



Dear Colleagues

Bridging the Gap – from Basic Science to Treatment Implementation: the 4th ESSPD World Congress on Borderline Personality Disorder was a highly successful event.

More than 750 scientists and clinicians from 43 countries all over the world met in Vienna to present and discuss ongoing research and therapeutic concepts on borderline personality disorder.

As I stated during the welcome address, we have made great progress in the study of borderline personality disorder over the past few years: We have begun to understand the core pathogenic mechanisms of this disorder; we have started to tailor treatment approaches to specific domains of pathology; and we can demonstrate efficacy and effectiveness of these programs. Borderline Personality Disorder has lost its ability as a diagnosis to scare clinicians; the erstwhile psychiatric Cinderella has morphed into an appreciated and reputable clinical and research discipline. However, beside of further needed investments on the improvement of psychosocial treatments, the dissemination and implementation of evidence based treatments is still a challenge. Therefore we asked plenary speakers to review the scientific background of implementation research or provide some examples of successful implementation.

Shannon Dorsey (University of Washington) presented in her plenary talk "How to integrate evidence-based psychotherapies into usual care settings" a simple, but striking figure: Currently, evidence-based mental health treatments need an average of 17 years to be implemented in clinical practice – an incredible waste of resources.

Two other plenary speakers reported on larger scale implementation projects: firstly, David Clark (University of Oxford) presented striking data on the "Improving Access to Psychological Therapies (IAPT)" project in England which was designed to implement a stepped care program for people suffering from depression and anxiety disorders. IAPT reached more than 1 million people in the first three years. Secondly, Dr. Arnoud Arntz, Amsterdam spoke about the implementation of Schema Therapy in the Netherlands.

Taken together, one major promoting factor seems to be the support of the new treatments, not only by therapists and professional organizations, but also by insurance companies and other funding agencies as well as by patient interest groups. And very important: every single stakeholder group needs some kind of benefit for investing time and other resources on the implementation of the new treatment. Be it cost-efficiency, better outcomes or a positive media coverage to enhance the individual reputation.

One major hindering factor seems to be the complexity of treatments. First, lengthy and complex treatments may not be feasible in many settings due to limited resources (which not only applies to low- and middle-income countries). Second, many evidence-based therapeutic treatments (including those for BPD) consist of manualized protocols and/or require intensive training. Recent surveys show, that clinicians tend to adapt the trained protocols according to their own interests, organizational constraints or subjectively perceived client needs. Challenges for the future in the treatment of mental disorders seem therefore to further study pathogenic mechanisms in order to compose simplified treatments which target the core features, as well as to help therapists to find out how to adapt while keeping effectiveness.



Martin Bohus

Martin Bohus, President of the ESSPD

Cracow Workshop Conference, Poland

6-8 April 2017

It is an important aim of the ESSPD to promote research-based treatments to the benefit of patients across Europe. In 2015, the first successful workshop conference on personality disorders took place in Tallinn, Estonia, and now the second conference is set to take place in the beautiful city of Cracow.

The workshop conference has a fixed format with six plenary speakers, each holding a workshop that is offered twice. Special emphasis is put on teaching clinical skills and techniques. It is the hope of the ESSPD that this fixed structure will help secure dissemination of evidence-based treatments within the constraints and possibilities of different national contexts.

We are organizing the conference in Cracow in close collaboration with the locally based organization Fundacja Winida (The Winid Foundation), which has the declared goal of developing adequate treatments for patients with personality disorders. The Fundacja Winida has experience with organizing annual clinical conferences and has also been active in developing projects focusing on work rehabilitation for people with personality disorders. The ESSPD is proud to have Fundacja Winida as our local partner in setting up the workshop conference.

Again, this year's plenary speakers and workshops represent an exciting mixture of solid evidence-based therapies, new clinical initiatives and well-established practical ideas about the treatment of personality disorders. Anthony Bateman will speak about mentalization-based treatment for personality disorders and the latest adaptations and developments. Martin Bohus will present new data on the long-term course and social integration of patients with Borderline personality disorder following dialectical behavioral therapy. Stephan Doering gives a plenary lecture about transference-focused therapy and possibilities for personality change, and Ad Kaasenbrood will talk about social psychiatric management for patients with severe personality disorders. Finally, we are proud to present plenary sessions about interdisciplinary treatment and family and couples therapy for severe personality disorders, both based in Polish practices (Babinski Hospital and the Jagiellonian University).

