DPI

Developmental Profile Inventory

Clinical Practice Manual

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Introduction

The Developmental Profile Inventory (DPI) has been developed as a self-report questionnaire to identify the psychodynamic aspects of an individual's current functioning. Here, the maladaptive aspects of functioning are identified, as well as adaptive or "healthy" patterns in feelings, thoughts, and actions, as these manifest themselves in different areas of life. In this way, the DPI contributes to a strength/weakness analysis of personality functioning. This can be used as part of the process of diagnosing psychological problems, to establish indications for appropriate treatment, to guide the treatment process, and to monitor psychodynamic functioning over the course of time. The DPI can be used both in clinical practice and for scientific research.

The DPI derives its frame of reference from the Developmental Profile (DP) developed in the Netherlands by Prof. R.E. Abraham (1997, 2005). For the purposes of the DPI inventory method, the DP's frame of reference has been modified in various ways, and the developmental lines have been merged into three domains: *Self, Interpersonal functioning, and Problem-solving strategies.* The inventory generates scores across nine Developmental Levels: three *adaptive* levels (Individuation, Solidarity, and Generativity/Maturity) and six *maladaptive* developmental levels (Lack of Structure, Fragmentation, Egocentricity, Dependence, Resistance, and Rivalry). For each of these nine Developmental Levels in the DPI, the inventory includes four items for each of these three domains. In other words, there are a total of 12 items per Developmental Level. Thus, the entire DPI includes a total of 108 items.

The DPI involves "statistical norming", unlike the interview method used in the Developmental Profile, which is based on "clinical norming" (in which the assessor determines the scores by both qualitative and quantitative means). To this end, the raw score per Developmental Level is compared with the scores based on a general population norm group and a norm group consisting of patients in mental healthcare. Together, the statistically normed low (or very low), mean, or high (or very high) scores for the nine separate Developmental Levels produce a profile. This profile can then be interpreted in terms of its clinical significance.

In the inventory method, the individuals in question provide a personal assessment of their performance, based on a series of items that – to a greater or lesser extent – they feel are applicable to themselves. This method has a number of significant limitations. On certain scales, the scores awarded may be significantly higher or lower than scores that are based on the judgment of a competent outsider, or that are determined by means of alternative diagnostic methods. Thus, an inventory can never replace a balanced clinical judgement based on the integration of diagnostic information by a suitably trained and competent diagnostician. However, the inventory method can make a very valuable contribution to the diagnostic process.

This manual provides an overview of the backgrounds to the Developmental Profile and the Developmental Profile Inventory. A summary is also given of the key aspects of reliability and validity, which were previously derived on the basis of empirical research with the DPI.
Details of the references are given, based on the norm values obtained (which are provisional).
There is a description of the meaning that can be attributed to the individual nine adaptive and maladaptive Developmental Levels. Details are also provided of the specific therapeutic aspects that can be considered applicable to each of the Developmental Levels.

Development of the DPI

The DPI was directly derived from the Developmental Profile (Abraham, 1997, 2005), with its semi-structured interview method and scoring protocol (for a summary, see: Ingenhoven & Abraham, 2010; Polak et al., 2010). The items for the DPI were drawn up by four experts from the Developmental Profile Foundation (R. Abraham, R. Van, M. Polak and T. Ingenhoven). For the purposes of the DPI inventory method, the DP's frame of reference has been modified in various ways. The two most "mature" Developmental Levels (Generativity and Maturity) of the Developmental Profile have been merged, the developmental line of the DP's "Cognitions" has been omitted, and the remaining developmental lines have been combined into three domains: *Self, Interpersonal functioning, and Problem-solving strategies.* For each of the nine Developmental Levels in the DPI, the inventory includes four items for each of these three domains. In other words, there are a total of 12 items per Developmental Level. Thus, the entire DPI includes a total of 108 items.

The DPI generates scores across nine Developmental Levels: three *adaptive* levels (Individuation, Solidarity, and Generativity/Maturity) and six *maladaptive* Developmental Levels (Lack of Structure, Fragmentation, Egocentricity, Dependence, Resistance and Rivalry). The six maladaptive Developmental Levels are further divided into a *Primitive* cluster and a *Neurotic* cluster.

Adaptive (ADAP)		Generativity/Maturity
		Solidarity
		Individuation
Maladaptive (MALADAP)	Neurotic (NEURO)	Rivalry
		Resistance
		Dependence
	Primitive (PRIM)	Egocentricity
		Fragmentation
		Lack of Structure

To inspire the development of relevant items for the DPI, a review was conducted of numerous existing questionnaires that map specific domains of personality functioning. These included NEO-PI-R, TCI, IPO, SDQ, SMI, GAPD, DAPP-BQ, SIPP, and the ADP-IV. Items were selected from these lists that refer specifically to the psychodynamic functioning that is in line with one of the Developmental Levels. An inventory was also drawn up of existing items that had been collected on the basis of the Developmental Profile. Some were taken from the DP scoring protocol. Others were derived from statements made by clients in interviews. Those items that are most relevant for one of the subsequent Developmental Levels were then selected. Moreover, these items were textually reformulated to render them for use in the DPI.
The final result was a list of 108 items that were deemed to be most suitable for the respective Developmental Levels, and which appeared to be sufficiently consistent with the three domains of Self, Interpersonal functioning and Problem-solving strategies. This list was then presented to a number of professionals who had been trained to administer and score the Developmental Profile by its interview method. Based on their feedback, the items in question were once more further modified. This process ultimately resulted in the current inventory.

Research into reliability and validity
Details of the initial research into aspects of the DPI's reliability and validity are described in the paper by Polak et al. (2018). The results are summarised below .

Norming of the DPI
For the purpose of provisional norming, the DPI was administered to patients with personality disorders and to healthy controls. The mean scores on the various scales of the DPI serve as reference points when interpreting the results. For the time being, however, they should be tentatively interpreted as norm scores.

Translation of the DPI
Various organisations outside the Netherlands have expressed interest in the DPI. It was subsequently translated from Dutch into English and Norwegian (and then translated back again, for the purpose of validation).

Aspects of the DPI's reliability and validity

Details of the initial research into aspects of the DPI's reliability and validity are described in a study of Polak et al. (2018). For the purposes of that study, the DPI was administered to patients in psychotherapy for their personality disorder (N = 179) and to controls from the general population (N = 228). The results of that study are briefly summarised below.

The nine respective Developmental Levels (subscales) demonstrated good test-retest reliability (intra-class correlations: 0.73 to 0.91). Thus, repeated administration of the DPI without an intervention in the interim leads to consistent scores, which highlights the stability of these measurements. The subscales were also found to have adequate internal consistency reliability. The Cronbach's alpha values were "fair" to "good" in the patient group's DPIs (α: 0.67 to 0.88), and "satisfactory" to "good" in the general-population subjects (α: 0.71 to 0.91). In addition, the mean item-rest correlations indicated that the subscales were internally consistent (mean r_{it}: 0.30 to 0.50). Thus, per Developmental Level, each of the various items makes an adequate contribution to the total score for the subscale in question.

The DPI's assumed factor structure, involving nine Developmental Levels subdivided into the Adaptive, Neurotic, and Primitive clusters, was largely confirmed by confirmatory factor analysis (χ^2/df = 2.37, the root mean square error of approximation = 0.060, the root mean residual square = 0.078, and the comparative fit index = 0.630, where at least 80% of the items in each Developmental Level had a standardised factor loading in excess of 0.30). Moreover, using the DPI, it was also possible to draw a meaningful distinction between the above-mentioned two study populations. As expected, the general-population subjects had significantly more adaptive scores for Individuation, Solidarity, and Generativity/Maturity. In contrast, patients with a personality disorder had significantly higher scores for the maladaptive patterns of Rivalry, Resistance, Dependence, Fragmentation and Lack of Structure. Egocentricity was the only instance in which no significant difference was found. When the DPI scores were compared to other personality inventories (Severity Indices of Personality Problems, SIPP-118, Verheul, Andrea, & Berghout, 2008; the Personality Diagnostic Questionnaire 4+, PDQ-4 +, Hyler, 1994) and a symptom check list (Outcome Questionnaire, OQ-45, De Jong, Nugter, Polak, Wagenborg, Spinhoven, & Heiser, 2007) this gave an initial, positive impression of the DPI's convergent and discriminant validity. To briefly summarise, higher scores for the maladaptive levels were associated with higher PDQ total scores (more characteristics of personality disorders according to DSM-IV criteria), while higher scores for the adaptive levels (with the exception of Generativity) were actually

associated with lower PDQ total scores. Importantly, the same pattern was found for the correlation with the OQ-45 (i.e. more maladaptivity was associated with more complaints, whereas more adaptivity was associated with fewer symptoms). However, these relationships were weaker than with the PDQ-4+ (see Table 1, cf. Polak et al., 2018, p. 249). The latter indicates that DPI scores are more strongly related to personality traits than to purely psychiatric symptoms or psychological complaints. In general, the predicted relationships with the SIPP-118 domains were also confirmed. For example, Polak et al. reported strong correlations between Individuation and Identity Integration, $r(96) = 0.52$, $p < 0.01$ and between Solidarity and the domains of Relational Capacities, $r(96) = 0.61$, $p < 0.01$, and Social Concordance $r(96) = 0.47$, $p < 0.01$.

