ESSPD | European Society for the Study of Personality Disorders

ESSPD Academy Newsletter, December 2019

Stephan Doering

Dear ESSPD members and colleagues

Just before the end of the year 2019 you receive our newsletter in a seemingly quieter period of our society, the ESSPD. We did not have a big conference in 2019 – it was the ISSPD´s turn in Vancouver this year, which was a somewhat smaller, but, nevertheless, inspiring conference (see page 12). However, a lot of activities took place you can read about in this newsletter.

One of the central issues of our society is the preparation of next year´s conference in Antwerp (see page 2). The registration is already open, so please make use of the early bird rate and register as soon as possible. We are looking forward to meet all of you in this beautiful city with the amazingly high number of the best restaurants! Our program will aim at the definition and the improvement of what determines the quality of life in patients with BPD. The field is aware nowadays that our treatments need to aim on more than mere symptom change, on somewhat closely related what Freud has described as the "restoration of his [the patient´s] ability to lead an active life and of his capacity for enjoyment". Our conference will stage fantastic speakers and among other contain a debate on euthanasia that is offered to mentally ill people, including those with PDs in The Netherlands and Belgium.

Looking back, we can report about our very successful workshop conference in Budapest in June – you have read about this in our last newsletter, and the first ESSPD summer school that took place in Crêt-Bérard (Switzerland). This event was particularly dedicated to young researchers in the field of personality disorders, who were given the chance to discuss their research projects with a faculty of highest expertise (see page 10).

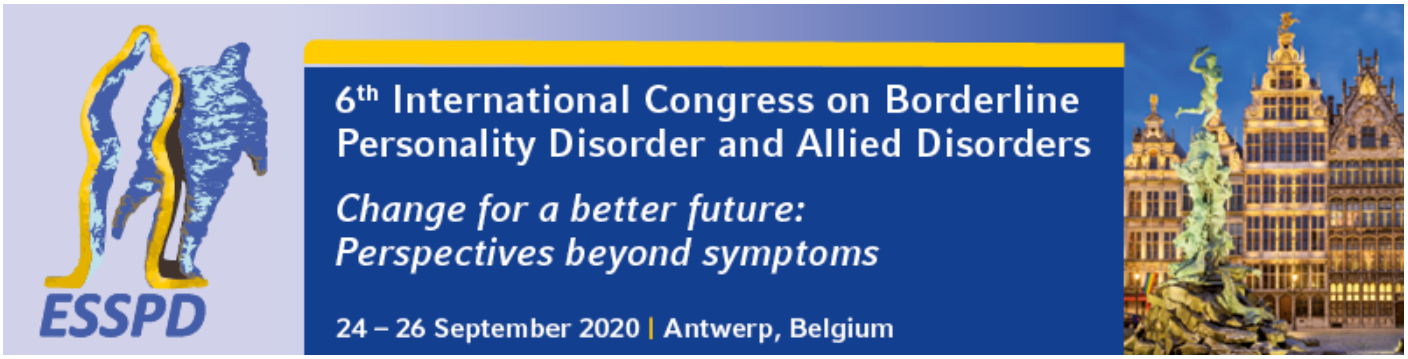
Another dimension of our activities is to provide our membership with information about the latest research in the field of PDs. As usual this newsletter contains Sophie Liljedahl´s summaries of some of the most important papers that have been published recently. Moreover, we continued the tradition to publish one conceptual review paper per year in our societies organ, the BPDED, an online journal that just has received an impact factor (see page 17). Our latest paper was prepared by the whole ESSPD Board under the aegis of Sebastian Simonsen, who gives you an impression of our review on European guidelines for the treatment of PDs on page 13. His statement is being discussed by Ole Jakob Storebø (page 15) Juan Carlos Pascual (page 16). Our next paper will deal with the issue of euthanasia in PD patients; our young researcher on the Board, Ester di Giacomo, has taken the lead. Last but not least, our newsletter contains a statement of our section on psychopathy: Luna Centifanti and Carlo Garofalo argue for the acceptance of psychopathy as a mental illness and provide us with convincing clinical, societal, and scientific arguments.

Very sad news has recently been spread: Perry Hoffman passed away. She was one of the most relentless fighters for patients and relatives interests and rights in our field. Michaela Swales´ obituary can be found on page 3 of this newsletter.

Not to end this message in sadness, let me send all my best wishes for the holiday season to you. I hope to see you at our conference in September 2020 in Antwerp.

Yours,

Stephan Doering, MD
President of the ESSPD



Registration and abstract submissions for the 6th International Congress opened in November 2019. To register visit the Congress website here and visit the Congress twitter account here for more updates

PRESIDENTAL DEBATE

- ***What does change for a better future mean in borderline personality disorder***

PLENARY SESSIONS

- ***Perspectives from positive psychology: Determinants of well being***
- ***A life worth living: Lessons learned from working with suicide prevention in high-risk clients***

WELCOME NOTE

Dear colleagues, friends and ESSPD members,

I am very happy to invite you to our next congress, the 6th International Congress on Borderline Personality Disorder and Allied Disorders. In 2020 we will focus the efforts to help our patients to build a life worth living. The heading of the conference is "Change for a better future: Perspectives beyond symptoms". We hope to extend the limits of traditional thinking in science and clinical care by creating a platform for an innovative discussion among researchers, clinicians, members of our health care systems, as well as patients and relatives. Core topics of our discussions will be positive psychology and what we have learned from suicide prevention for supporting a life worth living. Like in our successful previous conferences, our aim is to open the floor for contributions from different disciplines and fields of research with a specific focus on our patients´ well-being. Please join us in beautiful Antwerp and submit your valuable contributions to an enriching and inspiring conference.

We hope to meet you in Antwerp.

With best regards, Stephan Doering, MD (Congress President)

Obituary: Perry Hoffman

Image credit: New Harbinger Publications

Perry died at the age of 75 in New York in November this year, after a life-term of service supporting and helping the families of people with a borderline personality disorder diagnosis. Perry's first professional career was as a school teacher with young children, only later did she train as a social worker and obtain a PhD. She learned Dialectical Behaviour Therapy (DBT) in the very first group of clinicians outside Seattle to do so, eventually running the DBT day treatment programme in Westchester, New York.

