), who examined the subtypes of personality functioning, finding that adolescents

who had impairments in all LPF domains scored high on most psychopathological symptoms. In the context of some criticism regarding the ability of the Criterion A to differentiate between traditional Axis I symptoms in adult samples (Sleep et al., 2019), this close association also points to a possible close relationship between personality impairments and other forms of psychopathology, particularly during adolescence.

Paper IV of this thesis, which identified two stable personality impairment groups across three measurement points, found that anxiety, attention-deficit/hyperactivity, and affective problems differentiated between the normative and slight impairment trajectories, whereas affective problems alone distinguished the normative from the significantly impaired personality functioning trajectory. This study is in line with other research findings that adolescents who have more personality functioning impairments present with higher scores on various types of psychopathology (Wyssen et al., 2024; Thomson et al., 2024; Eggermont et al., 2023; Hessels et al., 2024). Similarly, as in this study, where affective problems were predictive of membership in the significant impairment, in another study, depressivity was found to co-occur with Criterion A self-impairments, and overall personality dysfunction in a clinical adolescent sample (Thomson et al., 2024). Taken together, both our findings and those of other researchers suggest the existence of a subgroup of adolescents with complex comorbidities and pervasive difficulties across multiple areas of functioning. This is consistent with other studies involving adolescents showing that approximately 30% of individuals with BPD met criteria for a depressive disorder and 24% for an anxiety disorder over five years (Jørgensen et al., 2024). Iannatone et al. (2024), in a sample of 525 treatment-seeking youth, found that impairments in personality functioning were positively associated with elevated levels of general psychopathology and vice versa across two measurement points within a year. Similarly, Eggermont et al. (2023) found that depressive symptoms, eating disorder symptoms, and substance use were associated with higher levels of impairment in personality functioning. The co-occurrence of higher levels of personality impairment with other mental health problems has been previously reported in studies of adults (Chanen et al., 2016). These observations have contributed to the development of clinical staging models for guiding intervention intensity, which will be discussed further in the clinical implications section. Early detection of personality impairments and evaluation of other possibly co-occurring difficulties may allow for dose-appropriate intervention to mitigate the associated negative outcomes.

Looking at these associations through the lens of developmental psychopathology, as previously discussed, it is thought that internalizing and externalizing problems precede and co-develop with adolescent personality pathology (Benzi et al., 2023; Choate et al., 2021; Sharp & De Clercq, 2020; Sharp & Wall, 2018) and predict the time of onset of the personality disorder (Stepp & Lazarus, 2017) and poorer prognosis for (B)PD (Hutsebaut & Aleva, 2021). Most of these studies have included measurement of BPD, which is now closely associated with severity criterion – level of personality functioning (Barkauskienė et al., 2022; Diondet et al., 2024). Therefore, the level of personality functioning has been suggested as a potential indicator of the severity of impairment not only of personality disorders but also of other mental health problems, including depression (Sleep et al., 2019), anxiety disorders (Doering et al., 2018), bipolar (Feichtinger et al., 2024), and eating disorders (Heinzmann et al., 2025). The positioning of personality functioning (PF) within broader models of general psychopathology remains under discussion (Oltmanns et al., 2018). Emerging evidence indicates that PF may account for a notable proportion of transdiagnostic variance in general psychopathology, suggesting that personality functioning could be relevant across a range of mental disorders (Kerber et al., 2024). As previously discussed, the etiology of personality disorders (PDs) is complex and involves multiple biological, social, and psychological factors. The impairments that define personality functioning, namely, the capacity for self- and other-related functions, are associated with various mental health difficulties and may lead to different types of psychopathology, including personality pathology (Bender et al., 2011). This highlights the potential of Criterion A for understanding and intervening to mitigate the risks of personality pathology in adolescence, as well as other mental health problems. By capturing the core functions of personality pathology and demonstrating developmental sensitivity, it has the potential to advance the assessment and clinical practice of personality pathology in adolescence.

4.4 Clinical implications

As a construct intended to assess impairments and track their stability and change over time, the level of personality functioning has yet to demonstrate clear superiority over categorical models in clinical practice. However, the AMPD model (presented in DSM-5, Section III) has been perceived by clinicians as more useful than the categorical model (Sharp et al., 2025). Until the ICD-11 is fully implemented and clinicians gain more experience, the empirical field can offer valuable insights that may inform future practice and

stimulate further research, and vice versa. Based on the results of the four papers presented in this dissertation and insights from other researchers in the field of adolescent personality disorders, this chapter will discuss several key points relevant to clinical work.

Firstly, it was found that almost one in three community-dwelling adolescents reported difficulties in personality functioning that remained unchanged over two years, suggesting that such impairments are not as uncommon as previously thought. The dimensional assessment of personality impairment, as outlined in the DSM-5 AMPD and ICD-11, can detect difficulties that fall short of the diagnostic threshold for a full-blown disorder, yet, as previously discussed, are still associated with various negative outcomes. Given the findings that impaired personality functioning is linked to both concurrent and future psychosocial difficulties, which may persist over time, and considering the availability of validated screening and assessment instruments, early recognition of these difficulties appears well warranted. As with any mental or physical health condition, the timing of recognition is crucial, especially during adolescence, a developmental stage whose success hinges on a smooth transition into adulthood and the adaptation to new roles.

Secondly, research suggests that treatment-seeking adolescents with personality pathology experience more stigmatization than those with other severe disorders; while borderline PD is the strongest predictor of experiences of stigma, when controlled for other types of PD (Catthoor et al., 2015). Therefore, shifting from a categorical diagnosis of specific personality disorders to a dimensional assessment of impairments in personality functioning in DSM-5, or severity of personality disorder in ICD-11 (including personality problems) could help reduce this stigmatization. Furthermore, by focusing on the severity of impairments, this approach may implicitly convey that the intensity of these difficulties can change over time, thereby countering the persistent myth that personality disorder is a lifelong and unchangeable condition.

Third, this and other studies have found individual trajectories of impaired personality functioning resembling the conceptualized levels of impairment, marking it from healthy functioning to severe impairments. This dimensional approach to assessing impairments, moving beyond the binary 'yes/no' framework to one based on severity, allows for earlier and dose-effect informed intervention model (Cavelti et al., 2024; Kaess et al., 2024), which could help conserve the resources of mental health services. Chanen and colleagues (2016) presented the first clinical staging model for BPD, an approach previously used in various medical and psychiatric conditions, such as oncology and psychosis, in which the level of evaluated impairment

informs the intensity of the intervention required, with the aim of minimizing the time between the progression of impairment and the initiation of appropriate treatment. Hutsebaut and colleagues (2019) later proposed a clinical staging model that evaluates the duration and severity of BPD features and, compared to the earlier model, considers not only co-occurring mood disorders but also a broader range of psychopathology and psychosocial impact; building on these earlier models, Sharp et al. (2021) subsequently proposed a DSM-5 AMPD-informed clinical staging approach (for further details, see Hutsebaut et al., 2019; Sharp et al., 2021). These researchers argue that adolescents experiencing less severe symptoms might benefit from a more generalized approach, whereas those presenting with the higher scores in personality impairments that are consistent, followed by other comorbid mental health difficulties, and impacting their psychosocial functioning, should be directed to the specialized science-based interventions. Additionally, other researchers have provided recommendations for clinical management and treatment according to the level of impairment based on Criterion A, including predictions of risks ranging from dropout to self-harm, and the likely characteristics of the therapeutic alliance depending on the level of functioning, which are of particular importance in the treatment of personality disorders (Bach & Tracy, 2022). Such proposals demonstrate the potential clinical utility of the dimensional approach at the societal level, as it may enhance individualized treatment planning, reduce dropout rates, shorten the time between problem onset and treatment initiation, and offer cost-effective interventions that may help prevent symptom progression.

Fourth, based on the results of this study, emotional forms of maltreatment, including neglect, showed the strongest associations with impaired personality functioning. The ongoing notable lack of research on emotional and physical neglect (Back et al., 2021) has been referred to as the "*neglect of neglect*" (Thyen, 2008), possibly due to the challenges in defining what constitutes neglect and its various forms. Identification of neglect, characterized by an absence rather than an act, poses inherent difficulties (Laajasalo et al., 2023). Therefore, the found association between emotional neglect and personality functioning is particularly relevant for clinical practice, as these types of maltreatment are often more difficult for clinicians to detect and for adolescents themselves to recognize. Given this, alongside the assessment of more overt forms of maltreatment, identifying the presence and impact of emotional maltreatment appears to be of considerable clinical value.

Finally, PD expression in adolescence often presents with acute symptoms, such as repetitive self-harm behavior, suicidal behavior, and other impulsive or destructive behaviors, which previously have been reported to be more recognizable in clinical practice than PD impairments, which were thought of as more adult problems; therefore, other problems were more commonly recognized. Given the findings of the studies presented in this thesis indicating that internalizing and externalizing difficulties are associated with higher personality functioning impairment in adolescence, and considering prior empirical evidence suggesting that these difficulties may predict and co-develop with personality pathology during this developmental period, it may be important for clinicians assessing such problems to also consider the presence of personality impairments (Hutsebaut et al., 2023). Assessing impairment in personality functioning during adolescence has not yet been widely adopted in clinical practice; therefore, until it is more routinely implemented, recent research suggests that more readily observable problems, such as intense anger and self-harm or suicidality, may also help identify adolescents at risk for personality disorders who may benefit from intervention or further comprehensive evaluation (Diondet et al., 2024).

4.5 Limitations and Future Directions

Before discussing the study's limitations, it is essential to note that this is the first prospective study of personality pathology in Lithuania. The study not only incorporated a large sample of community adolescents with a wide age range over two years but also included a clinical sample investigated cross-sectionally, adding further strength to the study. The field of personality pathology in adolescence is still growing worldwide, making this study a valuable contribution not only in Lithuania but also in a broader context, though it has not been without limitations. While it is a strength of the study that, personality functioning was assessed using the validated and standardized *Levels of Personality Functioning Questionnaire* (LOPF-Q 12–18), developed on the basis of the DSM-5 AMPD model to evaluate personality impairments in adolescents and previous research has demonstrated its validity for use within both the DSM-5 and ICD-11 frameworks (Zimmermann et al., 2022), it is a self-report measure. Given the focus of this research on personality impairments, which involve the capacity for self-reflection, the questionnaires may capture adolescents' subjective experiences of themselves and their relationships, which could be influenced by their individual self-reflective abilities. This limitation extends to other variables in the study, as reliance on self-reports may introduce reporting biases and inflate correlations among variables (Podsakoff et al., 2003). Future

studies should incorporate multiple sources of information, including semi-structured interviews, available records, and reports from teachers and parents, and examine the associations between self-report and interview-based assessments in community-dwelling adolescents and youth seeking treatment.

Secondly, the study design involved three measurement points over two years, limiting the ability to detect change beyond linear trajectories. Future research should consider longer study durations with more frequent measurement points to capture potential non-linear developmental patterns. Although the study included participants aged 12 to 17, spanning a broad range of adolescence, it did not follow adolescents from the same developmental stage. Therefore, changes were observed within the two-year timeframe following the first measurement. Future studies should adopt longitudinal designs that follow participants from early to late adolescence. This would enable researchers to detect more nuanced developmental trajectories and shifts, while also improving the ability to examine the factors influencing the stability and change of impairments in personality functioning.

Thirdly, while the clinical sample allowed for the inclusion of individuals across a wide range of personality functioning, facilitating the investigation of different levels of personality impairment, only 2.1% of adolescents had an official personality disorder diagnosis, which is diagnosed very rarely in Lithuania (Higienos institutas, 2023). The clinical sample was diverse in presenting problems; therefore, the findings should be interpreted with some caution. Future research should examine impairments in personality functioning in clinically referred samples using standardized diagnostic instruments. Additionally, longitudinal research examining the course of these impairments, along with the developmental trajectories of healthy adolescents and those with some difficulties, could provide further insight into the dimensionality of personality functioning and its changes in relation to important correlates during adolescence.

Finally, the first measurement, presented in all four studies, was conducted in 2021, a year marked by the global COVID-19 pandemic. During this period, Lithuanian adolescents were affected in various ways, experiencing isolation, a loss of social contacts and activities, and, for some, fear for their families' health (Adler et al., 2021). Considering other circumstantial factors beyond our control, the second measurement occurred in 2022, when Russia launched a large-scale military invasion of Ukraine. This raised fears of war spreading to Lithuania, which has negatively affected the population (Skruibis, 2023). Therefore, given these external circumstances, the levels of general psychopathological symptoms, such as anxiety, or some of the elements of LPF scores observed in the study could have been influenced to some extent.

CONCLUSIONS

1. The findings indicate that the LOPF-Q 12–18 questionnaire has an essentially unidimensional structure and satisfactory validity, supporting its use in assessing adolescent personality functioning within the dimensional framework of personality pathology proposed by the DSM-5 AMPD and ICD-11 diagnostic models.
2. Personality functioning prospectively predicted psychosocial functioning in community adolescents in one year. The unique association between personality functioning and psychosocial functioning was observed above and beyond current psychological problems, underscoring the importance of recognizing these impairments during adolescence.
3. Childhood maltreatment was retrospectively reported by one in three adolescents in the mixed sample and was associated with impairments in personality functioning. Internalizing and externalizing difficulties significantly mediated the association between maltreatment and personality functioning, with comparatively larger indirect effects observed for emotional abuse and emotional neglect; emotional neglect also showed a direct association with impaired personality functioning.
4. Four stable trajectories of personality functioning were identified across three measurement points over a two-year period, including trajectories reflecting slight and significant impairment. The trajectory characterized by significant impairment comprised 3.7% of adolescents in the community sample, which may correspond to prevalence estimates of personality disorders in the general population. Membership in the impaired trajectories was associated with attention-deficit/hyperactivity problems, anxiety, and affective problems at baseline.
5. The studies in this dissertation provide empirical support for the dimensional conceptualization of personality pathology in adolescence by demonstrating variability in personality functioning impairment trajectories, meaningful associations with other mental health problems, childhood maltreatment, and prospective psychosocial impairment, consistent with previous and recent findings from adolescent and adult samples.

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PUBLISHED PAPERS

Paper I

Examining the Validity of the Levels of Personality Functioning Questionnaire for Adolescents Aged 12-18 (LOPF-Q 12-18): A Replication and Extension With a Sample of Lithuanian Adolescents

Barkauskienė, R., Sharp, C., Kerr, S., Gaudiešiūtė, E., Goth, K., & Skabeikytė-Norkienė, G. (2024). Examining the Validity of the Levels of Personality Functioning Questionnaire for Adolescents Aged 12-18 (LOPF-Q 12-18): A Replication and Extension With a Sample of Lithuanian Adolescents. *Journal of Personality Disorders*, 38(4), 330–349. <https://doi.org/10.1521/pedi.2024.38.4.330>

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EXAMINING THE VALIDITY OF THE LEVELS OF PERSONALITY FUNCTIONING QUESTIONNAIRE FOR ADOLESCENTS AGED 12–18 (LOPF-Q 12-18): A REPLICATION AND EXTENSION WITH A SAMPLE OF LITHUANIAN ADOLESCENTS

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With the shift to the dimensional model of personality pathology, the need for measures assessing personality functioning in adolescence has emerged. The Levels of Personality Functioning Questionnaire 12-18 (LoPF-Q 12-18) was developed specifically for adolescents, tailoring the Alternative Model of Personality Disorders in the *DSM-5*. Using the Lithuanian LoPF-Q 12-18, we further investigate its validity by reexamining its factorial structure and extending convergent, discriminant, and incremental validity analyses. A total of 1,048 community-based and clinically referred 12–18-year-old adolescents completed the LoPF-Q 12-18 along with other self-report measures of personality pathology, psychopathological symptoms, and psychosocial functioning. In line with previous findings, the results supported the bifactor model consisting of a strong general factor and little multidimensionality caused by the group factors, overall suggesting an essentially unidimensional structure. Further analyses provided additional information on the construct validity of the LoPF-Q 12-18.

Keywords: personality functioning, Alternative Model of Personality Disorders, Criterion A, adolescence, bifactor model

The shift from a categorical to a dimensional approach to personality disorder (PD) emphasizes the severity level of personality pathology, with the assessment of personality functioning impairment as the first and necessary step in the diagnostic algorithms in both classifications: the Alternative Model for Personality Disorders (AMPD) in the fifth revision of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*; American Psychiatric Association [APA], 2013) and the 11th edition of the *International Classification of Diseases (ICD-11)*; World Health Organization [WHO], 2018). In the

Supplementary materials are available online.

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AMPD model, it is called Criterion A or the Level of Personality Functioning Scale (LPFS; Bender et al., 2011) and is defined as a set of specific functions within the intrapsychic system, including self (i.e., identity and self-direction) and interpersonal (i.e., intimacy and empathy) domains as central aspects of personality functioning ranging from adaptive to maladaptive (Morey et al., 2011). The LPFS as an operationalization of Criterion A represents a transtheoretical measure to understand the fundamental nature of personality pathology and its core impairments by integrating the structural elements, developmental processes, and personality dynamics from theoretical PD formulations in various paradigms (Bender et al., 2011).

While personality functioning is central to the *DSM-5* AMPD and *ICD-11* personality pathology models, empirical studies have focused more on measuring maladaptive personality traits or Criterion B (J. Zimmermann et al., 2019), the second step in the AMPD. Nevertheless, many measures operationalizing Criterion A have been developed and validated, although mainly for adults. The accumulated empirical evidence on Criterion A suggests that it is reliably rated, valid via associations with relevant criterion variables, and demonstrates both predictive and clinical utility (Morey et al., 2022; J. Zimmermann et al., 2023). Despite the theoretically predefined unidimensional severity continuum (Morey et al., 2011; J. Zimmermann et al., 2023), ongoing empirical inquiries into the underlying structure of the LPFS aim to determine whether it is most accurately depicted by (a) a single dimension of personality pathology severity; (b) two dimensions of self and interpersonal functioning or impairments in identity, self-direction, empathy, and intimacy; and/or (c) an hierarchically organized structure that includes a general factor of personality dysfunction and two or four specific factors representing the LPF domains (Bliton et al., 2021; J. Zimmermann, 2022). Well-established evidence highlights that adolescence represents a critical developmental window for early detection and intervention of PD (Sharp et al., 2021). It has been suggested that an assessment of personality dysfunctions based on the *DSM-5* AMPD may represent the ideal model for understanding PD in adolescence (Fossati & Somma, 2021; Sharp et al., 2021), which points to the need to promote studies of the AMPD model-based instruments for adolescents. Currently, there is a lack of such measures (Fossati & Somma, 2021), some of them being adapted from the original adult versions, for example, a brief screening scale of adolescent personality functioning severity and core domains (Biberdzic et al., 2022), an adapted version of the Inventory of Personality Organization (IPO; Lenzenweger et al., 2001) grounded in Kernberg's (1975) model of personality organization, and the semistructured interview for personality functioning (*DSM-5* STiP-5.1; Hutsebaut et al., 2017), which is an adaptation of the adult version for adolescents (Weekers et al., 2021).

The Levels of Personality Functioning Questionnaire 12-18 (LoPF-Q 12-18; Goth et al., 2018) was initially developed for adolescents as a measure compatible with the *DSM-5* AMPD and *ICD-11*, with its contents intended to capture the specificity of the developmental stage and a clinical focus on the constructs covering the dimensions of personality functioning. Although the process of culturally adapting versions of the LoPF-Q 12-18 is standardized by the original authors and follows the guidelines of the International Test

Commission (ITC, 2017), including strict examinations of basic psychometric properties, only a few studies have tried to extend their validity analyses beyond the required samples and procedures (Cosgun et al., 2021; Kerr et al., 2022; R. Zimmermann et al., 2022). However, regarding the factorial structure of the LoPF-Q 12-18, the results have provided mixed findings. In the Turkish sample (Cosgun et al., 2021), the scale's construct validity examination using CFA did not yield acceptable fit indices for the hierarchical four-, two-, or one-factor models. Recently, the LoPF-Q 12-18 factorial structure examination included a bifactor model option, among others (Kerr et al., 2022; R. Zimmermann et al., 2022). Specifically, Kerr et al. (2022) found support for the bifactor structure of an English version of the LoPF-Q 12-18 in a community/normative sample of adolescents. However, little multidimensionality was detected beyond the variance of the general factor, suggesting that the measure can be regarded as essentially unidimensional. In R. Zimmermann et al.'s (2022) study, the four-dimensional bifactor model showed an acceptable fit compared to the unidimensional, hierarchical, and two-dimensional models of the German version of the LoPF-Q 12-18. Overall, although the results of these two studies suggest a unidimensional structure for the LoPF-Q 12-18, the authors note that more studies are warranted to replicate the current findings (Kerr et al., 2022; R. Zimmermann et al., 2022). Thus, extending the investigation of the validity of the LoPF-Q 12-18 in other cultures becomes even more critical because sociocultural factors have also been shown to contribute to variations in personality measures in general (Dong & Dumas, 2020).

In addition, further investigations of other aspects of validity are needed to understand more fully the nomological net of the personality functioning construct during adolescence. In general, the convergent validity of different measures of personality functioning (scales and interviews) among adolescents has been demonstrated for borderline personality features (Kerr et al., 2022), the number of borderline personality disorder (BPD) criteria (Cosgun et al., 2021; Weekers et al., 2021), the level and distinct domains of maladaptive personality traits (i.e., Criterion B; Kerr et al., 2022; Weekers et al., 2021), maladaptive identity function (Kerr et al., 2022), and personality organization (Biberdzic et al., 2022). However, discriminant validity with external measures, including psychopathology and psychosocial functioning, is less examined (Cosgun et al., 2021; Weekers et al., 2021). Discriminant validity indicates a measure's potential to establish the distinctiveness of correlated constructs (Clark & Watson, 2019), which is central to personality pathology because of its high comorbidity with other conditions and is especially salient in the context of emerging personality disorder in adolescence. Moreover, given the growing evidence that psychopathology (i.e., internalizing and externalizing disorders) prevents the scaffolding of healthy personality functions and leads to personality pathology in adolescents (Sharp & Wall, 2021), establishing the construct's boundaries is critical from theoretical, empirical, and practical perspectives. Related to discriminant validity, incremental validity also contributes to demonstrating distinctiveness from other important variables (Clark & Watson, 2019). To our knowledge, only two studies have investigated the incremental validity of personality functioning impairments in adolescence.

The first study evaluated the additive value of maladaptive self- and interpersonal functioning over and above general psychiatric severity in association with personality pathology (Sharp & Cervantes, 2023), and the second study examined the ability of Criterion A to uniquely capture borderline personality traits in adolescents over and above psychopathology and Criterion B (Barkauskienė et al., 2022). Another outcome that is relevant to personality functioning is psychosocial functioning. In this regard, some studies have examined the incremental validity of Criterion A measures in adults (e.g., Buer Christensen et al., 2020; Cruitt et al., 2019); however, to our knowledge, no such studies have been conducted with adolescents.

THE PRESENT STUDY

In the current study, we examine the validity of the LOPF-Q 12-18 for Criterion A in Lithuanian adolescents. First, we build on the recent work by Kerr et al. (2022) and R. Zimmermann et al. (2022), who investigated the factorial structure of the LOPF-Q 12-18. Given the findings of these studies, we hypothesized that the LOPFQ 12-18 bifactor structure would be replicated in a different cultural context using a large and heterogeneous sample of Lithuanian adolescents. Second, we sought to extend the current findings on the LOPFQ 12-18's construct validity through an investigation of convergent and discriminant validity indicators by exploring the associations of impaired personality functioning with other measures of personality pathology (i.e., maladaptive traits and borderline personality features), a range of distinct psychopathology dimensions (i.e., affective, anxiety, somatic and conduct problems, and posttraumatic stress), and psychosocial functioning (i.e., social adjustment, health-related quality of life). Considering discriminant validity and drawing from prior research involving both adolescent and adult populations (Kerr et al., 2022; Ohse et al., 2022; Weekers et al., 2021), we anticipated that personality dysfunction assessed by the LOPFQ 12-18 would exhibit stronger associations with constructs of personality pathology (e.g., maladaptive personality traits and borderline features) as compared to its correlations with measures of psychopathology and functioning. Finally, to further extend the LOPF-Q 12-18's nomological network, we also examined its incremental validity over and above the AMPD Criterion B by exploring associations with the indicators of psychosocial functioning hitherto unexplored in adolescence.

METHODS

PARTICIPANTS AND PROCEDURE

The sample consisted of 1,048 adolescents aged 12–18 ($M = 14.56$; $SD = 1.59$) from two subsamples. Community-based adolescents ($N = 855$; $M_{\text{age}} = 14.44$; $SD_{\text{age}} = 1.60$; 62.5% female) were enrolled in public schools covering cities (32.7%), towns (40.9%), and rural areas (21.9%). More than half of the participants (69.4%) lived with both parents; others reported their family status

as either of “divorced parents” or “other” (22.2% and 8.5%, respectively). The second (clinical) subsample was recruited through clinicians in mental health care institutions providing inpatient and outpatient mental health treatment. It included 193 adolescents ($M_{\text{age}} = 15.11$; $SD_{\text{age}} = 1.41$; 79.8% female). Inclusion criteria were age between 12 and 18, currently undergoing treatment, and/or having a diagnosed mental health condition, with the exclusion of the presence of autism spectrum disorder or intellectual disability. Half of the participants (50.5%) indicated their parents were married, 34.6% had divorced parents, and 14.8% reported their family status as “other.” Both subsamples were ethnically homogeneous, reflecting the majority of the Lithuanian population.

The invitations to participate and written parental consent forms were distributed to students through the selected schools or a collaborating clinician at mental health institutions. Only adolescents whose parents gave written consent participated in the study. All participants were informed about their right to withdraw from the study at any time. In the school subsamples, the study was conducted by trained research assistants in small groups of pupils who were asked to complete the questionnaires during school hours. Adolescents in the clinical sample participated in the study individually under the care of mental health practitioners. The Psychological Research Ethics Committee at Vilnius University approved the protocols of the study with community and clinical subsamples (No 34/27-02-2020 and No 53/15-11-2020).

