Design and Determine Psychometric Properties of Cluster A Personality Disorder Questionnaire

Abstract

Objective: This study was conducted to design and determine psychometric properties of Cluster A personality Disorder Questionnaire in Iran.

Method: this was a methodology study. Statistical population consisted of 1375 students of Islamic Azad University North Branch, Central Branch, Roudehen Branch and Karaj Branch selected using random sampling method. Of completed 1375 questionnaires, 1303 questionnaires were selected because of invalid and malformed collected questionnaires. Data were analyzed using descriptive statistics-mean, standard deviation inferential statistics-determination coefficient, and Cronbach's alpha- to examine validity and reliability oftest; Millon Personality Disorder Questionnaire considered as external benchmark. In addition, t and z tests were used for standardization.

Findings: results showed the obtained Cronbach's alpha for subscales including Paranoid, Schizoid, and Schizotypal equal to 0.610, 0.674, and 0.650, respectively. Internal consistency of questionnaire items was significant based on Cronbach's alpha at level of 0.05 ($P<0.005$) indicating internal stability, validity, and reliability of test. Evidences from simultaneous validity correlation indicated positive and significant correlation between scores of two tests.

Discussion and Conclusion: it can be stated in accordance with the results obtained from study that Cluster A Personality Disorder Questionnaire is a valid and reliable instrument to diagnose clinical symptoms of cluster A personality disorder in Iranian community.

Keywords: Standardization, A Personality Disorder, Psychometric Properties, Iran

Introduction

Personality disorder is one of the most disabling psychological disorders (Seligman & Aperture,2016); according to the definition of DSM-IV-TR this disorder is a sustainable pattern of internal behavior and experience that are considerably opposed to cultural expectations. This is a pervasive and inflexible disorder initiating at adolescence period or adulthood leading to distress and disorder by the passage of time (American psychiatric association,2015).

This disorder is resulted from a complicated interaction between personal and environmental genetic readiness and affect intellectual performance scopes such as self-control, behavioral, cognitive, emotional, interpersonal, and biological processes (Sadvk&Sadvk,2016). Prevalence of this disorder has been estimated to 10-20% among public population (Sadock, Kaplan & Sadock,2015) and to 51-86% among psychiatric patients (Tyrer et al.,2015).

Studies have indicated higher rate of personality disorder among young people so that they are more vulnerable to such disorders (Chabrolet al.,2007); there is 18.6% rate of personality disorder prevalence among young people (Moranet al.,2006). This disorder is along with other mental disorders such as drug abuse, mental disorders, impulse control disorders, eating disorder, anxiety disorder, and suicide (Millon et al.,2004).

According to the fifth version of diagnostic-statistical manual of mental disorders (DSM-IV-TR), personality disorders are classified to three groups regarding their descriptive similarities. These categories are as follows: cluster A disorders includingparanoid, schizoid and schizotypal that may seem strange and odd people; cluster B disorders includingantisocial personality disorder, borderline personality disorder, histrionic personality disorder and narcissistic personality disorder that are often dramatic, emotional or unpredictable individuals; cluster C disorders includinggavoidant, dependent, and obsessive-compulsive personality disorders that anxiety and fear are their traits (Esbec& Echeburua,2011; Ganji, 2013).

To evaluate personality disorder two main approaches (categorical &dimensional)are used usually. The fourth version of DSM-IV-TR was related to categorical approach to personality disorder; this approach is simply used facilitating diagnosis and treatment process (Sadock&Sadock, 2009).

There have been various instruments such as diagnostic personality disorder questionnaire-version four for personality disorder appraisal; this questionnaire has been designed based on DSM-IV evaluating 10 kinds of personality disorder among various populations and results have shown its suitable internal consistency and reliability (Calvo& et al.,2012).

Personality factor structure (PID-5) can be mentioned as another questionnaire had been designed based on DSM-5. This questionnaire was initially designed by Krueger and Markon in 2012 then was published officially when DSM-5 was published. PID-5 evaluates 25 primary traits within 5 higher-order domains includingnegative affectivity, detachment, antagonism,disinhibition, and Psychoticism.NEO Personality Inventory (Big Five personality traits) is another questionnaire providing an inclusive framework to describe personality and

its disorders. It is a debatable issue whether it is possible to examine personality disorders using personality traits. Results obtained from various studies indicate that it is not possible to classify all personality disorders using these instruments (Soraya & et al.,2017). In other words, none of studies could find distinguishing certain disorder categories for different populations theoretically based on statistical findings (Eaton & et al.,2011).

