

ESSPD Academy Newsletter, June 2019

Dear ESSPD members and colleagues,

Shortly before the summer break here is the news from the ESSPD. For the first time we have had an online membership assembly including a live stream and, moreover, our Board election was conducted electronically. Thanks to all our members who voted for the new Board including four new members. We are happy to welcome Ester di Giacomo, Michaela Swales, Joost Hutsebaut, and Ueli Kramer as new members on the board. You will find short biosketches and photographs of all of them on the next pages of this newsletter. For the first time, the chair of the newly founded Young Researchers Forum (Ester di Giacomo) represents our young members in the Board. We said goodbye to Theresa Wilberg, who was responsible for our newsletters in the past, and Henk Jan Dalewijk, our former treasurer. Thank you again Theresa and Henk Jan for everything you did for the ESSPD!



Stephan Doering

Another newly formed group within the ESSPD is the Advisory Board that is composed of the Society's Past Presidents. Thomas Rinne, Anthony Bateman and Martin Bohus (as well as Lars Mehlum in the future) will support the Board with their rich experience and advice regarding the future development of the ESSPD.

All these changes and the Board meeting took place at the ESSPD workshop conference in Budapest on June 6, 2020. Our hosts, Zsolt Unoka and János Réthelyi, provided a fantastic location at the Psychiatric Department of the Budapest Semmelweis University – many thanks to them, as well as to Sebastian Simonsen and Andres Kaera, who did the organizational work on behalf of the ESSPD. Please read more about this event on page 3 of this newsletter.

Moreover, this newsletter contains a report from Marsha Linehan's retirement celebration written by Joaquim Soler, and an important contribution by Svenja Taubner, who discusses the mechanisms of change in the treatment of personality disorders and receives comments from three different perspectives - a highly up-to-date discussion that points into the future of psychotherapy research. Many thanks to Svenja Taubner also for taking over responsibility for our future newsletters supported by Michaela Swales as well as the already experienced Matilde Elices and Bo Bach.

Last but not least, Sophie Liljedahl in proven form summarizes recent important publications in the field of personality disorders.

Please do not miss the opportunity to support the ESSPD by nominating new members – experts in the fields of research, clinics, teaching, and e.g. health care politics, who are focusing on personality disorders. You will find the membership nomination form at the end of this newsletter.

Finally, I want to invite all of you to our next ESSPD conference on September 24-26 2020 in Antwerp. Our exciting working title is "Change for a better future: Perspectives beyond Symptoms." It is still a bit too early to reveal the names of the top-class key note speakers we have invited. However, I can let you know that our conference will focus the issues of happiness and well-being as well as some serious political discussions.

I wish all of you beautiful and relaxing summer holidays.

Yours,

Stephan Doering, MD
President of the ESSPD

New members of the ESSPD Board

We would like to welcome our new Board Members who were elected at the General Members Meeting earlier this month:



Ester di Giacomo
Psychiatrist at the ASST Monza (Italy) and researcher in Neuroscience at the University of Milan Bicocca, Milan, Italy



Joost Hutsebaut
Clinical psychologist, working as a therapist and researcher at De Viersprong National Institute of Personality Disorders, Amsterdam, The Netherlands



Ueli Kramer
Privat-Dozent, psychotherapy researcher and clinical psychotherapist according to Federal Law, at the Department of Psychiatry (Institute of Psychotherapy and General Psychiatry Service), University of Lausanne, Switzerland



Michaela Swales
Consultant Clinical Psychologist and Reader in Clinical Psychology on the North Wales Clinical Psychology Programme, Bangor University, Colwyn Bay, UK

Founding the Young Researcher Section of the ESSPD

“With my great pleasure, I have the honor to document the foundation of the Young Researcher Section within the ESSPD. During the last ESSPD congress, the 5th International Congress on Borderline Personality Disorder and Allied Disorders held in Sitges (Barcelona, Spain) in September 2018, some of the ESSPD Board Members organized a meeting dedicated to young researchers. They aimed at supporting and disentangling questions and issues about research and publication in the field of personality disorders. Furthermore, they proposed the creation of a section dedicated to young researchers within the Society. Together with Dr Sara Austin, who contributed to the creation of the ISSPD Young Researcher Section, they introduced their idea, asking for adhesion. They suggested we could organize a meeting among young researchers only to discuss our opinions and will. We then arranged for a lunch meeting the following day. Starting from a simple discussion, the first step we decided was the creation of a Facebook page dedicated to the recruitment of members and as platform to share information and contacts. Currently, 43 researchers are part of the group. Recently we were asked by the Board to settle a representative and, through an on-line poll, I was elected to perform this duty. I sincerely consider this opportunity as a privilege and I will be committed to learn from the experience and competence of senior board members and settle an active, creative and supportive Young Researcher group.”



Ester di Giacomo, MD, PhD

Report from the ESSPD workshop in Budapest 6th - 8th June 2019



Thank you to Zoltán Illyés for taking photos at the workshops

From 6th to 8th June, 2019, the ESSPD organized the “ESSPD Workshops on Personality Disorders Skills Training for Effective Treatments” in Budapest, Hungary, hosted by the Department of Psychiatry and Psychotherapy of the Semmelweis University. Many members of the Board taught according to their expertise.

