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Level of Personality Functioning Scale-Brief Form 2.0: Validity and reliability of the Polish adaptation

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Summary

Aim. This study examined psychometric properties of the Polish adaptation of the Level of Personality Functioning Scale–Brief Form 2.0 (LPFS–BF 2.0) measuring features corresponding to self – and interpersonal impairment of personality functioning as defined in the diagnostic guidelines for Personality Disorder in the DSM-5 Section III.

Methods. The study involved a non-clinical sample of $N = 242$ adults (52.9% female; $M_{age} = 30.63$ years, $SD_{age} = 11.81$ years). To evaluate the criterion validity, the Personality Inventory for DSM-5 (PID-5), Personality Inventory for ICD-11 (PiCD), Agency-Communion-Inventory (AC-IN), and Mental Health Continuum–Short Form (MHC-SF) were administered.

Results. The LPFS-BF 2.0 yielded two reliable latent components that correspond to an interpretation of self – and interpersonal functioning and showed relevant associations with a personality disorder severity index, maladaptive personality traits, well-being, and personality constructs of agency and communion. The LPFS–BF 2.0 also demonstrated incremental validity over and above all the PID-5 pathological traits with respect to global well-being as an outcome.

Conclusions. The Polish adaptation of the LPFS–BF 2.0 is a psychometrically and conceptually sound measure to assess features corresponding to self and interpersonal impairment of personality functioning as defined in the DSM-5 Section III. However, findings warrant replication in clinical populations.

Key words: personality disorders, DSM-5, LPFS-BF 2.0

Introduction

The Alternative Model for Personality Disorders (AMPD), in the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5) [1], is a hybrid (categorical-dimensional) model that includes two primary components: Criterion A and Criterion B.

Criterion A concerns the level of deficits/impairments in personality functioning. Criterion B refers to the trait model that consists of 25 maladaptive personality traits organized within five broad domains of negative affectivity, detachment, antagonism, disinhibition, and psychoticism [see 2]. Personality functioning (Criterion A) is operationalized through the Level of Personality Functioning Scale (LPFS), intending to represent a continuum of severity of core features of personality disorder. The LPFS, however, is a clinician rating instrument, not a psychometric measure, and there are some attempts made in the literature to create a self-report (or other-report) questionnaire assessing personality functioning in accordance with the LPFS. One of these measures is the Level of Personality Functioning Scale – Brief Form 2.0 (LPFS-BF 2.0) [3], a recently developed brief self-report questionnaire assessing severity of personality pathology in the self (intrapersonal) and interpersonal components described in the DSM-5 AMPD. The purpose of the current paper is to present the results of a psychometric evaluation of the Polish adaptation of the LPFS-BF 2.0.

Essentially, Criterion A in the AMPD [1] is used to determine the severity of personality disorder (PD). To support clinicians in conceptualizing and assessing criterion A of the AMPD, DSM-5 offers the LPFS that is based on the assumption that shared features of all PDs involve impairments of basic capacities being essential for adaptive self – and interpersonal functioning. Disturbances in self and interpersonal functioning constitute the core of personality psychopathology and in this alternative diagnostic model, they are evaluated on a continuum. Deficits in self-functioning involve problems with identity and self-direction while deficits in interpersonal functioning involve problems with empathy and intimacy. In addition, each component is broken down further into three subcomponents. Altogether, the LPFS is provided as a transdiagnostic measure of PD severity, reflected by 12 facets clustered in four key personality functions (components of personality functioning) [1, see pp. 775–778]. Within Self-functioning, *identity* pertains to experiences of oneself as unique, stability of self-esteem, and capacity for and ability to regulate a range of emotional experience; and *self-direction* captures a pursuit of coherent and meaningful goals, constructive and prosocial internal standards of behaviour, and self-reflection. Within Interpersonal functioning, *empathy* pertains to comprehension and appreciation of others' experiences and motivations, tolerance of differing perspectives, and understanding the effects of one's own behaviour on others; and *intimacy* refers to depth and duration of connection with others, desire and capacity for closeness, and mutuality of regard. The LPFS uses each of these elements to differentiate five levels of impairment, ranging from little or no impairment (i.e., healthy, adaptive functioning; Level 0) to some (Level 1), moderate (Level 2), severe (Level 3), and extreme (Level 4) impairment. The LPFS rating is crucial for the diagnosis of

a personality disorder (moderate or greater impairment is required) and can be used to specify the severity of impairment present.

