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**Comment on Hopwood et al., “The Time Has Come for Dimensional Personality
Disorder Diagnosis”**

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Comment on Hopwood et al., “The Time Has Come for Dimensional Personality Disorder Diagnosis”

Recently, Hopwood and colleagues (2017) published a paper in this journal which advocated for the field to move onto a dimensional model of assessing and diagnosis personality disorders, which was a central component of the ICD-11 personality disorder workgroup proposal for revising the diagnosis and classification of personality disorders. Per the invitation of Dr. Leonard Simms, we are appreciative of the opportunity to comment on this paper. The original letter Hopwood et al. acknowledge in their article that sparked the controversy was intended for the World Health Organization and not for public discourse. Thus, we do not wish to comment further on a document not created for these purposes. Instead, consistent with the International, European, and North American Societies for the Studies of Personality Disorders’ (ISSPD, ESSPD, NASSPD) missions to advance the scientific study of personality disorders, we have continued productive discussions with the members of the ICD-11 personality disorder workgroup, which yielded an agreed upon proposal for the ICD-11 assessment and diagnosis of the personality disorders at the ISSPD Congress in Heidelberg, Germany, September 26, 2017. In addition, with the consultation and support of the boards of directors of ISSPD, ESSPD, and NASSPD, we have written a

paper suitable for publication in a peer-reviewed scientific outlet that is now in press at the *Journal of Personality Disorders*, which summarizes the concerns we had with the original ICD-11 proposal. These centered around the lack of operationalization of the severity criterion and concerns over the translation of a purely trait perspective into clinical practice. We were invited several months' ago to submit a paper to *Personality and Mental Health* as a response to an earlier version of the Hopwood et al. paper. However, we were reluctant to submit our paper there since two of its editors hold leading positions on the ICD-11 workgroup. As our paper discussed a number of problems likely to arise when transitioning toward the proposed ICD-11 model for personality disorder diagnosis and assessment, we believed an alternative peer-reviewed outlet was more appropriate. We call upon all colleagues to pursue the aim of coming together to create the most clinically useful and scientifically informed diagnostic system possible. This will continue to be the mission of our societies, and we hope that ongoing discussion and collaboration among all interested parties will be in our future.

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