

The Dysregulation Profile on the Youth Self Report: Associations with Self-Report and  
Performance-based Measures of Personality

By

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### **Abstract**

In order to better understand the place of the Dysregulation Profile (DP; Achenbach, 2001) in the context of affect and behavioral regulation, this study explored the Minnesota Multiphasic Personality Inventory (MMPI-A; Butcher et al., 1992) and Rorschach (Exner, 1974) correlates of the DP in a sample of 817 inpatient adolescents. Results revealed significant relationships between the DP and the Affective Ratio (Afr) on the Rorschach, as well as between the DP and the Aggressiveness and Disconstraint Psychopathology Five (PSY-5) scales on the MMPI-A. These findings have important implications for better understanding what the DP is measuring in clinical assessment and how it can be used to inform diagnosis and treatment.

## **Chapter I**

### **Introduction**

This study examined the validity of the Dysregulation Profile (DP; Achenbach 2001) by assessing how the DP relates to other self-report and performance-based measures in the assessment of affect dysregulation. The DP is thought to be a helpful indicator for individuals who experience some form of affective or behavioral dysregulation, which in theory, can be helpful for diagnosis and or conceptualization of clinical issues. It is a rather broad technique for understanding dysregulation, as the term ‘dysregulation’ encompasses a broad range of characteristics and clinical features of various mental health disorders.

‘Dysregulation’ is a widely used term in clinical psychology to describe both affective and behavioral states. As it is commonly understood in the field of clinical psychology to date, the term ‘dysregulation’ refers to both behavioral and affective controls in both internalizing and externalizing disorders, and there is little understanding of what the actual definition of the term is, as it is defined differently by various theorists. Since it is such a core feature of many mental health disorders throughout the lifespan, it will be extremely valuable to understand what ‘dysregulation’ means as it is measured on the DP and how this can have helpful implications for the field of school-clinical child psychology. ‘Dysregulation’ in the context of multiple diagnoses is even more complicated to parse out, as it can refer to both affect and behavioral controls in various internalizing and externalizing disorders. Therefore, getting into the specifics of what the DP is measuring is critical to be able to better understand diagnostic differences and characteristics of certain psychopathologies.

The DP is comprised of three scales on the Youth Self-Report (YSR; Achenbach, 2001), Child Behavior Checklist (CBCL; Achenbach 2001) and Teacher Report Form (TRF; Achenbach 2001)—Attention Problems (AP), Aggression (AG) and Anxious/Depressed (AD). These three scales target symptoms of both internalizing and externalizing disorders, but load onto a profile that is depicting a general picture of dysregulatory features. As these dysregulatory features are more generalized, it is unclear what exactly the DP is measuring. For instance, is the DP measuring the same thing for someone with an anxiety or depressive disorder as it is for someone with Attention-Deficit Hyperactivity Disorder (ADHD) or Oppositional Defiant Disorder (ODD). We know that individuals with an anxiety or depressive disorder and individuals with ADHD or ODD do not look the same regarding their presenting symptoms. Therefore, it poses a confusing picture that the DP is comprised of scales targeting both internalizing and externalizing symptoms. Better understanding what the DP is measuring with the use of these three scales will be immensely helpful in creating a clearer understanding of this measure, its usefulness, and our understanding of dysregulation in the field of school-clinical child psychology.

To date, there is no literature examining the associations between self-report measures of dysregulation and performance-based measures of personality. In this study, the DP was analyzed to examine its relation to other measures in the assessment of affect dysregulation, specifically. The DP was analyzed in relation to the Minnesota Multiphasic Personality Inventory for Adolescents (MMPI-A; Butcher et al., 1992) Psychopathology Five (PSY-5) Scales, in addition to several variables on the Rorschach, including both affect and control variables, that were thought to be helpful for better



parsing out aspects of affect dysregulation. By conducting an analysis of the associations between these self-report and performance-based measures, the present study aimed to create a clearer understanding of what the DP is measuring as it relates to the broader pieces of affective and behavioral dysregulation previously noted. If the DP can be understood better regarding what it is measuring, the hope is that it can then be better used as a diagnostic tool and treatment indicator. Additionally, some delineation between affect dysregulation and behavioral dyscontrol is hoped to be helpful in forming a clearer clinical understanding of what 'dysregulation' means more generally for clinical assessment.

## **Chapter II**

### **Literature Review**

This chapter will explore the potential meaning of the DP from various perspectives. After discussing the construct of dysregulation, this chapter will explore the nature of emotion regulation—including its origins in the literature, functions, and processes—and the links between emotion dysregulation and psychopathology. This chapter will then discuss the concept of behavior dysregulation as differentiated from emotion dysregulation. Finally, this chapter will then revisit the DP construct as it might be hypothesized to relate to variables of interest in clinical assessment measures, including the Rorschach and MMPI-A.