The LPFS [1, for a more comprehensive presentation, see 4-6] offers an efficient operational definition of severity of personality pathology relating severity to the impoverishment or faulty development of adaptive capacities in key areas of personality functioning. Irrespective of the type of PD, the level of impairment in self – and interpersonal functioning are considered essential core features of personality disorder and help to delineate PDs from other types of psychopathology. Moreover, studies have demonstrated the incremental utility of using the LPFS, compared with the total number of PD criteria, to inform about various aspects of psychosocial functioning, including social and occupational impairment [e.g., 7; for a review, see 8]. However, a consideration of the content of Criterion A (impairments in self – and interpersonal functioning) and Criterion B (pathological personality traits) would appear to suggest considerable overlap. Research has indicated that measures of Criterion A (including similar measures of personality functioning) and Criterion B are highly correlated [for the AMPD literature review, see 8-10]. Thus, an important empirical question regarding the AMPD is still whether impairments in personality functioning (Criterion A) and maladaptive personality traits (Criterion B) provide distinct or overlapping information.

Whereas the DSM-5 [1] explicitly refers to the Personality Inventory for DSM-5 (PID-5) [11, 12] to measure personality traits (Criterion B), no such self-report instrument has been developed for assessing the level of personality functioning at the time of its publication [1]. To provide clinicians with a short, user-friendly instrument that provides a quick impression of the severity of personality pathology, specifically oriented to the DSM-5 AMPD model, Weekers and colleagues [3] developed the LPFS-BF 2.0. It is the revised version of the initial measure that served as a website screening tool for patients to self-assess whether their problems might be related to personality dysfunction [13]. The LPFS-BF 2.0 [3] contains one item for each of the 12 subcomponents of the LPFS in the AMPD [1], yielding two factors corresponding to Criterion A: Self-functioning and Interpersonal functioning. The LPFS-BF 2.0 has demonstrated satisfactory reliability, construct validity, and sensitivity to identify relevant changes in personality functioning during treatment [3, 14]. Recently, the LPFS-BF 2.0 has been embodied in the recommended minimum standard set of measurement instruments for people with PD, established to facilitate patient outcome measurement worldwide [15]. For a clinician, such a screening instrument may facilitate drawing attention to potential personality pathology to identify patients that will benefit from further, more detailed assessment and/or subsequent therapy.

Research hypotheses

The aim of the present study is to evaluate basic psychometric properties of the Polish version of the LPFS-BF 2.0 [3] – the self-report questionnaire oriented to measure the level of personality functioning as defined in the AMPD, the DSM-5 Section III alternative model for PDs, that is DSM-5 Criterion-A-based instrument [1]. In this study, we tested its structural validity, reliability, and construct validity. We expected the internal structure of the LPFS-BF 2.0 to show two intercorrelated, internally consistent factors corresponding to Self – and Interpersonal functioning components. Moreover, we expected theoretically meaningful associations with related measures of personality functioning and well-being. We investigated associations of the LPFS-BF 2.0 with the severity index of personality dysfunction. As personality traits are a reflection of personality functioning, which is especially apparent in the case of maladaptive manifestation of personality functioning, we also tested associations of LPFS-BF 2.0 with pathological personality traits from the AMPD [1] and ICD-11 [16] PD models. Furthermore, we expected to find that Self – and Interpersonal functioning scales would differentially relate to different pathological personality traits from these PD models. Especially, strong associations were anticipated between the Self-functioning component and Negative Affectivity both from the ICD-11 PD model and DSM-5 AMPD. In terms of Interpersonal functioning, we expected stronger (than for Self-functioning) associations with ICD-11 PD model Detachment and DSM-5 AMPD Detachment (in this case, a lowered difference is expected due to problematic discriminant validity shown by the assessment of the DSM-5 trait model [see 11, 12]); and, with ICD-11 PD model Dissociality and DSM-5 AMPD Antagonism.

Moreover, the two overarching dimensions of the LPFS: Self and Interpersonal parallel personality constructs of Agency and Communion within the interpersonal paradigm [17]. Relatedly, we expected significant associations with Agency and Communion – two basic perspectives in social interaction, the agent perspective (a focus on achieving goals and task outcomes) vs. the communion perspective (a focus on social interactions and sustaining relationships). It was assumed that Agency would have a stronger negative relationship with the LPFS-BF 2.0 Self-functioning (S) component than the Interpersonal functioning (I) component ($S > I$), and Communion would show a stronger negative relationship with the LPFS-BF 2.0 Interpersonal functioning component than the Self-functioning component ($I > S$).

