



ESSPD NEWSLETTER

ESSPD | European Society for the Study
of Personality Disorders

Dear ESSPD Members, Colleagues, and Friends,

I hope all of you returned safely from our amazingly enriching and intense conference in Sitges. I have heard from many of you, that this was one of our best conferences with a lot of scientific insight and important discussion as well as socializing and enjoying beautiful Sitges. Thank you to everyone who contributed!

At the end of the conference in Sitges I took over the ESSPD presidency from Lars Mehlum, who did a fantastic job for two years. It is an honour and a pleasure to follow in your footsteps, Lars. Thank you for your great contribution!

I am very happy to see that our Society is constantly growing since we began to transform it into an Academy of Excellence. The best European researchers, clinical, and organizational leaders in the field of personality disorders are joining in the ESSPD with the aim to promote scientific work and its dissemination in the community, mental health care, and political awareness of our patient's needs.

We have been organising our biennial conferences for this purpose since 2010. Starting in Berlin, we went to Amsterdam, Rome, Vienna, and recently to Sitges. With 650-1,000 participants our conferences bring together the most prominent speakers as well as researchers and clinicians from all over the world. Please feel cordially invited to join us at our next conference in 2020 in Antwerp, Belgium. More information can be found here: <https://www.borderline-congress.org/5th-borderline-congress-2018/>. In the alternating years, we have begun to offer workshop conferences in Eastern European countries with the aim to disseminate empirically based treatments for personality disorders for a comparably low fee; this has taken place in Tallinn and Cracow, and will be in Budapest in 2019.

A new focus of the ESSPD is the promotion of young researchers in our field. At our conference in Sitges we initiated the process of the development of a Young Researchers Section within the ESSPD. Moreover, a regular summer school focusing on research in the realm of personality disorders will start in Lausanne in August 2019. More information about this will soon be available on our website.

Very soon we will start to build up Sections within the ESSPD. They will focus on specific research and clinical issues, and can be proposed and chaired by our members, but they will also include non-members who are invited to contribute their specific expertise. Please do not hesitate to provide us with your suggestions for new ESSPD Sections. You will find more information about our Society on our website (www.esspd.eu), in the newsletter archive in the members' area of our website (<https://www.esspd.eu/members-area/>), and in our affiliated journal Borderline Personality Disorder and Emotion Dysregulation (<https://bpded.biomedcentral.com/>).

As you can see there are many ways to get engaged in our Society and our work. Please feel invited to contact me, if you have any requests or proposals. I hope to see many of you soon at one of our events or as member of one of our active groups.

It feels great to be part of such a lively and productive Society!

All the best to you!

Stephan Doering, President of the ESSPD



Stephan Doering

We welcome Svenja Taubner as a new member of the ESSPD Board

Svenja Taubner is Professor for Psychosocial Prevention at the medical faculty of the University of Heidelberg in Germany. She is the director of the Institute for Psychosocial Prevention at the University-Hospital Heidelberg. She has studied psychology and received her PhD at the University Bremen (Germany) and has worked as researcher at the universities Ulm, Kassel and Berlin (Germany). She was professor for Clinical Psychology and Psychotherapy at the University of Klagenfurt (Austria). She has received the Hamburger fellowship for Research on Personality Disorders twice, was fellow of the Hanse Institute of Advanced Study in Delmenhorst and Marsilius Kolleg of Advanced Study of the University Heidelberg, Germany as well as visiting scientist at the Anna Freud National Centre for Children and Families in London, UK and University of Oslo, Norway. She is President of the European Chapter of the Society for Psychotherapy Research (SPR) and member of the German Psychoanalytic Society (DPG), the German Society for Psychology (DGPs) and the European Association of Clinical Psychology and Psychological Treatment (EACLIP). Her research addresses mentalization, juvenile offending and competence development in mental health professionals and parents with personality disorders. She is currently steering a European network within the COST program about individualized treatment for young people in Europe (TREATME). She is trained in MBT for adolescents (MBT-A) and also supervisor and trainer in this method. She currently evaluates an adaption of MBT-A for the treatment of conduct disorder. She is also editor of the *Psychotherapeut, Praxis der Kinderpsychologie und Kinderpsychiatrie* as well as Editor-in-Chief of *Mental Health & Prevention*. She has published four books and over 70 articles.



Svenja Taubner

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We are happy to present our newly established editorial board for the ESSPD Newsletter

Svenja Taubner will also be a member of the editorial board, joined by Bo Bach and Matilde Elices

Bo Bach is a clinical psychologist holding a Ph.D. in Psychiatry from the Faculty of Health and Medical Sciences, University of Copenhagen, Denmark, and is advanced-level certified in Schema Therapy. He is a part-time senior research associate at the Centre of Excellence on Personality Disorder, Psychiatric Research Unit, Psychiatric Hospital Slagelse in Denmark. He is board member of the Danish Institute of Personality Theory and Psychopathology (IPTP) founded in 1988. Furthermore he is member of the Hierarchical Taxonomy of Psychopathology (HiTOP) consortium. Dr. Bach has co-authored a number of articles and book chapters focusing on psychometric evaluation, clinical application, and psychotherapeutic utility of classification of Personality Disorders in the ICD-11 and the Alternative Model of Personality Disorders (AMPD) in DSM-5 Section III.

