ESSPD NEWSLETTER

ESSPD | European Society for the Study of Personality Disorders

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ESSPD Newletter
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Anthony W Bateman

Message from the President

Welcome to our first newsletter of 2013 and a Happy New Year to everyone. 2012 was an important year for the ESSPD because it represented the culmination of all our efforts to arrange the International conference in Amsterdam. Of course we were nervous about attracting enough participants, about whether we had organised an interesting programme, and if the conference would show the ESSPD in a good light. Our anxieties, whilst understandable, were unfounded. The conference was a great success due to your active participation. Thank you for your support. Our main failing was not to organise lunch for people! We apologise for this error. It will be corrected at the conference in Venice in 2014.

Many of you reported that you enjoyed the DSM/ICD debate, presumably for its academic content! This area of classification continues to be controversial in 2013. But it has now been announced that the DSM-5 will maintain the categorical model of personality disorder. Criteria for the 10 personality disorders included in DSM-IV will include the new trait-specific methodology, originally proposed for the DSM-5, in a separate area of Section 3 to encourage further study about how this could be used to diagnose personality disorders in clinical practice. So it is important that we develop further research proposals to investigate this. Meanwhile the proposals for the ICD are of concern to many people. The ESSPD will take an active role in commenting on the proposals and if you have concerns that you would like us to put forward as an organization please contact us. A special volume of Personality and Mental Health, now offered in our subscription, was devoted to the discussion.

This year the term of office of some Board members comes to an end. We hope that some of you will stand to be elected to the Board. You need to be proposed and seconded by other members. But if you would like to discuss this with any member of the Board please let us know. Names should be forwarded to our Secretary before the September 2013 ISSPD Copenhagen conference when we will have out next annual meeting. I look forward to seeing many of you there.

Anthony W Bateman January 2013
President ESSPD

Scientific News

The following presentation is a synopsis of the symposium held at the 2nd International Congress on Borderline Personality Disorders and Allied Disorders in Amsterdam on 29th September 2012. With thanks to Ad Kaasenbrood for this contribution.

Ad Kaasenbrood

Suicide is a hazardous outcome of psychiatric disorders. Most psychiatric disorders are associated with an increased risk of suicide. In this symposium suicide in patients with a personality disorder will be discussed in four sessions. In the first session Dr Kaasenbrood presents the facts and figures, in the second Dr van den Bosch discusses the management of suicide in DBT as will do Dr Draijer for TFP in the third session. In the final session Bert van Luyn will go into the psychotherapeutic management of chronic suicidality in patiens with severe personality disorders.

Specifics of suicidal behaviour in personality disorder:

In the Netherlands an average of 1500 people kill themselves annually (population: 16 million). This figure is comparatively low in relation to other European countries. Epidemiologic studies have revealed that approximately 94,000 people make a suicide attempt and 410,000 people have repetitive thoughts of suicide annually; figures which are considered to be high. Twice as many men kill themselves than women but the opposite applies in relation to suicide attempts: twice as many women attempt suicide than men. Post mortem analyses revealed that between 74 to 100% (depending on the study) of the victims had a psychiatric disorder while committing suicide. The relative risk of suicide in people with a personality disorder compared to the general population is 7%. The suicide risk of Antisocial Personality disorder is estimated to be 5% and of Borderline Personality Disorder between 3 to 10%. Patients with extra risk factors (especially co-morbid disorders like mood and substance use disorders) are at especially high risk. All general risk factors but also all general protective factors for suicide are also applicable to people with a personality disorder. In a recent Dutch Practice Guideline, the assessment and treatment of suicidality is advocated as a separate, non disorder focused subject of diagnosis and treatment. For people with personality disorder this might save lives.

