



# ESSPD NEWSLETTER

**ESSPD** | European Society for the Study  
of Personality Disorders

Dear Colleagues,

Among the most demanding, but also rewarding, parts of my clinical work is treating suicidal and self-harming adolescents. These kids struggle with a host of problems in their young lives; most of their troubles are intimately related to a heightened sensitivity and reactivity towards the environment and strong problems with regulating emotions and behaviours. Quite a few of the adolescents I treat have a diagnosis of Borderline Personality Disorder (BPD) and even more have subsyndromal levels of BPD traits. Although their frequent self-harming behaviour is often of low lethality, it nevertheless carries with it a substantially increased risk of eventual suicide or accidental death. Only half a decade ago, there was no treatment available that had a documented efficacy in reducing suicidal and self-harming behaviours in adolescents with problems such as these.



**Lars Mehlum**

Fortunately, we have lately made great progress, so that we now do know how to provide effective treatment that can be delivered at a sufficiently high level by clinicians in normal care settings (Mehlum et al., 2014; Rossouw & Fonagy, 2012). Still, we have a long way to go before we will be able to offer these treatments to the majority of teenagers and their families who need them. There are many obstacles on this road, but one of the most important, I think, is the reluctance we find among many of our colleagues to diagnose BPD and to screen for self-harming behaviour in adolescents. This occurs despite our knowledge that BPD usually has its onset in adolescence or early adulthood and that the disorder is common in these age groups. There is a great need to increase awareness and knowledge on the importance of early diagnosis and intervention for BPD and subsyndromal levels of BPD traits in adolescents. Recently the Global Alliance for Prevention and Early Intervention for BPD was established as a joint effort of scientists, clinicians and societies within the PD field to promote action through a set of scientifically based clinical, research and social policy strategies and recommendations. Among them are to promote a recognition of BPD as a severe mental disorder in adolescents at all levels of the health system, to adopt early detection and intervention for BPD and to train clinicians in evidence based interventions (Chanen, Sharp, Hoffman, Global Alliance for, & Early Intervention for Borderline Personality, 2017). I think this is an important initiative well worth fighting for and you can rest assured that I will be among those who speak up for the right of adolescents to have access to treatments that may not only save their lives, but also give them a life worth living.

With this summer issue of the ESSPD Newsletter we hope to reach you all with some key information before you leave for your vacations. We have included information on new members of the ESSPD board and on the recently completed and successful ESSPD workshop conference in Crakow, Poland. We have also provided information on how you, as existing members may nominate new members to the society. And as usual you will find a new selection of some of the most innovative contributions to the PD research literature in the recent months excellently summarized for the ESSPD by Dr Sophie Liljedahl. The ESSPD will hold its annual general members' meeting during the upcoming ISSPD conference in Heidelberg. More information about this will follow. Whether I will see you there or not, I wish you all a relaxing and joyful summer! **Lars Mehlum, President of the ESSPD**

## References:

- Chanen, A., Sharp, C., Hoffman, P., Global Alliance for, Prevention, & Early Intervention for Borderline Personality, Disorder. (2017). Prevention and early intervention for borderline personality disorder: a novel public health priority. *World Psychiatry*, 16(2), 215-216. doi: 10.1002/wps.20429
- Mehlum, L., Tormoen, A. J., Ramberg, M., Haga, E., Diep, L. M., Laberg, S., . . . Groholt, B. (2014). Dialectical behavior therapy for adolescents with repeated suicidal and self-harming behavior: a randomized trial. *J Am Acad Child Adolesc Psychiatry*, 53(10), 1082-1091. doi: 10.1016/j.jaac.2014.07.003
- Rossouw, T. I., & Fonagy, P. (2012). Mentalization-based treatment for self-harm in adolescents: a randomized controlled trial. *J Am Acad Child Adolesc Psychiatry*, 51(12), 1304-1313 e1303.