MEASURES

Personality Functioning. The level of personality functioning was assessed with the culturally adapted Lithuanian version of the LoPF-Q 12-18 (Barkauskienė & Skabeikytė, 2020). The original questionnaire was developed by a research group in Basel University clinics, Switzerland, to capture Criterion A precisely. It was inspired by the LPFS from the *DSM-5* AMPD and the *ICD-11* (see a detailed description of its construction in Goth et al., 2018). It is a 97-item self-report instrument with a five-step response format [(0 = No (*I strongly disagree*), 1 = more No (*I disagree*, 2 = part/part (*I neither agree or disagree*), 3 = more Yes (*I agree*), 4 = Yes (*I strongly agree*)], with higher scores indicating a more severe level of impairment in personality functioning and a higher risk for a current personality disorder. The questionnaire allows for dimensionally assessing the total score of personality dysfunction and adaptive function or disturbances in the self and interpersonal domains by evaluating the severity of impairments in identity (e.g., “I can imagine the kind of person that I will be in a few years”; “I often feel lost, as if I had no clear inner self”), self-direction (e.g., “I often have a bad opinion about myself”; “Often, I do not know what to do with my life”), empathy (e.g., “Others perceive me as unfeeling”; “It gives me a good feeling to point out others’ mistakes”), and intimacy (e.g., “I prefer others to not get too close to me”; “I feel like I do not belong with anyone”). A total score is obtained from all items to quantify a general severity level of functional impairment.

The adaptation procedure for the Lithuanian version of the LoPF-Q 12-18 (Barkauskienė & Skabeikytė, 2020) was implemented according to the

guidelines and standards of the ITC (2017). The Lithuanian version of the LOPFQ 12-18 underwent the three-step construction process with the beta, pilot, and main tests. The beta test version was combined as a consensus from two translators who are experts in psychology. In the next step, the scale was back-translated into English, and the content was discussed with the original author (K.G.). Subsequently, the pilot and main empirical studies were conducted to ensure the necessary psychometric qualities of the questionnaire. Some items were reformulated based on the pilot study results, which used a sample of 88 adolescents aged 11–18 (74 from a population subsample, and 14 patients from the clinical subsample). Finally, the main study included a new sample of adolescents ($N = 362$; 83% school-based sample; 17% clinical sample). The reliability of the questionnaire was good, with Cronbach's α of .95 for the complete questionnaire and .86, .92, .80, and .86 for the four main scales, respectively. More information on initial construct validity and clinical utility analyses are provided in the short manual of the measure (Barkauskienė & Skabeikytė, 2020).

Borderline Personality Features. The Borderline Personality Features Scale for Children (BPFSC-11; Sharp et al., 2014) is an 11-item self-report questionnaire to assess adolescent borderline personality traits. The responses to the items are rated on a 5-point Likert-type scale from 1 (*not true at all*) to 5 (*always true*), with higher scores indicating more definite expression of borderline features. The questionnaire captures the difficulties associated with emotional instability and interpersonal problems as core aspects of BPD. To prepare the Lithuanian version of the BPFSC-11, two independent translations from English to Lithuanian were compared, and the items were corrected to build the final version back-translated into English and approved by its author (C.S.). In the current sample, Cronbach's α for the total scale was .88.

AMPD Criterion B Maladaptive Personality Traits. Maladaptive personality traits were measured with the Personality Inventory for DSM-5 Brief Form for children aged 11–17 (PID-5-BF; APA, 2013), which is a 25-item measure of the original 220-item Personality Inventory for DSM-5 developed by Krueger et al. (2012). The PID-5-BF features items intended to assess five maladaptive higher order traits—Negative Affectivity, Detachment, Antagonism, Disinhibition, and Psychoticism—outlined in AMPD Criterion B, each represented by five items measured for presence and severity using a Likert-type 4-point scale (0 = *very false*, 3 = *very true*). This measure is a potentially viable instrument for accurately screening broad PD traits; its higher scores indicate greater expression in the maladaptive personality trait domain, with an additional score for the overall measure. With permission from the APA, the Lithuanian-translated version of the PID-5-BF was prepared for this study. Specifically, two independent translations from English to Lithuanian were conducted and discussed, and the items were corrected to build the final version, which was back-translated into English and compared to the original version. For the analyses in the present study, all 25 items were aggregated to a total score, indicating the overall maladaptive personality traits profile

elevation (Fossati & Somma, 2021). Internal consistency was high for the total score ($\alpha = .90$).

Psychopathological Symptoms. The Youth Self-Report Form (YSR 11-18; Achenbach & Rescorla, 2001) was used to measure psychopathological symptoms in adolescents. The YSR 11-18 is a self-report questionnaire that assesses psychopathology in the past 6 months. It comprises 112 items with three response options (0 = *not true*; 1 = *sometimes or somewhat true*; and 2 = *very true or often true*) for different adolescent behavior problems. The list of items for behavior problems provides scores for the narrow-band (empirical or syndrome and DSM-oriented scales) and two broad-band or second-order factors (internalizing and externalizing disorders) in addition to the total score. This study used three DSM-oriented scales (Affective, Anxiety, and Conduct problems) comprising disorders identified by international experts as consistent with DSM-5 diagnoses. Besides these, a 14-item posttraumatic stress disorder (PTSD) scale, which appeared to be a valuable diagnostic aid for youth PTSD and could facilitate differential diagnosis of youth PTSD in outpatient settings (You et al., 2017), was included. The YSR 11-18 has been fully adapted and standardized for the Lithuanian population (Žukauskienė et al., 2012). In this study, Cronbach's α s for DSM-oriented scales were the following: Affective problems = .87, Anxiety problems = .74, Posttraumatic stress problems = .88, and Conduct problems = .82.

Social Adjustment. The Social problems scale is one of the empirically derived syndrome scales from the YSR 11-18 (Achenbach & Rescorla, 2001), with items describing difficulties in a social context (e.g., feeling lonely, being teased, preference for younger/older friends). Adolescents are asked to rate each item on a 3-point scale (0 = *not true*, 1 = *somewhat or sometimes true*, and 2 = *very true or often true*) regarding how well they describe them now or during the past 6 months. The internal consistency investigation yielded satisfactory results. In this study, the internal consistency indicated by Cronbach's α for the Social problems scale was .79.

Health-Related Quality of Life. The KIDSCREEN-10 is a 10-item self-report measure providing a singular index of global health-related quality of life (HRQoL). It addresses physical, psychological, and social dimensions in children and adolescents. The measure was developed by KIDSCREEN Europe (Ravens-Sieberer & the European KIDSCREEN Group, 2006; Ravens-Sieberer et al., 2010). Participants are asked to rate how often they have experienced each item during the past week. The answers to each item are given on a 5-point scale: 1 (*never*), 2 (*seldom*), 3 (*sometimes*), 4 (*often*), and 5 (*always*). A higher total score indicates a higher level of HRQoL. In the current sample, Cronbach's α for the total scale was .83.

DATA ANALYTIC PLAN

Three sets of analyses were conducted in this study to investigate the factor structure and validity of the Lithuanian version of the LoPF-Q 12-18. The

study was not preregistered but codes for data analyses are available at OSF (<https://osf.io/wx4kj/>), and data are accessible at the National Open Access Research Data Archive (MIDAS).¹

First, the LOPF-Q 12-18 internal structure was investigated using the confirmatory factor analysis (CFA) method. The single factor and bifactor structures of LOPF-Q 12-18 were tested using Mplus v.8 (Muthén & Muthén, 2017). The single-factor model loaded all the items into one factor, whereas the bifactor structure included one general factor with all the items and four specific factors reflecting the original subscales of the LOPF-Q (Identity, Self-direction, Empathy, and Intimacy). All the factors were constructed as orthogonal to each other. The CFA model fit was tested using the following indices: root-mean-square error of approximation (RMSEA), comparative fit index (CFI), Tucker-Lewis index (TLI), and standardized root-mean-square residual (SRMR), as well as chi-square test indexes. In addition to MPLUS, a publicly available Microsoft Excel-based tool was used to calculate additional bifactor reliability indices (Dueber, 2017). According to Rodriguez et al.'s (2016) recommendations for testing bifactor models, additional Omega reliability coefficients were calculated, as well as factor determinacy (FD), construct reliability (H), explained common variance (ECV), percent of uncontaminated correlations (PUC), and relative parameter bias. These supplemental indices manage the problem of model sensitivity to sample size and enable an in-depth analysis of the tested models. Given that a recent examination of the sample size requirement for bifactor models concluded that a sample size of 500 is usually sufficient to obtain acceptable convergence rates and support parameter estimation in the model (Bader et al., 2022), factorial structure has been examined in the entire sample.

Second, convergent validity and discriminant validity were evaluated by calculating zero-order correlations between the LOPF-Q 12-18 and other questionnaires addressing constructs of personality pathology and psychopathological symptoms. Convergent validity pertains to the correlation between measures designed to assess the same or closely related constructs (Clark & Watson, 2019; J. Zimmermann et al., 2023). In this study, since only one measure is available for evaluating personality functioning in adolescents, the convergent coefficients include similar constructs that reflect personality pathology more broadly (maladaptive personality traits assessed with the PID-5-BF and borderline personality features measured using the BPFSC-11). Even though these constructs serve distinct roles in personality disorder models, prior research has demonstrated their strong convergence with measures of personality functioning in both adolescent and adult populations (Bliton et al., 2021; Kerr et al., 2022; Ohse et al., 2022). Discriminant validity requires that convergent correlations are significantly larger than discriminant correlations (Clark & Watson, 2019). Discriminant measures in this study consisted of psychopathology indicators, specifically the *DSM-5*-based scales of the YSR

1. Please use the following link (<https://shorturl.at/nsTW7>) to complete the registration request form. Once your request is approved by the data owner, you'll receive an invitation to register with MIDAS. Upon registration, you'll be granted all requested access rights. For citation: Barkauskienė, R., & Gaudiešiūtė, E. (2023). A study of personality disorder in adolescence: Features, dynamics and its factors [Data set]. National Open Access Research Data Archive (MIDAS). 10.18279/MIDAS.As-POP.230847.

11-18 (Achenbach & Rescorla, 2001) focusing on affective problems, anxiety problems, and conduct problems. Furthermore, the exploration of discriminant validity extends to the PTSD scale from the YSR 11-18 and constructs reflecting psychosocial functioning, including social problems² in the YSR-11-18 and health-related quality of life based on the KIDSCREEN-10. The correlation coefficients (estimated with listwise deletion) were interpreted as small ($= .10$), moderate ($= .30$), and large ($= .50$), according to Cohen (1988). To test the hypothesis that the association of the LoPF-Q 12-18 with convergent measures would be more robust compared to discriminant measures, a test of dependent correlations with Zou's (2007) confidence interval (using www.comparingcorrelations.org); Diedenhofen & Musch, 2015) was implemented to examine differences. The differences between convergent and divergent correlation coefficients were considered significantly different from each other if Zou's confidence interval did not contain zero.

Third, an incremental validity was examined using hierarchical regression models with the YSR Social difficulties scale and KIDSCREEN-10 total score to identify variance of the LoPF-Q 12-18 in psychosocial and health functioning (social difficulties, health-related quality of life) over and above the AMPD Criterion B. Accordingly, hierarchical multiple regression analyses were conducted. Predictor variables were entered in the following order: Step 1: group, gender, and age; Sstep 2: PID-5-BF total scores; and Step 3: LoPFQ total score. Significant differences and minimum increases of 2.25% (Hunsley & Meyer, 2003) between R_{adj} values in Steps 2 and 3 were the criteria for evaluation of the incremental validity.

RESULTS

FACTOR STRUCTURE

First, the single-factor model was tested. The model fit was unacceptable for the unidimensional model, with $\chi^2(4559) = 21,551,098$, $p < .001$; RMSEA = .060; CFI = .82; TLI = .81; SRMR = .081 (Hu & Bentler, 1999). Next, we tested the bifactor model with one general and four specific factors. The bifactor model's indices were the following: $\chi^2(4462) = 15,668,433$, $p < .001$; RMSEA = .05; CFI = .88; TLI = .87; SRMR = .066. The goodness of fit indices demonstrated an acceptable fit, except for CFI and TLI, which were .02 and .03 below the cutoff scores. However, research suggests these indices can underfit when there are many indicators (97 items) (Shi et al., 2019). Inspection of the factor loadings (Table S1, supplemental materials) revealed that all the self-direction scale's items loaded substantially onto the general factor ($\geq .40$), but one loaded negatively. Among the items of other scales, 19 items (82.6%) from the Identity

2. Discriminant validity of LoPF-Q 12-18 concerning psychosocial functioning has not undergone formal testing to date, although there are suggestive findings drawn from adult studies (Buer Christensen et al., 2020). Whether personality functioning which reflects vulnerabilities in personality processes (including empathy and intimacy) and social maladjustment resulting from personality impairments are distinguishable constructs has been a subject of conceptual debate (Sharp & Wall, 2021) necessitating empirical investigation.

scale had substantial loadings ($\geq .40$) on the general factor, 13 items (50.0%) from the Empathy scale, and 16 items from the Intimacy scale (69.6%).

Next, we calculated several reliability indices to assess dimensionality from a standardized loadings matrix in a confirmatory bifactor model. Omega Subscale was high for the general factor (.95) and for specific factors except for the intimacy factor (identity = .81; self-direction = .95; empathy = .82; intimacy = .66). Omega Hierarchical was high for the general factor (.91), indicating that 91% of the variance unit-weighted total scores can be attributed to the individual differences on the general factor. Results suggested that only 4.3% of the reliable variance in total scores can be attributed to the multidimensionality caused by the group factors. After controlling for the variance explained by the general factor, the subscale reliability rates dropped substantially (identity = .42; self-direction = .04; empathy = .15; intimacy = .06).

Factor determinacy (FD) values were within the acceptable range for empathy (.93) and intimacy (.91), but they were below the cutoff for identity (.88) and self-direction (.85). All scales except self-direction (.61) were within the acceptable H index range. Factor determinacy and H values suggest that identity and self-direction may not reflect well-defined latent variables. Explained common variance (ECV) and percent of uncontaminated correlations (PUC) were higher than .70 (.757 and .734, respectively), suggesting that common variance can be regarded as essentially unidimensional (Rodriguez et al., 2016). Average relative parameter bias was 3.5%, which is an acceptable degree of bias, suggesting that there is no serious concern for examining the measure as a unidimensional structure rather than a bifactor structure (Muthén et al., 1987).

CONVERGENT AND DISCRIMINANT VALIDITY

Zero-order correlations are shown in Table 1. The LOPF-Q 12-18 correlations were high with the convergent validity measures' scores, which included BPFSC-11 ($r = .751$) and PID-5-BF ($r = .806$). Regarding the scores of the discriminant validity measures, the correlations ranged from moderate for YSR Conduct Problems ($r = .439$) to high for the majority of the measures, for example, the YSR PTSD scale ($r = .745$). All correlations were statistically significant ($p < .001$). The supplemental material (Table S2) includes the matrix of bivariate correlations in the subsamples of the study.

The differences between the correlations of convergent validity (LOPF-Q 12-18 $\times$ convergent measures, i.e., BPFSC-11 and PID-5-BF) and discriminant validity (LOPF-Q 12-18 $\times$ discriminant measures, i.e., DSM-oriented scales of the YSR 11-18 such as Affective problems, Anxiety problems, Conduct Problems, and the YSR's PTSD and Social problems subscales; KIDSCREEN-10 health-related quality of life), calculated with Zou's CIs, are depicted in Table 2 for the whole sample and for the population and clinical subsamples (supplemental material, Tables S3 and S4, respectively). When considering most of the measures for convergent and discriminant correlations, the differences ranged from small to moderate (range: .004–.367), with the majority of differences being statistically significant (CIs did not contain 0) in the combined sample. The pattern remained the same in the population subsample, whereas in the

TABLE 1. Zero-Order Correlation Matrix for Convergent and Discriminant Validity Analyses

Measure	1.	2.	3.	4.	5.	6.	7.	8.	9.
<i>Personality pathology</i>									
1. LoPF-Q 12-18 total score	—								
2. BPFS-C11 total score	.748 (.718; .775)	—							
3. PID-5-BF total score	.805 (.781; .826)	.778 (.752; .802)	—						
<i>Psychopathology</i>									
4. YSR Affective problems	.737 (.706; .765)	.648 (.609; .683)	.636 (.596; .673)	—					
5. YSR Anxiety problems	.625 (.584; .662)	.590 (.546; .630)	.577 (.533; .618)	.726 (.694; .755)	—				
6. YSR Posttraumatic stress scale	.747 (.717; .774)	.695 (.660; .726)	.698 (.663; .729)	.864 (.847; .879)	.833 (.812; .852)	—			
7. YSR Conduct problems	.437 (.383; .487)	.371 (.315; .425)	.421 (.367; .473)	.485 (.435; .533)	.340 (.282; .395)	.490 (.440; .537)	—		
<i>Functioning</i>									
8. YSR Social problems	.686 (.650; .718)	.618 (.577; .656)	.654 (.616; .689)	.737 (.706; .765)	.738 (.707; .765)	.820 (.798; .840)	.580 (.536; .621)		
9. KIDSCREEN-10 total score	-.617 (-.655; -.576)	-.513 (-.558; -.464)	-.500 (-.558; -.464)	-.642 (-.678; -.603)	-.520 (-.565; -.472)	-.636 (-.673; -.597)	-.361 (-.415; -.304)	-.546 (-.590; -.500)	—

Note. All correlations are significant at .001; Confidence intervals (based on Fisher's r-to-z transformation) are given in parentheses; $n = 939$ (estimated with listwise deletion for missing values).
LoPF-Q 12-18 = Level of Personality Functioning Questionnaire 12-18; BPFS-C11 = Borderline Personality Features Scale for Children-Short Form; PID-5-BF = Personality Inventory for DSM-5 Brief Form; YSR = Youth Self-Report; KIDSCREEN-10 = health-related quality of life scale.

TABLE 2. Differences Between Correlations of the LOPF-Q 12-18 Total Scores With the Scores of the Measures of Convergent and Discriminant Validity		
LoPF-Q 12-18 correlations with discriminant measures	LoPF-Q 12-18 correlations with convergent measures	
	BPFSC-11	PID-5-BF
<i>Psychopathology</i>		
YSR Affective problems	.014 [−.018, .046]	.071 [.041, .102]
YSR Anxiety problems	.127 [.088, .167]	.184 [.147, .224]
YSR PTSD scale	.004 [−.026, .034]	.061 [.033, .090]
YSR Conduct problems	.310 [.257, .365]	.367 [.317, .420]
<i>Functioning</i>		
YSR Social problems	.064 [.029, .100]	.121 [.089, .155]
KIDSCREEN-10	.130 [.089, .172]	.187 [.148, .229]

Note. The values represent differences between the correlations. CI lower and upper boundaries are given in square brackets. Calculated with Zou's (95%) confidence intervals (CIs) ($n = 925$). LoPF-Q 12-18 = Level of Personality Functioning Questionnaire 12-18; BPFSC-11 = Borderline Personality Features Scale for Children-Short Form; PID-5-BF = Personality Inventory for *DSM-5* Brief Form; YSR = Youth Self-Report; YSR PTSD = Youth Self-Report Posttraumatic Disorder Scale; KIDSCREEN-10 = health-related quality of life scale.

clinical subsample the LOPF-Q 12-18 did not discriminate between affective, PTSD, and social problems as measured by the YSR 11-18 (see Table S4). This implies that while the LOPF-Q 12-18 measure exhibits some potential to discriminate between personality functioning or Criterion A and psychopathological distress as well as psychosocial functioning among adolescents in the population subsample, it does not perform similarly among those referred clinically.

INCREMENTAL VALIDITY

The total score of the LOPF-Q 12-18 ($\beta = .44, p < .001$ and $\beta = -.58, p < .001$) was uniquely related to the YSR Social problems score and the KIDSCREEN-10 total score, respectively, beyond maladaptive personality traits. Personality functioning as an explanatory variable demonstrated higher predictive value for variance in health-related quality of life than social problems. Adding the LOPF-Q 12-18 total score to a model containing gender, age, group, and the PID-5-BF total score increased the explained variance above the criterion of 2.25% for both constructs indicating psychosocial functioning (social problems, 6.4%; health-related quality of life, 11.6%; see Table 3). In addition, complementary analysis of incremental validity in both subsamples did not yield differences between them (Tables S5 and S6; supplemental material).

DISCUSSION

The present study tested the factor structure and construct validity of the LOPF-Q 12-18 in a large and diverse sample of adolescents. Grounded in the existing empirical evidence on the measurement of personality functioning

TABLE 3. Hierarchical Regression for Testing the Incremental Validity of the LoPF-Q 12-18

Regression Model		<i>b</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>	Adj. <i>R</i> ²	Δ Adj. <i>R</i> ²	<i>F</i> (model)
<i>YSR Social Difficulties</i>									
Step 1	Subsample	2.00	.33	.19	6.15	<.001	10.0%		21.61***
	Gender	-1.83	.27	-.21	6.68	<.001			
	Age	.21	.08	.08	2.63	<.01			
Step 2	Subsample	.81	.26	.08	3.13	<.01	44.6%	34.5%***	195.19***
	Gender	-.63	.22	-.07	-2.89	<.01			
	Age	.13	.06	.05	2.02	<.05			
	PID-5-B total score	.19	.01	.62	24.53	<.001			
Step 3	Subsample	.45	.25	.04	1.81	.07	51.0%	6.4%***	201.84***
	Gender	-.44	.21	-.02	-2.12	<.05			
	Age	.16	.06	.06	2.69	<.001			
	PID-5-B total score	.07	.01	.28	7.27	<.001			
	LoPF-Q 12-18 total score	.03	.00	.44	11.25	<.001			
<i>KIDSCREEN-10</i>									
Step 1	Subsample	-4.84	.77	-.20	-6.30	<.001	12.6%		46.39***
	Gender	4.84	.64	.23	7.57	<.001			
	Age	-.76	.19	-.12	-4.00	<.001			
Step 2	Subsample	-2.94	.70	-.12	-4.19	<.001	29.8%	17.3%	101.52***
	Gender	2.88	.59	.14	4.90	<.001			
	Age	-.62	.17	-.10	-3.63	<.001			
	PID-5-B total score	-.32	.02	-.44	-15.26	<.001			
Step 3	Subsample	-1.81	.65	-.07	-2.80	<.001	41.4%	11.62%	134.62%
	Gender	2.22	.54	.14	4.12	<.001			
	Age	-.73	.16	-.12	-4.67	<.001			
	PID-5-B total score	.01	.03	.02	.40	.69			
	LoPF-Q 12-18 total score	-.09	.01	-.58	-13.67	<.001			

****p* < .001.

in adults and adolescents, the first goal was to establish the internal structure and dimensionality of the LoPF-Q 12-18. CFA conducted on the originally theorized unidimensional model of the measure displayed an unacceptable fit on most indices. However, SRMR was close to the threshold (SRMR = .081, with values <.08 indicating acceptable fit; Hu & Bentler, 1999), and CFI and TLI indices are likely to yield poor biased fit in CFAs with a large number of indicators (97 items; Shi et al., 2019). Although some criteria were below

thresholds, fit was better supported in the bifactor model with a robust general personality dysfunction factor and four specific factors. However, an inspection of model-based reliability indices showed that the specific factors captured little unique variance after partitioning out the variance for the general factor, suggesting that the specific factors may not represent unique constructs beyond the general factor. Together, these findings suggest an essentially unidimensional structure, consistent with those found in the U.S. (Kerr et al., 2022) and Swiss-German (R. Zimmermann et al., 2022) samples.

In the Lithuanian sample, the general factor contained most of the items from the self-direction scale, followed by the items representing identity, intimacy, and empathy. It is to be observed that the self-direction domain items predominate the general factor in both English and German versions of the LOPF-Q 12-18. In addition, in our study, the top three general factor loadings were from the identity domain. Notably, all identity domain items are loaded onto the general factor in a German study (R. Zimmermann et al., 2022). This can be due to the sample structure, which has been oversampled by clinically referred adolescents, with 23.1% having met the criteria for a PD diagnosis (including 44.8% BPD). Taken together, these results provide evidence, first, in support of the self-component as a core dimension of personality functioning (Sharp, 2020; Sharp & Wall, 2021), and second, point to self-dysfunction as central to personality pathology (Bogaerts et al., 2021).

Our findings on the structure of the level of personality functioning as assessed by a Lithuanian version of the LOPF-Q 12-18 complement the previous conclusions with both adolescents (Biberdzic et al., 2022; Cosgun et al., 2021; Kerr et al., 2022; R. Zimmermann et al., 2022) and adults (Bliton et al., 2021; Uliaszek et al., 2023), and taken together, they provide a glimpse of the structure of Criterion A. Our study is in line with the latest empirical research in the personality disorder field (Bliton et al., 2021; Kerr et al., 2022; Uliaszek et al., 2023), as we followed the recent guidelines in evaluating the reliability of the bifactor model (Rodriguez et al., 2016). However, our findings also should be viewed in light of unresolved methodological issues surrounding applications of (bi)factor analysis for the study of the structure of psychopathology in which there is a particular concern that the bifactor model tends to show superior fit and a general tendency to yield either a reliable general factor or reliable specific factors, but not both (Greene et al., 2022; Markon, 2019; Watts et al., 2019). The science continues to develop around bifactor models, and recommendations for adjudicating structural models are continuing to evolve (Waldman et al., 2023), including research on personality disorder (Watts et al., 2023).

Regarding convergent validity, we found that the total score of the LOPF-Q 12-18 was significantly and highly associated with other personality pathology measures—the total score of the PID-5-BF, a measure of maladaptive personality traits, and the total score of the BPFSC-11, assessing the borderline personality features close to the *DSM* BPD criteria. This suggests, as expected, that impairment in personality functioning signals greater severity of personality pathology, as reflected in either the AMPD Criterion B or BPD features (APA, 2013), which is compatible with the borderline pattern specifier in the *ICD-11* (WHO, 2018). These findings hold across population and clinical

samples and align with the conclusions of other examinations of convergent validity using the LoPF-Q 12-18 (Kerr et al., 2022; Sharp & Cervantes, 2023) and other measures of Criterion A among adolescents (Biberdzic et al., 2022; Weekers et al., 2021).

