



Message from the President May, 2016

Dear Colleagues

It is a real pleasure to present the first issue of the new version of the ESSPD newsletter to our members.

A high priority aim of the ESSPD is to support the dissemination of evidence-based treatments for personality disorders in Europe and to ease the transfer from science to practice.

The new format of this newsletter is one step in this direction: a team of experienced researchers will screen the current literature for relevant and important basic and applied research publications in the field of personality disorders. Sophie Liljedahl, Ph. D., from Sweden, will provide extended abstracts of the selected papers which will be posted for download on our website: <http://www.esspd.eu/home>. We will start with a quarterly frequency and plan to increase this if there is positive feedback. Therefore, please do let us know what you think – we would be happy to receive your feedback!



Martin Bohus

I do not want to miss this opportunity to remind you of the upcoming fourth international congress on Borderline Personality Disorders, organized by the ESSPD, in Vienna, from 8 – 10 September 2016. The program is now finalized and posted on our website.

The annual membership meeting for 2016 is scheduled for September in Vienna. As one of the major topics to be discussed, the current board will present a fundamental revision of the membership structure of the ESSPD. The aim is to organize our society more as an academy of selected and invited members with outstanding qualities in the field of personality disorders in science, policy making, clinical skills and/or education and teaching. Membership will be free of fees. This proposal has important consequences for the structure and the aims of the ESSPD and requires thoughtful discussion. As ordinary members of the ESSPD you will be invited to the annual meeting and prior to the meeting we will issue the proposed version of the new bylaws in good time. However, please save the date of the conference right now. We are looking forward to welcoming you in Vienna!

Martin Bohus, President of the ESSPD

Tribute to Ken Silk (1944-2016)

Ken Silk died on April 18th 2016. I am writing this tribute to him from my personal experience of him over nearly 20 years. I liked him, respected him, enjoyed his company, and above all, found him a warm, compassionate, and life affirming person.

His characteristic warmth was enhanced by his sense of humour, which was often self-deprecating. He could make jokes as part of lively conversation and more importantly could use humour to make serious points. But from a more personal point of view it meant he was a great person to spend time with whether at a conference dinner or a less formal occasion, or even when waiting for a delayed flight at an airport. He was never too serious and, yet, always serious enough. Many years ago Ken and I spent many hours waiting for a delayed plane in some dreadful airport and it was only later that I realised what a pleasure it had been to be stranded with him. Time passed too quickly. Conversation never flagged, we gently discussed our lives, and we quickly cemented our relationship. He had an ability to listen to others and to talk about himself, both were done with interest and compassion. I am sure that it was these characteristics that were the core of his work with patients. He did not forget many of the things that we had talked about and often asked me how I was getting on with some of the things we had discussed.



Ken Silk

This cannot be a journalistic perspective of his life and contribution to the field of personality disorder although my appraisal of that would be more enthusiastic than his own. One of his endearing characteristics was his modesty about himself and his achievements. As far as I am aware he spent most of his working life treating people with personality disorder, engaging in research, training others about personality disorder, and increasing public awareness about the condition. He was one of the first psychiatrists I met who thought clearly about personality disorder, particularly from a biological and medication perspective, who was non-partisan about psychological treatments, and who sought consensus and integration. To me, this was his academic and clinical strength. His interest was on what works and on developing the overall evidence base. He contributed to this through his own research and encouraged others through leadership, teaching, and political process. He was an excellent source of a reliable opinion, always informed and unbiased. You could rely on him to cut through the hype and find the nuggets.

I, on behalf of myself and the ESSPD, send condolences to his family and friends. He will be missed as a regular contributor to the personality disorder 'circuit' but most of all we will miss him as a person of generosity, loyalty, warmth, intelligence and wit. He was a man worth knowing. We owe him a great deal.

Thank you Ken.

Anthony Bateman

ESSPD research update

Commencing with this newsletter, ESSPD will summarize some of the most important research publications in the field, disseminated quarterly. At times the summarized papers will be topically selected, and at others they will be stand-alone contributions.

In this issue of the Newsletter we present some of the recent papers on various aspects of emotional processing and mental state identification associated with personality disorders, particularly borderline personality disorder (BPD). We also present a study on historical and clinical variables differentiating BPD and bipolar disorders.

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Time course of facial emotion processing in women with borderline personality disorder: an ERP study

Izurieta Hidalgo, N. A. Oelkers-Ax, R., Nagy, K., Mancke, F., Bohus, M., Herpertz, S.C. Bertsch, K. (2016). *Journal of Psychiatry & Neuroscience* 41, 16-26.