## Changes to the ESSPD Board

### Introducing the new ESSPD president:

**Lars Mehlum** took over as the new ESSPD president in January this year. Lars has been a member of the ESSPD board since 2013, the last two years as president-elect. He is the director of the National Centre for Suicide Research and Prevention at the Institute of Clinical Medicine, University of Oslo, Norway, a centre he founded more than 20 years ago. A psychiatrist and psychotherapist he is a past president of the International Association for Suicide Prevention (IASP), the current president of the European Society for the Study of Personality Disorders (ESSPD) and the president-elect of the International Academy of Suicide Research (IASR). Over many years he has been an advisor on mental health and suicide prevention in his home country and to the EU and governments in countries such as the US, China and Germany. He was a visiting professor at Columbia University College of Physicians and Surgeons 2011-2012 and has lectured widely in many countries. He has established several advanced training programmes, such as a Master's program in suicide prevention at the University of Oslo and national therapist training programs in Dialectical Behaviour Therapy (DBT) and Complicated Grief Treatment (CGT). The founding editor of the journal *Suicidologi* published since 1996 he is also a member of the editorial board of several international journals. With his research group he focuses on the clinical course of suicidal and self-harming behaviors with respect to etiological and prognostic factors such as stressors and negative life events, personality traits and disorders, major psychiatric illness and the efficacy of interventions, among them Dialectical Behaviour Therapy. His clinical studies also focuses on the prevalence of BPD in teenagers and the risk and course of self-harming behaviour linked to BPD traits. He is also conducting studies of the epidemiology of self harm and completed suicide in the general population and various non-clinical samples through large scale national registers and he has published widely on these subjects and has received several national and international awards.



**Lars Mehlum**

### New Members of the ESSPD Board:

**Babette Renneberg, PhD** is Professor for Clinical Psychology and Psychotherapy at Freie Universität Berlin, Germany, supervisor and trainer in cognitive-behavior therapy. She is director of the Outpatient Psychotherapy Treatment Center at Freie Universität and director of a training program in child and adolescent cognitive-behavior therapy (ZG FU). Her research interests are basic and applied research in personality disorders, anxiety disorders, and psychosocial factors in physical illness. Together with her colleagues, she developed a treatment approach for avoidant personality disorder, a treatment approach for patients with severe burn injuries and more recently a parenting program for mothers with borderline personality disorder. She has received awards for her dissertation (on personality disorders in agoraphobic outpatients) and for her work on rejection sensitivity in borderline personality disorder.



**Babette Renneberg**

**Andres Kaera** is a clinical psychologist and psychotherapist at Kanta-Häme Central Hospital, Hämeenlinna, Finland. He has a Masters' degree in clinical psychology from University of Tartu, Estonia. He is trained in cognitive-behavioural therapy (with emphasis on clinical behaviour analysis) at University of Tampere. His research and clinical interests lie in psychometric assessment of personality disorders. He has been involved in adapting The Schedule for Adaptive and Nonadaptive Personality (SNAP-2; Clark, Simms, Wu, & Casillas, 2014) and Semi-structured Interview for Personality Functioning-5.1 (STiP-5.1; Hutsebaut, Berghuis, Kaasenbrood, Saeger, & Ingenhoven, 2015) into Estonian. He has also taken part in updating the Estonian version of the International Personality Disorder Examination (IPDE-ICD-10, Loranger, Janca, Sartorius, 1997) for clinical use. He is currently involved in adapting The Personality Inventory for DSM-5 (PID-5; Krueger, Derringer, Markon, Watson, & Skodol, 2013) into Finnish. In addition to his clinical work he has been involved in teaching subjects related to personality disorders to clinicians and students. In 2013—2015 he acted as head of local organizing committee in setting up the first ESSPD Workshops for Personality Disorders.



**Andres Kaera**

## Report from the ESSPD Workshop– Conference in Cracow, 6th-8th April 2017



The ESSPD Workshops on Personality  
Disorders  
6-7-8 IV 2017 Cracow



Around one hundred people gathered in the beautiful city of Cracow, Poland for the second ESSPD workshop-conference. The conference was held in the Galaxy hotel, right by the Vistula River. The main purpose of the workshop-conference is strengthening bonds to countries where research in and treatment of personality disorder is sometimes lagging behind. The conference has a fixed format lasting two and a half days. Six experts each give a plenary lecture and provide a workshop twice. In Cracow the six experts were: Martin Bohus (DBT), Eva Niezgoda (Interdisciplinary treatment), Stephan Doering (TFP), Ad Kaasenbrood (Social psychiatric Management), Anthony Bateman (MBT) and Mariusz Furgal (Family and couple therapy).

Primarily thanks to a successful collaboration with the Winida foundation and especially Katarzyna Ociepka-Miasik, the aims of the conference were fully met with around 80% of participants coming from Poland. We are grateful to everybody who contributed to the 2017 conference. The next workshop-conference is planned to take place in Budapest in 2018.

