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**“Treating Personality Pathology in a Time of Change”**

Book of Abstracts

# 7<sup>th</sup> ESSPD Congress Antwerp 2024

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**“Maybe we’re part of the problem?”: A Qualitative Exploration of Provider-Based Stigma of Social Workers who provide care to those living with Borderline Personality Disorder.** *Aman*

*Ahluwalia-Cameron, University of Windsor, Ontario, Canada, Adrian Guta, University of Windsor, Ontario, Canada, Elizabeth Donnelly, University of Windsor, Ontario, Canada*

Background: Borderline personality disorder (BPD) is an illness characterized by unstable relationships and self-image, difficulty managing one’s emotions and behaviours, with high morbidity and mortality. Provider-based stigmatization of people living with BPD (PLWBPD) is associated with poor health outcomes and early mortality. Interviews were conducted with social workers, practicing across the continuum of care for PLWBPD (e.g., community services, hospitals) about their views on the impact of stigma on care. Methods: Qualitative semi-structured interviews were conducted with social workers in Ontario, Canada between April 2020, and January 2021. Recruitment occurred using professional email lists and snowball sampling. Interviews were conducted remotely (average length 60 minutes), audio recorded and transcribed verbatim. NVivo 12 was used for coding. Major themes were identified using a Critical Realist Analysis. Standard ethics protocols were followed; participants were provided an honorarium. Results: We interviewed N=41 social workers (CisFemale 33, CisMale 7, Gender Queer = 1; 80% white, 7% South Asian, 7% Chinese, 2% Middle Eastern, 2% Indigenous), ages 27 to 72 years old with an average of 11 years work experience in mental health settings. Four primary themes emerged: 1) Participants described witnessing other social workers' stigmatizing behaviours (e.g., avoiding, blaming, name-calling) towards PLWBPD; 2) Participants described witnessing other professionals (e.g., psychologists and physicians) stigmatizing PLWBPD (e.g., ignoring and minimizing needs); 3) Participants discussed the lack of training and education about BPD in medical and mental health education; and 4) Participants called for interdisciplinary advocacy and change at the organization and systemic levels. Conclusions: Results suggest that provider-based stigma remains a significant problem

impacting PLWBPD. Findings may be limited as data were collected during the pandemic, impacting access to some key stakeholders. Further research is needed to understand the scope of these issues among diverse PLWBPD, within social work, and across interprofessional care settings.

**From the Ground Up: Understanding Therapists' Experiences with Dialectical Behaviour Therapy Implementation in New Clinical Settings.** *Michelle Tan, Institute of Mental Health, Singapore, Joanna Barlas, James Cook University, Singapore*

DBT can be a complex treatment to implement (King et al., 2018) and no standard DBT program is yet available in Singapore. In the past decade, various efforts have been made to set up adapted Dialectical Behavior Therapy (DBT) programs, with the majority of these programs closing after a few years. Guided by a preliminary DBT implementation framework proposed by Toms et al. (2019), which covers the elements of 'context', 'evidence', 'facilitation' and 'DBT', this study examined service providers' experiences with implementing this treatment in their local clinical settings thus far. A mixed-methods sequential explanatory design was used. Therapy practitioners who currently implement, previously implemented or have contemplated implementing DBT in Singapore were recruited using purposeful sampling. In the first phase of the study, quantitative data that measured sub-elements related to 'context' were collected via an anonymized online survey. The final sample size was 21, and quantitative analysis guided data collection in a second, qualitative phase, where opt-in, semi-structured interviews were conducted. Interviews explored 15 individual practitioners' views of the processes involved in establishing DBT programs in Singapore, offering insights into important organisation-level facilitators and barriers to implementation. Qualitative data was analysed using Framework Analysis (Ritchie & Lewis, 2003) and yielded four themes: 1) familiarity with DBT shapes appraisals of its relevance and implementation decisions; 2) clinicians with intrinsic motivation require the appropriate exposure to nurture it; 3) DBT is in early developmental stages in Singapore and needs resources to grow; 4) DBT is only a small part of the national mental health landscape. Following a member check,

quantitative and qualitative data were integrated. Several sub-elements of the implementation context, together with the importance of organizational pre-treatment (Swales, 2010), will be discussed. Findings can be applied to support the establishment of new or specialised mental health services in other countries.

**Exploring maternal mind-mindedness and parental reflective functioning in mothers with a borderline personality disorder compared to a clinical and a healthy control group.** *Jana Zitzmann, Freie Universität, Berlin, Germany, Anna Georg, Heidelberg University, Germany, Charlotte Rosenbach, Freie Universität, Berlin, Germany, Babette Renneberg, Freie Universität, Berlin, Germany*

Background: Parental mentalization plays a critical role in parenting (e.g., Dollberg, 2022) and is associated with child development (e.g., Zeegers et al., 2017). There is evidence that parents with borderline personality disorder (BPD) and other mental disorders (e.g., depressive disorders) show impairments in their mentalizing abilities. However, findings vary depending on the mentalizing constructs examined, and comparisons across mental disorders are rare (Georg et al., 2023; Suhrmann et al., 2022). Research question: The aim of the current study is to examine two facets of parental mentalization in mothers with BPD: Mind-mindedness and reflective functioning. To analyze potential disorder-specific patterns, differences between mothers with BPD, a clinical control group, and a healthy control group will be examined. Methods: Baseline data on mothers with BPD (currently n=176), mothers with anxiety and/or depressive disorders (currently n=70), and mothers without mental disorders (currently n=97) are derived from a larger intervention study. Among other assessments, mothers complete the Parental Reflective Functioning Questionnaire (PRFQ; Luyten et al., 2017) and perform a Five-Minute Speech Sample (FMSS) on how they describe their child and their mutual relationship (Magana et al., 1986). A manual for coding Mind-Mindedness based on FMSS transcripts is used (Georg & Zitzmann, 2021). This manual is based on the concept and manual for coding Mind-Mindedness, version 2.2 (Meins & Fernyhough, 2015) and the manual for coding reflective tasks, version 2.6 (Georg et al., 2020). Group differences in Mind-Mindedness and PRFQ are analyzed using MANOVA.

Additional analyses will be conducted to examine correlations between the two facets of parental mentalization. Results: Results on how mothers with BPD employ mind-related speech and self-evaluate their capacity for reflective functioning are presented, as well as group comparisons and associations between the two facets of parental mentalization. Conclusions: Implications for research and therapy are discussed.

**Clinician attitudes towards individuals with emotion and behaviour dysregulation following completion of a DBT modular training programme.** *Emily Boylan, HSE Ireland, Mary Kells, HSE Ireland, Mary Joyce, National Suicide Research Foundation, Stephanie Wall, HSE Ireland, Bláthín Power, HSE Ireland, Daniel Flynn, HSE Ireland*

Previous research reports that clinicians find it challenging to treat individuals with severe emotion and behaviour dysregulation as a result of inadequate training and support. Consequently, clinicians can sometimes hold negative attitudes towards this client population. Psycho-educational training has been found to reduce pejorative attitudes of clinicians. The current study aimed to evaluate if a co-produced DBT training programme, delivered by a national DBT training team which includes experienced DBT clinicians and those with lived experience of DBT, results in attitude change for mental health clinicians. Clinicians who completed modules 1 and 2 of the training programme ('Overview of DBT' and 'Application of DBT principles in healthcare') were recruited for this study. Participants were 388 mental health professionals (79.1% women, 20.1% men and 0.5% prefer not to say) in Ireland. Participants were grouped according to their profession: Psychiatry/ Nursing and Allied Health Professionals (e.g. Psychologists, Social Workers). The 27-item Attitudes towards Borderline Personality Disorder Questionnaire (Arora, 2016) was administered at three time-points: prior to module 1, post module 2, and 6 months after module 2 completion. Independent and paired samples t tests were used to examine differences between groups at baseline and change in attitude scores from pre- to post-training. Participants in the Psychiatry/ Nursing group had statistically significant higher negative attitudes ( $M= 68.84$ ,  $SD = 12.05$ ) compared to Allied Health

Professionals ( $M = 62.53$ ,  $SD = 10.62$ ;  $t(376.9) = 5.49$ ,  $p < .001$ ). A significant reduction in ABPDQ scores was reported for all participants from pre-training ( $M = 65.27$ ,  $SD = 11.78$ ) to post-training ( $M = 61.23$ ,  $SD = 13.64$ ;  $t(208) = 4.54$ ,  $p < .001$ ). Linear mixed-effect models will be used to further examine these findings. The preliminary findings reported here suggest that co-produced DBT training can reduce mental health clinicians' pejorative attitudes towards clients with emotion and behaviour dysregulation.

**Decision-making and reward reversal learning under threat in borderline personality disorder.** *Florian Bublitzky, Central Institute of Mental Health, Medical Faculty Mannheim/Heidelberg University, Mannheim, Germany, Lena Braz, Central Institute of Mental Health, Medical Faculty Mannheim/Heidelberg University, Mannheim, Germany, Sabine Schellhaas, Central Institute of Mental Health, Medical Faculty Mannheim/Heidelberg University, Mannheim, Germany, Christian Schmahl, Central Institute of Mannheim, Christian Paret, Central Institute of Mannheim*

Predicting the consequences of one's own decisions is crucial for organizing future behaviors. When reward contingencies vary, however, the flexible adjustment of decisions may be impaired by concurrent threat and stress. Three studies tested the impact of verbally instructed threat-of-shock on choice behavior using autonomic responding (N = 35) and electrocortical processing (N = 30) in healthy control participants (HC), and a clinical sample with individuals with Borderline Personality Disorder (BPD, N = 30). In a probabilistic decision-making task, participants had to choose between two options that were either contingent with monetary gains or losses. Behavioral options were differently reinforced and reward contingencies were reversed after reaching a probabilistic threshold. Decision-making and reversal learning was tested with two contextual background colors which were instructed as signals for threat-of-shock or safety. Self-report data confirmed that threat relative to safety condition was more arousing, and SCRs were enhanced following congruent win but not loss feedback (Study 1). EEG/ERP analyses revealed that unexpected losses were associated with enhanced feedback-related negativity (FRN) and P3 amplitudes (Study 2). Behavioral performance, as indicated by decision times and error rates, was comparable during the threat and safety conditions. Regarding reversal learning, however, participants made more errors during the threat condition. Thus, when anticipating aversive events, participants made more unrewarded choices until they readjusted to profitable choice behavior. This pattern was particularly pronounced in participants with BPD (Study 3), who showed a lower number of reversals compared to the HC group,



especially in the threat condition. Findings are discussed in terms of operant reversal learning mechanisms with implications for emotion regulation, personality and anxiety disorders.

**DIAGNOSING AND TREATING MEN WHO HAVE PERSONALITY DISORDER – REFLECTIONS AND ADVICE FROM INTERNATIONAL EXPERTS.** *Jillian Broadbear, Spectrum Personality Disorder and Complex Trauma Service, Melbourne, Australia, Sathya Rao, Spectrum Personality Disorder and Complex Trauma Service, Melbourne, Australia*

Research on treatment outcomes for men with personality disorder (PD) is limited, with the vast majority of studies on aetiology, diagnosis, and treatment outcomes focusing on BPD in women. Community prevalence studies suggest that BPD is experienced by similar numbers of men and women. Despite this, BPD is still perceived to be a predominately female disorder, as reflected in its higher rate of diagnosis in women. Is this a consequence of a female bias in our approach to diagnosing and treating BPD? Our study explored this hypothesis by seeking expert advice from senior clinicians experienced in the diagnosis and effective treatment of men who experience PD, to understand what features are helpful for diagnosing personality disorder in men, and learn what constitutes effective, evidence-based treatment for PD in men. We interviewed an international representation of clinicians who have expertise working with men who have PD in community and forensic settings. Through this process, we identified a multitude of barriers that obstruct men who experience PD from engaging in treatment. These include diagnostic uncertainty, men's low inclination towards help-seeking, and avoidance of engagement with clinical services. Treatment approach recommendations focused on developing trust in the therapeutic alliance and targeting feelings of shame. Clinicians were divided on the question of male-only treatment groups, with single sex groups endorsed mainly for men with antisocial personality disorder. There is a need to expand this approach to address the low rates of PD diagnosis in men, their under-representation in evidence-based psychotherapy, challenges around delivering mental health services within custodial settings, and the threat and risk perceived by clinicians when

treating men. Our findings highlight the importance of (i) improving community mental health literacy, (ii) continuing to reduce stigma, and (iii) investigating treatments that are specifically aligned with the needs and goals of male consumers.

**Differential Item Functioning for Gender and Age of the DSM-IV Borderline Personality Disorder Criteria in a Large Clinical**

**Sample.** *Benjamin Hummelen, Oslo University Hospital, Norway, Tuva Tuva Langjord, University of Oslo, Norway, Muirne Paap, University of Groningen, Netherlands, Espen Folmo, Oslo University Hospital, Norway, Geir Pedersen, Oslo University Hospital, Norway, Johan Braeken, University of Oslo, Norway*

Borderline personality disorder (BPD) is often viewed as a suitable representation of the general severity of personality pathology. In order to assess which criteria might be good indicators of general severity, we performed a thorough examination of the psychometric properties of the BPD criteria as defined by DSM-IV/section II of DSM-5, with special emphasis on differential item functioning (DIF) across gender and age. Using the Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II), experienced clinicians assessed a large number of patients (N=4102), most of whom had a personality disorder. Among the three criteria that displayed DIF for age, Fear of abandonment and Self-injurious behavior were more frequently assigned to female patients as compared to male patients situated at the same position on the latent BPD scale. Uncontrolled anger was more commonly attributed to male patients at equivalent levels of latent BPD severity. For age, DIF was present for five criteria. Self-injurious behavior and Affective instability were more prevalent in the younger age group (18–25), given the same severity levels as the older age group. Conversely, Unstable relationships, Impulsivity, and Dissociation were more frequently identified in older patients. Identity problems and Chronic emptiness were free of DIF. However, the latter criterion exhibited limited discriminative efficacy. Overall, the behavioral oriented criteria, notably Self-injurious behavior and Uncontrolled anger, were most problematic from a DIF point of view. Based on our findings and a synthesis of prior research, caution is advised when relying on behaviorally

focused criteria to capture general severity of personality pathology. Criteria assessing self-pathology and interpersonal dysfunction seem to be better indicators of overall PD severity than those emphasizing overt behavior.

**Mentalization based treatment for Antisocial personality disorder- preliminary findings and an update from a feasibility**

**study.** *Katharina Teresa Enehaug Morken, Haukeland University Hospital, Morten Øvrebø, Haukeland University Hospital, Astrid Tonstad Bergwitz, Haukeland University Hospital, Daniel Gustav Andreas Ekberg, Oslo University Hospital, Norway, Elisabeth Lied Gikling, Stromme Outpatient Psychiatric Unit, Sorlandet Hospital, Elfrida Hartveit Kvarstein, University of Oslo, Norway, Geir Pedersen, Oslo University Hospital, Norway, Anna Motz, EOS Service London, Anthony Bateman, University College, London, UK, Benjamin Hummelen, Oslo University Hospital, Norway*

Background Antisocial personality disorder (ASPD) has serious individual and societal consequences. Among patients with substance use disorder (SUD) a median of 22 % has ASPD. There is a lack of European guidelines on how to approach this patient group in treatment. The evidence base for how to effectively treat this patient group is limited. Some promising smaller studies have been performed with mentalization based treatment (MBT). In this pilot study we investigate MBT for patients with dual ASPD and substance use disorder (SUD) delivered in an outpatient addiction clinic in Norway. Methods Data collection started in 2021, and so far 20 patients have been enrolled. In this study there will be included minimum 30- maximum 75 male patients with ASPD/SUD. MBT is offered after the manual and contains weekly individual and monthly group therapy for one year. Adherence is ensured through video supervision by experts in the field, and ratings of adherence is performed by the MBT ASPD LAB at the University of Bergen together with the psychotherapy laboratories at Ullevål University Hospital in Oslo. Assessment is performed at baseline, 6 months, and at 12- and 24-months follow-up. Assessment instruments are CTQ, LPSF-BF, WSAS, AUDIT and DUDIT, MOAS, PHQ-9, GAD-7 and PTSD-CL5. Results Preliminary findings on baseline and longitudinal data of ASPD/SUD patients substance use, mental health, aggression, personality functioning and trauma will be presented and discussed. Descriptive data on retention and attrition in this feasibility study will be discussed. Conclusion Three years into the

feasibility study what does data tell us about the patient group regarding their mental health status at intake and during the treatment trajectory? How many drop out from treatment? Does therapists adhere to the treatment manual? Is the implementation of the research protocol going well?

**Personality structure and traits. Relations between Structured Interview of Personality Organization-Revised and Personality Inventory for DSM-5.** *Emilia Soroko, Adam Mickiewicz University, Paweł Kleka, Adam Mickiewicz University, Piotr Musiał, Piasts of Silesia Medical University, Lidia Cierpiatkowska, Adam Mickiewicz University, Dominika Górską, Adam Mickiewicz University, Poznań, Poland, Monika Jańczak, Adam Mickiewicz University, Dorota Frydecka, Medical University, Wrocław, Dorota Szcześniak, Medical University, Wrocław, Małgorzata Kaczmarek-Fojtar, Medical University, Wrocław, John Clarkin, Weill Cornell Medical College*

The Structured Interview of Personality Organization-Revised is a valuable tool for assessing the level of personality organization (structure), grounded in the psychodynamic object relations theory. It is assumed to be an instrument compatible with the ICD-11 framework for severity dimension and with Criterion A according to the alternative DSM-5 model. Given the empirical reports of a troubling relationship between the level of personality functioning dimension and maladaptive personality traits, our study aimed to examine the clinical utility and relationship of the STIPO-R in conjunction with maladaptive personality traits. We expected correlations between STIPO traits, similar to those of other criteria A and B studies, showing substantial convergence between constructs. We collected data from 104 patients (age M = 31.8; 68.3% female) using STIPO-R and The Personality Inventory for DSM-5 and examined the joint hierarchical structure of the 5 (and 25) PID-5 and 6 STIPO subdimensions. Pearson's correlations, multiple regression analysis, and a network analysis were computed. Results of regression models for STIPO-R on PID-5 show that Negative Affectivity, Detachment, Antagonism, and Disinhibition could be significantly informed by most of STIPO-R dimensions (betas form 0.24-0.45) (except Identity and Primitive defenses). Results of regression models for PID-5 on STIPO-R show

that only attention seeking (beta= -0.41), and suspiciousness (beta = 0.41) could inform about the STIPO-R Aggression. Significant partial correlations between STIPO-R dimensions and PID-5 broad factors were small and negative for Negative Affectivity and Detachment and Moral functioning, positive for Antagonism and Moral functioning, positive between Aggression and Negative Affectivity, Mature defenses and Detachment but negative between Mature defenses and Antagonism. We suggest that the STIPO-R measures relatively independent of pathological traits; dimensions of Moral functioning and Aggression have the strongest links to maladaptive traits. The results will be discussed, acknowledging personality structure development according to the object relations theory.

**Acceptance, Feasibility and Safety of Online-delivered Dialectical Behavior Therapy for Borderline Personality Disorder: Results from a Multicenter Feasibility Trial..** *Ruben Vonderlin, Heidelberg University, Germany, Tali Boritz, University of Toronto, Canada, Stefanie Lis, Heidelberg University, Germany, Tobias Teismann, Ruhr-Universität Bochum, Germany, Nikolaus Kleindienst, Heidelberg University, Germany, Shelley McMMain, Centre for Addiction and Mental Health, Toronto, Canada, Martin Bohus, Heidelberg University, Germany*

Background: The potential of online psychotherapy is gaining increased attention. However, skepticism exists regarding its efficacy and safety for patients with high emotional and behavioral dysregulation. This study aims to investigate the acceptance, feasibility and safety of online-delivered Dialectical Behavior Therapy (DBT) for individuals with Borderline Personality Disorder (BPD). Method: Within a pilot study for a larger multicenter randomized-controlled trial comparing two different forms of DBT (DRKS00027824), N = 82 patients received one year of outpatient online-delivered DBT across three sites in Germany and Canada. Efficacy was assessed through pre-post effect sizes on borderline symptoms (BSL-23) and dropout rates. Safety was evaluated by analyzing suicide attempts and self-harming behavior (DSHI). Additionally, acceptance and feasibility (AIM), satisfaction with treatment (CSQ-8), and useability of the online format (UTAUT) were assessed from therapists' and patients' perspectives. Results:

Analyses showed significant and large pre-post effect sizes on the BSL-23 ( $d = 1.04$  in the ITT,  $d = 1.46$  in the ATP sample,  $p < .001$ ). However, an unexpected high dropout rate of 37% was observed. Two low-lethality suicide attempts were reported. Self-harming behavior decreased significantly from 72% to 29% of patients showing at least one self-harming behavior in the last 10 weeks ( $d = 1.11$ ). Acceptance, feasibility, and satisfaction measures were high ( $M = 4.29$ ). Patients' usability of the online format increased significantly ( $d = 0.43$ ), with lower usability predicting higher borderline symptoms throughout the treatment ( $F[1, 183] = 11.78$ ,  $p < .001$ ). Conclusion: Online-delivered DBT for BPD appears feasible and well accepted. Safety seems comparable with face-to-face-delivered DBT. However, the drop-out rate seems to be higher. Future research should compare its efficacy with face-to-face formats in randomized-controlled trials. Overall, online-delivered DBT offers a potentially effective alternative, enhancing treatment accessibility and overcoming barriers.

**Further Validation of the Self and Interpersonal Functioning Scale as a Screening Tool for the Five Levels of Severity of Personality Disorder from the ICD-11.** *Dominick Gamache, Université du Québec à Trois-Rivières, Mélissa Deschênes, Université Laval, David Théberge, Université du Québec à Trois-Rivières, Philippe Leclerc, Université de Sherbrooke, Canada, Charlotte Bouchard-Asselin, Université Laval, Véronique Maheux-Caron, Université du Québec à Trois-Rivières, Véronik P. Tessier, Centre de Psychologie Québec, Claudia Savard, Université Laval*

The Self and Interpersonal Functioning Scale (SIFS; Gamache et al., 2019) is a 24-item self-reported questionnaire assessing personality dysfunction. Gamache et al. (2021) found that the SIFS can be used as a screening tool to classify patients into the five levels of severity of personality disorder (PD) from the International Classification of Diseases, 11th Edition (ICD-11; No PD, Personality difficulty, Mild PD, Moderate PD, Severe PD). Most notably, a clear gradient of severity was observed across the five levels of severity, and a meaningful pattern of differences emerged on external variables (e.g., aggression, empathy, impulsivity, borderline and narcissistic pathology). However, it is unclear whether the SIFS can reliably

assess ICD-11 PD severity in private practice clients, limiting its use in clinical practice. Therefore, the objective of this study is twofold: (a) to document the distribution of private practice clients across SIFS PD levels of severity; and (b) to explore whether the five levels of severity are characterized by an expected incremental pattern of psychosocial impairment. Participants (N = 559, Mage = 34.0, SD = 9.8, 64.7% female) completed the SIFS during intake along with a wide range of psychosocial indices (e.g., attachment, symptoms, reflective functioning, coping, trauma antecedents), as well as measures of both normal-range and pathological personality traits. The distribution of clients among PD levels of severity was as follows: No PD = 48.5%; Personality difficulty = 15.1%; Mild PD = 27.5%; Moderate PD = 6.9%; Severe PD = 2.0%. Consistent with predictions, significant contrasts were found across levels of severity for most of the outcome variables tested. The findings provide further evidence that the SIFS can be a useful, valid, and cost-effective screening method to assess the ICD-11 PD levels of severity. Implications of the study will be discussed, as well as limitations.

**Early life stress, differential susceptibility and epigenetic findings in patients with Borderline Personality Disorder. An overview of results in the “empathy-for-pain-cohort”.** Vera Flasbeck, Ruhr-Universität Bochum, Germany, Martin Brüne, Ruhr University

OBJECTIVES: Genetic, epigenetic and environmental variables, are suggested to be involved in the development of Borderline Personality Disorder (BPD). (Epi-)genetic candidate genes comprise those involved in monoamine metabolism, hypothalamus-pituitary-adrenal (HPA)-axis functioning and neurodevelopment. However, the causal roles of candidate single-nucleotide polymorphisms (SNP) and epigenetic modifications for BPD, as well as the interplay with environmental conditions, such as childhood maltreatment, are still under debate. Furthermore, the impact of these variables on social interaction, which is frequently impaired in BPD, has been only sparsely researched. METHODS: 148 patients with BPD and 154 healthy control (HC) participants (females) performed the Social Interaction Empathy Task (SIET), conducted the Childhood Trauma questionnaire (CTQ), the Symptom-Checklist (SCL-90-R), the



Interpersonal Reactivity Index (IRI) and provided saliva DNA-samples. We genotyped the SNP rs53576 in the Oxytocin receptor gene, the serotonin transporter-linked promoter polymorphism (5-HTTLPR) and assessed DNA-methylation of the glucocorticoid receptor gene (NR3C1) and the FKBP5 gene and analyzed telomere lengths. RESULTS: No differences in genotype distribution between patients with BPD and HC groups were found. Only participants carrying at least one A-allele in rs53576 were responsiveness to childhood maltreatment, resulting in altered pain empathy. In a similar way, the S-allele of 5-HTTLPR selectively moderated the impact of CTQ on empathic perspective taking. Concerning DNA-methylation, NR3C1 methylation was lower in patients with BPD compared to controls. The FKBP5 methylation level correlated with psychopathology and lower perspective-taking. No associations with CTQ were found for methylation levels, nor for telomere lengths. CONCLUSION: Our findings indicate that the rs53576 and 5-HTTLPR might confer “differential susceptibility” in relation to childhood maltreatment and empathy. Data on methylation levels and telomere length did not support the idea that childhood maltreatment would be related to epigenetic changes in patients groups. Instead, the findings suggests a role of HPA-axis genes in unspecific psychopathology and social skills.

**The feasibility and acceptability of an online mentalization-based treatment program for borderline personality disorder.** *suzan**kuijken, GGzE, Miriam van Vesseem, GGzE*

Abstract Background: To expand treatment access for people with borderline personality disorder (BPD), a viable option stated in literature is the blended offering of internet-based interventions. Availability of studied online interventions for BPD is, however, limited. Aim: To explore whether: 1) a new adjunctive, mentalization-based e-health program is experienced as feasible and acceptable among patients with BPD enrolled in regular mentalization-based treatment (MBT) and 2): it allows for large scale implementation and efficacy testing of the program. Method: Feasibility and acceptability were measured by collecting qualitative as well as quantitative data. Results: The developed online MBT program was experienced as feasible and acceptable by the majority (90%) of participants. Implementation and efficacy testing of the online program was shown to be appropriate. Discussion: Using the online MBT program to create a blended MBT introduction-program was suggested as a viable option, thereby expanding access to therapy for patients with BPD. Further research is needed to improve generalizability and overcome potential biases.

**An ecological momentary assessment of change in personality dimensions after DBT skills group in Borderline Personality Disorder.***Yamil Quevedo, Universidad de Chile, Santiago, Cristobal Hernandez, Universidad Adolfo Ibañez, Matías Correa, Southeast Metropolitan Health Service, Chile, Stephanie Vacarrezza, Pontificia Universidad Católica de Chile, Santiago, Alex Behn, Pontificia Universidad Católica de Chile, Santiago*

In the setting of a multiple-baseline design, we studied the clinical effects of an enhanced 3-month skill training DBT group (DBT-ST) intervention delivered online in a public outpatient service located in a low-income area of Santiago, Chile. The multiple-baseline design was fortified by adding pre, post, and follow-up EMA data

collection using 5-day window with 6 daily prompts. Negative affect, interpersonal functioning and self-concept dimensions were measured through selected items. The compliance rate was 60.2%, 38.6% and 38.7% in the pre-, post- and follow-up evaluations, respectively. The self-concept dimension improves significantly over time and in relation to the intervention. Negative affect decreases over time, but does not change in relation to the intervention and no significant changes are observed in relation to interpersonal functioning. In a regression lag-model both self-concept and interpersonal functioning predict the decrease in negative affect. Low-intensity DBT group interventions aimed at developing interpersonal skills and emotional regulation can be implemented in public settings and reduce the reported day-to-day negative affect of individuals with BPD. Moreover, the improvement in negative affect could be related to changes in core personality dimensions of self-concept and interpersonal functioning.

**Incorporating wearables and ecological momentary assessment into Dialectical Behavior Therapy: A pilot study.** *Shireen Rizvi, Rutgers University, Allison Ruork, JasprHealth, Qingqing Yin, Rutgers University, Evan Kleiman, State University of New Jersey*

Background: Dialectical Behavior Therapy (DBT) is a well-established treatment for borderline personality disorder (BPD), yet little is known about how DBT works. In this pilot study, we evaluated the feasibility of examining a hypothesized mechanism of DBT – improvement in emotion regulation – using ecological momentary assessment (EMA) and wearable biosensor wristwatches. Method: Our sample consisted of 20 adults with BPD (mean age = 28.45, 80% female, 70% non-Hispanic White) who received six months of DBT. For one week per treatment month, participants completed EMA 6x/day that measured negative affect and suicidal thinking while wearing a biosensor, which measured skin conductance at 4hz and provided an index of tonic skin conductance level (SCL; a marker of physiological arousal possibly associated with high arousal negative emotion). We assessed measurement compliance rates and (1) whether effective emotion regulation was associated with changes in suicidal thinking and (2) whether changes in tonic SCL correlated with the changes in (high

arousal) negative affect. Results: On average, participants completed 54.39% (SD = 33.1%) of all EMA (range = 4.7%-92.4%). They also wore the device for an average of 9.52 hours/day (SD = 6.47 hours) and for 92.6% of all days. More effective emotion regulation was associated with lower suicidal thinking. Moreover, a conditional growth curve model showed that effective emotion regulation was more strongly related to reductions in suicidal thinking as treatment progressed. No associations were found between emotional state and SCL, whether examining a composite of all high-arousal negative emotions or individual emotional states. Conclusions: Results indicated moderate overall compliance with EMA and wearing the watch, but no concurrence between EMA and watch data on emotions. These results call into question the reliability and validity of these technologies in emotion regulation mechanism research.

**Leveraging Artificial Intelligence to Linguistically Analyze 13 Translations of the Level of Personality Functioning Scale – Brief Form 2.0 & Personality Disorder Severity ICD-11 Scale: An Introduction & Proof-of-Concept Study.** *Adam Natoli, Sam Houston State University*

Background: The validity of personality assessment practice and research across languages depends on accurate translations, with “good” translations traditionally demonstrated by measurement invariance. Still, advances in personality assessment across cultures requires an increasingly better understanding of the similarities/differences between instrument translations. One potentially important feature to examine is the degree of variability in linguistic characteristics across translations and natural language processing (NLP) offers a promising technology for doing so. This proof-of-concept study introduces and demonstrates the use of NLP to linguistically analyze 13 translations of two measures of personality dysfunction. Method & Analysis: Test items from 13 translations of the LPFS-BF 2.0 and PDS-ICD-11 were subjected to emotion recognition and sentiment analysis using multilingual NRC Word-Emotion Association and Valence, Arousal, and Dominance Lexicons. This application of NLP was used to generate values reflecting specific linguistic characteristics of each test item (i.e.,

affective tone, sentiment, valence, arousal, and dominance). Descriptive data were compared across translations at both the scale- and item-level. Consistency of each linguistic characteristic across translations was also evaluated by calculating intraclass correlation coefficients, Cohen's kappa, and Krippendorff's alpha as measures of uniformity. Results: Visual inspection of linguistic characteristics revealed similar patterns across translations; however, formal measures of uniformity indicated poor to fair agreement based on conventional standards. Of the linguistic characteristics examined, positive sentiment, valence, dominance, and the affective tone of fear were the most consistent across LPFS-BF 2.0 translations while negative sentiment, valence, arousal, dominance, and the affective tone of sadness appeared most consistent across PDS-ICD-11 translations. Despite similar uniformity metrics, PDS-ICD-11 translations demonstrated greater uniformity than LPFS-BF 2.0 translations in almost all cases. Conclusion: These findings suggest promise in the use of NLP to linguistically analyze the quality of instrument translations. This promise, along with study limitations and directions for future research will be discussed.

**Undifferentiated Negative Affect and Impulsive Drinking in Borderline Personality Disorder: The Role of Craving and Contexts in Everyday Life..** *Sean Lane, University of Missouri, Timothy Trull, University of Missouri*

Undifferentiated negative affect (UNA) is characterized by the simultaneous experience of multiple discrete negative emotions. UNA is often linked to impulsive cognitions and behaviors, especially among individuals with borderline personality disorder (BPD). The current study examined the relationship between UNA and alcohol craving and eventual consumption as respective cognitive and behavioral outcomes of UNA-driven impulsivity. Drinking is a potential instantiation of impulsive behavior often preceded by the motivation/desire to drink. Participants with BPD ( $n = 56$ ) and community individuals (COM;  $n = 60$ ) carried an electronic diary for 21 days, reporting on emotions, craving, and consumption when randomly prompted (up to 6 times per day) or self-initiated by a drinking episode. UNA was quantified using momentary intraclass correlation coefficients. UNA at the occasion-level, day-level, and across the 21 days was used to predict occasion-level craving and alcohol consumption. Dynamic models indicated that greater UNA, both at the occasion- and day-level, predicted significantly greater craving of alcohol for BPD individuals but less craving for COM individuals. Similarly, UNA at the occasion-level only, was associated with greater alcohol consumption for BPD individuals but less consumption for COM individuals. Interestingly, craving was associated with greater drinking for COM individuals (at the occasion-level only), but was not associated with drinking at any level of analysis for BPD individuals. Mediation models suggested that craving does mediate the association between UNA and drinking for COM individuals, but that it is protective, such that UNA leads to less craving, which leads to less drinking. In contrast, UNA is associated with both increased craving and drinking as separate independent outcomes for BPD individuals. This research is some of the first to explore craving as a specific compulsion predicated by contextual factors that guide emotion regulation (i.e., UNA) and can be leveraged to facilitate or stifle impulsive action.

**Transforming suffering into disorders: the side effects of diagnosing personality disorders.** *Vojtech Pisl, Charles University, Sanne te Meerman, University of Groningen, Netherlands, Laura Batstra, University of Groningen, Netherlands*

Accepting a diagnosis of a personality disorder means transforming a set of unique experiences into the notion of a disorder. Such a process is theorized to have negative effects on the patient. Yet, it receives little attention, and lack of agreement on conceptual and terminological questions prevents further research and problematizes utilization of existing results in clinical practice. Problem-centered expert interviews with leading academic and clinical experts from Australia, Europe, and USA provided insights into the nature of such reification and its implications. Thematic analysis was used to identify its core features. Reification of a psychiatric diagnosis was described as a cognitive process converting fluid human experiences into a single disorder-like entity, while suppressing their complexity and variation. The entity is provided with its own existence independent of the subject and of the observer, with simplistic etiology and with the capacity to have causal consequences. The experience of a subject is fitted into a rigid model, leading the patient towards adjusting their identity and lived experience to the theoretical model. The patient is moved into a passive position of a battlefield between the disorder and the experts treating it and provided with permission to be ill, resulting in self-fulfilling prophecies and chronification of the patienthood. While the process is criticised specifically with respect to psychiatric nosological units, the same effects take place when other than biomedical constructs are reified (e.g., traumatization or burn-out). Reification of experiences into disorders is a series of cognitive processes affecting how individuals structure and explain mental suffering. Such reification is not specific to mental health disorders and should not be used for criticism of the psychiatric nosology. The effects of reification should be considered when assessing clinical cases as factors affecting patients' symptomatology and as risks of iatrogenic harm.

**Mapping emotion regulation difficulties to mental disorders - A**

**systematic review and meta-analysis.** *Lars Schulze, Freie Universität, Berlin, Germany, Tania Lincoln, University of Hamburg, Germany, Annika Clamor, University of Hamburg, Germany*

Background. Theoretical models of mental health place substantial emphasis on emotion regulation (ER) difficulties, recognizing their fundamental role in the development and maintenance of psychopathology. However, the extent to which ER is generally impaired in mental disorders and whether it is more relevant to certain disorders than to others remains largely unclear. Methods. We conducted a systematic review and calculated a series of preregistered meta-analyses. Studies comparing adults formally diagnosed with mental disorders to healthy controls (HC) were included. Diagnoses were grouped according to the broad DSM-5 categories. We extracted effect sizes for seven different self-reported facets of ER: a) general ER difficulties, and b) specific ER strategies (acceptance, problem-solving, reappraisal, avoidance, rumination, suppression). Findings. Our review included 473 studies with 32,273 clinical participants and 27,608 HC. Clinical participants reported significant difficulties in all facets of ER when compared to HC. Some were transdiagnostically relevant with homogeneous results across disorder categories: general ER difficulties (range of SMDs per disorder category= 0.8 to 2.82), reappraisal (-0.95 to -0.17), rumination (0.64 to 1.85), and suppression (0.36 to 1.25). In contrast, the use of avoidance (-0.02 to 2.02), acceptance (-1.51 to 0.07), and problem-solving (-1.03 to 0.04) did not differ reliably from HC in some disorder categories. The most pronounced difficulties in ER were evident for personality disorders (de facto borderline personality disorders), obsessive-compulsive, feeding/eating, anxiety, and depressive disorders and least pronounced in neurodevelopmental, schizophrenia spectrum, substance/addictive, and sleep-wake disorders. Interpretation. Our findings confirm the transdiagnostic relevance of general ER difficulties and of specific strategies such as reappraisal, rumination, and suppression. Simultaneously, we found unique patterns in the extent of certain ER difficulties for some disorder categories. This differentiation is crucial for advancing research on emotion dysregulation, refining etiological models, and formulating effective strategies for prevention and intervention.



**Emotion Recognition Differences in Adolescents with NSSI: Visual Spatial Frequency-Based Machine Learning.** *Alexandra Otto, University of Regensburg, Irina Jarvers, University of Regensburg, Stephanie Kandsperger, University of Regensburg, Romuald Brunner, University of Regensburg, Robert Bosek, University of Regensburg, Jens Schwarzbach, University of Regensburg, Gregor Volberg, University of Regensburg*

Approximately 18-22% of adolescents engage in non-suicidal self-injury (NSSI), often linked to challenges in emotion regulation. Yet, it remains unclear if alterations in emotion regulation occur during the perception of facial expressions and which facial cues are utilized. This study investigates emotion recognition in adolescents with NSSI. Participants (42 patients, 43 controls) judged faces displaying emotional or neutral expressions in sessions featuring happy and sad valences. Using the bubble technique, gaussian apertures revealed different facial areas in distinct spatial frequencies for emotion classification. Over 33,000 trials per group and valence were analyzed, with correct emotion classifications used to train a classifier distinguishing emotional vs. neutral expressions. Cross-validation showed differing performance between NSSI and control models, particularly in classifying sad expressions, with the NSSI model misclassifying sad expressions more frequently as neutral. Layer-wise relevance propagation identified facial features around the right eye and left mouth regions as contributors to lower accuracy in emotion perception for the NSSI model, while the left eye and forehead region contributed to a more accurate classification in the control model. Further analysis revealed predictors such as emotional competence, dissociation, and school type for the utilization of specific facial regions in classifying sad expressions. The observed disparity in identifying sad emotions suggests a potential avoidance strategy at perception among adolescents with NSSI, indicating a divergence in emotional competence.

**The Impact of Emotions on the Sense of Self in Adolescent Patients with NSSI and Dissociative Symptoms.** *Franziska Schroter, University of Regensburg, Alexandra Otto, University of Regensburg,*

*Stephanie Kandsperger, University of Regensburg, Romuald Brunner, University of Regensburg, Petra Jansen, University of Regensburg*

The Impact of Emotions on the Sense of Self in Adolescent Patients with NSSI and Dissociative Symptoms Franziska A. Schroter, Alexandra Otto, Stephanie Kandsperger, Romuald Brunner and Petra Jansen Previous research has suggested a link between dissociation and the feeling of body ownership, with emerging evidence indicating that emotions could impact this connection. This study aimed to explore how emotions with different levels of arousal influence the flexibility of one's sense of body ownership. Fifty adolescent psychiatric patients with non-suicidal self-injurious behavior were enrolled in this study, divided into low-dissociation (LD) and high-dissociation (HD) groups, alongside 25 healthy controls (HC). Participants underwent six trials of the rubber hand illusion while exposed to neutral, sad, or fearful vocalizations. Concurrently, heart rate, skin conductance level, and non-specific skin conductance responses were measured. Following each trial, participants completed the rubber hand illusion questionnaire to measure the subjective intensity of the illusion, and assessments were made for acute dissociation, mood, and proprioceptive drift. Results showed that the HD group consistently reported the strongest subjective illusion across all conditions. Furthermore, fearful vocalizations elicited a more intense subjective illusion than the neutral condition in the LD group compared both other groups. The LD group exhibited greater proprioceptive drift than the HD group. Acute dissociation was found to correlate positively with subjective illusion but was not associated with proprioceptive drift. Furthermore, an inversely U-shaped relation of acute dissociation and arousal was found, and a negative relation of proprioceptive drift with heart rate. In summary, these findings suggests that emotions leading to body detachment may contribute to increased malleability of body ownership. These findings underscore the importance of clinical interventions aimed at stabilizing self-experiences during emotional contexts, particularly for patients with dissociative symptoms.

**Trajectories of Personality Functioning in Adolescence and Associated Factors.** *Elena Gaudiesiute, Vilnius University, Vilnius, Lithuania, Carla Sharp, Department of Psychology, University of Houston, Houston, TX, US, Rasa Barkauskiene, Vilnius University, Vilnius, Lithuania*

Introduction: The DSM-5 Alternative Model for Personality Disorders (AMPD) introduced a new conceptual approach to understanding personality disorders and stimulated research into dimensional models of personality pathology. Emerging evidence suggests that this may be a more developmentally sensitive way of identifying impaired aspects of personality in adolescence, yet studies investigating factors associated with the trajectory of personality functioning during adolescence remain notably scarce. Therefore, this study aims to examine the presence of distinct latent trajectories of personality functioning over two years in a community adolescent sample while identifying associated factors. Methods: Lithuanian adolescents aged 11-18 (N = 855; M = 14.44, SD = 1.60; 62.5% female) from a community sample participated in a three-wave longitudinal study with a one-year interval between assessments. The Levels of Personality Functioning Questionnaire (LoPF-Q 12-18) (T1-T3) was used to assess personality pathology. The Youth Self Report (YSR 11-18; Achenbach & Rescorla, 2001), the Multidimensional Peer Victimization Scale (MPVS) (Mynard & Joseph, 2000), and items regarding history of self-harm (Laskyte & Zemaitiene, 2009) were used to assess associated factors. Results: Latent class growth analysis revealed four distinct trajectories of personality functioning: adaptive and declining, as well as three stable trajectories categorized as normative, slightly impaired, and significantly impaired. Age, affective and anxiety problems, and attention-deficit/hyperactivity problems, were associated with membership in the slight and significant impairment groups. Peer victimization and self-harm did not differentiate the trajectories of personality functioning. Conclusions: Our study provides emerging evidence of changes in the trajectory of personality functioning during adolescence and highlights the importance of early identification and treatment of comorbid difficulties.

**Psychosocial functioning in patients with borderline personality disorder compared to non-BPD patients.** *Ines Culina, Lausanne University Hospital, Pauline Maillard, Private practice, Morges, Chantal Martin-Soelch, University of Fribourg, Switzerland, Setareh Ranjbar, Lausanne University Hospital, Sylvie Berney, Lausanne University Hospital, Stéphane Kolly, Lausanne University Hospital, Philippe Conus, Lausanne University Hospital, Ueli Kramer, University of Lausanne*

Objectives: Borderline personality disorder (BPD) is often characterized by severe functional impairment, even after a decrease in symptoms. A comprehensive understanding of psychosocial functioning in BPD is necessary to tailor treatment offer, which should address relevant aspects of daily life. The aims of the present study are to 1) compare functioning of a group with BPD and a group of non-BPD patients, and to 2) assess the relationship between intensity of BPD symptom domains and psychosocial functioning. Method: The sample consists of N=65 participants with BPD and N=57 non-BPD participants. The Revised Borderline Follow-up Interview (BFI-R) was used to evaluate psychosocial functioning and the Revised Diagnostic Interview for Borderlines (DIB-R) to assess BPD symptoms. Separate linear, logistic, and multinomial models were run separately for each category of functioning as a function of BPD status or BPD symptom domains. Results: Only 23% of participants in the BPD group fulfilled criteria for good overall psychosocial functioning, compared to 53% in the non-BPD group. Furthermore, participants in the BPD group were less likely to have completed a high number of years of education, to work consistently, to be financially independent, to be in a cohabiting relationship and have a good relationship with parents. In addition, various links were identified between BPD symptom domains and functional impairments. Discussion: Consistent with prior research, the main impairments in functioning in the BPD group are found in the educational and vocational domains. Though some domains show impairment, others, like friendships, may act as potential resources. Further investigation on the relationships with symptom domains is required.

**Psychosocial functioning in individuals with personality disorders: a systematic review.** *Laura Curti, University of Parma, Italy, Lara Gorni, University of Parma, Italy, Sara Mantilaro, University of Parma, Italy*

Objective – Psychosocial dysfunction is an enduring and treatment-resistant feature of personality disorders (PDs). However, most research focuses on PD symptoms, while research on functional impairment in PD is more sparse. This systematic review aims to evaluate and describe existing research on psychosocial dysfunction across PD populations. Methods - Through an exhaustive multi-database search, 2024 articles published between 2005 and 2023 were identified, with 18 meeting the predefined criteria for inclusion. The selection criteria emphasized a primary focus on PD-diagnosed individuals, standardized assessment measures for psychosocial and global functioning, a target population aged between 18 and 70, the absence of prior psychosis, schizophrenia, or bipolar diagnoses, and the exclusion of psychiatric comorbidities that could significantly impact functioning. Key outcomes encompassed employment status, quality of social relationships, and overall functional impairment. Results – The included studies converged in indicating that individuals with PD generally exhibit significantly lower psychosocial functioning compared to healthy controls and patients with major depressive disorder with no comorbid PD. Furthermore, individuals with BPD and Schizotypal PD (STPD) exhibit lower psychosocial functioning than avoidant and obsessive-compulsive PD, especially in the occupational domain. Finally, BPD samples show better relational functioning than STPD samples, and patients with Obsessive-Compulsive PD consistently score higher than BPD and STPD across various functional domains. No data on other PD are available. However, the included studies were highly heterogeneous with respect of the psychometric instruments used to assess psychosocial functioning and its definition. Conclusion – Future studies evaluating functional impairment should include various PD populations beyond BPD, STPD and OCPD. Notably, the definitions and measures of functional impairment in PD vary across existing studies, making it difficult to draw conclusion from available research. This suggests

the need to develop a shared definition and measure of psychosocial functioning to be used consistently in PD research.

**CHILDHOOD TRAUMA AND ANTISOCIAL PERSONALITY DISORDER SYMPTOMS IN A SAMPLE OF ADOLESCENT PSYCHIATRIC INPATIENTS: THE ROLE OF IMPAIRED PERSONALITY FUNCTIONING.**

*Gabriele Kohlboeck, Department of Child and Adolescent Psychiatry, Innsbruck, Manuela Gander, University of Innsbruck, Kathrin Sevecke, Department of Child and Adolescent Psychiatry, Innsbruck*

The present study explores the mediating effect of personality functioning on the association between different forms of childhood trauma and antisocial personality disorder symptoms (APD) in adolescent psychiatric inpatients. Our sample consisted of 385 adolescents with psychiatric disorders (79.5% female, M-age = 15.19, SD = 1.34, 21.4% male, M-age = 15.35, SD = 1.36). We used the childhood trauma questionnaire to assess traumatic childhood experiences, the Structured Clinical Interview (SCID-II) dimensional scale to assess APD and the Levels of Personality Functioning Questionnaire (LoPF) to evaluate impairments in personality functioning. Our findings demonstrate that patients with APD showed higher scores on childhood trauma compared to patients with other or no personality disorder. Furthermore, associations between childhood trauma and severity of antisocial personality disorder symptoms was mediated by impairments in empathy and intimacy. These findings advance our understanding of the interplay between childhood maltreatment and personality functioning and how they might shape antisocial personality structure in adolescents.

**Exploring the link between identity diffusion and depressive experiences through defensive functioning: An investigation on general population.** *Meltem Yilmaz, Sapienza University of Rome, Italy, Deniz Çelik, Çankaya University, Ankara, Türkiye, Berke Taş, TED University, Ankara, Türkiye, Vittorio Lingiardi, Sapienza University of Rome, Italy, Ueli Kramer, University of Lausanne*

Introduction. As Kernberg's diagnostic and theoretical framework on personality organization (PO) asserts, pathological

internalization of early object relations reflect the lack of coherence and continuity of self and other representations, and of their integrated positive and negative aspects, which lead to more use of immature defenses, contributing to depressive experiences. Since lower levels of PO does not necessarily lead to personality disorders but might contribute to other psychopathologies or symptomatic experiences without a full-blown diagnosis, we suggest that PO model focused on identity diffusion, with the integration of the contemporary operationalization of defenses (i.e., overall defensive functioning; ODF), is a promising way to understand non-PD symptoms, especially depressive experiences. Method and results. The current paper constitutes a secondary analysis of a validation study of the Defense Mechanisms Rating Scale-Self Report-30 (DMRS-SR-30) involving 1.002 Turkish participants from the general population. The mediation analysis through Process Macro Model 4 included the examination of identity diffusion from the Inventory of Personality Organization as independent variable, ODF from the DMRS-SR-30 as mediator, and depressive symptom severity from the Brief Symptom Inventory as dependent variable. Results revealed a significant indirect effect suggesting that ODF significantly mediates the relationship between identity diffusion and depressive symptom severity,  $b = .014$ ,  $SE = .002$ , 95% CI[0.011, 0.017]. Discussion. Although there are studies on the links between defenses, depressive symptoms personality disorders and personality organization, the current paper presents an effort to fill an important gap in the empirical literature investigating the path to depressive experiences through identity diffusion and defensive functioning. Further empirical and clinical implications of the results will be discussed.

**Exploring the p-factor through the lens of personality in adolescence.** *Andrea Fontana, Libera Università Maria Santissima Assunta, Ilaria Maria Antonietta Benzi, University of Pavia, Laura Parolin, University of Milano Bicocca, Marco Cacioppo, Libera Università Maria SS. Assunta, Karin Ensink, Université Laval, Quebec, Canada*

Background: Adolescence represents a critical period for the emergence of psychopathology, necessitating refined indicators for



risk identification. The concept of a general psychopathology factor (p-factor) has emerged, encapsulating a broad liability to mental health issues beyond traditional internalizing and externalizing categories. Recent theories propose redefining the p-factor in terms of personality impairments, specifically highlighting self-regulation and self-esteem issues, yet empirical validation is scarce. In two cross-sectional studies, we investigated the associations of borderline and narcissistic traits (Study 1) and personality organization (Study 2) with the p-factor among adolescents. Methods: In Study 1, we assessed 725 adolescents who self-reported their internalizing and externalizing problems and borderline and narcissistic personality traits, using structural equation modeling (SEM) to examine their contributions to the p-factor, focusing on gender differences. Study 2 expanded on this by including 1366 adolescents, using the Adolescent Personality Structure Questionnaire (APS-Q) to delve into emerging personality pathology dimensions and their associations with general psychopathology, using Bifactor Exploratory Structural Equation Modeling (ESEM). Results: Study 1 highlighted the contribution of borderline features and narcissistic vulnerability to general psychopathology. Study 2 highlighted the associations between emerging personality dimensions (e.g., Sense of Self, Self-acceptance, Aggression) and the p-factor. Conclusion: Our studies provide pioneering evidence that reconceptualizes the p-factor in the context of personality impairments related to self-regulation and self-esteem. The findings underscore the utility of examining maladaptive personality traits and personality organization as significant components of general psychopathology in adolescence. This approach offers novel insights into the complex interplay between personality development and psychopathology, suggesting avenues for targeted interventions and prevention strategies.

**Promoting good clinical practice in the pharmacological management of Personality Disorder: a mixed methods approach..** *Peter Sand, Department of psychology, Gothenburg University, Flavio Di Leone, Sahlgrenska University Hospital, Gothenburg, Jennifer Strand, Department of psychology, Gothenburg University*

**Objectives:** As part of the comprehensive reorganization of the Department of Psychiatry at Sahlgrenska University Hospital, an evaluation was conducted to assess the pharmacological management of outpatients with personality disorders (PD). The aim was to analyze prescription trends and investigate factors associated with them for a better understanding. **Materials and Methods:** In a retrospective observational study, we analyzed 265,000 pharmacological prescriptions for 4,661 patients with personality disorders (PD) over a ten-year period (2010-2020), comparing them with established guidelines. Subsequently, a qualitative analysis was conducted through interviews with fifteen consultant psychiatrists from the same clinic to explore factors associated with the prescriptions. Additionally, eleven service users with PD were interviewed to gain insights into their experiences with medication treatment. **Results:** While there was a significant decrease in benzodiazepine use, the overall trends in pharmacological prescriptions for patients with personality disorders (PD) diverged from the recommendations outlined in most clinical guidelines. Concurrently, service users expressed dissatisfaction with the lack of clarity and continuity in the pharmacological management of their condition. Clinicians identified factors such as ambiguity in guideline recommendations, challenges in the therapeutic alliance, and a general ambivalence towards medications in PD as potential explanations for these trends. **Conclusions:** Addressing the disparity between international recommendations and daily clinical practice requires a systematic effort. We propose targeted interventions, including (1) involving clinicians in the development of localized adaptations of national guidelines to enhance implementation and adherence, (2) promoting the adoption of integrated models for pharmacological

management to foster sustained collaboration between patients and doctors, and (3) advocating for a culture of sharing and understanding to assist clinicians in navigating the challenges of medication management amid regulatory ambiguity.

**Suicidal Communications in Adults with Borderline Personality Disorder: Clinical Correlates and Treatment Response to Dialectical Behavior Therapy.** *Alma Bitran, Rutgers University, Shireen Rizvi, Rutgers University*

Suicidal communications (SCs)— also known as suicide threats or “gestures”, whereby an individual verbally or behaviorally signals suicidal intent—present a serious challenge to clinicians and loved ones, who may struggle to determine the appropriate level of risk response. Yet, few studies have tested whether SCs predict other suicidal thoughts and behaviors (STBs), or whether they remit with treatment. In the current study, adults (n=108) with borderline personality disorder (BPD) receiving a 6-month course of dialectical behavior therapy (DBT) reported on SCs and other STBs at intake, mid-treatment, and end-of-treatment. Participants also completed measures assessing BPD severity, emotion dysregulation, and DBT skills uptake. Results showed that participants who endorsed lifetime SCs (63%) reported higher BPD severity and worse emotion dysregulation at baseline. However, dosage of DBT—conceptualized as both skills uptake and length of time in treatment—blunted the association between SCs and higher emotion dysregulation. There were no significant associations between lifetime SCs and engagement in other STBs, both at baseline and during treatment. Current findings support a conceptualization of SCs as an expression of severe emotion dysregulation, which may be alleviated by DBT. Specifically, DBT may protect against SCs by teaching alternative, more adaptive coping strategies, even in the presence of heightened emotion dysregulation. Finally, though results indicate a lack of association between SCs and other STBs, further research is needed before clinical recommendations can be made.

**Disturbed Sleep in Borderline Personality Disorder and its Impact on DBT treatment.** *Mariana Mendoza Alvarez, Antwerp University, Livia De Picker, Antwerp University, Johan Verbraecken,*

*Multidisciplinary Sleep Disorders Centre, Antwerp University Hospital, Edegem, Belgium, Marie Vandekerckhove, Faculty of Psychology and Educational Sciences, Faculty of Medicine and Pharmacology, Vrije Universiteit Brussel (VUB), Laurence Claes, KU Leuven*

Background Previous research has shown that rapid-eye-movement (REM) sleep plays an essential role in the processing of emotions (Wassing et al., 2016), suggesting that disrupted REM sleep may hinder the overnight resolution of emotional distress (Wassing et al., 2019). Subjective sleep problems linked to the recovery status among BPD patients are reported by up to 95.5% of individuals with Borderline Personality Disorder (BPD) (Asaad et al., 2002; Plante et al., 2013b). Despite its importance, the impact of sleep on the evolution of symptom severity over time and the outcome of psychotherapy such as Dialectical Behavioral Therapy (DBT), remains unexplored. The present study aims to address the previous gaps in the literature. Methods This longitudinal study examined the subjective quality of sleep, micro- and macrostructure of sleep physiology and their patterns linked with clinical parameters of 65 individuals diagnosed with BPD, who were longitudinally followed during their DBT treatment or while on the waiting list (WL) for 20-24 weeks following baseline polysomnography (PSG) testing. Semi-structured interviews and self-report questionnaires were collected at early (5-8 weeks; T2) and late (20-24 weeks; T3) treatment time points. Baseline sleep measures will be explored as predictors of early (T2) and late (T3) symptom severity for BPD patients. Finally, changes over time in sleep scores and symptom severity will be compared in BPD patients undergoing DBT treatment versus those on the WL. We hypothesise that both micro- and macro-structural alterations in sleep, as well as subjective sleep quality at baseline, will predict poorer treatment outcomes during both the early and late stages of DBT. Results Results of the finalised Data collection (February 2024) will be discussed. Research questions are registered on our open science registration (<https://osf.io/3ubrj>).

**'An experience of Applied Transference Focused Psychotherapy in a Rehabilitation Service for people with Borderline Personality**

**Organization in Barcelona: assessment of results.'**.. *Maria Jesus Rufat, Centre Psicoteràpia Barcelona. Grup TLP Barcelona, Irene de Àngel, Centre Psicoteràpia Barcelona-Serveis Salut Mental (CPB-SSM). Grup TLP Barcelona, Victoria López, Centre Psicoteràpia Brcelona - Serveis Salut Mental (CPB-SSM). Grup TLP Barcelona, Marc Ferrer, Hospital Universitari Vall d&#x27;Hebron, Joan Vegué, Centre Psicoteràpia Brcelona-Serveis Salut Mental (CPB-SSM). Grup TLP Barcelona*

Psychosocial rehabilitation has traditionally been considered a treatment to patients in advanced stages of their disorder. However, in the case of Personality Disorders (PD), some authors have suggested that rehabilitation is necessary from the outset to improve in both clinical variables and personality functioning. There are little published data of experiences in this area. In this panel, we will present the experience, development, and evaluation of results of new strategies for rehabilitation work with PD patients, from institutional psychotherapy and applied transference focused psychotherapy (TFP) general setting, in a Rehabilitation outpatient Service for PD in Barcelona. The objectives were to assess: 1) if the patients have improved in clinical variables and personality functioning; and 2) the relationship between clinical improvement and personality functioning. This is an open, naturalistic design with consecutive assignment and aims to examine effectiveness through pre- and post-treatment measures. The sample was of 134 patients from 18 to 54 years old, diagnosed of PD / Borderline personality organization (BPO) recruited between July 2015 and July 2023. Three distinct evaluations have been conducted: the baseline or pre-treatment evaluation, the assessment at 6 months of treatment, and the post-treatment evaluation upon completion of the year-long intervention. The evaluation protocol is comprehensive, encompassing diagnostic and measures of change tests, such as SCID-I, SCID-II, STIPO-R, CIG-BPD, BIS-11, Whoqol-bref, HoNOS, EEAG, EEASL. The TFP general setting and the components of treatment will be explained, as well as the results of the study of assessment. Findings obtained thus far suggest that the application of TFP principles in an institutional psychotherapy general setting, enhances the clinical variables of the patients of the

sample, coupled with an observed improvement in their overall personality functioning.

**CRISIS-BASED RESPONDING TO THE NEEDS OF PEOPLE WITH BPD – BREAKING THE CYCLE FOR BETTER OUTCOMES.** *Jillian Broadbear, Spectrum Personality Disorder and Complex Trauma Service, Melbourne, Australia, Sathya Rao, Spectrum Personality Disorder and Complex Trauma Service, Melbourne, Australia*

People with living experience of borderline personality disorder (BPD) are prone to strong and overwhelming emotions that may lead to self-injury, overdose, and suicidal urges. Emergency services are a first point of contact for people experiencing mental health crises. We need to make these a gateway to appropriate treatment and support for when the crisis has resolved. Clearly there is a need to clarify how crisis-based systems respond to a person experiencing BPD-related crises, and opportunities for improving outcomes. To engage in this process, we review four of our group's studies that separately examine (i) the involvement of the Victorian ambulance service, (ii) metropolitan emergency departments, and (iii and iv) the Victorian Coroners' Court, in the context of BPD-related crises. We found clear evidence that people with BPD frequently get caught in a loop of crisis-driven mental health service responses. The high incidence of repeated crisis presentations clearly demonstrates that for many, these system responses do not lead to a solution. People caught in this cycle are usually the most severely unwell – the 'tip of the iceberg', with the impacts (societal, costs to the health system) being disproportionate to the number of people seeking BPD-appropriate treatment. Achievable solutions include specific evidence-based training of paramedics and ED staff as well as expanding the capacity of psychiatrists and allied health clinicians to provide BPD-appropriate treatment and support. Improved co-operation across services – including a mandate to develop clear and responsive referral pathways - is the key to matching people who have BPD to appropriate care and treatment, so that we can break free of this vicious cycle.

**Perceptions About How Racism Contributes to the Development of Borderline Personality Disorder.** *Febrian Moten, Rutgers University, New Brunswick, NJ, United States*

Due to the high risk and subjective pain associated with borderline personality disorder (BPD), it is important to understand the contributing factors to this disorder in order to mitigate the effects of these factors and treat BPD effectively. Research around the contribution of racism to different mental health disorders has been growing, but to date, no research has examined the effects of racism on the development of BPD. The present study seeks to address this by using Linehan's (1993) biosocial theory as the theoretical framework. Eleven adult participants who self-identified as people of color and who met the study's criteria for BPD completed open-ended surveys that inquired about participants' experiences with emotional vulnerability, environmental invalidation, racism, and borderline personality disorder. The researcher employed a grounded theory approach, deriving five themes: emotional vulnerability, invalidation, experiences of racism, consequences of racism, and positive outcomes. All participants reported experiences within these themes, showing how racism can be invalidating and contribute to BPD development. This preliminary study offers qualitative evidence of links between emotional vulnerability, racism, and BPD. Future research can explore these associations and inform treatment to mitigate racism's effects on individuals with BPD.

**“You don’t want to let them down, especially not these young ones”:** Health professionals’ experiences of the process of changing clinical practice for adolescents with Borderline Personality Disorder.. *Åse-line Baltzersen, Oslo University Hospital, Norway, Hilde Bondevik, University of Oslo, Norway, Line Indrevoll Stänicke, University of Oslo, Norway*

Background: Healthcare professionals are called upon to adapt, reassess, and incorporate new practices as evidence evolves. The conceptualization of borderline personality disorder (BPD) is

shifting from exclusion to understanding and optimism due to treatment possibilities. However, overcoming stigma and translating research into practice remain a significant hurdle to successfully provide equal and good care for adolescents with BPD. Adopting new practices is a complex process that involves iterative learning, reflection, and contextual co-creation, as well as a delicate balance between traditional and innovative approaches. This study aimed to investigate health professionals' experiences of introducing, implementing, and sustaining Mentalization-Based Therapy (MBT) for adolescents with BPD in two contexts. Methods: A qualitative research design was employed to capture the depth and complexity of professionals' experiences. The study was conducted in two adolescent services in Norway. In-depth semi-structured interviews were conducted. The data was analyzed using Interpretative Phenomenological Analysis (IPA) to identify key themes and patterns in the participants' experiences. Results: The analysis highlighted that changing clinical practice for BPD is multifaceted and extends beyond acquiring knowledge or technical skills. Four meta-themes were identified: 1) «Engaging transformation: Experiences initiating the change process»; 2) «Inspiring and perceiving advantages: Laying the groundwork for changing practice»; 3) «Navigating day-to-day challenges: Dedication to sustaining and continuing the change»; 4) «A more sustainable work life: Perceived outcomes from implementing MBT for adolescents». Conclusion: This study reveals that successful implementation of MBT for adolescents, as experienced by health professionals, is not solely a technical endeavor but also involves substantial efforts over time to gain support and collaboratively refine practices. These findings also underscore the importance of a supportive, collaborative environment, both from peers and the organization, for clinicians working with adolescents with BPD. Ultimately, the findings support that dismantling stigma and changing clinical practice requires more than educational interventions.

**Does Identity Disturbance Account for the Extremity in Extreme Personality Traits?.** *Lennart Kiel, Aarhus University, Denmark, Sune Bo, Department of Psychology, University of Copenhagen, Denmark, Helle Spindler, Aarhus University, Denmark, Majse Lind, Aalborg*



*University, Denmark*

Background: Persistent empirical conflation between extreme personality traits and per-sonality functioning has fostered scientific debate about the eligibility of the two constructs. One perspective posits that extreme traits consists of a combination of normal-range traits and personality dysfunction. Based on the assumption that identity forms the core of per-sonality functioning, this study aims to investigate whether identity disturbance contributes to the extremity in extreme personality traits and their consequential outcomes. Method: A diverse sample of low-risk (n = 432) and high-risk (n = 330) community adults and patients diagnosed with personality disorder (n = 77) has been recruited. All partici-pants completed a survey consisting of the Big Five Inventory-2 Short Form (BFI-2-S), The Personality Inventory for DSM-5/ICD-11 (PID5+M), the Self-Concept and Identity Measure (SCIM), and the WHO Disability Assessment Schedule 2.0 (WHODAS 2.0). Results: Hypotheses and analysis plan will be pre-registered and completed in time for the conference. First, it will be examined whether removing identity disturbance from extreme traits enhances the convergent and discriminant validity between normal-range and extreme traits. Second, it will be explored whether the impact of extreme traits on everyday func-tional impairment diminishes when considering normal-range traits and identity disturbance in latent variable regression models. Results: Hypotheses and analysis plan will be pre-registered before the analyses are per-formed, and the results will be presented at the conference. Discussion: This study is of relevance for the understanding of Criterion A and B in the DSM-5 Alternative Model for Personality Disorders and will contribute to the growing in-terest in understanding of extreme personality traits and their implications for everyday functioning.

**The impact of medication on Theory of Mind in patients with borderline personality disorder.** *Claudia Oppenauer, Karl Landsteiner University for Health Sciences, Krems, Austria, Jasmin Willinger, Karl Landsteiner University for Health Sciences, Krems, Austria, Juliane Burghardt, Karl Landsteiner University for Health Sciences, Krems, Austria*

Borderline Personality Disorder (BPD) is a pervasive pattern of instability of interpersonal relationships, self-image and affects. There is growing evidence that these dysfunctions in persons with BPD can be explained by social cognitive deficits. Theory of Mind (ToM) is a core concept to describe a subset of social cognition processes. Even though treatment of BPD often involves the use of medication with sedative effects, the association of these drugs and social cognition has been poorly investigated. The aim of this retrospective longitudinal observational study was to investigate if psychotropic drugs influence performance in ToM tasks of patients with BPD. Data were collected from 194 BPD inpatients of a residential mental health center. Medication was classified into three main categories: (1) antidepressants (2) antipsychotics, including first-generation (FGA), second-generation (SGA) and third-generation (TGA) and (3) anticonvulsants. ToM was assessed using the Movie for the Assessment of Social Cognition (MASC). 85% of the patients received at least one medication, with a mean of 3.3 drugs. Most patients had at least one antidepressant (76%), followed by at least one antipsychotic (59%), commonly SGAs (78%), and anticonvulsants (36%). Further, anxiolytics (28%) were found among the prescribed medication. We found no significant changes in ToM domains between admission and discharge despite for the control questions. Multiple regression analyses demonstrated a significant association between antipsychotics and cognitive ToM and ToM total. Further significant associations could be found for SGAs and exceeding ToM (hypermentalization), ToM total, cognitive ToM and affective ToM. The total number of psychotropic medications was a significant negative predictor of total and cognitive ToM. Although international treatment guidelines for patients with BPD do not recommend drug therapy, the results of our study confirmed the picture of polypharmacotherapy. Moreover, use of psychotropic drugs is associated with poorer ToM and ToM did not improve due to multimodal psychotherapeutic treatment.

**Exploring borderline personality features in adolescents: which features best predict borderline personality disorder?.** *Camilla Gjertsen, Psychiatric Research Unit, Region Zealand, Denmark, Christine Graff, Psychiatric Research Unit, Region Zealand,*

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Background: Borderline Personality Disorder (BPD) is a severe mental disorder that can manifest and be treated during adolescence. The criteria for Borderline Personality Disorder (BPD) cover a broad spectrum of affective, cognitive processes, and behavioral symptom areas. Studies suggest that these criteria differ in their effects on an individual's borderline personality pathology and overall functioning, underscoring their diverse nature and varying significance. Borderline Feature Scale for Children (BPFS-C) was developed with the intention to assess children and adolescents from the age of nine, with suspected personality pathology. This rating scale comprises four domains that encompass various areas of BPD symptoms. This study aimed to determine which of the four BPD domains of BPFS-C (affective instability, identity problems, negative relationships and self-harm) most notably explain the variance of the BPD construct, in a clinical sample with diagnosed BPD and non-clinical group. Our hypothesis is that affective instability plays a central role in elucidating this variance. Methods: The study involved 642 Danish participants aged 14-18, including 111 from the BPD group and 531 healthy controls. The Danish version of Borderline Personality Feature Scale for Children (BPFS-C) was used to identify borderline personality features within a clinical and a non-clinical group. We conducted an independent samples t-test to assess the influence of group membership on the domains. Discriminant analysis was conducted to explore the impact of four domains on the probability of exhibiting BPD. Results: Our findings reveal that affective instability has the greatest explanatory value for the presence of BPD, whereas the remaining domains have somewhat less explanatory value. The domain identity problems did not show satisfactory internal consistency. Conclusion: Affective instability was the

symptom domain with most explanatory value to distinguish between adolescents with and without BPD pathology. Due to the heterogeneity of BPD, identification of early risk markers will be crucial for early detection and interventions and potentially preventive for the development of severe borderline pathology in adolescents.

**The Alternative Model for Personality Disorders in Clinical Practice: The Effects of Disorder-Specific Psychotherapy on Personality Functioning and Dysfunctional Personality Traits.** *Julia I. Kunz, LMU University Hospital, LMU Munich, Katja Bertsch, Julius-Maximilians-University Wuerzburg, Niklas Wolfrum, Ludwig-Maximilians-Universität, Munich, Germany, Barbara B. Barton, LMU University Hospital, LMU Munich, Richard Musil, LMU University Hospital, LMU Munich, Andrea Jobst, LMU University Hospital Munich, Frank Padberg, LMU University Hospital Munich, Matthias A. Reinhard, LMU University Hospital Munich*

Introduction: Interpersonal difficulties are frequently observed in patients with personality disorders (PDs), particularly borderline personality disorder (BPD), or other chronic disorders, such as persistent depressive disorders (PDD), leading to loneliness. In section III of the DSM-5, the Alternative Model for Personality Disorders (AMPD) introduced a dimensional approach to the classification of PDs as an alternative conceptualization to the original categorical diagnosis, initiating a paradigm shift with the introduction of ICD-11. Method: We aimed to examine traditional PD and depressive symptomatology within the AMPD framework – thus impairment in personality functioning and dysfunctional personality traits – as well as examine changes after two disorder-specific psychotherapies, focusing on interpersonal behavior. A total of 70 patients (60.0% female, 4.3% diverse, age: 34.72 years, SD = 13.87) were recruited from two psychotherapy programs (Dialectical-Behavioral Therapy [DBT] for BPD, and Cognitive Behavioral Analysis System of Psychotherapy [CBASP] for PDD). Besides self and clinician-rated categorical (SCID-PD) and dimensional PD diagnoses (STIP-5.1, LPFS-BF, PID5BF+), BPD and depressive symptoms were assessed with the BPDSI-IV, BSL-23, BDI-II and MADRS, along with loneliness (UCLA-LS) and social

embeddedness (SNI). We included both transdiagnostic analyses of the overall sample and analyses within the context of different therapeutic approaches. Results: Initial findings suggest convergent validity between categorical and dimensional diagnosis of personality pathology, indicating associations between loneliness and deficits in personality functioning, particularly in the domains of self-control and intimacy. Additionally, a reduction in deficits in personality functioning and changes in disorder-specific personality traits were observed through DBT and CBASP. Conclusion: The consideration of the AMPD could have transdiagnostic relevance for identifying individuals at an increased risk of persisting difficulties in psychosocial functioning beyond a categorical PD diagnosis, thereby influencing therapy planning. The observed therapeutic effects in the form of an improvement in personality functioning is promising and will be discussed.

**An Adapted Dialectical Behavior Therapy (DBT) Program in Singapore: A Qualitative Study of Clients' Experiences.** *Michelle Tan, Institute of Mental Health, Singapore, Joelle Lim, Institute of Mental Health, Singapore, Rie Kubota, Institute of Mental Health, Singapore, Joanna Barlas, James Cook University, Singapore*

Background: Since 2020, an adapted Dialectical Behavior Therapy (DBT) program was implemented in a psychiatric hospital, after pilot studies showed a promising impact on symptom change. As this coincided with the COVID-19 pandemic, format changes (e.g., from in-person to online skills training, from a closed- to open-format group) may have affected participants' experiences. This study qualitatively investigates which aspects of the program influenced treatment outcomes, based on service users' experiences. Method: Participants were outpatients (N = 26), predominantly female (73%), aged between 18 to 39 (M = 26.35, SD = 5.65) with diagnoses of mood- or anxiety-related disorders, post-traumatic stress disorder, or borderline personality disorder (including traits). Individuals initiated the program which comprised 12 weekly group skills training sessions, fortnightly consultation team meetings, adapted phone coaching and received either DBT- or non-DBT-based individual therapy. Individual semi-structured interviews explored each of these modes of treatment, and data

were analysed using reflexive thematic analysis. Results: The themes generated were: 1) a need for clarity in therapy commitments and expectations about the course of therapy; 2) finding the skills group useful but busy as it felt insufficient and rushed; 3) navigating a shared space in group was experienced as complex but beneficial; 4) the reciprocity between group and individual therapy; 5) phone coaching was underutilized for a multitude of reasons; 6) skills being valuable and requiring continuity in practice; 7) changes in skilfulness. Multiple subthemes will also be presented. Discussion: This is the first study to track experiences of treatment completers and non-completers within a developing DBT program in its early implementation process. The current research sheds light on the impact of adaptations made to standard DBT. Factors that promoted change in clients and highlighted the skills group as a platform for facilitating key therapeutic processes will be discussed, together with study limitations.

### **Changes in Theory of Mind Among Patients with Borderline Personality Disorder During Psychotherapeutic**

**Treatment.** *Magdalena Knopp, Karl Landsteiner University, Jasmin Willinger, Karl Landsteiner University for Health Sciences, Krems, Austria, Claudia Oppenauer, Karl Landsteiner University for Health Sciences, Krems, Austria, Manuel Sprung, Karl Landsteiner University of Health Sciences, Juliane Burghardt, Karl Landsteiner University for Health Sciences, Krems, Austria*

Introduction: People with mental disorders often struggle with understanding other's mental states, which is known as Theory of Mind (ToM). ToM refers to the ability to ascribe thoughts (cognitive ToM) and feelings (affective ToM) to others. Individuals with borderline personality disorder (BPD) face significant challenges in social interactions, in part due to their ToM impairments. Most studies indicate that BPD patients exhibit excessive ToM, meaning they overattribute intentionality to others. Data on the course of ToM impairments in psychotherapy treatment and their possible influence on comorbid symptoms is ambiguous. The present study investigated changes in ToM during psychotherapy treatment and how ToM at admission relates to changes in symptoms. Methods:

We analyzed data from 224 inpatients with BPD. The study assessed ToM (Movie for the Assessment of Social Cognition) and comorbid symptoms of depression, anxiety, somatization, and social functioning at the time of admission and discharge. In-between was an approximately 60 days long inpatient psychotherapy treatment. Results: Comorbid symptoms and exceeding ToM improved significantly after treatment, however total, cognitive, and affective ToM did not. ToM at admission was not associated to improved comorbid symptoms. Conclusions: BPD patients showed moderate to large improvements in symptoms of depression, anxiety, somatization, and social functioning, and small improvements in exceeding ToM after long-term inpatient psychotherapy treatment. Thus, the treatment, which did not focus on mentalizing showed no evidence of improving overall ToM abilities. Better ToM at admission was not beneficial for treatment.

**Like a bridge over troubled water - Treating complex trauma in times of trauma.** *Elad Kimchi, Private Clinic*

I would like to present a case of my work with a woman in her 30s, whom I have been working with for almost 4 years in my clinic. She was diagnosed with borderline organization and at first seemed mainly as an APD with GAD, but later on proved to be as suffering from complex trauma with many dissociations. My work with her is mainly psychodynamic and relies on object-relations theory and relational practice theory. I would like to demonstrate in this case presentation how the national and regional trauma here in Israel and Gaza not only penetrated the sessions and the therapy, but also reactivated many of the patients' traumatic themes, which in turn have shown themselves in the transference. I would like to share how we have worked with these reactivations and through them, and to facilitate a discussion regarding treating traumatic patients when the outer world is traumatizing in itself.

**The Urge to Fill the Void: Emptiness, Impulsivity, and Mentalizing in the Daily Life of Individuals with Borderline Personality Disorder.** *Leeav Sheena, Bar Ilan University, Israel, Eshkol Rafaeli, Bar-Ilan University, Kathy Berenson, Gettysburg College, Geraldine Downey, Columbia University, Yogev Kivity, Bar-Ilan University*

**Aim:** Emptiness is central to borderline personality disorder (BPD) and is often defined as a persistent feeling of inner hollowness, loneliness, or void. Emptiness in BPD significantly impacts quality of life and is associated with increased impulsivity. The current study examined whether emptiness predicts impulsive behaviors in daily life and whether this association is moderated by disorder or by mentalizing (Mz), the capacity to understand mental states.

**Method:** The study utilized data from an existing dataset (Berenson et al., 2011). The study consisted of 153 participants (about 50 per group) with a diagnosis of BPD or avoidant personality disorder (APD), and healthy controls (HC). Following a baseline assessment of Mz (Baron-Cohen et al., 2001) in a lab setting, participants completed a 3-week ecological momentary assessment (EMA) with five daily prompts, including self-reported measures of emptiness, and impulsive behaviors. EMA data were analyzed using multilevel modeling. **Results:** Both the BPD and APD groups reported higher levels of emptiness compared to the HC group in daily life. The BPD group exhibited higher levels of impulsivity in daily life compared to the HC and APD groups. There were no group differences in Mz. Moreover, emptiness significantly predicted impulsivity and was positively associated with impulsivity in both the BPD and HC groups but not in the APD group. Finally, Mz did not moderate the association between emptiness and impulsivity. **Implications:** Research on the emptiness-impulsivity relation and moderation by group has clinical and theoretical implications for the way we understand and treat BPD pathology.

**Long-term course of cases of borderline personality disorder with comorbid developmental disorders.** *kazuya ono, St. Marianna University*

ADHD and autism spectrum disorder are known developmental disorders that coexist with borderline personality disorder. However, it is not known what the course and prognosis of BPD will be if the cognitive function issues associated with developmental disorders are the basis of the symptoms of BPD. We report on the 25-year long-term course of a case of BPD without intellectual disability in which ADHD and ASD coexist, and its psychopathology.



**Purpose** We will analyze the progress of cases in which BPD coexists with ADHD and ASD, and clarify the relationship between the pathological changes and the pathological structure. **Subject and method** The subject was a female patient (FIQ 96) who was diagnosed for the first time at the age of 14. He was diagnosed with BPD, ASD, and ADHD in DSM5. This is a case in which the patient has been consistently treated by the same therapist. Describe the patient's progress descriptively from medical records and examine the disease state and pathological structure. **Results** BPD symptoms persist and object relationships remain unstable. Due to the coexistence of ASD and ADHD, even if a person can work intermittently, it remains difficult for them to continue to work stably. **Conclusion** When ASD and ADHD coexist with BPD, even with long-term treatment, BPD symptoms may persist for a long time, the integrated maturation of personality may be slow, and the level of functioning may remain low.

**Untying the knot: An investigation of directionality between psychological distress and personality functioning in a clinical sample of youth.** *Duvera Slegten, Radboud University, Nijmegen, Netherlands*

**Objective** – The level of personality functioning, which results from self and interpersonal developmental processes in adolescence, is a key criterium of the dimensional view of personality disorders as described in the main diagnostic handbooks. Given that many psychopathologies emerge in adolescence as well, understanding the relationship between these constructs is crucial, yet remains unclear in existing literature. This study's aim was to clarify the temporal dynamics of personality functioning in relation to levels of psychological distress in a clinical sample of Dutch youth. **Method** – We evaluated mean difference, effect sizes, correlations, correlated change and Cross Lagged Panel Models of measures of personality functioning (i.e. SIPP-SF) and psychological distress (i.e. BSI) across two timepoints spaced six months apart. **Results** – Personality functioning and psychological distress were highly correlated and both improved during treatment with a moderate effect. Higher degrees of personality functioning, particularly of its subcomponent Identity Integration, at T1 were significantly associated with a

reduced level of psychological distress at T2. Discussion – The results imply that developing an integrated and adaptive view of self-in-relation-to-others is a fundamental source of psychological well-being in youth. Clinical implications are discussed.

**Identity Diffusion in Narcissistic Abuse Survivors.** *Nuria Ribas, Centre Psicoteràpia Barcelona - SSM*

Narcissistic abuse involves an individual manipulating and controlling their victims to fulfill their needs, often through destructive behaviors such as gaslighting and emotional manipulation. In a narcissistic abusive relationship, the victim experiences a manipulative and emotionally draining dynamic, with the narcissist charming and idealizing the victims during the love bombing phase and then devaluing and rejecting them afterward. Victims often experience a loss of self-esteem, self-worth, and autonomy, which can lead to isolation and strained relationships with friends and family. When the abuse occurs within a cult scenario, the victim's identity is also shaped by the leader's beliefs, values, and expectations of the group. Although no prior personality or mental health history has been described for those who end up in these abusive relationships, it has been described that victims of narcissistic abuse often develop pseudo-identities that mirror the leader's idealized false self. This pseudo-personality suppresses the individual's authentic self and replaces it with a carefully crafted facade that adheres to the leader's ideology and desires. This further entangles them in the abusive relationship, and victims believe that they are making their own decisions freely, when in fact these decisions are heavily influenced or directed by the abuser. As a result, survivors experience a profound identity crisis when they leave the relationship. They may have difficulty defining who they are, leading to a deep sense of confusion and identity diffusion. This affects their ability to function in many everyday activities and situations. They doubt their reality and physical and psychological needs and constantly struggle to genuinely express their desires and preferences. Kernberg's personality theory can help us understand how victims internalize the relationship between an ideal and sadistic superior object and

an inner dependent and incapable self. Clinical vignettes will be included to support the theoretical discussion.

**Effects of a 3-hour Borderline Personality Disorder Clinical Education Module on Nursing Attitudes in a Psychiatric Inpatient Setting: Part One of a Two-Part Study.** *Camille Daudelin-Peltier, Hôpital Montfort, Heidi King, Hôpital Montfort, Tammy Desforges, Hôpital Montfort*

Individuals with borderline personality disorder (BPD) are frequent health care users and represent approximately 20% of inpatients in psychiatric settings. The nature of the symptoms of this disorder implies a unique set of challenges for clinicians. Studies confirm that mental health clinicians experience greater emotional distress when working with patients with BPD and that prejudices towards them are more negative compared with other psychiatric disorders. Negative attitudes toward this clientele have been shown to decrease effectiveness of care, whereas positive attitudes lead clinicians to view BPD as a more treatable condition. It is encouraging to know that adequate training/education have been shown to improve clinicians' attitudes and beliefs towards patients with BPD, as well as their desire to work with this clientele. The goal of this study was to replicate the previous findings of Masland et al. 2018 by measuring the impact of a 3-hour BPD clinical education module on the above-mentioned factors. Three main differences with our project were that: (1) it took place in an inpatient setting (vs. outpatient setting) reflecting the Canadian hospital reality, (2) it was offered online and (3) it was of a 3h duration (vs. one day duration). These variants were chosen in order to make this specialized training more accessible and cost-effective so that training can continue to be offered on an ongoing basis and at all levels of care (not just in outpatient). Our clinical module was developed and offered in both French and English to 60 nurses working on general inpatient psychiatric units in Ottawa, across four hospital sites. The 13-item scale on attitudes towards BPD was administered three times: before, after and 6 months after training. The results are very encouraging and convey a message of hope for better care for this population.

**Combined Eating Disorders and Trauma focused Day-care Program for Adult Israeli Women: Accumulated Clinical Experience and Preliminary Empirical data..** *Lilac Lev-Ari, ruppim academic center, Keren Mintz Malchi, Lev-Hasharon Medical Center, Ilana Brand, Lev-Hasharon Medical Center, Ady Blondheim, Lev-Hasharon Medical Center, Shmuel Hirschmann, Lev-Hasharon Medical Center, Inbal Brenner, Lev-Hasharon Medical Center*

Objective: Women with eating disorders (EDs) and a history of childhood trauma (CT) tend to have more psychiatric comorbidities and a worse prognosis, often displaying different and opposing needs in therapy. A unique intensive three-month day-care program treating women with EDs and a history of CT has been operating since 2018 (n=53). The four-days-a-week program provides individual (psychiatric, psychotherapeutic, dietician, trauma-focused (EMDR)) and group (DBT, dynamic, art & mind-body) therapies, and 2 daily observed meals. Methods: Fifty-three (from series three onwards), ages  $31.28 \pm 9.65$  self-reported on EDs (EDE-Q), depression (PHQ-9), childhood trauma (CTQ), and PTSD/CPTSD (ITQ) symptoms. PTSD was also assessed through a clinical semi-conducted interview (CAPS-5). Patients were assessed at treatment onset (n=53; T1), end of treatment (after 3 months; n=36; T2). Results: Most (64%) met the criteria for CPTSD at T1 at T2, and had severe CPTSD symptoms (CAPS at T1,  $M=53.35 \pm 11.63$ ). CPTSD symptoms ( $p=.01$ ), PTSD symptoms ( $p=.04$ ), disordered eating ( $p=.02$ ), body dissatisfaction ( $p=.01$ ), and depression ( $p=.04$ ) all decreased throughout treatment. Only dissociation did not decrease from T1 to T2 ( $p=.30$ ). Conclusions: Clinical experience and preliminary empirical data indicate that combined EDs and Trauma focused day-care helps reduce CPTSD, EDs, and depressive symptoms.

