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**The Hetero-Anamnestic
Personality Questionnaire (HAP):
informant assessment of
personality of elderly**

The Hetero-Anamnestic Personality Questionnaire (HAP): informant assessment of personality of elderly

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Research in the field of personality and ageing as well as the clinical personality assessment of older people is hampered by a lack of psychometric based instruments.

We present:

- An explanation of the problem
- Possible solutions
- The results of research of the psychometric qualities of the Hetero-Anamnestic Personality Questionnaire (HAP). The HAP is an informant questionnaire developed for assessment of older adults.

Personality assessment among older adults is important for:

- Selecting treatment options
- Generate intervention strategies
- Scientific purposes

Personality questionnaires that are used in the mental health care are usually not suitable for the elderly because:

- The questionnaires are tailored to the lifestyle, the physical and mental condition of non-elderly
- The lack of adequate norm tables for older adults
- The questionnaires are not validated for older age

Availability of age-specific personality questionnaires

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Recently developed personality questionnaires validated for elderly:

- Gerontological Personality disorders Scale (GPS; Van Alphen et al., 2006)
- Hetero-Anamnestic Personality Questionnaire (HAP; Barendse & Thissen, 2006)
- A hybrid personality disorder scale (Balsis & Cooper, submitted)

Instruments for adults considered to be age neutral:

- Personality Assessment Inventory (PAI; Morey, 1991)
- Revised NEO Personality Inventory (NEO-PI-R; Costa & McCrae, 1992)

Sources of test-diagnostics: self-report and informant-report

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Self-report

- The assessed person reports on his **inner experiences and behavioral characteristics**
- Assumption: the existence of sufficient self-knowledge and the willingness to share this knowledge (Judd & McClelland, 1998)
- Traditionally the most common in the mental health care for adults

Informant-report

- Others (family, friends) report on **behavioral characteristics** of the assessed person
- Unusual in the mental health care for adults
- Dates from the pediatrics and common in the mental health care for children

Self-report biased by cognitive and psychiatric disorders

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- Deficits in the field of judgment and criticism due to severe neurological disorders like dementia, severe depression and psychosis (van Alphen, 2010)

Need of instruments for older adults

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- Age-specific or age-neutral instruments
- Validated, standardized and well normed
- Self-report and informant-report

Dealing with the lack of tests for older adults

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- In the absence of suitable instruments adjustment of instruments to the target elderly (APA, 2004).
- That can by default (Ritter & Mooi, 2007): to give extra attention to motivation, adjustments to instruction and materials.
- Making distinction between vital and less vital elderly (Aldwin & Levenson, 1998; Schindler et al, 2006)
- Use of existing age-neutral instruments and development of new ones

Hetero-Anamnestic Personality Questionnaire

(HAP; Barendse & Thissen, 2006)

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- Informants questionnaire
- Concerns characteristics of the premorbid personality
- The items are age-neutral
- Based on the theory of Theodore Millon
- Short: 62 items in 10 minutes
- 10 content scales of clinical importance
- 2 control scales for response tendencies of the informant

Content scales of the HAP Questionnaire

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Socially avoidant behavior (SOC)

Uncertain behavior (UNC)

Vulnerability in interpersonal relationships (VUL)

Somatizing behavior (SOM)

Disorderly behavior (DIS)

Rigid behavior (RIG)

Perfectionist behavior (PERF)

Antagonistic behavior (ANT)

Self-satisfied behavior (SELF)

Unpredictable and impulsive behavior (UNP)

Control of positive and negative response tendency of the informant

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- Positive response tendency

Estimation of the extent to which the informant responded on the questionnaire in a more favorable way than was justified by the behavior of the rated person

- Negative response tendency

Estimation of the extent to which the informant responded on the questionnaire in a less favorable way than was justified by the behavior of the rated person

Objective of the research

Identify the psychometric qualities of the Hetero-Anamnestic Personality questionnaire (H.A.P.) among the elderly in the Netherlands and Belgium (Flanders).

- The **population** consisted of residents of nursing homes (n=385) and psychiatric patients (n=203) in the Netherlands and Belgium (Flanders).
- Scale construction and data analyses:** item selection by significant interrater correlations; scale construction by factor analysis and Rasch analysis; respondent effects by ANOVA and multiple regression analysis

Results: Internal consistency, inter-rater reliability and test-retest reliability of the HAP

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Scales, number of items per scale, internal consistency (Cronbach's alpha), inter-rater reliability (intraclass correlation, single measure) and test-retest reliability (Pearson correlation)

Scales	Number of Scale items Total 62	Internal consistency		Inter-rater reliability	Test-retest reliability
		Nursing home <i>n</i> =385	Psychiatry <i>n</i> =204	Nursing home <i>n</i> =70	<i>n</i> =25
Positive response tendency (POS)	5	.80	.77	.84	.84
Negative response tendency (NEG)	5	.70	.69	.65	.63
Socially avoidant behavior (SOC)	5	.80	.77	.74	.79
Uncertain behavior (UNC)	5	.75	.79	.79	.98
Vulnerability in interspers. relationships (VUL)	6	.82	.82	.85	.85
Somatizing behavior (SOM)	4	.82	.82	.74	.78
Disorderly behavior (DIS)	4	.78	.80	.67	.60
Rigid behavior (RIG)	4	.60	.56	.77	.92
Perfectionist behavior (PERF)	4	.70	.55	.83	.91
Antagonistic behavior (ANT)	9	.85	.84	.85	.91
Self-satisfied behavior (SELF)	5	.77	.83	.76	.69
Unpredictable and impulsive behav. (UNP)	6	.80	.78	.77	.69