Additional information about the workshops and details about the workshop conference will be available on the ESSPD website shortly.

Sebastian Simonsen (ESSPD Board Member)

ESSPD Research Update

The ESSPD summarized 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.

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Emotional processes in borderline personality disorder: An update for clinical practice

Dixon-Gordon, K. L., Peters, J. R., Fertuck, E. A., & Yen, S. (2016, June).

***Journal of Psychotherapy Integration*. Advance online publication.**

<http://dx.doi.org/10.1037/int0000044>

Aim: To contrast the prevailing view of borderline personality Disorder (BPD) as principally driven by emotion dysfunction with a perspective of emotion processes in BPD that emphasizes contributions from laboratory-based studies.

Background: Prior to the development of specialized evidence-based treatments for BPD, prognosis for the disorder was thought to be poor. Since the generation of dialectical behavior therapy (DBT), mentalization-based treatment (MBT), transference-focused psychotherapy (TFP), schema-focused therapy, and so on, the treatability of BPD has become clear. All of these treatments are based upon differing theoretical frameworks with respect to the pathogenesis and maintenance of BPD, but all produce favourable outcomes. Guidelines do not yet exist to facilitate the decision regarding which borderline individual will respond best to a given treatment. Emotional functioning is proposed by the authors to be the translational and trans-theoretical factor underlying BPD and its treatment response. Understanding emotional functioning in BPD more clearly could help guide clinicians in selecting the treatment of choice for borderline individuals seeking therapy.

The authors note that Linehan's (1993) Biosocial Theory of BPD has been supported by empirical literature, specifically the interplay of emotional vulnerability and dysregulation. They observe that impulsivity, a diagnostic criterion of BPD is likely a result of emotion dysregulation rather than a stable and enduring trait. Patterns of deficits in cognitive and executive functioning are most frequently apparent in relation to decision-making after negative emotion induction, or in relation to negatively-valenced social and emotional decision-making tasks (e.g., those involving risk or loss). These lab findings help explain "apparent competence," wherein borderline individuals are quite capable in some domains and contexts but not when negative emotional intensity is high. Greater reactivity to discrete emotions such as shame anger/hostility, fear/anxiety, and sadness has been reported in borderline individuals compared to healthy controls in laboratory studies using various paradigms. This may contribute to the affective instability reported by many with the disorder.

With respect to interpersonal functioning, the authors summarize laboratory studies finding that, compared to healthy controls, BPD individuals tend to perceive social rejection more immediately and respond to it more intensely, even if social cues are ambiguous or neutral. BPD individuals were reported to repair after relationship rupture in behavioural tasks less often than were controls, suggesting a higher likelihood of troubled interpersonal relationships. Social proximity was reported to generate greater benefits as well as greater emotional costs to BPD individuals compared to controls, possibly explaining tumultuous relationships as well. Taken together these findings may in part explain why and how BPD individuals have fewer social supports, and report lower satisfaction with them compared to controls.

Improved emotional functioning in BPD individuals has been proposed to be the mechanism of change in treatments for BPD, although data on why and how are divergent. Research from TFP and MBT studies suggest that improved emotional functioning in attachment relationships reduces BPD symptoms and promotes greater stability in relationship and self-concept. Research from DBT studies suggest that reduced emotional reactivity through DBT skills use allows for increased emotion regulation, which in turn reduces inter and intra-personal distress. DBT Skills use is associated with reduced suicidality, depression and angry outbursts, suggesting that gains in emotion regulation produce positive treatment outcomes.

Method: This paper used a fictional case study as its method based on the authors' pooled clinical experience. The fictional client reported traits of emotional sensitivity since childhood, and an invalidating home environment that reinforced outbursts of temper. As an adult the BPD individual reported multiple problem behaviours as well as strengths. Her specific difficulties are addressed from DBT and TFP perspectives.

Suggestions for future research: The authors recommend integrating laboratory assessments into clinical research to facilitate identifying mechanisms of change in the evidence-based treatments for BPD. Doing so may help clinicians to select the treatment of choice for BPD individuals based on their specific cluster of symptoms and vulnerabilities, and advance the field by producing a more nuanced perspective of the interaction between emotional dysfunction and interpersonal processes.

The specificity of emotional switching in borderline personality disorder in comparison to other clinical groups

Houben, M. , Bohus, M., Santangelo, P. S., Ebner-Priemer, U., Trull, T. J., Kuppens, P (2016, April). *Personality Disorders: Theory, Research, and Treatment*, 7, 198–204.