To our knowledge, the present study is the first attempt to explicitly investigate discriminant coefficients of the LoPF-Q 12-18 with measures of distinct psychopathological dimensions, such as internalizing (affective, anxiety, posttraumatic stress problems) and externalizing (conduct problems), in addition to measures capturing the facets of functioning. The current examination demonstrated that adolescent personality functioning could be distinguished from anxiety and externalizing problems. However, the differences between personality domain and affective and posttraumatic stress problems were minimal within the community-based adolescents and became nonexistent within the clinical group. This can be due to the comorbidity of personality pathology with other mental health conditions, especially internalizing, which is well established and pervasive beginning in adolescence (Chorate et al., 2021). Psychopathologies such as depression may reflect dysfunction in self–other relationships (Krause & Behn, 2021; Luyten et al., 2013), which echoes the central elements and processes of Criterion A. Moreover, Criterion A, as grounded in psychodynamic models (J. Zimmermann et al., 2023) that conceptualize maladaptive self and interpersonal impairments as a core of psychopathology (Blatt & Luyten, 2010), can hardly be distinguished from certain psychopathologies, especially in clinical populations. While it is questionable to what extent self-report allows a specific assessment of the discrete nature of these phenomena versus detecting impairments relevant to all mental disorders (J. Zimmermann et al., 2023), the correlations in our study did not exceed the level of .85–.90 that would point to nonexistent discriminant validity between clinical constructs (Henseler et al., 2015). Notably, the discriminant correlations were more consistent regarding the association of the LoPF-Q 12-18 with the aggregated maladaptive traits index (as measured by the PID-5-BF) than the level of borderline personality features indicated by the BPFSC-11. This can be because the PID-5-BF total score reflects the cumulative potential of maladaptive personality traits, whereas the BPFSC-11 only captures features of specific PDs. In general, this study has established discriminant coefficients in 10 of 12 observations (83.3% in the total sample), which can be considered a sign of discriminant validity, mostly discriminating personality functioning from externalizing domain problems, but from internalizing domain problems to a lesser degree. The present findings align with the recent study that specifically investigated the discriminant validity of personality functioning via the SCID-I-AMPD-I in adult patients (Ohse et al., 2022). However, further exploration is necessary clarify these issues in adolescence, considering the varied patterns of the LoPF-Q 12-18 discriminant validity coefficients observed among clinically referred and nonreferred adolescents in the present study. In addition, it would be important to further evaluate discriminant validity with measures that do not tap personality pathology more broadly. Even this may prove challenging because it has generally been observed that psychopathology is hierarchically organized, with expected overlap and lack of discriminant

validity for a variety of personality-related constructs (e.g., McCabe & Widiger, 2020). To elucidate the incremental validity of personality (dys)function as measured by the LOPF-Q 12-18, the present study focused on functioning in social and health-related quality of life domains as relevant outcomes for adolescents. The current study's findings supported the unique link of personality functioning with various measured aspects of psychosocial functioning. Thus, personality functioning explains adolescents' social difficulties and health-related quality of life above and beyond the maladaptive personality traits or Criterion B. These findings are consistent with results in studies with adults (Buer Christensen et al., 2020; Cruitt et al., 2019) but are novel because they demonstrate that already in adolescence, personality functioning adds predictive value to poor psychosocial outcomes and lower quality of life. It is notable that in explaining the incremental value of Criterion A, we relied on the statistical criterion (Hunsley & Meyer, 2003). However, this is a tentative suggestion because authors in the field of PD research are still seeking to reach agreement on what is the meaningful amount of additional variance to explain (Sleep et al., 2019). Nevertheless, the present study adds to the knowledge about the incremental validity of the LOPF-Q 12-18 as a measure of Criterion A. This aligns with the results from a recent study (Roche & Jaweed, 2023) that found small but significant incremental validity of Criterion A regardless of the measure chosen to capture it.

This study's strengths include using a large and diverse sample of adolescents. Although nonrepresentative, the sample includes participants from different urban and rural areas in Lithuania. Also, the sample's composition regarding varied levels of psychopathology symptoms is well balanced, with 23% representing help-seeking adolescents. This allowed us to capture a range of psychopathologies, including a continuum of personality functioning from healthy to impaired. Moreover, the study included various well-established external measures for an adolescent population to examine the validity of the LOPF-Q 12-18. The study is the first to analyze the psychometrics and validity of the measures of personality disorder in Lithuania, which is essential for developing personality disorder research and improving clinical practice. Finally, the study advances what is currently known about the validity of the LOPF-Q 12-18 by adding a cross-cultural perspective.

A few limitations should be mentioned. First, although our sample was large, the clinical subsample was insufficient to conduct separate CFA to evaluate the measurement invariance of the LOPF-Q 12-18 across these groups. In addition, our clinical subsample contained few participants diagnosed with PD, which is rarely diagnosed in Lithuania (Barkauskienė et al., 2021). While pooling data across clinical and nonclinical samples increased the detected variance in personality pathology, doing so ignores the possibility of invariance in factor structure and loadings across samples and, by implication, populations. However, given the low base rate of personality pathology, a very large population-based sample will have to be recruited to obtain adequate variance; therefore, the sampling strategy used in the current study may be considered an acceptable alternative. An additional limitation is the use of the mono-method assessment—self-report. Although self-report data may provide unique information, especially about personality pathology, clinician-rated

methods are necessary to ensure higher validity because of possible low insight into personality-related problems (Stanton et al., 2019).

Notwithstanding these limitations, the present study contributes to the current state of knowledge on the level of personality functioning assessment in adolescence by revealing similarities in its unidimensional configuration being replicated in a different cultural context. The results support the suitability of a Lithuanian version of the LoPF-Q 12-18 and inspire future research on its validity to better understand the nature of the relationship between personality functioning and other related constructs, especially internalizing psychopathology, that could advance the field and potentially improve the quality of time-sensitive interventions. The level of personality functioning is a relatively new construct, which means that most studies are still cross-sectional, further highlighting the need for longitudinal research, particularly in adolescence.

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Paper II

Criteria A and B of the alternative model for personality disorders as prospective predictors of psychosocial functioning in community-based adolescents: A 1-year follow-up study

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Criteria A and B of the Alternative Model for Personality Disorders as Prospective Predictors of Psychosocial Functioning in Community-Based Adolescents: A 1-Year Follow-Up Study

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Research on the dimensional approach to personality disorders in relation to psychosocial functioning is limited, particularly among adolescents. Since adolescence is a critical developmental period from the emergence of personality disorders, it is crucial to understand how both Criterion A (the level of personality functioning) and Criterion B (maladaptive personality traits) contribute to various domains of psychosocial functioning in this age group. To address this research gap, the current study evaluated the extent to which Criterion A and Criterion B of the alternative model for personality disorders predict psychosocial functioning in community-based sample adolescents over a 1-year period, beyond the overall psychopathology and baseline levels of psychosocial functioning. The study involved 855 adolescents aged 11–18 ($M = 14.44$, $SD = 1.60$; 62.5% female) at baseline and followed up 1 year later, achieving a 94% retention rate. Measurements included the assessments of the level of personality functioning, maladaptive personality traits, overall psychopathology, academic functioning, social functioning, and well-being. The findings indicated that while both Criterion A and Criterion B are associated with lower levels of psychosocial functioning 1 year later, their contributions varied across domains. Criterion A significantly predicted functioning in social and well-being domains, while Criterion B predicted social difficulties only. Neither Criterion A nor Criterion B was significant in predicting academic functioning. Psychoticism contributed to the experience of social rebuff, while detachment was uniquely linked to a lower quality of life. The results contribute to the understanding of how dimensionally defined personality pathology affects psychosocial functioning, adding a prospective perspective during adolescence.

Keywords: alternative model for personality disorders, the level of personality functioning, maladaptive personality traits, psychosocial functioning, adolescence

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Personality pathology typically emerges in adolescence and often persists throughout the life course, negatively affecting various aspects essential for positive life-course development (Videler et al., 2019). This enduring impact results in severe long-term consequences, including elevated suicide rates, increased morbidity, and a greater likelihood of not being in education, employment, or training (Ringbom et al., 2022). Additionally, it imposes significant economic burdens (Blankers et al., 2021; Dixon-Gordon et al., 2018; McClelland et al., 2023; Zimmermann et al., 2012). These outcomes align with the well-documented link between personality disorders and substantial impairments in psychosocial functioning (Skodol, 2018). To date, most of the research investigating the relationship between personality

pathology and psychosocial functioning has utilized the categorical model of personality disorders, particularly focusing on borderline personality disorder (BPD). Evidence suggests that vulnerabilities in psychosocial functioning are noticeable as early as adolescence (Barkauskienė et al., 2021; Kramer et al., 2017; Thompson et al., 2019; Winograd et al., 2008; Wright et al., 2016). Specifically, traits associated with BPD have been shown to uniquely predict impairments in educational, occupational, and social domains, above and beyond the impact of other mental health problems (Winsper et al., 2015). Furthermore, recent findings indicate that even children as young as nine who exhibit more BPD traits tend to experience reduced quality of life and increased psychopathological distress, highlighting

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the adverse consequences of personality challenges from a young age (Fleck et al., 2023). In a longitudinal context, Wertz et al.'s (2020) study emphasized the critical influence of borderline symptoms at age 12 on later functioning, including educational failure, unemployment, greater engagement in health risk behaviors, lower well-being, increased social isolation, dissatisfaction with life, and vulnerability to victimization at age 18. These challenges hinder adolescents from progressing toward greater maturity and adopting adult roles.

The recent shift in understanding personality disorders, marked by the departure from categorical, diagnosis-based model to a dimensional approach, is reflected in the alternative model for personality disorders (AMPD) within the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; American Psychiatric Association, 2013)* and the latest release of the *International Classification of Diseases, 11th Version (World Health Organization, 2019)*. This shift provides a new framework for linking personality pathology with psychosocial functioning. These advancements in nosology place self and interpersonal (dys)function (Criterion A) at the core of personality disorder, with maladaptive personality traits (Criterion B) seen as its stylistic manifestations. In AMPD, levels of personality functioning impairment are defined by two interconnected components: self-functioning, which includes functions of identity and self-direction, and interpersonal functioning, which encompasses empathy and intimacy domains.

Research has indicated that it is the severity of personality disorder, particularly borderline, that serves as a predictor of psychosocial issues (Barkauskienė et al., 2021; Clark et al., 2018; Moran et al., 2016). Although there is a strong relationship between the number of BPD criteria and the level of personality functioning (Ro et al., 2024; Sharp et al., 2022), dimensional measures surpass the number of categorically defined personality disorder criteria in predicting psychosocial outcomes in adult samples (Buer Christensen et al., 2020; Ro et al., 2024; Weekers et al., 2024). The AMPD directs researchers to explore the relationship between personality pathology and psychosocial functioning through the lens of two key criteria examining their importance in predicting psychosocial outcomes. Although Criteria A and B are strongly correlated (Barkauskienė et al., 2022; Zimmermann et al., 2019), their individual associations with psychosocial functioning remain underexplored. Overall, several studies examined the relationship between psychosocial functioning and either one or both Criteria A and B of the dimensional model of personality pathology, with most research focusing on adult populations.

Specifically, Criterion A has been associated with clinician-rated functioning in occupational, social, and leisure domains (Morey et al., 2013), Global Assessment of Functioning scores (Buer Christensen et al., 2020; Esguevillas et al., 2018), as well as quality of life and social/occupational functioning (Weekers et al., 2023). Regarding Criterion B, maladaptive personality traits have also been identified as predictors of psychosocial functioning in adults (Clark et al., 2024; Ro et al., 2024; Wright et al., 2015). Furthermore, research on the prospective prediction of psychosocial functioning based on changes in Criterion B or specific maladaptive trait domains, such as disinhibition, suggests that shifts in maladaptive personality traits are associated with changes in various areas of functioning. These include basic daily functioning, well-being, and health-related quality of life (HRQoL), in both clinical and community samples (Ro et al., 2023; Wright et al., 2016). Less research has examined the association between dimensional measures of AMPD and psychosocial functioning in younger age groups. Among adolescents and youth, Criterion A

has been associated with lower quality of parent and peer relationships (Skabeikyte-Norkiene et al., 2022) and bullying experiences (Seiffert et al., 2024), and both Criteria A and B were found to predict age-appropriate functioning (Hessels et al., 2024).

A recent comprehensive study utilizing the full AMPD framework to assess its relationship with patient outcomes found that both Criteria A and B were significant predictors of functioning. However, when analyzed together, only Criterion A remained a significant predictor of disability and symptom severity 1 year later (Weekers et al., 2024). Understanding how maladaptive self- and interpersonal functioning (Criterion A) and maladaptive personality traits (Criterion B) contribute to risks for future psychosocial functioning is crucial, particularly during adolescence, a period when these traits are developmentally salient (Sharp & de Clercq, 2020).

This Study

To the best of our knowledge, no previous research has prospectively examined psychosocial functioning subsequent to adolescent personality pathology, as assessed through the measures of severity (Criterion A) and individual differences (Criterion B). The primary objective is to explore the extent to which Criteria A and B of the AMPD model predict psychosocial functioning in community adolescents over a 1-year period. This study adopts Skodol's (2018) definition of psychosocial functioning, which refers to "a person's ability to carry out roles and perform activities in daily life, including in social or interpersonal, school or work, recreational or leisure, and basic (i.e., self-care, communication, mobility) functional realms" (p. 33).

Based on longitudinal findings in adult samples (Weekers et al., 2024) and the concept of self-function as a hallmark task for healthy development during adolescence (Sharp & Wall, 2021), we expected that impairments in personality functioning would have a stronger predictive value than maladaptive traits for various indicators of psychosocial functioning in community adolescents. Additionally, given the potentially impairing role of personality pathology on psychosocial functioning, it is necessary to consider the relationship between psychosocial functioning and mental health issues. On one hand, different psychopathologies are strongly associated with personality dysfunctions, and on the other hand, they share a common core of dysregulation (Wang et al., 2022). In developmental psychopathology, this is referred to as a dysregulation profile (DP), which encompasses regulatory problems common to emotional, attentional, and behavioral difficulties in children and youth (Deutz et al., 2016). While assessed through scales measuring anxious, depressed, aggressive behavior, and attention problems, the DP transcends any single disorder and serves as a transdiagnostic psychopathology index (Wang et al., 2022) besides being a predictor of emerging personality abnormalities (De Caluwé et al., 2013; Deutz et al., 2018) and functional impairment (Holtmann et al., 2011; Jucksch et al., 2011). In light of this, our study controlled the effect of dysregulation to isolate the unique associations of the AMPD-based criteria with functioning in the educational, social, quality of life, and well-being domains among adolescents.

Method

Participants and Procedure

The present study involves 855 participants aged 11–18 ($M_{\text{age}} = 14.44$, $SD_{\text{age}} = 1.60$; 62.5% female) recruited from 10 schools located in both rural and urban areas in Lithuania for a large-scale longitudinal

community-based study of adolescents. We used the nonprobability quota sampling method to form a sample of evenly distributed different age groups and school location areas in Lithuania. At the 1-year follow-up (Time 2 [T2]), 806 of the 855 adolescents (retention rate 94.3%) completed the questionnaires a second time ($M_{\text{age}} = 15.37$, $SD_{\text{age}} = 1.60$; 62.4% girls). There were no differences between participants who did and did not take part in the study at T2 in terms of gender, $\chi^2(1) = 1.80$, $p = .67$, and age, $t(853) = 1.25$, $p = .21$. The majority of participants (76.7%) resided in full families, comprising either biological or stepparents, while 18.4% lived in divorced families, and 4.9% were raised by a single parent. Regarding parental education, 46.6% of fathers had completed compulsory or secondary education with vocational training, while 29.1% held a higher education or university degree. For mothers, the respective figures were 35% and 49.7%. However, educational information was unavailable for 24.3% of fathers and 16.3% of mothers. Unemployment rates stood at 8.7% for fathers and 16.9% for mothers in the current sample at Time 1 (T1).

At T1 and T2, students were asked to complete a survey questionnaire administered by researchers and clinical psychology master's students trained specifically for this study in school settings. At both time points, the survey consisted of two sessions with students, each lasting approximately 45 min. At the outset of each survey session, participants were briefed that the collected data would be analyzed in an aggregated manner to ensure anonymity and confidentiality of personal information. Through the survey administration process, researchers and assistants were available to address any queries from the participants. Prior to data collection, written informed consent was obtained from the parents or legal guardians of adolescents, alongside oral assent from the participants themselves. The study protocol received approval from the Psychological Research Ethics Committee at Vilnius University.

Measures

Level of Personality Functioning

The level of personality functioning was assessed with the culturally adapted Lithuanian version of the Levels of Personality Functioning Questionnaire (Barkauskienė & Skabeikytė, 2020), which is a 97-item self-report instrument with a five-step response format (0 = *no—I strongly disagree*; 1 = *more no—I disagree*; 2 = *part/part—I neither agree nor disagree*; 3 = *more yes—I agree*; 4 = *yes—I strongly agree*), with higher scores indicating a more severe level of impairment in personality functioning and a higher risk for a current personality disorder. The questionnaire allows for a dimensional assessment of the total score of personality dysfunction and adaptive function or disturbances in the self and interpersonal domains by evaluating the severity of impairments in identity, self-direction, empathy, and intimacy processes. A total score is obtained from all items to quantify a general severity level of functional impairment. The latest examinations of the latent structure of the Levels of Personality Functioning Questionnaire proved its unidimensional structure (Barkauskienė, Sharp, et al., 2024; Kerr et al., 2023) and the justification of the use of the total score. In the current study, the internal consistency was excellent for the total scale ($\alpha = .97$) at T1.

Maladaptive Personality Traits

Maladaptive personality traits were measured with the Personality Inventory for DSM-5 Brief Form for children aged 11–17 (PID-5-BF),

which is the American Psychological Association-released 25-item version of the original 220-item Personality Inventory for DSM-5 developed by Krueger et al. (2013). The PID-5-BF assesses five maladaptive higher-order traits—negative affectivity, detachment, antagonism, disinhibition, and psychoticism—outlined in the AMPD Criterion B, each represented by five items measured using a Likert-type 4-point scale (0 = *very false* to 3 = *very true*). Higher scores indicate greater expression in the maladaptive personality trait domain, with an additional score for the overall measure. With permission from the American Psychological Association, the Lithuanian-translated version of the PID-5-BF was prepared for this study. Specifically, two independent translations from English to Lithuanian were conducted and discussed, and the items were corrected to build the final version, which was back-translated into English and compared to the original version. In the present study, the internal consistencies for trait domain scales were the following: negative affectivity: $\alpha = .78$, detachment: $\alpha = .69$, antagonism $\alpha = .67$, disinhibition: $\alpha = .77$, and psychoticism: $\alpha = .80$. In addition, all 25 items were aggregated to a total score, indicating the overall maladaptive personality traits profile elevation (Fossati et al., 2017; Zimmermann et al., 2020). The internal consistency was high for the total score ($\alpha = .90$).

Dysregulation

Dysregulation was assessed with the Youth Self-Report Form (YSR/11–18; Achenbach & Rescorla, 2001) which is a self-report questionnaire and comprises 112 items with three response options (0 = *not true*, 1 = *sometimes or somewhat true*, and 2 = *very true or often true*) for different adolescent emotional and behavioral problems in the period of 6 months. The adapted and standardized Lithuanian version of the YSR/11–18 (Žukauskienė et al., 2012) was used in the study. The list of items provides scores for the primary narrow-band (empirical/syndrome and Diagnostic and Statistical Manual of Mental Disorders-oriented) scales and two broadband or second-order factors (internalizing and externalizing disorders) in addition to the total score. The present study used the following primary narrow-band syndrome scales with nonoverlapping items to form the index of DP: anxious/depressed, attention problems, and aggressive behavior, with the reliability coefficients of Cronbach's $\alpha = .88$, .79, and .84, respectively. Hence, the sum of the scores for these scales was used to calculate a dysregulation index.

Psychosocial Functioning

Social Problems. The social problems scale from the YSR/11–18 (Achenbach & Rescorla, 2001) is one of the empirically derived syndrome scales with items describing varied difficulties in a social context, for example, feeling lonely, having conflicts or fights, and preference for younger/older friends. The adapted and standardized Lithuanian version of the YSR/11–18 (Žukauskienė et al., 2012) was used in the study. Adolescents are asked to rate each item on a 3-point scale (0 = *not true*, 1 = *somewhat or sometimes true*, and 2 = *very true or often true*) regarding how well they describe them now or during the past 6 months. In this study, the internal consistency indicated by Cronbach's α for the social problems scale was .79.

Social Rebuff. To assess the experience of social rebuff (a frequent form of peer social victimization reflected in direct exclusion such as ignorance and refusal to talk or join activities), the social rebuff subscale from the Multidimensional Peer-Victimization Scale

Revised-24 (Joseph & Stockton, 2018) was used. The Lithuanian version of the Multidimensional Peer-Victimization Scale Revised-24 was prepared by executing two independent translations from English to Lithuanian were conducted and discussed, and the items were corrected to build the final version, which was back-translated into English and compared to the original version. No further tests of the scale's validity have been conducted. While the Multidimensional Peer-Victimization Scale is a 24-item self-report instrument that contains six subscales, the Social rebuff subscale includes four items. Each item is scored on a 3-point Likert scale of 0 = *not at all*, 1 = *once*, and 2 = *more than once*, with participants indicating how often during the school year they had experienced each victimization experience. Higher scores indicate being subjected to more incidents of peer victimization via ignoring, excluding, and snubbing. The internal consistency for this subscale indicated by Cronbach's α was .77 (at both T1 and T2).

Academic Motivation. Academic motivation was measured by the perceived academic motivation scale (Ruchkin et al., 2004) whose six items describe the perceived importance of academic achievements and academic motivation (e.g., "It is important for me to be thought of as a good student by the other students" and "Education is so important that it is worth it to put up with things I don't like"). This measure is a part of the Social and Health Assessment (Ruchkin et al., 2004). Items are rated on a 4-point Likert-type scale (1 = *definitely not true*, 2 = *mostly not true*, 3 = *mostly true*, and 4 = *definitely true*). Greater scores correspond to higher levels of perceived motivation. The Cronbach's α for this measure in the present study was .64 (T1) and .68 (T2).

HRQoL. To determine HRQoL, the assessment of the health-related quality of life of children and adolescents by means of self-reporting and external assessment (KIDSCREEN), which was developed by KIDSCREEN Europe (Ravens-Sieberer & the European KIDSCREEN Group, 2006), was used. The KIDSCREEN-10 (Ravens-Sieberer et al., 2010) is a valid and widely used 10-item self-report instrument, which provides a global HRQoL score for children and adolescents with a target year range from 8 to 18 years. In the 10-item version, the adolescents were asked to think about the last week when responding two response scales are used: for Items 1 and 9, the response scales are *not at all*, *slightly*, *moderately*, *very*, and *extremely*, scored from 1 to 5. For the remaining items, the response scales are *never*, *seldom*, *quite often*, *very often*, and *always*, scored from 1 to 5. Items 3 and 4 are reversed before adding items to a sum score. Higher scores on the KIDSCREEN-10 indicate a higher degree of well-being. The Cronbach's α for this measure in the present study was .84 (at both T1 and T2).

Life Satisfaction. To index life satisfaction among adolescents, the Satisfaction with Life Scale (Diener et al., 1985) was chosen. It is a self-report instrument of five items answered on a 5-point Likert-type scale to assess global life satisfaction (e.g., "I am satisfied with my life"). In this study, we used a Lithuanian version of the Satisfaction with Life Scale already used in previous studies in Lithuania (Štinskis & Žukauskienė, 2004). The internal consistency of the total score was high ($\alpha = .86$ at T1 and $\alpha = .87$ at T2) in the present study.

Statistical Analysis

An analysis of missing data was conducted to account for nonresponses in the second wave, as well as absences during one or both

survey sessions at T1 and/or T2, which led to incomplete data for the primary variables. Consequently, 128 out of 855 adolescents were excluded from the analyses. In the final sample, Little's Missing Completely at Random test (Little, 1988), using expectation maximization estimation was employed. This test was not significant, $\chi^2(257) = 285.98$, $p = .10$, which is seen as an indication that data were missing completely at random. The highest percentage of missing data was 2.3 (for the Life satisfaction scale). When examining the individual variables, the group which was excluded did not significantly differ from the group that did not in mean levels of personality functioning, $t(823) = -1.66$, $p = .10$, maladaptive trait domains, $t(824-826) = -0.36-1.76$, $p = .08-.72$, dysregulation index, $t(797) = -1.67$, $p = .10$, as well as levels of psychosocial functioning, including academic motivation, $t(833) = 0.73$, $p = .47$, social difficulties, $t(797) = -0.96$, $p = .34$, social rebuff, $t(794) = -0.96$, $p = .34$, HRQoL, $t(792) = 1.21$, $p = .23$, and life satisfaction, $t(789) = 1.91$, $p = .06$.

Descriptive statistics of all variables at T1 and T2 are provided in Table S1 in the online supplemental materials. All skewness and kurtosis statistics were in the acceptable range (Hair et al., 2010). Zero-order correlations between baseline (T1) and follow-up (T2) measures were examined before multiple regression analyses were performed to explore the predictive effects of the AMPD Criteria A and B on adolescent psychosocial functioning over 1-year time. In hierarchical multiple regression, adolescents' psychosocial measures at T2 served as the dependent variables. For independent variables, which all were measured at T1, gender along with the YSR/11/18-based dysregulation index and respective measure of psychosocial functioning at T1 were entered at Step 1 as controlled variables. The measures of the level of personality functioning (Model 1) and maladaptive personality traits (Model 2) were entered at Step 2. Tolerance and the variance inflation factor (VIF) were estimated as measures of multicollinearity for all models.

In the interpretation of the results, the statistical significance was set at $p < .05$ (two-tailed). The correlation coefficients were interpreted as small ($= .10$), moderate ($= .30$), and large ($= .50$), according to Cohen (2013). All analyses were performed using the IBM SPSS for Windows, Version 29.

Transparency and Openness

The study was not preregistered, but the codes behind data analyses and data sets have been made publicly available in the Open Science Framework (Barkauskienė, Gaudiešiotė, et al., 2024).