Table 1. Correlations between the DPI, PDQ-4+ Syndromes and total score and the OQ-45 total score (N = 98)

		Personality Disorder Symptom Counts									PDQ-4+	OQ-45
DPI Scales	SZT	PAR	SZD	BPD	NAR	ANT	HIS	DEP	AVD	OCD	Total score	Total score
Adaptive	-0.26*	-0.22*	-0.50**	-0.28**	0.05	-0.20	0.17	-0.17	-0.44**	-0.08	-0.34**	-0.30*
Generativity	-0.04	-0.05	-0.26*	-0.11	0.00	-0.14	0.08	0.06	-0.10	0.13	-0.07	-0.14
Solidarity	-0.29**	-0.27**	-0.55**	-0.25*	0.03	-0.19	0.27*	0.00	-0.37**	-0.22*	-0.32**	-0.24
Individuation	-0.27**	-0.19	-0.35**	-0.28**	0.07	-0.14	0.03	-0.46**	-0.56**	-0.07	-0.39**	-0.32**
Neurotic	0.37**	0.31**	0.21*	0.30**	0.39**	0.26*	0.43**	0.61**	0.55**	0.35**	0.65**	0.31**
Rivalry	0.25*	0.18	0.16	0.28**	0.49**	0.29**	0.44**	0.48**	0.37**	0.25*	0.57**	0.33**
Resistance	0.44**	0.35**	0.21*	0.26*	0.20	0.19	0.20	0.44**	0.55**	0.35**	0.55**	0.25*
Dependence	0.26*	0.24*	0.16	0.19	0.26*	0.17	0.41**	0.60**	0.45**	0.28**	0.48**	0.20
Primitive	0.47**	0.39**	0.27*	0.40**	0.47**	0.33**	0.37**	0.37**	0.33**	0.34**	0.63**	0.30*
Egocentricity	0.22*	0.09	0.08	0.19	0.48**	0.29**	0.22*	0.06	0.03	0.27**	0.32**	0.17
Fragmentation	0.45**	0.44**	0.25*	0.41**	0.39**	0.26*	0.40**	0.39**	0.33**	0.26*	0.61**	0.31*
Lack of Structure	0.48**	0.40**	0.31**	0.41**	0.37**	0.29**	0.30**	0.41**	0.36**	0.33**	0.62**	0.27*

Footnote. DPI = Developmental Profile Inventory, PDQ-4+ = Personality Diagnostic Questionnaire 4+, OQ-45 = Outcome Questionnaire-45;
SZT = Schizotypal, PAR = Paranoid, SZD = Schizoid, BPD = Borderline, NAR = Narcissistic, ANT = Antisocial, HIS = Histrionic, DEP = Dependent, AVD = Avoidant, OCD = Obsessive-Compulsive personality disorder
*$p < 0.05$, **$p < 0.01$

Ideally, further research should be carried out into different forms of DPI validity, such as research into the DPI's predictive performance (predictive validity). Further research is also needed to clarify the DPI's suitability for tracking changes in psychodynamic personality functioning over time (to measure the natural course or the effect of psychotherapeutic treatment, for example).

Developmental Levels

The DPI generates scores across nine Developmental Levels: three adaptive levels (Individuation, Solidarity, and Generativity/Maturity) and six maladaptive Developmental Levels (Lack of Structure, Fragmentation, Egocentricity, Dependence, Resistance, and Rivalry).
Aggregate scores are obtained from the sum of the three adaptive levels: ADAP, and the sum of the six maladaptive levels: MALADAP. In addition, the maladaptive levels can be further subdivided by the sum of the three "Neurotic" levels (Rivalry, Resistance, and Dependence): NEURO, and by the sum of the three "Primitive" levels (Lack of Structure, Fragmentation, and Egocentricity): PRIM.

Adaptive (ADAP)		Generativity/Maturity
		Solidarity
		Individuation
Maladaptive (MALADAP)	Neurotic (NEURO)	Rivalry
		Resistance
		Dependence
	Primitive (PRIM)	Egocentricity
		Fragmentation
		Lack of Structure

Here, we discuss the Developmental Levels using a "bottom-up approach", from the most primitive maladaptive Developmental level (Lack of Structure) to the most mature adaptive Developmental level (Generativity/Maturity). Each developmental level covers three domains: *Self, Interpersonal functioning, and Problem-solving strategies.*

Lack of Structure – The lack of one or more basic psychological capabilities, such as: not being able to perceive oneself as a single unity, as one coherent whole. Inability to differentiate oneself from others or the outside world. Inability to be in reflective control over one's own behaviour. Some examples would be: the feeling of completely losing oneself in contacts with others, or feelings of disintegration; having a tendency to react immediately and impulsively, without any consideration of consequences; the complete lack of a need for intimate relationships.
Fragmentation – A lack of inner consistency. Some examples would be: changes constantly in personal opinions and self-chosen goals; perceptions and points of view are black and white; use of primitive defences and a tendency to externalise; acting out behaviour; relationships with others are necessary to give structure to the inner world of experiences; a sense of a lack of direction; a strong need for external stimuli.
Egocentricity – An inflated and grandiose sense of self and wilfulness to empathise with – or take account of – the opinions, needs, or wants of others. Relationships with others are egocentric, instrumental, exploitative or cold. Disagreement is answered by massive devaluation of opponents
Dependence – Inability to function independently. Capable of surviving on their own, but convinced to be emotionally unable to do so. Living in constant fear of abandonment. Self-esteem is heavily dependent on external approval and affirmation. Lack of basic confidence in oneself.

Resistance – A lack of autonomy, of inner freedom. There is a fear of being dominated by others and, as a result, they are unable to stand for of their own. Tendency to engage in passive submission and/or to fight everything and everyone. Sets often excessively strict requirements for self and others, and adopt self-restrictive behaviours.
Rivalry – Insecurity about one's personal qualities as an adult man or woman, coupled with an unremitting drive to prove oneself and to excel others, setting high standards (perfectionism); a pursuit of social standing; to be sexually attractive, or to be in a special position. However, even achieving these goals do not eliminate the inner sense of insecurity. The constant need to pretend, to present a facade to the world, is coupled with a fear of failure or of being unmasked.
Individuation – Actually achieving personal aspirations, while taking the legitimate interests of others into account. Personal authenticity, in terms of the sense of self. Being allowed to act in accordance with one's own wishes, and being able to do so. Assertiveness whenever necessary.
Solidarity – An ability to engage in intimate relationships (friendships, romantic relationships) without any loss of personal authenticity. Deriving satisfaction from shared activities and cooperation. Being able to tolerate ambivalence, to call on others for help without relinquishing personal responsibility, and to empathise with other people's inner world of experience.
Generativity/Maturity – Being part of a greater whole in a committed way; actively sharing responsibility for a group, community, or society as a whole; being able to put things into perspective and to innovate; being able to deal with major losses. Being capable of altruism and of finding meaning – no longer placing personal or material interests above all else.

Norming of the DPI

Since 2012, for the purposes of (provisional) norming, the DPI has been administered to a number of patients with personality disorders and to a number healthy adults from the general population.

General Population Norm Group

To this end, a random sample of individuals was drawn from the general population between 2012 and 2014, as reported by Polak et al. (2018). This random sampling test involved the following groups:

- Random sample of volunteers living in the vicinity of Erasmus University, Rotterdam; *n* = 95; 72.6% female; mean age = 55.0 (*SD* = 14.6); educational level, low = 14.0%, medium = 21.5%, high = 64.5%;
- Random sample of healthcare professional volunteers, mainly psychiatrists and clinical psychologists; *n* = 96; 79.8% female; mean age = 42.1 (*SD* = 9.8); educational level, high = 100%;
- Random sample of healthcare workers and non-healthcare workers (e.g. secretaries and receptionists) at the Arkin NPI Centre for personality pathology in Amsterdam; *n* = 37; 70.3% female; mean age = 40.2 (*SD* = 16.2); educational level, low = 5.4%, medium = 24.3%, high = 70.3%;

Any normal controls who reported receiving psychological support at least once in the previous six months were excluded from the healthy control group, as were any participants aged 75 or above.

