



Dear Colleagues,

I am happy to inform you that the ESSPD board has recently signed a memorandum of understanding facilitating a closer collaboration with the International Society for the Study of Personality Disorders (ISSPD) and PD-focused organizations on other continents (North America, Latin America and Asia Pacific). This will mean that board members nominated by these continental organizations and ESSPD will make up the majority of the ISSPD board which will then, hopefully, serve as a federative structure ensuring more active international collaboration across continents. Whereas the ESSPD will continue as a completely independent organization with its own strategies and priorities, we believe there is a lot to gain from establishing closer and more systematic forms of collaboration and communication.



**Lars Mehlum**

As you know, we are in the process of building an academy structure in our organization, meaning that we hope to facilitate scholarly collaboration not only through the congresses, workshop conferences and summer schools we organize, but also through smaller groups with specific interests in common. The ESSPD is about to launch a new *Section structure* for thematically organized collaboration within the society. The first sections will soon be launched. For those of you who have a wish to propose new sections and would be willing to chair them, please don't hesitate to let us know!

The highlight of the ESSPD, our biennial Borderline congress – this time in lovely Sitges just outside Barcelona, Spain – is just around the corner. We have prepared a fabulous scientific programme packed with keynotes, symposia, clinical discussions and workshops on every major direction in PD research and treatment. And we have handpicked a beautiful state-of-the-art conference venue that we feel sure you will enjoy. You will find more information about the congress in this issue of the newsletter and on the congress website: <https://www.borderline-congress.org/5th-borderline-congress-2018>. Please be advised that the annual members meeting will also take place during the congress. More information about this meeting will follow.

In this issue of the newsletter you will, as usual, find a new selection of some of the most innovative contributions to the PD research literature in the recent months excellently summarized for the ESSPD by Dr Sophie Liljedahl.

Hoping to see you all in Sitges in September and wishing you all a well-deserved summer holiday!

With best wishes from,

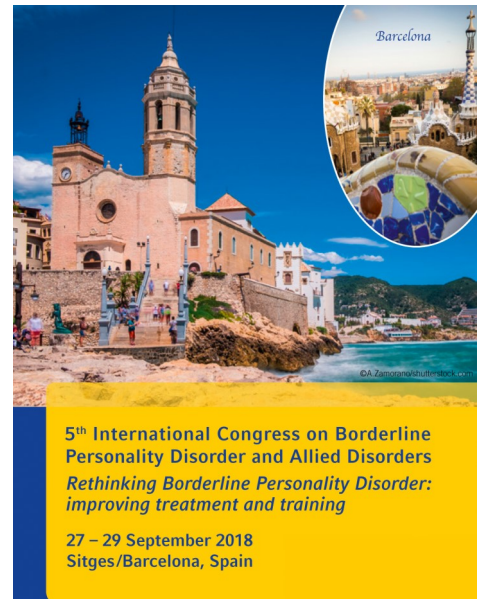
**Lars Mehlum, President of the ESSPD**

# 5<sup>th</sup> International Congress on Borderline Personality Disorder and Allied Disorders – Sitges/ Barcelona, September 27-29, 2018

After the highly successful meetings in Berlin, Amsterdam, Rome, and Vienna, the next International Congress on Borderline Personality Disorder will be held by the Mediterranean Sea in Sitges close to Barcelona.

This year we will try to rethink borderline personality disorder (BPD). The “classical” diagnostic approach towards personality disorders is being challenged by research results and also by the new classification systems of DSM-5 and ICD-11. New insight into the development of BPD emerges from genetics and epigenetics, neuroimaging and neuropsychology. The fascinating task of integrating these research findings into our clinical and theoretical concepts will be approached at our conference. How does basic research influence our “working model” of BPD? How does it change our treatment strategies? And how can researchers communicate their results to the clinically working colleagues?

In our plenary sessions we will hear Harold W. Koenigsberg give us an overview on the neurobiological underpinnings of BPD and Martin Bohus will focus on the impact of the latest neuropsychological findings on its treatment. Carla Sharp and Michael Kaess will focus on the hot topic of BPD in adolescents from a developmental and a treatment perspective.