Results: Correlations of the Big-Five (QBF) and HAP

Pearson correlations of the QBF and the HAP of the mixed population 'nursing home' and 'psychiatry'. Both lists completed by the same informant (n=195)

Scales	Extraver- sion	Neuro- ticism	Conscien- tiousness	Agreeable- ness	Openness
Positive response tendency (POS)	+.07	-.42***	.17*	.70***	.24**
Negative response tendency (NEG)	-.14	.23**	-.20**	-.74***	-.26***
Socially avoidant behavior (SOC)	-.59***	.47***	.01	-.24**	-.14
Uncertain behavior (UNC)	-.44***	.54***	-.08	.04	-.20**
Vulnerability in interp. relationships (VUL)	-.20**	.58***	.01	-.34***	-.19**
Somatizing behavior (SOM)	-.01	.32***	-.02	.01	-.01
Disorderly behavior (DIS)	-.08	.10	-.83***	-.23**	-.23**
Rigid behavior (RIG)	-.20**	.43***	.12	-.39***	-.28***
Perfectionist behavior (PERF)	-.06	.31***	.36***	-.19**	.06
Antagonistic behavior (ANT)	-.02	.23**	.02	-.53***	-.04
Self-satisfied behavior (SELF)	+.36***	.00	-.01	-.27***	.10
Unpredictable and impulsive behav. (UNP)	.00	.34***	-.03	-.17*	-.01

N.B. Significance level: *** $p < .001$ ** $p < .01$ * $p < .05$

Results: factoranalysis samples nursing home and psychiatry

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Scales	Nursing home			Psychiatry		
	Component			Component		
	1	2	3	1	2	3
Socially avoidant behavior (SOC)	,343	,676	,010	,255	,764	-,152
Uncertain behavior (UNC)	-,264	,857	-,052	-,214	,850	-,094
Vulnerability in interpersonal relationships (VUL)	,610	,611	-,025	,592	,596	-,026
Somatizing behavior (SOM)	,308	,381	-,062	,372	,199	,042
Disorderly behavior (DIS)	,164	,226	-,798	,293	,067	-,716
Rigid behavior (RIG)	,406	,579	,335	,357	,613	,410
Perfectionist behavior (PERF)	,054	,188	,819	,165	-,049	,842
Antagonistic behavior (ANT)	,857	,285	-,007	,888	,106	,047
Self-satisfied behavior (SELF)	,866	-,166	-,038	,824	-,315	-,065
Unpredictable and impulsive behavior (UNP)	,830	,316	-,057	,839	,238	-,123

Rotated Component Matrix for PCA with sample 'nursing home' (rotation converged in 5 iterations) and 'psychiatry' (rotation converged in 4 iterations)

Results: congruency between factors and the constructs

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The congruence between the factor structures in both tests is very high ($R_c \geq .96$).

Constructs and behavior characteristics:

- **Externalising / antagonistic:** dominant, hostile, impulsive, egocentric, susceptible to negative judgment
- **Internalising / neurotic:** anxious, uncertain, avoidant, reserved, rigid, susceptible to negative judgment
- **Compulsive:** excessive controlling and perfectionism.

Conclusion 1

- The psychometric properties of the Hetero-Anamnestic Personality Questionnaire (HAP) are generally reasonable to excellent.
- Confounding by response tendencies of the informant is measured and corrected by two control scales.
- The HAP addresses the need for personality assessment in mental health care for older adults.

Conclusion 2

- The HAP may generally be completed, orally or in written form, in ten minutes using various informants such as children, partner or friends of the patient.
- The results on the HAP may contribute to care needs assessment, tailoring treatment to the personality and the compilation of advice for informal care provided by family members, friends and neighbors and professional care.
- After a short training course, the scores can be easily interpreted by both psychologists and physicians working in care for the elderly.

- There is an absence of norms of a normal population of older adults.
- The norm group 'nursing home' is partially based on a selected sample.
- The assumption from the authors of the HAP that the content scales of the questionnaire differentiate between normal and deviant characteristics of the premorbid personality is not convincingly demonstrated.

- Can the HAP capture personality pathology in terms of DSM-IV and DSM-5 PD's?
- Development of the HAP-P (present tense).
- Confounding of self-report and informant report on inventories of pre-morbid personality by DSM-IV-TR Axis I disorders
- Concurrent validity HAP – Personality Adjective Check List (PACL; Strack,
- Concurrent validity HAP – Gerontological Personality disorders Scale (GPS; Van Alphen et al., 2006)

For research purposes soon an English version of the HAP is available (info@hapsite.nl).

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