Aim: To examine the temporal, behavioural and electrophysiological aspects of facial emotion processing, particularly with respect to detection of anger among individuals diagnosed with borderline personality disorder (BPD).

Background: Individuals diagnosed with BPD have a higher likelihood of appraising other people negatively. This may be due to the tendency of BPD individuals to have greater difficulty accurately recognizing facial emotion compared to individuals without BPD (controls). Previous research has reported that individuals with BPD are biased towards perceiving socially threatening negative emotions (aggression; hostility) on objectively neutral faces. It is therefore understandable that BPD individuals are more likely to appraise others negatively, despite the inaccuracy of facial emotion classification upon which their appraisal is based. Other research has reported that BPD individuals can be hypersensitive to minute and at times insignificant facial cues, demonstrated by recognizing discrete emotions in faces with mixed or unclear emotional expression. Daros, Zakzanis and Ruocco (2013) formulated a model that resolves inconsistent findings from previous emotion recognition research by examining emotion recognition, emotion dysregulation and heightened emotional arousal in individuals diagnosed with BPD. Specifically, these authors propose that heightened emotional arousal common to BPD may increase detection of subtle facial threat. As emotional arousal increases, accurate classification of intense negative facial emotion may become impaired, due to cognitive hyperarousal and inability to further process the intense negative emotions of others in the moment that these emotions are facially evident. This model is also consistent with neuroimaging research aimed at detecting activation of emotional stimuli in BPD individuals.

Little is known about how the course of time impacts the processing of facial emotions among individuals diagnosed with BPD. Electroencephalographic-based and event-related potential (ERP) techniques allow insight into the sequence of how the cortex processes emotion-specific events, in this case differences in BPD individuals compared with controls. The first stage in detecting any visual stimuli occurs at 100ms after presentation, P100 (not specific to detecting emotional faces). The second step occurs at about 170ms (N170), which indicates the activation of face-specific neurons and allows for complete facial

representation. Finally at about 300-600ms, P300 occurs, which is sensitive to psychological states such as aggression, mood and anxiety. P300 is associated with decision-making about facial expression, detection of change, and termination of emotion classification. In sum, P100 represents initial processing, P170 represents structural processing, and P300 represents decisional processing.

Participants: The sample was comprised of a total of n=36 un-medicated individuals diagnosed with BPD and n=29 controls. All participants were female. Participants were in their mid-twenties (26.2) with average intelligence. A number of individuals diagnosed with BPD had current and lifetime comorbid diagnoses, but these did not produce significant differences in results.

Measures: Diagnostic interviews and screeners to determine eligibility to participate in the study.

Emotion classification paradigm: A validated task containing blends of angry and happy facial expressions associated with emotionally mixed or ambiguous emotional content. The task was a forced choice classification of facial emotions while monitored by electroencephalogram. A sentence was read to the participant in either a happy or angry-sounding tone just before the facial stimuli were presented.

This was unrelated to the facial classification task, but was implemented to enhance how well the task could generalize to real life (ecological validity).

Results & Discussion: Results demonstrated biases in each of the initial, structural and categorical/decisional stages of facial processing among individuals diagnosed with BPD, consistent with the model of facial emotion recognition proposed by Daros, Zakaznis and Ruocco (2013). Amongst BPD individuals there was a greater likelihood of inaccurately classifying happy faces as angry, which may be due to increased detection of subtle social threat at a lower threshold. BPD individuals who rated themselves as unaware of their own emotions were more likely to classify faces as angry, as were those with more severe BPD symptoms. Correlational results support DSM-5's alternative model of BPD that formulates the disorder principally as one of impairments in interpersonal functioning arising from negative perceptions of others. BPD individuals responded more slowly than controls in general, and in the most marked way in their ratings of predominantly happy faces, which they were also more likely to misclassify. BPD individuals were hyper-responsive at P100, especially for angry as compared to mixed, neutral or happy faces, whereas controls were modulated at P100 (the initial processing stage). A pattern of P300 alterations among BPD individuals demonstrated difficulties with attention to emotion classification in a manner consistent with the model proposed by Daros et al., (2013). The emotion-intoned sentence produced equivalent results in both the BPD and control groups, with a tendency to respond more quickly to congruent trials of voice-facial emotion. This finding suggests a benefit of second (bi-modal) sensory channel to promote accurate emotion processing.