Harold W. Koenigsberg

In addition our program will of course cover the whole field of research on borderline personality disorder and related conditions. As a new format we will introduce the presidential debate chaired by the ESSPD President, Lars Mehlum. Michaela Swales, Lois-Choi-Kain, Anthony Bateman, and Stephan Doering will discuss the progress in our attempts to train BPD-specific treatments.

We hope that a lot of our colleagues, friends, researchers, clinicians from Europe and the whole world will again join our conference and contribute their latest research, discuss and learn from each other – and enjoy the wonderful beach and the sea next to our venue, the Melia Hotel in Sitges (<https://www.melia.com/es/hoteles/espana/sitges/melia-sitges/index.html>).

The city of Sitges is located by the Mediterranean Sea, a 30 minute ride south of Barcelona and just 25km from Barcelona airport. Thus, it would make sense to extend your stay and visit this beautiful city and the amazing region surrounding it. You will find more detailed information of the congress website <http://www.borderline-congress.org/5th-borderline-congress-2018/>.

We are looking forward to welcome you to the ESSPD conference in September 2018 in Sitges.

## Stephan Doering, ESSPD Board



Stephan Doering  
(Chair of the Congress Organizing Committee)



Lars Mehlum  
(ESSPD President)



Carla Sharp

## Collaboration with the journal *Borderline Personality Disorder and Emotion Dysregulation* - BPDED

The ESSPD board has initiated a collaboration with *Borderline Personality Disorder and Emotion Dysregulation* – BPDED. BPDED is now the official journal of the ESSPD and we have quite a few expectations in relation to this collaboration: <https://bpded.biomedcentral.com/>

BPDED is an open access journal which provides a platform for researchers and clinicians preoccupied with BPD. And as you all know, BPD poses a challenge to many practitioners. ESSPD and BPDED have a shared interest in communicating research and knowledge of BPD as one severe form of personality pathology.

This collaboration was marked when the ESSPD board published a guest editorial in the journal earlier this year entitled: **Building a strong European alliance for personality disorder research and intervention**. Mehlum et al. 2018.

This editorial outlines the history, overall vision and mission of the ESSPD. The aim of the ESSPD is to form a unique interdisciplinary and international network of all those experts who would like to facilitate and improve mental health services for people with personality disorders and make these services more accessible to everyone in Europe.

A fundamental task of the ESSPD is to continue the successful organization of biannual international conferences, gathering researchers and clinicians for the exchange of up to date knowledge and research on personality disorders. Moreover, as knowledge on how to diagnose and treat personality disorders is highly variable across Europe, an important objective for the ESSPD is to disseminate knowledge in personality disorder treatment and interventions to countries that don't currently have strong traditions in this area. As a measure to help improve the situation, the ESSPD has started organizing workshop conferences in countries with high need, focusing on training in practical skills of evidence-based treatments for personality disorders. The ESSPD also believes that to improve the quality and accessibility of treatment, it is important to recruit and train young researchers who can bring the field forward and also impact on their local mental health authorities. The society is therefore preparing a summer school program to which young researchers from Europe will be invited to apply. One particular goal is to build and promote research network and resources in Eastern Europe.

Thus, the ESSPD's goal of building an *academy of excellence* in personality disorder research, clinical practice, training and policy-making is ultimately to help build a mental health work force in Europe that can better deliver high quality services to those in need in all countries. We believe that huge savings in terms of time, money and human resources can be made when experts across the continent work more systematically together. The ESSPD has taken steps to expand the number of members and we are very pleased that these initiatives have resulted in a significant increase in number of members.

Read the guest editorial here: <https://bpded.biomedcentral.com/articles/10.1186/s40479-018-0082-z>

We look forward to an inspiring and constructive collaboration with BPDED.

## ESSPD Research Update

This quarterly newsletter focused upon the theme of *Developmental borderline personality disorder and frequent comorbidities* in its selection of the five most innovative contributions to the literature in the recent months.

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*Sophie Liljedahl*

## Borderline personality disorder features are associated with concurrent pain-related disability in a chronic pain sample

**Reynolds, C. J., & Tragesser, S. L.** (Apr 2018)

*Pain Medicine*

<https://doi.org/10.1093/pm/pny052>

**Aim:** BPD and chronic pain conditions are frequently comorbid, with BPD individuals comprising an estimated 30% of chronic pain treatment populations. The authors aimed to evaluate how different components of BPD presentation contribute to the situation of receiving increased disability benefits because of conditions associated with chronic pain.