E-mail: bobachsayad@gmail.com

Matilde Elices holds a degree in clinical psychology and a Ph.D. in Psychiatry from the Autonomous University of Barcelona (UAB, Spain). She works as a post-doctoral researcher at the BPD Unit - Hospital de la Santa Creu i Sant Pau and at the Mental Health Research Group - Institute Mar of Medical Research - PSMar. She is a member of the CIBERSAM (Spanish Network of Research in Mental Health) and a board member of the Spanish Association for Dialectical Behavioral Therapy (SP-DBT). Dr Elices has co-authored more than 30 peer-reviewed articles, most of them focused on investigating the efficacy of psychological treatments for borderline personality disorder.

E-mail: matilde.elices@yahoo.com



Bo Bach



Matilde Elices

A successful ESSPD congress in Sitges, Barcelona

Dear Colleagues,

We have recently celebrated the 5th Borderline Congress, which has taken place in Sitges between 26 to 29 September with the theme "Rethinking the borderline personality disorder: improving treatment and training". As on previous occasions, we had an event of scientific level, with a rich number of delegates from more than 40 countries.

I want to thank all the participants and the speakers for their contributions; with 98 scientific sessions and 85 posters, the 5th Borderline Congress in Sitges has been a very successful congress and is an indicator of the attractiveness of this biannual call. Although uncertainty has prevailed in the recent years in the field of personality disorders and in particular, in BPD, it is interesting to observe the fervent scientific activity in our clinical and research community.



Joaquim Soler

In fact, the uncertainty in the diagnoses came to the congress and appeared in a eagerly awaited clinical discussion with Sabine Herpertz and John Clarkin about the changes in the diagnosis proposed by the ICD-11 and the DSM-5.

The uncharted territory between the implementation of basic science and treatment was central in the past and was also a current topic in our BPD congress. In this respect, Harold Koenigsberg and Martin Bohus showed us the neurobiological findings that could help us not only to improve the assessment tools but also guide our future treatments. A good example of that are the treatments mainly based on neurobiofeedback use. That spacing between neuroimaging and clinical setting was also a matter of debate when Sabine Herpertz and Kim Gratz focused on emotional regulation.

And naturally, the treatments also had their place in the Sitges congress. Much work has been done in recent years in the dissemination and the implementation of evidence-based treatments for BPD. Now the question is whether there is still progress with them. Lars Mehlum led a presidential debate on the subject with a group of representatives of the dialectical behavioral therapy (DBT), the mentalization-based therapy (MBT), and the transference focused-psychotherapy (TFP). Michaela Swales, Anthony Bateman, Stephan Doering talked about the latest advances in treatments and then Lois Choi-Kain provided a counterpoint to effectiveness, which came from the considerable costs of therapies for BPD. Evidence-based treatments are in excellent health as demonstrated a great vitality by producing a large number of posters and oral presentations from MBT, TFP and DBT. In the case of the latter, DBT required on its own two oral presentation sessions and one dedicated poster session.

The perspectives of childhood, adolescence and development on the rethinking of DBP were also a central aspect of the Sitges congress. Carla Sharp and Michael Kaess were our plenary speakers in the last session chaired by Babette Renneberg and me.

Once more, thank you for your participation and I'm looking forward to seeing you in our next BPD congress in Antwerp.



The ESSPD Board in Sitges

Joaquim Soler
Chair of the Local Organizing Committee and ESSPD Board member

Message from Thomas Rinne, the founder of ESSPD

During the network dinner of the 5th International congress on Borderline Personality Disorder, Lars Mehlum as president honored me on behalf of the Board of the ESSPD as founder of the ESSPD. I was really overwhelmed by this unexpected praise. Here, I again want to thank the Board for this and for the beautifully-designed certificate I received with it. I would like to emphasize that the foundation of the ESSPD took place in cooperation with a group of wonderful colleagues. They shared the conviction that a society which could cover the specific needs of the European personality disorder field should be established.

Since the organization of the 10th International congress of the ISSPD in The Hague 2007, I enjoyed a great collaboration with Henk Jan Dalewijk as treasurer, first of the congress and later in the Board of the developing ESSPD. This board was composed by Sjoukje Hartman, Henk Jan Dalewijk and myself. Because of his exceptional expertise in financial management Henk Jan is still treasurer of the ESSPD.

At our request Antony Bateman was nominated for the election of the first president of the ESSPD during the constituting first general members meeting. During his presidency Anthony Bateman created the basis for a stable society and Board with new members.