**A parsimonious account for the association of socially aversive traits with (interpersonal) personality dysfunctioning: Four aspects instead of twenty traits.** *David D. Scholz, University of Kaiserslautern-Landau (RPTU), Benjamin E. Hilbig, University of Kaiserslautern-Landau (RPTU)*

Socially and/or ethically aversive traits involve maladaptive features, which, primarily, imply negative consequences for others. Consequently, socially aversive traits from clinical psychopathology research are strongly associated with interpersonal personality dysfunctioning (IPD). What remains unclear, however, is whether this association is due what is shared between these traits, i.e., their social aversiveness, or due to their unique aspects. Similarly, but somewhat isolated from clinical personality psychopathology research, broad personality research is also concerned with socially aversive traits (typically coined as “dark” traits). However, these traits are ought to operate at a “subclinical” level and thus are believed to be not, or at least weaker, related to clinically relevant impairment. Given that socially aversive traits from both research traditions share one common core, i.e., the D-Factor of Personality (D), defined as utility maximization at others’ expense accompanied by justifying beliefs, it seems worthwhile to investigate whether the relation of aversive traits from clinical psychology with IPD is due to their shared variance, i.e., D, and whether aversive clinical and subclinical traits are differently related to IPD. To this end, we conducted five large-scale studies (total N=4,847) investigating the association of 20 aversive traits and their common core with IPD. Results reveal that the association of all aversive traits with IPD is largely due to D. Only three traits offer meaningful associations with IPD beyond D, i.e., Hostility, Irresponsibility, and Suspiciousness. We identified that this is due to three unique aspects (not covered by D), i.e., Emotion Regulation, and Self-Control and Delusional Paranoid Thoughts. In sum, it can be concluded that the association of socially aversive personality traits with IPD is largely due to their shared core, i.e., D, plus three additional aspects, thus making aversive traits highly redundant for that matter and the distinction between aversive clinical and subclinical traits somewhat arbitrary.

**Neural and psychological predictors of response to borderline personality disorder psychotherapy.** *Irene Messina, Mercatorum University, Rome, Alessandro Grecucci, University of Trento, Mariarita Infurna, University of Palermo, Italy, Giorgio Falgares, University of Palermo, Italy, Osmano Oasi, Catholic University of Sacred Heart, Milan, Italy, Roberta Rossi, IRCCS Istituto Centro San*

*Giovanni di Dlo Fatebenefratelli*

Psychotherapy is widely recognized as the primary treatment for borderline personality disorder (BPD); however, there is notable evidence indicating high rates of non-response to psychotherapy among BPD patients. Aligning with 'precision medicine' paradigms, identifying biological patterns of variation within patient subgroups could offer valuable insights into tailoring treatments to suit specific case characteristics. The current study aims to explore both psychological and neural predictors of psychotherapy non-response in a cohort of 200 individuals diagnosed with BPD. Psychological predictors encompass socio-demographic variables, severity of BPD symptomatology across different domains, challenges in emotion regulation, impulsivity, interpersonal difficulties, alexithymia, and attachment orientations. In terms of neurobiological predictors, the study considers whole-brain concentration of grey and white matter. We used machine learning approaches to test the predictive accuracy of psychological and neurobiological variables. Data analysis is currently work in progress.

**Emotion dysregulation profile distinguish suicide risk of adolescents.** *Shu-Chin Chen, MacKay Memorial Hospital, Shen-Ing Liu, MacKay Memorial Hospital, Taipei, Taiwan*

**Background and aims** The subscales of the dysfunctional emotion regulation scale (DERS) originally were the treatment goals (i.e., awareness of emotions, accepting emotions, distinguishing emotions, reducing impulsive behaviors caused by emotions, preventing emotions from interfering with long-term goals, and increasing strategies to manage emotions). This article aims to analyze the profiles of DERS subscales (full and short form) and to identify treatment goals among adolescents who have experienced Self-injurious thoughts and behaviors (SITB). **Methods** This research recruited 280 adolescents with SITB from the outpatient department and filled up questionnaires of DERS, depression, hopelessness, self-esteem, and longline scale. The k-means clustering was applied in the analysis. **Results** In both the analysis of the whole and short DERS scale, after excluding the awareness of emotion subscale, the five subscales got three profiles (height/

moderate/low mood dysregulation), showed significant differences in depression, loneliness, hopelessness, self-esteem, and suicide risk (i.e., portions of lifetime suicide attempt, non-suicidal self-injury, and none). 80% of participants are allocated to the same categories between the whole and short versions. The full scale showed that the three groups had the highest difference in lack of strategy, followed by difficulty controlling impulse behavior. In contrast, the short version showed that the priority is difficulty controlling impulse behavior caused by emotion followed by a lack of strategies. Conclusion The emotional dysregulation profile identified different suicidal risk groups—full-scale and short-scale pointed out similar treatment priorities. Since awareness of emotion is also important in treatment, it is hard to find a clear, distinctive profile in analysis; its role in emotional dysregulation needs to be explored in future studies.

**WHITE AS SNOW, BROWN AS SUGAR: thirty years of working with addiction.** *Emanuele Prosepe, Comunità Terapeutica per Doppia Diagnosi "Airone"*

The main goal of this paper is to underline a few common misconceptions about the psychoanalytical theory of addiction and its downfall in clinical work in an institutional cadre such as the therapeutic community in which I work. I say misconception because it is often seen as a chimera the idea of using psychoanalysis in contexts outside of a private, individual setting, with all the implications (mostly theoretical) that come along with it. A secondary goal of this paper, yet just as important, is to unravel misconceptions about addiction, which are deeply intertwined with the first goal, and that are still lingering in our psychoanalytical community. This paper, to put it succinctly, wants to discuss what the psychoanalytical theory of addiction looks like when applied in a therapeutic community center (rehab), where the classical Freudian approach (intra-psychic formation) encounters and clashes with Ferenczian trauma theory and group dynamics (inter-psychic/trans-psychic movement).

**Therapists' experiences and the clinical utility of the Structured Interview of Personality Organization-Revised.** *Jerzy Bandel, Adam*

*Mickiewicz University, Emilia Soroko, Adam Mickiewicz University,  
Piotr Musiał, Piasts of Silesia Medical University*

**Introduction** The Structured Interview of Personality Organization-Revised (STIPO-R) is a tool developed to diagnose the level of personality organization, a core construct in Otto Kernberg's contemporary object relations theory. The presented study aims 1) to describe the experiences of therapists using the STIPO-R, 2) to learn about its clinical utility as a method for the level of personality functioning assessment, and 3) to formulate guidelines for its future users. **Participants** Seven psychodynamic psychotherapists who provide therapy to patients with personality disorders using the assumptions of Kernberg's object relations theory participated in the study. All participants had previously taken part in a validation study of the Polish adaptation of the STIPO-R. **Methods** In-depth interviews were conducted via internet, transcribed, and are now being qualitatively analyzed using a reflective thematic analysis technique, according to Braun and Clarke. **Findings** The participants were asked to identify factors significant for obtaining valuable information for diagnosing personality disorders and to indicate essential questions informative for personality pathology. They shared reflections on the versatility and limitations of the STIPO-R and talked about the functioning of patients in the diagnostic process. The poster will present the structure of the themes and sub-themes that emerged from the analysis of the collected data. **Discussion** Based on the results obtained, we will discuss the clinical utility of the STIPO-R for diagnosing the level of personality organization. We will comment on its utility in the psychotherapeutic context and the diagnosis made when qualifying for treatment in the public health service. We will also answer the question about the versatility of this tool embedded in object relations theory.

**The feasibility of combining neuromodulation by transcranial direct current stimulation tDCS and cognitive remediation for people with borderline personality disorder (BPD).** *Lionel Cailhol, Université de Montréal, Mariam Ahmed, Université de Montréal, Frédérique Delisle, Université de Montréal*



Longitudinal studies related to BPD show a reduction of symptoms related to the disorder but very little improvement in functionality. The betterment of executive functions of people with BPD after psychotherapy is very limited. The efficacy of those treatments on functionality appears to be mild with a small effect size. The feasibility of a combined approach by neuromodulation and cognitive remediation is evaluated by their impact on impulsivity and executive functions. Based on previous studies, transcranial direct current stimulation (tDCS) can be used to improve impulsivity and emotional instability in patients with BPD. Moreover, cognitive remediation focuses on reducing neuropsychological alterations by re-educating patients and apply specific strategies to aid them long term on certain daily functions like developing healthy habits, executive functions, problem solving, attention, working memory and cognition. The protocol includes 10 daily sessions of tDCS for 2 weeks and 8 weekly group meetings for the cognitive remediation. Based on studies conducted on people with BPD, the settings for the tDCS are as follows; 20 minutes of continuous current at the intensity of 2mA and the electrodes are placed on specific stimulation sites related to impulsivity. To verify the effectiveness of the combination on the symptoms and evaluate the cognition and functionality of the patients, questionnaires at neuropsychological texts are conducted at the beginning of the study, after the tDCS, after the cognitive remediation and 3 months after the end of the study. The expected results of this study are that the combination of the two treatments will reduce the symptoms of BPD and improve executive functions compared to the treatment as usual or tDCS alone. This study would allow the implementation of an efficient and low-cost first-line treatment and a better functional progression of BPD patients.

**Exploratory clinical trial of a high-suicidality depression screening software "Minds.NAVI" integrating stress biomarkers and composite psychometrics.** *Jeong-Ho Seok, Gangnam Severance Hospital, Yonsei University College of Medicine, Seoul, Korea, Sooah Jang, Research Institute of Minds.AI, Co. Ltd., Seoul, South Korea*

Objectives : This study evaluated the clinical effectiveness of "Minds.NAVI", a depression screening kit combining psychometric

measures and stress hormone biomarkers, in a explorative clinical trial. The objective was to assess its potential as a depression screening tool and investigate the associations between psychological markers and salivary hormone staging as biological markers. Methods : Thirty-five participants with major depressive disorder and 12 healthy controls were included. The Minds.NAVI software, utilizing the Protective and Vulnerable Factors Battery Test (PROVE) and salivary cortisol/dehydroepiandrosterone analysis, was employed. The PROVE test is a comprehensive self-report questionnaire that assesses depressive symptoms, suicide risk, attachment style, adverse childhood experiences, mentalization capacity, and resilience. In addition, salivary cortisol and dehydroepiandrosterone levels were measured to evaluate the functional stage of the hypothalamic–pituitary–adrenal (HPA) axis. Results : "Minds.NAVI" exhibited 100% sensitivity, 91.7% specificity, and 97.9% accuracy in distinguishing depression from healthy controls. Salivary stress hormone phases showed changes with depression stage, and the proportion of patients with 'adrenal exhaustion stage' was higher in the moderate/severe depression group. Profiles of protective/vulnerable factors differed significantly between controls and depressed groups. Cortisol awakening response inversely correlated with depressive symptom severity. Conclusion : This study suggested possible clinical effectiveness of "Minds.NAVI", a depression screening tool that integrates psychometric measures and stress hormone biomarkers. The findings support the potential association between depression, chronic stress, and HPA axis hyporesponsiveness.

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**Psychometric properties of SRP-4 among a Belgian French-speaking sample.** *Emilie Telle, University of Mons, Belgium, Luca Tiberi, Université de Mons, Denis Delannoy, Université de Mons,*

*Thierry Pham, Université de Mons*

Psychopathy has been widely studied among offenders in prison or forensic samples (Kelsey et al., 2015). However, sub-clinical psychopathic traits are also found in the community. Assessing these traits would enable the identification of their adaptive or maladaptive function in everyday life (e.g. recruitment, education...) (Benning et al., 2018). The Self-Report Psychopathy - Fourth Version (SRP-4; Paulhus et al., 2016) is a 64-item scale designed to assess the perception of personality traits and behaviors related to psychopathy. It has been validated in several languages (Sanchez-Bojórquez et al., 2022; Seara-Cardoso et al., 2019), confirming its factor structure similar to the Psychopathy Checklist-Revised (PCL-R; Hare, 2003). Factors are composed of Interpersonal Manipulation (IPM), Callous Affect (CA), Erratic Lifestyle (ELS) and Criminal Tendencies (CT). The current research aims to investigate psychometric properties of the SRP-4 among general and student populations following a French transcultural translation. The sample includes 783 participants from the community (MeanAge = 26.55; SD = 10.74), predominantly female (72.30%) and with a high education level (58.40%). Overall, the sample presented lower scores on the CT sub-scales compared to the three others. Males scored higher than females on the SRP-4 (total, Factors, and facets). Internal consistency is good for total's, Factors and Facets' scores (Cronbach's  $\alpha = .70$  to  $.89$ ) with high inter-scale correlations ( $r = .55$  to  $.91$ ) except for the CT subscale ( $r = .34$  to  $.78$ ). These results are confirmed in the construct analyses. The exploratory factor analysis highlights a factorization with three dimensions (Impulsivity, Danger, and Manipulation) retaining only 20 items, while the confirmatory factor analysis tends to confirm the factor structure of the SRP-4 for the first factors (IPM, CA, and ELS) but not for the CT sub-scale. The clinical and research implications will be discussed.

**Phenomenology of Identity Disturbance and Affective Instability in Borderline Personality Disorder.** *Jaanika Malla, Comenius University in Bratislava*

Research shows that identity disturbance and affective instability are some of the central characteristics of borderline personality

disorder (BPD). Despite being an essential component of the official diagnostic criteria for personality disorders, identity disturbance is under-researched. This knowledge gap underscores the necessity to broaden the understanding of the phenomenology of identity disturbance and the lived experience of people with BPD. Enhancing treatment options for BPD necessitates one to see 'what it is like' for people with BPD, what they value and how they make sense of the world. The aim of the study is to explore the phenomenological aspects of identity disturbance and affective instability in BPD—how people with BPD experience these phenomena and how these symptoms affect their interpersonal relations. Repeated experience sampling and phenomenological interviews based on the experiential samples of participants with BPD were carried out over a one-year period. 81 experiential samples were collected, and 27 interviews were conducted with three participants. The findings demonstrated that participants frequently experienced fluctuations in their sense of self and emotions, which manifested as feelings of emptiness and hollowness, feelings of fragmentation and incoherence, positive and negative urgency, feelings of overwhelm, and a sense of alienation and not belonging in this world. A sense of meaninglessness, need to create meaning, and a nearly constant process of trying to enact their authentic self were other phenomenological processes that accompanied the lived experience of participants with BPD. When these attempts failed, participants experienced a sense of performativity, dissociation, distancing from their emotions, or incomplete presence by others. By elucidating underlying mechanisms of identity disturbance and affective instability, this exploratory phenomenological study attempts to foster an integrated understanding of BPD, offering insights into its management and therapeutic interventions.

**Relationship between therapists' burnout and concerns in managing suicide risk and implementation of DBT treatment modes after DBT Intensive Training in Spanish speaking professionals.** *María Vicenta Navarro Haro, University of Zaragoza, Spain, Pablo Gagliesi, Fundación Foro, Buenos Aires, Argentina, Alba Abanades, University of Zaragoza, Demián Rodante, Universidad de Buenos Aires, Argentina, Azucena García-Palacios, Jaume I University, Spain, Óscar Peris, University of Zaragoza, Spain, Jorge*

*Osma, University of Zaragoza, Spain*

The lack or the inadequate training for managing suicide risk has been reported by mental health professionals as an important barrier to intervene effectively. Dialectical Behavior Therapy Intensive Training™ (DBT-IT) includes within its curriculum specific training for suicide risk and has shown good results to enhance DBT implementation. However, there is no published research on therapist's attitudes towards treating suicidal behavior and its relationship with DBT implementation outcomes. The aim of the study was to assess the relationship between therapist's burnout and concerns and self-efficacy in managing suicide risk and implementation of DBT treatment modes and barriers after a DBT-IT. Participants were 355 mental health workers (74,9% women, mean age 35.38, SD=9.17, 80% from Latin America; 20% Spain) who treated BPD clients and were going to receive a DBT-IT. Self-efficacy (Efficacy in Assessing and Managing Suicide Risk Scale), concerns about treating suicidal clients (Concerns about Treating Suicidal Clients Scale), perceived burnout (Copenhagen Burnout Inventory), barriers to implementation (Barriers to Implementation Inventory) and DBT treatment modes application were measured via online survey at part 1 (beginning) and 2 (after 9 months implementation) of the DBT-IT. Controlling for country and years of experience, preliminary results (n=61) from part 1 to part 2 indicated statistically significant improvements on self-efficacy in treating suicidal clients and concerns regarding the lack of training and competence. Statistically significant increases of skills training, consultation team and phone coaching modes were found at part 2. Correlations showed positive relationships between burnout and concerns about treating suicidal clients as well as structural and administrative barriers. Participants with higher number of barriers showed less use of the phone coaching mode. DBT-IT could be an adequate training model to increase self-efficacy and reduce concerns in managing suicide risk as well as to facilitate implementation of treatment modes in Spanish-speaking mental health professionals.

**A virtual-reality based study of emotional arousal in adolescents and young adults with BPD symptomatology.** *Sabrina Mittermeier,*

*University Hospital Wuerzburg, Klara Gregorova, University of Wuerzburg, Germany, Sarah Franke, University Hospital Wuerzburg, Germany, Carolin Wienrich, University Wuerzburg, Germany, Andrea Reiter, University Wuerzburg, Germany, Arne Buerger, University Hospital Wuerzburg, Germany*

**Objective:** Adolescents and young adults with symptoms of borderline personality disorder (BPD) frequently report high emotional arousal, which, as an aspect of emotional dysregulation, is associated with negative valence and additive stress pattern. It can lead to dysfunctional coping strategies such as non-suicidal self-injury. So far, studies are lacking in an experimental, highly structured environment (measuring psychophysiological parameters, subjective experiences) to investigate whether emotional arousal in BPD can also be represented in virtual reality (VR). The aim of the present study is to evaluate whether emotional arousal in adolescents and young adults with BPD symptomatology can be validly generated with additive stress pattern in VR.

**Methods:** The study population consists of 60 adolescents and young adults with at least 3 BPD criteria and 60 healthy controls (HC). Emotional arousal will be induced by a school-based adaptation of the Trier Social Stress Test (TSST) as well as the cyberball paradigm. We assess emotional arousal using subjective ratings as well as physiological parameter as cortisol, heart rate and skin conductance level. For data analysis, we will conduct mixed models. **Results:** The data collection is currently being finalised. Preliminary analyses to date indicate that BPD patients subjectively experience a higher level of emotional arousal in response to additive stressors than HC. Preliminary analyses of physiological parameters did not yet show a clear picture. **Discussion:** To what extent emotional arousal due to additive stress pattern in adolescents and young adults with BPD could be generated in VR will be content of following analyses. As a long-term goal, the results of the investigation could contribute to developing virtual therapy methods, especially for exposing intense emotions, which could be utilized to improve the treatment of adolescent patients with early-stage BPD.

**Teacher`s Mental Health Literacy for Selective Prevention and**

**Early Detection of Mental Health Issues in Children and Adolescents.** *Sarah Franke, University Hospital Wuerzburg, Germany, Sabrina Mittermeier, University Hospital Wuerzburg, Arne Buerger, University Hospital Wuerzburg, Germany*

Objective: Mental illnesses in children and adolescents are common. Prevention is essential to counteract the onset and chronicity of mental disorders in this age group. Teachers play a key role in prevention, as they can identify psychological difficulties and facilitate access to mental health services. A prevention program for teachers called tomoni.schools, was developed to enhance their Mental Health Literacy (MHL), which encompasses following aspects: 1) knowledge of mental disorders, 2) stigma associated with individuals with mental disorders, 3) confidence in their own helping behavior, and 4) actual helping behavior. A longitudinal cluster-randomized controlled trial has been initiated to evaluate the prevention program. The objective is to assess baseline data (T0) to determine the current MHL status of teachers. Methods: The study aims to include n = 268 teachers. During the study period, they are expected to complete three online surveys: Before participating in the training program (T0), three months after (T1), and 6 months (T2) after completing the training. In this paper, only T0 data will be analyzed to assess the current MHL status of teachers. Results: The T0-data collection is currently being finalized. Discussion: The various aspects of teacher's MHL will be analyzed and discussed in the context of existing literature. As a long-term goal, high MHL among teachers is expected to improve the mental health of children and adolescents by enabling the early detection of mental health problems and promoting appropriate helping behavior in schools.

**Clinical Utility of Personality Disorder Treatment (The TREATPD Study).** *Elfrida Hartveit Kvarstein, University of Oslo, Norway, Benjamin Hummelen, Oslo University Hospital, Norway, Katharina Teresa Enehaug Morken, Haukeland University Hospital, Ingeborg Ulltveit-Moe Eikenæs, Oslo University Hospital, Norway, Theresa Wilberg, Oslo University Hospital, Norway, Geir Pedersen, Oslo University Hospital, Norway*

Background: TREATPD investigates clinical utility of personality disorder (PD) treatment in specialist mental health services. Three state-of-the-art challenges form the background: 1. Evidence-base supports manualized PD treatments which provide predictable, safer frameworks in treatment of poorly functioning patients and prevent suicide, self-harm, and repetitive hospital admissions. Effects in clinically representative settings need further investigation. "Real life" challenges include larger heterogeneity of PD presentation - unlike research dominated by borderline PD. 2. Treatment alliance, collaboration, and user satisfaction is essential for outcome, but receives little attention in PD research. 3. Personal and economic burdens of PD are substantial. Few studies investigate development of work/study activity during PD treatment. TREATPD focuses on patient selection to treatment, PD improvement during treatment, treatment quality, work functioning and quality of life. Aims: TREATPD includes several studies, together aiming to investigate: 1. Clinical change during treatment (relational and emotional personality functioning, self-harm, suicidality) in relation to treatment approach, PD type, and severity. 2. Quality of treatment focusing on treatment completion, development of alliance and group cohesion, and overall client satisfaction, all in relation to treatment approach, PD type and severity. 3) Change in work/study functioning and health-related quality of life during treatment and the relation to treatment approach, PD type and severity. Methods: TREATPD has an observational, longitudinal, multicentre design recruiting treatment seeking patients, following their course during treatment within specialist mental health services (N>2000, data-collection 2017-2023, Quality register of the Norwegian Network for Personality Disorders). Results: The poster gives an overview of the TREATPD project and current results. Clinical implications: TREATPD addresses how PD treatment works in practice. Results can facilitate further treatment development and contribute to health service standards, guidelines, and collaborations with employment and welfare services. Funding: Oslo University Hospital and research grants from South-Eastern and Western Health Authorities (Norway).

### **Higher and lower order classes differentiation based on AMPD**



**criterion A and B.** *Anouk Aleva, University Utrecht, Marcel van Aken, University Utrecht, Christel Hessels, GGz Centraal, Odilia Laceulle, Utrecht University, Jeroen Vermunt, Tilburg University, Paul van der Heijden, Reinier van Arkel, Nagila Koster, Reinier van Arkel*

Research has yet to resolve the debate around the relationship between personality functioning (criterion A) and maladaptive traits (criterion B) in the Alternative Model of Personality Disorders (AMPD). Some have suggested maladaptive traits to be the childhood breeding ground for later personality functioning. During adolescence, maturation processes in self and interpersonal functioning are thought to coincide with the onset of personality pathology. Examining whether distinct maladaptive trait profiles are linked to specific self and interpersonal problems can shed light on this co-occurrence, more specifically, identifying subgroups of criterion A domains and B traits could provide insight into their substantial association. In this preregistered study, the innovative Latent Class Tree (LCT) method was applied in a sample of 755 outpatient youth (Mage = 18.8, SDage = 2.8) to examine subgroups based on the joint latent structure of criterion A (LPFS-BF) and B (PID-5-BF). Where traditional latent models have mostly produced quantitative different groups (i.e., low, moderate, high), LCT provides more nuanced quantitative and qualitative groups. In the LCT-model, higher-order classes capture prominent differences, while subsequent lower-order classes yield more refined descriptions. This study deepens our understanding of personality pathology by examining whether the differentiation between criterion A and B is meaningful and can capture individual distinctions. Our findings replicate results from traditional class analyses (i.e., severity classes) and extend these with lower-order classes differentiation. Differences in the identified classes in achievement of developmental milestones and psychopathological symptoms were examined. The results underscores the robustness of assumed dimensionality in personality pathology.

**Pilot Randomized Controlled Trial of a Brief Psychological Intervention for Suicidal Patients with Borderline Personality Disorder in the Emergency Department.** *Anne Sonley, University of*

*Toronto, Canada, Anika Maraj, University of Toronto, Canada, Cathy Labrish, University of Toronto, Canada, Maya Mehrotra, Centre for Addiction and Mental Health, Albert Wong, University of Toronto, Canada, Shelley McMMain, Centre for Addiction and Mental Health, Toronto, Canada*

Aim: When in crisis, people with borderline personality disorder (BPD) frequently seek care in emergency departments (EDs) often presenting with suicide and self-harm behaviour. There is no established evidence-based brief intervention for patients with BPD in ED settings, however a 4-session psychotherapeutic intervention, called the Gold Card Intervention, has shown promising results in reducing acute health care utilization. This pilot randomized controlled trial assessed the feasibility of delivering this 4-session intervention in the ED for people with BPD who present with suicidal ideation or self-harm with the aim of reducing health care utilization. Method: 60 people with BPD presenting to the ED with self-harm or suicidal behavior were randomized to receive either the Gold Card Intervention or treatment as usual (TAU). Outcome measures included recruitment rates, treatment completion rates and acceptability of the intervention to clinicians and participants. Although this was not a fully powered trial, data on BPD symptoms and health care use outcomes were also collected. Results: Researching the intervention was feasible in terms of target participant recruitment (5 participants/month), assessment completion rates (82%) and treatment drop-out rates (7%). The Gold Card Intervention was acceptable to both clinicians and participants, with participants rating the intervention with a mean score of 3.17 out of 4 on the Client Satisfaction Questionnaire (3 = good, 4 = excellent) and a mean score of 4.14 out of 5 on the Acceptability of Intervention Measure rated by clinicians (1 = completely unacceptable, 5 = completely acceptable). Participants receiving the Gold Card Intervention also showed a greater reduction in ED visits and suicidal ideation than those receiving TAU at 6 months. Conclusion: The Gold Card Intervention was feasible to deliver and was acceptable to both clinicians and participants. Preliminary results also suggest it may be helpful at reducing ED visits and suicidal ideation.

**Psychometric Development of an Interview for Assessing Severity of Borderline Personality Disorder: The Borderline Symptom List Interview (BSL-I).** *Büsra Senyüz, Heidelberg University, Germany, Ruben Vonderlin, Heidelberg University, Germany, Nikolaus Kleindienst, Heidelberg University, Germany, Martin Bohus, Heidelberg University, Germany*

Background: Borderline Personality Disorder (BPD) is a complex mental health condition characterized by pervasive instability in mood, interpersonal relationships, identity, and behavior. Accurate assessment of BPD severity is crucial for effective treatment planning. This study aims to develop and evaluate the semi-structured Borderline Symptom List Interview (BSL-I) to assess BPD symptom severity comprehensively. Method: The BSL-I conceptualizes borderline symptom severity by assessing a) additional symptoms beyond diagnostic criteria (e.g., self-disgust or shame proneness), b) frequency of symptoms, c) intensity of distress of symptoms, d) impairment in psychosocial functioning, and e) quality of life. Items were developed within an iterative process involving consultation with BPD experts and people with lived experience. Psychometric properties will be investigated using different samples: BPD clients (n = 220), clients with subsyndromal borderline symptoms (n = 40), clinical controls (n = 80), and healthy controls (n = 40). Results: Preliminary analyses demonstrate good reliability of items (Cronbach's Alpha = .80) in the BPD sample. The interview significantly discriminated between BPD clients (M = 2.09, SD = 0.57) and healthy controls (M = 0.09, SD = 0.10; Kruskal-Wallis chi-squared = 67, df = 1, p < 0.001). High intercorrelations were found with other measures of BPD symptoms, e.g. the BSL-23 of r = .654. Further analyses will be conducted after assessing clinical controls for presentation at the conference. Discussion: Initial analyses indicate the BSL-I's reliability and validity in assessing multifaceted BPD severity, including its impact on quality of life. Both clinical experts and clients find the interview acceptable and feasible. Further analyses are planned to investigate the psychometric properties of the scale. Overall, the development of the BSL-I enhances the precision and consistency of BPD severity assessment.

**Psychopathy as the diagnostic endpoint for personality disorder and the Dynamic Model of Psychopathy (DMP) Assessment and Treatment Framework as a problem solver regardless of population and severity level..** *Aina Gullhaugen, St. Olavs hospital*

The lack of an integrated construct of psychopathy has been identified as a major cause of the treatment difficulties associated with the disorder. In this presentation, it is argued that psychopathy might be the diagnostic endpoint for personality disorder and the Dynamic Model of Psychopathy (DMP; Gullhaugen, Heinze, & Chernyahovsky Kornev, 2021) Assessment and Treatment Framework (Gullhaugen, under review) is presented as a potential problem solver regardless of population and severity level. By measuring individual differences on the DMP's three dimensions, self- and affect consciousness (grandiosity–shame), community (invades–dismisses) and agency (defies–evades), treatment can be personalized and aimed toward the developmental psychological milestones of personal integrity (integrated emotions and self-experience), secure attachment, and genuine autonomy. A system for converting the externalizing behaviors of individuals with psychopathy into self-conscious emotions and needs brings out the pain and vulnerability of those who are characterized by the suffering they inflict on others, and makes treatment a tangible process. The redefined psychopathy construct and the associated framework need to be tested (hypothesis; potential dynamic states in psychopathy are easier to treat than static traits). This presentation is, thus, also a basic research protocol for ongoing and future studies.

**Affective and physiological reactivity to interpersonal statements at varying levels of personality functioning: a laboratory experiment.** *Carina Rose, Central Institute of Mental Health Mannheim, Sabine Schellhaas, Central Institute of Mental Health, Medical Faculty Mannheim/Heidelberg University, Mannheim, Germany, Maria Meier, University Konstanz, Inga Niedtfeld, Heidelberg University, Germany, Johanna Hepp, Central Institute of Mental Health Mannheim*

Interpersonal dysfunction is considered a core aspect of personality disorders. While many studies have focused on interpersonal problems in (at least some) categorical personality diagnoses, little is known about the interpersonal challenges, that come along with the new ICD-11 diagnosis of a mild, moderate or severe personality disorder and how the specification of maladaptive traits can better inform treatment indications. To face this research gap, a sample of N = 110 participants with varying levels of personality (dys-) functioning and maladaptive traits (assessed with questionnaires and the structured clinical interview for DSM-5 AMPD, which closely aligns with ICD-11) were recruited and exposed to neutral, negative and positive social stimuli in an experimental within-participants paradigm. Social stimuli were recordings of predefined interpersonal statements expressed by a stranger, or self-selected statements expressed by a significant other. Positive and negative affect ratings after each statement block (neutral, positive and negative) as well as heart rate variability (HRV; indicator for parasympathetic activation) during each block served as the dependent variables in this study. Based on previous empirical work and maladaptive trait theory, we hypothesized 1) an increase in positive affect ratings and HRV following positive statements, 2) trait detachment to attenuate this increase, 3) an increase in negative affect ratings and a decrease in HRV following negative statements, and 4) trait negative affectivity to strengthen these associations. Furthermore, we expected participants' level of personality dysfunctioning to predict high negative and low positive affect ratings during the paradigm overall, as well as low resting HRV. Hypotheses and methods were preregistered (<https://osf.io/vcuzh>). Results from generalized and linear models testing these hypotheses will be presented and discussed with regard to their importance for tailoring treatments to different trait combinations and the increment of maladaptive traits versus general level of personality functioning.

**Advantages of brexpiprazole for treating acute psychotic episodes in patients with diagnosed borderline personality disorder.** *Marija Stojanović, Department of Psychiatry, University Medical Centre Maribor, Slovenia, Katarina Čeranić Ninić, Department of Psychiatry, University Medical Centre Maribor, Slovenia*

Introduction: Patients with personality disorders are population with high risk of psychiatric comorbidity. Although it is well known that first line treatment for personality disorders is psychotherapy, psychiatric comorbidity is the reason for frequent hospitalisations and use of psychopharmacotherapy. Case presentation: We are presenting three clinical vignettes of treating acute psychotic episodes in patients diagnosed with borderline personality disorder. After remission of psychotic symptoms, they were discharged from inpatient clinic and all of them have been followed up in outpatient clinic once a month for 6 months. During acute episodes and also follow up all of them were treated with brexpiprazole. In acute phase all of them were treated with maximal daily dose (4 mg), after that they received lower dose (2 mg) for 6 months. All presented patients have already had psychotic episodes in past. Brexpiprazole was chosen because of patients' complaints about side effects of previous antipsychotics. After complete remission of psychotic symptoms, during follow up, all patients reported about improvement in functioning and alleviation of typical symptoms of personality disorders compared to period before last psychotic episode (mood swings, impulsivity). Two of three patients reported about better functioning in social interactions. Conclusion: Our clinical findings could indicate possibility of using brexpiprazole in lower doses as one of the choices for maintenance therapy in patients who are diagnosed with BPD, who are on lower functionality part of spectrum with frequent psychotic episodes or comorbid mood disorders. Low dose of partial agonist of dopamine receptors might be one of the options in crises management as adjuvant therapy. Effect of that kind of therapy for specific symptoms and specific subtypes of personality disorders could be the subject for further research.

**Zooming in on identity distress: The acceptability and efficacy of brief online therapy for young adults with identity distress.** *David Kealy, University of British Columbia, Vancouver, Canada, Sarah Woolgar, University of British Columbia, Vancouver, Canada, Hanna Ogawa, University of British Columbia, Vancouver, Canada, Silvain Dang, University of British Columbia, Vancouver, Canada*

Objective: Identity consolidation is a major developmental concern among young adults, and an important factor in wellbeing and social functioning. Identity-related distress may derail personal and social trajectories and contribute to longer term maladjustment. Accessible psychotherapy aimed at enhancing young adults' identity-related possibilities may be a promising means of reducing identity distress. The present study examined the acceptability and preliminary efficacy of a brief, online therapy based on individualized case formulations regarding young adults' identity-related goals and challenges. Method: This study used a sample of young adults (age 18-25) who received 12 sessions of psychotherapy provided online via the Zoom videoconferencing platform. Recruitment included both randomized trial and cohort components, targeting young adults with self-reported identity distress. Psychotherapy was based on individual case formulations, informed by the Plan Formulation Method, aimed at facilitating young adults' pursuit of personal goals. Results: This presentation will focus on acceptability—rate of completion versus dropout—and preliminary outcome in terms of patient estimation of improvement and change in identity-related and symptom domains. Discussion: Findings will be discussed in terms of implications for young adult mental health care, including early intervention for personality dysfunction and individualized case formulation. Possibilities and plans for further research will be highlighted.

### **Leveraging Emotional Processing to Streamline Personality**

**Process: Initial development of an integrative intervention module in the context of personality pathology..** *Nuno Conceicao,*

*University of Lisbon, Portugal*

There is an emerging trend of research in psychotherapy in the context of personality pathology (PP) which involves the development and testing of general treatment modules to address different domains of dysfunction and the various underlying change mechanisms. After having conducted an examination of the role of emotional processing as a change mechanism in the context of PP, whereby five trans-theoretical emotional change processes, can be facilitated by way of a twofold structure of the individual with PP

(Conceicao & Kramer 2023), the current paper describes the preliminary development of an intervention module where certain emotional processes are conceived as personality processes. In such a module, it is both the observed (emotional, personality) process marker and the observed (emotional, personality) change, that together constitute the unit of assessment, intervention, and transformation. The module integrates three lines of research, (1) Metaprocessing Events (from AEDP); (2) Build up Case Formulation Events (from IRT); and (3), Habit Interruption Events (by Zoltan Gross). Through task-analytic informed process-centered research in each of these lines, we were able to identify and monitor personality and emotional process, by continuously tracking important phenomena like habit validation and interruption, and the responsive adjustments in the intervention. The resulting module (a combo rational-empirical model) is trying to leverage the feeling process, while changing (hindering) habits of mind and is consistent with integrative modular approaches to the treatment of PDs (Livesley et al., 2016). Its transdiagnostic and transtheoretical nature anchored on general change principles and practices may support the possibility of including it in modular or stepped-care protocols for those struggling with PP.

**Body Awareness in Borderline personality disorder, Anxiodepressive disorders and general population.** *Anne-Claire Lafait, Université Catholique de Louvain, Belgique, Pierre Philippot, Université Catholique de Louvain, Belgique*

A central characteristic of Borderline personality disorder (BPD) is a high emotion dysregulation. Other psychological processes are present in BPD, such as: rejection sensitivity, shame, dissociation, lack of identity, low self-compassion. Some studies show that those processes are particularly high in BPD compared to other psychopathologies, such as anxiety disorders. Body awareness (BA) plays an important role in emotion regulation. Indeed, the ability to regulate one's emotions relies on awareness of one's emotional states, and therefore of the bodily sensations associated with these states. This construct has been scarcely studied in BPD. A former study shows that BA is negatively linked to the level of borderline symptomatology in the general population. As other processes



specific to BPD, we expect that BA could be more reduced in BPD patients than in anxiodepressif patients and in the general population. This study aimed to compare in 3 groups (BPD patients, anxiodepressif patients and general population) BA and others psychological processes specific to BPD: emotional dysregulation, rejection sensitivity, shame, dissociation, lack of identity, low self-compassion. Methods Three samples of Belgian and French participants (borderline patients, anxiodepressif patients and people from the general population) will complete online the Multidimensional Assessment of Interoceptive Awareness scale (MAIA), the Borderline Symptom List (BSL-23), the Difficulties in Emotion Regulation Scale (DERS), the Self-Concept and Identity Measure (SCIM), the Dissociative Experiences Scale (DES), the Self-Compassion Scale (SCS) and the Adult Rejection Sensitivity Questionnaire (A-RSQ). BPD participants will be compared to the two other groups, not only on the mean scores of these processes, but also on the inter-relationship pattern among processes.

**Preliminary data from the NORAMP Eight year follow-up study – What is the effect of treatment on employment status?. Gaute Graasvoll, Oslo University Hospital, Norway**

A recent review of the clinical utility of the AMPD concluded that there is good evidence for the model's clinical utility and ability to inform clinical management. However, there is a lack of studies addressing the central requirement of a diagnosis; the ability to provide information about prognosis and clinical course, including psychosocial functioning and occupational status. Such studies require a longitudinal design using structured diagnostic interviews and large clinical samples. One of the main aims of this study is to determine whether the LPFS is a predictor of long-term psychosocial functioning. We will also investigate the interplay between the LPFS at baseline, change of psychosocial functioning, and treatment provided during an 8 years period of time. The Norwegian Multisite study of the AMPD (NorAMP) included 282 participants in the baseline study and all were invited to participate in the eight year follow-up study. Inclusion started in May 2022, and by August 2024, we assume that 140 participants will be included in this follow-up examination. The LPFS is assessed using the first

module of the Structured Clinical Interview for the DSM-5 AMPD (SCID-5-AMPD-I), administered online by experienced clinicians. Type of treatment and treatment intensity during the last 7 years is examined by clinical interviews, as well as occupational status and use of welfare services during the last year. Psychosocial functioning is assessed by self-report questionnaire, i.e., the Work and Social Ability Scale. Regression analysis will be used to examine whether the LPFS at baseline and treatment provided during the last 8 years can predict psychosocial functioning at 8 years follow-up. Preliminary results will be presented.

**Predictors of Self-Stigma in a Sample of Adults Living with Borderline Personality Disorder.** *Melissa Santiago, Albizu University, María C. Vélez Pastrana, Albizu University, Domingo J. Marqués Reyes, Albizu University*

Mental illness self-stigma is associated with more severe psychiatric symptoms, decreased treatment adherence and poorer quality of life. Borderline Personality Disorder (BPD), a serious mental illness characterized by chronic and pervasive emotional dysregulation and self-harm, is among the most stigmatized diagnostic categories. Research has shown higher self-stigma in individuals with BPD compared to other diagnostic groups. Little is known about correlates and consequences of self-stigma in this population. This study aimed to identify predictors of self-stigma in a sample of 45 Latinx adults living with BPD. Data was obtained from a convenience sample and collected through online video interviews with instruments to measure BPD symptoms, emotional dysregulation, self-stigma, and self-harm. Correlation analyses revealed significant relationships between self-stigma and number of hospitalizations, history of hospitalization due to suicide attempt, BPD symptoms, emotional dysregulation, and intra-personally motivated self-harm. More severe emotional dysregulation and intrapersonal self-harm significantly predicted self-stigma. Emotional dysregulation mediated the relationship between BPD symptoms and self-stigma. Results are supported by research documenting associations between self-harm, higher severity psychiatric symptoms and self-stigma. Our findings suggest the importance of assessing and addressing self-stigma, as it may

compound with already presenting problems and adversely impact treatment adherence and motivation.

**Life worth living as “impossible to imagine” to “something I already have”:** Thematic analysis of interviews with individuals starting DBT. *Sophie Liljedahl, Sahlgrenska University Hospital, Hanna Grenner, Sahlgrenska University Hospital, Kristina Sunnerdahl, Södra Ävsborgs Sjukhus, Lois Choi-Kain, Harvard Medical School*

Objectives: Dialectical Behavior Therapy (DBT) conceptualizes a “life experienced as worth living” (LWL) as freedom from the burden of borderline personality disorder (BPD) and its associated suffering. A three-site collaboration study was conducted with the overall aim of defining LWL and related constructs such as flourishing by those with lived experience. The current sub-study focused on a cohort beginning standard outpatient DBT in 2020-2021. Methods: Participants were sequentially recruited from a hospital based DBT setting in western Sweden. For this sub-study, nine individuals, all of whom were starting DBT, took part in semi-structured interviews on LWL and related topics. Interviews were audio recorded and transcribed: data are being analysed with thematic analysis. Results: Participants were female adults who ranged in age from 21-35 (median 26), predominantly heterosexual, most of whom had completed high school. There was variation in how a LWL was experienced. A small proportion of participants were unable to imagine a life worth living at all, while others described having a LWL now that required from them greater emotional stability to sustain. Others described hoping for a future LWL in a way that was instrumental to their survival even if they had difficulty envisioning how it would be. Those who could envision a LWL identified agency and activation as key drivers for achieving a LWL in the future. Most participants who could imagine a future LWL or who already had one now said that they would want more than LWL for their future. These participants described ongoing positive development goals aligned with flourishing, beyond recovery or LWL. Our novel findings are contrasted with results from a recovered cohort similarly interviewed regarding LWL (our first sub-study published in 2023). Implications for those in treatment, their loved ones, and

their mental health care providers are discussed across the illness-to-wellness spectrum.

**The Intergenerational impact of borderline and avoidant personality disorders on child academic achievement: A registry study in Norway.** *Tianfang Yang, University of Oslo, Norway, Eivind Ystrøm, Department of Psychology, University of Oslo, Oslo, Norway, Mathias Valstad, Department of Psychology, University of Oslo, Oslo, Norway, Nikolai Eftedal, Department of Psychology, University of Oslo, Oslo, Norway, Ted Reichborn-Kjennerud, Department of Mental Disorders, Norwegian Institute of Public Health, Oslo, Norway, Robert Krueger, Department of Psychology, University of Minnesota, Minneapolis, USA, Nikolai Czajkowski, University of Oslo, Norway*

Mental disorders can bring considerable adversities, not only to those afflicted, but also to others in close relationships such as partners and children. Particularly, the developmental environment of children can be severely influenced by mental disorders of their parents. Our study aims at examining the impact of borderline personality disorder (BPD) and avoidant personality disorder (AVPD), both of which bring long-lasting maladaptive influences on individual's way of thinking, feeling, and behaving. Indeed, previous studies have found adverse impact on psychosocial outcomes, such as school performance in children and adolescents whose parents have been diagnosed with one or more mental disorders. For example, a recent registry-based study found a robust negative association between parental internalizing disorders and child school performance in Norway. However, few studies have investigated the association between parental personality disorder (PD) and child school performance, and to our knowledge, none have been able to adjust this estimate for possible genetic confounding. We examine the effect of two parental personality disorders on children's academic performance, measured by 10th grade GPA (Grunnskolepoeng), using data from the Norwegian Population Registry and data in the Norwegian Control and Payment of Health Reimbursements Database (2006 to 2022). We combined multiple registries and incorporated 983,046 individuals that were born between 1985 and 2006 into our study. Among their

parents, 3146 maternal BPD cases, 872 paternal BPD cases, 3147 maternal AVPD cases, and 1583 paternal AVPD cases were identified (all unique cases). Preliminary analyses using fixed effect model reveal strong and significant negative association between children's GPA and both maternal and paternal BPD/AVPD diagnoses. We will also present results from additional analyses in which we adjust for genetic confounding and environmental factors.

**EFFICACY OF A DBT-SKILLS-BASED-WEB FOR SECONDARY SUICIDE PREVENTION.** *Matilde Elices, Hospital del Mar Research Institute, Irene Canosa, Hospital del Mar, Joaquim Soler, Hospital de la Santa Creu i Sant Pau, Víctor Pérez Solá, Hospital del Mar*

Introduction: iFD-Survive is a web-based self-help tool designed to provide behavioral skills to cope with dysregulated emotions and suicidal crises. iFD-Survive is organized into four modules. Module one teaches people how to create a safety plan. Modules two, three, and four are dedicated to DBT skills: mindfulness, distress tolerance, and emotion regulation. Telephone skills coaching (2 hours per participant) is provided through the program. Methods: This is a cohort-nested-RCT in which 600 participants (older than 18 years) with a suicide attempt were randomized to iFD-Survive (n = 300) or treatment as usual (TaU, n = 300). Participants were followed for 12 months; the primary variable was the time to repeat an attempt. Results: 63% of the intended sample received the intervention. Of those, 60% completed at least 75% of the program. There were no significant differences between iFD-Survive and TaU in terms of depressive and anxiety symptoms decrease, although both groups improved over time. Survival analysis showed no significant differences between groups regarding time to suicidal behavior repetition. Conclusion: Participants with suicidal behavior benefit from a web-based self-help tool based on DBT skills. However, no significant differences were found when compared to TaU.

**A Glimpse into Narcissus Daily Life: Exploring the Daily Covariation of Narcissistic States..** *Erika Fanti, University of Milano-Bicocca, Emily A. Dowgwillo, University of Detroit-Mercy, Aaron L. Pincus,*

*Pennsylvania State University*

According to clinical theory and advanced empirical research, narcissistic personality states fluctuate over time. However, the understanding of these fluctuations remains limited. In order to expand empirical knowledge on this topic, we recruited 88 undergraduates to complete baseline measures and respond to smartphone prompts assessing narcissistic states and emotions in daily life seven times a day for 10 days. Narcissistic states were assessed using a state-adapted version of the Super Brief Pathological Narcissism Inventory (SB-PNI). Results indicated a wide range of within-person covariation of narcissistic states, spanning from  $-.55$  to  $.52$ . Moreover, within-person covariation was negatively associated with trait grandiosity, guilt, and mood activation. Additional analyses revealed a significant quadratic relationship between narcissistic covariation and trait vulnerability and between narcissistic covariation and mean state vulnerability, self-esteem, pleasant and activated mood, and shame across 10 days. These findings indicate the existence of state intra-individual differences and suggest a potential state-based dynamic taxonomy of narcissistic presentations. In conclusion, results highlight the clinical relevance of understanding distinctions between co-occurring, contrasting, and dissociated narcissistic states.

**The Effect of Comorbid Post Traumatic Stress Disorder and Borderline Personality Disorder on Psychotherapy Outcome: A Meta-Analysis.** *Yogev Kivity, Bar-Ilan University, Shir Ada Basson, Bar Ilan University, Tamuz Levi, Bar Ilan University*

Background: Borderline personality disorder (BPD) and post-traumatic stress disorder (PTSD) tend to be highly comorbid with comorbidity rates as high as 46%-56% (Arble & Krasean, 2018), often complicating the diagnosis and treatment of each of these disorders. Psychotherapies for each of these disorders tend to focus on the symptoms and characteristics of the primary disorder, often neglecting the secondary disorder. Findings regarding the effect of this comorbidity on the outcome of psychotherapies for each of these disorders have yielded mixed findings, as reviewed in Zifman et al., 2021, emphasizing the importance of a meta-analytic review.

Thus, this ongoing meta-analysis will examine how psychotherapies targeting each individual disorder are affected by the presence of the other disorder. Due to the prevalent and tumultuous symptoms of BPD, we hypothesize that the effect of comorbid BPD on PTSD treatment outcome (BPD->PTSD), will be larger than the effect of comorbid PTSD on BPD treatment outcome (PTSD->BPD). Methods: The meta-analysis is ongoing, and we expect to complete it by August 2024. We searched PsycNet, Web of Science and ProQuest for relevant keywords. Abstract screening (k = 10,351) is almost completed while coding is currently underway. The findings will be analyzed using multi-level meta-analysis examining whether the type of comorbidity moderates the size of the effect. Possible Implications: Findings could shed light on the existence and magnitude of the effect of comorbid BPD/PTSD on psychotherapies targeting the other disorder. Findings could inform treatment strategies and suggest avenues for improving existing treatments for comorbid BPD-PTSD.

**Subtypes of personality disorders based on clusters of maladaptive personality traits: Internalizing, externalizing, and mixed subtypes and their distinct severity of BPD symptoms.**

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Background: Heterogeneity of personality disorders (PDs) may manifest itself in various internalizing or externalizing features and distinct clinical characteristics. Previous studies focused on specific categories of PDs, however, have not involved the entire cross-section of hospitalized patients to investigate the differentiation of the severity of pathological traits, although they may be explained in terms of their internalizing or externalizing nature. The current

study addressed this gap by exploring a dimensional maladaptive personality traits (MPTs) approach. The study aimed to identify subtypes of patients with PDs who manifest distinct internalizing and externalizing personality facets through grouping MPTs of similar severity in clusters and recognizing underlying patterns in early adulthood. Methods: Overall, 156 female inpatients from two specialized PDs treatment units completed a battery of self-report questionnaires. Firstly, we employed k-means clustering to identify separate clusters of MPTs (measured by the Personality Inventory for DSM-5). Secondly, we performed ANOVAs to investigate the differences between the clusters in the severity of BPD symptoms (measured by the BPD Checklist). Results: The results revealed three groups with different characteristics and levels of severity of MPTs: (1) externalizing pattern, characterized by the mildest severity of MPTs, which are visible for others and can affect environment; (2) internalizing pattern, with moderate severity of MPTs, which are mostly inward-directed impacting distress and one's suffering that can be invisible to environment; (3) mixed pattern, with the highest severity of MPTs, which is combination of externalizing and internalizing patterns that corresponds to the greatest extent with the diagnostic criteria for BPD. Each of the clusters manifested distinct clinical characteristics. Conclusions: Our findings show the utility of the internalizing-externalizing model in explaining the differentiation of individual patterns of personality pathology and their distinct clinical characteristics.

**The Relations among Mindfulness, Mentalizing, and Borderline Personality Disorder Features: A Pilot Study of Individual Differences and Daily Life Measures.** *Noa Steinberg, Bar Ilan University, Rotem Moshe-Cohen, Bar Ilan University, Leeav Sheena, Bar Ilan University, Israel, Yogev Kivity, Bar-Ilan University*

Mentalizing, the capacity to consider mental states, is a fundamental capacity that is associated with mental health. Impaired mentalizing is considered a hallmark of borderline personality disorder (BPD), a severe, life-threatening, and difficult-to-treat disorder. However, little is known about the psychological processes that underlie mentalizing. Conceptual considerations suggest that mindfulness, the conscious and deliberate attention to



the present experience, may facilitate mentalizing, but this relation remains poorly understood empirically. The current study presents preliminary findings of assessing the mindfulness-mentalizing association in lab and in daily life, in relation to features of BPD. Twenty non-clinical participants were interviewed for mentalizing capacity and completed self-report measures of mentalizing, mindfulness and BPD features using lab-based assessments. In addition, momentary levels of and fluctuations in mentalizing were assessed using a weeklong ecological momentary assessment (EMA) including six daily surveys of audio-recorded descriptions of current mental states. Narrative materials were coded using an observer-rated measure of mentalizing. Greater self-reported BPD features were associated with higher fluctuations in momentary observer-rated mentalizing ( $r = .27$ ), and lower levels of both observer-rated mentalizing and self-reported mindfulness ( $r = -.38$  and  $r = -.70$ , respectively). In addition, greater fluctuations in momentary observer-rated mentalizing were related to lower levels of self-reported mindfulness ( $r = -.60$ ). Finally, better self-reported mentalizing was associated with better self-reported mindfulness ( $r = .28$ ). These preliminary findings suggest the potential relations of mindfulness with several aspects of mentalizing and point on the possible centrality of both mentalizing and mindfulness among individuals with BPD features.

**Personality disturbances in outpatients with predominantly anxious and depressive symptomatology.** *Adriana Bogdanovska Toskic, General Hospital Kumanovo, Medical Faculty University Ss. Cyril and Methodius Skopje, Slavica Arsova Hadzi-Angjelkovska, Medical faculty, University Ss. Cyril and Methodius Skopje*

Introduction: Personality disorders, as well as some of their features - the degree of borderline pattern and narcissistic features, have a high prevalence with other mental disorders, which indicates their possible connection and conditioning. Objectives: The aim of the study is to determine the prevalence of personality disorder in patients with anxious and depressive symptomatology, as well as the association of these symptoms with borderline pattern and narcissism. Methods: A cross-sectional study was made to determine personality disorder, borderline pattern and narcissistic

characteristics in patients with predominantly anxious and depressive symptomatology. The HAM-A scale was used to assess anxiety, the HAM-D scale for depression, the LPFS-BF-2.0 was used for personality functioning, the BPS for borderline pattern and the PNI for narcissism. Results: The study included 38 respondents (N 38, 73.68% women), between 18 and 65 years (mean age 42.315). All persons had elevated anxiety and depressive symptomatology. The 34.21% of them have some degree of personality disorder and 28.05% have personality difficulties. Both depression and anxiety showed significant correlations with the level of personality functioning, the degree of borderline pattern, and with vulnerable narcissism. Conclusions: According to the obtained results, 62.26% of people with anxious and depressive symptoms have a certain degree of personality dysfunction. The level of personality functionality, borderline features and vulnerable narcissism contribute to the manifestation of anxiety and depressive symptoms. For these reasons, in persons with manifest anxiety and depression, it is necessary to make an assessment for the existence and characteristics of a personality disorder and to modulate the therapy plan according to the obtained results.

**Clients' DBT Skills Group Treatment Credibility Ratings Predict Treatment Outcomes.** *Caitlin Hibbs, Bangor University, Alexandra King, DBT California, Lynn McFarr, DBT California*

Limited research exists examining client perceptions of Dialectical Behaviour Therapy (DBT) and how it impacts treatment outcomes. The current study aimed to explore whether DBT skills group credibility influenced treatment outcomes in a private outpatient clinic and training institute in Southern California. Participants were 208 adult and adolescent clients completing 6- or 12-month comprehensive DBT treatment. Measures of symptoms of Borderline Personality Disorder (BPD), anxiety, and depression were collected at intake and every two months throughout treatment. At the end of each skills module, clients were asked if the group is helpful, acceptable, and meets their needs. The sum of these ratings was used as an indicator of credibility of skills training. Hierarchical Linear Models were used to test associations between skills group credibility ratings and changes in outcome measures

over the first 6 months of treatment. Baseline scores were included to account for severity at the start of treatment. Fixed effects for the interaction between group credibility and time in treatment were significant in models predicting change in measures of depression ( $p=.004$ ), BPD symptoms ( $p=.01$ ), and anxiety ( $p<.001$ ), suggesting that clients who rated the group as more credible saw a greater reduction in these symptoms for each month in treatment. Fixed effects of treatment trajectory were significant for models predicting change in BPD symptoms ( $p=.01$ ) and anxiety ( $p=.03$ ), indicating that the reduction in these symptoms for clients in the 12-month program was slower than for those who did not complete or who graduated in 6-months. These findings provide initial evidence for the importance of skills group credibility in DBT treatment response. The study has several limitations, including using a non-validated measure of group credibility and being unable to discern the direction of causality. Future research is needed to test whether promoting group credibility improves treatment outcomes.

**Convergent validity of the MMPI-2-RF personality disorders spectrum scales in the context of the dimensional model of personality disorders.** *Alfredas Laurinavicius, Vilnius University, Fausta Gerikaitė, Vilnius University, Martin Sellbom, University of Otago, New Zealand*

The paper examines the convergent validity of the MMPI-2-RF Personality Disorder Spectra scales using the diagnostic criteria of the DSM-5 Alternative Model of Personality Disorders: the level of personality functioning and pathological personality traits. A convenient sample of 120 adults participated in the study of which 75.0 per cent were females, ages varied from 18 to 40 years ( $M = 27.3$  years,  $SD = 7.1$ ). Measures: The MMPI-2-RF Personality Disorders Spectra Scales (Sellbom et al., 2018); Level of Personality Functioning Scale - Brief Form (LPFS-BF; Weekers et al., 2019); Personality Disorder Severity ICD-11 Scale (PDS-ICD-11; Bach et al., 2021); The Short Version of the Personality Inventory for DSM-5 (PID-5-BF; Krueger et al., 2013). The obtained results were in line with theoretical assumptions and results from studies on MMPI-2-RF PD Spectra scales. Most of the PD scales correlated with scales

measuring personality functioning and effect sizes were medium. Not surprisingly, antisocial, narcissistic, schizoid and histrionic PD scales showed smaller to no correlations with impairments in personality functioning, as such individuals do not perceive themselves as actually “impaired”. The patterns of correlations between PD and PID-5-BF scales were consistent with theory, however, associations with antisocial and narcissistic PD scales were rather small. In general, the results of the study support the convergent validity of the MMPI-2-RF Personality Disorder Spectra scales and further studies of practical application look promising.

**‘Validation in Spanish of the structured interview of personality organization revised (STIPO-R) as a diagnostic tool for borderline personality organization and personality disorders.’..** *Maria Jesus Rufat, Centre Psicoteràpia Barcelona. Grup TLP Barcelona, Josep Lluís Matalí, Psychiatry and Psychology Service of the Hospital Sant Joan de Déu (HSJD)., Joan Vegué, Centre Psicoteràpia Brcelona-Serveis Salut Mental (CPB-SSM). Grup TLP Barcelona, Marc Ferrer, Hospital Universitari Vall d&#x27;Hebron, Natàlia Calvo, Hospital Universitari de la Vall d&#x27;Hebron (Barcelona)*

The main objective of this study is to adapt to the Spanish language and to obtain evidences of validity and reliability of the Structured Interview of Personality Organization Revised (STIPO-R) as a diagnostic instrument for personality organization and personality disorders (PD). The design of this study is naturalistic, based on the natural clinical context, descriptive, analytical, and cross-sectional, carried out in a sample of 200 subjects: a clinical group of 139 outpatient psychiatric patients with a diagnosis of PD and a control group of 61 subjects without a diagnosis of PD in the last ten years. The evidences of validity and reliability of the Spanish version of the STIPO-R have been studied, since no published data from the validation process of the original instrument is available to date. These evidences have been: content; structure; and concurrent validity with: the Personality Inventory for the DSM-5 (PID-5) and the Structured Clinical Interview for DSM – IV Axis II Personality Disorders (SCID – II). Likewise, criterion validity has been studied. The preliminary results confirm that the Spanish version of the STIPO-R has an adequate internal consistency and diagnostic power

to assess normal and pathological personality in line with the Alternative Model of Personality Disorders (MATP) of the DSM-5 (APA, 2013). Moreover, has evidences of validity of: content; structural (the Spanish version of the STIPO-R has 6 psychopathological domains: Identity, Object Relations, Primitive Defenses, Advanced Defenses, Aggression and Moral Values); and concurrent relationships with: the SCID-II (categorical perspective) and the PID-5 (dimensional perspective). It would be interesting to develop other studies with which to compare the obtained results.

**Exploring the Relationship between Dialectical Thinking, Cognitive Flexibility and Clinical Symptoms in Borderline Personality Disorder.**

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Borderline Personality Disorder (BPD) presents significant diagnostic and therapeutic challenges, yet its underlying pathophysiology remains elusive. With its cognitive hallmark of dichotomous thinking patterns, Dialectical-behavioral therapy (DBT) has emerged as a cornerstone treatment for BPD, aiming to foster dialectical thinking – the ability to hold and integrate contradictory perspectives. Despite extensive exploration of cultural influences on dialectical thinking, its relevance to clinical populations, particularly in the context of personality disorders, remains largely uncharted. This study seeks to bridge this gap by elucidating the relationship between dialectical thinking, cognitive flexibility, and the clinical manifestation of BPD. Focusing on patients within a Psychiatric Day Treatment Unit characterized by a spectrum of borderline personality features, BPD symptomology was assessed using the Zanarini Rating Scale for BPD. Cognitive flexibility was measured using the Trail Making Test and the Stroop task, while self-reports

were obtained for dialectical thinking (utilizing the Dialectical Self Scale and Analysis-Holism Scale), emotional regulation (via the Difficulties in Emotion Regulation Scale), mindfulness (assessed with the Five Facet Mindfulness Questionnaire), and interpersonal functioning (measured by the Inventory of Interpersonal Problems-32 items). By shedding light on the role of dialectical thinking in the psychopathology of BPD, this study holds promise for identifying novel cognitive markers and interventions in the management of personality disorders.

**From fear of aggression to love: working with paranoid transference..** *EULÀLIA RIPOLL, CPBSSM- BARCELONA, Maria Jesus Rufat, Centre Psicoteràpia Barcelona. Grup TLP Barcelona*

In the beginning of a new Transference Focused psychotherapy Group (TFP-G), all members wish to be accepted, they want to share their conflicts with people they think can understand them. Together with this, paranoid transference arise in the group in an split - off way. The dominant issue is to preserve the group space as a safe place. The dominant affect is fear to be rejected, criticized, or judged by the group and the tendency is to give support to others, to highlight all good aspects, avoiding at the same time situations than mean confrontation with common problems that bring all group to therapy by fear of aggression and group's destruction. This position of the group will not lead to change spontaneously. So, working with the paranoid transference is a very important issue from the beginning of the group to promote changes in usual problems of BPD patients and in personality functioning. We will present clinical vignettes to show how paranoid transference appear, how the group reacts and tries to avoid them by split off and negation of aggression in their interaction, and at the same time how to work with it. It is necessary to build up together with the group the idea that it is a responsibility for the group to face the bad aspects if they want to improve and obtain changes in their lives, and the idea that confrontation is necessary and will not destroy the group. The group must recognize this paranoid transference to move from de fight-flight and dependency basic assumptions to the working group.

**Study on the effectiveness of group transference-focused psychotherapy in a sample of patients diagnosed with borderline personality organization: preliminary results..** *Elisabet Sánchez Penadés, CPB-SSM, Grup-TLP Barcelona, Maria Jesus Rufat, Centre Psicoteràpia Barcelona. Grup TLP Barcelona, EULÀLIA RIPOLL, CPBSSM- BARCELONA, Joan Vegué, Centre Psicoteràpia Brcelona-Serveis Salut Mental (CPB-SSM). Grup TLP Barcelona, Marc Ferrer, Hospital Universitari Vall d'Hebron, Natàlia Calvo, Hospital Universitari de la Vall d'Hebron (Barcelona)*

The primary objective of this research is to ascertain whether the implementation of Group Transference-Focused Psychotherapy (TFP-G) positively influences the level of Personality Organization (PO) in a cohort of patients diagnosed with Borderline Personality Organization (BPO). This study adopts an open, naturalistic design with consecutive assignment and aims to examine effectiveness through pre- and post-treatment measures. The cohort comprises 30 female individuals diagnosed with BPO, aged between 18 and 45 years. Therapists hold official accreditation in TFP (levels A/C). The group therapy spans one year, with weekly sessions lasting 75 minutes each. Three distinct evaluations will be conducted: the baseline or pre-treatment evaluation, the assessment at 6 months of treatment, and the post-treatment evaluation upon completion of the year-long intervention. The evaluation protocol is comprehensive, encompassing diagnostic tests such as SCID-I, SCID-II, STIPO-R, BPD-CHECKLIST, RFQ-8, BIS-11, CTQ, LPFS, and PID-5-SF. The findings obtained thus far suggest that the application of TFP-G enhances the level of PO in individuals with a diagnosis of BPO, coupled with an observed improvement in the overall personality functioning of the patients. Preliminary results of the study will be presented at the conference. This study holds significant importance as it aims to be the inaugural publication addressing this subject, with the objective of contributing substantial scientific evidence on the TFP-G. The implications of these findings extend to the broader understanding and potential advancement of therapeutic approaches for individuals with BPO. The dissemination of these results emphasizes commitment to advancing psychotherapy through scientific contribution.

### **Self and Other Representations in Borderline Personality**

**Disorder.** *Rotem Moshe-Cohen, Bar Ilan University, Leeav Sheena, Bar Ilan University, Israel, Noa Steinberg, Bar Ilan University, Yogev Kivity, Bar-Ilan University*

Borderline personality disorder (BPD) is often conceptualized as a disorder of disturbed identity which includes, among others, distorted and inconsistent perceptions of self and others. Three dimensions of impaired self-other representations in BPD that are often discussed are polarization, vacillations over time and lack of self-other distinction. Nevertheless, these dimensions are rarely studied together, and little is known about how these impairments are dynamically related to other impairments in BPD in daily life. In this pilot study, we introduce an observer-rated scale that quantifies disturbances on these three dimensions. Data were collected in a non-clinical sample of 20 students that were median-split into those high and low (H-BPD and L-BPD, respectively) in self-reported BPD symptoms at baseline (PAI-BOR; Morey, 1991). Then, participants completed a weeklong ecological momentary assessment (EMA) including six daily audio-recorded descriptions of current mental states. Narrative materials were coded using the abovementioned observer-rated measure. We found that H-BPD showed greater vacillations than L-BPD participants ( $d = 0.34$ ) but no differences were observed in polarization ( $d = 0.17$ ) and self-other distinction ( $d = 0.07$ ). Thus, BPD symptoms may be especially related to unstable self-other representations. Additionally, we found that polarization tended to be related to vacillations and non-differentiation ( $r_s = .21 - .53$ ). Thus, participants that had more polarized internal representations also tended to show greater fluctuations and less differentiation. The results support the feasibility of assessing internal representations using an EMA design and strengthen the importance of using EMAs for examining the dynamics of BPD in daily life. Ultimately, understanding the dynamics of BPD in daily life can improve existing models of BPD and assist in case conceptualization.

### **The Association between Mentalizing, Construal Levels and**

**Borderline Personality Disorder Symptoms.** *Tom Livni, Bar Ilan*



*University, Israel, Noa Steinberg, Bar Ilan University, Rotem Moshe-Cohen, Bar Ilan University, Leeav Sheena, Bar Ilan University, Israel, Yogev Kivity, Bar-Ilan University*

Mentalizing, the process of awareness and understanding of mental states, is a central impairment in borderline personality disorder (BPD). Mentalizing is considered an essential human function and is positively associated with functioning in various life domains, while impaired mentalizing is associated with psychopathology. Little is known about the psychological processes that may underlie successful mentalizing, such as the possible association between the quality of mentalizing and the level of abstractness in which the mentalized experience is construed. Construal level theory (CLT) is a prominent theoretical and empirical social-cognitive framework that may facilitate a better understanding of the role of construal in mentalizing. According to CLT, objects (including people) which are perceived to be more psychologically distant are construed as more general and abstract (i.e., higher construal level). Some preliminary studies examined construal level (CL) in relation to mentalizing, but the findings were mixed, and no studies examined its association with mentalizing quality. Additional findings associate BPD with decreased psychological distance from others, although indirectly. The presented study is a feasibility pilot study examining the association between mentalizing, CL and difficulties associated with BPD in both lab and ecological settings. Twenty non-clinical participants completed a self-report measure of BPD features, a lab interview, and a 1-week Ecological Momentary Assessment (EMA) burst that included audiorecorded descriptions of mental states. Narrative materials were coded for CL and quality of mentalizing. Results suggested that, in the lab, mentalizing quality was positively correlated with CL, and both were negatively correlated with identity problems; while, in daily life, CL showed an inverse-U shaped association with mentalizing quality, and both were unrelated to BPD features. These results suggest that a moderate level of CL may be optimal for mentalizing. The interplay between BPD, CL, and mentalizing remains to be determined in larger and clinical samples.

### **The Role of Reflective Functioning in People's Perceptions of**

**Justice-Involved Individual's Personality Pathology.** *Caroline Carmody, Sam Houston State University, Shelby Farmer, Sam Houston State University, Sarah Birkenholz, Sam Houston State University, Adam Natoli, Sam Houston State University*

**BACKGROUND** Reflective functioning pertains to an individual's capacity to reflect on and understand one's own and others' actions, thoughts, and feelings and might introduce bias while completing informant-report measures. Barriers to reflective functioning have been identified (Benbassat, 2020), with many seemingly present when it comes to perceiving justice-involved individuals (e.g., power, reduced social solidarity). Informant-reports are used in forensic evaluations, and it's necessary to understand what factors underlie evaluative bias – reflective functioning might be one of these factors. The present study investigated this possibility. **METHOD** University students are being recruited (data collection ongoing) to complete several self-report instruments, including the Reflective Functioning Questionnaire-8 (RFQ-8), and before completing informant-report versions of the LPFS-BF 2.0 and PID5BF+M to assess eight justice-involved individuals described using validated clinical vignettes. Presently, 25 participants (mean age 21.44; 88% female; 68% White) completed the study. Perceiver effects – representing evaluative bias – were calculated for each participant using a Social Relations Model approach; bivariate correlations were calculated to evaluate associations between participants' evaluative bias and reflective functioning. **RESULTS** Preliminary results revealed modest negative correlations between the RFQ-8's Certainty scale and participants' evaluative bias ( $r_s = -.139$  to  $-.355$ ) whereas the RFQ-8's Uncertainty scale was moderately positively correlated with evaluative bias ( $r_s = .272$  to  $.446$ ). **DISCUSSION** Preliminary findings suggest the tendency to form impressions of one's own and others' actions, thoughts, and feelings without anchoring them in reality (Certainty) is associated with a tendency to underestimate the personality pathology of justice-involved individuals whereas difficulty forming complex models of one's own and others' mind (Uncertainty) is associated with overpathologizing. Knowing how reflective functioning may impact informant-report ratings of personality pathology has many implications for forensic psychology and personality assessment, as well as possible implications for jury

selection and criminal legal decisions. Study limitations and future directions will be discussed.

**Narcissism, level of personality organization and intimate functioning in young adults..** *Agnieszka Izdebska, Adam Mickiewicz University in Poznan, Poland, Marta Karbowa-Płowens, University of Adam Mickiewicz, Poznań, Poland*

The presentation will discuss the results of research devoted to the connection between two types of pathological narcissism, grandiose and vulnerable, occurring at different levels of personality organization and functioning in intimate relations in young adults. To date, there are few studies devoted to this issue. In addition, as in the case of research on other correlates of narcissism, the results are not conclusive, suggesting the heterogeneous nature of the studied construct. The theoretical framework for the study is Kernberg's object relations theory. According to this view, people with narcissistic pathology experience specific difficulties in the areas of sexuality and love relationships. The specificity of these difficulties is determined by the severity of narcissism in conjunction with the individual's level of personality organization. As variables describing intimate functioning, the characteristics of sexual activity in the last year, i.e., the number of sexual partners and the type of relationships in which it was undertaken, the types of sexual practices as well as the self-assessment of one's pleasure and the assessment of the partner's pleasure in these practices, the direction of sexual desire, and romantic attachment defined on the dimensions of avoidance and anxiety were taken into account. The study is conducted in a group of young Poles from the general population. The choice of people entering adulthood (i.e., between the ages of 22 and 28) as the study group is related to the particular importance - as a developmental task - of their activity in creating partnerships in which sexuality is realized. The challenge of carrying out this task is further strengthened by the instability and transformations of the geopolitical and cultural social context in which it is undertaken. Learning about the personality-related determinants of coping with these developmental challenges will be necessary for understanding the potential difficulties of young people in creating

mature partner sexual functioning and designing dedicated forms of intervention for them.

**Weekend and web therapy program(We2U). Hybrid format mentalization-based group therapy for youth with emotional dysregulation.** *Knut-Asbjørn Ulstein, Ålesund, Helse Møre og Romsdal, NORGE*

Hybrid format mentalization-based group therapy for youth with emotional dysregulation Project manager: Knut Asbjørn Ulstein, MBT-group therapist, Ålesund, Norway Mentalization-based therapy for adolescents (MBT-A) has demonstrated effectiveness in mitigating self-harm tendencies and depressive symptoms. Nonetheless, its availability remains scarce, especially in remote child and adolescent mental health outpatient clinics. Moreover, adolescents in foster or institutional care often face unstable life circumstances, posing challenges to consistent attendance in location-bound, long-term psychotherapy. In response, we have developed a hybrid-format program, merging weekend in-person sessions with digital weekly meetings, to better meet the needs of these youths. This study aims to assess the feasibility and acceptability of such a hybrid MBT-group therapy model, specifically designed for youths grappling with emotional dysregulation and constrained access to conventional, specialized long-term treatments. Methodology/Design: The We2U program integrates elements of MBT psychoeducation and group therapy, supplemented by multifamily group dynamics. The treatment protocol entails an intensive 3-day phase conducted over a weekend, including board and lodging, followed by weekly digital group sessions spanning 16 weeks. This two-phase module can be repeated every four months as a slow open-group therapy program with both former and new participants. For the feasibility study, seven female adolescents aged 15-17 were recruited, with two participants discontinuing treatment during the follow-up period. Qualitative assessments, including one focus group and seven individual in-depth interviews, will gauge acceptability, perceived benefits, barriers to participation, and overall treatment experiences. Preliminary treatment outcomes will be evaluated through self-report questionnaires administered at pre-

intervention, after 8 weeks, and post-intervention at 16 weeks, including the Borderline Personality Features Scale for Children-11, the Risk-Taking and Self-Harm Inventory for Adolescents, and the Reflective Function Questionnaire for Youth. Preliminary results will be presented.

**Factors behind suicidality and non-suicidal self-injury in patients with borderline personality disorder.**

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Suicidality and non-suicidal self-injury (NSSI) are highly prevalent in borderline personality disorder (BPD) and pose a challenge for patients and relatives as well as for treatment. Despite a wealth of studies into the development and risk factors, there is a lack of research and instruments to assess the complex functionality of NSSI and suicidality. Therefore, the aim of this study was to validate a new comprehensive questionnaire to capture various causes behind these constructs. The “questionnaire for improved understanding of self-injury and suicidality” (FSS) was developed as a clinical tool to assess 1) the frequency and methods, 2) underlying contextual factors including possible reinforcing mechanisms, 3) preventative/ protective factors, 4) other behaviour harmful to the body (e.g., binge eating) as well as 5) the required therapeutic support. The FSS was filled out by BPD patients and a comparison group of patients with depression and anxiety. Exploratory factor analyses (EFA) will be used to examine the underlying functions as well as differences in factors between NSSI and suicidality. Moreover, psychometric properties such as the acceptability, concurrent validity to gold standard measures (e.g., Beck Scale for Suicide Ideation) and construct validity with theoretically related

concepts (e.g., BPD severity, depression) will be assessed. Suicidal and self-injurious behaviour play a cardinal role in the development, maintenance, and treatment of BPD. Therefore, understanding the complex individual functionality behind these symptoms, could potentially be utilized to reduce chronic suicidality and suicidal crises in clinical practice.

**MMPI-2-RF Personality Disorder Spectra Scales: An Examination of Psychometric Characteristics, Convergent and Known-Group Validity in Multiple Lithuanian Samples.** *Alfredas Laurinavicius, Vilnius University, Neringa Grigutyte, Vilnius University, Martin Sellbom, University of Otago, New Zealand*

In the paper archival data on MMPI-2 research in Lithuania is analyzed. The analysis aimed to evaluate the psychometric characteristics, convergent and known-group validity of the MMPI-2-RF Personality Disorder Spectra scales (Sellbom et al., 2018), derived from the MMPI-2 protocols. MMPI-2 standardization sample (N = 1202) was used to calculate descriptive statistics. The psychometric characteristics of the scales were acceptable; the distribution of the data generally met the requirements of normality. There were no differences between genders, except for higher scores on the Antisocial scale in the male sample. The comparisons of MMPI-2-RF PD scales between standardization (N = 1202), clinical comparison (N = 261), addiction treatment centre patients (N = 105), prisoners (N = 83), and students (N = 83) samples showed results consistent with theoretical assumptions. The differences reached a large effect size. The convergent validity of MMPI-2-RF PD scales was tested in prison sample using the Beck Anxiety Inventory (BAI, Beck et al., 1988), Beck Depression Inventory (BDI, Beck et al., 1996), Michigan Alcoholism Screening Test (MAST, Selzer, 1971), and Indecisiveness scale (Pociūtė, 2011). The directions of correlations corresponded to the characterization of specific personality disorders, the strength of correlations was mostly of medium effect size. In conclusion: the results confirm good psychometric characteristics of the MMPI-2-RF PD scales and the validity of the scales, providing the argument for the utility of the scales in Lithuania.

**Feasibility and acceptability of a web-based dialectical behavior therapy skills program for secondary suicide prevention..** *Irene Canosa, Hospital del Mar, Matilde Elices, Hospital del Mar Research Institute, Joaquim Soler, Hospital de la Santa Creu i Sant Pau, Víctor Pérez Solá, Hospital del Mar*

Introduction: The iFightDepression-Survive (iFD-Survive) is an extension of the iFightDepression program (iFD; [www.ifightdepression.com](http://www.ifightdepression.com)), a cognitive-behavioral, internet-based self-management tool developed by the European Alliance Against Depression (EAAD). iFD-Survive provides behavioral skills to cope with dysregulated emotions and suicidal crises. iFD-Survive is organized into four modules. While module one teaches people how to create a safety plan, the rest are dedicated to dialectical behavioral therapy (DBT) skills: mindfulness, distress tolerance, and emotion regulation. Participants can navigate the tool independently, using diverse resources, including videos, audio, readings, and worksheets. Telephone skills coaching (2 hours per participant) is provided through the program. Methods: 38 individuals who presented a recent suicide attempt and 11 mental health practitioners tested the program and were interviewed afterwards. Results: Participants considered that safety planning, mindfulness, and distress tolerance were the most valuable parts of the program. Telephone skills coaching, audio, and videos were more helpful than readings and worksheets. However, opinions were heterogeneous, and, in general, participants liked to have different types of resources with the option to "dive" into each skill more deeply if deemed necessary. While some participants had previous experience with DBT or mindfulness practice, most found the content novel and interesting. In general, the skills training aims were achieved, as people associate skills practice with less impulsive behavior, less reactivity, and increased acceptance and present-moment focus. Conclusions: Preliminary results suggest that iFD-Survive is feasible among participants with depressive symptoms who have made a recent suicide attempt. Based on these qualitative data, we conclude that universal secondary prevention programs should provide diverse resources and content to reach a wider audience. Future research is needed to determine if these can be transferred to other populations. References:

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**Dialectical behavioral skills training plus EMDR in the treatment of borderline personality disorder and trauma: A pilot randomized-controlled study..** *Matilde Elices, Hospital del Mar Research Institute, Irene Canosa, Hospital del Mar, Carlos Schmidt, Hospital de la Santa Creu i Sant Pau, Juan C Pascual, Hospital de la Santa Creu i Sant Pau, Benedikt Amann, Hospital del Mar, Walter Lupo, Hospital del Mar, Joaquim Soler, Hospital de la Santa Creu i Sant Pau*

Background: Borderline Personality Disorder (BPD) is a complex multidimensional disorder characterized by unstable mood, relationships, and impulsivity. A diagnosis of BPD is, therefore, associated with a wide range of symptoms and extensive comorbidity. The proportion of patients with BPD and posttraumatic stress disorder (PTSD) ranges from 25.0 up to 79.0%. The comorbidity of BPD and PTSD predicts a lower likelihood of remitting from BPD and suggests a more impaired profile. Dialectical Behavioral Therapy skills training (DBT-ST) has proven to be efficacious in the treatment of BPD. Recently, Eye Movement Desensitization and Reprocessing (EMDR) has emerged as an efficacious approach to reduce symptoms and improve remission rates in adults with PTSD. Yet, studies combining DBT and EMDR are lacking. Methods: The present pilot randomized-controlled clinical trial aims to test whether a combination of DBT-ST plus EMDR could be efficacious in treating trauma in individuals with BPD. 40 participants will be recruited and randomized (1:1) to DBT-ST + EMDR or DBT-ST alone. The primary outcome is the reduction of borderline symptoms (BSL-23). Secondary outcomes include trauma, dissociation, and depressive symptoms. Discussion: Findings show that both treatments lead to a decrease in BPD symptoms. Future studies should focus on finding particular features of patients who might benefit more from one intervention or the other.

**Facets of emotion dysregulation and type of addiction: an empirical comparison between clinical populations.** *Guyonne*



*Rogier, Department of Educational Sciences, University of Genoa, Roberta Cavalli, Sapienza University of Rome, Italy, Raffaella Abate, Department of Dynamic and Clinical Psychology, and Health Studies, Sapienza University of Rome, Serena Bruno, Sapienza University of Rome, Italy, Patrizia Velotti, Sapienza University of Rome, Italy*

Emotion dysregulation is a core feature of borderline personality and allied personality disorders and account for the frequent co-occurrence of these conditions with a range of addictions including substance, alcohol and behavioral addictions. These disorders present unique challenges, yet all intertwine with emotional dysregulation. Understanding these distinctions is crucial for tailored interventions and treatment strategies. We recruited four samples of patients suffering from addiction to substance (n=28), to alcohol (n=48), to gambling (n=40) and to love (n=29). Patients all fulfilled a demographic sheet and the Difficulties in Emotion Regulation Scale 18 items. A multivariate analysis of variance was performed to identify significance differences in emotion dysregulation across groups. A first comparison revealed that groups did not significantly differ on general levels of emotion dysregulation. However, secondary analyses showed that patients suffering from addiction to substance obtained significantly higher scores on the Lack of Awareness subscale compared to all the other groups. Also, individuals with love addiction reported significantly higher scores on the Strategies subscale compared to all other patients. Despite emotion dysregulation is a common feature underlying addiction, specific deficits may account for proneness to engage in some types of addictive behaviors. Specifically, the difficulty to identify own negative emotional states appeared to characterize individuals addicted to substance whereas low emotion regulation self-efficacy may be more pronounced in individuals developing love addiction. The potential implications for assessment and treatment of individuals with borderline personality disorders and addictions are discussed.

**The pathway linking separation anxiety to anger among violent offenders: examining the role of reflective functioning.** *Guyonne Rogier, Department of Educational Sciences, University of Genoa, Camilla Tacchino, Sapienza University of Rome, Italy, Serena Bruno,*

*Sapienza University of Rome, Italy, Patrizia Velotti, Sapienza University of Rome, Italy*

Borderline rage is one of the most disruptive components of borderline personality disorder that negatively impacts interpersonal functioning and maintains the disorder. In addition, this is the main explanation of why individuals with borderline personality traits may commit violent crimes. Some theoretical frameworks argued that anger and then violence would be elicited by fear of abandonment and separation from significant others. In addition, a fundamental impairment in reflective functioning would support this pathological process. We recruited a sample of adult males convicted for violent crime (Mage=39.61 years; SD=11.73; N=49) who fulfilled a battery of self-report questionnaires including the Personality Inventory for DSM-5 (PID-5), the Aggression Questionnaire (AQ) and the Reflective Functioning Questionnaire (RFQ). A mediational model with 5000 bootstrap extractions. Partial correlations controlling for age showed that the Separation anxiety subscale of the PID-5, the Anger subscale of the AQ and the Uncertainty on mental states of the RFQ were all positively and significantly correlated. Also, the test of direct and indirect effects evidences that the link between Separation anxiety and Anger levels was partially but significantly mediated by Uncertainty about mental states. These preliminary results support the idea that anger in violent offenders may be elicited by separation anxiety and that poor reflective functioning may play a key role in this pathway. Future studies are needed to replicate this result in order to formulate sound clinical recommendations.

**Assessing thoughts on suicide: Mental States related to Suicidal Ideation Scale (MESIS).** *Serena Bruno, Sapienza University of Rome, Italy, Camilla Tacchino, Sapienza University of Rome, Italy, Patrizia Velotti, Sapienza University of Rome, Italy*

Scientific literature on suicide risk factor assessment emphasizes the need for valid and reliable questionnaires to measure dimensions of suicide risk. Among these, suicidal ideation emerges as a major risk factor for the development of suicidal behavior. Still, there is great heterogeneity referred to the suicide ideation

construct and confusion about the dimensions of ideation associated with suicide risk, which is mirrored in measurement instruments and their use in clinical settings. The study was conducted on a sample of 250 individuals (mean age =28.06 years; SD=11.48; 32.2% males) recruited from the general population. A self-report battery including the Mental States related to Suicidal Ideation Scale (MESIS) was administered. The instrument is divided into two sections: (1) the assessment of generic and specific suicidal ideation in terms of frequency and intensity; (2) the assessment of associated mental states. Exploratory and confirmatory factor analyses were performed to identify the best factorial structure according to model fit indices. The results of the exploratory factor analysis confirmed a total pool of 37 items and a three-factor (first section) and four-factor (second section) structure. The first section (12 items) covers the assessment of generic/passive ideation; generic/death-related ideation; and specific ideation. The second section (25 items) concerns the assessment of associated mental states related to (1) escape;(2) burdensomeness; (3) impact; (4) revenge. The model fit indices (RMSEA; CFI) of the confirmatory factorial analysis confirmed the structure, and Cronbach's alphas, ranging from .74 to .96 indicated a good internal consistency of the scales. MESIS is a self-report questionnaire that allow clinicians and researchers to evaluate the dimensions related to active (specific) and passive (generic) suicidal ideation, assessing both their frequency and intensity. Also, it includes a section on associated mental states, beliefs underlying suicidal ideation, providing a contribution for assessment of key risk factors for suicide.