Management of suicidality in Dialectical Behavior Therapy:

This presentation showed how specifically Dialectical Behavior Therapy (DBT) deals with chronic and acute suicidality. Data was given about the application of DBT in reducing suicidal behavior with personality disordered patients who suffer from co morbid Axis I disorders like substance abuse and/or mood disorder. Specific DBT interventions and examples from clinical practice were presented, with special attention given to the consultation-to-the-patient principle that defines the patient as manager of their own treatment with the therapist as coach at their side. In DBT suicidal behavior is seen as coping behavior, that is, behavior that is effective in reducing aversive emotional dysregulation. In the treatment of suicidal crisis of BPD patients, the character of the behaviour in behavioural terms takes a central position, next to validation of the suffering and pain of the patients. When the behavior can be seen as respondent behavior, it is necessary to identify the triggering event and stop it. In addition, validation of the patient and his or her efforts is important. If the character of the suicidal behavior is manipulative, aversive interventions directed at changing the behavior will be applied. Finally the importance of a suicide crisis prevention plan was emphasized as a way to empower the patient.

Scientific News

Practical management of suicidal behavior in Transference Focused Psychotherapy for the borderline patient:

Transference Focused Psychotherapy (TFP) is an evidence based, intensive psychodynamic psychotherapy, developed for patients with a 'borderline personality organization', characterized by shifts in the experience of self and others (identity diffusion) and by so called 'primitive' defenses (splitting, projective identification). TFP focuses on the inner representational world of the patient and its affects, as it unfolds within the therapeutic relationship. Suicidality is addressed right from the start, when a 'contract' on 'acting out' behaviours is discussed with the patient to help channel the affects associated with the acting out into the therapy. This contract focuses on all behaviour that might endanger the therapy and the bond between patient and therapist. The contract is the treatment frame that helps to contain and reflect on the affects. It allows discussion of suicidal feelings and tendencies within the context of an intensive treatment relationship whenever these feelings and tendencies arise. Eventually it allows to understand the forces behind them and to overcome them. The human mind is perceived as fundamentally relational in TFP. A 'contract' is used as a treatment frame in which the chronic suicidal feelings and behavior of BPD can be understood as primarily relational. TFP is helpful in getting inwardly directed aggression turned into outwardly directed assertiveness by promoting development towards identity integration.

Psychotherapeutic management of chronic suicidality in severe PD

Patients with severe personality disorder can be suicidal for years, having suicidal thoughts every day with a history of numerous attempts. In the Netherlands most of these patients are treated in community based services for complex, chronic psychiatric disorders. Psychotherapy should be part of these services. The management of their suicidal behavior can be summarized in the following eight principles, all starting with a 'C':

1. ***Commitment***: Most chronic suicidal patients with a severe personality disorder have a history of treatment failures and self-destructive core cognitions ("no one can tolerate me"). Services should actively engage these patients.
2. ***Contract***: Patients should take some responsibility for their own lives and be committed to some kind of change in an atmosphere of acceptance.
3. ***Collaboration***: Trying to achieve a positive working alliance is a goal not a prerequisite.
4. ***Containment****:* Professionals have to be able to contain the strong affects of these patients: suicidal and sometimes homicidal affects.
5. ***Countertransference***: These patients may evoke strong countertransference feelings, mostly aggression and feelings of powerlessness; professionals have to recognize and control these feelings and their subtle manifestations.
6. ***Contextual understanding***: The patient's suicidal behavior should preferably not be acted upon, but being understood in these three contexts: their life history, the actuality of their lives and the treatment context.
7. ***Concern***: The basic stance in chronic suicidality is understanding and patience; acute suicidal behavior asks for action and protective measures. Professionals should always be alert for signs of 'acute on chronic' suicidality: co-morbidity, stressful life events, changes in the working alliance . These situations ask for concern and readiness to act.
8. ***Comprehensiveness of care***: Services offer integrated and well coordinated psychotherapy, psychosocial rehabilitation, pharmacotherapy and crisis treatment.