When Martin Bohus organized the 1st International Congress of Borderline Personality Disorders in Berlin 2010 it was meant to be the foundation congress of the ESSPD. During this congress we had the constituting first general members' meeting with the election of the members of the Board and the president. The concept of the borderline congress was so successful that the Board of the ESSPD decided to adopt the concept of that congress. Martin Bohus became later the third president of the ESSPD. Last but not least, Ad Kaasenbrood was willing to become secretary of the Board which was also agreed by the members meeting.

At this point I explicitly want to thank this group of pioneers and all later elected Board members for the wonderful and great collaboration and all their efforts, which created a vivid and excellent society. Now years later, the ESSPD has a financially stable basis and it changed from a membership society to an Academy with invited distinguished experts. This change opens new perspectives for a multitude of innovative contributions which meet the needs of the personality disorder field in Europe.

I wish the current and future Board members a lot of inspiration, energy and success for the further development of the ESSPD as an excellent academic society.

Thomas Rinne



(l-r) Babette Renneberg, Lars Mehlum, Martin Bohus, Thomas Rinne, Anthony Bateman and Stephan Doering

At the Sitges conference our past and future presidents were brought together in beautiful surroundings. On the initiative of Thomas Rinne, the founder of the ESSPD, Anthony Bateman was elected as the first ESSPD president, followed by Martin Bohus, and later by Lars Mehlum. Under their inspiring leadership, the ESSPD has developed as a viable society for research and clinical developments, now well established as an academy of excellence. We want to thank our three distinguished past presidents for their dedicated work and important contributions. Stephan Doering has now taken over as the new ESSPD president, and in a few years will be followed by our new president-elect, Babette Renneberg. A warm welcome to both of you, we look forward to continued collaboration.

Theresa Wilberg, On behalf of the ESSPD board



Thomas Rinne

We congratulate Dr. Holly Elizabeth Andrewes with the Young Researcher Award 2018 for her research on “The features, correlates and Phenomenology of NSSI in Youth with BPD”

Compared with adults, youth with borderline personality disorder (BPD) exhibit a higher prevalence and frequency of NSSI (Goodman, Tomas, Temes, et al., 2017). Additionally, the normative incidence of NSSI peaks during middle adolescence and declines thereafter (see Plener, Schumacher, Munz, & Groschwitz, 2015 for review). Thus, youth with BPD represent a population at high-risk for NSSI and the associated adverse outcomes. Suicide attempts and completed suicide are two of the most prominent outcomes of this NSSI, with 8% completing suicide (Pompili, Girardi, Ruberto, et al., 2005). Despite this, prior to this research program the precise nature of the relationships between the patterns of NSSI and suicide attempts was unknown in youth with BPD. Furthermore, the real-time motives for NSSI and emotional changes that precede and follow this behaviour had not been investigated in this population. This research program aimed to address these gaps via two related aims. The first aim was to identify features of NSSI (severity, frequency and patterns) and their relationships with severity of NSSI and suicide attempts (Andrewes, Hulbert, Cotton, et al., 2017a, 2017b). The second was to examine the real-time motives for NSSI and the changes in the intensity of emotions which precede and follow NSSI (Andrewes, Hulbert, Cotton, et al., 2016). Participants were 107 youth (15-25 years) with BPD, presenting for treatment for the first time at two public mental health services in Melbourne, Australia. Participants initially completed a self-report measure, the Suicide Attempt Self-Injury Interview which required them to identify any NSSI and suicide attempts over the last 12-months. Participants were then provided with a mobile phone, programmed to prompt them to identify their affect, self-injurious thoughts and behaviours, 6 times a day for 6 days. The first study employed a retrospective design while the second employed an ecological momentary assessment design.



Dr Holly Elizabeth Andrewes

The results showed that the 12-month frequency of NSSI revealed neither a linear nor quadratic relationship with the frequency of suicide attempts. Two patterns of NSSI were identified from the 12-month reports of NSSI: *random* (one or more NSSI act inconsistently spaced from the next act) and *habitual* (at least four NSSI acts at regular intervals). Participants who engaged in a *random* pattern of NSSI identified their NSSI as more severe (requiring more medical intervention) and reported more suicide attempts than those who engaged in a *habitual* pattern. Additionally, in the month prior to a suicide attempt, the proportion of NSSI occurring in a *random* pattern, the frequency and severity increased compared with a random month of NSSI without a suicide attempt. Compared with changes in the proportion of NSSI occurring in a *random* pattern, lower effect sizes were identified for changes in frequency and severity of NSSI prior to suicide attempt. These results suggest that identification of patterns should be prioritised over a description of frequency and severity of NSSI in order to distinguish between participants at varying degrees of risk for suicide attempts. In particular, a *random* pattern of NSSI should be identified as a risk indicator for increased severity of NSSI and a forthcoming suicide attempt. Although *habitual* patterns of NSSI were most common, accounting for 92% of all NSSI reported, they were lower in severity and associated with lower risk for a suicide attempt. This suggests that this pattern of NSSI is a maladaptive, yet working method of emotion regulation, which might be protective against a suicide attempt. An investigation of the phenomenology of NSSI showed that a quarter of participants were unable to identify their motives prior to NSSI. Negative affect was found to increase prior to the time point when NSSI was reported and reduced following, approximating a quadratic curve. Comparatively, positive affect reduced prior to a report of NSSI and increased following, also approximating a quadratic curve. These findings suggest that poor metacognitive capacities and both negative and positive reinforcement might perpetuate NSSI. A median