Aim: To illuminate how emotion dysregulation affects the lived experience of borderline personality disorder (BPD) compared to other clinical syndromes through the analysis of emotional switching. The aim of the study is to examine specificity of emotional switching in a BPD sample compared to other comparison and control samples.

Background: Houben et al. (2016) define emotional switching as the tendency to make large changes in emotional states (positive to negative, and vice versa) as a possible hallmark feature of emotion dysregulation in borderline personality disorder (BPD). Previous studies examining changes in affect amongst transdiagnostic groups produced mixed results compared to emotional changes in BPD groups. This study includes re-analysis of data from Santegelo, Reinhard et al. (2014) and Scheiderer et al. (2016) (see key references) to examine whether emotional switches can differentiate between BPD individuals and individuals with other clinical syndromes and healthy controls.

Methods:

Participants: Sample 1 was comprised of n=43 participants with BPD, n= 28 participants with posttraumatic stress disorder (PTSD), n=20 participants with bulimia nervosa (BN), and 28 healthy controls (controls). All participants were female adults. Sample 2 was comprised of n=81 participants with BPD and n=50 participants with major depressive disorder or dysthymic disorder (MDD or DD respectively).

Procedure: Sample 1: Participants responded to a questionnaire every 15 mins excluding sleeping hours on a palmtop that queried the emotion they were experiencing from a generated list. They were then asked to rate the intensity of the emotion, the data from which were converted to positive and negative valence scores.

Sample 2: Followed the same procedures except the questionnaires were generated on participants' palmtops 6 times evenly spread over the day, and participants were asked to rate the degree to which they experienced emotions since their last rating. Composite positive and negative affect scales were derived from these ratings.

Results and Discussion: Individuals with BPD did not demonstrate differences from the other clinical samples with respect to the tendency to emotionally switch over time, nor were the magnitude of differences significant between BPD and the other clinical samples over time across both Sample 1 and 2. However, all clinical samples differed from the control sample on all switch measures in Sample 1. This specificity suggests that emotional switching may be usefully added to more mainstream measures of formulating emotional functioning across a spectrum of clinical syndromes that include emotion dysfunction.

Skills use and common treatment processes in dialectical behaviour therapy for borderline personality disorder

Barnicot, K., Gonzalez, R., McCabe, R., Priebe, S. (2016, April).

Journal of Behavior Therapy and Experimental Psychiatry, 52, doi.org/10.1016/j.jbtep.2016.04.006

Aim: To determine whether DBT skills use is associated with therapeutic alliance, treatment credibility and self-efficacy, which are treatment outcomes common to a number of clinical interventions.

Background: Dialectical behaviour therapy has been tested in numerous randomized controlled trials, and has been positively evaluated in meta-analysis. Although DBT is a leading clinical intervention for the treatment of BPD, there is less research on treatment processes compared to effectiveness. Comparable treatment outcomes have been achieved by other treatment models, such as mentalization based therapy, schema-focussed therapy and transference-focussed therapy, despite the fact that each intervention has its own theoretical model and treatment approach. The authors note that the positive outcomes observed across treatments may be due to common treatment processes. Specifically, the authors wished to evaluate therapeutic alliance, treatment credibility, and self-efficacy as treatment processes in relation to frequency of skills use, frequency of self-harm, and treatment drop-out.

Method: Treatment processes were rated every two months for 12 months among N=70 predominantly female adult participants with BPD completing DBT in an outpatient psychotherapy clinic in the United Kingdom. Participants were recruited to the study if they met eligibility criteria related to BPD diagnosis, self-harm over the past year, participation in a DBT program, and participation in at least one skills training group including assessment of skills use.

Results and Discussion: Associations of the three treatment outcomes with self-harm frequency and treatment dropout were tested through mixed multi-level modelling. Participants who made less frequent use of DBT skills were more likely to drop out of treatment in the following two months, regardless of their status on the three treatment processes. More frequent use of DBT skills and higher self-efficacy were both separately associated with less frequent self-harm. Therapeutic alliance and treatment credibility were not associated with drop-out or self-harm frequency. Further testing is required to refine the direction of associations between self-harm and other test variables in the study. This is the first study to demonstrate that increased DBT skills use is associated with less frequent self-harm and reduced likelihood of treatment dropout.