PSY-5 scale is another instrument for personality disorder screening that predicts many of personality disorders, in particular symptoms related to antisocial personality disorder,narcissistic,schizotypal, and paranoid even better than NEO-PI-R scales (Bagby& et al.,2008).

However, all of these instruments should be validated and standardized in Iran and Asian countries because of cultural mismatch. On the other hand, long form of these instruments may reduce motivation of respondent leading to invalidity of test; hence, short-form version of these instruments should be designed considering the cultural fit. Accordingly, this study aimed at designing and determining psychometric properties of cluster A personality disorder questionnaire for Iranian population.

Method

This study was conducted to design and evaluate reliability of diagnostic test of A personality disorder standardizing it in Iran. This was a methodological study. Statistical population consisted of 1375 students studying inIslamic Azad University North Branch, Central Branch, Roudehen Branch and Karaj Branch selected using random sampling method. Of completed 1375 questionnaires, 1303 questionnaires were selected because of invalid and malformed collected questionnaires. Data were analyzed using descriptive statistics-mean, standard deviation inferential statistics- determination coefficient, and Cronbach's alpha- to examine validity and reliability of test; Millon Personality Disorder Questionnaire considered as external benchmark. In addition, t and z tests were used for standardization.

Design Steps

To design, validate and standardize the questionnaire, methodological study was used in this research. In this case, some steps were taken to validate the instrument; moreover, some measures were implemented as initial actions in research plan. These steps were underpinned as initial actions to provide a proper field for implementing cluster A personality disorder questionnaire among 1303 members after analyzing the instrument and trial test.

Step 1: purposeful study was conducted at this step and relevant papers were reviewed to design initial questions of A dimension personality disorder diagnostic questionnaire (80 questions)using clinical experience of some Iranian psychologists and psychiatrists through deep interview with 18 students (8 female and 10 male students) by Farah Lotfi and ShahramVaziri (psychologists).

Step 2: preparing initial questions and examining face validity of items, required corrections were done and understandability of questions (simply understandable and matching to Iranian culture) tested.

Step 3: the adjustment between items and personality disorder criteria of DSM-IV-TR was tested then items unrelated to dimension A personality disorder symptoms were removed from questionnaire.

Step 4: at this step,80-item A personality disorder questionnaire distributed among 1375 students and Millon questionnaire distributed simultaneously among 70 students studying inIslamic Azad University North Branch, Central Branch, Roudehen Branch and Karaj Branch.

Step 5: reliability of itemswas evaluated and thenMagnson method was applied to calculate determination coefficient of items; moreover, Cronbach's alpha coefficient was used to test internal consistency of questions and those questions with lower determination coefficient were removed. In this regard, the highest internal consistency between each question and its relevant subscale was determined.

Step 6: to standardize the test, statistical sample was divided to two high and lower 27% groups with and without disorder- PI and PU based on Magnson offer. In this regard, 16 questions of two groups with and without disorder were selected then statistical calculations were done and then reliability of each subscale was examined using Cronbach's alpha.

Step 7: t and z tests were implemented at this step to standardize cluster A personality disorder questionnaire.

Measurement Instruments

Researcher-made questionnaire of cluster A personality disorder and multi-axial inventory (MCMI-III) were used as external benchmark in this research.

Cluster A personality disorder questionnaire: this is an objective questionnaire based on diagnostic criteria of DSM-IV-TR suitable for Iranian population and culture that was designed by Dr. ShahramVaziri and Dr. Farah Lotfi Kashani (2010) to examine cluster A

personality disorders. This questionnaire consisted of 80 questions that their internal consistency was examined then items with weak determination coefficient were removed and questions dropped into 32 questions. Question related to clinical symptoms are presented in table 4.