The audience was very responsive and appreciated both the content and the active interaction with each tutor. All the workshops were characterized by a friendly environment with the opportunity to express doubt and explore singular patient cases together with professors.

The workshop involved 82 participants from 17 different countries. Among them, 50 were from Hungary, but most of the European countries were represented. There were also participants from more distant countries including Korea and Russia.

Highlighting specific contents, Prof Doering explored Transference-Focused Psychotherapy with a lecture and a workshop respectively entitled “Mechanisms of Change in Transference-Focused Psychotherapy” and “Introduction to Transference-Focused Psychotherapy”. Prof Bohus highlighted the role and innovation of the DBT in complex PTSD paying special attention to child abuse and its implications while Prof Mehlum explained and discussed treatment options for self-harming and attempted suicide with an in-depth approach to such phenomena in adolescence. Prof Bateman analyzed the role and treatment of narcissistic personality disorder with antisocial features through the MBT and Prof Kaasenbrood showed the role of Social Psychiatry in the field of personality disorders. Furthermore, Prof Arntz, an invited professor from The Netherland, explained the principles and key features of the Schema Therapy.



A special appreciation is due to the host, Prof Zsolt Unoka, who dedicated time and effort to the organization and success of this event, involving his residents as efficient helpers and support.

On the last day, during the Closing Ceremony, Prof Doering, the current president of the ESSPD, highlighted the results gained through the positive exchange everybody experienced, both from a professional and personal point of view, and launched the next International Congress on Borderline Personality Disorder and Allied Disorders scheduled for September, 2020 in Antwerp (Belgium).



Ester di Giacomo, MD, PhD

Marsha Linehan's Retirement Celebration

A few weeks ago, some of us had the invaluable opportunity to be part of a remarkable time in the history of DBT. The week started with the trainers-in-training meeting, with DBT teams coming from 17 different countries around the globe. Then, we assisted with the second International DBT Strategic Planning Group meeting and ended with Marsha Linehan's retirement celebration. This was a party in which we had the opportunity to honor the life, work and legacy of Dr Marsha Linehan, one of the most influential figures in the field of psychotherapy, personality and suicide.



Marsha Linehan

Dr Linehan's work focusing on the treatment of BPD represents a huge contribution to the field, a field that was radically different 3 decades ago when she took the first steps in developing and disseminating DBT. In 1991, the publication of the first randomized controlled trial of this new treatment developed by Dr. Linehan, called dialectical behavioral therapy, represented a new hope for many patients with emotional dysregulation and their relatives. Until that moment, the most extended belief among clinicians was that in regards to the treatment of borderline disorder "nothing seems to go very well or have long-lasting positive effects". Marsha's work represented not only a qualitative change in our view of the treatability of personality disorders, but also represented a turning point, a revolution in psychology and psychotherapy, that was later known as the third wave generation in CBT. Today, 15% of the population has tried a mindfulness exercise at least during their lifetime, and acceptance and Zen principles sound familiar to us, even among academics. These facts are largely due to Dr. Linehan's remarkable work.

Dr. Linehan's brightness and the personal charisma ensured that approximately 200 people gathered in the University of Washington (UW) to her to celebrate both her life and her academic achievements. Her family members; brothers and sister; her daughter; mental health scientists; professors and therapists, all friends of Dr. Linehan, shared personal anecdotes and funny moments lived with Marsha. The private reception ended, as every DBT gathering ends, with a crowded mindful dance practice. After that, we had the pleasure of hearing some of the most committed researchers in the field of DBT. With a full audience, Michaela Swales, Professor of Clinical Psychology at Bangor University, and recent board member of our society, gave a lecture entitled: "From Skepticism to Global Regard: The Journey and Legacy of Marsha Linehan's Dialectical Behavior Therapy".

Afterwards, Kate Comtois, Professor of the Department of Psychiatry and Behavioral Sciences at the University of Washington, gave her lecture: "Marsha Linehan and Suicide Prevention Clinical Research: Four Major Contributions". To close the event, Dr. Linehan took to the stage to show her appreciation to the UW, patients, colleagues, and the whole audience.



Although this was a retirement celebration, in the case of Dr. Linehan, I'm sure that she will still be active and contributing to our field.

Joaquim Soler

Mechanisms of Change in the treatment of Personality Disorders

This section of the ESSPD Newsletter provides a short report on mechanisms of change in the treatment of personality disorders, by Svenja Taubner. In response to this, three European PD experts have been invited to provide their comment on this topic.

The European Cooperation in Science and Technology (COST) funded a 4-year program with the name TREATme (www.treat-me.eu) that serves as a European multidisciplinary researcher network with researchers and clinicians from 30 countries. Among other activities, TREATme reviews the state of the art in mechanisms of change research for patients in psychological treatments who are between 12 and 30 years old. So far over 3000 studies have been reviewed and only four trials were dealing with mechanisms of change in treatments of personality disorders. At the same time, treatment approaches claim diverse change models that are yet to be empirically tested and constantly, new treatments evolve (e.g. five different psychodynamic approaches to treat adolescent BPD). Studying mechanisms will change the field of psychotherapy research including research on personality disorders towards causality instead of efficacy only with the aim to understand current treatments, identify effective components, discard ineffective or iatrogenic elements/treatments and identify specific factors beyond common factors.



