



**THE ISSPD  
PERSONALITY DISORDER  
CONGRESS 2021**  
Kaleidoscope perspectives

**VIRTUAL ONLY**  
**The 17th World Congress**  
**Oslo Norway, October 11-13, 2021**  
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# THE ISSPD PERSONALITY DISORDER CONGRESS 2021

## PROCEEDINGS

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## Does peer victimization complicate the matter? Exploring a moderated serial mediation model of childhood maltreatment, mentalization, and identity diffusion for predicting borderline personality features in adolescents

**Dr. Asta Adler<sup>1</sup>**, Dr. Rasa Barkauskiene<sup>1</sup>, PhD Student Gabriele Skabeikyte<sup>1</sup>

<sup>1</sup>*Vilnius University, Vilnius, Lithuania*

### **Biography:**

*Asta Adler is an associate professor at Vilnius university, Institute of psychology and works in the center of developmental psychopathology. Her main research interest lays in a field of developmental trauma, mentalization and their relation to development of psychopathology in adolescence. Asta Adler also worked in foster care and now as psychologist and psychotherapist has a private practice in Vilnius.*

**Objective:** Childhood maltreatment and mentalization are important factors related to borderline personality disorder (BPD) in adolescents. It has been suggested that complex traumatization leads to distortions of capacity for mentalization building the basis for identity diffusion which is postulated to be a central factor in BPD (Luyten, Campbell, & Fonagy, 2020). During adolescence, a particularly sensitive period for both identity diffusion and borderline personality pathology, experiences with peers, especially peer victimization, may contribute to the above suggested link. The aim of this study is to explore the moderating role of peer victimization in the association of childhood maltreatment, mentalization, identity diffusion, and borderline personality features among adolescents.

**Methods:** Adolescents (N=453; 58.5 % female) from 11 to 18 years old (M=14,74; SD=1,70) participated in the study. The sample consisted from two groups: community (N=379; 55,9% female) and clinical group (N=74; 71,6% female). Participants filled in the following self-report measures: Adverse Childhood Experiences Questionnaire (Dube et al., 2001); Reflective Function Questionnaire for Youths (RFQY, Sharp et al., 2009); Adolescent Identity Development Assessment (AIDA, Goth & Schmeck, 2016); Borderline Personality Features Scale for Children-11 (BPFSC-11, C. Sharp et al., 2014); Questions addressing peer bullying experiences.

**Results:** Moderated serial mediation analysis revealed that the indirect effects of childhood maltreatment on adolescent borderline personality features through mentalization and identity diffusion become significant when peer victimization is present. The model included gender, age, and clinical group status as covariates.

**Conclusion:** The current findings provide insights into the mediating mechanisms that link maltreatment, peer victimization, mentalization, and identity diffusion with borderline personality features in adolescents. The study was funded by a grant (No S-MIP-21-20) from the Research Council of Lithuania.

## Validating the Levels of Personality Functioning Scale against real-world, momentary experiences

Nadia Al-Dajani<sup>1</sup>, Dr. Amanda Uliaszek<sup>2</sup>, Dr. Marc Fournier<sup>2</sup>

<sup>1</sup>University Of Michigan, , United States, <sup>2</sup>University of Toronto, , Canada

### **Biography:**

*Nadia earned her M.A. and Ph.D. in Clinical Psychology from the University of Toronto. Her doctoral research used smartphone app technology to capture short-term relationships between day-to-day negative emotions and suicidal thoughts, in an effort to identify triggers and consequences of suicidal ideation. Nadia has always been interested in transdiagnostic models of psychopathology and uses this lens to investigate questions related to suicide risk and personality pathology. She has co-authored several publications related to dimensional models of psychopathology, including one first-authored review focused on the PID-5. She is currently completing a one-year postdoctoral research fellowship at the University of Michigan.*

**Objective:** We examined the incremental, predictive, and ecological validity of the Levels of Personality Functioning Scale (LPFS), a scale purported to measure identity and interpersonal functioning as defined by the Alternative DSM-5 Model of Personality Disorders. We examined if the LPFS predicts variability and mean-levels of identity and interpersonal items measured using ecological momentary assessments (EMA), along with predicting daily severity of EMA items. These associations were investigated above and beyond other measures of identity and interpersonal functioning. **Method:** 113 community adults (M age= 32.37, SD = 9.77, 60.8% female) completed the LPFS, the Self-Concept and Identity Measure, and the Interpersonal Personality Item Pool-Interpersonal Circumplex at baseline. Participants completed a two-week EMA study, where they responded to questions about identity functioning (authenticity, emptiness) and interpersonal functioning (dominance, hostility) four times/day. Aggregate mean and variability (mean square of successive differences) for EMA items were calculated to examine if the LPFS is associated with mean/variability in identity/interpersonal functioning. A series of multilevel models were also conducted to examine the association between LPFS and severity of day-to-day items. **Results:** The LPFS did not predict individual variability of any EMA items above and beyond other measures. The LPFS Identity subscale predicted mean levels of day-to-day emptiness and authenticity, and the LPFS Intimacy subscale predicted mean levels of day-to-day hostility. With regards to multilevel analyses, the LPFS Identity subscale predicted day-to-day emptiness, while neither of the identity subscales predicted day-to-day authenticity. Finally, the LPFS Intimacy subscale predicted day-to-day hostility, while neither of the interpersonal subscales predicted day-to-day levels of dominance. **Conclusions:** Our study found minimal support for the LPFS in predicting real world, momentary experiences of identity and interpersonal functioning, above and beyond other related measures. Future research should focus on the ecological validity of diagnostic tools, to ensure that they represent individuals' day-to-day experiences.

## Questioning assumptions: adolescence as a peak period of borderline personality features

Anouk Aleva<sup>1</sup>

<sup>1</sup>*Utrecht University, Utrecht, Netherlands*

### **Biography:**

*Anouk Aleva is a science practitioner; combining a PhD candidacy with her work as a Health Care Psychologist. Her PhD project entails a randomized controlled trial into a web-based intervention for self-harming youth at risk of developing borderline personality pathology. By combining clinical practice and research she aspires to promote and advance early detection and intervention for youth struggling with personality pathology.*

Clear data on the prevalence of personality pathology during adolescence and young adulthood is lacking. This is striking, given that increasing evidence demonstrates that personality pathology first manifests during adolescence. Especially borderline personality disorder has been debated. At first glance, borderline personality features seem to resemble normative adolescent behavior, like mood swings, identity fluctuation, anger outbursts and interpersonal quarrel. Yet, research shows these features to be distinguishable from normative adolescent behavior. Most importantly, in contrast to normative behavior, borderline personality features place adolescents at risk for adverse psychosocial and professional outcomes and even a reduced life. It is surprising that an empirical picture of the extent to which these features appear during adolescence is still lacking. Some studies imply the presence of borderline personality features in adolescents to be comparable or even higher than in adults. More specifically, borderline personality features have been suggested to peak around middle to late adolescence and decline into adulthood. If we can demonstrate this peak, it would be a significant step forwards in our understanding of pathological personality development and could guide intervention efforts for adolescents at risk for personality pathology.

In our meta-analysis, we examine the prevalence of borderline personality features across age groups to test the age effects of these features, defined as continuous scores based on the SCID-II/5-P. Our literature search yielded 1996 unique articles of which approximately 200 are included in our analyses. Data are analyzed using meta-analytic models and generalized-additive-mixed models. The suggested rise of borderline personality features in early adolescence, its peak in prevalence in mid-adolescence and decline during adulthood are tested. Subsequently the role of sample characteristics on the age effects is examined. Our study systematically maps the number of borderline features across age, providing a meta-analytic test of the assumption that features peak in late adolescence.

## A HiTOP model of attention, emotion, and personality psychopathology

**Ms. Sara Beth Austin<sup>1</sup>**, Dr. Benjamin Johnson<sup>2</sup>, Dr. Alexander Chapman<sup>3</sup>

<sup>1</sup>Northwestern University, Evanston, United States, <sup>2</sup>Fairleigh Dickinson University, Teaneck, USA, <sup>3</sup>Simon Fraser University, Burnaby, Canada

### **Biography:**

*Sara Beth holds a B.A. (Hons.) in Psychology from UW-Madison, a M.A. in Clinical Psychology from Simon Fraser University, and is completing a M.A. in Clinical Mental Health Counseling at Northwestern University. She is a scientist-practitioner whose research and clinical interests focus on the etiology and treatment of personality-related psychopathology and self-damaging behaviors. Sara Beth has provided leadership and service in psychology and counseling professional organizations for over seven years and founded student groups within the RO-DBT and ISSPD communities.*

Individual differences in attention are implicated in the etiology and maintenance of various forms of psychopathology (e.g., Caspi et al., 2014). This study utilized the Hierarchical Taxonomy of Psychopathology (HiTOP; Kotew et al., 2017) to examine the relationship between attention and personality psychopathology through three experimental paradigms.

Theory-driven model building was conducted using a SEM framework. Internalizing was operationalized by depression (PHQ9), anxiety (STAI, DASS-ANX), and borderline features (PAI-BOR). Externalizing was operationalized by UPPS-P scales and borderline features (PAI-BOR). General emotion dysregulation (DERS) was a covariate in all models. Eight models were conducted, one for each set of conceptually distinct dependent variables.

Internalizing ( $B \approx .94, p < .001$ ) and Externalizing ( $B \approx .68, p < .001$ ) were both associated with DERS in all models. Internalizing was associated with AB at both Lag 3 ( $B = .43, p = .008$ ) and Lag 7 ( $B = .36, p = .04$ ), ANT Orient ( $B = .44, p < .001$ ), BIS ( $B = .76, p < .001$ ), BAS Drive ( $B = -.48, p < .001$ ), BAS Fun ( $B = -.43, p = .001$ ), ACS ( $B = -.28, p = .03$ ), suicidality ( $B = .54, p = .002$ ), reflection ( $B = .77, p < .001$ ), brooding ( $B = .91, p < .001$ ), but not with EAB or ANT (Alert, Conflict). Externalizing was associated with AB at Lag 3 ( $B = -.59, p = .002$ ) and Lag 7 ( $B = -.57, p = .008$ ), EAB at Lag 3 ( $B = -.47, p = .008$ ) and Lag 7 ( $B = -.40, p = .02$ ) (as well as all specific emotions at both lags), BIS ( $B = -.39, p = .005$ ), BAS Drive ( $B = .64, p < .001$ ), and BAS Fun ( $B = .63, p < .001$ ).

Results will be discussed for research and clinical implications.