Her unique contribution to the field arose out of her compassion for the suffering of people with BPD and their families, at a time when often the challenges and distress of families was overlooked or ignored. She founded the National Educational Alliance for Borderline Personality Disorder (NEABPD) in 2002. Obtaining an initial grant from NIMH, she held 5 national conferences, yet succeeded in using that seed funding to go on to hold 50 conferences, providing access to the work of international experts via the organisation's website to families and people with BPD all over the world. The NEAPD has gone on to plant affiliates in many other countries.

Together with Alan Fruzzetti, and help from many family members, she created the *Family Connections* Program designed specifically to support and help family members supporting a loved one with BPD. *Family Connections* is now available in 22 countries across the globe and has served tens of thousands of families with completely free access to all. Shortly before her death she obtained funding to develop and launch an online version of the programme, further ensuring that the support and information can be accessed as widely as possible.

In talking to people who knew Perry well, what they all say without exception, is that, despite her increasing renown, she remained modest. Humility was her stock in trade. Alan Fruzzetti, her long-time collaborator and friend said this of her in his eulogy at her funeral:

> *Perry never asked, "what's the minimum you can do to help people who need help" – she asked, what's the maximum you can do to help people who need help". She inspired others so that they wanted to do what she was suggesting…and she often got them to think it was their idea, never taking credit herself. She really never accepted anything for herself."*

Inspiring a similar attitude in those that knew her well will be Perry's enduring legacy. Of course, Perry would not want us to think of her legacy at all, rather she would hope that all of us in the field would never forget the suffering of our clients AND their families and that we might seek to develop and disseminate effective interventions to support and care for them.

Prof. Michaela Swales PhD

ESSPD Research Update

This quarterly newsletter is focused upon the theme of *borderline personality disorder, physical health, morbidity and mortality* as well as *BPD, trauma and PTSD,* and contains a review of the five most innovative contributions to the literature in the recent months. The corresponding scientific writer is Sophie Liljedahl, PhD.

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Sophie Liljedahl

Deaths by suicide and other causes among patients with borderline personality disorder and personality-disordered comparison subjects over 24 years of prospective follow-up

Temes, C. M., Frankenburg, F .R., Fitzmaurice, G. M., et al. (2019).
Journal of Clinical Psychiatry, 80. https://doi.org/10.4088/JCP.18m12436

Aim: The objectives of the study were fourfold. These were: 1. To compare death rates due to suicide and due other factors amongst individuals with BPD versus other-PD individuals; 2. To evaluate the most accurate predictors of time-to-suicide amongst BPD individuals; 3. To evaluate the most accurate predictors of time-to-premature death unrelated to suicide amongst BPD individuals; 4. To evaluate whether recovery plays a role in death rates.

Background: Most studies of BPD report elevated suicidality and attempts, but few evaluate completed suicide. Completing suicide remains a relatively rare event compared to self-harm and ideation. Further, individuals who have completed suicide are not able to describe their experience, limiting the information that can be derived from the event after it has occurred. To illuminate the gaps in the literature associated with these considerations, the authors followed a clinical sample in the current study for 24 years, re-testing them every 24-months.

Method & Procedure: Data from the present study are derived from a larger, ongoing longitudinal study examining how BPD unfolds over time. Participants in the study were recruited from inpatient care at the McLean Hospital in Boston from 1992 to 1995. Inclusion criteria were adult age, of intellectual functioning from estimated IQ scores of 71 and higher, no evidence of psychosis, bipolar or other somatic illness generating psychiatric symptoms, and meeting diagnostic criteria for BPD based on diagnostic interviews and self-report questionnaires. BMI and height were also recorded. Participants were followed and re-tested by blinded collaborators, and mortality was followed even after participants discontinued their study participation. A total of 290 BPD individuals participated compared to 72 individuals with other personality disorders.

Information pertaining to deaths was gathered based on death certificates from departments responsible for vital statistics. Information pertaining to deaths was also gleaned from obituaries and the news, including as much contextual information as possible, such as time and cause.

Results & Discussion: Death rates by suicide were elevated amongst BPD individuals (incidence of 5.9%) compared to individuals with other PDs over the study timeframe (1.4%). Death rates due to other causes than suicide was also elevated amongst individuals with BPD (14.0%) compared to individuals with other PDs (5.5%). The most frequent cause of death unrelated to suicide in all participants were heart attack,

complications due to alcohol and substance abuse, cancer and accidents. Time-to-suicide amongst BPD individuals had only one significant predictor amongst 11 variables studied, which was number of hospitalizations prior to the hospitalization associated with study participation. Premature death unrelated to suicide for BPD individuals was significantly predicted by male sex, being the recipient of social benefits, low SES, historic substance dependence, number of hospitalizations prior to admission, number of psych medications, and BMI associated with clinical obesity. The absence of a recovery status amongst individuals diagnosed with BPD was significantly higher amongst those who died by suicide (87.5%), as was death by other causes (87.5%) compared to those who had achieved recovered status.

This is the first study to evaluate death amongst BPD individuals using a prospectively studied sample. The results indicate that poor physical self-care, polypharmacy with respect to psychiatric medications and substance abuse could be usefully targeted to reduce premature death amongst BPD individuals. Recovery from BPD holds promise for suicide prevention as well as for improving poor physical health associated with premature mortality.

Borderline personality disorder and self-directed violence in a sample of suicidal army soldiers

Fruhbauerova, M., DeCou, C. R., Crow, B. E., & Comtois, K. A. (2019, 10)
Psychological Services. Advance online publication. http://dx.doi.org/10.1037/ser0000369

Aim: To compare suicidal soldiers in active duty meeting BPD diagnostic criteria (based on DSM-IV) with suicidal soldiers in active duty who did not meet diagnostic criteria for BPD with respect to self-directed violence over the lifespan. In this study secondary data were analysed from an overarching evaluation of self-directed violence and suicidal ideation in the United States military service (army).

Background: Little has been written about BPD amongst soldiers. Given that death by suicide amongst individuals in the military has increased substantially since 2004, the authors' evaluation of the role of BPD in suicidal soldiers' experience of self-directed violence is a novel contribution to the literature. The authors hypothesized that suicidal soldiers with greater endorsement of BPD symptoms would report more self-harm, attempted suicide and self-directed violence over the lifespan compared to suicidal soldiers meeting fewer BPD diagnostic criteria.