Svenja Taubner

HOW TO ASSESS A MECHANISM OF CHANGE

In order to overcome the horse race or competition phase in psychotherapy research, process research is devoted to clarify what works for whom and why. While moderators (e.g. gender, age) serve to clarify what kind of treatment is adequate for a specific person under certain circumstances, mechanisms of change aims define causal relationships between symptomatic change and psychological interventions. A mechanism of change explains how an intervention translates into a process that leads to an outcome, e.g. change of symptoms. Thus, a mechanism is an explanatory concept that can be investigated by research on mediators. Mediators are variables that statistically explain changes in symptomatology. Kazdin (2007) has formulated clear criteria how to assess mechanisms of psychological treatments:

- Conduct sufficiently powered randomized clinical trials
- Use valid and reliable measures for mediators that are sensitive to change
- Apply a process design in which changes of the mediator precede (temporally) changes in symptomatology and the mediator variable is measured repeatedly
- Compare mediators that are theory-driven with non-specific mediators
- Apply different dosages to prove that a stronger mediator change leads to more symptomatic changes

However, even after 12 years of Kazdin's (2007) suggestions of how to assess mechanisms of change in psychotherapy research there are still an alarming lack of studies, inconclusive results (compare for the treatment of depression, Lemmens et al. 2016) and very little research on change mechanisms for the treatment of personality disorders (Kramer 2017).

For instance, the major aim in Mentalization-Based Treatment (MBT) is to stabilize mentalizing in certain focus areas to create a psychic buffer between affect and behavior that will foster affect regulation, reduce impulsivity and promote functional supportive relationships. Following the idea of mechanism research, enhancing effective in a patient would be considered a mediator variable explaining the effect between a therapeutic change process and changes in outcome (e.g. suicidality). In MBT, the mechanisms of change are manifold: applying "contrary moves" to stimulate more flexibility in different poles of mentalizing, by discussing the interpersonal experience between therapist and patient and by creating epistemic trust in social communication (Batmen & Fonagy 2016). First evidence of process research indeed supports the idea that mentalization serves as a mediator as changes in mentalizing preceded changes in pathology (Rossouw & Fonagy 2012). Furthermore, MBT adherence and competence predicted higher in-session mentalizing (Möller et al. 2017). However, none of the studies followed the criteria of mechanisms research as outlined by Kazdin (2007). Furthermore, changes in mentalizing were also associated with better outcome in a study with 175 individuals with BPD who received psychodynamic

Mechanisms of Change in the treatment of Personality Disorders (continued)

treatment (De Meulemeester et al. 2017). Thus, enhancing mentalizing might be considered a common factor of therapeutic change, non-specific to MBT and maybe even non-specific to the treatment of BPD.

MECHANISMS OF CHANGE WITHIN THE RDOC FRAMEWORK

The Lancet Psychiatry Commission (Holmes et al., 2018) strongly advises to move forward the field of causality research in psychological treatments by connecting it to more basic research on psychopathology e.g. within the framework of Research Domain Criteria (RDoC) that distinguishes constructs (e.g. fear as part of the negative valence system) from units of analysis (from genes to behavior). While distal psychopathological mechanisms (etiology of a disorder) inform prevention, proximal mechanisms of disorder maintenance may be more informative for psychological treatments. To connect the disciplines of experimental psychopathology and psychotherapy research, a close collaboration would be needed that involve the following steps: Firstly, psychological treatment models need to achieve more specificity on a conceptual level that secondly should be tested using experimental psychopathology methods in animal and human studies to understand how psychopathology develops and maintains. Thirdly, carefully identified candidates of mediators should be translated and implemented in psychological treatments. They support the idea of rigorously investigating carefully chosen mechanisms in isolated treatment interventions while the field is rather moving towards applying integrative or modular treatments thus using a set of potential mechanisms of change that can hardly be distinguished.

DISCUSSION

Mechanisms research, if applied rigorously, may help to overcome therapy school rivalry and further drifting apart of the field by devoting research efforts to causal understanding of psychopathology and subsequent treatment. However, there is a need to balance scientific rigor and excellence with clinical needs and clinical reality. Restricting the investigation of mechanisms of psychopathology and change to experimental (animal) models may underestimate the complexities especially with regard to personality disorders that range within a yet poorly understood interplay between historical, cultural and societal phenomena that constitute and determine our understanding of mental disorders and normality.