Results

Descriptive Analysis

Table 1 presents the zero-order correlations for all study variables. Gender was significantly associated with all T1 and T2 measures, with girls reporting higher levels of personality functioning impairment, maladaptive personality traits (excluding antagonism), greater dysregulation, and more difficulties in all domains of psychosocial functioning compared to boys. The bivariate correlation analysis showed that the main predictor variables at T1—Criterion A and Criterion B trait domains—were significantly associated with lower levels of psychosocial functioning at both T1 and T2 (Table 1). However, an inconsistent pattern of correlations emerged between T2 academic motivation and maladaptive trait domains.

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Table 1
Zero-Order Correlations Among the Variables in the Study

Measures	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Measure T1														
1. Age	—													
2. Gender (boy) ^a	-.06	—												
3. Criterion A	.01	-.18***	—											
4. Criterion B: NA	.13**	-.27***	.60***	—										
5. Criterion B: DET	-.02	-.14***	.67***	.42***	—									
6. Criterion B: ANT	.03	.00	.38***	.50***	.34***	—								
7. Criterion B: DIS	-.00	-.09**	.62***	.57***	.58***	.36***	—							
8. Criterion B: PSY	-.04	-.18***	.68***	.57***	.58***	.35***	.58***	—						
9. Dysregulation index	.14***	-.22***	.69***	.61***	.42***	.36***	.52***	.57***	—					
Measure T2														
10. AM	-.06	-.09**	-.21***	.03	-.12***	-.12***	-.15***	-.07	-.11**	.50***	—			
11. SD	.09*	-.14***	.65***	.53***	.40***	.36***	.45***	.52***	.83***	.57***	.46***	—		
12. SR	-.05	-.18***	.31***	.26***	.14***	.16***	.21***	.30***	.41***	—				
13. HRQoL	-.14***	.19***	-.60***	-.42***	-.34***	-.19***	-.37***	-.42***	-.58***	-.42***	—			
14. LS	-.08*	.11***	-.60***	-.53***	-.41***	-.21***	-.55***	-.40***	-.53***	-.57***	.57***	.64***	—	

Note. $N = 703-727$. T1 = Time 1; T2 = Time 2; NA = negative affectivity; DET = detachment; ANT = antagonism; DIS = disinhibition; PSY = psychoticism; AM = academic motivation; SD = social difficulties; SR = social rebuff; HRQoL = health-related quality of life; LS = life satisfaction.

^aNonparametric Kendall's tau- b is calculated.

* $p < .05$. ** $p < .01$. *** $p < .001$.

Specifically, T2 academic motivation was negatively associated only with detachment and disinhibition traits. At T1, age did not significantly correlate with either AMPD criterion, unlike gender. Similarly, at T2, age did not significantly associate with most psychosocial functioning measures, except academic motivation and social rebuff. Furthermore, psychosocial functioning variables at T1 were significantly correlated with the respective T2 measures, indicating moderate to high stability over the 1-year period.

Regression Analysis

Across all regression models, tolerance values ranged from .25 to .97, and VIFs ranged from 1.03 to 3.94, indicating that multicollinearity was within acceptable limits. The highest VIF value (3.94) was observed for dysregulation as a predictor of T2 social difficulties. The results of the regression models (Step 2 only) are summarized in Tables 2-4. As can be seen, the explained variance in outcomes across all models ranged from 22% and 44%, with the lowest explained variance observed for T2 social rebuff and the highest for T2 life satisfaction. The difference in explained variance between Model 1 (including Criterion A) and Model 2 (including Criterion B) was 1% for each outcome. Further, multiple linear regression revealed several noteworthy findings.

First, after controlling for gender, the T1 dysregulation index, and the corresponding T1 psychosocial functioning measure (Model 1 in Tables 2-4), Criterion A emerged as a statistically significant predictor for all T2 psychosocial functioning domains, except for academic motivation. As indicated in Tables 3 and 4, Criterion A had a small effect on T2 social and well-being functioning outcomes, whereas T1 psychosocial functioning levels demonstrated small to moderate associations with their corresponding T2 measures.

Second, the predictive effects of Criterion B domains are presented in Tables 2-4 (see Model 2). As indicated, T1 psychoticism significantly predicted T2 social rebuff (Table 3), while T1 detachment was negatively and significantly associated with T2 HRQoL (Table 4). Both maladaptive traits showed small effect sizes. Similar to Criterion A, T1 levels of corresponding psychosocial functioning measures remained significant predictors of all psychosocial functioning indices, demonstrating moderate to large effect sizes. Furthermore, after controlling for gender, T1 dysregulation, and T1 social difficulties, Criterion B (elevated maladaptive personality traits overall) had a significant incremental effect on T2 social difficulties (see also Table S4 in the online supplemental materials). However, no individual maladaptive trait domain was uniquely associated with T2 social difficulties (Table 3). Consistent with Criterion A, Criterion B was not a significant predictor of T2 academic motivation.

Third, additional analyses incorporating the total PID-5-BF score yielded almost identical results regarding Criterion B as a predictor of prospective psychosocial functioning in a 1-year period (Tables S2-S5 in the online supplemental materials).

Discussion

The goal of this study was to explore the 1-year longitudinal relationship between the DSM-5 AMPD (Criterion A and Criterion B) and functioning in academic, social, and well-being domains among adolescents. To accomplish this, we analyzed a large community-based sample of adolescents from rural and urban areas, spanning a broad adolescent age range. Additionally, we

Table 2
Linear Regression Predicting Academic Domain of Functioning at T2

Academic motivation T2	Predictors T1	<i>b</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>
Model 1: Adj. $R^2 = .27$, $F(4, 712) = 66.49, p < .001$	Gender (boy)	-.86	0.23	-.13	-3.75	<.001
	Dysregulation index	-.02	0.01	-.06	-1.37	.172
	Academic motivation (T1)	.47	0.03	.48	14.38	<.001
	Criterion A	-.00	0.00	-.04	-0.76	.445
	Gender (boy)	-.85	0.23	-.13	-3.70	<.001
Model 2 ^a : Adj. $R^2 = .27$, $F(5, 712) = 53.68, p < .001$	Dysregulation index	-.01	0.01	-.05	-1.33	.184
	Academic motivation (T1)	.47	0.03	.48	14.46	<.001
	Criterion B: detachment	.01	0.04	.01	0.20	.845
	Criterion B: disinhibition	-.07	0.04	-.07	-1.66	.098

Note. In Step 2, only statistics are presented. Criterion A (Model 1) $\Delta R^2 = .001, p = .445$; Criterion B (Model 2) $\Delta R^2 = .003, p = .226$. T2 = Time 2; T1 = Time 1; *b* = unstandardized coefficient; β = standardized coefficient; Adj = adjusted.

^a Only the trait domains that showed a significant association with T2 academic motivation at the bivariate level were included in the regression model.

also controlled for gender, DP as an indicator of overall psychopathology, and baseline levels of psychosocial functioning in the relevant domains. This study yielded several key findings.

First, significant bivariate associations were identified between the constructs of the dimensional model of personality disorders—specifically, the level of personality functioning (Criterion A) and maladaptive personality traits (Criterion B)—and all studied domains of psychosocial functioning, both at baseline and 1 year later. These findings are consistent with prior research, which has demonstrated that various domains of psychosocial functioning are adversely affected in young people with either the clinical levels of BPD (Kramer et al., 2017), subclinical symptoms (Thompson et al., 2019), or those in community settings (Barkauskienė et al., 2021). Our study extends this body of literature by highlighting the role of the dimensional model of personality pathology in mapping the broad spectrum of psychosocial functioning in adolescents within the community. This further reinforces the importance of the dimensional approach in recognizing the continuum of personality functioning in community-based samples (Eggermont et al., 2023).

Further, our findings indicate that a dimensional approach to personality pathology is not only associated with but also serves as a statistically significant predictor of psychosocial functioning difficulties over a 1-year period. Specifically, the study demonstrated that while the AMPD, represented by Criteria A and B, showed significant association with psychosocial functioning 1 year later, personality functioning (Criterion A) emerged as a more consistent predictor than maladaptive personality traits (Criterion B domains). The level of personality dysfunction was uniquely linked to social difficulties and social rebuff. Furthermore, impairments in personality functioning were predictive of lower HRQoL and overall life satisfaction among adolescents—measures reflecting the daily functioning and overall level of well-being. These findings align with previous research conducted on the general population (Koster et al., 2018) and among adolescent outpatients and inpatients (Thomson et al., 2024). They are also consistent with limited published research on adults, which identifies the level of personality functioning as a predictor of future functioning (Ro et al., 2024; Weekers et al., 2024). Regarding Criterion B, the evidence for its unique links with prospective psychosocial functioning was less consistent. Maladaptive personality trait domains as a whole contributed to social difficulties 1 year later, even after accounting for baseline levels of dysregulation and social difficulties observed

at baseline. Additionally, psychoticism contributed to social rebuff, and detachment was uniquely linked to a lower quality of life. While the level of personality functioning statistically outperformed maladaptive personality traits in predicting psychosocial outcomes, the magnitude of relations between Criterion A and functioning was overall small. Although this could be attributed to the nature of the community sample, which typically exhibits higher levels of adaptive personality and psychosocial functioning, they are comparable to those among patients with personality disorders (Buer Christensen et al., 2020; Ro et al., 2024). Therefore, further research is warranted to evaluate the associations between Criteria A and B psychosocial impairment in adolescents with varying levels of personality pathology (Kaess et al., 2017; Seiffert et al., 2024; Thompson et al., 2019).

Overall, these findings highlight the importance of dimensional personality pathology measures as both significant correlates and unique predictors of adolescents' psychosocial development. This influence extends beyond the impact of the psychopathological difficulties and prior levels of psychosocial functioning in the examined areas. Criterion A, which reflects "a general adaptive failure or delayed development of the intrapsychic system needed to understand and manage the self in affectively charged attachment and/or interpersonal contexts necessary or adult role function" (Sharp & Wall, 2021, p. 16), underscores the role personality elements—such as self, identity, personhood, and the capacity for understand both self and others—in shaping adolescents' psychosocial functioning. Furthermore, our findings suggest Criterion A may play a pivotal role in capturing contextually sensitive, within-person processes that align with key developmental tasks in adolescence, such as interpersonal proximity and self-regulation (Kaurin et al., 2023). Psychosocial theories of adolescent development (Newman & Newman, 2020) emphasize self-understanding and mental processes in connecting individuals to their social world through relationships. These relationships serve as conduits for conveying age-related expectations and shaping how adolescents experience psychosocial crises (Newman & Newman, 2020). Additionally, the self-determination theory of adolescence links the pursuit of meaningful goals and the accompanying sense of purpose (core aspects of Criterion A) to life satisfaction and well-being (Newman & Newman, 2020). Regarding Criterion B, as noted earlier, its ability to predict psychosocial functioning over the course of 1 year was less apparent. This weaker predictive relationship for adolescent psychosocial development may be attributed to Criterion B's influence

Table 3

Social difficulties T2							Predictors T1							Social rebuff T2							Predictors T1						
	<i>b</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>		<i>b</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>		<i>b</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>		<i>b</i>	<i>SE</i>	β	<i>t</i>	<i>p</i>				
Model 1: Adj. $R^2 = .38$, $F(4, 716) = 111.62$, $p < .001$																											
Gender (boy)	-.49	0.26	-.06	-1.86	.064							Gender (boy)	-.34	0.16	-.04	-2.15	.032										
Dysregulation index	.07	0.02	.20	3.49	<.001							Social rebuff	-.01	0.01	-.04	-0.83	.405										
Social difficulties	.30	0.06	.29	5.42	<.001							Social rebuff	.42	0.04	.42	11.61	<.001										
Criterion A	.01	0.00	.18	4.21	<.001							Criterion A	.01	0.00	.14	3.09	.002										
Gender (boy)	-.57	0.28	-.07	-2.07	.039							Gender (boy)	-.36	0.16	-.08	-2.19	.029										
Dysregulation index	.07	0.02	.21	3.58	<.001							Dysregulation index	.00	0.01	.01	0.25	.802										
Social difficulties	.32	0.06	.30	5.66	<.001							Social rebuff	.41	0.04	.42	11.45	<.001										
Model 2: Adj. $R^2 = .37$, $F(8, 703) = 26.70$, $p < .001$																											
Criterion B: negative affect	.03	0.04	.02	0.57	.569							Criterion B: negative affect	-.02	0.03	-.03	-0.63	.530										
Criterion B: detachment	-.00	0.05	-.00	-0.04	.972							Criterion B: detachment	.01	0.03	.02	0.34	.732										
Criterion B: antagonism	.07	0.05	.04	1.28	.199							Criterion B: antagonism	.02	0.03	.03	0.67	.504										
Criterion B: disinhibition	.06	0.05	.05	1.19	.236							Criterion B: disinhibition	-.03	0.03	-.04	-0.87	.387										
Criterion B: psychoticism	.07	0.05	.07	1.61	.108							Criterion B: psychoticism	.07	0.03	.12	2.46	.014										

Note. In Step 2, only statistics are presented. Criterion A (Model 1; social difficulties): $\Delta R^2 = 0.15$, $p \leq .001$; Criterion B (Model 2; social difficulties): $\Delta R^2 = 0.11$, $p < .05$. Criterion A (Model 1; social rebuff): $\Delta R^2 = 0.10$, $p < .01$; Criterion B (Model 2; social rebuff): $\Delta R^2 = .09$, $p = .129$. T1 = Time 1; T2 = Time 2; TI = Time 1; b = unstandardized coefficient; β = standardized coefficient; Adj = adjusted.

Finally, it is noteworthy to discuss the academic domain of functioning separately, as neither Criterion A nor Criterion B predicted academic motivation over time. These findings mirror a previous cross-sectional study of community-dwelling adolescents, which found that BPD symptoms did not predict academic motivation but did predict academic achievement (Barkauskienė et al., 2021). However, it contrasts with other studies that consistently showed a link between personality pathology and academic functioning (Kramer et al., 2017; Wright et al., 2015). Both the lower reliability of the academic functioning measure and our sample, which was drawn from a school population and excluded adolescents with more severe academic challenges (such as those who dropped out or did not participate in the study), may have contributed to the insignificant results. Nonetheless, these conflicting results highlight that academic functioning as a multifaceted phenomenon warrants further research to identify the key indicators of academic outcomes most vulnerable to personality functioning impairments. Previous research has shown that academic functioning, measured by grade point average (Barth et al., 2021) and failure to achieve expected age-appropriate educational milestones (Juurlink et al., 2022), is closely related to educational dropout and unemployment. These issues can push young individuals into the not being in education, employment, or training status, a condition strongly associated with psychiatric disorders in general, and particularly with personality disorders, which show especially high odds ratios (Ringbom et al., 2022). Brandt (2023) suggested that educational attendance may not be a valid marker of academic functioning, proposing that subjective functional impairments, such as disengagement from the activity or sense of school belongingness (Arslan & Coşkun, 2023) may be more significant. Although our study's results were not statistically significant, academic functioning remains an important area in relation to personality dysfunction, highlighting the need for a more comprehensive understanding of its various aspects.

The current study has several notable strengths. First, it provides valuable empirical insights into the evolving field of personality pathology during adolescence, approached through a dimensional approach to highlight its outcomes in psychosocial realms. A major strength is its prospective design and the inclusion of a large, community-based sample. Although not fully representative, this sample encompasses participants from diverse urban and rural areas. Additionally, the study employed widely recognized instruments to assess personality pathology along a continuum, aligned with the dimensional model in *DSM-5 AMPD* as well as *International Classification of Diseases, 11th version*. It also used various established measures tailored for adolescents, covering various domains of psychosocial functioning. Overall, the study advances what is currently known about the role of dimensionally defined personality pathology for psychosocial functioning, adding a prospective perspective during adolescence.

Several limitations of this study should be acknowledged. First, although a large community sample enabled to capture a continuum of personality functioning, it was not fully representative. Furthermore, a study involving a clinical sample would help to

Table 4
Multiple Linear Regression Predicting Well-Being at T2

Health-related quality of life T2		Predictors T1		b	SE	β	t	p	Life satisfaction T2		Predictors T1		b	SE	β	t	p
Model 2: Adj. $R^2 = .38$, $F(4, 696) = 109.55$, $p < .001$		Gender (boy)		1.67	0.57	.09	2.93	.003	Model 1: Adj. $R^2 = .44$, $F(4, 692) = 136.54$, $p < .001$		Gender (boy)		.68	0.28	.07	2.46	.014
		Dysregulation index		-.08	0.03	-.11	-2.66	.008			Dysregulation index		-.01	0.01	-.02	-0.36	.720
		Health-related quality of life		.32	0.04	.35	9.06	<.001			Life satisfaction		.53	0.04	.54	14.59	<.001
		Criterion A		-.03	0.01	-.21	-4.81	<.001			Criterion A		-.01	0.00	-.15	-3.59	<.001
Model 2: Adj. $R^2 = .37$, $F(8, 692) = 51.21$, $p < .001$		Gender (boy)		1.79	0.60	.10	2.98	.003	Model 2: Adj. $R^2 = .43$, $F(8, 689) = 66.18$, $p < .001$		Gender (boy)		.80	0.29	.09	2.77	.006
		Dysregulation index		-.16	0.03	-.22	-4.87	<.001			Dysregulation index		-.03	0.02	-.09	-2.09	.037
		Health-related quality of life		.37	0.03	.41	10.96	<.001			Life satisfaction		.57	0.04	.57	16.16	<.001
		Criterion B: negative affect		.11	0.10	.05	1.14	.255			Criterion B: negative affect		.03	0.05	.03	0.66	.512
		Criterion B: detachment		-.24	0.11	-.09	-2.22	.027			Criterion B: detachment		-.09	0.05	-.07	-1.76	.078
		Criterion B: antagonism		-.02	0.11	-.01	-0.17	.865			Criterion B: antagonism		.02	0.05	.01	0.28	.782
		Criterion B: disinhibition		.04	0.11	.02	0.41	.686			Criterion B: disinhibition		-.06	0.05	-.04	-1.09	.276
		Criterion B: psychoticism		-.00	0.10	-.00	-0.02	.983			Criterion B: psychoticism		.05	0.05	.04	0.97	.333

Note. In Step 2 only statistics are presented. Criterion A (Model 1: health-related quality of life): $\Delta R^2 = .020$, $p \leq .001$; Criterion B (Model 2: health-related quality of life): $\Delta R^2 = .006$, $p = .253$. Criterion A (Model 1: life satisfaction): $\Delta R^2 = .010$, $p \leq .001$; Criterion B (Model 2: life satisfaction): $\Delta R^2 = .005$, $p = .337$. T2 = Time 2; T1 = Time 1; b = unstandardized coefficient; β = standardized coefficient; Adj = adjusted.

generalize the findings to adolescents with more severe mental health problems. This is particularly significant for adolescent samples, given the critical developmental period for personality pathology. Second, the reliance solely on self-report assessments, while valuable for capturing subjective experiences of personality pathology (Stanton et al., 2019), could benefit from being complemented by observer-rated methods to improve the reliability of measuring psychosocial functioning. Third, there are concerns regarding the reliability of several measures. To begin with, two subscales of the PID-BF-5 demonstrated rather low reliability (i.e., antagonism subscale: $\alpha = .67$; detachment subscale: $\alpha = .69$). This may be partly because of the limited number of items in each subscale (PID-5-BF subscales consist of five items). However, the reliability coefficients observed in this study are comparable to those reported in an Italian adolescent sample, where the Cronbach's α s for maladaptive trait domains ranged from .59 to .77 (Fossati et al., 2017). Additionally, the academic motivation scale exhibited a low internal consistency at both T1 ($\alpha = .64$) and T2 ($\alpha = .68$), which, as we discussed earlier, may have influenced the findings.

To conclude, the present study contributes to our current understanding of how dimensionally defined models of personality pathology are linked to psychosocial functioning during adolescence. It demonstrates that the level of personality functioning is a predictor of prospective functioning in social and well-being domains 1 year later. These findings suggest the need for future research to delve deeper into this relationship, particularly within clinical samples, and to explore other constructs that could enhance our understanding of the risk profile for the deterioration of psychosocial functioning among adolescents associated with varying levels of personality dysfunction. Such insights could ultimately inform the development and timing of interventions to mitigate the long-term consequences.

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Paper III

Personality functioning in adolescents: exploring the links with childhood maltreatment types and internalizing and externalizing difficulties

Gaudiešiūtė, E., Skabeikytė-Norkienė, G., & Barkauskienė, R. (2025). Personality functioning in adolescents: exploring the links with childhood maltreatment types and internalizing and externalizing difficulties. *Child and adolescent mental health*, 30(3), 238–246. <https://doi.org/10.1111/camh.12781>

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Personality functioning in adolescents: exploring the links with childhood maltreatment types and internalizing and externalizing difficulties

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Background: The reconceptualization of the personality disorder model brought by the DSM-5 and ICD-11 introduced the level of personality functioning as the main criterion of PD, which encompasses a set of intrapsychic functions necessary for self-other understanding in interpersonal contexts. Research interest has been growing in examining the relationship between childhood traumatic experiences and personality functioning, predominantly with adult populations; however, there is a notable scarcity of studies exploring these associations in adolescents. **Aims:** The aim of the present study was to analyze the association between different types of childhood maltreatment and personality functioning and to test internalizing and externalizing difficulties as potential mediators in this link. **Methods:** A total of 1048 adolescents, aged 11–17, 65.7% of whom were females (855 from public schools, 193 clinically referred), completed a set of questionnaires measuring childhood maltreatment, level of personality functioning, and internalizing and externalizing difficulties. Mediation analysis was used to explore the potential mediating effects. **Results:** Significant mediating effects of internalizing and externalizing problems were found in the relationship between different types of childhood maltreatment and personality functioning: emotional abuse ($\beta_1 = .269$, CI_1 0.226–0.312; $\beta_2 = .033$, CI_2 0.011–0.055), physical abuse ($\beta_1 = .165$, CI_1 0.123–0.206; $\beta_2 = .031$, CI_2 0.010–0.052), sexual abuse ($\beta_1 = .100$, CI_1 0.060–0.140; $\beta_2 = .018$, CI_2 0.006–0.030); emotional neglect ($\beta_1 = .324$, CI_1 0.280–0.368; $\beta_2 = .028$, CI_2 0.007–0.049), and physical neglect ($\beta_1 = .119$, CI_1 0.079–0.159; $\beta_2 = .020$, CI_2 0.007–0.032). **Conclusions:** These findings have the potential to enrich the understanding of personality functioning impairments in adolescents in the context of childhood maltreatment and highlight the importance of focusing attention on the impact of emotional maltreatment.

Key Practitioner Message

What is known?

- Childhood trauma is associated with mental health challenges in adolescence, including personality disorders. Recent studies employing a dimensional model of personality pathology indicate that specific types of maltreatment may exhibit stronger associations with personality functioning, yet understanding of these connections, particularly in the early stages of adolescent personality pathology, remains limited.

What is new?

- The study adopted the new dimensional approach to personality pathology, aligned with ICD-11 and DSM-5, and showed that the associations between emotional types of maltreatment and personality functioning were the highest. Additionally, preliminary evidence was found indicating that internalizing and externalizing difficulties may serve as mediators in the relationship between childhood maltreatment and personality functioning during adolescence.

What is significant for clinical practice?

- The findings suggest directing special attention to emotional types of maltreatment and their impact on mental health during adolescence, coupled with a concentrated effort to foster growth and resilience in the elements that newly define personality functioning (Criterion A) – self and interpersonal domains.

Keywords: Maltreatment; personality disorders; internalizing disorder; mediation; externalizing disorder

Introduction

Dimensional approach to personality pathology

The publication of the Alternative Model of Personality Disorders (AMPD) in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5; American Psychiatric Association, 2013) and the *International Statistical Classification of Diseases and Related Health Problems* (11th ed., ICD-11; World Health Organization, 2018) has together brought a new conceptualization of personality disorders (PD), namely a shift from a categorical to a dimensional approach (Zimmermann et al., 2015). The dimensional approach places the focus on the Level of Personality Functioning (LPF), rather than on specific categorical types of pathology within the diagnosis of personality disorder. Both DSM-5 AMPD and ICD-11 models share a common denominator—general personality dysfunction based on self and interpersonal functioning, which marks intrinsic aspects of personality, a set of intrapsychic functions necessary to self-other understanding in affectively charged and other interpersonal contexts (Sharp & Wall, 2021), and is common in all personalities—with and without impairments. Personality dysfunction as a core of personality pathology encompasses maladaptive self-functions of identity and self-direction, and impairments in interpersonal functioning involve deficits in empathy and the capacity for intimacy (APA, 2013). Emerging findings show that the dimensional approach might have the potential to improve the assessment of personality pathology in adolescence, when personality dysfunction emerges and consolidates, by directly linking it to personality processes rather than specific patterns of behavior, thereby providing a more developmentally sensitive way to detect impaired aspects of personality in adolescence (Weekers, Verhoeff, Kamphuis, & Hutsebaut, 2021). While the reconceptualization of the personality disorder model has prompted many researchers to explore connections between the impairment of personality functioning, other psychopathologies, and major underlying risk factors such as maltreatment or other childhood trauma exposure in adult samples (Back, Flechsenhar, Bertsch, & Zettl, 2021), an understanding of these links, although critical, is currently limited for the early stage of personality pathology among adolescents.

Childhood maltreatment, personality functioning, and the role of internalizing and externalizing difficulties

There is robust evidence of the detrimental effects of childhood traumatic experiences associated with heterogeneous developmental outcomes (Jaffee, 2017), including internalizing and externalizing psychopathology (Oshri, Rogosch, & Cicchetti, 2013), substance use behavior (Hoffmann & Jones, 2022), PTSD (Lewis et al., 2019), and others. Systematic reviews of adult (Stepp, Lazarus, & Byrd, 2016) and adolescent populations (Winsper et al., 2016) have demonstrated strong associations between various forms of childhood maltreatment and personality disorders, particularly borderline personality disorder (BPD). BPD compared to other PDs is thought to be especially related to Criterion A, or level of personality functioning as described in

DSM-5 AMPD (Weekers et al., 2021), suggesting that there may be valuable insights from previous findings. In a recent systematic review, Back and colleagues summarized the findings from eight cross-sectional studies examining the relationship between childhood trauma and the DSM-AMPD dimensionally defined personality disorders (Back et al., 2021) concluding that emotional types of trauma might be of particular importance. Later, more studies tested this link using cross-sectional data to explore personality functioning as a possible mediator between traumatic experiences and mental health problems (d'Huart et al., 2022; Krakau et al., 2021); depression (Freier et al., 2022); anxiety/depressive symptomatology (Dagnino et al., 2020), and emotional abuse and/or neglect were the most predictive of personality dysfunction in adult samples. To the best of our knowledge, only Gander et al. (2020) have examined these associations in the adolescent population and have shown that, among different types of maltreatment, emotional abuse and neglect are the most strongly associated with impaired personality functioning.