#### **Dysregulation as a Construct**

The present research study examined dysregulation in the context of affect by utilizing the DP in addition to other measures that can be used to tease out features of affect dysregulation. While research is lacking in defining dysregulation more specifically for diagnostic purposes in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; American Psychiatric Association, 2013), some existing research does attempt to do a deeper analysis of dysregulation and one's self-regulatory abilities. Nigg (2017) argued that progress in understanding self-regulatory abilities has been stopped as the result of the existence of separate constructs for regulating emotion and behavior. This research further argued that a more general construct for understanding self-regulatory aspects of action, emotion and cognition is required to better understand the role of dysregulation in psychopathology (Nigg, 2017). Currently, dysregulation as an overarching construct is not specific enough. Research

shows that to better understand psychopathology, there needs to be separate ways of looking at regulation of emotion and action, in addition to consideration of the ways top-down and bottom-up processes, or the processes of using preexisting knowledge to form interpretations versus using sensory information from the environment to build new perceptions, operate in the context of self-regulatory abilities (Nigg, 2017).

What does dysregulation mean and what is the Dysregulation Profile (DP) measuring? The present study sought to explore the validity of the DP by understanding how it relates to other measures, such as the MMPI-A and Rorschach, in the context of affect dysregulation. To understand the relationship between these measures in their assessment of affect dysregulation, there first needs to be an exploratory analysis of the existing literature that has explored dysregulation in the context of psychopathology. To date, dysregulation has been underexplored and there has been difficulty fitting the broad understanding of what it means for an adolescent to be ‘dysregulated’ into a diagnostic category. The primary reason for this difficulty is that the term dysregulation can refer to both behavioral and affect controls and there is rarely a uniform understanding of the term for diagnostic purposes. While the present study examined aspects of affect dysregulation specifically, this chapter will explore the existing literature on both affect dysregulation and dysregulation as a general concept.

### **Origins of Emotion Regulation/Dysregulation**

Research on dysregulation has been conducted for decades, with various pockets of literature studying various aspects of dysregulation and its implications for the field of clinical psychology. Early research by Siever et al. (1985) examined the impact of dysregulation on depression in the formation of a dysregulation hypothesis. Specifically,

dysregulation in certain affective disorders was understood from a neurobiological lens to be originating from the regulation of the noradrenergic neurotransmitter system (Siever et al., 1985). Other early research on the development of emotion regulation determined that emotion regulation occurs within neurophysiological-biochemical, motor-expressive and experiential-cognitive response systems (Dodge, 1989). This research looked at the development of emotion regulation in childhood and found that as children develop, they accumulate skills within each of these domains and grow in their ability to coordinate and regulate responses throughout these domains. Research noted that major life events can impede on this acquisition of skills to regulate emotion, thus resulting in an experience of emotion dysregulation (Dodge, 1989).

### **Function of Emotion Regulation**

Thompson (1994) defines emotion regulation as the “extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions, especially their intensive and temporal features, to accomplish one’s goals.” Early research on emotion regulation pointed out the significance of emotion regulation in being able to initiate, motivate and organize adaptive behavior while preventing an overwhelming amount of negative affect from influencing an engagement in maladaptive behavior (Cicchetti et al., 1995). This research also emphasizes that there are features of control structures that regulate emotion and action, including the ability to express oneself while maintaining control of maladaptive action. It is also notable that emotion regulation refers to the process of adaptive control of both positive and negative emotions (Cicchetti et al., 1995). Other early research on emotion regulation has looked at emotion regulation in young children and its impact on social adaption. More specifically,

research has shown that children who engage in a lot of social interaction, but who have poor emotion regulation, are more engaged in externalizing problem behaviors. In this study, emotion dysregulation was found to be closely associated with psychosocial maladaptation; therefore, the ability to regulate one's emotions is essential for being able to engage in healthy psychosocial adaptation (Rubin et al., 1995).

### **Emotion Dysregulation as a Process**

Overall, emotion dysregulation has been described in the literature as an experience involving the interruption of one's processing of events, difficulty integrating emotion with other psychological processes, and poor control over affective expression (Cole et al., 2008). Emotion dysregulation has several facets to consider; however, it is typically simplified into terms of over-regulation or under-regulation. An individual who is overregulated is typically thought of as one who is overcontrolled or masking some internal distress, whereas an individual who is underregulated likely has less control over their affect with larger displays of emotion (Cole et al., 2008). Both an over-regulation and under-regulation of affect can be maladaptive, and it is helpful to understand the function of each in one's experience of emotion dysregulation as it relates to certain psychopathologies (Cole et al., 2008).