REFERENCES

- Bateman A, Fonagy P. *Mentalization-based treatment for personality disorders: a practical guide*. Oxford University Press 2016.
- De Meulemeester C, Vansteelandt/ K, Luyten P, Lowyck B. (2017). Mentalizing as a Mechanism of Change in the Treatment of Patients With Borderline Personality Disorder: A Parallel Process Growth Modeling Approach. *Personality Disorders: Theory, Research, and Treatment*, 9(1), 22-29.
- Holmes, E. et al. (2018). The Lancet Psychiatry Commission on psychological treatments research in tomorrow's science. [https://doi.org/10.1016/S2215-0366\(17\)30513-8](https://doi.org/10.1016/S2215-0366(17)30513-8)
- Kazdin, A. E. (2007). Mediators and mechanisms of change in psychotherapy research. *Annu. Rev. Clin. Psychol.*, 3, 1-27.
- Kramer, U. (2017). Personality, personality disorders, and the process of change. *Psychotherapy Research*. Advance online publication. DOI: [10.1080/10503307.2017.1377358](https://doi.org/10.1080/10503307.2017.1377358)
- Lemmens, L. H., Müller, V. N., Arntz, A., & Huibers, M. J. (2016). Mechanisms of change in psychotherapy for depression: An empirical update and evaluation of research aimed at identifying psychological mediators. *Clin. Psych. Review*, 50, 95-107.
- Möller C, Kalgren L, Sandell A, Falkenström F, Philips B. (2017). Mentalization-based therapy adherence and competence stimulates in-session mentalization in psychotherapy for borderline personality disorder with co-morbid substance dependence. *Trials*, 27(6), 749-65.
- Rossouw TI, Fonagy P. Mentalization-based treatment for self-harm in adolescents (2012): A randomized controlled trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, 51(12), 1304-13.

Comments on Svenja Taubner's paper on change mechanisms: How much do we really want to know about mechanisms of change?

Svenja Taubner raises an important issue in her paper when she points out our lack of knowledge about the mechanisms of change in psychotherapy. Despite Levine once stated: "There is nothing more practical than a good theory", this is not sufficiently meeting the standards of a scientifically based treatment approach. Besides that, there is an explicatory gap in understanding Wampold's "Dodo bird"- verdict: How can we explain that very different (and sometimes contradictory) approaches lead to almost the same overall clinical outcome? There is actually a need to "dig deeper"!



**Eckhard
Roediger**

Despite psychotherapy in general is an effective treatment with higher effect sizes than many somatic approaches, it is just not satisfying that we have no clear algorithms which approach is the most promising one for a specific disorder. Or on a more detailed level: Which interventions are pivotal to induce change? It is not very likely that the vast amount of change is induced by unspecific factors like e.g. the therapy relationship. And besides that: What are the key elements to build up an effective therapy relationship? Drop-out rates vary significantly between treatments for Borderline personality disorders (Jacob & Arntz, 2013). Wouldn't it be relevant to know what keeps clients in therapy?

Looking at specific interventions, we know that some of them are very effective, for example exposure therapies. The bad news is that there are still controversies going on about the mechanisms: While some still believe in physiological factors like habituation (e.g. Foa et al., 2007), others regard re-appraisal and behavior change as the key elements (Craske et al., 2008). And how about the length of exposure? It makes a big difference to trauma clients if we expose them for a few minutes to induce an activation of their trauma network and then rescript the memory by changing the meaning (Dibbets & Arntz, 2016) or if we use prolonged exposure until the arousal goes down (Foa et al., 2007).

I agree to Svenja Taubner's conclusion that detecting overall mechanisms of change as the bedrock of more integrative approaches is more promising than an increasing diversity of competing approaches. Time for a paradigm change from "horse races" to small size intervention studies. But finally: Is the therapeutic community willing to sacrifice familiar convictions in the light of an emerging evidence what really works?

References:

Craske, M. G., Kircanski, K., Zelikowsky, M., Mystkowski, J., Chowdhury, N., & Baker, A. (2008). Optimizing inhibitory learning during exposure therapy. *Behaviour Research and Therapy*, 46(1) 5–27.

Dibbets, P., & Arntz, A. (2016). Imagery rescripting: Is incorporation of the most aversive scenes necessary? *Memory*, 24:5, 683-695

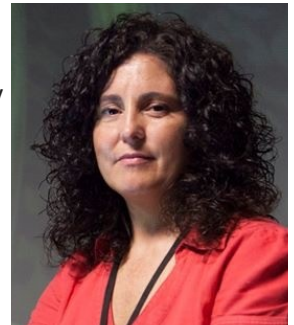
Foa, E., Hembree, E., & Rothbaum, B. (2007). *Prolonged exposure therapy in PTSD: emotional processing of traumatic experiences. Therapist guide*. New York: Oxford university press.

Jacob, G. A., & Arntz, A. (2013). Schema therapy for personality disorders—a review. *International Journal of Cognitive Therapy*, 6(2), 171–185.

Eckhard Roediger, PhD, Neurologist, Psychiatrist and Psychotherapist. Director of the Frankfurt Schema Therapy Institute

Comments on Svenja Taubner's paper on change mechanisms: Making psychotherapy more effective, efficient and easier to implement

Dr. Taubner offers a clear rationale of the importance of research on mechanisms of change in psychotherapy in general and more concretely in personality disorders, and the possible relationship between this line of research and the RDoC initiative. The field of psychotherapy in personality disorder has been mainly devoted to the study of the efficacy of different psychotherapeutic approaches. The result is that we have treatment programs that work but, we do not know why they work. This is not the ideal from a "scientific" point of view, knowing that something works but not knowing why, but I believe it is a consequence of a very sensible motivation of researchers in clinical psychology, the need to offer patients ways to improve their conditions and quality of life as soon as possible.