While recent research, mainly conducted with adult samples, has highlighted the association of childhood traumatic experiences—primarily of emotional types—with personality dysfunction and explored the latter as a mediator in the context of different psychopathologies (Dagnino et al., 2020; d'Huart et al., 2022; Freier et al., 2022), these findings need to be anchored within current knowledge regarding the interaction of emerging personality pathology with internalizing and externalizing difficulties in adolescents (Sharp & Wall, 2018; Westen, DeFife, Malone, & DiLallo, 2014). Sharp and Wall's (2018) developmental psychopathology model situates adolescent personality pathology within a spectrum of severity (p factor), suggesting that internalizing and externalizing problems, if left untreated, may contribute to the development of personality pathology during adolescence. Children with a pronounced early onset of psychopathology are susceptible to personality pathology due to difficulties in fulfilling normative developmental tasks related to self-regulation, impulse control, as well as social and communication skills within the context of adverse experiences (De Clercq, 2018). Benzi et al. (2023) recently showed that, using the dimensional approach to personality pathology, internalizing problems predict difficulties in the sense of self and relationship with friends, and externalizing problems predict difficulties in relationships with family, and aggression among adolescents. Moreover, a longitudinal twin study showed that internalizing and externalizing difficulties mediate the relationship between childhood abuse and BPD traits (Bornoalova et al., 2013). Given the findings that Criterion A captures borderline personality features in adolescents (Barkauskienė et al., 2022), it is plausible that childhood maltreatment may not only directly predict personality functioning in adolescents (Gander et al., 2020) but also do so indirectly through internalizing and externalizing problems (Bornoalova et al., 2013). To the best of our knowledge, no study has examined these relationships in adolescence, either cross-sectionally or longitudinally.

Against this background, the aim of the present study was to examine the associations between different types of childhood maltreatment and personality functioning, and to test internalizing and externalizing difficulties as

potential mediators in a sample comprised of both community and clinical populations.

By including both community and clinical samples, the study allows for the exploration of the continuum of personality functioning, encompassing both healthy and impaired functioning. As summarized above, in general, there is emerging evidence that emotional types of abuse might be more strongly related to personality functioning. However, the effect of emotional abuse, and especially emotional neglect, has been understudied (Back et al., 2021), particularly in adolescent populations. In the context of changing conceptualizations of personality disorder and emerging research on its relationship with different types of childhood maltreatment, we hypothesized that: (1) childhood maltreatment would have strong associations with personality functioning difficulties; (2) the relationship between childhood maltreatment and personality functioning would be mediated by internalizing and externalizing difficulties.

Methods

Study design and participants

The sample of 1048 Lithuanian adolescents aged 11–17 consisted of two groups: community-dwelling adolescents from public schools ($n = 855$) and clinically referred adolescents ($n = 193$). The data was pooled across clinically referred and community samples, providing a broader spectrum of the level of personality functioning, and internalizing and externalizing difficulties. Invitations and parental consent forms for the community group were distributed through schools, and only adolescents whose parents provided informed consent participated. Trained research assistants conducted the study in small groups during school hours. For the clinical sample, study information and invitations were distributed through mental health clinicians, and the study was conducted individually with participants currently receiving outpatient and/or inpatient mental health treatment. Exclusion criteria included having a developmental disorder (intellectual disability and/or a diagnosis of autism). Researchers administering the questionnaires were trained, and participants were provided with information sheets about emotional support options. There was no financial compensation for participation. All study procedures were approved by the Psychological research ethics committee at Vilnius University (No 34/27-02-2020 and No 53/15-11-2020).

Measures

Childhood maltreatment. Childhood Experiences Questionnaire (CEQ) was used to evaluate adolescents' childhood maltreatment experiences. It was adapted from Adverse Childhood Experiences Questionnaire (Dube et al., 2001) and The ACE Score Calculator (Anda, 2007). The Lithuanian version of the questionnaire is composed of 10 questions, with two questions for each type of maltreatment (Gervinskaitė-Paulaitienė, 2018). Adolescents were asked whether they had experienced different types of abuse: items about experiencing emotional abuse, emotional neglect, physical abuse and physical neglect are scored on a 5-point scale (where '0' means *never* and '4' means *very often*). Participants are asked to answer 'yes' (coded '1') and 'no' (coded '0') to items about experiencing sexual violence. The score for each scale is obtained by summing the scores of the scale items. The total score was calculated by summing the scores of all the scales (ranging from 0 to 34), with higher sum indicating greater exposure to childhood adversities. MacDonald's Omega for the total score in this study was .82.

Level of personality functioning. Level of personality functioning was assessed using the Lithuanian version of the Levels of Personality Functioning Questionnaire (LoPF-Q 12–18; Goth,

Birkhölzer, & Schmeck, 2018) which was culturally adapted (Barkauskienė & Skabeikyte, 2020). The questionnaire consists of 97 statements that are scored on a 5-point scale from 0 (*no*) to 4 (*yes*) and are designed to reflect variation from a healthy to a disturbed description of personality functioning, with higher scores indicating greater difficulty and enabling differentiation between normal and pathological personality development in adolescence. It provides both a total score and four scale scores that correspond to each component of Criterion A: identity, self-direction, empathy, and intimacy. Recent studies have shown that a unidimensional structure tends to have a better statistical fit (Barkauskienė et al., 2024; Kerr et al., 2023); therefore, an overall score for personality functioning was used in this study and is obtained by summing the scales of the questionnaire. The reliability of the total score was excellent (MacDonald's Omega [ω] = .97).

Internalizing and externalizing problems. The Youth Self Report (YSR 11–18; Achenbach & Rescorla, 2001) was used to assess the level of psychopathological symptoms in an adolescent population. An adapted and standardized Lithuanian version of the scale was used in this study (Zukauskienė, Kajokienė, & Vaitkevičius, 2012). The study used 112 statements for internalizing and externalizing problems, rated on a 3-point scale, where 0 indicates that the statement is *not true*, 1 – that it is *partly or sometimes true*, 2 – that it is *often or very often true* in the last 6 months. The Externalizing Problems scale consists of the Rule Breaking and Aggressive Behavior subscales with high internal consistency (MacDonald's Omega [ω] = .94). The Anxious/Depressed and Withdrawn/Depressed subscales were used to measure internalizing problems (MacDonald's Omega [ω] = .91).

Data analysis

The statistical analysis was conducted using Statistical Package for Social Sciences (SPSS version 27; IBM Corp, 2020). First, we computed descriptive statistics and correlations between study variables. The following criteria were used to examine the normality of the distributions of the scales: skewness, kurtosis, and the Shapiro–Wilk test. Since all the scales in both the community and clinical samples had skewed distributions, non-parametric statistics were used. Spearman correlations were calculated to assess associations between variables. The Mann–Whitney *U*-test was used to assess differences between groups. Mean ranks are used to compare the distributions of two independent groups, with a higher mean rank indicating that the values in that group are higher. Finally, to examine the proposed mediation model, we used the PROCESS macro v.4.1 for SPSS Model 83 (Hayes, 2013) with 5000 bias-corrected bootstrap samples. The rate of missing data ranged from 3.1% to 5.7% across the measures used in the analysis. Missing data was handled using complete case analysis. For effect sizes, we used the proportions of the mediated effect (the proportion of the mediating effect represents the share of the total effect that occurs through the indirect effect) and standardized coefficients (for every one-standard-deviation increase in the predictor variable, the outcome variable changes by β standard deviations). We used one maltreatment variable at a time, while the community or clinically referred group was included in the model as a covariate. To explore associations between the newly conceptualized personality functioning construct and other variables in a less-studied population, we also adjusted for gender and age. The syntax used for analyses of correlations and mean ranks is available on OSF (https://osf.io/nf9mg/?view_only=ffa7639827244dbcbfc2265da206e105) and the raw data supporting the conclusions of this article is made available by the authors via the National Open Access Research Data Archive (MIDAS) (Barkauskienė & Gaudiesiūtė, 2023).

Results

Our final sample comprised 1048 adolescents (688 females, 65.7%, and 360 males, 34.3%). The average age

of study participants was 14.6 years ($SD = 1.6$), ranging from 11 to 18 years in the community group ($M = 14.4$, $SD = 1.6$), and from 11 to 17 years in the clinical sample ($M = 15.1$, $SD = 1.4$). Most adolescents were from urban areas (80.3%) and 19.7% were living in rural areas, which is representative of the actual distribution of Lithuanian adolescents in the country (Lietuvos statistikos departamentas, 2024). Sixty-six percent of participants reported that their parents were married, 20.9% were divorced, and 13.2% indicated other family status. First, we analyzed the cumulative percentage and the occurrence of specific types of childhood maltreatment in both groups. Our results show that overall 59% of the adolescents experienced at least one type of childhood maltreatment. In terms of specific types of maltreatment, emotional abuse (44.7%) and emotional neglect (44%) were most commonly reported, followed by physical abuse (28.5%). The lowest rates were reported for physical neglect (10.8%) and sexual abuse (10%).

The results of between-group comparisons are reported in Table 1. The clinical group showed significantly higher scores on all the maltreatment scales, internalizing and externalizing difficulties scales, and personality functioning scale. Medium effect sizes for between-group differences were found for the overall score of maltreatment ($Z = -10.73$, $p < .01$, $r = -.49$), emotional abuse ($Z = -9.69$, $p < .01$, $r = -.42$), neglect ($Z = -9.59$, $p < .01$, $r = -.41$), and physical abuse ($Z = -7.90$, $p < .01$, $r = -.30$). The effect sizes for sexual abuse and physical neglect were small. The clinical group reported more internalizing problems ($Z = -8.99$, $p < .01$, $r = -.36$), more externalizing problems ($Z = -8.39$, $p < .01$, $r = -.39$), and showed more impairment in personality functioning ($Z = -7.72$, $p < .01$, $r = -.36$) with all differences showing medium effect sizes.

Table 1. Mean ranks, independent samples Mann-Whitney U -test (Z), and effect sizes (r) in the community sample (C) and clinical (CL) samples

	Samples	Mean ranks	Z	p	r
LoPF	C	474.29	-7.72	<.001	-.36
	CL	656.27			
Internalizing difficulties	C	455.92	-8.99	<.001	-.42
	CL	662.78			
Externalizing difficulties	C	458.63	-8.39	<.001	-.39
	CL	651.51			
Emotional abuse	C	454.93	-9.69	<.001	-.42
	CL	660.71			
Physical abuse	C	465.68	-7.90	<.001	-.30
	CL	613.58			
Sexual abuse	C	482.37	-5.02	<.001	-.13
	CL	545.44			
Emotional neglect	C	455.46	-9.59	<.001	-.41
	CL	658.48			
Physical neglect	C	480.42	-5.75	<.001	-.15
	CL	553.62			
Overall maltreatment	C	448.28	-10.73	<.001	-.49
	CL	688.64			

For the Mann-Whitney test, the effect size is given by the rank biserial correlation. The effect size was considered small when $.10 \leq r < .30$, medium when $.30 \leq r < .50$, and large when $r \geq .50$. C, community sample; CL, clinical sample.

Correlations between the study variables are shown in Table 2. Associations were significant between all study variables. The highest association was found between personality functioning and internalizing problems. Externalizing difficulties were moderately associated with personality functioning. There was a positive association between reported childhood maltreatment and externalizing problems ($r = .53$, $p < .001$), internalizing problems ($r = .61$, $p < .001$), and more personality functioning impairment ($r = .55$, $p < .001$). When analyzing specific types of maltreatment, we found that impairments in personality functioning were most strongly associated with emotional abuse ($r = .44$, $p < .001$) and emotional neglect ($r = .57$, $p < .001$). Regarding internalizing and externalizing difficulties, emotional abuse ($r = .51$, $p < .001$; $r = .46$, $p < .001$, respectively) and emotional neglect ($r = .62$, $p < .001$; $r = .47$, $p < .001$, respectively) showed the strongest associations.

Mediation analysis

The main analysis showed that internalizing and externalizing difficulties were significant mediators in the associations between childhood maltreatment and impaired personality functioning. Initially, all types of childhood maltreatment significantly predicted internalizing and externalizing difficulties. The results are shown in Figure 1. The standardized beta coefficients for internalizing difficulties ranged from $\beta_1 = .142$, $p < .001$ for sexual abuse to $\beta_1 = .506$, $p < .001$ for emotional neglect, whereas the associations for externalizing difficulties ranged from $\beta_2 = .204$, $p < .001$ for sexual abuse to $\beta_2 = .407$, $p < .001$ for emotional abuse.

Second, both internalizing (beta coefficients ranged from $\beta_1 = .639$, $p < .001$ to $\beta_1 = .708$, $p < .001$) and externalizing difficulties (beta coefficients ranged from $\beta_1 = .065$, $p < .001$ to $\beta_1 = .090$, $p < .001$) significantly predicted impairments in personality functioning for all types of childhood maltreatment. Third, there were significant mediating effects on personality functioning through internalizing problems and very modest through externalizing problems for all types of childhood maltreatment: overall maltreatment ($\beta_1 = .312$, $p < .001$; $\beta_2 = .032$, $p < .01$), emotional abuse ($\beta_1 = .269$, $p < .001$; $\beta_2 = .033$, $p < .004$), physical abuse

Table 2. Correlations between the study variables

	1	2	3	4	5	6	7	8	9
1. LoPF	—								
2. Internalizing difficulties	.74	—							
3. Externalizing difficulties	.51	.62	—						
4. Emotional abuse	.44	.51	.46	—					
5. Physical abuse	.31	.34	.40	.69	—				
6. Sexual abuse	.20	.23	.24	.24	.18	—			
7. Emotional neglect	.57	.62	.47	.64	.45	.21	—		
8. Physical neglect	.23	.25	.25	.38	.28	.22	.37	—	
9. Overall maltreatment	.55	.61	.53	.88	.71	.34	.84	.45	—

Spearman's r is reported. All correlations are significant at the .001 level.

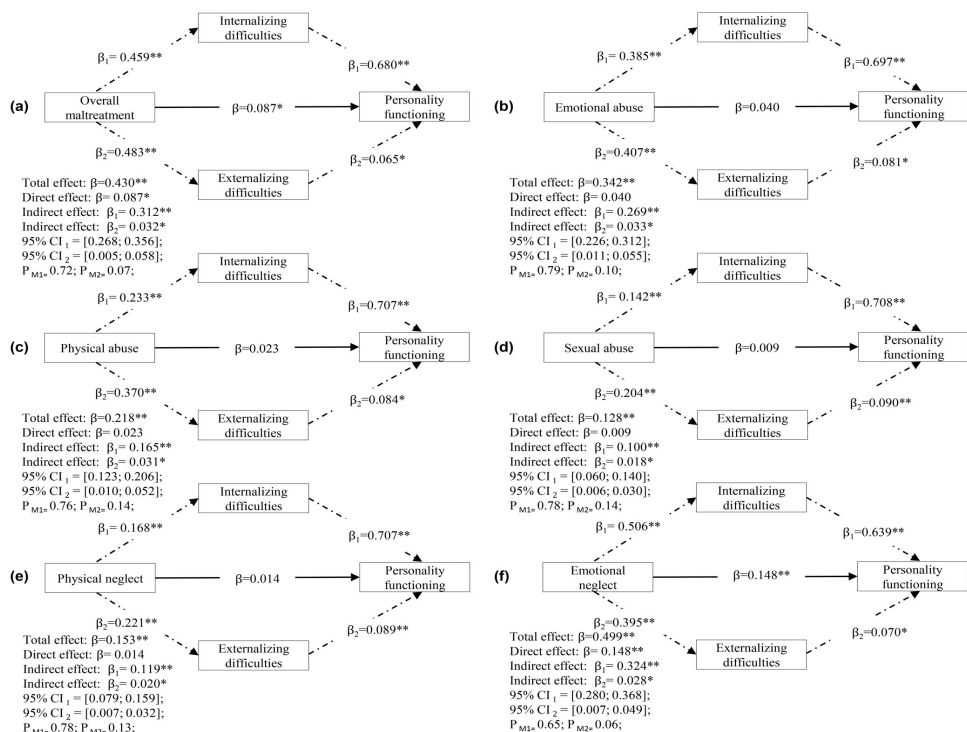


Figure 1. Mediation model of internalizing and externalizing difficulties in the relationship between childhood maltreatment and personality functioning. (a) Overall childhood maltreatment. (b) Emotional abuse. (c) Physical abuse. (d) Sexual abuse. (e) Physical neglect. (f) Emotional neglect. Standardized β -coefficients, adjusted for group, gender, and age are reported. P_M , proportion of the mediating effect

($\beta_1 = .165$, $p < .001$; $\beta_2 = .031$, $p < .004$), sexual abuse ($\beta_1 = .100$, $p < .001$; $\beta_2 = .018$, $p = .004$), emotional neglect ($\beta_1 = .324$, $p < .001$; $\beta_2 = .028$, $p = .001$), and physical neglect ($\beta_1 = .119$, $p < .001$; $\beta_2 = .020$, $p < .001$). The proportions of indirect effects (Figure 1) of internalizing difficulties of the total effect for all types of maltreatment varied from 76% to 79%, except for emotional neglect, which was - 65%. The proportions of indirect effects of externalizing difficulties of the total effect for all types of maltreatment ranged from 1% to 13%. Fourth, the direct effect of childhood maltreatment on personality functioning when internalizing and externalizing difficulties were included as parallel mediators was found for emotional neglect ($\beta = .148$, $p < .001$) and overall childhood maltreatment score ($\beta = .087$, $p < .001$).

Discussion

The current study aimed to test the mediating effects of internalizing and externalizing difficulties in the association between different types of childhood maltreatment

and personality functioning. To the best of our knowledge, no study has investigated this mediation using the dimensionally defined personality pathology criterion - personality functioning impairment. The most important findings of this study are presented below.

First, the results of this study showed statistically significant small to strong associations between all types of childhood maltreatment and personality functioning. Small to moderate-sized bivariate associations have also been found in other studies (Evans & Simms, 2023; Krakau et al., 2021). Apart from overall maltreatment, the largest associations were found between emotional abuse and neglect and personality functioning impairments in line with previous research in adults (Freier et al., 2022) and adolescent populations (Gander et al., 2020). Emotional types of maltreatment, involving demeaning statements or disregard for a person, perpetrated by significant others could be particularly detrimental to a young person's development (Schlenzog-Schuster et al., 2022). This harm might occur through the internalization of negative statements directed at the self (Cohen, Leibur, Tanis, Ardan, &

Galyner, 2016; Hankin, 2005) as it has been argued that the association of the self with traumatic experiences depends on the centrality of the event - how the traumatic experience relates to the self (Berman, Montgomery, & Ratner, 2020). Adolescents who lived through persisting childhood maltreatment may use their negative experiences as key reference points to construct their identities (Noble-Carr & Woodman, 2018) therefore, contributing to an inaccurate personal narrative and view of the self as bad or unworthy (Berman, 2016). Emotional types of maltreatment have been shown to have stronger associations than other types of maltreatment with personality functioning in adult populations (Back et al., 2021), and the findings of this study suggest that these patterns might be similar in adolescence.

The mediation analysis of this study revealed several important findings. First, in line with our hypothesis, the results showed internalizing and externalizing difficulties to be significant mediators between childhood maltreatment and personality functioning. A significant indirect effect was found for all maltreatment types through both internalizing and externalizing difficulties. The findings of the present study contribute to the existing research demonstrating that adverse childhood experiences are associated with internalizing and externalizing difficulties as well as personality impairments (Bornovalova et al., 2013; Oshri et al., 2013).

Second, the strongest associations with personality functioning in our study were found for internalizing difficulties, and the proportion of the indirect effect of all types of maltreatment mediated more than two thirds of the associations between maltreatment and personality functioning. This result can be seen in the context of other studies showing that adolescents at risk for personality disorders often have internalizing spectrum difficulties. For example, a study by Wertz et al. in 2020 found that more than half of the 12-year-olds who experienced more severe BPD symptoms already met the criteria for at least one mental health disorder (e.g., depression and anxiety).

Third, the results also showed a significant direct effect of overall childhood maltreatment and emotional neglect on personality functioning while internalizing and externalizing difficulties were included as parallel mediators. Two other studies also found emotional neglect to be more strongly related to personality functioning impairments in young adults (d'Huart et al., 2022) and with emotional abuse in adolescent samples (Gander et al., 2020).

In addition to confirming the negative associations of childhood maltreatment with dimensionally defined personality pathology, these findings are consistent with the emerging literature highlighting the associations between personality functioning impairments and emotional neglect. As with emotional abuse, emotional neglect might create problems in building a coherent sense of identity, due to a lack of stable environments and feedback for self-reflection (Kaufman & Crowell, 2018). Traumatic experiences negatively affect a person's ability to learn from the environment and interfere with the normative functions of attachment and mentalizing, therefore making the young person vulnerable in many social situations (Luyten, Campbell, & Fonagy, 2020). This can act as a self-perpetuating cycle in which difficulties in regulating emotional responses

and behavioral expressions may enable the maintenance of personality functioning difficulties through negative social experiences and environments that promote behavioral and emotional dysregulation (Kaufman & Crowell, 2018), interfering with one of the most important developmental tasks of adolescence—building a coherent sense of self (Sharp, 2020), and creating conditions for the emergence of personality pathology.

These findings can add to the gap in research analyzing the dimensionally defined personality pathology in adolescence and its associations with childhood maltreatment (Back et al., 2021) and psychological difficulties. At the same time, rigorously designed longitudinal studies are needed to determine the relationships between psychopathology and personality functioning and the effects of childhood maltreatment.

Limitations

The most important limitation of this research is the cross-sectional nature of the data, which does not allow us to draw any conclusions about the causal relationships between the variables, and the mediating effects presented in the study should be interpreted carefully and tested in longitudinal studies. As discussed, the associations between psychopathology and personality are complex and require not only longitudinal studies and robust designs to measure the influence of other factors, but also the incorporation of different sources of information (self-report, clinical interviews, etc.). This limitation extends to all measures, including the measurement of childhood maltreatment, where self-report measures may be biased. Recent research by Danese and Widom (2020) has shown that the risk of psychopathology associated with subjective reports of childhood maltreatment was high, regardless of whether the maltreatment reports were consistent with objective measures. These findings support the use of these measures in studies that are interested in relationships between maltreatment and different aspects of mental health, rather than the actual occurrence of the experience itself. Another limitation of the measure used in this study is that it does not include information on the onset, persistence, duration, number, and sources of maltreatment. This information is of great importance when considering childhood maltreatment, as it not only paints a more accurate picture of the experiences endured, but also allows for better prediction of differential outcomes (Cicchetti, 2013). While including both clinically referred and community-dwelling adolescents in the sample allowed for a broader spectrum of personality functioning, aligning with the new reconceptualization of personality disorders (PD), it may have introduced some bias in parameter estimates. Caution is required when interpreting inferences, as the help-seeking sample consisted of adolescents with various mental health problems and did not necessarily include a diagnosis of PD. Consequently, the generalizability of the findings is somewhat limited. Additionally, although this preliminary mediation model did not explore the potential effects of experiencing multiple types of maltreatment, adopting more comprehensive research designs in the future could enhance our knowledge about the distinct impacts and interactions of various forms of maltreatment.

Clinical implications

Given the results of this study, there may be several clinical considerations for working with adolescents in both community and clinical settings. First, among other forms of maltreatment, emerging evidence has shown that emotional types of maltreatment are particularly important in their associations with impaired personality functioning. Professionals working with children and adolescents in diverse settings should inquire about and identify less obvious forms of maltreatment, grasp their potential for mental health issues, and create a safe environment for effective interventions.

Second, the results of the study show that internalizing and externalizing difficulties might serve as potential mediators to personality pathology; thus, particular attention in adolescence should be paid to mitigating the risks of these problems continuing toward pathology. Third, the help that adolescents receive could be tailored by focusing on fostering growth and resilience in the elements that newly define personality functioning (Criterion A)—self and interpersonal domains. Although the DSM-5 AMPD represents a new perspective on personality pathology, the constituent elements have been studied previously (Sharp, 2020). Therefore, in addition to developing new interventions tailored to the level of personality functioning, it would be worthwhile to explore the effectiveness of interventions that have shown promising results with personality pathology defined categorically.

Conclusion

The study focused on adolescents' maltreatment experiences and dimensionally defined personality pathology, examining internalizing and externalizing difficulties as potential mediators. Significant mediational effects were found for all types of maltreatment. The strongest associations with impaired personality functioning were found for emotional abuse and neglect. These findings align with emerging evidence emphasizing the significance of emotional maltreatment in the context of personality impairments, underscoring the necessity for longitudinal studies to confirm these associations.

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Conflict of interest statement

The authors have declared that they have no competing or potential conflicts of interest.

Ethics statement

The Ethics Committee for Psychological Research at the University of Vilnius approved the protocols of the study (No. 34/27-02-2020 and No. 53/15-11-2020). All adolescents who participated in this study obtained an informed consent signed by their parents.

Data availability statement

The data supporting the conclusions of this article is made available by the authors via the National Open Access Research Data Archive (MIDAS) (Barkauskienė & Gaudiesiūtė, 2023).