**Unraveling the Complexities of Suicidality: Meta-Analytic Insights into Emotion Regulation and Impulsivity.** *Serena Bruno, Sapienza University of Rome, Italy, Raffaella Abate, Department of Dynamic and Clinical Psychology, and Health Studies, Sapienza University of Rome, Roberta Cavalli, Sapienza University of Rome, Italy, Patrizia Velotti, Sapienza University of Rome, Italy*

Suicidality is core concern for clinicians working with patients suffering from borderline personality disorder. Understanding the interplay between emotion regulation and impulsivity is crucial for comprehending the etiology and prevention of suicide. This

contribution presents the results of two meta-analyses investigating the relationships between suicidality and these key constructs. Both meta-analyses were conducted in compliance with the PRISMA guidelines. The first meta-analysis delves into the connections between suicidality and emotion regulation strategies. In the second meta-analysis, the focus shifts to impulsivity and dissects its multifaceted nature in relation to suicidality. Furthermore, both explore potential moderators, including age, gender, and psychiatric diagnoses. In the first meta-analysis, 226 articles were included. Our findings highlighted the significance of adaptive strategies such as reappraisal, mindfulness, and some problem-solving approaches. In terms of maladaptive emotion regulation strategies, suppression, avoidance, rumination, brooding, negative problem orientation, and both impulsive and avoidant problem-solving were found to be significantly linked to suicidality. Additionally, our analysis revealed several moderating factors. In the second meta-analysis including 37 studies, we observed connections between different facets of impulsivity and suicidality. Specifically, emotional aspects of impulsivity were found to have a stronger correlation with suicidal thoughts and attempts compared to cognitive and behavioral dimensions. Together, these meta-analyses provide a comprehensive overview of the intricate relationships between suicidality, emotion regulation, and impulsivity. The findings have significant implications for clinical practice, informing the development of targeted interventions aimed at bolstering emotion regulation skills and mitigating impulsive tendencies.

**Integrating Experienced Borderline Personality Disorder (BPD) - Peer Coaches into Dialectical Behavior Therapy.** *Stefanie*

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The treatment of Borderline Personality Disorder (BPD) presents a complex challenge for both individuals diagnosed and mental health professionals. Dialectical Behavior Therapy (DBT) has been proven as an effective treatment. However, the inclusion of individuals with lived experiences of BPD treatment as peer coaches in DBT planning and implementation remains underexplored and expandable. The following study investigates the integration of experienced BPD peer coaches into the development and refinement of the DBT program on our ward. For this, we conducted interviews with former Ex-In and DBT peer coaches to share their experience with DBT process, patient treatment and skills training on our ward. Findings underscore the value of integrating peer coaches into DBT planning processes. Their firsthand knowledge enhances the effectiveness of interventions. First evaluations highlight the importance of involvement of individuals with lived experiences in mental health service development and demonstrate examples. By incorporating the insights of experienced BPD peer coaches, DBT programs can better address the needs of individuals with BPD, ultimately improving treatment outcomes and promoting recovery. Further research should explore the long-term impacts of peer-coached DBT interventions. Overall, this study highlights the potential of experience-based approaches in mental health care, where individuals with lived experiences have a significant role in shaping and optimizing therapeutic practices.

**How are components of the ICD-11's chapter on personality disorders and related traits linked to college students' beliefs about emotion regulation? Differences between those who have and have not received mental health services.** *Sarah Birkenholz, Sam Houston State University, Shelby Farmer, Sam Houston State University, Caroline Carmody, Sam Houston State University, Vanessa Crofford, Sam Houston State University, Adam Natoli, Sam Houston State University*

BACKGROUND Evidence suggests that the beliefs people have about their emotions influence their emotion-regulation strategies, and research supports stronger associations between personality and emotion regulation within clinical populations than non-clinical

populations. What do these associations look like as applied to the ICD-11's personality pathology framework? And do previous findings generalize to college student populations? This study investigated these questions. **METHOD** Students were recruited from a public university in the United States to complete an online study, including the PDS-ICD-11, PID5BF+M, Emotion and Regulation Beliefs Scale, and questions about history of receiving mental health services. Bivariate correlations with 95% confidence intervals around the coefficients were calculated to evaluate associations overall and individually among those with/without history of receiving mental health services. **RESULTS** 592 students completed an online study (mean age 21.56; 80% female; 59.63% White), of which approximately 42% endorsed history of receiving mental health services. Beliefs that emotions constrain/restrict behavior was positively correlated with personality dysfunction and each of the five personality traits ( $r_s = .100$  to  $.369$ ) overall and within both subsamples, as were beliefs that emotions "hijack" self-control ( $r_s = .093$  to  $.256$ ); however, beliefs that emotion regulation is a worthwhile pursuit was only found to be positively correlated with negative affectivity ( $r = .121$ ). Comparisons of effect sizes between the two subsamples did not reach levels of significance. **DISCUSSION** The present study found personality dysfunction and maladaptive personality traits to be associated with stronger negative beliefs about emotions, whereas positive beliefs about emotion regulation were associated with higher levels of negative affectivity. These results were consistent between college students with and without history of receiving mental health services. The implications of these findings for psychoeducation and other interventions for college student populations will be discussed, as will study limitations and future directions.

**Does the Difficulties in Emotion Regulation Scale (DERS) predict interpersonal problems equally well for individuals with and without a personality disorder?.** *Vanessa Crofford, Sam Houston State University, Shelby Farmer, Sam Houston State University, Sarah Birkenholz, Sam Houston State University, Adam Natoli, Sam Houston State University*

**BACKGROUND** Emotion dysregulation is a core feature of multiple

personality disorders (PDs). One detrimental consequence of emotion dysregulation is interpersonal problems, and the Difficulties in Emotion Regulation Scale (DERS) has often been the measure of choice for examining this relationship. Research findings suggest stronger associations between emotion dysregulation and interpersonal problems among PD populations relative to non-clinical samples. However, these conclusions assume predictive invariance between these populations. The present study tested this assumption. **METHOD** Public data from two studies investigating interpersonal functioning and emotion in borderline personality were used. Of this sample (N=394; 58.9% female; 48.7% white; mean age=35.13), approximately 49% were assigned a PD. Multilevel modeling was used to evaluate the DERS' predictive invariance between individuals with/without a PD when predicting interpersonal problems, as measured by the Inventory of Interpersonal Problems (IIP). We first fit baseline models for each IIP scale wherein interpersonal problems was regressed on a given DERS scale. Corresponding random intercepts and random intercepts/slopes models were fit with intercepts and/or slopes allowed to vary between those with/without a PD. Models were evaluated against corresponding prior models by examining change in two goodness-of-fit measures and results of likelihood ratio tests. **RESULTS** The DERS Total score demonstrated intercept bias when predicting interpersonal problems associated with being too aggressive (Domineering), too suspicious/distrustful (Vindictive), and difficulty with affection/sympathy (Cold) and indicated the systematic overprediction of these interpersonal problems in the PD sample. The DERS Total score did not demonstrate slope bias in the prediction of interpersonal problems. Each of the DERS' scales were also individually evaluated. **DISCUSSION** The present study found evidence suggesting the DERS systematically overpredicts certain interpersonal problems for individuals with a PD diagnosis. The implications of these findings for research and clinical practice, as well as study limitations and future directions will be discussed.

**How does mindfulness skills training work in borderline personality disorder? A mechanism of change study.** *Carlos Schmidt, Hospital de la Santa Creu i Sant Pau, Juan C Pascual, Hospital de la Santa Creu i Sant Pau, Daniel Vega Moreno, Consorci*

*Sanitari de l'Àrea de Salut Mental, Stella Nicolaou, Universitat de Barcelona, Spain, Laia Arias, Department of Psychiatry, Hospital de la Santa Creu i Sant Pau, Barcelona, Spain, Joaquim Soler, Hospital de la Santa Creu i Sant Pau*

Mindfulness skills training is a core component of Dialectical Behavior Therapy (DBT) and aims to improve emotion dysregulation (ED) in people with Borderline Personality Disorder (BPD). However, the underlying mechanisms of change are not fully understood. This study is part of a broader research project and aimed to determine (1) whether daily mindfulness skills practice (i.e., amount of practice) meaningfully improves ED and the minimum dose needed to do so; (2) what are the mechanisms of change (i.e., mediators) associated with ED improvement. A total of 75 BPD outpatients participated in a 10-week DBT mindfulness skill training program. We systematically tracked the participants' mindfulness practice and their ED levels throughout the sessions. A total of 499 observations were recorded. Decentering, nonjudgment and body awareness was proposed as putative mechanisms. Multilevel models with a time-lagged approach were conducted to examine the temporal dynamics over time between weekly practice, mechanisms and ED. First, we found that the frequency of mindfulness practice at a given week was associated with improvement in ED at the following week. When accounting for the previous week's ED level, participants who practiced  $\geq 3$  days and  $>30$  minutes per week experienced a significant decrease in ED compared to those who did not engage in regular practice. Second, we found that participants who reported higher nonjudgement of inner experience and body awareness than their own personal average at a given week showed improvement in ED at the following week. Notably, decentering moderated these associations, such that increased nonjudgment and body awareness predicted improvements in ED more strongly in those participants with high decentering ability. Knowing how mindfulness training works is relevant to optimize treatments. Therapists should inform patients about the minimum dose of mindfulness practice needed to improve ED and may use strategies to increase the motivation to practice mindfulness.



**A Sequential, Delphi and Case Study Design to Explore Mechanisms of Change on the UK Offender Personality Disorder Pathway.** *Jake Shaw, Oxleas NHS Foundation Trust*

The UK Offender Personality Disorder Pathway joins criminal justice and health service staff to implement a pathway of specialist therapeutic services for service users convicted of serious interpersonal violence, likely to have a severe personality disorder. This pathway of services is delivered from high secure prisons out into the community with the aims of improving service users' psychological health and reducing harmful behaviours. It is widely recognised the road to desistance from offending for those with severe personality difficulties is complex and non-linear and the barriers to change are significant. Over the past forty years, formal treatment interventions for this heterogeneous group have proven difficult to measure and shown limited efficacy. The UK Offender Personality Disorder Pathway's model takes a holistic approach to change, offering activities and support beyond formal therapy, all with relationships at their heart. This study has used a multi-method, sequential research design to inform how this holistic model is supporting change, and what variables support or impede progress. A Delphi exercise was implemented with service users and experienced staff within OPD services in 6 men and women's prisons in the UK and across the London probation area. This has resulted in the identification of a number of discrete and separable trajectories through services, as well as factors associated with both positive change negative outcomes. This iterative, structured communication process was used to capture and evaluate a wide range of expert provider and user views from high secure prisons out into the community. This presentation will present the results of the Delphi survey and describe the ongoing multiple case studies generated using the pathway trajectories identified through the Delphi exercise. A summary of the elements of the OPD pathway that, according to this expert consensus, is supporting change and those elements which inhibit it will be presented.

**Similarity on Criterion A elements of the DSM-5 Alternative Model for Personality Disorders and their impact on relationship**

**satisfaction in couples consulting in psychotherapy.** *Claudia Savard, Université Laval, Mélissa Deschênes, Université Laval, Charlotte Bouchard-Asselin, Université Laval, Kristel Mayrand, Université Sainte-Anne, Mélissa Verreault, Self-employed psychologist, Dominick Gamache, Université du Québec à Trois-Rivières*

The DSM-5-TR Alternative Model for Personality Disorders includes two criteria for the diagnosis of personality disorders: Criterion A refers to personality dysfunction based on four elements (Identity, Self-direction, Empathy, Intimacy), while Criterion B allows describing 25 pathological personality facets organized into five domains (Negative Affectivity, Detachment, Antagonism, Disinhibition, Psychoticism). A few studies have documented the partners' similarity on Criterion B and their association with one's own Criterion B domains and facets and relationship functioning, as well as their impact on the partner's relationship outcomes. However, no study until now has focused on Criterion A, despite the presence of an element, Intimacy, which is expected to have a significant influence on marital functioning. The present study aims to document the association between Criterion A elements and relationship satisfaction with couples consulting in psychotherapy. A sample of 177 heterosexual married or cohabiting couples ( $M_{age} = 38.61$ ,  $SD = 8.30$ ;  $M_{relation} = 12.5$  years) consulting for couple psychotherapy in private practice clinics completed at intake the Self and Interpersonal Functioning Scale (SIFS), assessing the four elements of AMPD Criterion A, and the Dyadic Adjustment Scale, assessing relationship satisfaction. Partners reported a similar level of dysfunction on SIFS Identity and Intimacy elements. Additionally, Actor-Partner Interdependence Model showed that Intimacy dysfunction in men and women is negatively associated with their own relationship satisfaction, explaining 14% and 10% of variance in men and women marital satisfaction, respectively. Intimacy dysfunction in men is also associated with lower relationship satisfaction in their partner. Conceptual, empirical, and clinical implications of the study are discussed, as well as study's limitations.

**Ecological momentary assessment of social exclusion in BPD**

**patients with non-suicidal self-injury: preliminary findings using 'Socializapp'.** *Stella Nicolaou, Universitat de Barcelona, Spain, Daniela Otero, Consorci Sanitari Anoia, Carlos Schmidt, Hospital de la Santa Creu i Sant Pau, Anna Julià, Fundació Sanitària Igualada, Joaquim Soler, Hospital de la Santa Creu i Sant Pau, Juan C Pascual, Hospital de la Santa Creu i Sant Pau, Josep Marco-Pallarés, Universitat de Barcelona, Spain, Daniel Vega Moreno, Consorci Sanitari de l'Anoia*

Social exclusion is pivotal in Borderline Personality Disorder (BPD), amplifying feelings of rejection and isolation inherent in the disorder. In BPD's context, marked by unstable relationships, social exclusion intensifies emotional dysregulation. Individuals with BPD may resort to maladaptive coping mechanisms such as non-suicidal self-injury. Additionally, social exclusion hampers the development of supportive networks, impeding recovery. Recognizing and addressing social exclusion is crucial for alleviating distress and adopting a more effective approach to managing BPD symptoms. In this study, we assessed a novel tool, the 'Socializapp' mobile application, designed for a more ecologically valid evaluation of social exclusion. 'Socializapp' incorporated characteristics of a popular social media platform (i.e., Instagram). Our sample included 20 Borderline Personality Disorder (BPD) patients and 20 healthy controls, aged 18 to 30. Participants engaged with other fictitious users by posting two photos daily and interacting with others' posts for a week. During the inclusion phase, positive feedback was prominent, while the exclusion phase saw a cessation of positive comments and 'likes.' The App concurrently evaluated participants' emotional states post-use and measured the presence of self-harming behaviors and thoughts. Preliminary data affirm 'Socializapp' as a promising tool for ecologically assessing social exclusion.

**Personality Functioning as a Predictor of Therapy Outcome in Dialectical Behavioral Therapy.** *Sarah Biedermann, University Medical Center Hamburg-Eppendorf, Germany*

This longitudinal study investigates the predictive values of personality functioning and maladaptive personality traits according

to ICD-11 and DSM-5 on changes in symptom distress and treatment outcome in borderline personality disorder (BPD) during a twelve-week inpatient or day hospital Dialectical Behavioral Therapy (DBT). Patients were assessed at baseline (T0) and at the end of the 12-weeks treatment (T2) with the Standardized Assessment of Severity of Personality Disorder, the Level of Personality Functioning Scale-Self-Report, the Personality Inventory for DSM-5-BF Plus and the Borderline Symptom List-23. Using linear, multiple linear and logistic regressions diagnosis-relevant factors were examined for their association with change in symptom distress and treatment discontinuation. We included N = 172 patients with clinically diagnosed BPD, questionnaire data of n = 90 patients were available at T2. The DBT was completed by n = 97 as scheduled, n = 27 took a therapy break and then completed, n = 16 terminated the therapy prematurely, n = 11 took a therapy break and subsequently discontinued the therapy, n = 7 were dismissed for disciplinary reasons, and information is missing for n = 14. We found that lower impairment of personality function at admission to DBT was associated with a greater reduction in symptom distress ( $\beta = -.31, p < .01$ ). Taking a more nuanced view, only the self-component of personality function was a predictor of changes in symptom distress ( $\beta = -.36, p < .01$ ). Regarding maladaptive personality traits, we observed that higher expression of Negative Affectivity was associated with a stronger reduction in symptom distress ( $\beta = -.26, p < .05$ ). No significant associations were observed for the remaining domains. None of the factors showed a significant association with treatment discontinuation. The findings suggest that personality functioning, particularly the self-component, is a useful clinical indicator, as it identifies patients who achieve greater decreases in symptom distress. Further research on predictors of response to DBT and treatment discontinuation is needed to improve treatment efficacy especially for patients with low self-related personality functioning and promote a move toward personalized medicine.

**Exploring the Role of Attachment and Different Facets of Mentalizing in Alternative Model of Personality Disorders.** *Monika Jańczak, Adam Mickiewicz University, Dominika Górska, Adam Mickiewicz University, Poznań, Poland, Svenja Taubner, University of*

*Heidelberg, Germany*

Background: Research on various facets of mentalization, such as mentalizing about self and others, is crucial for understanding the underlying mechanisms of personality disorders. In this study, we aimed to investigate whether these different aspects of mentalization, in interaction with attachment, differ in explaining Criterion A and B of AMPD in DSM-5. Method: The sample consisted of individuals recruited from psychiatric clinical services (N=60) and the local community (N=49). Assessments included A Movie for the Assessment of Social Cognition, Reflective Functioning Questionnaire-8, Experiences in Close Relationships – Revised, The Self and Interpersonal Functioning Scale, and The Personality Inventory for DSM-5. Results: Regression analyses showed that 72% of the variance in Criterion A accounts for attachment anxiety and avoidance, self-mentalizing, and other-mentalizing. Similarly, 66% of the variance in Criterion B Negative Affect was explained by self-mentalizing and attachment anxiety. Psychoticism and Disinhibition were explained with self-mentalizing (42% and 25% of the variance). Detachment was solely explained by attachment insecurity (54%). Antagonism was not related to any of the study variables. Furthermore, other-mentalizing moderated the relationship between attachment anxiety and Criterion A, as well as attachment avoidance and both Negative Affect and Detachment. Self-mentalizing moderated the relationship between attachment anxiety and these two traits. These findings indicate that various facets of mentalization differ in their relevance for explaining the new dimensional model of PD. Self-mentalizing is essential for both personality functioning (self and other dimensions) and maladaptive personality traits. Other-mentalizing is related to other dimension of personality functioning, and serves as a moderating variable for the relationship between attachment anxiety and Criterion A, as well as attachment avoidance and internalizing traits of Criterion B. Mentalization assessment with a comprehensive multi-method approach may result in a more detailed and accurate understanding of its role in psychopathology.

**Treatment of Patients With Borderline Personality Disorder at the Unit of Forensic Psychiatry in Maribor.** *Katarina Čeranić Ninić,*

*Department of Psychiatry, University Medical Centre Maribor, Slovenia, Marija Stojanović, Department of Psychiatry, University Medical Centre Maribor, Slovenia*

INTRODUCTION: Patients with dissocial personality disorder often confront psychiatrist with the limits of their profession. Very often it is questionable what treatment is the best choice. Seen from the perspective of forensic psychiatry, beside problems in the therapeutic approach we frequently face challenges in the judicial field, threats and media exposure. CASE PRESENTATION: In these paper we present clinical case of 44 years old male patient, who was confined at the Unit for Forensic Psychiatry (University Medical Center in Maribor) for five years (2013-2018). Beside transient psychotic episode, he was diagnosed with borderline personality disorder. We present challenges and problems we faced during treatment (especially problems in communication with hospital stuff, specifics of including this patient in general therapeutic activities on the unit - occupational therapy, supportive therapy groups, challenges of psychotherapeutic and pharmacotherapeutic approach and preparing rehabilitation plan for follow-up after discharge. The highlight is on communication a coordination between members of multidisciplinary team to achieve common goal – successful integrating of person in community after discharge. Our treatment included pharmacoterapeutic, psychotherapeutic, social and occupational approach. In this paper we discuss the most important specifics of all this parts of our specific approach in this case. Since discharge in 2015 the patient has been included in specific treatment in community and he has not repeated criminal act. His functionality significantly improved comparing to period before admission. CONCLUSION: Specific treatment in forensic psychiatric institution could be crucial factor for efficiency of reintegration of patient in community. Treating patients with borderline personality disorder is specific challenge. Further research is needed to find optimal approach and best therapeutic strategies. Exchange of experiences between experts and teams could be crucial to improve practice in future.

**Increased temporal summation of pain unpleasantness in borderline personality disorder.** *Annette Löffler, Department of*

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Borderline personality disorder (BPD) is characterized by dysfunctional emotion regulation and associated with reduced pain sensitivity, which has been related to self-injury and dissociation. Despite the numerous findings on reduced pain sensitivity in BPD, studies assessing pain-modulating processes in BPD, which might be involved in altered pain perception, are sparse. In this study, we assessed electric pain thresholds, temporal summation of pain intensity and unpleasantness, and the RIII-reflex as marker for spinal nociceptive processing in 24 participants with BPD compared to 24 non-clinical controls (NCC). In line with previous results, pain thresholds were significantly higher in BPD compared to NCC. Temporal summation of pain unpleasantness, but not of pain intensity, was significantly higher in BPD compared to NCC. There was no significant correlation between pain threshold and temporal summation of pain intensity or pain unpleasantness in BPD. Moreover, compared to NCC, there was no significant correlation between temporal summation of reflex responses and pain intensity or pain unpleasantness in BPD, indicating a separation of pain perception from spinal activity. Different mechanisms might underlie heightened pain thresholds and increased temporal summation of pain unpleasantness based on a complex interaction of altered ascending and descending mechanisms. The combination of reduced pain sensitivity in terms of heightened pain threshold and increased temporal summation of pain unpleasantness might explain the so-called pain paradox, describing that individuals with

BPD are both hyposensitive to acute pain and more prone to develop chronic pain.

**Exploring the Impact of Parental Borderline and Antisocial Personality Disorders on School Dropout.**

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Studies have shown that adolescents whose parents are diagnosed with mental disorders, including depression, anxiety, and substance use, are at increased risk of school dropout. While Borderline Personality Disorder (BPD) and Antisocial Personality Disorder (ASPD) are known to increase the risk of unstable family environments and add to socioeconomic challenges, the link between personality disorders in parents and school dropout remains less explored. Furthermore, understanding the association between parental psychiatric disorders and child educational outcomes is challenging, as it is characterized by complex dynamics involving family functioning, socioeconomic factors, and potentially overlapping genetic influences. In our investigation, we will explore the relationship between BPD and ASPD in parents, and the subsequent incidence of school dropout among their adolescent offspring. Utilizing data on educational attainment in a cohort of 983,046 Norwegian individuals born between 1985 and 2006, we linked data from the Norwegian Population Registry with diagnoses of BPD and ASPD recorded in the Norwegian Control and Payment of Health Reimbursements Database, spanning the period from 2006 to 2022. In the linked dataset, we identified unique cases of 3,146 mothers and 872 fathers diagnosed with BPD, corresponding to 5,476 and 1,527 children respectively. Meanwhile, unique cases of ASPD were found among 73 mothers and 371 fathers, encompassing 135 and 586 of the children respectively. We will present results from an analysis of the intergenerational transmission of risk for school dropout associated with parental



BPD and ASPD diagnoses, taking into account potential genetic and environmental confounders, such as income and family structure.

**Echoes of negativity: Unveiling the negative bias in the detection and recognition of emotional vocal expressions in borderline personality disorder.** *Aleksandra Fortuńska, SWPS University of Warsaw*

Speech could be considered a superpower: it weaves thoughts and expresses emotions, acting as the heartbeat of human communication. Indeed, understanding the emotional layer of speech is crucial to navigating social relationships effectively and safely. However, emotions expressed vocally can be misinterpreted based on the tone or tension of the voice. Although miscommunication can happen to anyone, some people are prone to extreme and pervasive misinterpretation of social cues. In particular, people diagnosed with borderline personality disorder (BPD) tend to perceive neutral cues negatively or to report a more negative category of presented emotion, which is defined as a negative bias. Moreover, this phenomenon may also affect the perception of positive expressions. Thus, even a happy voice message may be considered a sign of rejection by emotionally vulnerable BPD individuals. However, there is still insufficient evidence for a negative bias in detecting and recognizing vocal expressions in BPD. An internet-mediated study was conducted in a US sample to investigate whether people with BPD perceive neutral and happy vocal expressions more negatively than non-distorter individuals. Participants (131 BPD and 74 HC) were asked to evaluate the valence of 30 vocal recordings and to recognize the emotions portrayed. They also completed measures of BPD symptoms and cognitive emotion regulation strategies. Results provided evidence for a negative bias towards happy vocal expressions. In particular, BPD subjects rated the valence of happy vocal recordings more negatively than healthy controls and were more likely to mistake them for negative expressions. In addition, exploratory analyses revealed the mediating role of positive reappraisal in BPD subjects' ratings of happy vocal expressions. In light of these data, the findings have theoretical and practical implications.

**Beyond labels: Understanding the stigma faced by individuals with borderline personality disorder.** *Aleksandra Fortuńska, SWPS University of Warsaw, Małgorzata Jakubowska, -*

Individuals diagnosed with borderline personality disorder (BPD) suffer intense psychological distress on a daily basis. Not only do they experience instability in multiple domains of functioning, such as emotion regulation, interpersonal relationships, and self-perception, but they are also exposed to social discrimination and stigma, which can manifest in a variety of ways. For example, people with BPD may be labeled as manipulative or attention-seeking and perceived as less trustworthy or cooperative. This results in social exclusion more severe than that experienced by people with other mental health problems. People with BPD may struggle to get the support and understanding they need, which can further exacerbate the severity of their symptoms. In the present study, we examined the stigmatization of people with BPD from a lexical perspective. Namely, our research used sentiment analysis to analyze English data collected from social media comments. In addition, we utilized the Perspective API to build models for assessing discourse toxicity. We sought to better understand the underlying nature and content of this prejudice. These findings have important implications for future psychoeducational initiatives aimed at reducing the stigma surrounding people diagnosed with BPD.

**Assessing Personality Pathology in Adolescence: Integrating Expert Opinion, Self-Report, and Subjective Experiences in a Serbian Cohort.** *Natalija Ignjatović, University of Belgrade, Serbia*

In recent years, adolescent mental health has emerged as a significant public concern in Serbia, prompting efforts to improve access to psychological support and professional training in the field. Despite these strides, the challenge of addressing personality pathology among adolescents persists. There is no standardized protocol for assessment and treatment of personality disorders in adolescence, and those with personality disorder features are generally seen as ineligible for diagnosis prior to adulthood.

Moreover, empirical data on this issue are notably absent within the Serbian context. This study protocol outlines an exploratory research project on the topic, consisting of three studies. The primary objective of Study 1 is to investigate the attitudes and experiences of child/adolescent mental health experts on early diagnosis and treatment of personality disorders. Data will be gathered from approximately 10 participants via a semi-structured interview specifically designed for the study. Study 2 will consist of Serbian translation, modification and validation of a self-report measure Levels of Personality Functioning Questionnaire (LoPF-Q 12-18). Sample will include participants aged 12 to 18 from general population (N=300) and those in current inpatient/outpatient psychiatric treatment (N=60). The aim of Study 3 is to explore subjective experiences of identity, object relations and affect regulation of adolescents with highest and lowest levels of personality functioning, based on LoPF-Q 12-18 scores from Study 2. Data will be collected from 50 participants using the Interview of Personality Organization Processes in Adolescence (IPOP-A). This research project represents a comprehensive effort to address the pressing issue of adolescent personality pathology within the Serbian context. By exploring expert perspectives, validating assessment tools, and delving into the subjective experiences of adolescents, it aims to contribute valuable insights on the current practice and improve early detection of personality disorders, ultimately fostering better mental health outcomes for this vulnerable population in Serbia.

**Personal mastery, burnout and related constructs for mental health professionals prior to participating in Clinician**

**Connections.** *Bláthín Power, HSE Ireland, Mary Kells, HSE Ireland, Mary Joyce, National Suicide Research Foundation, Stephanie Wall, HSE Ireland, Emily Boylan, HSE Ireland, Rasmus Elrum, University College Cork, Daniel Flynn, HSE Ireland*

Individuals with severe emotional and behavioural dysregulation are sometimes perceived as difficult to treat by mental health professionals, especially when presenting to Emergency Departments (ED). Healthcare professionals need to be equipped with the necessary knowledge and skills to provide compassionate

care to those in crisis. Clinician Connections (CC) is a one-day training programme designed to help practitioners understand and respond effectively to individuals with emotional and/ or behavioural dysregulation. This study reports on clinicians' personal mastery, burnout and related relevant constructs prior to participating in CC. A total of 102 multi-disciplinary mental health professionals working in EDs in Ireland participated in this study. Participants were grouped according to their profession: Psychiatry (n =30), Nursing (n = 44) and Allied Health Professionals (e.g. Psychologists, Social Workers; n = 26). Quantitative measures of personal mastery, self-efficacy, self-esteem and clinical burnout were completed prior to participating in CC. Independent samples t tests were conducted to examine potential differences between professional groups. Significant differences in self-esteem scores were found between Nurses (M = 19.82, SD = 4.53) and Allied Health Professionals (M = 17.71, SD = 3.94; t (66) = 1.92, p = .03). There was a small to moderate effect size (eta squared = 0.05). Psychiatrists reported higher levels of personal and client burnout compared to other participant groups, though this difference was not statistically significant. Research with larger sample sizes should further investigate the observations reported here, and in particular, the higher levels of burnout reported by Psychiatrists. This study also lends evidence to a proof of concept for the utility of CC to improve clinicians' well-being and effectiveness in compassionate care with dysregulated clients. Targeted support and training programmes are needed to address the diverse needs of mental health professionals working in healthcare settings.

**TREATMENT OF ADOLESCENT WITH DEVELOPING BORDERLINE PERSONALITY DISORDER AT CHILD AND ADOLESCENT PSYCHIATRY UNIT IN MARIBOR.** *Tina Ferlinc, Child and Adolescent Psychiatry Unit, University Medical Centre Maribor, Slovenia*

The case of a 17-year-old patient with developing borderline personality disorder who was hospitalized several times in the past at the Child and Adolescent Psychiatry Unit of the University Medical Centre Maribor will be presented. The patient had serious self-destructive behavior (severe self-harm, eating disorder - bulimia nervosa, abuse of psychoactive substances, serious suicide

attempts). The patient was included in regular weekly Adolescent Identity Treatment for almost 1 year. There was a cessation of self-injurious behavior, and there was no need for hospitalization since joining the therapy. Her daily functioning improved significantly, she was successfully integrated into the school process. Adolescent Identity Treatment represents an integrative approach to the treatment of personality pathology in adolescence. It is based on the knowledge of family system psychotherapy, attachment theory, developmental neurobiology, object relations, and behavioral-cognitive theories and techniques. It is suitable for adolescents with a developing borderline personality disorder, it is carried out weekly and affects the reduction of auto-aggressive behavior (self-harming behavior, suicidality), we observe a significant improvement in the individual's personality functioning. Adolescents whose personality disorder is just developing require appropriate and tailored treatment.

Research Symposium  
***Early Detection and  
Prevention***

Advancing Understanding of Self-Harm: Machine Learning and Ecological Momentary Assessment Approaches

Background: Adolescence and young adulthood are stages of increased vulnerability to the emergence of mental health conditions due to several biological and social processes. Self-harm, which includes nonsuicidal self-injury (NSSI) and suicidal behavior (SB), is a significant public health issue and usually begins to manifest during this age period. Understanding the origins of self-harm is challenging because it is the result of complex interactions between several dimensions, from biological factors to behavioral manifestations of psychiatric disorders. Over the last decade, newer studies and novel research methods have emerged to illuminate this complex phenomenon, including machine learning approaches that can analyze large datasets and ecological momentary assessment (EMA) that can evaluate short-term behavioral changes associated with self-injury. These new approaches could enhance our ability to distinguish at-risk groups to provide targeted interventions in the future. Objective: This symposium aims to present updates in self-harm research worldwide, especially considering machine learning approaches and EMA studies that can enhance our understanding of this complex set of behaviors. Results: Evidence shows that machine learning methods can improve our ability to identify more at-risk self-harming groups using behavioral and biological data in clinical and community samples. EMA studies can improve the characterization of the short-term course of self-injury and yield significant results for within-person analysis. Both approaches can increase our ability to predict self-harm outcomes, holding promise for better preventive and intervention strategies. Conclusions: Novel methodologies, including machine learning and EMA studies, can help better understand self-harming behaviors, such as classifying individuals into different profiles with different trajectories and determining their biological correlates, which could lead to better risk assessments, early intervention, and more personalized treatments.

**The use of machine learning and clustering methods for the classification and prediction of self-harm: A systematic review.** *Marcelo Branas, Universidade de Sao Paulo (USP), Yasmin N Ávila, Universidade São Paulo, Vinícius Freitas, Universidade de São Paulo, Marcos Croci, Universidade de São Paulo (USP)*

Background: Self-harm emerges during puberty, and its prevalence in the adolescent population is 17%, with 17–27% engaging in repeated self-harm. It is one of the most significant risk factors for suicide attempts, with transitions from self-harm to the first suicide attempt occurring on average in one to two years. Machine learning and clustering techniques offer promising data-driven approaches for classifying and predicting self-harming behaviors in youth. In the present systematic review, we discuss the use of these modern statistical approaches in self-harm studies, including their advantages (e.g., few a priori theoretical assumptions, capability to manage datasets with a large number of variables exhibiting multicollinearity, modeling complex non-linear relationships) and limitations (e.g., interpretability, overfitting and generalization, usefulness in clinical practice), studies' sample characteristic, study design, algorithms used, self-harm instruments, sample's cooccurring disorders, number of candidate predictors, algorithms' performance measures. Methods: We systematically searched MEDLINE, Embase, Web of Science Core Collection, PsychINFO, Google Scholar. Results: Machine learning and clustering methods have been increasingly used to study self-harm, and the number of studies has multiplied over the last few years. The samples' origin (e.g., community, college, and clinical) and research design (cohort studies, electronic health records, cross-sectional, longitudinal) varied across studies. Also, ML methods have been used for prediction with various results, although reporting performance metrics has been heterogeneous, making comparisons difficult. Conclusion: Data-driven approaches are promising for the classification and prediction of self-harm. Future studies should focus on replicating results in different populations, and guidelines for reporting ML performance can be valuable for standardization across studies.

**Classification of self-harm: Distinguishing adolescents with non-suicidal self-injury and suicidal behavior from adolescents with non-suicidal self-injury only based on a neurobiological phenotype.** *Corinna Reichl, University of Bern, Switzerland, Stefan Lerch, University of Bern, Switzerland, Julian Koenig, University of Cologne, Germany, Michael Kaess, University of Bern, Switzerland*

Aim: Suicidal behaviour (SB) and non-suicidal self-injury (NSSI) are highly related phenomena, which are both common within adolescent clinical samples. In the present study, we investigated whether a set of neurobiological markers contributed above depressive symptoms to the distinction of adolescents with NSSI and SB from those with NSSI only using machine-based learning approaches. Methods: Female adolescents with engagement in NSSI (n = 161) were recruited from our outpatient clinic for risk-taking and self-harming behaviour (AtR!Sk). Different machine-based learning models (linear and logistic regression, elastic net regression, random forests, gradient boosted trees) with repeated cross-validation were applied. We tested whether a) a broad set of neurobiological markers versus b) only selected markers (CRP, interleukin-6, salivary cortisol, DHEA-S, TSH, dopamine, norepinephrine, and ACTH), which are known to be associated with suicidal behavior, could distinguish between the two groups (NSSI + SB vs. NSSI only). Results: Models showed low to moderate predictive performance (AUC between 0.64 and 0.72). Predictors with the highest predictive performance were high DHEA (OR = 4.37; p = 0.03) and high TSH (OR = 1.95; p = 0.03). Nonlinear models slightly outperformed linear ones and feature selection modestly increased predictive performance. Conclusion: The study underscores the potential of specific neurobiological markers for the risk-stratification of self-harm. Further research is needed to replicate these findings longitudinally

**Exploring the Spectrum of NSSI: A Subgroup Analysis Based on Psychopathology.** *Marcos Croci, Universidade de São Paulo (USP), Marcelo Branas, Universidade de Sao Paulo (USP), Ellen Finch, Harvard University, Boyu Ren, Harvard Medical School, Stepheni Uh, University of Cambridge, UK, Edwin Dalmaijer, University of Bristol, Euripedes Constantino Miguel, Universidade de São Paulo (USP), Pedro Pan, Universidade Federal de São Paulo (UNIFESP), Lois Choi-Kain, Harvard Medical School*

Background: Nonsuicidal self-injury (NSSI) is the act of directly harming oneself without the intention to end one's life. It is a complex behavior that can vary significantly among individuals, differing in the frequency of episodes, such as occasional or



repetitive self-injury, and methods employed, such as cutting, burning, and punching. These individuals vary in psychological profiles, which might affect prognosis and treatment response. The goal of this study is to use non-supervised machine learning algorithms to identify and describe subgroups of self-harm individuals based on their general psychopathological profile and to compare the differences between those groups. Methods: This study is part of the Brazilian High-Risk Cohort, with 2,511 participants at baseline (ages 6–12) and two follow-up assessments. Specifically, we applied a self-organizing map (SOM) and k-means algorithms for 1,345 subjects at the second follow-up wave to identify homogeneous subgroups of NSSI. Results: Of the total number of individuals included in the analysis, 18.1% engaged in NSSI. We found two clusters of NSSI through the SOM algorithm, confirmed by k-means clustering with an average silhouette coefficient of 0.31. One group was characterized by low (Group 1,  $n = 127$ ) and the other by high psychopathology levels (Group 2,  $n = 117$ ). Group 2 also had higher levels of sleep problems, suicidality, and NSSI severity and frequency in most NSSI methods. Group 1 had lower levels in specific psychopathology measures than controls but also had higher depressive symptomatology. Conclusion: This study shows that machine learning approaches are practical tools for identifying different profiles of NSSI in large samples. Future research should explore the longitudinal course of these NSSI groups.

**The experiences of treatment-seeking individuals engaging in NSSI about using an intensive ecological momentary assessment (EMA) protocol during treatment..** *Rafaël Bonnier, KU Leuven, Joanne Beames, KU Leuven, Laurence Claes, KU Leuven, Olivia Kirtley, KU Leuven, Inez Myin-Germeys, KU Leuven, Glenn Kiekens, Tilburg University*

Non-suicidal self-injury (NSSI) poses a significant mental health challenge in individuals receiving mental health treatment. Recognizing the limitations of in-session assessments and the fluctuating nature of NSSI thoughts and behaviors, there is a growing interest in utilizing Ecological Momentary Assessment (EMA) to collect real-time data. Despite the fact that repeated in-

vivo assessment and reflecting on internal states might have potential clinical benefits (such as increased self-insight and self-efficacy), a comprehensive understanding of the benefits as well as potential challenges (e.g., burden and emotional distress) associated with using EMA among individuals who self-injure is still lacking. This study aims to evaluate the self-reported impact of using EMA by individuals seeking treatment for self-injury. We will present data from the Detection of Acute Risk for Self-injury (DAILY) Project, which comprises a 28-day EMA study involving 125 individuals engaging in NSSI and seeking mental health treatment. In this presentation, we will clarify (1) the extent to which individuals report heightened insight and self-efficacy concerning emotions, cognitions, and triggers for self-injury due to using EMA, (2) the reported burden, emotional distress, and compliance linked to using EMA during treatment, and (3) the role of individual characteristics like demographics (developmental stage, education level), symptom severity (depression, NSSI), technological affinity, in predicting benefits and challenges. The findings will inform us about the client-reported benefits and challenges in using EMA during treatment, and provide preliminary insights into for whom EMA might be a suitable add-on to mental health treatment.

Research Symposium  
***Emotion Regulation***

Adverse childhood experiences and personality disorder symptoms  
in imaging and daily life

Adverse childhood experiences play an important role in the development of self-regulatory abilities critical to personality functioning, including emotion regulation and sense of identity. This symposium is dedicated to adverse childhood experiences and personality disorder symptoms in their relation to disturbances in self-regulation and how these might be associated with neurostructural and neurofunctional aberrations as well as experiences in daily life, reflected by ecological momentary assessment (EMA). In the first talk, Katja Seitz will present findings on childhood trauma, dissociation as a specific indicator of maladaptive self-regulation, and grey matter volume from an adult, transdiagnostic sample. Hereby, she will shed light on the neurobiological underpinnings of trauma. Adolescence is a particularly critical phase for the development of personality function and related disorders. Thus, Katharina Williams will present functional imaging data from a social interaction paradigm with adolescents and their mothers. She will examine the role of borderline personality disorder symptoms and childhood adversity on prefrontal cortex oxygenation, which constitutes a possible marker of self-regulatory efforts. Moving from imaging and the lab to daily life, Leonie Fleck will present EMA data from a sample of adolescents and young adults with adverse childhood experiences. She examines the reciprocal links between momentary self-esteem and affect and the moderating role of latent classes of adverse childhood experiences. The relevance of assessing patients' experiences in daily life is also highlighted by the talk of Marialuisa Cavelti. In her talk, she will show that DBT-A has distinct effects on different everyday markers of borderline personality pathology in youth. Through multifaceted approaches, the mechanisms through which traumatic experiences and self-regulation disturbances manifest in the lives of affected individuals become better understood. The practical and clinical implications of our findings will be discussed. Future studies could combine imaging and EMA to investigate how these mechanisms are linked.

**Neurostructural correlates of childhood trauma experiences and trait dissociation in a transdiagnostic sample.** *Katja Seitz, University Hospital, Heidelberg, Germany*

Background: Childhood trauma experiences are a major risk factor for different mental disorders. One possible mechanism underlying the association between childhood trauma experiences and mental disorders may relate to structural brain alterations, including alterations in gray matter volume (GMV). Studies show that individuals with childhood trauma experiences, both with and without mental disorders, exhibit reduced GMV in brain regions involved in emotion regulation, such as the amygdala. However, results have been inconsistent, possibly due to previous research excessively focusing on specific mental disorders resulting in a lack of transdiagnostic studies, and neglecting potentially relevant transdiagnostic trauma-related symptoms such as dissociation. The aim of the present study was to investigate the association between childhood trauma experiences, trait dissociation and GMV in individuals with and without mental disorders. Method: Data from 434 individuals with a broad range of childhood trauma experiences were analyzed, including 255 patients with borderline personality disorder, post-traumatic stress disorder, depression or somatic stress disorder as well as 179 healthy individuals. Type and intensity of childhood trauma experiences were assessed using the Childhood Trauma Questionnaire. Trait dissociation was determined with the Dissociative Experiences Scale. Results: In our transdiagnostic sample, robust associations between childhood trauma experiences, trait dissociation and GMV were found in both whole-brain and region-of-interest analyses. Conclusions: Our results will be discussed in light of current difficulties in replicating findings on the neurostructural underpinnings of childhood trauma experiences and associated transdiagnostic symptoms.

**Emotion Dysregulation of Adolescent Borderline Patients and their Mothers: the Role of the Prefrontal Cortex.** *Katharina Williams, University Hospital, Heidelberg, Germany, Ines Mürner-Lavanchy, University of Bern, Switzerland, Leonie Fleck, Central Institute of Mental Health, Germany, Julian Koenig, University of Cologne, Germany, Michael Kaess, University of Bern, Switzerland*

Background: Adolescents with Borderline Personality Disorder (BPD) often display emotion regulation difficulties in the context of social interactions, especially those with caregivers. So far, only few

studies have examined the underlying neurobiological markers for emotion dysregulation, e.g. the activation of the prefrontal cortex (PFC), in this context and age group. Our study aimed at closing this gap by providing knowledge about physiological and behavioral mechanisms that might be relevant to the development of BPD. The study also considered early life maltreatment (ELM) as a potential risk factor for dysregulated emotional processes. Method: 38 adolescent patients with  $\geq 3$ BPD traits and their mothers (BP) were compared to 35 healthy dyads (HC). Using an 8-channel functional near-infrared spectroscopy (fNIRS), oxygenation of the PFC was measured in both adolescents and their mothers during rest, after a positive and after a stressful interaction. Adolescent, maternal and dyadic behavior during these interactions was coded with the Coding Interactive Behavior Manual (CIB; Feldman, 1998). ELM was assessed using the Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1999). Statistical analyses: Mixed model analyses will be applied to investigate group and condition effects (rest vs. post positive interaction vs. post stress) and the influence of ELM on PFC oxygenation. Next, the associations between behavior during interaction and subsequent adolescent oxygenation of the PFC will be addressed. Lastly, we will examine associations between adolescent and maternal oxygenation of the PFC. Conclusions: Findings will provide valuable insight into the way trauma and BPD symptoms are reflected in the underlying neurobiological mechanisms of self-regulatory efforts subsequent to social interaction in BPD pathology. Results and clinical implications will be discussed.

**A latent class analysis of childhood adversity and the reciprocal links between self-esteem and negative affect.** *Leonie Fleck, Central Institute of Mental Health, Germany*

Background: Individuals with experiences of childhood adversity tend to report lower self-esteem. Self-esteem is linked to psychological distress, but questions about their temporal association as well as factors reinforcing the link between self-esteem and psychological distress still require further scrutiny. Overall childhood adversity and latent classes representing distinct sets of co-occurring adverse childhood experiences might

characterize specific risk profiles with differing predictive value for development of lower self-esteem, higher self-esteem instability, and the strength of the link between momentary self-esteem and momentary negative affect. Longitudinal data will forward our understanding regarding the temporal link between self-esteem and negative affect. Methods: Data is drawn from N = 174 youth with adverse childhood experiences who participated in the SELFIE trial. The Childhood Trauma Questionnaire (CTQ), Retrospective Bullying Questionnaire (RBQ), and Parental conflict scale from the Childhood Experiences of Care and Abuse (CECA) instrument were used to assess childhood adversity. Experience sampling was used to assess self-esteem and affect in daily life. Results: In time lagged analyses, lower momentary self-esteem predicted subsequent higher negative affect ( $b = -.14, p < .001$ ) and vice versa ( $b = -.09, p < .001$ ). A five class solution for childhood adversity types showed the best fit. Childhood adversity class membership ( $p = .049$ ) and overall childhood adversity ( $p = .038$ ) moderated the link between negative affect and subsequent self-esteem. Class membership or overall adversity did not predict within-person instability of self-esteem. Conclusions: There are reciprocal effects between self-esteem and negative affect over time, however, for youth with higher levels of childhood adversity, moments of lower negative affect are less likely to be followed by higher self-esteem. In a high risk sample of youth with adverse childhood experiences, severity and class seem to not further differentiate with regards to self-esteem instability. Practical and theoretical implications will be discussed.

### **The Effect of Dialectical Behavioral Therapy on Emotional and Interpersonal States in Adolescent Borderline Personality**

#### **Disorder: An Ecological Momentary Assessment Outcome**

**Study.** *Marialuisa Cavelti, University of Bern, Switzerland, Julian Koenig, University of Cologne, Germany, Corinna Reichl, University of Bern, Switzerland, Ronan Zimmermann, University of Basel, Klaus Schmeck, Psychiatric University Hospitals Basel, Basel, Switzerland, Michael Kaess, University of Bern, Switzerland, Sibille Steiner, University of Bern, Switzerland*

BACKGROUND: This study examined the impact of Dialectical

Behavioral Therapy for Adolescents (DBT-A) on emotional and interpersonal instability among adolescents with Borderline Personality Disorder (BPD) features, using ecological momentary assessment (EMA) to minimize recall bias. METHOD: A cohort of 28 help-seeking female adolescents, exhibiting at least 3 DSM-IV BPD criteria, participated in the study. Assessments of BPD criteria, non-suicidal self-injury (NSSI), and depressive symptoms were conducted before and after DBT-A treatment (mean duration: 42.74 weeks, SD = 7.46). Before and after the treatment period, participants recorded hourly entries in electronic diaries, documenting momentary affect, attachment to mother and best friend, and self-injury urges. RESULTS: The study found a significant reduction in interview-rated BPD symptoms ( $\chi^2(1) = 5.66, p = .017$ ) and self-reported depression severity ( $\chi^2(1) = 9.61, p = .002$ ). EMA data revealed a decrease in NSSI urges ( $\chi^2(1) = 9.05, p = .003$ ) and an improvement in attachment to mothers ( $\chi^2(1) = 6.03, p = .014$ ). However, there were no significant changes in mean affect, affective instability, or attachment to best friends over time. CONCLUSIONS: DBT-A demonstrated effectiveness in reducing NSSI urges and improving interpersonal relationships in adolescents with BPD features, as evidenced by EMA. However, it showed limited effectiveness in altering momentary affective states and affective instability.

Research Symposium  
***Early Detection and  
Prevention***

Antecedents of Premature Death in People with BPD: Somatic Morbidities and Suicide Attempts

The life expectancy of people with Borderline Personality Disorder (BPD) is reduced by approximately 7 years. The best known factor which contributes to reduced life expectancy is the high suicide rate in individuals with BPD. As much as suicide risk needs to be addressed by health care professionals, recent research suggests that somatic morbidities associated with BPD are likely responsible for even more years of premature death. However, we are just beginning to retrace some of the trajectories leading from BPD symptoms (e.g., risk-taking behaviors) to the resulting BPD-specific excess morbidities (e.g., increased risks for untreated hepatitis C or HPV infection) which might ultimately contribute to premature death. The data presented at this symposium aim to better understand the trajectories resulting in premature death in people with BPD. We will present analyses from large cross-sectional and longitudinal datasets (>10,000 individuals each) to establish BPD-specific profiles of somatic comorbidities and we will quantify the prospective impact of excess morbidities on premature death in BPD. In addition, we will present data from >10,000 adolescents in order to identify risk factors for suicidal behaviors. The ultimate goal related to the analyses presented at this symposium is to identify opportunities for effective multidisciplinary interventions against premature death in individuals with BPD.

**Burden of illness of borderline personality disorder: somatic comorbidity and mortality.** *Isabella Schneider, University Hospital Heidelberg, Department of General Psychiatry*

The burden of illness refers to the loss of health that occurs due to certain health problems. Borderline personality disorder (BPD) belongs to the severe mental illnesses and is characterized by increased somatic comorbidity and mortality, as well as large health economic effects. Here, we present data of a comprehensive analysis of German health insurance data for BPD including twelve-month administrative prevalence, somatic morbidity using cross-sectional data from 2016 and a longitudinal analysis of two-year mortality in a randomly selected subset. Additionally, we present data on stigmatization of BPD in the German health system. BPD is associated with increased rates for infectious, endocrine, metabolic,



cardio-vascular, and respiratory diseases. Data also showed that - depending on age and gender - the estimated loss of life years was between 5.0 to 9.3 years. The two-year mortality rate was increased by a factor of 2.3. Analyses revealed, that the excess mortality was less due to suicide than to poorer physical health and associated behaviors relevant in BPD. Data on stigmatization of patients with BPD, identified, that rates of stigmatization are higher among practicing physicians compared to medical students. The burden of illness (costs, comorbidity and mortality) is significantly increased in BPD. This underlines the need for comprehensive psychiatric, psychotherapeutic and somatic prevention and care. In addition to individual care, destigmatization and improvements in interdisciplinary and multi-professional services are highly relevant in order to promote adequate care and health equality for individuals with BPD.

**Somatic excess-comorbidities in patients with Borderline Personality Disorder based on health insurance data from 2013 to 2022.** *Jan Mittenmüller, Heidelberg University, Germany*

Background: Borderline personality disorder (BPD) is one of the psychiatric disorders with the highest rates of completed suicide, the highest number of psychiatric comorbidities, and the highest disease-related costs. Recent research has shown that the high burden of illness associated with BPD is even higher when somatic comorbidities are taken into account. Although at least some of the somatic comorbidities (e.g., metabolic disorders and sexually transmitted infections with possible endocrinologic, cardiovascular, or oncologic sequelae) may be causally related to BPD symptoms, these associations between specific somatic comorbidities and BPD require more research based on large clinical datasets. An overly narrow focus on the diagnosis and treatment of classical BPD symptoms and related psychiatric disorders means that severe BPD-typical somatic comorbidities may go unrecognized and untreated. Methods: Somatic diagnoses (ICD-10) have been assessed by a health insurance company from 2013 to 2022. A group of n = 6,500 individuals with BPD will be compared to both a clinical group (F-diagnoses other than BPD, n = 13,000) and to a control group with no F-diagnosis (n = 13,000). Individuals of all ages and genders are

included. Results and Discussion: We will present BPD-specific comorbidity profiles stratified by age and gender. Comparisons with the clinical and healthy control groups will allow us to establish specificity of these profiles and to discuss potential relations to BPD-specific behaviors.

**Premature mortality in individuals with Borderline Personality Disorder related to somatic excess morbidities.** *Nikolaus Kleindienst, Heidelberg University, Germany, Jan Mittenmüller, Heidelberg University, Germany*

Background: Individuals with a diagnosis of borderline personality disorder (BPD) have a substantially lower life expectancy than people with no diagnosis of BPD. On average, about 20-30% of the years lost are related to completed suicide. Reasons for the remaining 70-80% years of life lost remain understudied. Methods: Longitudinal data (total n=32,500, including 6,500 with a diagnosis of BPD) collected from 2013 to 2022 will be used for estimating life expectancies, and the relation between BPD-specific excess comorbidities and subsequent excess mortality. Time to death (yes / no) will be modelled by Cox-regression models that include BPD-specific excess comorbidities (present / not present), age and gender as predictors. Results will include age- and gender-specific life expectancies of individuals with BPD compared with matched clinical and healthy controls (i.e. other psychiatric disorders and no psychiatric disorder, respectively). Furthermore, we will estimate how many years of life are lost in the presence of somatic comorbidities that are particularly prevalent in individuals with BPD. The discussion will include the medical plausibility of the findings and the identification of potential starting points for improving extant treatment programs of BPD.

**Adolescent personality pathology as a specific driver of suicide attempt risk? Results from population-based and clinical research.** *Marialuisa Cavelti, University of Bern, Switzerland, Christian Hertel, University of Bern, Switzerland, Stefan Lerch, University of Bern, Switzerland, Silvano Sele, University of Bern, Switzerland, Ines Mürner-Lavanchy, University of Bern, Switzerland, Corinna Reichl, University of Bern, Switzerland, Julian Koenig,*

*University of Cologne, Germany, Michael Kaess, University of Bern, Switzerland*

Background: Suicide is a leading cause of mortality among adolescents, necessitating the exploration of predictors for interventions. This study aimed to examine the predictive value of personality pathology (PP) for suicide ideation and attempts, over and above psychopathology. Methods: We analyzed two cohorts: a clinical sample of 498 psychiatric adolescents (average age: 15.41 years; 79% female), and a population-based sample of 9,509 adolescents (average age: 15.1 years; 59% female) from the ProHEAD consortium. In the clinical cohort, PP (Semi-Structured Interview for Personality Functioning DSM-5), psychiatric diagnoses (MINI for Children and Adolescents), and suicide attempts in the past year (Self-Injurious Thoughts and Behavior Interview) were assessed at clinical entry. In the population-based cohort, PP (Self-Rated Standardized Assessment of Personality - Abbreviated Scale), psychopathology (Strengths and Difficulties Questionnaire), and suicide ideation and attempts in the past year (Paykel Scale) were assessed at the baseline screening. Results: In the clinical cohort PP levels and an risk of suicide attempts within the past year were positively related (OR = 2.59,  $p < 0.01$ ), even after accounting for psychiatric diagnoses. Conversely, in the population-based sample, PP did not significantly predict suicide attempts once psychopathology was considered. However, a link between PP and heightened suicide ideation risk was observed (OR = 1.31,  $p < 0.01$ ), remaining significant post-psychopathology adjustment. Discussion: PP emerges as a predictor of suicide attempts in help-seeking adolescents, and of suicide ideation in community-dwelling adolescents.

Borderline personality disorder: processing of self-related and interpersonal information (in the context of parenting)

Research on personality disorders (PD) has identified diverse dysfunctional patterns of information processing for self-related signals (e.g., bodily pain) and interpersonal signals (e.g., other's traits or emotions). A synthesis of up-to-date experiments on information processing in different contexts is needed to foster a mechanistic understanding for developing dimensional models of PD. All speakers present new data from patients with BPD - including families as a particularly vulnerable group - with a variety of state-of-the-art experimental setups and analytic approaches. We discuss avenues for synthesizing our findings to develop novel perspectives for dimensional models of PD and treatment approaches. Annette Löffler presents a study on acute pain processing in BPD that uses transcranial magnetic stimulation of the right temporo-parietal junction (rTPJ). Current findings indicate that stimulation of the rTPJ "normalizes" pain perception. Christoph Korn presents an fMRI and computational modeling study on cooperation decisions in women with BPD. Results suggest that individuals with BPD do cooperate when their partner needs help but expect less help from others. Isabella Schneider presents a study using behavioral, neural and hormonal analyses to identify possible mechanisms of disrupted mother-child interaction in BPD. Behavioral alterations are associated with differences in hormonal responses and increased neural activations in regions of emotion processing and salience. Yoel Everett presents a study on the use of DBT skills in parenting. Findings suggest that the use of mindfulness and emotion regulation skills are associated with positive parenting.

**Altered pain perception and dissociation in borderline personality disorder: the role of the temporo-parietal junction.** *Annette Löffler, Department of Psychiatry, Psychotherapy and Psychosomatics, Faculty of Medicine, RWTH Aachen, Aachen, Germany*

Borderline personality disorder (BPD) is characterized by reduced pain perception which co-varies with levels of dissociation. Although a fronto-limbic network has already been related to altered pain processing in BPD, the multidimensional nature of dissociation, including its diverse manifestations in altered body

awareness, suggests that temporo-parietal networks contributing to the integration of multimodal sensory information might also be involved. This talk will focus on the results of a study testing this hypothesis. In a sample of individuals with BPD, we used neuronavigated transcranial magnetic stimulation over the right-hemispheric temporo-parietal junction (rTPJ) which has previously been related to dissociative body experiences. We applied a theta-burst stimulation protocol to both the rTPJ and a control region to either facilitate or inhibit neural activity. Before and after stimulation, we assessed electrical perception and pain thresholds, as well as state dissociation levels. The results showed a significant reduction in pain thresholds only after rTPJ stimulation, independent of the kind of stimulation. Neither perception thresholds nor state dissociation levels were affected. These results suggest that disturbed sensory processing at the rTPJ contributes to altered pain perception in BPD. Modulation of its activity seems to normalize these processes, with facilitating stimulation being descriptively more effective than inhibiting stimulation. However, these processes, seem to be independent of self-reported dissociation levels so that there might be multiple neural mechanisms contributing to altered pain processing and dissociation in BPD. As the rTPJ has already been related to self-other distinction – a deficit of which is a key feature of BPD – the results further highlight the importance of temporo-parietal processing for the core symptomatology of BPD.

**Cooperation decisions in women with borderline personality disorder (BPD) – evidence from computational models and fMRI data.** *Christoph Korn, Heidelberg University, Germany*

Patients with borderline personality disorder (BPD) often fail to establish or maintain cooperation and tend to exhibit behavior that seems more economically self-interested. The question remains open as to whether the uncooperative tendencies observed in individuals with BPD stem from strategic efforts to maximize personal rewards or from a pervasive distrust of others. These social decision-making processes can be surveyed in self-reports using explicit questionnaires on personality traits on the one hand and behavior in economic games on the other hand. We tested 30

women with BPD and 33 controls using a set of well-established questionnaires on (maladaptive) personality traits and standard economic games. Additionally, we developed a new economic cooperation task conducted in an MRI scanner to examine if patients with BPD (compared to controls) cooperate less when cooperating is personally costly and if this relates to differences in medial prefrontal cortex (mPFC) activity. Overall, we observed significant differences between the groups in the dissociality/antagonism domain but did not find differences in the standard economic games. Our cooperation task revealed that both groups exhibited increased cooperation when given the opportunity to help their partner compared to situations where their partner did not need help, which was reflected in ventral mPFC activity. In addition, participants with BPD (compared to controls) expected less help from their partner when cooperating was risky for their partner. In further analyses, we are using heuristic models and optimal policies to test whether individuals with BPD behave less optimally than controls and if these potential differences are linked to differences in activation in the mPFC. Additionally, we are exploring whether maladaptive personality traits are associated with decreased cooperation in our experimental task.

**Behavioral and neurobiological alterations in mother-child interaction in borderline personality disorder.** *Isabella Schneider, University Hospital Heidelberg, Department of General Psychiatry*

Mothers with borderline personality disorder (BPD) often seem to struggle with parenthood. They tend to perceive interactions with the child as less rewarding and more stressful and interactions are often less reciprocal and have more negative states. Here, we studied underlying behavioral, neural and hormonal mechanisms of disrupted mother-child interaction in BPD in order to identify possible approaches to break the cycle of transgenerational transmission. Twenty-five mothers with BPD and 28 healthy mothers participated in a script-driven imagery fMRI paradigm, as well as in observed mother-child interactions with their 18- to 36-month-old toddlers, which were micro- and macro-coded. Maternal blood samples were analyzed before interaction for oxytocin, cortisol, and testosterone, and after for oxytocin and cortisol.

Findings suggest reduced behavioral synchrony and alterations in regulative behaviors in dyads with BPD. Oxytocin decreased and cortisol remained unchanged in mothers with BPD while healthy mothers showed stable oxytocin and decreased cortisol after mother-child interaction. Cortisol reactivity and testosterone basal levels mediated the association between maternal BPD and dyadic negative states during interaction. On a neural level, brain regions of salience and emotion processing were more activated during the imagination of mother-child interactions in mothers with BPD compared to healthy mothers. Altered behavioral, hormonal, and neural mechanisms seem to contribute to disruptions in mother-child interaction in BPD. Psychotherapeutic interventions need to focus on decreasing emotional hyperarousal, improving difficulties in emotion regulation and stress management, and providing knowledge and support in parenting with BPD.

**How do Mothers with Borderline Personality Disorder Use DBT Skills in their Parenting?: Observational Coding of Group Therapy Sessions from Clinical Trials in USA and Germany.** *Yoel Everett, Brown University*

Dialectical Behavior Therapy (DBT) Skills improves ER in adults, and there is growing interest in applying DBT Skills to parents with BPD to improve their mental health, their parenting, and their children's outcomes. Treatment approaches to this vary in the extent to which they focus on DBT vs parenting skills, with some programs providing Standard Adult DBT Skills to groups of parents, while others integrate DBT Skills and Parent Training skills. Understanding which DBT skills are useful to parents with BPD is key to effective application of the skills to parenting, and to reducing intergenerational transmission of psychopathology. The current study coded 60 hours of video recorded group therapy sessions from two distinct clinical trials, which differed in their intervention approaches, but both focused on maternal BPD during the preschool period. The study aimed to determine whether and how mothers with BPD use DBT skills to increase positive parenting and decrease negative parenting behaviors, by coding mothers' reports of their DBT skill use (n=209 examples in a USA-based trial of DBT Skills; n=236 examples in a German-based trial of a DBT-informed

parenting program). The proportion of skill use in parenting contexts (vs non-parenting contexts) was greater in the parenting program (77%) than in Standard DBT Skills (26%). In both trials, mothers who used skills in their parenting reported that mindfulness and emotion regulation skills were primarily used towards increasing positive parenting, while distress tolerance skills were mostly used to decrease negative parenting. Findings provide clinicians working with parents with BPD with a stronger empirical basis for applying DBT Skills to parenting goals, and can inform treatment development efforts to integrate DBT and parenting.



Clinical Utility of the AMPD in a Specialized Clinic for Personality Disorder: Case-Conceptualization and Client Feedback

This symposium provides a brief introduction to the DSM5 Section III Alternative Model of Personality Disorder, particularly as relates to (research on) Clinical Utility. After a brief review of the pertinent literature that includes the description of a readily feasible strategy for assessing clients according to the AMPD model, we focus on the clinical utility of the AMPD in the eyes of clinicians. Then follow up with two case examples that illustrate how the AMPD has clinical- and client utility in a Dutch specialized clinic for the assessment and treatment of Personality Disorders. More specifically, we will present case material related to the standard intake procedure in the context of adult patients with severe personality pathology. Aspects of case-formulation and particularly client feedback are discussed. Next, we present the case of an adolescent client with pervasive interpersonal problems for whom the AMPD assessment included her parents. Collectively, their AMPD assessment served a critical role in acceptance of the feedback as well as subsequent compliance with recommendations. The larger significance of these presentations are subsequently discussed.

**Clinical utility of the Alternative Model for Personality Disorders.** *Laura Weekers, De Viersprong*

The traditional section II Personality Disorder (PD) model has been contested for its limited validity and lack of clinical utility. To counter these shortcomings, DSM-5 has introduced in its section III, Emerging Measures and Models, an Alternative Model for Personality Disorders (AMPD). In recent years, the research base for the AMPD has grown substantially. Most AMPD studies have focused on separate criteria of the new model, e.g. by designing new instruments to assess sections of the AMPD. Studies on the clinical utility of the full AMPD model or implementation of the model in clinical practice are scarce, even though utility and implementation might be what matters most to clinicians. This presentation will focus on clinical utility of the AMPD model. Several aspects of clinical utility will be discussed. First, a comparison between the AMPD- and Section II PD model in terms of a) prevalence of PD classification and b) predicting patient outcomes will be presented. Second, definitions for clinical utility

will be discussed. Lastly, the results of a randomized controlled trial comparing the clinical utility of the AMPD model to the traditional Section II PD model will be presented. Weekers, L. C., Hutsebaut, J., Kamphuis, J. H. (2021). Client and clinical utility of the assessment of personality disorders. *Journal of Nervous and Mental Disorders*, 209(11), 846-850. Weekers, L. C., Hutsebaut, J., Rovers, J. M. C., & Kamphuis, J. H. (2023). Head to head comparison of the Alternative Model for Personality Disorders and Section II personality disorder model in terms of predicting patient outcomes one year later. *Personality Disorders: Theory, Research, and Treatment*. Weekers, L. C., Hutsebaut, J., De Saeger, H., & Kamphuis, J. H. (2024). Comparing the clinical utility of the Alternative Model for Personality Disorders to the Section II personality disorder model: A Randomized Controlled Trial. *Personality Disorders: Theory, Research, and Treatment*. Weekers, L. C., Hutsebaut, J., Zimmermann, J., & Kamphuis, J. H. (2021). Changes in the classification of personality disorders: Comparing the DSM–5 Section II personality disorder model to the Alternative Model for Personality Disorders using structured clinical interviews. *Personality Disorders: Theory, Research, and Treatment*, 13(5), 527-535.

**Comparing the clinical utility of case formulations of the AMPD versus section II model for personality disorders.** *Julia Oenen, The Viersprong*

The DSM-5 AMPD was – among other reasons – introduced to enhance the clinical utility of PD classification. As described in the first presentation clinical utility refers to the extent to which a diagnostic system assists a professional in diagnostic core functions. Only a few studies have directly compared the clinical utility of the AMPD model to the prevailing Section II PD model of DSM-5. This presentation will focus on a study that used a case formulation approach to directly compare the clinical utility of both models in the eyes of clinicians. The study showed that the AMPD model had higher clinical utility ratings on all clinical utility aspects. These differences could not be accounted for by differences in comprehensibility and readability of both case formulations. When asked to compare the two models directly 74% of clinicians

preferred the AMPD model, 25% had a preference for the Section-II PD model and 1% had no preference. Reasons for a preference were the same regardless of what the preference was.

**Integrating the AMPD into the Standard Clinical Assessment Routine of a Specialized Clinic for PD: A Case Study.** *Hilde De Saeger, Psychotherapeutic Center De Viersprong*

In the day-to-day practice of a specialized institute for the diagnosis and treatment of clients with personality disorders, it is important to efficiently arrive at clear, clinically informative and, for the client, credible and acceptable case-formulations. In our clinical experience, clients sometimes reject feedback from the traditional model of PD, as they do not recognize themselves, or may even feel devalued or attacked by the symptom-based report. Clearly, this makes it difficult to arrive at credible joint treatment recommendations that clients feel hopeful and motivated about. We observed that the AMPD appears to fare better, as it uses language that is more experience-near for the client. By integrating classificatory information with psychological dimensions and functions, it amplifies personalized case-conceptualizations which in turn facilitates offering feedback that clients can hear, accept, and use profitably. Clients often report that the feedback feels personal, as in "really about [them]". We will illustrate this dynamic with a case-study of an adult patient with PD. We will step-by-step discuss the emerging case-conceptualization, the subsequent treatment selection, and the narrative the client and clinician co-constructed.

**How the AMPD helped frame feedback to an adolescent girl with pervasive interpersonal problems..** *Inge Van Laer, The Viersprong*

A 17-year-old adolescent girl was referred to the Viersprong PD clinics for Therapeutic Assessment. She was experiencing ongoing pervasive (inter-)personal problems, which ranged from maintaining (positive) relationships with her peers, interacting with her (divorced) parents, and feeling unable to make her own decisions. In addition to the MMPI-A, Rorschach Inkblot Method (R-PAS) and Adult Attachment Projective (AAP), we administered the PID-5 (Personality Inventory for DSM-5), the LPFS-SR (Levels of

Personality Functioning Scale-Self Report) and the STiP-5.1 (Semi-structured Interview for Personality Functioning DSM-5). Moreover, we also asked her parents to complete the PID-5 about their daughter, as well as the LPFS-SR and PID-5 about themselves. Accordingly, using a multi-method multi-informant approach, we were able to identify and understand the difficulties all the participants experienced in reflecting on their behavior and thoughts about

Research Symposium  
***Avoidant Personality  
Disorder***

Cluster C personality disorders in the spotlight: treatment approaches and latest research results

Cluster C personality disorders (PD) are among the most prevalent PDs and are associated with psychological suffering, societal dysfunction and high rates of comorbidity of psychiatric disorders. However, too little attention has been paid to this population so far in clinical practice and in science, as a result of which there are still no (international) guidelines to adequately treat these disorders. Over the past few years, researchers of this symposium have studied various treatments for people with Cluster C PD and will present their (preliminary) results and research designs here. In the first presentation, Astrid Baljé will discuss the results of a randomized controlled trial (RCT) on group schema therapy compared to group cognitive behavioral therapy in patients with social anxiety disorder (SAD) and comorbid avoidant personality disorder (AVPD). In the second presentation, Arne van den End will discuss the results of an RCT comparing standalone imagery rescripting (ImRs) with the combination of ImRs and group schema therapy for patients with PTSD and comorbid cluster C PD. In the third presentation, Birre van den Heuvel presents the design of an ongoing RCT on different forms of group therapy for cluster C PDs, and will shed more light on the Cluster C patients by presenting various baseline characteristics. Finally, Martine Daniëls will present the design of a currently running RCT into different forms of individual therapy (I-FORCE) for cluster C PD and reasons for drop-out in the treatments.

**Group schema therapy versus group cognitive behavioral therapy for patients with social anxiety disorder and comorbid avoidant personality disorder: First results of an RCT in clinical practice.** *Astrid Baljé, PsyQ*

Social anxiety disorder (SAD) and avoidant personality disorder (AVPD) are often comorbid. For patients with SAD, the most common psychological treatment is cognitive behavioral therapy (CBT). For patients with comorbid SAD and AVPD, there is no consensus in clinical practice about which treatment is indicated, and guidelines are scarce. Schema Therapy (ST) evolved as one of the major current treatments for patients with personality disorders (PDs) and chronic mental health problems. The focus of

ST on childhood origins and on acquiring more adaptive coping styles might make this therapy particularly effective for patients who suffer from comorbid SAD and APD. In the current study, we adjusted the ST mode model group treatment, developed by Farrell and Shaw, to a 30-session semi-open group schema therapy (GST) for patients with comorbid SAD and AVPD. We compared this treatment to a 30-session semi-open group CBT (GCBT) based on the GCBT protocol of Heimberg for patients with SAD and extended it to 30 sessions. We conducted the first randomized controlled trial in an outpatient population (n=154) with both SAD and AVPD. Group Schema Therapy (GST) and GCBT were compared on SAD symptoms (Liebowitz Social Anxiety Scale) and manifestations of AVPD (Avoidant Personality Disorder Severity Index). Intention-to-treat analysis showed no significant differences between treatments at 3 months post-treatment and one-year follow-up regarding SAD symptoms and manifestations of AVPD. Both modalities led to significant and substantial improvements. Significantly more patients completed GST. GST and GCBT are valuable treatments for SAD with comorbid AVPD. The higher treatment retention in ST indicates that ST is more acceptable than GCBT.

**Prediction and Outcome Study in PTSD and Personality disorders (PROSPER).** *Arne van den End, Arkin/NPI*

Posttraumatic stress disorder (PTSD) is associated with high rates of cluster C personality disorders, which may negatively affect PTSD treatment. We hypothesized that adding personality disorder treatment (group schema therapy; GST) to individual trauma-focused treatment (imagery rescripting; ImRs) would be superior to ImRs only. A two-arm randomized clinical trial (1:1 allocation ratio) was conducted between 2018-2023 at two sites of a mental health institution in The Netherlands. Raters were blind to treatment allocation. Adult outpatients with PTSD and comorbid cluster C personality disorders and were randomized to receive either ImRs (12-18 sessions) or ImRs + GST (12-18 ImRs + 52-58 GST sessions). The primary outcome was PTSD severity one year after the start of treatment measured with the Clinician-Administered PTSD Scale for DSM-5. Of 130 patients (mean [SD] age=40.6 [11.2], 110 [85%]

females), 66 were assigned to ImRs and 65 to ImRs+GST. At 12 months, there were large decreases in PTSD severity, but there was no significant difference between conditions. Reductions in personality disorder symptoms and all other secondary outcomes were observed in both conditions. There were no significant differences between conditions on any of the secondary outcomes at 12 months. The more intensive concurrent trauma-focused and personality disorder treatment (ImRs+GST) was not superior to trauma-focused treatment alone (ImRs) for patients with PTSD and comorbid CPD. This suggests that trauma focused treatment is the preferred primary treatment in patients presenting with both internalizing personality disorder and PTSD, reserving the stepping up to more intensive psychotherapy aimed at the personality disorder as a second line of treatment.

**Cluster C-PD and group psychotherapy: the G-FORCE research design and baseline characteristics.** *Birre van den Heuvel, Arkin/NPI*

Cluster C personality disorders are associated with a high burden and societal dysfunction, and unfavorable outcome and chronicity of various psychiatric disorders. In clinical practice, group and individual therapy are widely offered, particularly from psychodynamic and schema therapeutic orientations. Nevertheless, due to the understudied state of Cluster C pathology, evidence for the optimal treatment for these patients is still lacking. In 2020 two large pragmatic randomized clinical trials (G-FORCE and I-FORCE) started at the NPI, a Dutch mental health center specialized in the treatment of personality disorders. The G-FORCE trial compares the differential (cost-) effectiveness of three forms of group psychotherapy: psychodynamic group therapy, schema focused group therapy and group schema therapy for cluster C. The design of this RCT will be presented. An important feature of FORCE is the research on predictors/moderators. Apart from general predictors, specific clinical variables (i.e. childhood trauma; personality organization; autistic traits) are selected that are expected to be potential predictors or moderators. In this presentation, these clinical characteristics of cluster C-PDs will be shared by presenting

baseline data of 360 patients that are currently included in the FORCE studies.

**Individual Psychotherapy for cluster C PD and reasons for drop-out.** *Martine Daniels, Arkin/NPI*

For patients with a cluster C personality disorder individual psychotherapy is commonly offered in clinical practice. However, due to scarcity of well-designed studies evidence for differential efficacy, setting and format is lacking. Finding evidence on the differential (cost)effectiveness for this group of patients and the mechanisms of change is important to improve the quality of care for this vulnerable group of patients. I-FORCE investigates (cost)-effectiveness of three individual psychotherapies: schema therapy (ST), short-term psychodynamic supportive psychotherapy (SPSP), and affect phobia therapy (APT). The main research question will be if there is a difference in effectiveness between the treatment modalities on the severity of the cluster-C pathology, measured with the APD-IV. This presentation will outline the background of the I-FORCE research design and the main differences in approach of the delivered psychotherapies included in the I-FORCE-study. Finally, the preliminary results on the reasons for drop-out in the treatment modalities will be discussed, offering a first insight into variables important in the treatment decision-making process.



## Dialectical Behavior Therapy beyond Borderline Personality Disorder

Dialectical Behaviour Therapy (DBT) was introduced during the '90s for the treatment of highly suicidal and self destructive individuals mainly suffering from Borderline Personality Disorder. During the last decade more and more research and clinical data show that DBT can be helpful for the treatment of emotion dysregulation. Emotion dysregulation can be the underlying mechanism in various mental disorders beyond Borderline Personality disorder and is usually manifested through behavior over or under control. During the symposium research data related with the effectiveness of DBT for eating disorders (anorexia and bulimia nervosa and group DBT skills training for binge eating disorder), attention deficit hyperactivity disorder and anxiety disorders will be discussed

### **Online Group Dialectical Behavior Therapy for Binge Eating Disorder: An open trial..** *Maria Karapatsia, University of Athens, Greece*

Objective: People living in remote or rural areas have limited access to treatment. Online therapy could be a solution to people who cannot have in-person therapy for mental health issues. The aim of the current study was to evaluate the effectiveness of the online Group Dialectical Behavior Therapy (DBT) for Binge Eating Disorder (BED). Methods: The sample consisted of 73 patients diagnosed with BED (mean age 44.4 years, SD=10.8 years; 93.1% women) assigned to the online group DBT for BED. The program was held at the University Hospital, Eginition, in Athens, Greece. The treatment consisted of 20, 2-hour online sessions, one per week. Participants completed the Eating Disorder Examination Questionnaire (EDE-Q 6.0, Fairburn, & Beglin, 2008), the Binge Eating Scale (BES; Gormally et al., 1982), and the Emotional Eating Scale (EES; Arnow et al., 1995) prior to and at the end of the treatment (EOT) and three and six months after EOT. Results: Scores in all EES subscales, as well as BES score decreased significantly from baseline to EOT and remained stable 3 and 6 months after the EOT. EDE-Q subscales, apart from Restraint subscale, as well as the Global Score decreased significantly from baseline to the EOT and remained in similar levels until the 6-months follow up. BMI decreased significantly from baseline to EOT and remained in similar values until 6 months after

the EOT. Conclusion: Online Group DBT for BED is an effective treatment for patients suffering from BED and cannot have access to in-person treatment.

**Dialectical Behavior Therapy Skills training for anxiety disorders.** *Evangelia Xirou, Greek Association for Behavioral Research*

Dialectical behavior therapy was first introduced as an effective therapy for people with suicidality and/or borderline personality disorder, and since then it has been well researched for several other disorders such as eating disorders, substance use disorders and depression. DBT skills training includes four modules: mindfulness, emotion regulation, distress tolerance and interpersonal effectiveness skills. The rationale behind these modules is that people whose problems stem from emotion dysregulation would benefit from learning skills that allow them to change their emotional response, as well as skills that help them tolerate and accept emotional distress. The aim of this presentation is to review evidence suggesting that DBT skills training could be an effective treatment for anxiety disorders, since one of their most prominent characteristics is difficulty in regulating anxiety and the worry of not being able to tolerate distress that may be experienced. So far, research on this topic although positive is quite limited. The study design of a 6 month DBT skills group for anxiety disorders will be presented, as part of a research project on the effectiveness of DBT for this population. The specific skills that have been selected from each of the four DBT skills modules will also be presented and discussed.

**Dialectical Behaviour Therapy for adults with Attention-Deficit/Hyperactivity Disorder.** *Vasiliki Antoniou, Greek Association for Behavioral Research*

Attention-Deficit/Hyperactivity Disorder is a childhood-onset neurodevelopmental disorder characterised by core symptoms of inattention, impulsivity, and hyperactivity, affecting around 3% of adults. Approximately 52% of adult ADHD patients have comorbid clinical conditions, which affect patients' psychosocial functioning.

Comorbid conditions include learning disorders, oppositional defiant disorder, anxiety disorders, substance use disorder, borderline personality disorder, and the risk of suicide. Pharmacotherapy is recommended as a first-line treatment and it targets neuropsychological deficiencies. However common secondary symptoms of ADHD such as lack of organizational skills and coping strategies, difficulties with time management, low self-esteem as a consequence of continuous failure and misunderstandings, problems with emotional regulation, and comorbidity or symptoms from other psychiatric disorders, may be less responsive to medication; thus, psychotherapeutic interventions for ADHD are developed to target these problems. Dialectical Behaviour Therapy was originally developed for the treatment of borderline personality disorder, but adaptations to ADHD have been made because the two disorders share common traits and symptoms such as impulsivity, emotional dysregulation, disorganized behaviour, low self-esteem and substance abuse. Studies show evidence supporting the significant impact of DBT on overall ADHD, particularly in reducing symptoms of inattentiveness and hyperactivity, some improvements in emotion regulation, life satisfaction, and daily functionality and less significant results in relation to impulsiveness, mindfulness, interpersonal effectiveness, distress tolerance, or general psychological symptoms. Additionally, a high prevalence of ADHD in BPD patients of 30 to 60% has been found. ADHD and BPD share important symptom domains, namely impulsivity and emotion dysregulation, although important differences have been found in these domains. Discussion is continuing on whether ADHD and BPD occasionally co-occur as comorbidities, have common origins, share common pathological mechanisms, have an additive effect on each other, and/or if ADHD in childhood is a risk factor for the development of later BPD. Dialectical Behaviour Therapy is evidently a promising treatment approach for patients with ADHD and BPD.

**Dialectical Behaviour Therapy for eating disorders patients suffering also from borderline personality disorder.** *fragiskos gonidakis, University of Athens, Greece*

Individuals with eating disorders (ED) and comorbid borderline

personality disorder (BPD) may benefit from therapies focusing on emotion regulation, such as dialectical behavioral therapy (DBT). The aim of the study was to evaluate the effectiveness of one-year standard DBT enhanced with cognitive-behavioral therapy (CBT) strategies for patients suffering from ED and BPD. Methods: Seventy-two BPD and ED (anorexia and bulimia nervosa) participants were recruited from the eating disorders unit of the 1st Psychiatric Department of University of Athens. All participants completed one year of standard DBT. ED-related behaviors were added to the treatment plan according to the DBT targeting hierarchy. Individual therapy and skills training group sessions were adapted to incorporate CBT strategies for nutritional and weight restoration. BPD and ED symptomatology were measured at the beginning and at the end of one year of treatment. Results: The major finding of the study was the significant improvement of patients in all the outcome measurements after one year of treatment. The study's second finding was that the severity of BPD symptomatology was significantly related to the severity of ED symptomatology. It was also shown that improvement of the patients coping skills was correlated with the reduction of ED and BPD symptomatology.

Research Symposium  
***Developmental  
Psychology***

Emerging personality disorder, epistemic trust and social media use in adolescence

Recent research on mentalizing emphasizes the role of epistemic trust – the capacity to perceive interpersonally transmitted knowledge as relevant to oneself, trustworthy, and generalizable to other situations – as a risk factor for psychopathology and compromised social functioning. The theory of epistemic trust in relation to psychopathology is a developmental one, considering the extent to which an individual’s subjective experiences are characterised by distortions or breakdowns in mentalizing, leading to disruptions in epistemic trust and possibly generating a vicious cycle in which the individual is closed off from the salutogenic experiences of co-mentalizing and social learning from others. One of the implications of our theory has been to suggest that vulnerable or sensitive developmental periods stretch beyond the early years well into later childhood and adolescence. Critically, these are the times when children and young people, through school and ever-widening exposure to the outside world, have their perceptions of the world as safe and reliable, or dangerous and unpredictable, reinforced. For contemporary adolescents this widening environment includes the digital world, which is on a scale of complexity and opaqueness far removed from the environment of evolutionary adaptedness: we may not be well-equipped to recognise when, in the context of modern media stimuli, it is advisable to open or close the channel of epistemic trust. There is some evidence indicating that the prevalence of mental health disorder is increasing, with some commentators relating this upturn to increased access to social media. We are in the early days of understanding these processes and possible relationships, but they are issues of pre-eminent concern. Today’s panel seeks to explore these problems through the prism of epistemic trust in adolescence, to understand how vulnerability to emerging personality pathology, experiences of social media, and the capacity to exercise appropriate epistemic openness and vigilance relate to one another.

**Trusting other minds: How young people learn and make relationships in the real world and online.** *Thomas Booker, University College, London, UK, Chloe Campbell, University College, London, UK*

There has been increasing societal and clinical concern about the relationship between problematic social media use and socio-emotional difficulties. Furthermore, issues relating to the increasing sexualisation of certain spheres within social media have been linked to important debates concerning the dangers of exploitation, misinformation and the impact of social media use on adolescent mental health. There has been some research on the relationship between disruptions in the capacity for epistemic trust (ET) and the development of socio-emotional problems, linked to emerging personality disorder features. ET can be defined as openness to information from others - disruptions in epistemic trust can take the form of excessive mistrust or excessive credulity, or a combination of both. However, there is to our knowledge no existing research that has considered how epistemic disruption might be associated with increased vulnerability to problematic social media exposure, especially in relation to emerging psychopathology in young people. We will be reporting findings from a large online study and from qualitative interviews with UK adolescents aged 16-24 years. The study focusses on determining the general levels of ET, mistrust and credulity among a community sample. We will also be learning about the extent to which these three factors correlate with aspects of psychological functioning, online behaviour and social media use, including online sexual experiences, trauma, socio-economic status and interpersonal functioning. Finally, we hope to use advances in ET research to help shed some light on the relationship between social media use and emerging personality disorder features in young people.

**Navigating through a complex social network: the role of epistemic trust in the online behavior of vulnerable adolescents.** *Chrissy Engelen, KU Leuven, Patrick Luyten, KU Leuven*

Our world is changing rapidly, with constantly evolving technology providing access to a wealth of information and potential connections with millions of people around the world. The average age when children first own a smartphone is rapidly decreasing. For instance, a recent study found that the average age when children receive their first smartphone in Belgium is currently 8.4 years. This means that young people are increasingly exposed from a very

young age to information available on the internet and social media. To be able to navigate this increasingly complex and relatively unfiltered information, a good balance between appropriate epistemic trust and epistemic vigilance is needed in young people in order to make informed decisions about which information is trustworthy and which information is not. Young people growing up in so-called 'risky-environments' can be expected to have a more problematic epistemic stance towards social information, as expressed in a combination of high levels of epistemic mistrust and credulity, leading to risky online (e.g., sexting, cyber-victimization) and offline (e.g., engagement in abusive relationships) behavior, which in turn may play an important role in explaining vulnerability to psychological disorders related to impairments in social relationships, and emerging personality disorder in particular. However, very little research has been conducted concerning the relationship between trauma, SES, epistemic trust, and online behavior (such as sexting and cyber-victimization) among adolescents at risk for personality disorder. Here, we will report findings from a large online study in Belgium among adolescents aged 16-24 years focusing on the role of impairments in young people's epistemic stance in explaining the relationship between social media use and emerging personality disorder features.

