



Shedler-Westen **Assessment Procedure**

SWAP-200 Clinical Interpretive Report
by Jonathan Shedler, PhD

Client/Patient: Jane S
Age: 38
Sex: Female
Race/Ethnicity: White
Setting: Clinical treatment, outpatient
Date Assessed: 2/23/2015
Assessor: Laura Smith, PhD

sample

Identifying Information

The client/patient is a 38 year-old White female. She is married. She has a college degree.

The client/patient is being evaluated in a clinical outpatient setting. The assessor has seen her in ongoing clinical treatment.

Assessor-Assigned Psychiatric Disorders

The assessor has indicated that the following (non-personality) DSM-5 diagnoses apply. This diagnostic information should be taken into consideration when interpreting and applying the personality findings described in this report.

Major depressive disorder
Posttraumatic stress disorder

Interpretive Considerations

This report reflects the recognition that mental health problems are typically rooted in personality—that is, enduring patterns of thinking, feeling, motivation, coping, defense, attachment, interpersonal functioning, experiencing self and others, and so on. Understanding these patterns will clarify the meaning and function of specific psychological difficulties and provides a road map for effective intervention and decision making.

SWAP diagnostic scale scores are T-scores (standardized scores) based on norms established in a clinical sample of patients with personality disorder diagnoses. T-scores have a mean of 50 and standard deviation of 10. Thus, a score of T=50 indicates that the client/patient is at the mean for the clinical reference sample and a score of T=60 indicates that the client/patient is one standard deviation above the mean (84th percentile). As a general interpretive guideline, SWAP-200 scores of T=55 (70th percentile) and higher can be considered clinically elevated.

I. Overall Personality Health (T=57.8)

The *Psychological Health Index* provides a global measure of overall personality health versus dysfunction. Higher scores ($T > 50$) indicate greater psychological resources and capacities (e.g., ego strengths); lower scores ($T < 50$) indicate more severe personality dysfunction. The index is graphed in the DSM-5 Personality Disorder Score Profile (next section).

This client/patient has a Psychological Health Index score of $T = 57.8$. This indicates the presence of substantial ego strengths and interpersonal capacities (nearly a standard deviation above the mean). The person possesses significant psychological resources and capacities that can be built upon in clinical treatment.

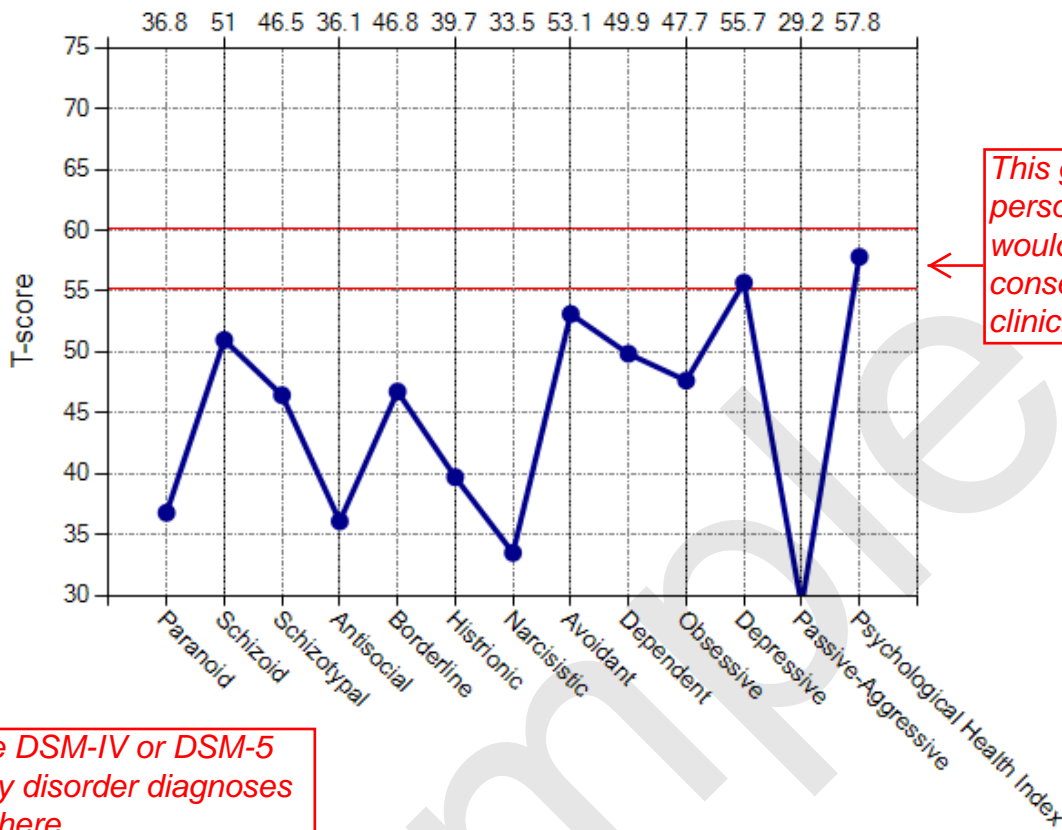
II. DSM-5 Personality Disorder Score Profile