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Paper IV

Uncovering trajectories of personality functioning in adolescence and their associations with baseline psychopathology

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Uncovering trajectories of personality functioning in adolescence and their associations with baseline psychopathology

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As the conceptualization of personality disorders shifts from a categorical to a dimensional assessment, understanding the trajectory of personality functioning in adolescence becomes crucial. Thus, this study aimed to examine distinct trajectories of personality functioning over a two-year period in a community sample of adolescents, while identifying associated factors. A three-wave longitudinal study with a one-year interval between assessments was conducted from 2021 to 2023 with Lithuanian adolescents aged 11–18 ($N = 855$; $M = 14.44$, $SD = 1.60$; 62.5% female, 37.5% male) from a community sample. Personality pathology was assessed using the Levels of Personality Functioning Questionnaire (T1–T3). Associated factors included measures of internalizing and externalizing problems, victimization, and self-harm. Latent class growth analysis revealed four distinct trajectories of personality functioning: adaptive and declining, as well as three stable trajectories categorized as normative, slightly impaired, and significantly impaired. Membership in the impairment groups was associated with age and sex, as well as internalizing and attention-deficit/hyperactivity problems at the first measurement. Our study presents emerging evidence of noticeable individual variability in the course of personality functioning during adolescence and informs about associations with general psychopathological symptoms.

KEYWORDS

adolescence, developmental trajectories, DSM-5 AMPD, ICD-11, LoPF-Q 12-18, personality functioning, psychopathology

Introduction

The introduction of DSM-5 Alternative Model for Personality Disorders (AMPD) marked a conceptual shift in personality disorder (PD) understanding (1) and acted as a catalyst for research, incorporating dimensional models of personality pathology. The transition from a categorical to a dimensional assessment of personality disorders, moving away from symptom categorization, facilitates an emphasis on the intrapsychic aspects of personality when conceptualizing personality disorders (2). These aspects of personality are represented in the DSM-5 AMPD Criterion A (Level of Personality Functioning; LPF),

which assesses an individual's self and interpersonal functioning, including their identity, self-direction, empathy, and intimacy. LPF offers a more developmentally sensitive marker of personality processes going awry, which may signify an emerging personality disorder among adolescents (2, 3). During adolescence, youth test various aspects of their personality as they navigate new developmental challenges, including managing diverse roles, making firm commitments, and setting appropriate goals, be that academic, career-related, or personal, and adhering to them (4). These important developmental tasks were cogently articulated decades ago by Erikson (1968) (5), who emphasized that a major developmental task of adolescence is that of resolving identity and role confusion, a developmental process that extends into adulthood. Much research has supported Erikson's theory and most recently, difficulties in achieving this developmental milestone in self and identity have been integrated as primary features of personality disorder in the new DSM-5 AMPD (1) and ICD-11 (6). It is during adolescence that an internalized and evolving life narrative emerges, aiding in the interpretation of past experiences and in creating expectations for the future, thereby contributing to the understanding of one's identity (7). As a result, adolescents become prepared to construct a coherent and integrated life story that imparts meaning, purpose, and temporal continuity to their lives, which is the basis of an integrated sense of self, which, when interrupted, essentially defines the onset of personality disorder (8, 9). Dimensional models of PD allow for the opportunity to identify and capture impairments that may not reach the threshold of disorder but still warrant intervention (10).

Studying the course of normal and problematic personality functioning is important for understanding the underlying processes and factors contributing to increases in impairments. This is because personality pathology in adolescence is thought to be strongly associated with negative psychosocial outcomes, including low educational qualifications, social isolation, NEET (not in education, employment, or training), and low life satisfaction, among others (11). It is thought that, though the diagnostic stability of PD in adolescence and adulthood is relatively low (12), the negative psychosocial impact associated with personality disorder remains quite stable (13, 14). Given the negative outcomes linked to personality pathology, there is an ongoing necessity to pinpoint the factors contributing to the development and emergence of PD in adolescence.

Most information about the course of personality disorder is derived from studies utilizing the categorical approach to personality pathology, specifically focusing on borderline personality disorder (BPD). Systematic reviews aimed to identify the risk factors associated with the onset (15), the course (16), and poor prognosis of BPD (17) show that various categories of factors, such as genetic, biological, interpersonal, person-related, and their interactions, are associated with the onset and progression of BPD. Winsper and colleagues (2016) conducted a systematic review of the psychopathological and etiological validity of youth BPD, concluding that it is a valid construct sharing etiological features with the adult disorder, mirroring early reviews of the literature (18, 19). Confirmed factors found associated with youth BPD included

mood and anxiety disorders, substance use, eating disorders, suicidal ideation and self-harm, and childhood maltreatment. Subsequently, Skabeikyte and Barkauskiene (2021) conducted a systematic review investigating factors associated with changes in the course of BPD during adolescence, identifying similar correlates, including childhood psychopathology, such as oppositional behavior, hyperactivity/impulsivity (ADHD), alcohol use disorder (AUD), depressive disorder (MDD), somatization, anxiety problems, and victimization (16).

Despite this research, our understanding of the trajectory of change in PD symptoms, whether defined categorically or specifically dimensionally, remains notably scarce in adolescents. A systematic review of the course of BPD in adolescence found that a declining trajectory of BPD features was observed in the majority of the analyzed studies; however, several studies identified subgroups of adolescents whose BPD features persisted or even increased during adolescence in both clinical and community samples (16). To date, we have identified several studies that have explored the latent trajectory of changes in personality functioning and impairment. In the study by Eggermont et al. (20), four trajectories were identified, representing low, normative, at-risk groups, and, mirroring the BPD research (21), a group of adolescents who reported high levels of impairment which increased over time. Eggermont et al. found the group with the highest PF impairments to have the highest initial levels of depressive symptoms, eating disorder symptoms, and substance use. In another study of intra-individual change over time, Bogaerts and colleagues (22) evaluated a key component of LPF, namely identity impairments. They identified a four-class solution, which depicted adaptive, increasing, and decreasing levels of consolidated identity, as well as the diffused state of identity formation, which was associated with higher levels of depression and BPD, and lower levels of self-esteem and resilience. Emergent findings indicate that personality pathology measured dimensionally may surpass categorical measurement in predicting psychosocial disability in adolescents (13), and it might be developmentally more sensitive in detecting emerging personality pathology (2). Yet, further research is needed to understand the associations between the aforementioned predictors of personality pathology with AMPD-defined personality functioning, particularly in adolescence, when personality pathology is emerging. These studies provide emerging evidence of changes in the course of personality functioning during adolescence; however, replication of these findings is needed.

With the change of conceptualization in PD towards a dimensional approach, it is important to understand the course of personality functioning in adolescence and investigate the factors associated with personality impairments measured dimensionally as they emerge during adolescence. The current study aims to investigate the presence of distinct latent trajectories of personality functioning over a two-year period in a community-based sample of adolescents. Based on the aforementioned findings, we expected to find at least two or more trajectories of personality functioning, with one group presenting with elevated and stable scores. Additionally, building upon systematic reviews of BPD in both adolescent and adult populations, we selected factors associated with the course of PD in adolescence as we aim to

examine whether various psychopathological symptoms, self-harm, and victimization at baseline differentiate empirically derived PF trajectories.

Methods

Participants and procedure

The data presented are part of a large-scale longitudinal study in Lithuania, which explores various aspects of adolescent personality and psychosocial functioning, and received approval from the Psychological Research Ethics Committee at Vilnius University. It was carried out at three annual measurement points from September 2021 to November 2023.

A non-probability quota sampling strategy was used, with *a priori* quotas for age (11–18 years; early, middle, and late adolescence) and geographic area (urban, town, rural), chosen to reflect key developmental stages and school contexts in Lithuania. Public schools were purposively selected, and quotas were largely achieved, with minor deviations due to school participation and parental consent. Invitations and parental consent forms were sent to pupils through selected schools, and only adolescents with written parental consent took part in the study. Participants were informed about their right to withdraw at any time. Trained research assistants conducted the study during school hours in small pupil groups, where they filled out questionnaires. Participants didn't receive any participant reimbursement for participation in the study. If students changed schools or cities at Times 2 and 3, they were contacted individually, and a questionnaire was mailed to their homes. The initial sample included 855 adolescents aged 11–18 ($M = 14.44$, $SD = 1.60$), with a gender distribution of 62.5% female and 37.5% male. Attrition analyses showed no significant differences between participants retained at T3 and those lost to follow-up in baseline age ($t(852) = -1.28$, $p = .202$) or gender ($\chi^2(1) = 0.004$, $p = .952$); dropouts showed higher baseline LoPF scores, but this difference was not statistically significant ($t(823) = -1.75$, $p = .081$). Enrollment originated from public schools located in various cities (37.2%), towns (40.9%), and rural areas (21.9%) in Lithuania. More than half of the participants (66.5%) reported that their parents were married, while others reported parental divorce (18.5%) or categorized family relationship status as "other" (10.90%). At Time 2, 806 (94.3%) students participated in the study, and at Time 3, 750 (87.7%) students participated. In the present study, data from all three waves were used for the Levels of Personality Functioning Questionnaire (LoPF-Q 12–18), whereas data from all other questionnaires were used solely from T1.

Measures

Levels of Personality Functioning Questionnaire

Personality pathology was assessed using the culturally adapted Lithuanian version of the DSM-5-based Levels of Personality Functioning Questionnaire (LoPF-Q 12–18) (23), which was

developed based on the original instrument by Goth et al. (24). This 97-item self-report instrument employs a 5-step response format (0 = no to 4 = yes), with higher scores indicating more severe impairment in personality functioning and an increased risk for a current personality disorder. This study employed an overall score for personality functioning, calculated by summing the scales of the questionnaire, as recent research suggests that a unidimensional structure provides a more suitable fit (25, 26). The total LoPF-Q 12–18 score demonstrated excellent internal consistency (Cronbach's α at T1 = 0.97, at T2 = 0.96, and at T3 = 0.92).

Internalizing and externalizing problems

The assessment of psychopathological symptoms in adolescents relied on the Youth Self Report (YSR 11–18) (27). For this study, we utilized an adapted and standardized Lithuanian version of the scale (28). A set of 112 statements addressing internalizing and externalizing problems was evaluated on a 3-point scale: 0 for 'not true', 1 for 'partly or sometimes true', and 2 for 'often or very often true' over the last 6 months. These statements are categorized into diagnostic criteria-based scales (DSM-oriented scales), covering affective, anxiety, somatic, attention deficit/hyperactivity, oppositional defiant, and conduct problems. The total scale score is derived by summing the scores of the individual statements that constitute each scale. The internal consistency (reliability) of the DSM-oriented scales demonstrates satisfactory values: Cronbach $\alpha = 0.88$ for affective problems, Cronbach $\alpha = .74$ for anxiety problems, Cronbach $\alpha = .77$ for somatic problems, Cronbach $\alpha = .79$ for attention deficit/hyperactivity problems, Cronbach $\alpha = .65$ for oppositional defiant problems, and Cronbach $\alpha = .76$ for conduct problems.

Self-harm

Self-harm was assessed using item 18th from the Youth Self Report (YSR 11–18) (27) – "I deliberately try to harm or kill myself".

Multidimensional peer victimization scale

The questionnaire consists of 24 statements addressing various forms of peer victimization experiences (29). Participants rate their experiences on a 0–2 Likert scale, where 0 represents 'never,' 1 represents 'once,' and 2 represents 'more than once.' For analysis, we utilized the total score of this questionnaire, which demonstrated high internal consistency with a Cronbach's α of .94.

Statistical analyses

To verify the assumption that the data were missing completely at random, Little's MCAR test was performed on the study variables. Since the test result was statistically non-significant ($\chi^2 = 108.581$, $df = 91$, $p = .101$), the data were assumed to be missing completely at random. As this assumption satisfies the requirements for Full Information Maximum Likelihood (FIML), all models were estimated using FIML to account for missing data. Latent Class Growth Analysis (LCGA) was employed as an exploratory approach for 'clearer identification of classes, reducing

the risks of non-convergence and overall model instability (30). Latent Class Growth Analysis (LCGA) was employed to investigate the developmental trajectory classes of personality functioning. In LCGA, a specialized form of GMM, the variance and covariance estimates for the growth factors within each class are fixed at zero, resulting in homogeneous individual growth trajectories within each class, therefore allowing for clearer identification of classes (30). Models up to a 5-class solution were explored (Table 1). To determine the optimal class solution, various statistical fit indices were compared, including the Bayesian Information Criterion (BIC) (31) and the Akaike Information Criterion (AIC). Lower values of these criteria signify enhanced relative model selection (32). The LoMendell-Rubin adjusted likelihood ratio test (LMR-A) (33) was utilized to compare the increasing number of non-significant class solutions. If the LMR-A is non-significant ($p > 0.05$), it suggests that a solution with one less class should be accepted. Additionally, entropy values were employed to differentiate between class solutions. Entropy values, ranging from 0 to 1, signify the level of certainty in classifying individuals into a particular latent category of C, with values closer to 1 indicating a higher degree of certainty (34). The proportions of latent classes should encompass a minimum of 1% of the sample (30). After identifying the classes, multinomial logistic regression was used to assess whether various theoretically relevant factors measured on Time 1 distinguished between the classes identified in the LCGA. As a robustness check, Benjamini–Hochberg false discovery rate correction was applied.

Results

Latent Class Growth Analysis (LCGA) was employed to investigate the developmental trajectory classes of personality functioning. Model fit statistics evaluation suggested that a 4-class solution was justified both empirically and conceptually. Model estimation terminated normally without convergence errors. The fit indices of the different class models are shown in Table 1. The two up to 4-class models yielded significant LMR-A and BLRT results at $p < 0.05$. The five-class model yielded significant BLRT results, but not significant LMR-A. Investigating models up to four classes, both three and four classes had legitimate arguments for being selected; however, the four-class model had the lowest BIC and AIC values, and the highest value of entropy, reaching the considered cutoff point of 0.75 (30). As a robustness check, we evaluated solution

stability across alternative sets of random starting values by re-estimating the final LCGA model with an increased number of random starts (500/100). The best log-likelihood was replicated, and the class structure remained stable across runs. In the four-class solution, one group comprised only 3.7% of the population; however, it is deemed acceptable as long as the smallest group constitutes more than 1% of the sample. Additionally, this percentage corresponds to a small proportion of adolescents diagnosed with PD (35). *Post-hoc* Wald tests indicated that none of the pairwise differences between class-specific slopes were statistically significant (all $p > .05$), showing similar patterns of change between classes over time.

The first trajectory class was labeled the “adaptive” class ($n=184$, 21.5%, M intercept = 81.23, M slope = -5.267, $p = 0.001$), representing the group of adolescents reporting the lowest and decreasing scores of personality functioning. The second trajectory class was labeled the “normative” class ($n=420$, 49.18%, M intercept = 138.43, M slope = -0.924, $p = 0.591$), representing the average of the total mean of the whole sample, which is ($M_1 = 144$; $M_2 = 140$, $M_3 = 141.5$) and remained stable over time. The third class was labeled the “slight impairment” class ($n=218$, 25.5%, M intercept = 199.40, M slope = -3.75, $p = 0.072$), representing adolescents with higher scores of personality functioning impairment than the normative group, with a slight decrease, yet not significant. The last class was labeled the “significant impairment” class ($n=32$, 3.7%, M intercept = 256.73, M slope = 1.792, $p = 0.685$), representing the group of adolescents reporting the highest and stable levels of personality functioning impairment. Estimated mean LoPF-Q 12–18 scores by latent class and wave are presented in Table 2. Class-specific trajectories over time are illustrated in Figure 1.

Means and standard deviations of associated risk factors based on the trajectory group of personality functioning are presented in the Supplementary Materials (see Supplementary Table 1). Self-harm was reported by 20.6% of adolescents. In follow-up multinomial regression analyses, the predictive significance of each T1 predictor of membership in each empirically derived LoPF trajectory group was assessed. All predictors were included simultaneously. The multinomial logistic regression model with all predictor variables was statistically significant [$\chi^2(29) = 478.53$, $p < 0.001$]. The McFadden pseudo- R^2 stood at 0.27, which indicates an excellent fit. Multicollinearity among the YSR DSM-oriented scales was examined using variance inflation factors (VIFs), all of which were below conventional thresholds (range = 1.02–3.00). In these analyses, we selected the normative trajectory (i.e., the trajectory including nearly half of our sample) as the reference.

TABLE 1 Fit statistics for latent class growth analysis (LCGA).

Fit indices	1 class	2 class	3 class	4 class	5 class
AIC	25961.20	25255.34	24947.52	24847.95	24824.46
BIC	25984.95	25293.34	24999.77	24914.45	24905.213
Entropy	N/A	0.725	0.773	0.799	0.711
LMR LRT- <i>p</i>	N/A	0.000	0.0000	0.0000	0.1336
BLRT- <i>p</i>	N/A	0.0000	0.0000	0.0000	0.0000

BIC, Bayesian Information Criterion; BLRT, Bootstrapped Likelihood Ratio Test; LMR, Lo-Mendell-Rubin adjusted likelihood test.

TABLE 2 Estimated mean LoPF-Q 12–18 scores by latent class and wave.

Class	T1 mean (95% CI)	T2 mean (95% CI)	T3 mean (95% CI)
Class 1	81.2 (75.2–87.3)	75.0 (69.2–82.7)	70.7 (62.2–79.2)
Class 2	138.4 (132.3–144.6)	137.5 (130.5–144.6)	136.6 (127.4–145.7)
Class 3	199.4 (191.0–207.8)	195.7 (186.4–205.0)	191.9 (180.2–203.6)
Class 4	256.7 (239.1–274.4)	258.5 (238.9–278.2)	260.3 (235.6–285.1)

Model-implied mean LoPF-Q 12–18 scores with 95% confidence intervals.

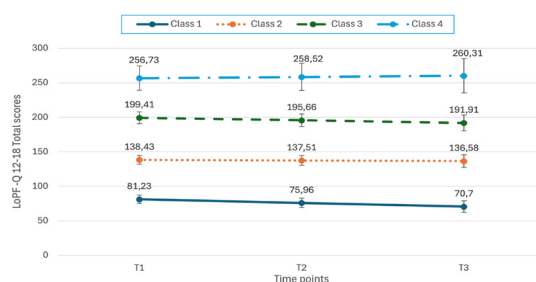


FIGURE 1
Class-specific mean LoPF-Q trajectories with 95% confidence intervals.

To control for type I error, only results with a significance level of $p < 0.01$ were considered statistically significant. Benjamini-Hochberg false discovery rate correction confirmed that all predictors significant at $p < 0.01$ remained significant. As depicted in Table 3, the multinomial logistic regression model indicated that affective symptoms differentiated adaptive and higher symptom trajectories from the normative trajectory. Specifically, compared to those on the normative personality functioning trajectory, adolescents in the slight impairment and significant impairment trajectories exhibited higher levels of affective symptoms at Time 1, while those in the adaptive trajectory showed lower levels of affective symptoms.

Anxiety symptoms and attention deficit/hyperactivity problems also differentiated adolescents in the slight impairment and adaptive trajectories from those in the normative trajectory. Adolescents in the slight personality functioning impairment trajectory exhibited higher levels of anxiety and attention deficit/hyperactivity problems, whereas the opposite trend was observed in the adaptive group.

Compared to the normative group, younger age and female gender were significant discriminators of membership in the slight impairment group. Age predicted class membership, but age was not modeled as part of the growth process itself. Associations with self-harm, somatic problems, oppositional defiant, conduct problems, and victimization were not significant.

Discussion

The current study examined the distinct trajectories of personality functioning over a two-year period in a sample of community adolescents while investigating the factors associated with the observed trajectories. Research in this area remains scarce, making this study a valuable contribution to knowledge of the course of personality functioning in adolescence. The main finding of this study is the identification of the trajectories of personality functioning: two groups with adaptive and decreasing (21.5%) and

TABLE 3 Multinomial logistic regression of personality functioning (LoPF – Q 12–18) trajectory groups with general psychopathology risk factors.

Predictor variables	Normative								
	Adaptive			Slight impairment			Significant impairment		
	B	SE	OR (95% CI)	B	SE	OR (95% CI)	B	SE	OR (95% CI)
Age	0.20*	0.07	1.22 (1.06–1.41)	–0.18*	0.07	0.84 (0.73–0.96)	–0.20	0.15	0.82 (0.61–1.11)
Sex	–0.01	0.25	0.99 (0.61–1.62)	–0.83*	0.27	0.44 (0.26–0.74)	–1.36	0.84	0.26 (0.05–1.34)
Self-harm	0.57	0.22	1.76 (1.14–2.72)	0.05	0.19	1.05 (0.73–1.51)	–1.08	0.59	0.34 (0.11–1.08)
Affective problems	–0.18**	0.05	0.83 (0.76–0.91)	0.13**	0.03	1.14 (1.08–1.20)	0.26**	0.06	1.30 (1.16–1.46)
Anxiety problems	–0.29**	0.08	0.75 (0.64–0.87)	0.15*	0.05	1.16 (1.04–1.29)	0.21	0.11	1.24 (1.00–1.53)
Somatic problems	0.06	0.07	1.06 (0.93–1.22)	–0.04	0.05	0.96 (0.88–1.05)	–0.04	0.10	0.97 (0.80–1.17)
Attention deficit/hyperactivity problems	–0.14	0.06	0.87 (0.78–0.97)	0.10*	0.04	1.11 (1.02–1.21)	0.23	0.10	1.25 (1.03–1.53)
Oppositional defiant problems	0.13	0.08	1.14 (0.98–1.33)	0.00	0.07	1.00 (0.88–1.14)	–0.08	0.15	0.92 (0.68–1.25)
Conduct problems	–0.12	0.06	0.89 (0.79–1.00)	0.03	0.04	1.03 (0.96–1.11)	0.10	0.07	1.11 (0.97–1.27)
Victimization	–0.01	0.02	0.99 (0.96–1.02)	–0.01	0.01	0.99 (0.97–1.01)	–0.03	0.02	0.98 (0.94–1.02)

B, log-odds coefficient; SE, standard error; OR, odds ratio; CI, confidence interval. Odds ratios are presented with 95% confidence intervals. Sex coding: 1, female; 2, male. ** $p < 0.001$; * $p < 0.01$.

normative and stable (49.2%) course of personality functioning, and two groups representing adolescents who could be considered as having a risk for personality functioning impairments - slight and stable impairment (25.5%) and significant and stable impairment (3.7%). The findings show that, except for the adaptive group, whose scores decreased, scores remained stable in all other groups over the two-year measurement period, regardless of the level of initial impairment, aligning with findings from other studies that have employed person-centered analysis in community samples (20–22). These results indicated observable individual variability, showing that there are adolescents who deviate from the normative trajectory of personality functioning in adolescence and report higher impairment. Investigating the associated factors, we found that compared to the normative trajectory group of personality functioning, affective and anxiety symptoms, as well as attention deficit/hyperactivity problems, significantly discriminated the membership in the slight impairment group. These results echo the findings of previous longitudinal research and systematic analyses with categorical models of PD, showing that internalizing and externalizing psychopathology, including ADHD, predict personality pathology impairments (15, 36, 37) or poorer prognosis of PD (16, 17). More recent studies with adolescents using the dimensional view of PD (38) also found general psychopathology to be predictive of PD symptoms in a follow-up measurement, while recent research by Iannatone et al. (39), investigating a clinical sample of youth, found a reciprocal relationship between these constructs. Sharp and Wall (40) argue that untreated internalizing and externalizing problems serve as a precursor to the development of adolescent personality pathology, and might co-exist with personality pathology through the course of adolescence. The complex interrelation of general psychopathology with personality pathology remains to be answered (41), especially in the adolescent period when personality pathology emerges (40), pointing to the need for developmentally informed longitudinal studies to investigate these associations.

Consistent with previous research indicating that girls tend to have higher levels of personality impairment (16, 17, 22), the results of this study show that female gender discriminated between membership in the slight impairment trajectory group compared to the normative group. Additionally, younger age was associated with membership in the slight impairment group. This finding is consistent with recent research by Eggermont et al. (20), which found that the group with the most PF impairment had the highest initial levels among the youngest adolescents, while PF levels in all classes remained stable throughout adolescence. This is also in line with studies that indicate that personality pathology typically peaks in mid-adolescence, remains consistent, and slightly decreases into late adolescence and adulthood; however, there is a subgroup of adolescents who do not follow the normative decline (40, 42). In this study, both impairment groups showed stable impairment, echoing a recent meta-analysis indicating that there is a detectable subgroup of adolescents who experience significant and persistent personality problems (43). One aspect to consider when interpreting the findings of the current study is its accelerated longitudinal design. The first wave of measurements took place when participants were of different ages (T1 - ages 12–17), meaning the study did not follow adolescents from the same developmental stage. Consequently, age

was not included as a covariate in the growth models, and age-related differences should be interpreted primarily in terms of baseline positioning rather than age-aligned change. Additionally, the design of the study focuses on the empirically derived groups of the LPF, whereas research on the course of personality pathology development typically focuses on the overall mean course.

Another important finding was that self-harm, various externalizing difficulties, and victimization were not significantly associated with personality functioning impairment. It is possible that internalizing difficulties may have captured shared variance with these variables, reducing their unique predictive value. Moreover, self-harm was assessed using a single item and did not capture the frequency or type of self-harm. Instead, it reflected a broad risk indicator, which limits its informativeness; therefore, the interpretation of the findings should be made with caution.

Further, another significant finding of this study, akin to the research conducted by Eggermont et al. (20), pertains to a subgroup of adolescents exhibiting a high and stable symptom trajectory. This group collectively self-reported scores that, based on Lithuanian norms, would be considered in the 97.7th percentile or higher, which signifies a noteworthy level of symptomatology (23). The significant impairment group of adolescents may correspond to the proportion of adolescents with personality disorders (PD) identified in the general population, with estimates ranging from 1% to 3% across various studies (35, 44). In the exploration of factors associated with membership in the group characterized by significant personality functioning impairment versus a normative trajectory, the analysis revealed that only affective symptoms differentiated these groups. These results suggest a complex association between affective symptomatology and personality functioning impairments. Studies have demonstrated a reciprocal relationship between personality disorder and depression during adolescence and young adulthood (45). Yet, these connections are thought to have received little attention in youth populations, especially within clinical samples (46). Studies with adult populations report very close relations between LPF and traditional Axis 1 symptoms (47, 48), while recent studies with clinically referred adolescents show depressivity coinciding with self-functioning impairments (49) and LPF (measured with LoPF-Q 12–18) not discriminating personality functioning from affective problems in a clinical sample (25). Chanen et al. argue that for successful early intervention, depression and other syndromes existing alongside personality pathology in youth must be addressed as a system rather than as separate elements (46). This association has been noticed in research with BPD, with emphasis on the need for clinical staging and evaluation of both mood disorder and personality pathology in youth for early intervention or prevention. Therefore, this result calls for more research in adolescents to understand the early impairments that can be observed even in community populations seeking to address the complex interrelation of PD with other impairments.