Key Reference

Daros, A. R., Zakaznis, K. K., & Ruocco, A. C. (2013). Facial emotion recognition in borderline personality disorder. *Psychological Medicine*, 43, 1953-1963.

Schulze, L., Schmahl, C., Niedtfeld, I. (2016). *Biological Psychiatry*, 79, 97-106.

Neural correlates of disturbed emotion processing in borderline personality disorder: A multimodal meta-analysis

Aims: To summarize brain abnormalities associated with processing negative emotional tasks in

individuals diagnosed with borderline personality disorder (BPD); to update meta-analyses on structural brain abnormalities using whole-brain images; to identify multimodal brain regions implicated in BPD.

Background: Understanding differences in the regulation and processing of emotion between individuals diagnosed with BPD and healthy controls (controls) is essential to understanding the disorder. The amygdala is part of the limbic system essential for the perception of emotions, modulation of aggression and sexual impulses, and storage of emotions and events in memory. Functional neuroimaging studies in BPD have principally examined regulation and processing of negative emotions. The results of these studies are mixed. Some report that heightened amygdala activation tends to be more present in BPD individuals compared to controls, while others report no difference between BPD and controls and others still report hypo-activation of the amygdala in BPD individuals compared to controls. Other research reports hyper-reactivity of medial and posterior parts of the insular cortex in BPD. The insular cortex is responsible for decision-making under uncertain conditions when there is a possibility of adverse outcomes, procedural memory, the experience of emotions, and the modulation of taste. Other research still reports reduced activation in BPD individuals compared to healthy controls in a number of discrete fronto-limbic brain regions. The abnormal activation of these brain regions in relation to tasks requiring emotion regulation and processing can illuminate the cortical structures implicated in the emotion dysregulation that is a key feature of BPD. In sum, research investigating between-group contrasts reports a diversity of findings, potentially complicated by moderators such as age and medication status.

Historically, structural properties of the brain in BPD research was analysed through manual tracing methods that resulted in the restriction of a small number of selected regions for study. These studies reported smaller gray matter volume (GMV) in the bilateral amygdala and hippocampus of BPD individuals compared to controls. Voxel-based morphometry (VBM) enables automated segmentation that allows whole-brain images for comparison. VBM also reported gray matter abnormalities in the “emotion-focused” limbic cortex and the “cognition-focused” pre-frontal cortex, and the “integration-focused” orbitofrontal cortex in BPD individuals. To examine multi-modally affected brain areas, the authors summarized abnormalities in a single meta-analytic map.

Study selection: Study selection involved neuroimaging and fMRI studies published on negative emotion processing in BPD individuals between 2001 and 2014. Comparisons to controls were necessary as were within-group and/or between-group comparisons of contrasts. Whole-brain results were generated by the authors, as were analyses of the potential moderating effects of age and medication status on BPD individuals. A total of 19 studies met inclusion criteria, representing n=281 BPD individuals and n=293 controls.

Results:

Meta-Analysis of functional brain abnormalities in BPD: BPD individuals showed greater activation in the left amygdala and hippocampus, as well as in clusters in the posterior cingulate gyrus and the left middle temporal gyrus compared to controls. The findings in relation to the left amygdala/hippocampus region were significantly heterogeneous. Decreased activity was reported in BPD individuals compared to controls in relation to bilateral parts of the dorsolateral prefrontal cortex (dlPFC) and the left lingual gyrus, and the left superior parietal gyrus. Medication modulated function in the left amygdala/hippocampus region, whereby increased activity was present in non-medicated samples. Age was related to functional abnormalities, evident increasingly in older samples.

Meta-Analysis of structural brain abnormalities in BPD: Smaller GMV was found in the right hippocampus and related structures in BPD individuals compared to controls. Less robust abnormalities were reported in the left hippocampus and related structures. Medication use moderated GMV abnormalities with un-medicated samples of BPD individuals having smaller GMV in the right pars

triangularis of the inferior frontal gyrus. Smaller GMV was reported more often with older age.

Meta-Analysis of multimodal brain abnormalities in BPD: Several brain regions were identified to have both structural and functional abnormalities in BPD individuals compared to controls.