**Sebastian Simonsen & Andres Kaera (Organizers)**

## Recruitment of new ESSPD members

Dear ESSPD Members,

As we have previously informed you, the ESSPD is transforming into an *academy of excellence* where membership will no longer be offered people on the basis of whether they pay their membership fee or not, but on the basis of what contributions they have made to the field of PD research and practice. The ESSPD is aiming to become a network of resourceful experts who can foster integration of scientific knowledge into treatment, and to make the voice of specialists heard in policy making. This means we want to build a membership that consists of specialists well reputed for their scientific, policymaking, clinical and/or educational contributions in the field of personality disorders.

At the core of the new structure we have you, the existing members. As the membership of the ESSPD will now be based on nominations from existing members and invitations from the ESSPD Board, we need your help in recruiting members to expand. We are looking for persons that are recognized by their peers as having a high level of competence and skill evident from contributions in any of the mentioned fields of activity.

### **How to nominate new members?**

You may wish to log on to the Members Section of the ESSPD website and check which of your colleagues or collaborators are ESSPD members and who are not. If you feel they should really become members of the ESSPD, you may consider nominating them for membership.

To nominate a person, two existing members must fill a nomination form, listing very briefly achievements, accomplishments, publications or awards and other information about the nominee. Completed forms should be emailed to [secretary@esspd.eu](mailto:secretary@esspd.eu). The Membership Selection Committee will evaluate all applications and present their recommendations to the ESSPD board which will make the final decision of whom to invite to become new members of the ESSPD.

The nomination form can be found in the members' area of the website and at the last page of this newsletter. So please go ahead and make sure all the best specialists in the field are invited to be members of the ESSPD network!

**Lars Mehlum**  
**President of the ESSPD**

**Andres Kaera**  
**Secretary of the ESSPD**

## ESSPD Research Update

This quarterly newsletter focused upon the theme of Diagnostics and Comorbidity in its selection of the five most innovative contributions to the literature in the recent months.

The corresponding scientific writer is Sophie Liljedahl, Ph. D.,

Email: [dr.s.liljedahl@gmail.com](mailto:dr.s.liljedahl@gmail.com)



*Sophie Liljedahl*

### What works in the treatment of borderline personality disorders

**Choi-Kain, L. W., Finch, E. F., Masland, S. R., Jenkins, J. A. & Unruh, B. T. (Mar 2017)**

*Current Behavioural Neuroscience Reports*, 4, 21-30 <http://dx.doi.org/10.1037/pri0000025>

**Aim:** To review contributions to the literature from the previous five years with respect to the treatment of borderline personality disorder (BPD) in adulthood. The focus of the review was on evidence-based treatments and their most essential components, an update on psychopharmacologic interventions, and the status of concurrently treating BPD and comorbid clinical syndromes.

**Background:** There is growing recognition that BPD is a treatable condition rather than a life-long disorder, owing in a large part to advances in effective interventions that reliably produce effective results. Since the first pioneering RCT demonstrating the effectiveness of Dialectical Behaviour Therapy (DBT) compared to TAU from the 1990's more than 13 psychotherapy interventions for BPD have been developed, implemented, tested and manualized. Interventions with sufficient data to be designated as evidence-based treatments (EBTs) are: 1. DBT; 2. Mentalization-based treatment (MBT); 3. Schema-focused therapy (SFT); 4. Transference-focused psychotherapy (TFP); and, 5. Systems training for emotional predictability and problem solving (STEPPS).

**Procedure & Review:** Large RCT studies from the treatment literature were organized by the authors into four significant waves. The first wave was dedicated to RCTs testing specialized treatments for BPD versus treatment as usual (TAU), which was comprised of 14 studies. The second wave was dedicated to RCTs that evaluated specialized treatments versus treatments led by experts in the community with interest in BPD, which was comprised of two studies. The third wave was dedicated to RCTs comparing effectiveness of specialized treatments to each other (e.g., DBT versus TFP; three studies). The fourth wave was dedicated to RCTs comparing specialized therapies to generalized approaches managing the core aspects of BPD, comprised of three studies. The authors then reviewed EBTs for BPD, generalist approaches to the clinical management of BPD, dismantling studies of EBTs for BPD, EBTs for comorbidities, and the current situation with respect to pharmacotherapy for BPD.