Finally, one of the most important unsolved questions about the alternative DSM-5 model for PD pertains to the overlap and potential distinctions of Criteria A and B [cf. 8 – 10, 18]. Relatedly, we also evaluated whether the LPFS-BF 2.0 reflecting the content of Criterion A would be able to obtain incremental validity in explaining

variation in well-being over all dysfunctional personality traits (Criterion B) from the AMPD DSM-5 in a hierarchical regression analysis.

Method

Participants and procedure

The study sample comprised 242 adults (52.9% female; M_{age} = 30.63 years, SD_{age} = 11.81 years) mostly from central Poland. The study was conducted using a self-report paper-and-pencil method, with the assistance of trained psychology students. Participation was entirely voluntary and anonymous. The research was conducted in compliance with the recommendations of the Commission of Ethics and Bioethics at the Cardinal Stefan Wyszyński University in Warsaw.

Measures

Level of Personality Functioning Scale-Brief Form 2.0 (LPFS-BF 2.0). The LPFS-BF 2.0 [3] is a 12-item self-report instrument to assess the LPFS as described in Section III of the DSM-5 [1]. The LPFS-BF 2.0 comprised two higher-order components: Self-functioning and Interpersonal functioning. Participants are asked to rate the 12 items on a 4-point Likert scale from 1 (*completely untrue*) to 4 (*completely true*). The Polish version of the LPFS-BF 2.0 is available from the authors on request.

Personality Inventory for ICD-11 (PiCD). The PiCD [19, Polish adaptation: 20] is a 60-item self-report measure designed to assess five broad personality domains of the ICD-11 PD model [16]. Each domain contains 12 items rated on a 5-point Likert scale from 1 (*strongly disagree*) to 5 (*strongly agree*). The PiCD has been found to show good psychometric properties.

Personality Inventory for DSM-5 (PID-5). The PID-5 [11, Polish adaptation: 12] is a 220-item self-report measure capturing 25 pathological trait-facets across five trait-domains according to the AMPD DSM-5 [1]. Items are rated on a 4-point Likert scale from 0 (*very false or often false*) to 3 (*very true or often true*). Besides five trait-domains, the total PID-5 sum score was used (a proxy for severity of personality dysfunction). The PID-5 has been found to show good psychometric properties.

Agency-Communion-Inventory (AC-IN). The AC-IN [21] is a 28-item self-report instrument to assess the fundamental dimensions of Agency and Communion. Items are presented in a bipolar format with a 5-point Likert scale (e.g., very friendly — 2-1-0-1-2 — very unfriendly). The bipolar scales were recoded to 1 to 5 with higher ratings representing the positive pole of the trait (i.e., very friendly in the above-mentioned example). The AC-IN has been found to show good psychometric properties, also in Polish samples.

Mental Health Continuum–Short Form (MHC-SF). The MHC-SF [22, 23, Polish adaptation: 24] is a 14-item measure composed of three dimensions of well-being: (1) hedonic, emotional well-being (three items), which relates to positive emotions and life satisfaction; (2) eudaimonic, social well-being (five items), which relates to one's functioning in society (i.e., social contribution, social integration, social actualization/growth, social acceptance, social coherence/interest); and (3) eudaimonic, psychological well-being (six items), which relates to optimal individual functioning (i.e., self-acceptance, environmental mastery, positive relations with others, personal growth, autonomy, and purpose in life). Items are rated on a 6-point scale ranging from 0 (*never*) to 5 (*every day*). The MHC-SF has been found to show good psychometric properties.

Results

In order to replicate the factor structure of the LPFS-BF 2.0 in the Polish sample, a CFA model was applied. As hypothesized a correlated two-factor solution (with no modifications) was shown to provide an acceptable model fit: $\chi^2 = 120$, $df = 53$, $p < 0.001$; RMSEA = 0.07, 90% CI [0.05, 0.09]; SRMR = 0.05; TLI = 0.89; and CFI = 0.91. Though the chi-square value is significant, this statistic being overly sensitive to sample size is considered less useful for the evaluation of model fit, which should be done upon other fit indices, and these as shown are satisfactory (CFI > 0.90; RMSEA < 0.08; SRMR < 0.08; [25]). Standardized factor loadings (λs) for the two-factor CFA model are shown in Table 1. Factor intercorrelations were at the level of 0.65. Of note, in the current study, the RMSEA, SRMR, TLI and CFI values were comparably much better than what was found in the original paper by Weekers et al. [3]. Additionally, the conceptualization of the two-factor structure model was compared with a strict unidimensional model. A one-factor solution revealed poor fit: $\chi^2 = 198$, $df = 54$, $p < 0.001$; RMSEA = 0.10, 90% CI [0.09, 0.12]; SRMR = 0.07; TLI = 0.77; and CFI = 0.81.