The DSM-5 Personality Disorder Score Profile shows the similarity or match between the client/patient and diagnostic “prototypes” reflecting expert clinical consensus about the core features of each DSM-5 personality disorder.

Higher scores indicate greater severity. The higher the score, the more likely the patient would be given the personality disorder diagnosis by a consensus of expert clinicians.

As a general interpretive guideline, T-scores ≥ 60 warrant a categorical DSM personality disorder diagnoses and T-scores \geq of 55 warrant a diagnosis of traits or features of the disorder.

DSM-5 Personality Disorder Score Profile



This graph shows DSM personality disorders that would be diagnosed by a consensus of expert clinicians

Applicable DSM-IV or DSM-5 personality disorder diagnoses are listed here

This person would likely be given the following personality disorder diagnoses by a consensus of knowledgeable clinicians:

Depressive Personality Features* (T=55.7)

*Note: Depressive personality disorder is not a disorder included in DSM-5. It was included in the appendix of DSM-IV as a diagnosis warranting further study, and is included in this report because of strong evidence for its prevalence and clinical utility.

Noteworthy Items

The following SWAP-200 items are descriptive of this person (they were scored 5 or higher by the assessor) and contribute to the DSM-5 personality disorder score elevations/diagnoses indicated above. Noteworthy items are listed in order of their importance or centrality to the diagnostic construct, as it is understood by a consensus of expert clinicians.

Depressive Features - Noteworthy Items

54. Tends to feel s/he is inadequate, inferior, or a failure.

These are the specific SWAP items that describe the perso, and led to the DSM personality disorder diagnoses listed above