**Background:** Two European studies have now reported that BPD is the most often associated with receiving disability benefits compared to any other personality disorder (Knudsen, Skogen & Harvey et al., 2012; Østby, Czajkowski, Knudsen et al., 2014). BPD is associated both with receiving disability benefits due to chronic pain and with unemployment. The authors sought to determine whether chronic pain conditions lead to unemployment, or whether BPD is more closely related to unemployment and the receipt of disability benefits. Specifically, they aimed to determine whether individuals with greater presence of core BPD features and chronic pain are on disability benefits compared to those with lower presence of core BPD features and chronic pain.

**Method and Procedure:** Participants were recruited through flyers posted in waiting rooms of chronic pain treatment centers, to participate in a study on personality and pain. A total of N=147 predominantly (70.1%) female individuals of adult age (18+ years) with a minimum of grade 8 English literacy were included in the study. BPD was assessed via the Personality Assessment Inventory–Borderline Features (PAI-BOR) scale, and employment status was evaluated by self-report regarding nature and type of employment, unemployment or disability status. Pain severity was evaluated using the Brief Pain Inventory (BPI). A number of other validated measures were administered to evaluate concurrent psychopathology.

**Results and Discussion:** Multinomial logistic regression testing employment status in relation to PAI-BOR scores while controlling for possible confounders (age, comorbid psychopathology, etc.) was significant and accounted for the most variance in outcomes. Higher PAI-BOR scores predicted an increase in the likelihood of being unemployed, being on pain disability, being on other disability, but not being retired compared to lower PAI-BOR scores. A second regression equation was conducted to evaluate which of the four PAI-BOR scores predicted being unemployed and on disability but not retired. The negative relationships subscale accounted for the most variance in outcomes while holding all other covariates constant. In sum, participants reporting the most negative relationships were most likely to be on disability due to chronic pain. This is the first study to pinpoint which aspect of BPD presentation is most likely to be associated with unemployment and receipt of disability amongst individuals with chronic pain conditions.

**Key References:**

- Knudsen AK, Skogen JC, Harvey SB, et al. (2012). Personality disorders, common mental disorders and receipt of disability benefits: Evidence from the British National Survey of Psychiatric Morbidity. *Psychological Medicine*, 42(12), 2631–40.
- Østby KA, Czajkowski N, Knudsen GP, et al. (2014). Personality disorders are important risk factors for disability pensioning. *Social Psychiatry & Psychiatric Epidemiology*, 49(12), 2003-11.

## Grandiose and vulnerable narcissism in borderline personality disorder

**Euler S., Stöbi D., Sowislo J., et al. (Feb, 2018)**

*Psychopathology*

<https://doi.org/10.1159/000486601>

**Aim:** The authors aimed to conduct an exploratory study on the association between total, grandiose, and vulnerable narcissism in relation to gender and clinical presentation of NPD features amongst a sample of individuals diagnosed with BPD.

**Background:** The authors note that BPD co-occurs not only with numerous other clinical syndromes, but also with considerable heterogeneity with respect to symptom configuration within the BPD diagnosis itself. They were specifically interested in evaluating the role of pathological narcissism amongst individuals diagnosed with BPD, given the observation that NPD and BPD frequently co-occur and that effective treatments for both PDs concurrently is lacking.

**Method and Procedure:** A total of 56 predominantly (76.9%) female adult individuals receiving inpatient treatment for BPD on a specialized PD unit were recruited to participate. Inclusion criteria were BPD diagnosis by SCID-II interview, adult age and capacity to give informed consent. Exclusion criteria were recent substance abuse, current psychotic episode and cognitive impairment.

**Results and Discussion:** Male participants had significantly higher total scores on narcissism as well as higher grandiose scores than female participants. When gender was statistically controlled, total narcissism scores were significantly associated with anger. Grandiose narcissism was significantly more strongly associated with diagnostic features of NPD than to BPD. Vulnerable narcissism was predicted by rejection sensitivity and depressed mood associated only with BPD diagnostic features. The study was intended to be exploratory, aiming to generate new research from these reported findings.