Azucena Garcia-Palacios

Fortunately, we have already treatment programs with good efficacy data. But this is not enough. Now, after knowing that one treatment works, we need to know why and for whom, and the discovery of what mediates efficacy will help us in these goals, as Dr. Taubner accurately states. I would add that this discovery will help improving implementation which is also a pending issue in evidence-based psychotherapy. For example, in the field of BPD we have several programs, but they are difficult to implement in all contexts, for example in public mental health settings. The field is producing more cost-effective forms of those psychotherapies, like for example, the use of only part of DBT, skills training. Another way to improve effectiveness and efficiency is to know which ingredients of all programs mediates efficacy and also important, which ones do not. This will help to refine the programs and unify the common mechanisms of change in different approaches.

Dr. Taubner also tells us where we are regarding mechanisms of change in personality disorders. The studies are scarce and therefore there is a lack of conclusions regarding mediators of efficacy.

She reviews the studies done in mentalization therapy which indicate mentalization as a mediator of treatment efficacy in the treatment of BPD. There are other candidates from studies done in the framework of other psychotherapies like DBT: emotion regulation/self-control, skills use, and therapeutic alliance/investment in treatment (Rudge, Feigenbaum & Fonagy, 2017)

I think that given that we are at a first stage in the study of mechanisms of change in personality disorders, we have a good opportunity to establish criteria and consensus about how to proceed. For example, we need to work on establishing which mechanisms of change are worth studying, regardless of the theoretical approach. In this task, the RDoC initiative could be a starting point because it indicates constructs and subconstructs that could be on the list (i.e. effortful control, perception and understanding of self and the others, etc.) Other sources and the previous work done could help in completing that list. Agreeing in the methodology and procedures (for example, following the indications from Kazdin) will be another good way to work in an efficient way. The main goal is to discover the mechanisms of change that will make our treatments more efficacious, effective and efficient, that is, having psychotherapeutic programs easier to implement to reach most people who can benefit from them.

References:

Rudge, S., Feigenbaum, J. d., Fonagy, P. (2017). Mechanisms of change in dialectical behavior therapy for borderline personality disorders: a critical review of the literature. *Journal of Mental Health*, 8, 1-11.

Azucena Garcia-Palacios. Universitat Jaume I. Spain

Comments on Svenja Taubner's paper on change mechanisms: Change mechanisms in therapy with patients with personality disorder

In her paper Taubner highlights the lack of studies into the mechanisms of change in the treatment of personality disorders. It is only in the last 19 years that personality disorders are seen as conditions which can be treated. In the last 19 years we saw an explosion of studies into the effectiveness of various therapies in the treatment of personality disorders. Most research is on borderline personality disorder. In their recent meta-analysis on the treatment for borderline personality disorder, Oud et al. (2018) discussed 20 studies. Specialised psychotherapies were associated with a medium effect in reducing borderline severity, in comparison to treatment as usual. Dialectical behaviour therapy was associated with a small to medium effect on self-harm. Although the studies explored clinical effectiveness of the intervention, they did not investigate the mechanisms or moderators of change.