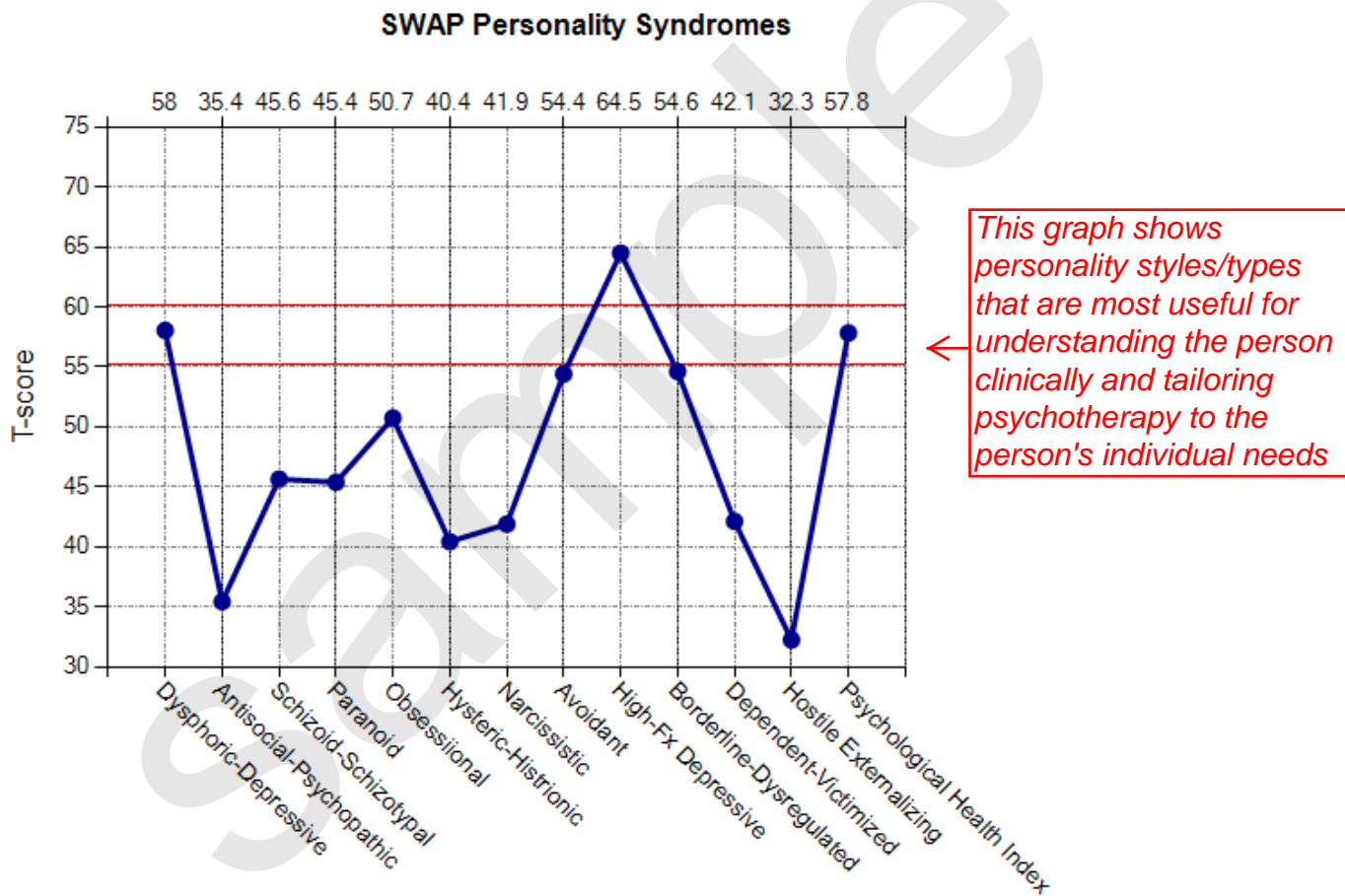
- 57. Tends to feel guilty.
- 50. Tends to feel life has no meaning.
- 91. Tends to be self-critical; sets unrealistically high standards for self and is intolerant of own human defects.
- 73. Tends to “catastrophize”; is prone to see problems as disastrous, unsolvable, etc.
- 88. Tends to be insufficiently concerned with meeting own needs; appears not to feel entitled to get or ask for things s/he deserves.
- 86. Tends to feel ashamed or embarrassed.
- 98. Tends to fear s/he will be rejected or abandoned by those who are emotionally significant.
- 60. Tends to be shy or reserved in social situations.

Sample

III. SWAP Personality Syndromes

The SWAP Personality Syndrome profile shows the similarity or match between the client/patient and an alternative set of empirically-identified personality syndromes. The SWAP personality syndromes are more clinically informative than DSM diagnostic categories and more faithfully capture the personality patterns and syndromes seen in clinical practice.

Scores indicate the degree of resemblance or “match” between the client/patient and diagnostic prototypes representing each SWAP personality syndrome in its “ideal” or pure form. Diagnosis is dimensional, with higher scores indicating more severity. Where a categorical diagnosis is desired, T-scores ≥ 60 generally indicate that a diagnosis applies and T-scores ≥ 55 indicate clinically significant “features” of the personality syndrome.



This client/patient shows clinically elevated scores for the SWAP Personality syndromes listed below. Each syndrome is described in detail, followed by a description of common emotional reactions on the part of clinicians (countertransference responses) to clients/patients with the syndrome (where available), and treatment recommendations.

High-Functioning Depressive Personality (T=64.5)

Comments: This is a distinct personality syndrome observable in a large percentage of patients treated in the community. It does not reach the severity of pathology typically associated with a

DSM-defined personality “disorder” and may be better regarded as a personality pattern or style. Patients who match this prototype possess many personality strengths and capacities in combination with dysphoric, self-denigrating personality dynamics. This syndrome is a clinically important subtype of the dysphoric or depressive personality syndrome.