## An integrative overview of common features in the AMPD and ICD-11 Models in Relation to Inner Models, Mentalization, and Situational Dynamics

**Bo Bach<sup>1</sup>**

<sup>1</sup>*Psychiatric Research Unit, Center for Personality Disorder Research (CPDR), Mental Health Services, Region Zealand, Slagelse, Denmark*

### ***Biography:***

*Bo Bach is scientific manager at the Center for Personality Disorder Research (CPDR), Psychiatric Research Unit, Region Zealand – and a part-time clinical psychologist in an outpatient unit at Slagelse Psychiatric Hospital. He is trained in schema therapy with trainer qualifications but generally embraces a psychodynamic approach to personality and psychopathology. He is a member of the Hierarchical Taxonomy of Psychopathology (HiTOP) consortium and a board member of the ESSPD. In the final phase before its approval by the World Health Assembly, Bo Bach served as consultant for the ICD-11 personality disorder work group.*

The DSM-5 AMPD and ICD-11 models of Personality Disorders were released to address the limitations of the established categorical PD classification, including inadequate clinical utility. These new diagnostic frameworks request practitioners to assess the overall level of personality functioning along with specific maladaptive personality traits. The current presentation aims to provide an overview of the common features in the AMPD and ICD-11 assessment approaches in relation to theory of mental models (including object relations and schemas of self and others), mentalization (including epistemic trust), and moment-to-moment situational dynamics. Finally, the links among assessment, clinical conceptualization, and treatment planning will be exemplified in terms of AMPD and ICD-11 oriented “road maps” to clinical management.

## Introduction of the Personality Disorder Severity ICD-11 (PDS-ICD-11) Scale: Initial Findings and Utility

**Bo Bach**<sup>1</sup>, Tiffany A. Brown<sup>2</sup>, Roger T. Mulder<sup>3</sup>, Giles Newton-Howes<sup>4</sup>, Erik Simonsen<sup>5</sup>, Martin Sellbom<sup>2</sup>

<sup>1</sup>Psychiatric Research Unit, Center for Personality Disorder Research (CPDR), Mental Health Services, Region Zealand, Slagelse, Denmark, <sup>2</sup>Department of Psychology, University of Otago, Dunedin, New Zealand, <sup>3</sup>Department of Psychological Medicine, University of Otago, Christchurch, New Zealand, <sup>4</sup>Department of Psychological Medicine, University of Otago, Wellington, New Zealand, <sup>5</sup>Department of Clinical Medicine, University of Copenhagen, Copenhagen, Denmark

### **Biography:**

*Bo Bach is scientific manager at the Center for Personality Disorder Research (CPDR), Psychiatric Research Unit, Region Zealand – and a part-time clinical psychologist in an outpatient unit at Slagelse Psychiatric Hospital. He is trained in schema therapy with trainer qualifications but generally embraces a psychodynamic approach to personality and psychopathology. He is a member of the Hierarchical Taxonomy of Psychopathology (HiTOP) consortium and a board member of the ESSPD. In the final phase before its approval by the World Health Assembly, Bo Bach served as consultant for the ICD-11 personality disorder work group.*

**OBJECTIVE:** The international classification of diseases 11th edition (ICD-11) classifies personality disorders (PD) according to severity of self- and interpersonal disturbances, cognitive, emotional and behavioral manifestations, and psychosocial impairment and distress. To our knowledge, no published measure captures the fullness of these diagnostic features. We therefore constructed the Personality Disorder Severity ICD-11 (PDS-ICD-11) scale, which is a 14-item self-report measure that will be outlined in this presentation.

**METHOD:** A representative U.S. community sample (N = 428; 50.9% women), a Danish community sample (N = 713; 54.4% women), and a New Zealand clinical sample (N = 87; 61.5% women) completed the PDS-ICD-11 scale along with a series of established PD and impairment measures. Item-response theory, confirmatory factor analysis, t-test analysis, and regression analysis were employed to investigate unidimensionality and aspects of validity.

**RESULTS:** Unidimensionality, criterion validity, and diagnostic utility of PDS-ICD-11 were overall supported.

**CONCLUSION:** These initial findings suggest that the PDS-ICD-11 constitutes a promising operationalization of the ICD-11 PD severity guidelines for clinicians in WHO member states. The PDS-ICD-11 is being adapted to clinician-rating and interview forms, which must be evaluated in future research.

## Levels of Personality Functioning among Lithuanian Adolescents: A Comparison between Community and Clinical Samples

**Dr. Rasa Barkauskiene<sup>1</sup>**, PhD student Gabriele Skabeikyte<sup>1</sup>

<sup>1</sup>Vilnius University, Lithuania

### **Biography:**

*Dr. Rasa Barkauskiene is an Associate Professor, a head of the Clinical Psychology Department within the Institute of Psychology at Vilnius University, and a chief researcher in the field of developmental psychopathology with a focus on childhood traumatic experiences, personality, and mentalization development in adolescence. In addition to academic work, she has been working in assessment, counseling, and therapeutic work with adolescents, young people, and families for more than 20 years.*

**Objectives:** The release of the DSM–5 and the upcoming ICD-11 has spurred growing research addressing the dimensional model of personality disorder. Central to it is an assessment of the level of personality functioning in self and interpersonal domains. The present study assesses the differences in personality functioning in relation to borderline personality disorder (BPD) and other mental health difficulties among adolescents.

**Methods:** Adolescents aged 12-18 (N = 370; 38.6 % males) from the community and clinical samples filled in the Lithuanian version of the Level of Personality Functioning Questionnaire (LoPFQ 12-18) and other measures assessing psychopathology (SDQ), borderline personality features (BPFSC-11), and reflective function (RFQY-8). Furthermore, clinicians provided ratings on DSM-5 Section II BPD criteria for adolescents in the clinical sample.

**Results:** Data analyses showed that the total score of LoPFQ representing the severity of impairments in personality functioning correlated significantly with self-reported SDQ indices (conduct problems, emotional problems, dysregulation profile), borderline personality features, and reflective function ( $p < .001$ ).

Correlation coefficients ranged from .22 (conduct problems) to .67 (borderline personality features). The level of personality functioning, dysfunction in identity, self-directedness, and intimacy domains but not empathy differentiated the three subgroups of adolescents: those (1) with severe features of BPD (>5 BPD criteria), (2) with other mental health problems, and (3) community-dwelling adolescents. Pairwise post-hoc comparisons revealed that BPD subgroup had the highest scores on all indices of personality dysfunction, however, significant differences were obtained with community adolescents mainly. Only levels of impairment in the identity domain varied significantly between three subgroups in the study.

**Conclusions:** The most severe personality dysfunction is related to (borderline) personality domain. This indicates that levels of personality functioning have the potential to discriminate adolescents with early impairments in personality.

The study was funded by a grant (No S-MIP-21-20) from the Research Council of Lithuania.



## Outcomes of training in structured clinical management (SCM) for personality disorder for generalist mental health professionals.

**Prof Anthony Bateman<sup>1</sup>**

<sup>1</sup>*University College London, , United Kingdom*

### ***Biography:***

*Prof Anthony W Bateman MA, FRCPsych is Consultant to the Anna Freud Centre, London; Visiting Professor University College, London; Honorary Professor in Psychotherapy University of Copenhagen.*

Structured clinical management (SCM) was first developed as a non-specialist control condition in a randomized controlled trial (RCT) of MBT. SCM is a pragmatic and atheoretical psychological approach to borderline personality disorder (BPD). SCM follows the principles of consistency, coherence, and continuity of interventions to target the specific symptoms of an individual's personality disorder (PD) and meets all the recommendations for structured clinical care outlined in the NICE Guidance for BPD (NICE 2009). It is implemented by generalist mental health professionals. Health Education England has commissioned training in SCM for community mental health teams to increase the skill in treatment of personality disorder nationally, to increase service provision and to improve outcomes for patients.

### **Method**

Over 350 people are being trained in SCM. Training requires attendance at a two day skills training workshop and practice in the workplace with twice monthly supervision with two further 1 day workshops reviewing video and other clinical material at 6 months and 12 months after initial training. Implementation was assessed in a sub-group of participants at the beginning of training and at the 6 and 12-month time points using video/audio material. All participants completed a questionnaire about attitudes and understanding of personality disorder prior to training, following the initial training and then at the end of training.

### **Results**

Data will be presented about the effectiveness of the training in terms of skills development, attitudes, and service implementation.

### **Conclusions**

SCM training is effective in skill development but implementation requires more support to practitioners from service managers.

## Mentalization Based Treatment: from face-to-face interaction to remote relationship

### **Prof Anthony Bateman<sup>1</sup>**

<sup>1</sup>University College London, London, United Kingdom

#### ***Biography:***

*Prof Anthony W Bateman MA, FRCPsych is Consultant to the Anna Freud Centre, London; Visiting Professor University College, London; Honorary Professor in Psychotherapy University of Copenhagen.*

#### **Objectives**

The response to the coronavirus pandemic has had substantial impact on the provision of psychotherapy services and affected how psychosocial treatments are delivered to clients. Group based and individual sessions of mentalization based treatment (MBT) for borderline personality disorder antisocial personality disorder are now regularly delivered online or by telephone. MBT focuses on the mentalizing and attachment problems of people with personality disorder that lead to their difficulties with social and interpersonal interaction and emotional regulation and impulsivity. Particular issues have arisen for clinicians and clients, some of which relate to practicalities such as access to web-based platforms, and others to the psychological processes specific to personality disorder.

#### **Methods**

A draft protocol was provided to clinicians about digital/telephone implementation of MBT using the 6 domains of adherence to MBT as the organising factors. 25 clinicians and patients were interviewed about their experiences and an iterative process used to generate a more formal protocol.

#### **Results**

The modifications to face to face MBT will be described and an outline given of some of the benefits and pitfalls of online working. Changes to the MBT protocol in terms of communication strategies and MBT techniques are required throughout treatment from the engagement processes (e.g. assessment, formulation, psychoeducation, values agreement, outcome monitoring) to building a therapeutic alliance to generating stable epistemic trust. The changes will be discussed and data presented about the clinician and patient experience.

#### **Conclusions**

MBT can be delivered efficiently as a remote intervention and it is acceptable to clients. More formal studies are required to assess outcomes.

## A lifespan-developmental dimensional perspective on antisocial and borderline personality development

**Professor Theodore Beauchaine<sup>1</sup>**

<sup>1</sup>*The Ohio State University, Columbus, United States*

### ***Biography:***

*Theodore Beauchaine, Ph.D., studies development of behavioral impulsivity, emotion dysregulation, and intentional self-injury in children, adolescents, and adults. He is past recipient of the American Psychological Association Distinguished Scientific Award for Early Career Contributions to Psychology, and the American Psychological Association Mid-Career Award for Outstanding Contributions to Benefit Children, Youth, and Families. He is the current president-elect of the International Society for Research on Child and Adolescent Psychopathology, and served on the National Institute of Mental Health National Advisory Council Workgroup on Tasks and Measures for the Research Domain Criteria (RDoC).*

About a decade ago, our research group described a lifespan-developmental model of antisocial and borderline personality pathology. According to this model, common genetic and neural vulnerabilities to trait impulsivity interact with environmental adversities to eventuate in antisocial personality (APD) for males and borderline personality (BPD) for females. When heritable trait impulsivity is amplified by deficiencies in emotion regulation that are socialized by coercion, maltreatment, abuse, and neglect within families, APD and BPD become likely. Although our model was conjectural at the time, considerable data have emerged since to support the perspective. I will summarize these data across genetic, neural, emotional, and behavioral levels of analysis, and describe relevance to dimensional models of personality disorder.