Method & Procedure: The larger study from which secondary data were analysed was an RCT comparing the Collaborative Assessment and Management of Suicidality (CAMS) with TAU, aimed to reduce suicide attempts and ideation over a year in outpatient clinics for army members in the southeastern USA (Jobes et al., 2017). Baseline data (N=137) from that trial were utilized in the current paper. Inclusion criteria were adult age (18 years and older), suicidal ideation defined as significant on the Scale for Suicidal Ideation-Current (scores of 13 and up). Exclusion criteria were limited to: Significant psychosis, inability to give consent or understand study procedures, situations that contra-indicated study participation, judicial orders with implications for study participation, deployment, change in station or separation from unit within 3 months that would interfere with study participation, membership in "Warriors in Transition," and women who were pregnant.

Participants were referred for study participation if they reported suicidal ideation or were believed to be at risk of suicide. Following consent procedures baseline assessments were conducted prior to randomization.

Results & Discussion: Just over a quarter of participants (27.7%, n=38) met full diagnostic criteria for BPD. Those with BPD were more likely to be younger, unmarried, and of lower military rank. The presence of BPD symptoms was associated with lifetime histories of self-directed violence compared to the experience of those without BPD criteria, with number of BPD criteria predicting the odds not only of historic non-suicidal self-injury (NSSI) but also NSSI frequency. For each increase in the number of BPD criteria reported there was a 36% increase in reported frequency of NSSI. Suicide attempts were not predicted by the number of BPD criteria

reported by suicidal soldiers. Taken together these results suggest that a significant proportion of the authors' active duty sample not only met current diagnostic criteria for BPD, but had histories of self-directed violence including suicide attempts. These findings suggest that BPD-specific assessments and prevention strategies as well as specialized evidence-based treatments for BPD may be useful for implementation by military treatment providers.

Key Reference

Jobes, D. A., Comtois, K. A., Gutierrez, P. M., Brenner, L. A., Huh, D., Chalker, S. A., . . . Crow, B. (2017). A randomized controlled trial of the collaborative assessment and management of suicidality versus enhanced care as usual with suicidal soldiers. *Psychiatry, 80,* 339–356. http://dx.doi.org/10.1080/00332747.2017.1354607

An evaluation of clinical practice guidelines for self-harm in adolescents: The role of borderline personality pathology

Boylan, K., Chahal, J., Courtney, D. B., Sharp, C., & Bennett, K. (2019). *Personality Disorders: Theory, Research, and Treatment, 10*(6), 500–510. https://doi.org/10.1037/per0000349

Aim: The aim of this evaluation was to determine whether clinical practice guidelines (CPGs) for self-harming adolescents included BPD screening, assessment and treatment recommendations.

Background: The authors previously selected 10 CPGs for self-harming children and youth using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses. In the current study these 10 CPGs for youth were evaluated to determine whether they addressed screening, assessment and treatment recommendations regarding BPD.

Methods & Procedure: The authors organized their review by including CPGs, practice parameters and committee recommendations relevant to prevention or the comprehensive assessment and treatment of self-harming, suicidal youth. Two trained independent reviewers evaluated prospective documents using the Appraisal of Guidelines for Research and Evaluation (AGREE II) tool to designate minimum or high quality over three AGREE II domain scores. The resulting 10 documents were rated for relevance in relation to content encompassing screening, assessment or treatment recommendations for BPD, BPD traits or symptoms.

Results & Discussion: Guidance for BPD-specific screening, assessment and treatment for BPD was limited, with 4 of the 10 CPGs containing relevant content regarding the relationship between self-harm and BPD in youth. The authors suggested that screening for BPD was a requirement, particularly for settings offering clinical services. To support the uptake of BPD screening for youth receiving clinical services, the authors suggest that future CPGs refer to the prevalence of BPD amongst self-harming youth, which is nontrivial in community samples (17% during youth's lifespan at the time of estimation; Gillies et al., 2018) and high in clinical samples (up to 85% for youth reporting depressive symptoms; Kovacs, Goldston & Gatsonis, 1993). They also suggest that CPGs disseminate the results of specialized evidence-based treatments for self-harming and suicidal youth with BPD, such as DBT.

Key References:

Gillies, D., Christou, M. A., Dixon, A. C., Featherston, O. J., Rapti, I., Garcia-Anguita, A., . . . Christou, P. A. (2018, October). Prevalence and characteristics of self-harm in adolescents: Meta-analyses of community-based studies 1990–2015. *Journal of the American Academy of Child and Adolescent Psychiatry, 57,* 733–741. http://dx.doi.org/ 10.1016/j.jaac.2018.06.018

Kovacs, M., Goldston, D., & Gatsonis, C. (1993). Suicidal behaviors and childhood-onset depressive disorders: A longitudinal investigation. *Journal of the American Academy of Child and Adolescent Psychiatry, 32,* 8–20. http://dx.doi.org/10.1097/00004583-199301000-00003

Similarities between borderline personality disorder and post traumatic stress disorder: Evidence from resting-state meta-analysis

Amad, A., Radua, J., Vaiva, G., Williams, S. C. R., Fovet, T. (2019)
Neuroscience & Biobehavioral Reviews, 105, 52-59, https://doi.org/10.1016/j.neubiorev.2019.07.018.

Aim: To evaluate the association between BPD and PTSD by meta-analysis, from a neuro-functional viewpoint. Studies evaluating resting state functional imaging were included to determine whether a shared neuropathway between the two disorders could be established.

Background: BPD and PTSD share similar diagnostic and clinical features, and share the risk of persistence, increased vulnerability to psychiatric comorbidity, recurrent hospitalization and death by suicide. The authors review the literature for commonalities between the disorders alongside suggestions from previous research that BPD and PTSD be as considered diagnostically proximal. In additional to shared clinical features, the authors point out that trauma, the central feature of PTSD, is highly prevalent in individuals diagnosed with BPD, and also that BPD individuals may be more likely to develop PTSD after exposure to trauma than individuals without BPD diagnoses (Golier et al, 2003). There may be shared genetic risk factors common to both PTSD and BPD (Zanas and Binder, 2014; Amad et al., 2019), and abnormalities in activation from a neuro-functional viewpoint (Krause-Utz et al., 2014). To evaluate possible functional commonalities in brain activation the authors evaluated the imaging research on BPD and PTSD individuals by quantitative meta-analysis.

Methods & Procedure: Resting-state functional imaging studies comparing individuals with BPD to control individuals were included in one meta analyses, and studies comparing individuals with PTSD to controls were included in a second meta-analyses. Prospective studies were evaluated for eligibility by the PRISMA statement (Moher et al., 2009) including studies published until April 2018.