Detailed Description: Patients who match this prototype have many psychological strengths. They tend to be articulate; empathic; capable of sustaining a meaningful love relationship characterized by genuine intimacy and caring; able to form close and lasting friendships; and able to find meaning and fulfillment in guiding, mentoring, or nurturing others. Further, they tend to be psychologically insightful, able to understand themselves and others in subtle and sophisticated ways; to be creative; to appreciate and respond to humor; and to be able to hear information that is emotionally threatening (i.e., that challenges cherished beliefs, perceptions, and self-perceptions) and use and benefit from it. Their strengths and weaknesses, however, tend to spring from the same well: They may be conscientious and responsible to a fault; they have moral and ethical standards and strive to live up to them, often at the cost of their happiness or self-esteem; they enjoy challenges and are able to use their talents, abilities, and energy effectively and productively, but often put tremendous pressure on themselves; and they tend to seek out or create interpersonal relationships in which they are in the role of caring for, rescuing, or protecting the other. They tend to blame themselves or feel responsible for bad things that happen; to feel guilty; to feel unhappy, depressed, or despondent; and to feel listless, fatigued, or lacking in energy. They tend to be self-critical, setting unrealistically high standards for themselves and being intolerant of their own human defects. They tend to fear that they will be rejected or abandoned by those who are emotionally significant.

Common therapist reactions to high-functioning depressive patients: Therapists treating patients who match this prototype tend to feel hopeful about the gains the patient is making or will likely make in treatment; tend to like the patient a good deal; regard the patient as one of their favorites; feel that if s/he were not a patient, they could imagine being friends; look forward to sessions; feel pleased or satisfied after sessions; find it exciting to work with the patient; and feel that they understand the patient. They also tend to report that the patient makes them feel good about themselves and the therapy work.

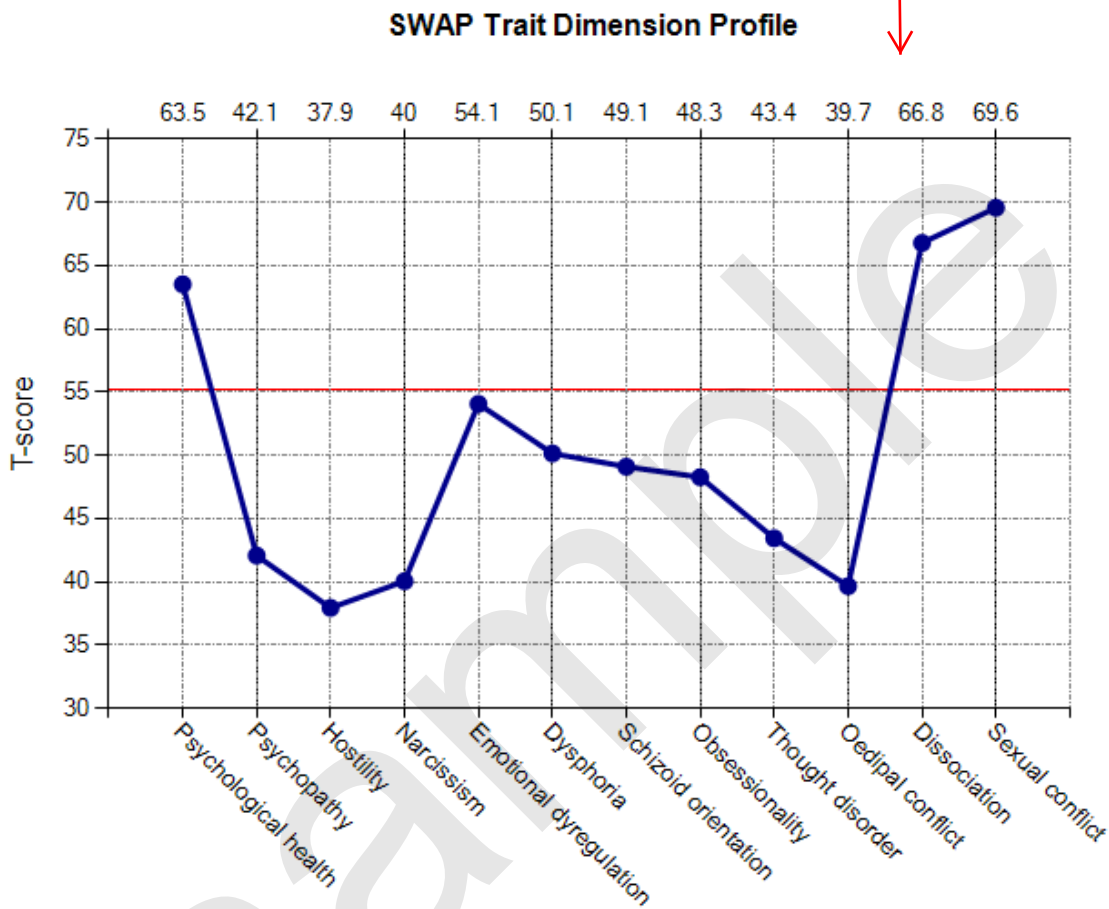
Treatment Considerations: Generally, high functioning depressive patients benefit from treatment and are seen as “good” patients. The hidden challenge is that the therapist may feel good because the patient is recreating a pattern of subordinating his/her needs to those of others (in this case, those of the therapist), squelching negative feelings toward the therapist, or in other ways attending to the therapist’s needs rather than his/her own, just as the patient tends to do in interpersonal relationships generally. The therapist would do well to point out these patterns as they arise and to help the patient understand their relation to depression. More specifically, it is vital when treating such patients to elicit their negative feelings toward the therapist, especially anger, hostility, and critical feelings, because they typically idealize the therapist, try to be “good” patients, and tend to interpret the therapist’s noncritical acceptance as evidence that the therapist has not yet recognized how bad/inadequate they really are. It is also important to help depressive patients see how they tend to interpret difficulties and losses as evidence of their “badness.”