## Avoidant Personality Disorder and Deliberate Self-Harm

**Ina Bekkevold-Jernberg<sup>1</sup>**, PhD Geir Pedersen<sup>2</sup>, MD, PhD Elfrida Kvarstein<sup>3</sup>, MD, PhD Lars Mehlum<sup>1</sup>

<sup>1</sup>National Centre for Suicide Research and Prevention (NSSF), Institute for Clinical Medicine, University of Oslo, Oslo, Norway, <sup>2</sup>Network for Personality Disorders, Section for Personality Psychiatry and Specialized Treatments, Department for National and Regional Functions, Division of Mental Health and Addiction, Oslo University Hospital, Oslo, Norway, <sup>3</sup>Section for Personality psychiatry and specialized treatments, Department for National and Regional Functions, Division of Mental Health and Addiction, Oslo University Hospital and Institute for Clinical Medicine, University of Oslo, Oslo, Norway

### **Biography:**

*Ina Bekkevold-Jernberg (MSc) works at National Centre for Suicide Research and Prevention in Norway and the research project she is involved in researches deliberate self-harm in avoidant and borderline personality disorders.*

**Objectives:** Deliberate self-harm (DSH) is frequent among patients with Borderline personality disorder (BPD), whereas the prevalence of this behaviour and its associations with psychosocial distress and impairment among patients with other PDs is less known. The purpose of this study was to determine the prevalence of DSH among 959 outpatients with Avoidant PD (AvPD), and to examine the association between DSH and psychological distress, impairment in work and social functioning, and the number of fulfilled BPD-criteria within this group of patients.

**Methods:** Data on all patients with AvPD (but no comorbid BPD) were retrieved from 20 outpatient treatment units on a specialist mental health service level within the Norwegian Network for Personality Disorders. Logistic Regression was used to explore associations between selected variables and last year history of DSH.

**Results:** Almost 1 in 4 patients (24%) with AvPD had a last year history of DSH and DSH was strongly associated with high levels of psychosocial distress (OR 2.04;  $p < .010$ ), depression (OR 4.19;  $p < .010$ ), anxiety (OR 2.16;  $p < .010$ ), work impairment (OR 2.07;  $p < .050$ ) and number of fulfilled BPD criteria (OR 1.52;  $p < .010$ ).

**Conclusion:** DSH is highly prevalent among clients with AvPD in outpatient treatment settings and strongly associated with depression and psychosocial and work impairment. DSH was also significantly linked to clinical features captured by diagnostic criteria for BPD. The latter may imply that treatment interventions originally developed for patients with BPD could also be an effective treatment for self-harming patients with AvPD.

## Clinical Application of the Level of Personality Functioning Scale

**Donna Bender<sup>1</sup>**

<sup>1</sup>*University Of Michigan, Ann Arbor, United States*

### ***Biography:***

*Donna S. Bender is a psychologist psychoanalyst who served as co-Principal Investigator and Training Director for the Collaborative Longitudinal Personality Disorders Study, and was appointed to the DSM-5 Personality and Personality Disorders Work Group. She is lead author of the Level of Personality Functioning Scale, a component of the Alternative DSM-5 Model for Personality Disorders. Dr. Bender has been a faculty member at Columbia University, University of Arizona, the Arizona Center for Psychoanalytic Studies, and Tulane University, and is currently the Director of Strategic Initiatives for the Division of Computer Science and Engineering at the University of Michigan.*

**Objective:** The Level of Personality Functioning Scale (LPFS) was developed as part of the Alternative DSM-5 Model for Personality Disorders (AMPD). Often referred to as “Criterion A,” the LPFS is used as the first step in determining the presence or absence of a personality disorder in the AMPD system. Moving beyond Criterion A, the purpose of this presentation is to demonstrate the clinical application of the LPFS as a stand-alone measure for enriched assessment of core aspects of personality.

**Method:** The LPFS utilizes a self and self-in-relation-to-others focus, shifting emphasis from a disorder orientation to universal human capacities. The five-level scale includes representation of well-adjusted functioning and was designed to facilitate alliance-building by inviting people to talk about themselves and their relationships.

**Results:** Case examples using the components of identity, self-direction, empathy, and intimacy demonstrate the clinical usefulness of the LPFS.

**Conclusion:** The LPFS framework advances understanding of how thinking about self and others impacts how well we adapt to life, and provides language for talking with individuals and formulating treatment in ways that are personally meaningful and clinically helpful.

## Emerging personality in adolescence: a longitudinal study exploring developmental trajectories and the role of mentalizing abilities.

**Dr. Ilaria Maria Antonietta Benzi<sup>1</sup>**, Dr. Andrea Fontana<sup>2</sup>, Prof. Laura Lucia Antonia Parolin<sup>3</sup>, Mr. Alberto Milesi<sup>3</sup>, Prof. Emanuele Preti<sup>3</sup>, Prof. Pietro Cipresso<sup>4</sup>, Prof. Karin Ensink<sup>5</sup>, Prof. Lina Normandin<sup>5</sup>

<sup>1</sup>IRCCS Istituto Auxologico Italiano, Milan, Italy, <sup>2</sup>LUMSA University, Rome, Italy, <sup>3</sup>University of Milano-Bicocca, Milan, Italy, <sup>4</sup>University of Turin, Turin, Italy, <sup>5</sup>University of Laval, Laval, Canada

### **Biography:**

*Postdoctoral researcher and clinical psychologist. Main areas of research and clinical interests: PDs and personality pathology in adolescence. New technologies applied to psychological research (VR, ESM). Psychological assessment (construction and validation of standardized tests; administration techniques). Transference focused psychotherapy.*

Exploring developmental trajectories that might inform personality functioning is crucial to understanding how to navigate adolescence's storm and stress phase. According to the literature, an important aspect that informs the exacerbation of personality pathology in adolescence is the influence of internalizing and externalizing problems. Moreover, mentalizing abilities constitute an essential aspect during this developmental phase.

In our contribution, we explored via regression analyses the longitudinal effect (over 12 months) of internalizing and externalizing problems (Youth Self-Report; YSR-112) on personality dimensions (Adolescent Personality Structure Questionnaire; APS-Q) in a sample of adolescents (N=173, age range=14-18, F=62.4%). Moreover, we addressed the role of mentalizing abilities (Movie Assessment for Social Cognition; MASC) in this relationship.

Data highlighted the contribution of internalizing problems predicting precisely the sense of self (i.e., the ability to make sense of emotions and behaviors), self-acceptance features (i.e., the acceptance of bodily changes and self), and the adolescent's experience of sexuality (i.e., feeling at ease with sexual impulses and desires). Also, externalizing problems predicted self-acceptance, the ability to regulate aggression (i.e., towards self or significant others), and the relationship's quality with the family (i.e., significant others inside the family). Moreover, mentalizing features moderated the relationship between internalizing problems and self-acceptance and the relationship between externalizing problems and the adolescent's experience of sexuality.

Our contribution is in line with recent developmental models of personality pathology and the importance of highlighting significant precursors of (mal)adaptive functioning.

More, it expands on the specific personality dimensions involved and the role of mentalizing features aiming to widen research evidence and clinical implications.

## Socio-emotional functioning in borderline personality disorder

**Prof. Dr. Katja Bertsch<sup>1,2</sup>**, Dr- Corinne Neukel<sup>2</sup>, Katja Seitz<sup>2</sup>, Dr. Karen Hillmann<sup>2</sup>, Prof. Dr. Sabine Herpertz<sup>2</sup>  
<sup>1</sup>Ludwig-Maximilians-University Munich, , Germany, <sup>2</sup>Heidelberg University, , Germany

### ***Biography:***

Professor for Clinical Psychology and Psychotherapy at the LMU Munich. My research focusses on the identification of transdiagnostic biobehavioral mechanisms of interpersonal dysfunctions and the development and systematic evaluation of mechanism-based treatments in randomized controlled trials. Main topics of my research are: effects of early traumatization, maladaptive personality traits and personality disorders, interoception.

Individuals with borderline personality disorder have been characterized by severe and lasting interpersonal dysfunctions, including aggression. Within the Clinical Research Group 256, we have run several experiments in order to unravel alterations in social-emotional functioning that may explain such interpersonal dysfunctions. Individuals with BPD were more prone to misclassify facial expressions as angry, performed worse in theory of mind and showed higher frustration-induced anger increase than healthy controls. The relationship to early traumatization and interpersonal dysfunctions will be presented and possible neural correlates as well as therapeutic implications will be discussed.

(Presentation within the invited symposium Social Neuroscience, Niedtfeld)

## Life habits and personality disorders

**MD Félix-Antoine Bérubé<sup>1</sup>**, MSc Samuel St-Amour<sup>2,3</sup>

<sup>1</sup>Department of psychiatry and addictology, University of Montreal, Montréal, Canada, <sup>2</sup>Department of Health and Society, Université du Québec à Montréal, Montréal, Canada, <sup>3</sup>Mental Health University Institute of Montreal Research Center, Montréal, Canada

### **Biography:**

*Félix-Antoine Bérubé is assistant professor at the Department of psychiatry and addictology of the University of Montreal. After his psychiatric training he did his fellowship at the HYPE clinic in Melbourne, specializing in early intervention for borderline personality disorder (BPD). He is medical chief of the Connec-T clinic in Montreal, offering early intervention in BPD, and also works as a psychiatrist at the Relational and Personality disorders Service, both clinics being parts of the Mental Health University Institute of Montreal.*

**Background:** Personality disorders (PD) are associated with increased mortality, to an extent that can be compared to many other first-rank psychiatric disorders such as schizophrenia. Part of this excess mortality is due to increased suicide rates and trauma, however there is mounting evidence that chronic physical disorders such as cardio-vascular diseases or diabetes contribute to a significant share of those premature deaths. Many hypotheses can explain the link between PD and chronic diseases, including poor observance to medication or medical follow-up, abnormalities of the HPO axis, second-generation antipsychotics and unhealthy life habits. If there is indeed an association between poor lifestyle choices and PD, interventions at this level could prove useful to increase life-expectancy and reduce excess morbidity for people with PD. Furthermore, in other mental disorders such as depression, healthy life habits have been associated with clinical improvement even on the short term. Along those lines, evidence-based treatments for borderline personality disorder, such as STEPPS or DBT, posit that physical exercise and healthy lifestyle are important means to recovery. **Objective:** The purpose of this presentation is to review current evidence about the relationship between PD, at the diagnostic level, and poor lifestyle choices. **Method:** We conducted a search of the literature looking for articles presenting data of lifestyle or associated conditions among individuals with personality disorders, data of personality disorders among individuals with a particular lifestyle or associated condition, impact of poor lifestyle on personality disorders or impact of a personality disorders on the lifestyle. **Results:** There is a small amount of research documenting the links between PD and poor lifestyle. The research will be presented. **Conclusion:** Results will fuel a discussion about current clinical implications and future research directions.