There are three distinct emotion processes found to form the construct of emotion dysregulation—emotional understanding, dysregulated expression of sadness and anger, and ruminative responses to distress (McLaughlin et al., 2011). Gross (2015) conceptualized affect as an overarching term used when thinking about different psychological states such as responses to stress-inducing situations, everyday emotions such as happiness and sadness, in addition to moods such as feeling depressed. If affect is

described in this all-encompassing way, affect regulation can therefore be conceptualized similarly. Affect regulation can be thought to include coping, with an emphasis on relieving stress over a period of time; emotion regulation, with a focus on one's experience and expression of emotion; and mood regulation, with a focus on changing one's feeling states (Gross, 2015).

Research also shows two types of emotion regulation—antecedent-focused emotion regulation, which concerns the things that we or others do before an emotion starts that affect whether a given emotion occurs, and response-focused emotion regulation, which is concerned with how the individual modulates their response to emotion (Gross & Muñoz, 1995). The ability to regulate emotions is something that occurs within the natural course of development and failure to do so can significantly interfere with an individual's ability to function adaptively and can be detrimental to one's mental health (Gross & Muñoz, 1995). Research has explored some of the origins of difficulty with self-regulation of affect, one of which stems from maladaptive parenting, particularly a controlling parenting style and a child's early exposure to intimate partner violence, that can compromise preadolescents self-regulatory abilities (Delker et al., 2014). Perry and colleagues (2018) also discovered an existing link between overcontrolling parenting and children's difficulty with developing self-regulatory skills.

### **Links between Emotion Dysregulation and Psychopathology**

This inability to regulate emotional responding has been linked to the development of psychopathology and can be analyzed through this lens to better understand the role that emotion regulation plays in a variety of mental health disorders.

Research has shown that emotion dysregulation is an important transdiagnostic factor that increases the risk for the development of psychopathology, particularly in adolescence (McLaughlin et al., 2011). Difficulties with regulating emotions has been linked to internalizing disorders such as anxiety and depression, as well as externalizing disorders such as ADHD and aggressive behaviors (McLaughlin et al., 2011; Silk et al., 2003; Meehan et al., 2008). McLaughlin et al. (2011) examined three specific emotion processes in their analysis of the associations between emotion dysregulation and psychopathology in adolescence. They looked at emotional understanding, dysregulated expression of sadness and anger, as well as ruminative responses to distress, to find that these three aspects of emotion dysregulation were associated with an increase in symptoms of anxiety, aggressive behavior, and maladaptive eating behaviors (McLaughlin et al., 2011). There has also been research to demonstrate emotion dysregulation as a core feature of Autism Spectrum Disorder (Anghel et al., 1982). Silk et al. (2003) found that adolescents who did not engage in effective emotion regulation and instead engaged in responses to negative emotions such as denial or rumination, experienced more depressive symptoms and problem behavior.

Bradley et al. (2015) studied self-reported emotion dysregulation with consideration of childhood trauma and negative affect to understand the relationship between emotion dysregulation and various psychopathologies. This study utilized a community sample, ages 18-77, with several self-report measures including the Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998), Positive and Negative Affect Schedule (PANAS; Watson et al., 1988), and the Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004). These self-report measures were

examined in association with childhood traumatic experiences, negative affect and emotion dysregulation with the addition of interviews assessing for psychiatric distress and self-harm history. Findings demonstrated a significant relationship between emotion dysregulation and psychopathology such as depression, post-traumatic stress, substance abuse issues, and suicidal behaviors. Additionally, results of this study support the finding that emotion dysregulation is a core and clinically meaningful construct associated with psychiatric distress that is not reducible to negative affect (Bradley et al., 2015).

Other research has linked emotion dysregulation to suicidal behavior. This research found that individuals who had attempted suicide multiple times were different from individuals who had no previous suicide attempts or suicidal ideation on two emotion dysregulation dimensions, nonacceptance of emotional responses and perceived limited access to emotion regulation strategies (Rajappa et al., 2012). Research has also demonstrated a link between emotion dysregulation, as demonstrated by emotional inexpressivity and affect reactivity/intensity, and deliberate self-harm among female undergraduate college students, with links to limited emotion regulation strategies and a lack of emotional clarity (Gratz & Roemer, 2008).

Other research has found links between emotion dysregulation and risky sexual behavior and revictimization. More specifically, emotion dysregulation was found to have an indirect effect on revictimization via risky sexual behavior; therefore, emphasizing that interventions for emotion dysregulation could be helpful in alleviating risky sexual behavior and thus, revictimization (Messman-Moore et al., 2010).