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duration of 35 hours was found between an initial self-injurious thought and NSSI. This suggests that the motives and environmental triggers might have occurred days prior to NSSI. As such, there appears to be sufficient time for clinical intervention which might prevent NSSI.



Dr Holly Elizabeth Andrewes

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Do we need to reconcile psychopathy and antisocial personality disorder?

Psychopathy was among the first personality disorders to be formally identified in the history of psychiatry and clinical psychology. Beyond its relevance for clinical practice and for the criminal justice system, the concept of psychopathy has long attracted the interest of laypeople. The relevance and popularity of psychopathy is at least partly explained by its strong links with crime or otherwise antisocial behavior. Yet, psychopathy is a complex personality construct that encompasses both overt behavioral tendencies (e.g., impulsivity, irresponsibility, aggression) and more covert personality disposition, such as callousness, a lack of empathy, guilt, and remorse, interpersonal manipulation, and grandiosity. Psychopathic individuals often experience minimal subjective distress, have difficulties trusting authority or caretakers, and generally do not think there is something they could or should change in the way they interact with others. As such, psychopathic individuals are very difficult to engage in treatment, are less likely to complete treatments, and therefore not surprisingly, psychopathic offenders show impressively high rates of recidivism. However, there is growing consensus that jumping to the conclusion that psychopathy is untreatable may not be warranted. This could contribute to the risk that psychopathic individuals will not only be treatment-rejecting, but also treatment-rejected, further reducing the possibility to limit the impact that psychopathic individuals have on others and on society at large.



Carlo Garofalo

Along with a long-standing therapeutic pessimism, another factor might have hampered the development and refinement of treatments for psychopathy. That is, psychopathy is not an official diagnosis of personality disorder. This piece will provide an argument about the reasons for and the implications of the separation between antisocial personality disorder (ASPD) and psychopathy.

It is worth emphasizing that the diagnosis of ASPD was developed in an attempt to operationalize the construct of psychopathy for inclusion in the Diagnostic and Statistical Manual of Mental Disorders (DSM; third edition). That is, ASPD was not meant to be something different from psychopathy, but merely its DSM operationalization. The first operationalization of ASPD was criticized for focusing mainly on the overt, behavioral features of psychopathy, neglecting the more covert personality traits that are considered part and parcel of psychopathy. Further revisions of the ASPD diagnostic criteria increased the emphasis on such personality traits, as did the dissocial personality disorder (DPD) diagnosis included in the International Classification of Diseases (ICD, until version 10), but nevertheless fell short of capturing the construct of psychopathy in its complexity. For example, the presence of only three out of seven diagnostic criteria would warrant a DSM diagnosis of ASPD, whereas clinical levels of psychopathy typically require a wider range of pathological personality traits.

As a result of the limited overlap between the traditional construct of psychopathy and the DSM diagnosis of ASPD, the literature on psychopathy and ASPD has largely grown separately ever since. Notably, while research on psychopathy has produced and keeps producing a steady increase in publications and innovations, the study of ASPD has not similarly proliferated, and appears to be languishing. As for some other DSM categories of personality disorders, ASPD has proven to be an operationalization of limited clinical and conceptual utility in mental health and criminal justice settings.

As a response to the lack of alignment between the literatures on ASPD and on psychopathy, two courses of action may be considered. One is to 'make' ASPD become a construct that is different from – albeit overlapping with – psychopathy. Alternatively, a second option would be to try and align these fields of investigation, clarifying the differences in terminology and boundaries of each condition as previously operationalized. The advantages of this latter possibility include the benefit of cross-pollination and multi-disciplinary enrichment across sub-fields. Trying to bridge these largely disparate lines of research would likely produce a more precise understanding of this form of personality pathology that has enormous negative consequences on society, and whose study and treatment can be hampered by terminological confusion.

Do we need to reconcile psychopathy and antisocial personality disorder?

A necessary first step in the direction of such alignment requires some level of agreement on what represents the optimal definition of the construct, and how it can be operationalized in measurable indicators. It is worth noting that steps in the direction of re-aligning ASPD and psychopathy have been made in the alternative model of personality disorders included in Section III of the DSM-5. Here, a psychopathy specifier is included that can be added to the characterization of ASPD derived from the trait model of personality disorders. Specifically, ASPD is described by the following pathological personality traits: manipulativeness, callousness, deceitfulness, hostility, risk taking, impulsivity, and irresponsibility. In addition, the psychopathy specified includes three further traits that operationalize the construct of Boldness as described in the triarchic model of psychopathy: low anxiety, low withdrawal, and high attention seeking.