## How do the families of young people with borderline personality disorder fare, compared with adults from the general population and families of young people with other serious illnesses?

**Dr Jennifer Betts<sup>1,2</sup>**, Mr Mirra Seigerman<sup>3</sup>, Associate Professor Carol Hulbert<sup>3</sup>, Mr. Ben McKechnie<sup>1</sup>, Ms. Victoria Rayner<sup>1,2</sup>, Dr Martina Jovev<sup>1</sup>, Professor Sue Cotton<sup>1,2</sup>, Dr Louise McCutcheon<sup>1,2</sup>, Dr Catharine McNab<sup>1</sup>, Dr Emma Burke<sup>1</sup>, Professor Andrew Chanen<sup>1,2</sup>

<sup>1</sup>Orygen, Melbourne, Australia, <sup>2</sup>Centre for Youth Mental Health, The University of Melbourne, Melbourne, Australia,

<sup>3</sup>Melbourne School of Psychological Sciences, The University of Melbourne, Melbourne, Australia

### **Biography:**

*Dr Jennifer Betts, BA(Hons), D.Psych(Clinical), is a Senior Research Fellow who coordinates Personality Disorder (HYPE) Research at Orygen and the Centre for Youth Mental Health, The University of Melbourne. She conducts innovative research in the field of early intervention for borderline personality disorder (BPD), specialising in the implementation of clinical trials evaluating psychosocial and pharmacological interventions for young people with BPD features and their family and friends. Jennifer has successfully coordinated four clinical trials to fruition in Australia and the United Kingdom, and is currently a coordinator of/investigator on four trials in Australia and The Netherlands.*

**Objectives:** The limited emerging evidence indicates that the family and friends ('carers') of young people with borderline personality disorder (BPD) features experience significant adversity. This study aimed to investigate the extent of this adversity by comparing the experiences of these carers with published data assessing the experiences of carers of young people with other serious illnesses and with adults from the general population.

**Method:** This study utilized baseline data from a randomised controlled trial of psychoeducational interventions for carers of young people with BPD features, implemented at the specialist early intervention program Helping Young People Early (HYPE) at Orygen in Melbourne, Australia. Prior to randomization, 82 carers (M age = 44.74, SD = 12.86) of 54 outpatient young people (M age = 18.76, SD = 3.02) who met 3 to 9 DSM-IV BPD criteria completed self-report measures on distress, experiences of caregiving, coping, and expressed emotion. Independent-samples t-tests were employed to compare scores with those reported by convenience comparison groups of general population adults and carers of young people with eating disorders, cancer, and psychosis.

**Results:** Carers of young people with BPD features reported elevated levels of distress, negative caregiving experiences, and expressed emotion, as well as maladaptive coping strategies. This level of adversity was greater than that experienced by their peers in the general population. The adversity was similar to, or greater than, that experienced by carers of young people with cancer, anorexia or psychosis.

**Conclusions:** Research is needed to clarify factors underlying adverse caregiving experiences and to develop and evaluate interventions to support carers of young people with BPD features.

## How do mouth-nose-covers (MNC) affect socio-cognitive processing in women with a diagnosis of Borderline Personality Disorder in comparison to Healthy Controls during the Corona pandemic?

**Mrs. Miriam Biermann<sup>1</sup>**, Mrs. Anna Schulze<sup>1</sup>, Mrs. Konstantina Atanasova<sup>1</sup>, Mrs. Marie Hamm<sup>1</sup>, Dr. Martin Bohus<sup>1</sup>, Dr. Stefanie Lis<sup>1</sup>

<sup>1</sup>Central Institute Of Mental Health Mannheim, Mannheim, Germany

### **Biography:**

*Miriam Biermann is a psychologist and in training to become a psychotherapist at the Institute of Psychiatric and Psychosomatic Psychotherapy at the Central Institute of Mental Health Mannheim. Her research interests focus on experimental psychotherapy for Borderline Personality Disorder.*

**Objectives:** Wearing mouth-nose covers (MNCs) places special demands on social encounters: The face is an important source of information to identify an individual, recognize his/her emotional state and to form complex social judgments (e.g., regarding trustworthiness). While preliminary findings indicate that these social-cognitive processes are hampered by MNCs, studies examining whether individuals with a mental disorder such as Borderline Personality Disorder (BPD) are stronger affected than healthy individuals (HC) are missing. Social-cognitive processes such as the appraisal of a smile or the trustworthiness of another person are already impaired in BPD. The occlusion of facial features by MNCs might result in a stronger deterioration of these processes and the confidence in one's own social evaluations. In the present study, we investigated whether individuals with BPD differed from HC in the extent to which MNCs affect 1) social judgements and 2) confidence in their social judgements.

**Method:** Participants (76 BPD, 69 HC) rated happiness and trustworthiness in facial stimuli with versus without an occlusion of facial features by FFP2 masks and the confidence in their own ratings.

**Results:** Individuals with BPD evaluated faces as less happy and even less trustworthy compared to HC independently of the MNC. MNCs influenced social judgments to a comparable extent in HC and BPD. In happiness ratings, individuals with BPD were less confident than HC. In trustworthiness ratings, individuals with BPD reported lower confidence than HC only for faces without MNCs. When judging faces with MNCs both groups did not differ in their confidence due to a drop in the confidence ratings of HC.

**Conclusion:** Our findings suggest that wearing MNCs affects individuals with BPD to a similar or even smaller extent than HC. Particularly, in the case of trustworthiness appraisals, impairments in social-cognitive processes are not further accentuated by behavioural recommendations during the pandemic.

## Personality Functioning assessed with the LoPF-Q 12-18 as outcome measure of psychotherapy for adolescents that suffer from Borderline Personality Disorder

Dr. med. Marc Birkhölzer<sup>1</sup>

<sup>1</sup>UPK Basel, Basel, Schweiz

### **Biography:**

*I went to medical school in Giessen, Germany from 2006-2013. I then started as research assistant in Basel, Switzerland. My specialist medical training in child and adolescent psychiatry took from 2013-2021. I finished my doctoral thesis in 2015. I am now a senior doctor in the juvenile forensic department of the University Psychiatric Clinic Basel. During my training I planned and conducted several studies on personality disorders in adolescence*

Personality Functioning assessed with the LoPF-Q 12-18 as outcome measure of psychotherapy for adolescents that suffer from Borderline Personality Disorder

Authors: M. Birkhoelzer, K. Goth, K. Schmeck

### **Objective:**

Borderline Personality Disorder (BPD) is among the most severe mental health disorders with long-lasting deterioration of functioning and a high risk for chronification. Therefore, early detection and therapeutic interventions to prevent deleterious outcomes are desirable. Previous studies with adults have shown that despite a change in personality disorder status, even after therapy psychosocial functioning often remains flat. In this study, the effect of AIT (Adolescent Identity Treatment) on self-reported personality functioning, measured with the the LoPF-Q 12-18 (Levels of Personality Functioning Questionnaire) is presented.

### **Methods:**

23 adolescent BPD patients were treated with AIT. These patients were assessed at four time points: at baseline, after the end of treatment, and at one and two years after baseline. Primary outcome of the study was psychosocial functioning at 1-year-follow-up measured with the CGAS (Child Global Assessment of Functioning) and personality functioning measured with the LoPF-Q 12-18 (Levels of Personality Functioning Questionnaire).

### **Results:**

AIT significantly improved adolescents' psychosocial functioning measured with the CGAS with large effect sizes  $d$  (Intention-to-treat analysis  $d = 1.24$ ; Per-Protocol analysis:  $d = 1.82$  standard deviations; compared to DBT-A:  $d = 1.73$ ). Also, LoPF-Q 12-18 personality functioning was significantly improved with large to medium effect sizes (ITT:  $d = -0.70$ ; PP:  $d = -0.90$  standard deviations; compared to DBT-A:  $d = -0.57$ ).

### **Conclusion:**

Beyond the reduction of Personality Disorder criteria, psychosocial and personality functioning should be a therapy target. AIT showed to be highly effective in improving psychosocial functioning according to the widely used CGAS score. This improvement over time could also be shown for personality functioning, measured with the self-report questionnaire LoPF-Q 12-18, speaking for its applicability as therapy outcome measure.

## Free & brief instruments for the assessment of adolescent mental health in digital formats

**Kathrin Blum**<sup>1,2</sup>, Marianne Cottin<sup>3,4,7</sup>, Jon Konjufca<sup>6</sup>, Yamil Quevedo<sup>3,4</sup>, Sylvia Kaaya<sup>5</sup>, Alex Behn<sup>3</sup>, Klaus Schmeck<sup>2</sup>, Ronan Zimmermann<sup>1,2</sup>

<sup>1</sup>Faculty of Psychology, University of Basel, Basel, Switzerland, <sup>2</sup>Child and Adolescent Psychiatric Research Department, Psychiatric University Hospitals of the University of Basel, Basel, Switzerland, <sup>3</sup>Millennium Institute for Depression and Personality Research (MIDAP), Santiago, Chile, <sup>4</sup>Department of Psychiatry East Campus, Faculty of Medicine, University of Chile, Santiago, Chile, <sup>5</sup>Muhimbili University of Health, Dar es Salaam, Tanzania, <sup>6</sup>University of Pristina, Pristina, Kosovo, <sup>7</sup>School of Psychology, Finis Terrae University, Santiago, Chile

### **Biography:**

Kathrin worked as an IT consultant and project manager for several years. She holds a Bachelor's degree in Business Informatics since 2009. Additionally, she finished her Bachelor's degree in Psychology in 2020 and is presently working towards her Master's degree in Clinical Psychology at the University of Basel in Switzerland. Kathrin is particularly fascinated by research linking psychology and IT. Furthermore, she is interested in the field of intervention research and personality disorders. Kathrin supports the MHIRA project team in Basel, where she focuses on the use of technology to increase access to care.

Adolescence is seen as a time of vulnerability when first symptoms of many mental disorders emerge. For those affected, as well as from an economic point of view, it is important to detect disorders at an early stage and to offer appropriate treatment. Currently, many treatable mental disorders remain undetected and untreated, especially in low- and middle-income countries (LMIC), so that addressing these issues in LMIC have become a priority for the global health agenda. Evidence-based assessment (EBA) can guide the process of closing this gap from identifying first symptoms to providing evidence-based treatments, progress monitoring and treatment optimization. One barrier to the adoption of EBA often is the cost of the measures. Relying on principles for digital development, the project "Mental Health Information Reporting Assistant" (MHIRA, <https://mhira-project.org/>) aims to reuse and disseminate freely available instruments within a digital platform to enable EBA in LMIC. The objective of this present review was to identify available instruments for utilization in a digital format.

Free and accessible mental health measures for adolescents for the assessment of diverse mental disorders, including personality disorders, were identified. Of the initial 116 measures, copyright information of 15 instruments clearly indicated that free digital utilization was possible. For the remaining 101 instruments, authors had to be contacted. 32 authors approved a use of their instruments, whereas 11 did not grant permission. The utilization of 14 instruments remained unclear. In 41 cases, contacting failed, so that permission cannot be assumed.