Strengths, limitations, and future directions

This study provides valuable insights into the field of personality pathology in adolescence, approached through

dimensional conceptualization. One of its strengths lies in the utilization of DSM-5 (1) and ICD-11 (6) appropriate questionnaires to assess personality functioning impairments during adolescence, which allows for more comprehensive comparisons between studies, especially in a newly conceptualized field. Moreover, the inclusion of a set of associated factors paints a more differentiated picture in understanding the trajectories of PF across adolescence. The longitudinal design of the study is another strength, considering the scarcity of such studies in this area. However, it is not without limitations. Non-probability quota sampling limits generalizability and may introduce selection bias. School-based recruitment may have underrepresented higher-risk adolescents, and findings should be interpreted as reflecting a community sample rather than population-level estimates. Additionally, the initial wave of measurements occurred at various adolescent ages, making it challenging to account for specific developmental phases, tasks, and environmental pressures, which could have enriched the research (50). As age was not used as the primary time metric in the growth models, age-related differences may partly reflect developmental-stage heterogeneity at baseline. Moreover, only baseline predictors were included in the analysis, limiting conclusions about their longitudinal associations with personality functioning. Longitudinal measurement invariance of the LoPF-Q-12–18 was not formally tested; therefore, findings should be interpreted as indicating temporal consistency in observed LoPF-Q total scores. With only three measurement points, the analysis was restricted to linear trajectories of personality functioning. Thus, further exploration of the stability and change of personality pathology over time is warranted, especially in clinical populations. Furthermore, the reliance on self-report measures without clinical diagnostic interviews limits conclusions about the actual level of impairment and may introduce common-method bias, underscoring the need for future studies to incorporate alternative assessment methods, such as semi-structured interviews, to capture more objective clinical information and relevant contextual factors (e.g., socioeconomic status). More longitudinal research is needed to understand age-related trajectories of personality functioning impairments, their co-occurrence with other mental health difficulties, and their impact across this sensitive developmental period.

Conclusion

This current study provides insights into the trajectory of personality functioning in adolescence, an area where longitudinal studies are scarce. The findings indicated the presence of two groups of adolescents showing increased and stable trajectories of personality functioning impairment. Internalizing and attention deficit/hyperactivity problems were found to be associated with membership in these groups. Therefore, this study suggests that the risk factors identified in previous research on categorically defined personality disorders also play a significant role in predicting impairment groups in dimensionally conceptualized personality functioning. This study adds to our understanding of the factors linked to personality functioning in adolescence and emphasizes the importance of addressing and investigating specific impairments associated with impaired personality functioning.

Data availability statement

The datasets presented in this study can be found in online repositories. The names of the repository/repositories and accession number(s) can be found below: Barkauskienė, R., & Gaudiešiūtė, E. (2023). A study of personality disorder in adolescence: Features, dynamics, and its factors [Data set]. National Open Access Research Data Archive(MIDAS). <https://doi.org/10.18279/MIDAS.As-POP.230847>.

Ethics statement

The studies involving humans were approved by Psychological Research Ethics Committee at Vilnius University. The studies were conducted in accordance with the local legislation and institutional requirements. Written informed consent for participation in this study was provided by the participants' legal guardians/next of kin.

Author contributions

EG: Investigation, Writing – original draft, Software, Conceptualization, Data curation, Methodology, Writing – review & editing. CS: Writing – review & editing, Conceptualization, Supervision. GS-N: Investigation, Writing – review & editing. RB: Conceptualization, Funding acquisition, Project administration, Supervision, Validation, Writing – review & editing.

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Conflict of interest

The author(s) declared that this work was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Generative AI statement

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Supplementary material

The Supplementary Material for this article can be found online at: <https://www.frontiersin.org/articles/10.3389/fpsy.2026.1751455/full#supplementary-material>

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CONFERENCE PRESENTATIONS

1. **Gaudiešiūtė, E., Sharp, C., & Barkauskienė, R. (2024).** Trajectories of personality functioning in adolescence and associated factors. *7th ESSPD Borderline Congress, European Society for the Study of Personality Disorders: Treating Personality Pathology in a Time of Change*. Antwerp, Belgium. 23-25 September.
2. **Gaudiešiūtė, E., Barkauskienė, R., & Skabeikytė-Norkienė, G. (2023).** Linking the level of personality functioning with childhood maltreatment types: A study of Lithuanian adolescents. *20th International Congress of the European Society for Child and Adolescent Psychiatry*. Copenhagen, Denmark. 29 June – 1 July.
3. **Gaudiešiūtė, E. (2023).** Trauminės patirties ir asmenybės funkcionavimo lygio ryšys paauglystėje. *Raidos psichopatologijos konferencija 2023: Asmenybės sutrikimas raidos perspektyvoje ir klinikinė praktika*. Vilnius, Lithuania. 5 May.
4. **Gaudiešiūtė, E., Barkauskienė, R., & Skabeikytė-Norkienė, G. (2022)** Traumatic experiences and identity diffusion among adolescents: A moderated mediation model of psychological difficulties and negative relationship with parents. *6th International Congress on Borderline Personality Disorder and Allied Disorders: Change for a better future*. Virtual, 10-12 October.
5. **Gaudiešiūtė, E. (2022).** Tapatumo difuzijos vaidmuo prognozuojant ribinės asmenybės bruožus paauglystėje. *Lithuanian Psychological Congress „Psichologija 360° +1“*, Kaunas, Lithuania. 25-30 April.

SUMMARY IN LITHUANIAN

ASMENYBĖS FUNKCIONAVIMAS IR JO SUTRIKIMAI PAAUGLYSTĖJE

Mokslinės publikacijos, kurių pagrindu parengta disertacija:

1. Barkauskienė, R., Sharp, C., Kerr, S., **Gaudiešiūtė, E.**, Goth, K., & Skabeikytė-Norkienė, G. (2024). Examining the Validity of the Levels of Personality Functioning Questionnaire for Adolescents Aged 12-18 (LOPF-Q 12-18): A Replication and Extension with a Sample of Lithuanian Adolescents. *Journal of Personality Disorders*, 38(4), 330-349. <https://doi.org/10.1521/pedi.2024.38.4.330>
2. Barkauskienė, R., **Gaudiešiūtė, E.**, Grigaitė, A., & Skabeikytė-Norkienė, G. (2025). Criteria A and B of the alternative model for personality disorders as prospective predictors of psychosocial functioning in community-based adolescents: A 1-year follow-up study. *Personality disorders: Theory, Research, and Treatment*, 16(3), 286–296. <https://doi.org/10.1037/per0000717>
3. **Gaudiešiūtė, E.**, Skabeikytė-Norkienė, G., & Barkauskienė, R. (2025). Personality functioning in adolescents: exploring the links with childhood maltreatment types and internalizing and externalizing difficulties. *Child and adolescent mental health*, 30(3), 238–246. <https://doi.org/10.1111/camh.12781>
4. **Gaudiešiūtė, E.**, Sharp, C., Skabeikytė-Norkienė, G., & Barkauskienė, R. (2026). Uncovering trajectories of personality functioning in adolescence and their associations with baseline psychopathology. *Frontiers in Psychiatry*, (17), 1751455. <https://doi.org/10.3389/fpsyt.2026.1751455>

IVADAS

Prieš kiek daugiau nei dešimtmetį įvyko viena reikšmingiausių asmenybės patologijos sampratos permainų, turėjusių įtaką tiek moksliniams tyrimams, tiek klinicinei praktikai. DSM-5 (APA, 2013)¹ ir vėliau TLK-11 (WHO, 2018) klasifikacijose buvo pristatyti reikšmingi asmenybės sutrikimų (AS) konceptualizacijos pokyčiai, žymintys perėjimą prie dimensinio asmenybės patologijos supratimo. Nors DSM-5 išlaikė kategorinį požiūrį kaip pagrindinį modelį, III skyriuje buvo pristatytas Alternatyvus asmenybės sutrikimų modelis (angl. *Alternative Model for Personality Disorders, AMPD*). Šiame modelyje pristatytas asmenybės funkcionavimo lygmens (angl. *Level of Personality Functioning, LPF; kriterijus A*) konstruktas, apibrėžiamas per savasties (tapatumo ir apsisprendimo) ir tarpasmeninį (empatijos ir artimumo) funkcionavimą, kurio sutrikimai laikomi asmenybės patologijos šerdimi (APA, 2013). Glaudžiai susijusi vėliau išleista TLK-11 klasifikacija vertina bendrą asmenybės sutrikimo sunkumą, kuris apibrėžiamas per savasties (tapatumas, savivertė, pajėgumas apsisprendimui) ir (arba) tarpasmeninį funkcionavimą (domėjimasis santykiais su kitais; gebėjimas suprasti ir įvertinti kitų perspektyvas; gebėjimas užmegzti ir palaikyti artimus bei abipusiai tenkinančius santykius; ir konfliktų valdymas santykiuose) (PSO, 2018). DSM-5 AMPD modelyje privalomas ir antrasis žingsnis - patologiinių asmenybės bruožų vertinimas (kriterijus B), leidžiantis tiksliau apibrėžti sutrikimo pobūdį, tačiau TLK-11 šis antrasis diagnostinis žingsnis nėra privalomas, taip pabrėžiant asmenybės sutrikimo sunkumo vertinimo svarbą. Šios klasifikacijos pažymi perėjimą prie dimensinės prieigos, kur asmenybės patologijos vertinimas grindžiamas bendrų, visiems žmonėms būdingų funkcijų ir disfunkcijų vertinimu, todėl atsiranda galimybė identifikuoti asmenybės funkcionavimo sunkumus dar prieš jiems pasiekiant formaliai diagnozei nustatytą slenkstį. Mokslinių tyrimų duomenys įtvirtina paauglystę kaip jautrų laikotarpį asmenybės patologijai formuotis, išryškėti ir būti validžiai įvertintai (Sharp et al., 2018). Asmenybės funkcionavimą sudarančios sritys - savastis ir tarpasmeniškumas - šiuo laikotarpiu patiria reikšmingus raidos pokyčius (Sharp, 2020). Tokie procesai kaip tapatumo integracija, savęs vaizdas, savirefleksija, tikslų kėlimas, empatija ir artimumas palaipsniui vystosi vaikystėje ir paauglystėje ir galiausiai prisideda prie nuoseklaus savasties jausmo formavimosi (Rosen, 2016). Šių raidos procesų sutrikimai yra atsakingi už asmenybės sutrikimo išryškėjimą paauglystėje (Sharp, 2020). Todėl šiame disertaciniame darbe paauglystėje pasireiškianti

¹ Cituojamos literatūros sąrašas pateiktas 48 psl.

asmenybės patologija analizuojama remiantis dimensiniu požiūriu, ypatingą dėmesį skiriant DSM-5 AMPD modelyje pristatytam asmenybės funkcionavimo konstruktui, taip prisidedant prie menkai ištirtos srities.

Asmenybės patologijos vystymosi keliai yra sudėtingi ir dažnai aiškinami pasitelkiant ekvifinališkumo sąvoką, kuri nurodo, kad skirtingi rizikos veiksniai ir raidos trajektorijos gali nuvesti prie tos pačios problemos susiformavimo (Cicchetti & Rogosch, 1996), šiuo atveju - asmenybės sutrikimo. Trauminės patirtys jau daugelį metų siejamos su asmenybės patologija tiek suaugusiųjų, tiek paauglių populiacijose (Ibrahim et al., 2018; Porter et al., 2020; Winsper, 2018). Tačiau trauminė patirtis pati savaime nėra nei būtina, nei pakankama sąlyga asmenybės patologijos išsivystymui (Cavelti et al., 2023; Paris, 1998). Tyrimai taip pat rodo ryšius tarp asmenybės patologijos ir internalių sunkumų (pvz., depresijos, nerimo ir kt.), taip pat eksternalių problemų (pvz., elgesio sutrikimo, opozicinio nepaklusnumo sutrikimo, psichoaktyviųjų medžiagų vartojimo) paauglių populiacijoje (Beauchaine & McNulty, 2013; Ensink et al., 2015; Hutsebaut & Aleva, 2021; Stepp et al., 2016). Manoma, kad šios problemos gali ne tik pasireikšti anksčiau nei asmenybės patologija paauglystėje, bet ir prisidėti prie jos formavimosi bei toliau pasireikšti kartu su ja (Sharp & Wall, 2021). Vis dėlto empirinių tyrimų, sistemingai analizuojančių šias sąsajas dimensinio asmenybės patologijos vertinimo kontekste paauglystėje, vis dar yra nedaug. Taigi asmenybės sutrikimo raiška, kaita ir su tuo susiję veiksniai paauglystės laikotarpiu apima sudėtingus ryšius, kurie šiuo metu laikomi viena svarbiausių asmenybės patologijos mokslinių tyrimų krypčių (Chanen et al., 2017).

Mokslinės studijos taip pat nurodo, kad paauglystėje pasireiškiantis asmenybės sutrikimas siejamas su daugybe neigiamų pasekmių, įskaitant padidėjusią savižudybės riziką, prastesnę psichikos sveikatą, psichoaktyviųjų medžiagų vartojimą, savižalą, fizinės sveikatos problemas ir teisės pažeidimus (Wertz et al., 2020). Net ir asmenybės funkcionavimo sunkumai gali sukelti reikšmingą psichologinį distresą, panašų į tą, kurį patiria asmenys, turintys diagnozuotą asmenybės sutrikimą (Karukivi et al., 2017). Vis dėlto nepaisant moksliniuose tyrimuose pasiektos pažangos, asmenybės sutrikimų tema paauglystėje išlieka kontroversiška, ypač klinikinėje aplinkoje. Pavyzdžiui, Nyderlandų ir Belgijos psichologų apklausa parodė, kad tik 8,7% jų diagnozavo asmenybės sutrikimus paaugliams, nors 57,8% pripažino juos pastebėję (Laurensen et al., 2013). Panašūs rezultatai gauti ir Lietuvos psichikos sveikatos specialistų apklausoje (Barkauskienė ir kt., 2018), o 2023 m. Lietuvoje asmenybės sutrikimas buvo diagnozuotas tik 14 paauglių (Higienos institutas, 2023). Šie duomenys atskleidžia reikšmingą atotrūkį, leidžiantį daryti prielaidą, kad asmenybės patologija paauglystėje gali būti

nepakankamai atpažinta. Atsižvelgiant į tai, dimensinė prieiga gali būti laikoma perspektyvia alternatyva, leidžiančia anksčiau atpažinti tiek asmenybės sutrikimus, tiek sunkumus, nesiekiančius diagnostinio slenksčio, ir taip sudaryti prielaidas savaikai pagalbai, siekiant užkirsti kelią tolesniam problemų progresavimui. Be to, tyrimų duomenys rodo, kad ši prieiga yra susijusi su geresne gydymo rezultatų (Sharp et al., 2024; Weekers et al., 2024) bei psichosocialinio funkcionavimo (Buer Christensen et al., 2020) prognoze.

Disertacijos mokslinis naujumas

Ši disertacija parengta remiantis tyrimo „Asmenybės sutrikimo požymių paauglystėje tyrimas: raiška, kaita ir jos veiksniai“ duomenimis, kurį įgyvendino Vilniaus universiteto Filosofijos fakulteto Psichologijos instituto Ridos psichopatologijos tyrimų centras. Šios disertacijos mokslinis naujumas yra daugialypis. Pirmiausia, nors apie asmenybės sutrikimą suaugusiųjų populiacijoje sukaupta daug žinių, jo raiška, susiję veiksniai ir kaita paauglystės laikotarpiu vis dar yra menkai ištirti tyrimų klausimai, nepriklausomai nuo to, ar remiamasi kategorine, ar dimensine samprata. Nepaisant augančios empirinės bazės, tyrimai, sistemingai analizuojantys asmenybės funkcionavimą paauglystėje, vis dar yra reti, ypač apimantys skirtingus vertinimo metodus ar imtis. Antra, dimensinė samprata, paremta asmenybės funkcionavimo konstruktu, yra palyginti nauja ir reikalaujanti tyrimų, galinčių atliepti pagrindines mokslinės diskusijos šia tema kryptis, kurios ypač svarbios paauglystėje, kritiniu raidos laikotarpiu, kai gali išryškėti asmenybės sutrikimai. Šalia vykstančios mokslinės diskusijos dėl asmenybės funkcionavimo (kriterijaus A) konstrukto struktūros ir validumo ypač svarbu tirti jo raišką paauglystėje bei gebėjimą prognozuoti psichosocialinio funkcionavimo pokyčius laikui bėgant, kadangi dimensinė prieiga laikoma jautresne raidos aspektams ir leidžiančia anksčiau nustatyti sunkumus, sudarant prielaidas ankstyvesnei intervencijai. Trečia, esami tyrimai, grindžiami kategoriniu asmenybės sutrikimo modeliu, sudaro svarbų pagrindą, todėl svarbu suprasti sąsajas su anksčiau identifikuotais rizikos veiksniais (pvz., vaikystės traumomis) bei kitais psichikos sveikatos sunkumais, kurie gali pasireikšti iki išryškėjant/atsiskleidžiant asmenybės patologijai ir vėliau su ja egzistuoti. Ketvirta, asmenybės funkcionavimo ir jo sutrikimų stabilumas ir kaita paauglystės laikotarpiu šiuo metu yra labai menkai ištirti. Atsižvelgiant į ribotą empirinių tyrimų bazę, ši disertacija siekia plėsti žinias apie paauglių asmenybės funkcionavimą, jo sutrikimus ir su jais susijusius veiksnius, taip prisidedant prie dimensinės asmenybės patologijos sampratos empirinio pagrindo stiprinimo paauglystėje.

Disertacijos tikslas ir tyrimo klausimai

Šios daktaro disertacijos tikslas – įvertinti asmenybės funkcionavimą paauglystėje, tikrinant jo validumą Lietuvos paauglių imtyje, analizuojant jo trajektorijas dvejų metų laikotarpiu ir vertinant sąsajas su psichologiniais bei psichosocialiniais veiksniais.

Disertacijos tyrimo klausimai:

- a) Kokia yra asmenybės funkcionavimo struktūra Lietuvos paauglių imtyje ir ar empiriniai duomenys patvirtina jo konvergentinį ir diskriminantinį validumą? (I publikacija)
- b) Koks yra perspektyvinis ryšys tarp asmenybės funkcionavimo ir paauglių psichosocialinio funkcionavimo vienerių metų laikotarpiu? (II publikacija)
- c) Koks yra ryšys tarp vaikystėje patirto netinkamo elgesio (smurto ir apleistumo) ir asmenybės funkcionavimo? Ar šį galimą ryšį medijuoja psichologiniai sunkumai? (III publikacija)
- d) Kokios yra asmenybės funkcionavimo trajektorijos dvejų metų laikotarpiu? Ar psichologinės problemos leidžia diferencijuoti asmenybės funkcionavimo trajektorijas paauglystėje? (IV publikacija)

METODIKA

Ši disertacija parengta remiantis tyrimo „Asmenybės sutrikimo požymių paauglystėje tyrimas: raiška, kaita ir jos veiksniai“ (Nr. S-MIP-21-20) duomenimis, kuris buvo vykdytas Vilniaus universiteto Filosofijos fakulteto Psichologijos instituto Raidos psichopatologijos centro. Tai pirmasis prospektyvus asmenybės patologijos paauglystėje tyrimas Lietuvoje. Disertacijos autorė aktyviai prisidėjo prie duomenų rinkimo ir tyrimo organizavimo.

Tyrimo dalyviai ir procedūra

Tyrimė analizuojami dviejų imčių duomenys, kurių pirmąją sudarė bendrosios imties paaugliai, dalyvavę tęstiniame trijų etapų tyrimė, o II-ąją imtį – psichikos sveikatos priežiūros paslaugas gaunantys paaugliai, dalyvavę skerspjuvio tyrimė.

I imtis. Duomenys rinkti per dvejus metus (2021 m. rugsėjis – 2023 m. lapkritis). Pirmojoje bangoje dalyvavo 855 paaugliai (11–18 m.; $M = 14,44$, $SD = 1,60$; 62,5% merginų), atrinkti iš įvairių Lietuvos regionų mokyklų (miestai – 37,2%, miesteliai – 40,9%, kaimo vietovės – 21,9%). Tyrimo dalyvių išlaikymas buvo aukštas: antroje bangoje dalyvavo 94,7% ($n = 804$), trečioje – 87,7% ($n = 750$). Vidutinis amžius atitinkamai buvo 15,37 ($SD = 1,60$) ir 16,32 ($SD = 1,57$). Pirmos bangos duomenys naudoti visuose keturiuose straipsniuose, antros – II ir IV straipsniuose, trečios – IV straipsnyje.

II imtis. Šią imtį sudarė 193 paaugliai ($M = 15,11$, $SD = 1,41$; 79,8% merginų), daugiausia gyvenantys miestuose (90,4%). Tiriamieji gavo stacionarias (63,2%) arba ambulatorines (36,8%) psichikos sveikatos paslaugas. II imties duomenys naudoti I ir III straipsniuose.

Tyrimas atliktas laikantis Helsinkio deklaracijos principų ir patvirtintas Vilniaus universiteto Psichologinių tyrimų etikos komiteto. Mokyklos atrinktos netikimybinės atrankos būdu, o duomenys rinkti mokyklose arba individualiai. Dalyvavimui reikėjo tėvų ar globėjų sutikimo ir paauglių pritarimo. Dalyviai buvo informuoti apie konfidencialumą, savanoriškumą ir teisę bet kada pasitraukti. Tyrėjų komandą sudarė patyrę tyrimo vykdytojai bei tyrimo administravimo mokymuose dalyvavę studentai. Dalyviams suteikta informacija apie emocinės pagalbos galimybes. Siekiant sumažinti dalyvių iškritimą, su pakeitusiais gyvenamąją vietą paaugliais buvo susisiekiama individualiai.

Tyrimė naudoti instrumentai, skirti vertinti keturias paauglių funkcionavimo sritis:

- 1) Asmenybės patologijos vertinimas. Paauglių asmenybės funkcionavimo įvertinimui naudota Asmenybės funkcionavimo lygių klausimyno (LoPF-Q 12-18, angl. *Levels of Personality Functioning Questionnaire*; Goth et al., 2018) lietuviškoji versija, parengta Raidos psichopatologijos tyrimų centre (Barkauskienė & Skabeikyte, 2020). Neadaptyvūs asmenybės bruožai vertinti naudojantis DSM-5 Asmenybės inventoriaus trumpąja versija (PID-5- BF, angl. *Personality Inventory for DSM-5-brief form*; American Psychiatric Association, 2013). Ribinių bruožų skalė vaikams (BPFSC-11, angl. *Borderline Personality Features Scale for Children-11*; Sharp et al., 2014) buvo naudota siekiant įvertinti ribinio asmenybės sutrikimo simptomus arba bruožus.
- 2) Su psichikos sveikata susijusių rodiklių ir rizikos veiksnių vertinimas. Bendroji psichopatologija buvo vertinta naudojantis Jaunuolio savęs vertinimo lapo (YSR 11/18, angl. *Youth Self-Report*; Achenbach & Rescorla, 2001) lietuviškąją versiją (Žukauskienė ir kt., 2012), naudojant skirtingas skalės versijas skirtinguose straipsniuose. Smurtinėms ir apleistumo patirtims vertinti naudotas Vaikystės patirčių klausimynas, VU Raidos psichopatologijos centro parengtas pagal Nepalankių vaikystės patirčių tyrimo klausimynus (angl. *Adverse Childhood Experiences Questionnaire*; Dube et al., 2001) ir ACE balo skaičiuotuvo (angl. *The ACE Score Calculator*, Anda, 2007). Viktimizacijos patirtims vertinti naudotas Daugiadimensis bendraamžių viktimizacijos klausimynas (angl. *Multidimensional Peer-Victimization Scale (MPVS)*; Mynard & Joseph, 2000).
- 3) Psichosocialinio funkcionavimo vertinimas. Su sveikata susijęs funkcionavimas vertintas Su sveikata susijusios gyvenimo kokybės klausimynu vaikams ir jaunimui (angl. *Health-Related Quality of Life Questionnaire for Children and Young People*; KIDSCREEN-10; Ravens-Sieberer et al., 2010). Akademinei motyvacijai vertinti naudota Suvoktos mokymosi motyvacijos skalė (Ruchkin et al., 2004). Pasitenkinimas gyvenimu vertintas naudojant Pasitenkinimo gyvenimu skalę (SWLS, angl. *Satisfaction with Life Scale*; Diener et al., 1985).

I publikacijoje taikyta patvirtinamoji faktorialinė analizė ir validumo vertinimas. II publikacijoje analizuotos sąsajos ir prognoziniai ryšiai taikant regresinę analizę, III publikacijoje naudoti neparametriniai testai ir mediacijos analizė, IV publikacijoje taikyta latentinių klasių augimo analizė (angl. *Latent Class Growth Analysis; LCGA*) ir multinominė logistinė regresija.

REZULTATAI

Asmenybės funkcionavimo faktorinės struktūros bei validumo vertinimas (I publikacija)

Vienmatės struktūros modelis pasižymėjo prastu atitikimu duomenims, bifaktoris modelis (bendras ir keturi specifiniai faktoriai) parodė priimtina atitikimą, nors kai kurie rodikliai išliko šiek tiek žemesni nei rekomenduojamos ribos. 91 % bendro balo dispersijos paaiškina bendras faktorius ($\Omega H = .91$), o specifinių faktorių patikimumas kontroliuojant bendrą faktorių buvo žemas, taip parodant iš esmės vienmatę asmenybės funkcionavimo struktūrą.