Dialectical behavior therapy and domains of functioning over two years

Wilks, C. R., Korslund, K. E., Harned, M. S., Linehan, M. M. (2015, December). *Behaviour Research and Therapy*, 77, <http://doi:10.1016/j.brat.2015.12.013>

Aim: To understand functional impairment and related factors in BPD individuals to support treatment outcomes beyond symptom relief, towards developing a life worth living.

Background: The authors observe that individuals diagnosed with BPD have greater and more lasting functional impairment than individuals without PDs or PDs other than BPD, and that impairment with respect to psychosocial functioning can persist in BPD even after treatment. Understanding the nature of this persistence can facilitate mental health service providers' focus beyond symptom relief, and towards targeting outcomes into broader spheres of functioning, such as stable employment, stable housing, stable relationships, and attainment of valued personal achievements and goals. Impulsive behaviours with the potential to be self-damaging, such as self-harm, substance use, and so on, are understood to be attempts to regulate emotion, or to modulate intense emotions through distraction or tension reduction. Understandably, however, these behaviours contribute to functional impairment, particularly if they are persistent, which is often reported by BPD individuals.

Method: This study examined treatment trajectories and functional outcomes of N=99 suicidal adult women diagnosed with BPD who were participants in a DBT treatment study. Participants' data were extracted from a previously conducted single-blind RCT (see Linehan et al., 2015, for details.)

Results and Discussion: This is the first study to evaluate various aspects of psychosocial functioning and clinically significant change in suicidal BPD participants. At the termination of the two-year study period, participants demonstrated meaningful (statistically and clinically significant) improvements, providing further evidence that DBT generates reduced functional impairment in treatment recipients. Greater difficulties with emotion dysregulation at previous assessment periods were associated with fewer gains in function at subsequent assessment periods and more gradual rates of change over the course of the study. Unexpectedly, use of DBT skills was not independently related to trajectories of functioning.

Assertive anger mediates effects of dialectical behaviour-informed skills training for borderline personality disorder: A randomized controlled trial

Kramer, U., Pascual-Leone, A., Berthoud, L., De Roten, Y., Marquet, P., Kolly, S., Page, D. (2015, April). *Clinical Psychology and Psychotherapy*, 23, 189-202. <http://DOI:10.1002/cpp.1956>

Aim: To examine problematic anger in relation to DBT-informed skills training for BPD in an add-on randomized controlled trial (RCT).

Background: The first study evaluated outcomes of DBT-informed skills training, a 20-week version of the standard outpatient skills training curriculum (Linehan, 1993) compared to treatment as usual (TAU) in an RCT design. The second study assessed completers' therapeutic process through a 50-minute interview both early and late in treatment.

Method: Participants were n=41 with BPD in the DBT-informed skills training group compared to n=20 participants in TAU, in a single-blind RCT add-on trial. Participants were predominantly female in both conditions, and all were adults. TAU was individual psychotherapy and psychiatric treatment. The DBT-informed skills training group was TAU plus the 20-week DBT-informed skills training.

Results and Discussion: Results of the first study indicated that BPD symptoms were significantly reduced in the DBT-informed skills training condition compared to TAU. Results of the second study indicated that participants in the DBT-informed skills training condition showed increases in primary "assertive" anger, but no effect for secondary "rejecting" anger compared to TAU. The authors' key finding was that changes in assertive anger mediated symptom reduction, especially with respect to social roles. They conclude that working collaboratively with BPD individuals to construct more adaptive forms of anger may be of particular assistance in this population.

Predicting treatment outcomes from prefrontal cortex activation for self-harming patients with borderline personality disorder: A preliminary study

Ruocco, A. C., Rodrigo, A. H., _McMain, S. F., Page-Gould, E., Ayaz, H. (2016, May). *Frontiers of Human Neuroscience*, 10, <http://dx.doi.org/10.3389/fnhum.2016.00220>

Aim: To evaluate whether pre-treatment prefrontal cortex (PFC) activation shares a relation with self-harm over the course of DBT treatment and whether pre-treatment PFC activation shares a relation with treatment drop-out. Both aims are intended to prospectively identify which participants in DBT are likely to complete DBT treatment and benefit from it with respect to reducing self-harm.

Background: Self-harm is a diagnostic criterion for BPD, which ranges in directness and lethality between BPD individuals. DBT has demonstrated effectiveness in reducing self-harm and other behaviours associated with a BPD diagnosis. However, there are non-responders to DBT who continue to self-harm, as well as those who terminate therapy prematurely. Neuroimaging has the potential to identify markers of brain function that predict treatment outcomes for self-harming borderline individuals. This is the first study to measure response inhibition as predictor of treatment outcome in any clinical syndrome.