**Results and Discussion:** Overall results from the review were that current trends in the psychotherapy

literature demonstrate a shift towards more parsimonious and “pared down” approaches to delivering the key aspects of effective treatment for BPD. Dismantling studies have contributed to the pared down approach, which reduces the time and cost of treatment and increases the availability of treatment more so than standard EBTs in their original form. With respect to comorbidities, while depression tends to remit once BPD is treated in standard EBTs, eating disorders (EDs), PTSD, and substance use disorders (SUDs) tend to persist. Specialized treatments adapted for BPD and SUD comorbidities demonstrated superior outcomes compared to TAU for substance abuse. Results were mixed and emerging for specialized treatments adapted BPD and EDs. Results were strongest for specialized treatments adapted to the concurrent treatment of BPD and PTSD. The current state of pharmacotherapy, including advancements from the past five years, is that psychopharmacologic interventions have not generated consistent data. Consequentially there are no medications specifically recommended for this population.

## Treatment outcomes for inpatients with obsessive-compulsive personality disorder: An open comparison trial

**Smith, R., Shepard, C., Wiltgen, A., Rufino, K., Fowler, J. C.** (Feb, 2017)

*Journal of Affective Disorders* February, 209, 273-278.

<https://doi-org.ludwig.lub.lu.se/10.1016j.jad.2016.12.002>

**Aim:** The aim of the study was to compare clinical functioning at baseline and at discharge assessment amongst sequentially admitted adults with obsessive compulsive personality disorder (OCPD: n=52), well-matched adults admitted to hospital with any other personality disorder (PD: n=56) and inpatient controls (IC: n=53). Outcomes compared were clinically significant and reliable change index (RCI) scores on depression and anxiety severity, difficulty with emotion regulation and suicidality indicating clinical deterioration, symptom remission, global functioning and psychopathology.

**Background:** The authors report that OCPD is the second most common PD in inpatient samples and the third most common in outpatient samples, with high concurrence amongst other clinical syndromes and personality disorders. Despite this, few treatment studies have examined how adults with OCPD fare before and after treatment, especially inpatient treatment, with contrary findings reported in the existing literature. The authors report that previous studies have not adequately streamlined diagnostic comparison groups, resulting in outcomes that cannot be solely or reliably attributed to OCPD individuals. The current study contributes to the literature by clearly separating OCPD individuals from other comparison groups in the evaluation of clinical outcomes following inpatient treatment.

**Participants & Procedure:** The preliminary sample was comprised of 910 individuals consecutively admitted (427 males, 483 females) over a three-year timespan. Participants were predominantly white (90.8%), in their mid-thirties ( $M=36.4$  years,  $SD=14.8$ ), the majority of whom had completed high school education (90%). Treatment was comprised of a short-term (6-8-week) therapeutic model that was based upon mentalization-based therapy (MBT) delivered in a therapeutic milieu. The intervention was uniformly available to all admitted individuals and was not specialized based on diagnosis. Treatment intensity was equivalent amongst comparison groups. Admission to hospital was voluntary as was discharge, with an average duration of 46.2 days. Propensity score matching (PSM) was used to group individuals matched on criteria in the OCPD group.

**Results & Discussion:** At baseline assessment, individuals with OCPD had more frequent depression, anxiety, and difficulty with emotion regulation compared to the IC group. However, they responded to therapy as well as the IC and PD comparison groups with the exception of relief from anxiety symptoms at discharge. This was particularly true for a subgroup of OCPD individuals meeting

stubbornness and rigidity criterion, who were nine times more likely to continue to experience substantial anxiety after treatment. The authors report that non-response to treatment with respect to stubbornness and rigidity has been reported elsewhere (McGlashan et al., 2005), possibly arising from an insecure and fearful attachment style in which people (including the self) are appraised negatively and others are experienced as suspicious, culminating in a lack of epistemic trust. Rigidity and hyper-vigilance develop as persistent ways of coping, which the authors suggest are best managed in the context of a securely attached longer-term MBT therapeutic relationship.

**Key reference:** McGlashan, T. H., Grillo, C. M., Sanislow, C. A., Ralevski, E., Morey, L. C., Gunderson, J. G., Pagano, M., (2005). Two-year prevalence and stability of individual DSM-IV criteria for schizotypal, borderline, avoidant, and obsessive-compulsive personality disorders: toward a hybrid model of axis II disorder. *American Journal of Psychiatry*, 162, 883-889.