The norm values for the combined healthy control group (*n* = 228; 75.5% female; mean age = 47.3 (*SD* = 14.6 range: 22 to 74); educational level, low = 6.6%, medium = 12.8%, high = 80.5%) are listed in Table 2.

Warning: The members of the General Population Group were both older and more highly educated than those in the Personality Disorders Group. As a result, the scores may be slightly biased in terms of adaptive functioning. This means that, in comparison to a group from the general population with a lower mean age and lower educational level, this group will tend to have relatively higher scores on the adaptive levels, and relatively lower scores on the maladaptive levels. Further analyses have shown that the “effects” of the variables of age and educational level never exceed half a standard deviation (*d* = 0.5). Thus, for the purposes of the current norming, it has been decided not to apply statistical corrections (see also appendix: Justification of norming). Further research will be needed to match the General Population norm group to the Personality Disorders group in greater detail.

Table 2. Norms for the combined general population group (*n* = 228)

Developmental Level/*Cluster*	**Mean**	***SD***	≤ 5th percentile **Very low**	5th-20th percentile **Low**	20th-80th percentile **Mean**	80th-95th percentile **High**	≥ 95th percentile **Very high**
Adaptive (ADAP)	77.13	13.35	≤ 53	54 - 65	66 - 89	90 - 96	≥ 97
Maladaptive (MALADAP)	41.41	20.53	≤ 13	14 - 23	24 - 52	53 - 87	≥ 88
Neurotic (NEURO)	24.48	11.60	≤ 7	8 - 13	14 - 32	33 - 48	≥ 49
Primitive (PRIM)	16.93	10.60	≤ 3	4 - 7	8 - 23	24 - 36	≥ 37
L8. Generativity/Maturity	24.81	5.10	≤ 15	16 - 20	21 - 28	29 - 32	≥ 33
L7. Solidarity	26.86	5.26	≤ 17	18 - 21	22 - 31	32 - 33	≥ 34
L6. Individuation	25.45	4.96	≤ 15	16 - 20	21 - 29	30 - 32	≥ 33
L5. Rivalry	6.71	4.36	0	1 - 2	3 - 9	10 - 14	≥ 15
L4. Resistance	8.96	4.28	≤ 2	3 - 4	5 - 11	12 - 16	≥ 17
L3. Dependence	8.80	4.72	≤ 1	2 - 4	5 - 12	13 - 17	≥ 18
L2. Egocentricity	7.37	4.15	≤ 1	2 - 3	4 - 10	11 - 14	≥ 15
L1. Fragmentation	4.72	4.14	0	0	1 - 7	8 - 12	≥ 13
L0. Lack of Structure	4.83	3.85	0	1	2 - 7	8 -11	≥ 12

Explanation. Level scores are calculated as the sum of 12 item scores, where each item has a range of 0 (Not applicable to me at all) to 3 (Very clearly or completely applicable to me).
L0 = Lack of Structure, L1 = Fragmentation, L2 = Egocentricity, L3 = Dependence, L4 = Resistance, L5 = Rivalry, L6 = Individuation, L7 = Solidarity, and L8 = Generativity/Maturity.
Cluster scores are calculated as: Primitive = L0 + L1 + L2; Neurotic = L3 + L4 + L5; Maladaptive = Primitive + Neurotic; Adaptive = L6 + L7 + L8.

Personality Disorders Norm Group

The recommended approach is to first determine whether individual scores deviate (relative to the General Population norm group) and, if so, to what extent (scores in the ranges High and Very high, or Low and Very low). Next, scores can be compared with the Personality Disorders norm group to further determine the nature and relative severity of any potential pathology.

To this end, the group of patients with a personality disorder is composed of the following subgroups:

- A combined patient group was created between 2012 and 2014, as reported in Polak et al. (2018); *n* = 179; 70% female; mean age = 32.9 (*SD* = 9.4); educational level, low = 19%, medium = 49.7%, high = 31.3%; most of these individuals were patients in treatment at the Pro Persona Psychotherapy Centre in Lunteren;
- Patients who underwent an intake procedure between 2016 and 2018 at the Arkin NPI Centre for personality pathology in Amsterdam; *n* = 2187; 66.3% female; mean age = 36 (*SD* = 11.5); educational level, low = 9.6%, medium = 46.6%, high = 43.8%; based on *n* = 843 (61.5%) cases for which details of their education level were available);

- Patients who underwent an intake procedure between 2015 and 2018 at the Pro Persona Psychotherapy Centre in Lunteren (*n* = 337; 68.8% female; mean age = 31.9 (*SD* = 10.3); educational level, low = 18.1%, medium = 41.8%, high = 40.1%).

The norm values for the combined patient group (*n* = 2703; 68.8% female; mean age = 35.5 (*SD* = 11.3 range 17-70); educational level, low = 13.0%, medium = 45.8%, high = 41.2%) are listed in Table 3.

Table 3. Norms for combined personality disorder group (*n* = 2703)

Developmental Level/*Cluster*	**Mean**	***SD***	≤ 5th percentile **Very low**	5th-20th percentile **Low**	20th-80th percentile **Mean**	80th-95th percentile **High**	≥ 95th percentile **Very high**
Adaptive (ADAP)	58.36	13.65	≤ 35	36 - 46	47 - 68	69 - 80	≥ 81
Maladaptive (MALADAP)	86.86	27.61	≤ 42	43 - 62	63 - 110	111-132	≥ 133
Neurotic (NEURO)	50.30	15.18	≤ 23	24 - 36	37 - 62	63 - 74	≥ 75
Primitive (PRIM)	36.57	15.30	≤ 13	14 - 22	23 - 49	50 - 63	≥ 64
L8. Generativity/Maturity	20.43	5.36	≤ 10	11 - 15	16 - 24	25 - 28	≥ 29
L7. Solidarity	21.33	5.97	≤ 10	11 - 15	16 - 25	26 - 30	≥ 31
L6. Individuation	16.59	5.40	≤ 7	8 - 11	12 - 20	21 - 25	≥ 26
L5. Rivalry	14.61	6.21	≤ 4	5 - 8	9 - 19	20 - 24	≥ 25
L4. Resistance	17.31	5.34	≤ 7	8 - 12	13 - 21	22 - 25	≥ 26
L3. Dependence	18.37	6.34	≤ 7	8 - 12	13 - 23	24 - 27	≥ 28
L2. Egocentricity	9.53	5.33	≤ 1	2 - 4	5 - 13	14 - 18	≥ 19
L1. Fragmentation	14.42	6.64	≤ 4	5 - 7	8 - 19	20 - 26	≥ 27
L0. Lack of Structure	12.62	5.80	≤ 3	4 - 7	8 - 16	17 - 22	≥ 23

Explanation. Level scores are calculated as the sum of 12 item scores, where each item has a range of 0 (Not applicable to me at all) to 3 (Very clearly or completely applicable to me).
L0 = Lack of Structure, L1 = Fragmentation, L2 = Egocentricity, L3 = Dependence, L4 = Resistance, L5 = Rivalry, L6 = Individuation, L7 = Solidarity, and L8 = Generativity/Maturity.
Cluster scores are calculated as: Primitive = L0 + L1 + L2; Neurotic = L3 + L4 + L5; Maladaptive = Primitive + Neurotic; Adaptive = L6 + L7 + L8.

Schematic method for interpreting the scores

The Developmental Profile Inventory identifies relevant aspects of both habitual adaptive functioning and habitual maladaptive functioning. This enables a strength/weakness analysis of the subject's personality for the purpose of establishing indications and treatment. The following procedure is used when interpreting the scores:

1. Compare the *adaptive* scores (ADAP) to the norm groups and identify the patient's main characteristics of strength.
2. Compare the *maladaptive* scores (total (MALADAP), Neurotic (NEURO), and Primitive (PRIM)) with the groups' norm scores and identify the patient's main characteristics of vulnerability.
3. Identify the Developmental Level (or Levels) with the most extreme low scores or high scores.