The internal consistency estimates for the LPFS-BF 2.0 were high, with $\alpha = 0.84$ for the total scale and $\alpha = 0.82$ and $\alpha = 0.72$ for the Self-functioning and Interpersonal functioning scales, respectively (McDonald's ω coefficients were identical). Overall, the reliability estimates were adequate and comparable with estimates obtained by Weekers et al. [3].

Table 1. **Confirmatory factor analysis of the LPFS-BF 2.0 items: Standardized factor loadings (λs)**

Factor	Item	λ
Self-functioning	LPFS-BF 1	0.68
	LPFS-BF 2	0.65
	LPFS-BF 3	0.65
	LPFS-BF 4	0.64
	LPFS-BF 5	0.79
	LPFS-BF 6	0.52
Interpersonal functioning	LPFS-BF 7	0.47
	LPFS-BF 8	0.59
	LPFS-BF 9	0.69
	LPFS-BF 10	0.48
	LPFS-BF 11	0.47
	LPFS-BF 12	0.58

Note. All estimates are significant at $p < 0.001$.

Regarding validity analyses (see Table 2), the LPFS-BF 2.0 showed conceptually meaningful associations with related measures of personality functioning and well-being. The LPFS-BF 2.0 correlated with well-being and personality traits from the AMPD and the ICD-11 PD model. Most importantly, Self – and Interpersonal functioning scales of the LPFS-BF 2.0 were differentially related to different personality traits, well-being indices, and as expected with basic orientations of Agency and Communion. While the Self-functioning component mainly correlated with Negative Affect (from both DSM-5 and ICD-11 PD model), Psychoticism (DSM-5), and Agency orientation, the Interpersonal functioning component was primarily correlated with Detachment (from both DSM-5 and ICD-11 PD model), Antagonism (DSM-5), Psychoticism (DSM-5), Dissociality (ICD-11 PD model), and Communion orientation. As expected, due to problematic discriminant validity shown by the PID-5 [see 11, 12], the LPFS-BF 2.0 showed a less clear pattern of correlational associations with personality traits from the DSM-5 than from the ICD-11 PD model indexed by the PiCD.

Table 2. **Correlations of the LPFS-BF 2.0 with validity measures**

	LPFS-BF 2.0	Self-functioning	Interpersonal functioning	Cohen's *q*[1]
LPFS-BF 2.0	—			-
Self-functioning	0.90***	—		-
Interpersonal functioning	0.83***	0.51***	—	-
Age	-0.07	-0.19**	0.10	-
Global severity of PD[2]	0.67***	0.59***	0.59***	-
Negative Affect (PID-5)	0.72***	0.70***	0.54***	0.26 (S > I)
Detachment (PID-5)	0.67***	0.58***	0.59***	-
Antagonism (PID-5)	0.35***	0.24***	0.40***	0.18 (I > S)
Disinhibition (PID-5)	0.18**	0.18**	0.13*	-
Psychoticism (PID-5)	0.55***	0.48***	0.48***	-
Negative Affectivity (PiCD)	0.62***	0.66***	0.39***	0.38 (S > I)
Detachment (PiCD)	0.40***	0.31***	0.40***	0.11 (I > S)
Dissociality (PiCD)	0.23***	0.07	0.37***	0.31 (I > S)
Disinhibition (PiCD)	0.38***	0.34***	0.32***	-
Anankastia (PiCD)	0.13*	0.12	0.12	-
Well-being (MHC-SF total score)	-0.40***	-0.40***	-0.28***	0.13 (S > I)
Hedonic: emotional well-being	-0.42***	-0.37***	-0.36***	-
Eudaimonic: social well-being	-0.27***	-0.29***	-0.16*	0.14 (S > I)
Eudaimonic: psychological well-being	-0.40***	-0.41***	-0.27***	0.15 (S > I)
Agency	-0.45***	-0.47***	-0.29***	0.21 (S > I)
Communion	-0.23***	-0.15*	-0.27***	0.13 (I > S)

Note. * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$; PiCD – Personality Inventory for ICD-11; PID-5 – Personality Inventory for DSM-5.