Results & Discussion: Nine studies comparing BPD individuals with controls were included in the BPD meta-analysis and 18 studies comparing PTSD individuals with controls were included in the PTSD meta-analysis. Reduced activation in precuneus was present bilaterally in both BPD and PTSD groups when their resting state functional imaging was compared to that of control participants. With respect to the anterior cingulate/ paracingulate gyri and the left superior frontal gyrus, compared to imaging from control participants the BPD participants demonstrated significant increases in activation, whereas PTSD participants demonstrated significant decreases in activation. Results of supplementary analyses evaluating studies by matched demographic characteristics such as sex and age revealed a similar pattern of results as that of the primary analyses regarding activation in the anterior cingulate and the left superior frontal gyrus. Taken together these findings generate support for the hypothesis that there is a shared neuropathway between the two disorders.

Key References:

Amad, A., Ramoz, N., Peyre, H., Thomas, P., Gorwood, P., 2019. FKBP5 gene variants and borderline personality disorder. J. Affect. Disord. 248, 26–28. https://doi.org/10. 1016/j.jad.2019.01.025.

Golier, J.A., Yehuda, R., Bierer, L.M., Mitropoulou, V., New, A.S., Schmeidler, J., Silverman, J.M., Siever, L.J., (2003). The relationship of borderline personality disorder to posttraumatic stress disorder and traumatic events. *Am. J. Psychiatry 160,* 2018–2024. https://doi.org/10.1176/appi.ajp.160.11.2018.

Krause-Utz, A., Winter, D., Niedtfeld, I., Schmahl, C., 2014. The latest neuroimaging findings in borderline personality disorder. Curr. Psychiatry Rep. 16, 438. https:// doi.org/10.1007/s11920-014-0438-z

Moher, D., Liberati, A., Tetzlaff, J., Altman, D.G., The PRISMA Group, 2009. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. PLoS Med. 6, e1000097. https://doi.org/10.1371/journal.pmed.1000097.

Zannas, A.S., Binder, E.B., 2014. Gene-environment interactions at the FKBP5 locus: sensitive periods, mechanisms and pleiotropism. Genes Brain Behav. 13, 25–37. https://doi.org/10.1111/gbb.12104.

Differentiating Symptom Profiles of ICD-11 PTSD, Complex PTSD, and Borderline Personality Disorder: A Latent Class Analysis in a Multiply Traumatized Sample

Jowett, S., Karatzias, T., Shevlin, M., & Albert, I. (2019).
Personality Disorders: Theory, Research, and Treatment. Advance online publication. http://dx.doi.org/10.1037/per0000346

Aim: The authors aimed to evaluate whether they could define participant groups by their varying trauma histories and reported complex post traumatic stress disorder (CPTSD) and BPD symptoms.

Background: There is ongoing discussion in the clinical research regarding whether and in what ways CPTSD is a separate clinical syndrome from BPD with co-occurring PTSD. CPTSD has been added to *the 11th Edition of the International Classification of Diseases* (ICD-11; WHO, 2018), and is comprised of symptom clusters central to PTSD criteria, as well as to three symptoms central to disturbances in self-organization (DSO). DSO symptoms share overlap with BPD phenomenology (emotion dysregulation, negative self-concept and interpersonal difficulties). The authors hypothesized that: 1. Distinct groups would be identified based on CPTSD and BPD symptom profiles, with differences meaningful enough to qualify CPTSD as an independent clinical syndrome, 2. That the experience of multiple interpersonal trauma experienced during childhood would be defining feature of CPTSD compared to PTSD or BPD, and 3. That singular trauma most often experienced in adulthood would be defining features of PTSD compared to BPD or CPTSD.

Methods & Procedure: Data were gleaned from a larger sample evaluating symptom profiles using the International Trauma Questionnaire (ITQ; Karatzias et al., 2017). Data for the original study were collected via Scotland's National Health Service trauma center, whereby primary care, psychiatry and psychology sent referrals for specialized treatment. Participants were recruited by sequential referral over an 18-month period, with a 90.4% response rate (N=194). Participants were approximately middle age (*M*=41, *SD* =12.4) and mostly female (65.1%). Latent Class Analysis (LCA) was the principal form of data analysis.

Results & Discussion: Participants reported significant symptoms consistent with meeting diagnostic criteria for PTSD (36.8%), for CPTSD (53.4%), and BPD (79.0%). Across the sample the experience of traumatic life events was more likely to be frequent (*M*=7.67, *SD* 3.10 life events) than singular (2.1%), occurring directly to the individual (71.24%) rather than having been exposed to the trauma of someone else by observation or learning. Childhood trauma was frequently reported, most often occurring across multiple forms of maltreatment (neglect, 83.1%; emotional abuse, 81.5%, physical abuse, 67.7%, physical neglect, 66.2%, sexual abuse, 55.9%).

Consistent with study hypotheses, three independent classes emerged from statistical analyses. The CPTSD classes could be distinguished by earlier and more numerous experiences of interpersonal trauma, alongside greater difficulty with daily living. It was noted that although it was possible to distinguish between CPTSD and PTSD in this multiply traumatized sample, BPD symptomology was present across all distinct classes. CPTSD research was described as being in its infancy. Using standardized tools for assessment was encouraged to support the comparison of findings across samples.

Key References:

Karatzias, T., Shevlin, M., Fyvie, C., Hyland, P., Efthymiadou, E., Wilson, D., . . . Cloitre, M. (2017). Evidence of distinct profiles of posttraumatic stress disorder (PTSD) and complex posttraumatic stress disorder (CPTSD) based on the new *ICD-11* Trauma Questionnaire (ICD-TQ). *Journal of Affective Disorders, 207,* 181–187. http://dx.doi.org/10.1016/ j.jad.2016.09.032

World Health Organization. (2018). *International statistical classification of diseases and related health problems* (11th Revision). Retrieved from https://icd.who.int/browse11/l-m/en

Svenja Taubner, ESSPD Newsletter Editor

ESSPD Academy Newsletter Submissions

Submissions to the *ESSPD Academy Newsletter* are accepted on an ongoing basis. Subject areas may include issues from clinical practice, views and comments on current development within PD, reports from affiliated societies, member information, national and international events and conferences, research updates on personality disorders and more. We are interested in submissions from practitioners and researchers from within and outside of Europe. The length of submissions should be from 300-800 words and formatted in Word. We suggest that the authors limit their use of references. Please enclose author photos with the text.