A similar trait-based model has been proposed in the recent revision of the ICD, but in this case, a formal diagnosis of DPD (or psychopathy) based on pathological personality traits profile was not included. Yet the same trait model could be used in an attempt to capture the syndrome of psychopathy. It is contended here that this would also ensure that the clinical utility of the psychopathy construct for both the mental health and criminal justice system will not be diluted as a consequence of the elimination of any reference to a formal diagnostic operationalization.

For the purpose of reproducing the psychopathy construct with the trait model included in the newly published ICD, it is hoped that the ICD might produce an alternative – yet overlapping – operationalization that can be empirically tested head-to-head with the DSM-5 ‘ASPD with psychopathic features’. It appears that the novelty and overlap between these two new models of personality disorders offer an unprecedented opportunity to take stock of the incredible body of literature on psychopathy (and ASPD or DPD), to refine their operationalization in the mainstream diagnostic systems, and to examine empirically their construct validity and clinical utility.

Ultimately, increasing the clinical understanding of psychopathy should be the guiding principle of these research endeavors, and enhancing clarity in the description of psychopathy would help relevant stake-holders to deal with psychopathic individuals in different layers of society.

Closing on a positive note, I am delighted to announce that the ESSPD has kindly agreed to support the development of a Special Interest Group (or Section) for the study and treatment of ASPD and psychopathy (and by extension, dissocial personality disorder). I was honored to be asked to be the inaugural chair of this Section, whose general aims and specific (short-term) activities are now being elaborated in consultation with the ESSPD board. I am thrilled at the opportunity for this Section to represent a vibrant network of European-based researchers and practitioners in these area to take stock of where we are, provide input for moving forward, and encourage and support young scholars and clinicians moving their first steps in the area. While waiting for official communications that will be shared in the coming months, I encourage all ESSPD members who may be interested in the activities of this Section or want to be part of this network to contact me at c.garofalo@uvt.nl

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First ESSPD Summer School in Crêt-Bérard, Switzerland

August 18-24, 2019



The European Society for the Study of Personality Disorders (ESSPD), together with the University of Lausanne, Switzerland (Department of Psychiatry), invites young researchers interested in psychotherapy research for patients with personality disorders to apply for the 2019 Summer School.

This first ESSPD Summer School provides an opportunity to learn directly from the experts in psychotherapy research. Participants will learn about the sometimes hidden nuts and bolts of a clinical trial. We will focus on how to integrate neurobiological questions in a psychotherapy trial and how to study the therapeutic relationship and other mechanisms of change on the level of the therapeutic interaction. We will also explore how to include larger-scale variables in the examination of treatment change in patients with personality disorders.

We are very lucky to be hosted by Crêt-Bérard, a retreat center famous in the region for unique encounters and in-depth and focused work in a picturesque and calm context amidst nature. Perched over one of Europe's largest lakes and not far from busy Riviera cities like the Jazz metropole of Montreux and the Olympic capital Lausanne, we found Crêt-Bérard is the perfect place to take a

step back and learn on how patients with personality disorders change through treatment.

Application is competitive and participants from Eastern European countries are explicitly encouraged to apply. For more detailed information see the flyer at <https://www.med.uio.no/klinmed/forskning/sentre/nssf/aktuelt/arrangementer/2019/first-esspd-summer-school-2019.html> or contact summerschool@esspd.eu for more information.

See you in August 2019!

Ueli Kramer and Babette Renneberg



Ueli Kramer



Babette Renneberg

The next ESSPD Workshops on personality disorders will take place in Budapest, June 2019

Dear Colleagues,

It is a pleasure to invite you to the next ESSPD Workshops on personality disorders: *Skills Training for Effective Treatments* to be held from 6 to 8 June 2019 at Budapest, Hungary. The venue of the workshop will be at the Department of Psychiatry and Psychotherapy, Semmelweis University, at the centrum of the beautiful Budapest. Previous workshops in Tallin and Krakow were highly successful.

At Budapest workshops, excellent researchers and clinician trainers from different schools of evidence-based psychotherapy of personality disorders will give lectures and workshops. Arnoud Arntz will give a lecture about schema therapy of borderline personality disorders and deliver a workshop on basic skills of schema therapy. Anthony Bateman's lecture and workshop will focus on MBT for Narcissistic Personality Disorder comorbid with Antisocial Personality Disorder. Martin Bohus during his lecture and workshop will present the newly developed Dialectical Behavior Therapy module for Complex PTSD, which is a multicomponent program to treat the sequelae of interpersonal violence during childhood and adolescence.