Discussion: Hyperactivity of the left amygdala and reduced responsiveness in the dlPFC during negative emotional processing of individuals with BPD compared to controls was evident. This may provide an account of the neural underpinnings of emotion dysregulation in BPD. With respect to the limbic regions, the left amygdala is more strongly affected in response to processing tasks compared to controls. Hyperactivation of this region may result in greater salience of negative emotional stimuli in BPD, which was moderated by psychotropic medication. This correlational finding must be replicated in future studies by testing psychotropic medication on limbic activity in BPD individuals. Results reported in relation to attenuated dlPFC activity confirm BPD as a disorder principally defined by emotion dysregulation. There was evidence of progressive hippocampal pathology with increasing age in BPD individuals, suggesting an interaction between early life stress (such as child maltreatment), genetic vulnerability, and the effects of heightened emotional arousal over time with respect to GMV.

Emotional switching in borderline personality disorder: A daily life study

Houben, M., Vansteelandt, K., Claes, L., Sienaert, P., Berens, A., Sleuwaegen, E., Kuppens, P. (2016). *Personality Disorders: Theory, Research, and Treatment*, 7, 50-60.

Aim: To propose and test a theory of *emotional switching* as specific to the emotional instability evident in borderline personality disorder (BPD). Emotional switching is described as abrupt and significant changes between positive and negative emotional state from one moment to the next.

Background: As first described by Linehan (1993), a number of interacting processes are thought to produce and maintain the emotion dysregulation that is a hallmark feature of BPD. Individuals diagnosed with BPD tend to be more sensitive to emotional stimuli than healthy controls (controls), which results in a lower threshold of detecting and responding to emotional stimuli. Emotional responses among BPD individuals are generally of a greater magnitude or intensity than controls, and there is typically a slower return to baseline after an emotional response, which is thought to be due to higher baseline emotional arousal (aforementioned emotional sensitivity). These patterns culminate into more prolonged durations of emotional responding among BPD individuals.

Emotional switching refers to rapid changes in going from being in a good mood to being in a bad mood and vice versa. *Switching propensity*, that is, the baseline likelihood of these switches varies from person to person is independent of the intensity of the switch. *Switching distance* refers to the magnitude of change within a switch, measured in terms of intensity of the self-reported switched mood state ratings from one time-point to the next. The larger the switch distance the greater in magnitude the emotional change towards the opposite mood state. Switch distance is proposed to be a key aspect of emotional instability underlying BPD, as indicated by the diagnostic criteria that indicates mood instability. Emotional switching may also be an affective reflection of polarized world views, exemplified by “black and white/elevated devalued/all or nothing” thinking that is addressed through such interventions as Dialectical Behaviour Therapy (DBT). To capture the lived experience of emotion dysregulation outside the lab, this study made use of experience sampling, that is, electronic devices logged into throughout the day. This is the first study of its kind with respect to directly evaluating emotional switching.

Participants: A convenience sample of n=34 Belgian residentially treated individuals meeting diagnostic criteria for BPD. A total of 93% of the BPD sample received psychotropic medication and a number had other comorbid clinical syndromes and personality disorders as indicated by a chart review. The comparison sample of n=30 controls were recruited by word of mouth, who were matched to BPD individuals on demographic variables (age and sex). The mean age of the predominantly female (86.5%) sample was 29 years old.

Procedure: Participants received palmtops and instructions for completing questionnaires about current emotions on the device. They completed eight days of experience sampling over the course of the day, and were prompted at equivalent random intervals 10 times a day during waking hours (8:30am-9:30pm) to complete the questionnaires.

Measures: ADP-IV Borderline scale for categorical and dimensional BPD assessment; Experience sampling (ESM) items such as consecutive ratings on the positive or negative mood state, with bipolar endorsement ratings (very positive to very negative), and a valence scale with a range of -50 (*very unpleasant*) to +50 (*very pleasant*).

Results: No significant differences were reported in the propensity to switch mood states between the BPD sample and the controls, indicating that the tendency to switch from positive to negative mood states is not a uniquely borderline phenomenon. Group differences in switching distance were significant, with switches in the BPD group having greater magnitude of emotional changes (switch distance) compared to the control group. Analyses were repeated to test for robustness. BPD symptoms remained related to switch distance.

Discussion: This study generates preliminary evidence that propensity for emotional shifting is not limited to BPD experience, but rather that BPD individuals do show larger emotional changes from one moment in time to the next if they switch between emotional states of opposite valence. These findings are consistent with the formulation of heightened emotional arousal that is a component of Linehan's (1993) biosocial model of BPD. Larger switch differences, but not larger non-switch distances were key findings from the experience sample data generated by the BPD sample. Differences in switch distance were not specific to one direction. Future research may usefully examine triggers of emotional switching in BPD individuals.