An example from everyday practice

Scores relative to the general population

		Very low	Low	Mean	High	Very high
8	**Generativity/Maturity**		**X**			
7	**Solidarity**		**X**			
6	**Individuation**	**X**				
5	**Rivalry**			**X**		
4	**Resistance**					**X**
3	**Dependence**				**X**	
2	**Egocentricity**			**X**		
1	**Fragmentation**					**X**
0	**Lack of Structure**				**X**	
	ADAP		**X**			
	MALADAP				**X**	
	NEURO				**X**	
	PRIM				**X**	

Compared to the General Population norm group, this patient has low scores for the adaptive levels and high scores for the maladaptive levels. This can be interpreted as a clear indication of personality problems or some other form of psychopathology. There are high scores for PRIM and Lack of Structure and very high scores for Fragmentation. These indicate a vulnerable – possibly highly vulnerable – underlying Level of personality functioning (personality organisation). In particular, the very low score for Individuation seems to indicate autonomy problems and dependency problems.

Scores relative to personality-disorder patients in mental healthcare institutions

		Very low	Low	Mean	High	Very high
8	**Generativity/Maturity**			**X**		
7	**Solidarity**			**X**		
6	**Individuation**			**X**		
5	**Rivalry**			**X**		
4	**Resistance**				**X**	
3	**Dependence**			**X**		
2	**Egocentricity**			**X**		
1	**Fragmentation**				**X**	
0	**Lack of Structure**			**X**		
	ADAP			**X**		
	MALADAP			**X**		
	NEURO			**X**		
	PRIM			**X**		

In the DPI, when compared to the norm group of patients with a personality disorder, this patient achieves a mean score at the adaptive Developmental Levels (ADAP) and a mean score at the maladaptive Developmental Levels (MALADAP). This patient achieves elevated scores at the Developmental Level of Fragmentation. This is a clear indication of a personality structure with an above-average degree of vulnerability. Thus, there are clear limitations in the level of personality functioning (in accordance with the Alternative DSM-5 model). This sort of profile is generally found in patients with a borderline personality organisation (or low-level borderline personality organisation). Thus, psychotherapeutic treatment must also provide sufficient support and structure. Also, any unnecessary regression must be prevented, or counteracted in priority. The highest scores are for Resistance and Fragmentation (see also the specific therapeutic consequence that is appropriate to these Developmental Levels).

Therapeutic consequences

Core problems and specific treatment goals
Within the treatment process, each client may – sooner or later – encounter specific instances of stagnation in the further development of their personality (Abraham, 1997, 2005). The themes of these specific "core problems" or "core conflicts" are reflected by the six maladaptive Developmental Levels of the Developmental Profile. Based on each Developmental Level, the following aspects can be described:

- How these *core problems* are expressed in daily functioning;
- How a corresponding *treatment focus* can be selected;
- How the *treatment process* is expected to unfold (the efforts made to involve the client in the process; aspects of the nature of the therapeutic relationship; the anticipated transference and counter-transference phenomena);

A number of themes may apply to any given client, to a greater or lesser extent.
The results of the Development Profile and the DPI are helpful in determining the focus of the treatment and in setting realistic goals for improvement.
The Developmental Profile offers a strength/weakness analysis. The treatment offers clients the opportunity to give up their maladaptive functioning and – over and beyond – to boost their adaptive functioning. In general, however, patients progress is mainly frustrated by major problems involving one or more of the maladaptive levels. These will then become the focus of treatment.

Lack of Structure. Treatment goal: stabilisation and pacification

Core problems: Clients who function largely at the Lack of Structure level and who have developed virtually no adaptive patterns at all, tend to fall outside the indication area of a personality-oriented form of psychotherapy. This includes people with a severe paranoid, schizoid, or schizotypal personality disorder (Cluster A, DSM-5). These clients function at a psychotic (or psychotic-like) level and lack the capacity to tolerate and integrate stimuli. They can react to stress unempathically or impulsively (without thinking), or they may act unscrupulously.

Treatment focus: The treatment goals for behavioural patterns at this Developmental Level, are "pacification" and "stabilisation": recovery, maintenance and, where possible, strengthening the status quo by creating a

safe and stable environment, an adequate support system and, where possible, by teaching people the specific skills that they lack and how to apply them.

Treatment process: Within groups or in a stimulus-rich environment, these clients lack the ability to differentiate themselves. As a result, they will try to protect themselves by withdrawing and closing themselves off, by creating a "stimulus barrier", to avoid becoming overwhelmed or experiencing psychotic decompensation. As their relationships deteriorate, they may turn to a solo and withdrawn existence, resulting in growing loneliness.
Regression to the Lack of Structure level serves no therapeutic purpose, quite the opposite, in fact. The client will just drown in their own chaos and suspicion. That is why it is important to avoid placing excessive demands on clients who are susceptible to such tendencies, causing them to experience psychotic (or psychotic-like) decompensation.
When engaging in contacts with these clients, it is important to be aware of "merger anxiety", the feeling of losing oneself in contacts, of dissolving or disappearing into nothingness. Therapists who are too "engaging" can trigger this merger anxiety, causing them to be perceived as threatening. The therapist must keep the level of intimacy within the limits of what the client can handle. An adequate amount of distance would seem to be required, both literally and figuratively. The client must always have the opportunity to temporarily withdraw from any further contact. Unexpected or violent paranoid reactions should also be seen in this light.

The therapeutic relationship and counter-transference focus on the client's feelings of being "unreachable" or "unempathic". This must be accepted and tolerated by the therapist. When the behavioural patterns associated with Lack of Structure have receded (but not before), the therapist can cautiously proceed with treatment goals that are in keeping with the higher Developmental Levels. However, this goal often proves to be unworkable. In cases such as these, guidance and external structuring continue to be indicated, based on a deficit or handicap model.
In the case of clients who generally (or also) function at higher Developmental Levels, Lack of Structure themes may temporarily emerge under stress. Some examples are "micropsychotic" episodes or dissociative symptoms in clients with borderline personality disorders, or transient psychotic symptoms in people with schizotypal traits. Here, too, regression serves no therapeutic purpose. Further dysregulation should be prevented and these phenomena should be brought under control as soon as possible, before proceeding the supportive treatment.

Fragmentation. Treatment goal: Integration

Core problems: Patterns of functioning consistent with Fragmentation can be found in clients with a variety of severe personality disorders, a borderline personality organisation, most commonly associated with erratic and impulsive behaviour that feature borderline personality disorder. These patients derive their inner structure from their relationship with another person. Abandonment (or perceived abandonment) or loss (or imminent loss) of the relationship can be accompanied by a severe fear of abandonment or the fear of disintegration. These individuals' self-image is vague, changeable or full of contradictions. They express their opinions in black and white terms, in absolute terms, and tolerate little or no nuancing or ambivalence. They appear to need external stimuli, as a way of filling their internal void. Such clients appear to be virtually incapable of mentalizing or of adopting a subjective standpoint of their own. They also use primitive defence mechanisms such as splitting, projective identification, idealisation and devaluation. The final element in behaviours at this Developmental Level can be a tendency to respond to stressful situations without thinking (acting out or dissociation).

Treatment focus: The treatment goal at this Developmental Level is "integration". This involves bringing together isolated (split off, dissociated) ideas and feelings, conceptualising and learning to articulate one's inner world and that of others (mentalization; self symbolisation and object symbolisation). To this end, any impulsive and acting-out behaviour must be repeatedly curbed, and brought under control. An attempt can be made to further develop the client's reflective capabilities and their capacity for mentalization, by means of a treatment process.

Treatment process: Above all, the treatment must provide a structure within which the client, fellow clients, therapists and the treatment can survive. To this end, the treatment programme and the team crate and control a "frame-setting" context, involving clear boundaries and rules. Consistent compliance with these boundaries and rules is required, and everyone can be held accountable. This can be recorded in the form of a personal, made-to-measure treatment contract. Anyone who deviates from these agreements will be called to account and will be corrected ("limit-setting"). The tendency to display transgressive behaviour (acting-out) is understood, tolerated, and validated. However, any self-destructive behaviour or destructive behaviour directed towards others is not tolerated, and will continue to be a priority on the

therapeutic agenda. Various alternatives are explored or offered, to enable clients to deal with stressful situations more effectively. A crisis alert plan for eventualities such as suicidal behaviour, self-harm, alcohol use, drug use, avoidance, or runaway behaviour can be very useful in this regard.
In the case of clients who function sufficiently well at the adaptive levels, and also in terms of behavioural patterns at the Fragmentation level, it is possible to build a therapeutic relationship with the healthy part of their personality. Clients can use this therapeutic relationship to maintain their inner structure, to learn to understand their problems, to tolerate and regulate their feelings, and to seek less maladaptive behavioural alternatives. Within this framework, the client's capacity for mentalization can be strengthened, the significance and origin of their problems can be explored, split-off experiences can be integrated and traumatic experiences from the past can be addressed.
In the therapeutic relationship and counter-transference, it is important to be able to deal with splitting, with frequent switches between positive and negative ideas about the therapy or the therapist, and with feelings of "exclusion". Therapists must show that they are doing everything that is necessary and possible, and must be able to maintain confidence in their own competences, even if clients consider them worthless and the therapy a total failure. In this way, they will enable their clients to see and perceive the reality that the underlying aggression and exclusion are survivable. Even in difficult times, the client is held and their anger and rage are tolerated and contained. As a corrective emotional experience, this can help to connect and integrate split feelings and experiences, as well as split-off memories. As a result, the client's life history becomes a more single, integrated whole, a continuous narrative with new and more hopeful future prospects.