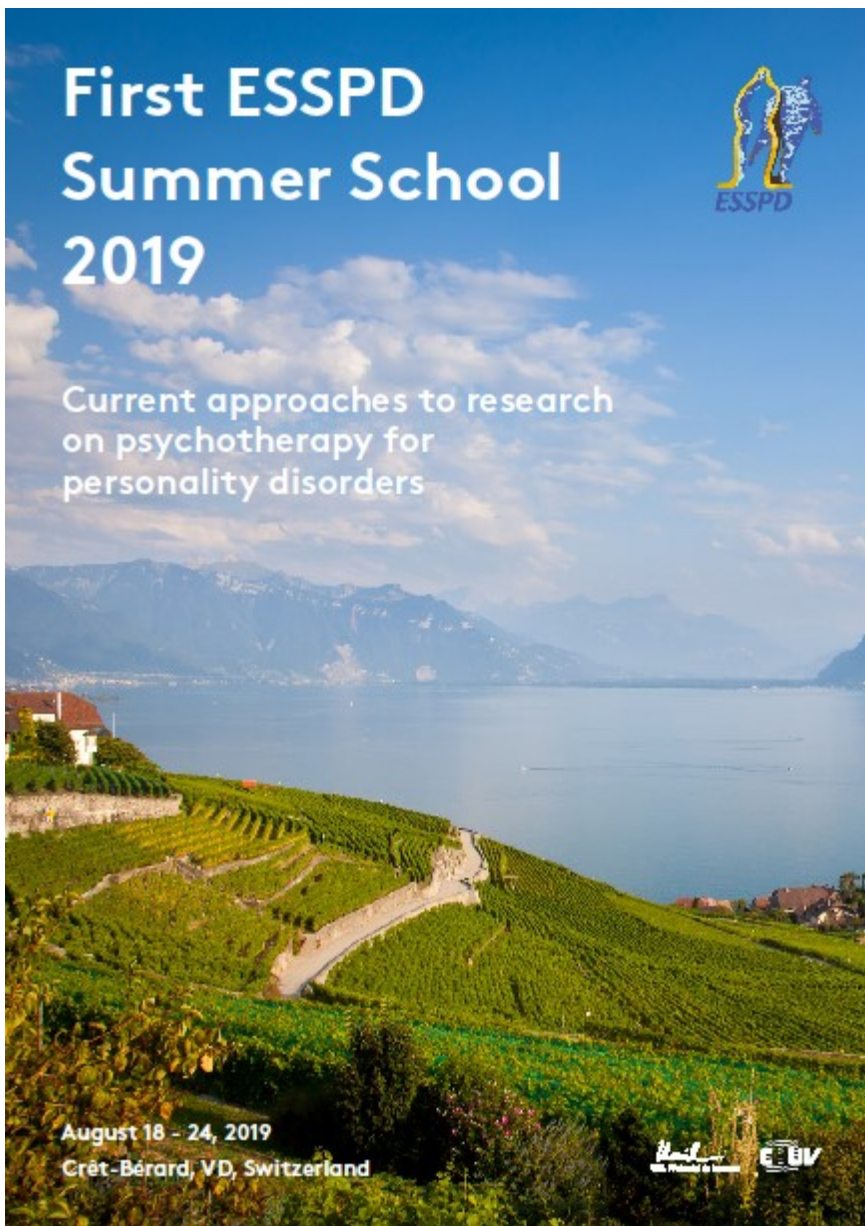
**Trudie
Rossouw**

Detailed investigation into the mechanism and moderators of change can play an invaluable role in revising and updating treatment manuals. It will lead to an improved understanding of which treatments will work best for which patient groups. As risk and risk management is part of any treatment for patients with borderline personality disorder, a deeper understanding of the mechanisms of change will enhance our ability to manage risk more effectively.

The study proposed by Taubner is needed and will bring new information to the fore which will enhance patient care. The study proposed is a large study over 30 countries, which will bear relevance not only in those countries, but globally.

Trudie Rossouw, Consultant child and Adolescent Psychiatrist, Priory Hospital North London and Clinic Director, Stepping Stones Clinic.

There are still opportunities to apply to the 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

ESSPD Research Update

This newsletter is focused upon the theme of *lived experience of individuals, family and loved ones* and contains a review of the five most innovative contributions to the literature in the recent months. The corresponding scientific writer is Sophie Liljedahl, Ph. D.,

Email: dr.s.liljedahl@gmail.com



Sophie Liljedahl

Struggling to be a person: Lived experience of avoidant personality disorder

Sorensen, K. D., Råbu, M., Wilberg, T. & Berthelsen, E. (2019).

Journal of Clinical Psychology 75, 664-680. doi: [10.1002/iclp.22740](https://doi.org/10.1002/iclp.22740). Epub 2019 Jan 4.

Aim: To illuminate the lived experience of 15 individuals diagnosed with avoidant personality disorder (AVPD) through qualitative analysis using semi-structured interviews.

Background: AVPD is a common presenting problem (Torgersen, 2009) with prevalence estimates ranging from 11-57% in patient populations (Karterud et al., 2017). The sequelae of AVPD for the individual is profound loss in all areas of life that social connection enriches, and is additionally associated with low quality of life and lost individual potential. For society this loss is also represented by unfulfilled lifetime productivity as well as costs accrued through contact with the mental health system. Psychotherapy research presents mixed results with respect to therapeutic gains from AVPD treatment, with problems such as attrition, difficulties with therapeutic alliance and relapse associated with treating AVPD. Although advances in the formulation of AVPD may help to reduce diagnostic overlap between AVPD and social phobia, as well as with other PDs in Cluster C, there is no research describing how people with AVPD make meaning of their subjective experience.

Method & Procedure: A total of N=15 participants principally diagnosed with AVPD were recruited from outpatient treatment settings in Norway. Participants were predominantly female (n=9), in their 30's (M=33 years, SD=9), with educational attainment at the high school level (n=9). Notably, the entire sample had welfare as their source of income.

A co-researcher with lived experience of AVPD participated in all aspects the research process, and a reference group made up of both clinical psychologists and individuals diagnosed with AVPD were consulted with for the purpose of enhancing ecological validity. Questions on the semi-structured interview pertained to the lived experience of the AVPD diagnosis, understanding of AVPD, how one describes oneself and their daily life, and so on. Sixty-90-minute in-depth interviews were conducted on two occasions with each participant, with the second interview serving to discuss areas from the first interview with greater depth and interpersonal ease due to increased familiarity. Data were analysed using Interpretative Phenomenological Analysis (IPA) within a hermeneutic-phenomenological epistemology.

Results & Discussion: The overarching theme emerging through qualitative analysis was that participants felt that they were "struggling to be a person." This was encompassed by the main themes of "fear and longing" as well as "a doubting self." A number of corresponding subthemes were associated with each of

the two main themes. Desire for connectivity, dreading closeness and being alone were associated with the main theme of “fear and longing.” Insecurity and searching for self-understanding were associated with the main theme of “a doubting self.”

These findings describe how effortful and challenging daily life is for individuals diagnosed with AVPD, both experientially as well as with respect to self-understanding and desire for change. Longing for closeness was coupled with fear; being alone represented both safety and loneliness. This study contributes subjective data on the lived experience of individuals diagnosed with AVPD which may have utility for theory construction, clinical practice and formulation of a dimensional model of personality disorders.

Key Reference

Torgersen, S. (2009). The nature (and nurture) of personality disorders. *Scandinavian Journal of Psychology*, 5(6), 624-632.

A randomized controlled trial of a mentalization-based intervention (MBT-FACTS) for families of people with borderline personality disorder

Bateman, A., & Fonagy, P. (2019).