**Clinical case: the playing out of the emergence of Borderline features online.** *Patrick Luyten, KU Leuven*

The final paper in this symposium reports on the role of social media in the behaviour of an adolescent female with borderline personality disorder features. In particular will be noted the hypermentalizing, pretend mode functioning that is facilitated through online communications; a tendency to over-value social media feedback (i.e., through close monitoring of numbers of followers, views and likes) and over-divulge personal and anxiety-provoking behaviours and states of distress. The escalation of these communications and the intersection with real world peers would culminate in episodes of humiliation, shame and online and in person verbal attacks. The perceived force of these attacks, experienced in a state of psychic equivalence, trigger the

emergence of the alien self resulting in significant self-harming behaviours.

**Exploring the relationship between dimensionally conceptualised personality pathology and problematic social media use in adolescents.** *Madelyn Thomson, University of Bern, Switzerland, Marialuisa Cavelti, University of Bern, Switzerland, Corinna Reichl, University of Bern, Switzerland, Ines Mürner-Lavanchy, University of Bern, Switzerland, Julian Koenig, University of Cologne, Germany, Michael Kaess, University of Bern, Switzerland*

Background: The omnipresence of social media and extensive social media use (SMU) in the lives of adolescents in particular, has brought about intense discourse regarding its impact on mental health. Adolescents with personality pathology may represent a group at risk for disordered SMU, who share similar difficulties to those associated with problematic SMU (e.g. emotion dysregulation). However, this has not yet been explored using the more recently established dimensional conceptualisation of personality functioning, nor in clinical adolescent samples using validated tools specifically for the assessment of SMU. Methods: N=117 help-seeking adolescents (11-18 years) from inpatient and outpatient departments at the University Hospital for Child and Adolescent Psychiatry and Psychotherapy in Bern, Switzerland, completed the Social Media Disorder Scale (SMDS). They were then assessed using the Semi-Structured Interview for Personality Functioning DSM-5 (STiP-5.1), a dimensional measure of personality pathology representing Criterion A in the Alternative Model of Personality Disorders of the DSM-5. Results: Prevalence of SMU disorder was 7.7%, similar to other studies using the SMDS. Regression analyses revealed that the STiP-5.1 significantly predicted scores on the SMDS ( $b=0.62$ ,  $SE=0.22$ ,  $p=0.006$ ), but not disordered status (i.e., disordered versus not disordered based on meeting 5 of 9 criteria). This relationship was also strengthened with increasing age. Conclusions: Preliminary findings present opportunities to identify and target treatment for adolescents who might be at risk or 'doubly vulnerable' to not only the negative effects of problematic SMU, also personality functioning



impairments. Future studies should further examine this complex relationship, particularly by incorporating longitudinal designs.

Research Symposium  
***Dialectical Behavioural  
Therapy***

Expanding the Reach of Dialectical Behavior Therapy: Reducing  
Access Inequities Through Training and Dissemination

Dialectical Behavior Therapy (DBT) is a comprehensive and intensive cognitive-behavioral treatment designed to meet the needs of patients presenting with high risk and comorbidity (Linehan, 1993). It contains multiple protocols embedded within a principle-based treatment. This complexity poses a training challenge (Best & Lyng, 2019), which may disproportionately impact access for minoritized groups. The goal of this symposium is to present data that illuminate potential solutions to this challenge across multiple contexts. Dr. King will describe preliminary outcomes related to the rollout of DBT in the public mental health system of Los Angeles County, a region approximating 10 million residents, almost half of whom identify as Hispanic or Latine. Dr. Rizvi will describe findings related to the use of trainees as DBT therapists to improve DBT access in a large metropolitan area. Dr. Cooney will describe the representation of Māori and Pacific DBT practitioners and service users in Aotearoa, New Zealand, and efforts to enhance DBT training and treatment access for these groups. Dr. Walton will describe the provision of DBT via telehealth to individuals in rural Australia. These presentations will be capped by Dr. Cooney's description of key findings from a global survey on DBT supervision that has implications for effective dissemination of this complex treatment.

**Rolling Out Dialectical Behavior Therapy in Public Mental Health in Los Angeles County: Preliminary Outcomes.** *Alexandra King, DBT California, Lynn McFarr, DBT California*

Dissemination and implementation of Dialectical Behavior Therapy (DBT) has been challenging in resource-strapped community mental health systems. "Train and pray" models do not suit the complexity of DBT and do not routinely include reviews of work samples for competence. The Los Angeles County Roll Out of DBT (LACRODBT) was launched in 2020, spurred by the success of the Los Angeles County Roll Out of Cognitive Behavior Therapy (itself inspired by the Improving Access to Psychological Therapies program in the United Kingdom). The training program includes a 9-month practicum with didactics, consultation, work sample reviews, and competency scoring. This study reports the preliminary clinical findings of

LACRODBT to date. Participants: 74 adolescent and adult clients receiving comprehensive DBT through LACRODBT from 41 trainee clinicians. Clients submitted diary cards weekly, which tracked urges and instances of suicidal behavior, non-suicidal self-injury (NSSI), and substance use, as well as intensity of emotions, and helpfulness of skills. Using Hierarchical Linear Modeling, changes in clients' diary card ratings were tested over the course of treatment. Findings showed decreased urges for suicide, NSSI, and substance use, fewer instances of substance use, reduced intensity of sadness, shame, anger, and fear, and increased joy and perceived helpfulness of skills over time. No significant changes in frequency of suicidal behavior and NSSI were detected. The preliminary findings from this study indicate DBT trainees can produce significant improvements in primary treatment targets. The lack of statistically significant change in suicidal behavior and NSSI may be due to low base rates for these behaviors (they were not required for inclusion). A limitation of this study is incomplete data, however this is common in quality assurance projects. Despite many challenges in disseminating DBT in large community mental health settings, these results demonstrate that such projects can be feasible and effective.

**Increasing Access to DBT by Growing the Workforce: The Case of the Rutgers University DBT Research and Training Clinic (DBT-RU).** *Shireen Rizvi, Rutgers University, Hannah Krall, Rutgers University, Alma Bitran, Rutgers University, Qingqing Yin, Rutgers University*

Background: The prevalence of borderline personality disorder (BPD) is estimated at 1.6% of U.S. population, which suggests there are over four million adults with the diagnosis. In contrast, there are only 463 certified DBT clinicians worldwide. These clinicians are predominantly English-speaking, in urban areas, in private practices, and identify as White. Thus, there is a dire need to increase the workforce, particularly with diverse clinicians dedicated to treating underserved communities. Training programs offer such an opportunity. Methods: The Dialectical Behavior Therapy clinic at Rutgers University (DBT-RU; New Jersey, USA) is staffed by student trainees from two clinical doctoral programs and postdoctoral

fellows. Between 2010 and 2023, 53 trainees (mean age=27.5, 84.6% female, 71.2% White) treated 143 adult clients (mean age=29.2, 77.6% female, 75.5% White) with BPD in a six-month DBT program. The program was offered to individuals from the community on a sliding scale where participants could pay as little as \$5 USD a session. Results: Overall treatment retention was high, with 78.32% (n=112) of all clients completing the six-month program. Treatment effectiveness was comparable to that of other published trials, showing large effect-size decreases in BPD severity as measured by the BSL-23 ( $\beta=-0.39$ ,  $p<.001$ ,  $d=.76$ ) and emotion dysregulation as measured by the DERS ( $\beta=-13.45$ ,  $p<.001$ ,  $d=.88$ ). Conclusions: If trainees can deliver DBT with similar efficacy to trial therapists, there is great potential to expand the DBT workforce by developing more training clinics. These clinics are highly cost-effective and able to reach individuals often not able to receive services elsewhere.

**Beyond the pale: Māori and Pacific representation in DBT programs in Aotearoa New Zealand.** *Emily Cooney, University of Otago, New Zealand, Horiara Jones, Oranga Tamariki, Kirsten Davis, The Psychology Group, Nastassia Randell, Te Toka Tumai Whatu Ora, Chris Murray, Te Toka Tumai Whatu Ora, Karis Knight, Whatu Ora Counties Manukau, Jenn Hauraki, Whatu Ora Counties Manukau, Amber Callard, Oranga Tamariki, Jamie Kampen, Oranga Tamariki, Maia Silveira, Oranga Tamariki, Max Maiava, The Psychology Group*

Background Dialectical behavior therapy (DBT) is effective for many psychological problems that are often seen as consequences of colonisation within Indigenous communities, such as suicidal behaviour, post-traumatic stress and addiction. Inequities in suicide rates for Māori and Pacific peoples in Aotearoa New Zealand are often mirrored by inequities in health service access. The current study describes the proportions of Māori and Pacific people consumers accessing DBT, the numbers of Māori and Pacific people working within DBT teams in Aotearoa New Zealand, and preliminary efforts to address inequitable health outcomes. Methods DBT practitioners completed a survey enquiring about the number and ethnic identities of individuals and families seen within

DBT programs in the preceding 12 months, the numbers of Māori and Pacific practitioners within their DBT teams, and efforts to enhance the cultural responsiveness of their programs. Results A quarter of survey respondents reported having Māori and 6% reported having Pacific heritage. Referral acceptance rates didn't differ by ethnicity. Approximately 85% of Māori, 79% of Pacific, and 77% of Other consumers offered DBT agreed to do the treatment. Of individuals dropping out of DBT, 29% were Maori and 9% were Pacific people. About half the teams had one or more Māori members, and a third of teams had one Pacific member. A quarter of teams reported having processes for prioritising Māori and Pacific referrals, and many described actions to increase their responsiveness to Māori engaging in DBT. Conclusions Findings are tempered by small numbers. Although similar to the general population, the percentage of Māori referred to DBT does not reflect their representation in the problems that DBT is built to treat. Pacific people were under-represented in both DBT consumers and practitioners. Once referred to DBT, Māori and Pacific people were just as likely to engage with the treatment as non-indigenous peoples.

**A pilot effectiveness–implementation study utilising telehealth to increase access to Dialectical Behaviour Therapy for consumers in rural areas of Australia.** *Carla Walton, 1. Hunter New England Local Health District, Sharleen Gonzalez, 1. Hunter New England Local Health District, Katherine McGill, 1. Hunter New England Local Health District, Naz McGregor, 1. Hunter New England Local Health District, Anna Dunbar, 2. Murrumbidgee Local Health District*

Background: Dialectical behaviour therapy (DBT) is an effective treatment for Borderline Personality Disorder (BPD). However, there are many barriers to making this sort of therapy available within routine care in rural areas. Service managers, clinicians and consumers struggle with the poor access to appropriate treatment for population. Methods: The aim of this study was to trial the implementation and effectiveness of a collaborative and telehealth-based model of delivering DBT in rural areas of NSW, Australia for people with BPD. The skills-based group therapy (the most labour-intensive component of treatment) was provided by telehealth by

clinicians in a metropolitan area and the individual therapy component was provided by rural clinicians who were trained in DBT as part of this project. The therapeutic program was one-year of comprehensive DBT with weekly group and individual therapy. Skills trainers and individual clinicians meeting weekly for a consultation team meeting. Results: The study trained rural clinicians in August and September 2022 and commenced individual and group therapy for consumers in October and November 2022. The study includes three participant groups: consumers, clinicians, and service managers living and working in rural and remote areas (within Hunter New England and Murrumbidgee Local Health Districts in NSW, Australia). Quantitative and qualitative data were collected with final follow-up data being collected in June, 2024. This data will be presented in this symposium. Conclusions: Improving access for people with BPD living in rural areas is an important public health issue. Telehealth and collaborative models of dialectical behaviour therapy delivery may be part of the solution for improving care for consumers and increasing support for clinicians.

**Teaching trainees to tightrope: supervision in DBT.** *Emily Cooney, University of Otago, New Zealand, Vibh Forsythe-Cox, University of Washington, Sara Schmidt, University of Washington*

Background: Dialectical Behavior Therapy (DBT) is a complex, principle-based treatment. New trainees must navigate learning a multifaceted treatment with clients with high comorbidity who are often slow to change, frequently in the context of elevated risk of suicide. Receiving supervision (sometimes referred to as 'consultation' if the DBT trainee is already a licensed health professional) is generally viewed as a critical aspect of becoming an effective DBT therapist (Carmel et al., 2016; Fruzzetti, Waltz & Linehan, 1998). Consistent with this, its absence is often cited as a major barrier to implementation (Dimeff et al., 2015). Ditty et al. (2015) found that provision of supervision was positively correlated with the number of DBT program elements included in an implementation. Methods: DBT trainees, educators, and professionals (n=311) completed a survey on supervision in DBT including ratings of the frequency and effectiveness of supervision

methods, learning priorities for DBT training and challenges and dialectical dilemmas encountered in supervision. Results: Most respondents (90%) were in North America, and the remainder came from Europe, United Kingdom, Australasia, Taiwan and Russia. Just over half were professionals, 28% were trainees, and 15% were trainers. From these, 202 provided priority ratings for the 11 categories of DBT strategies for their own training in DBT. Structural, assessment and protocol strategies were most frequently identified as early priorities. Modelling (via supervisor demonstration and review of expert session recordings), and trainee rehearsal were often identified as supervision methods that were most helpful. Conclusions: Results have implications for DBT dissemination, particularly for trainee populations who lack access to expert session recordings in their own language. Further research is needed to identify whether use of the learning priorities and methods highlighted by this sample is correlated with greater DBT adherence and better treatment outcomes.

Research Symposium  
***Depression***

Exploring Pretend Mode and Emotional Recognition: Intersections of Fantasy, Reality, and Body Language in Psychological Disorders

This symposium examines Pretend Mode—a condition where people's imagination and real-life understanding are disconnected, which disrupts how they make sense of their own and others' experiences. We will look at how this occurs in different ways, suggest a way to identify its patterns in serious mental health issues, and talk about what happens when people cannot tell fantasy from reality. The importance of trust in what we learn from others and shared moments of understanding in therapy will be a focus. We will review how Pretend Mode can break these down, using findings from a study with depression patients in therapy. We also consider how Pretend Mode affects people as they grow, especially during the crucial teen years, and what this means for therapy. New studies on how people with Borderline Personality Disorder (BPD) see and interpret body language are also presented, showing that BPD patients may misread neutral gestures as negative and find it hard to recognize harmless emotions. This research has significant implications for how we understand each other and connect. Together, these presentations aim to expand our knowledge of Pretend Mode, improve how we relate to patients, and improve our treatment methods for all patients.

**Mistrusting others and deceiving the self: Pretend-we-mode in psychotherapy.** *Shimrit Fisher, Haifa University, Israel*

Epistemic trust (ET) is one's ability to safely rely on the information communicated by others as personally relevant and generalizable. It is considered a critical component for social learning in general and effective psychotherapy in particular. Failures in ET (manifest in mistrust or credulity) have been suggested to be related to difficulties in mentalizing. Pretend mode is a pre-mentalizing stance when patients are "hijacked" to grasp onto beliefs or narratives that diverge from objective reality, thereby rejecting alternative viewpoints regarding themselves and their social milieu, including therapy. The present study aims to identify the manifestation of pretend-mode experiences in psychotherapy and their correlation to the disestablishment of we-mode moments, as they consequently hinder the cultivation of ET. One hundred eighteen patients enrolled in a randomized controlled trial received short-



term psychodynamic psychotherapy for depression. Using the Epistemic Trust Rating System (ETRS), we coded sessions 4 and 8 to evaluate the patient's propensity to share, achieve we-mode moments, and maintain receptiveness to learning. Expressions of pretend mode are evaluated within each one of the three ETRS subscales as, for example, the patient's "wordiness", fragile we-mode moments, and reluctance to learn. Data analysis will be completed by July 2024. A valid and reliable rating system holds the potential to provide researchers and clinicians with a comprehensive understanding of how pretend mode may hinder the establishment of we-mode. Subsequently, it can offer insights for interventions aimed at reviving ET within the therapeutic relationship. This, in turn, may enable challenging patients to benefit from therapy.

**Decoding Pretend Mode: Profiling and Intervening in the Dissociation of Imagination from Reality in Severe Personality Disorders.** *Lois Choi-Kain, Harvard Medical School*

Background: Pretend Mode encompasses a wide territory of clinical phenomenon in which a decoupling between imagination and reality, as well as cognition and affect, impair more robust embodied processing of internal and interpersonal experiences. While identified as a major category of non-mentalizing in mentalization based treatment (MBT), in-depth study and clinical interventions remain underdeveloped. Method: This presentation will review the diverse manifestations of pretend mode and propose a model of profiling its multidimensional components as well as review the existing interventions used in adults with severe personality disorders. The most critical dimensions are defined in terms of major polarities outlined in MBT technique as internal versus external, cognitive versus affective, and self- versus other-oriented terms which can orient clinicians to landmarks to identify types of pretend mode within a wide range of clinical phenomenon including dissociation on one end, and intentional deceit on the other. The proposal for a fantasy-reality polarity and its clinical relevance will be proposed. Future directions in research and treatment development will be considered.

**Exploring Pretend Mode Through Life Stages: A Review of Its**

**Ontogeny, Assessment and Role in Therapy.** *Maria Svernell, Karlstad University*

Background: Since its introduction, pretend mode has been instrumental within the Mentalization-Based Treatment framework for explaining a state of mind where fantasy and reality are decoupled. It is implicated in a broad spectrum of adult psychopathologies, including dissociation, intellectualization, and derealization. However, the concept is also described as a crucial stepping stone in children's mental development and is sometimes equated with Winnicott's potential space. Such varied characterizations reveal the concept's heterogeneity, indicating that it requires refinement. Additionally, several researchers highlight the challenges associated with accurately assessing and managing pretend mode in therapy, pointing to a significant need for improved strategies in its identification and therapeutic handling. Furthermore, the transition through adolescence, a period marked by heightened negotiation between fantasy and reality, poses unique challenges in the identification and therapeutic handling of pretend mode, underscoring a gap in current understanding and application in therapy. Method: The present study is a scoping review aiming to explore the nuanced manifestations of pretend mode across developmental stages—childhood, adolescence, and adulthood. Drawing on a review of current literature, it will address the methodological and conceptual challenges in distinguishing pretend mode within therapeutic settings, different diagnostic categories, and its assessment. The review is scheduled for submission in summer 2024. This contribution hopes to advance a more differentiated view of pretend mode that acknowledges its developmental dynamics and therapeutic complexities.

**Visual Attention and Emotion Recognition in Body Postures: Eye-Tracking in Borderline Personality Disorder.** *Maria Lidia Gerra, Servizi Psichiatrici Ospedalieri a Direzione Universitaria, Parma, Italy*

Introduction Research on Borderline Personality Disorder (BPD) suggested that biased visual attention could be critical in fostering the emotion recognition abnormalities that contribute to interpersonal dysfunctions in BPD. Whereas most of this research

was conducted with facial stimuli, the present study examined possible alterations in the perception of emotions expressed via body postures, and evaluated the visual attention allocation using an eye-tracking technique. Method Twenty-eight patients with BPD were compared with Healthy Controls (HC) on two different bodily emotions recognition tasks. The detection task allowed to assess the first saccades during the recognition of static body postures as either emotional (happy, angry, surprised) or non-emotional (neutral). The valence-estimation task evaluated the ability to rate the postures' emotional valence and to complete the bodies' visual exploration. Results In the detection task, BPD patients were less accurate in identifying neutral postures than HC; As for eye-tracking results, as compared with HC, BPD patients displayed a longer latency of first fixation to the left hand regardless of the type of emotional posture, indicating that they were slower than HC to direct their attention to the most salient and potentially threatening regions of the human body. With respect to the valence-estimation task, BPD patients subjectively rated the angry stimuli as less negative than HC, and displayed a lower number of overall fixations to the hands and to angry, surprised and neutral postures, suggesting that BPD patients might experience difficulties in accurately evaluating neutral, ambiguous and negative emotional body postures. Conclusions BPD patients show a biased processing of the emotional contents conveyed by body postures: they misinterpret neutral bodily postures as emotional and allocate less visual attention to bodily regions particularly relevant for recognizing emotional body language. Finally they exhibit an attentional avoidance strategy toward negative, neutral and ambiguous postures.

Research Symposium  
**Depression**

Factors that matter in psychotherapy for depressed patients with personality disorders: short- and long-term perspectives

In this symposium several potentially relevant factors for psychotherapy in depressed patients with personality disorders are discussed. We will focus on the influence of psychotherapy dosage, type of treatment, therapist's competence and adherence and the role of the working alliance and acquired insight. Data come from a large randomised clinical trial (PSYDOS), in which the effects of 25 individual sessions (weekly) of two forms of psychotherapy, Short-term Psychoanalytic Supportive Psychotherapy (SPSP) and Schema Therapy (ST), were compared with the same treatments given for 50 sessions (twice weekly) in patients with depression and personality disorder. The following questions will be addressed: Does it matter whether the patients sees it's therapist once or twice weekly? And if so, is this still relevant one and three years after therapy has ended? Is the patient better off with psychodynamic or schema therapy? Do more competent or adherent therapists deliver more effective therapies? And what is the role of the working alliance and acquired insight during therapy? These questions will be answered throughout the following presentations. In the first presentation, the effects of psychotherapy dosage will be presented until the end of treatment (12 months), followed by the results up 24 and 48 months (2nd presentation). In the 3th presentation, the effect of treatment integrity (adherence and competence) on outcome will be shown and the role of acquired insight on this relation. In the final presentation the potential mutual interrelationship between working alliance and treatment integrity on symptom improvement is presented, followed by a discussion.

**Dosage effects of psychodynamic and schema therapy in depressed patients with personality disorders: A 4-arm pragmatic randomised controlled trial.** *Marit Kool, Arkin GGZ*

Background Outcome in depression might improve when psychotherapy is offered in higher intensities, especially in patients with comorbid personality disorder. The PSYDOS study compares the effects of 25 individual sessions (starting weekly) of two forms of psychotherapy, Short-term Psychoanalytic Supportive Psychotherapy (SPSP) and Schema Therapy (ST), with the same

treatments delivered in 50 sessions (starting twice weekly) in depressed patients with personality disorders. Method We conducted a pragmatic, double-randomised clinical trial in which 246 adult outpatients with both depression/dysthymia and personality disorder were recruited over 37 months. Patients were randomised to 25 or 50 sessions of SPSP or ST in a 2x2 factorial design. The primary outcome was change in depression severity over one year using the Beck Depression Inventory II (BDI-II). Secondary outcomes were remission of depression and personality disorders at 12 months. Results After 50 sessions patients showed a significantly greater decrease of depressive symptoms over time than those who received 25 sessions (time\*session dosage,  $p < .001$ ). At 12 months a mean difference of 5.6 BDI points was estimated ( $d = -0.53$ , 95% CI:  $-0.18$ - $0.882$ ,  $p = 0.003$ ). Remission from both depression and personality disorders was greater in the 50 session group (74% vs 58%,  $p = 0.025$  for depression; 74% vs 56%,  $p = 0.010$  for PD, respectively). We did not find any difference between SPSP and ST. Conclusions Greater intensity of psychotherapy leads to better outcomes of both depression and personality status in patients with comorbid depression and personality disorder up until the end of treatment (12months).

**Is dosage still relevant for a sustained effect until 1 and 3 years after the end of psychotherapy for depressed patients with personality disorders: Preliminary results.** *Hannah van den Eshof, NPI, Arkin*

Background Providing psychotherapy (ST and SPSP) in a higher dosage leads to better results over time up to the end of treatment (12 months) in depressed patients with personality disorders (PD), but little is known about long-term effects. The aim of this study is to compare the effects of two psychotherapy dosages in depressed patients with PD up to one and three years after end of treatment. Methods 246 outpatients with depression and PD were randomized to 1)25 sessions, starting weekly vs 50 sessions, starting twice-weekly and 2)SPSP or ST. The primary outcome was decrease of depression severity (BDI-II) over time up to 24 and 48 months (preliminary). Secondary outcome measures were remission of depression (MINI) and PD (SCID-II) at 24 and 48 months

(preliminary). Intention-to-treat-analyses were conducted. Results A differential effect of psychotherapy dosage on the decrease of depressive symptoms over time was found between the 25- and 50- condition (time\*time\*session dosage,  $p=0.018$ ) up to 24 months. The decrease of depressive symptoms was stronger in the 50- condition throughout therapy, but this difference dissipated in the following year. Remission of depression and PD at 24 months was found in 66% and 76% of the patients, respectively, with no differences between the dosage or treatment conditions. Preliminary results show no effect of psychotherapy dosage on the decrease of depressive symptoms over time up to 48 months. Remission of depression and PD at 48 months was found in 72% and 69% of patients. Patients in the 25-condition may have had additional treatment in the follow-up period. Conclusion Although a higher psychotherapy dosage of 50 sessions in one year was superior during treatment compared to 25 sessions in one year, differences fade out in the following years. Future research could possibly shed a light on which patients may profit from a higher psychotherapy dosage.

**The effect of treatment integrity on acquired insight and treatment outcome in Short-term Psychodynamic Supportive Psychotherapy.** *Frederieke van Dorp, NPI*

Background This study investigated the interrelationship between therapy integrity, acquired insight and therapy outcome in Short-term Psychodynamic Supportive Psychotherapy (SPSP). While research has shown the effectiveness of many forms of psychotherapeutic interventions, the underlying working mechanisms for therapeutic change and influence of treatment integrity are not well understood yet. Method An observational study (N=37) was conducted on outpatients with both a depression and personality disorder. Data came from the PSYDOS trial. The effect of treatment integrity (adherence and competence) on both depression and personality outcomes will be shown. Also, the influence of treatment integrity on gained insight during therapy will be explored, as well as the possible mediating effect of gained insight on the relationship between treatment integrity and outcome. For each patient, audio recordings of two sessions were

independently rated on therapist adherence to the model and competence. Results Adherence and competence had a significant effect on change in depressive complaints, and in certain aspects of personality functioning (SIPP: Self-control, Identity Integration, Relational Capacities, Responsibility, and Adaptive Functioning on the DPI). Patients' levels of insight improved significant during therapy. A positive effect of adherence and competence on the degree of gained insight was found. However, acquired insight could not be identified as a mediator of adherence and competence in relation to outcome measures. Conclusions We found that the more adherent to the model and the more competent the therapist, the better the outcome on both depressive symptoms and personality functioning. In addition, we found a positive relation between treatment integrity and gaining insight during SPSP. These results illustrates the relevance of adherence and competence in this form of psychodynamic therapy for depressed patients with personality disorders.

**The Impact of Working Alliance on Therapeutic Adherence and Competence in Short-term Psychodynamic Supportive Psychotherapy.** *Marit Kool, Arkin GGZ*

Objective The working alliance is often found to contribute to treatment outcome. In patients with personality disorders, establishing a working alliance can be challenging and could potentially influence the extent to which the therapist adheres to the model or could even challenge his competence. This study aims to understand the impact working alliance has on therapeutic adherence and competence in SPSP (Short-term Psychodynamic Supportive Psychotherapy). Most studies on working alliance, adherence and competence focus on so-called axis I disorders, but how these potential mechanisms affect psychodynamic therapy is hardly researched until now. Methods An observational study was done in outpatients (N=37) with both depression and personality disorders (cluster B/C) who received either 25 or 50 sessions of SPSP in the context of a randomised trial (PSYDOS). We investigate whether the therapeutic alliance (WAI-sf) predict treatment integrity and if it mediates the relation between treatment integrity and outcome (on both depression and personality measures). For

each patient, audio recordings of two sessions were independently rated on therapist adherence to the model and competence. Results Adherence and competence were associated with a change in depressive complaints, and in certain aspects of personality functioning (SIPP: Self-control, Identity Integration, Relational Capacities, Responsibility, and Adaptive Functioning on the DPI). Working alliance did not predict treatment integrity and it could not be identified as a mediator of adherence or competence in relation to depressive complaints. Conclusions Therapist competence and adherence have a clear impact on depressive symptoms, but working alliance could not be identified as a mediator in this relationship. Working alliance also did not prove to be a mediator between adherence/competence and personality functioning. Possible explanations will be presented.



Research Symposium  
***Emotion Regulation***

From the Therapy Room into Daily Life: Using Ecological Momentary Assessment in the Study of Borderline Personality Pathology

Borderline Personality Pathology (BPP) presents pressing mental health challenges, marked by severe morbidity and intense mental health care utilization. Despite years of research, predicting, preventing, and treating BPP remains challenging. Fortunately, recent technological advancements allow real-time study of BPP in daily life, offering potential for improving our understanding of BPP, and guiding prevention and intervention efforts. In this symposium, we will present novel findings from five empirical studies that used smartphone-based ecological momentary assessment (EMA) to explore emotion regulation processes, affective state dynamics, and personality pathology indicators among individuals seeking care. First, the selection and implementation of different emotion regulation strategies across individuals with BPD, major depressive episodes, and healthy controls will be examined (Houben). Second, reactivity patterns in self-esteem, emotional valence, and calmness will be investigated between individuals with BPD and healthy controls (Tekampe). Subsequently, EMA will be combined with electrophysiological recordings to examine the daily life fluctuations in personality functioning and the relation with stress in outpatients with BPD (Sinnaeve). Next, multifaceted aspects of personality pathology will be explored, focusing on identity functioning, emptiness, and their associations with non-suicidal self-injury (NSSI; Eggermont). The final study will further explore the short-term course of NSSI among individuals seeking care, considering variations in NSSI thoughts, urges, self-efficacy to resist self-injury, and NSSI behavior between and within patients over time (Kiekens). Together, these presentations showcase the promise of utilizing EMA in understanding affective and personality functioning that manifest in the everyday lives of individuals with BPP that are seeking care.

**Emotion regulation in daily life of persons with a borderline personality disorder.** *Marlies Houben, Tilburg University*

Background: Persons with a borderline personality disorder (BPD) can experience intense emotions and have difficulties regulating these emotions. Still relatively little is known about putatively adaptive and maladaptive emotion regulation strategy (ERS) use in daily life of persons with BPD and the effectiveness when these

strategies are employed. Methods: Forty persons with BPD, 38 persons in a current major depressive episode (MDE) and 40 healthy participants (HC) participated in an experience sampling protocol. Using a smartphone, they rated their current emotional states and reported the use of different adaptive (distraction and expression), and maladaptive (rumination, suppression, non-suicidal self-injury (NSSI)) ERS 10 times a day for 7 consecutive days. Results: Both clinical groups reported more intense use of rumination, distraction and suppression in daily life compared to HC, while persons with a MDE reported more social sharing, and persons with BPD reported more NSSI compared to the other groups. When implementing strategies, rumination was associated with larger increases in negative affect in both clinical groups. Distraction and NSSI were related to increases in negative affect only in the BPD group, and social sharing was related to increases in negative affect only in HC. Suppression was associated with similar effects in all groups. Conclusions: These findings show that emotional dysregulation in BPD includes (1) the intense use of ERS, including putatively adaptive ones, and (2) subsequent increases in negative affect, associated with the employment of most of these strategies. Some findings point to transdiagnostic processes. These findings illustrate the nature of maladaptive emotion regulation that is part of the emotional dysregulation underlying BPD.

**Differential reactivity of affective states and self-esteem among individuals with borderline personality disorder and healthy controls: Large language models in ecological momentary assessment.**

*David Levi Tekampe, University of Luxembourg, Philip Santangelo, University of Luxembourg, Angelica Mendes, University of Luxembourg, Tobias Kockler, Karlsruhe Institute of Technology, Ulrich Ebner-Priemer, Karlsruhe Institute of Technology*

Background: Individualised therapies informed by the differences in emotional regulation of those afflicted by borderline personality disorder (BPD) compared to healthy controls (HCs) might yield better results than conventional approaches. This research aims to further the understanding of how BPD impacts individuals' emotional valence, tense-arousal, and self-esteem in the context of their daily lives. In particular, the study investigates the reactivity

patterns to everyday events and their associated sentiments. Methods: A large language model (LLM) is used for event categorisation and sentiment analysis of 10844 free-text entries of participants (n = 265) within ecological momentary assessment (EMA). Initially, six categories were determined with natural language processing tools conducting frequency analyses of unigrams, bigrams, and trigrams. Subsequently, original entries were categorised, and their associated sentiments were labelled as either neutral, negative, or positive through the application programming interface of the LLM. Linear mixed-effects models were used to investigate the impact of events, sentiments, self-report event evaluation, and group classification (BPD vs HCs) on self-esteem, valence, and tense-arousal. Results: The findings hold significant implications for understanding BPD, notably shedding light on how individuals with the disorder navigate life complexities compared to those without diagnoses, in the context of occupational, interpersonal, and daily events rather than in isolation. They reveal the intricate relationship between events, associated sentiments, and emotional responses in this group. Conclusions: With the introduction of contemporary tools such as LLMs into EMA research, this study examines affective states and self-esteem in the clinical population in a novel and objective way. Augmenting the subjective self-reports of EMA, the new approach highlights the transformative potential of integrating neural networks-based analysis into mental health research and the development of personalised treatments. Overall, the study paves the way for innovative methodologies to enhance understanding and treatment of disorders such as BPD significantly.

**Stress-related fluctuations in level of personality functioning in daily life.** *Roland Sinnaeve, Z.ORG KU Leuven, Ilse Van Diest, KU Leuven, Stephan Claes, KU Leuven, Inez Myin-Germeys, KU Leuven, Louisa Van den Bosch, none, Jan Henk Kamphuis, University of Amsterdam, Kristof Vansteelandt, Z.ORG KU Leuven, Chris Van Hoof, KU Leuven, Jan Cornelis, IMEC, Marlies Houben, Tilburg University*

Background: Longitudinal data indicate that impairments in personality functioning (PF) are linked to suicidality and morbidity and exhibit fluctuations within individuals. This pilot study aimed to

test a an experience sampling method (ESM) protocol investigating the stress-PF relationship. The objectives were to: 1) assess protocol feasibility, 2) evaluate PF internal consistency and validity in daily life, 3) appraise electrophysiological recording quality, and 4) explore preliminary stress-PF data. Method: Conducted in Flanders, between September 2016 and March 2020, the study recruited 22 patients diagnosed with borderline personality disorder undergoing outpatient Dialectical Behavior Therapy (DBT) at the University Psychiatric Centre of KU Leuven (UPC KUL). Participants responded to a 32-item ESM questionnaire 10 times a day for 1 week while wearing two stress detection devices. Results: Results showed high compliance (85%) and no serious adverse events, confirming the feasibility of the ESM protocol. Stress and PF indices demonstrated acceptable to excellent internal consistency, with provisional evidence for validity in daily life. Despite substantial data loss during electrophysiological recording and artifact detection, these issues were not associated with momentary PF changes. Within-subject differences accounted for 64% of PF variability. Mixed modeling revealed that momentary changes in stress and physical activity explained an estimated 46% of within-subject PF variance. However, using autonomic nervous system (ANS) activity parameters as predictors did not yield significant within-subject effects. Conclusions: The preliminary findings suggest that PF is a volatile aspect of personality pathology and a strong, concurrent relationship between stress and PF in daily life. This pilot study constitutes the first demonstration of PF fluctuations within a clinical sample and initiates an examination of their association with ANS activity. It paved the way for our ongoing main study, that involves comparing 50 women diagnosed with BPD with 50 healthy controls matched for age.

**The daily interplay between identity, emptiness, and non-suicidal self-injury among adolescent and emerging adult patients.** *Kristina Eggermont, KU Leuven, Laurence Claes, KU Leuven, Koen Luyckx, KU Leuven, Inez Myin-Germeys, KU Leuven, Glenn Kiekens, Tilburg University*

Background: This study investigates the multifaceted aspects of personality pathology on a daily basis, focusing on identity

functioning, emptiness, and their associations with non-suicidal self-injury (NSSI) among Dutch-speaking adolescent/emerging adult patients. Both identity functioning and emptiness are markers of borderline personality pathology and are associated with impairment in personality functioning. NSSI on the other hand is a common emotion regulation strategy among patients with personality pathology. However, daily associations between identity, emptiness and NSSI in patients are understudied. Method: A total of 125 adolescent/emerging adult patients completed 6 questionnaires per day over a 28 day period. The data will be analyzed by means of Dynamic Structural Equation Modeling (DSEM). Data collection and coding have been concluded, with analytical procedures scheduled for 2024. Results: In a first research question, we will investigate momentary associations between identity synthesis, identity confusion, and feelings of emptiness. In a second research question, we will present data on how identity and emptiness relate to NSSI on a daily basis. This will involve between-person level analyses that examine whether baseline levels of identity synthesis/confusion predict NSSI occurrences throughout the 28-day study period. On a within-person level, we will consider whether momentary experiences of identity synthesis, identity confusion, and emptiness predict subsequent NSSI behaviors two hours later. Conclusions: These findings will provide a first insight into the daily interplay between identity, emptiness, and NSSI. Implications for research and clinical practice will be discussed.

**The short-term course of non-suicidal self-injury among individuals seeking treatment.** *Glenn Kiekens, Tilburg University, Laurence Claes, KU Leuven, Evan Kleiman, State University of New Jersey, Daniel Coppersmith, Harvard University, Rebecca Fortgang, Harvard University, Inez Myin-Germeys, KU Leuven, Matthew Nock, Harvard University*

Background: Non-suicidal self-injury (NSSI) is a major mental health concern. Most studies thus far have focused on establishing the prevalence and correlates of the presence or severity of NSSI. We still lack basic knowledge of the short-term course of NSSI among those currently receiving mental health treatment for NSSI. Such

information would be helpful for better informing clinicians and allocating treatment resources. Objectives: This study addresses four unanswered questions about the short-term course of NSSI: how much do NSSI thoughts, urges, self-efficacy to resist self-injury, and NSSI behavior (1) vary among treatment-seeking individuals, (2) vary within treatment-seeking individuals, (3) vary throughout the day and week, and (4) simultaneously co-occur and predict each other across hours. Methods: Intensive longitudinal data is drawn from the Detection of Acute Risk of Self-injury (DAILY) Project, a 28-day Ecological Momentary Assessment study involving 125 individuals in treatment (87.20% female;  $M_{age}=22.98$ ,  $SD=5.32$ ). NSSI thoughts, urges, self-efficacy to resist self-injury, and NSSI behavior are assessed in an EMA protocol that consists of (a) 6 daily semi-random observations taken at hourly intervals, (b) 3 burst observations spaced at a higher frequency of ten minutes apart when people report experiencing intense NSSI urges, and (c) event sampling when people engage in NSSI behavior. The data will be analyzed using descriptive (e.g., intra-class coefficient) and time-invariant statistics (e.g., RMSSD) and by considering temporal variation (sinusoidal cycles, time intervals) and co-variation of outcomes in dynamic structural equation multilevel models. Results and Conclusions: The analysis plan has been preregistered on the Open Science Framework and we are currently analyzing the data (15,098 intensive longitudinal assessments; median compliance=78.6% IQR=59.5-88.1%). Findings will provide the most detailed characterization to date of NSSI cognitions and behaviors in the daily lives of treatment-seeking individuals, thereby informing science and clinical practice about the short-term course of NSSI.

The present symposium aims to give an overview of how family and twin studies, and molecular genetic studies can contribute to the understanding of personality disorders, and their relationship to risk factors and comorbid disorders: Mathias Valstad's research uses large-scale registry data from Norway to estimate the contribution of genetic and environmental factors to Borderline Personality Disorder (BPD), and to investigate how clinical bias can influence those estimates. He shows that controlling for clinic effects allows for more accurate estimates of these factors, and might help to overcome previous study limitations. Martin Tesli explores the shared genetic determinants between personality disorders and psychotic-like experiences (PLE). His findings suggest a strong genetic contribution to the correlation of personality disorder with PLE, particularly for BPD. Alisha Hall's study identifies specific genetic variants associated with BPD liability. Conducted within the iPSYCH sample, Hall's research represents the largest single-sample genome-wide association study (GWAS) of BPD to date, offering new insights into the disorder's genetic architecture. Lastly, Fabian Streit's presents the largest GWAS meta-analysis of BPD, revealing six genetic risk loci for BPD and highlighting the disorder's genetic overlap with other mental health conditions and risk factors. Together, these contributions give an overview on how large-scale genetic data can be used to investigate how genetic factors contribute to the etiology of personality disorders and to their relationship with comorbid disorders and risk factors, demonstrating the substantial progress which has been made in this field in the last years.

**Genetic and environmental effects on diagnosed Borderline Personality Disorder (BPD) without clinic bias.** *Mathias Valstad, Department of Psychology, University of Oslo, Oslo, Norway, Espen Moen Eilertsen, Department of Psychology, University of Oslo, Oslo, Norway, Clara Marie Fides Timpe, Department of Psychology, University of Oslo, Oslo, Norway, Tianfang Yang, University of Oslo, Norway, Nikolai Eftedal, Department of Psychology, University of Oslo, Oslo, Norway, Ted Reichborn-Kjennerud, Department of Mental Disorders, Norwegian Institute of Public Health, Oslo, Norway, Robert Krueger, Department of Psychology, University of Minnesota, Minneapolis, USA, Eivind Ystrøm, Department of*

*Psychology, University of Oslo, Oslo, Norway, Nikolai Czajkowski,  
University of Oslo, Norway*

Background/Objectives: BPD runs in families. Estimates of etiological factors such as heritability vary widely between studies, particularly between registry based studies and studies utilising interview data. Although analysing the whole population with registries gives advantages both by increasing sample sizes and by minimizing selection bias, a caveat might arise that even distant relatives live closer to each other than random and disproportionately use the same mental health clinics. In fact, substantial clinic bias has been observed in Norway for ADHD, and if similar patterns hold for BPD, then the relevant estimates from registry based studies could be biased as well. We examine the impact of clinic bias on registry study results and provide estimates, unbiased by clinic, of additive genetic and shared environmental effects on BPD in Norway. Methods: We linked the Norwegian Population Registry and data in the Norwegian Control and Payment of Health Reimbursements Database ranging from 2006 to 2022, with randomised person and clinic identifiers. We then fit regression models including diagnostic status, clinic identifiers, and the diagnostic status of different-degree relatives to obtain independent parameter estimates for clinic effects, additive genetic effects, and shared environmental effects on BPD. Results: In a population of appx. 4.3M, about 17,000 individuals were diagnosed with BPD in the relevant period. Estimates of the etiological factors controlled for clinic effect will be presented at the conference. Conclusion: Clinic bias might impact estimates of etiological factors from registry studies. We estimate the heritability and shared environmental effects on diagnosed BPD with and without clinic bias. This approach takes advantage of the large-scale data available in registries while mitigating potential error due to geographical co-location of relatives.

**Genome-wide association study of Borderline Personality Disorder identifies six genetic risk loci and reveals shared genetic risk with other mental disorders and risk factors.** *Fabian Streit, Central Institute of Mental Health, Mannheim, Swapnil Awashti, Department of Psychiatry and Psychotherapy, Charité -*



*Universitätsmedizin Berlin, Berlin, Germany, Alisha Silvia Mercedes Hall, Aarhus University, Denmark, International Borderline Genomics Consortium, Central Institute of Mental Health, Stephan Ripke, Department of Psychiatry and Psychotherapy, Charité - Universitätsmedizin Berlin, Berlin, Germany, Stephanie Witt, Central Institute of Mental Health*

Background/Objectives: Environmental exposures such as early trauma are well-established risk factors for the development of borderline personality disorder (BPD). While twin and family studies have suggested a substantial contribution of genetic factors, only one small genome-wide association study (GWAS) has been published. The aims of the present study were to substantially advance the identification of genetic risk loci for BPD, and to assess the shared genetic risk of BPD with a range of traits and disorders, including measures of mental and somatic health and social and lifestyle factors. Methods: We conducted the largest genome-wide association study (GWAS) of BPD to date, meta-analyzing data from a total of 12,339 cases and 1,041,752 controls. Results: SNP association analysis revealed six independent loci reaching genome-wide significance ( $p < 5 \times 10^{-8}$ ), and gene-based association analysis using MAGMA indicated eight genes. Analysis showed significant enrichment of genes expressed in the brain. We observed a SNP-heritability of 17.2% (SE=1.1%) on the liability scale, and polygenic risk scores predicted about 5.6% of the phenotypic variance in BPD on the liability scale. BPD showed a positive genetic correlation with other mental disorders, with the strongest correlations with PTSD, depression and ADHD ( $r_g > .66$ ). Conclusion: The present GWAS represents a major advance in the investigation of BPD using genome-wide methods. The present results several risk loci for BPD and demonstrate shared genetic risk with a range of mental disorders and risk factors. The present results represent a valuable resource for further investigations.

**Common genetic and environmental risk for personality disorders and psychotic-like experiences in young adult twins.** *Martin Tesli, Department of Mental Disorders, Norwegian Institute of Public Health, Oslo, Norway, Ragnar Nesvåg, Department of Mental Disorders, Norwegian Institute of Public Health, Oslo, Norway, Unn*

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Background/Objectives: Psychotic-like experiences (PLE) have been associated with the subsequent emergence of psychotic disorders as well as several other domains of psychopathology. In this twin study, we estimated the genetic and environmental correlations between PLE and 10 personality disorders (PD). Methods: Diagnoses of 10 PDs according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) and PLE from the Composite International Diagnostic Interview (CIDI) were retrieved for 2793 young adult twins from the Norwegian Twin Registry. Risk for having a PD and PLEs was modeled using item response theory. Biometric twin models were fitted to estimate the genetic and environmental correlations between PDs and PLEs. Co-twin control analysis was performed to estimate additional within-family risk for PLEs when having a PD. Results: Phenotypic overlap between PDs and PLEs ranged from 14% to 44% in males and from 11% to 39% in females, with the highest overlap for borderline PD in both sexes. In general, we found higher genetic correlations ( $r = 0.14\text{--}0.72$ ) than environmental correlations ( $r = 0.06\text{--}0.28$ ) between PDs and PLEs. The highest genetic correlations between PLE and PDs were found for borderline ( $r = 0.72$ ), paranoid ( $r = 0.56$ ), schizotypal ( $r = 0.56$ ) and antisocial PD ( $r = 0.49$ ). Conclusion: We found that the co-occurrence between PDs and PLE is the best explained by shared

genetic determinants, with minor contributions from environmental factors. Interestingly, borderline PD was highly genetically correlated with PLE, warranting molecular genetic studies of this association.

**Genome-wide association study of borderline personality disorder accounting for family history and age of onset in iPSYCH.**

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Background/Objectives: Borderline Personality Disorder (BPD; ICD-10 F60.3x) is characterized by marked instability in emotions, self-image, and interpersonal relationships. Individuals with BPD make up a large proportion of the patient population in psychiatric hospital services. To develop more effective treatment options and aid early intervention, we must improve our understanding of BPD etiology. Previous twin and family studies have reported a heritability of 46–75%, but previous genome-wide association studies (GWAS) of BPD have been underpowered to detect significantly associated genetic variants. Methods: We conducted a GWAS of BPD liability in the Lundbeck Foundation Initiative for Integrative Psychiatric Research (iPSYCH) sample, accounting for age at diagnosis and family history. iPSYCH is a nationally representative case-cohort study of all individuals born in Denmark 1981–2008. The sample for this study consisted of 7K individuals

with BPD from the entire iPSYCH sample and 46K population representative controls. We applied the extended liability threshold model conditioned on age, sex, and family history (LT-FH++) to estimate each individual's liability to develop BPD in the study sample and calculated a linear mixed model GWAS of BPD liability with the first ten genetic principal components and genotyping array type as covariates. Results: Variants at the 5q21 locus between NIHC0LE and RNU6-334P showed genome-wide significant associations with BPD liability. Conclusion: We conducted the largest single-sample GWAS of BPD to date and identified SNPs significantly associated with BPD. Future studies are needed to replicate these findings. Grants: This study is funded by the Inge Lehman Grant 1133-00034B from Independent Research Fund Denmark.

Research Symposium  
***Early Detection and  
Prevention***

Good Enough Care Across the Continuum of Early Intervention and Personality Problems: A General/Good Psychiatric Management (GPM) Approach

The implementation of manualized psychotherapeutic interventions in the general management of borderline personality disorder (BPD) and its cardinal feature of self-harm is limited by supply, dosing, and flexible application for earlier intervention, medical context, and a broader range of personality problems. Good (a.k.a. general) psychiatric management (GPM) is a generic but informed, principle driven, and structured approach that medicalizes the problems relevant to BPD broadly, and self-harm in particular, so that most healthcare professionals can adapt their usually good enough interventions to be more effective than treatment as usual without consideration of the instabilities of interpersonal, emotional, behavioral, and identity functioning that defines the disorder and typically destabilizes care. This set of presentations from collaborators spanning North and South America as well as Europe will consider a broader conceptualization of BPD, self-harm as a early symptom, and other personality difficulties as a problem of stress sensitivity, that can be managed with a clear formulation of symptoms, clinically coherent realistic goals, and fit to general care in most healthcare settings. Current conceptualization of key components of GPM, GPM's data driven adaptations to early intervention for self-harm, GPM-Perinatal for managing BPD during the role transitions of pregnancy, and GPM-Extended for narcissistic and obsessive compulsive personality difficulties will be discussed.

**Personality Disorders as Manifestations of Stress Sensitivity: GPM in 2024.** *Lois Choi-Kain, Harvard Medical School*

Background: Personality is defined by one's coping responses, control/mastery of life's challenges, and strategies for managing social supports, which are also key pathways all organisms manage stress. Borderline personality disorder (BPD)- the most studied, understood, and validated category of personality pathology complete with diverse empirically proven treatment approaches- captures core features of severe personality dysfunction in which instability of self-direction and image as well as empathy and intimacy disrupt essential coping and relational means of managing stress. However, BPD, its core features such as self-harm, and co-

occurring disorders can be similarly formulated using a general stress hypersensitivity model which integrates characteristic stressors (e.g. interpersonal disappointments, injuries to self-esteem, disruptions of control, stress that exceeds capacity to cope) with predictable oscillations between connected, threatened, alone, and despairing states. Method: This presentation will review the core formulation of GPM's stress hypersensitivity model and its adaptation to a broad variety of clinical scenarios relevant to the care of those with borderline and other severe personality disorders. Results/Conclusions: GPM is an effective generalist framework that can be adaptively extended to treat BPD in combination with other commonly co-occurring or characteristic clinical problems such as alcohol use disorder, self-harm, and other personality difficulties across a variety of primary or nonspecialist healthcare contexts including for example during the perinatal care of patients carrying the diagnosis.

**Identifying Developmental Pathways to Nonsuicidal Self-Injury in Youth.** *Marcelo Branas, Universidade de Sao Paulo (USP), Marcos Croci, Universidade de São Paulo (USP), Lois Choi-Kain, Harvard Medical School*

Background: Nonsuicidal self-injury (NSSI) is significantly prevalent in youth and signals a risk for later development of psychiatric disorders and suicidality. Evidence shows that distinctive self-harm pathways could identify individuals at higher risk and tailor early interventions accordingly, preventing the development of more severe forms of self-injurious behaviors. We aim to identify different clusters of NSSI individuals and determine their longitudinal predictors and concurrent correlates. Methods: The Brazilian High-Risk Cohort had 2,511 participants at baseline (ages 6–12), and two follow-up assessment waves (ages 9–17 and 13–23) were performed. A machine learning (ML) pipeline was used to identify subgroups of self-harming youth at the last follow-up and then to identify their early predictors and concurrent correlates. Results: We found two clusters of NSSI with distinct risk factors and concurrent correlates. One is characterized by low (Group 1, n = 127) and the other by high psychopathology (Group 2, n = 117). Group 2 had early and persistent psychiatric symptoms coupled

with adverse experiences over time (e.g., family issues, bullying), while Group 1 experienced mental health problems later and developed milder difficulties transitioning to late adolescence. The model performance was better for the high adversity-  
psychopathology group, with an AUC of 0.87 (95% CI 0.80–0.94) for Group 2 and 0.72 (95% CI 0.62–0.81) for Group 1. Conclusion: The study replicated previous findings, indicating two pathways to self-harm. Detection of adolescents at higher risk of developing NSSI can inform prevention and early intervention strategies that are developmentally oriented.

**General Psychiatric Management for Nonsuicidal Self-Injury in Youth: A Generalist Brief Approach.** *Marcos Croci, Universidade de São Paulo (USP), Marcelo Branas, Universidade de São Paulo (USP), Lois Choi-Kain, Harvard Medical School*

Nonsuicidal self-injury (NSSI) is an increasing mental health concern among youth, with rates of 17.4% and 13.4% in adolescents and young adults, respectively. NSSI usually emerges during a critical period in development as teenagers face interpersonal and emotional challenges, often functioning as a maladaptive coping mechanism. It is associated with several mental disorders and adverse outcomes, including an increased risk for suicidal behavior. Despite its significant prevalence and impact on affected individuals, most will not receive adequate treatment because there are substantial barriers to treatment (e.g., negative attitude towards help) or lack of available specialist interventions (e.g., dialectical behavior therapy – DBT-A) in most settings. From a public health perspective, there is an urgent need to develop scalable interventions that can be broadly implemented in primary settings to approach NSSI. We will describe adjustments of a generalist approach - general psychiatric management for adolescents (GPM-A) - to target NSSI. GPM-A was initially developed for borderline personality disorder in adolescence, and it has many common elements to effective self-harm treatment, such as coherent clinical formulation, diagnostic disclosure, psychoeducation, focus on life outside therapy, safety management, and family involvement. Additionally, we will describe specific strategies, such as complete NSSI assessment,

functional analysis, peer influence evaluation, fostering motivation to change, and mindful clinician stance toward self-injurious behavior. For patients with more complex psychopathology or those not responding to first-line and brief therapies, referral should be made to specialized care according to a stepped care model.

**Good Psychiatric Management (GPM) approach for managing stress sensitivity during the perinatal period.** *Caroline Uchoa, Universidade de São Paulo, Lois Choi-Kain, Harvard Medical School*

Background: The perinatal period, that ranges from pregnancy to the first year postpartum, is a time of great stress due to its manifold psychological, biological (both systemic and neuroendocrine), and social changes. This stress might be enhanced for people with borderline personality disorder (BPD), due to their interpersonal hypersensitivity and proneness to emotional dysregulation. Aim: To discuss ways to enhance healthcare professionals' knowledge about BPD, and how to address its symptoms across clinical settings attended by mothers during the perinatal period. Results: Good Psychiatric Management (GPM) is an inherently flexible approach, that mostly demands information, empathy, and genuine interest from the clinician. The use of low-complexity interventions, such as validation, psychoeducation, and attachment-based interventions can be pivotal for managing stress in BPD patients during the perinatal period. Conclusion: GPM can provide useful and attainable tools to be used in a time of such heightened vulnerability. Reducing stress during the perinatal period is likely to improve mental health and obstetrical outcomes, as well as childcare. References

**Managing stress sensitivity as a general interventional process of GPM to optimize outcomes.** *Martin Blay, Centre Ambulatoire ADDIPSY, Groupe Santé Basque Développement, Lyon, France*

GPM for BPD patients relies on interpersonal hypersensitivity (1), and learning to manage this relational dependency and fear of rejection is the main process of treatment in this population. However, BPD patients often present with other personality



disorders that have their own core dilemmas, and such comorbid presentations may be difficult to treat with a sole focus on interpersonal hypersensitivity. Adaptations of the interpersonal hypersensitivity model for narcissistic (2) and obsessive-compulsive (3) pathologies have been developed, and integrating these adaptations in a classic GPM treatment may be useful for BPD patients presenting with these comorbid characteristics. Thus, the aim of this talk is to present the differences in terms of stress sensitivity between these three dimensions, and to describe how these differences can be implemented in a classic GPM treatment to optimize clinical outcomes in BPD patients with comorbid narcissistic and/or obsessive-compulsive personality dimensions.

With the revision of the International Classification of Diseases (ICD-11), a scale system has been developed in the interest of quantifying personality pathology along a continuum leaving the established categorical system. While researchers and clinicians are beginning to adopt this promising dimensional approach in the study and treatment of PD many concerns and challenges remain to be addressed. This symposium is comprised by five talks that each address unique challenges related to this shift. In the first talk, Majse Lind will address the question: “Is personality dysfunctioning unique to PD?” Lind presents a large multi-lab European study examining whether personality dysfunctioning is uniquely related to PD compared to other, severe mental illnesses and non-clinical control participants. In the second talk, Annabel Bogaerts will address the question: “what role does narrative identity play in personality functioning”? Bogaerts and colleagues examined whether narrative identity can explain unique variance in dimensional and categorial PD models, above and beyond self-reported identity. In the third talk, Lennart Kiel will address the question: “how to disentangle maladaptive traits and psychosocial functioning in PD”? In the fourth talk, Nicholas Day, asks the question: “can narcissistic expressions be adequately captured in ICD-11”? Day and colleagues examined the utility in the ICD-11 framework in capturing the prototypical “grandiose” and “vulnerable” narcissism. Relatedly, the fifth talk by Ava Green will comprise: “is the ICD-11 framework able to adequately capture gender differences in narcissism”? The clinical utility of the ICD-11 manual in capturing gender differences in narcissistic presentations will be presented.

**The European multi-lab life story study: Examining personality (dys)functioning from life story material in personality disorder compared to other mental illnesses and non-clinical controls.** *Majse Lind, Aalborg University, Denmark, Lennart Kiel, Aarhus University, Denmark, Christopher Ebbrecht, Aarhus University, Denmark, Melissa Allé, University of Lille, Fabrice Berna, University hospital Strassburg, Rikke Jensen, University of Southern Denmark, Anne Mai Pedersen, University hospital Skejby, Dorthe Thomsen, Aarhus University, Denmark, Tine Holm, University Hospital Skejby, Xavier Saloppé, Université de Lille, Thierry Pham,*

*Université de Mons, Jean-Louis Nandrino, Université de Lille, Marie-Charlotte Gandolphe, University of Lille*

Rationale: The field of personality disorder (PD) is moving towards a dimensional approach, and impaired personality functioning constitutes the core of the disorder, with assessment developing and improving rapidly. Researchers have emphasized the benefits of using non-diagnostic material to assess personality (dys)functioning. While personality dysfunctioning is a key ingredient of PD, other mental illnesses may also show diminished personality functioning. In this study, we examined whether personality functioning can be: 1) successfully derived from non-clinical, rich life story material and 2) is lower in patients with mental illness compared to non-clinical control participants but particularly in PD. Methods: In this European multi-lab study, a total of 190 ICD-10 diagnosed patients and 190 non-clinical participants were recruited. Participants engaged in extensive semi-structured life story interviews. All interviews were recorded, transcribed and rated on personality functioning using a newly developed rating scale. Results: Acceptable IR was reached (ICC between .70 - .89) among 4 independent coders supporting the reliability of life stories. Preliminary results show that individuals with mental illness score significantly higher on personality dysfunction ( $p < .001$ ) compared to control participants. In particular, individuals with PD score significantly higher on personality dysfunctioning with regard to Identity ( $p < .05$ ) and Intimacy ( $p < .05$ ),  $F(2,55) = 60.55$ ,  $p < .05$ ), compared to individuals with other mental illnesses. Discussion: The value of ecological assessment will be discussed as well as the uniqueness of personality functioning in PD compared to other mental illnesses. Implications for clinical practice and future research will be debated.

**Dimensional and categorical models of personality disorder: the role of (narrative) identity.** *Annabel Bogaerts, University of Amsterdam, Elisabeth L. de Moor, Tilburg University, Majse Lind, Aalborg University, Denmark*

Problems with identity are considered to drive personality disorder (PD) onset in young individuals. Studies have investigated how

identity relates to PD using either self-report measures or narratives to assess identity. No study has investigated whether narrative identity has incremental validity in explaining PD, above and beyond self-reported identity. The present study investigated whether narrative identity dimensions (agency, communion, and exploratory processing as coded from turning point events) can explain unique variance in dimensional and categorial PD models, above and beyond self-reported identity (as assessed using the Self-Concept and Identity Measure) among 331 community young adults aged 18 to 30 (72.2% female; Mage = 22.56). Results indicated that communion, or the degree to which individuals experience connection through love or friendship, has incremental value in explaining borderline and antisocial PD symptoms, above and beyond self-reported identity. This highlights the importance of considering aspects of narrative identity in establishing a comprehensive understanding of how identity relates to PD.

**Disentangling Maladaptive Traits and Psychosocial Functioning:**

**The Influence of Identity Dysfunction.** *Lennart Kiel, Aarhus University, Denmark, Majse Lind, Aalborg University, Denmark, Sune Bo, Department of Psychology, University of Copenhagen, Denmark, Carsten Rene Jørgensen, Aarhus University, Denmark, Rikke Boeye, Aarhus University Hospital, Christina Kjær Frederiksen, Aalborg University Hospital, Helle Spindler, Aarhus University, Denmark*

Background: Understanding the intricate relationship between maladaptive personality traits and psychosocial functioning is pivotal to advance understanding of personality disorder. While maladaptive traits are conceptualized as extreme manifestations of normative Big Five traits, their eligibility has been questioned. Specifically, it has been suggested that maladaptive traits reflect a confluence of normative traits and non-trait related personality dysfunction. Drawing on the assumption that identity constitute the core of personality functioning, this study aims to investigate whether the unique effect of maladaptive personality traits on psychosocial functioning attenuates when controlling for normal-range traits and identity dysfunction. Method: A sample comprising low-risk (n = 432) and high-risk (n = 330) community adults, along patients diagnosed with personality disorder (n = 77) has been

recruited. Each participant completed a survey battery including the Big Five Inventory-2 Short Form (BFI-2-S), The Personality Inventory for DSM-5/ICD-11 (PID5+M), the Self-Concept and Identity Measure (SCIM), the Symptom Checklist (SCL-27), and the WHO Disability Assessment Schedule 2.0 (WHODAS 2.0). Results: Analyses will be completed in time for the conference. First, it will be examined whether removing identity dysfunction from extreme traits enhances the convergent and discriminant validity between normal-range and extreme traits. Second, it will be explored whether the unique contribution of extreme traits to psychosocial functioning diminishes when considering normal-range traits and identity disturbance in latent variable regression models. Discussion: This study is of relevance for the conceptualization of maladaptive personality traits and their implications for psychosocial functioning.

**Narcissistic Personality Disorder in the ICD-11: Severity and trait profiles of grandiosity and vulnerability.** *Nicholas Day, University of Wollongong, Australia, Ava Green, University of London, Georgia Denmeade, University of Wollongong, Australia, Bo Sayyad Bach, University of Copenhagen, Denmark, Brin Grenyer, University of Wollongong, Australia*

Introduction: Modern diagnostic and classification frameworks such as the ICD-11 and DSM-5-AMPD have adopted a dimensional approach to diagnosing personality disorder using a dual 'severity' and 'trait' model. As narcissistic personality has historically struggled to be adequately captured in dominant diagnostic systems, this study investigated the utility of the new ICD-11 framework in capturing diverse narcissistic expressions. Method: Participants were mental health clinicians (N = 180, 67% female, age = 38.9), who completed ratings of ICD-11 personality severity, trait domains and a clinical reflection for two hypothetical case vignettes reflecting either prototypical 'grandiose' or 'vulnerable' narcissism. Results: The majority of clinicians (82%) endorsed a diagnosis of personality disorder for both grandiose and vulnerable vignettes. Discriminant elements of personality impairment included rigid, unrealistically positive self-view, low empathy and high conflict with others for grandiosity, and incoherent identity,

low self-esteem and hypervigilant, avoidant relations with others for vulnerability. Regarding trait profile, grandiose narcissism was predominately dissocial whereas vulnerable narcissism was primarily associated with negative affectivity and detachment. Qualitative responses highlight distinct clinical themes for each presentation. Conclusion: These findings suggest that clinicians using the ICD-11 framework are able to identify key elements of personality dysfunction in grandiose and vulnerable narcissism while also recognising their distinctive differences.

**Gender differences in narcissism in the ICD-11 model of personality disorders.** *Ava Green, University of London, Nicholas Day, University of Wollongong, Australia, Claire Hart, University of Southampton, Brin Grenyer, University of Wollongong, Australia, Bo Sayyad Bach, University of Copenhagen, Denmark*

Narcissistic Personality Disorder as captured in categorical diagnostic systems (e.g., DSM-5) emphasises male-centric grandiose features of narcissism and under-emphasises vulnerable female-centred features, which poses significant implications in diagnostic outcome and clinical treatment in women. Research finds that clinicians using the DSM-5 categorical system tend to diagnose vulnerable narcissism in women as other ‘feminised’ personality disorders (e.g., BPD), but no research has explored gender differences in narcissism using the new ICD-11 dimensional framework. This study investigated the clinical utility of the ICD-11 manual in capturing gender differences in narcissistic presentations. Adopting an online vignette-based study, mental health clinicians (N = 180, 67% female) completed ratings of ICD-11 personality severity and trait domains for two cases reflecting ‘grandiose’ and ‘vulnerable’ narcissism in hypothetical male or female patients. Results show that ratings of core impairments in personality functioning and overall severity were consistent irrespective of patient or clinician gender. While some differences were observed in trait domain (e.g., negative affectivity) between patient gender, these results suggest the clinical utility of the ICD-11 model as emphasising elements of personality functioning in the process of assessment and diagnosis, therefore potentially being less

susceptible to influences of gender stereotype in aiding clinical conceptualisation.

Impaired Self-Other Distinction across mental disorders: converging evidence and novel techniques

While empathy is largely considered a key social skill built upon the propensity to become one with other person's feelings and thinking, being excessively influenced by other people's opinions and feelings can lead to personal distress, confusion about who thinks and feels what, poor self-knowledge, or assumptions that other people think or feel exactly like us. These are signatures of impaired self-other distinction (SOD), a socio-cognitive ability enabling to flexibly tease apart which are our own thoughts and feelings from those of others. This symposium presents converging evidence of impaired SOD in 3 clinical populations and novel techniques to measure SOD. We argue that SOD characterizes many psychiatric disorders, which is why it is important to develop reliable and valid techniques to detect and evaluate individual differences in SOD. The symposium will be presented by Alix Bigot, Dr. Céline De Meulemeester, Martin Horký, Dr. Ekaterina Pronizius, and chaired by Prof. Henryk Bukowski.

**Self-Other Distinction Self-reported Questionnaire (SOD-SRQ): A multidimensional scale to measure self-other distinction in the everyday life of healthy and clinical populations.**

*Celine De Meulemeester, KU Leuven, Ekaterina Pronizius, University of Vienna, Alix Bigot, Université catholique de Louvain, Dominik Golab, Université catholique de Louvain, Annabel Bogaerts, University of Amsterdam, Martin Horký, Masaryk University Brno, Henryk Bukowski, UCLouvain*

To smoothly navigate the social world, we benefit from a permeable barrier between the "self" and the "other": Information about other people is efficiently processed and often spontaneously comes to our mind whereas information about oneself can be efficiently accessed to guess other people's mental states. However, this information about others (e.g., their opinions or emotions) can also intrude or invade our minds whereas our own opinions or emotions may bias and mislead our understanding of others. Being able to distinguish and maintain a clear barrier between the self and the other is an essential mechanism to navigate the social world, called self-other distinction (aka self-other control). Individual differences in self-other distinction (SOD)



capacities are clinically observed and empirically evidenced via experimental paradigms that induce egocentric and altercentric biases. Aiming to have a more practical and ecological measure of SOD, we – a multicentric international team investigating SOD in borderline personality disorder – developed a self-report questionnaire capturing everyday life manifestations of SOD ranging from well-functioning SOD to clinically dysfunctional SOD. To separately measure distinct components of SOD, the questionnaire has 5 quadrants crossing the direction of the intrusion (self-to-other versus other-to-self) and the domain of intrusion (emotional versus cognitive domain), plus an additional subscale to capture self-other awareness. The scale went through multiple rounds of empirical validation that helped inform and clarify the definition and structure of SOD. In this talk, I will present the Self-Other Distinction self-reported questionnaire, how we constructed SOD, and the empirical evidence of validity.

**Self-other distinction in individuals with borderline personality disorder: a multi-center study.** *Ekaterina Pronizius, University of Vienna, Celine De Meulemeester, KU Leuven, Ingmar Heinig, Technische Universität Dresden, Martin Horký, Masaryk University Brno, Pavla Horká Linhartová, Masaryk University Brno, Sarah Fineberg, Yale School of Medicine, Inga Niedtfeld, Heidelberg University, Germany, Patrick Luyten, KU Leuven, Philipp Kanske, Technische Universität Dresden, Claus Lamm, University of Vienna, Henryk Bukowski, UCLouvain*

In clinical psychology, as in almost every research field, the significance of collaborative efforts cannot be overestimated. Therefore, the question is not whether we need big team science (BTS) to reveal the complexity of the social mind but how we shall achieve this, especially when studying vulnerable populations. In this talk, I will present the preliminary results of an ongoing cross-cultural clinical study investigating self-other distinction in patients with borderline personality disorder (BPD). According to a recent theoretical framework, individuals with BPD experience struggles in the social domain due to the lack of flexibility in switching between self and other-related mental representations. For example, they show a limited capacity to inhibit imitative tendencies, separate

personal feelings from those shared with others, and accurately see the world through another person's eyes. Building on previous research, we hypothesize that BPD patients exhibit impairments in SOD relative to HCs. Furthermore, we explore how the severity of BPD symptoms influences the strength of SOD impairments and examine interactions between BPD severity, personal traits, and states affecting SOD task performance. Data collection involves 100 BPD patients and 100 HCs recruited from clinical facilities in Germany, the Czech Republic, Belgium, and the USA. Participants engage in two SOD tasks—the Automatic Imitation Inhibition Task (AIT) and the Visual Perspective-Taking Task (VPT)—alongside a Stroop task to control for general executive performance. Additional variables include attachment security, childhood trauma, empathy, interpersonal problems, dissociative experiences, emotion regulation difficulties, and momentary stress, pain, and emotions. While the targeted sample size would allow the investigation of key theoretical assumptions with sufficient power, the complexity of this big team science collaboration bears challenges and limitations. As part of this talk, I would like to discuss potential strategies (e.g., networking, patient access, funding, etc.) for establishing a BTS group in the domain of clinical psychology.

**Confusing my viewpoint with his: Altered self-other distinction performance in antisocial personality disorder.** *Alix Bigot, Université catholique de Louvain, Luca Tiberi, Université de Mons, Xavier Saloppé, Université de Lille, Jean-Louis Nandrino, Université de Lille, Thierry Pham, Université de Mons, Henryk Bukowski, UCLouvain*

Deficits of social cognition are regularly but inconsistently reported among individuals with antisocial personality disorder (ASPD). Because of the multifaceted nature of social cognition, deficits might be only observed when assessing specific facets of social cognition and under sufficiently demanding conditions. This study examined self-other distinction performance, a key facet lying at the core of the attachment-based model of mentalizing (Fonagy & Luyten, 2009), and aimed to (1) better understand the impaired socio-cognitive process at play and (2) identify methodological

limitations hindering such understanding. Twenty-one forensic inpatients with ASPD and 19 participants from the community completed a visual perspective-taking paradigm allowing to tease apart self-other priority (i.e., how self-focused one is) from self-other distinction performance (i.e., how much one confuses his with others' mental states). While the ASPD group made significantly more errors at handling conflicting self-other viewpoints by enforcing self-other distinction than the control group, it was not significantly more self-focused. In contrast, the Interpersonal Reactivity Index self-report scale did not differentiate the two groups based on the original subscales, but a novel measure of self-other distinction based on Empathic concern (i.e., the tendency to experience feelings of concern and compassion for others) and Personal distress subscales (i.e., the tendency to experience personal distress in response to the distress of others) did differentiate the two groups, albeit to a significantly lower extent than the objective measure of self-other distinction. Altogether, these findings indicate the presence of a self-other distinction deficit in ASPD and advocate for psychometric approaches that embrace the multifaceted nature of social cognition and the need for objective measures with sufficient sensitivity.

**The role of self-other distinction in psychotic experiences and dissociation in borderline personality disorder and schizophrenia-like disorders.** *Martin Horký, Masaryk University Brno, Ekaterina Pronizius, University of Vienna, Pavla Horká Linhartová, Masaryk University Brno, Henryk Bukowski, UCLouvain, Tomáš Kašpárek, Masaryk University Brno*

Psychotic experiences such as delusions and hallucinations are prevalent in a wide range of psychiatric disorders, including schizophrenia and borderline personality disorder (BPD). During such mental states, patients often experience impairment in the ability to distinguish their own experiences, bodily sensations, movements, views, and thoughts from those of others. Moreover, the inability to determine and distinguish the cause of their actions or emotions may lead to such experiences or/and dissociation. The first aim of the current study is to determine the association of self-

other distinction (SOD) with psychotic experiences and dissociation in both borderline personality disorder and schizophrenia-like disorders. The second goal is to describe the role of cognitive functioning in SOD and psychotic experiences, namely speed of processing, attention, working memory, verbal and visual learning, and reasoning. Social cognition, which may be considered as a main SOD domain, is considered a separate domain of neurocognitive functioning according to the current DSM V version, thus creating the need to study the effects of these processes separately. The third aim of the project is to explore if psychotic experiences and dissociation may be explained by the same or different mental processes across both studied disorders. In this study, a group of patients with BPD, a group of patients with schizophrenia, and two groups of healthy controls (goal: 20 participants per group) undergo a series of SOD behavioral tasks specifically designed to capture different facets of SOD, alongside with Matrices consensus cognitive battery (MCCB), dissociation measures and semi-structured clinical interview for assessment of psychotic experiences. The results will provide a better understanding of these serious mental health difficulties and a broader framework for our effort to treat these difficulties. This contribution describes both the theoretical overview and current study results.

Research Symposium  
***Narcissism***

Implicit and explicit social cognition patterns associated with personality disorder psychopathology

Social cognition (SC) refers to the way the individuals perceive, interpret, and respond to social cues, such as facial expressions, gestures, verbal communications and social norms. Contemporary theories on SC distinguish between implicit and explicit processes. The former reflects a default position by which individuals constantly tend to “read” other’s mind by forming shared representations of their mental states, which though could potentially lead to biased assumption of others’ intentions. The latter represents controlled mentalizing processes by which individuals consciously reflect upon any social situation, possibly by inhibiting the automatic system when necessary and favoring the accurate discrimination between one’s own representation of another person’s experience and his/her actual mental states. Impairments in SC have been proposed as core mechanisms underlying interpersonal dysfunction in personality disorders (PD). The present symposium aims to elucidate how difficulties in implicit/explicit SC contribute to PD psychopathology, and whether they can be successfully targeted in psychotherapy. The symposium will start with a meta-analysis (Kivity) of implicit and explicit mentalizing processes in relation to personality psychopathology. The second presentation (Gregorini) will show that borderline PD traits are associated with EEG patterns signaling impaired sensorimotor integration of self and others’ actions during synchronized interaction. The third and fourth presentations (Czajkowska-Łukasiewicz and Di Sarno) will examine whether vulnerable and grandiose narcissistic features are associated with hostile attributions and altered interpersonal perceptions in treatment settings. Finally, the last presentation (Rossi) will show how Metacognitive Interpersonal Therapy improves metacognition and related brain activity in BPD.

**Mentalizing in and out of awareness: A meta-analytic review of implicit and explicit mentalizing.** *Yogev Kivity, Bar-Ilan University, Kenneth Levy, Pennsylvania State University, Benjamin Johnson, Fairleigh Dickinson University, Lia Rosenstein, Pennsylvania State University, James LeBreton, Pennsylvania State University*

Background: Mentalizing, making sense of mental states, is hypothesized to have a central role in self-organization and social

learning. Findings support this notion, but the extent of the association between mentalizing and various correlates has not been meta-analyzed. Furthermore, mentalizing presumably occurs with (explicit) and without (implicit) awareness but few studies have attempted to disentangle these aspects. We conducted a meta-analysis of implicit and explicit mentalizing in relation to the domains of attachment security, personality, affect, (personality) psychopathology, and functioning. Methods: We searched for studies of adult mentalizing in PsycINFO and in related reviews. Overall, 511 studies (N = 78,733) met criteria and were analyzed using multi-level meta-analysis. Results: Implicit ( $r = .19 - .29$ ) and explicit ( $r = .26 - .40$ ) mentalizing were moderately correlated with (personality) psychopathology, functioning, personality, affect, and attachment security. The correlations of implicit mentalizing were stronger with more objectively measured correlates ( $b = .02, p < .001$ ) while the correlations of explicit mentalizing were not ( $b = -.07, p = .21$ ). Conclusions: Mentalizing is associated with better intra- and interpersonal functioning. Implicit mentalizing is more strongly associated with objectively measured correlates. These findings underscore the importance of an integrative approach considering both implicit and explicit mentalizing.

**Altered mu suppression? The role of high borderline personality traits.** *Camilla Gregorini, University of Milano-Bicocca, Italy, Pietro De Carli, University of Milano-Bicocca, Italy, Marco Petilli, University of Milano-Bicocca, Arianna Lomoriello, Technical University of Denmark, Emanuele Preti, University of Milano-Bicocca, Italy, Anna Zamm, Technical University of Denmark, Ivana Konvalinka, Technical University of Denmark*

Objectives: Interpersonal coordination processes rely upon the ability to anticipate and adapt to one's own and other actions during social interactions. Mutual adaptation strengthens interpersonal synchrony to emerge as a potentially beneficial relational phenomenon. Recent findings reveal that individuals with traits related to borderline personality disorder (BPD) show impairments during synchronized interactions. However, the neural mechanisms underlying the association between pathological personality features and interpersonal coordination processes that

sustain interpersonal synchrony have not been largely investigated. Here, we aimed to fill this gap by testing how BPD traits modulate mu-rhythm suppression as a sign of shared representational levels of self and others' actions during interactive or individual conditions. Methods: We employed a synchronized finger-tapping task and measured EEG from participants (N = 50) who interacted with a virtual partner (VP) with varying degrees of temporal adaptivity (non-adaptive, moderately adaptive, and overly adaptive) or with no interaction partner in the individual condition. The perceptions of synchrony and cooperation were rated after each interaction. BPD traits were assessed using the Personality Assessment Inventory Borderline Features Scale. Results: Mu rhythm suppression at 9-13 Hz was found over the sensorimotor areas across all the conditions. However, higher levels of BPD traits were associated with a reduced mu suppression at the 10 Hz component as a sign of impaired sensorimotor integration of self and others' actions. Then, at increasing levels of VP adaptivity, lower perceptions of synchrony and cooperation were found, while higher BPD traits affected the perception of cooperation. Conclusions: Together, these findings provide novel insight into how BPD traits could modulate a neurophysiological component as a proxy of mirror neuron systems during synchronized interaction. Clinical implications will be outlined.

**Can the Fear of Being Laughed at or Ridiculed Explain the Relationship between Vulnerable Narcissism and Hostile Attributions? Gelotophobia, Vulnerable Narcissism, and Hostile Attributions in People Using Mental Health Services..** *Katarzyna Czajkowska-Lukasiewicz, University of Warsaw, Poland, Anna Zajenkowska, University of Warsaw, Poland*

There is substantial evidence linking vulnerable narcissism with mistrust and suspicion of others, as well as hostility toward others. Vulnerable narcissism is characterized by hypersensitivity to rejection, uncertainty, social isolation, distrust of others, elevated levels of anger and hostility, and a defensive attitude. Individuals high in vulnerable narcissism essentially perceive the external world as hostile, threatening, and anxiety-inducing. This evidence suggests that vulnerable narcissism is a significant correlate of hostile

attributions — the tendency to interpret ambiguous behavior as hostile. Our research project aimed to better understand the relationship between vulnerable narcissism and hostile attribution in regard to gelotophobia. It is a fear of being laughed at or ridiculed. It impacts an individual's social interactions, leading them to avoid social situations, withdraw from others, and experience feelings of isolation, it is also associated with social anxiety and self-esteem issues. We conducted a questionnaire-based research within a population comprising 300 individuals who have engaged with psychiatric or psychotherapeutic services over the past year. Our preliminary results suggest that gelotophobia may have explanatory value concerning vulnerable narcissism and hostility bias. We discuss our results in the context of group psychotherapy for individuals with elevated levels of vulnerable narcissism, considering potential advantages and disadvantages of such treatment.

**Pathological narcissistic traits interfere with patients' interpersonal perceptions during psychological treatment.** *Marco Di Sarno, University of Milano-Bicocca, Italy, Fabio Madeddu, University of Milano-Bicocca, Italy, Rossella Di Pierro, University of Milano-Bicocca, Italy*

Background: Pathological narcissism manifests along a continuum from subclinical to clinical forms, and with presentations of both grandiosity and vulnerability. It is associated with deviations from consensual perceptions of both self and others, but no study investigates such deviations in a clinical context. This contribution examines whether pathological narcissism accounts for distinctiveness (construal) of patients' interpersonal perceptions in treatment settings. Methods: Patients enrolled in psychological treatment (N = 150) were asked to provide a written description of a segment of a treatment session. Based on the descriptions obtained, both the patients and independent raters evaluated how dominant and hostile clinicians and patients were during these session segments. The degree of discrepancy between patients' and raters' perceptions of interpersonal behavior was computed and regressed onto patients' traits of pathological narcissism. Results: Contrary to expectations, pathological narcissism was not related to



patient-rater discrepancies in the way clinicians were perceived. However, patients' grandiose narcissism was related to discrepancies in perceptions of self-dominance (i.e., self-perceptions of dominance higher than rater-perceptions); and patients' vulnerable narcissism was related to discrepancies in perceptions of self-hostility (i.e., self-perceptions of hostility higher than rater-perceptions). The former association (but not the latter) also held after incorporating additional raters' assessments in post-hoc procedures. Conclusion: Results are interpreted in light of self-enhancement and self-concealment processes, which should be detected for effective treatment of narcissism-related themes.

**Metacognitive Interpersonal Therapy in Borderline Personality Disorder: impact on metacognitive functions and on their neural correlates..** *Roberta Rossi, IRCCS Istituto Centro San Giovanni di Dio Fatebenefratelli, Giulia Quattrini, IRCCS Fatebenefratelli, Brescia, Italy, Michela Pievani, IRCCS Fatebenefratelli, Brescia, Italy, Luisella Bocchio Chiavetto, IRCCS Fatebenefratelli, Brescia, Italy, Daniela Tardito, IRCCS Fatebenefratelli, Brescia, Italy and eCampus University, Novedrate, Italy, Daniele Corbo, University of Brescia, Italy, Ilaria Riccardi, Third Center for Cognitive Psychotherapy, Rome, Italy, Giuseppe Nicolò, Third Center for Cognitive Psychotherapy, Rome, Italy, Antonio Semerari, Third Center for Cognitive Psychotherapy, Rome, Italy, Antonino Carcione, Third Center for Cognitive Psychotherapy, Rome, Italy*

Background. Metacognitive Interpersonal Therapy (MIT) is a cognitive behavioral-oriented psychotherapy designed to promote metacognitive abilities and improve interpersonal relationships (Carcione et al., 2021) and is effective in improving clinical symptoms (emotional dysregulation, impulsiveness, depressive symptoms and metacognitive functions) in Borderline Personality Disorder (BPD) patients. The construct of metacognition includes a set of cognitive and affective skills functional to identifying mental states, thinking about them, and attributing them to oneself and others (Carcione et al., 2010, 2021; Semerari et al., 2003).

Objective. Since BPD is characterized by neurobiological changes in circuits supporting core symptoms such as metacognitive deficits, in this presentation we will discuss the effect of MIT on

neurobiological markers (structural connectivity, amygdala activation, oxytocin levels). Methods. Patients with BPD and healthy controls (HC) were enrolled in the framework of the CLIMAMITHE study (Clinical Trials.org as NCT02370316), a randomized clinical trial on the effect of psychotherapy on clinical and neurobiological outcomes. Patients and HC underwent a multidimensional assessment (at baseline, after 6 and 12 months) and MRI scan (T1-weighted, DWI, and event-related fMRI, at baseline and after 12 months). Furthermore, a blood sample was collected simultaneously to the clinical evaluations. Results. We found that psychotherapy is able to modulate amygdala activation, oxytocin plasma levels and structural connectivity (fractional anisotropy-FA) in bilateral thalamic radiation and left associative tracts (superior longitudinal and inferior fronto-occipital fasciculi) ( $p < .050$ , FWER corrected). A positive association emerged in the MIT group between changes in FA and changes in metacognitive functions and in STAXI-2 Anger control/In ( $p < .050$  TFCE). Conclusions. Our results indicate that MIT modulates clinical and neurobiological markers related to BPD clinical features and it is effective in reducing personality psychopathology.

Research Symposium

***Dialectical Behavioural  
Therapy***

Innovations in DBT: The view from the UK

This symposium draws together innovative research in the field of DBT from researchers based within the UK. All presentations link to the implementation of DBT in routine public sector practice. Azevedo will outline the impact on burnout amongst DBT professionals attending DBT training of two different lengths and designs. Camp will present data from a qualitative study of LGBTQIA+ young people in a national UK DBT programme for adolescents describing their experiences of DBT and LGBTQIA-associated treatment dilemmas. Essletzbichler will present findings on the adherence of DBT Consultation Team meetings and how this might be shaped by a brief intervention. In a separate presentation Essletzbichler will report on the mental health of DBT practitioners based on survey design. Feigenbaum will report findings from a pragmatic RCT of an adapted form of DBT skills specifically targeting employment for people with a personality disorder diagnosis. Lei will present a thematic analysis of adolescents talking about race, ethnicity and culture during DBT. Swales, an international expert in DBT and its implementation will chair the symposium.