Egocentricity. Treatment goal: contact

Core problems: These clients attribute excessive significance to themselves, often in the form of grandiose ideas/fantasies (grandiose self-image). Paradoxically, this can also manifest itself as a massive self-devaluation, if they are unable to live up to their unreasonable expectations. This may be accompanied by a lack of respect for others, an exploitative mode of contact, selfish norms, and an egocentric style of reasoning. When this provokes anger or resistance in those in their immediate circle, the client is initially unable to understand this or to accept it. The result is often an escalating conflict in which others are devalued or the client seeks salvation in fantasies of omnipotence or gross self-overestimation. In this way, the client unintentionally and unconsciously manoeuvres into a lonely and isolated

position, in an effort to protect their 'easily wounded' self. This results in a loss of contact, both in terms of contact with their own inner world of experience and of contacts with others, which can cause them to be perceived as "cold".

Treatment focus: Here, the primary treatment goal is to "make contact" (release the individual from their isolation). This concerns both contact with the client's inner world (which is often vulnerable), as well as more equitable and reciprocal contact with those in their immediate surrounding.

Treatment process: Psychotherapy aimed at achieving personality change is only feasible if the client in question possesses sufficient adaptive capacities. Such clients can potentially become aware of the narcissistic nature of their experiences and behaviour, and of the past instances of neglect or exploitation that, in many cases, have led to this. In the initial phase of treatment, alternative responses are sought (but without yet being overly critical of the client's attitude) in an effort to avoid any fresh escalations with others. No efforts are made to put grandiose ideas into perspective, as this would be quite pointless at this stage. In the middle phase, it is essential to alternate between grandiose ideas on the one hand and confronting reality on the other. This is the ideal way to assess the exact dose of ´optimal frustration´ that the client is able to tolerate, from moment to moment. Anger at the breakdown of grandiosity is to be expected, as is anger at past suffering such as being disregarded by key figures, not being respected, and – in many cases – being psychologically exploited. These themes can be addressed during the course of treatment.
In the therapeutic relationship and counter-transference, the therapist will have to deal with the feeling of being "used" or "dehumanised", of being contemptuously dismissed as "worthless", especially if progress seems to be slow. It is important for the therapist to retain their self-esteem without devaluing or rejecting the client, or cutting contact with them in some other way.

Dependence. Treatment goal: separation

Core problems: The central theme in dependence ("Symbiosis") is the client's inability to continue functioning without "emotional nourishment", in the form of attention, involvement, or affirmation from those in their immediate circle. In this context, others function as "parental figures". As long as this care need is met, these clients can present themselves actively and "independently". They get into trouble if it seems that they are about to be deprived of their source of

emotional nourishment or if their survival strategies are unable to provide sufficient compensation. At this point, important issues are no longer perceived to be meaningful (detachment) and the client no longer strives to achieve their set goals (giving up). In many cases, this is accompanied by a depressive mood, despair and even suicidal thoughts.

Treatment focus: Here, separation and individuation are the treatment goals. The aim of separation is to enhance independence, if only by learning to deal more effectively with the lack of this quality.

Treatment process: The client must develop an awareness of their needs, and of the entire spectrum of help that they require in this regard. No less than this, but certainly no more! Excessive care and epinosic gain should be avoided, as they simply serve to reinforce the dependency problem. The client should be expected to do everything in their power to make progress. Limits should be imposed on “problem-solving behaviours” in the form of passive stress reduction (passive need for love) such as the excessive use of alcohol, drugs or food, becoming a ‘couch potato’ and zapping away with the TV remote, endlessly browsing social media or internet, or aimlessly staying in bed.
Other people tend to reject or avoid these clients, partly due to their excessive demands. This can be avoided by teaching them to spread their care needs among several different family members and friends. This can help them to learn that positive stimuli work better than negative stimuli, that showing appreciation towards others is better than complaining, claiming, or demanding. Learning to use social skills is an important part of this process. If you are given too little protection, or too much, this can disrupt the separation-individuation process by which you gain experience in order to take care of yourself. In the first case, you are asked to undertake tasks that you are not yet capable of doing. In the second case, you never learn to function independently because everything is done for you. Learning to develop your own capabilities and to rely on your personal strength is a process of trial and error. You alternate between moments when you develop initiatives yourself and occasions on which you are allowed to call on the help of others, to let you “refuel”. The issue is often a lack of basic confidence, so change processes like this often take a great deal of time. Accordingly, such treatment often requires a more extended start-up phase, to enable the client to build up some confidence before proceeding any further.
Psychotherapy offers clients opportunities to gain awareness and, more especially, to undergo a corrective emotional experience. They are able to mourn the loss of their childish paradise, which sustained the illusion that in

adult life, as in childhood, every need will be satisfied by the outside world as a matter of course. This is accompanied by feelings of loss, sadness and anger as they "address their abandonment depression".
The ability to understand and tolerate the client's helplessness, dependence and passive need for love is an essential element of the therapeutic relationship. In the therapeutic relationship and counter-transference, these clients may evoke aversion at times when they are perceived to be "claiming", "sucking", or a "bottomless pit".

Resistance. Treatment goal: liberation (without destruction)

Core problems: These clients' (who often exhibit avoidant or compulsive personality traits) struggles can be traced back to an inner conviction that they lack freedom and that they are impotent. This may not seem to be in keeping with their outward appearance of being defiant fighters for justice, or to their dominant behaviour as accusers or power seekers. But these fighters for justice are seldom able to defend their own interests appropriately and assertively. In fact, they make every effort to avoid this – it is always a matter of "fight or flight". Their perceived impotence and craving for power is often based on a fear of being dominated and belittled by their significant others, that other people will tell them what to think or feel, or how to act. A submissive attitude is adopted as a form of resistance, either openly, as resistance to the resistance, or in the form of passive (or passive-aggressive) resistance, in which they verbally concur but do not follow through. The norms used in this context are either excessively strict, or they are directed against the self as a form of punishment or rejection.

Treatment focus: "Liberation" is the treatment goal for clients who largely function within the theme of the Resistance Developmental Level, fostering their inner freedom of choice, of autonomy, of maintaining equality, and the use of adaptive assertive behaviour. Freeing yourself from the incessant perception of being oppressed by others, liberation from your own excessively strict and punitive norms.

Treatment process: Sooner or later, this problem will also arise in therapy. In clients such as these, this often manifests itself as indirect (but always massive and persistent) control over the therapy, as resistance to therapy, as obstruction, or as a battle with the therapist. Interviews become rational arguments or detailed "yes-but discussions". Each time a new solution is proposed, a new problem is conceived. The client adopts a passive-aggressive

attitude and “forgets”, “misunderstands” or otherwise fails to fulfil their allotted assignments. They may see any curtailment of this behaviour as an attempt to use domination to “break” their resistance, which the client stubbornly wants to continue. However, what really matters is their readiness to put in the work required. Is the client willing to give the therapy (and, by extension, themself) a chance? Or will they continue to invest energy (either consciously or subconsciously) in sabotaging the therapist’s collaborative efforts and the treatment itself (as well as their own life)? This “power struggle” requires the therapist to make a massive and persistent effort to confront the client’s resistance. Where appropriate, it may even be necessary to suspend the course of therapy, in order to facilitate a return to a more workable therapeutic relationship. The therapy becomes the scene of a power struggle. This time, however, the struggle is not destructive. Instead it involves liberation from presumed domination by the other, liberation from an attitude of submission, and liberation from the client’s own strict rules and norms. The themes discussed here are the need for power, control, resistance, avoidance, punishment (or self-punishment), and the application of excessively strict requirements. A hatred of authority appears to be mainly the result of already having submitted. The client is mainly rebelling against this submission, not the actual oppression imposed by others in the here and now.
Within the therapeutic relationship, the client renders the therapist impotent by sabotaging them (or the therapy), either directly or indirectly. If, in counter-transference, the therapist responds by mounting a counter-attack, this will only serve to affirm the client’s self-limiting scenario. It is important to recognise and tolerate the associated counter-transference feelings of impotence, power, hatred and sadism in good time, and to turn them into instruments for change.