The title of Lars Mehlum lecture is *The treatment of self-harm behavior in adolescents – what works?* In his workshop, he will teach the core treatment skills of self-harming adolescents with Borderline Personality Disorder. Stephan Doering will give a lecture with the title of *Introduction to Transference-Focused Psychotherapy*, and his workshop is about the *Mechanisms of Change in Transference-Focused Psychotherapy*. Finally, the title of Ad Kaasenbrood's lecture is *Social Psychiatry for people with a personality disorder*.

The participants of these lectures and workshops will get an introduction to the most important evidence-based psychotherapeutic intervention from excellent teachers in three days.

Best regards,

Zsolt Unoka, MD., PhD., local organizer



**ESSPD Workshops on Personality Disorders
Skills Training for Effective Treatments**
ESSPD Műhelyek a személyiségzavarokról
Hatékony kezelések készségfejlesztő tréninggel

|| 6 – 8 June 2019 / Budapest, Hungary ||
Semmelweis University
Department of Psychiatry and Psychotherapy

Selected Sessions and Workshops Elsőrangú előadások és műhelyek

Arnoud Arntz
Schema therapy for borderline personality disorder
A borderline személyiségzavar sématerápiája

Anthony Bateman
Mentalizing and narcissistic personality disorder comorbid with antisocial personality disorder
Mentalizáció és az antiszociális személyiségzavarral komorbid nárcisztikus személyiségzavar

Martin Bohus
DBT for Complex PTSD A multicomponent program to treat the sequelae of interpersonal violence during childhood and adolescence
A komplex PTSD Dialektikus Viselkedésterápiája - Gyermek és kamaszkori társas erőszak következményeinek többkomponensű kezelési programja

Stephan Doering
Introduction to transference-focused psychotherapy. Mechanisms of change in transference-focused psychotherapy
Bevezetés az áttétel fókuszú pszichoterápiába. A változás mechanizmusa az áttétel fókuszú pszichoterápiában

Ad Kaasenbrood
Social psychiatry for people with a personality disorder
Személyiségzavarban szenvedők szociálpszichiátriai kezelése

Lars Mehlum
Treatment of self-harm behaviour in adolescents – what works? Treatment of self-harming adolescents with Borderline Personality Disorder
A kamaszkori önsértő magatartás kezelése - mi az, ami használ? Borderline személyiségzavarban szenvedő kamaszok önsértő magatartásának kezelése

Registration open
Regisztráció megnyílt

More information at: www.esspd.eu
További információk: www.esspd.eu

European Society for the Study of Personality Disorders www.esspd.eu



Zsolt Unoka

ESSPD Sitges Congress: Poster Prizewinners: 1st Prize

Smartphone based self-monitoring of BPD - Implementation and development

Authors: Stig Helweg-Jorgensen, Thomas Smidt, Mia Lichtenstein, Susanne Pedersen

Background

In DBT therapy the paper diary cards has the following challenges:

- Long term overview is not accessible
 - Data is often lost in a paper-pile
 - Paper-sheets are sometimes forgotten at home
 - Diary entries are occasionally filled out right before session for an entire week
- Could smartphones registration work and maybe even generate new opportunities for tracking progress?



Stig Helweg-Jorgensen

Objective

To develop and evaluate the usability of an app monitoring progress in dialectic behavior therapy (DBT).

Methods

- BPD patients in 56 week out-patient DBT intervention tested and co-developed a DBT diary card app.
- 16 patients (age: 19-41), and 23 therapists (age:25-64)
- Focus group interviews was analyzed by grounded theory approach
- System usability questionnaires (SUS) were administered as well
- The system was developed in cooperation with a private sector tech-company, Monsenso

Results

- The 16 patients were generally very satisfied with the solution and found it above average in usability (Mean 81.25 system usability rated 0-100, SD 9.92). We found that patients rated the app as very useful, because it was easy to use and “always there”
- The 16 therapists from the non-development sites generally found the solution at average level (Mean 68.38, SD 14.36), while the 6 therapists involved in the first basic development were less satisfied with the app than later adopters (Mean 42.5 on a scale from 0-100, SD 16.58) and found the solution below average
- The ability of the approach to generate a long term overview and to document progress was praised by all involved participants
- Older therapists were generally less satisfied with the tech.-solution than younger therapists.
- Development of the app and web based solution needs to be considered as both an outside-in process (app company developing a solution) as well as an inside-out development process (mental health personnel using resources on beta test/fault finding, suggesting new features, defining a need for modifying existing features, adapting internal work procedures, adapting therapy guidelines, training staff in general tech use, training in the use of the specific solution)
- During implementation of the new technology, there was a need to balance aspects of tech-acceptance with tech. induced change. Here 4 areas were found important : 1) Technology skills needed to implement the solution, 2) Organizational ecological fit, 3) Level of finalization of the programming of the solution, and 4) Therapist work-task-relevant need addressed? These four areas were identified to be able to tip the load towards either acceptance or change/frustration. Improving practice takes change and frustration, but needs acceptance to happen

Stig Helweg-Jorgensen

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ESSPD Sitges Congress: Poster Prizewinners: 2nd Prize
Mindfulness skills in Dialectical Behavioral Therapy (DBT) - Neural correlates as assessed with near infrared spectroscopy (NIRS)

Authors: Friederike Gundel, Ann-Christine Ehlis, Florian B. Haeussinger, Martin Hautzinger, Andreas J. Fallgatter



Friederike Gundel

Objective:

According to M. Linehan (2003) mindfulness is a core mechanism in DBT, but it remains unclear so far, if borderline patients can effectively acquire this technique within 8 weeks of DBT training.