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

The corresponding scientific writer is Sophie Liljedahl, Ph. D.,
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Bo Bach, ESSPD Editorial Board

Matilde Elices, ESSPD Editorial Board

Michaela Swales, ESSPD Editorial Board

Report on ESSPD Summer School in Crêt-Bérard, Switzerland, August 18-24, 2019

The first ESSPD Summer School took place in August 2019 in Crêt-Bérard (Switzerland), in collaboration with the University Institute of Psychotherapy and the General Psychiatry Service of the University of Lausanne, and supported by the Swiss Academy of Medical Sciences. Entitled "Current approaches to research on psychotherapy for personality disorders", it was moderated by Babette Renneberg (PhD, Freie Universität Berlin, Germany), Catherine Eubanks (PhD, University of Yeshiva, New York, USA), Katja Bertsch (PhD, University of Heidelberg, Germany), Lars Mehlum (MD PhD, University of Oslo, Norway) and Ueli Kramer (PhD, University of Lausanne, Switzerland). In addition to the summer school program, Lars Mehlum gave a lecture that was open to the public at the Lausanne University Hospital on the subject "Prevention and treatment of suicidal behaviors".

The aim of the 2019 summer school was to initiate young researchers from Europe to the complexities and interests of psychotherapy research in personality disorders. We aimed at adopting a theory-integrative, disorder-oriented and evidence-based approach. Throughout the one-week program, the focus was on the plurality of methods, their productive use for specific research questions and their creative combinations in order to deepen the understanding of change in psychotherapy. The explicit aim of the one-week learning experience was to achieve an enhanced design for the participant's own study in the domain of psychotherapy research in personality disorders.

Some feedback from students who participated in the Summer School

"I had a wonderful time during the ESSPD Summer School in Cret Berard Switzerland! It was so nice to discuss research questions and topics with other young researchers working in the personality disorder field. The program was diverse and inspirational and I really liked the overall atmosphere that was created. It was a very supportive, motivational environment in which we were encouraged to think outside the box and be creative.

The peaceful setting (Cret Berard) with wonderful views definitely was perfect in facilitating creativity. The social program in the evenings was fun and a good way to get to know each other in an informal and relaxed way. I really feel like I made meaningful (personal and professional) connections for the future. As feedback I would suggest reserving more time for presenting research projects and feedback on projects. Also receiving information from research projects of all participants beforehand could be useful."
Laura Weekers, PhD Student, The Netherlands

"Between the 18th and the 24th of August of this year, I participated to the first Summer School of the European Society for the Study of Personality Disorders (ESSPD) titled "Current approaches to research on psychotherapy for personality disorders". It was an enlightening experience. The teaching was of the highest quality, yet accessible and the location was fairy-tale like. I found it invaluable spending a whole week with internationally recognized top -level researchers in the field always available and keen on helping as well as with fellow young researchers form the four corners of Europe. Not only did I learn a lot but, more importantly, it allowed me to extend my professional net and make friends."

Loris Grandjean, PhD student, Switzerland

Report on ESSPD Summer School in Crêt-Bérard, Switzerland, August 18-24, 2019 (Continued)

Ueli Kramer

"I enjoyed the interplay between workshops from the teachers and the free time that we got to work on "imaginary research projects" but also to work on our own projects. To me, I would have wanted a bit more time to work on my own project with the teachers being available for supervision, just like we did the last days. That was very beneficial for me! I was very interested in Lars' talk about research designs, and it would have been fun to elaborate on that a bit more. For example to do imaginary research projects for each design that he mentioned, because I think designing and conducting research is a big part of the things you need to know when doing a PhD. Overall, I really enjoyed the summer school, and the social activities were very nicely planned. It was nice to meet a bunch of new people, who have the same/similar research interests as me!"
Sophie Juul, PhD student, Denmark

Babette Renneberg

"The summer school was a great experience. I learned a lot, not only on good research practices, but also on new areas of research. I came back to Germany with an even higher curiosity and inspirations for future research. Besides, the experience and the other participants helped me to develop personally. Especially, I liked the combination between presentations by the organizers and the guests, the group work and the offered leisure activities. The location in the middle of nature was a great selection, too."
Jana Zitzmann, PhD Student, Germany

Ueli Kramer and Babette Renneberg

Invitation to participate in the survey from the ISSPD on global needs related to personality disorders

Steven Huprich

Greetings,

The International Society for the Study of Personality Disorders (ISSPD) is working to identify global needs related to personality disorders (PD's). To do this, ISSPD is conducting a survey of treatment personnel, researchers, and other stakeholders about perceived education, training, and advocacy needs related to PD's.

We would greatly appreciate your help in this initiative by completing the survey linked below. It contains questions about attitudes and practices related to PD's. The survey is anonymous and confidential, and we estimate that it will take about 10-15 minutes to complete.

Survey: https://uhpsychology.co1.qualtrics.com/jfe/form/SV_23nDxIZxsGIMcFT

Thank you for your input and support.

Steven Huprich PhD
President of the ISSPD

Back to the ISSPD Conference "Personality Pathology: Linking into New Horizons" in Vancouver, British Columbia

Ueli Kramer

Three days in the Canadian metropole on the Pacific ocean, despite the heavy rain, were inspirational in opening up new horizons into our field. We heard and exchanged cutting -edge knowledge, and research and clinical methodology, on where the field of personality disorders currently stands and where it ought to move in the next few years.

Conceptualization of personality disorder will courageously embrace both the modern - and still to be developed further - dimensional approaches, along with the more traditional - and still relevant and theoretically precise - categorical approaches. According to ISSPD's current president Dr. Steven Huprich's keynote, proponents from each perspective may in the future learn from each other even more intensely than today.

Lack of focus on other types of personality pathology than those related with borderline personality disorder in clinical studies is still a reality, according to ISSPD past president and winner of the 2019 Ken Silk Award, Dr. Elsa Ronningstam : What we learn from research into narcissistic personality disorder may be of relevance for an integrated and multifaceted understanding of what psychotherapy has to offer to the field of personality pathology.

Co-morbidity may certainly represent a lack of coherent conceptualization underlying the current diagnostic system, but is also a clinical reality when working with clients with personality pathology. For example, the work by Dr. Kenneth Sher on the co-morbid alcohol abuse may be inspiring to more than one clinician and researcher in the future. Large dissemination of evidence-based practice, and good-enough treatment, for clients with personality pathology, and their families, is a central task of every ISSPD member worldwide. ProjectAirStrategy director Dr. Brin Grenyer shows how it can be done in an effective way, using the technological tools of the XXIst century : a project to be imitated in the future.