Rivalry. Treatment goal: Just being normal

Core problems: This is characterised by the need to surpass others (to be triumphant) and the longing for prestige and success (status). These clients always need to be the best. They set exacting standards for themselves (ideal self) and their self-esteem depends on acquiring prestige (or social prestige) or a sexually attractive partner. They also want to parade these successes and to put them in the spot light. They resort to therapy if they fail to achieve these ambitions, or if they realise that these strivings will not make them happy after all. The core problem is their uncertainty about their qualities as a fully-fledged human being, as an adult man or woman. Such people are constantly trying to convince themselves (and others) of their capabilities and potency. For

instance, they constantly want to climb higher up the ladder or they are always initiating in new sexual relationships (or triangular relationships). Ultimately, however, they are unable to consolidate any successes they may achieve, or to integrate love and sexuality – “it’s all about the thrill of the chase”. They pretend that they have special competences, or cherish such ideas in their daydreams. They are constantly hounded by a fear of failure, or of being unmasked as a failure (“the emperor has no clothes”).

Treatment focus: Here, “just being normal” is the treatment goal – being allowed to be ordinairy, being able to be ordinary, and being at peace with that. Enough is enough, sufficient is sufficient. Being free of the never-ending compulsion to conquer or excel.

Treatment process: In this therapy, a particularly fruitful theme is to confront the exacting standards that clients set for themselves – “enough is never enough” and “there is always room for improvement”. Here “just being normal” means being part of the “grey mediocrity”, of “those who don’t count”. “Being” means “having to be more”. This results in unrealistically high targets, a fear of failure, and failures that are entirely avoidable. If they are forced to confront their deep-seated uncertainty concerning their own competences, that can break this vicious circle and spark awareness.
Rivalry also manifests itself in relation to the therapist. “Being a patient” is seen as evidence of incapacity and inferiority, in which the therapist is seen as occupying a position of superiority. However, in an effort to reverse these roles the client can relegate the therapist to the status of an inferior being that the former can triumphantly outmatch. The therapist is subtly, but relentlessly, confronted with his or hers shortcomings. Could it be that they are too young or too old? Or too masculine or too feminine to understand the client’s problems? Thus, overvaluation and devaluation are key themes in transference, and both need to be addressed. It is important that therapists are able to deal effectively with their own need to excel. This will enable them to respond adequately to frustrations of this kind, by tolerating their own irritation or anger, and not reacting by unnecessarily frustrating or subtly belittling the client (acting-out in counter-transference).

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Appendix 1: DPI items appropriate to the Developmental Levels and domains

DPI Developmental Profile Inventory (2012): 108 items			
Domains Developmental Levels	Self	Interpersonal functioning	Problem-solving strategies
Generativity/Maturity	7, 54, 71, 91	17, 31, 83, 88	40, 43, 61, 95
Solidarity	10, 75, 100, 105	19, 23, 84, 106	1, 46, 64, 76
Individuation	13, 34, 55, 67	4, 28, 82, 108	26, 39, 58, 99
Rivalry	6, 41, 70, 101	47, 53, 60, 85	16, 32, 81, 94
Resistance	2, 9, 56, 102	38, 42, 92, 104	22, 44, 63, 77
Dependence	8, 20, 62, 86	18, 45, 72, 107	30, 49, 74, 89
Egocentricity	12, 52, 96, 103	24, 51, 66, 79	14, 33, 68, 98
Fragmentation	3, 48, 73, 97	15, 27, 57, 93	21, 35, 69, 80
Lack of Structure	5, 25, 50, 87	36, 59, 78, 90	11, 29, 37, 65

Appendix 2.
Developmental Levels and domain appropriate to each item of the inventory

Developmental Profile Inventory DPI version 1.0 (in accordance with Teleform version 62150)

Item	Question	Developmental Level*	Domain
1	I look for solutions by working together with others.	7	Problem solving strategies
2	I can feel terribly guilty, even about trivial matters.	4	Self
3	My interests are constantly changing.	1	Self
4	I feel free to give my own opinion, even when others don't agree with my point of view.	6	Interpersonal functioning
5	When I'm under pressure, my head becomes a mess.	0	Self
6	The purpose of my life is to accomplish something great or special.	5	Self
7	I try to contribute to charity or a common ideal.	8	Self
8	In order to make choices in daily life, I need the support of others.	3	Self
9	I don't allow myself any pleasure because I don't deserve it.	4	Self
10	I find it easy to empathise with the feelings of others.	7	Self
11	Sometimes I seem to hear voices in my head.	0	Problem solving strategies
12	I don't care whether my behaviour makes things difficult for someone else.	2	Self
13	I don't care whether my behaviour makes things difficult for someone else.	6	Self
14	I put criticism to one side.	2	Problem solving strategies
15	One moment I can really love someone, the next moment I hate that person. These feelings can suddenly switch.	1	Interpersonal functioning
16	I often daydream that I'm very successful, good looking or beloved.	5	Problem solving strategies

17	I assist others if they need help.	8	Interpersonal functioning
18	I generally let others take decisions for me.	3	Interpersonal functioning
19	Both my partner and I are happy with our intimate sexual relationship. (If you have no partner now, this question also applies to a recent committed relationship.)	7	Interpersonal functioning
20	I find it difficult to be alone, even just for a few days.	3	Self
21	I need excitement or distraction otherwise I feel bored or empty.	1	Problem solving strategies
22	I can only relax if I have everything under control.	4	Problem solving strategies
23	I am able to maintain friendships in which we have personal conversations.	7	Interpersonal functioning
24	If I need something, I don't mind using someone to achieve it.	2	Interpersonal functioning
25	Usually I am not able to resist my needs	0	Self
26	I can admit my mistakes without feeling bad about myself.	6	Problem solving strategies
27	Typical for me is that my feelings for other people can change very fast and dramatically.	1	Interpersonal functioning
28	In contact with others, I can be myself.	6	Interpersonal functioning
29	I've done bad things, it just happens, you can't do anything about it.	0	Problem solving strategies
30	If there are any problems, I try not to think about them.	3	Problem solving strategies
31	I can understand that people from different cultures have diverse opinions.	8	Interpersonal functioning
32	I usually pretend to be more capable than I am.	5	Problem solving strategies
33	If I want something, then it has to happen.	2	Problem solving strategies
34	I completed my education satisfactorily..	6	Self
35	When things go wrong in my life, it is mostly other people's fault.	1	Problem solving strategies

36	If you don't watch out for a moment, you get nailed.	0	Interpersonal functioning
37	When I'm angry, I can't control myself.	0	Problem solving strategies
38	Either you're in charge or you will get bossed around.	4	Interpersonal functioning
39	I am open to thoughts or feelings that spontaneously occur in me.	6	Problem solving strategies
40	Even though it was painful, I've been able to deal with sadness or loss.	8	Problem solving strategies
41	In order to feel good all the attention must be focused on me.	5	Self
42	If someone tells me what to do, I just tend not to do it.	4	Interpersonal functioning
43	I'm able to take changing circumstances into account in good time.	8	Problem solving strategies
44	As soon as I notice any form of injustice, I revolt.	4	Problem solving strategies
45	I always have a great need for the warmth or involvement from others.	3	interpersonal functioning
46	I enjoy successes that are achieved by collaboration.	7	Problem solving strategies
47	I enjoy flirting; it makes me feel attractive as a man or woman.	5	Interpersonal functioning
48	My ideas about what I want often change.	1	Self
49	When things turn out wrong, I quickly get discouraged.	3	Problem solving strategies
50	Afterwards I often don't know why I did something.	0	Self
51	Advice that other people give, I've usually already considered myself.	2	Interpersonal functioning
52	Advice that other people give, I've usually already considered myself.	2	Self
53	I'm very jealous when it comes to my boyfriend/girlfriend.	5	Interpersonal functioning