A final set of analyses concerns the incremental validity of the LPFS-BF 2.0. Hierarchical regression analysis was conducted predicting overall well-being with age and gender entered in block 1; five dysfunctional personality traits from the AMPD DSM-5 entered in block 2; and, finally the Self – and Interpersonal functioning scales of the LPFS-BF 2.0 entered in block 3. Results showed the final regression model accounted

[1] Cohen [26] suggested an effect size measure with the denomination *q* that allows to interpret the difference between two correlations. The two correlations are transformed with Fisher's *Z* and subtracted afterwards. The following categories are proposed for the interpretation: < 0.10 = no effect, 0.10 to 0.30 = small effect, 0.30 to 0.50 = intermediate effect, > 0.50 = large effect. Only values equal or larger than 0.10 are presented.

[2] The total PID-5 sum score.

for 32% of the variance and Self-functioning significantly predicted well-being above and beyond pathological personality traits entered in the regression model (Table 3).

Table 3. **Hierarchical regression analysis: Age, gender, personality traits from the AMPD DSM–5, and LPFS-BF 2.0 scales as explanatory variables of overall well-being**

		β	*t*	*p*
Block 1	Intercept		14.12	<0.001
	Gender (men)	0.12	1.85	0.066
	Age	-0.05	-0.77	0.442
Model summary:	$F(2, 236) = 1.96$, $p = 0.143$, Adj. $R^2 = 0.01$			
Block 2	Intercept		11.66	<0.001
	Gender (men)	0.04	0.70	0.483
	Age	0.03	0.45	0.650
	Negative Affective	-0.24	-2.69	0.008
	Detachment	-0.50	-6.27	<0.001
	Antagonism	0.15	1.99	0.048
	Disinhibition	0.05	0.84	0.400
	Psychoticism	0.26	3.31	0.001
Model summary:	$F(7, 231) = 15.45$, $p < 0.001$, Adj. $R^2 = 0.30$, $\Delta R^2 = 0.30$, $F\Delta(5, 231) = 20.53$, $p < 0.001$			
Block 3	Intercept		11.90	<0.001
	Gender (men)	0.03	0.42	0.675
	Age	0.01	0.08	0.937
	Negative Affective	-0.11	-1.14	0.257
	Detachment	-0.44	-5.31	<0.001
	Antagonism	0.11	1.46	0.146
	Disinhibition	0.08	1.21	0.229
	Psychoticism	0.29	3.73	<0.001
	Self-functioning	-0.22	-2.59	0.010
	Interpersonal functioning	-0.05	-0.69	0.491
Model summary:	$F(9, 229) = 13.33$, $p < 0.001$, Adj. $R^2 = 0.32$, $\Delta R^2 = 0.03$, $F\Delta(2, 229) = 4.32$, $p = 0.014$			

Discussion

Following the release of the DSM-5 AMPD [1], researchers have started to construct measures that refer to Criteria A and B and underlying assumptions that PDs are optimally portrayed by a generalized personality severity continuum (Criterion

A) with the additional specification of stylistic elements (Criterion B), derived from personality disorder symptom constellations and personality traits. This study sought to investigate in a Polish population of adults the psychometric properties of the LPFS-BF 2.0 – a brief questionnaire for the assessment of Criterion A as conceptualized in the AMPD. Findings confirmed its two-factor structure that corresponds to the interpretation of Self – and Interpersonal functioning as originally proposed by its authors [3] and as described in the DSM-5 Section III Alternative Model for PDs [1]. The LPFS-BF 2.0 demonstrated good reliability estimates and showed relevant associations with the PD severity index, maladaptive personality traits, well-being, and personality constructs of Agency and Communion. Finally, we tested the distinctive features captured within the LPFS-BF 2.0 (reflecting the content of Criterion A) relative to personality traits (Criterion B) and evidenced that the LPFS-BF 2.0 contributes to the prediction of psychosocial functioning (well-being) in terms of incremental validity over and above all the AMPD pathological traits. These findings provide support for the reliability and validity of the Polish adaptation of the LPFS-BF 2.0 as an operationalization of the construct of personality pathology, described in the AMPD Criterion A [1].