Millon Clinical Multiaxial Inventory (MCMI-III): is a self-assessment scale that is used for clinical decision-making and diagnosis of disorder or psychometric symptoms in participants. This questionnaire consists of 175 yes/no items evaluating clinical pattern of personality and clinical symptoms in adults older than 18. MCMI-III consisted of 11 subscales including Schizoid, Avoidant,Melancholic, Dependent, Histrionic, Narcissistic,Antisocial, Sadistic,Compulsive,Negativistic,and Masochistic personalities. This test has been revised twice since its release time (1969) and is one of most used mental tests in intercultural studies. MCMI was designed based on pathological model of Millon; this test has been standardized twice and its second version was standardized in 1993 by NahidKhajeMogehi and NaghiBaraheni in Tehran. The third version of this test was also standardized by Sharifi in Isfahan in 2002. The results obtained from retest showed correlation range of 0.58-0.93 for personality disorder scales (Antikchi, Allah Bigdeli& Sabahi,2017).

Findings

This section presents descriptive data (mean, standard deviation, and change domain), and calculated internal consistency (Cronbach's alpha) for questions, subscales of cluster A diagnostic personality disorder questionnaire, and data relevant to simultaneous implementation of Millon personality disorder questionnaire to examine benchmark validity.

According to the results obtained from demographic data, 42% of statistical population is men and 58% women. In terms of marital status, 63% are single and 37% married. In terms of age, 9.6% are younger than 20, 60.2% are at age range of 21-25, and 30.2% are older than 25 (Table 1).

Results indicated in table 2 show the correlation coefficient between most of the questions equal to 0.2-0.7; therefore, it can be stated that this questionnaire enjoys a suitable correlation. Reliability of each question of Cluster A Personality Disorder Questionnaire indicated an optimum rate.

Table 1. Frequency distribution of demographic data of participants

Frequency	Frequency percent		
42%/3	0/423	man	Gender
57%/7	0/577	woman	
63%	0/63	single	marital status
37%	0/037	married	
9%/6	9/6	20>	Age
60%/2	0/602	21-25	
30%/2	0/302	>25	

Table 2. Contribution of each question in reliability of Cluster A Personality Disorder Questionnaire

Schizotypal				Schizoid				Paranoid			
Cronbach's alphain case of question removal	corrected question-total correlation	variance in case of question removal	Questions	Cronbach's alpha in case of question removal	corrected question-total correlation	variance in case of question removal	questions	Cronbach's alphain case of question removal	corrected question-total correlation	variance in case of question removal	questions
0/577	0/264	10/120	7	0/662	0/101	11/750	3	0/577	0/226	9/476	4
0/612	-0/016	9/841	8	0/635	0/338	11/024	7	0/612	0/291	10/359	7
0/576	0/284	10/198	9	0/652	0192	11/460	20	0/576	0/187	9/642	12
0/610	0/028	10/410	10	0/663	0/092	11/785	21	0/610	0/093	161/10	15
0/557	0/396	10/119	13	0/645	0/249	11/318	22	0/557	0/202	9/091	22
0/586	0/197	9/889	15	0/654	0/173	11/508	28	0/586	0/262	9/368	28
0/581	0/237	9/817	16	0/641	0/287	11/170	30	0/581	0/289	9/584	34
0/592	0/151	10/369	25	0/668	0/045	11/942	31	0/592	0/134	9/909	41
0/572	0/296	10/116	33	0/639	0/302	11/094	33	0/572	0/221	9/349	44
0/584	0/212	10/053	35	0/639	0/304	11/098	34	0/584	0/234	9/585	45
0/568	0/318	10/056	36	0/635	0/339	10/990	36	0/568	0/206	9/295	50
0/596	0/119	9/935	41	0/628	0/406	10/906	40	0/596	0/254	9/958	52
0/569	0/318	10/038	43	0/654	0/166	11/635	41	0/569	0/219	9/359	54
0/593	0/152	9/885	49	0/633	0/363	10/990	43	0/593	0/268	9/774	59
0/582	0/223	9/855	52	0/653	0/181	11/580	44	0/582	0/271	9/581	61
0/574	0/281	10/415	61	0/643	0/271	11/283	45	0/574	0/112	9/383	64
0/604	0/057	10/389	64	0/650	0/212	11/279	50	0/604	0/098	10/118	67
0/605	0/064	10/032	67	0/642	0/275	11/201	54	0/605	0/213	10/390	69
0/572	0/291	10/099	71	0/637	0/328	11/137	75	0/572	0/199	9/354	73
0/590	0/166	10/162	73	0/652	0/187	11/491	80	0/590	0/181	9/749	80

Table 3. Determination coefficient of questions and weight of each question in reliability of Cluster A Personality Disorder Questionnaire