Method: A total of N=29 self-harming BPD participants were recruited from a standard outpatient DBT clinic in a large urban centre. Participants were predominantly female right-hand dominant adults of slightly above-average intelligence. They completed functional near-infrared spectroscopy (fNIRS) neuroimaging procedures probing activation of the PFC during impulse control pre-treatment (before commencing DBT) and after participating in DBT for a total of 7 months.

Results and Discussion: Participants demonstrating the greatest reductions in frequency of self-harm over the course of DBT demonstrated lower levels of neural activation in the bilateral dorsolateral prefrontal cortex (DLPFC) prior to the commencement of treatment. They also demonstrated the most significant increases in DLPFC activity after 7 months of DBT. Participants that terminated prematurely showed greater activation in the medial PFC and the right inferior frontal gyrus prior to DBT. Participants' reductions in self-harm shared a relation with increases in activity in the right DLPFC, even after improvements in other clinical syndromes (e.g., depression, mania) and BPD symptom severity were accounted for. Taken together these results demonstrate that pre-treatment patterns of activation in the PFC related to impulse control may be prospectively linked with reduced self-harm and treatment drop-out for borderline individuals receiving DBT.

The aetiological and psychopathological validity of borderline personality disorder in youth: A systematic review and meta-analysis

Winsper, C., Lereya, S. T., Marwaha, S., Thompson, A., Eyden, J., & Singh, S. P. (2015, December). *Clinical Psychology Review*, 44, 13–24. <http://dx.doi.org/10.1016/j.cpr.2015.12.001>

Aim: To review the aetiological and psychopathological validity of data pertaining to borderline personality disorder (BPD) in youth.

Background: The authors observe that diagnosing BPD is controversial during adolescence, and queried the extent to which adults and youth share both common vulnerabilities and features of the illness. They note that personality disorders (PDs) are unlikely to emerge in adulthood without previous indicators in childhood and adolescence, and suggest rather that identifiable phenotypes exist with respect to PD emergence in later life. Controversy exists in application of the BPD label on personalities that are under formation and development in adolescence and especially childhood, concern about stigma, and availability of appropriate treatment. On the other hand, avoiding apparent BPD symptom presentation in young people prolongs suffering and may result in misdiagnosis and misapplied psychotherapeutic intervention. Examining clear evidence regarding validity of youth BPD as a construct was the purpose of the study

Method: A total of 61 studies met pre-determined inclusion criteria for the systematic review and meta-analysis. Youth were defined as young people age 19 and younger (including children age 12 and younger)

Results and Discussion: Statistically significant pooled associations with youth BPD risk factors were observed for sexual abuse, physical abuse, maternal hostility/verbal abuse, and neglect. Psychopathology common to both youth and adults was comorbid mood, anxiety and substance use disorders, self-harm, suicide ideation and attempt. In sum, both youth and adult BPD individuals share common aetiological and psychopathological features, supporting the validity of using the BPD diagnosis in children and adolescents where the symptoms are present.

Gender differences in borderline personality disorder features in an epidemiological sample of adults age 55-64: Self versus informant report

Busch, A. J., Balsis, S., Morey, L. C., & Oltmanns, T. F. (2015, June)
Journal of Personality Disorders, 30, 419-432.

Aim: To examine trends reported on the intensity, features, and prevalence of borderline personality disorder (BPD) across gender by investigating BPD dimensionally in an epidemiological sample of adults between the ages of 55-64.

Background: The literature on BPD reports a number of trends with respect to prevalence and feature differences between men and women. Some studies report a higher prevalence in women, some report higher prevalence in men, and some report no difference. Sampling biases exist in the form of relying often on self-report information with BPD defined categorically. The contribution of the current study was to examine BPD dimensionally from a representative population sample with respect to prevalence, intensity, and BPD features.

Method: Data from the St. Louis Personality and Aging Network (SPAN) study were evaluated in the current study. Self-report and informant-report were analysed. Informants reported knowing participants for an average of more than 30 years.

Results and Discussion: Results demonstrated an interaction that was significant from a gender perspective, but only for gender differences found in self-report data. Specifically, men reported greater BPD severity than women. Informant report data did not result in any gender differences. Examining trends emphasizes the contributions of epidemiological sampling and multiple informant perspectives when understanding gender differences in BPD. No estimates were generated from transgendered individuals or those with disorders of sexual development.



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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