**The Impact of DBT Training on Burnout and Attitudes towards BPD: a comparative Pre-Post analysis across two studies.** *Julieta Azevedo, Bangor University, Diogo Carreiras, University of Coimbra, Portugal, Caitlin Hibbs, Bangor University, Caryl Roberts, Bangor University, Joshua Osbrone, British Isles DBT training, Michaela Swales, Bangor University*

Background: Dialectical Behaviour Therapy (DBT) stands out as the gold standard for treating Borderline Personality Disorder (BPD), a condition associated with poor response to treatments and financial burden among health services. Therapists of clients with a BPD diagnosis face an increased risk of burnout. Consequently, clinicians may harbour negative attitudes, apprehension, and concerns when delivering treatment to this client group. Stigma towards BPD patients might influence treatment outcomes, impact the quality of the mental healthcare provided, perpetuate stigma, and create barriers to accessing mental healthcare. Subsequently, the current study aimed to test whether undergoing a 2-day DBT training and a post-graduation in DBT (with a total duration of 24 months, here reporting assessment at baseline and 6 month) could

effectively mitigate burnout and positively influence the attitudes of therapists (with no prior experience in DBT) toward individuals with BPD. Method: The therapists completed self-report questionnaires (Oldenburg Burnout Inventory and Attitudes Toward Borderline Personality Disorder Questionnaire) before and after receiving DBT training. The group undergoing a 2-day training comprised 141 mental health professionals, while the group undergoing a post-graduate diploma in DBT consisted of 40 mental health professionals. Results showed that burnout and negative attitudes towards BPD significantly reduced with time for the 2-day training. In the second study, with a group of students enrolled in the post-graduation diploma, there were no significant differences from baseline to 6 months. Conclusions: Given the well-documented link between negative treatment outcomes, burnout, and stigma towards BPD clients, these results indicate that investing in DBT training could be a valuable asset for mental health service providers working with this particular client group.

**Experiences of LGBTQIA+ young people in DBT.** *Jake Camp, Kings College London and South London and Maudsley NHS Trust*

Background: Young people with minoritised gender and sexual identities (i.e. LGBTQIA+) are two to six times more likely to experience suicidal ideation and engage in self-harming behaviours compared to cisgender and heterosexual people. There is also an increased prevalence of difficulties associated with emerging emotionally unstable personality disorder (EUPD) in young LGBTQIA+ populations. This health disparity is thought to be, in part, caused by minority stress and sociocultural invalidation. Despite the potential high level of needs of this group to access evidence-based interventions, there is emerging evidence of poorer acceptability and increased barriers to accessing services for LGBTQIA+ people. Dialectical Behaviour Therapy (DBT) is an effective intervention for self-harm, suicidal behaviours, and other symptoms associated with EUPD. However, no research has explored the acceptability of DBT for this population. Method: the current study interviewed 14 LGBTQIA+ young people in a national UK DBT programme for adolescents about their experiences of DBT and LGBTQIA-associated treatment dilemmas. Data were analysed

using reflexive thematic analysis to generate themes. Results: There were two main areas of dilemmas relevant for targeting in DBT for this group: “LGBTQIA+ identity confusion and nonacceptance” and the “impact of others” (cis-heterosexism and community connectedness). Findings also highlighted experiences of “negotiating targets and focus” for LGBTQIA-associated topics in DBT and “creating safety” in DBT. Conclusions: Recommendations are made for optimising DBT practice for LGBTQIA+ young people in need of DBT based on participant feedback and the emerging literature.

**The mental health of DBT therapists.** *Amy Essletzbichler, Bangor University*

Introduction: Dialectical Behaviour Therapy (DBT) is a principle-driven and evidence-based intervention for people with emotion regulation difficulties with an extensive evidence base. Despite the demonstrated effectiveness of the treatment recipients experience symptom reduction without necessarily making a full recovery, which would be shown through normative age and stage function and improved quality of life. While improvements and tweaks to the therapy, such as the addition of the DBT-PE protocol, have impacted client outcomes, much remains to be done. In an application of the principle of interconnectedness and transaction associated with a dialectical philosophy, this research seeks to consider the experiences of DBT therapists’ own experiences of mental health issues or being experts by experience. Methods: Quantitative exploratory methodology to survey DBT therapists about their own experiences of mental health issues. Varied questionnaires about demographics, mental health experiences and disclosures of difficulties, a measure of Adverse Childhood Experiences, quality of life, attitudes towards people with BPD and a measure of internalised stigma and stigma resistance for people who endorsed a formal mental health diagnosis. Results: 94 people responded 92 of whom identified as practicing DBT. Eighty endorsed experiences of mental health difficulties at some point in their lives. High quality of life scores, as measured by the EQ5L-3D, were shown. Discussion: Results suggest that the experience of mental health difficulties in this group was common, with worries

about disclosure and impact on their careers. Despite this, the group had a high quality of life. This study was limited by low response rate and the relatively homogenous demographic profile of respondents. Questions about what can be learned from this group and incorporated into work with clients with BPD arise.

**Measuring Adherence to the DBT Model in DBT Consultation Team Meetings.** *Amy Essletzbichler, Bangor University*

Introduction: Weekly DBT consultation team meeting, where DBT therapy is intended to be applied to DBT therapists in aid of their work with clients, is one of the functions and modes of comprehensive therapy. Dismantling studies have looked at the impact of other modes of therapy on outcomes. However, there has been next to no research conducted on DBT consultation teams. The theoretical background of this research is the application of the interconnectedness of all things, related to a dialectical philosophy, with the intention of longer-term intention to investigate the hypothesis that greater adherence to the treatment in consultation team, will lead to greater recovery rates for clients who receive DBT. To begin work on this, the feasibility of using adherence measures of DBT, namely the DBT-ACS and DBT AC-I was established as a potential protocol for shaping adherence in consult. Methods: Multiple-base line single-subject case design was used to establish the feasibility of of the DBT-ACS and DBT AC-I in measuring adherence in consult. Then an intervention was given and behaviour in consult was measured again. Three teams that had been in existence for a decade or more participated in the research. Results: It is feasible to use the DBT-ACS and DBT AC-I to measure adherence to the model in the consultation team. At baseline, none of the team's consultation team meetings were adherent to the model. Patterns, similar to those observed when working with individual therapists on adherence to model, occurred. Feedback was provided to teams about observations, along with a reading assignment led to changes in behaviours. Discussion: Measuring and shaping adherence to the DBT model in consult is possible. This is the first step in a longer-term project of considering the ways in which therapist behaviour may impact client outcomes, including consideration of how the application of

the DBT model to themselves with adherence, could lead to an increased ability to help clients manage the impact of stigma on their lifetime recovery.

**DBT Skills for Employment.** *Janet Feigenbaum, University College London*

Background: Individuals with difficulties consistent with a personality disorder (PD), have significant challenges in obtaining and retaining employment. Following from the pilot work of Koons et al. (2006) DBT-SE is a group psychological intervention delivered in 3-hour weekly sessions for 17 weeks primarily based on the DBT skills from Linehan (2015) with some adaptation for the workplace and some additional skills. The primary aim of the RCT was to identify if DBT-SE was more effective and cost-effective than existing mental health and employment services for assisting individuals with symptoms consistent with a PD gain employment or to increase their hours of paid employment. The secondary aim was to identify if DBT-SE, with or without gainful employment, lead to improvements in wellbeing. Method: We conducted an unblinded, pragmatic randomised controlled trial in the UK. The study compared DBT-SE and treatment as usual (DBT-SE + TAU) with interventions from local Mental Health and Employment Services (MHES + TAU). Participants were drawn from adult mental health services across the NHS, third sector services, local authority services, and the general public (recruited via online advertising). Results: The data indicated that DBT-SE was associated with an increase in employment and a decrease in unemployment. At six-month follow up there was a noticeable decrease in participants signed off sick by a GP. There was a noticeable increase in the time spent on employment seeking activity. DBT-SE cohorts demonstrated a significant reduction of the impact of mental health difficulties on social and vocational function (WSAS). DBT-SE cohorts showed a small but significant reduction in mental health symptoms (CORE-10). Data on the EQ-5D-5L indicates a significant improvement. The IIP-25 data indicates a significant improvement. Conclusions: Overall the data suggests that DBT-SE is an acceptable and efficacious intervention to increase employment and improve mental health.

**Exploring adolescents' experiences of talking about race, ethnicity, and culture during Dialectical Behaviour Therapy (DBT): A qualitative study using thematic analysis.** *Jiedi Lei, King's College London, Bec Watkins-Muleba, King's College London, Ireoluwa Sobogun, City University, Rebecca Dixey, South London and Maudsley NHS Trust, Holly Bagnall, South London and Maudsley NHS Trust, Jake Camp, Kings College London and South London and Maudsley NHS Trust*

Background: There is little qualitative research to date that explores adolescents' perspectives on therapists' approach, cultural competency, and humility regarding conversations about ethnicity, race, and culture (ERC) within Dialectical Behaviour Therapy (DBT). Given anti-racist adaptations to DBT are emerging, the current study explored diverse adolescents' experiences of talking about ERC during all aspects of DBT treatment. Methods: Two clinicians from diverse ERC backgrounds within the National and Specialist Child and Adolescent Mental Health Services (UK), DBT Service, interviewed ten adolescents from diverse ERC backgrounds, using semi-structured topic guides. Interviews were transcribed verbatim and analysed using reflexive thematic analysis, adopting a critical realist approach. Results: Five overarching themes were developed from the data. Theme one describes that ERC-related conversations are often overlooked in therapy, and such conversations can be powerful to facilitate change. Theme two discusses factors that facilitate or inhibit ERC-related discussions. Theme three describes adolescents' experiences of the "double bind", where they may not want to be a spokesperson for ERC issues and hoping for their therapist to facilitate/model ERC-related discussions. Theme four explores how adolescents navigated their identity in relation to ERC, their wider systemic context, and experiences of ERC-related trauma. Theme five explored how therapists might encourage DBT skills use with greater ERC sensitivity, emphasising validation, thus fostering stronger therapeutic alliance. Conclusions: Using a bottom-up approach, we show a clear mandate from adolescents from diverse ERC backgrounds for (White) clinicians to proactively create the space and safety required for ERC-related discussions. Validation of adolescents' ERC-related difficult experiences within a wider systemic context, along with adoption of anti-racist praxis



including cultural humility and multi-cultural competences are important areas for DBT clinicians to consider and act upon.

Innovative Treatment Approaches for Borderline Personality Disorder.

Borderline Personality Disorder (BPD) is a prevalent mental health condition, and while psychotherapy is considered the first-line treatment, its availability, acceptability, and efficacy are often constrained. There is a pressing need for innovative developments in the field to address these limitations. This symposium aims to shed light on various promising avenues in the treatment of BPD. The first study delves into the realm of non-invasive brain stimulation (NIBS) as a potential therapeutic pathway for individuals with BPD. In particular, we will showcase findings from an open study involving the integration of tDCS (transcranial Direct Current Stimulation) with cognitive remediation. While symptoms generally diminish with time, psychosocial functioning challenges persist at elevated levels. We will explore strategies to evaluate and enhance these aspects in individuals living with BPD. Moreover, we will delve into the possibilities arising from the integration of psychotherapy and psychedelics within the realm of BPD. Recognizing the role of physical activity in mental health, a third study examines the effects of structured physical activity on individuals with BPD. By exploring the potential benefits and incorporating physical activity as an adjunctive therapeutic strategy, the study aims to enhance overall treatment outcomes and well-being for BPD patients. Lastly, the symposium explores alternative perspectives on psychopharmacological treatments for BPD. By considering unconventional approaches and re-evaluating existing strategies, the research seeks to broaden the understanding of pharmacological interventions, ultimately aiming to improve their efficacy and acceptance among individuals with BPD.

**Exploring the links between functioning, health and well-being in a sample of person with BPD in western Switzerland..** *Julie Desrosiers, Haute école de travail social et de la santé Lausanne*

Background: A growing number of studies focus on the links between functional aspects and health of people with BPD. A concept analysis of functioning highlighted the importance of documenting the way in which daily activities are carried out in order to assess whether this contributes to health and well-being. The aim of this study was to explore the relationship between the

way of functioning on a daily basis, health and subjective well-being in a sample of 87 people living with borderline disorder recruited in French-speaking Switzerland and 50 control subjects. Methods: All participants completed FAB-2, EMMBEP and WHODAS 2.0 questionnaires. The FAB-2 is a 38 items self-administered questionnaire designed to assess functioning mode and perception of the difficulty in carrying out daily activities of persons with BPD. Preliminary results: Preliminary analysis were performed with first 74 subjects with BPD and 50 control subjects recruited. The functioning and the difficulty scales total scores of the FAB-2 are significantly different between subjects with BPD and control subjects. The total scores of two scales of the FAB-2 (functioning and difficulty) were strongly correlated with both the EMMBEP scores ( $r = -0.83$ ,  $p > 0.001$  and  $r = 0.87$ ,  $p < 0.001$ ) and the WHODAS 2.0 scores ( $r = 0.85$ ,  $p < 0.001$  and  $r = -0.88$ ,  $p < 0.001$ ). Conclusion: Strong associations between FAB-2, EMMBEP and WHODAS 2.0 found suggest that the functioning mode of a person and its difficulty contribute to his well-being and health. Rehabilitation interventions specifically targeting daily functioning are a promising avenue.

**Effect of a 4-week physical exercise intervention on emotions and emotion regulation in adults with borderline personality disorder: a series of n-of-1 studies..** *Samuel St Amour, Université de Québec à Rimouski, Lionel Cailhol, Université de Montréal, Paquito Bernard, Université du Québec à Montréal*

Introduction: Physical exercise (PE) is a well-documented treatment to improve clinical symptoms and functioning of individuals with severe mental disorders (e.g. schizophrenia, mood disorders). Moreover, recent studies indicated that PE improves emotion regulation in adults with and without mental illnesses. Emotional dysregulation, characterized by highly variable and unstable emotions and a slow return to emotional baseline, is a core component of borderline personality disorder (BPD). Therefore, PE might have important benefits in this population. However, no previous study examined this effect in individuals with BPD. Methods: A series of seven 8-week N-of-1 studies was led to analyze this effect during a 4-week PE intervention in this

population. The first and last 2-week periods served as baseline measure. Ten emotions were measured thrice daily via ecological momentary assessment (EMA) on participants' smartphone. Piecewise linear regressions were carried out to analyze the effect of the intervention in each participant. Multilevel piecewise linear regressions were carried out to analyze the effect for the whole sample. Results: Participants answered to 69.44% (SD = 15.55) of EMA prompts. Three participants presented a significant increase in positive emotions during the intervention with two of them presenting a decrease after the intervention stopped. On average, participants presented an increase in positive emotions ( $B = 0.44$ ;  $SE = 0.08$ ;  $p < .001$ ). Four participants presented a decrease in negative emotions with one of them presenting an increase after the intervention stopped. On average, participants presented a decrease in negative emotions ( $B = -0.32$ ;  $SD = 0.07$ ;  $p < .001$ ) throughout the study with an even greater decrease ( $B = -0.24$ ;  $SD = 0.10$ ;  $p < .05$ ) during the intervention. Daily variability decreased in one participant for positive emotions and in two participants for negative emotions. These results show that PE may decrease emotion dysregulation in adults with BPD.

**Psychedelics and Psychedelic Assisted Therapies in the Treatment of Borderline Personality Disorder.** *Félix-Antoine Bérubé, Université de Montréal, Miltiadis Moreau, Université de Montréal*

**BACKGROUND:** Borderline personality disorder (BPD) is a severe mental disorder that significantly impacts life expectancy. While evidence-based psychotherapies exist for BPD, their implementation remains limited, and acceptance among individuals with BPD varies. Expanding the range of interventions, including pharmacological treatments, could be beneficial. However, no substance has definitively proven effective in treating BPD. Emerging evidence suggests that psychedelics and psychedelic assisted therapies (PAT) can improve treatment-resistant depression, post-traumatic stress disorder (PTSD), and substance use disorder (SUD). Additionally, they have shown promise in palliative care settings for existential distress at the end of life. Notably, no trials have investigated psychedelics or PAT specifically for BPD treatment. **METHODS:** We conducted a narrative review of

existing literature to assess whether there is a plausible rationale for testing the safety and efficacy of psychedelic assisted therapies (PAT) in BPD patients. RESULTS: Current evidence indicates lasting effects of psychedelics on personality traits. These substances are associated with a reduction in symptomatic dimensions of BPD, including impulsive behaviors and suicidal ideations. Furthermore, they demonstrate some level of effectiveness in treating common comorbidities of BPD, such as depression, PTSD, and SUD. While our review does not suggest increased risk of PAT in BPD compared to other mental disorders, the lack of BPD-specific trials in PAT remains a limitation. BPD individuals are often excluded from clinical trials involving psychedelics. While a limited number of studies have explored psychedelics or PAT in individuals with both BPD and treatment-resistant depressive disorders, no studies have directly assessed their efficacy for BPD alone. CONCLUSION: Our findings underscore the need for clinical trials specifically targeting PAT in BPD patients without comorbid depression, PTSD, or SUD. These trials should prioritize assessing the safety of the treatment, followed by further investigations into its efficacy.

**Exploratory studies on the impact of transcranial Direct Current Stimulation (tDCS) on symptoms, neuropsychology, and psychosocial functioning in patients with Borderline Personality Disorder (BPD)..** *Lionel Cailhol, Université de Montréal, Mariam Ahmed, Université de Montréal, Frédérique Delisle, Université de Montréal, Ahmad Al Zatam, University of Montreal*

Introduction: Borderline Personality Disorder (BPD) is a prevalent and severe mental health condition associated with high mortality, suicide risk, and impaired functioning. While psychotherapy is the primary treatment, issues of accessibility and patient reluctance persist, and its effect size remains moderate. Exploring neurobiological avenues, Non-Invasive Brain Stimulation (NIBS), specifically Transcranial Direct Current Stimulation (tDCS), emerges as a promising alternative due to its widespread accessibility. Method: We undertook two open exploratory studies to explore the potential therapeutic advantages of tDCS for individuals with BPD. The first study incorporated a short-term psychotherapy alongside tDCS, while the second study involved cognitive

remediation in conjunction with tDCS. In the initial study, we employed a sample of 10 patients undergoing F4 anodal stimulation through tDCS before engaging in psychotherapeutic treatment. In the second study, the protocol involved 10 daily tDCS sessions over a two-week period (anode on F3), coupled with 8 weekly group meetings for cognitive remediation. Drawing from existing research on individuals with BPD, the tDCS parameters included 20 minutes of continuous current at an intensity of 2mA. Results: In the initial study, we observed an increase in impulsivity at 2 weeks (UPPS: M1=99, SD=7.5; M2=107, SD=13), a reduction in depressive symptoms (MADRS: M1=13.7, SD=4.15; M2=9.2, SD=4.67), and, at 3 months, a decrease in BPD severity (BPDSI: M1=25.74, SD=5.34; M3=18.83, SD=8.09). In the second study (preliminary results), no notable effect on impulsivity (UPPS) was observed, but a 3-month impact on BPD (BSL-23: M1=2.20, SD=1.12; M2=1.76, SD=1.06), sleep (ISI: M1=15.44, SD=10.16; M2=13.22, SD=8.7), and overall psychosocial functioning (WHODAS: M1=31.9, SD=12.75; M2=26.22, SD=10.11). Conclusion: These preliminary findings offer early insights into the potential impact of tDCS as an adjunctive treatment for BPD. They provide a glimpse into its effects on various dimensions relevant to the disorder, including sleep, mood, global severity, and psychosocial functioning.

**Psychotropic Medication Use Pre and Post-Diagnosis of Cluster B Personality Disorder: a Quebec's health services register cohort.** *Carlotta Lunghi, Università de Bologna, Lionel Cailhol, Université de Montréal, Elhadji A Laouam Sidi, Institut National de Santé Publique du Québec, Victoria Massamba, Institut National de Santé Publique du Québec, Louis Rochette, Institut National de Santé Publique du Québec, Robert Biskin, Faculty of Medicine, McGill, Pierre David, Institut universitaire de santé mentale de Montréal, Marion Koch, Department of Psychiatry, Gatineau, Cathy Martineau, Department of health sciences, UQAR, Elham Rahme, Department of medicine, McGill University, Suzane Renaud, Department of Psychiatry, IUSMD, Caroline Sirois, Faculty of pharmacy, Laval University, Philippe Vincent, Faculty of pharmacy, Montreal University, Alain Lesage, Department of Psychiatry and Research CRIUSMM*

Background: Cluster B personality disorders (PDs) are considered some of the most severe mental health conditions. Scarce evidence exists about the real-world utilization of psychotropics for cluster B PD individuals. Objective: We aimed to uncover trends and patterns of psychotropic medication use among individuals diagnosed with cluster B PD in the year before and after their diagnosis and to identify factors associated with medication use in a large cohort of individuals newly diagnosed with cluster B PDs. Methods: We conducted a population-based observational study using Quebec's health services register. We identified Quebec residents aged  $\geq 14$  years and insured with the provincial drug plan with a first diagnosis of cluster B PD recorded between April 1, 2002, and March 31, 2019. Cluster B PD was defined with ICD-9/10 diagnostic codes. We retrieved all claims for the main psychotropic medication classes: antipsychotics, antidepressants, anxiolytics, mood stabilizers, and attention-deficit/hyperactivity disorder (ADHD) medications. We calculated the proportion of individuals exposed to these medication classes and analyzed trends over the years using robust Poisson regression models, adjusting for potential confounders. We used robust Poisson regression to identify factors associated with medication class use. Results: We identified 87,778 new cases of cluster B PD, with a mean age of 44.5 years; 57.5% were women. Most frequent psychiatric comorbidities in the five years before cluster B PD diagnosis were depression (50.9%), anxiety (49.7%), and psychotic disorders (37.5%). Most individuals (71.0%) received at least one psychotropic during the year before cluster B PD diagnosis, and 78.5% received at least one of these medications in the subsequent year. The proportion of users increased after the diagnosis for antidepressants (51.6-54.7%), antipsychotics (35.9%-45.2%), mood stabilizers (14.8%-17.0%), and ADHD medications (5.1%-5.9%), and remained relatively stable for anxiolytics (41.4%-41.7%). Trends over time showed statistically significant increased use of antipsychotics and ADHD medications, decreased use of anxiolytics and mood stabilizers, and a stable use of antidepressants. Conclusions: Psychotropic medication use is highly prevalent among cluster B PD individuals. We observed an increase in medication use in the months following the diagnosis, particularly for antipsychotics, antidepressants, and mood stabilizers.

Research Symposium  
***Personality Functioning***

Interpersonal Dynamics in Personality Disorders: Conceptualization and Treatment

The role of the interpersonal dynamics (IDs) is one of the most enduring topics in psychotherapy for personality disorders (PDs). The importance of social adaptation has been confirmed by decades of multidisciplinary research. Conversely, interpersonal dysfunction is a core feature of most mental health problems, and relationships are a primary medium through which our species helps alleviate psychosocial suffering. However, the IDs by which relationships can be used to treat PDs remains a hotly debated topic. Even among therapeutic protocols, theoretical models and fields of research that focus on relationships, such dynamics have been conceptualized in various ways, with no common integrative model having emerged to guide clinical practice. In this symposium we ask speakers to consider the following question: What are the core IDs of psychotherapy for PDs? We are particularly interested in how different approaches to the interpersonal domain may help guide clinical practice, including Contemporary Integrative Interpersonal Theory (C.J. Hopwood), Dialectical Behavior Therapy (A.A. Uliaszek), Metacognitive Interpersonal Therapy (G. Dimaggio), and, broadly speaking, transdiagnostic research on the role of narrative identity (M. Lind) and evolutionary psychopathology (S. Cheli) in understanding IDs. We hope that this question will generate hypotheses for future research, and promote the integration of different perspectives. We also hope that this symposium will inspire clinicians and give them new theoretical and practical tools to think about the role of the interpersonal domain in defining what works and does not in psychotherapy for PDs.

**Interpersonal dynamics in treatment for personality disorder.** *Christopher Hopwood, University of Zurich, Switzerland*

Contemporary Integrative Interpersonal Theory presents a model of personality and psychopathology with direct implications for treatment. In this talk, i will present the interpersonal situation model and how it can be used to generate and test psychotherapy hypotheses. I will also present some data on interpersonal patterns in personality disorder treatment relevant to alliance ruptures, with a specific emphasis on the likelihood of idiographic processes that demand case-specific formulations.



**Interpersonal dynamics in Dialectical behavior therapy.** *Amanda Uliaszek, University of Toronto, Canada*

Dialectical behavior therapy (DBT; Linehan, 1993) can be described as a cognitive-behavioural treatment combining elements of mindfulness, dialectical philosophy, and radical behaviourism. While treating interpersonal dysregulation is a principal concern of many clients receiving this treatment, the interpersonal dynamics of DBT are rarely put in to focus. The present talk will examine the interpersonal dynamic components of DBT from three angles: 1) the role of therapeutic alliance and therapy-interfering behaviors; 2) social roles and interpersonal functioning as therapeutic outcomes; and 3) personality pathology traits – dissociality and detachment – as moderators of treatment satisfaction and acceptability. Results from a transdiagnostic sample receiving DBT in a partial hospitalization program will further elucidate these aims. Further, DBT is unique in its treatment of personality pathology, self-harm, and suicidal behaviors with the inclusion of a skills-based group therapy component, with significant research demonstrating that skills group is a necessary and sufficient component to achieve significant clinical outcomes. A focus on DBT skills group highlights two additional interpersonal dynamic issues. The first is the specific focus on building interpersonal effectiveness skills, consisting of 25% of the content taught in a standard DBT skills group. The second is the complex relationship dynamics that are specific to group therapy – aspects such as group cohesion, relationship building, and attachment. Potential avenues for further research and clinical foci will be discussed.

**Maladaptive interpersonal schemas built around evolved motives: understanding personality disorders from the standpoint of metacognitive interpersonal therapy.** *Giancarlo Dimaggio, Centro di Terapia Metacognitiva Interpersonale, Rome Italy, Angus MacBeth, University of Edinburgh, Marco Del Giudice, University of Trieste*

There is growing consensus that maladaptive embodied schemas about self and others are at the root of personality disorders (PDs),

to the point that some have suggested they would better be named interpersonal disorders. The question is: how to best frame these ideas about self and others so to facilitate case formulation and treatment planning? Here we discuss the idea that is foundational to metacognitive interpersonal therapy (MIT; Dimaggio et al., 2015; 2020) that interpersonal schemas in PDs are built around the prediction that others will fail some of the patients' evolutionarily shaped goals or wishes. One example is when a person seeks appreciation, which means she is guided by social rank, and predicts the other will judge her or spitefully criticize her, consistently by a core belief she holds of being unworthy. The idea here is that, in order to better understand the roots of suffering and social dysfunctions of people with personality disorders, clinicians need to identify their core unmet goals or wishes. Then they can attempt a shared formulation with the patients, so as to help them realize that they are guided by a set of negative predictions that hinder their capacity to see avenues for hope and constructive social action.

**The incremental effect of narrative identity on borderline personality disorder: The interpersonal dynamics of client and therapist in psychotherapy.** *Majse Lind, Aalborg University, Denmark, Kristine Kahr Nilsson, Aalborg University, Denmark, Lennart Kiel, Aarhus University, Denmark, Peter Rasmus Baggins, Aalborg University, Denmark, Ole Karkov Østergaard, Aalborg University, Denmark*

Background: Narrative identity is the dynamic story of a person's past, present, and future and has been found disturbed in several ways in individuals manifesting borderline personality disorder (BPD) (Lind, Adler, Clark, 2020). Traditionally, narrative identity has been studied as an inner and private phenomenon, but lately researchers have emphasized how it is a socially driven process and complements theories like the CIIT (Dunlop et al., 2022). In the present study we examined the interpersonal dynamics of narrative identity in a therapeutic context. Methods: A total of 130 clients received short-term psychodynamic therapy at a university clinic. Clients suffered from a wide range of self- and interpersonal difficulties. Before beginning therapy, all clients were asked to write

a letter elaborating on who they are and their current challenges. After each session, client and therapist were asked to elaborate on a moment in the past session they found particularly helpful. Clients also self-reported features of BPD before and after the therapy terminated. Letters are currently being coded for narrative identity themes of agency, communion, emotional tone adhering to well-established coding manuals. Degrees of agreement between therapist and client in terms of what was helpful have been coded. All data will be coded and analyzed in time for the conference. Results: We expect narrative identity themes higher on agency, communion, and positive tone to predict more change in BPD features from before to after therapy. Secondly, we expect higher agreement between client and therapist within and across sessions to predict lower BPD features but moderated by the client's narrative identity. Topic-modelling will be used to explore similarities/differences in narrative themes between therapist and client as they change throughout the therapy. Discussion: The interpersonal dynamics detected through the narratives and their implications on therapy effect and alliance will be discussed.

**Evolutionary aspects of interpersonal dynamics and personality pathology.** *Simone Cheli, St. John University, Gil Goldzweig, The Academic College of Tel Aviv Yaffo, Tel Aviv, Israel, Veronica Cavalletti, Center for PSychology and Health, Tages Charity, Florence, Italy, Sara Bui, Center for Psychology and Health, Tages Charity, Martin Brüne, Ruhr University*

Personality is considered a set of features based on genetic-driven and culture-driven components that are relatively stable. We suggest that these two intertwined components can be better understood through the theory of evolution. First, we discuss existing evolutionary evidence linking personality traits to psychopathology. Particular attention is dedicated to social brain theory and life history theory, considering their utility in predicting the development of personality traits in our species. We present an unified evolutionary model of personality pathology as the maladaptive structure that emerges from a basic organization of diverse personality traits. The initial organization would be defined by genetic-culture coevolution and specific ecological niches, and

the resulting structure by progressive failures in adaptation. Second, we describe three possible trajectories - from basic organization to maladaptive structures - that are discussed in terms of interpersonal dynamics: namely, internalizing, externalizing, and schizotypal spectra. Rather than distinguishing these spectra based on symptoms or general features, we distinguish them based on distinctive maladaptive responses to interpersonal threats. Preliminary data from an ecological momentary assessment study on patients diagnosed with personality disorders are reported. We suggest at least three possible trajectories in terms of recurrent hyper-affiliative/overcontrolled responses (partially overlapping with internalizing spectrum), antagonistic/impulsive responses (partially overlapping with externalizing spectrum), and threatened/withdrawn responses (partially overlapping with schizotypal spectrum). Third, we introduce Evolutionary Systems Therapy as an integrative form of psychotherapy that is based on this interpersonal evolutionary model. Evidence from a randomized controlled trial and several cases series is discussed, suggesting how an interpersonal evolutionary perspective may foster further research on personality pathology. We suggest that the limited reliability of personality disorders' classification models is consistent with a multi-trait view of human personality and that a focus on trajectories of interpersonal dynamics can inform and guide clinical practice.

Research Symposium  
**Aggression**

Issues regarding psychotherapy and scientific research in forensic psychiatric patients with personality disorders and comorbidity

The forensic psychiatric population is highly heterogeneous regarding type and severity of psychopathology and criminal behaviour. Additionally, the treatment goal within a forensic psychiatric setting is more oriented towards crime prevention rather than addressing mental disorders. Only few well-defined treatments have been developed for the forensic psychiatric population and outcome studies are scarce and heterogeneous regarding research design. In this symposium, five presentations will address the following questions: Can patients with antisocial traits and/or antisocial personality disorders be effectively treated in the forensic setting? If so, which treatment options are feasible for this population. How do you establish an adequate therapeutic relationship with them? How to deal best with the risk of aggression? Can we detect it adequately beforehand? Should first an aggression management training be successfully completed before treatment can commence? Specialized intensive psychotherapies for personality disorders are often challenging to implement in mental health care institutions. A generic intervention, such as the Guideline Informed Treatment for Personality Disorders (GIT-PD), might be a solution for this. The question remains, whether GIT-PD is also feasible for the forensic outpatient population? With regard to scientific research, we like to address whether randomized controlled treatment outcome research is feasible in this setting and what challenges are encountered in doing so? And which outcome measures are most responsive and can best be applied in the forensic population? In the presentations and in discussions with the audience, we would like to reflect on these issues.

**Pathways to antisocial behaviour: a framework to improve diagnostics and tailoring therapeutic interventions.** *Brenda de Wit-Visser, GGZ West-Noord Brabant*

Background The Antisocial Personality Disorder (ASPD), and antisocial behaviour in general, are associated with a significant impact on patients themselves, their environment, and society. Evidence-based treatments are lacking, and scientific research is characterized by contradictory findings on underlying factors of

antisocial behaviour, such as cognitive impairments and mentalizing functioning. This complicates the process of making informed decisions for therapeutic interventions. It also fuels the debate on the accuracy and comprehensiveness of the conceptualization of ASPD in the DSM-5, and whether this population can be considered homogeneous. A new conceptual framework is proposed, describing three pathways to antisocial behaviour, based on the reciprocal altruism theory. Method We conducted a literature review to explore factors contributing to the development and perpetuation of antisocial behavioural problems. Extensive literature research served as the foundation for developing a new conceptual model of different pathways to antisocial behaviour, based on the reciprocal altruism theory. Clustering analyses were employed to investigate the heterogeneity of the antisocial population, aiming to enhance insight into the different dynamics underlying antisocial behaviour. Results We delineated three distinct pathways to antisocial behaviour within a conceptual framework. These pathways present underlying dynamics of antisocial behaviour and are specified by important contributing factors, such as traumatic history, personality traits, mentalizing functioning, impulsivity, and callous-unemotional traits. Several treatment methods were proposed to meet the needs of individual patients. Preliminary findings regarding mentalizing functioning revealed a heterogeneous profile within the antisocial population, underscoring the importance of individualizing interventions. Conclusion The heterogeneity of the antisocial population may explain contradictory research outcomes and limited therapeutic effects observed within this population. A comprehensive understanding of the underlying dynamics of antisocial behaviour improves diagnostics procedures and facilitates the matching of interventions to individual patients.

**Aggressive Incidents by Incarcerated People with Psychiatric Illness and their Relationship with Psychological Symptoms.** *Janneke van Beek, Inforsa*

Background In numerous studies, the consequences of violence within a prison or clinical setting have been examined. These studies show that inpatient violence negatively affects ward

climate, staff safety and has adverse effects on treatment effectiveness. Method A prospective design was used to investigate the relation of current psychological symptoms of incarcerated people with Serious Mental Illness (SMI) and aggressive behaviour on a high security penitentiary psychiatric centre. One hundred sixty detainees with SMI were screened every two weeks with the Brief Psychiatric Rating Scale-Extended (BPRS-E) by trained clinicians, to ensure that the data on psychiatric symptoms were up to date. Aggressive behaviour was registered with the Staff Observation Aggression Scale- Revised. A binary logistic regression analysis was performed to examine the relationships between factor scores of the BPRS-E and aggressive behaviour. Results The BPRS-E factor Hostility was a significant predictor of an increased risk of aggressive behaviour ( $r = .242$ ,  $P = .01$ ). This was also the case for Antisocial traits ( $r = .104$ ,  $P = .04$ ), but the association between positive symptom or manic factor scores and the risk of aggressive incidents were not significant. Conclusion The main findings of this study is that hostility and antisocial traits predict aggressive behaviour in a penitentiary psychiatric clinical centre and not psychotic or manic symptoms. Although our study sample is a specific population with different characteristics than those in general mental health institutions, our findings may still generalize to other populations with positive symptoms and aggression. A clinical implication of these results is that healthcare should not only focus on treating positive symptoms but also on addressing the underlying antisocial attitudes and traits (lack of epistemic trust, hostility) with a relational psychotherapeutic approach in order to mitigate the risk of aggressive behaviour and address issues related to compliance with treatment.

**Establishing an optimal working relationship with patients with an antisocial personality disorder. Aspects and processes in the therapeutic alliance..** *Janneke Aerts, GGZ Westelijk Noord-Brabant*

Background Developing good interpersonal relationships is one of the main impediments for people with an antisocial personality disorder (ASPD). However, in treatment of psychiatric disorders, establishing a strong therapeutic alliance (TA) is important for effective treatment. Nevertheless, there is little knowledge on how

to establish the TA with this challenging patient group. This presentation reflects on what factors are important in TA development. Method In order to obtain detailed insights into the therapeutic aspects and processes that are important in the TA when treating patients with ASPD, a qualitative research methodology is applied. In-depth interviews with patients with ASPD and therapists experienced in treating patients with ASPD were conducted and analyzed through thematic analysis. Results The analysis of the therapist's view revealed four main themes important in alliance formation: patient's needs, regulating interpersonal dynamics, connective attitude, and connective skills. Patient's perspective provides clarity on perceived barriers and what is helpful in lowering these barriers. Conclusions This study determined that, for therapists working with patients with ASPD, several key factors are essential in establishing a strong TA. These factors include the ability to be firm, authentic, non-judgmental and be genuinely involved. An attentive presence is crucial, in which the therapist takes initiative in establishing contact, lowering perceived barriers and makes the patient feel that he is truly seen as an autonomous and equal person. In doing so, the therapist needs to provide clarity and structure and remain perceptive to boundary violations. The therapist must be able to set limits using a clear yet kind tone of voice. Furthermore, it was notable that an intensive appeal is made to the therapist's reflective capacity in these treatments.

**Self-report instruments for outcome measurement in personality disorders treatment: comparative responsiveness and their application in the forensic setting.** *Edwin de Beurs, Universiteit Leiden/Onderzoeksafdeling ARKIN*

Background The assessment of treatment outcome for personality disorders often involves a combination of generic (broad-based) and disorder-specific instruments. The main focus of treatment is personality problems, but usually patients tend to change first and/or foremost on measures of general psychopathology. Comparing these two types of measures directly can help determine which is more sensitive to therapeutic change. Methods Data collected from psychiatric outpatients undergoing treatment



for personality disorders were used to investigate comparative responsiveness. Two pairs of instruments were compared: (1) the generic Outcome Questionnaire (OQ-45) and the disorder-specific Severity Indices of Personality Problems (SIPP), and (2) the generic Symptom Checklist (SCL-90) and the Young Schema Questionnaire (YSQ). Results The OQ's Symptomatic Distress scale showed greater sensitivity to therapeutic change than the SIPP, while the SCL-90 and the YSQ exhibited comparable responsiveness to change. Conclusions Generic measures demonstrated comparable or superior sensitivity to therapeutic change than disorder-specific instruments. These findings highlight the importance of incorporating generic assessments into batteries of self-report questionnaires for evaluating treatment progress in personality disorders. Secondly, potential bias associated with the use of self-report measures in the forensic setting will be discussed. In the forensic setting, Individuals may be motivated to misrepresent their symptoms or behaviour in order to achieve certain outcomes. It is important to carefully consider the context and purpose of self-report assessments in the forensic setting, The pros and cons and alternative sources of information, such as the therapist or independent raters, will be reviewed. It is recommended to use multiple methods of assessment to corroborate findings.

**The feasibility of a guideline informed treatment for personality disorders in a forensic outpatient setting: A pilot study.** *Madelein van Woerkom, Inforsa*

Background The prevalence of personality disorders is very high among the forensic psychiatric population. However, the diagnostic heterogeneity of this population is considerable. There are a few well-defined treatments specifically designed for this forensic population, but their implementation is highly complex. A more generic psychotherapeutic intervention may offer a solution. Therefore, conducting a feasibility study of a guideline-driven treatment for personality disorders (GIT-PD) in a forensic outpatient setting is highly relevant. Methode: In this feasibility study, we included patients divided between a forensic outpatient psychotherapeutic team (FPP) and a Forensisch Flexible Assertive Community Treatment team (FORFACT), each undergoing a 1.5-year

GIT-PD treatment. Every 6 months they filled in two questionnaires about personality functioning. The therapist monitored the risk at criminal behaviour with the FARE (forensic outpatient risk evaluation) instrument. At the end of treatment we also conducted focusgroup interviews with the patients and the therapists. We collect quantitative and qualitative data. This data is reviewed to answer the main research question; is this intervention feasible for patients with personality disorders in a forensic outpatient setting? Results: The majority (83%) of the total ongoing sample (n = 18) are still undergoing GIT-PD treatment. Out of the 18 patients, three (17%) dropped out prematurely. All patients who provided informed consent completed the questionnaires, and the recidivism risk was determined. Most of the patients have a personality disorder with comorbid addiction issues. Additionally, the majority of patients also face societal problems. Conclusion: Preliminary results indicate that forensic outpatient patients with personality disorders and comorbidity can benefit from GIT-PD, regardless of the treatment setting. However, our hypothesis is that severity of comorbid mental disorders and severe social problems may disrupt the course of treatment.

Mechanisms in Treatment of Personality Disorders

Numerous randomized controlled trials (RCT) have confirmed effectiveness of manualized treatments for adults and adolescents with personality disorder (PD). Much less is known about mechanisms of change including moderators and mediators even though this topic has been in the center of attention in psychotherapy research for more than a decade. It has been considered as highly relevant to increase efficacy of psychological therapies for patients with PD by tailoring treatments more individually. The panel starts with a systematic review on mediators and mechanisms of change in psychotherapy for young people with personality disorders. This is of high scientific value since it leads to a better understanding of treatment in this vulnerable patient population. The second talk will focus on emotional arousal (EA) as an integrative mechanism in treatment of PD. EA will be analyzed in two arms of an RCT to disentangle its significance in an evidence-based treatment approach (i.e., general psychiatric management) vs. treatment as usual. The third talk presents data from a large RCT (n=240), comparing 12-months to 6-months dialectical behavior therapy (DBT). By utilizing the Personalized Advantage Index approach, the study reveals specific outcome predictors for optimal treatment length by assessing 26 candidates. A subsample of this RCT was analyzed with respect of the predictive value of defense mechanisms, especially to reveal whether they moderate outcome. The fourth talk will present the results of this study which display that specific immature defenses may serve as an indicator for the requirement of longer treatment duration.

**Mediators and Theories of Change in Psychotherapy for Young People With Personality Disorders: A Systematic Review.** *Jana Volkert, University of Ulm, Germany, Svenja Taubner, University of Heidelberg, Germany, Rasa Barkauskiene, Vilnius University, Vilnius, Lithuania, José M. Mestre, University of Cádiz, Cádiz, Spain, Cécilia Sales, University of Porto, Porto, Portugal, Sonja Protic, University of Applied Sciences, Darmstadt, Germany, Yannick Ioannou, University of Nicosia, Cyprus, Randi Ulberg, University of Oslo, Norway, Erkki Heinonen, University of Oslo, Oslo, Norway*

Background: Personality disorders (PDs) are a serious health problem already prevalent among young adults, and early

identification and intervention can reduce the burden of illness, the chronicity of symptoms, and improve long-term functional outcomes. While psychological treatments for PDs have been shown to be effective in young people, the mediators and specific mechanisms of change of treatment remain unclear. Aim: As part of the European Network of Individualised Psychotherapy Treatment of Young People with Mental Disorders (TREATme), funded by the European Cooperation in Science and Technology (COST), a systematic review was conducted to summarise the existing evidence on mediators of treatment outcome and theories of change in psychotherapy for young people with PDs. In particular, we assess whether mediators appear to be common or specific to particular age groups, treatment models or outcome domains, e.g. psychosocial functioning, quality of life and adverse treatment effects. Methods: The review was registered in PROSPERO (registration number ID 248959). Following the reporting guidelines of the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) statement recommendations, electronic databases (PubMed and PsycINFO) were systematically searched for prospective, longitudinal and case-control designs of psychological treatment studies examining mediators published in English. Participants were young people aged 10-30 years with subclinical personality symptoms or a diagnosis of PD who received an intervention aimed at preventing, improving and/or treating psychological problems. Results: Data analysis is currently being finalised and results will be presented at the conference. The databases with the systematic search and the data set will be made available to other research groups following the recommendations of the open science initiative. Implications: This review will provide a comprehensive overview of the empirical basis for contrasting psychological treatments for young people with PD.

**Predicting Optimal Dialectical Behaviour Therapy Dose for Borderline Personality Disorder Using the Personalized Advantage Index.** *Shelley McMMain, Centre for Addiction and Mental Health, Toronto, Canada, Alexander L. Chapman, Simon Fraser University, Vancouver, British Columbia, Canada, Cathy Labrish, University of Toronto, Canada, Janice R Kuo, Palo Alto University, Jack Keefe, Albert Einstein College of Medicine, at the Psychiatry Research*

Background Psychotherapy is the recommended treatment for borderline personality disorder. However, its widespread accessibility is hindered by the lengthy duration of treatment and the scarcity of therapists with specialist training. Shortening treatment duration is a potential means of improving access. However, research is needed to guide decisions about the optimal therapy dose. Objective The study objective is to provide information that can guide decisions on optimizing the dosage selection of Dialectical Behavior Therapy for the treatment of borderline personality disorder. Methods Data from a study examining 240 patients with BPD randomized to six months versus one year of outpatient DBT were used to predict one-year post-treatment scores on the Borderline Symptom List-23 (BSL-23). Patients were between the ages of 18-65 and had engaged in at least two episodes of self-injury or suicide attempts in the past five years. First, we assessed 26 baseline variables to identify predictors of treatment outcome, irrespective of treatment duration. Then, we assessed the prognostic value (predicted outcome regardless of dosage) and the prescriptive value (moderated treatment response based on dosage) for each variable using the Personalized Advantage Index approach. Results Two prognostic indicators (the SCL-90R-GSI score and the PCL5 total score at baseline) and two prescriptive indicators (the SAS-SR-total score and the NEO-Conscientiousness score) were identified. Patients randomized to their PAI-indicated optimal treatment dose (either six months or one year) had lower BPD symptom severity at one-year post-treatment compared to those randomized to their non-optimal treatment dose. Conclusion Using the PAI, we found that specific baseline characteristics in BPD patients influence response to six months versus one year of DBT. This finding can ultimately inform choices regarding treatment dosage and enhance treatment accessibility.

**Maladaptive Defense Mechanisms Moderate Treatment Outcome in 6 Months versus 12 Months Dialectical-Behavior Therapy for Borderline Personality Disorder.** *Sebastian Euler, University Hospital Zürich, Anna Babl, University of Bern, Switzerland, Esther*

*Stalujanis, University of Zurich, Switzerland, Eliane Dommann, University of Bern, Switzerland, Cathy Labrish, University of Toronto, Canada, Ueli Kramer, University of Lausanne, Shelley McMain, Centre for Addiction and Mental Health, Toronto, Canada*

Objective: We investigated whether defense mechanisms in patients with borderline personality disorder (BPD) predict treatment response of dialectical behavior therapy (DBT) and whether they moderate outcome in different treatment lengths. Method: We analyzed a subsample of 60 outpatients with BPD, randomized into either 6 (n=30) or 12 (n=30) months of DBT. The average level of defensive adaptiveness, assessed with observer-rated overall defensive functioning (ODF) and “immature” (i.e., maladaptive) defenses were used as predictors and moderators of self-reported frequency of self-harm. We conducted a Generalized Linear Mixed Model (GLMM). Results: A lower ODF at treatment onset predicted smaller reductions in self-harm, irrespective of treatment length (IRR=0.92, 95% CI=[0.86, 0.99], p=.020). Lower order “immature” (“major image distorting”) defenses showed significantly smaller (IRR=1.13, 95% CI=[1.06, 1.21], p < .001) and higher order “immature” (“minor image distorting”) defenses showed significantly larger (IRR=.91, 95% CI=[.85, .97], p = .006 ) reductions in self harm in the 6-month but not in the 12-month treatment. Conclusion: Findings might indicate that patients with BPD and lower average defensive adaptiveness may benefit from individualized treatment plans including specific interventions targeting defense function. Furthermore, those exhibiting the least adaptive defenses may require the standard length of DBT to reduce self-harm.

Research Symposium  
***Avoidant Personality  
Disorder***

Metacognitively oriented therapies for personality disorders and comorbid conditions

The capacity to make sense of mental states, both of oneself and of others, and to use psychological information for the sake of purposeful problem solving is named metacognition (Semerari et al., 2003) and is impaired in persons with personality disorders. Therapy needs to consider patients' in session capacity to understand and reason of mental states and be tailored accordingly. Over the years evidence for the effectiveness of metacognitive oriented therapies is growing and in this symposium we present recent evidence. Felix Inchausti will present the outcomes of a RCT of Metacognitive Interpersonal Therapy in Group for Adolescents (MIT-GA); Siri Ormviik will present evidence from a non-controlled study on Metacognitive Interpersonal Therapy in Group (MIT-G) for avoidant personality disorder; Simone Cheli will present findings from an RCT and a few cases series of Evolutionary Systems Therapy targeting schizotypal and detached traits; Gloria Fioravanti will present data from a RCT on Metacognitive Interpersonal Therapy for Eating Disorders (MIT-ED) against CBT-E for persons with comorbid personality disorders. Implications for the treatment of different PD with different comorbidities are discussed.

**Metacognitive Interpersonal Therapy for Eating Disorders (MIT-ED) and comorbid personality disorders vs CBT-E: A pilot randomized controlled trial.** *Gloria Fioravanti, Centro Trattamento Integrato Disturbi Alimentari e Obesità, Raffaele Popolo, Centro di Terapia Metacognitiva Interpersonale, Rome, Italy, Martina Nicolis, Centro Trattamento Integrato Disturbi Alimentari e Obesità, Angus MacBeth, University of Edinburgh, Giancarlo Dimaggio, Centro di Terapia Metacognitiva Interpersonale, Rome Italy*

Eating disorders (ED) are characterized by an alteration of eating habits and excessive concern about weight and body shapes (Fairburn, 2002), accompanied by significant impairment inequality of life and significant high mortality rates. They have a significant comorbidity with personality disorders, something that is usually left unaddressed by available treatment options. We adapted Metacognitive Interpersonal Therapy, a psychological intervention supported by evidence for treating personality disorders and

integrated it with existing CBT techniques for eating disorders (MIT-ED). MIT-ED targets aspects of ED that are not included in the transdiagnostic CBT-E model such as poor metacognition, or maladaptive interpersonal schemas. This is a pre-registered (Protocol number: 0000781) pilot randomized clinical trial aimed at assessing acceptability and feasibility of MIT-ED and establishing preliminary evidence of effectiveness for future larger studies. Twenty patients (10 in each arm) have been randomized to 20 sessions of individual MIT-ED or CBT-E and follow-up has been collected. In the MIT-ED 9 out of 10 completed the protocol, while in CBT-E 5 out of 10 completed it. Primary outcome was ED pathology assessed with the Eating Disorder Examination Questionnaire-6. Other ED outcomes assessed are eating disorder attitudes, clinical impairment and binge eating pathology. Secondary treatment outcomes are anxiety, depression, and global symptomatology. Results will be presented as well with implications for future studies.

**Evolutionary Systems Therapy for Schizotypy: A novel integrative treatment for schizotypal and detached traits.** *Simone Cheli, St. John University, Gil Goldzweig, The Academic College of Tel Aviv Yaffo, Tel Aviv, Israel, Francesco Velicogna, Center for PSychology and Health, Tages Charity, Florence, Italy, Veronica Cavalletti, Center for PSychology and Health, Tages Charity, Florence, Italy*

Schizotypy refers to a wide range of positive, negative and disorganized features. Despite an estimated prevalence of nearly 10% in the general population, little is known about effective treatments. Evolutionary Systems Therapy for Schizotypy (ESTS) is a novel treatment that integrates evolutionary psychopathology, compassion focused therapy, and metacognitively oriented psychotherapy. Its effectiveness has been tested through a randomized controlled trial (RCT) on SPD showing large effect size. Moreover, a few cases series on schizoid and paranoid personality disorder have suggested its feasibility in treating severely detached traits. Cumulatively, ESTS has reported a low attrition rate (<10%) and high rate of remission from diagnosis (>75%). The primary goal of ESTS is to recover the impairment in the capacity to mentalize one's own and other's mental state (metacognition) and engage in



human suffering (compassion). These possible mechanisms of changes have been tested in two large correlational studies. This presentation aims to critically review existing evidence and describe how the four-module structure of ESTS can be applied to different features and traits of schizotypy.

**Efficacy of Metacognitive Interpersonal Therapy in Group (MIT-G) for Patients with Avoidant Personality Disorder (AVPD).** *Siri*

*Omvik, Helse-Bergen HF, Haukeland Universitetssjukehus, Arnheid Kvamme, Kronstad District Psychiatric Center, Haukeland University Hospital, Bergen, Norway, Elfrida Hartveit Kvarstein, University of Oslo, Norway, Geir Pedersen, Oslo University Hospital, Norway, Jörg Assmus, Centre for Clinical Research, Haukeland University Hospital, Bergen, Norway.*

Introduction: AVPD is a common personality disorder, with prevalence estimates ranging from 2-5%. Research on specific treatment for this condition is sparse. In this study, we investigate whether MIT-G is associated with changes in personality functioning, alexithymia, depression and general functioning, and we compare the findings to standard treatment. Additionally, we examine the experience of group relationships. Methods: This is a quasi-experimental study conducted in a psychiatric outpatient clinic in Norway. We included 56 patients with AVPD in the MIT-G condition and compared the results with a sample of 155 matched controls from a national quality register. MIT-G was delivered in 14 group sessions and five individual sessions. Patients completed questionnaires before and after treatment, and at a six-month follow-up. We measured personality with six facets from the Severity Indices of Personality Pathology (SIPP-118), alexithymia with the Toronto Alexithymia Scale (TAS-20), depression with the Patient Health Questionnaire (PHQ-9) and functioning with the Work and Social Adjustment Scale (WSAS). Group relationships were assessed by the Group Questionnaire (GQ). A Linear Mixed Model was used for analysis, controlling for age and sex. Differences in the GQ scores were evaluated using a Welch's t-test. Results: We found significant main effects of MIT-G on TAS-20, four facets of SIPP-118, PHQ-9 and WSAS, and we identified one significant interaction effect on the facet Intimacy in SIPP-118.

Additionally, we found significant interaction effects on PHQ-9 and WSAS. Several subfactors of GQ were rated significantly more positively in the MIT-G condition. Discussion: MIT-G contributed to positive changes in personality functioning at the level of standard treatment and significantly more on the facet Intimacy in SIPP-118. MIT-G participants also experienced greater improvements in depressive symptoms and general functioning. Overall, MIT-G demonstrates promising results in an early treatment phase of AVPD.

**Metacognitive Interpersonal Group Therapy for Adolescents with Personality Disorders: Results from the METAMIND-A Randomized Controlled Trial.** *Felix Inchausti, Department of Mental Health, Child and Adolescent Mental Health Service, Servicio Riojano de Salud, Spain, Nancy V. García-Poveda, Department of Mental Health, Child and Adolescent Mental Health Service, Servicio Riojano de Salud, Spain, Alejandro Ballesteros-Prados, Department of Mental Health, Child and Adolescent Mental Health Service, Servicio Riojano de Salud, Spain, Eduardo Fonseca Pedrero, Department of Educational Sciences, University of La Rioja, Spain, Angus MacBeth, University of Edinburgh, Raffaele Popolo, Centro di Terapia Metacognitiva Interpersonale, Rome, Italy, Giancarlo Dimaggio, Centro di Terapia Metacognitiva Interpersonale, Rome Italy*

Early personality disorder (PD) diagnosis and intervention in adolescence can reduce symptoms and improve prognosis, but both are hampered by difficulties in accessing evidence-based psychological interventions. Following from this, the METAMIND-A trial aimed to examine the feasibility, acceptance and effectiveness of a metacognitively-oriented group psychotherapy for adolescents (MIT-GA) diagnosed with the full spectrum of PDs, excluding antisocial PD. Participants aged 14-18 were randomly assigned to receive a four-month course of MIT-GA or a waiting list plus standard care condition, with a 6-month follow-up. Primary outcomes were overall symptom change and psychosocial functioning. Secondary outcomes focused on depression, treatment acceptability, and parental/caregiver stress and self-efficacy. Metacognition, alexithymia, and impulsivity were examined as potential mechanisms of change. Statistical analyses revealed

significant post-treatment between-group differences favouring MIT-GA on psychosocial functioning, parental/caregiver stress, metacognition, alexithymia, and attentional impulsivity. Limitations notwithstanding, this novel pilot trial provides promising evidence for the effectiveness of MIT-GA in addressing the broad spectrum of PDs in adolescents, warranting further investigation.

Research Symposium  
***Avoidant Personality  
Disorder***

Metacognitively-Informed approaches to Avoidance and  
Detachment in Personality Disorders.

Interpersonal processes and reflective capacity, alongside affect regulation form a core set of psychological processes in Personality Disorders (PDs). Adopting a metacognitively informed approach is relevant to, and consistent with, contemporary diagnostic frameworks for PD including the Alternative Model for Personality Disorder (AMDP) and the ICD-11 PD criteria. Detachment and its constituent components of (social) withdrawal, anhedonia and avoidance of intimate relationships, have previously been viewed as hallmark aspects of non-borderline PDs. Metacognitively informed approaches to psychological therapy have demonstrable effectiveness for these types of presentation. In this symposium we offer a framing of avoidance from a metacognitive perspective, alongside research evidence on outcome and mechanisms. Angus MacBeth will open the symposium with a paper framing avoidance round interpersonal processes and reflective capacities, applying these to contemporary diagnostic models, with recommendations for clinicians. Next, Theresa Wilberg will present findings from an in-depth qualitative analysis of therapy sessions with patients diagnosed with Avoidant Personality Disorder (AvPD). These findings suggest these individuals face difficulties in conveying their personal experiences and expressing “a voice of their own,” which poses a challenge in the therapeutic relationship and requires the patient’s relationship with the therapist to be an explicit therapeutic focus. Following, Maddalena Pinotti presents preliminary findings from an ongoing Randomized controlled trial of Group Metacognitive Interpersonal Therapy (MIT-G) compared with treatment as usual with individuals with broad spectrum PD diagnoses. Primary outcomes are reported for symptoms, social and interpersonal functioning, as well as potential psychological mechanisms of change. Finally, Andrea Passetto will presents findings from a case series of MIT applied to domestic offenders presenting with PD. Throughout the symposium, implications for research and clinical practice will be embedded into the dialogue.

**Avoidance, detachment and metacognitive approaches:  
Conceptualisation for use with contemporary diagnostic  
frameworks.** *Angus MacBeth, University of Edinburgh, Giancarlo  
Dimaggio, Centro di Terapia Metacognitiva Interpersonale, Rome  
Italy*

Avoidance and detachment are key characteristics of personality disorders, particularly in relation to presentations not characterised by emotional instability. Addressing avoidance is also a key therapeutic task within psychological therapies for personality disorder. Contemporary models and diagnostic frameworks for PD including the Alternative Model for Personality Disorder (AMDP) and the ICD-11 PD criteria foreground interpersonal processes and reflective capacities, as do contemporary psychotherapies that work with PD via attendance to both interpersonal and metacognitive processes. In this opening presentation of the symposium, Angus MacBeth will introduce avoidance and detachment via the lens of metacognitive-interpersonal therapy (MIT). The presentation will articulate the techniques of MIT that target avoidance and detachment, further contextualising this within the ICD-11 PD framework. This will set the theoretical backdrop for our following clinical and research findings. Our approach is consistent with MITs integration of research evidence with therapeutic practice.

**Finding a voice: A qualitative investigation of the therapeutic relationship with patients suffering from Avoidant Personality Disorder.** *Theresa Wilberg, Oslo University Hospital, Norway, Juliane Vike Bøe, Oslo University Hospital, Norway, Helene Amundsen Nissen-Lie, Oslo University Hospital, Norway*

**Objective:** The study presents an in-depth qualitative analysis of transcribed audio recordings from therapy sessions with patients diagnosed with Avoidant Personality Disorder (AvPD). Specifically, the focus is on the characteristics and challenges within the therapeutic relationship. **Methods:** This research is part of a larger pilot study on the treatment of AvPD. The dataset comprises four therapy sessions with four patients, in total 16 sessions. The analysis employed Reflexive Thematic Analysis. **Results:** The analyses yielded two meta-themes: (1) Difficulties in conveying personal material and (2) How to get connected? The findings indicate that the patients struggled to share and reflect openly in sessions—often resulting in dialogues characterized by silence, a lack of personal material to work on, and a reduced sense of

alliance. This silence seemed to represent a central therapeutic challenge within the therapeutic relationship, where therapists had to balance the need for help and support with the need for autonomy and a strengthened feeling of agency. The lack of observable ruptures led us to hypothesize that the patients' modus operandi was a detached mode. When the therapist made use of the 'real relationship,' it seemed to affect the vitality and felt security of the patients, promoting therapeutic progress.

Conclusion: The findings indicate that individuals with AvPD face difficulties in conveying their personal experiences and expressing "a voice of their own," posing a challenge in the therapeutic relationship. To mitigate patients' relational cautiousness and detachment, they may benefit from a therapist capable of supporting and scaffolding their efforts towards a strengthened sense of self. The risk of pseudo-alliance or subtle alliance ruptures, which are hard to detect, requires additional attention from the therapist. This further suggests that the patient's relationship with the therapist should be an explicit focus in therapy.

**Metacognitive Interpersonal Therapy in Groups: Feasibility, Efficacy, and New Perspectives.** *Maddalena Pinotti, Università di Verona*

Young adults with personality disorders (PD) require effective psychological interventions to help them navigate important life transitions. Metacognitive Interpersonal Therapy–Group (MIT-G) is a time-limited group program designed to enable individuals to find adaptive solutions to their life difficulties. To date, two randomized controlled trials (Popolo et al. 2019, 2021) and two case series (Inchausti et al., 2022; Popolo et al., 2018) have provided evidence that MIT-G can be effective and well-tolerated in young adults with overcontrolled PD, with significant improvements on primary outcomes of functioning, interpersonal problems and global symptoms, alongside very limited drop-out rates. Trials so far have been conducted with diagnosis of borderline PD as an exclusion criteria. Here we present preliminary results of a pilot RCT of MIT-G versus Treatment as Usual (TAU) which included borderline PD alongside other PDs. Primary outcomes were reductions in social and interpersonal functioning and global suffering assessed with

the CORE-OM and the SCL-90-R. Secondary outcomes were specific symptoms of anxiety and depression, and changes in metacognition, alexithymia and emotion dysregulation. To date, N = 20 participants have been randomly allocated to receive either 16 weekly sessions of MIT-G, plus 3 individual sessions and 10 to TAU+waiting list. We will present the interim results of the study.

**Metacognitive Interpersonal Therapy for Intimate Partner Violence: A Case Studies Series of Persons with Personality Disorders.** *Pasetto Andrea, Spazio di Ascolto NAV, Verona, Giancarlo Dimaggio, Centro di Terapia Metacognitiva Interpersonale, Rome Italy*

Intimate partner violence is a widespread problem that has significant social, economic and psychological impacts. Psychotherapy approaches for perpetrators of intimate partner violence have provided mixed results, with varying degrees of success and the necessity to tailor interventions to individual needs (Karakurt et al. 2019; BUTters et. Al 2020; Cheng et al. 2021). The current challenge is to find effective protocols that reduce violence and produce long-term results in change of perpetrators. Metacognitive Interpersonal Therapy (MIT; Dimaggio et al. 2015; 2020), is a promising intervention, based on evidence from single-case studies on domestic offenders (Pasetto et al, 2021; Misso et al, 2020). MIT focuses on the perpetrators' ability to reflect on own mental states, recognize that they are being driven by interpersonal maladaptive schemas and find effective emotional regulation strategies as an alternative to violence. We present here the results from a series of 3 clinical cases with clinician diagnosed: 1) Narcissistic Personality Disorder, 2) Borderline and Dependent personality disorder, 3) Avoidant and Dependent personality. Each participant completed 24 sessions of MIT. All patients were assessed with PID-5 (Personality Inventory), SCL-90, IIP-47 (Interpersonal Problem Inventory), UPPS-P Impulsive Behaviour Scale, FFMQ (Five Facet Mindfulness Questionnaire), Dirty Dozen and SRP (Self Report Psychopathy Scale). Measures were repeated at the beginning (T0), at one month (T1), at three months (T2), at six months (T3), and at a 2-months follow-up (T4) and Reliable Change Indices were calculated. All patients completed the

treatment and attended to follow-up. At end of treatment no patients met thresholds for violence in any form, all were less impulsive and reported better emotion regulation. We will discuss the results in detail, offering implications for treatment of domestic offenders.



Non-invasive brain modulation techniques in Borderline Personality Disorder: emerging findings and future perspectives

Many patients with Borderline Personality Disorder (BPD) do not fully respond to evidence-based psychotherapies; in addition, no approved psychopharmacological agents are effective in the treatment of BPD. In this context, noninvasive brain modulation techniques (NIBM) are being investigated as potential new therapeutic tools. NIBM aim to safely alter or regulate brain activity through external magnetic/electrical fields or through training individuals to self-regulate targeted brain areas through real-time feedback of local fMRI or EEG signals. This panel illustrates how novel applications of NIBM in BPD can potentially ameliorate BPD symptoms domains. S. Barlati will illustrate how transcranial direct current stimulation (tDCS) targeting right dorsolateral prefrontal cortex could improve core dimensions of BPD by reducing impulsive manifestations – both at behavioral and cognitive level – and aggression. C. De Panfilis will show how tDCS over the ventromedial prefrontal cortex decreases BPD patients' feelings of rejection elicited by both social exclusion and social inclusion, thereby reducing the tendency to feel rejected even when actually included. M. Jindrovà will demonstrate that, in BPD, amygdala real-time fMRI neurofeedback reduces amygdala hyperactivity in response to negative stimuli, increases amygdala-prefrontal connectivity, and improves emotion regulation in daily life. Finally, C. Paret will illustrate that, in BPD, neurofeedback training with amygdala-related electrical fingerprint is also effective in activating brain circuitries involved in emotion regulation (i.e., negative affect, salience, cognitive control). Overall, this symposium provides emerging evidence on the effectiveness of NIBM on specific areas of dysfunction in BPD, suggesting that NIBM techniques could represent promising adjuvant treatments to existing psychotherapies.

**Transcranial Direct Current Stimulation in Borderline Personality Disorder according to a symptom-based approach: Focus on Dorsolateral Prefrontal Cortex Stimulation.** *Stefano Barlati, University of Brescia, Italy, Andrea Zucchetti, ASST Spedali Civili di Brescia, Italy, Lisoni Jacopo, ASST Spedali Civili di brescia, Italy*

Background. Borderline personality disorder (BPD) is a severe mental disorder characterized by several psychopathological

dimensions, largely related to prefrontal cortex (PFC) impairments, such as emotion dysregulation, impulsivity, and neuropsychological impairments. According to a symptoms-based approach, Non-Invasive Brain Stimulation (NIBS) interventions are promising treatment options for core symptoms improving in BPD. However, the heterogeneity of stimulation protocols and of assessment tools limits the possibility to provide definitive recommendations according to a symptom-based approach. Considering the pivotal role of PFC in modulating cognitive functions related to impulsivity and the results obtained from transcranial Direct Current Stimulation (tDCS) application among Substance Use Disorders (SUD), we designed a randomized double-blind trial aiming to investigate whether tDCS could modulate psychopathological core dimensions in BPD. **Methods.** Patients were randomized to receive active-tDCS at 2 mA versus sham-tDCS, once a day for 15 sessions. Anode was placed on the right Dorsolateral Prefrontal Cortex (DLPFC), cathode on the left DLPFC. **Results.** Impulsivity and aggression measures were significantly reduced only in patients treated with active-tDCS. The application of bilateral tDCS targeting right DLPFC with anodal stimulation could improve core dimensions of BPD by reducing impulsive manifestations – both at behavioral and cognitive level – and aggression, probably by restoring the prefrontal activity on subcortical structures, while effects on emotion perception process must be further investigated. **Conclusion.** If confirmed, our results may support the need to rethink the phenotypic liaison between impulsivity and aggression constructs. Furthermore, given the ability to reduce impulsive-aggressive manifestations, risk-prone behaviors, feelings of anger and anxious-depressive symptoms, tDCS may be considered and tested as a potential tool preventing self-injurious or suicidal behaviors. Finally, future investigations involving larger sample size, more rigorous methodology and follow-up are needed to confirm our promising results that, although preliminary, provide insights into novel non-invasive and low-cost approach to treat personality disorders.

**Effect of transcranial direct current stimulation on hypersensitivity to rejection in borderline personality disorder: a double-blind randomized pilot study.** *Alessandro Lisco, University of Parma,*

*Italy, Alessia Gallucci, University of Milano-Bicocca, Chiara Fabietti, Parma Local health Agency, Italy, Annalisa Fornaroli, University of Parma, Emanuele Preti, University of Milano-Bicocca, Italy, Paolo Riva, University of Milano-Bicocca, Italy, Chiara De Panfilis, University of Parma, Italy, Leonor Josefina Romero Lauro, University of Milano-Bicocca, Italy*

Background. Individuals with Borderline Personality Disorder (BPD) show negative emotional reactions to both excluding and including social scenarios, which decrease to levels comparable to healthy individuals only during extreme social inclusion. Among healthy subjects, the right Ventrolateral Prefrontal Cortex (rVLPFC) regulates emotional responses to social exclusion, such that transcranial direct current stimulation (tDCS) of rVLPFC decreases rejection-related emotions following social exclusion. This study investigated whether, in BPD patients, tDCS over the rVLPFC would lead to a decrease in rejection-related emotions not only after actual social exclusion but also after fair social inclusion. Methods. Forty BPD patients were randomly assigned to receive either real or sham tDCS on rVLPFC before being included, excluded, and over-included in the Cyberball paradigm. Participants self-reported their level of rejection-related emotions after each Cyberball condition. Results. Overall, participants reported progressively lower levels of rejection-related emotions from the exclusion, to the inclusion to the overinclusion condition. Real tDCS, compared to the sham stimulation, reduced the levels of rejection-related emotions following both social exclusion and fair inclusion, but not following over-inclusion. Thus, only patients in the sham group reported greater rejection-related emotions after normal inclusion as compared to over-inclusion, while those in the real group reacted to normal inclusion with similar levels of rejection-related emotions than those elicited by overinclusion . Conclusion. tDCS on the rVLPFC reduces BPD patients' unique tendency to feel rejected not only after actual exclusion, but even in fairly including scenarios. These findings confirm the rVLPFC involvement in negative emotion regulation and provides new data on its neuromodulator effects in BPD.

**Real-time fMRI Neurofeedback as a brain modulation technique in**

**Borderline Personality Disorder.** *Miroslava Jindrova, Central Institute of Mannheim, Christian Schmahl, Central Institute of Mannheim, Christian Paret, Central Institute of Mannheim*

Real-time fMRI neurofeedback (rtfMRI-NF), as a neuromodulation technique, has recently become a focus of clinical psychiatry and psychotherapy research. Pioneering studies provide initial evidence that it might play a promising role in future therapies for chronic pain and mental disorders such as depression, schizophrenia, and phobias. One of the common brain targets in rtfMRI-NF is the amygdala, aiming to alleviate depressive symptoms, anxiety, and emotion dysregulation. We have investigated amygdala rtfMRI-NF as a potential treatment tool in Borderline Personality Disorder (BPD), targeting one of the key symptoms of BPD – emotion dysregulation. Amygdala rtfMRI-NF targets amygdala hyperactivity and weak top-down control of the amygdala by the prefrontal cortex. These biological targets have been strongly implicated in emotion regulation. During amygdala rtfMRI-NF, patients learn to voluntarily decrease their amygdala response to aversive pictures when provided with continuous feedback from this region. RtfMRI-NF was associated with the successful down-regulation of the amygdala response and improvement of amygdala-prefrontal connectivity in healthy participants as well as in BPD. A one-arm clinical study in patients with BPD revealed a significant improvement in emotion regulation and reductions in affective instability in daily life after rtfMRI-NF in BPD. The treatment affected emotion processing on several systems levels, including psychophysiology, behavior, and subjective experience. A randomized controlled clinical trial investigating amygdala rtfMRI-NF in BPD as an adjuvant treatment to Dialectical Behavioral Therapy showed no specific neurofeedback effects, possibly owing to a low sample size and insufficient statistical power to reveal moderate effects. We will soon test the clinical effectiveness of amygdala rtfMRI-NF in a multi-center trial in BPD patients.

**Neurofeedback with the Amygdala-related Electrical Fingerprint (Amyg-EFP).** *Christian Paret, Central Institute of Mannheim*

Background: The Amyg-EFP is an EEG surrogate of BOLD activation,

optimized for targeting the amygdala with neurofeedback. Two studies investigating the Amyg-EFP in Borderline Personality Disorder are presented: One study addressing the deep-brain correlates of Amyg-EFP, and a second study investigating neurofeedback (NF) as a means to improve brain self-regulation. Methods: Study 1 combined EEG and simultaneous fMRI to investigate the replicability of Amyg-EFP-related brain activation found in a reference dataset. In the replication dataset, we additionally explored how the Amyg-EFP would map to neural circuits defined by the Research Domain Criteria. Study 2 investigated a 10-session Amyg-EFP NF training in parallel to a 12-weeks residential Dialectical Behavior Therapy (DBT) program. Results: Study 1 replicated previous findings and showed significant amygdala BOLD-activation in a whole-brain regression analysis with the Amyg-EFP. Neurocircuitry activation (negative affect, salience, and cognitive control) was correlated with the Amyg-EFP signal. Study 2 showed Amyg-EFP modulation with NF training. Conclusions: Recorded via scalp EEG, the Amyg-EFP picks up brain activation of high relevance for emotion. Administering Amyg-EFP NF in addition to standardized BPD treatment was shown to be feasible. Clinical utility remains to be investigated. This talk will present current results in context of existing clinical research investigating Amyg-EFP NF.

Parenting with borderline or autism: challenges, strengths and effective support

Borderline personality disorder (BPD) and autism spectrum disorder (ASD) share communalities, such as challenges in interpersonal relationships and difficulties in emotion regulation. Despite distinct underlying causal factors, their behaviours exhibit similarities. Also, deficits in neurocognitive development during childhood may lead to personality disorders during adulthood, which accounts for comorbidity of BPD and ASD. Children born to parents with BPD or ASD face potential risks in terms of poorer health outcomes, including developmental and educational challenges, as well as implications for mental well-being. Parenting with BPD or ASD presents unique challenges, amplifying symptoms and introducing difficulties in emotional stability, navigating interpersonal dynamics, providing empathic responses, and maintaining a stable and secure environment. Despite these challenges, parenting can also be a meaningful experience that contributes to the recovery process, which can be supported by mental health care professionals. Recognizing and addressing the specific needs of parents is crucial for enhancing the quality of care provided. In this context, we aim to present valuable insights into parenting with BPD and ASD from three research groups in the Netherlands. We will provide a comprehensive literature overview on parenting with BPD and ASD; outcome data from a psychotherapeutic day-care treatment for women with (borderline) PD during pregnancy; a patient case and video about (treatment of) PD during pregnancy and the final presentation will focus on The Female Autism Network of the Netherlands (FANN), and results of an online survey to explore the advice received by mothers with ASD and its impact on their parenthood experience.

**Parenting with borderline or autism: a literature review.** *Patricia van Wijngaarden, Dimence*

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comorbidity of BPD and ASD. Children born to parents with BPD or ASD face potential risks in terms of poorer health outcomes, including developmental and educational challenges, as well as implications for mental well-being. Parenting with BPD or ASD presents unique challenges, amplifying symptoms and introducing difficulties in emotional stability, navigating interpersonal dynamics, providing empathic responses, and maintaining a stable and secure environment. In this presentation a literature review will be presented on communalities and differences on parenting with BPD and ASD.

**Daycare treatment during pregnancy for women with personality disorders.** *Carlinde Broeks, NPI, Arkin (The Netherlands)*

In this presentation outcome data will be presented of psychiatric day-care treatment for pregnant women with (borderline) personality disorders at the NPI (Arkin) in The Netherlands. With a prevalence rate of 10-15%, psychiatric disorders during pregnancy and the postpartum period are prevalent. Untreated, they bear health risks for both mothers and their (unborn) children. In clinical practice, psychiatrists and other health care workers, are faced with an estimated 5-25% of women with psychopathology who require more intensive treatment, because of co-existing psychopathology, such as personality disorders or diverse psychosocial problems. This population does not sufficiently profit from routine treatments. Therefore, the NPI, part of Arkin Mental Health in Amsterdam, offers intensive group-based multicomponent day-care treatment for this heterogenous group of women with severe mental health issues. Outcome data of pregnancy daycare treatment on personality functioning and (prenatal) mother-infant bonding will be presented.

**The transition to motherhood of patients with borderline personality disorder: A mentalization based approach.** *Jasmijn de Vos, NPI, Arkin, Roos de Graaf, NPI, Arkin*

The transition to motherhood of patients with borderline personality disorder (BPD) is associated with an exacerbation of symptoms. In clinical practice it's observed that during pregnancy

patients with borderline personality disorder suffer more due to hormonal changes and due to the shift in psychosocial burdens. Furthermore, it's our experience that patients, having the baby in mind, don't want to rely on destructive coping mechanisms such as alcohol or substance abuse or other forms of self-harm. This causes higher levels of arousal which they find difficult to regulate. In the intensive day-care treatment for this group of pregnant women with personality disorders, we offer a variety of treatments (medication, psychomotor therapy, and psychotherapy), all based on principles of Mentalization-Based Treatment. Our treatment goal is to reduce psychiatric symptoms, such as depression and anxiety but also to enhance mentalization of our patients. Mentalizing is the proces of thinking about your feelings and feeling when you think. We experience that with enhancing the ability to mentalize about oneself and important others- such as the baby, but also the partner or father of the child, friends and family-, our patients are more able to understand themself and their needs, as well as others and their needs. This leads to improvement in self-image (?) and important relationships, leading to more resilience within the mother and more holding around mother and child. Furthermore, we focus on preparing patients for the birth of the baby and for the postpartum period. In this presentation we will outline our treatment program and explain which factors are essential in the treatment of borderline patients in the perinatal period. We will present to you a case description and treatment process of one of our patients during het transition to motherhood in which we will highlight the mentalization based interventions.

**Navigating Motherhood with Autism: Unveiling Challenges, Seeking Support, and Advocating for Inclusivity.** *Els Blijd-Hogewys, Aalborg University, Denmark*

Navigating the journey of parenthood is inherently challenging, and when one grapples with autism, an additional layer of complexities unfolds (McDonell & DeLucia, 2021). In such circumstances, it becomes imperative to ensure that adequate support systems are in place. Unfortunately, mothers with autism often find themselves lacking the necessary support, both from professionals and the broader societal framework (Pohl et al., 2020). Regrettably, they



encounter pervasive prejudices and unsolicited advice, ranging from suggestions that they reconsider having children to limiting themselves to just one child. These mothers grapple not only with biased perspectives but also with a barrage of intrusive inquiries. Questions about the likelihood of their child also having autism, doubts about their capacity to provide optimal care, and concerns about establishing a close parent-child relationship become recurring challenges. Recognizing the pressing need to shed light on this issue, the Female Autism Network of the Netherlands (FANN) embarked on an insightful journey. Through an online survey, FANN delved into the comments and advice that mothers with autism receive, unraveling the profound impact on their parenting experiences. This research elucidates the specific hurdles faced by these women and highlights the ripple effect on their journey through motherhood. In addition, FANN gleaned invaluable tips and insights directly from autistic mothers, offering a unique perspective on how societal attitudes and support services can be enhanced. The presentation will not only showcase the research findings but will also weave in real-life patient cases to illustrate the tangible impact of the recommendations on the lives of these mothers. Through this multifaceted approach, the aim is to foster a deeper understanding of the challenges faced by mothers with autism and to advocate for a more inclusive and supportive parenting environment.

Research Symposium  
***Emotion Regulation***

Pathological Narcissism and emotion regulation – Recent research and treatment implications

Pathological Narcissism and emotion regulation – Recent research and treatment implications Elsa Ronningstam, Chair and Discussant 1, Martin Blay, Presenter 2, Marco Disarno, Presenter 3, Anssi Peräkylä, Presenter 4. 1 Harvard Medical School, Department of Psychiatry, McLean Hospital Belmont, MA, USA 2 ADDIPSY, Addictology and Psychiatry Outpatient Center, Santé Basque Développement Group, Lyon, France 3 Department of Psychology, University of Milano-Bicocca, Italy 4 University of Helsinki, Faculty of Social Science, Helsinki, Finland

The introduction of a dimensional diagnostic approach to personality disorders has inspired new research that attend to broader ranges and fluctuations in personality pathology. This is especially important for promoting understanding of emotion dysregulation and fluctuations between grandiosity and vulnerability in pathological narcissism PN and narcissistic personality disorder, NPD. This symposium focuses on recent advances in studies of emotion dysregulation and reactivity in PN. Three researchers present findings highlighting different aspects of emotion regulation, reactivity and expressions. Martin Blay provides a systematic review of studies investigating associations between PN, with or without a diagnosis of NPD, and emotion regulation difficulties or strategies. Results show that emotion dysregulation is highly associated with narcissistic vulnerability and should be considered as an important part of psychoeducation programs and psychotherapeutic treatment strategies designed for this population. Marco Di Sarno presents outlines how trait rejection sensitivity and experiences of rejection are associated with range of factors and trait domains of narcissism in daily life. Using Ecological Momentary Assessment, narcissistic neuroticism was predicting anticipated anger and anxiety related to perceived social rejection. In addition, concerns for rejection were found to be specifically fueled by narcissistic neuroticism and vulnerability. Anssi Peräkylä presents how shameful events are described and regulated by individuals in face-to-face social interactions, and how shame related interactional practices differ between individuals who have either high or low levels of grandiose narcissistic personality traits. Video recorded data were qualitatively analyzed with conversation-analytically informed narrative analysis. Results indicated that individuals high in grandiose narcissistic traits engage in a range of strategies to avoid shame. Elsa Ronningstam discusses specific developmental,

psychological and clinical characteristics of pathological narcissism and NPD that reflect different aspects of emotion dysregulation and reactivity. Influence of predominant attachment, psychophysiological underpinnings and expressive suppression on assessment and treatment is outlined.

**Emotion dysregulation and pathological narcissism: state of the art and future directions.** *Martin Blay, Centre Ambulatoire ADDIPSY, Groupe Santé Basque Développement, Lyon, France*

Martin Blay Presenter Background: Pathological narcissism, PN, is defined as the inability to regulate self-esteem without depending on external validation, admiration, or enhancement, thus resulting in grandiose (e.g, self-enhancement, aggressiveness, manipulation) or vulnerable (e.g., depression, anxiety, self-criticism, avoidance) dysfunctional reactions when confronting with self-esteem threats. Patients suffering from PN often experience emotion dysregulation, theoretically mediated by self-esteem vulnerabilities. A link is suggested between PN and emotion dysregulation, but to date, no systematic review has been conducted. Methods: A systematic review of studies published until 02/2024 investigated the association between PN (with or without a diagnosis of narcissistic personality disorder) and emotion regulation difficulties or strategies. Results: 22 studies were included in our analysis. Altogether, the available data is insufficient to conclude a link between grandiose narcissism and emotion dysregulation in non-clinical population (notably due to different patterns of associations depending on the scale used to assess narcissism). Yet, the few studies conducted in clinical population indicate a possible absence of association between the two constructs. In addition, there is considerable evidence for a positive association between vulnerable narcissism and emotion dysregulation, regardless of the scale used to assess narcissism and the type of population considered. Finally, regarding emotion regulation strategies, there is a trend towards positive association between narcissistic vulnerability and expressive suppression. A holistic model was built to integrate all the current evidence on the causes, mediators, and consequences of emotion regulation difficulties in patients suffering from this disorder. Conclusion: Emotion dysregulation is highly

associated with narcissistic vulnerability and should be considered as an important part of psychoeducation programs and psychotherapeutic treatments designed for this population. Our main goal is to underline the importance of emotion dysregulation in pathological narcissism, an aspect often under-considered despite contributing to significant psychopathological and functional consequences in this population.

**The contribution of narcissistic traits to dispositional rejection sensitivity and momentary perceptions of rejection.** *Marco Di Sarno, University of Milano-Bicocca, Italy*

Marco Di Sarno, Presenter, Fabio Madeddu, Rossella Di Pierro  
Background: Heightened rejection sensitivity characterizes personality pathology. Several studies explore its role in clinical and subclinical forms of borderline personality disorder (BPD), but less is known about its link with narcissism. This contribution investigates how narcissistic traits relate to both trait rejection sensitivity and experiences of rejection in daily life. Recent operationalizations of narcissism consisting of two factors (i.e., grandiose and vulnerable narcissism) or three trait domains (i.e., narcissistic antagonism, extraversion, neuroticism) are both adopted in this study. Method: Community adults completed dispositional measures of rejection sensitivity and personality traits. Then, they initiated a one-week Ecological Momentary Assessment (EMA) and completed measures of perceived social rejection and affective states following any interpersonal interaction. The final sample (N = 189, 149 women) evaluated 2,971 interpersonal interactions (Mean per participant = 15.72 interactions; SD = 7.49, range = 5-42). Regressions and multilevel models were used to investigate the link between narcissistic traits and dispositional or state indicators of rejection. Borderline traits were used as covariates in most models to highlight narcissism-specific associations. Results: As for dispositional rejection sensitivity, multiple regressions indicated that anticipated anger and anxiety for rejection were uniquely predicted by narcissistic neuroticism, as well as by vulnerable narcissism; the latter emotion was also negatively associated with grandiose narcissism. Dispositional expectations of rejection were unrelated to narcissism. As to state rejection, multilevel models

indicated that daily-life perceptions of rejection were only uniquely predicted by borderline traits, with no unique effect of two- or three-factor narcissism scores. Finally, narcissistic traits only marginally amplified some specific affective reactions to perceived state rejection. Conclusion: Different representations of rejection may inhabit individuals with diverse prevailing personality traits: lower thresholds in perceiving rejection characterize BPD, but concern for rejection may be specifically fueled by narcissistic neuroticism and vulnerability. Insights into narcissism-driven self- and other- representations will be discussed.

**Comparison of individuals with high and low levels of narcissistic personality traits on descriptions of shameful experiences.** *Anssi Peräkylä, University of Helsinki, Faculty of Social Science, Helsinki, Finland*

Anssi Peräkylä Presenter Background: This study focused on investigating how shameful events are described in face-to-face social interaction, and how the interactional practices related to description of shame differ between persons who have either high or low levels of narcissistic personality traits. Method: The data set consists of 22 dyadic conversations from a quasi-natural setting, where the participants describe events where they felt ashamed of themselves. The participants were recruited from a larger questionnaire study (n=439) on trait narcissism. We recruited participants who belonged either to the highest 20 % or lowest 50 % in grandiose narcissism, measured with NPI-13 self-report questionnaire. The video recorded data were qualitatively analyzed with conversation-analytically informed narrative analysis. Results: The narratives vary in terms of five dimensions. With individuals high in narcissistic personality traits the default narrative tended to exhibit a cluster of characteristics that gather at one end of these dimensions: 1) weak expressions of shame 2) located in the story-world, 3) low level of reflective ability/reflexivity well as 4) low responsibility of the described event, and 5) a general level of description. Conclusion: Our study introduced a novel way of exploring the ubiquitous and elusive emotion of shame and its regulation in and through narrative interaction. We showed the variance of narrative practices associated to description of shame

and suggested that individuals with higher levels of grandiose narcissistic traits might engage more in the practices that contribute to avoiding shame than their non-narcissistic interaction partners. Our investigation, however, is exploratory and these preliminary findings should be complemented with studies using bigger samples, including examinations of other personality traits.