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This section provides a detailed description of the person's core personality dynamics, describes common therapist reactions to clients/patients who have these personality dynamics (countertransference reactions), and offers clinical treatment recommendations

This graph shows scores for twelve trait dimensions that highlight specific areas of psychological functioning

IV. SWAP Trait Dimensions

The SWAP Trait Dimension Profile shows scores for 12 personality factors or trait dimensions derived via factor analysis of the SWAP-200 item set. Scores assess the client/patient on each trait dimension relative to norms established in the clinical reference sample.



This patient/client shows elevated scores for the SWAP Personality trait dimensions listed below.

Psychological health (T=63.5)

The trait dimension scores are explained and interpreted in this section

This Psychological Health measures the positive presence of psychological resources and capacities. It encompasses the capacity to love, to form meaningful connections with others, to use one's talents and abilities effectively and creatively, to pursue long-term goals, to empathize with others' needs and feelings, and to hear and make constructive use of emotionally challenging information.

The client/patient is well above average with respect to healthy psychological resources and capacities.

Dissociation (T=66.8)

Elevated scores on the Dissociation scale indicate disconnected thoughts, feelings, and memories, gaps or incongruities in memory, incongruities between words and affect, a tendency to repress or distort distressing events, and (in severe cases) a tendency to enter altered, dissociated states. Such discontinuity in mental life is often related to a history of trauma or abuse.

This client/patient's Dissociation score is high.

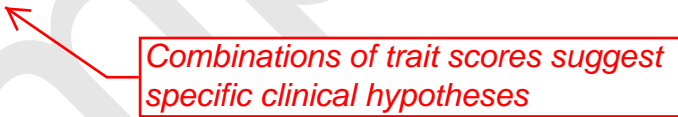
The elevated score on this scale in combination with the elevated score on the Sexual Conflict scale is suggestive of a history of sexual abuse/trauma. Clinical inquiry in this area is warranted.

Sexual conflict (T=69.6)

The Sexual Conflict scale measure disturbed or conflictual attitudes toward sexuality. Sexual activity is consciously or unconsciously associated with danger (e.g., injury, punishment), sexuality is associated with guilt, shame, or disgust, and there may be a specific sexual dysfunction.

This client/patient's Sexual Conflict score is high.

The elevated score on this scale in combination with the elevated score on the Dissociation scale is suggestive of a history of sexual abuse/trauma. Clinical inquiry in this area is warranted.



Combinations of trait scores suggest specific clinical hypotheses

V. Clinically Noteworthy Items

The following SWAP-200 items were identified as most descriptive of this client/patient by the assessor and were assigned scores of 5 or higher.

Healthy resources and capacities

- 59. Is empathic; is sensitive and responsive to other peoples' needs and feelings.
- 175. Tends to be conscientious and responsible.
- 92. Is articulate; can express self well in words.
- 68. Appreciates and responds to humor.
- 82. Is capable of hearing information that is emotionally threatening (i.e., that challenges cherished beliefs, perceptions, and self-perceptions) and can use and benefit from it.
- 183. Is psychologically insightful; is able to understand self and others in subtle and sophisticated ways.
- 120. Has moral and ethical standards and strives to live up to them.
- 121. Is creative; is able to see things or approach problems in novel ways.
- 51. Tends to elicit liking in others.