## The co-occurrence of autistic traits and borderline personality disorder traits is associated to increased suicidal ideation in non-clinical young adults

Chabrol, H., & Raynal, P. (Apr 2018)

*Comprehensive Psychiatry*

<https://doi.org/10.1016/j.comppsy.2018.02.006>

**Aim:** To evaluate the scope and characteristics of co-occurring autistic and BPD traits amongst a community sample (university undergraduates) with respect to suicidality, depressive symptoms, and substance abuse.

**Background:** Co-occurring ASD and BPD is not uncommon in clinical populations. This diagnostic pairing is associated with higher rates of suicide attempts, lower functioning and a more negative self-image. However, evaluation of ASD and BPD has not extended to community samples. This study is reportedly the first to do so, specifically in relation to better understanding ASD and BPD with respect to suicidality, depressive symptoms, and substance abuse in a community sample.

**Participants and Procedure:** A total of 474 university students were recruited via social networks and the homepages of several participating universities. Participants were predominantly female (80%) and between 18-25 years old. Participation involved completing anonymous questionnaires regarding mental health functioning.

**Results and Discussion:** Results of hierarchical cluster analysis indicated that a total of 17% of the sample had co-occurring BPD and ASD traits. Although both groups were similar in the degree of endorsed depressive symptoms, the BPD/ASD traits cluster had higher rates of suicidal ideation than the BPD-trait only cluster, which is a finding reported in the clinical literature on comorbid BPD and ASD (Rydén et al 2008). Both clusters (BPD/ASD traits and BPD-only) reported similar use of cannabis, which ruled out the hypothesis that higher cannabis use in the BPD/ASD group accounted for greater rates of suicidal ideation. The authors found the cluster of young people with co-occurring ASD and BPD traits in a non-clinical sample to be warranting of future study given their heightened vulnerability to suicidal ideation, and the tendency of mental health professionals to disregard the presence of both traits amongst community samples.

### Key references:

Rydén, G., & Rydén, E., & Hetta, J. (2008). Borderline personality disorder and autism spectrum disorder in females: A cross-sectional study. *Clinical Neuropsychiatry*, 5, 22-30.

Dell’Osso, L., Cremone, M., & Carpita, B. et al., (May 2018).

*Comprehensive Psychiatry*, 83, 7-11

<https://doi.org/10.1016/j.comppsy.2018.01.002>

**Aim:** The authors observe that features of ASD such as limitations in mentalization, empathic understanding and verbal expression are often shared by individuals with BPD, but that these shared similarities have not been extensively studied in the literature. Dell’Ossos, Cremone and Carpita et al. (2018) report that only two previous studies evaluated co-occurring ASD and BPD, the first of which reported a prevalence rate of 10.6% of BPD amongst an ASD sample (Anckarsäter, Stahlberg & Larson et al., 2006), and a second study reporting a 15% prevalence of ASD amongst BPD individuals (Rydén & Bejerot). The aim of the study was to evaluate the impact of autistic traits amongst individuals with BPD.

**Background:** Despite the co-occurrence of ASD and BPD rates reported in the aforementioned studies, the authors state that no research to date has evaluated the relationship between ASD traits and BPD. Features of autism referred to by these authors as the *Broad Autism Phenotype* are milder in presentation than the defining diagnostic criteria of ASD. Examples are subthreshold verbal and social limitations, stereotyped behaviours and other similar behaviours. The authors sought to determine the significance of these traits amongst BPD individuals.

**Method and Procedure:** A total of n=50 individuals diagnosed with BPD were recruited from three psychiatric departments, while n=69 healthy controls were recruited for study participation in a manner not reported by the authors. Exclusion criteria were age less than 18-years-old, cognitive impairment or inability to complete the assessments due to difficulty with language comprehension, and comorbid schizophrenia. Participants were evaluated using the SCID-5 CV to detect co-occurring clinical syndromes in the BPD group and to confirm absence of lifetime mental illness amongst participants in the control group. Other assessments completed were the AdAS Spectrum measure to evaluate subthreshold adult autism, the Autism Spectrum Quotient (AQ) and the Mood Spectrum Self-Report (MOODS-SR).