**Emotion regulation, hypersensitivity, and reactivity – Implications for assessment and treatment of Pathological Narcissism.** *Elsa Ronningstam, Harvard University Medical School, Boston USA*

Elsa Ronningstam Discussant Background: Given the complexity with range and fluctuations in pathological narcissism, PN and narcissistic personality disorder, NPD, it is important to integrate observations from different types of research to further our strategies for assessment and treatment of individuals struggling with this condition. Method: The studies presented in this symposium provide a most relevant overview of focus and methodology in studies of emotions in PN and NPD, ranging from self-reports to time limited transitory self-assessments, to qualitative assessment of individual interpersonal interactions. Research methodology in studies of emotion regulation is a central factor for applying results and promoting different clinical guidance and strategies. Conclusions: Self-report-based studies have contributed to significant awareness and validated the presence of emotion dysregulation, specifically in narcissistic vulnerability, but questions still remain about the specific nature of emotion dysregulation related to narcissistic grandiosity. However, ecological momentary assessment and qualitative assessment of videorecorded narratives and interaction in session can provide more detailed information on emotional expressions and reactivity, on emotional avoidance or suppression, and on processing specific emotions, i.e., shame and anger. This discussion will focus on additional contributing factors to emotion dysregulation in PN and NPD from a clinical perspective, including attachment and reflective ability, sense of identity, interaction between cognitive intellectual perceptions vs emotional or psychophysiological experiences, and the range of accompanying interpersonal reactivity. Emotion regulation also intersects with self-esteem and the interaction

between grandiose/self-enhanced and vulnerable/insecure range of PN and NPD. The results in these presentations point to the significance of understanding and attending to the range and detailed complexity of emotion regulations and reactivity in a dimensional assessment and treatment of PN and NPD, given both the tendencies for expressive suppression as well as related to predominant attachment and psychophysiological limitations.

Research Symposium  
***Self-harm***

Perspectives on severe self-harm in hospital and outpatient settings

Abstract Severe self-harm is an under-researched area, patients represent a small subpopulation of self-harmers, and are often non-responders to traditional treatment interventions. Health risk, service utilization and challenges for patients and health professionals are substantial. This symposium combines three separate projects from Denmark and Norway in order to highlight and differentiate this target group and includes three different perspectives – 1. A more detailed understanding of self-harming patients with extensive hospitalization, focusing on psychopathology, personality functioning, and health service experiences 2. Staff education and management of self-harming inpatients management and 3. Longitudinal course of self-harming during outpatient personality disorder treatment. Results will be presented for further discussion. Presentation 1: Title: “Extreme challenges – Psychopathology and treatment experiences among extensively hospitalized, psychiatric inpatients with severe self-harming behavior” Presenter Tuva Langjord Presentation 2: Title: “Self and interpersonal personality functioning among extensively hospitalized patients due to severe self-harm – results from the Extreme Challenges research project” Presenter Elfrida Hartveit Kvarstein Presentation 3: Title: "Staff attitudes towards self-harm: training and education of inpatient staff in an adult psychiatric setting" Presenter Kristine Høst Poulsen Presentation 4: Title: “Improvement of emotional dysregulation, aggression and self-harming behaviours among people treated within outpatient personality disorder mental health services. A large, longitudinal, multi-centre, observational study (the TREATPD project, Network for Personality Disorder, Quality register)” Presenter: Dag Anders Ulvestad

**Extreme challenges – Psychopathology and treatment experiences among extensively hospitalized, psychiatric inpatients with severe self-harming behaviour.** *Tuva Tuva Langjord, University of Oslo, Norway*

Objectives: Severe self-harm presents extreme challenges for health services and patients. Self-harm is well known within psychiatric populations and associated with mental disorder. Severe self-harm can be seriously mutilating or life-threatening and has been less researched. The project had a twofold objective: 1) Broad



diagnostic investigation of inpatients with severe self-harm, focusing on complex symptomatology; and 2) Exploring experiences with and use of health services, from patient and clinician point of view. Method: A cross sectional investigation in Norway, including patients with frequent (>5) or long (>4 weeks) psychiatric hospital admissions the previous year due to self-harm. Clinicians performed structured assessment of self-harming behaviours, symptom disorders, personality disorders, global and cognitive functioning. Patient self-reports include symptoms, general and societal functioning, and self-harming behaviours. Information on health service use and experience was reported separately by clinicians and patients. The target sample (TS) was compared with an outpatient comparison sample (CS) on a specialist mental health service level recruited from the Norwegian Network for Personality Disorders. Results: Data collection was performed October 2019–June 2021. 12 hospitals involving all health regions participated. In TS, comorbid depression, PTSD, anxiety disorders, and substance use occurred more frequently and in 50%, psychosis/dissociative disorder/autism spectrum disorder/ADHD was reported. Poor satisfaction with health service was found, as was poor patient–therapist coherence, limited treatment alliance and limited follow-up in structured treatments addressing self-harm or intermediary supportive ambulatory/day/inpatient services. All kinds of hospital admissions were more frequent in TS than CS. Compulsory psychiatric inpatient treatment included involuntary confinement (98%) and constraint (76%), with a higher use of public emergency services than the comparison sample. Conclusion: Complex comorbidity, low satisfaction with health services, and frequent compulsory treatment during hospital admissions point to a severe patient subgroup with expected benefit from wide systematic assessment and cooperation between health services.

**Self and interpersonal personality functioning among extensively hospitalized patients due to severe self-harm – results from the Extreme Challenges research project.** *Elfrida Hartveit Kvarstein, University of Oslo, Norway*

Background: Severe self-harm leading to extensive hospitalization generates extreme challenges for patients, families, and health

services, is poorly represented in research literature, and is the target of the Extreme Challenges project. Recent studies presented in this symposium, document a subgroup of severely self-harming inpatients with globally impaired personality functioning, complex mental disorder and poor response to former outpatient and inpatient treatment intervention. The present study aims to further investigate aspects of personality functioning that may facilitate severe self-harm development. Objectives: To investigate self and interpersonal functioning among patients extensively hospitalized due to severe or frequent self-harming behaviours and compare with patients with self-harming behaviours admitted to outpatient personality disorder treatment. Hypothesis: In light of former findings, the target group is expected to have 1) greater impairment of interpersonal functioning and close relationships as compared to the outpatient comparison group, and 2) comparable impairments of self-functioning aspects. Method: A cross sectional study (period 2019–2021) targeting psychiatric inpatients (>18 years) with frequent (>5) or long (>4 weeks) admissions last year due to self-harm. The target sample (N=42 from 12 hospitals across Norwegian health regions) was compared to patients with self-harming behaviours last six months admitted to outpatient personality disorder treatment within specialist mental health services in the same period (N=145 of total N=389). Information on self-harm and psychopathology was based on clinician administered interviews and patient self-report. Aspects of self and interpersonal functioning were based on patient self-report using standardized, validated instruments (LPFS-BF, SIPP-118, CIP, DERS, ECR, TAS-20). Results: Will be presented for discussion. Clinical relevance: The target group represents poorly functioning non-responders within mental health services. The study sheds light on the need for careful patient assessment and results may impact needs for treatment development, such as format requirements, therapy focus and style of intervention.

**Staff attitudes towards self-harm: training and education of inpatient staff in an adult psychiatric setting.** *Kristine Poulsen, SDU, Denmark*

Background: Self-harm is a strong predictor for later suicide and is

associated with high feelings of stress and negative attitudes among health care professionals. Negative attitudes and burden among staff are believed partly to be due to the lack of training and education. Staff become frustrated when the behavior seems to escalate and we see high incidents of coercive measures associated with self-harm. Most documented treatments for patients engaging in self-harm is found in outpatient settings and research and clinical experience suggest that those caught in a cycle of severe self-harming behavior often become excluded from outpatient treatment. Aims: This psychometric study aimed to translate and validate the Self-Harm Antipathy Scale questionnaire (SHAS) in Denmark, thereby investigating staff attitudes towards self-harm. This study is part of a larger study where we aim to investigate the impact of staff training and education on outcomes of coercive methods and work related injuries concerning self-harm in an adult inpatient psychiatric setting. Method: A training and education program regarding self-harm was developed for inpatient and outpatient staff in Mental Health Services EAST, Region Zealand. The SHAS questionnaire was translated to Danish and given to all participating staff (N = 261) before the program started. The sample was examined for structural validity, internal consistency reliability, and criterion validity. Results: Results on reliability and validity of the questionnaire will be presented. Moreover, preliminary data about staff attitudes will be presented. Clinical relevance: Research shows promising results in terms of changing staff attitudes, knowledge and confidence in relation to self-harm when providing staff education and training. However, there seems to be a lack of research showing how this translates into outcomes. Hence this study aims to contribute to the field of knowledge concerning self-harm, thereby ensuring better treatment in the future

**Improvement of emotional dysregulation, aggression and self-harming behaviours among people treated within outpatient personality disorder mental health services. A large, longitudinal, multi-centre, observational study.** *Dag Anders Ulvestad, University of Oslo, Norway*

Background: Evidence-base on personality disorder (PD) is largely

limited to studies of borderline (B) PD although health services reflect patients with a broader range of PD conditions. Further research is needed to understand severity and treatment challenges in clinically representative patient populations. Aims: To investigate problems of emotionally driven loss of impulse-control, aggression, and self-harming behaviours among patients referred to regular specialist level PD services, change during treatment, and differences according to PD severity and PD type. Material and method: The study includes 1051 patients treated in 2017-2022, (mean duration: 15 (SD 9) months, drop-out rate 12%), 30% with personality difficulties below PD threshold. Among PDs, 31% had BPD, 39% Avoidant, 15% not otherwise specified, 15% other PDs, and 24% > one PD. Emotional dysregulation (DERS impulsivity), aggressive and self-harming behaviours (MOAS) were repeatedly assessed throughout treatment. Linear mixed models were the main statistics. Preliminary results: A majority reported problems of aggression and/or self-harming. Aggressive behaviours were more common than self-harming. The presence of any PD, PD comorbidity, and increasing PD severity (number of criteria across categories) were all associated with more severe initial problems of emotional dysregulation, aggression, and self-harming. Among patients with initial problems, approximately two-thirds experienced improvement of MOAS and DERS impulsivity during treatment. BPD and younger age were both uniquely associated with high initial problem levels and rates of change during treatment. BPD effect sizes were large. Conclusion: Our findings suggest that problems of emotional dysregulation, aggression and self-harming are more severe among younger adults and people with BPD, but are also encountered across PD conditions, and can be well addressed in treatment. The findings and implications for future research will be discussed.

Research Symposium  
***Depression***

Qualitative research about patients' and therapists' perspectives on personality disorder change progression, treatment and its challenges.

In order to optimize the treatment effects of personality disorders (PD), clinical knowledge and patients' experience must be involved in the research process. Qualitative research enables to increase our understanding about the measures and numbers demonstrated by quantitative research. Clinical relevant questions that remain unanswered and that can be explored by qualitative methods involve how patients experience their mental growth during and after treatment, what are experienced to be the factors of successful treatment and how do clinicians decide about treatment indication? This symposium features four studies that focus on the patients and therapists' perspectives on personality disorder (PD) treatment and its challenges: the course of mental growth after ending treatment from the patients' experience, understanding factors for successful schema therapy, uncertainties in the treatment of patients with personality disorder and autism and therapists' decisions on treatment selection. The studies utilize qualitative research methods: 1) thematic analysis of interviews to explore interpersonal dynamics during psychotherapy; and 2) concept mapping, a structured mixed method in order to organize diverse ideas into an understandable and coherent framework to generate hypothesis. By combining these qualitative methods and research interests relevant to personality disorder research, the symposium aims to showcase the relevance of qualitative research for answering clinically relevant research questions.

**Understanding how change progresses after ending psychotherapy for personality disorders and co-morbid depression from the patients' point of view..** *Hannah van den Eshof, NPI, Arkin*

Background Long-term effects of psychotherapy are understudied. In the context of personality disorders (PD), psychotherapy presumes to induce changes in longstanding maladaptive patterns that may promote to decrease symptoms. Our aim was to explore patients' personal experiences of change processes over a longer period of time after ending psychotherapy. Methods Semi-structured interviews were conducted with 15 participants who

have had completed schematherapy or psychodynamic supportive psychotherapy as part of a randomized controlled trial three years prior. Participants were at the start of treatment diagnosed with depression and co-morbid PD. The data was analysed using reflexive thematic analysis. Results Preliminary findings revealed how former patients perceived continuing changes in different areas of their life, in understanding oneself, relating to others, a changed perspective on recovery. They experienced significant moments over time related to a sense of recovery such as behaving in a different way or no longer being afraid of relapse. A complex and personal interaction of time, treatment and relational processes were experienced as related to these changes. Conclusions The findings provide insight into personal change processes that people who were previously diagnosed with PD and co-morbid depression have experienced, in relation to treatment and daily lives. Most former patients experienced a sense of recovery despite still struggling with symptoms. Implications for clinical practice are discussed, such as for routine outcome monitoring (ROM).

**Understanding factors for successful schema therapy for (comorbid) depression: a concept mapping study with clinicians and researchers..** *Reine Ramaekers, Maastricht University, The Netherlands*

Background In recent years, much attention has been devoted to understanding predictive factors associated with the effects of depression treatments. Studies suggest predictors such as biological, psychosocial, and environmental factors. However, some factors might be difficult to quantify and might leave out knowledge that professionals gain through their experience. Additionally, as schema therapy is not typically a first treatment for depression symptoms, little is known about what contributes to a successful schema therapy for (comorbid) depression. This project collects expert knowledge in a partially qualitative manner identifying factors associated with positive treatment outcomes for schema therapy for depression. Methods We obtained expert knowledge with concept mapping, a method for collecting and organizing ideas. Ideas were gathered online and in a face-to-face format.

Clinicians and researchers responded to a prompt about factors that may positively relate to treatment outcomes in schema therapy for (comorbid) depression: " What does it take for schema therapy for depression to be sufficiently effective? Participants then clustered these factors according to themes rated how important these factors were for a successful schema therapy versus another depression treatment. Results Clinicians and researchers were able to identify 50 factors that contribute to making a schema therapy for depression sufficiently effective. Participants also clustered these factors and indicated which factors were more important than others and which factors were specific to schema therapy rather than any psychotherapy. Conclusions Clinicians and researchers are able to identify factors that contribute to successful schema therapy for (comorbid) depression. These factors contribute to the few information that is available on successful schema therapy for (comorbid) depression by adding knowledge of experts by experience and adding factors that are measured qualitatively.

**Navigating uncertainties in the treatment of patients with personality disorder and autism..** *Maarten van Westen, Altrecht*

Background Recently, there has been an increase in the amount of people with both a personality disorder (PD) and autism spectrum disorder (ASD). Clear guidelines on how to treat these patients are currently lacking. Methods In-depth interviews with 10 professionals working in PD-specialized teams in the Netherlands (AMBIT and GIT-PD). We focused on their experiences of treating patients with PD and ASD and how these experiences have shaped their treatment decisions. Through Thematic Analysis recurrent themes were abstracted from the data. Results With PD+ASD patients, compared to patients with PD, professionals experience a reduced efficacy of their standard interventions and a different balance in the therapeutic alliance. As a result they experience varying degrees of uncertainty (*handelingsverlegenheid*), for instance with regard to their own role, patients' capacity for mentalizing and whether group therapy is too overwhelming. Professionals respond differently to this feeling of uncertainty. Some try to avoid these patients altogether, others adapt to a more

facilitating role, and others developed (group) interventions through trial-and-error and by expanding their theoretical knowledge. Conclusions We note that these different responses to uncertainty are related to situated experiences in professionals' personal histories. We relate this to theoretical work on the Enactive Mind, which focuses on sense-making, as an embodied, situated and participatory phenomenon. Based on discussions with people with expertise by experience (*ervaringsdeskundigen*), we propose ways for professionals to have such experiences that make them sensitive to the lived experience and lifeworld of patients with ASD and PD, for instance visiting a patient at home and observing their daily routines, to understand all the work they have to do before a treatment session has started.

**How do therapists decide what treatment to select for people with personality disorders? A qualitative analysis with a Reflective Lifeworld Approach (RLA)..** *Ido van der Krieke, PPO Groningen, Verslavingszorg Noord Nederland (VNN)*

Background There are multiple evidence-based psychotherapies for people with personality problems (or personality disorders), but there are no evidence-based guidelines to help decide which specific type of psychotherapy should be given to a specific patient. Nonetheless, selections for treatment are made in clinical practice every day. Our aim is to examine this practice. Methods We conducted 13 in-depth interviews with psychotherapists/clinical psychologists working in the field of personality problems, in different settings and locations in The Netherlands. Within a phenomenological approach and following the 'Reflective Lifeworld Approach', we study both how therapists decide which type of psychotherapy to select as well as how they experience this process of selection. Results Preliminary findings show multiple themes in the process of selecting patients for specific types of psychotherapy. First analysis suggests that therapists use different heuristics, personal preferences and practical considerations to guide the selection process. There seems to exist consensus to explicitly involve the patient in the selection of the type of psychotherapy. First analysis show that therapists have varying experiences with the process of therapy selection. Risks and threats



within the process of therapy selection are thematised. Conclusions  
Findings give insight in the process of selecting specific types of  
psychotherapy for patients with personality problems and  
explicates a mostly implicit process. Suggestions for application in  
daily practice are given, as well as suggestions for follow-up studies.

Research Symposium  
***Dialectical Behavioural  
Therapy***

Recent Advances in Dialectical Behaviour Therapy for Borderline Personality Disorder

Over three decades of research on DBT for borderline personality disorder (BPD) demonstrates that treatment is effective. Nonetheless, there are challenges with DBT to be addressed. Challenges include the need to improve suboptimal outcomes for specific subgroups, particularly those exposed to trauma, the need to improve overall functioning, and a limited understanding of the mechanisms of change of DBT and how to enhance the efficiency of treatment. Healthcare providers delivering DBT also need to be able to identify areas for improvement and make data-driven decisions to optimize outcomes. This panel explores research advancements that address these topics, ranging from treatment adaptations for trauma-exposed individuals with BPD, strategies to improve disability, identifying mechanisms of change, and establishing benchmarks to define performance. Research conducted by Bohus and colleagues considers findings on the long-term follow-up of trauma-adapted DBT for complex trauma as well as the moderators and mediators of treatment outcomes. As the mechanisms of action in DBT remain unclear, Mehlum investigates the utilization of skills and emotion regulation strategies as potential mechanisms of long-term changes in DBT for adolescents. Soler addresses the challenge of prolonged disability in BPD and examines the effectiveness of integrating positive psychology techniques to enhance treatment outcomes in DBT. Finally, Swales and colleagues sought to define benchmark values for treatment outcomes in DBT across an international sample. The generated knowledge holds potential for a treatment that is more effective and efficient treatment.

**How to Target PTSD in Clients with Borderline Personality Disorder.** *Martin Bohus, Heidelberg University, Germany, Ruben Vonderlin, Heidelberg University, Germany, Nikolaus Kleindienst, Heidelberg University, Germany*

About 50% of patients meeting the criteria for BPD also meet the criteria for PTSD, mostly related to childhood sexual abuse. There is strong evidence, that standard DBT is insufficient for this population. Accordingly, we developed DBT-PTSD as a specific adaptation for this group of clients. Sequelae of sexual abuse are often characterized by dysfunctional memory processing (e.g.

intrusions and flashbacks), severe problems in affect regulation (e.g. intense and maladaptive emotions), negative self-concept (e.g. guilt, shame, and self-hate), problems in social interaction (e.g. mistrust, alienation) and complex dysfunctional behavioral patterns like self-harm, suicide attempts or aggressive outbursts. To target these core domains, DBT-PTSD merges evidence-based therapeutic strategies: principles and skills of DBT, trauma-specific cognitive and exposure-based techniques, imagery interventions, and behaviour change procedures. The treatment program is designed to be delivered under both outpatient (45 weeks) and residential (three months) conditions. Data from two large RCTs reveal large effect sizes in all relevant domains ( $g=1.4$ ) and significant superiority of DBT-PTSD to Cognitive Processing Therapy (CPT). The presentation will reveal new data on long-term outcomes, as well as mediator and moderator variables.

**Skills use and emotion regulation capacity as mechanisms of long-term change after DBT for suicidal and self-harming behaviour.**

*Lars Mehlum, University of Oslo, Norway, Iselin S. Dibaj, National Centre for Suicide Research and Prevention Institute of Clinical Medicine University of Oslo, Egil Haga, University of Oslo, Norway*

Self-harming behaviour (encompassing both suicidal and non-suicidal behaviour) is among the most common features of patients with Borderline Personality Disorder (BPD), but also among the problems clinicians find most challenging to treat. Dialectical Behaviour Therapy (DBT) is currently the BPD specific treatment method with the strongest evidence base for its effects on self-harm, but less is known about mechanisms through which these effects are exerted. The present study reports on a 12.4 years adult life follow-up of participants ( $N=77$ ) who had been on average 15.6 years at the time of their completion of either DBT adapted for adolescents or enhanced usual care (EUC) and who were assessed through interviews and self-reports at multiple time points with a retention rate of 80 % at the final follow-up. The mean frequency of deliberate self-harm during the final follow-up period of 9 years was 25.1 ( $SD=67.3$ ) in the DBT-A group and 60.3 ( $SD = 154.9$ ) in the EUC group. The area under the curve difference between the linear

trends in DBT-A and EUC groups was 5869 episodes, corresponding to 90 episodes less per person in the DBT-A condition over the entire post-treatment time-period. Both treatment groups showed increased functional coping skills (measured through the DBT-WCCL) from adolescence to adulthood, while only DBT-A was associated with decreases in dysfunctional coping. Both post-treatment self-harm remission and post-treatment use of fewer dysfunctional coping strategies in adolescence predicted improved emotion regulation capacity in adulthood. Early change in target behaviours such as self-harm and negative coping strategies achieved in psychotherapy with adolescents can have long-term consequences for emotion regulation capacity and self-harming behaviours in adulthood. This study suggests the importance of not only increasing functional coping in adolescents in therapy, but also achieving early reductions in problem behaviours that might otherwise maintain pervasive patterns of emotion dysregulation.

**DBT combined with positive psychology.** *Joaquim Soler, Hospital de la Santa Creu i Sant Pau*

Long-term follow-up studies have shown that the symptoms of borderline personality disorder (BPD) tend to remit over time. However, many patients present long lasting symptoms (LLS), including low mood, emptiness, and persistent impairment in psychosocial adjustment over time. Given the high rate of LLS in BPD patients, new treatment strategies are needed. First, we conducted a qualitative study to examine the feasibility and acceptability of a dialectical behavioral therapy (DBT), positive psychology and contextual based expanded-skills intervention. Later, we evaluate in a clinical trial the efficacy of this novel intervention for patients with persistent symptoms. Thirty individuals with BPD and LLS, who had previously received DBT-ST, participate in the qualitative study and sixty were recruited and randomized to receive the experimental intervention or treatment as usual (TAU) for 12 weeks. All participants of the randomized clinical trial were evaluated pre- and post-intervention and at 3-months follow-up. The primary outcome measure was self-reported well-being. We also evaluated other clinical variables, including depressive symptoms, BPD symptoms, functionality, self-

compassion, and self-criticism. Participants in the experimental arm showed a significant increase in indicators of well-being (e.g., happiness and quality of life) and a significant decrease in depressive symptoms. These results were sustained—and even continued to improve—at the three-month follow-up. No significant changes were observed in BPD severity, self-criticism, or self-compassion. More studies are required to test the efficacy of new interventions targeting this population with persistent symptoms in order not only to reduce symptoms but also to promote well-being and personal recovery.

**Benchmarking DBT: empirical and peer benchmarks for routine clinical practice in the UK.** *Julieta Azevedo, Bangor University, Diogo Carreiras, University of Coimbra, Portugal, Raquel Guioma, University of Coimbra, Portugal, Caitlin Hibbs, Bangor University, Josh Osborne, Bangor University (UK), Michaela Swales, Bangor University*

A solid body of evidence has shown that Dialectical Behavioural Therapy (DBT) is an efficacious treatment for people with BPD and has demonstrated transdiagnostic efficacy in different clinical settings. Implementing effectiveness and efficacy studies alters the buy-in of the organisations, which may inflate the outcomes observed in routine clinical practice. Our project entailed establishing and comparing benchmarks of DBT routine practice in the UK with empirical outcomes and with peers delivering the same intervention. This initiative aims to provide a way for teams to benchmark their outcomes and reflect on ways to improve their performance. DBT teams are asked to collect data on borderline symptoms using the Borderline Symptom List (BSL), on health-related quality of life using the EQ-5D-3L and on changes in emotion regulation using the Difficulties in Emotion Regulation Scale (DERS) through an online benchmarking tool. This platform facilitates the monitoring of client outcomes and changes within programmes, enabling a comparison of their performance against the findings from Randomized Controlled Trials (RCTs) and effectiveness studies, and against their peers. More than 100 teams are currently registered in the benchmarking project, with assessments conducted for more than 1300 clients at baseline. The presentation

will provide an overview of the project, introduce the benchmarking website, and present empirical benchmarks derived from published RCTs and effectiveness studies, as well as peer benchmarks derived from outcomes reported by the enrolled teams. The peer benchmarks pertain to DBT interventions for adults and adolescents throughout the UK.

Research Symposium  
**Assessment**

Recent Advances in the Assessment of Mentalizing and Epistemic Trust in Studies of Personality Pathology

Mentalizing (Mz), the capacity to understand others and oneself in terms of mental states, and epistemic trust (ET), the capacity to identify knowledge conveyed by others as personally relevant and generalizable to other contexts, are two related constructs that are central to the understanding of personality pathology (Luyten et al., 2020). Both are considered fundamental human functions that are essential for social learning and self-organization. Importantly, both Mz and ET tend to be impaired in various psychological disorders, most notably personality disorders (Luyten et al., 2020). Despite advances in their assessment, measures of Mz and ET tend to be limited in their generalizability (most are administered in controlled, rather than naturalistic, settings), labor-intensity (most are interview-based), and contexts in which they are administered (few have been applied in treatment studies). The current symposium includes studies that attempt to address these limitations. First, Carla Sharp will present findings of three studies in which an interview-based and/or a questionnaire-based assessment of parental mentalizing was used with the ultimate goal to examine the overlap and unique contribution of these measures and determine the readiness of the questionnaire-based assessment for use. Next, Yogev Kivity will present a pilot study of a novel assessment method of mentalizing in daily life using audio-recorded description of mental states that were collected using ecological momentary assessments. Adequate convergent validity was observed, and features of borderline personality disorder (BPD) tended to predict larger fluctuations in daily mentalizing. Then, Frederik Weischer Frandsen will present an ongoing study that used a transcript-based instrument to assess therapists' epistemic style and how ET is related to therapist interventions, based on verbatim transcripts of mentalization-based treatment for BPD. The symposium will conclude with an integrative discussion and Q&A led by Patrick Luyten, a world expert on Mz and ET.

**The assessment of parental reflective function: Advantages and disadvantages of self-report vs. interview-based**

**assessment.** *Carla Sharp, Department of Psychology, University of Houston, Houston, TX, US, Madeleine Allman, University of Houston, Breana Cervantes, University of Houston, Tess Gecha, University of Houston*

Developed to mirror the assessment of reflective function in adults, the Parent Development Interview (PDI) was developed by Aber, Slade, and colleagues (1985) to assess reflective functioning in caregivers through narrative coding. Due to its labor-intensive nature, the Parental Reflective Functioning Questionnaire (PRFQ, Luyten et al., 2017) was developed to offer a more feasible alternative. In this talk we offer the findings of three studies in which one, either or both assessment tools were used with the ultimate goal to determine the readiness of the questionnaire-based assessment for use. In the first study, 88 Orphans and Vulnerable Children were recruited in South Africa and a translated version (into Sesotho) of the PRFQ was administered at baseline and 12 months to caregivers undergoing a mentalization-informed intervention vs. Treatment as Usual. While findings showed improvements in observed/coded caregiving quality and child mental health outcomes as a result of the intervention, caregiver reflective function was not increased. Additionally, internal consistency for the PRFQ was low, potentially indicating problems with cultural appropriateness of the measure in South Africa. In the second study, 119 mothers of adolescents from both a clinic-referred and normative community sample were interviewed using the PDI. Results showed that maternal reflective functioning (MRF) significantly predicted adolescent borderline features and level of personality functioning, and PDI scores were significantly higher for adolescents below the clinical cut-off on personality disorder than those above. In a third study, 231 mothers of whom 66 had a current or prior diagnosis of borderline personality disorder completed the PRFQ, and a measure of parent emotion socialization and maternal personality pathology. Results showed that only the pre-mentalizing subscale of the PRFQ moderated the relationship between personality functioning and problem-focused reactions to children's negative emotions. Conclusions and implications for the assessment of parental reflective function are discussed.

**Capturing a Mentalized Moment: A Pilot Study of the Psychometric Properties of a Novel Assessment Method of Mentalizing in Daily Life in Relation to BPD Features.** *Yogev Kivity,*



*Bar-Ilan University, Noa Steinberg, Bar Ilan University, Rotem Moshe-Cohen, Bar Ilan University, Leeav Sheena, Bar Ilan University, Israel*

Aim: Mentalizing, the capacity to consider mental states, is a fundamental and essential capacity that is associated with mental health. Studies mostly assess mentalizing in lab, neglecting its ecological aspects and short-term fluctuations. The current study presents preliminary psychometric findings from a novel method of assessing mentalizing dynamics in daily life. We also examined how daily life mentalizing is related to features of borderline personality disorder (BPD) which is known to show mentalizing impairments. Method: Twenty non-clinical participants were interviewed for mentalizing capacity and completed self-report measures of mentalizing and BPD features at baseline. Then, participants completed a weeklong ecological momentary assessment (EMA) including six daily surveys of self-reported mentalizing and audio-recorded descriptions of current mental states, and a continuous assessment of stress using wearable devices. Narrative materials were coded using an observer-rated measure of mentalizing. Results: Completion rates were high (M = 94%; NEMAs = 726). Lab and EMA-based observer-rated mentalizing were moderately correlated ( $r = .41$ ). About 67% of the variability in observer-rated mentalizing was at the within-person level and inter-rater reliability was fair (.50 – .57). Better momentary self-reported mentalizing predicted better momentary observer-rated mentalizing. Better momentary observer-rated mentalizing predicted greater stress levels. BPD features tended to predict larger fluctuations in momentary observer-rated mentalizing. Conclusions: The novel method provides an ecological way to assess momentary mentalizing with adequate convergent and predictive validity. The preliminary findings show that mentalizing is highly dynamic in daily life and suggest that these dynamics are possibly related to momentary stress and BPD features.

**Therapists' ability to foster epistemic trust – analyzing the language of MBT with the Therapist attunement scales (TASc).** *Frederik Weischer Frandsen, University of Copenhagen, Denmark, Alessandro Talia, University of Lausanne, Stig Poulsen,*

*University of Copenhagen, Denmark, Fredrik Falkenström, Linköping University, Stockholm, Swede, Sebastian Simonsen, Stolpegaard Psychotherapy Centre*

**Aim:** The aim of this presentation is investigating MBT interventions through the lens of the Therapist Attunement Scales (TASc).

**Methods:** The TASc is a transcript-based instrument that assesses therapists' epistemic style, based on verbatim transcripts of single therapy sessions. Therapist interventions can be assigned a marker that is associated with one of five scales: Self-state conjecture, Emphatic validation, Joining, Detaching, Coercing. Therapists are assigned an epistemic style as balanced, avoidant or coercive based on the configuration these subscales. The TASc will be used on both 1) prototypical MBT interventions from an expert MBT clinician and 2) on a sample of 12 individual treatments with 2 sessions from each (one beginning and one end session), included from a RCT.

**Results:** 1) Prototypical MBT interventions coded with the TASc will be discussed with a focus on similarities/differences between prescribed MBT interventions and the language of therapists with different epistemic styles. 2) Results on the degree of stability of therapists' epistemic styles across the 12 treatments will be presented. **Conclusions:** Our research is ongoing, and data will be fully analysed and ready for presentation by the first quarter of 2024. Accordingly, we will state the following hypothesis: 1) We expect to find that typical MBT interventions will include markers found in the language of therapist with balanced epistemic styles. We also expect to see that some interventions that does not impact the evaluation of a therapists' epistemic style in the TASc, is seen as crucial in MBT. 2) We expect to find that therapists' epistemic styles are stable across treatment, with minor variations in the types of markers found between beginning and end of treatment.

**Recent Advances in the Assessment of Mentalizing and Epistemic Trust in Studies of Personality Pathology - Discussion.** *Patrick Luyten, KU Leuven*

Patrick Luyten is considered a world expert and a thought leader in the topics of mentalizing, epistemic trust and personality pathology. He has written extensively and conducted numerous studies on

these topics. Prof. Luyten will provide an integrative discussion of the talks in this symposium, identifying broad conclusions, limitations, and future steps. Prof. Luyten will also lead a Q&A-based discussion with questions and comments from the audience.

Research Symposium  
**Families**

Strengthening families impacted with BPD in diverse relationship settings: drawing on therapeutic, peer and group processes for improved outcomes

BPD involves intense and volatile relationships. These symptoms are challenging for the individual and also for those supporting them. Knowing that individual and family wellbeing are intertwined, we will highlight interventions that target different members of the family environment to demonstrate the two-fold impact on those with the disorder and their families. Ms Tess Gecha will present on strengthening families by increasing the mentalizing capacity of mothers with BPD. She will review findings from a study looking at the acceptability and feasibility of Mediation Intervention for Sensitizing Caregivers in mothers with BPD. Findings will include both strengths and challenges for parenting when having BPD. Ms Christiane Devaud will present survey results from Family Connections peer facilitators who learned DBT skills for their family situations and who now share them with others. Findings show how skills help them regain balance and provide ongoing support for improved outcomes. Ms Lynn Courey will share survey data from individuals with BPD, demonstrating the powerful impact on their interpersonal relationships after family members have learned DBT skills to improve family well-being. Dr Amanda Uliaszek will highlight methods of community engaged research and discuss baseline findings related to emotion profiles of family members in an ongoing survey-based effectiveness study of the Family Connections(TM) program in Canada. Dr. Carla Sharp, discussant, will synthesize the key findings of these talks in relation to the goal of improving overall family functioning.

**Strengthening families by increasing the mentalizing capacity of mothers with BPD.** *Tess Gecha, University of Houston, Kiana Cano, University of Houston, Carla Sharp, Department of Psychology, University of Houston, Houston, TX, US*

Tess Gecha will discuss strengthening families by increasing the mentalizing capacity of mothers with BPD. She will review findings from a study looking at the acceptability and feasibility of Mediation Intervention for Sensitizing Caregivers (MISC) in mothers with BPD. Findings will include both strengths and challenges for parenting when having borderline pathology.

Objectives: 1. Show the impact that BPD can have on the experience of parenting. 2. Present an alternative treatment option for families with mothers with BPD.

**Increased family member effectiveness through increased engagement: increasing empowerment and mastery through involvement in helping other families acquire skills and hope.** *Christiane Devaud, The Sashbear Foundation*

Christiane Devaud will highlight and analyze the results of quantitative and qualitative survey data collected from family members supporting a loved one with BPD who are involved as peer facilitators in delivery of the evidence-based Family Connections program. Family Connections, an adaptation of dialectic behavior skills training for family members, is proven to decrease experience of burden, depression and grief and an increase in coping strategies (Flynn et al, 2017). Ms Devaud will also share insights from the family member's perspective about the impacts on their own well-being as family members and on their relationships with the person with BPD, as a result of ongoing engagement with DBT skills by sharing them with other family members in a supportive community environment. Findings show that family members experience an increased sense of balance in their lives, an increased ability to support their loved one and others outside their immediate family, and improved relationships. Objectives: 1. Show how family member engagement as Family Connections (FC) facilitators impacts their own wellbeing and their ability to help others in similar situations. 2. Demonstrate the impact of being an FC facilitator on their relationship with a member of their family that is struggling with BPD. 3. Share the results of the impact of facilitator's engagement on the quality of their own support network.

**Emotion Profiles in the Families of People with Borderline Personality Disorder and Emotion Dysregulation.** *Amanda Uliaszek, University of Toronto, Canada*

Family members contribute to the treatment gains and overall functioning of people with symptoms of borderline personality

disorder (BPD). In addition, family members often experience significant feelings of burden, depression, shame and grief. This emotional load may further worsen or impede communication and interpersonal relationships with the loved one in their care, contributing to a worsening of symptoms for all involved. Family Connections™ [FC], a peer-led, education, skills, and support program derived from Dialectical Behaviour Therapy (DBT), demonstrates significant, positive effects on family members. While this evidence is encouraging, further research is essential to understand mechanisms of change in FC, as well as the emotional profiles and vulnerabilities of those family members who choose to enter the program. This information, paired with treatment goals, may prove to be potent moderators of treatment outcome, predicting aspects such as attendance, attrition, and treatment success. It is also unclear whether researchers have engaged with peer leaders and family members to formulate research questions. Community engaged research of this kind provides for an equitable, informed research design that directly impacts services provided. The present project involves a study of over 100 family members participating in virtual FC groups across Canada. Participants represent multiple diverse identities, with research questions and methods derived from a community-engaged research design. Specifically, our focus on hope, anger, and shame as primary constructs of interest have been derived from our community partners. To assess these emotion constructs, as well as replicate and extend on past research, we will assess family members about to begin in the FC program with a questionnaire battery including measures of emotion dysregulation, anger, shame, hope, grief and depression. The current talk will highlight methods of community engaged research and discuss baseline findings from the study related to emotion profiles and dysregulation in this treatment-seeking sample.

**Impact of skillful family environment on individuals with BPD: transforming family environments with skills and hope.** *Lynn Courey, The Sashbear Foundation*

Lynn Courey will discuss the positive impact of improved family skills and knowledge on individuals with BPD whose family

members attended the evidence-based Family Connections skills program through The Sashbear Foundation in Canada. Ms Courey, President and Co-founder of Sashbear, will describe the origins of her organization after the tragedy of losing a child with BPD to suicide, after years struggling to find and access appropriate services. Supported by other family members, she created the organization to fill this gap and provide free services and resources to family members supporting an individual with BPD, an underserved population. Currently, Sashbear delivers the evidence-based Family Connections(TM) program to over 1000 family members each year across Canada. Through additional group programs and lecture presentations, they impact an additional 15,000 family and community members. Research shows that when families gain skills and understanding, this improves their own well-being and can improve family functioning. There is, however, very limited research on the impact of peer-delivered family programs on outcomes for individuals with BPD. A pilot study of family members attending Family Connections (FC) in Canada revealed that participants found the FC group had a positive impact on their well-being and also noted clinical improvements for their loved ones with BPD. The results suggested that particular variables such as peer leadership, skills-based learning, and focus on caregiver wellness—rather than on the person with a diagnosis – may explain improved outcomes of this family intervention. (Martin et al 2020) The current talk will discuss survey results showing the impact of family members using skills learned from peer-led Family Connections programs, in their interactions with a member of their family that is struggling with emotion dysregulation is significant. The improvements are apparent in all areas including family environment, skillfulness during crisis, and interpersonal relationships.

Research Symposium  
**Assessment**

The Clinical Utility of the Alternative DSM-5 Model for Personality Disorders (AMPD)

This symposium addresses different aspects pertaining to the clinical utility of the Alternative DSM-5 Model for Personality Disorders (AMPD). Weekers et al. conducted a head-to-head comparison (N=119) between assessment according to the AMPD and the categorical model for personality disorders. The study did not find any differences in how clinicians and their patients perceive the clinical utility of the two models. However, the alliance with the assessor appeared to be a significant factor in how patients perceive clinical utility of the assessment. Gouwy et al. demonstrated the clinical utility of the AMPD trait model in a sample of forensic psychiatric inpatients (N=60). Pathological personality traits were evaluated using the Personality Inventory of DSM-5 (PID-5). The study revealed unique associations between PID-5 facets and clinical aspects central to risk assessment and patients' readiness for societal reintegration. Buer Christensen et al. and Nysæter et al. conducted a study on the prognostic capability of the DSM-5 Level of Personality Functioning Scale (LPFS) in a long-term perspective (8 years). The LPFS was assessed using the SCID-5-AMPD-I in a sample of former patients with various levels of personality problems. Buer Christensen will present the findings of a interrater reliability study using a test-retest design of a subsample of this follow-up examination (N=60). Nysæter will present preliminary results of the 8-year follow-up investigation (N=140) with special focus on whether the LPFS is a predictor of long-term psychosocial functioning and how the LPFS changes in relation to treatment provided during an eight-year period of time.

**Comparing the Clinical Utility of the Alternative Model for Personality Disorders to the Section II Personality Disorder Model: A Randomized Controlled Trial.** *Laura Weekers, De Viersprong, Joost Hutsebaut, Tilburg university, Jan Henk Kamphuis, University of Amsterdam, Hilde De Saeger, Psychotherapeutic Center De Viersprong*

Background: The alternative model for personality disorders (AMPD) has been extensively studied over the past decade, but to date there is no direct comparison of the clinical utility of the AMPD model relative to the Section II personality disorder (PD) model in



an ecologically valid design. The current study examined the clinical utility of an AMPD-informed assessment procedure and Section II PD assessment procedure as assessed by both patients and clinicians in a randomized controlled trial. Methods: A sample of 119 patients were randomly assigned to either an AMPD or a Section II PD assessment procedure. At the end of the assessment, patients filled out questionnaires pertaining to clinical utility, satisfaction, motivation for treatment, and general experience of the assessment. Clinicians who subsequently started treatment with these patients also completed two clinical utility questionnaires. Results: There were no significant differences between the AMPD and Section II PD assessment procedure on patients' reported clinical utility, motivation for treatment, satisfaction, and general experience of the assessment nor were there significant differences between the models on clinician reported clinical utility. Explorative analyses revealed that, for patients, a positive relationship with the assessor was predictive of experienced utility. Conclusion: This study shows no superiority of the AMPD in terms of clinical utility but suggests that the alliance with the assessor is a particularly salient factor in clinical utility.

**A forensic-psychiatric lens on the clinical utility of the AMPD: Are self-and other reports on the PID-5 informative to understand daily adaptation and estimated risk?.** *Marie-Céline Gouwy, Ghent University, Belgium, Mieke Decuyper, Thomas More University of Applied Sciences, Steven Degrauwe, Sint-Kamillus, Bierbeek, Barbara De Clercq, Ghent University, Belgium*

Evaluation of the mental state of forensic-psychiatric patients forms an important process-based component of the policy in these specialized mental health care units, and is necessary for several decision processes regarding orientation and temporary (supervised) leaves. In the present study, we explore to what extent information derived from both self and mentor reports on the PID-5 are related to (1) daily adaptation at the ward and (2) three pragmatic components of risk assessment that are assumed to be necessary for societal integration, represented by citizenship, belonging and self-management. Sixty forensic psychiatric patients (90% male, mean age 50.15 years) of different long-stay units in

Flanders provided self-reports on the PID-5 and a contextualized measure of adaptation (ForTax), and were also rated on this same PID-5 measure by their direct mentor. A third informant, involved in standard risk assessment, was asked to rate each of the patient's capacities for citizenship, feelings of belonging and self-management. Results showed important and unique associations of fine-grained personality pathology facets with both adaptation and estimated risk, and indicate that the AMPD represents a useful surplus value in the psychological profiling of offenders who are found not criminally responsible due to severe mental illness.

**Test-retest evaluation of SCID-5-AMPD Module I: Preliminary results from the NorAMP eight years follow-up study.** *tore Buer Christensen, Sørlandet Sykehus Arendal, Tor Erik Nysæter, Sørlandet Hospital, Norway, Sara Selvik Germans, Norwegian University of Science and Technology, Tordheim, Norway, Ingeborg Ulltveit-Moe Eikenæs, Oslo University Hospital, Norway, Katharina Teresa Enehaug Morken, Haukeland University Hospital, Ingvild Aurebekk, Ostfold Hospital Trust, Norway, Muirne Paap, University of Groningen, Netherlands, Benjamin Hummelen, Oslo University Hospital, Norway*

Eight years ago, the Nor-AMP study was conducted in Norway, examining the reliability and validity of the Level of Personality Function Scale (LPFS). This evaluation was based on the SCID-5-AMPD-I and a clinical population (N = 282), capturing the whole range of severity of personality pathology. In this study, evaluation of inter-rater reliability (IRR), measured by a test-retest design revealed that some subdomains could be complex to rate reliably. However, a limitation in this IRR-study was the sample size (N = 33), which appeared to be too small to attain an optimal precision of the estimates. The primary aim of the eight years follow-up study is to clarify whether the LPFS is a useful diagnostic measure with respect to its predictive validity and ability to capture personality change meaningful in clinical practice. Again, we will evaluate the IRR based on the SCID-5-AMPD-1, using a short-interval test-retest design. A test-retest method also provides the opportunity to examine the screening properties of the eight initial questions of the SCID-5-AMPD-1, as the second rater is blind to the results of the first rater.

Currently, more than 50 participants are included, and we will hopefully recruit enough participants to provide sufficient precision (CI < 0.5) and thereby generalizability. We hypothesize that the LPFS overall will provide good estimates of reliability, but also assume that for some of the elements within the LPFS, the estimates will be weaker and thereby should be looked further into. We also expect a high degree of correlation between a global score based on the initial questions, and the score based a complete evaluation. Estimates will be presented and the results will be discussed.

**Preliminary data from the NorAMP eight-year follow-up study – Level of Personality Functioning as a prognostic factor for psychosocial functioning.** *Tor Erik Nysæeter, Sørlandet Hospital, Norway, tore Buer Christensen, Sørlandet Sykehus Arendal, Muirne Paap, University of Groningen, Netherlands, Sara Selvik Germans, Norwegian University of Science and Technology, Tordheim, Norway, Ingeborg Ulltveit-Moe Eikenæs, Oslo University Hospital, Norway, Katharina Teresa Enehaug Morken, Haukeland University Hospital, Ingvild Aurebekk, Ostfold Hospital Trust, Norway, Benjamin Hummelen, Oslo University Hospital, Norway*

A recent review of the clinical utility of the AMPD concluded that there is good evidence for the model's clinical utility and ability to inform clinical management. However, there is a lack of studies addressing the central requirement of a diagnosis; the ability to provide information about prognosis and clinical course, including psychosocial functioning and occupational status. Such studies require a longitudinal design using structured diagnostic interviews and large clinical samples. One of the main aims of this study is to determine whether the LPFS is a predictor of long-term psychosocial functioning and how the LPFS changes in relation to change of psychosocial functioning and treatment provided during an eight-year period of time. The Norwegian Multicentre study of the AMPD (NorAMP) initially enrolled 282 participants, all of whom were subsequently invited to participate in the eight-year follow-up examination. Inclusion started in May 2022, and by September 2024, we anticipate that approximately 145 participants will be included in this follow-up examination. The LPFS is assessed using

the first module of the Structured Clinical Interview for the DSM-5 AMPD (SCID-5-AMPD-I), administered online by experienced clinicians. These clinicians also document the type and intensity of treatments received over the past 8 years, alongside occupational status and use of welfare services during the preceding year. Psychosocial functioning is assessed by self-report questionnaire, i.e., the Work and Social Ability Scale. Regression analysis will be used to examine whether psychosocial functioning at eight-year follow-up can be predicted by LPFS scores at baseline and treatment received over the preceding eight years. Preliminary results will be presented.

Research Symposium  
***Developmental  
Psychology***

The EARLY Project: Investigating risk factors, early signs and developmental course of impaired personality functioning in children and adolescents in different cultural settings

The diagnostic criteria for Personality Disorders (PD) in the DSM-5 AMPD and ICD-11 have undergone significant changes, emphasizing personality functioning (criterion A) and maladaptive traits (criterion B) as crucial diagnostic indicators. This shift not only informs the identification of PD but also provides insights into what constitutes a healthy personality. Also, there will no longer be an age limit to diagnose PD. From a developmental perspective, this change is pivotal, as it is yet unclear if and how impairment in personality functioning manifests itself in children and adolescents. Detecting risk factors or early signs of impaired personality functioning in children and adolescents is envisioned as a foundation for future preventive interventions. Within the framework of the multinational EARLY Project, risk factors, early signs and developmental course of impairment in personality functioning shall be investigated longitudinally in different cultural settings. To achieve this, instruments assessing personality functioning as well as maladaptive traits and borderline features are culturally adapted in different countries. In this symposium we aim to give a first overview of the psychometric properties of different language versions of these instruments.

**Assessment of impairment in personality functioning and maladaptive traits in self-report and parent-report in school and clinical samples in Switzerland..** *Gresa Mazreku, Youth Forensic Clinic, Psychiatric University Clinic, Basel, Switzerland, Marc Birkhölzer, Psychiatric University Hospitals Basel, Kirstin Goth, University Clinics Saarland, Homburg, Germany, Klaus Schmeck, Psychiatric University Hospitals Basel, Basel, Switzerland*

Objective: The diagnostic system to diagnose Personality Disorders (PD) has changed fundamentally with the ICD-11 and is almost identical to the Alternative Model of Personality Disorders (AMPD) and herein the Levels of Personality Functioning (LPF) concept. Inspired by the DSM 5 LPF concept, our workgroup developed the LoPF-Q 12-18 self-rating questionnaire and the LoPF-Q 6-18 parent-report to capture impairment in personality functioning (Criterion A). Also, together with the original authors we developed the

PID5BF+M A self-rating and the PID5BF+M CA parent-report to assess maladaptive traits (Criterion B) according to the DSM-5 AMPD/ ICD-11 criteria. All instruments were validated in a mixed clinical and school sample of 6 to 19 year olds. Methods: A group of n = 355 students and a group of n = 272 clinical cases and their parents were assessed using the LoPF-Q 6-18 parent-report and self-rating and PID5BF+M A self-rating and the PID5BF+M CA parent-report. The clinical sample consists of n=56 PD patients. Item selection was based on item-level differentiation between the school sample and the PD sample, discriminatory power on scale and main scale level and Item hit-rate according to the belonging scale. Results: The LoPF-Q 6-18 parent-report shows good to excellent scale reliabilities with Cronbachs Alpha ranging from .88 to .92 and differentiates highly significantly between PD patients and students. The PID5BF+M CA parent-report shows good to excellent scale reliabilities with Cronbachs Alpha ranging from .79 to .89. The PID5BF+M A self-rating shows good scale reliabilities with Cronbachs Alpha ranging from .72 to .84 and differentiates highly significantly between PD patients and students. Conclusion: The LoPF-Q 6-18 parent-report as well as the PID5BF+M A self-rating and the PID5BF+M CA parent-report are valid and useful to detect impairment in personality functioning and maladaptive traits in a sample of 6-19-year-olds.

**Assessing Personality Functioning and Maladaptive Traits in children and adolescents using informant report in a Turkish sample.** *Sefa Cosgun, Private Clinic Istanbul*

Background/Objective: The diagnostic criteria for personality disorders in DSM-5 AMPD and ICD-11 have undergone significant changes, emphasizing personality functioning (criterion A) and maladaptive traits (criterion B) as crucial diagnostic indicators. From a developmental perspective, this alteration is pivotal, holding equal importance for both families and clinicians in detecting risk factors or early signs of impaired personality functioning. Increased awareness of impaired personality development is envisioned as a foundation for future preventive interventions. To achieve this, assessing impaired personality development is essential before implementing strategies to foster healthy development or to

prevent unfavorable development Method: Building on the DSM 5 AMPD concept, the LoPF-Q 12-18 self-rating questionnaire and the LoPF-Q 6-18 parent-report (Mazreku et al., 2023) were developed to capture impairment in personality functioning in children and adolescents. In cooperation with the original authors of the PID-5, they also created the PID5BF+MA and PID5BF+M CA IRF scales to assess maladaptive traits in children and adolescents. The aforementioned instruments were translated and culturally adapted into Turkish and their psychometric properties were evaluated. Differences and correlations concerning self-report and informant report but also correlations to internalizing and externalizing symptoms using the SDQ scales are presented.. Results: Preliminary findings of the psychometric properties of the Turkish version of the LoPF-Q 6-18 parent rating, the LoPF-Q 12-18 self-rating, the PID5BF+MA and PID5BF+M CA IRF are presented. Also, we will present preliminary results of the Turkish versions in different age groups as well as results in a mixed clinical and school sample of 6 to 19 year olds in relation to categorical PD criteria and among different diagnostic groups concerning self-rating and parent-rating. Conclusions: Clinical implications and future directions stemming from the findings will be discussed.

**Assessment of personality functioning and maladaptive personality traits in self-report and informant report in school and clinical samples: Preliminary results of the psychometric properties of the Slovenian versions of the LoPF-Q 6-18 PR, PID5BF+M+A and PID5BF+M+CA.** *Ana Gregorec, University Medical Center Maribor, Sara Plakolm, University Medical Center Maribor, Hojka Kumperscak, University Medical Center Maribor*

Background/Objective The diagnostic criteria for personality disorders in DSM-5 AMPD and ICD-11 is shifting towards a dimensional understanding of personality disorders (PD), with both models including levels of personality functioning (criterion A) and maladaptive personality traits (criterion B) as diagnostic indicators of personality pathology. Newly developed diagnostic instruments aim to detect risk factors or early signs of impaired personality functioning, with the goal of developing and implementing timely preventative interventions. Increased awareness of impaired

personality development is envisioned as a foundation for future preventive interventions. Valid and useful instruments intended to capture impairment in personality functioning and a unique configuration of maladaptive personality traits are needed to detect at risk individuals or those with emerging PD in adolescence.

**Method** In accordance with DSM 5 AMPD concept, the LoPF-Q 12-18 self-rating questionnaire (Goth et al., 2018) and the LoPF-Q 6-18 parent report (Mazreku et al., 2023) were developed to capture impairment in personality functioning in children and adolescents. In cooperation with the original authors of the PID-5, they also developed the PID5BF+MA (self-report) and PID5BF+M CA IRF (parent-report) scales to assess maladaptive traits in children and adolescents. The aforementioned instruments were translated and culturally adapted into Slovenian language and their psychometric properties were calculated. Results We will present preliminary results of the psychometric properties of the Slovenian versions of the LoPF-Q 6-18 parent rating, LoPF-Q 12-18 self rating (short version), PID5BF+MA (self rating) and PID5BF+M CA IRF (parent rating). Also, we will present preliminary results of the Slovenian versions in different age groups as well as results in a mixed clinical (different diagnostic group) and school sample of 6 to 19 year olds in relation to categorical PD criteria. Conclusions Clinical implications and future directions will be discussed.

**Assessing Personality Functioning and Maladaptive Traits in children and adolescents using informant report in a Mexican school and clinical sample..** *Moises Kassin Nahmad, Universidad Iberoamericana, Colegio Hebreo Monte Sinai*

**Objective:** The diagnostic criteria for Personality Disorders in DSM-5 AMPD and ICD-11 have undergone significant changes, with a focus personality functioning, i.e. Identity, Self-Direction, Empathy, and Intimacy and maladaptive traits as crucial diagnostic indicators. Also, age-limitations to diagnose PD are omitted. This makes early detection of risk factors and signs of impaired personality functioning the more important. Awareness concerning impaired personality development is envisioned as the foundation for future preventive interventions. To accomplish this goal, it is imperative to assess impaired personality development before implementing



strategies to promote healthy development or prevent unfavorable outcomes. Method: The LoPF-Q 6-18 parent report (Mazreku et al., 2023) was designed to assess impairment in personality functioning in children and adolescents. In collaboration with the original authors of the PID-5, they also developed the PID5BF+MA and PID5BF+M CA IRF scales to evaluate maladaptive traits in this population. The LoPF-Q 12-18, along with these additional scales, has been validated in Mexico by Kassin et al. (2018). The instruments were translated and culturally adapted into Spanish (Mexico) and their psychometric properties were examined. The study presents findings on differences and correlations between self-report and informant report, as well as associations with internalizing and externalizing symptoms using the SDQ scales. Results: The psychometric properties of the Spanish Mexico versions of the LoPF-Q 6-18 parent rating, the LoPF-Q 12-18 self-rating, the PID5BF+MA, and PID5BF+M CA IRF are outlined. Additionally, preliminary findings for the Spanish Mexico versions across various age groups and within a mixed clinical and school sample of 6 to 19-year-olds will be presented. These results will include an examination of categorical personality disorder criteria and comparisons among different diagnostic groups concerning self-rating and parent-rating. Conclusions: The aim is to show how these questionnaires can be used for initial detection of impairment in personality functioning.

Research Symposium  
***Avoidant Personality  
Disorder***

The Effectiveness of Radically Open Dialectical Behavior Therapy for Personality Disorders

Radically Open Dialectical Behavior Therapy (RO DBT) is a transdiagnostic treatment that targets a spectrum of disorders characterised by maladaptive overcontrol, including refractory depression, anorexia nervosa and cluster A and C personality disorders (PD). Although RO DBT shares some similarities with DBT, it is significantly different and considered a new treatment (Lynch, 2018a, 2018b). RO DBT targets social signalling behaviour and aims to help clients activate their social safety, increase flexibility, enhance openness, and form close social bonds. Studies have demonstrated the effectiveness of RO DBT for clients with chronic depression (Lynch et al., 2003; 2007; 2020), anorexia nervosa (Baudinet et al., 2020; Baudinet et al., 2021; Chen et al., 2015; Isaksson et al., 2021; Lynch et al., 2013), autism spectrum disorders (Cornwall et al., 2021) and mixed diagnoses (Keogh et al., 2016). In this symposium, Dr Roelie Hempel will present data showing that clinician-assigned treatment allocation to RO DBT, DBT, or Cognitive Analytic Therapy (CAT) aligns with PD clients' self-assessment-based clusters of overcontrolled, undercontrolled and less severe symptoms. Marianne Vestentoft will present new data demonstrating the effectiveness of RO DBT for avoidant PD. Jacob Sander Hansen will demonstrate that treatment dosage did not significantly affect treatment outcome for their clients, while the absence (versus presence) of co-existing post-traumatic stress disorder led to significantly better outcomes in clients with avoidant PD. Finally, Dr Julian Baudinet will demonstrate that social relationships may be an important protective factor against depressive symptoms for adolescents with overcontrol characteristics.

**The effect of Radically Open Dialectical Behaviour therapy avoidant personality disorder functioning.** *Marianne Birgit Vestentoft, Psychotherapeutic Outpatient Clinic, Mental Health Centre Glostrup, Mental Health Services of the Capital Region of Denmark, Jacob Sander Hansen, Psychotherapeutic Outpatient Clinic, Mental Health Centre Glostrup, Mental Health Services of the Capital Region of Denmark*

Objectives: Avoidant personality disorder (AVPD) is considered a

neglected disorder and knowledge about effective treatments is sparse. This study aims to analyse the effect of radically open dialectical behaviour therapy (RO-DBT) on personality functioning in patients with AVPD from pre- to post-treatment. Methods: Participants were recruited from the Psychotherapeutic Outpatient Clinic, Mental Health Centre Glostrup, part of the Mental Health Services of the Capital Region of Denmark (MHS). The number of sessions in RO-DBT were reduced to fit the treatment packages for AVPD in MHS: 12 individual sessions and 24 in skills class. All analyses were carried out for patients providing both start and end data, which consisted of self-reported level of personality functioning from the Personality Disorder Severity-ICD-11 scale (PDS-ICD 11) and trait domain specifiers from the Personality Inventory for ICD-11 (PiCD). Results: A total of 29 patients consecutively referred were included in this preliminary analysis. The dropout rate was 21 % (n = 6). There was a significant positive change in level of personality functioning pre- to post-treatment measured by the PDS-ICD-11,  $t(24) = 2.58$ ,  $p = .02$ ,  $d = .52$ , 95% CI [0.09, 0.93]. The two trait domain specifiers measured by the PiCD and known to be positively correlated with AVPD were significantly reduced namely Negative Affectivity,  $t(24) = 2.34$ ,  $p = .03$ ,  $d = .47$ , 95% CI [0.05, 0.88] and Detachment,  $t(24) = 2.24$ ,  $p = .04$ ,  $d = .45$ , 95% CI [0.03, 0.86]. Conclusion: Participation in a modified version of RO-DBT leads to significant reductions in level of personality dysfunction and traits associated with AVPD for patients with AVPD seen in an outpatient clinic. RO-DBT appears promising as treatment for AVPD.

**Implementing Radically Open Dialectical Behaviour therapy in clinical practice for avoidant personality disorder.** *Jacob Sander Hansen, Psychotherapeutic Outpatient Clinic, Mental Health Centre Glostrup, Mental Health Services of the Capital Region of Denmark, Marianne Birgit Vestentoft, Psychotherapeutic Outpatient Clinic, Mental Health Centre Glostrup, Mental Health Services of the Capital Region of Denmark*

Objectives: Radically open dialectical behaviour therapy (RO-DBT) has shown efficacy for treatment of disorders of overcontrol in randomized controlled trials. There is lack of knowledge of factors

influencing treatment outcome in clinical practice. The current study aims at exploring the respective effects of attendance, having same individual therapist as skills class trainer, co-existing PTSD or autism spectrum disorder (ASD) on treatment outcome. Methods: Participants were recruited from the Psychotherapeutic Outpatient Clinic, Mental Health Centre Glostrup, Mental Health Services of the Capital Region of Denmark (MHS). The number of sessions in RO-DBT were reduced to 12 individual and 24 skills class sessions. Analyses were carried out for all patients providing both pre and post data. Treatment outcome was measured by change in self-reported level of personality functioning from the Personality Disorder Severity-ICD-11 scale (PDS-ICD 11) pre- to post-treatment. Results: A total of 24 out of 29 patients consecutively referred were included in this preliminary analysis. In a multiple regression attendance to skills class and individual therapy explained a negligible part of the change in PDS-ICD 11. Participants without probable PTSD had significant larger change in personality functioning than participants with probable PTSD,  $t(23) = -2.12$ ,  $p = .045$ ,  $d = -.94$ , 95% CI [-1.85, -0.02]. There was no significant difference in magnitude of change for participants with or without ASD or the individual therapist as skills class trainer respectively. Conclusion: Treatment attendance in skills class and individual sessions respectively did not explain differences in treatment outcome. Participants without co-existing probable PTSD had significantly better outcome of RO-DBT and the effect size was large. Co-existing ASD or having the individual therapist as one of the skills class trainers was not found to be related to altered treatment outcome.

**Can over- and undercontrolled personality traits predict treatment allocation and effectiveness for clients with personality disorders attending Dialectical Behavior Therapy, Radically Open DBT, or Cognitive Analytic Therapy?.** *Roelie Hempel, RO DBT Online B.V., Sophie Rushbrook, Dorset HealthCare University NHS Foundation Trust*

Background: When it comes to psychological treatment, one size does not fit all. The aim of this presentation is to investigate 'what treatment works best for whom' based on the self-control dialectic

and personality traits of clients allocated to one of three treatments: Dialectical Behavior Therapy (DBT), Radically Open DBT (RO DBT), or Cognitive Analytic Therapy (CAT). Methods: We carried out a repeated measures design study in which 86 individuals (75 female, mean age = 33, age range 18-65 years) were allocated to DBT (n=27), RO DBT (n=32), or CAT (n=27) based on clinical assessments. Participants completed scales measuring personality disorders (SCID-5 PD version), symptom levels (Symptom Checklist-90), psychological inflexibility (Action and Acceptance Questionnaire-II), and overcontrol (Brief Overcontrol Scale) before, during, and after treatment and several weeks after discharge. Results: Clients allocated to CAT had significantly fewer personality disorders at baseline, compared with DBT and RO DBT ( $p < 0.05$ ). Regardless of treatment allocation, clients significantly improved in psychological flexibility, global symptom severity and personality disorder diagnoses over time ( $p < 0.05$ ). In addition, a K-means cluster analyses resulted in three clusters, characterised by (1) undercontrol; (2) less severe symptomatology; (3) overcontrol. We hypothesized that cluster 1 clients would mainly attend DBT, cluster 2 would attend CAT, and cluster 3 would attend RO DBT. Overall, we found a 60% match score. The main effect for 'matching' was non-significant for all outcome measures except PD, but this appeared to be an artifact due to the small sample sizes. Conclusions: Regardless of the treatment allocation, improvement is seen across 3 measures (AAQII, GSI, and number of PDs), and similar patterns are seen for each treatment group. Clinician decisions to assign treatment group appears fairly in line with the cluster analysis and even when it did not match, it did not appear detrimental.

**The mediating effect of social connectedness on the association between inflexibility, suppression of emotional expression and symptoms of depression in a transdiagnostic sample of treatment seeking adolescents..** *Julian Baudinet, Maudsley Centre for Child and Adolescent Eating Disorders, South London and Maudsley NHS Foundation Trust, Lucinda Gledhill, Maudsley Centre for Child and Adolescent Eating Disorders, South London and Maudsley NHS Foundation Trust, Mima Simic, Maudsley Centre for Child and Adolescent Eating Disorders, South London and Maudsley NHS*

### *Foundation Trust*

Introduction: Overcontrol is a cluster of inter-related characteristics including high levels of threat sensitivity, low reward sensitivity, increased suppression of negative emotions, finer detail processing and perfectionism. Recent pilot data suggests higher levels of overcontrol is associated with reduced social connectedness, as well as a cluster of mental health diagnoses such as depression and restrictive eating disorders. The current study aims to explore the potential mediating effect of social connectedness on the association between inflexibility, the suppression of emotional expression, and depressive symptoms in a transdiagnostic treatment seeking sample of adolescents. Method: Adolescents (11-18 years) were recruited from two National and Specialist Child and Adolescent Mental Health Services (N&S CAMHS) at the Maudsley Hospital, UK – the Maudsley Centre for Child and Adolescent Eating Disorders (MCCAED) and the N&S Dialectical Behaviour Therapy Service. All were treatment seeking and assessed as overcontrol. Two cross-sectional serial mediation analyses were conducted to explore the possible mediating effect of baseline social connectedness on the relationship between a) inflexibility, and b) suppression of emotional suppression on symptoms of depression. Weight was controlled for in all analyses. Results: The sample consisted of 80 adolescents (mean age = 15.29 years, sd = 1.45). After controlling for weight, self-reported social connectedness mediated the relationship between a) the suppression of emotional expression and depressive symptoms, and b) inflexibility and depressive symptoms. Discussion: The current findings suggest the quality of social relationships may be an important protective factor against depressive symptoms for people with higher levels of inflexibility and suppression of emotional expression. These data also suggest targeting relationship quality may be a useful treatment target for future intervention developments.

Research Symposium  
***Early Detection and  
Prevention***

Towards a Better Understanding of Personality Functioning  
Impairments in Youth

The classification of personality disorders (PD) is evolving from traditional categorical models to a more nuanced, dimensional approach. The DSM-5 Alternative Model for Personality Disorders (AMPD) exemplifies this dimensional perspective, particularly through Criterion A, which assesses PDs based on impairments in self- and interpersonal functioning. Despite the recognition that adolescence and early adulthood are critical periods for the emergence of PDs, there remains a significant gap in our understanding of personality functioning impairments in youth. This symposium aims to shed light on the clinical significance of personality functioning impairments in youth, exploring assessment strategies, neuroanatomic correlates, and their developmental trajectory. Our program includes: 1. Ingvild Aurebekk (Oslo, Norway) will share preliminary findings from the Norwegian Study of the AMPD – Junior, focusing on the inter-rater reliability and perceived clinical utility of the AMPD within a clinical cohort of adolescents aged 14 to 18 years. 2. Marc Birkhölzer (Basel, Switzerland) will discuss disparities between self- and parent-assessments of personality functioning impairments, utilizing the Level of Personality Functioning Questionnaire (LoPF-Q) in a diverse sample of individuals aged 6 to 19 years, spanning clinical and school settings. 3. Madelyn Thomson (Bern, Switzerland) will unveil research on the structural brain changes associated with personality functioning impairments in a clinical adolescent cohort. 4. Defline d’Huart (Basel, Switzerland) will explore the longitudinal development of PDs in a high-risk group of young adults with histories of residential child welfare and juvenile justice involvement. 5. Corinna Reichl (Bern, Switzerland) will examine the course of personality functioning impairments over two years in a clinical adolescent cohort, investigating the role of potential moderators such as age, sex, psychosocial functioning impairments, psychiatric comorbidities, and treatment intensity. Through these presentations, the symposium aims to advance our understanding of personality functioning impairments in youth, paving the way for more targeted and effective interventions.

**The Norwegian Study of the Alternative DSM-5 Model for Personality Disorders – Junior.** *Ingvild Aurebekk, Ostfold Hospital Trust, Norway, Anette Fjeldstad, Ostfold Hospital Trust, Norway,*

*Randi Ulberg, University of Oslo, Norway, Benjamin Hummelen, Oslo University Hospital, Norway, Joost Hutsebaut, Tilburg university, Muirne Paap, University of Groningen, Netherlands*

There is a pressing need for further investigation into the clinical utility of the Alternative DSM-5 Model for Personality Disorders (AMPD) when applied to adolescents. This study seeks to evaluate the inter-rater reliability and perceived clinical utility of the AMPD, along with its alignment with the ICD-11 model for PDs, within a clinical cohort of patients drawn from diverse Child and Adolescent Mental Health Services in Norway. Level of personality functioning is assessed using a youth-specific adaptation of the first module of the Structured Clinical Interview for AMPD (SCID-5-AMPD-I-J), which will be published by the American Psychiatric Association in 2024. The study will involve 124 patients aged 14 to 18, presenting with varying degrees of personality pathology. For the inter-rater reliability analysis, the initial 24 patients will undergo assessment using the SCID-5 AMPD-I-J on two separate occasions, administered by two different assessors with a maximum interval of two weeks between assessments. Severity ratings according to ICD-11 criteria will be ascertained through a checklist completed following each interview. In the investigation of clinical utility, 100 patients will be randomly assigned to either DSM-5 categorical assessment or AMPD-based assessment. Post-assessment, participants will complete a questionnaire to gauge perceived clinical utility, while therapists will provide similar feedback after receiving assessment reports. The first patient will be included in February 2024. Results of the test-retest reliability study will be presented.

**Self- versus parent-rating of personality impairments in a forensic sample measured with the LoPF-Q 12-18 self-report, the LoPF-Q 6-18 parent-rating and the STiP-5.1.** *Marc Birkhölzer, Psychiatric University Hospitals Basel, Kirstin Goth, University Clinics Saarland, Homburg, Germany, Klaus Schmeck, Psychiatric University Hospitals Basel, Basel, Switzerland*

Background/Objective The diagnostic system to diagnose Personality Disorders (PD) has fundamentally changed with the ICD-11. Almost identical to the Alternative Model of Personality



Disorders (AMPD) and herein the Levels of Personality Functioning (LPF) concept, that was first introduced in Section III of the DSM 5 in 2013, PD is characterised by problems in functioning of aspects of the self (e.g., identity, self-worth, accuracy of self-view, selfdirection), and/or interpersonal dysfunction (e.g., ability to develop and maintain close and mutually satisfying relationships, ability to understand others' perspectives and to manage conflict in relationships). Also, there will no longer be any age limit to diagnose PD. Method Inspired by the DSM 5 LPF concept, our workgroup developed the LoPF-Q 12-18 self-rating questionnaire and the LoPF-Q 6-18 parent-rating to capture impairment in personality functioning. Results in different age groups are presented. In addition, we present results in a mixed clinical and school sample of 6 to 19 year olds in relation to categorical PD criteria and differences among different diagnostic groups concerning self-rating and parent-rating. Results Both, the LoPF-Q 12-18 self-report and the LoPF-Q 6-18 parent-report distinguish well between PD patients and students. The correlation between self-report and parent-report is medium to high in a clinical setting as well as in the student sample. However, correlation of self-report and parent-rating concerning impairment in personality functioning is much lower in a forensic setting with mostly externalizing disorders (ADHD, CD and Antisocial PD). Conclusions Clinical implications and future directions will be discussed.

**Structural MRI associations with personality functioning in a clinical sample of adolescents.** *Madelyn Thomson, University of Bern, Switzerland, Marialuisa Cavelti, University of Bern, Switzerland, Ines Mürner-Lavanchy, University of Bern, Switzerland, Silvano Sele, University of Bern, Switzerland, Christian Ruff, University of Zurich, Switzerland, Niklas Buergi, University of Zurich, Switzerland, Nora Seiffert, University of Bern, Switzerland, Franz Moggi, University of Bern, Switzerland, Christoff Nissen, University of Bern, Switzerland, Andrea Federspiel, University of Bern, Switzerland, Michael Kaess, University of Bern, Switzerland*

Background: Investigations into neuroanatomical markers of Borderline Personality Disorder (BPD) have previously yielded mostly mixed results. Findings in adolescent samples are even more

limited, and do not match those of adults. The more recent conceptualisations of personality disorders reflected in impairments in personality functioning as a dimensional continuum might provide further insight into potential structural brain aberrations in young people with personality pathology. Therefore, the aim of this study was to investigate brain architecture of personality pathology in adolescents as reflected in this dimensional system. Methods: N=94 female participants aged between 14 and 21 years of age with sub-threshold or full threshold BPD, or healthy controls underwent magnetic resonance imaging and were assessed with the Semi-Structured Interview for Personality Functioning DSM-5 (STiP-5.1), a clinical measure reflecting dimensional impairment in personality functioning. Regression analyses were conducted dimensionally (rather than as group comparisons) to align with the dimensional conceptualisation of the STiP-5.1. Results: N=93 participants were included in the final analyses. No individual brain regions, nor total grey matter volume were significantly associated with the STiP-5.1 (all corrected  $p \geq 0.82$ ). The most strongly associated region was the right putamen (uncorrected  $p$  value=0.03). When multiple testing was reduced to common ROIs for BPD, there were still no statistically significant associations with the STiP-5.1. Conclusions: While findings failed to yield specific neuroanatomical markers of personality pathology, results may be encouraging for clinicians in that psychotherapy for young people with impairments in personality functioning may not be impeded by aberrant structural alterations in the brain.

**Personality disorders and impaired personality functioning in young adults with a history of residential child welfare and juvenile justice placements in Switzerland.** *Defline d'Huart, Psychiatric University Hospitals Basel, Basel, Switzerland, Cyril Boonmann, Psychiatric University Hospitals Basel, Basel, Switzerland, David Bürgin, Psychiatric University Hospitals Basel, Basel, Switzerland, Süheyla Seker, Psychiatric University Hospitals Basel, Basel, Switzerland, Nils Jenkel, Psychiatric University Hospitals Basel, Basel, Switzerland, Marc Schmid, Psychiatric University Hospitals Basel, Basel, Switzerland, Klaus Schmeck, Psychiatric University Hospitals Basel, Basel, Switzerland*

Background: The conceptualization and diagnosis of PDs is currently in transition, shifting from a categorical to a dimensional approach. In criterion A of the in DSM-5 AMPD and ICD-11, PDs are perceived as core impairments in self- (i.e., identity and self-direction) and interpersonal functioning (i.e., empathy and intimacy), classified according to a degree of severity (i.e., personality difficulty, mild, moderate, and severe PD). Aim: In this talk we will illustrate the course of PDs from adolescence to adulthood and discuss specific impairments in personality functioning in a high-risk sample. Methods: 184 young adults (mean age = 26.4 years, 33.1% female) with a history of residential child welfare and juvenile justice placements in Switzerland were included in the present study. PDs were assessed using the Structured Clinical Interview for DSM-IV (SCID-II) at baseline and at a 10-year follow-up. Impairments in personality functioning were assessed only at follow-up, using the Semi-structured Interview for Personality Functioning DSM-5 (STiP-5.1) and the Levels of Personality Functioning Questionnaire (LoPF-Q). Results: Prevalence rates for PDs at both measurement time points will be reported. In addition, results on self-reported and clinically diagnosed impairments in self- and interpersonal functioning will be presented. Conclusion: Most PDs increased from adolescence to adulthood and impairments in personality functioning were high. This highlights the need for early prevention and tailor-made treatments among institutionalized youth.

**The longitudinal course of personality functioning impairments in adolescent outpatients.** *Corinna Reichl, University of Bern, Switzerland, Luana Palermo, University of Bern, Switzerland, Marialuisa Cavelti, University of Bern, Switzerland, Stefan Lerch, University of Bern, Switzerland, Michael Kaess, University of Bern, Switzerland*

Aim: New dimensional conceptualizations of personality disorders (PD), such as the Alternative Model of Personality Disorders in DSM-5, allow for the assessment of severity of personality functioning impairments as a core feature of PD. The present study aimed to examine changes in personality dysfunction over time in an adolescent sample. Methods: 227 participants aged 12-17 years (84.58% female) were recruited from an outpatient clinic

specialised in the treatment of risk-taking and self-harming behaviour. Patients were assessed at clinic entry, and at one- and two-year follow-up. Personality dysfunction was assessed using the Semi-structured Interview for personality functioning DSM-5 (STiP 5.1), psychiatric diagnoses were captured by the Mini-International Neuropsychiatric Interview for Children (MINI-KID), and psychosocial impairments were measured by the Scale of Social and Occupational Functioning (SOFAS). Results: Mixed-effects linear regression models revealed improvement in self- (i.e., identity and self-direction) and interpersonal (i.e., empathy and intimacy) functioning over the course of two years. In addition, results of the examination of age, sex, psychosocial impairments, psychiatric diagnoses, and therapy dose as moderators of the improvement of personality dysfunction over time will be presented. Conclusion: Dimensional measures of PD appear suitable for capturing changes over time in personality dysfunction in adolescents.

Research Symposium  
**Assessment**

Virtually expanding care online: Novel strategies of psychoeducation, assessment, and feedback online

The rapid incorporation of digital technologies in healthcare at large holds a potential solution to the serious supply-demand dilemmas of treatment for borderline and other personality disorders. While diverse effective interventions for borderline personality disorder (BPD) exist-- the overspecialization, length, duration, and demands of such treatments in terms of both face-to-face clinical resources as well as required trainings and supervisions-- they are poorly suited for many patients and most healthcare providers who are not psychotherapists to meet the needs of people with personality disorders at the frontlines. These technologies in psychiatry possess vast capabilities not only for delivery of psychoeducation, but also for assessment of symptoms, features, and even daily activities including movement, location, and smartphone usage (e.g., calls, texts, applications, etc). Digital phenotyping and the analysis of large amounts of data to tailor and predict needs for patients can enable us to move into a new era of research and personalized care. This symposium will offer four presentations from three different global projects verging into the virtual space of innovation for personality disorder care that provide lower dosing and intensity intervention that is scalable, always available, and potentially personalized in a variety of ways. These projects will demonstrate aspects of care which can easily be installed online in order to maximize real-time usage, accessibility, and data collection and analysis in a way that enhances all forms of care, and ultimately fills gaps to provide less for infinitely more people than those who can access face to face intensive therapies.

**Online psychoeducation and digital assessments as a first step of treatment for borderline personality disorder.** *Lois Choi-Kain, Harvard Medical School*

Background: Treatment trials for borderline personality disorder (BPD) have repeatedly consistently demonstrated that approaches that are diagnostically tailored are superior to those which are not. Currently, gold standard treatments for BPD are highly intensive, lengthy, and specialized, leading to a critical gap between the supply and demand of effective, evidence-based treatment for patients who receive a diagnosis of BPD. Psychoeducation, which is

a common component of most treatments known to be effective, is a low-cost, low-burden intervention proven to relieve symptoms. The present study builds on psychoeducation research, assessing online video prescriptions as a means of disseminating information patients need to know about their diagnosis and care. **Methods:** This brief report presents the study protocol for a safety, feasibility, and preliminary efficacy trial of psychoeducational video prescriptions and online assessment with feedback for newly diagnosed individuals with BPD. With a sample of close to 100 adults recently diagnosed with BPD to be randomly assigned to receive videos about BPD or videos about non-BPD mental health topics that are matched in length in the first step of the study. All participants complete daily EMA including performance tasks assessing cognitive control and processing speed, as well as self-report assessments and cognitive tests at 4 different time points. Half of the participants in the intervention group also receive feedback on their symptom ratings and cognitive test performance to assess whether there is incremental value in tailoring this online set of interventions with individualized feedback unique to each participant. This study aims to assess the effects of BPD-focused psychoeducational videos with and without personalized feedback, on BPD and depressive symptom severity as well as core mechanism of the disorder such as loneliness, rejection sensitivity, cognitive control difficulties, and self-clarity. Results will inform efforts to progress to a larger, more definitive trial.

**Using Ecological Momentary Assessment to test GPM's Hypersensitivity Model and Enrich Care.** *Sara Masland, Pomona College, Lois Choi-Kain, Harvard Medical School*

This presentation discusses the use of ecological momentary assessment (EMA) in a pilot study testing the feasibility and efficacy of psychoeducation for borderline personality disorder (BPD), delivered remotely through a series of pre-recorded videos. A sequential multiple randomization design was employed to examine the effects of psychoeducation videos (vs. control videos) and neuropsychological feedback (vs. no feedback) on patient outcomes. Additionally, patients completed daily EMA covering cognition, social interactions, and feeling states relevant to Good

Psychiatric Management's (GPM's) interpersonal hypersensitivity model. Daily EMA was collected over the course of 30 days. Assessments, which required approximately 6 minutes each, were randomly generated between 9am and 9pm and delivered via text alert to participants' smart phones. Brief cognitive measures included a continuous performance test and a digit symbol matching test. Participants were also asked about their immediate surroundings, functioning, and recent social interactions. Finally, in accordance with GPM's interpersonal hypersensitivity model, participants reported feelings of connectedness, threat, aloneness, and despair. This study illustrates the power of EMA technology for advancing mental health. Here, we show that using EMA in the context of a remote intervention is an accessible, scalable, and effective means to augment traditional care for BPD. Preliminary results suggest that routine reflection on symptoms, experiences, and functioning via EMA may be useful for bolstering patients' awareness, including of the interpersonal antecedents and consequences of fluctuations in cognitive status and feeling states. This awareness may be therapeutically useful per se. Additionally, using the example of GPM's hypersensitivity model, we demonstrate how EMA may be useful for testing core tenets of clinical interventions.

**GPM-I: A Digital Intervention for Personality Difficulties - Preliminary Findings and Future Directions.** *Dan Bengtsson, Psykiatri Sydväst*

This study introduces GPM-I, an innovative digital treatment intervention designed to address personality difficulties and syndromes. Positioned as a low-threshold intervention, GPM-I serves as both a widely accessible entry point for individuals seeking assistance and a standalone option for those without access to alternative treatments. Inclusion criteria involve patients self-identifying with personality difficulties according to the ICD-11 description. The program extends over 8 weeks, encompassing 6 modules with a flexible structure that allows participants to customize their experience based on individual needs. GPM-I's core involves psychoeducation about personality difficulties, with participants each assigned a dedicated digital therapist. Digital

channels exclusively facilitate interactions between patients and their therapists, with feedback provided after the completion of each module to reinforce psychoeducational content. Alongside psychoeducation, the program encourages patients to set goals and take incremental steps daily toward achievement. A fundamental aspect of GPM-I is its approach to change, framing it as a challenging process with associated costs rather than an inherently rewarding experience. Emphasis is placed on building activity across various life domains to enhance resilience against mental health challenges. The hypothesis suggests that personality difficulties impede the maintenance of balance in work/studies, leisure, health, and relationships. Setting goals and working towards them concurrently assesses the patient's capabilities, resources, and motivation. The primary objective is not symptom reduction but the initiation of a change process, guided by GPM principles. Data analysis is currently underway, and preliminary results indicate that GPM-I is generally acceptable, with approximately 50% of participants completing the program. Ongoing research aims to delve deeper into the effectiveness and potential benefits of GPM-I as a digital treatment intervention for personality difficulties, providing insights into its broader applicability and utility in diverse clinical settings.

**Online Training & Monitoring as an Adjunct Intervention for Personality Disorders.** *Lindsay Dow, Yale University, Justin Baker, Harvard University (USA)*

General Psychiatric Management (GPM) for the treatment of Borderline and other common personality disorders indicates the critical importance of 1) psychoeducation and 2) case management focused on building a life outside of the therapeutic context, in the treatment of these conditions. In this presentation, we'll introduce an online training platform ("Personily") as an adjunct intervention for individuals struggling with personality disorders and related difficulties. This platform delivers three subclinical components of personality disorder treatment that may substantially reduce symptom load in individuals with personality disorders and can be scaled more easily while maintaining a high-quality standard than traditional psychotherapeutic interventions. First, we provide lay-



accessible psychoeducation materials in multiple formats (written, picture, video and audio) to create a foundation for understanding personality and associated patterns of behavior. In randomized controlled trials, web-based psychoeducation alone has been shown to have significant effect on symptom reduction in BPD. Second, we provide trainers (specially-trained, unlicensed professionals) to engage weekly with clients over video- and text-based communication. The goal of these training sessions is to apply the psycho-education to the client's individual context, with a focus on setting and achieving meaningful, realistic goals in their daily lives (effectively case management as envisioned in GPM). Third, our technology platform enables multi-modal data monitoring of clients to track, visualize and reinforce progress towards life goals. These three components are made available online through our website for a monthly subscription equal to the cost of a single session with an expert clinician in the personality disorder field. In this panel, we'll present preliminary data from our initial platform launch and share insights from the building process – what worked and what didn't. This discussion will include our learnings on client engagement, efficacy and compliance. We will also share our insights from developing a rigorous onboarding and continuing education curriculum for non-expert trainers to be able to quickly and effectively learn to work with personality disordered clients across the range of functional spectrum. We'll finally discuss future directions for this platform's development as we look to improve our services and expand our impact over time.

Aggression in Personality Disorders

Aggression is common in individuals with personality disorders, particularly in those with moderate to severe impairments in interpersonal functioning. This symposium will give a comprehensive overview of recent findings on different forms of aggression, its causes, mechanisms, and possible clinical implications in personality disorders. The talks will address developmental, neurobiological, psychological, and forensic aspects of aggression. First James Blair will show how machine learning can be used to develop a functional classifier for retaliation and aggression in adolescents. Next, Ute Habel will present data on neural circuitries underlying aggression and impulsivity in individuals with psychopathy. Jane Ireland will then talk about trauma and trauma therapy in personality disorders and psychopathy from a forensic perspective. Finally, Katja Bertsch will talk about threat sensitivity as a possible mechanism explaining aggressive reactions in individuals with borderline personality disorder as well as possible therapeutic implications.