Finally, psychotherapy tools are most powerful when the psychotherapist, and the administrative system, supports personalized approaches. Psychotherapy researcher Dr. Shelley McMain demonstrates how it can be done - beyond the predictions of change - a focus on case formulation, moderators and mechanisms of change may be the future of bringing psychotherapy to the individual patient presenting with personality pathology.

Ueli Kramer, University of Lausanne (Switzerland)

Guidelines for personality disorders: a brief essay

This section of the ESSPD Newsletter provides a short report on guidelines for the treatment of personality disorders, by Sebastian Simonsen, PhD. In response to this, three European PD experts have been invited to provide their comment on this topic.

Sebastian Simonsen

Recently the ESSPD board reviewed European national clinical guidelines (Simonsen et al. 2019). Based on this work I have been asked to write a brief essay commenting further on the main findings. In all, we identified nine guidelines developed in eight different countries across Europe. Five of the guidelines concerned BPD, one is about Antisocial personality disorder and three concern PD in general. We looked at recommendations across three main areas: diagnoses, psychotherapy and medication. As expected, we found some convergence across guidelines but, surprisingly, also some striking differences.

Overall, there are two main findings I would like to address further in this brief essay. First, the very low quality of evidence and second, the lack of guidelines pertaining to some very prevalent personality disorders.

Regarding the quality of evidence using the Danish guidelines as a case in point, nine out of ten recommendations are evidence-based but the evidence behind all the recommendations is rated as very low. Furthermore, five of the nine are recommendations *against* doing something rather than about what clinicians should in fact do. May this be part of the reason why guidelines often do not have the desired outcomes? I also wonder how the PD evidence ratings compare to other major psychiatric disorders and looked at Danish guidelines for other diagnoses. Perhaps predictably, the picture was somewhat fuzzy. The evidence prize seems to go to Schizophrenia (ten evidence-based recommendations (EBR), of which only three are based on very low evidence). However, other major diagnoses actually do not fare much better than the PDs: Non-pharmacological treatment for unipolar depression (seven EBRs with five based on very low evidence), Non-pharmacological treatments of unipolar depression (seven EBRs with five based on very low evidence), Anorexia Nervosa (three EBRs with two based on very low evidence), OCD (four EBRs with three based on very low evidence), Pharmacological treatment of Bipolar disorder (eight EBRs with six based on very low evidence). So what, if anything, does this say about our field in comparison with other fields within psychiatry? I believe two things in particular are worth considering here. First, are we asking good clinical questions but neglecting political issues that would make our field appear as scientifically solid as other fields? Consider the following recommendation backed up by moderate evidence from the Danish guideline for patients with Schizophrenia: 'Consider offering cognitive behavioural therapy to patients with schizophrenia with considerable disability on the basis of persistent psychotic and/or negative symptoms.' In the Danish guideline we failed to ask a similarly simple question: should patients with BPD be offered psychotherapy? The evidence behind a recommendation based on such a question in the PD field, I think, would also be rated as moderate. Instead, we in the Danish working group decided to ask a question which probably cannot be answered for any diagnostic group (see Juul et al., 2019 for further discussion), namely whether to offer short or long-term psychotherapy treatment.

Secondly, the rating of 'very low evidence' reminded me of an article by the late John Gunderson (2009) about the ontogeny of the BPD diagnosis. He writes that 'Borderline personality disorder is to psychiatry what psychiatry is to medicine' (p. 535). In considering the stigma and hugely irrational underfunding of research for PD, Gunderson points out that BPD – and, I would add, the PD field as a whole – is scapegoated because it reminds many of 'an unwanted truth, namely that psychiatric disorders, like other medical conditions are heterogeneous and have flexible boundaries. Framed in this way and, I think, in the spirit of Gunderson, the level of the evidence found in guidelines for BPD may not be as poor as it first appears, and we as a field should be proud of what has been accomplished thus far, in spite of the field being underfunded and stigmatized within psychiatry. This of course should not preclude us from sometimes also asking a few politically smart questions in order to advance our field in the eyes of politicians and decision-makers.

Guidelines for personality disorders: a brief essay (continued)

The other overall issue that I found troubling was the lack of guidelines for prevalent personality disorders such as, avoidant, obsessive-compulsive and narcissistic personality disorders (Torgersen et al., 2001). Whether one conceptualizes such disorders based on a categorical or a dimensional model, many patients suffer from problems related to being overly inhibited or rigid or in need of too much admiration from others (Dimaggio et al., 2012; Wilberg et al., 2009). Clinicians and patients looking for evidence-based guidance on diagnoses and treatment are left to their own devices to figure things out as best they can. Evidently, part of the problem is the dearth of randomized controlled trials for other personality disorders besides BPD. Thus, a planned Cochrane review for AVPD was dropped due to lack of trials (Weinbrecht et al., 2016) and meta-analysis covering these patient groups are evidently also rare. However, I think it is debatable whether the lack of trials should truly be seen as sufficient cause for not developing guidelines. After all, good practice guideline recommendations can be tremendously influential (e.g., the British guidelines from 2009), and certainly, there are questions that could be answered based on the same very low evidence standard which I touch upon above in relation to BPD. Using Avoidant personality as a case in point, there are four trials that have randomized these patients to different types of interventions. In addition, there are several well-conducted trials in which large subgroups of patients are AvPD (Simonsen et al. 2019).

But perhaps most importantly, guidelines can be used to focus the field on the most important questions with the patient's best interest in mind. When making recommendations using the GRADE system we are not only asked to look at the evidence but also to consider the balance between harms and benefits and, importantly, also patient preferences (Goldet & Howick, 2013). No matter how much we try as individual researchers to live up to such ideals, I believe bias is inevitable. The stringent methodology and broad member composition of guideline groups can help to alleviate this problem, at least to some extent.

Thus, In closing I would suggest that it is possible and probably highly recommended to be aware of the very low evidence on which guideline recommendations are most often based while simultaneously recognizing that we should be proud of what has thus far been achieved and have faith in the ability of guidelines, over time, to serve our patients well. I would also like to strongly encourage our membership to use their influence to promote the idea of making guidelines for other personality disorders besides BPD.