LoPF-Q 12–18 stipriai koreliavo su kitais asmenybės patologiją vertinančiais konstruktais (BPFSC-11: $r = .751$; PID-5-BF: $r = .806$), o su kitais konstruktais (afektinėmis, nerimo, elgesio, potrauminio streso ir socialinėmis problemomis bei su sveikata susijusiu funkcionavimu) nustatytos vidutinės ar aukštos koreliacijos. Daugeliu atvejų skirtumai tarp konvergentinio ir diskriminantinio validumo koreliacijų buvo statistiškai reikšmingi ir patvirtino validumą, tačiau klinikinėje imtyje klausimynas nepakankamai diferencijavo kai kuriuos simptomų domenų (afektinius, potrauminio streso ir socialinių problemų).

Asmenybės funkcionavimo ir psichosocialinio funkcionavimo sąsajos vienerių metų laikotarpiu (II publikacija)

Koreliacinė analizė parodė, kad asmenybės funkcionavimas (kriterijus A) pirmojo matavimo metu (T1) buvo susijęs su žemesniu psichosocialiniu funkcionavimu tiek T1, tiek antrojo matavimo T2 laikotarpiu, o psichosocialinis funkcionavimas laikui bėgant pasižymėjo vidutiniu–aukštu stabilumu.

Kontroliuojant lytį, disreguliaciją ir pradinį funkcionavimą, kriterijus A prognozavo visus T2 psichosocialinio funkcionavimo rodiklius, išskyrus akademinę motyvaciją, tačiau efektai buvo nedideli. Žemesnis asmenybės funkcionavimo lygmuo buvo susijęs su socialiniais sunkumais, socialiniu atstūmimu, prastesne gyvenimo kokybe ir mažesniu pasitenkinimu gyvenimu.

Asmenybės funkcionavimo ir smurto bei apleistumo patirčių ryšiai (III publikacija)

Tyrimo duomenimis, 59% paauglių nurodė patyrę bent vieną smurto formą. Dažniausiai buvo nurodytas patirtas emocinis smurtas (44,7%) ir emocinis apleistumas (44%), rečiau - fizinis smurtas (28,5%), fizinis apleistumas (10,8%) ir seksualinis smurtas (10%). Klinikinė grupė pasižymėjo reikšmingai aukštesniais smurto, psichopatologijos ir asmenybės funkcionavimo sutrikimų rodikliais nei bendroji grupė.

Asmenybės funkcionavimo sutrikimai stipriausiai buvo susiję su emociniu smurtu ir emociniu apleistumu. Vaikystės patirtas smurtas reikšmingai netiesiogiai siejosi su asmenybės funkcionavimu daugiausia per internalius sunkumus, o per eksternalius sunkumus šis ryšys buvo gerokai mažesnis. Tiesioginis ryšys išliko reikšmingas emocinio apleistumo ir bendro smurto atveju.

Asmenybės funkcionavimo trajektorijos (IV publikacija)

Latentinė klasių augimo analizė atskleidė keturias asmenybės funkcionavimo trajektorijų klases. Ordinačių ašies sankirta (angl. *intercept*) nurodė pradinį tiriamo kintamojo lygį T1, o krypties koeficientas (angl. *slope*) – linijinį šio kintamojo pokytį per tris matavimo laikus (T1–T3). *Adaptivi grupė* (n = 184; 21,5%) pasižymėjo žemiausiais ir mažėjančiais įverčiais (M intercept = 81,23; M slope = -5,27, p = .001). *Normatyvinė grupė* (n = 420; 49,2%) atspindėjo vidutinius įverčius, artimus bendram imties vidurkiui ir išliko stabili (M intercept = 138,43; M slope = -0,92, p = .591). *Nežymaus sutrikimo grupė* (n = 218; 25,5%) pasižymėjo aukštesniais, tačiau šiek tiek mažėjančiais įverčiais (M intercept = 199,40; M slope = -3,75, p = .072), o *žymaus sutrikimo grupė* (n = 32; 3,7%) - aukščiausiais ir nežymiai didėjančiais įverčiais (M intercept = 256,73; M slope = 1,79, p = .685). Multinominė regresija parodė, kad palyginti su *normatyvine* asmenybės funkcionavimo trajektorijos grupe, priklausymas *nežymaus sutrikimo* grupei buvo reikšmingai susijęs su afektiniais ir nerimo simptomais bei dėmesio stokos ir hiperaktyvumo problemomis, o priklausymas *žymaus sutrikimo* grupei buvo susijęs tik su afektinėmis problemomis. Jaunesnis amžius ir moteriškoji lytis buvo susiję su priklausymu *nežymaus sutrikimo* grupei. Kiti veiksniai reikšmingų sąsajų neparodė.

APTARIMAS

Pagrindinis šios disertacijos tikslas buvo empiriškai ištirti paauglių asmenybės funkcionavimą tiek skerspjūvio, tiek perspektyviu aspektu, analizuojant jo struktūrą, validumą, trajektorijas bei su sutrikimais susijusius veiksnius ir pasekmes.

Dimensinis asmenybės funkcionavimo sutrikimų vertinimas paauglystėje

Nepaisant to, kad dimensinė asmenybės patologijos samprata buvo pristatyta ir pirmieji jos vertinimo instrumentai sukurti daugiau nei prieš dešimtmetį, diskusijos dėl asmenybės funkcionavimo struktūros vis dar tęsiasi. Šioje disertacijoje pristatomas tyrimas prisideda prie vykstančios diskusijos, nes vis dar yra nedaug tyrimų, analizuojančių asmenybės funkcionavimo struktūrą paauglių populiacijoje, nepriklausomai nuo to, ar ji vertinama savistatos metodais, ar pusiau struktūruotais interviu. Tyrime buvo analizuota Asmenybės funkcionavimo lygio klausimyno (LoPF-Q 12–18) faktorinė struktūra didelėje Lietuvos paauglių imtyje, įtraukiant tiek bendrąją, tiek klinikinę imtis. Gauti rezultatai patvirtino bifaktoriinį modelį su stipriu bendroju faktoriumi ir tik nedidele specifinių faktorių įtaka, ir tai rodo iš esmės vienmatę struktūrą. Nors reikalingi tolesni kartotiniai tyrimai, atsižvelgiant į tai, kad asmenybės funkcionavimo lygmuo, apibrėžtas DSM-5 AMPD modelyje, buvo numatytas kaip vienmatis asmenybės sutrikimo sunkumo kriterijus, vienmatė struktūra atrodo labiausiai tikėtinas pasirinkimas. Visgi nevienareikšmiai rezultatai, gaunami skirtingais matavimo būdais vertinant konstrukta, ir vykstančios diskusijos dėl jo struktūros nurodo šio konstrukto kompleksiskumą: asmenybės funkcionavimas apima dvi plačias dimensijas – savasties ir tarpasmeninį funkcionavimą, kurios apima keturias sritis: tapatumo, apsisprendimo, empatijos ir artimumo, kurios visos yra daugialypiai konstruktai ir, kaip sutariama literatūroje, sunkiai įvertinami atskirai (Kaufman et al., 2014; Lind et al., 2022). Asmenybės funkcionavimas, arba kriterijus A, yra vertinamas kaip bandymas nusakyti „*ką reiškia būti žmogumi*“ (Sharp & Wall, 2021), konceptualizuojant, tiriant ir vertinant jį kontinuumu nuo normalaus iki sutrikusio; siekiant atsižvelgti į jį apimančių funkcijų raidą ir pokyčius laikui bėgant; bei vertinant sąsajas su kitais psichopatologiniais simptomais (Sleep et al., 2021). Šio konstrukto konceptualus ir vertinimo sudėtingumas išlieka svarbiu moksliniu klausimu.

Asmenybės funkcionavimo vaidmuo prognozuojant psichosocialinį funkcionavimą

Dimensinis asmenybės sutrikimų vertinimas šiuo metu laikomas potencialiai geresniu būdu prognozuoti simptomų sunkumą ir psichosocialinį poveikį nei kategoriniu modeliu grįstas vertinimas (Weekers et al., 2024). Jau daugelį dešimtmečių asmenybės patologija siejama su įvairiomis neigiamomis ilgalaikėmis psichosocialinėmis pasekmėmis (Wertz et al., 2020), padidėjusia sveikatos priežiūros sistemos apkrova bei galimu neigiamu poveikiu net ir kitai kartai (Pearson et al., 2018). Šio tyrimo rezultatai parodė, kad prastesnis asmenybės funkcionavimas buvo reikšmingai susijęs su žemesniu psichosocialinio funkcionavimo lygiu tiek pradiniam matavime, tiek po vienerių metų. Be to, asmenybės funkcionavimo problemos (kriterijus A) reikšmingai prognozavo socialinius sunkumus, socialinį atstūmimą, žemesnę su sveikata susijusią gyvenimo kokybę ir mažesnę bendrą pasitenkinimą gyvenimu, atspindint kasdienį paauglių funkcionavimą ir gerovę po vienerių metų. Šie rezultatai dera su dimensiniais skerspjūvio tyrimais paauglių klinikinėse imtyse (Wyssen et al., 2024) bei tęstiniais tyrimais, kuriuose asmenybės patologija vertinta remiantis ribinio asmenybės sutrikimo požymiais (Wright et al., 2016; Wertz et al., 2020). Tyrime gautos sąsajos tarp asmenybės funkcionavimo ir psichosocialinių rodiklių išliko net atsižvelgiant į disreguliacijos rodiklius, kurie apima internalius, eksternalius ir dėmesio sunkumus. Šis rezultatas pabrėžia unikalią asmenybės patologijos reikšmę, nepriklausomą nuo internalių ir eksternalių sunkumų poveikio, taip pat patvirtinant šių sunkumų atpažinimo paauglystėje svarbą.

Emocinio smurto ir apleistumo reikšmė asmenybės funkcionavimui

Vaikystėje patirtas smurtas ir apleistumas (angl. *childhood maltreatment*) siejami su įvairiomis neigiamomis pasekmėmis, įskaitant maždaug dvigubai didesnę psichikos sutrikimų riziką, palyginti su tokios patirties neturėjusiais asmenimis (McLaughlin et al., 2012). Šios disertacijos tyrimo rezultatai parodė, kad 59 % (klinikinės ir bendrosios imties) paauglių nurodė vaikystėje patyrę bent vieną smurto formą, o emocinis smurtas arba emocinis apleistumas buvo dažniausios formos, apie kurias pranešė beveik pusė tyrimo dalyvių. Be to, nustatyta, kad internalūs ir eksternalūs sunkumai gali veikti kaip tarpininkai tarp vaikystės smurto ir asmenybės funkcionavimo, tuo tarpu emocinis apleistumas pasižymėjo tiesioginiu ryšiu su asmenybės funkcionavimu. Šie rezultatai dera su metaanalize, apimančia 97 tyrimus, kurioje nustatyta ypač stipri sąsaja tarp ribinio asmenybės sutrikimo ir

vaikystėje patirto emocinio smurto ir apleistumo (Porter et al., 2020). Emocinis apleistumas gali prisidėti prie bevertiškumo jausmo ir žemos savivertės, nes nepatenkinami vaiko poreikiai netiesiogiai perteikia nevertingumo jausmą (Cicchetti & Lynch, 1995). Įvairių smurto formų atvejais dažnai nutinka taip, kad asmenys, iš kurių tikimasi paramos ir rūpesčio, kartu tampa grėsmės, nerimo ir apleistumo šaltiniais. Tai sukuria rimtų iššūkių formuojant savireguliaciją ir savasties tęstinumo jausmą (Luyten et al., 2020), taip pat vystant savivertę ir ryšio su kitais jausmą (Fonagy et al., 2017), kurie yra pagrindinės asmenybės funkcionavimo dimensijos. Tyrimai ir teoriniai modeliai, aiškinantys kelią nuo vaikystės smurto iki asmenybės patologijos, išlieka sudėtingi ir apima daugybę galimų raidos kelių. Tačiau atsižvelgiant į naujausių tyrimų rezultatus, pabrėžiančius ypatingą emocinio smurto ir ypač emocinio apleistumo, reikšmę, būsimuose tyrimuose būtų svarbu perspektyviai tirti šį ryšį, siekiant geriau suprasti raidos mechanizmus, siejančius emocinį apleistumą ir asmenybės patologiją.

Asmenybės funkcionavimo trajektorijų paauglystėje ir su jomis susijusių veiksnių supratimas

Dimensinė asmenybės sutrikimų konceptualizacija leidžia įvertinti ne tik galimą asmenybės sutrikimo buvimą, bet ir jo laipsnį. Šis požiūris gali suteikti daugiau įžvalgų apie sutrikimų stabilumą laikui bėgant ir galimus pokyčius skirtinguose sunkumo lygmenyse. IV publikacijos rezultatai parodė, kad vertinant asmenybės funkcionavimą su pradiniu ir dviem pakartotiniais matavimais per 2 metus buvo nustatytos 4 asmenybės funkcionavimo trajektorijų grupės. Nors dauguma paauglių pateko į normatyvaus funkcionavimo trajektorijas (70,7%), likusieji 29,3% pasižymėjo įverčiais, galinčiais rodyti riziką sutrikimui. Taip pat iš šių maždaug trečdaly tyrimo dalyvavusių paauglių 3,7% pasižymėjo itin aukštais įverčiais, viršijančiais daugiau nei du standartinius nuokrypius nuo Lietuvos normų. Ši grupė, tikėtina, atspindi 1–3% paauglių, kurie bendrosios populiacijos tyrimuose identifikuojami kaip turintys asmenybės patologiją (Zanarini et al., 2011). Be to, per dvejų metų laikotarpį tarp pradinio ir kartotinių matavimų nustatytos asmenybės funkcionavimo trajektorijos išliko stabilios, kas dera su kitais naujausiais paauglių asmenybės funkcionavimo tyrimais (Iannattone et al., 2024; Eggermont et al., 2023). Tyrimo taip pat buvo nustatyta, kad nerimo, dėmesio deficito/hiperaktyvumo ir afektiniai sunkumai diferencijavo normatyvinę ir nežymaus sutrikimo trajektorijas, tuo tarpu normatyvinę ir žymaus sutrikimo trajektorijas skyrė tik afektiniai sunkumai. Šie rezultatai dera su kitais tyrimais, rodančiais, kad paaugliai, pasižymintys prastesniu

asmenybės funkcionavimu, pasižymi aukštesniais įvairių psichopatologijos formų įverčiais (Wyssen et al., 2024; Thomson et al., 2024; Eggermont et al., 2023; Hessels et al., 2024). Tiek šio tyrimo, tiek kitų autorių rezultatai rodo, kad egzistuoja paauglių pogrupis, pasižymintis sudėtingu komorbidiškumu ir plačiai paplitusiais sunkumais įvairiose srityse. IV publikacijos rezultatai kartu su kitais tyrimais pabrėžia, kad asmenybės funkcionavimo sutrikimai gali būti ne tokie reti, kaip kartais manoma, ir jei sutrikimai pasiekia aukštesnį lygį, jie nėra linkę išnykti savaime ar būti normatyvi paauglystės turbulentiškumo dalis. Apibendrinant, asmenybės funkcionavimo konstruktas turi potencialą padėti anksčiau atpažinti sunkumus ir sudaryti prielaidas savalaikėms bei tikslingoms intervencijoms, siekiant sumažinti tiek asmenybės patologijos, tiek kitų psichikos sveikatos sunkumų riziką paauglystėje.

Mokslinio darbo praktinė vertė

Kaip konstruktas, skirtas vertinti sutrikimus ir stebėti jų stabilumą bei pokyčius laikui bėgant, asmenybės funkcionavimo lygmuo dar nėra įrodęs savo numatyto pranašumo prieš kategorinį modelį klinikinėje praktikoje. Remiantis šioje disertacijoje pateiktų keturių straipsnių rezultatais ir kitų tyrėjų įžvalgomis paauglių asmenybės sutrikimų srityje, šiame skyriuje aptariami keli pagrindiniai aspektai, svarbūs klinikiniam darbui.

Pirma, nustatyta, kad beveik kas trečias paauglys nurodė patiriantis asmenybės funkcionavimo sunkumų, kurie per dvejus metus išlieka nepakitę, o tai rodo, kad tokie sutrikimai nėra tokie reti, kaip anksčiau manyta. Dimensinis asmenybės funkcionavimo sutrikimų vertinimas, kaip apibrėžta DSM-5 AMPD ir TLK-11, leidžia nustatyti sunkumus, kurie nepasiekia pilno sutrikimo diagnostinio slenkščio, tačiau, kaip aptarta anksčiau, yra susiję su įvairiomis neigiamomis psichosocialinėmis pasekmėmis. Atsižvelgiant į tai, kad asmenybės funkcionavimo sutrikimai susiję tiek su esamais, tiek su būsimais psichosocialiniais sunkumais, kurie gali išlikti laikui bėgant, bei į turimus validuotus atrankos ir vertinimo instrumentus, ankstyvas šių sunkumų atpažinimas yra pagrįstas. Kaip ir bet kurios psichikos ar fizinės sveikatos būklės atveju, atpažinimo laikas yra itin svarbus, ypač paauglystėje, raidos etape, kurio sėkmė priklauso nuo sklandaus perėjimo į suaugystę ir prisitaikymo prie naujų vaidmenų.

Antra, tyrimai rodo, kad gydymo siekiantys paaugliai, turintys asmenybės patologiją, patiria didesnę stigmatizaciją nei tie, kurie turi kitų sunkių sutrikimų (Catthoor et al., 2015). Todėl perėjimas nuo kategorinės konkrečių asmenybės sutrikimų diagnozės prie asmenybės sutrikimo

sunkumo vertinimo TLK-11 (įskaitant asmenybės sunkumus) galėtų padėti sumažinti šią stigmatizaciją. Be to, orientacija į sutrikimų sunkumo laipsnį gali netiesiogiai perteikti, kad šių sunkumų intensyvumas gali keistis laikui bėgant, taip paneigiant vis dar paplitusį mitą, jog asmenybės sutrikimas yra visą gyvenimą trunkanti ir nekintanti būklė.

Trečia, tiek šis, tiek kiti moksliniai tyrimai atskleidė skirtingas asmenybės funkcionavimo trajektorijas, atspindinčias conceptualizuotus sunkumo lygius –nuo sveiko funkcionavimo iki sunkių sutrikimų. Šis dimensinis požiūris, pereinantis nuo dichotominio „yra/nėra“ vertinimo prie sunkumo laipsniu pagrįsto vertinimo, sudaro sąlygas ankstyvesnei pagalbai ir „dozės-efekto“ principu pagrįstoms intervencijoms (Cavelti et al., 2024; Kaess et al., 2024), kurios gali padėti efektyviau naudoti psichikos sveikatos priežiūros išteklius. Paaugliai, patiriantys mažesnio sunkumo simptomus, gali gauti naudos iš bendresnių intervencijų, tuo tarpu tie, kuriems būdingi aukšti ir nuoseklūs asmenybės funkcionavimo sutrikimų įverčiai, kartu su kitais komorbidiskais psichikos sveikatos sunkumais ir neigiamu poveikiu psichosocialiniam funkcionavimui, turėtų būti nukreipiami į specializuotas, moksliskai pagrįstas intervencijas. Remiantis šiuo požiūriu, buvo pasiūlyti klinikinio lygio (angl. *Clinical staging*) modeliai, kuriuose įvertintas sutrikimo lygis nurodo reikalingos intervencijos intensyvumą, siekiant sumažinti laiką tarp sutrikimų atpažinimo ir tinkamo gydymo pradžios (plačiau žr. Chanen et al., 2016; Hutsebaut et al., 2019; Sharp et al., 2021).

Ketvirta, nustatyta emocinio apleistumo ir smurto bei asmenybės funkcionavimo sąsaja yra ypač svarbi klinicinei praktikai, nes šios smurto formos dažnai yra sunkiau atpažįstamos tiek specialistų, tiek pačių paauglių. Todėl kartu su akivaizdesnių smurto formų vertinimu emocinio smurto identifikavimas ir jo poveikio įvertinimas yra itin reikšmingas klinikiu požiūriu.

Galiausiai, asmenybės funkcionavimo ir jo sutrikimų vertinimas paauglystėje dar nėra plačiai taikomas klinikinėje praktikoje, todėl kol šis vertinimas netaps įprasta praktika, naujausi tyrimai rodo, kad labiau pastebimi sunkumai, tokie kaip intensyvus pyktis, savižala ar suicidiškumas, gali padėti atrinkti paauglius, kuriems reikalingas išsamesnis įvertinimo dėl galimos asmenybės sutrikimų rizikos (Diondet et al., 2024).

Tyrimo ribotumai

Prieš aptariant tyrimo ribotumus, svarbu pabrėžti, kad tai yra pirmasis prospektyvus paauglių asmenybės patologijos tyrimas Lietuvoje. Tyrimas ne tik apėmė didelę paauglių imtį su plačiu amžiaus diapazonu vertintą per dvejus metus, bet ir įtraukė klinikinę imtį, analizuotą skerspjūvio būdu, taip

papildomai sustiprinant tyrimo reikšmę. Paauglių asmenybės patologijos tyrimų sritis pasaulyje vis dar plečiasi, todėl šis tyrimas svarbus ne tik Lietuvoje, bet ir platesniame kontekste, tačiau jis nėra be ribotumų. Nors vienas iš tyrimo privalumų yra tai, kad asmenybės funkcionavimas buvo vertinamas naudojant validuotą ir standartizuotą Asmenybės funkcionavimo lygio klausimyną (LOPF-Q 12–18), sukurtą remiantis DSM-5 AMPD modeliu ir skirtą paauglių asmenybės sutrikimams vertinti, o ankstesni tyrimai parodė jo validumą tiek DSM-5, tiek TLK-11 kontekste (Zimmermann et al., 2022), tai vis dėlto yra savistatos instrumentas. Atsižvelgiant į tai, kad šiame tyrime nagrinėjami asmenybės funkcionavimo sutrikimai yra susiję su savirefleksijos gebėjimu, klausimynai gali atspindėti subjektyvią paauglių patirtį apie save ir savo santykius, kuri gali būti veikiamą jų individualių savirefleksijos gebėjimų. Šis ribotumas taikomas ir kitiems tyrimo kintamiesiems, nes savistatos metodų naudojimas gali lemti atsakymų šališkumą ir padidinti koreliacijas tarp kintamųjų (Podsakoff et al., 2003). Antra, tyrimo dizainas apėmė tris matavimo taškus per dvejus metus, kas riboja galimybę nustatyti sudėtingesnius nei linijinius pokyčius. Trečia, nors klinikinė imtis leido įtraukti asmenis su plačiu asmenybės funkcionavimo lygių spektru, tik 2,1 % paauglių turėjo oficialią asmenybės sutrikimo diagnozę, kuri Lietuvoje diagnozuojama labai retai (Higienos institutas, 2023). Taigi, klinikinė imtis buvo heterogeniška pagal nurodytus sunkumus, todėl rezultatai turėtų būti interpretuojami atsargiai.

IŠVADOS

- 1) LOPF-Q 12–18 klausimynas atspindi vienmatę struktūrą, nustatytas geras jo validumas, todėl šis instrumentas laikytinas tinkamu paauglių asmenybės funkcionavimui vertinti pagal dimensinę asmenybės patologijos sampratą, grindžiamą DSM-5 AMPD ir TLK-11 diagnostiniais modeliais.
- 2) Asmenybės funkcionavimo lygmuo prognozavo psichosocialinį funkcionavimą bendrojoje paauglių imtyje po vienerių metų. Unikali sąsaja tarp asmenybės funkcionavimo ir psichosocialinio funkcionavimo išliko reikšminga net ir kontroliuojant esamus psichologinius sunkumus, pabrėžiant ankstyvo šių sunkumų atpažinimo svarbą paauglystėje.
- 3) Maždaug vienas iš trijų paauglių jungtinėje imtyje retrospektyviai nurodė patyręs smurtą ar apleistumą vaikystėje, o šios patirtys buvo susijusios su žemesniu asmenybės funkcionavimo lygmeniu. Internalūs ir eksternalūs sunkumai mediavo ryšį tarp patirto smurto ar apleistumo ir asmenybės funkcionavimo, o ženklėsniai netiesioginiai efektai nustatyti emocinio smurto ir emocinio apleistumo atvejais; emocinis apleistumas išlaikė ir tiesioginį ryšį su asmenybės funkcionavimu.
- 4) Per tris matavimo taškus dvejų metų laikotarpiu buvo nustatytos keturios asmenybės funkcionavimo trajektorijos, pasižyminčios stabilumu, įskaitant trajektorijas, atspindinčias nežymų ir žymų sutrikimą. Trajektorija, atspindinti žymų sutrikimą, apėmė 3,7 % paauglių bendrojoje imtyje ir dera su asmenybės sutrikimo paplitimo įverčiu populiacijoje. Priklausymas žemesnio asmenybės funkcionavimo lymens trajektorijoms buvo susijęs su dėmesio stokos ir hiperaktyvumo, nerimo bei afektiniais sunkumais pirmajame matavimo taške.
- 5) Šioje disertacijoje pristatytas tyrimas reikšmingai prisideda prie empirinio pagrindo stiprinimo asmenybės patologijos dimensinei sampratai paauglystėje, atskleidžiant asmenybės funkcionavimo trajektorijų įvairovę, reikšmingas sąsajas su kitais psichikos sveikatos sunkumais, vaikystėje patirtu smurtu ir apleistumu bei prospektyviais psichosocialiniais sunkumais. Disertacijoje gauti rezultatai dera su ankstesniais ir naujausiais paauglių ir suaugusiųjų tyrimų duomenimis.

ABOUT THE AUTHOR

Elena Gaudiešiūtė prepared her doctoral dissertation from 2020 to 2026 at the Developmental Psychopathology Research Center, Institute of Psychology, Vilnius University. She obtained her master's degree in clinical psychology from Vilnius University in 2017, graduating *Cum Laude*. Findings from her doctoral work have been published in peer-reviewed scientific journals and presented at both international and national conferences. She also completed a research visit at the University of Houston (USA). During her doctoral studies, she worked as a lecturer and junior researcher, contributing to several research projects focused on personality pathology in adolescents. Her research and clinical interests center on personality pathology across adolescence and adulthood, with particular attention to personality functioning and associated constructs, including childhood maltreatment and broader mental health difficulties. Alongside her academic work, she provides psychological counseling to adolescents and adults in private practice.

NOTES

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