Overall, our investigation revealed a lack of copyright information which is a barrier to an utilization of the instruments and therefore interferes with the facilitation of EBA in LMIC. Notwithstanding the question if instruments are free to use in clinical practice, a comprehensive instrument repository would be beneficial to further drive EBA.

## Narrative coherence of turning point memories: Associations with psychological well-being, identity functioning, and symptoms of borderline and antisocial personality disorder

**Annabel Bogaerts<sup>1</sup>**, Elien Vanderveren<sup>2</sup>, Laurence Claes<sup>1,3</sup>, Koen Luyckx<sup>1,4</sup>, Dirk Hermans<sup>1</sup>

<sup>1</sup>Faculty of Psychology and Educational Sciences, KU Leuven, Leuven, Belgium, <sup>2</sup>Department of Clinical Psychological Science, Maastricht University, Maastricht, Netherlands, <sup>3</sup>Faculty of Medicine and Health Sciences, University Antwerp, Antwerp, Belgium, <sup>4</sup>UNIBS, University of the Free State, Bloemfontein, South-Africa

### **Biography:**

*I work as a PhD researcher at the Faculty of Psychology (Clinical Psychology research unit) of KU Leuven, Belgium. My research is focused on identity formation and how it relates to personality (disorders) in community and clinical populations.*

**Objectives.** Individuals develop a narrative identity through constructing and internalizing an evolving life story composed of significant autobiographical memories. The ability to narrate these memories in a coherent manner has been related to psychological well-being, identity functioning, and personality pathology. Previous studies have particularly focused on coherence of life story narratives, overlooking coherence of single event memories that make up the life story. The present study addressed this gap by examining associations between narrative coherence of single turning point memories and psychological well-being, identity functioning, and symptoms of borderline and antisocial personality disorder (PD).

**Methods.** Among 333 Belgian emerging adults (72.1% female; Mage = 22.56, SD = 3.13, age range = 18-30), we first examined associations of narrative coherence with well-being, identity functioning, and PD symptoms (while controlling for narrative valence) by calculating Pearson and partial correlation coefficients. Second, we performed two hierarchical regression analyses to test whether narrative coherence could predict unique variance in PD symptoms above and beyond narrative valence, gender, (1) identity functioning and (2) identity and interpersonal functioning, both considered key components of personality pathology.

**Results.** The findings showed that narrative coherence was not significantly related to psychological well-being, but yielded significant negative associations with disturbed identity functioning and antisocial PD symptoms. Furthermore, narrative coherence predicted unique variance in antisocial PD symptoms above and beyond identity functioning, but did not predict unique variance in PD symptoms above and beyond both identity and interpersonal functioning.

**Conclusions.** Collectively, these findings suggest that narrative incoherence within single event memories might be characteristic for disturbed identity functioning and antisocial personality pathology. Although caution is warranted and additional research is required, these results seem to suggest that narrative coherence and self-reported identity disturbance capture unique and distinct aspects of identity functioning in personality pathology.

## Associations and changes between individual risk and protective factors from admission to unconditional release in high-risk forensic psychiatric patients

**Prof. Dr. Stefan Bogaerts<sup>1</sup>**

<sup>1</sup>Tilburg University, , Netherlands

### **Biography:**

*Stefan Bogaerts is a full professor of developmental psychopathology and forensic psychology at Tilburg University and Fivoor. His research concerns emotion and aggression regulation in forensic patients and the effect of treatments (e.g., aggression regulation therapy, schema focus therapy, virtual reality) on the change of behavior, emotions and cognitions. In recent years, he has specialized in single case experimental designs and network analysis.*

Associations and changes between individual risk and protective factors from admission to unconditional release in high-risk forensic psychiatric patients

**Goal:** Longitudinal studies on behavioral change in forensic patients are scarce. Most research is cross-sectional and limited to the prediction of risk and protective factors in future recidivism. Insights into associations between individual risk and protective factors over time are almost non-existent. However, in dangerous forensic patients, insight in reciprocal associations between risk and protective factors and how they change over time are essential because forensic patients can only send back into society when the risk of recidivism is reduced or very low.

**Design:** In this lecture, changes in association between 14 clinical risks and protective factors are investigated over time in a group of 317 male forensic psychiatric patients who were all released from one of the Forensic Psychiatric Centers (FPC) in the Netherlands between 2004 and 2008. Two timepoints were considered, namely the time of admission to the FPC (T1) and the moment of unconditional release (T2). The time interval between these two time points on average was more than 8 years.

**Results:** In terms of network structure, the strongest risk edge was between “hostility and violation of terms” at T1, and between “hostility and impulsivity” at T2. Problem insight and crime responsibility was the strongest protective edge, and Impulsivity and coping skills was the strongest between cluster edge, at both time points, respectively. In terms of strength centrality, “cooperation with treatment” had the highest strength centrality at both measurement occasions.

**Impact:** This lecture and study expands the risk assessment field toward a better understanding of dynamic relationships between individual clinical risk and protective factors and points to the highly central risk and protective factors, which would be the best for future treatment targets.

## Mutualistic Processes in the Development of Psychopathology: The Special Case of Borderline Personality Disorder

Ms. Allie Choate<sup>1</sup>, Dr. Marina Bornovalova<sup>1</sup>, Dr. Alison Hipwell<sup>2</sup>, Dr. Kate Keenan<sup>3</sup>, Dr Tammy Chung<sup>4</sup>, Dr Stephanie Stepp<sup>2</sup>

<sup>1</sup>University Of South Florida, Tampa, United States, <sup>2</sup>University of Pittsburgh, Pittsburgh, United States, <sup>3</sup>University of Chicago, Chicago, United States, <sup>4</sup>Rutgers, The State University of New Jersey, New Brunswick, United States

### **Biography:**

Dr. Bornovalova received her PhD (2008) in Clinical Psychology from the University of Maryland, College Park, and completed her post-doctoral training in behavioral genetics, disinhibition, and substance abuse (2010) at the University of Minnesota. Dr. Bornovalova has two interconnected lines of research. First, she investigates the trajectory, course, and mechanisms (genetic and environmental) on borderline personality disorder and its comorbidity, especially with externalizing psychopathology. She also studies transdiagnostic mechanisms of impulsivity and distress tolerance in psychopathology. She has also received several grants from the National Institute of Drug Abuse, including a randomized clinical trial of a distress tolerance treatment.

Borderline personality disorder (BPD) highly co-occurs with a confluence of other mental disorders and has robust, positive associations with the general factors of psychopathology (p-factor). Consequently, some researchers have purported BPD to be a marker of p, such that the core features of BPD reflect a generalized liability to psychopathology. However, this assertion has largely stemmed from cross-sectional evidence, as few studies have examined the relationship of BPD and p longitudinally. Thus, the present study investigated the developmental progressions of BPD traits and p by examining predictions of two opposing theories. Namely, dynamic mutualism theory was compared to the common cause theory to evaluate which framework provided the best developmental account of BPD and p from adolescence into young adulthood. Data were drawn from the Pittsburgh Girls Study (PGS; N = 2,450) and included yearly self-assessments of BPD and other internalizing and externalizing indices from ages 14 to 21. Competing theories were tested using random-intercept cross-lagged panel models (RI-CLPMs) and network models. Results indicated that neither dynamic mutualism nor the common cause theory could fully explain the developmental trajectories of BPD and p; however, mutualism theory was partially supported, and significant interplay was documented between BPD and the p-factor. Furthermore, results suggested that p primarily drove changes in BPD rather than vice versa.

## Management after initial evaluation of patients with a borderline personality disorder in an emergency setting, a systematic review

**Resident Marissa Bouchard-Boivin<sup>1,2</sup>**, MD Lionel Cailhol<sup>1,2,3</sup>, MD, Resident Francis Godin<sup>1,2</sup>, Mme Marie Désilets<sup>2,3</sup>

<sup>1</sup>Université De Montréal, Montréal, Canada, <sup>2</sup>CIUSSS Est de l'île de Montréal, Montréal, Canada, <sup>3</sup>Centre de Recherche de l'institut Universitaire de Santé Mentale de Montréal, Montréal, Canada

### **Biography:**

*Marissa Bouchard-Boivin is a psychiatric resident in her 3rd of 5 years of training at University of Montreal.*

Borderline personality disorder (BPD) is frequently encountered in the emergency room, with crisis episodes accounting for up to 20% of visits relating to psychiatric issues. Suicidal behavior is also commonly seen in these patients. Some studies report that as much as 55% of patients assessed for a suicide attempt could have a BPD. Further, few guidelines are available concerning the management of these patients after initial evaluation in the emergency setting. With this systematic review we analyzed the available literature on this subject, and more specifically where these patients should be oriented, what should guide our decision and what medication should be used. We included all types of articles and book chapters to create a global review of current recommendations. After reviewing PUBMED, EMBASE, PSYCINFO and CINAHL, 795 articles were found of those 15 were retained. Our results show that when patients with BPD present in crisis, we should assess for the presence of "acute-on-chronic" suicidal risk, as well as previous suicidal attempts, the presence of comorbidities and obtain collateral information. When patients with BPD in crisis should be referred to brief crisis hospitalizations instead of standard-length hospitalizations because of the risk of regression. When necessary, atypical antipsychotics should be preferred to manage acute agitation with these patients. Finally, changes in their usual medication should be avoided in the emergency room setting. However, caution should be taken when integrating these results in practice, as the quality of the methodology for the examined articles is inconsistent. Looking forward, this review will allow us to go a step further regarding the management of patients with BPD in the emergency room setting by creating the basis for an expert's guide on this topic.



## Suicide attempts and Non-suicidal self-injury in adolescents - association between age of self-harm onset, frequency of self-harm and borderline symptoms

**Clinical Psychologist, PhD Candidate Anne Brager-larsen<sup>1</sup>**, PhD Pål Zeiner<sup>1</sup>, PhD Ole Klungsøyr<sup>2</sup>, Professor Lars Mehlum<sup>3</sup>

<sup>1</sup>Oslo University Hospital, Child And Adolescent Mental Health Research Unit, , Norway, <sup>2</sup>Oslo University Hospital, Section for treatment research, Department of Research and Innovation, Division of Mental Health and Addiction, Norway, , ,

<sup>3</sup>University of Oslo, National Centre for Suicide Research and Prevention, Institute of Clinical Medicine, Norway, ,

### **Biography:**

Anne Brager-Larsen is a clinical psychologist and PhD candidate, employed at the Child and Adolescent mental health research unit, at Oslo university hospital, in Norway. The research project is a clinical descriptive study of adolescents with recurrent self-harm behaviour. She has long experience from the child and adolescent mental health department at Oslo University hospital, and also a DBT therapist and teamleader of the Ullevål DBT team for many years.