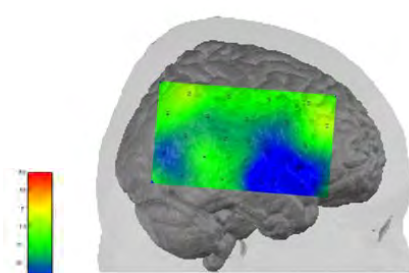
We tested the hypothesis that an 8 week inpatient treatment on DBT induces functional changes in the auditory cortex of the brain in patients with borderline personality disorder (BPD).

Methods:

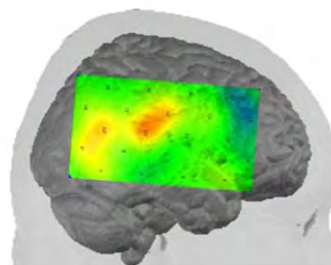
We examined 29 BPD patients without meditation experience before and after an 8 weeks inpatient DBT-intervention. An auditory stimulus (meditation bowl) was used to test functional changes in the auditory cortex with functional near infrared spectroscopy (fNIRS). Questionnaires were used to validate our findings.

Results: Brain Imaging

We found significant changes in the hemodynamic response in the **right temporal-parietal region of the brain (BA 39 and BA 40)** in borderline patients after 8 weeks of DBT mindfulness training.

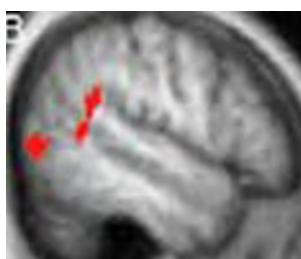


Left: **before mindfulness training**

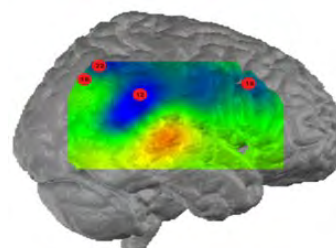
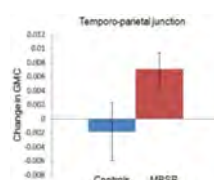


right: **after 8 weeks of DBT mindfulness training.**

Our study replicates earlier results with MRI and functional NIRS, finding structural and functional changes in the **right TPJ**:



Hölzel et al. (2011): gray matter increase after 8 weeks of mindfulness training

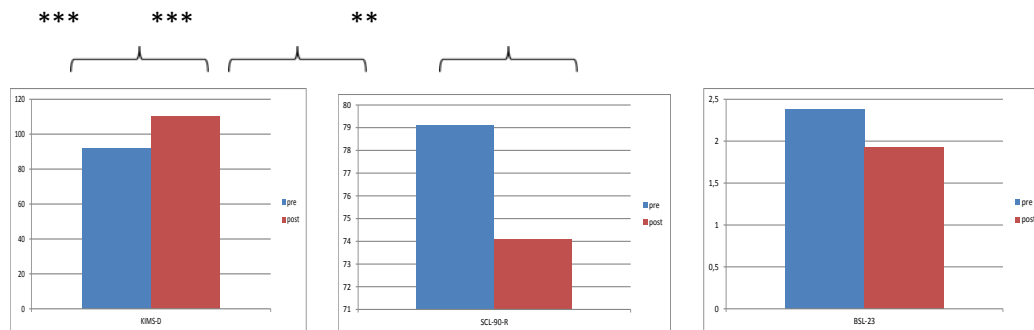


Gundel et al. (2018): Meditation experts versus controls (Ø 16 years of meditation)

ESSPD Sitges Congress: Poster Prizewinners: 2nd Prize

Mindfulness skills in Dialectical Behavioral Therapy (DBT) - Neural correlates as assessed with near infrared spectroscopy (NIRS)

Results: Questionnaires



Conclusions:

Our results show therapeutic effects of DBT mindfulness skills in BPD patients supporting the idea that meta-cognitive skills can be trained effectively in clinical contexts.

References:

Hölzel, B. et al. (2011). *Mindfulness practice leads to increases in regional brain gray matter density*. *Psychiatry Res.* 191(1): 36-43.