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Comments on National Treatment Guidelines

Ole Jakob Storebø

Thank you the opportunity to comment on this interesting essay by Sebastian Simonsen on guidelines for personality disorders. I believe that the field of personality disorders and the research being conducted in this field, is as solid as any other field in psychiatry. I had a thorough look at the Danish guidelines on Schizophrenia (which Sebastian gave the 'evidence prize' to) and found that some of the meta-analyses should had been downgraded for both imprecision of effect estimates and unexplained heterogeneity. Some of the recommendations where therefore, in my opinion, in fact based on low quality evidence as is the case for many other guidelines in the field of psychiatry. Many of the Danish guidelines are based on low quality evidence due to a variety of methodological problems in the included trials, which all increase the risk of systematic errors (risk of bias). There is substantial evidence showing, that randomized clinical trials with high risk of bias tends to overestimate benefits and underestimate harms (1-7). The risk of bias domains concerning allocation sequence generation, allocation concealment, blinding of participants and clinicians, blinding of outcome assessors, incomplete outcome data, selective outcome reporting, and industry funding have all been shown to be of particular importance (1-7). Furthermore, many trials in the field of psychiatry tend to be small trials with few participants and with a high dropout rate, which collectively leads to imprecise effect estimates (8). The intervention - and control groups are often heterogeneous, which makes it difficult to perform homogenous meta-analysis. All these problems (and others such as publication bias) are the reason as for why many guidelines end up answering the clinical question of interest, with low quality evidence. It is my opinion, that the Danish guidelines normally have a very conscientious working process including both risk of bias assessment and the use of the Grading of Recommendations Assessment, Development and Evaluation (GRADE) tool to assess methodological problems. I do think, that Sebastian Simonsen is right in his concerns regarding political issues, as these are a part of the guidelines process. This sometimes becomes evident in the process of choosing the right clinical questions as well as in the erratic assessment of the quality of the evidence. In conjunction, Alexander et al found that 55% of the strong recommendations in WHO guidelines were based on low quality evidence (9). To increase the effectiveness of both the guidelines as well as the systematic reviews, there is a need for randomized clinical trials of higher quality, that includes enough numbers of patients and which are performed with low risk of bias. I do believe that the field of personality disorders can be proud of the current research being conducted. We are about to publish an updated version of a Cochrane review concerning psychological treatments for people with borderline personality disorder (BPD), in which we have included over 75 trials investigating psychotherapy for BPD. This alone shows that the research activity within this field is high. Nevertheless, Sebastian Simonsen is right in his opinion, that there is a lack of trials investigating the effects of treatments used for other personality disorders.

Ole Jakob Storebø

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Comments on Simonsen's paper on European Guidelines for personality disorders: past, present and future

Juan Carlos Pascual

In this interesting paper, Simonsen and colleagues offer a clear, critical review of the similarities and differences among the eight European clinical guidelines for the management of individuals with personality disorders (PD). To evaluate the successes and failures of these guidelines, it may be useful to take a longitudinal perspective in order to better understand the historical and scientific contexts in which these different guidelines were developed. A more complete understanding of where we have come from and where we are headed in the future should help us to better evaluate—and appreciate—the achievements of the European guidelines published to date.

The past

As Simonsen et al. have observed, we could take a critical view of the different and sometimes contradictory recommendations made by the guidelines. The same could be said about the low level of scientific evidence that these guidelines are based on. However, it is important to keep in mind that even the oldest guidelines were developed in the not-so-distant past. Indeed, the first evidence-based guidelines for the treatment of borderline personality disorder (BPD) were only published in the year 2001 (APA), mainly due to the small number of high-quality studies needed to make evidence-based recommendations. This explains why some of the recommendations in those initial guidelines for BPD were based more on expert consensus than on scientific evidence, although the guidelines point out the need for new studies and more evidence.

In the last 20 years, an impressive amount of research has been carried out in the field of PD. Numerous clinical trials have been conducted to evaluate both psychological and pharmacological treatments and the findings of those trials have substantially increased our understanding of PD. In fact, in just over a decade, BPD has gone from being a largely untreatable condition to one for which several effective treatments are available, with a much more favourable long-term prognosis than could have been previously imagined.

The present

In the field of PD, the present moment is somewhat complicated. Although the number of clinical trials has increased in recent years, leading to a larger and stronger body of evidence, the different guidelines have—surprisingly—interpreted this evidence differently, resulting in dissimilar and even contradictory recommendations. For example, as Simonsen and colleagues point out, some guidelines consider different psychotherapies such as dialectical behaviour therapy or mentalization-based therapy to present the same level of efficacy, whereas other guidelines clearly indicate that the degree of evidence to support the effectiveness of these treatments is not the same. Similarly, recommendations regarding pharmacological treatment also differ and in some cases are even contradictory. While some guidelines recommend treating specific symptoms with antidepressants or antipsychotics, other guidelines recommend avoiding symptomatic treatment to avoid polypharmacy.

The future

I fully agree with the conclusions made by Simonsen and colleagues. There is a clear need for new guidelines to improve decision-making in routine clinical practice by, for example, assessing—and incorporating

into clinical guidelines—the views and values of patients and caregivers. In addition, future guidelines should make it easy for clinicians to put these recommendations into clinical practice. At present, some of the recommendations in current guidelines are ignored by clinicians in clinical practice, as evidenced by the widespread use of polypharmacy, which some guidelines recommend avoiding when possible (e.g., Martín-Blanco et al. 2017).

To conclude, the research carried out in the last two decades in the field of personality disorders has led to spectacular advances in our understanding and treatment of these disorders. We now need to better organize and clarify this knowledge by developing new guidelines focused on improving clinical practice.

Juan Carlos Pascual

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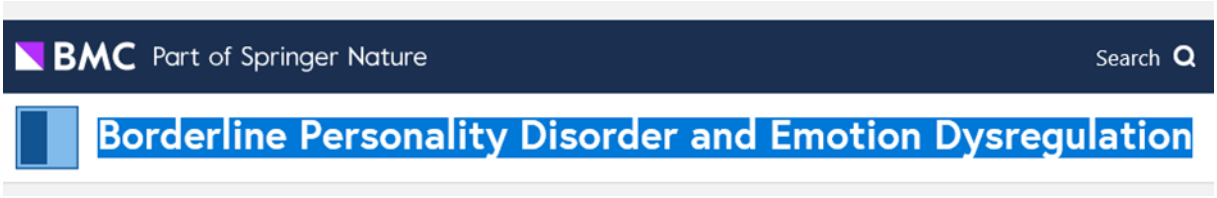
New Impact Factor for BPDED

Martin Bohus

Among others, the ESSPD stimulates and supports communication of research on all aspects of personality disorders including epidemiology, etiology, diagnosis and assessment, course and treatment in Europe. For this purpose, we chose BPDED as our official journal.