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European Activities

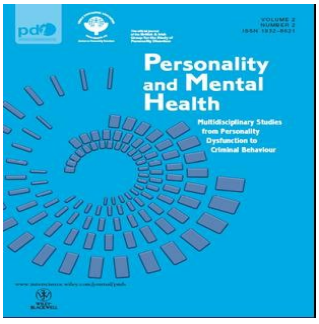
Personality Disorder Institute—Centre for Health and Justice at the Institute of Mental Health, University of Nottingham

Director Professor Eddie Kane

The Personality Disorder Institute (PDI) University of Nottingham was established in 2007. The founding objective of the PDI was to be a centre of excellence for the development of multi-disciplinary research practice, methodology and dissemination focussed on individuals with a diagnosis of personality disorder and the services which they access. The Institute's work includes:

- Multi-disciplinary and multi-agency focussed research in:
  - Service evaluation and development
  - Education and training
  - Organisational evaluation and development
  - Law, ethics and policy
  - Research methodologies, practice and dissemination
- Research and evaluation studies
- Development of innovative research methodologies targeting over-researched and hard to reach groups; both are over-represented in the PD field
- Development of research questions and perspectives with service users and carers
- Dissemination of research findings and information to the widest range of agencies, practitioners, academics, service users and carers with an interest in PD
- Working with other academic partners, service and policy organisations to raise the profile of PD and development of more sensitive responses.

Our Journal:



As well as the above areas of work, the PDI founded with Wiley Blackwell the Journal of Personality and Mental Health with Professors Kate Davidson, Roger Mulder and Ken Silk as the founding Editors, Erik Simonsen as Complex Case Editor and Peter Tyrer as Editorial Advisor. Last year the Journal received its first impact factor rating of 1.250. The Journal has a world wide readership amongst academic researchers, clinicians, policy makers and legislators. The Journal is now available to ESSPD members as part of the membership package.

A New Chapter:

In the past two years the PDI has been increasingly working with other Institutes and Academic Centres within Nottingham and other Universities in the UK and internationally. These collaborations have resulted in a growing focus on offender health and community justice as well as continuing our established work in non-forensic PD. The result of these collaborations was establishment in 2011of the Centre for Health and Justice based at the University of Nottingham with Professor Eddie Kane - Director of the PDI – as its new Director.

European Activities

The Centre seeks to discover the best ways to deliver healthcare in the justice environment, secure health settings and the wider community. It brings together research, policy and practice in the fields of mental and general health care and criminal justice, through an innovative multi-disciplinary approach. It carries out clinically focused and practically designed research to provide the evidence base to build a new generation of services. The Centre supports education and training programmes (such as the online Knowledge and Understanding Framework for people with personality disorders) from Awareness training to doctoral programmes that are aimed at a multi-disciplinary audience, bringing agencies together from across health, criminal justice and social care settings.

Key partnerships:

- Institute of Mental Health, Nottinghamshire Healthcare NHS Trust and the University of Nottingham
- European frontline justice, police, probation and healthcare staff
- Commercial/independent providers
- European criminal justice programmes
- Policy makers and senior politicians in health and justice
- Colleagues from the UK and international clinical, academic and policy networks and other universities.

Our work programme:

The Centre's work covers:

- Intervention and assessment studies – including the evaluation of current interventions and the development and trialling of new programmes in collaboration with service delivery agencies
- Organisational development – including the assessment of organisational arrangements underpinning current and future delivery models, the impact of different organisational options on the type, level and quality of services delivered
- Policy and resource use – including the critique of current and emerging policy and the development of innovative alternatives, the exploration of international policy models and the review of the economic impact of policy options
- Education and training – including further exploration of distance learning techniques and multi-agency delivery of pre-graduate, graduate and post-graduate programmes
- Clinical research methodology and research practice – including the development of innovative methodologies and the crossover of research methodologies
- Built environment – including the evaluation of existing secure environments, their impact on interventions and security, and clinical and design contributions to new builds
- Youth justice – including the development of diversion systems, research to improve life chances through early interventions and interventions in youth offender secure services.

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Submissions

Hans M. Nordahl

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 Dr. Hans M Nordahl, Trondheim (n.harding@esspd.eu)