Our results replicated that the LPFS-BF 2.0 [3] is composed of two meaningful subscales, referring to Self – and Interpersonal functioning. As theoretically anticipated, it was found that these two latent components were substantially correlated, which is consistent with the AMPD conceptualization of general personality functioning [1, see also 4]. Notably, the correlational analyses broadly corroborate the construct validity of the LPFS-BF 2.0. The total scale and subscales showed large links with the index of PD severity, supporting that elevated LPFS-BF 2.0 score referring to the level of personality impairment is a natural mirror of severity related to elevated pathological traits in general [cf. 4, 27]. Also, as expected, the LPFS-BF 2.0 showed theoretically meaningful associations with pathological personality traits from the AMPD [1] and the ICD-11 PD model [16]. As predicted, there were strong links between the Self-functioning subscale and Negative Affectivity from both the ICD-11 PD model and DSM-5 AMPD. The Interpersonal functioning subscale showed stronger associations (than the Self-functioning component) with ICD-11 PD model Detachment; ICD-11 PD model Dissociality and DSM-5 AMPD Antagonism. Moreover, the Self – and Interpersonal subscales correlated negatively with the personality constructs of Agency and Communion, respectively. The LPFS-BF 2.0 total scale and Self-functioning subscale showed also moderate associations with poor well-being, whereas this association was small for the Interpersonal functioning subscale. In terms of social and psychological dimensions of well-being, the Self-functioning subscale also showed correlations larger in magnitude than the Interpersonal functioning subscale, corroborating the sugges-

tion that in fact, self-pathology may crucially be driving problems in a psychosocial sphere, including interpersonal functioning [see 8].

Altogether, in alignment with previous reports investigating Criterion A [e.g., 4, 7, 10, 18], the Self and Interpersonal subscales showed to be strongly related and mutually interlaced; however, each revealed (mostly) the unique pattern of conceptually consistent relations with criterion measures. More importantly, the current findings on LPFS-BF 2.0 can also be seen as congruent with the notion on the LPFS [1] that the interpersonal component is not to be seen as a strictly separate and independent component but depicting a representation of self in relation to others. From this perspective, a constituted mature self is required for healthy relationships with others as well as for positive psychosocial well-being. And, relations with other people as such basically depend on one's ability to experience and regulate emotions, degree of sense of self, adequate self-esteem and self-direction with constructive and prosocial internal standards of behaviour, and self-reflection.

Finally, through the psychometric evaluation of the LPFS-BF 2.0 we were also able to find some support for major assumptions of the AMPD model – besides the twofold structure of Criterion A, we showed its (partial) distinctness from the five traits of Criterion B. The LPFS-BF 2.0 demonstrated the incremental predictive value of global well-being over and above all five AMPD maladaptive traits, although this applied strictly to the Self-functioning component. Again, there is the suggestion that mostly self-pathology may be driving psychosocial problems in functioning. Overall, the results broadly support the notion that personality impairment ratings as the LPFS-BF 2.0 may have clinical utility providing incremental information beyond pathological personality traits. Considerable correlations between criterion A and criterion B constructs and debating the level of distinct or overlapping information based on these sources forms a key focus of the contemporary AMPD literature [cf. 710, 18]. Crucially, conceptual issues in terms of the core of how we understand personality pathology and methods for suitable diagnosing probably constitute so much more important empirical questions and deserve a lot more attention from researchers in the field than they have received so far (e.g., defining impaired personality functioning in terms of negative consequences or characteristic maladaptations of basic personality dispositions *versus* thinking of maladaptive traits as behaviourally anchored expressions of underlying impairments in basic capacities).

To conclude, the Polish adaptation of the LPFS-BF 2.0 constitutes a short and user-friendly tool that provides a quick, reliable, and valid reflection of the severity of personality pathology, specifically oriented to the assumptions of the AMPD model. However, several limitations of the current research should be acknowledged. One of the main limitations is the lack of a gold standard to evaluate the level of personality

functioning according to the LPFS described in Section III of the DSM-5 [1], which limits the opportunity to verify the validity of the measure more thoroughly. Moreover, future research should corroborate the construct validity of the LPFS-BF 2.0 using other criterion measures along with interview-rated or informant-reported data. Also, further research should be performed in clinical populations, across a broad spectrum of personality pathology. Besides these limitations, this study shows the potential of the LPFS-BF 2.0 as a brief tool that may serve researchers and clinicians to assess features corresponding to self and interpersonal impairment of personality functioning as defined in the DSM-5 Section III.

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