**James R. Blair, Center for Neurobehavioral Research in Children, University of Copenhagen, Denmark: Using machine learning to determine a functional classifier of retaliation and its association with aggression..** *James Blair, University of Copenhagen, Denmark*

James R. Blair, Center for Neurobehavioral Research in Children, University of Copenhagen, Denmark: Using machine learning to determine a functional classifier of retaliation and its association with aggression.

**Ute Habel, RWTH Aachen, Germany: Psychopathology and modulatory effects on aggressive and impulsive behavior and their neural circuits..** *Ute Habel, RWTH Aachen, Germany*

Ute Habel, RWTH Aachen, Germany: Psychopathology and modulatory effects on aggressive and impulsive behavior and their neural circuits.

**Jane Ireland, University of Central Lancashire and Mersey Care NHS Foundation Trust, UK: Psychopathy and personality disorder:**

**Understanding a role for trauma and applications to trauma therapy..** *Jane Ireland, University of Central Lancashire*

Jane Ireland, University of Central Lancashire and Mersey Care NHS Foundation Trust, UK: Psychopathy and personality disorder: Understanding a role for trauma and applications to trauma therapy.

**Katja Bertsch, Julius-Maximilians-University Würzburg, Germany: Threat sensitivity and reactive aggression in borderline personality disorder..** *Katja Bertsch, Julius-Maximilians-University Wuerzburg*

Katja Bertsch, Julius-Maximilians-University Würzburg, Germany: Threat sensitivity and reactive aggression in borderline personality disorder.

Beyond diagnostic and therapeutic nihilism in the assessment and treatment of personality disorders in older adults

Personality disorders (PDs) in later life are a flagging field of inquiry, despite seriously hampering quality of life, being highly prevalent and seriously complicating the course and treatment of other mental disorders. Causes of this lack of attention are that categorical PD criteria seem not to be well suited for a gerontological context and the myth that PDs cannot be changed any more at older age. Within this symposium we counter diagnostic and therapeutic nihilism and provide evidence for realism. The paradigm shift in official classification systems toward dimensional PD approaches allows accurate assessment of personality pathology in older adults, thus giving clinical practice evidence-based tools for diagnosing PDs at older age. We emphasize to stimulate research on treatment outcomes, which remains very sparse up to date. The limited studies demonstrate that treatment of PDs can be effective in later life. We bring a positive stance to treatment possibilities, by highlighting how both positive and maladaptive schemas maybe important vehicles for therapeutic change in older adults, especially when schema therapy is adapted towards a gerontological context. We demonstrate that also in complex and challenging forms of personality pathology, effective treatment can be provided by addressing how clinical symptoms and maladaptive schemas can be diminished in older patients with complex post-traumatic stress disorder and comorbid PDs. Finally, given the high multimorbidity and related polypharmacy in older adults, special attention is given to optimize pharmacotherapy use in older adults with PD to pave the path towards multidisciplinary guidelines for older adults.

**Dimensional Assessment of Personality Disorders in Older**

**Adults.** *Morag Facon, Vrije Universiteit Brussel (VUB), Personality and Psychopathology research group, Gina Rossi, Vrije Universiteit Brussel (VUB), Personality and Psychopathology research group, Sebastiaan (Bas) van Alphen, Clinical Centre of Excellence for Older Adults with Personality Disorders, Mondriaan Mental health Centre, Heerlen-Maastricht, the Netherlands, Eva Dierckx, Psychiatric Hospital Alexianen Zorggroep Tienen, Tienen, Belgium*

Research indicates that the categorical, diagnostic criteria for PDs

are primarily designed to the living conditions of younger adults (20-40 years old), posing challenges in their application to older adults. This issue has resulted in difficulties in assessing PDs in older adults leading to instances where these disorders go unnoticed and untreated. Recently, both in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) and the International Statistical Classification of Diseases and Related Health Problems 11th Edition (ICD-11) new ways of classifications for PDs were included, possibly providing an opportunity to enhance assessment in the older age group. These classifications introduce a dimensional approach, categorizing PDs based on the level of impairment in personality functioning and with the possibility to determine the presence of maladaptive personality traits. Although these models were not specifically tailored for the older age context, its dimensional criteria offer the flexibility to customize PD diagnoses for individuals, rendering them more applicable to older adults. This presentation will delve into an explanation of the dimensional models and provide an overview of the associated assessment instruments. Furthermore, it will offer a comprehensive overview of prior research on the applicability of the models in older adults, offering insights into the most empirically supported assessment approaches of PDs in older adults at this moment.

**The potential of positive schemas.** *Loes Van Donzel, PersonaCura, Clinical Centre of Excellence for Personality and Developmental Disorders in Older Adults, GGz Breburg, Tilburg, the Netherlands, Tranzo department, Tilburg University, Tilburg, Machteld Ouwens, PersonaCura, Clinical Centre of Excellence for Personality and Developmental Disorders in Older Adults, GGz Breburg, Tilburg, the Netherlands, Tranzo department, Tilburg University, Tilburg, Arjan Videler, PersonaCura, Clinical Centre of Excellence for Personality and Developmental Disorders in Older Adults, GGz Breburg, Tilburg, the Netherlands, ; Tranzo department, Tilburg University, Tilburg*

The field of positive psychology has brought attention to the use of positive schemas as a complement to regular schema therapy in recent years. Lockwood and Perris (2012) introduced positive schemas, also known as early adaptive schemas (EAS). Similar to negative schemas, positive schemas are specific patterns of

emotions, cognitions, bodily sensations, and neurobiological responses related to the self and others. These schemas develop when individuals grow up in an environment where their core emotional needs are met by primary caregivers. Louis and colleagues (2018) developed the Young Positive Schema Questionnaire (with 56 items) in English to measure AES. A 14-factor model fitted the data of several samples of healthy adults and good reliability and validity were found in these samples. In 2022 the psychometric properties of the original English version were confirmed in other healthy samples. A Dutch translation showed promising reliability and validity in a representative healthy sample of 650 people. Incorporating positive schemas into schema therapy may be particularly beneficial for older adults. This is because their positive schemas were often validated by their social roles earlier in life, which allowed them to function better. Our study aimed to investigate whether an adapted form of schema therapy, which includes interventions to reactivate positive schemas, would benefit older adults with cluster C personality disorders. Nine older individuals (age > 60 years) diagnosed with cluster C personality disorder underwent adapted schema therapy for one year, consisting of weekly sessions. The study utilized a quantitative (multiple baseline case series design) and qualitative research approach. Preliminary results indicate a decrease in Early Maladaptive Schemas (EMS) and an increase in EAS. Results of the qualitative study are also not yet available but will be presented and discussed at the conference.

**Treatment of Complex PTSD and Early Maladaptive Schema's in Older Adults.** *Kelly Brandts, Clinical Centre of Excellence for Older Adults with Personality Disorders, Mondriaan Mental health Centre, Heerlen-Maastricht, the Netherlands, Gina Rossi, Vrije Universiteit Brussel (VUB), Personality and Psychopathology research group, Sebastiaan (Bas) van Alphen, Clinical Centre of Excellence for Older Adults with Personality Disorders, Mondriaan Mental health Centre, Heerlen-Maastricht, the Netherlands*

The most recent edition of the International Statistical Classification of Diseases and Related Health Problems 11th Edition (ICD-11; WHO, 2018) included a new diagnosis: Complex Post Traumatic

Stress Disorder (cPTSD). This diagnosis comprises both symptoms of PTSD (re-experiencing the traumatic event, avoidance of trauma-related stimuli and hyperarousal) and so-called Disturbances in Self-Organization (DSO). The DSO symptoms consist of three symptom clusters: affect dysregulation, negative self-concept and disturbances in interpersonal relationships. These DSO symptoms show some conceptual overlap with symptoms of personality disorders (Resick et al., 2012). At present, there is little research available as to what psychological treatments should be used in the treatment of cPTSD, specifically in older adults. It is suggested that a combined treatment might be optimal. This type of treatment would consist of both a first-choice PTSD intervention (e.g. EMDR, imaginal exposure) and an added intervention aimed at the DSO symptoms. Based on this suggestion, we developed and evaluated the effect of a clinical intensive trauma-focused treatment for older adults with Complex PTSD. This presentation will discuss the developed clinical intensive trauma-focused treatment program, as well as the research design (a single-case experimental design). Finally, the first results of this on-going study will be presented (both on PTSD symptoms as well as early maladaptive schema's).

**Polypharmacy in older adults with personality disorders.** *Julie Schulkens, Maastricht University, Faculty of Health, Medicine and Life Science, Maastricht, the Netherlands, Clinical Centre of Excellence for Older Adults with Personality Disorders, Mondriaan Mental health Centre, Heerlen-Maastricht, the Netherlands, Sebastiaan (Bas) van Alphen, Clinical Centre of Excellence for Older Adults with Personality Disorders, Mondriaan Mental health Centre, Heerlen-Maastricht, the Netherlands, Lara Stas, Vrije Universiteit Brussel (VUB), Conny Quaedflieg, Maastricht University, Faculty of Psychology and Neuroscience, Maastricht, the Netherlands, Arjan Blokland, Maastricht University, Faculty of Psychology and Neuroscience, Maastricht, the Netherlands, Frans Verhey, Rotterdam University of Applied Sciences (RUAS), Research Center Innovations in Care, Rotterdam, the Netherlands., Sjacko Sobczak, Clinical Centre of Excellence for Older Adults with Personality Disorders, Mondriaan Mental health Centre, Heerlen-Maastricht, the Netherlands, Maastricht University, Faculty of Psychology and Neuroscience, Maastricht, the Netherlands*

Background Recent years there has been a growing consciousness for the rising number of prescriptions. Polypharmacy, often defined as the use of at least 5 drugs daily, is an increasingly prevalent phenomenon. In general populations of older adults, prevalence rates of 26.3% to 39.9% are reported. In psychiatric populations of older adults, polypharmacy appears to be even more prevalent. Multiple studies have demonstrated associations between polypharmacy and negative health outcomes. Polypharmacy may increase frailty, possibly due to adverse drug reactions (ADR), interactions and complications such as falling. Polypharmacy has also been linked to higher hospitalization, mortality and cognitive impairment. This study aims to evaluate the occurrence and contributing factors of polypharmacy, quality of life and cognitive performance in older adults with personality disorders (PDs).

Methods A cross-sectional study called the PANDORA study (Pharmacotherapy and Polypharmacy in Older Adults) was conducted between 2018 and 2023 in the Netherlands. Two highly specialized centers for the treatment of PDs, Mondriaan and GGz Breburg, recruited older adults with a primary diagnosis of PD. Two control groups were recruited: adults with PDs (aged 18 - 60) and healthy older adults ( $\geq 60$  years). A total of 177 participants were included; of which 63 older adults with PD, 55 adults with PD and 59 healthy older adults. Primary outcomes of interest were use of medication (including number, class, indication and anticholinergic properties), quality of life (assessed by the EuroQol 5D-3L) and cognitive performance (assessed by 12 Word Learning Task, Concept Shifting Task, Visuospatial Learning Task and Tower of London). Cognitive performance was tested exclusively in the older adult groups. Results Analyses are currently ongoing and final results will be presented at the conference. Conclusion Implications on quality of life and cognitive functioning will be discussed.



## Borderline Personality Disorder and Attention Deficit Hyperactivity Disorder

Attention Deficit Hyperactivity Disorder (ADHD) and Borderline Personality Disorder (BPD) share some overlapping features, particularly in areas of impulsivity and emotional regulation. Both disorders can lead to difficulties in managing emotions, impulsive decision-making, and challenges in interpersonal relationships. The treatment approaches for ADHD and BPD, while tailored to each condition's unique aspects, may overlap in the use of psychotherapy. For ADHD, treatment typically includes a combination of medication (such as stimulants) to help control symptoms, along with behavioral therapies. In contrast, BPD treatment focuses heavily on psychotherapy, with Dialectical Behavior Therapy (DBT) being a prominent method. Recognizing and treating comorbid ADHD and BPD is crucial for improving outcomes, as it requires a nuanced understanding of the interplay between these disorders and a tailored approach to therapy and intervention.

**Psychopharmacological treatment of Borderline Personality Disorder.** *Alexandra Philipsen, Klinik und Poliklinik für Psychiatrie und Psychotherapie, Universitätsklinikums Bonn, Germany*

Psychopharmacological Treatment of Borderline Personality Disorder (BPD) Alexandra Philipsen The psychopharmacological treatment of Borderline Personality Disorder (BPD) has historically focused on symptom management, given the complex and multifaceted nature of the disorder. BPD is characterized by emotional dysregulation, impulsivity, interpersonal difficulties, and a pattern of instability in relationships. While no medication has been approved specifically for BPD, various psychotropic medications have been employed to address its symptomatic dimensions, including mood stabilizers, antipsychotics, and antidepressants. However, recent studies have begun to explore the potential role of stimulants in managing certain BPD symptoms, particularly those related to attention deficits, impulsivity, and executive function disturbances. Emerging data including real world data suggests that stimulants, traditionally used to treat Attention Deficit Hyperactivity Disorder (ADHD), offer therapeutic benefits for BPD patients, especially those exhibiting significant attentional

deficits and impulsivity that are not adequately managed by other medications. However, the use of stimulants in BPD treatment is not without some controversy. Concerns about the potential for abuse, and exacerbation of mood instability or psychotic symptoms in BPD necessitate a careful, individualized approach to treatment. In conclusion, while the use of stimulants in the treatment of BPD represents a promising area of psychopharmacology, it requires a nuanced understanding of the disorder's complex pathology and careful patient selection. Future research should focus on larger, randomized controlled trials to better delineate the role of stimulants in BPD treatment, ensuring that this novel approach can be safely and effectively integrated into comprehensive care plans.

**Long-Term Effects of Transdiagnostic Skills Training Group of Dialectical Behavior Therapy: A Naturalistic Study.** *Sebastian Weibel, University of Strassbourg*

Dialectical Behavior Therapy (DBT) has garnered considerable evidence for effectively addressing emotional dysregulation, particularly in borderline personality disorder (BPD). However, its applicability extends to other disorders characterized by emotional dysregulation, such as bipolar disorder (BD) and attention-deficit/hyperactivity disorder (ADHD). The persistent effects of these approaches are not well known. This study focuses on the impact of participating in a transdiagnostic DBT skills group one year after completion. DBT skills training groups (16 sessions) were provided to BPD, BD, and ADHD patients between 2019 and 2020. One year after the end of the program, participants were surveyed to evaluate perceived impacts, changes in symptomatology, and skill retention. Results from 22 participants (64% BPD, 41% ADHD, and 27% BD) revealed significant improvements in emotional instability, substance use, impulsivity, suicidal thoughts, and quality of life. The majority (73%) reported significant group impact, with 64% utilizing learned skills frequently, particularly in emotion regulation. The findings suggest promising outcomes for transdiagnostic DBT skills groups in addressing emotional dysregulation across various disorder. While observational, further randomized controlled studies are needed to confirm these results

in real-world settings. The presence of ADHD does not appear to be a barrier to participation and benefit in this approach.

**The role of adhd in the development of borderline personality disorder in adolescence: a clinical perspective.** *Mario Speranza, University of Versailles*

The scientific literature on borderline personality disorder has highlighted the importance of traumatic events in the developmental history of people with BPD. At the same time, several prospective and retrospective longitudinal studies have documented the role of neurodevelopmental disorders such as ADHD as risk factors for the development of BPD. While these two pathways, defined as traumatogenic and dysexecutive, can be integrated into the model of understanding of BPD of invalidation proposed by the Dialectical Behaviour Therapy, it is less clear how the specific symptoms of ADHD, in particular inattention and impulsivity, contribute to shaping borderline personality disorder. In this presentation we aim to offer a clinical reading of how the traumatogenic and dysexecutive pathways fit into the developmental trajectory of borderline personality disorder in adolescence.

Borderline personality disorder and parenthood: First results from the ProChild multicenter study

For many people, becoming a parent goes along with several changes: Like new routines, less sleep and high responsibilities. For mothers with borderline personality disorder (BPD), parenting can be particularly challenging. Problems in emotion regulation, unstable relationships and self-harming behavior have a negative impact on parenting behavior, parent-child interaction and child development and may also result in epigenetic changes. To support mothers and reduce intergenerational transmission mechanisms, a group training program for mothers with BPD has been developed. One of the aims of the multicenter project "ProChild" (prevention of maltreatment and promotion of mental health in children of mothers with borderline personality disorder), funded by the German Federal Ministry of Education and Research, is to evaluate this group training program. The project also aims to identify disorder-specific aspects in mothers with BPD and their children. In addition, the mothers' experiences of support services (e.g. youth services) and the perspective of the support system itself will be analyzed. In this symposium, first data from the research network will be presented (N = 343 mothers and their children), focusing on the different perspectives of mothers, children, mother-child interaction, epigenetics, and support system

**Emotion regulation, perceived parental stress and parenting behavior: Correlations and disorder-specific aspects in mothers with borderline personality disorder.** *Charlotte Rosenbach, Freie Universität, Berlin, Germany, Jana Zitzmann, Freie Universität, Berlin, Germany, Babette Renneberg, Freie Universität, Berlin, Germany*

Introduction: Being exposed to violence and maltreatment as a child is a severe and well-replicated risk factor for abnormal development. In light of their psychopathology, mothers with borderline personality disorder (BPD) face specific challenges in dealing with their own and their children's emotions and parenting tasks. Thus, children of mothers with BPD are at particularly higher risk of maltreatment. Research question: The focus of the present project is (1) to describe the mental health status (MH) of the children of mothers with BPD and (2) to investigate emotion

regulation (ER) strategies of these children as a central underlying mechanism of mental health and mental disorder. We hypothesize that children of mothers with BPD will show more unfavorable MH and ER compared to children of mothers with other mental disorders or of healthy control mothers. We assume them having more and increasingly severe mental health problems, and to score higher on dimensional measures regarding MH and ER. Methods: Children's mental health status is assessed using categorical and dimensional data based on maternal report. Semi-structured clinical interviews are conducted with the mothers to assess current/lifetime regulation behavior problems in infants and the most important mental disorders and behavioral problems in children. In addition, the SDQ-P is used to dimensionally assess children's mental health. For the assessment of children's ER, we developed the waiting task (WT) which is adapted from the LabTAB. Negative affect and ER are coded. ER is further assessed with mothers' ratings of valence and arousal with respect to the child during the waiting task. Results: We will present preliminary data and discuss them in the context of existing literature. Group differences in ER and MH will be analyzed using MANOVA.

**Emotion regulation and mental health in young children of mothers with Borderline Personality Disorder.** *Melanie*

*Wieschmann, Ruhr-Universität Bochum, Germany, Rabea Derhardt, Ruhr-Universität Bochum, Germany, Silvia Schneider, Ruhr-Universität Bochum, Germany, Sabine Seehagen, Ruhr-Universität Bochum, Germany*

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that children of mothers with BPD will show more unfavorable MH and ER compared to children of mothers with other mental disorders or of healthy control mothers. We assume them having more and increasingly severe mental health problems, and to score higher on dimensional measures regarding MH and ER. Methods: Children's mental health status is assessed using categorical and dimensional data based on maternal report. Semi-structured clinical interviews are conducted with the mothers to assess current/lifetime regulation behavior problems in infants and the most important mental disorders and behavioral problems in children. In addition, the SDQ-P is used to dimensionally assess children's mental health. For the assessment of children's ER, we developed the waiting task (WT) which is adapted from the LabTAB. Negative affect and ER are coded. ER is further assessed with mothers' ratings of valence and arousal with respect to the child during the waiting task. Results: We will present preliminary data and discuss them in the context of existing literature. Group differences in ER and MH will be analyzed using MANOVA.

**How do mothers talk about their children? – Emotional family climate in dyads of mothers with borderline personality disorders (BPD) and their preschool children.** *Anne Jung, Bielefeld University, Nina Heinrichs, Bielefeld University*

Introduction: Since a child's experiences with their caregivers has a major influence on further development (Bornstein et al., 2018), an investigation of family emotional climate can be highly informative for both prevention and intervention in any family where one member is affected by a mental disorder. It is assumed that family climate is influenced by how caregivers internally represent their child. These internal representations can be differentiated according to the degree of coherence, whereby a balanced, consistent and accepting representation of the child is considered coherent (Sher-Censor, 2019). These representations are expected in turn to influence emotional reactions of caregivers which can be operationalized according to content and quality (e.g. warmth, criticism) as well as intensity (e.g. emotional overinvolvement), called expressed emotions (Magaña et al., 1986). Mental disorders can be associated with more incoherent reports about one's own

children (Dollberg et al., 2010) as well as an increased expression of criticism (Tompson et al., 2010). Method: As part of the multicenter ProChild study, mothers with BPD (currently n=176), mothers with anxiety and/or depressive disorders (currently n=70) and mothers without a mental disorder (currently n=97), each with children aged 6 months to 6 years, were examined. Coherence and expressed emotions were assessed using the Five Minute Speech Sample (Magaña et al., 1986) and evaluated by blinded raters trained in the respective coding system (Magaña et al., 1986; Sher-Censor & Yates, 2010). Results: The cross-sectional data of the RCT are analyzed using a MANOVA. Initial preliminary analyses indicate differences in both coherence and expressed emotion between groups. The presentation will focus on differences and similarities between the two coding manuals, their utility in clinical practice and also their respective focus on potential strength when working with caregivers.

**ProChild – Mothers and children between the help systems.** *Maksim Hübenenthal, Freie Universität, Berlin, Germany, Henriette Katzenstein, Freie Universität, Berlin, Germany, Ulrike Urban-Stahl, Freie Universität, Berlin, Germany*

Introduction: Children in families with mentally ill parents have an increased risk of experiencing maltreatment and becoming mentally ill themselves. The ProChild-project "Mothers and children between the help systems" focuses on help services provided by the child and youth welfare system and the healthcare system in Germany. At present, there are increasing demands to further develop low-threshold, flexible, needs-based and co-operative services for families with mentally ill parents across system boundaries. These efforts come up against two help systems whose mandates are potentially in tension with each other and which only co-operate to a limited extent. Against this background, we examine the subjective experiences of those involved in the help processes. Research question: We pursue the question of how mothers with a borderline personality disorder and the professionals perceive help processes in which both child and youth welfare services and the healthcare system are involved. Our research interest lies in the experiences of the mothers with the help services and the

interactions between them. Beyond that, we focus on how the professionals involved (e.g. psychotherapists, social workers) perceive help processes with a group of clients who are described as particularly challenging in the expert discourse. Method: The project is designed as a qualitative study with narrative-stimulating, semi-structured interviews with mothers and professionals. In the analysis, we first reconstruct the topics that are subjectively important to the interviewees. We then compare them within the respective interview group to generate cross-interview categories. In addition to this, we relate the different perspectives within each particular help case to each other. Results: We have completed the data collection (80 interviews) and are currently conducting the analyses. At the conference, we will present the main results of our study.



Research Symposium  
***Early Detection and  
Prevention***

Clinical Staging and Risk Profiling for personality disorder – Towards a model for personalized early detection and intervention for personality pathology

Clinical staging and Risk Profiling are heuristic strategies to capture the heterogeneity of (borderline) personality disorders by describing the progression of the disorder along a continuum of disorder progression and by identifying risk factors that may affect disorder progression. Both strategies may not only enable better predictions of the prognosis and of treatment needs, but they could also facilitate detection of early stages of (B)PD, contributing to personalized early detection and intervention. The current symposium explores the reliability, validity and clinical utility of models of clinical staging in the field of personality disorders. Sharon Clarke will present the results of a systematic review on models for clinical staging in psychiatry. She will critically discuss the progress in the field and make some suggestions regarding potential opportunities for progress. Joost Hutsebaut will review models for clinical staging in the field of personality disorders. He will discuss the commonalities and differences between existing models, with special attention to the challenges provided by the transition from a phenomenological and categorical to a dimensional model. Rosie Kidane will provide results of the first empirical study on models of clinical stages for BPD. She will present findings on inter-rater reliability and predictive validity of stages for treatment outcome and dosage. Andrew Chanen will present 'Staging 2.0', an international consensus group's proposal for refinements to an integrative transdiagnostic clinical staging model. Taken together, these presentations will explore the utility of staging to enhance mental health care in general and PD treatment in particular.

**The Progress in the Field of Clinical Staging for Mental Disorders within the Last Decade: A Systematic Review.** *Sharon Clarke, Tilburg University*

Background: Clinical staging aims to refine psychiatric diagnosis by describing mental disorders on a continuum of disorder progression, with the pragmatic goal of improved treatment planning and outcome prediction. The first systematic review on this topic, published a decade ago, included 78 papers, and

identified separate staging models for schizophrenia, unipolar depression, bipolar disorder, panic disorder, substance use disorder, anorexia, and bulimia nervosa. Aims: The current review updates this review by including new proposals for staging models and by systematically reviewing research based upon full or partial staging models since 2012. Methods: PsycINFO, MEDLINE, EMBASE, and the Cochrane databases were systematically searched from 2012 to June 2023. The original review's eligibility criteria were used and extended with newly introduced categories of DSM-5 mental disorders, along with mental disorders for which a progressive course might be expected. Included papers: a) contained a complete or partial staging model, or b) focused upon clinical features that might be associated with stages, or c) focused upon treatment research associated with specific stages. Results: Seventy-one publications met the inclusion criteria. They described staging models for schizophrenia and related psychoses (21 papers), bipolar (20), depressive (4), anxiety (2), obsessive-compulsive (3), trauma related (4), eating (3), personality disorders (2), and 'transdiagnostic' staging models (13). Conclusions: There is a steady but slow increase in interest in clinical staging and evidence for the validity of staging remains scarce. Staging models might need to be better tailored to the complexities of mental disorders to improve their clinical utility. Trial Registration Number PROSPERO registration number: CRD42021291703.

**Models for clinical staging in the field of personality disorders.** *Joost Hutsebaut, Tilburg university*

Background: The traditional DSM-5 model for personality disorders is often criticized for its lack of clinical utility and its limitations in capturing the heterogeneity among different patients suffering from the same PD. Within the field of psychotic and bipolar disorders, clinical staging has been demonstrated to provide a promising approach that may inform prognosis and treatment needs. Aim: The current presentation aims to present existing models of clinical staging within the field of PDs. Methods: A review of published models for clinical staging for PDs will be presented. We will focus on commonalities and differences in approach between Section II- and Section III-informed models. Results: Our

search revealed 7 different papers or chapters for staging in PDs. These models are remarkably varied, thereby reflecting the transition in the field of PDs. The categorical and dimensional approach may each have specific strengths but also weaknesses when approached through the lens of staging. Conclusion: The transition to a PD model based upon impairments and traits (AMPD/ICD-11) may affect the utility of staging models in our field.

**An examination of the reliability and validity of models for clinical staging and risk profiling.** *Rosie Kidane, tilburg university*

Introduction: To address the need for a more dynamic assessment of the progress and severity of personality pathology and associated clinical needs, models of Clinical Staging (CS) and Risk Profiling (RP) have been introduced. CS refers to the progression of a mental disorder along a continuum of disorder progression, whereas RP provides a risk profile, based upon known risk factors. Aim: The current study provides the first empirical test of two models for CS and one model for RP. It aims to test the interrater reliability of both models and to explore the utility of CS and RF to predict treatment outcomes. Methods: Using information from an initial consult, we categorized a cohort of 100 patients with (subclinical) BPD into stages (0–IV) using both CS models. In addition, we estimated their risk profiles (low–medium–high). To test interrater reliability, a subset of 15 files were rated independently by three researchers. To explore predictive validity, we analysed the associations between stage of BPD and risk profile on the one hand and treatment dosage, treatment outcomes, and remission status on the other hand. Results: Preliminary findings will be discussed. Conclusion: Despite increasing interest in the utility of CS, no empirical study of models of CS have been published for PDs. This study therefore marks a crucial initial step in empirically validating the proposed CS and RP models. The integration of CS and RP holds promise for advancing early detection and personalized care in the management of BPD.

**Advancing transdiagnostic clinical staging to encompass personality pathology.** *Andrew Chanen, Orygen*

Background: Three quarters of the major mental disorders emerge by age 25. However, they are often preceded by non-specific symptoms or attenuated clinical syndromes, which produce widespread uncertainty about what might constitute optimal treatments during this period of flux. The nature of emerging mental disorders, ambiguities concerning co-occurring psychopathology, and the high variability of illness trajectories has given rise to transdiagnostic clinical staging frameworks. These have taken two pathways, single disorder models or integrative models. While specific personality disorder models have been developed, integrative models have largely failed to integrate personality pathology. Aim: To present 'Staging 2.0', an international consensus group's proposal for refinements to an integrative transdiagnostic clinical staging model. This model aims to enhance the scope, reliability, validity, and clinical utility of these models. Methods: Narrative synthesis of published findings and theoretical developments Results: Staging 2.0 defines stage in terms of clinical psychopathology and stage modifiers, while also introducing the concept of within stage heterogeneity. Stage modifiers are divided into factors associated with progression (i.e., potential predictors of transition from one stage to the next) and extension (i.e., factors associated with the current presentation, which increase the complexity of treatment selection). Conclusion: The revised integrative transdiagnostic staging framework incorporates key concepts that will advance the field and improve its application in clinical and research practice. However, further work is required for the model to fully embrace and incorporate personality pathology.

Complex trauma, i.e., traumatic events of an early, long-lasting invasive and primarily interpersonal nature, can increase the risk of developing mental disorders, including complex post-traumatic stress (PTSD) and borderline personality disorder (BPD). Both within and outside of these diagnostic boundaries, complex trauma (including childhood trauma) has been associated with emotional dysregulation, dissociation, distrust, interpersonal hypervigilance, and maladaptive coping behaviors, such as self-harm. There is ongoing debate about the feasibility and efficacy of trauma treatments for patients with such complex presentations and a high burden of co-occurring psychopathology. This symposium will address recent findings on this topic. Dr. Morris will review empirical data on the relationship between CPTSD and BPD, before presenting clinically-driven pilot data that reports on the clinical needs of the population who represent the intersection between the two diagnoses, in comparison to those who meet BPD alone. Dr. Krause-Utz will present data on trauma-related dissociation and its association with symptoms of BPD and CPTSD. Dr. Seitz will address possible neurobiological underpinnings (amygdala response to interpersonal threat and dissociation) in a transdiagnostic adult sample with childhood trauma, while differentiating between type, timing, and duration of the traumatic events. Dr. Kleindienst will present data from a randomized controlled trial comparing dialectical behavioral therapy for PTSD (DBT-PTSD) and cognitive processing therapy (CPT) of the RELEASE study in 193 participants. He will address the influence of complex trauma presentations, including dissociation and self-harm, on treatment success. It will be discussed how findings may advance the understanding and treatment of CPTSD and BPD/EUPD.

**Efficacy of DBT-PTSD and CPT in PTSD patients with characteristics potentially affecting treatment efficacy.**

*Nikolaus Kleindienst, Heidelberg University, Germany, Kathlen Priebe, Charite Berlin, Regina Steil, Frankfurt Goethe University, Martin Bohus, Heidelberg University, Germany*

Background: Posttraumatic stress disorder (PTSD) related to childhood abuse (CA) is associated with self-harming behaviors, co-occurring disorders such as borderline personality disorder (BPD) and a multifaceted psychopathology including dissociation [1].

Treatment CA-related PTSD has been less studied than late-onset PTSD and CA may affect efficacy of psychological treatments [2]. However, direct empirical evidence investigating the potential impact of CA-related characteristics is scant. Method: Our study includes n=193 women who were randomized to Dialectical Behaviour Therapy for PTSD (DBT-PTSD) or Cognitive Processing Therapy (CPT). We tested whether such characteristics are actually detrimental to i) treatment retention and ii) to improvement on the Clinician-Administered PTSD Scale (CAPS). Results: Even in the presence of recent suicide attempts, current non-suicidal self-injury (NSSI), high levels of comorbidity, and significant dissociation, treatment with both DBT-PTSD and CPT was feasible and associated with significant improvements. For most characteristics including suicidality, NSSI, and co-occurring BPD, no negative impact on outcome was found. Dissociation emerged as a general negative predictor. However, a significant improvement in dissociation during the initial months of treatment was related to particularly rapid improvements, even when controlling for theoretically important confounders. Conclusions: Individuals with CA-related PTSD who show self-harming behaviors, multiple co-occurring disorders and symptoms can be immediately treated with e.g., DBT-PTSD. Dissociation may affect outcome and should be eventually addressed at an early stage. References: [1] Vonderlin, et al. (2018) *Psychological Medicine*, 48(15), 2467-2476. [2] Karatzias, et al. (2019). *Psychological Medicine*, 49(11), 1761-1777

**“Working with overlapping ICD-11 CPTSD and Emotionally Unstable Personality Disorder presentations.** *Deborah Morris, Faculty of Medicine and Health Sciences, University of Buckingham; Director, Centre for Developmental and Complex Trauma, Thanos Karatzias, Edinburgh Napier University & NHS Lothian Rivers Centre for Traumatic Stress*

With common aetiology and symptomatology, the relationship between CPTSD and EUPD is subject to ongoing debates and investigations. To date, research has typically focused on exploring the relationship between the two diagnoses and debates surrounding diagnostic primacy. Whilst evidence has highlighted overlaps between the diagnoses, research also suggests key

differences exist between the two presentations. Additionally, a growing body of evidence also suggests a small number of individuals endorse both diagnoses. The experience, and clinical needs, of those endorsing both diagnoses is poorly understood. Given the complex clinical needs of this intersection it is vital that future research drives clinical guidance to develop evidence derived service design and management approaches to deliver treatment protocols to remediate the impact of this dual need. Initially this paper will review existing data relating to the profile of those meeting both diagnoses, before presenting clinically driven pilot data that reports on the clinical and risk needs of those who meet both diagnoses compared to those who meet EUPD alone.

**The interplay of stress-related dissociation, BPD symptoms, and PTSD symptoms.** *Annegret Krause Utz, Leiden University, Netherlands, Greta Piwanski, Amsterdam university, Sharina Hamm, Yale University, Aischa Reinken, Leiden University, Netherlands*

Background: Experiencing a potentially traumatic stressful event (PTE) has been associated with an increased tendency to develop dissociation. Dissociation is a trans-diagnostic symptom that is prevalent in both (complex) post-traumatic stress (PTSD) and borderline personality disorder (BPD). While several studies showed an interfering effect on affective-cognitive functioning, it is not entirely understood how this is linked to specific symptoms of BPD and PTSD. The aim of this study was to investigate these associations in women, who experienced a PTE. Methods: Hundred-and-six women created a short narrative of the stressful event and rated their levels of dissociation before and after the script (DSS). They further completed measures of BPD symptoms (PAI-BOR) and PTSD symptoms (PCL-20). Psychological network analyses were performed to investigate the interplay of these symptoms. A subsample of 50 participants further performing an affective-cognitive task, either after listening to the stressful script or a neutral script (script-driven imagery paradigm). During the working memory task, they were asked to ignore distracting neutral, happy, angry, or fearful faces. Results: Stress-related increases in dissociation were linked to both BPD symptoms (especially identity diffusion) and PTSD symptoms (especially hyperarousal), whilst

accounting for the mutual variance of these symptoms. Dissociation had a significant effect on task performance, especially during distracting threatening faces. Findings will be discussed in the context of earlier research that highlights the trans-diagnostic impact of dissociation. In this context, possible implications for treatment will also be addressed and discussed.

**Associations between childhood trauma, threat-related amygdala response, and psychopathological symptoms in a transdiagnostic adult sample.** *Katja Seitz, University Hospital, Heidelberg, Germany, Maurizio Sicorello, Heidelberg University, Germany, Marius Schmitz, Heidelberg University, Germany, Noel Valencia, Heidelberg University, Germany, Sabine Herpertz, Center for Psychosocial Medicine, Heidelberg University, Corinne Neukel, Center for Psychosocial Medicine, Heidelberg University*

Background: Childhood trauma (CT) confers risk for multiple types of psychopathology, including posttraumatic stress disorder (PTSD), major depressive disorder (MDD) and somatic symptom disorder (SSD). CT has also been associated with transdiagnostic psychopathological symptoms such as trait dissociation. Aberrant amygdala response to interpersonal threat may underlie the association between CT and transdiagnostic psychopathology, and has recently been shown to depend on type and timing of CT experiences. Still, most studies on CT and threat-related amygdala response fail to consider transdiagnostic psychopathological symptoms as well as type and timing of CT exposure. Thus, the aim of this study was to investigate associations between CT, amygdala response to interpersonal threat, and dimensional psychopathological symptoms, including trait dissociation, in a transdiagnostic adult sample, specifically with regard to type, timing, and duration of CT. Methods: A total of 141 individuals with varying levels of CT took part in this neuroimaging study, including participants with PTSD (n=34), MDD (n=36), SSD (n=35), and healthy volunteers (n=36). Participants underwent functional magnetic resonance imaging during an emotional face-matching task, completed an interview measure to determine timing and duration of 10 types of CT, and filled out self-report measures of transdiagnostic CT-related symptoms, including trait dissociation.



Data were analyzed using a machine learning-based model comparison procedure. Results: In our transdiagnostic sample, neither type, nor timing or duration of CT predicted threat-related amygdala response. Instead, trait dissociation predicted blunted bilateral amygdala response, and emerged as a possible mediator between CT and amygdala function. Conclusions: Trait dissociation may be an important confounder in the widely documented association between CT and threat-related amygdala response, which should be considered in future longitudinal studies

Research Symposium  
**Depression**

Early Career Researchers: Profiling Personality Psychopathology  
-Piotr Grzegorzewski. Department of Neuroses, Personality Disorders, and Eating Disorders, Institute of Psychiatry and Neurology, Warsaw, Poland -Tim Bastiaens. University Psychiatric Center KU Leuven, Leuven, Belgium -Barbara Depreeuw. Scientific Initiative of Neuropsychiatric and Psychopharmacological Studies (SINAPS), University Psychiatric Centre Duffel, Duffel, Belgium -Filip Mustač. Department of Psychiatry and Psychological Medicine, University Hospital Centre Zagreb, Zagreb -Anna Sterna, Poznań University of Medical Sciences, Poland

**Subtypes of borderline personality disorder based on latent profiles of and clusters of emotion dynamics and of emotion regulation and their distinct clinical characteristics in female inpatients.** *Piotr Grzegorzewski, Department of Neuroses, Personality Disorders, and Eating Disorders, Institute of Psychiatry and Neurology, Warsaw, Poland*

Background: Borderline personality disorder (BPD) has been conceptualized and empirically confirmed as a heterogeneous mental disorder characterized by various constellations of fulfilled diagnostic criteria, such as affective instability (emotional lability), recurrent suicidal or self-mutilating behavior, or inappropriate, intense anger or difficulty controlling it. Heterogeneity of other psychological characteristics of BPD, such as temperament or maladaptive personality traits, has also been empirically verified. Thanks to grouping similar patterns of these characteristics with the use of k-means clustering or latent profile analyses, different disorder subtypes have been differentiated, with distinct clinical characteristics. However, research on individual differences in trait emotion dysregulation in BPD has focused merely on difficulties with emotion regulation (ER), and not on abnormal patterns of emotion dynamics or ER strategies. It also remains unclear whether the possibly identified patterns are marked by distinct clinical characteristics. Therefore, the current study aimed to address these research gaps by relatively comprehensively assessing emotion dynamics subcomponents (emotional intensity, sensitivity, inertia, and lability), ER strategies (adaptive and maladaptive – both cognitive and behavioral and at the intrapersonal and interpersonal

level), and to take into account the previously investigated difficulties with ER. Methods: Women with BPD (N = 127) from two specialized inpatient personality disorders treatment units filled in a battery of self-report scales: Perth Emotional Reactivity Scale (PERS), Affective Lability Scale-18 (ALS-18), Cognitive Emotion Regulation Questionnaire (CERQ), State-Trait Anger Expression Inventory-2 (STAXI-2), Buss-Perry Aggression Questionnaire (BPAQ), Self-Injury Questionnaire – Treatment Related (SIQ-TR), Interpersonal Emotion Regulation Questionnaire (IERQ), Emotion Dysregulation Scale (EDS), BPD Checklist, Center for Epidemiologic Studies Depression Scale – Revised (CESD–R), State-Trait Anxiety Inventory (STAI), and other self-report questionnaires – not relevant for the current presentation. Results and Conclusions: Data analysis will be performed soon. The results and conclusions will be presented at the Congress.

**A person-centered perspective on the combined DSM-5 AMPD/ICD-11 personality model.** *Tim Bastiaens, University Psychiatric Center KU Leuven, Leuven, Belgium, Laurence Claes, KU Leuven, Koen Luyckx, KU Leuven*

Background: Both the ICD-11 classification of Personality Disorders and the DSM-5 Alternative Model for Personality Disorders (DSM-5 AMPD) conceptualize personality pathology in a dimensional way, but differ in the way they carve up their respective pathological personality domains. Recently, a combination of ICD-11 and DSM-5 AMPD descriptive pathological personality traits, the Modified Personality Inventory for DSM-5—Brief Form Plus (PID5BF + M), was developed. The current study: We investigated the utility of the additional ANANKASTIA domain (not represented in the DSM-5 AMPD) as well as of the additional PSYCHOTICISM domain (not represented in the ICD-11 model) in the identification of meaningful pathological personality domain clusters based on the PID5BF + M. We then validated these clusters by investigating differences between them in mean DSM-5 Section II cluster A, B, and C personality disorder scores. Finally, we investigated whether cluster membership was able to differentiate between levels of identity functioning, a key feature of personality disorder severity in both the ICD-11 model and the DSM-5 AMPD. Results: - In the 3- and the

4-cluster solution, the separate ANANKASTIA domain of the PID5BF + M allowed to identify a classical Overcontrolled type which DSM-5 AMPD PID-5 does not. - The 4-cluster solution demonstrated the utility of representing ANANKASTIA and DISINHIBITION as independent domains, as the fourth personality cluster simultaneously exhibited high DISINHIBITION and high ANANKASTIA. - PID5BF + M clusters are informative of DSM-5 Section II Cluster A, B, and C personality disorder scores. - PID5BF + M clusters show different levels of clinical-developmental Identity functioning, a core feature of DSM-5 AMPD and ICD-11 personality disorder severity. - Current results demonstrate the utility of a combined ICD-11/DSM-5 AMPD view from a person-centered perspective.

**Navigating Positive and Negative Affect in Borderline Personality Disorder.** *Barbara Depreeuw, Scientific Initiative of Neuropsychiatric and Psychopharmacological Studies (SINAPS), University Psychiatric Centre Duffel, Duffel, Belgium, Laurence Claes, KU Leuven, Mariana Mendoza Alvarez, Antwerp University*

Negative affect and accompanying destructive behavior are most prominent in the clinical presentation of individuals with a Borderline Personality Disorder (BPD). What is often overlooked is the deficiency in experiencing positive affect. While individuals with BPD can indeed feel positive emotions, there are notable gaps in their ability to regulate them (Hooley & Masland, 2019). Cognitive strategies to regulate negative and positive affect, such as brooding and dampening, respectively, may contribute to this imbalance. Brooding involves repetitive negative thought patterns, exacerbating negative affect, while dampening entails cognitive actions that diminish positive affect. Both strategies contribute to depressive symptoms (Bean et al., 2022; McLaughlin & Nolen-Hoeksema, 2011). However, there is limited understanding of these mechanisms in BPD. Gaining further insight into brooding and dampening in BPD could enhance clinical interventions. This study involved a secondary analysis of cross-sectional data collected within a larger longitudinal study involving 65 BPD patients and 65 healthy controls (HC). We hypothesize that BPD patients will exhibit lower levels of positive affect compared to HC along with higher

levels of negative affect, brooding and dampening, while controlling for socio-demographic variables (aim 1). Additionally, we hypothesize that BPD patients with higher depression scores will self-report increased negative affect, decreased positive affect and more brooding and dampening compared to BPD patients with lower depression scores, controlling for socio-demographic variables (aim 2). We also hypothesize that brooding and dampening will jointly contribute to depressive symptomatology in BPD patients, again controlling for socio-demographic variables (aim 3). Our hypotheses will be tested using Multivariate Analysis of Covariance (MANCOVA) (aims 1 & 2) and a Hierarchical Multiple Regression analysis (aim 3). Subsequently, the results will be interpreted and discussed, emphasizing the clinical relevance and how these findings can inform the therapeutic interventions for BPD patients.

**Recognizing personality features in patients with anorexia nervosa and obesity – the study protocol.** *Filip Mustač, University Hospital Centre Zagreb, Zagreb*

Obesity and anorexia nervosa are disorders that are often associated with prominent personality traits, and eating disorders could also be understood as an adaptation to the contemporary society in which we live. Therefore, the aim of this research is to compare patients with these disorders precisely in terms of temperament and character traits, as well as the tendency to shame and vulnerable narcissism, which is considered extremely related to personality traits. Female persons aged 18-45 who understand the Croatian language and are treated in the Department of Psychiatry and Psychological Medicine, as well as in the Department of Internal Medicine in the University Hospital Center Zagreb, participate in this research. The inclusion criteria are a diagnosis of anorexia nervosa according to ICD-10 criteria, or body mass index, BMI < 18.5 kg/m<sup>2</sup>, and for obese BMI > 30 kg/m<sup>2</sup>. Patients are included consecutively, and the expected duration of the research is two years. The research will use self-assessment questionnaires that will measure the dimensions of temperament and character through the TCI-R (TCI-140), EISS for shame and vulnerable narcissism via B-PNI. Female subjects with anorexia

nervosa will be compared with subjects with obesity using methods of descriptive statistics, tests dependent on variables and their distributions, and finally through multivariate analysis of covariance (MANCOVA). Through this research, phenomena can be observed that could help distinguish these two disorders in the study of personality features, but also shed more light on the potential role of psychotherapy in the treatment process in patients with these two disorders, as well as defining their similarities can indicate the complexity of personality dynamics, especially in patients with an eating disorder.

**How is it to feel discontinuous? Qualitative, phenomenological research on borderline lived-experience.** *Anna Sterna, Poznań University of Medical Sciences*

Background: Research within the field of Personality Disorders is dominated by a third-person, objectivized account and biased towards the quantitative data' acquisition. Conversely, the core of psychotherapeutic methodology lies in the exploration of subjective meaning assigned to one's experience, subsequently conceptualized as a map of one's intrapsychic world. Therefore, while PD's research seem valid and align to Evidence-Based Medicine demands, it prevalingly omits aspect fundamental for its understanding and treatment - subjective experience of symptoms. Methods: Phenomenology, recognized as a tool for investigating first-person experience of e.g. symptomatology and recovery, stands as a grounded method of exploring life-world in various psychopathologies. Phenomenological research not only build hypotheses on how it is to experience e.g. self-impairment but also rigorously verifies them through e.g. in depth interviews. Hence, it may be auxiliary in PD symptoms' severity assessment, as differentiated qualitatively. We conducted semi-structured interviews (n=70; 1-1.5h each) with PD individuals (BPD: n=30, NPD: n=20, NOS: n=20) on the way they experience themselves and =me. Results: This presentation aims to gather the results of our phenomenologically-grounded conceptual analysis and our empirical studies on borderline temporality, supplemented with comparative insights among other PDs. When viewed through phenomenological lenses BPD have a unique temporal experience

at its core. The qualitative perception of =me is marked by immediacy (rapid overidentification with present stimuli and affect), disrupted sense of historical continuity and overarching feeling of stuckness in the present moment. Consequently, for BPD individuals, drawing conclusions from the past or directing actions towards future goals become elusive abilities. Clinical relevance: Exploration of disrupted temporality may be a step forward into comprehension of symptoms from various domains, such as: impulsivity, diminished capacity for self-soothing, fragmented narrative identity or lived changeability. It also underlies the necessity of merging, continuity-restorative function of psychotherapeutic interventions. Addressing temporal fragmentation in clinical practice may provide cross-cutting, alleviating bridge across various symptoms.

Efficacy and safety of Mentalization-Based Treatments –recent and future RCTs

Mentalization-based treatment (MBT) is considered an evidence-based treatment for Borderline Personality Disorder (BPD) (Storebo et al. 2020) and has been recommended in several national treatment guidelines as first line treatment. However, open questions remain in terms of efficacy and safety for different settings, lengths, comparison to bona-fide treatments, cost-effectiveness and for comorbidities as well as other personality disorders. In this panel, five presentations from different international working groups will present data on randomized clinical trials starting to answer these open questions. Sophie Hauschild from Germany will present a multi-center RCT in which MBT for BPD is compared to a strong comparison (German guideline therapy) in terms of efficacy and cost-effectiveness using an innovative approach to assess self-harm with ecological momentary assessment. Sophie Juul from Denmark follows with data from a recently finished RCT for BPD comparing 5 months vs. 14 months MBT for outpatients with BPD. Maaïke Smits from the Netherlands will provide results from her RCT comparing MBT-outpatient programs with MBT-day hospital for BPD and shedding light in the moderating factors of setting and intensity for the efficacy and costs. The first three presentations will be very informative for health care routine and stakeholder decision-making for BPD. The last two presentations widen the scope for important comorbidities. Karen Yirmiya from United Kingdom will present first results from a national RCT on male offenders with Antisocial Personality Disorder who have been treated with MBT or a control condition. In the last presentation, Eva Rüfenacht from Switzerland will demonstrate the feasibility of treating complex PTSD with MBT and share her design of an upcoming RCT.

**Mentalization-based therapy versus bona fide therapy for patients with borderline personality disorder in Germany (MaGnet): a prospective, multicenter randomized controlled trial.** *Sophie Hauschild, University Hospital, Heidelberg, Germany*

Background: Borderline personality disorder (BPD) is a serious mental disorder. Mentalization-based treatment (MBT) is an evidence-based treatment for individuals with BPD. In particular, the effectiveness of MBT has been shown in studies in regard to the



reduction of suicidal and non-suicidal self-injury (NSSI). Yet, there are only a few randomized controlled trials (RCT) of MBT in an outpatient setting compared to bona fide treatment (BFT). None have been conducted in Germany to date. Thus, the primary aim of this RCT is to investigate whether outpatient MBT in comparison to BFT (here: Psychodynamic or Cognitive Behavioral Therapy) in Germany is more effective in reducing crisis events (incidence of NSSI and suicide attempts) in individuals with BPD. Secondary, the effectiveness of MBT will be investigated in terms of cost-effectiveness as well as patients' functioning, symptom severity and quality of life. In addition, moderators as well as general and treatment-specific mediator variables will be examined. Methods: In this multi-center study, a total of 304 individuals of all genders aged 18 to 65 years with a BPD diagnosis and NSSI or suicide attempts in the past will participate in the study for two years. In the first year, patients receive either MBT or BFT and take part in continuous scientific assessments. The assessments are continued in the second year after completion of therapy. As a primary target criterion, crisis events are recorded monthly during therapy and every three months in the year following therapy. The number of crisis events up to 2 years after randomization will be compared between the treatment arms using a log-linear regression model based on an intention-to-treat approach. Secondary outcomes and mediator variables will be assessed at different time points. Multilevel models are used to analyze the secondary outcome criteria. Discussion: The study protocol is presented. The potential clinical contribution to improving care of people with BPD in the German healthcare system and the challenges of conducting this multi-center study will be discussed.

**The impact of treatment intensity on mentalization-based treatment for borderline personality disorder: effects, costs and predictors.** *Maaike Smits, Deviersprong*

Mentalization-based treatment (MBT) for borderline personality disorder (BPD) has been widely implemented and empirically validated in different treatment formats. MBT day hospital (MBT-DH) and MBT intensive outpatient (MBT-IOP) differ markedly in their treatment intensity. This raises questions on the comparative

(cost-)effectiveness, especially given the context that still only a small minority of people with BPD receives state of the art treatment such as MBT. We present the results of a multicentre RCT conducted at three treatment sites in the Netherlands, aimed to compare MBT-DH and MBT-IOP in terms of (cost-)effectiveness and the identification of moderating factors. Patients in both programs showed major improvements over the course of 36 months. MBT-DH did not show superiority in terms of effectiveness compared to the lower intensive MBT-IOP program. Subsequent cost-effectiveness analyses showed that MBT-DH is not cost-effective, as the slight additional health benefits of MBT-DH did not outweigh the substantially higher societal costs. Patients in MBT-DH and MBT-IOP showed differences in their trajectories of change, particularly in domains of interpersonal functioning. Differences in trajectories and effectiveness were further explored by investigating the impact of moderating factors such as trauma and clinical severity. Whereas the results imply that MBT-IOP will deliver most health for most BPD patients and should be considered as treatment of first choice, for some individual patients up-scaling intensity by means of a day hospital program may be necessary. Implications for treatment selection and the optimization of treatment recourses are discussed from both a clinical and societal perspective.

**Short-term versus long-term mentalization-based therapy for borderline personality disorder: a randomized clinical trial.** *Sophie Juul, Copenhagen Trial Unit, Centre for Clinical Intervention Research, Denmark*

Background Borderline personality disorder (BPD) is a severe and prevalent psychiatric disorder. Mentalization-based therapy (MBT) is an evidence-based intervention for BPD, and several countries offer treatment programs for BPD lasting for years, which is resource demanding. No previous trial has compared short-term with long-term MBT. We aimed to assess the efficacy and safety of short-term versus long-term MBT for outpatients with BPD. Methods Adult outpatients ( $\geq 18$  years) with subthreshold or diagnosed BPD were randomly assigned (1:1) to short-term MBT (5 months) or long-term MBT (14 months). The primary outcome was

BPD symptoms assessed with the Zanarini Rating Scale for Borderline Personality Disorder. Secondary outcomes were functional impairment, quality of life, global functioning, and severe self-harm. All outcomes were primarily assessed at 16 months after randomization. This trial was prospectively registered at ClinicalTrials.gov, NCT03677037. Results Between October 4, 2018, and December 3, 2020, we randomly assigned 166 participants to short-term MBT (n=84) or long-term MBT (n=82). Regression analyses showed no evidence of a difference when assessing BPD symptoms (MD 0.99; 95% CI -1.06 to 3.03; p = 0.341), level of functioning (MD 1.44; 95% CI -1.43 to 4.32; p = 0.321), quality of life (MD -0.91; 95% CI -4.62 to 2.79; p = 0.626), global functioning (MD -2.25; 95% CI -6.70 to 2.20; p = 0.318), or severe self-harm (RR 1.37; 95% CI 0.70 to 2.84; p = 0.335). More participants in the long-term MBT group had a serious adverse event compared with short-term MBT (RR 1.63; 95% CI 0.94 to 3.07; p = 0.088) primarily driven by a difference in psychiatric hospitalizations (RR 2.03; 95% CI 0.99 to 5.09; p = 0.056). Conclusion Long-term MBT did not lead to lower levels of BPD symptoms, nor did it influence any of the secondary outcomes compared with short-term MBT.

**Efficacy of Mentalization-Based Treatment for Antisocial Personality Disorder: Results from the Mentalization for Offending Adult Males (MOAM) National Randomized Controlled Trial.** *Karen Yirmiya, University College, London, UK*

Background Antisocial personality disorder (ASPD) presents a substantial challenge to public health and societal well-being, yet it remains one of the least researched mental disorders. The absence of a recognized treatment of choice for ASPD is particularly concerning, given the urgent need for effective and cost-efficient interventions, especially for those within the criminal justice system. Mentalization-Based Treatment (MBT), which focuses on improving the ability to understand one's own and others' mental states, has shown initial promise in alleviating symptoms in individuals with ASPD. However, its effectiveness in reducing psychiatric symptoms, prevalence of diagnosis, and reoffending rates among offenders with ASPD have not been rigorously tested. Methods This NIHR-funded, multi-site RCT recruited 313

participants subjected to probation supervision who fulfil diagnostic criteria for ASPD. Participants were randomized to 12 months of probation plus MBT or standard probation as usual with follow-ups extending to 24 months. The primary outcome is frequency of aggressive behaviour as assessed by the Overt Aggression Scale – Modified. Secondary outcomes include reoffending rates, mental health status, violence, alcohol use, drug use, quality of life, and total service use costs. Data sourced from criminal justice records, NHS linkages, and direct participant assessments. Analyses were calculated on an intent-to-treat basis, employing mixed-effects models and a comprehensive cost-effectiveness evaluation. Results Data collection concluded in October 2023, with data validation and analysis to be started in 2024. We hope to have preliminary results available ahead of results presentation at the ESSSPD conference. The presentation will report on qualitative and quantitative findings available for presentation. Conclusions Findings may reshape ASPD treatment guidelines and offer critical insights to policymakers, clinicians, and service users on managing ASPD in the offender population, potentially impacting a broad at-risk group.

**Trauma-focused mentalization-based treatment (MBT-TF): A feasibility randomized controlled trial.** *Eva Rüfenacht, Hôpitaux Universitaires de Genève*

Background Borderline personality disorder (BPD) is a psychiatric disorder known to be associated with impaired social functioning that can persist after receiving specialized psychotherapeutic treatment. In addition, a considerable amount of these patients also present with post-traumatic stress symptoms and available data suggests that nearly half of patients with BPD may present with CPTSD. PTSD comorbidities could result in sub-optimal treatment responses in BPD patients after specialized care and treatment recommendations for patients presenting with both BPD and CPTSD are not yet available. A new trauma-focused mentalization-based treatment (MBT-TF) has recently been developed for this specific clinical population and is being implemented in different clinical centers. This research project focuses on assessing the feasibility of running an RCT aiming to compare this new approach to usual treatments for BPD

(Mentalization-based treatment (MBT) and Dialectical Behavioral Treatment (DBT)) in adult patients with CPTSD-BPD. Methods A feasibility randomized controlled trial will start in November 2024 and run for 3 years in the Emotion Regulation Disorders Unit (TRE) unit at the University Hospitals of Geneva. The sample will include 56 subjects. The feasibility outcomes will be acceptability of MBT-TF intervention (as indicated by recruitment rates, completion rates, drop-out rates, treatment duration, oral evaluation, patient safety (eg. suicide attempts, hospitalizations, self-harm)), acceptability of scientific assessments (as indicated by adherence, missing data, oral evaluation), and necessary organizational resources (scientific personnel, recruitment networks, MBT-TF training and supervision). They will be descriptively analyzed. Secondary outcomes include severity of post-traumatic stress and BPD symptoms that will be statistically analyzed. Results The presentation will describe this research project and some initial findings from previous pilot implementation projects. Conclusions This project will assess the feasibility and support the development of a future RCT's aiming to assess the efficiency of MBT-TF in patients presenting with BPD and CPTSD.

Research Symposium  
***Mentalization Based  
Therapy***

**Examining Psychiatric Emergency Crisis in Personality Disorders**

People with personality disorders (PD) present 5 times more often to psychiatric emergency services than general population, and a small but significant proportion can be admitted up to 12 times yearly. Beyond the stress and burden for the care system and caregivers, every hospitalization characteristically entails an acute psychic pain, distress and confusion that can prompt or reinforce tendencies to self-harm and suicidality. Psychiatric emergency departments are adapting to improve care for people with PD during such crises. Risk assessment and liaison with the ambulatory care system remain important challenges for such hospitalizations to contribute to the mental health trajectory of the individual with PD. In this symposium, we examine the factors contributing to crisis and mental health management for individuals with PD admitted in emergency for a psychiatric crisis. The first presentation of this symposium characterizes trajectory after discharge and risk factors for readmission over a 6-year period with all types of PD initially admitted for a psychiatric crisis. The second presentation focuses on pathological narcissism in patients hospitalized for suicidal crisis, examining clinical and psychometric measures of pathological narcissism and their associations with Linehan's "Reasons for living" inventory. The third presentation investigates the relationships between pathological narcissism, empathy and affect dysregulation, using both self-report and physiological measurements. The fourth study examines personality functioning in PD, specifically introducing a new measure of "self-alienating states" as a potential indicator of general psychopathology to be assessed during hospitalization for a suicidal crisis.

**Personality disorders and mental health crisis treatment and prevention..** *Nikita Beauvillain, Lyon University Hospital*

People with personality disorders (PD) are frequent users of psychiatric emergency due to the recurrence of crisis i.e. episodes of acute distress and confusion, sometimes with co-occurrence of self-harm or suicidal behavior. We analyzed medical records of all individuals with personality disorders (n = 2634) who were admitted or readmitted between 2015 and 2020 at the "Unité Psychiatrique de Crise", a specialized crisis unit at Lyon University Hospital, covering a catchment area of 1,600,000 people. Our study

aimed to highlight whether and how readmission and time-to-readmission in a brief admission inpatient ward vary by type of PD, gender, age, and potential external precipitating factors. We found a 16.1% readmission rate with 99.5% of readmissions occurred within 4 years. Men were readmitted earlier than women, women were at higher risk of readmission. Personality disorder types were associated with significant differences in readmission risk and in time to readmission. Alcohol use was associated with an increased readmission risk in women but not in men. In the discussion will be discussed the outpatient care and prevention system which, after hospital discharge, helps to reduce the risk of crisis recurrence, to improve patients' health and well-being, and to avoid re-hospitalisation. The limitations of this naturalistic study (mainly the low or null explanatory power of several variables hypothesized to be associated with crisis recurrence) will be raised, providing indications for further research and which were considered in the other studies presented in this symposium.

**Pathological narcissism and Reasons for Living in psychiatric emergency crisis..** *Catherine Le Hénaff, Geneva University Hospital, Marissa Bouchard-Boivin, Hôpitaux Universitaires de Genève*

Pathological narcissism is associated with suicidality, although few studies have examined this subject and our understanding of the phenomenon remains partial. The protective nature of reasons for living has never been studied in direct relation to the dimensions of narcissism. Our presentation will focus on the assessment of narcissistic dimensions in emergency psychiatry and their correlates with reasons for living. Our original study focuses on the dimensions of vulnerable and grandiose narcissism in a population of adult patients hospitalized in a specialized psychiatric suicidal crisis unit at the University Hospitals of Geneva (HUG). Our project involves exploring the links between vulnerability and grandiosity of narcissism and the different reasons for living of patients in acute suicidal crisis. Dimensions of narcissism were measured using the 28-item PNI short version scale (Pincus 2009) and the NPI-13 (Raskin1988). Reasons for living, which include Survival and Coping Beliefs, Responsibility to Family, Child-Related Concerns, Fear of Suicide, Fear of Social Disapproval and Moral Objections, were

measured with the RFLI scale (Linehan 1983). Analyses were carried out on a group of 70 hospitalized adults with longitudinal post-hospitalization follow-up at 3 months. The results revealed significant correlations between the dimensions of narcissism and the various reasons for living. We will present and discuss the analysis of these data. In line with the literature and clinical observations, our results suggest that patients with narcissistic personality issues are at greater risk of serious and lethal suicidal gestures, and have fewer protective factors than other types of population. Our study adds to the debate around pathological narcissism, by discussing possible protective factors in this population. This opens up new prospects for the prevention of suicidal behavior in these patients.

**Pathological narcissism and empathy: mediation of affective regulation measured by self-report questionnaire and heart rate variation (HRV)..** *Lionel Cailhol, Université de Montréal, Asmara Awada, Université de Montréal, Giulioano DiFruscia, Université de Montréal, Sara-Kim Boivin, Université de Montréal, Jean Gagnon, Université de Montréal*

Pathological narcissism is a personality trait characterized by difficulties in regulating self-esteem. Pathological narcissism is prevalent among psychiatric populations and is associated to affective, professional, and relational distress as well as high-risk behaviours, such as substance abuse, violence, and suicide attempts. A hallmark characteristic of pathological narcissism and its consequences is lack of empathy. Rather than a deficit, some authors suggest that empathic functioning may vary within and across narcissistic individuals and may be related to situational difficulties in regulating self-esteem. The aim of the present study was to test the hypothesis that the relationship between pathological narcissism and subjective empathy is mediated by difficulties in regulating negative affect, as measured by self-report and physiological measurements. 29 participants were exposed to the Trier Social Stress Test (TSST). Participants then completed a self-reported affective questionnaire (PANAS) and an empathy task. In this task, participants were presented with eight scenarios, involving a friend, using headphones. After each scenario, using an



analogous 0-100 scale, participants indicated how much they were affected by the friend's experience. After the empathy task, participants once again completed the affective questionnaire. Heart rate measurements were taken throughout the experiment. The difference between the pre- and post-affective questionnaire, and the Heart Rate Variation (high frequency) during the TSST served as self-reported and physiological measures of emotional regulation, respectively. Preliminary analyses conducted on 19 participants demonstrate a contrast between mediation patterns with respect to measurements of affective regulation. Self-reported affective regulation predicts subjective empathy but does not mediate the relationship between pathological narcissism and subjective empathy, whereas physiological measurements tend to predict empathy and mediate this relationship. Preliminary data suggests that physiological measures would be more sensitive than self-report measures in identifying the regulatory mechanisms responsible for empathy deficits in pathological narcissism.

**The “Alien Self” and its assessment in suicidal inpatients with Borderline Personality Disorder..** *Vincent BESCH, Hôpitaux Universitaires de Genève*

The mentalization-based therapy (MBT) framework posits that early adversity can undermine self-development through inaccurately mirrored self-states by caregivers. Such “self-alienating states” (SAS) are aversive to self-experience, and require externalization to be regulated. Externalization patterns of SAS include self-directed aggression (self-harm, suicide attempt) or dissociative processes. SAS are thought to be over-represented in BPD. To date, no empirical instrument enables to test the hypotheses linked to SAS. In this study, we generated 52 items thought to reflect SAS, and reviewed for content validity by the two authors who theorized the “alien self” concept. The items were administered as a 7-point Likert-type self-report to a healthy control sample (n = 300) together with questionnaires for external validity: SCL-90 (Derogatis 1977) for psychopathology, CTQ (Bernstein 1997) for childhood traumatization, GASP (Cohen 2011) for shame, RFQ (Badoud 2015) for mentalization, SOC (Antonovsky 1993) for sense of coherence. Subsequent validation of the scale was performed with a clinical

sample of 100 inpatients hospitalized for a suicidal crisis. As hypothesized, Exploratory Factor Analysis yielded a bifactorial structure with one overall factor of alienation, and 4 factors corresponding to the SAS : Self Disgust, Self Devaluation, Identity Diffusion, and Dissociated States. Significant correlations were observed with childhood traumatization ( $r = .30$ ), shame ( $r = .37$ ), general psychopathology ( $r = .72$ ), sense of coherence ( $r = -.74$ ) and abilities to mentalize ( $r = -.62$ ). One-year retest indicated high temporal stability ( $r = .84$ ). Results in the clinical group indicate significant differences with healthy controls. In addition, patients with a diagnosis of BPD exhibit higher scores than those with depression for all SAS factors. Associations with longitudinal changes in levels of suicidality will be discussed. Further work should investigate the etiological mechanisms of SAS, its relationship to outcomes in psychotherapy research, and its neurobiological underpinnings to inform future treatment.

Research Symposium

***Dialectical Behavioural  
Therapy***

Exploring treatment aspects in Personality Disorders

-Emilie Hestbaek. Department of Psychology, University of Copenhagen, Denmark -Mariana Mendoza Alvarez. Faculty of Medicine and Health Sciences, Collaborative Antwerp Psychiatric Research Institute (CAPRI), University of Antwerp, Antwerp, Belgium -Prof. Dr. Lize Verbeke. Ghent University Belgium -Piotr Grzegorzewski. Institute of Psychology, Cardinal Stefan Wyszyński University in Warsaw, Warsaw, Poland

**A transdiagnostic mentalization-based intervention (Lighthouse Parenting Program) versus care as usual for parents with a mental disorder in adult mental health service: a randomised clinical trial (LIGHTHOUSE-RCT).** *Emile Hestbaek, 1Department of Psychology, University of Copenhagen, Denmark*

Background: 12-45% of the patients in adult mental health service are parents. Children of parents with mental disorders are at high risk of various adverse outcomes compared to children of healthy unaffected parents. The right and timely help may prevent the intergenerational transmission of adversity from parent to child. The aim of this trial is to examine the effects of a preventive intervention for parents with a mental disorder in adult mental health service in the Capital Region of Denmark as an add-on to their ongoing psychiatric outpatient treatment. Methods: We are currently conducting an investigator-initiated single-center randomised clinical superiority trial of a transdiagnostic mentalization-based intervention (Lighthouse Parenting Program) compared with care as usual for 170 parents with various non-psychotic mental disorders. Participants are included if they have a child (0-17 years), whom they are in regularly contact with. Participants will be assessed at baseline before randomization, and at follow-up 6 and 12 months after randomization. The primary outcome is level of parental stress assessed with the Parenting Stress Index – short form (PSI-4-SF). Secondary and exploratory outcomes include parenting competence (Parenting Sense of Competence), psychosocial problems offspring (Strength and Difficulties Questionnaire), history of childhood adversity in offspring (Adverse Child Experiences Questionnaire), health related quality of life and functioning (European Quality of life – 5

Dimensions; World Health Organization Questionnaire of Quality of Life – Bref), psychiatric symptom severity (Brief Symptom Inventory (BSI), family functioning (Family Assessment Device – General Functioning), parental mentalizing (Parental Reflective Functioning Questionnaire; Mind Mindedness), and epistemic trust (Epistemic trust, Mistrust, and Credulity Questionnaire). Conclusions: The trial will provide evidence of the beneficial and harmful effects of a transdiagnostic mentalization-based intervention for parents with a mental disorder in adult mental health service.

**Disturbed Sleep in Borderline Personality Disorder and its Impact on DBT Treatment.** *Mariana Mendoza Alvarez, Antwerp University, Livia De Picker, Antwerp University, Johan Verbraecken, Multidisciplinary Sleep Disorders Centre, Antwerp University Hospital, Edegem, Belgium, Marie Vandekerckhove, Faculty of Psychology and Educational Sciences, Faculty of Medicine and Pharmacology, Vrije Universiteit Brussel (VUB), Laurence Claes, KU Leuven*

**Background** Previous research has shown that rapid-eye-movement (REM) sleep plays an essential role in the processing of emotions (Wassing et al., 2016), suggesting that disrupted REM sleep may hinder the overnight resolution of emotional distress (Wassing et al., 2019). Subjective sleep problems linked to the recovery status among BPD patients are reported by up to 95.5% of individuals with Borderline Personality Disorder (BPD) (Asaad et al., 2002; Plante et al., 2013b). Despite its importance, the impact of sleep on the evolution of symptom severity over time and the outcome of psychotherapy such as Dialectical Behavioral Therapy (DBT), remains unexplored. The present study aims to address the previous gaps in the literature. **Methods** This longitudinal study examined the subjective quality of sleep, micro- and macrostructure of sleep physiology and their patterns linked with clinical parameters of 65 individuals diagnosed with BPD, who were longitudinally followed during their DBT treatment or while on the waiting list (WL) for 20-24 weeks following baseline polysomnography (PSG) testing. Semi-structured interviews and self-report questionnaires were collected at early (5-8 weeks; T2) and late (20-24 weeks; T3) treatment time points. Baseline sleep

measures will be explored as predictors of early (T2) and late (T3) symptom severity for BPD patients. Finally, changes over time in sleep scores and symptom severity will be compared in BPD patients undergoing DBT treatment versus those on the WL. We hypothesise that both micro- and macro-structural alterations in sleep, as well as subjective sleep quality at baseline, will predict poorer treatment outcomes during both the early and late stages of DBT. Results Results of the finalised Data collection (February 2024) will be discussed. Research questions are registered on our open science registration (<https://osf.io/3ubrj>).

**Good-Enough Care? How Patients' Perception of Counselor's Professional Skills Relate to Everyday Life in Forensic Long-Stay Units.** *Barbara De Clercq, Ghent University, Belgium, Verbeke Verbeke, Ghent University, Belgium*

The overall goal of long-term forensic care is to strive towards acceptable levels of adaptation and quality of life of the forensic patient in the institutional context. While the bulk of literature has focused on the deleterious consequences of personality pathology in this population, research investigating the contribution of the quality of the therapeutic relationship has remained rather scant. Assuming that perceived competence of the direct counselor, as perceived by patients, forms an important aspect in this regard, the central aim of the present study was to investigate the relationship between patients' perceptions of their therapist's professional skills, their self-reported maladaptive behavior at the ward and experienced quality of life. To this end, we recruited N = 60 patients in long-stay forensic units with significant amounts of personality pathology and investigated their perceptions of 10 specific skills displayed by their therapist, along a "too little-too much" rating scale. The results of our Bayesian analyses revealed that patients who had the overall impression that their counselor was equipped with an adequate set of professional skills showed less maladaptive behavior and perceived a higher quality of life at the ward. Conversely, at a more specific competence level, only a positive relationship between a counselor's predictability and self-reported quality of life was found. Taken together, the present results highlight that an overall professional skill evaluation matters in the

context of forensic patients' adaptation and quality of life at long-stay units, with counselor's predictability serving as a crucial aspect in obtaining the most favorable outcomes.

**Emotion dynamics and emotion regulation in situational context in the daily lives of women with borderline personality disorder and of women with anorexia nervosa of the restrictive type: An experience sampling method (ESM) study.** *Piotr Grzegorzewski, Department of Neuroses, Personality Disorders, and Eating Disorders, Institute of Psychiatry and Neurology, Warsaw, Poland*

Background: Daily-life emotion dynamics and emotion regulation (ER) seem to manifest themselves in contrasting abnormal patterns across borderline personality disorder (BPD) and restrictive AN (AN-R). Specifically, negative emotional lability and variability are high in BPD and probably relatively low in AN-R. ER in turn ranges from such maladaptive strategies as self-injury or anger outbursts (testifying to disinhibition) in BPD to emotion suppression in the form of starvation or expressive suppression (testifying to inhibition) in AN-R. However, the specificity of daily-life emotion dynamics and ER strategies across these disorders remains unexamined. Emotional sensitivity and some emotional lability variations as well as cognitive reappraisal and expressive suppression in AN-R, anger outbursts in BPD, and the interdependencies between these ER strategies and emotion dynamics also require empirical verification. In addition, studies on emotion dynamics in AN-R and on simultaneously measured various kinds of maladaptive ER strategies in both disorders lack healthy controls. Finally, the situational underpinnings of emotion dynamics and of ER strategies have not been investigated in AN-R and are understudied in BPD. Therefore, the current study aimed to fill the above research gaps. Methods: Women with BPD (N=45), with AN-R (N=38), and healthy women (N=43) recruited via social media groups and from outpatient and inpatient treatment centers first completed relevant online self-report scales. Subsequently, subjects participated in a 7-day experience sampling method study consisting in responding on smartphones eight times per day to three short surveys measuring: emotional intensity (joy, interest/excitement, surprise, sadness, anger, disgust, contempt,

fear, shame, and guilt), ER strategies (cognitive reinterpretation, expressive suppression, anger outbursts, self-injury, fasting/starvation, and physical activity), and situational context (conflict, rejection, bad news, painful reminder, omission, perceiving body as larger after a meal). Results and Conclusions: Data analysis will be finished soon. The results and conclusions will be presented at the Congress.

Research Symposium  
***Emotion Regulation***

Family Interventions for BPD, Suicidality, Self-Harm, and Related Problems

BPD typically includes suicidality and self-harm, other types of impulsivity, dysregulated emotion and significant interpersonal problems (Gunderson, Fruzzetti, Unruh, & Choi-Kain, 2018). Living with and/or caring for someone with these problems brings burden, grief, despair, and even PTSD (Fruzzetti, Gunderson & Hoffman, 2014), yet help for family members is rare. This symposium will evaluate the benefits of family interventions both for people with BPD, and for their parents or partners. Studies in this symposium include family members from Canada, Ireland, Spain, and the United States. Dr. Mary Kells et al. will describe the benefits to family members for leading or co-leading education and skill programs. Dr. Mary Joyce et al. will describe a study that looks in detail at hopelessness in caregivers and its relationship to burden and grief over time. Dr. Armida Fruzzetti et al. will present a new prevention/early intervention program for children 8-12 years old with severe problems (and their parents) that showed significant improvements for the kids and improvements for their parents. Prof. Verónica Guillén et al. will show results from a randomized trial that demonstrate significant benefits of a program for family members whose relatives have BPD and suicidal behavior disorder (SBD). And Prof. Alan Fruzzetti will provide data from a new adaptation of the well-established Family Connections program, for parents of adolescents and young adults 15-35 years with high levels of depression, dysregulated emotion and PTSD related to their kids' suicide attempts and self-harm. Results show significantly reduced distress/DERS and PTSD scores.

**Caregivers of Individuals with Borderline Personality Disorder: The Relationship between Co-Leading Caregiver Interventions and Psychological Distress/Positive Mental Well-being.** *Mary Kells, HSE Ireland, Aoife Hayes, University College Cork, Lynn Courey, The Sashbear Foundation, Doreen Hyndman, Sashbear Foundation, Maria Dempsey, University College Cork, Mike Murphy, University College Cork*

Background: Burden and psychological distress are higher in informal caregivers (ICs) of people with severe emotion and behaviour dysregulation who have been given a diagnosis of



Borderline Personality Disorder (BPD) compared to non-caregivers. The current cross-sectional study aims to examine whether there is a difference in outcomes of ICs of people with BPD who have received the intervention Family Connections (FC) and who also lead interventions for other caregivers (caregiver-leaders) compared to those who are not caregiver-leaders. Method: This sample for this research is from a larger study (Hayes et al., 2023). Data for 347 participants who noted that they had received FC were analysed. Participants completed the McLean Screening Instrument for BPD-Carer Version, the Brief COPE, the Multidimensional Scale of Perceived Social Support, the Kessler Psychological Distress scale, the WHO-5 Well-being Index, and the Coronavirus Anxiety Scale. Results: The results found that being a caregiver-leader was associated with higher positive mental well-being and lower psychological distress compared to non-caregiver-leaders. The current analysis also found that being a caregiver-leader was associated with significantly greater use of the coping strategy of positive reframing and lower use of behavioural disengagement and self-blame than non-caregiver-leaders. Conclusions: The study provides preliminary evidence that being a leader of an intervention for other caregivers is associated with better outcomes for caregivers who have attended FC. This finding raises the implication that is caregiver-led roll out of FC should be considered across services.

**Hopelessness for family members of individuals with borderline personality disorder.** *Mary Joyce, National Suicide Research Foundation, Mary Kells, HSE Ireland, Emily Boylan, HSE Ireland, Bláthín Power, HSE Ireland, Stephanie Wall, HSE Ireland, Daniel Flynn, HSE Ireland*

Family members and loved ones of individuals with borderline personality disorder (BPD) can experience high levels of distress. Previous studies that have evaluated interventions for family members typically include assessments of burden, grief, and depression as indicators of distress. Hopelessness is a construct that has received little attention despite its potential relevance for this group. This study sought to examine levels of hopelessness in individuals attending a Family Connections (FC) programme and to

assess potential change in hopelessness from pre- to post-intervention, and up to 1-year follow-up. Participants were 75 family members, 29 male and 46 female. Most participants were parents (n=43; 57%). Data were collected at four time-points and outcomes included hopelessness, burden and grief. The mean hopelessness score for participants at pre-intervention was 4.61 which is in the 'mild' category. The majority of participants (82%) reported scores within the 'minimal' or 'mild' ranges at pre-intervention. A greater proportion of participants aged 60-70 years reported scores in the 'moderate/severe' category than those in younger age groups. Levels of hopelessness remained similar at post-intervention. Mean scores increased at both 3-month and 12-month follow-up but continued to remain in the 'minimal' category. Hopelessness scores in the current study are similar to those reported in previous studies, although no change was found at post-intervention. Consideration should be given to the concepts of personal vs. situational hopelessness and the relevance of assessing personal hopelessness for the current participant group.

**Dialectical Behavior Therapy with Kids & Families.** *Armida Rubio Fruzzetti, NSRF University College Cork, Alison Yaeger, McLean Hospital, Briana Carbone, DBT Works, Alan Fruzzetti, Harvard University/NSRF University College Cork*

Background: Younger children with emotion dysregulation problems, suicidality, self-harm, and/or aggression are at great risk for developing BPD and related problems. Dialectical Behavior Therapy (DBT) is effective in treating these problems with adults and adolescents but has not been applied to younger children. Alternative, well-established parenting programs for younger children exclude children who express suicidality, engage in non-suicidal self-injurious behaviors (NSSI) or aggression, so accessible treatment options are few. This paper describes an open trial of a new program, DBT with Kids & Families, developed to: 1) intervene at a younger age (8-12 years); 2) prevent more significant problems from developing later in adolescence; and 3) to increase broad access to services. Methods: Inclusion: Participants were 18 children (ages 8-12) and their parents. Children had to have expressed suicidality, made at least one attempt, and/or were

engaging in NSSI. Measures: Parent data included measures for emotion dysregulation (DERS) and trauma-related problems (PTSD Checklist 5). Child data included: 1) child Suicide Ideation-self report; 2) Revised Child Anxiety & Depression Scale, 3) Emotion Regulation Index for Children and Adolescents; 4) interviewer ratings of self-harm severity and frequency; and 5) parents completed the Pediatric Symptom Checklist concerning their children. Results: Significant improvements were found across all child self-reports, interviewer ratings, and parent reports. Parents reported significantly decreased problems with emotion regulation (DERS) and trauma-related problems (PCL). Conclusions: Results demonstrate the feasibility of augmenting DBT with additional parent interventions to treat younger children with significant emotional and behavioral problems. DBT with Kids & Families employs the transactional model of emotion dysregulation utilized across DBT, and this pilot suggests that addressing all three parts of the model (parent skills, child skills, and improving their transactions) led to improve safety, stability and relationships between parents and their children.

**An intervention for family members of people with suicidal behaviour: A randomized control trial.** *Verónica Guillén, Universidad de Valencia, Antonio Arnal, Universidad de Valencia, Macarena Paredes, Universitat Jaume I de Castelló, Sandra Pérez, Universidad de Valencia, Joaquín García-Alandete, Universidad de Valencia, Antoni Grau, Ita-Salud Mental, Christina Botella, Instituto Salud Carlos III, Madrid, José Heliodoro Marco, Instituto Salud Carlos III, Madrid*

Background: Relatives of people diagnosed with suicidal behavior disorder (SBD) feel guilty, afraid, hopeless, depression and anxiety. It is necessary to help them reduce their discomfort and burden. Family Connections (FC) is a program that has been shown to be effective in relatives of people with BPD. However, no RCTs have demonstrated efficacy of the FC program in patients with SBD. Our research team adapted FC for relatives of people with SBD for delivery in the Spanish population (FC-SBD). The FC-SBD program contains 12 two-hour sessions held once a week. The first aim is to verify the efficacy of the FC-SBD intervention for relatives of people

diagnosed with SBD in a randomized control trial with a Spanish sample. The second objective is to analyze the feasibility and acceptance of FC-SBD in relatives. The third aim is to analyze whether the changes produced in the psychological variables in the relatives after the intervention are related to changes in the psychological variables of the patients. Methods: The study design consists of a two-arm randomized controlled trial with two conditions: FC-SBD or Treatment-as-usual optimized (TAU-O). Participants were relatives of patients who meet DSM-5 criteria for SBD. The caregivers' primary outcome measures were BAS. Secondary outcomes were DASS-21, FES, DERS, QoL. The patient's primary outcomes were frequency of critical incidents with the family member with SBD. Secondary measures were the INQ, PHQ-9, OASIS. Participants were assessed at pretreatment, post-treatment, and 6-month follow-up. Intention-to-treat sample will be used when analyzing the data. Discussion: This study provides results that confirm the efficacy of the FC-SBD in relatives of people with SBD. These results will also confirm its good acceptance by family members and help us to find out whether it is a good program to improve the prevention of suicidal behaviors in the family environment.

**An Education, Skills and Support Program for Parents with Trauma-Related Distress Related to their Children's Non-Suicidal Self-Injury and/or Suicide Attempts.** *Alan Fruzzetti, Harvard University/NSRF University College Cork, Josephine Au, Harvard Medical School, Nicole Porter, Harvard Medical School, Julianne Wilner Tirpak, Harvard Medical School, Cynthia Kaplan, Harvard Medical School*

Background: After a child's non-suicidal self-injury or suicide attempt, parents report stress- and trauma-related reactions, including high rates of PTSD (Krysinska et al., 2021; Fruzzetti et al., 2024). A new Family Connections program, Managing Suicidality and Trauma Recovery (FC-MSTR) was designed: 1) to help parents reduce their distress, 2) improve relationships between these parents and their children, and 3) reduce distress and risk in the children. The present open trial examined the impact of FC-MSTR on PTSD severity and problems with emotion dysregulation in

parent participants. Method: Participants were 78 parents with a child who previously engaged in suicidal/self-harming behavior. Parents were from four different metropolitan areas and completed questionnaires pre- and post-program, including measures of PTSD (PCL-5) and emotional dysregulation (DERS). Mixed-effects ANOVA models tested changes in PTSD and DERS scores. Parents were nested within families nested within geographic cohorts. We addressed non-independence of data by assessing and including random effects for nesting levels. Results: The family intra-cluster correlation coefficient for PTSD (ICC = .59) and DERS (ICC = .29) indicated moderate relatedness of scores within families; therefore, Family was included as a random effect. Geographic area ICCs for both outcome variables approached zero and therefore were not included. Mixed-effects ANOVAs showed significantly decreased PTSD severity scores with a medium effect size and significantly decreased DERS scores with a small-medium effect size. Conclusions: FC-MSTR is a free program for parents with PTSD-related distress. These open trial data suggest its feasibility and scalability, potentially filling an important service gap for parents with these problems. Because parents demonstrated significant improvements, further research is needed to evaluate the immediate, and later, impact on parent-child relationships and on the child's distress and risk.