## Personality disorder and alcohol treatment outcome: systematic review and meta-analysis

**Newton-Howes, G. M., Foulds, J. A., Guy, N. H., Boden, J. M. & Mulder, R. T.** (Apr, 2017)

*The British Journal of Psychiatry* doi: [10.1192/bjp.bp.116.194720](https://doi.org/10.1192/bjp.bp.116.194720)

**Aim:** To evaluate treatment outcomes amongst personality disorders (PDs) and alcohol use disorders (AUDs) with respect to association of the disorders and their relation to change.

**Background:** The authors report that it is common for PDs and AUDs to co-occur, with 29% of individuals meeting current diagnostic criteria for AUD also meeting criteria for PDs. Among individuals with antisocial personality disorder (ASPD) co-occurring AUD has been reported to be higher amongst treatment-seeking individuals, at times with estimated co-occurrence over 50%. The treatment literature contains contradictory findings regarding presentation and treatment response, the disentangling of which was the focus of the current systematic review and meta-analysis. A historic belief generated from the existing literature is that co-occurring PDs worsen AUD treatment outcomes, despite recent publications to the contrary. Clarifying treatment outcomes and associations between PDs and AUDs was the focus of the current systematic review and meta-analysis.

**Method & Procedure:** Eligibility criteria for inclusion to the review were RCTs and longitudinal studies examining psychotherapeutic or pharmacological intervention for AUD alongside evaluation of PD status, and the outcomes of both over eight weeks of treatment at minimum. Papers with clear diagnostic criteria for both disorders published from the 1980's onward were included. The authors followed guidelines for the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA). Quality of evidence and risk of bias was evaluated using the GRADE approach.

**Results and Discussion:** A total of 22 studies were included in the review, representing data from a total of N=4861 participants. Of the studies included, nine principally examined ASPD, three examined BPD, one examined ASPD or BPD, and nine examined AUD alongside any co-occurring PD. Results indicated that PDs were linked to more problematic alcohol use pre-treatment as well as greater treatment drop-out. Despite this, alcohol problems tended to remit with treatment at a similar rate as found amongst individuals without a PD diagnosis. The authors conclude that poor outcomes associated with co-occurring PDs and AUDs in the literature may be due largely to lack of standardized and

operationalized reporting of results amongst a literature they describe as “low quality of evidence overall.” The authors emphasize a need for high quality and consistent results reporting within the treatment literature on co-occurring PDs and AUDs in order to prevent erroneous conclusions about refractory treatment outcomes amongst this group.

## Differences in the Effectiveness of Psychosocial Interventions for Suicidal Ideation and Behaviour in Women and Men: A Systematic Review of Randomised Controlled Trials.

**Krysinska, K., Batterham, P. J. & Christensen, H. (Mar, 2017)**

*Archives of Suicide Research*, 21, 12-32, DOI: [10.1080/13811118.2016.1162246](https://doi.org/10.1080/13811118.2016.1162246)

**Aim:** To evaluate by systematic review outcomes of psychosocial interventions for suicidal ideation and suicide prevention programs. Studies included were those that evaluated gender separately as well as together by sub-group.

**Background:** The epidemiology of suicide attempts and suicide completion almost always involves reporting sex differences. The authors state that in 2012 the global suicide rate was twice as high for males compared to females. In contrast, most suicide attempts and ideation is reported by female youth and young adult women. These findings have been referred to as the “gender paradox of suicide.” Despite this, few suicide prevention and intervention programs have been evaluated for differential effects by gender, evidence for which was the purpose of the current review.

**Method and Procedure:** Studies were included in the review if they were RCTs, the protocol included a psychosocial intervention, outcomes measured suicidal ideation or behaviour, the trials included men or women only or mixed outcomes of gender sub-groups, and were published in English-language peer-reviewed journals. Studies were not excluded based on pharmacological status, age, diagnostic status, and recruitment or delivery method. The authors did not comment on how quality of evidence or risk of bias was evaluated.

**Results and Discussion:** A total of 27 papers were included in the review, of which 24 were RCTs. A total of 17 papers (15 of which were RCTs) evaluated outcomes by gender sub-groups. With respect to studies examining mixed gender outcomes, five (3%) found greater impact for female participants compared to male participants. No trials reported superior program outcomes for male participants. Conclusions suggested targeting men at risk for suicide in developing future programs. The authors did not comment on the situation of gender minority groups, such as transgender individuals, despite their unique vulnerability to suicide due to violence and marginalization (Barboza, Dominguez & Chance, 2016).