**Background:** Self-harm in adolescents is an increasing public health concern and an important risk factor for suicide. Studies also show that covariate factors such as borderline symptoms, sexual abuse, and relationship with parents are strongly associated with both non-suicidal self-harm (NSSI) and suicide attempts. We aimed to examine how age of self-harm onset in adolescents was associated with frequency of subsequent suicidal and NSSI episodes, and how age of onset and duration of self-harm may influence the frequency of self-harm, adjusted for the covariate factors

**Method:** Data from 103 adolescents with recurrent self-harm recruited from child and adolescent psychiatric outpatient clinics were collected through clinical interviews and self-reports, and analyzed with negative binomial and hurdle models.

**Results:** A lower age of self-harm onset and a longer duration of self-harm were both significantly associated with increased frequency of subsequent episodes of NSSI and risk of a first suicide attempt. There was an increase in repeated suicide attempts when the age of onset of self-harm decreased and the duration increased, and dramatically more for long duration of NSSI before first suicide attempt. Higher scores of borderline symptoms (BSL) were significantly associated with earlier age of onset, longer duration of self-harm and higher risk of suicide attempts. A positive relationship with mother was significantly associated with a decrease in the frequency of NSSI episodes and with increasing age of onset.

**Conclusion:** Initiating self-harm behaviour at the youngest age entailed the highest frequency of NSSI and suicide attempts whereas longer duration of self-harm behaviour increased this risk even further. Borderline symptoms and relationship with mother were important factors that affected the association between age of onset and frequency of NSSI and suicide attempt. The findings underline the importance of early identification of self-harm behaviour in adolescents, and the use of effective interventions.

## Institutional Atmosphere Management in Long-term Forensic Psychiatric Care in the Netherlands

Drs Peter Braun<sup>2</sup>

<sup>1</sup>P.C.Braun Psychotherapie en Advies, Heeze, Netherlands, <sup>2</sup>Pompestichting, Zeeland (gem. Landerd), Netherlands

### **Biography:**

Psychologist from Radboud University in Nijmegen (Netherlands) and Psychotherapist.

Psychologist/Psychotherapist in Forensic Psychiatry in clinical mandatory treatment in High Security Clinics in the Netherlands: GGzEindhoven (22 years), De Rooyse Wissel (Venray 6 years) and Pompestichting (15 years). Independent Assessor for the court.

Retired from clinical work in 2021.

Chair of European COST Action IS 1302 Towards a European Research Network on (Long-term) Forensic Psychiatric Care.

*Research efforts in Long-term forensic psychiatric Care and several publications on Quality of Life. Co-editor of "Longterm Forensic Psychiatric Care" (Editors Völlm & Braun, Springer 2019)*

In the Netherlands, offenders with a mental disorder related to the offence for which they are convicted, can receive different types of forensic psychiatric treatment. When, after several serious treatment attempts in different specialized forensic psychiatric centers, the risk is not reduced to an acceptable level, the mandatory treatment aimed at resocialization into society can be changed into long-term forensic care. This is a specialization within what is called in Dutch TBS (ter beschikking stelling), the most severe type of mandatory treatment.

In the only forensic center in the Netherlands that offer this type of treatment, we experienced the enormous influence of managing the (therapeutic) environment on the psychological and psychiatric level of well-being of these long-term forensic psychiatric patients, of which about 40% are diagnosed with a personality disorder.

After many years (since 2006) of trial and error and application of insights from all kinds of institutions where people stay for a long time (prisons, nursing homes, monasteries and of course psychiatric clinics), a method of "environmental technology" developed, which was relatively successful for the patients that were admitted. The Newsletter of the Dutch Advisory Board on Longterm Forensic Psychiatric Care reveals that from February 2011 until November 2019 about 50% of the residents of the Long-term facility of the Pompefoundation were outplaced to a lower security-level

The way this seems to work and developments regarding the research in this field were discussed during a four-year EU COST Action (2013 – 2017), where researchers and clinicians as well as lawyers from 19 countries joined in. This research network offered contacts all over Europe and several international and inter-institutional research efforts have since been published. The basic principles of the way the environment of the longterm forensic psychiatric patients can be influenced will be explained, realizing this is "work-in-progress".

## Work-family Conflict and Parental Burnout: Investigating the Role of Both Mothers' and Fathers' Self-critical Perfectionism and Emotional Dysregulation

**Prof. Katrijn Brenning<sup>1</sup>**, Prof. Dr. Barbara De Clercq, Prof. Dr. Bart Soenens

<sup>1</sup>Ghent University, , Belgium

### **Biography:**

*Katrijn Brenning is a Postdoctoral researcher and Professor at the Department of Developmental, Personality and Social Psychology at Ghent University, Belgium. She received her Ph.D. in 2012. Her major research interests include attachment, emotion regulation and parenting.*

**Objectives:** Research on parental adjustment increasingly focuses on parental burnout, a condition characteristic of parents who feel depleted in their parenting role, which increases the risk for mental health problems and dysfunctional interactions with their children (see e.g. Mikolajczak, Gross, & Roskam, 2019). Research has also shown a strong linkage between parental burnout and work-family conflict. Parents are more likely to be exhausted when they strongly struggle to find a balance between work and family life. The present study aimed to gain deeper insight in the reasons why work-family conflict and parental burnout co-occur. More specifically, we examined (a) the role of self-critical perfectionism in work-family conflict and parental burnout, and (b) the role of emotional dysregulation as an intervening variable in this associations between self-critical perfectionism and both domains of parental functioning.

**Method:** Both mothers (N = 116) and fathers (N = 102) of an adolescent child participated in this study. Parents' reports on self-critical perfectionism, emotional dysregulation and parental experiences were examined using structural equation modeling.

**Results:** Self-critical perfectionism was associated with both work-family conflict and parental burnout, and emotional dysregulation played an intervening role in this link between self-critical perfectionism and both domains of parental functioning. The results of the Actor Partner Interdependence Model showed a significant partner-effect between paternal self-critical perfectionism and maternal work-family conflict, and between maternal self-critical perfectionism and paternal burnout.

**Conclusions:** The findings underscore the risks of self-critical perfectionism for both mothers' and fathers' parenthood experiences and the role of emotional dysregulation in these risks. Emotion regulation and self-critical perfectionism may represent interesting targets for future prevention and intervention research with regard to parental ill-being.

## Further Validation of the ICD-11 Personality Disorder Severity Scale (PDS-ICD-11) in a Community Mental Health Sample

**Tiffany Brown**<sup>1</sup>, Dr Bo Bach<sup>2</sup>, Professor Martin Sellbom<sup>1</sup>

<sup>1</sup>Department of Psychology, University of Otago, Dunedin, New Zealand, <sup>2</sup>Psychiatric Research Unit, Center for Personality Disorder Research, Region Zealand, Denmark

### **Biography:**

*Tiffany Brown is a Doctoral candidate and clinical psychology student at the University of Otago, Dunedin, New Zealand. Tiffany's research focuses on the dimensional assessment of Personality Disorders, specifically examining the ICD-11 and DSM-5 AMPD models of Personality Disorders.*

**Objectives:** The ICD-11 Personality Disorder (PD) diagnosis has adopted an entirely dimensional model, with PD diagnoses according to personality impairment severity. The Personality Disorder Severity ICD-11 (PDS-ICD-11; Bach et al., 2021) scale was recently developed to measure symptoms of the ICD-11 model of PD severity. We set out to further evaluate the PDS-ICD-11 against both clinician ratings and other self-report measures of personality impairment.

**Method:** Semi-structured (Semi-structured Interview for Personality Functioning DSM-5 [STiP 5.1]; Hutsebaut et al., 2015) and structured clinical interviews (Structure Clinical Interview for DSM-5 Axis II Personality Disorders [SCID-II-PD]; First et al., 2004) were conducted with a New Zealand community mental health sample (N=150), to ascertain ICD-11 PD diagnoses and DSM-5 Section II PD diagnoses. Participants then completed the PDS-ICD-11 scale alongside other self-report measures of personality impairment (Levels of Personality Functioning Scale -Brief Form [LPFS-BF] 2.0, Weekers et al., 2019; Standardised Assessment of Severity of Personality Disorder [SASPD], Olajide et al., 2018).

**Results:** PDS-ICD-11 total scores exhibited a large correlation with clinician-rated ICD-11 PD diagnosis severity level, as well as moderate to large associations with STiP 5.1 total and facet level impairment scores. PDS-ICD-11 scores evidenced more varied associations with traditional DSM-5 PD symptoms, with the largest correlation being with Borderline PD symptom counts, in contrast to several PDs with which no significant associations were observed (e.g., Antisocial, Schizoid and Obsessive-Compulsive PDs). Moderate to large associations were also observed between the PDS-ICD-11 and the SASPD and LPFS-BF total and facet impairment scores, with the exception of LPFS-BF Empathy.

**Conclusions:** The PDS-ICD-11 shows promise as a useful tool for the brief assessment of personality impairment according to the current ICD-11 PD severity guidelines.

## Clinical Use of the LPFS: Experiences from the Nor-AMP Study

**MD, PhD Tore Buer Christensen<sup>1</sup>**

<sup>1</sup>*Sørlandet Sykehus Arendal, , Norway*

### **Biography:**

*Tore Buer Christensen is a senior consultant and researcher. For the last twenty years, his daily work has been in an acute psychiatric ward*

**Objectives:** As we all know from clinical practice, there is enormous variability in manifestations of personality disorders. Hence, we need a system taking into account the heterogeneity of personality pathology to facilitate individualized treatment and to guide level of treatment. The Level of Personality Functioning Scale (LPFS) in the Alternative Model for Personality Disorders (AMPD) in DSM-5 is one measure of PD severity, based on common features across personality and PDs. This presentation examines the impact of the LPFS on patients who participated in an AMPD study.

**Method:** In the Norwegian study of the AMPD (Nor-AMP), we evaluated the LPFS through the SCID-5-AMPD Module I in 282 patients (192 with a PD). The AMPD distinguishes severity (LPFS, or Criterion A) of personality pathology from traits, Criterion B). This is regarded as an improvement over the traditional categorical system, where high severity often could lead to multiple PD diagnoses. The LPFS captures impairment in self and interpersonal impairment (the four domains, 12 subdomains).

**Results:** Immediately after the interviews were finished, the results were discussed with each participant. Patients communicated an appreciation for the kinds of questions they were asked and responded well to discussion of aspects of personality functioning using the LPFS language. In this presentation I share some of these experiences, with specific examples representing patients within three important PD categories: Borderline, Avoidant and Antisocial PD.

**Conclusions:** According to our experience, by not presenting just a total score, or a diagnostic label, the unique profile of personality functioning for every single patient served as excellent ground for communicating PD pathology in a way that provides meaning for the patient and arouses the patient's interest and understanding.

