Criterion Validity of the MSI-BPD-BPD Among Inpatient Adolescents

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Background
Borderline Personality Disorder often emerges during adolescence (Chanen et al. 2008) but may go unrecognized since diagnosing BPD prior to the age of eighteen is discouraged (Chanen, Jovev, et al. 2007). However, BPD traits during adolescence show considerable malleability in young people (Lenzenweger & Castro, 2005) and thus effective screening methods are needed for early diagnosis and intervention. The McLean Screening Instrument for BPD has been used in adults as a measure of BPD and shows moderate (AUC=0.77) predictive power (Patel et al. 2011), however no study to date has examined the predictive power of the MSI in adolescents.

Aims
First, we sought to explore the relation between a continuous self-report measure of BPD (MSI-BPD) and an interview based categorical assessment of DSM-IV BPD (CI-BPD). Second, we aimed to establish the criterion validity of the MSI-BPD in predicting CI-BPD diagnosis and establish a clinical cutoff score for the MSI-BPD in predicting CI-BPD diagnosis.

Participants
A psychiatric sample was recruited from a county psychiatric hospital. 118 adolescents completed the study protocol including the Childhood Interview for Borderline Personality Disorder (CI-BPD) and the McLean Screening Instrument for Borderline Personality Disorder (MSI-BPD).

Measures
The McLean Screening Instrument for Borderline Personality Disorder (MSI-BPD; Zanarini et al. 2003) is a 10-item questionnaire in which all questions are written such that positive responses indicate the presence of BPD symptoms. Previous research has found a useful clinical cutoff of seven (Patel, Sharp, & Fonagy, 2011; Zanarini et al. 2003) or more (Chanen et al. 2008) among adults. The Childhood Interview for DSM-IV Borderline Personality Disorder (CI-BPD; Zanarini, 2003) is as a semi-structured interview that assesses the nine DSM-IV criteria of BPD. A diagnosis of BPD is assigned when 5 or more criteria are endorsed.

Results
26.3% (n=31) of the sample met DSM-IV criteria for BPD on the CI-BPD. An independent samples t-test revealed that the BPD group scored significantly higher than the Non-BPD group on the MSI-BPD (BPD M = 6.45, SD = 2.392; Non-BPD M = 4.44, SD = 2.56; t = -3.821, p < .001). Receiver Operating Characteristics (ROC) analysis with MSI-BPD total score predicting CI-BPD indicated that the MSI-BPD had moderate diagnostic accuracy (AUC=0.733, p<.001). Plotting sensitivity and specificity against different cut-off scores on the MSI-BPD in reference to CI-BPD diagnosis revealed the optimal cutoff score is 5.5 (Sensitivity = .710, Specificity = .655).

Conclusions
The MSI-BPD is a moderate predictor of BPD diagnosis suggesting it is a useful screening tool for BPD. Further research with larger and more diverse samples is needed to gain insight into the validity of using MSI as a predictor of BPD within the larger population.