**Key Reference:** Barboza, G. E., Dominguez, S., & Chance, E. (2016). Physical victimization, gender identity and suicide risk among transgender men and women. *Preventive Medicine Reports*, 4, 385–390.  
<https://doi-org.ludwig.lub.lu.se/10.1016/j.pmedr.2016.08.003>

# What have we changed our minds about: Part 1. Borderline personality disorder as a limitation of resilience

**Fonagy, P., Luyten, P., Allison, E., & Campbell, C. (April 2017)**

*Borderline Personality Disorder and Emotion Dysregulation, 4, DOI [10.1186/s40479-017-0061-9](https://doi.org/10.1186/s40479-017-0061-9)*

**Aim:** To review in the first of a two-part publication the transitions in thinking related to developmental psychopathology, and the acquisition of mental illness with emphasis on personality disorders (PDs). Specifically the authors commented on mentalizing and epistemic trust with respect to limits in resilience and its consequences, using borderline personality disorder (BPD) as a prototype.

**Background:** The authors propose that borderline personality disorder (BPD) can be viewed as a prototype of disorders whose hallmark feature is lack of resilience. Resilience is formulated within Kalisch, Muller, and Tuscher's (2015)'s positive appraisal style theory of resilience (PASTOR) wherein rigidity in the interpretation of social information and difficulty adjusting to social context generate social inflexibility. Impairment in mentalizing the perspective of the self and others following adverse experiences in turn leads to lack of epistemic trust. Underlying these processes is a construct proposed as general psychopathology or p factor, which generates vulnerability to mental illness.

**Review:** The authors state that rather than formulating mental illness by symptoms or diagnostic formulations, we may rather consider a single dimension or propensity to develop mental illness referred to as a general factor in psychopathology or p factor (for pathology). Over longitudinal study, Caspi et al (2014) have found that this general p factor better accounts for more lifetime impairment than developmental, dimensional, persistence, comorbid and other formulations. Further research has replicated the utility and validity of p factor. With respect to PDs in general and BPD in particular, the authors propose that child maltreatment is an "ecophenotype" that is related to early onset of mental illness, greater severity of symptoms, the presence of co-principal diagnoses, increased vulnerability to suicide and fewer or limited gains from psychotherapy. Child maltreatment is proposed as a possible mechanism generating p-factor along with vulnerability to extreme psychopathology over the lifespan. This confirms most etiological theories of BPD with respect to environmental adversity and the onset and maintenance of symptoms. The role of biological factors that are heredity within the transmission of BPD are contrasted with input from the environment, wherein genetic loading for impulsive aggression can be attenuated by a secure and agreeable environment. The reverse, with regard to stressors and exposure to antisocial behaviour is also supported in the evaluation of biological and environmental contributors to BPD.

**Conclusion:** The authors have not changed their minds regarding the centrality of attachment and mentalizing as core to the formulation of PDs. They have reconsidered the central role of resilience and its relative limitation in the development of BPD as arising from experiencing early environments in which social inflexibility was a survival strategy. The dilemmas of how to understand social inflexibility in its current form as well as its developmental origins are explored in part 2 of this two-part series.

**Key References:** Caspi, A., Houts, R. M., Belsky, D. W., Goldman-Mellor, S. J., Harrington, H., Israel, S., Meier, M. H., Ramrakha, S., Shalev, I., Poulton, R., Moffitt, T. E. (2014). The p factor: one general psychopathology factor in the structure of psychiatric disorders? *Clinical Psychological Science, 2*, 119–137.

Kalisch, R., Muller, M. B., Tuscher, O. (2015). A conceptual framework for the neurobiological study of resilience. *The Behaviour and Brain Sciences, 38*, e92.

# Membership Nomination Form

## EUROPEAN SOCIETY FOR THE STUDY OF PERSONALITY DISORDERS (ESSPD) NOMINATION OF NEW MEMBER

Nominee's name:			
Title:	Affiliation:		
Postal Address:		Zip:	City:
Email:		Telephone:	

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

nominators' nameS (printed letters)	NOMINATORs' SignatureS
Place	Date

# Newsletter Submissions



**Theresa Wilberg**

## Newsletter Submissions

Submissions to the *ESSPD Newsletter* are accepted on an ongoing basis. Subject areas may include issues from clinical practice, views and comments on current development within PD, reports from affiliated societies, member information, national and international events and conferences, research updates on personality disorders and more.

We are interested in submissions from practitioners and researchers from within and outside of Europe. The length of submissions should be from 300-800 words and formatted in Word. We suggest that the authors limit their use of references. Please enclose author photos with the all text.

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

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