Towards validation of a borderline personality disorder–relevant picture set

Eddie, D., & Bates, M. E. (2016, January 25). *Personality Disorders: Theory, Research, and Treatment*. Advance online publication. <http://dx.doi.org/10.1037/per0000173>

Aims: The three aims of the study were to determine whether and how much a refined and expert-rated picture subset (Sloan et al., 2010) produced greater emotional arousal in borderline (BPD) individuals compared with healthy controls (controls) and norms for the images; to determine whether the Sloan et al.'s (2010) picture set produced greater emotional response than positive, negative, or neutral-valence images not specific to BPD; To determine whether heterogeneity in BPD presentation explained heterogeneity in participants' responses to Sloan et al.'s images.

Background: In order to better understand BPD phenomenology, as well as how the environment and cues therein uniquely affect different aspects of BPD functioning (such as psychophysiology), it is desirable to have a standardized and reliable method of eliciting cue reactivity. Exposure to pleasant, neutral and unpleasant images, videos, and vignettes have been used historically, with a limitation that

the responses elicited are not uniquely indicative of or sensitive to BPD. That is, controls may respond to visual stimuli in the same way as BPD individuals. Previous researchers have suggested that this could be due to insufficient strength or insufficiently targeted visual stimuli with respect to BPD-specific sensitivities. Sloan et al. (2010) derived a picture subset from the International Affective Picture System (IAPS: Lang, Bradley, & Cuthbert, 2008) by selecting themes most salient to clinical BPD presentation and had 19 BPD experts rate the subset. Ratings were based upon the extent to which the image was thought to represent the lived experience of a BPD individual such that they might recognize themselves in what was depicted, as well as the extent to which the image represented ideal characteristics of someone else. Sloan et al.'s (2010) picture subset has not been validated amongst individuals with BPD, which was the overarching purpose of the study.

Participants: A total of n=22 BPD individuals were recruited from an American university's DBT clinic. Controls were recruited from the community. BPD status and other clinical syndromes were evaluated using SCID-I and SCID-II interviews. BPD and control groups were matched by age and sex. Serious medical conditions and neurological disorders were exclusion criteria for both groups. Psychotropic medication was not an exclusion criterion in the BPD sample. Participants across the BPD and control samples were on average 27 years old and 82% female. A high degree of comorbid clinical syndromes and other personality disorders existed in the BPD sample, and use of psychiatric medication was common.

Stimuli: Sloan et al.'s 36 most self-referential images based on expert review. Some substitution with less highly-ranked images occurred to reduce repetition of selected images and actors. Normative arousal data for each of the selected images have been published by Lang, Bradley, and Cuthbert (2008).

Procedure: Basal physiology was measured through a standardized 6-minute baseline task. Participants were then presented Sloan et al.'s 36 BPD-specific image subset over the course of 6 minutes, rating their subjective arousal after viewing each image.

Results: The BPD sample reported higher subjective arousal to the BPD-specific image subset compared to the control sample in a manner which was statistically significant. However, the BPD group's mean arousal score was not significantly different from Lang et al.'s normative ratings for this IAPS image set. The BPD sample reported the BPD-specific image set as significantly more arousing than participants in a previous BPD sample rating pleasant, unpleasant, and neutral images from the IAPS (Herprez, Kunert, Schwenger & Sass 1999), but not significantly more arousing than the previous BPD samples' ratings of the generic unpleasant picture set (Herprez et al.). Finally, severity of BPD symptoms was unrelated to arousal ratings.

Discussion: A preliminary BPD-specific picture subset derived from the IAS did not effectively trigger cognitive and emotional dysregulation representative of the inner states of individuals with BPD. This is possibly due to the fact that the range of images within the IAPS may not be specific enough for the disorder. That is, images representing self-harm, suicide, and abandonment were not within the IAPS images from which the BPD-specific subset was developed. A generation of new images that more fully capture BPD experience may be required to effectively produce sufficient impact to evoke dysregulation specific to BPD.

Key references:

- Lang, P. J., Bradley, M. M., & Cuthbert, B. N. (2008) *International affective picture system (IAPS): Affective ratings of pictures and instruction manual* (Technical Report A-8). Gainsville, FL: University of Florida
- Sloan, D. M., Sege, C. T. McSweeney, L. B., Suvak, M. K., Shea, M. T., & Litz, B. T. (2010). Development of a borderline personality disorder-relevant picture stimulus set. *Journal of Personality Disorders*, 24, 664-675.