## Insomnia, suicide and cluster B personality disorder

Md, Phd Lionel Cailhol<sup>1</sup>

<sup>1</sup>Iusmm, , Canada

### **Biography:**

*Dr Cailhol MD, PhD completed his training in France and Switzerland. The training included psychiatry, psychotherapy and clinical research. He has worked in universities, specialized and general hospitals in France, Switzerland and Canada. He has done research on BPD treatments (epidemiology, clinical studies). In his current position, he is professor at Montreal University and associated researcher at the research center of the Montreal Institute of Mental Health. He works as a clinician in the specialized outpatient program of the center.*

BPD is characterized by severity in terms of morbidity, functioning, societal cost and mortality. Of these severity elements, suicide is the leading cause of death in this group. Several factors would explain the link between PD and suicide. These factors help define higher-risk groups and adjust therapeutic strategies. Suicidal risk factors include comorbidities. Anxiety and depressive disorders are recognized as contributing factors to suicide. Similarly, substance abuse or addictions also contribute to raising this risk.

More recently, sleep disorders have been recognized as a risk factor for suicide. Comorbid insomnia to PD would increase the suicidal risk associated with PD. At the same time, sleep disorders are common in this population and are like those observed in depression. In addition, it is noticeable that these sleep disorders are associated with lower remission rate of BPD and may contribute to the general poor physical health of this population.

For some authors, insomnia is a mediator between TP and suicidal risk. In this case, sleep disorder, by aggravating emotional deregulation, would increase suicidal thoughts and/or suicide. Most sleep disorders, due to induced sleep deprivation, could impair several neuropsychological functions and thus promote suicide. Another hypothesis is that sleep disorders and suicide are triggered by a common factor. For example, substance use disorders are common in this population and influence their sleep. Substance-related disorders would aggravate both PD and suicidal risk. These two hypotheses (mediation by comorbidity or dysregulation) are not mutually exclusive.

In this section of the symposium, we will present a literature review on the subject and results on a pilot study.

## Neural Biomarkers of Response Inhibition in Borderline Personality Disorder and Major Depressive Disorder and Associations with Disinhibited Personality Traits

**Cody Cane<sup>1</sup>**, Dr. Andy C H Lee<sup>1</sup>, Dr. Anthony Ruocco<sup>1</sup>

<sup>1</sup>University of Toronto Scarborough, Toronto, Canada

### **Biography:**

*Cody is a Master's student in the Clinical Psychology program at University of Toronto Scarborough. He graduated with his undergraduate degree in Cognitive Science from Carleton University. His current research focuses on the associations of neuroimaging biomarkers of response inhibition with pathological personality traits.*

**Objective:** The aim of present study was to investigate differences in response inhibition-related brain activation between individuals with borderline personality disorder (BPD) who have comorbid major depressive disorder (MDD) and those with MDD alone, and compared to controls with neither diagnosis. We also explored associations between individual differences in disinhibited personality traits and activation in brain regions involved in response inhibition.

**Methods:** Functional magnetic resonance imaging (fMRI) data were acquired from 64 female participants: 20 had diagnoses of MDD and BPD, 20 with MDD but not BPD, and 24 controls with neither diagnosis. During fMRI scanning, participants were administered a Go/No-Go task to examine brain regions involved in response inhibition. To assess disinhibition, participants completed the Personality Inventory for ICD-11.

**Results:** No significant group differences in response inhibition-related brain activation at the whole-brain level were detected across the participant groups. Individual differences analyses relating disinhibition and brain activation in regions of interest will be explored.

**Conclusion:** These preliminary findings suggest no differences in brain activation underlying response inhibition between MDD participants with or without BPD, and compared to controls. Individual differences analyses linking pathological personality traits and brain activation may support dimensional approaches to identifying biomarkers of personality psychopathology.

## Good Psychiatric Management for Adolescents (GPM-A): Clinical Intervention for Personality Disorders Early

Dr. Teresa Carreno<sup>1</sup>

<sup>1</sup>*1, Miami, United States*

### **Biography:**

*Teresa Carreño, MD is a child, adolescent and adult psychiatrist, and a voluntary clinical assistant professor at the University of Miami Miller School of Medicine in the department of psychiatry. She is an official GPM trainer and participated in the adaptation of GPM to treat adolescents. She has interest and training in different modalities including MBT and TFP. She has been treating patients in her private practice for 25 years*

**Objectives:** Suicidality and non-suicidal self-harm are serious and common symptoms in Borderline Personality Disorder (BPD). Good Psychiatric Management for Adolescents (GPM-A) offers an effective generalist treatment approach to these symptoms thereby addressing a serious source of morbidity and mortality in this population.

**Method:** BPD's interpersonal coherence, the theoretical underpinning of an approach to suicidality and non-suicidal self-harm, ten steps in managing safety to try to prevent suicide, the importance of family involvement in suicidal behavior, an approach to adolescent self-injury in BPD and guidelines to managing safety after the crisis are summarized.

**Results:** Suicidality and self-harm are important target symptoms in the treatment of BPD in adolescents. A specific approach based on an understanding of BPD as a problem with interpersonal hypersensitivity can be implemented by generalist practitioners to try to prevent teen suicide in this population.

**Conclusions:** Good Psychiatric Management for Adolescents (GPM-A) offers an approach to suicidality in adolescents who suffer from BPD that can be implemented by generalists, thereby increasing accessibility of care for this important cause of morbidity and mortality in this population.



## A PROPOSAL FOR THE THERAPEUTIC APPROACH OF PERSONALITY DISORDERS, FROM THE FRAMEWORK OF EXTENDED POSRATIONALISM A THEORETICAL REVIEW

Carlos Castillo<sup>1</sup>

<sup>1</sup>Center For Posrationalist Studies, Santiago, Chile

### **Biography:**

*Founder and director of the center for studies on post-rationalism, researcher in thematic of attachment, mentalization, and personal identity, psychotherapeutic processes and results. with various posttitles in the named topics. Made presentation at conferences, participation in graduate classes, participation in book chapters, psychotherapist and case supervisor.*

### A PROPOSAL FOR THE THERAPEUTIC APPROACH OF PERSONALITY DISORDERS, FROM THE FRAMEWORK OF EXTENDED POSRATIONALISM A THEORETICAL REVIEW

Carlos Castillo Corral (carlos.castillo1@mail.udp.cl), School of Psychology, University Diego Portales (UDP); Center for Posrationalist Studiez (CPS).

**Background:** The post-rationalist model has seen significant changes since its conceptualization and development in late 70's, however, as a fundamental basis it can be conceptualized as a model of psychotherapy that works with the person, the experience and therefore the personal identity. **Objective:** compare the premises of the post-rationalist model, and analyze whether it is effective for the treatment of personality disorders. **Method:** analysis and revision of the literature regarding the efficacy of treatments, and comparison of the premises of the model. **Discussion:** Whose premises and theoretical approaches were quite advanced for their time and according to current psychotherapy research, still relevant in addition to efficacy for the treatment of these patients. In addition, when considering the fundamental pillars addressed by a first stage of post-rationalism, developing a complex vision of attachment as a configurator of personal identity, affectivity as an integrating system of experience, the understanding of the stabilization of personal identity, the therapeutic stance, as well. such as the incorporation of the mentalization theory as well as its modification by extended post-rationalism, show numerous precedents by current research that are shown to be effective for the treatment of these patients. **Conclusion:** In this way, this paper addresses an analysis and revision of the theoretical postulates associated with post-rationalism especially the proposal developed by Juan Balbi, contrasting it with current research in psychotherapy, as well as pointing out how and why it corresponds to a good work proposal for patients with personality disorder.

**Key Words:** Posrationalism, Personality Disorders, Treatment, Psychotherapy.

## Early intervention for adolescents with borderline personality disorder: Does age matter?

**Dr Marialuisa Cavelti<sup>1</sup>**, B.Sc. Madelyn Thompson, Dr Stefan Lerch, PD Dr Julian Koenig, Dr Corinna Reichl, Prof Michael Kaess

<sup>1</sup>University Hospital For Child And Adolescence Psychiatry And Psychotherapy, University of Bern, Bern, Switzerland

### **Biography:**

*Marialuisa Cavelti, PhD, is a clinical psychologist and deputy head of research at the University Hospital for Child and Adolescent Psychiatry and Psychotherapy, University of Bern, Switzerland. Her main interest and expertise is in borderline personality disorder in young people and psychotic symptoms across diagnostic groups.*

**Objectives:** There is increasing evidence that borderline personality disorder (BPD) is a valid and reliable diagnosis in adolescence and that structured psychological treatments for young people with sub-threshold borderline pathology or with a first manifestation of BPD ("early intervention") are effective. However, little is known about the age at which adolescents benefit from treatment. This study investigated whether age affects the effectiveness of early intervention for BPD.

**Method:** 672 patients (mean age: 15.02 years; 82.5% female) were recruited from a specialized outpatient service for adolescents aged between 12 and 17 years with risk-taking and self-injurious behavior. The service provides comprehensive diagnostic assessment of BPD features and evidence-based therapeutic intervention for adolescents with emerging BPD. DSM-IV BPD criteria were assessed at baseline, one-year (n=329) and two-year (n= 239) follow-up.

**Results:** A mixed-effects binomial linear regression analysis revealed that older adolescents presented with more BPD criteria and showed a steeper decline of BPD criteria over the two-year course compared with younger adolescents who presented with less borderline pathology and remained stable over time. A non-linear mixed-effects regression with parameterized functions was conducted to disentangle treatment effects from the natural course of BPD and revealed that therapy decreased borderline pathology significantly more than could be expected due to the natural attenuation of symptoms with increasing age in older adolescents and prevented the normative increase of borderline pathology expected in younger adolescents.

**Conclusions:** Early intervention for BPD was effective for all ages, but therapy effects presented differently depending on age. The question arises whether developmentally adapted therapeutic interventions could lead to increased benefit for younger adolescents who did not show an increase in BPD symptoms, but neither did they show a decrease in BPD symptoms.

## Treatment of Adults with a Dual Diagnosis of Borderline Personality Disorder and Posttraumatic Stress Disorder. Results from an RCT

**PhD Nikolaus Kleindienst<sup>1</sup>**, PhD Regina Steil<sup>2</sup>, PhD Kathlen Priebe<sup>3</sup>, PhD Thomas Fydrich<sup>3</sup>, MD, PhD Martin Bohus<sup>1,4</sup>

<sup>1</sup>*Institute of Psychiatric and Psychosomatic Psychotherapy, Central Institute of Mental Health Mannheim, Medical Faculty Mannheim, Heidelberg University, , Germany,* <sup>2</sup>*Department of Clinical Psychology and Psychotherapy, Institute of Psychology, Goethe University Frankfurt am Main, Frankfurt am Main, , Germany,* <sup>3</sup>*Institute of Psychology, Faculty of Life Sciences, Humboldt-University, Berlin, , Germany,* <sup>4</sup>*McLean Hospital, Harvard Medical School, Boston, Boston, USA*

### **Biography:**

*Statistician, lecturer in experimental psychiatry*

**Objective:** About half of the individuals seeking treatment for borderline personality disorder (BPD) present with co-occurring posttraumatic stress disorder (PTSD) and require treatment for both their BPD- and PTSD-symptoms. Despite the clinical relevance of the combined diagnosis (BPD+PTSD), no treatment proved to be efficacious for simultaneously treating the full spectrum of core-symptoms of BPD+PTSD. Accordingly, we assessed the multidimensional efficacy of Dialectical Behavior Therapy for PTSD (DBT-PTSD) versus Cognitive Processing Therapy (CPT) in patients diagnosed with BPD plus PTSD.