Emotional Experience

- 54. Tends to feel s/he is inadequate, inferior, or a failure.
- 86. Tends to feel ashamed or embarrassed.
- 50. Tends to feel life has no meaning.
- 57. Tends to feel guilty.
- 27. Has panic attacks lasting from a few minutes to a few hours, accompanied by strong physiological responses (e.g., racing heart, shortness of breath, feelings of choking, nausea, dizziness, etc.).

Emotional Regulation

- 73. Tends to "catastrophize"; is prone to see problems as disastrous, unsolvable, etc.
- 81. Repeatedly re-experiences or re-lives a past traumatic event (e.g., has intrusive memories or recurring dreams of the event; is startled or terrified by present events that resemble or symbolize the past event).
- 12. Emotions tend to spiral out of control, leading to extremes of anxiety, sadness, rage, excitement, etc.

Copying strategies, defensive processes, emotional avoidance

- 152. Tends to repress or "forget" distressing events, or distort memories of distressing events beyond recognition.
- 138. Tends to enter altered, dissociated state of consciousness when distressed (e.g., the self or the world feels strange, unfamiliar, or unreal).

Interpersonal Functioning, Attachment, and Object Relations

Interpersonal behavior

- 59. Is empathic; is sensitive and responsive to other peoples' needs and feelings.
- 197. Tends to seek out or create interpersonal relationships in which s/he is in the role of caring for, rescuing, or protecting the other.
- 51. Tends to elicit liking in others.
- 26. Tends to get drawn into or remain in relationships in which s/he is emotionally or physically abused.

60. Tends to be shy or reserved in social situations.

Perceptions and mental representations of others

87. Is quick to assume that others wish to harm or take advantage of him/her; tends to perceive malevolent intentions in others' words and actions.

98. Tends to fear s/he will be rejected or abandoned by those who are emotionally significant.

Self experience, identity, and identity cohesion

91. Tends to be self-critical; sets unrealistically high standards for self and is intolerant of own human defects.

54. Tends to feel s/he is inadequate, inferior, or a failure.

138. Tends to enter altered, dissociated state of consciousness when distressed (e.g., the self or the world feels strange, unfamiliar, or unreal).

Cognitive functioning

92. Is articulate; can express self well in words.

68. Appreciates and responds to humor.

82. Is capable of hearing information that is emotionally threatening (i.e., that challenges cherished beliefs, perceptions, and self-perceptions) and can use and benefit from it.

183. Is psychologically insightful; is able to understand self and others in subtle and sophisticated ways.

121. Is creative; is able to see things or approach problems in novel ways.

Cognitive Style

73. Tends to "catastrophize"; is prone to see problems as disastrous, unsolvable, etc.

Motives

91. Tends to be self-critical; sets unrealistically high standards for self and is intolerant of own human defects.

98. Tends to fear s/he will be rejected or abandoned by those who are emotionally significant.

58. Has little or no interest in having sexual experiences with another person.

175. Tends to be conscientious and responsible.

197. Tends to seek out or create interpersonal relationships in which s/he is in the role of caring for, rescuing, or protecting the other.

120. Has moral and ethical standards and strives to live up to them.

Areas of internal conflict (conflictual, discordant, or disavowed motives)

99. Appears to associate sexual activity with danger (e.g., injury, punishment, contamination, etc.), whether consciously or unconsciously.

88. Tends to be insufficiently concerned with meeting own needs; appears not to feel entitled to get or ask for things s/he deserves.

169. Fears becoming like a parent (or parent figure) about whom s/he has strong negative feelings; may go to lengths to avoid or reject attitudes or behaviors associated with that person.

118. Tends to see sexual experiences as somehow revolting or disgusting.

26. Tends to get drawn into or remain in relationships in which s/he is emotionally or physically abused.

Moral Functioning

120. Has moral and ethical standards and strives to live up to them.

Sexuality

- 58. Has little or no interest in having sexual experiences with another person.
- 99. Appears to associate sexual activity with danger (e.g., injury, punishment, contamination, etc.), whether consciously or unconsciously.
- 118. Tends to see sexual experiences as somehow revolting or disgusting.

Symptoms and other problem areas

- 81. Repeatedly re-experiences or re-lives a past traumatic event (e.g., has intrusive memories or recurring dreams of the event; is startled or terrified by present events that resemble or symbolize the past event).
- 27. Has panic attacks lasting from a few minutes to a few hours, accompanied by strong physiological responses (e.g., racing heart, shortness of breath, feelings of choking, nausea, dizziness, etc.).

Sample