Interaction of neuroscience and psychotherapy in BPD

In borderline personality disorder, several symptom domains can be characterized whose underlying mechanisms are amenable to neurobiological characterization. These include disturbance of emotion regulation, impulsivity, dissociation, and difficulties in social interaction. Another focus of recent research is the integration of improved neurobiological knowledge into psychotherapy development. Here, neurobiological investigation methods such as functional imaging can be used to examine therapy results on an additional level. This showed a change of altered activation patterns after successful therapy, e.g. in the amygdala. Modern methods such as real-time fMRI can also be used to train emotion regulation by means of neurofeedback. First studies showed not only a decrease of amygdala hyperactivity, but also a transfer into improved emotion regulation in everyday life of the affected persons. This symposium will give an overview of latest findings from studies that combined neurobiological research and psychotherapy. Christian Schmahl will present findings from real-time-fMRI neurofeedback studies and investigations of the effects of DBT on the brain. Corinne Neukel will show data from a mechanisms-based anti-aggression psychotherapy program on amygdala activity as well as every-day assessments of anger and aggression. The effects of a DBT program on ecological momentary assessments and neural correlates of social exclusion will be depicted by Pavla Linhartova. Finally, Richard Lane will present data on the role of the hippocampus in emotion processing and social interaction in the context of psychotherapy.

**How neurobiology can help to improve psychotherapy for BPD.** *Christian Schmahl, Central Institute of Mannheim*

Borderline Personality Disorder (BPD) is characterized by severe functional impairments, a high risk of suicide, extensive use of treatment, harm to others, and high costs to society. Current theories view dysfunctions in emotion processing and social interaction as core mechanisms of BPD. This often leads to prototypical behavioral patterns such as non-suicidal self-injury, high-risk behavior, and impulsive aggression. Research on psychological and neural mechanisms of BPD points towards an interplay between dys-functional information processing,

impairments of fronto-limbic circuits, and learned maladaptive behaviors. This presentation will give an overview of the latest research on mechanisms of emotion dysregulation and disturbed social interaction in BPD. Further, it will delineate new avenues of treatment approaches for BPD which combine the understanding of neurobiological and psychotherapy mechanisms. Examples of this, which will be depicted in the presentation, are fMRI-based neurofeedback, effects of DBT on neural mechanisms of emotion regulation, and computer-based training of social interaction.

**Insights into mechanisms of aggression in Borderline Personality Disorder and whether they are mechanisms of change in psychotherapy.** *Corinne Neukel, Center for Psychosocial Medicine, Heidelberg University, Katja Bertsch, Julius-Maximilians-University Wuerzburg, Sabine Herpertz, Center for Psychosocial Medicine, Heidelberg University*

Background: Anger and aggression are key features of Borderline Personality Disorder (BPD) that contribute significantly to individual suffering and high social costs. In a series of studies, we have investigated mechanisms underlying aggressive behaviour in BPD, including anger regulation and threat sensitivity. In the present project, we focused on the investigation of anger and aggression in everyday life and on the effects of a mechanism-based anti-aggression psychotherapy (MAAP) on threat sensitivity. Methods: In a randomized-controlled trial participants with BPD and aggressive behaviour were randomly assigned to either MAAP or a non-specific supportive psychotherapy (NSSP). To assess mechanisms of aggression, participants with BPD and healthy controls took part in a functional magnetic resonance imaging emotional face matching task and a behavioral emotion classification task before and after treatment, or at a similar time interval for controls. State anger and aggression in everyday life were assessed by ecological momentary assessment (EMA) three times per day over two weeks. Results: EMA data indicated higher intensity and instability of anger feelings in participants with BPD on days with compared to days without aggressive outbursts. The MAAP group showed a clinically relevant decrease of aggressive behavior from pre- to post-treatment. Furthermore, the MAAP group showed a decrease of amygdala

activation in response to emotional faces and an increase in response latency when classifying angry faces, whereas the NSSP group showed an increase in amygdala activation and a decrease in response latency. Conclusions: Knowledge about what characterizes days with aggressive outbursts may help to improve interventions to reduce aggressive behavior. Additionally, results suggest an impact of MAAP on aggressive behavior and on threat sensitivity, a mechanism underlying aggression in patients with BPD. Hence, the present results may be used to further optimize anti-aggression therapy for patients with BPD.

**Behavioral and neural effects of a six-month comprehensive DBT program in patients with BPD.** *Pavla Horká Linhartová, Masaryk University Brno, Adela Latalova, Masaryk University, Brno, Czechia, Monika Radimecka, Masaryk University, Brno, Czechia, Martin Lamos, Masaryk University, Brno, Czechia, Martin Jani, Masaryk University, Brno, Czechia, Pavel Theiner, Masaryk University*

Five years ago, our team established the first comprehensive DBT program for patients with BPD in a healthcare setting in Czechia. The program includes 24 weeks of skills training (1,5 hour 2x per week), individual therapy (1 hour 1x per week), phone coaching 24/7 and consultation team (1,5 hour 1x per week) plus pretreatment. In this contribution, we present behavioral and neural effects of this six-month DBT program in patients with BPD as compared to a control group of patients with BPD (receiving no DBT). The final sample consisted of 30 patients with BPD undergoing the DBT program (BPD-DBT group), 17 patients in the control clinical group (BPD-C group) and 30 healthy controls (all without dropout respondents). The effects were measured at T1 (before DBT), T2 (in the half of DBT; only BPD-DBT group), T3 (after 6 months/DBT), and T4 (after another six months) by self-reported questionnaires, ecological momentary assessment (EMA) and fMRI using the “Faces task” and “Cyberball task”. Compared to BPD-C group, there was a significant decrease in all symptoms measured by self-reported questionnaires in BPD-DBT group (emotion dysregulation, dissociation, impulsivity, and other). Moreover, we will present the effects on emotion variability as measured by EMA, the rates of self-harm frequency change and neural differences



after the DBT program. The shortened six-month DBT program was shown to be effective in reduction of a wide range of symptoms in patients with BPD as compared to the clinical control group. We will discuss the time course of the effects in patients in the DBT program as well as their duration after six months from completing the program, further we will discuss the effects in relation to the results measured by EMA and neural correlates of the effects . The project is supported by Ministry of Health grant nr. NU23-04-00472.

**The Corrective Emotional Relationship, Social Navigation Encoding in the Hippocampus and the Potential to Capture Meaningful Change in Relational Functioning in fMRI.** *Richard Lane, The university of arizona, Ueli Kramer, University of Lausanne, Bogdan Draganski, University of Lausanne, Switzerland, Lynn Nadel, University of Arizona, Tucson, AZ, Kate Simon, University of California at Irvine, Matthew Schafer, Mt Sinai Icahn School of Medicine, New York, Daniela Schiller, Mt Sinai Icahn School of Medicine, New York*

In the treatment of personality disorders, psychodynamic psychotherapy seeks to both provide a new way of experiencing self with other and create a new narrative. A series of unexpected, positive and transformative emotional experiences in interaction with the therapist, some but not all of which can be recalled, may together constitute a corrective emotional relationship. The theory of enduring change in psychotherapy will be reviewed that features the phenomenon of memory reconsolidation and the integrated memory model, which consists of the interaction between episodic memory (new experiences), semantic memory (including schematic memory) and emotion. From the perspective of systems neuroscience, the core mechanism of change may be the reconsolidation of the emotion-laden schematic memories that comprise the internal working model of the social world. This systems neuroscience perspective provides a new way to explain how enduring change occurs in psychotherapy. The principal thesis of this talk is that this same perspective may also make it possible to demonstrate the neural instantiation of such change in fMRI. Toward that end, the role of the hippocampus in tracking two fundamental dimensions of social relationships, power and

affiliation, will be reviewed. This is demonstrated using a video game in which a participant's relationships are situated on these two dimensions using behavioral responses while brain activity is mapped using fMRI. New research will be presented showing that corrective emotional experiences can change the location of a relationship on these dimensions. That same paradigm is now being used in an fMRI study of healthy volunteers, and preliminary fMRI results will be presented. This study has the potential to capture the neural instantiation of changes in a person's capacity for closer and more trusting relationships, which may in the future be applied in the context of psychotherapy.

Research Symposium  
***Early Detection and  
Prevention***

Long-term follow up and functional outcomes of early personality pathology: Lessons for indicated prevention, early intervention and the need for person-environment fit

The current symposium brings together four speakers that share a prospective long-term follow-up lens on early trait vulnerabilities, relying on various prospective data-sets across a large time span. Whereas Dr. Stepp and Dr. Wille will address the significance of early borderline personality features for long-term functional outcomes, Dr. De Clercq and Dr. Krakau take a more broad perspective on the significance of early maladaptive or vulnerable trait features. In particular, Dr. Stepp will overview the developmental mechanisms and processes that were drawn from the longitudinal Pittsburgh Girls study and will formulate a set of guidelines for clinical practice. Dr. Wille will focus more specifically on professional outcomes of borderline vulnerabilities and the opportunities that can be found when striving for more person-environment fit in the work context. Taking a machine-based learning approach, Dr. De Clercq will present a study relying on two Flemish longitudinal studies of both community-based and referred children, in which the need for early detection will be addressed by exploring the prognostic value of specific maladaptive trait and parenting factors for understanding overall personality pathology in young adulthood. In closing, Dr. Krakau will take a person-centered approach on general personality traits in childhood and will explore developmental processes in relation to life events and family climate. In particular, the long-term functional outcomes of children with a vulnerable personality trait profile will be explored in terms of young adult trait-level personality pathology and personality functioning as reflected in relational investment and relationship quality.

**The Pittsburgh Girls Study: A Retrospective on Findings  
Characterizing Borderline Personality Disorder in Youth.** *Stephanie Stepp, University of Pittsburgh*

The Pittsburgh Girls Study (PGS) is a landmark longitudinal study that has made significant contributions to our understanding of biopsychosocial developmental processes and their associations with borderline personality disorder (BPD) in girls and women. Drawing upon a longitudinal study spanning 25 years, our investigation has

provided invaluable insights into the early manifestations, risk factors, and developmental trajectories associated with BPD in adolescent girls. Through comprehensive assessments, including behavioral observations, neurobiological markers, and psychosocial factors, our research sheds light on the nuanced interplay between genetic predispositions and environmental influences contributing to the emergence of BPD symptoms. This talk will highlight key findings related to the identification and characterization of BPD in youth, emphasizing the importance of early detection and intervention strategies. Additionally, implications for both clinical practice and future research directions will be discussed, underscoring the potential for targeted interventions to mitigate the long-term impact of BPD on the affected individuals and society at large.

**Who are the kids at risk to develop personality pathology? A machine learning approach to identify the most influential childhood maladaptive trait features for young adult personality disorder outcome.** *Barbara De Clercq, Ghent University, Belgium, Juul Vossen, Vrije Universiteit Brussel, Raissa Franssens, Ghent University, Belgium, Joeri Hofmans, Vrije Universiteit Brussel*

Personality disorder researchers are increasingly focusing on early detection and indicated prevention for youth at risk for long-term personality disorder outcome. Although there is relative consensus on the broad liabilities that pose children at risk for developing persistent personality difficulties, there is a lack of knowledge on the prognostic value of specific phenotypic manifestations of maladaptive traits early in life for long-term personality pathology outcomes. The current study relies on the longitudinal Flemish PALS data-set with baseline data of 720 community-based and referred children between 9 and 12 years that were prospectively assessed along 5 assessment points across a time span of 12 years. Multi-informant baseline data will be used to predict individual outcomes in terms of overall personality pathology and mental health functioning at the entrance of young adulthood. Specifically, decision tree techniques (i.e., CART) will be used to model the complex interactions between maladaptive behavioral traits and environmental (parenting) factors. The validity of the model

predictions will be assessed in terms of their stability by comparing the predictions across assessment points. As a set, the selected features will be cross-validated in a sample of 205 in-treatment children who were followed-up across a time span of 4 years, in order to validate whether the prognostic value of these features is also reflected in less change towards psychological recovery.

**Long-term associations between borderline-related personality difficulties at the entrance of the labor market and indices of professional frailness 22 years later: Vocational interests as a refreshing source of information to increase person-environment fit.** *Bart Wille, Ghent University, Belgium, Raissa Franssens, Ghent University, Belgium, Joeri Hofmans, Vrije Universiteit Brussel, Filip De Fruyt, Ghent University, Belgium, Barbara De Clercq, Ghent University, Belgium*

Borderline personality difficulties are a unique determinant of impaired work performance and both objective and subjective career-related failures and ill-being. From the tremendous literature on the relevance of person-environment fit to adequately manage daily expressions of borderline symptomatology, the present study aims to explore to what extent such maladaptive work outcomes are less prevalent when holding a job that fits with one's vocational interests. This hypothesis flows from the evidence that individuals with borderline tendencies often drift away from initial vocational interests, due to a negatively cascading professional trajectory that goes together with their strong interpersonal hostility, emotional outbursts and impulsivity. Towards this end, self-reported data on the NEO FFM BPD count were collected in a sample of graduated college students (NTime 1= 933) right before they entered the labor market. At three consecutive assessment points, one, fifteen, and twenty-two years after the baseline survey (N=612, N=250, and N=284, respectively), indicators of professional well-being and life satisfaction were gathered. In addition, all participants provided self-reports on an established taxonomy of vocational interests. Results will address the role of BPD tendencies in the long-term stability of employment status and career satisfaction, and will discuss to what extent career satisfaction outcomes of people with BPD vulnerabilities are

moderated by the congruency between actual job holding and vocational interests.

**The predictive value of personality development trajectories of children with vulnerable trait features for understanding trait-level pathology and personality functioning in young adulthood.** *Lina Krakau, University Medical Center Mainz, Aleksandra Kaurin, University of Wuppertal, Barbara De Clercq, Ghent University, Belgium*

The present study analyzes the developmental trajectories of children with a vulnerable Five Factor Model based trait profile, as derived from latent profile analysis, and aims to explore how this early phenotype develops in context and has predictive value towards understanding trait-level personality pathology in young adulthood on the one hand, and aspects of personality functioning (relationship investment and quality). The data is drawn from a Flemish longitudinal twin-family study (N= 736), in which children and their parents were invited to participate at baseline and in two follow-up waves, three and 18 years later. At baseline, children were between 5 and 14 years old, with a mean of 8.65 years (SD = 2.11 years). Children's personality traits were rated on the Hierarchical Personality Inventory for Children (HiPIC). At wave three assessments, the now-adult children self-reported on personality pathology, family climate, current relationship investment and commitment, as well as life events. While the data analysis is still ongoing, the results promise insights into the significance of a phenotype of early trait vulnerabilities that interact with contextual features to understand young adult maladaptation in terms of personality pathology.

**Outcome Studies**

New developments in Transference-focused Psychotherapy

Transference-focused Psychotherapy (TFP) is an empirically-validated psychotherapy for patients with borderline personality disorders. TFP has been modified for an application in adolescent patients (TFP-A). A controlled study revealed that a 12-week TFP-A program in a day care setting significantly reduces psychiatric hospitalization during six months after treatment; the effect was sustainable in the completers of the Program after 12 and 24 months. A new assessment tool is presented for the assessment of “object relation dyads”, i.e. specific patterns within the therapeutic relationship. A novel approach to assess emotional awareness, the electronic Levels of Emotional Awareness Scale (eLEAS) was employed to assess this domain in Borderline patients and predict their outcome. The well-established Structured Interview for the Assessment of Personality Functioning has been revised (STIPO-R) and translated into different languages, among others German, Italian, and Czech. Three studies applied these translations in patients with substance use disorders with and without comorbid personality disorders as well as in bipolar disorder and borderline personality disorder. The results reveal different patterns of personality organization and suggest the STIPO-R as a useful tool for the assessment of the DSM-5 and ICD-11 domains of personality functioning.

**Advancement in the assessment of object relations dyads in TFP: Setting the basis for a clinical tool.** *Caterina Felici, University of Milano-Bicocca*

Transference-Focused Psychotherapy (TFP) is a psychodynamic treatment for personality disorders, recognized by the American Psychological Association as an evidence treatment for borderline personality disorder. Rooted in Kernberg’s theory of personality organization, TFP entails as a crucial therapeutic strategy the assessment and elaboration of patients’ object relations dyads, intended as representations of self and others linked together by a positive or negative affect. The inner world of individuals with personality disorders is characterized by split, polarized, and oscillating object relations dyads, which are played out in the transference dynamic, often challenging the therapeutic relationship. A systematic assessment method of object relations

dyads for TFP practice is currently missing. We extracted one hundred object relations dyads from tables and clinical vignettes that were reported in TFP manuals. Such dyads were then presented to the TFP international community through an online survey. Clinicians were asked to: 1) evaluate each dyad's relevance for their clinical work with personality disordered patients, 2) classify them into five relational themes (Aggression/Hostility, Control/Power, Worth, Care, and Sexuality), and 3) assign a positive or negative valence to each dyad. Our analyses combined quantitative and qualitative approaches and identified a finite set of 51 object relations dyads evenly distributed in relational themes, suitable for building a clinician-rated and a self-report assessment tool for clinical and research settings. Such tools will allow clinicians to gain a deeper understanding of the inner world of patients with personality disorders and to better manage intense transference and countertransference reactions that characterize therapeutic relationships with such patients.

**Decrease in Hospitalizations Among Adolescents with Borderline Personality Organization After TFP-A Day Clinic Treatment – A 2-Year Follow-Up.** *Cecily Jahn, University Clinic of Cologne, Germany*

This follow-up study examined the frequency of hospitalizations 2 years after discharge from a 12-week day clinic treatment program with transference-focused psychotherapy for adolescents (TFP-A) compared to treatment as usual (TAU). Data on the frequency of psychiatric and non-psychiatric hospitalizations, as well as emergency care use after NSSI was collected through review of medical notes and structured telephone interviews from 154 patients. 6 months post treatment (T1) the TFP-A treatment group was hospitalized significantly less than the TAU group ( $p = .024$ ,  $SE = .634$ ), but results did not remain stable after 2 years (T3). No significant between-group differences were found in the use of emergency care units. The frequency of hospitalization reduced significantly in treatment completers 12 months ( $p = .043$ ,  $SE = .186$ ) and 24 months after discharge ( $p = .051$ ,  $SE = .248$ ), while the number of hospitalizations remained stable in treatment non-completers. Further analyses are still ongoing.



**An Examination of Personality Structure in Dual Diagnosis Patients: Similarities and Differences Compared to Substance Use Disorder Patients and Healthy Control.** *Erika Fanti, University of Milano-Bicocca*

The prevalence of comorbidity among different disorders, known as Dual Diagnosis (DD), is common in clinical practice. Particularly, preliminary studies indicate high co-occurrence rates of personality disorders (PDs) and substance use disorders (SUDs). Previous research has shown the relevance of investigating different pathological organizations in personality profiles among individuals with DD compared to those with single psychiatric diagnoses. Despite its clinical relevance, very little research has been conducted on the topic. To this end, we evaluated the personality structure of 147 individuals (Mean age =  $35.8 \pm 10.9$ ), categorized into three distinct samples: 60 participants from the community, 45 outpatients with SUDs, and 42 inpatients with DD of SUDs and co-occurring PD. Participants were interviewed through the Structured Interview of Personality Organization-Revised (STIPO-R), assessing Kernberg's dimensional model of personality. Analysis of variance revealed that SUD and DD patients shared poorly integrated identity and object relations, rigid and primitive defenses, poorly integrated moral values, and higher self-directed aggression levels compared to individuals from the community sample. Moreover, DD patients were characterized by an impaired sense of self, overall maladaptive defenses, higher levels of other-directed aggression, and narcissism. Findings suggest that the SUD and the DD patients exhibit similar patterns limited to some aspects of personality organization. However, results highlight the specific role of some dimensions in shaping DD pathological personality organization, with consequent implications for diagnosis and treatment.

**Personality functioning in substance use disorders: Evidence from the Czech clinical sample.** *Karel D. Riegel, Charles University and General University Hospital in Prague*

Research showed high rates of substance use disorders (SUDs) co-occurring with various personality disorders and specific personality

traits. However, more data regarding personality functioning (PF) in SUD patients are needed for tailored treatment planning and treatment outcome measurement. The objectives of the study were: 1. To empirically investigate the PF and salient psychopathological parameters of SUD patients; and 2. To test the initial psychometric properties of the Czech adaptation of the Structured Interview of Personality Organization-Revised (STIPO-R). In a cross-sectional design, 50 SUD patients from inpatient and outpatient high threshold treatment units were assessed with the STIPO-R and other instruments. Results demonstrates the first empirical evidence about the overall level of PF in Czech SUD patient sample and brings data regarding aspects of validity and reliability of the Czech STIPO-R. As such might be further analyzed in comparison with other clinical and nonclinical samples on the national and international level.

**Personality Functioning in Bipolar Disorder and Borderline Personality Disorder.** *Stephan Doering, Medical University of Vienna, Austria*

Background: Differentiation of borderline personality disorder (BPD) and bipolar I disorder (BD) has been challenging. The assessment of shared symptoms in the context of the overall personality structure, the patient's sense of self, and the quality of his object (interpersonal) relations is proposed to be valuable for the differential diagnosis of these disorders. Methods: We empirically investigated the level of personality organization (PO), identity integration, and quality of object relations in patients suffering from BD or BPD using the Structured Interview of Personality Organization (STIPO) and the Level of Personality Functioning Scale (LPFS) in 34 BPD and 28 BD patients as well as 27 healthy control persons. Results: The BPD group showed significantly greater impairment in the domains "identity", and "self- and other- directed aggression". The overall level of PO in the BPD group was significantly lower when excluding not only BPD but any personality disorder (PD) in the BD sample. Severity of impaired personality structure had a major impact on symptom load independent of the main diagnosis BD or BPD. Conclusions: Our data show greater impairment of PO in BPD than in BD patients. BD

patients present with varying levels of PO, namely neurotic, higher or lower borderline level, whereas in BPD severe deficits in PO is pathognomonic. Therefore, careful assessment of PO should be considered for differential diagnosis and adequate treatment planning.

**Emotion Word Repertoire in the Adult Attachment Interview is linked to reduced Suicide Attempts and Self-Harm in Patients with Borderline Personality Disorder.** *Richard Lane, The university of arizona*

Suicide attempts and non-suicidal self-injury may occur when emotional distress cannot be regulated in more adaptive ways. We aimed to determine whether a greater capacity to be aware of one's own emotions may prevent such maladaptive coping in the context of borderline personality disorder (BPD). The current study involved a secondary data analysis from a randomized controlled trial of Transference Focused Psychotherapy (TFP) relative to treatment as usual (TAU) for patients with BPD (87 female; age: mean = 27 (7.42) years. Adult Attachment Interviews (AAI) were obtained at baseline and machine-scored for Emotion Word Repertoire (EWR), the number of unique emotion-specific words. EWR was used as an indirect indicator of emotional awareness, as patients were not consistently asked to describe their feelings during the AAI. In retrospective analyses controlling for education and total word count in the interviewees' responses, Bayesian path analysis revealed that higher baseline EWR is associated with fewer suicide attempts during the previous two years, as well as greater Reflective Functioning. In prospective analyses, EWR at baseline predicted fewer non-suicidal self-injury episodes during the one year of treatment, as well as fewer dropouts. Greater EWR also predicted greater decreases in Global Severity Index in the TAU relative to the TFP group at one year, although this finding was not significant after controlling for total word count. Previous research indicates that emotional awareness is reduced in BPD relative to comparison subjects. This is the first study to examine the clinical correlates of individual differences in emotional awareness in BPD. Using a novel method derived from AAI interviews, greater EWR appears to have a protective effect from suicide attempts and non-

suicidal self-injury. In the present context of a stressful AAI interview, higher values of EWR may reflect a greater capacity to avoid hopelessness or impulsive actions aimed at self-regulation.

Research Symposium

**Healthcare and  
Economics**

Psychosocial adaptation in personality disorders

The functional course of personality disorders (PD) is under-investigated. Existing studies mainly focused on borderline PD (BPD) and show significant impairment in social and/or occupational functioning in both clinical and remitted populations, confirming that symptomatic amelioration is not complemented by functional improvement. For PD in general, occupational functioning is particularly difficult to maintain, with occupational disability rates as high as 60%. Furthermore, clinicians' view of recovery does not align with the perspectives of people with lived experience, who prioritize practical achievements in the capacity to "work and love". The present symposium focuses on psychosocial adjustment in PD by bringing together both research findings from "experts by profession" and insights from "experts by experience". The first presentation (Grenyer) will report longitudinal data on functioning in BPD and elucidate the interplay between clinical improvements and vocational outcomes. The second presentation (Corbin) will focus on the need, reported by family members of people with PD, to provide rehabilitation strategies since the early stages of treatment. The third presentation (Feigenbaum) will illustrate the Preparedness for Employment Scale–Personality Disorder, which was developed by individuals with PD, their families, and employers and can inform on the timing of return to employment. The fourth presentation (Lariviere) will show differences in functioning across various domains of life between women and men with BPD who currently work, thus suggesting differentiated strategies to support recovery. Finally, the fifth presentation (Carbone) will illustrate the barriers that hinder progress toward recovery in BPD, including socio-economic aspects, from a lived experience perspective.

**Psychosocial adaptation in Borderline Personality Disorder: the perspective of family members.** *Barbara Corbin, NEA BPD Italy*

I have been volunteering in the mental health field for about 12 years, and since 2015 I have been leading the Family Connections training for the family members of people with Borderline Personality Disorder (BPD). Evidence-based treatments for BPD are now provided by public services in some -although not all- areas. However, existing services do not focus enough on rehabilitation. Although many patients respond to therapy, they still find it difficult

to reintegrate into society and in work. As John Gunderson pointed out in 1975, people with BPD are considered less disabled than other mental health service users and their rehabilitation needs are therefore neglected. Many patients interrupted their studies and have no professional qualification. This prevents them to get integrated into the adult world and to achieve the autonomy they are capable of. Many families carry this burden alone. When finally opportunities for a work experience are offered, expectations are high, but attempts can fail due to difficulties with the workload, challenging relationships with colleagues/managers, lack of continuity in commitment, absences, crises. Mental health professionals might be so focused on “emergencies” that they do not prioritize reintegration. BPD patients themselves might resist recommendations toward “getting a life” because they may feel that therapists are not interested enough in them . Therefore, many patients spend most of their life doing “only” therapy and are proposed rehabilitation plans only at a late stage. As a family member I am aware of the importance of therapy, but spending years just doing therapy is not enough. While this seems an obvious statement, that experience is quite usual for our loved ones. As a family volunteer, who had been in contact with many other families and histories, I strongly support the need to implement BPD treatments with specific rehabilitation strategies.

**Personality Disorder and Employment- A model and a scale.** *Janet Feigenbaum, University College London, Li-Ling Song, University College, London, UK*

The complex relationship between mental health and employment is transactional and unique to each individual. Many models of recovery from mental health difficulties suggest that employment is important for providing individuals with ‘meaningful occupied time’ in line with their values. The structure and demands of employment provide the opportunity for behavioural activation in line with models of depressive symptoms, social interaction, and opportunities for positive feedback. Employment may also provide distraction from the ruminative cognitive processes common across mental health disorders. Conversely employment may lead to an increase or onset of mental health disorders due to the stressors in

the workplace. Individuals with personality disorder face a number of challenges managing the requirements of the workplace, and engage in a range of responses to these challenges which may exacerbate the difficulties. We will present a model of the transactional processes in personality disorder and employment which forms the basis of the dialectical-behavioral therapy model of intervention. Returning or gaining employment too early may lead to an increase in risk and ongoing problematic cognitions of failure and defeat. Based on focus groups with individuals with a personality disorder, their families, and employers we have developed and psychometrically tested a scale for readiness for employment, the Preparedness for Employment Scale – Personality Disorder (PES-PD) which can be used to guide decisions on the timing of return to employment and the areas for intervention.

**Psychosocial functioning of men and women with borderline personality disorder currently employed.** *Nadine Larivière, Université de Sherbrooke, Marc Corbière, Université du Québec à Montréal, Pierre David, Institut universitaire de santé mentale de Montréal, Lionel Cailhol, Université de Montréal*

Background. Little is known about possible gender differences in occupational and social functioning in persons living with BPD. The objective of this study was to compare perceived functioning in different domains of life between women and men with BPD who currently work. Method. An online survey including several sociodemographic and clinical questions, the Functional Assessment in Borderline Personality Disorder-Abridged version and the Quality of Life at Work Evaluation was completed by 18 men and 75 women with BPD, aged on average 36 years old (sd. 10.7). Around 38% were parents, in both groups. For men, the most frequent type of job was being a clerk in various types of organizations and for women, working in the health care and social service system (e.g., orderly or nurse). Results. The mode of functioning of men in basic activities undermines significantly more their health and wellbeing than women, particularly the integration of healthy habits, management of energy and home maintenance ( $p < 0.05$ ). The perception of their way of functioning and its influence on their overall health is similar in men and women with

regards to community activities (e.g., leisures) and relationships (e.g., family responsibilities). The motivation to accomplish activities does not significantly differ between men and women. With regards to satisfaction with their current job, only the dimension related to global feelings/sense of belonging was significantly higher in women than men ( $p < 0.05$ ). The most positively perceived dimension was the impression of being a good worker (e.g., ability to meet demands). Conclusions. In persons with BPD who currently work, the findings provide avenues for reflections in supporting recovery and job tenure, considering differing challenges between men and women. Adding a lifestyle management program in current interventions offered to persons with BPD, with modules on energy management, healthy habits and routines could be explored further.

**Recovery from Borderline Personality Disorder: a lived experience perspective.** *Federica Carbone, BPD advocate- Italy*

This presentation will address the issue of psychosocial recovery from borderline personality disorder (BPD) through the lens of personal experience. For this aim, the presentation will delve into the often-overlooked connection between recovery and stigma, shedding light on the systemic barriers hindering progress. As an expert by experience, I navigate the landscape of stigma and advocate for a more holistic approach to healing—one that addresses the socio-economic factors shaping mental health outcomes. Additionally, the presentation will offer an introduction and a summary of my book 'Crisi Tempestose' ("Stormy crises"), which aims, through candid narrative and reflective insights, to serve as a beacon of hope for those navigating the complexities of BPD and other mental health challenges. Finally, the presentation will deal with the challenge of the intersections of current socio-economical era and mental health, as I hope in a future where recovery is inclusive and accessible to all.

**Longitudinal studies on factors involved in recovery from Borderline Personality Disorder.** *Nicholas Day, University of Wollongong, Australia, Brin Grenyer, University of Wollongong, Australia*



Background: People with borderline personality disorder (BPD) report challenges in many areas of functioning. Developing educational and vocational skills, gaining experience and regular employment are often stated to be important goals of people seeking treatment for BPD. Despite this, many studies of treatment focus on diagnosis changes, reductions in treatment use and symptom reduction rather than improvements in vocational outcomes. Methods: We report a series of studies investigating studies of functioning in 100 patients in BPD treatment followed up over time. Results: Findings for those improving in treatment included both reductions in days unable to work or work being reduced, to significant improvements in being able to gain and maintain employment, education and maintaining relationships that were important to their ongoing recovery. Qualitative analyses included significant statements about gaining satisfaction and purpose from these experiences. Conclusion: Data analyses demonstrate the interplay between clinical trajectory of improvements and vocational outcomes. Findings support the importance of treatments building in vocational goals in planning care.

Research Symposium  
**Families**

Qualitative research on the users' perspectives on personality disorders

Giving a voice to the mosaic of persons living with personality disorders and their social environment enriches all stakeholders to inform about diverse realities, needs and journeys. It also helps to guide service planning and improvement of interventions. This symposium will showcase the use of qualitative methods. First, the study of Larivière et al. questioned over 100 persons with BPD currently employed, through an online survey, to share strategies they apply at work, on eleven themes (e.g., task management, balance with personal life). A frequent strategy mentioned was organizing a calm work environment that facilitates concentration. Second, the study of Pauzé et al., used a descriptive-interpretative design to explore family functioning with a validated theoretical model. Four women with BPD and their partners were interviewed individually. The thematic analysis revealed that the couples place great importance in maintaining longevity of their relationship and the protection of their family when facing difficulties. The third study by St-Amour et al. shows how qualitative findings complement assessment of interventions quantitatively. In their evaluation, they asked persons with BPD to describe their experience regarding the physical activity sessions they completed over a four-week period. Participants reported that intense emotions prevented them from enjoying or even completing their sessions. Finally, Dialectical Behaviour Therapy for Posttraumatic Stress Disorder has been shown to effectively reduce symptoms. To support the implementation in a francophone context, Nadeau et al. examined feasibility, acceptability, and efficacy with qualitative methods. Before treatment, clients viewed that the Clinician-Administered PTSD Scale for DSM-5 was gruelling.

**What strategies do people with borderline personality disorder adopt to maintain their well-being and performance at work?. Nadine Larivière, Université de Sherbrooke, Marc Corbière, Université du Québec à Montréal, Pierre David, Institut universitaire de santé mentale de Montréal, Lionel Cailhol, Université de Montréal**

Introduction. People with borderline personality disorder (BPD) tend to experience instability in their career paths. Previous studies

have focused mainly on their difficulties in work participation and little on their job tenure strategies. Objective. The aim of this study was to identify job tenure strategies in men and women with BPD, currently employed. Method. Participants completed an online survey with a combination of questionnaires and a qualitative section with open-ended questions covering eleven themes, including task management and respect for the work environment. The sample comprised 83 women, 20 men and one non-binary person, with an average age of 37. In addition to BPD, around half reported other diagnoses such as anxiety disorders. Close to half of the participants (43%) had more than one job. For 57% of respondents, their current main job is related to their training, for 68% to their interests, and for 85%, to their skills. Results. A common theme to maintain well-being and performance at work was orchestrating work and daily life through stable routines and health supporting lifestyle habits, as well as having a variety of meaningful leisure activities. In addition, in the work environment, main strategies were centred on task and time management, geared towards regulating oneself and about cultivating positive relationships. Examples of frequent strategies were organizing a calm work environment that facilitates concentration, using stress reduction techniques, and seeking support from colleagues and managers. Conclusion. The qualitative analysis conducted relied on the quantity and clarity of the information provided by respondents in the online survey. Also, the method used did not allow to verify the empirical effectiveness of the strategies named by the participants. Nonetheless, the results highlight useful strategies personalized to people with BPD and enrich sustainable work reintegration interventions.

**Exploration of family functioning when one parent lives with borderline personality disorder: perspective of the person and their partner.** *Nadine Larivière, Université de Sherbrooke, Marie Pauzé, Université de Sherbrooke, Lyne Desrosiers, Université du Québec à Trois-Rivières*

Background. The presentation of a diagnosis of borderline personality disorder (BPD) in a family context has a significant impact on parental roles and marital relationships. However, the

state of knowledge about the dynamics of functioning in families where a parent has such a diagnosis presents important gaps. A better understanding of the dynamics of relationships in such a family context would allow professionals to target interventions more precisely for these families. Objective. The main objective of this research project is to describe the perception of family functioning by couples with child(ren) when one of the parents has BPD. Method. The interpretative descriptive design was used in this project. Maximum variation intentional sampling allowed the recruitment of 4 couples (n=4 women with BPD; n=3 heterosexual couples and n=1 homosexual couple; with an average of 2 children). Semi-structured individual interviews based on a validated theoretical model with eight dimensions about family functioning were conducted with these couples, as well as a follow-up focus group. Analyses revealed that the marital and parental challenges they face seem to be influenced by the perceived severity of BPD symptoms among the participants. The couples place great importance to the success of their relationship, emphasizing resilience factors that promote the longevity of their relationship and the protection of their family, such as respect in communication, rather than contemplating separation when facing difficulties. Nevertheless, time dedicated to family appears to be centered on childcare and household responsibilities and less on leisure and their couple. Conclusion. The findings suggest that to have an in-depth understanding of family functioning of persons with BPD evaluations should address representations of the concepts of family, parenthood, family structure and cohesion, executive competencies, communication, as well as the couple dynamics.

**Effect and acceptability of a 4-week physical exercise intervention in adults with borderline personality disorder: thematic analysis of a series of n-of-1 studies..** *Samuel St Amour, Université de Québec à Rimouski, Lionel Cailhol, Université de Montréal, Paquito Bernard, Université du Québec à Montréal*

Introduction: Physical exercise (PE) is a well-documented treatment to help improve symptoms and functioning of individuals with mental disorders (e.g. schizophrenia, mood disorders). Moreover,

recent studies indicated that PE improves emotion regulation in adults with and without mental illnesses. Emotional dysregulation, characterized by highly variable and unstable emotions and a slow return to emotional baseline, is a core component of borderline personality disorder (BPD). Therefore, PE might have important benefits in this population. However, no previous study examined this effect in individuals with BPD. Methods: A series of 8-week N-of-1 studies analyzed this effect and assessed acceptability of a 4-week PE intervention in this population. At the end of the intervention phase, participants were invited to complete a semi-structured interview about their experience. Example of questions included: Can you describe your experience regarding the physical activity sessions you completed in the last 4 weeks? A thematic analysis was used to closely examine the content of the interviews. Results: Four main themes were found following the thematic analysis: 1) accessibility of PE (internal and external facilitators and barriers); 2) characteristics of the trainer (qualities, guidance, relationship); 3) changes attributed to PE (physical, psychological and general); 4) model of PE (ideal setup to practise PE). Participants reported that intense emotions prevent them from enjoying or even completing their PE sessions, that trainers' empathy and agreeableness helped them attending their sessions, and that the intervention helped them be less reactive to negative stimuli from their environment. However, individual models of PE widely varied between participants and no common results emerged from the analysis. This is the first study analyzing the effect of a 4-week intervention of PE in adults with BPD. These results will help bonify greater scale interventional studies testing the effect of PE in adults with BPD addressing their specific needs.

**Examining the Clinician and Patient Perspectives in a Qualitative Study on DBT-PTSD Intervention.** *Laurie Nadeau, Université de Montréal, Mégan Brien, Université de Sherbrooke, Félix-Antoine Bérubé, Université de Montréal, Catherine LeCorff, Institut universitaire de santé mentale de Montréal, Alain Taillefer, Institut universitaire de santé mentale de Montréal, Florence Charest, Institut universitaire de santé mentale de Montréal, Céline Belguendouz, Université de Montréal, Christine Therriault, Université du Québec à Montréal, Alexandre Hudon Alexandre*

*Hudon, Université de Montréal, Lionel Cailhol, Université de Montréal*

**Background and Objective.** Dialectical Behaviour Therapy for Posttraumatic Stress Disorder (DBT-PTSD) is a phase-based therapy designed to treat borderline personality disorder (BPD) co-occurring with complex post-traumatic stress disorder (C-PTSD) (Bohus and Priebe, 2019). Previous studies presented its efficacy in reducing BPD and PTSD symptoms. However, no published study to this date qualitatively explores participants' experiences of DBT-PTSD. This study aimed to explore and report perceptions of both patients and clinicians regarding DBT-PTSD. **Methods.** DBT-PTSD was translated into French and administered to seven BPD and C-PTSD patients in an outpatient university mental health centre. Five clinicians participated in a semi-structured focus group, while three patients participated in a focus group before treatment, and four took part in individual interviews after treatment. Participants were encouraged to share their perceptions on the feasibility, acceptability, and efficacy of the treatment. Data were analyzed inductively using reflexive thematic analysis. **Results.** Before treatment, patients viewed DBT-PTSD as a daunting but necessary work in order to get better, and they felt the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) was gruelling and could reactivate trauma symptoms. DBT-PTSD's structure felt reassuring for both patients and clinicians, despite some difficulties to tailor to specific patients' needs. Trauma-focused exposure was described as arduous and rewarding. Patients perceived their therapeutic relationship as essential to the therapy's efficacy. Providing DBT-PTSD was associated with important clinical learning and satisfaction for clinicians. **Conclusion.** This qualitative study provides better understanding of how both patients and clinicians experience DBT-PTSD. It offers valuable insight towards the therapy's implementation and future research directions. Future studies could empirically examine the specific therapeutic contribution of different components of DBT-PTSD, to validate their effectiveness and potentially optimize the treatment dissemination.

Social cognition and prosocial behavior in PD, a dimensional perspective

Transdiagnostic mechanisms relevant to personality disorders are problems with social cognition and prosocial behaviour. This may be due to alterations at different levels of social information processing. Some individuals may have a tendency to perceive others as untrustworthy. In addition, the ability to engage in prosocial behaviour may be altered by distorted inferences about the mental states of others. In our symposium, we will discuss different experimental approaches to study social-cognitive functioning and prosocial behavior in individuals with maladaptive personality traits. Four speakers will present studies investigating first impressions, mentalising ability and prosocial behaviour in people with personality pathology. First, David Scholz will present data on two large online studies, investigating eight aversive traits from the AMPD and twelve aversive traits from mainstream personality research in relation to prosocial behavior. Second, Inga Niedtfeld will report on a study with investigating the association between maladaptive personality traits and first impressions of trustworthiness and likability. Third, Johanna Hepp will show data from two studies examining the association between maladaptive personality traits and prosocial behavior in two economic games. Fourth, Matthias Reinhard and colleagues used a modified version of Cyberball to observe the behavioral reaction to partial social exclusion by measuring the participants' passing preference towards an excluding versus including co-player. These findings will be related to the phenomenology of social interaction disorders and implications for the development of therapeutic interventions will be discussed.

**Theoretical and empirical integration of 'dark' traits and socially aversive personality psychopathology.** *David D. Scholz, University of Kaiserslautern-Landau (RPTU), Johannes Zimmermann, Department of Psychology, University of Kassel, Morten Moshagen, Institute of Psychology and Education, University of Ulm, Ingo Zettler, Department of Psychology, University of Copenhagen, Benjamin E. Hilbig, University of Kaiserslautern-Landau (RPTU)*

Previous research indicates that all socially and/or ethically aversive traits share a single common (aversive) core. This core has been

labeled as the D-Factor of Personality (D) and comprehensively defined as utility maximization at others' expense accompanied by justifying beliefs (e.g., grandiosity). Still, D has been mainly investigated within mainstream personality research and is notably absent from research within clinical personality psychopathology. As such, two claims from the underlying conceptual framework of D have not been thoroughly examined with clinically relevant traits: a) That any aversive (AMPD) trait shares D, i.e., utility maximization at others' expense, as a common core and, by implication, b) no trait offers meaningful incremental value in predicting a behavioral manifestation of this very tendency over and above D. To this end, we conducted two large-scale online studies (total N=3,787) investigating twelve aversive traits from mainstream personality research, already established to share D as a common core, and eight aversive traits from the AMPD together with a prime measure of the behavioral manifestation of valuing one's own utility above others' utility, i.e., the Social Value Orientation (SVO) Slider. Herby, participants could allocate points that are worth money to themselves and another participant throughout six different instances, offering different possibilities to act either fully prosocial (equally maximizing the profit for both participants), individualistic (maximizing one's own profit in absolute terms, disregarding the profit of the other), or competitive (maximizing the difference between one's own and the other's profit, even if this results in a reduced absolute profit for oneself). Overall, the results confirmed that (at least seven of the) aversive AMPD traits can be conceptualized as manifestation of D and are therefore also associated with SVO. However, they do not offer any meaningful variance in the prediction of SVO over and above their common core, i.e., D.

**Effect of emotional facial expressions on first impressions in people with maladaptive personality traits.** *Inga Niedtfeld, Heidelberg University, Germany, Lisa M Stoerke, Medical Faculty Mannheim, Heidelberg University, Katharina Geukes, Department of Psychology, University of Münster, Johanna Hepp, Central Institute of Mental Health Mannheim*

The ability to correctly infer the intentions of an interaction partner



is important for successful social interaction. Even very short behavioural slices of an interaction partner (i.e. thin slices) can trigger an approach or avoidance tendency and thus have a strong influence on social relationships. Previous studies with people with borderline personality disorder (BPD) have shown that they were perceived as less trustworthy and less likeable by potential interaction partners (as compared to people without a mental disorder). We investigated the association between maladaptive personality traits in terms of the AMPD model (Detachment and Antagonism, assessed via PID-5) on first impressions. In our pre-registered project (<https://osf.io/tnj9s>), we used a round-robin design (developed by Geukes et al., 2019), adapted as a digital meeting format due to the COVID-19 pandemic. We invited 109 participants (58 with a personality disorder and 51 with an Axis I disorder) who were acquainted with four previous study participants by completing structured tasks. Before and after the tasks, they provided information about their first impressions of their interaction partners (i.e. ratings of likeability, trustworthiness, intelligence, dominance). In line with our pre-registered hypotheses, we found that higher levels of self-reported antagonism and detachment were associated with lower ratings of trustworthiness and likeability by other study participants. In addition, exploratory analyses of the relation between emotional facial expressions (automatically coded) and first impressions are reported. Our study replicates and extends previous findings on the dimensional classification of personality disorders. We show that individuals with maladaptive personality traits (antagonism and detachment) were perceived more negatively by interaction partners, and that this was related to emotional facial expression. Implications for the maintenance of interpersonal dysfunction and therapeutic options are discussed.

**Maladaptive personality traits as predictors of prosocial behavior in a dictator game and trust in a faith game: Findings from a patient sample and a large online sample.** *Johanna Hepp, Central Institute of Mental Health Mannheim, Lisa M Stoerkel, Medical Faculty Mannheim, Heidelberg University, Isabel Thielmann, Max Planck Institute for the Study of Crime, Security and Law, Inga Niedtfeld, Heidelberg University, Germany*

Rooted in the dimensional model of personality disorders, which centers on interpersonal dysfunction, we investigated the association of the maladaptive personality trait antagonism and the facet suspiciousness with prosocial behavior and trust. Prosocial behavior was measured in a dictator game and trust in a faith game. We hypothesized that antagonism would predict lower prosocial behavior (less money shared) in the dictator game, and that suspiciousness would predict lower trust in the faith game. In the faith game, participants, assigned as player B, were told a previous participant, player A, left an undisclosed amount of money in an envelope for them. They had to choose between a "faith choice" (receiving player A's undisclosed amount) and a "sure choice" (a fixed amount from the experimenter), indicating their trust in others' prosociality. In the laboratory study, participants saw a photo of player A, who was the actual previous participant. Hypotheses were pre-registered and tested in two samples: An online sample of  $n = 445$  participants with varying maladaptive trait levels and a laboratory sample of  $n = 74$  patients with varying levels of psychopathology. Participants in both samples completed the Personality Inventory for DSM-5 to assess antagonism and suspiciousness. As predicted, higher levels of antagonism were associated with lower prosocial behavior in the dictator game. Contrary to hypotheses, suspiciousness did not predict the likelihood of selecting the sure choice in the faith game. However, suspiciousness predicted participants' estimates of how much the other person shared with them, and participants were overall more likely to select the sure choice when sure choice amounts were higher. For the laboratory study, we investigated whether the personality profile of player A in the faith game (the depicted, previous participant) affected faith game outcomes and present exploratory results.

**Social exclusion and social repair: Behavioral data from a modified Cyberball paradigm.** *Matthias A. Reinhard, LMU University Hospital Munich, Barbara B. Barton, LMU University Hospital Munich, Stephan Goerigk, LMU University Hospital Munich, Sara Vragolic, LMU University Hospital Munich, Andrea Jobst, LMU University Hospital Munich, Frank Padberg, LMU University Hospital Munich*

Social exclusion and the experience of being rejected are common experiences in borderline personality disorder (BPD). Research suggests different behavioral responses to social exclusion, ranging from prosocial behavior (social repair) to social withdrawal or even aggressive behavior. As interpersonal difficulties are a core feature of BPD, the behavioral reaction may be of particular interest in situations of being socially excluded. Cyberball, a virtual bass tossing game with two co-players, can experimentally induce social exclusion. A modified version of Cyberball additionally allows observing the behavioral reaction to partial social exclusion by measuring the participants' passing preference towards an excluding versus including co-player. Results of several samples of BPD patients and healthy controls (HC) show that HC react with an increased tossing behavior towards the excluding co-player that be interpreted as prosocial behavior and an attempt to socially repair the relationship. Furthermore, a more fine-grained analysis and modeling of the behavioral data over time suggests different playing patterns in the BPD sample ranging from prosocial behavior to immediate avoiding behavior. These playing patterns could be linked to clinical BPD subtypes and point toward specific interpersonal difficulties to socially repair relationships.

Research Symposium

***Early Detection and Prevention***

Treatment of adolescent personality disorders

Personality disorder commonly emerges in adolescence. There is growing evidence that early intervention is capable of improving the lifetime trajectories of affected individuals - regarding both symptom reduction and improvement of psychosocial functioning. This symposium will present new research findings from early intervention in adolescents with (borderline) personality disorder. New data on the phenomenology and outcome of both, categorical diagnosis of borderline personality disorder as well as diagnoses according to the Alternative Model for Personality Disorders, will be presented. Process research findings from psychotherapy research in adolescents with borderline personality disorder as well as the effects of early intervention on interpersonal functioning will also be included. Finally, new findings on peer work in primary care will be included.

**Clinical profiles of adolescent personality pathology according to Criterion A of the AMPD, and comparison with the categorical model of BPD.**

*Madelyn Thomson, University of Bern, Switzerland, Andrea Wyssen, University of Bern, Switzerland, Marialuisa Cavelti, University of Bern, Switzerland, Julian Koenig, University of Cologne, Germany, Corinna Reichl, University of Bern, Switzerland, Michael Kaess, University of Bern, Switzerland*

Background: The alternative model for personality disorders (AMPD) operationalises personality pathology as a dimensional construct, as in the level of personality functioning scale (LPFS; Criterion A). However, it is not yet known if psychopathological correlates of LPFS and Borderline Personality Disorder (BPD) differ, nor has the LPFS been extensively explored in adolescent samples. Finally, attempts to disentangle clinical heterogeneity in adolescents reflected in Criterion A have not yet been conducted, and we aimed to elucidate clinically meaningful profiles. Methods: N=526 adolescents were assessed with the Semi-Structured Interview for Personality Functioning DSM-5 (STiP-5.1), and SCID-II for BPD criteria, to examine clinical overlap. To explore the latent structure, and subsequently, find homogenous subgroups of the STiP-5.1, we compared latent class analysis, factor analysis, and Factor Mixture Models (FMM), then further characterised the

profiles. Results: 11.4% met diagnostic threshold of both the LPFS and BPD, 16.1% for the LPFS only, and 64.1% for neither (no PD). Unexpectedly, 8.4% did not fulfil threshold for LPFS, but did so for BPD (BPD only). The highest burden was found in those with impairment in personality functioning, and fulfilling BPD diagnosis. A complex 4-class, 2-factor FFM-3 (a hybrid of dimensional and categorical components) best described the latent structure of the STiP-5. The four classes differed in both overall severity of personality functioning impairment, and in clinical relevance on each element of the STiP-5.1 (qualitative differences), and other clinical variables. Conclusions: Findings confirm the high psychopathological burden associated with both BPD and LPFS. Not all adolescents fulfilling formal BPD diagnosis had clinically significant impairments in LPFS, possibly referring to a distinct diagnostic group. Criterion A provides clinically useful information beyond severity alone, and findings regarding the classes can help to parse out clinical heterogeneity in personality pathology in adolescents, and help to inform early identification and intervention.

**Prospective prediction of treatment outcomes in adolescents: A head-to-head comparison of AMPD vs. BPD.** *Carla Sharp, Department of Psychology, University of Houston, Houston, TX, US, Paulina Kulesz, University of Houston, Sophie Kerr, University of Houston*

Despite substantial evidence in support of the Alternative Model for Personality Disorder (AMPD) that has accumulated over the last decade, a gap remains in terms of head-to-head comparisons of the predictive power of Section II categorical diagnoses vs. Section III AMPD diagnoses for clinical outcomes. The current study uses archival data from a naturalistic treatment outcome study in an adolescent psychiatric inpatient sample to compare the predictive power of the AMPD (combined Criterion A and B assessment) vs. Borderline Personality Disorder (BPD) in predicting treatment outcomes from admission to discharge. Outcomes in general psychiatric severity and emotion dysregulation were assessed in a sample of 59 adolescents (76.3% female; Mage = 15.27, SD = 1.17) at admission and at discharge on average about a month later.

Results showed that the AMPD, operationalized through combined measures of identity diffusion and maladaptive traits is a better predictor of reduction in general psychiatric severity than a measure of BPD. The findings of the study add to a growing body of literature pointing to the advantages of the AMPD over categorical diagnosis for clinical utility in predicting treatment response.

**Beyond Self-Reports: The Role of Cortisol in Evaluating Therapy Sessions for Adolescents with Borderline Personality**

**Disorder.** *Marialuisa Cavelti, University of Bern, Switzerland, Yasmine Blaha, University of Bern, Switzerland, Klaus Schmeck, Psychiatric University Hospitals Basel, Basel, Switzerland, Ronan Zimmermann, University of Basel, Julian Koenig, University of Cologne, Germany, Michael Kaess, University of Bern, Switzerland*

Introduction: Continuous outcome and process evaluation over the course of psychotherapy can improve therapy outcomes and reduce dropouts. However, self-report questionnaires for the therapy evaluation can be biased by self-reflection impairments and social desirability. Therefore, the current study aimed to examine the endocrine stress response as indicated by cortisol levels as an objective maker for continuous therapy evaluation. Methods: This study analyzed data from a non-randomized trial comparing 20 sessions of Adolescent Identity Treatment (AIT) with Dialectical Behavioral Therapy for Adolescents (DBT-A) in patients aged 13-19, exhibiting  $\geq 3$  BPD symptoms and identity diffusion. Before and after each therapy session, cortisol levels were measured in patients and therapists. In addition, at the end of each session patients and therapists evaluated the therapy session and post-session feelings, using the Session Evaluation Questionnaire (SEQ). Residual Dynamic Structural Equations Modeling (RDSEM) was applied to analyze the relationship between the cortisol response (cortisolpost – cortisolpre) and session ratings throughout treatment for patients and therapists separately. Results: Data of 56 patients (53% females, mean age = 15.9 years, SD 1.4 years) with their therapists were included in the current analysis. For patients, no association was found between the cortisol response and the session ratings over time. For therapists, a more pronounced cortisol response correlated with lower perceived smoothness and

depth of the sessions and with fewer positive feelings and a lower overall impression of goodness post-session. Discussion: Initial results revealed a link between cortisol and session ratings in therapists but not in patients. This discrepancy might reflect therapists' greater awareness of inner tension and the reflection of these in session ratings. Alternatively, patient responses could be skewed by self-reflection difficulties or social desirability. Conclusion: The study provides preliminary results for cortisol as a biological marker of session evaluation in psychotherapy, warranting further research.

**Longitudinal predictors of interpersonal functioning across 18 months in young people with severe personality disorder: Findings from the MOBY randomised controlled trial.** *Andrew Chanen, Orygen, Holly Andrewes, University of Melbourne, Australia, Louise McCutcheon, University of Melbourne, Australia, Katie Nicol, University of Melbourne, Australia, Jennifer Betts, University of Melbourne, Australia*

Background: Impairments in interpersonal functioning are slower to remit than other features of severe personality disorder and contribute to the elusive nature of psychosocial functional recovery in this disorder. Aims: To identify the demographic or psychopathological characteristics predictive of: (1) improved interpersonal functioning both concurrently and at the subsequent time point across 18 months. Method: Data were drawn from the Monitoring Outcomes of borderline personality disorder (BPD) in Youth (MOBY) randomised controlled trial (Chanen et al., 2021) in which 139 acutely unwell 15-25 year-olds with first presentation BPD were assessed at baseline, 3, 6, 12 and 18 months, using the Inventory of Interpersonal Problems Circumplex Version (IIP-C). Results: Data analyses are currently underway Conclusion: This study will explore whether previously identified predictors of poorer functioning in BPD, including BPD severity, sex, co-occurring psychopathology (including anxiety, depression, antisocial personality disorder), emotion dysregulation, global functioning and substance use disorders predict subsequent interpersonal dysfunction in newly diagnosed young people with borderline

personality disorder. The findings have potential implications for refining early intervention treatment programs.

**Safety and acceptability of relational peer support for young people with personality disorder: Findings from the EScAPe pilot trial.** *Jennifer Betts, University of Melbourne, Australia, Andrew Chanen, Orygen*

Background: Peer support is an increasingly common intervention whereby peer workers, that is, people with lived experience of mental ill-health, use these experiences, along with training and supervision, to instil hope, model growth, and support other people with mental ill-health in their journey towards recovery. Aim: This trial aimed to evaluate the safety and acceptability of relational peer support for young people with PD. Method: Forty young people aged 12 to 25 years with PD were recruited from four headspace primary care youth mental health centres in Melbourne, Australia. Young people who were already receiving a structured psychosocial intervention (e.g., psychotherapy), or who had an acute psychiatric disorder requiring tertiary care, were excluded. Over 13 weeks, participants received up to 10 individual fifty-minute sessions of peer support in person or via telehealth, delivered by youth peer workers trained and supervised in peer support and relational care. The participants were asked to complete self-report questionnaires at baseline, Week 6 and Week 13 that assessed quality of life, functioning, personality and mental state psychopathology, and treatment satisfaction. Concomitant care and treatment fidelity was also measured. To test safety and acceptability a priori thresholds were set (e.g., consent rate of >30% of young people, treatment completion by >50% of participants, <10% of participants are withdrawn for risk management). Results: The trial is currently ongoing. The collection of follow-up data is due to be completed by April 2024. The trial's final feasibility and safety findings will be reported, along with an analysis of change in quality of life, functioning and psychopathology outcomes. Conclusion: Peer support has the potential to improve young people's access to, and engagement with, care. With further evaluation, peer support might prove to be a new, scalable, treatment option for young people with PD.



Research Symposium  
***Outcome Studies***

Unraveling the Complexity: Methodological Challenges and Advancements in Assessing the Efficacy of Psychotherapy

This symposium is dedicated to unraveling the intricate tapestry surrounding the efficacy of psychotherapy through a comprehensive exploration of diverse themes. Our five presentations delve into key aspects, shedding light on the challenges encountered in psychotherapy trials and proposing strategies to enhance methodological rigor.

1. **Diverse Outcomes and Clinical Heterogeneity**-By Carla Sharp: The Delphi project that settled a standard set of patient-reported outcomes for personality disorder will be presented.
2. **Comorbidities and Treatment Outcomes**- By Jutta Stoffers-Winterling: Exploring the impact of different outcomes, we address the challenge of clinical heterogeneity in meta-analyses. The symposium will highlight the complexities introduced by the myriad of outcomes and their implications for accurate assessments of psychotherapy effectiveness.
3. **Blinding and missing outcome data bias in randomised clinical trials of psychological interventions**: By Sophie Juul: We will examine the repercussions of the lack of blinding in psychotherapy trials. Understanding how this factor influences outcomes is crucial for refining our interpretation of psychotherapeutic efficacy. Furthermore, lack of missing outcome data are a considerable problem in randomised clinical trials of psychological interventions often causing substantial bias. The possible interpretative limitations are only rarely considered.
4. **An updated Cochrane Systematic Review**- By Ole Jakob Storebø: An updated Cochrane systematic review, evaluating the benefits and potential harms of psychotherapy, will be unveiled. Beyond the results, the symposium will critically assess the certainty of effect estimates in light of methodological challenges inherent in the included trials.
5. **Unlocking insights: Methodological advantages with Individual Participant Data Meta-Analysis of psychotherapy trials**- By Johanne Pereira Ribeiro: This presentation, drawing on results from a current project of individual participant data from people with borderline personality disorder, explores the methodological benefits of Individual Participant Data Meta-Analysis (IPD-MA). Emphasizing improved statistical power and nuanced subgroup variations, it demonstrates how IPD-MA can inform evidence-based decisions for treating borderline personality disorder.

**Towards Improved Trials and Reduced Research Waste:** The symposium emphasizes the urgency to conduct better trials, aiming to uncover the genuine truth about psychotherapy efficacy.

Addressing the prevalence of research waste in the field due to suboptimal trials, we explore strategies to elevate the quality of research and enhance the reliability of findings. Join us in this collective effort to navigate the complexities of psychotherapy research, forging a path towards a more accurate and robust understanding of its true efficacy.

**Diverse Outcomes and Clinical Heterogeneity: The Delphi project that settled a standard set of patient-reported outcomes for personality disorder will be presented..** *Carla Sharp, Department of Psychology, University of Houston, Houston, TX, US, Jutta Winterling-Stoffers, University Medical Center of the Johannes Gutenberg University Mainz, Mainz, Germany, Ole Jakob Storebø, Center for Evidence-based Psychiatry, Region Zealand Psychiatry, Denmark*

1. The International Consortium for Health Outcomes Measurement (ICHOM) standard set of patient-reported outcomes for personality disorder Carla Sharp A range of evidence-based treatments now exists for personality disorder. In order to evaluate the value of each treatment for each service user and for service users collectively, it is essential that health outcomes specific to personality disorder be monitored. The aim of this talk is to introduce and discuss the International Consortium for Health Outcomes Measurement (ICHOM) standard set of patient-reported outcomes for personality disorder what was the outcome of a rigorous consensus project led by Mike Crawford 2019-2020. 22 experts were convened by ICHOM to form a working group, including researchers, clinicians, nurses and patient representatives in the area of personality disorder outcome measurement. The typical process by which ICHOM establish outcome measures was followed, consisting of several phases over a 12-month period. Outcome domains and measures were identified and a recommended instrument package with assigned outcomes coverage and timing was designed. A validation process involving stakeholder feedback validated the recommended set, which covers key features and outcomes for personality disorder. It is expected that the development of a minimal standard set of value-based service user-centered outcome measures should lead to higher

value of care, and better outcomes for people with personality disorder. In addition, widespread use of a common set of measures will lead to benchmarking and exchange of good practices, to greater inclusion and communication with service users in care processes, and the needed evidence that could serve as a basis for informed decision making on allocation of funds. \*The full list of working group members were: Valentina Prevolnik Rupel, Beth Jagger, Luz Sousa Fialho, Lisa Marie Chadderton, Timea Gintner, Anroud Arntz, Ase Line Baltzersen, Julia Blazdell, Jan van Busschbach, Marika Cencelli, Andrew Chanen, Charlotte Delvaux, Fieke van Gorp, Lucie Langford, Brian McKenna, Paul Moran, Karla Pacheco, Carla Sharp, Wei Wang, Karen Wright, and Mike J. Crawford.

**Comorbidities and Treatment Outcomes.** *Jutta Stoffers-Winterling, University Medical Center of the Johannes Gutenberg University Mainz, Mainz, Germany*

J. Stoffers-Winterling<sup>1</sup> <sup>1</sup>University Medical Center of the Johannes Gutenberg University Mainz, Mainz, Germany Background: Major clinical guidelines consistently conclude that disorder-specific psychotherapies are supported by the current evidence as first-line treatment for borderline personality disorder (BPD). Indeed, relevant effects can be observed for several individual treatments. However, systematic reviews show that there is a plenty of variables and outcomes that are targeted by these treatments. Aim: This talk aims to identify evidence and evidence gaps regarding treatments for BPD. Which outcomes are well-studied, and which ones are neglected in high-quality treatment research? Methods: An evidence and gap map (EGM) will be presented that builds on the currently available RCT evidence testing individual treatments against controls in persons with BPD. Identified evidence and gaps will be contrasted against existing recommendations for core sets of BPD treatment outcomes, such as those suggested by Prevolnik et al. (@2021). Results: There is little consensus about primary and secondary endpoints of BPD treatment in general. Some consensus exists within trials testing the same treatment, but there is little overlap between endpoints of trials testing different treatments. Discussion: The evidence and gap map will illustrate which gaps

exist and guide future research towards relevant outcomes, both from a clinical as well as an evidence-based medicine perspective.

**Blinding and missing outcome data bias in randomised clinical trials of psychological interventions.** *Sophie Juul, Copenhagen Trial Unit, Centre for Clinical Intervention Research, Denmark*

Background: High risk of bias is a common problem in randomised clinical trials of psychological interventions. High risk of bias trials are known to overestimate the beneficial effects and underestimate the harmful effects of any intervention. Objective: We aimed to assess the extent of blinding and missing outcome data bias in randomised clinical trials assessing psychological interventions for any mental health disorder. Methods: Two separate reviews of trial reports published in JAMA Psychiatry, World Psychiatry, Lancet Psychiatry, American Journal of Psychiatry, British Journal of Psychiatry, and Psychotherapy and Psychosomatics from 2017-2022. Results: Blinding: 63 trials were identified for the first review. None (0%; 95% CI: 0 to 5.75) of the trials reported blinding of all possible key persons. 37 (58.7%; 95% CI: 46.42 to 70.04) trials reported blinding of outcome assessors. The remaining trial key persons (participants, therapists, statisticians, data managers, data safety and monitoring committee, and conclusion makers) were rarely blinded. 13 (20.7%; 95% CI: 12.48 to 32.17) trials discussed the potential bias risk from lack of blinding. Missing data: 182 trials (233 primary outcomes) were identified for the second review. The mean proportion of missing data was 18.3% (95% confidence interval (CI): 16.7% to 20%) for all outcomes. Six outcomes (2.6%) were hard binary outcomes with a mean proportion of missing data of 1.8% (95% CI: 2.3% to 3.3%). 180 outcomes (77%) were assessed with a symptom rating scale with a mean proportion of missing data of 18.9% (95% CI 17.1% to 20.6%). Personality disorder trials had the highest proportion of missing data (mean: 33.1%; 95% CI: 22.3% to 43.9%). 90 trials (49.5%) discussed the potential bias risk from missing data. Conclusions: Lack of blinding and missing outcome data are a considerable problem in randomised clinical trials of psychological interventions. The possible interpretative limitations are only rarely considered.

**Unlocking insights: methodological advantages with individual participant data meta-analysis of psychotherapy trials.** *Johanne Pereira Ribeiro, Center for Evidence-based Psychiatry, Region Zealand Psychiatry, Denmark*

This presentation aims to highlight the methodological advantages inherent in Individual Participant Data Meta-Analysis (IPD-MA), drawing upon the results of a recent IPD project on participants with borderline personality disorder (the IPD-BPD project). It will include a focused exploration of key advantages, emphasizing the utility of IPD-MA in generating robust and nuanced conclusions. The presentation centres on the enhanced statistical power afforded by IPD-MA and its capacity to unveil variations within participant subgroups. Through a presentation of specific findings from the ongoing IPD-BPD project, attendees will gain insights into the methodology's ability to investigate moderators of treatment effects, and as such, into how IPD-MA facilitates a more granular understanding of treatment effects, minimizes biases, and promotes evidence-based decision-making. Further attendees will discern practical implications for refining research methodologies and optimizing evidence synthesis. The objective is to contribute to the ongoing dialogue on leveraging IPD for more informed decision-making within the treatment of people with borderline personality disorder.

**An update of the Cochrane Systematic Review of the benefits and potential harms of psychotherapy for people with borderline personality disorder..** *Ole Jakob Storebø, Center for Evidence-based Psychiatry, Region Zealand Psychiatry, Denmark*

Background Individuals diagnosed with Borderline Personality Disorder (BPD) undergo significant psychological distress marked by a consistent pattern of instability in managing emotions, self-perception, interpersonal connections, and impulse management. Various psychological treatments are employed, with mentalisation-based treatment, dialectical behavior therapy, schema-focused therapy, and transference-focused therapy being the most commonly utilized. This presentation will draw from an

update of an extensive Cochrane systematic review published in 2020, aiming to deliver a structured overview of preliminary findings from randomised clinical trials. The objective is to facilitate informed decision-making regarding evidence-based psychotherapeutic approaches for BPD. Method The Cochrane review stems from a thorough and systematic exploration of available literature. Key outcomes include the severity of BPD, occurrences of self-harm, outcomes related to suicide, and psychosocial functioning. To maintain rigor, Trial Sequential Analyses are employed to manage both type I (5%) and type II (20%) errors. Moreover, evidence is assessed and downgraded using the Grades of Recommendation, Assessment, Development, and Evaluation (GRADE) methodology, considering factors such as high risk of bias, imprecision, indirectness, heterogeneity, and publication bias. Results The primary results from the updated review evaluating the benefits and potential harms of psychotherapy will be presented. Beyond the results, the presentation will critically assess the certainty of effect estimates in light of methodological challenges inherent in the included trials. Conclusions The current evidence supports psychotherapy as the main treatment for BPD, but the evidence must be seen in light of several methodological challenges.

Research Symposium  
***Developmental  
Psychology***

Unveiling Dynamics: Assessing Intraindividual Change and Variability in Youth Personality Development

This symposium assembles leading researchers in the field of youth personality development to discuss insights into the nature of personality disorder development from studies utilizing intensive longitudinal methods. Drs. Kaurin and Vanwoerden utilize ecological momentary assessment (EMA) methods to uncover interactional processes central to the development of personality pathology, whereas Dr. De Clercq illustrates the use of situational-based assessment approaches to identify interpersonal dynamics. Specifically, Dr. Kaurin will present findings illustrating interpersonal signatures of personality pathology in adolescents utilizing an ecological momentary assessment design. Dr. Vanwoerden will then present findings from a study utilizing EMA and ambulatory physiological assessments of young adult romantic couples to uncover interpersonal processes that predict suicide behavior. Finally, Dr. De Clercq will discuss findings from a study utilizing a Situational Judgement Test as an alternative way to EMA for representing borderline-related personality dynamics during adolescence. Overall, findings from these three presentations will be discussed from the potential contribution of intensive longitudinal methods to inform novel intervention methods and targets for youth with personality pathology.

**The Effect of Developmental Personality Pathology on Socio-Affective Processes in the Daily Life of Youth.** *Aleksandra Kaurin, University of Wuppertal, Lina Krakau, University Medical Center Mainz, Paula Philipi, University of Wuppertal*

Developmental personality pathology (DPP) has significant interpersonal costs. These costs are particularly impactful during sensitive developmental periods such as early adolescence, which coincide with the foundation of social autonomy through successful peer relationships, and thus pave the way for future social-contextual and occupational functioning. To date, yet little research has examined behavioral and affective patterns characteristic of related trait vulnerabilities in naturalistic settings. Establishing maladaptive personality traits at a younger age in a developmentally appropriate and clinically tangible way may alert clinicians to dysfunction earlier, and thus reduce the risk of

significant impairment later in life. Drawing upon interpersonal theory, we constructed transactional models of social interaction, delineating the interconnections among youth's perceptions of others' behavior, affective states, and their own behavioral responses, all anticipated to typify DPP. A cohort of youths aged 12 to 18 (anticipated N=200) completed baseline questionnaires and participated in a 14-day ecological momentary assessment protocol. Following social interactions, youth provided feedback on their perception of their interaction partner's behavior, categorized along the dimensions of dominant-submissive and affiliative-quarrelsome, as well as their own affective states and behaviors. Our analytical approach involves employing multilevel structural equation modeling to scrutinize the dynamic relationships between behavior and affect across interactions, with particular attention to the moderating role of DPP. While data analysis is still in progress, the forthcoming results promise insights into therapeutically actionable interpersonal signatures of DPP.

#### **Naturalistic assessment of romantic couples' daily**

**interactions.** *Salome Vanwoerden, University of Pittsburgh, Amy Byrd, University Of Pittsburgh, Lori Scott, University of Pittsburgh, Lauren Bylsma, University of Pittsburgh, Stephanie Stepp, University of Pittsburgh*

Recent pushes toward greater use of intensive longitudinal designs in research are partly motivated by the increased ecological validity of evaluating individuals closer to moments that are of empirical interest. This is especially relevant for the study of interpersonal processes central to personality pathology, which can be difficult to reliably elicit in more standardized lab-based paradigms. The current study employed a novel ambulatory assessment design in which young adult romantic couples were selected based on recent suicidal behavior in one member of the couple (i.e., proband). N=34 couples completed a 14-day ecological momentary assessment during which ambulatory assessment of heart rate variability (HRV) in each person was collected continuously using a chest sensor. Using an adaptive algorithm, significant deviations from each person's average HRV triggered automatic audio recording from a study-provided smartphone. Using automatic processing of vocal



parameters (vocal arousal/fundamental frequency, tone, prosody) and linguistic indicators (negative emotion words), we plan to estimate indicators of problematic communication and emotional arousal for each recorded interaction between couple members. These indices will be analyzed in relation to proband and partner level of personality function (Levels of Personality Function) using multilevel models. We will present initial descriptive analyses of interaction dynamics relevant to personality pathology. Secondly, we will discuss the feasibility and acceptability of this novel procedure and how it may contribute new knowledge to the field of interpersonal processes central to personality pathology.

**Situation-based assessment of youth borderline traits: A valid alternative to EMA data?.** *Raissa Franssens, Ghent University, Belgium, Joeri Hofmans, Vrije Universiteit Brussel, Bart Wille, Ghent University, Belgium, Barbara De Clercq, Ghent University, Belgium*

Recent research has identified a specific constellation of co-occurring maladaptive trait features in childhood, representing a developmentally informed borderline phenotype that poses children at risk to acquire normative developmental milestones. These traits are dynamic constructs and show significant within-person variability that is meaningfully related to mental health criteria. Building upon trait-activation theory, the current study starts from the rationale that these traits are responsive to situational cues, as reflected in the within-person variability traditionally captured by intensive longitudinal measurement designs. Given the cost intensive nature of EMA designs, both in terms of time as well as logistic tools, a valid alternative may be found in a situation-based assessment of these BPD traits, as provided by a Situational Judgement Test (SJT), which presents hypothetical scenarios that lean upon established psycho-social triggers for the activation of borderline symptomatology. The current study (N= 650) presents self-reported data of late adolescents during a meaningful developmental period on a validated SJT for youth borderline traits (Franssens et al., 2022) and will explore to what extent both ‘contextualized mean’, ‘within-person variability across situations’ and ‘patterns of situation-based trait scores’ are related to general mental health functioning and

criterion A personality functioning. Findings will be discussed from the potential contribution of SJT-indices as an alternative way to EMA for representing borderline-related personality dynamics during adolescence.

Research Symposium  
**Neuroimaging**

Using neurobiological research to deepen understanding of treatment processes and outcomes in borderline personality disorder

Borderline personality disorder (BPD) is a common and severe psychiatric disorder associated with considerable burden for affected individuals, family members and carers, and challenges in the provision of effective treatment. Neuroscience research has established putative mechanisms and aetiological factors influencing the onset, course, and clinical heterogeneity of the disorder. In this symposium we present current neurobiological findings and their implications for treatment processes and outcomes in BPD. Dr Marceau will provide a rapid review update of the small but growing body of literature investigating neurobiological and epigenetic changes and the use of biomarkers to predict outcomes from evidence-based psychotherapies for BPD. Dr Grandjean will review the neurobiology of emotion regulation, one of the key treatment targets of BPD. Dr van Schie will present original research using an innovative paradigm to identify neural and affective mechanisms of identity disturbance, one of the core determinants of BPD. Finally, Dr Krause-Utz will provide an overview of recent neuroimaging research on dissociation in BPD, a highly prevalent symptom closely linked to other core domains, such as emotion dysregulation, identity disturbances, and interpersonal disturbances. In summary, we aim to explore how neurobiological research can enhance evidence-based treatment for BPD. Future interdisciplinary collaboration in this area involving clinicians and neuroscientists will help to translate these findings into meaningful advances in the treatment of BPD.

**Improving treatment outcomes for borderline personality disorder: What can we learn from biomarker studies of psychotherapy?**. *Ely Marceau, University of Wollongong, Australia, Anthony Ruocco, University of Toronto Scarborough, Brin Grenyer, University of Wollongong, Australia*

Purpose of review: Borderline personality disorder (BPD) is a severe and common psychiatric disorder and though evidence-based psychotherapies are effective, rates of treatment nonresponse are as high as 50%. Treatment studies may benefit from interdisciplinary approaches from neuroscience and genetics

research that could generate novel insights into treatment mechanisms and tailoring interventions to the individual. Recent findings: We provide a timely update to the small but growing body of literature investigating neurobiological and epigenetic changes and using biomarkers to predict outcomes from evidence-based psychotherapies for BPD. Using a rapid review methodology we identified 8 new studies, updating our earlier 2018 systematic review. Across all studies, neuroimaging (n = 18) and genetics studies (n = 4) provide data from 735 participants diagnosed with BPD (mean sample size across studies=33.4, range 2–115). Summary: We report further evidence for psychotherapy-related alterations of neural activation and connectivity in regions and networks relating to executive control, emotion regulation, and self/interpersonal functioning in BPD. Emerging evidence also shows epigenetic changes following treatment. Future large-scale multisite studies may help to delineate multilevel treatment targets to inform intervention design, selection, and monitoring for the individual patient via integration of knowledge generated through clinical, neuroscience, and genetics research.

### **The Neurobiology of Emotion Regulation in Personality**

**Disorders.** *Loris Grandjean, University of Wollongong, Australia, Ely Marceau, University of Wollongong, Australia, Bogdan Draganski, University of Lausanne, Switzerland, Joelle Rosselet Amoussou, Lausanne University Hospital and University of Lausanne, Ueli Kramer, University of Lausanne*

Background: According to latest estimates, Personality Disorders (PDs) present with a 7.8% worldwide pooled prevalence, making them an important social and economic burden. Reaching a better understanding of their development and treatment is therefore of utmost importance. Research also suggests that individuals with a PD diagnosis show neurobiological abnormalities that qualitatively deviate from normality on several aspects, specifically on emotion regulation. Methods: A literature search was conducted in March 2023 in five bibliographic databases: Embase.com, Medline Ovid ALL, APA Psycinfo Ovid, Cochrane Library (all databases), and Web of Science Core Collection. Additional studies were also identified by consulting the bibliographic references of the retained articles.

To be included, papers should have studied/reported on neural correlates of emotion regulation in PDs on adult populations. Results: After abstract reading and exclusion of publications prior to 2018 we identified 25 papers. Further excluding theoretical papers as well as meta-analyses, the first author selected 13 articles of interest. They all focused either exclusively on BPD or merely used other PDs as psychopathological control groups. Discussion: Collectively, the reviewed articles form a coherent theory of dysfunctional emotion regulation in patients with a BPD diagnosis in the form of the fronto-limbic imbalance model characterized by an hypoactivity of the prefrontal regions and a hyperactivity of the limbic ones. Thus, it appears that compared to individuals without BPD, those with the diagnosis present a marked tendency to interpret more negatively their environment and to react with greater emotional intensity. In light of this finding, and in line with previous research on the subject, it seems that emotion regulation is one of the most relevant treatment targets of BPD, also making its assessment paramount.

**Affective and neural mechanisms of how identity dysfunction in borderline personality disorder may interfere with building positive relationships.** *Charlotte van Schie, University of Wollongong, Australia, Emily Matthews, University of Wollongong, Australia, Ely Marceau, University of Wollongong, Australia, Stephanie Römer, University of Wollongong, Australia, Brin Grenyer, University of Wollongong, Australia*

Individuals with Borderline Personality Disorder (BPD) often hold pervasive and negative self-views and experience feelings of low connectedness towards others despite effective treatment. This study aimed to identify neural and affective mechanisms of identity disturbance in BPD that contribute to difficulties in relating to others. Participants diagnosed with BPD (N = 34) and non-clinical controls (NCC; N = 35) completed a within-subject social feedback task inside an MRI scanner. Participants received character evaluations, supposedly from a panel of three members who provided either predominantly negative, intermediate, or positive feedback. Multilevel analysis and event-related fMRI analysis compared the BPD and NCC group on mood, affiliation and neural

responses to the feedback and the panel. Results indicate that people with BPD had more negative self-views and reported lower mood after negative and intermediate feedback compared to NCC. People with BPD also felt less close to the member providing predominantly positive feedback compared to NCC, which appeared to be mediated by degree of fearful attachment. People with BPD showed altered bold responses to social feedback in temporal parietal junction and the anterior cingulate cortex compared to NCC. Findings indicate that people with BPD experience pervasive negative self-views that may interfere with forming relationships. People with BPD may feel more distant to others in general, also indicated by decreased TPJ activation. In addition, it may be particularly challenging to feel close to positive others. New interactions may reinforce a fearful pattern of relating as existing (negative) views of the self are activated and subject to confirmation. These complexities have important clinical implications for the therapeutic alliance. Balancing a supportive and expressive stance may foster the therapeutic alliance while challenging negative self-views.

**Dissociation in Borderline Personality Disorder: Recent neuroimaging studies and implications for future research and treatment.** *Annegret Krause Utz, Leiden University, Netherlands, Elianne Chatzaki, Leiden University, Netherlands, Christian Schmahl, Central Institute of Mannheim, Bernet Elzinga, Leiden University, Netherlands*

Dissociation is a highly prevalent symptom in borderline personality disorder (BPD), closely linked to other core domains, such as emotion dysregulation, identity disturbances, and interpersonal disturbances. The understanding of neurobiological correlates of dissociation is steadily increasing. This presentation will give an overview of most recent neuroimaging research on dissociation in BPD. There is evidence for increased activity in frontal regions (e.g., inferior frontal gyrus) and temporal areas (e.g., inferior and superior temporal gyrus) during dissociation in BPD, although findings are still diverse and need to be replicated. Conceptual and methodological differences in study designs and samples characteristics (e.g., comorbidities, trauma history), which hinder a

straight-forward interpretation and comparison of studies, will be discussed. Based on this, it will further be discussed how dissociation may affect affective-cognitive functioning, bodily perception, and treatment response in BPD.

### Work and Psychosocial Adjustment in Personality Disorders

This symposium brings together four different viewpoints on employability of people with personality disorders. Besides considering a cost and burden perspective, we also focus on opportunities to gain and keep a job and how we can assess aspects of employability for this group. We do so bringing together insights, concepts and perspectives derived from clinical and assessment psychology, health economics, and human resources management.

#### **Personality Difficulties@Work: Job Challenges and Opportunities for People with Personality Difficulties.** *filip De Fruyt, Ghent University, Belgium, Barbara De Clercq, Ghent University, Belgium*

In this study we examine hindrances that people with personality difficulties experience vis-à-vis three distinct work performance criteria, i.e. task, contextual and adaptive performance, considered important in current human resources (HR) professional practice. We examine these relationships in three separate studies in which we investigate each time a different operationalization of personality difficulties, i.e. relying on (a) Five-Factor Model Personality Disorder counts, (b) Tendances Dysfonctionelles-12 (TD-12), a measure on dysfunctional tendencies used in HR assessment, and (c) the Personality Inventory for DSM-5 (PID-5). Besides obstacles, we also identify opportunities at work for people with personality difficulties. Third and finally, we provide recommendations for therapists and job counselors/HR professionals how to support the employability of people with personality difficulties.

#### **Inclusion and beyond: Assessment and monitoring development of the work capacity of people with limited work capacity..** *Gemma van Ruitenbeek, Maastricht University*

It is generally recognized that employment contributes to psychological wellbeing and health gains. There is even a scientific tendency to consider work as medicine. And although the labour market shortages are intense and growing, people with limited work capacity (such as people with personality disorders), face



difficulties in finding and keeping a job. In order to support people with limited capacity in finding and keeping paid work, measures are developed to assess and monitor psychological work resources. This research focuses on identifying the psychological and personal characteristics of these people, which are characteristics that are known as important predictors of work behavior and work performance in science. This research is of added value because now the work capacity of the target group can be mapped out, in contrast to mapping out the bio-medical incapacity that still prevails within social security. This research has resulted in the validation of the Maastricht Work Capacity Monitor (MW©M), an instrument that can facilitate not only the inclusion but also the development during work of the target group, thus 'to go beyond inclusion'.

**Earned income and social transfer benefits of patients with Borderline Personality Disorder in Denmark: a register-based cohort study.** *Lene Hastrup, Psychiatric Research Unit, Psychiatry in Region Zealand, Slagelse, Denmark, Poul Jennum, Psychiatric Research Unit, Psychiatry in Region Zealand, Slagelse, Denmark, Rikke Ibsen, Psychiatric Research Unit, Psychiatry in Region Zealand, Slagelse, Denmark, Erik Simonsen, Mental Health Services East, Copenhagen University Hospital, Psychiatry Region Zealand, Denmark*

Despite symptom recovery, research suggests that Borderline Personality Disorder (BPD) is associated with long-term impairments in interpersonal domains, and general functioning, including educational and occupational attainment. This study aimed to use register data to estimate health care costs, educational status, income and social transfer payments of patients diagnosed with BPD in comparison with the average of the general population with no diagnosis. The study used Danish National Patient Registry to identify all patients with first diagnosis of BPD in contact with Danish Mental Healthcare Services during 2002–2016. Using data from the Civil Registration System Statistics Denmark database (CPR registry), we randomly selected controls of the same age, sex, marital status, and municipality of residence as the patients. We identified 2756 patients over the age of 18 years with BPD and 11024 matched controls. The study found that patients

with BPD had a lower earned income and received more public transfers, except for age pension, early retirement, and child benefit than the controls. The largest cost item of social transfer payments among patients with BPD was disability pension. A total of 171 patients below 18 years was compared with 677 matched controls. At the age of 20 years, BPD patients had reached a statistically significantly lower educational level (including lower primary school grades) and employment status compared with the controls. When adjusting for the parents' educational level, BPD patients were nearly 22 times more likely to be unemployed, and nearly 15 times more likely to be on disability pension than controls. These results underline that initiatives to support patients in finishing school and secondary education and improve work functioning is highly needed.

**What is the disability and burden associated with personality disorders?.** *Jamileh Shadid, University of Queensland, Australia, Rikke Ibsen, Psychiatric Research Unit, Psychiatry in Region Zealand, Slagelse, Denmark, Andrew Chanen, Orygen*

Introduction: Personality disorders are characterised by dysfunction with the self and difficulties in interpersonal relationships. They are associated with distress, disability, health comorbidities, and premature mortality. Accurate burden estimates by location, age, sex, and year, such as those estimated in the Global Burden of Disease study (GBD) for other disorders, are crucial for policy and resource allocation. However, the epidemiology and burden of personality disorders is yet to be estimated and remain poorly understood. Methods: We worked within the GBD framework in developing lay descriptions for three levels of personality disorder severity; mild, moderate, and severe, aligning with the diagnostic criteria presented in the International Classification of Diseases 11th Revision (ICD-11). These were presented to a sample of 4000 Dutch members of the general population in a web-survey, where paired comparison questions were used to determine which disorders the respondents deemed healthier. Disability weight data, along with prevalence data from a systematic review and meta-regression, and severity data, were then utilized to estimate burden in disability-adjusted life years (DALYs). Results: We will present the

final lay descriptions for the personality disorder health states and report the resulting disability weights for mild, moderate, and severe personality disorder from the Dutch disability weights survey. Pooled prevalence from the meta-regression on personality disorder epidemiology will also be presented, along with severity data and preliminary DALY estimates. Conclusion: Preliminary findings show that personality disorders are associated with a high level of disability, as indicated by the disability weight data from the study. Further results from this study will provide a more precise understanding of the burden of personality disorders and will directly inform future iterations of GBD. Understanding the true burden of personality disorders, and who is most likely to experience the brunt of this burden is crucial for key stakeholders (e.g., governments and international agencies) in policy development and resource allocation.

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