Personality Disorders: Theory, Research, and Treatment, 10(1), 70-79. <http://dx.doi.org/10.1037/per0000298>

Aim: To compare by RCT immediate versus delayed mentalization-based Families and Carers Training and Support (MBT-FACTS). Outcomes were adverse incidents, family well-being, empowerment, caregiver burden, as well as caregiver mood and anxiety. Participants were 56 relatives or other loved ones of individuals diagnosed with BPD.

Background: While a number of effective specialized evidence-based treatments for individuals diagnosed for BPD exist, there has been limited study of the effect of BPD on the family members and loved ones closest to the diagnosed person. Given the volatile and persistent nature of crises that accompany a BPD diagnosis, national guidelines recommend that family support should accompany treatment for BPD (National Institute for Health and Clinical Excellence, 2009). Importantly, family members of individuals diagnosed with BPD report higher burden and grief than relatives of individuals diagnosed with other severe mental illness, compounded by a sense of being excluded from the individuals’ treatment teams. The MBT-FACTS intervention, based on the mentalizing model of BPD, was developed in consultation with family members, based on their wishes for content and delivery. They reportedly requested a short intervention (5 sessions max) that emphasized skills for improving family interactions over psychoeducation, delivered by family members rather than mental health professionals.

Method & Procedure: Participants were adults age 18+ either living with or closely involved with a loved one diagnosed with BPD. Exclusion criteria were defined in relation to the individual diagnosed with BPD. Specifically, potential candidates were excluded from the study if they were: 1. Not diagnosed with BPD; 2. Experiencing addictions; 3. Principally diagnosed with psychosis; 4. Not fluent in English, or 5; Declining to participate. This resulted in N=56 participants randomized 1:1 to each condition in the study. Recruitment took place from treatment settings where participants’ relative diagnosed with BPD was receiving care. Participants were randomized either to receive MBT-FACTS directly, or after a delay. Group demographics were not significantly different at baseline. Data were handled with intent-to-treat analyses. Immediate treatment was defined by participation in MBT-FACTS after a 5-week delay, and participation in the delayed group occurred approximately after 9 weeks post-baseline data collection. Adverse incidents, the primary outcome measure, was tracked daily by participants in relation to their relative’s BPD symptoms. This information was collected weekly alongside self-report questionnaires.

Results & Discussion: Participants randomized to receive MBT-FACTS directly reported significant reductions in adverse events in the latter part of treatment compared with the delayed intervention group. The immediate-treatment group also reported significantly steeper declines in their rate of change compared to the delayed-treatment group. Secondary outcomes related to family well-being and functioning were also more improved in the immediate group, with changes that persisted to follow-up at 12 weeks. Secondary outcomes in relation to mood, anxiety and caregiver burden were uniformly improved in both groups. A unique aspect of this study is that it tracked and found reductions in adverse incidents in the family system. Further study is required to identify whether positive changes reported by family members resulting from their participation in MBT-FACTS are also reported by individuals diagnosed with BPD when their loved ones participate in the intervention.

Key Reference

National Institute for Health and Clinical Excellence (NICE: 2009). Borderline personality disorder: Treatment and management. Clinical guideline 78. London, United Kingdom: Author. Retrieved from: <https://www.nice.org.uk/guidance/cg78>

Optimizing borderline personality disorder treatment by incorporating significant others: A review and synthesis.

Fitzpatrick, S., Wagner, A. C., & Monson, C. M. (2019, February 4).

Personality Disorders: Theory, Research, and Treatment. Advance online publication. <http://dx.doi.org/10.1037/per0000328>

Aim: To systematically review the literature involving significant others in interventions for BPD based on treatment targets comprised by 1. The nature of the BPD illness; 2. The suffering of significant others, 3. The suffering of other loved ones in relation to the person diagnosed with BPD. The authors also aimed to determine the benefits of including significant others in the treatment process for generating suggestions for treatment development

Background: The authors note that distress in interpersonal relationships and BPD share strong associations. They also note that the leading evidence-based treatments for BPD are multi-component and long-lasting, the intensity of which may preclude specific focus on significant others in the treatment context. The authors systematically reviewed the literature in search of treatments that include significant others. The term “significant others” was defined broadly to include family members, close friends, romantic partners and other people in close relationships with the individual diagnosed with BPD.

Methods & Procedure: The authors organized their review heuristically into three categories of interventions. These were: 1. Interventions focused on supporting significant others; 2. Family-led interventions focused on engaging relatives in education, and 3. Interventions focused principally on the disorder.

Results & Discussion: A total of 12 studies comprising six different interventions met inclusion criteria and were evaluated in the systematic review. The best evidence was reportedly based upon interventions that focus specifically on all three targets simultaneously. Future directions encouraged by the authors were to formulate BPD more centrally as a disorder elicited and maintained by relational and interpersonal mechanisms. They also suggested modifying DBT to case management and skills training alongside involvement of significant others in treatment rather than doing full complement DBT in the absence of significant other involvement.

Borderline personality disorder: Carers need compassion and collaboration when seeking emergency care for their loved one.

Acres, K., Loughhead M. & Proctoer, N. (Apr-June 2019).
Australian Nursing and Midwifery Journal, 26(6), 59.