Mental state identification, borderline pathology, and the neglected role of childhood trauma

Weinstein, S. R., Meehan, K. B., Cain, N. M., Ripoll, L. H., Boussi, A. R., Papouchis, N., Siever, L. J., New, A.S. (2016). *Personality Disorders: Theory, Research, and Treatment*, 7, 61-71.

Aim: To examine the relationship between child maltreatment and accuracy of mental state identification as measured by the Reading the Mind in the Eyes Test (RMET: Baron-Cohen, Wheelwright, Hill, Raste, & Plumb, 2001), with the hypothesis that increasing child maltreatment will result in reductions in mental state identification accuracy; to determine the extent to which a history of child maltreatment moderates the relationship between BPD and mental state accuracy.

Background: Mental states refer to psychological experiences such as cognitions, affect, plans, goals, and hopes. Mental state identification refers to the ability to notice and understand the mental state of oneself and others. Mental state identification precedes mental state interpretation, the latter of which refers to adding judgments, hypotheses, and speculative motivations about mental states of self and others. There is theoretical and neurobiological evidence suggesting that mental state identification and mental state interpretation are separate phenomena. However they have often been treated as though they are the same in research historically.

Borderline personality disorder (BPD) has a heterogeneous presentation across individuals, but often is associated with reduced interpersonal effectiveness, resulting at times in patterns of unstable relationships. This has been hypothesized to be due at least in part to difficulties in accurately identifying mental state of self and others.

Various paradigms have been used to evaluate mental state identification. The current study made use of the Reading the Mind in the Eyes Test (RMET), in part to avoid the conflation of mental state identification with mental state interpretation, which has been associated with the use of other mental state research paradigms. The research findings using RMET are inconsistent, which is believed by authors of the study to be due to the fact that not all previous studies have controlled for reaction time (RT), have at times included participants with co-morbid diagnoses such as depression, having limited generalizability due to using non-heterogeneous BPD severity, and participants that do not represent multicultural diversity.

Participants: A total of N=105 adult (over 18 years old) participants were recruited from the community, a university, and a medical centre in an urban northeastern area in the United States. Participants recruited from the medical centre were excluded if they had other co-morbid clinical syndromes or neurological disorders. Participants were predominantly females (73%) in their late twenties (27). Demographic diversity matching that of the broader community was represented in this sample (participants were Black, White, of Mixed ethnicity, Hispanic, Native Hawaiian/Other Pacific Islander, and "other.") Participants including at least two BPD symptoms were included in the sample to ensure heterogeneity of BPD severity.

Measures: Childhood Trauma Questionnaire-Short Form (CTQ-SF); Dissociative Experiences Scale-II (DES-II), Reading the Mind in the Eyes Test (RMET); Structured Clinical Interview for the DSM-IV, Axis I Disorders, Clinician Version (SCID-I); Structured Interview for DSM-IV Personality, BPD section (SIDP-IV BPD).

Procedure: Following consent, participants completed self-report and interview batteries and laboratory tasks.

Results: Greater childhood abuse predicted improved mental state identification accuracy on negative

stimuli. Childhood neglect did not predict accuracy, and greater dissociation predicted worse accuracy for negative stimuli. Results suggested that dissociation suppresses the intensity of the relationship between child abuse and accuracy on negative stimuli. Due to the manner in which the variables were entered into the regression equation, RT cannot account for these findings. The hypothesis underlying the second aim of the study, that child abuse and neglect would each moderate the relationship between BPD severity and mental state identification accuracy for positive, neutral, and negative stimuli was not supported by the findings. Increased childhood neglect was associated with slower RTs for all experimental stimuli.

Discussion: Considering the contributing roles of childhood abuse and childhood neglect separately, alongside the impact of dissociation when evaluating mental state identification accuracy among BPD individuals was a suggestion generated by the current study. A key finding in contrast with other similar research was that BPD pathology was unrelated to mental state identification accuracy for positive, neutral, or negative stimuli. This inconsistency is understood by the authors to be attributed to differing methodological approaches and demographic representation, medication status, and valence ratings of previous work compared to the current study. The authors suggest that mental state *interpretation*, rather than identification, may be the driving force behind the interpersonal difficulties experienced by many BPD individuals.

Key reference:

Baron-Cohen, S., Wheelwright, S., Hill, J, Raste, Y., & Plumb, I. (2001). The “Reading the Mind in the Eyes” Test revised version: A study with normal adults, and adults with Asperger syndrome or high-functioning autism. *Journal of Child Psychology and Psychiatry*, 42, 241-251. <http://dx.doi.org/10.1111/1469-7610.00715>

Is reflective functioning associated with clinical symptoms and long-term course in patients with personality disorders?