54	I feel gratified when I'm able to act on the basis of my personal convictions about life.	8	Self
55	My study/work fits me well.	6	Self
56	Rules are rules, I won't deviate from them.	4	Self
57	If I lose contact with someone who's important to me, I get completely confused.	1	Interpersonal functioning
58	Sometimes I am able to laugh at myself afterwards.	6	Problem solving strategies
59	I don't need to have a special bond with anyone, like a friend or partner.	0	Interpersonal functioning
60	I often compare myself with others and feel that they are much more successful than me.	5	Interpersonal functioning
61	Behaving sincerely is not always easy, but it's very important to me.	8	Problem solving strategies
62	I feel uncertain about my decisions, unless they are verified by others.	3	Self
63	I often don't feel very much in situations in which others would have had strong emotions.	4	Problem solving strategies
64	If I can't find a solution myself, I consult others..	7	Problem solving strategies
65	I often do things impulsively.	0	Problem solving strategies
66	While working with others, of course things are always done my way.	2	Interpersonal functioning
67	I've done my work well for several years. (Also applies to household and voluntary work).	6	Self
68	If rules stand in my way, I don't follow them.	2	Problem solving strategies
69	Dat ik mij zo rot voel komt dat enkel door de omstandigheden.	1	Problem solving strategies
70	If I'm not the best, I feel like a failure.	5	Self
71	I feel it's important to do something for others or for general interest.	8	Self

72	I'm constantly concerned with what others expect of me.	3	Interpersonal functioning
73	I find it difficult to tell who I am or what suits me.	1	Self
74	I tend to avoid problems.	3	Problem solving strategies
75	I can really enjoy doing something together with other people.	7	Self
76	I share matters that emotionally affect me with my partner or a good friend.	7	Problem solving strategies
77	I find it difficult to make decisions because I'm always afraid that I have missed something.	4	Problem solving strategies
78	You can't really trust anyone.	0	Interpersonal functioning
79	I only get involved with people if it has any benefit for me.	2	Interpersonal functioning
80	I often have the feeling that everything is unreal.	1	Problem solving strategies
81	When I do something, it has to be big, innovative or extraordinary, otherwise it's not worth it.	5	Problem solving strategies
82	Despite my limitations, I can respect myself the way I am.	6	Interpersonal functioning
83	I realize that one day the time will come when it is better that someone else does my job.	8	Interpersonal functioning
84	I am well capable of working together with others.	7	Interpersonal functioning
85	I fall in love easily, but once the relationship is established, the spark fades.	5	Interpersonal functioning
86	I understand that behaviour that we consider normal may be seen as inappropriate in another culture.	3	Self
87	I have no core, I don't find anything to hold on to within myself.	0	Self
88	I understand that behaviour that we consider normal may be seen as inappropriate in another culture.	8	Interpersonal functioning
89	I just wait and hope that problems will fade.	3	Problem solving strategies

90	Personal contact makes me anxious; I no longer know what's mine or what belongs to someone else.	0	Interpersonal functioning
91	I feel a responsibility for society as a whole, even though I can't help solve all the problems.	8	Self
92	In relationships, I often take on a submissive position.	4	Interpersonal functioning
93	Problems often arise in my relationships with others because I'm so capricious and keep changing my plans.	1	Interpersonal functioning
94	If I have to perform in public, I'm afraid that suddenly I no longer know what to do.	5	Problem solving strategies
95	I realize that my life will end, but that doesn't make it any less valuable.	8	Problem solving strategies
96	I'm interested in my own matters, other things don't matter.	2	Self
97	For me, things are either all good or all bad.	1	Self
98	People who don't agree with me just don't understand it.	2	Problem solving strategies
99	Whenever necessary I will find a proper way to stand up for myself.	6	Problem solving strategies
100	When working together, I try to take other people's wishes and desires into account.	7	Self
101	It's never good enough for me. I always want to do even better.	5	Self
102	I only feel worthy when doing my work/tasks well.	4	Self
103	If you have to be unfair to get what you want, so be it.	2	Self
104	In relationships, I let others boss over me.	4	Interpersonal functioning
105	In everything I do I also take into account other people's interests.	7	Self
106	I feel it's valuable to share experiences and feelings with friends.	7	Interpersonal functioning

107	I always worry whether I suffice to make other people feel comfortable.	3	Interpersonal functioning
108	The way in which I live (single or cohabiting) suits me.	6	Interpersonal functioning

* Significance levels: 8 = Generativity/Maturity; 7 = Solidarity; 6 = Individuation; 5 = Rivalry; 4 = Resistance; 3 = Dependence; 2 = Egocentricity; 1 = Fragmentation; 0 = Lack of Structure

Appendix 3. Domains: Self, Interpersonal behaviour and problem-solving behaviour

The nine Developmental Levels:
The nine adaptive and maladaptive Developmental Levels are hierarchically ordered from very primitive (Lack of Structure) to mature (Generativity/Maturity). Each Developmental Level has three domains, relating to Self, Interpersonal functioning, and typical Problem-solving behaviour in stressful situations:

MALADAPTIVE DEVELOPMENT LEVELS

Lack of Structure: Lack of basic psychological capabilities

- **Self:** not being able to perceive oneself as a discrete unit, or as a coherent whole with a personal inner world of experience, consisting of intentions, emotions, and thoughts. The lack of a sense of self or the feeling of completely losing oneself in contacts with others, or of disintegrating. Inability to feel and express basic emotions (alexithymia) or to control one's own behaviour (reacting immediately and impulsively, without due consideration).
- **Interpersonal behaviour:** no need for intimate relationships, an inability (of a schizoid or autistic-like nature) to develop reciprocity in contacts with others. Individuals may exhibit normless behaviour (of a psychopathic or perverse nature) or the uninhibited, immediate satisfaction of their needs.
- **Problem-solving behaviour under stress:** massive withdrawal or distancing from contact; reality distortion (paranoia); disordered thinking, confusion, bizarre or unempathic behaviour (schizotypal); disproportionately impulsive or aggressive behaviour.

Fragmentation: Lack of a personal inner structure

- **Self:** Identity weakness (identity diffusion), poorly defined self-image, feelings of emptiness, need for stimulation, black-and-white thinking, changeability in goal setting, taking erratic viewpoints or double standards.
- **Interpersonal behaviour:** A need for others as a framework for inner structure; erratic approach to making contact with others; alternately idealising and devaluing.
- **Problem-solving behaviour under stress:** externalisation, splitting, projective identification, acting-out, and dissociation

Egocentricity: Inability to take account of other people's legitimate wishes, interests, or opinions.

- **Self:** Grandiose self-image, with selfish norms and an egocentric attitude.
- **Interpersonal behaviour:** Egotistical behaviour or soloistic attitude, exploitative or instrumental relationships, lack of empathy, coldness. Need to display personal greatness to others.
- **Problem-solving behaviour under stress:** self-overestimation, rejection (devaluation) of others, or showing off oneself to others in idealised terms.

Dependence: Inability to function independently and take care of oneself.

- **Self:** These individuals' self-esteem is heavily dependent on the affirmation and approval of others; finds it difficult to be alone or to make independent decisions; passive need for love; lack of basic confidence.
- **Interpersonal behaviour:** Need for care, claiming, clinging behaviour or a demanding attitude.
- **Problem-solving behaviour under stress:** passive avoidance, giving up when the going gets tough, clinging on and free-riding or, conversely, becoming completely detached.

Resistance: A lack of inner freedom.

- **Self:** A lack of autonomy, a negative sense of self that is subject to strict internalised requirements (which the subject may or may not be able to meet) or punitive norms.
- **Interpersonal behaviour:** Others are perceived to be powerful and dominating, and this is accompanied by a fear of being humiliated or manipulated.
- **Problem-solving behaviour under stress:** rationalisation, affect isolation, active avoidance (flight) or rebellion (fight), passive-aggressive resistance, with a tendency to direct anger (aggression) towards oneself (self-punishing or masochistic behaviour).

Rivalry: Uncertainty about one's ability to function as an adult male/female.

- **Self:** Constant fear of not being able to meet the perceived exacting standards imposed on the Self (perfectionism) or other peoples' demanding expectations. Pursuing prestige, status, potency. Fear of failure, or of being unmasked as a failure.
- **Interpersonal behaviour:** Excessive tendency to compare and rival, as well as a need to surpass others, to be triumphant. Making new contacts by impressing or seducing others, using an erotic/sexualising approach.
- **Problem-solving behaviour under stress:** feigning special capacities or characteristics (pretending), denying uncertainties or concealing them by emphasising the opposite, exaggerating, displaying capabilities and successes.

ADAPTIVE DEVELOPMENT LEVELS

Individuation: Actually achieving personal aspirations, realistically taking account of personal potential and limitations, while taking the legitimate interests of others into account.

- **Self:** Perceives themself as an autonomous individual with an identity of their own, a positive self-esteem that is both realistic and appropriate, possesses personal values and norms; is capable of self-reflection and of realistically achieving self-chosen goals.
- **Interpersonal behaviour:** Treats others with respect, perceiving them to be autonomous and equal.
- **Problem-solving behaviour under stress:** defends personal opinions and interests in an appropriately assertive way; tolerates controversial aspects and ambivalence, both internally and in relation to others.