Aim: To describe the needs of carers (most often relatives or spouses) in the context of individuals diagnosed with BPD seeking emergency care during suicidal crises.

Background: The authors discuss the experience of carers in the context of Australian mental health care in 2019. They observe how emotion dysregulation and out-of-control behaviour are associated with suicidal crises amongst individuals diagnosed with BPD, resulting most often in seeking emergency mental health services due to safety concerns. The authors state that it is most often nurses in the emergency room providing care for individuals diagnosed with BPD, although many are not trained to provide these services. This limits the quality and nature of care received by BPD individuals. Further troublesome is the stigma that carers report feeling in relation to presenting in the emergency department with someone diagnosed with BPD. Carers have reported needing to make medical decisions on behalf of their loved one in the absence of information regarding treatment, despite asking for it from the treating staff.

Recommendations: In order to make informed decisions on behalf of or in consultation with their loved one, the authors recommend that relationships and communication between nursing staff, mental health professionals and carers must improve. Keeping carers informed is also required to manage treatment and crises more effectively. The authors further recommended a trauma informed approach characterised by compassion and focusing on building trust when working with both carers and individuals diagnosed with BPD. Together these recommendations are believed to be necessary to improve outcomes for medical staff, carers and individuals diagnosed with BPD.

Momentary assessment of everyday physical pain in outpatients with borderline personality disorder

Carpenter, R. W., Tragesser, S. L., Lane, S. P., & Trull, T. J. (2019).
Personality Disorders: Theory, Research, and Treatment, 10(2), 143-153. <http://dx.doi.org/10.1037/per0000304>

Aim: The authors aimed to evaluate physical, non-chronic pain in the daily life of people diagnosed with BPD compared with a community sample (COM). They aimed to test the hypothesis that individuals diagnosed with BPD would experience greater and more intense momentary physical pain than the COM individuals both concurrently and when lagged over time.

Background: The authors state that physical pain in BPD has not been thoroughly investigated to date, despite insights into chronic pain in BPD individuals published in the recent literature. Given the prevalence of BPD individuals in chronic pain samples (Kalira, Treisman & Clark, 2013), the authors wanted to better understand the experience of momentary pain amongst BPD individuals. They expected that momentary physical pain and emotion dysregulation would share a relationship, making pain a more common and enduring experience amongst BPD individuals compared to COM individuals.

Method & Procedure: Data were gleaned from a larger sample evaluating emotional instability and alcohol use amongst individuals diagnosed with BPD. Evaluating momentary physical pain was an aspect of the study that was added approximately half-way through, resulting in 25 BPD individuals and 26 COM individuals in the sample (N=51). BPD individuals were recruited using flyers in outpatient psychiatric clinics, and COM participants were recruited through advertisement. Inclusion criteria for study participation were:

1. Age between 18-45; 2. One or more times consuming alcohol over a week, 3. Absence of psychosis, intellectual disability or neurological problems; 4. Absence of head trauma; 5. No previous attempts to quit using alcohol, or experience of alcohol withdrawal symptoms; 6. No current treatment or interest in treatment of alcohol or substance use disorder; 7. Not pregnant or planning to become pregnant.

Results & Discussion: Consistent with the authors' hypotheses, individuals diagnosed with BPD reported not only more physical pain severity but also more variability amongst their experience of pain compared to the COM group. Results testing the relationship between pain and emotion dysregulation showed that for the BPD group there were positive associations between pain and negative affect both concurrently and lagged over time. For the COM group a positive association existed between current pain and negative emotion, but this association tapered and became negative when time was lagged. Taken together these results suggest that vulnerability to physical pain in daily life may elicit BPD symptoms, particularly emotional reactivity. Pain was proposed to be a possible contributor to the emotional dysregulation underlying BPD. The authors conclude that that psychological treatments for physical health and for pain in particular would be valuable additions to treatments for BPD and emotion dysregulation, even in the absence of chronic pain conditions.

Key Reference

Kalira, V., Treisman, G. J., & Clark, M. R. (2013). Borderline personality disorder and chronic pain: A practical approach to evaluation and treatment. *Current Pain and Headache Reports*, 17, 350. <http://dx.doi.org/10.1007/s11916-013-0350-y>

ESSPD Academy Newsletter Submissions



Svenja Taubner,
ESSPD
Newsletter Editor

ESSPD Academy Newsletter Submissions

Submissions to the *ESSPD Academy 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.

The Newsletter Editor is Svenja Taubner. Submissions should be emailed to at: svenja.taubner@med.uni-heidelberg.de

The corresponding scientific writer is Sophie Liljedahl, Ph. D.,
Email: dr.s.liljedahl@gmail.com



Bo Bach, ESSPD
Editorial Board



Matilde Elices,
ESSPD Editorial Board



Michaela Swales,
ESSPD Editorial Board

Membership Nomination Form

Nominee's name:		
Title:		
Affiliation:		
Email:	City:	Country:

PROFESSIONAL BACKGROUND (psychiatrist, psychologist, nurse, social worker, other):

NOMINATION CATEGORY (*mark with X*)

Researcher	<input type="checkbox"/>	Clinician	<input type="checkbox"/>	Teacher	<input type="checkbox"/>	Other, specify	<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

-
-
-

Names of two nominators (printed letters):	Signatures of two nominators:
Place	Date