Gundel, F. et al. (2018). *Meditation and the brain - Neuronal correlates of mindfulness as assessed with near-infrared spectroscopy*. *Psychiatry Res Neuroimaging* 2018; 271: 24-33.

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Authors: Zrinka Susic-Vasic, Julia Eberhardt, Julia E. Bosch, Lisa Dommès, Karin Labek, Anna Buchheim, Roberto Viviani



Zrinka Susic-Vasic

Objective:

Increasing clinical and imaging accounts of BPD have drawn attention to deficits in social cognition and their likely role in engendering emotional instability (Preißler et al. 2010; Niedtfeld 2017). We therefore investigated neural substrates of social cognition in BPD by implementing a passive viewing paradigm of mourning (Labek et al. 2017) while dismantling the role of depressiveness in amygdala activation in contrast to rather sophisticated mental states attribution or theory-of-mind.

Methods:

The present fMRI study implemented a passive exposure paradigm in which participants viewed stylized drawings of scenes of mourning individuals, compared to neutral pictures. In total, 20 patients with BPD and 20 healthy volunteers were passively exposed to alternating blocks of mourning-related drawings, scrambled pictures (baseline), and control drawings during fMRI (3 T).

Results:

We found an increased amygdala activation in BPD patients when exposed to mourning scenes in contrast to healthy controls. However, this effect was no longer significant after adjusting for individual levels of depressiveness and neuroticism. In addition, within BPD patients increased activations of parts of the mirror neuron system as reflected by increased activity of sensorimotor areas were found – a system associated with the encoding of basic aspects of the perception of motoric activity and pain. In contrast, healthy controls showed increased activity over time of posterior temporo-parietal areas and the inferior frontal gyrus – both areas associated with more complex aspects of social cognition.

Conclusion:

Our findings suggest that the differential activation of the mirror neuron system might underlie a specific aspect of the mechanism of emotional instability in BPD manifested in their high emotional reactivity but relatively low theory-of-mind capacities. A hierarchical organization of different components of the mirror neuron systems might be considered, depending on the extent to which contextual information or representations of intentions needs be provided to schematically organize percepts in the presence of some degree of ambiguity or complexity.

References:

- Labek, K., Berger, S., Buchheim, A., Bosch, J., Spohrs, J., Dommès, L., Beschoner, P., Stingl, J.C., Viviani, R., 2017. The iconography of mourning and its neural correlates: A functional neuroimaging study. *Soc. Cogn. Aff. Neurosci.* 12, 1303-1313.
- Niedtfeld, I., 2017. Experimental investigation of cognitive and affective empathy in borderline personality disorder: Effects of ambiguity in multimodal social information. *Psych. Res.* 253, 58-63.
- Preißler, S., Dziobek, I., Ritter, K., Heekeren, H.R., Roepke, S., 2010. Social cognition in borderline personality disorder: Evidence for disturbed recognition of the emotions, thoughts, and intentions of others. *Frontiers Behav. Neurosci.* doi: 10.3389/fnbeh.2010.00182.

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Membership Nomination Form

EUROPEAN SOCIETY FOR THE STUDY OF PERSONALITY DISORDERS (ESSPD) NOMINATION OF NEW MEMBER

Nominee's name:				
Title:	Affiliation:			
Postal Address:		Zip:	City:	Country:
Email:	Telephone:			

PROFESSIONAL BACKGROUND (psychiatrist, psychologist, nurse, social worker, other):									
NOMINATION CATEGORY (mark with X)									
Researcher	<input type="checkbox"/>	Clinician	<input type="checkbox"/>	Policy maker	<input type="checkbox"/>	Teacher	<input type="checkbox"/>	Organizer	<input type="checkbox"/>
MAIN FIELD(S) OF INTEREST (NEUROSCIENCES, ASSESSMENT, TREATMENT, PREVENTION, OTHER)									
ACHIEVEMENTS, ACCOMPLISHMENTS, INNOVATIONS, DISCOVERIES (list 3 most important)									
PUBLICATIONS (list 3 most important last 5 years)									
HONORS, AWARDS (list 3 most important)									
leadership roles (list 3 most important current or past roles)									
What you believe nominee will be able to contribute to the ESSPD									
nominators' nameS (printed letters)			NOMINATORS' SignatureS						
<i>Place</i>			<i>Date</i>						



Theresa Wilberg

Newsletter Submissions

Submissions to the *ESSPD Newsletter* are accepted on an ongoing basis. Subject areas may include issues from clinical practice, views and comments on current development within PD, reports from affiliated societies, member information, national and international events and conferences, research updates on personality disorders and more.

We are interested in submissions from practitioners and researchers from within and outside of Europe. The length of submissions should be from 300-800 words and formatted in Word. We suggest that the authors limit their use of references. Please enclose author photos with the text.

Submissions should be emailed to Theresa Wilberg (Editor) at: uxthwi@ous-hf.no

The corresponding scientific writer is Sophie Liljedahl, Ph. D.,
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