Schizotypal				Schizoid				Paranoid			
Cronbach's alpha	D	Groups	questions	Cronbach's alpha	D	groups	questions	Cronbach's alpha	D	groups	questions
0/577	0/491	PU PL	7	0/662	0/278	PU PL	3	0/595	0/398	PU PL	4
0/612	0/122	PU PL	8	0/635	0/551	PU PL	7	0/585	0/520	PU PL	7
0/576	0/364	PU PL	9	0/652	0/395	PU PL	20	0/600	0/361	PU PL	12
0/610	0/196	PU PL	10	0/663	0/290	PU PL	21	0/613	0/293	PU PL	15
0/557	0/651	PU PL	13	0/645	0/446	PU PL	22	0/598	0/409	PU PL	22
0/586	0/455	PU PL	15	0/654	0/355	PU PL	28	0/589	0/503	PU PL	28
0/581	0/420	PU PL	16	0/641	0/509	PU PL	30	0/585	0/537	PU PL	34
0/592	0/278	PU PL	25	0/668	0/233	PU PL	31	0/606	0/298	PU PL	41
0/572	0/548	PU PL	33	0/639	0/534	PU PL	33	0/595	0/375	PU PL	44
0/584	0/443	PU PL	35	0/639	0/520	PU PL	34	0/593	0/420	PU PL	45
0/568	0/5354	PU PL	36	0/635	0/543	PU PL	36	0/597	0/409	PU PL	50
0/596	0/287	PU PL	41	0/628	0/597	PU PL	40	0/591	0/486	PU PL	52
0/569	0/511	PU PL	43	0/654	0/355	PU PL	41	0/595	0/435	PU PL	54
0/593	0/369	PU PL	49	0/633	0/537	PU PL	43	0/588	0/474	PU PL	59
0/582	0/438	PU PL	52	0/653	0/332	PU PL	44	0/588	0/509	PU PL	61
0/574	0/526	PU PL	61	0/643	0/455	PU PL	45	0/609	0/270	PU PL	64
0/604	0/219	PU PL	64	0/650	0/420	PU PL	50	0/612	0/267	PU PL	67
0/605	0/256	PU	67	0/642	0/483	PU	54	0/596	0/420	PU	69

		PL				PL				PL	
0/572	0/534	PU	71	0/637	0/489	PU	75	0/598	0/386	PU	73
		PL				PL				PL	
0/590	0/384	PU	73	0/652	0/341	PU	80	0/600	0/401	PU	80
		PL				PL				PL	

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182 To determine validity of test, simultaneous criterion validity correlation evidences were used.
183 In this case, correlation coefficient between scores of 70 participants inMCMI and Cluster A
184 Personality Disorders test was calculated and the obtained result was significant at level of
185 0.05. According to the obtained significant coefficient, it can be stated thatCluster A
186 Personality Disorders Questionnaire is acceptably valid. According to Magnson method and
187 distribution of scores and responses matrix, scores above and lower 27% considered as
188 persons with and without any specific trait, respectively then the difference between two
189 groups in responding a specific question was calculated using determination coefficient test
190 (D). According toNatal and Skornik, determination coefficient lower than 21% is not
191 significant and only determination coefficient of 22%-31% are significant at 0.05 level and
192 coefficients above 0.32 are significant at level of 0.01.
193 Therefore, questions 12, 15, 64, 67 of Paranoid subscale, questions 3, 21, 31, 80 of Schizoid
194 subscale, and questions 8, 10, 64, 67 of Schizotypal subscale were removed because of low
195 determination coefficients (Table 3).
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Table 4. Reliability coefficient and corrected question related to subscales

reliability	Question number																Scale
0/610	4	7	22	28	34	41	44	45	50	52	54	59	61	69	73	80	Paranoid
0/674	7	20	22	28	30	33	34	36	40	41	43	44	45	50	54	75	Schizoid
0/650	7	9	13	15	16	25	33	35	36	41	43	49	52	61	71	73	Schizotypal

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202 According to table 4, Cronbach's alpha of subscales of Cluster A Personality Disorders
203 Questionnaire is above 0.6; the obtained alpha coefficients for three clinical symptoms (0.650,
204 0.674, 0.610) indicated considerable validity and reliability of three subscales.
205 Hence, 16 questions with best conditions based on determination coefficient of contribution of
206 each question in reliability were selected using diagnostic components of tables for each
207 question under each subscale. Table 4 indicates relevant questions to each subscale.