Antonsen, B. T., Johansen, M. S., Rø, F. G., Kvarstein, E. H., Wilberg, T. (2016). *Comprehensive Psychiatry*, 64, 46–58

Aim: To examine the relationship between mentalization capacity, defined for the purpose of the study as reflective functioning (RF) and clinical functioning prior to treatment; to determine the relationship between baseline RF and longitudinal treatment outcomes, including consideration of moderator analyses.

Background: Mentalization refers to the capacity to recognize and decode one’s own behaviours and internal psychological states as well as those of other people. Measurement of RF is thought to be the gold standard for evaluating mentalization in research settings. Impairments in capacity to mentalize is believed to contribute to a number of mental illnesses, in particular Borderline personality disorder (BPD), although the literature on RF among BPD individuals reports mixed findings. It is probable that individuals with PDs other than BPD may have difficulties with RF, for different reasons and in different contexts. The authors propose that individuals with BPD may have greater difficulty with RF in the context of attachment relationships and high emotional arousal. Individuals with PDs in the fearful spectrum (Cluster C), such as avoidant personality disorder (AvPD) may have greater difficulty recognizing and tolerating and their own internal states and those of others more generally.

Treatment for PDs is most often psychotherapy, which can take a number of forms and intensities with varying degrees of success. Understanding baseline characteristics of individuals with PDs beyond their specific diagnosis may facilitate a better match with treatment approach, thereby generating better

therapeutic outcomes. In this manner, RF capacity could be a factor in clinical decision-making regarding selecting appropriate psychotherapy with the expectation that RF may moderate treatment outcomes.

Participants: A total of N=79 participants from another randomized controlled trial with BPD or (AvPD) were randomly assigned to either a (1) step-down treatment program or (2) outpatient individual psychotherapy. The Step-down program was a short-term day-hospital treatment followed by long-term individual and group psychotherapy for up to four years. The outpatient individual psychotherapy was not specified in nature or duration. The overall mean treatment duration was 25 months (SD=20) and the average number of therapy sessions was 65 (SD=60). Participants were evaluated at baseline, months 8, 18, and 3 and 6 year following assignment to treatment condition. A total of n=29 participants were diagnosed with AvPD but not BPD, n=16 were both AvPD and BPD, and n=34 had BPD but not AvPD. The sample was primarily in their 30's (31) and female (81%).

Measures: Adult Attachment Interview (AAI) and mentalizing global score (RF); MINI; SCL-90-R; Circumplex of Interpersonal Problems (CIP); GAF-score; Work and Social Adjustment Scale (WSAS); Index of self-esteem (ISE); Severity Indices of Personality Problems (SIPP-118).

Results: Baseline analyses indicated that participants with low RF had greater clinical and interpersonal distress, lower psychosocial and personality functioning and greater difficulties with identity. Longitudinal analyses indicated that RF was not a predictor of treatment outcome. Rather, RF had moderator effects such that participants with low RF had better treatment outcomes in individual psychotherapy compared to step-down treatment, whereas participants with medium RF had better treatment outcomes in the step-down program.

Discussion: The study's findings suggest that considering RF capacity amongst individuals with personality disorders (PDs) may be an important component of decision-making about the treatments in which they fare best.

Differentiating the bipolar disorders from borderline personality disorder

Bayes, A. J., McClure, G., Fletcher, K., Román Ruiz del Moral, Y. E., Hadzi-Pavlovic, D., Stevenson, J. L., Manicavasagar, V. L., Parker, G. B. (2016). *Acta Psychiatrica Scandinavica*. 133, 187-195.

Aim: To determine which characteristics define borderline personality disorder (BPD) and bipolar disorder (BP) separately; to determine which clinical and historical variables are most highly associated with the defining features of each disorder.

Background: Commonalities between BPD and BP such as emotion dysregulation, impulsivity, and transient psychotic states may lend themselves to diagnostic overlap and confusion. Behaviour comprised within a hypomanic episodes resulting in consequences for the individual, as well as longstanding poor mood (distress) can also fall into either BPD or BP diagnostic sets. Distinctions between the two disorders can be particularly challenging in the case of BP II, wherein hypomanic episodes lack psychotic features. A sub-literature exists regarding this diagnostic challenge.

A number of variables have been proposed to assist in distinguishing each disorder from the other with the aim of generating diagnostic clarity. However, the proposed variable sets in the literature are numerous and heterogeneous, with problems in some studies with respect to limited statistical analyses. This study undertook to clarify the variable sets that would offer better diagnostic distinction between BPD and BP.