Solidarity: Achieves genuine reciprocity and intimacy in relationships.

- **Self:** Demonstrates intimate relationships in the form of enduring friendships or romantic relationships. Lives with others in a harmonious way, or is a fully-fledged member of a group.
- **Interpersonal behaviour:** Empathically takes other people's interests into account, cooperates with others, and appeals for other people's help (in an appropriate way) when necessary.
- **Problem-solving behaviour under stress:** cooperates with others, helping and complementing each other, respecting controversial aspects of other people, tolerating ambivalence, asking for help where necessary.

Generativity/Maturity: Being part of a wider community and transcending purely personal interests.

- **Self:** Genuinely cares for others or assumes social responsibility. Finding meaning and personal philosophy. Being able to face the finite nature of life. The ability to withdraw in good time and to hand over tasks to others.
- **Interpersonal behaviour:** Motivated by caring, selflessness, and altruism. Being able to take responsibility and to hand over tasks to others in good time.

- **Problem-solving behaviour under stress:** Reorganising and restructuring, innovating, and, where possible, seeking solutions that respect or transcend divergent or conflicting interests.

Appendix 4.

Information for Routine Outcome Monitoring (ROM) :

Developmental Profile Inventory

The Developmental Profile Inventory (DPI) was developed to track psychodynamic functioning, as it occurs in different areas of life. Here, the adaptive or "healthy" aspects of functioning are highlighted, as well as any maladaptive patterns in feelings, thoughts, and actions. In this way, the DPI contributes to a strength/weakness analysis of personality functioning. This can be used as part of the process of diagnosing psychological problems, to establish indications for an appropriate treatment offer, to guide the treatment process, and to monitor psychodynamic functioning over the course of time. Accordingly, the DPI can be used both in clinical practice and for scientific research.

The DPI involves "statistical norming" (unlike the interview method used in the Developmental Profile, which is based on "clinical norming" in which the assessor determines the scores by both qualitative and quantitative means). In the case of statistical norming, the raw score per Developmental Level is compared with that of a General Population norm group and a norm group consisting of patients in mental healthcare institutions. Together, the normed low (or very low), mean, or high (or very high) scores for the nine separate Developmental Levels produce a "Developmental profile", which can then be interpreted in terms of its clinical significance.

The DPI generates scores across nine Developmental Levels: three adaptive levels (Individuation, Solidarity, and Generativity/Maturity) and six maladaptive Developmental Levels (Lack of Structure, Fragmentation, Egocentricity, Dependence, Resistance, and Rivalry). In addition, aggregate scores are obtained from the sum of the three adaptive levels (abbreviated to ADAP), and the sum of the six maladaptive levels (abbreviated to MALADAP). The maladaptive levels are further subdivided by the sum of the three "Neurotic" levels (Rivalry, Resistance, and Dependence): NEURO, and by the sum of the three most "Primitive" levels (Lack of Structure, Fragmentation, and Egocentricity): PRIM.

Adaptive functioning (ADAP)		Generativity/Maturity
		Solidarity
		Individuation
Maladaptive functioning (MALADAP)	Neurotic (NEURO)	Rivalry
		Resistance
		Dependence
	Primitive (PRIM)	Egocentricity
		Fragmentation
		Lack of Structure

Schematic method for interpreting the scores
The following procedure is used when interpreting the scores:
1. Compare the *adaptive* scores to the norm populations and identify the patient's main characteristics of strength.
2. Compare the *maladaptive* scores (total, Neurotic, and Primitive) with the populations' norm scores and identify the patient's main characteristics of vulnerability.
3. Identify the Developmental Level (or Levels) with the most extreme low scores or high scores.

Adaptive Developmental Levels (ADAP): The sum score of the three adaptive Developmental Levels (Individuation, Solidarity, and Generativity/Maturity) indicates the extent to which the individual has developed adaptive patterns (in psychodynamic terms) with regard to Self functioning, Interpersonal functioning, and Problem-solving strategies. These adaptive patterns are collectively referred to as the "islands of health". To a considerable degree, these determine the extent to which the client can benefit from more disruptive and experiential psychotherapeutic interventions (in addition to a supportive contact that creates structure).

Maladaptive Developmental Levels (MALADAP): The sum score of the six maladaptive Developmental Levels (Rivalry, Resistance, Dependence, Egocentricity, Fragmentation and Lack of Structure) provides a broad measure of the individual's maladaptive functioning, with regard to limitations in Self functioning, problems of Interpersonal functioning and the use of maladaptive problem-solving strategies. The sum score for MALADAP gives a broad impression of the severity of the psychopathology and the degree of dysfunction, of the individual's inability to find appropriate adaptive solutions to the demands placed on them in various areas of life.

Neurotic Developmental Levels (NEURO): The sum score of three least immature maladaptive Developmental levels (Rivalry, Resistance, and Dependence) indicates the extent to which the client has developed "Neurotic" patterns and survival strategies with regard to Self functioning, Interpersonal functioning, and Problem-solving behaviour. Psychological disorders and personality pathologies of varying nature and severity are associated with a high sum score for NEURO.

Primitive Developmental Levels (PRIM): The sum score of three most immature and maladaptive Developmental Levels (Egocentricity, Fragmentation, and Lack of Structure) indicates the extent to which the client uses "Primitive" coping and survival strategies with regard to Self functioning, Interpersonal functioning, and their Problem-solving behaviour. A high score for PRIM may indicate severe identity diffusion. Particularly when exposed to increasing levels of stress, the individual will either revert to primitive defence mechanisms or coping styles, or engage in fragile or curtailed reality testing. Such cases may involve a highly vulnerable personality structure (indicating a low-level borderline organisation or psychotic personality organisation) or severe neurobiological limitations. A relatively low score for PRIM indicates a less vulnerable underlying personality structure (high-level borderline or neurotic personality organisation).

The nine Developmental Levels:
The nine adaptive and maladaptive Developmental Levels are hierarchically ordered from very primitive (Lack of Structure) to mature (Generativity/Maturity):

Lack of Structure – The lack of one or more basic psychological capabilities, such as: not being able to perceive oneself as a single unity, as one coherent whole. Inability to differentiate oneself from others or the outside world. Inability to be in reflective control over one's own behaviour. Some examples would be: the feeling of completely losing oneself in contacts with others, or feelings of disintegration; having a tendency to react immediately and impulsively, without any consideration of consequences; the complete lack of a need for intimate relationships.
Fragmentation – A lack of inner consistency. Some examples would be: changes constantly in personal opinions and self-chosen goals; perceptions and points of view are black and white; use of primitive defences and a tendency to externalise; acting out behaviour; relationships with others are necessary to give structure to the inner world of experiences; a sense of a lack of direction; a strong need for external stimuli.
Egocentricity – An inflated and grandiose sense of self and wilfulness to empathise with – or take account of – the opinions, needs, or wants of others. Relationships with others are egocentric, instrumental, exploitative or cold. Disagreement is answered by massive devaluation of opponents
Dependence – Inability to function independently. Capable of surviving on their own, but convinced to be emotionally unable to do so. Living in constant fear of abandonment. Self-esteem is heavily dependent on external approval and affirmation. Lack of basic confidence in oneself.
Resistance – A lack of autonomy, of inner freedom. There is a fear of being dominated by others and, as a result, they are unable to stand for of their own. Tendency to engage in passive submission and/or to fight everything and everyone. Sets often excessively strict requirements for self and others, and adopt self-restrictive behaviours.
Rivalry – Insecurity about one's personal qualities as an adult man or woman, coupled with an unremitting drive to prove oneself and to excel others, setting high standards (perfectionism); a pursuit of social standing; to be sexually attractive, or to be in a special position. However, even achieving these goals do not eliminate the inner sense of insecurity. The constant need to pretend, to present a facade to the world, is coupled with a fear of failure or of being unmasked.
Individuation – Actually achieving personal aspirations, while taking the legitimate interests of others into account. Personal authenticity, in terms of the sense of self. Being allowed to act in accordance with one's own wishes, and being able to do so. Assertiveness whenever necessary.
Solidarity – An ability to engage in intimate relationships (friendships, romantic relationships) without any loss of personal authenticity. Deriving satisfaction from shared activities and cooperation. Being able to tolerate ambivalence, to call on others for help without relinquishing personal responsibility, and to empathise with other people's inner world of experience.
Generativity/Maturity – Being part of a greater whole in a committed way; actively sharing responsibility for a group, community, or society as a whole; being able to put things into perspective and to innovate; being able to deal with major losses. Being capable of altruism and of finding meaning – no longer placing personal or material interests above all else.