**Results and Discussion:** Individuals diagnosed with BPD had significantly higher scores than controls on both autism measures, on the ADAS Spectrum subscales and on all AQ domains except for *attention to detail* (all t-test comparisons were significant at  $p < 0.001$ ). BPD participants were also significantly more likely to have overall mood, depressive and manic component score elevations compared with controls (all t-test comparisons were significant at  $p < 0.001$ ). AdAS Spectrum domains that significantly predicted BPD were *Adherence to routine and inflexibility* ( $p = 0.027$ ) and *Restricted interests and rumination* ( $p = 0.006$ ). Histories of suicidality and of interpersonal trauma (physical and sexual abuse) were also more common amongst BPD individuals with autistic traits. Generalizing from their sample, the authors concluded that subthreshold autism spectrum disorder may not be uncommon amongst BPD individuals, and that further study of autistic traits amongst BPD individuals is warranted.

### Key References:

Anckarsäter, H., Stahlberg, O., Larson, T., Hakansson, C., Jutblad, S. B., Niklasson, L., et al. (2006). The impact of ADHD and autism spectrum disorders on temperament, character, and personality development. *American Journal of Psychiatry*, 163, 1239–44.

Rydén, E., Bejerot, S. (2008). Autism spectrum disorders in an adult psychiatric population. A naturalistic cross-sectional controlled study. *Clinical Neuropsychiatry*, 5, 13–21.

## Effects of substance use disorder on treatment process and outcome in a ten-session psychiatric treatment for borderline personality disorder

Penzenstadler, L., Kolly, S., Rothen, S., Khazaal, Y. & Kramer, U. (Feb 2018)

*Substance Abuse Treatment, Prevention, and Policy*

<https://doi.org/10.1186/s13011-018-0145-6>

**Aim:** The authors report that one of the most frequently occurring comorbid diagnostic pairings alongside BPD is substance use disorder (SUD). Building on previous success with general psychiatric management (GPM) in reducing BPD symptoms, the authors aimed to determine whether GPM would be as effective in treating a BPD+SUD group as in treating a BPD-only group.

**Background:** A systematic review of borderline and substance use disorders reported that comorbid BPD and SUDs is frequent, with approximately 38-57% of individuals diagnosed with BPD also having a concurrent substance use disorder (Trull, Sher, Minks-Brown, Durbin & Burr, 2000). Similarly, the authors reported that based on their literature review, between 5-32% of individuals diagnosed with a SUD are expected to have co-occurring BPD. Co-occurring BPD and SUD results in greater difficulty functioning alongside with higher rates of depression. Increasing symptom loads in this diagnostic pairing are further associated with suicidal behaviour. The need for effective treatment of this group is clear. Evaluating treatment process and outcome using a ten-session variant of GPM was the aim of the study, which the authors state is the first of its kind with this population.

**Method and Procedure:** A sample of predominantly female (69%) white (85%) participants of adult age were recruited from an outpatient university clinic. A total of n=99 individuals were diagnosed with BPD. Of these, n=51 had a co-occurring SUD. Manualized GPM was given to both groups for ten sessions. Measures were administered at intake and discharge.

**Results and Discussion:** Both the BPD-only and the BPD+SUD groups demonstrated general and BPD symptom reduction over the course of the ten-session variant of GPM, with the SUD group showing greater reduction in BPD symptoms than the BPD-only group. Therapeutic alliance was positive in both groups, with the SUD group showing a more positive alliance than the BPD group over time. The authors suggest that the ten-session variant of GPM may be an appropriate first intervention for individuals with co-occurring BPD and SUD. The nature of this study was evaluation of secondary data collected for two other RCT studies. Accordingly details on SUD outcomes were limited. Effectiveness studies replicating this study, along with the evaluation of long term outcomes are needed.

### Key references:

Trull, T. J., Sher, K. J., Minks-Brown, C., Durbin, J., Burr, R. (2000). Borderline personality disorder and substance use disorders: A review and integration. *Clinical Psychology Review*, 20(2), 235–253.



# 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:   |      |       |          |

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

|  |                               |
|--|-------------------------------|
| <b>nominators' nameS</b> (printed letters) | <b>NOMINATORS' SignatureS</b> |
|  |                               |
| <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 all text.

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

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