Participants: Adults with historic diagnoses of BPD or BP (I or II) were invited to participate, recruited analyses were individuals without either BPD or BP or those having both disorders concurrently. A number of comparison groups were generated for hypothesis testing and statistical analyses, based on either meeting full diagnostic criteria for BP I or II based on DSM curation criteria (that is, mania for a duration of seven or more days; hypomania for a duration of four or more days), as well as comparison groups with briefer durations of hypo/manic episodes than specified by DSM criteria, alongside a BPD comparison group.

With respect to significance testing, females were over-represented in the BPD group compared to any BP group. Membership in the BPD group was associated with statistically higher proportions of reported child sexual abuse (CSA), experiencing one or both parents as rejecting or distant, experiencing other childhood trauma, childhood dissociation, self-harm and suicide attempts. With respect to membership in the BP groups, family history of BP was significantly more likely compared to any other group, although family history of unipolar depression was not.

Discussion: The “soft” BP comparison group, comprised of participants whose BP I or II hypo/manic episodes were of shorter durations than stipulated by DSM-IV criteria may more likely approximate individuals presenting in clinical practice, for which the question of a diagnosis of BPD or BP (I or II) becomes puzzling in clinical practice. The authors suggest that reference to their variable list of those characteristics most strongly associated with both separate disorders may help clinicians to differentiate between the two in clinical practice. Specifically, in this study BPD could be differentiated from BP with a high degree of accuracy on the basis of diagnostic criteria alongside a history of CSA, childhood depersonalization, suicide attempts and self-harming behaviours, relationship difficulties and sensitivity to criticism, compared to a family history of BP in the case of BP I and II.

First evidence of a prospective relation between avoidance of internal states and borderline personality disorder features in adolescents

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Aim: To examine the relationship between experiential avoidance (EA) and borderline personality disorder (BPD) features in community-dwelling youth; to examine the prospective relationship of EA and BPD features at one year follow-up, by controlling for baseline BPD features in the sample.

Background: As the debate between categorical versus dimensional representations of personality pathology continues, it can be meaningful to examine dimensional patterns of personality functioning, particularly amongst youth. Adolescents are at the age of first onset for most mental illnesses, including personality disorders. Dimensional considerations address personality traits and their associations to other mechanisms thought to underlie personality pathology. One such proposed mechanism is EA, which is operationalized within Acceptance and Commitment Therapy (ACT) as attempts to control or avoid painful inner states through use of a number of potentially harmful behaviour such as over-reliance on self-distraction, self-harm, substance abuse and so on. The authors sought to examine whether EA had associations with BPD features in youth and if so, whether relationship is present at 1-year follow-up while controlling for baseline. If so, the authors contend that EA could be an important target for preventive initiatives for young people.

Participants: A total of N=881 youth recruited from public schools in the United States, with N=730 completing all assessments including follow-up. The mean age of the sample was not reported; they were high-school attending teenagers, 56% of whom were female, with a representative ethnic diversity

reflecting the community of a major metropolitan area. Measures were given in seven schools at Time 1 (baseline) and again at Time 2 (follow-up).

Measures: Avoidance and Fusion Questionnaire for Youth (AFQ-Y); Borderline Personality Disorder Features Scale for Children (BPFS-C); Center for Epidemiologic Studies Depression Scale (CES-D Scale); Screen for Child Anxiety Related Emotional Disorders (SCARED).

Results: The authors report two main findings. EA was associated with BPD features, anxiety, sex (female), and depression in correlational analyses. In multivariate analyses, only EA was predictive BPD features. The authors state that the bivariate associations between anxiety, depression, sex, and BPD features are explained by shared variance with EA. To determine whether EA predicts borderline features prospectively, baseline BPD features alongside baseline depression, anxiety, EA, and age were entered into a linear regression equation as one block with post-test BPD features as the only outcome variable. The full model was significant. The authors state EA predicts BPD features at 1-year follow up, controlling for baseline levels of BPD, anxiety, and depression.

Discussion: The authors interpret their findings in the context of EA serving as a cross-cutting construct for BPD features, depression, and anxiety. They suggest that their findings support examining shared underlying mechanisms, in this case EA, across various disorders rather than treating different diagnoses discretely. Approaching underlying mechanisms across clinical syndromes also supports transdiagnostic treatments. The authors report that the prospective relationship between EA and BPD features suggests that EA may be a contributor to the development of BPD features over time.



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:
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