Borderline Personality Disorder and Emotion Dysregulation provides a platform for researchers and clinicians interested in borderline personality disorder (BPD). Emotion dysregulation is at the core of BPD but also stands on its own as a major pathological component of the underlying neurobiology of various other psychiatric disorders. The journal focuses on the psychological, social and neurobiological aspects of emotion dysregulation as well as epidemiology, phenomenology, pathophysiology, treatment, neurobiology, genetics, and animal models of BPD. Contributions investigating the broad field of emotion regulation and dysregulation as well as related pathological mechanisms such as dysfunctional self-concepts and dysfunctional social interaction are welcome, as are studies of novel treatments for BPD. In addition, the journal considers research into the frequent, co-occurring psychiatric disorders like Post-traumatic Stress Disorder, ADHD, depression, eating disorders, conduct disorders, drug abuse, and social phobia. All articles published in *Borderline Personality Disorder and Emotion Dysregulation* are included in PubMed, PubMed Central and DOAJ.

In addition, we are pleased to announce that all articles published from 2017 onwards will be included in Web of Science, as part of the Science Citation Index Expanded (SCIE). The journal will receive its first impact factor in 2020.



The stigma of being labelled a psychopath: Is there value in a label?

Much of the clinical work in personality disorders involves diagnoses. For better or worse, our diagnostic systems are based on medical models in psychiatry. However, psychopathy has not be earnestly included in official clinical diagnostic systems to date. Yet, psychopathy is considered a research diagnosis. Nevertheless, we argue psychopathy is a mental disorder. First, it is well established that psychopathy is a condition characterized by dysfunctions in thinking, emotions, and behavior with known neurobiological correlates. In addition, psychopathy is a developmental disorder and, as many other personality disorders, early precursors of psychopathic personality are evident already in childhood and early adolescence (e.g., callous-unemotional traits). Further, longitudinal work has shown that psychopathic traits are not as stable as traditional perspectives posited, and that some prevention and treatment efforts can be effective in reducing psychopathic traits and the costs associated with them (e.g., Polaschek & Skeem, 2019).

The American Psychiatric Association and the World Health Organization do not include in their diagnostic manuals (the Diagnostic and Statistical Manual of Mental Disorders [DSM] and the International Classification of Diseases [ICD], respectively) criteria for the diagnosis of psychopathy that are aligned with the abundant empirical literature on this disorder. The available literature on psychopathy attests that this research diagnosis has important adverse consequences and causes significant societal burden, as it has been associated with increased occurrence of aggression, violence and criminal behaviour (Yang, Raine, Colletti, Toga, & Narr, 2010). Its validity as a separate diagnosis is supported by a variety of findings that are specific to psychopathy, such as altered responses to conditioning or changes in specific physiological reactions (Hare, 1978; Patrick, Bradley, & Lang, 1993).

Psychopathy demarcates a subgroup of antisocial individuals, representing a small proportion of the population which is vastly disproportionate in consuming the criminal justice system's resources (Kiehl & Hoffman, 2011). As such, there is a need to understand how to identify this subgroup of people who are responsible for most of society's repeated criminal or antisocial behaviour.

Notably, the human value of a diagnostic label can clash with the science value attached to the same label. From a scientific perspective, we know that the research diagnosis of psychopathy helps us study people with particular traits who continue to violate social rules and people's rights. At the same time, psychopathy has now been in use in prisons for determining treatment needs and sometimes dangerousness. Here, it has been variously described as a "double-edged sword". It is double-edged in that people with these traits may be treated leniently because they have a diagnosed disorder, but since we know that many individuals with high levels of psychopathic traits are dangerous, they may also be treated more harshly (and stay incarcerated for longer).

We believe that the criminal justice and mental health systems, leveraging scientific evidence, should use the assessment of psychopathy for opportunities for rehabilitation, since we have prior research findings that are able to help determine what works and what does not work for people with psychopathy. Crucially, effective treatments diverge from those for individuals that qualify for a diagnosis of DSM-Antisocial Personality Disorder and ICD-Dissocial Personality Disorder. However, part of the reason the public or institutions may be reluctant to place resources and confidence in such individualised programmes for people who commit violence may be the perception of personal responsibility in mental disorders. For example, there is a tendency to overestimate the degree of self-control that can be exerted over emotions in people with mood disorders; they also underestimate motivation for change in addiction. This may very well lead to ineffective management strategies (e.g. encouraging a patient with depression to "just have fun," or a patient with addiction to "just say no"). Although people may perceive these comments as helpful, they will soon realise that the comments have no effect on behaviour, which may make people feel frustrated. But in effect the patient is left in desperation with few people willing to continue to offer support. For criminal acts that are perceived to entail high levels of violence or callousness, this overestimation of personal responsibility might add to the public perception of a perpetrator as a "monster", which may lead to the public being reluctant or at least unwilling to understand the psychological mechanisms

behind a crime. Moreover, there is an ethical challenge in considering psychopathy a form of mental illness, such that individuals affected by other types of mental illness (e.g., psychosis) may suffer from increased stigma due to the common association with psychopathic personality and the various form of antagonistic tendencies it entails.

In this regard, we contend that a science-driven approach should again be the guiding principle. What is needed, then, is to educate the public and the media about mental disorders. Perhaps psychopathy and other personality disorders need the "dignity" of other forms of mental illness in order to be properly considered for rehabilitation purposes. At the same time, however, we argue that neither psychopathy nor any other forms of psychopathology should be associated with the burden of stigmatization that the terms mental illness or psychological disorders carry with them.

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Membership Nomination Form

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

PROFESSIONAL BACKGROUND (psychiatrist, psychologist, nurse, social worker, other):								
NOMINATION CATEGORY *(mark with X)*								
Researcher		Clinician		Teacher		Other, specify		
MAIN FIELD(S) OF INTEREST (NEUROSCIENCES, ASSESSMENT, TREATMENT, PREVENTION, OTHER)								
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Names of two nominators (printed letters):	Signatures of two nominators:
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