To design the standard table for Iranian community, standard scores of t and z (mean=0 and standard deviation=1) were calculated for raw score of students (1303 members) and results reported in table 5.

Table 5. Standardized t and z norm for respondents

Schizotypal			Schizoid			paranoid			Total
T scores	Z scores	cumulative percent	T scores	Z scores	cumulative percent	T scores	Z scores	cumulative percent	Questions
25	-2.46	0/7	20	-3	0/1	29	-2/15	1/6	0
31	-1.86	3/2	21	-2/88	0/2	33	-1/71	4/4	1
36	-1/38	8/4	25	-2/51	0/6	37	-1/29	9/9	2
40	-0/96	16/8	29	-2/1	1/8	41	-0/87	19/3	3
44	-0/65	25/9	33	-1/71	4/4	45	-0/53	29/9	4
47	-0/32	37/5	36	-1/43	7/7	48	-0/21	41/5	5
50	0/02	50/9	39	-1/08	14/1	51	0/11	54/4	6
53	0/34	63/2	42	-0/77	22/2	54	0/42	66	7
56	0/61	72/9	45	-0/49	31/4	57	0/73	76/7	8
59	0/87	80/8	50	-0/02	41/1	60	1/04	85	9
62	1/18	88/1	50	0/03	51	64	1/4	91/9	10
65	1/52	93/5	53	0/3	61/7	68	1/81	96/4	11
68	1/84	96/7	56	0/64	73/9	72	2/17	98/5	12
72	2/2	98/6	60	0/99	83/9	77	2/65	99/6	13
76	2/58	99/5	65	1/45	92/6	79	2/88	99/8	14
		100.0	71	2/08	98/1			100.0	15
					100.0				16

Discussion

This study was conducted to design Cluster A Personality Disorders Questionnaire, evaluate its reliability and standardize in an Iranian sample. To evaluate reliability of Cluster A Personality Disorders Questionnaire, cronbach's alpha was used and to standardize this test, T and Z tests were applied. Moreover, Millon's Personality Disorder Inventory was used as an external benchmark.

In this research, items were designed using qualitative method; in this regard, purposeful study was conducted and relevant papers were reviewed to design initial questions of A dimension personality disorder diagnostic questionnaire (80 questions)through deep interview with 18 students (8 female and 10 male students) by Farah Lotfi and ShahramVaziri (psychologists) then determination coefficient and reliability of questions were examined after assessing the

consistency between this questionnaire and personality disorder criteria and symptoms of DSM-IV-TR and approval of its face validity. Estimating determination coefficient, questions with low coefficient were removed then 16 questions with high internal consistency were selected for each subscale and then internal consistency, validity, and reliability of questions and subscales were tested.

In case of simultaneous criterion validity, findings indicated a positive correlation between Cluster A Personality Disorders Questionnaire andMCMI-III and it was expected this Millon questionnaire had the highest relation with this questionnaire. SinceMCMI-III is one of most-used diagnostic tests for personality disorder with high validity and reliability; therefore, internal correlation between two tests showed validity of Cluster A Personality Disorders Questionnaire in assessing clinical symptoms of cluster A (paranoid, schizoid, schizotypal).

Cronbach's alpha coefficients of subscales paranoid, schizoid, schizotypal obtained to 0.650, 0.0674, 0.610, respectively indicating acceptable reliability of Cluster A Personality Disorders Questionnaire.Vreeke andMuris(2012) conducted a study and reported Cronbach's alpha coefficient of 0.75-0.87 for clinical sample and coefficient of 0.79-0.86 for non-clinical sample. Valinejad (2012) obtained Cronbach's alpha between 0.64 and 0.78.

In addition, standardization table and t, z scores were determined for this scale so that these scores can provide some standard information about Cluster A Personality Disorders Questionnaire and this case can be considered as a basis to compare scores with a standard criterion; in this case, standard information about Cluster A Personality Disorders (paranoid, schizoid, schizotypal) can be compared between students so that patients will be simply diagnosed.

Reliability and validity analyses indicated optimal psychometric properties of studied scale. Therefore, this instrument can be used in studies related to personality disorders in Iran. This instrument also can be applied as a diagnostic instrument to screen individuals with cluster A personality disorders; in this regard, wrong diagnosis will be reduced, time and cost of clinical experts will be saved.

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