**Method:** The study included 93 women with BPD plus CA-related PTSD (DSM-5) previously randomized to DBT-PTSD or CPT within a larger clinical trial (registration number DRKS00005578 at DRKS). Outcome evaluation included the Clinician-Administered PTSD Scale (CAPS-5), the Borderline Symptom List (BSL-23), and validated scales assessing dissociation, depression, and global functioning. Intent-to-treat analyses based on mixed models were used as the primary analytic strategy.

**Results:** PTSD- and BPD-symptoms decreased in both groups. Pre-post effect-sizes for PTSD-symptoms were  $d=1.20$  (95%-CI: 0.80-1.58) for DBT-PTSD, and  $d=0.90$  (95%-CI: 0.57-1.22) for CPT. Effect-sizes for BPD-symptoms were large in the DBT-PTSD group ( $d=1.17$ , 95%-CI: 0.77-1.55) and medium in the CPT group ( $d=0.50$ , 95%-CI: 0.20-0.79). Between-group comparisons significantly favored DBT-PTSD for symptoms of PTSD, BPD, and dissociation. Between-group differences regarding depression and global functioning were not significant.

**Conclusion:** Both DBT-PTSD and CPT emerged as promising treatment options for addressing the core-symptoms in patients diagnosed with BPD+PTSD. Since participants randomized to DBT-PTSD improved more with respect to both BPD- and PTSD-symptoms, DBT-PTSD received additional support for simultaneously treating the full spectrum of core-symptoms of BPD+PTSD.

## Staged care for personality disorder in young people: getting it right the first time

**Prof. Andrew Chanen<sup>1,2</sup>**

<sup>1</sup>Orygen, Melbourne, Australia, <sup>2</sup>The University of Melbourne, Melbourne, Australia

### **Biography:**

*Andrew Chanen is Director of Clinical Programs and Services and Head of Personality Disorder Research at Orygen in Melbourne, Australia. He is also a Professorial Fellow at the Centre for Youth Mental Health, The University of Melbourne. Andrew's clinical, research and knowledge translation interests lie in prevention and early intervention for severe mental disorders, principally personality disorder, along with mood and psychotic disorders. He established and directs the Helping Young People Early (HYPE) prevention and early intervention program for severe personality disorder in young people. He is a Past President of the ISSPD.*

Stepped care is poorly suited to prevention and early intervention for personality disorder because of its reliance on high diagnostic thresholds for entry into services and because intensification of care is based upon sequential 'failures' that only serve to delay timely and effective care and to entrench disability. Moreover, a narrow focus upon personality pathology ignores the diffuse nature of emerging psychopathology and a high degree of developmental heterotopy among young people (aged 12-25 years) presenting to clinical services for care for the first time. In contrast, a 'staged care' model of early intervention aims to match an individual's stage of illness to the intensity of intervention, acknowledging the dimensional nature of clinical phenotypes and that there is no clear-cut demarcation between the presence and absence of mental disorder, while retaining thresholds for introducing specific interventions. This model aims to offer timely care to all those in need, across all stages of disorder, and is fully integrated into mainstream youth mental health services. Data underpinning the development and evolution of the model will be presented, along with progress on its implementation across the population of 300,000 young people (aged 12-25 years) living in the western region of metropolitan Melbourne, Australia.

## Overcoming five barriers to achieving early intervention for personality disorder

**Prof. Andrew Chanen<sup>1,2</sup>**

<sup>1</sup>Orygen, Melbourne, Australia, <sup>2</sup>The University of Melbourne, Melbourne, Australia

### ***Biography:***

*Andrew Chanen is Director of Clinical Programs and Services and Head of Personality Disorder Research at Orygen in Melbourne, Australia. He is also a Professorial Fellow at the Centre for Youth Mental Health, The University of Melbourne. Andrew's clinical, research and knowledge translation interests lie in prevention and early intervention for severe mental disorders, principally personality disorder, along with mood and psychotic disorders. He established and directs the Helping Young People Early (HYPE) prevention and early intervention program for severe personality disorder in young people. He is a Past President of the ISSPD*

Despite global consensus regarding the early detection of personality disorder, current approaches to early intervention have failed to deliver for the majority of young people. This only serves to reinforce the enduring effects of personality disorder on functioning, mental and physical health, resulting in a reduction of quality of life and life expectancy. Five barriers must be overcome in order to deliver on the promise of prevention and early intervention for personality disorder: identification, access to treatment, research translation, innovation and functional recovery. These challenges highlight the need for early intervention to shift from niche programmes in specialist services for a select few young people to become established in mainstream primary care and specialist youth mental health services.

## Mindful Compassion for Perfectionism in Personality Pathology: A Feasibility Study of a Group Psychotherapy

**Dr. Simone Cheli<sup>1</sup>**, Dr. Veronica Cavalletti<sup>2</sup>, Prof. Paul Hewitt<sup>3</sup>

<sup>1</sup>University of Florence, Florence, Italy, <sup>2</sup>Tages Charity, Florence, , <sup>3</sup>University of British Columbia, Vancouver, Canada

### **Biography:**

*Simone Cheli is adjunct professor at the School of Human Health Sciences, University of Florence, clinical psychologist at the Central Tuscany Health Trust. He is also the founding president of Tages Onlus, a charity member of the Mental Health Europe. His main scientific interests are in the application of Compassion Focused Therapy and Metacognitively Oriented Psychotherapy in personality pathology.*

**INTRODUCTION:** Perfectionism is considered a multidimensional and transdiagnostic personality style that can occur in severe forms of personality disorders. The aim of this study is to present the preliminary results of two ongoing researches: (Study-1) a case study on a specifically designed mindful compassion group for patients in remission from a diagnosis of personality disorder; (Study-2) a cross-sectional study on young adults focused on measures of perfectionism and self-criticism.

**METHODS:** We discuss the rationale and the intervention of Study-1 (n=5), reporting the reliable change index at perfectionistic traits. In Study-2 (n=1171) we explore the moderating role of self-criticism and fear of compassion in the relation between automatic perfectionistic cognition and depression.

**RESULTS:** At post-assessment of Study-1, the perfectionistic dimensions that had shown the highest scores at the pre-assessment exhibited a reliable change. Neither adverse events nor drop-outs were reported. Participants confirmed high acceptability and positive outcomes in terms of developing new healthy strategies. Study-2 highlighted how the relation between perfectionistic cognitions and depression was moderated by self-criticism, and how fear of others' compassion moderated the relation between perfectionistic cognitions and self-criticism.

**CONCLUSION:** Study-1 and Study-2 highlight how targeting self-criticism may be an effective strategy in reducing depression in persons with prominent perfectionistic traits. A group intervention aimed at integrating mindful compassion and the perfectionism social disconnection model seemingly reports promising results. Further researches are needed in order to confirm the suitability of the intervention.

## Compassion and Metacognition Based Therapy for Schizotypal Personality Disorder: Rationale and Preliminary Results of a Randomized Controlled Trial.

**Dr. Simone Cheli**<sup>1</sup>, Dr. Veronica Cavalletti<sup>2</sup>, Dr. Francesco Velicogna<sup>3</sup>, Prof. Gil Goldzweig<sup>4</sup>

<sup>1</sup>University of Florence, Florence, Italy, <sup>2</sup>Tages Charity, Florence, Italy, <sup>3</sup>Institute of Constructivist Psychology, Padua, Italy, <sup>4</sup>The Academic College of Tel Aviv - Yaffo, Tel Aviv, Israel

### **Biography:**

*Simone Cheli is adjunct professor at the School of Human Health Sciences, University of Florence, clinical psychologist at the Central Tuscany Health Trust. He is also the founding president of Tages Onlus, a charity member of the Mental Health Europe. His main scientific interests are in the application of Compassion Focused Therapy and Metacognitively Oriented Psychotherapy in personality pathology.*

**INTRODUCTION:** A growing body of research suggests that many diagnosed with personality disorders and psychosis experience deficits in metacognition or the ability to form integrated ideas about themselves and others. They also struggle to regulate their brain's evolved systems for decoding and responding to communication signals. Schizotypal Personality Disorder (SPD), a severe mental condition at the crossroads between personality disorder and psychosis, is an understudied area of psychopathology that we suggest considering through these deficits in metacognition and socially evolved systems. We outlined a tailored integrative psychotherapy that is aimed at recovering metacognitive functioning and compassion for one's own distress, as a way to strengthen ability to generate a self-soothing response to suffering.

**METHODS:** We review the quantitative and qualitative data of two studies where we alternatively tested metacognitively oriented psychotherapy (MOP) and compassion focused therapy (CFT) with patients diagnosed with SPD (n=21). We describe the rationale and the protocol of a newly developed integrative therapy for SPD, reporting the preliminary results (n=14) of a randomized controlled trial (registered on ClinicalTrials.gov).

**RESULTS:** MOP and CFT reported no adverse events and reliable changes at the end of both 6-month and 12-month interventions. Qualitative analysis of transcripts and clients' feedbacks highlighted the need for a tailored integration of experiential and narrative techniques. The research design and the manualized procedure of the randomized controlled trial are rooted in such outcomes, whose preliminary results are promising in terms of reduction of general symptoms and schizotypal traits.

**CONCLUSION:** An integration of MOP and CFT may be a safe and effective intervention for patients diagnosed with SPD. Pre-post changes in metacognition and self-compassion seem to confirm the role of these processes in maintaining the personality pathology. Future results of the ongoing randomized controlled trial may confirm the supposed effectiveness.

## Good enough psychiatric management for narcissistic personality disorder

**Director, Gunderson Personality Disorders Institute Lois Choi-Kain<sup>1</sup>**

<sup>1</sup>*McLean Hospital- Harvard Medical School, , United States*

### **Biography:**

*Lois Choi-Kain is currently the Director of the Gunderson Personality Disorders Institute (GPDI), a center of training for empirically supported treatments for borderline personality disorder (BPD) and research on outcomes as well as the social cognitive mechanisms targeted in these interventions. Choi-Kain's aim as a researcher is to expand the scope of effective interventions for BPD as a regular fixture of routine mental health care, to allow earlier intervention and facilitation of recovery before the burdens of illness too greatly diminish developmental opportunities critical to fostering healthy personality functioning.*

**Objective:** Narcissistic personality disorder (NPD) is the new BPD of our current era. While enormous progress has been made to elucidate the psychopathology, longitudinal course, and effective treatment for BPD in the last three decades, NPD remains as similarly stigmatized and poorly understood as BPD once was. The prevalence of meeting full symptom criteria for NPD in general population is as high as 6%, in the largest epidemiologic study of personality disorders completed to date. When readjusted to account subjective distress and functional impairment this figure deflates to 1% for NPD. All people will develop narcissistic issues developmentally across the lifespan, and some will develop a personality style resonant of the criteria of NPD, and just a small fraction of those will have clinically diagnosable NPD. This speaks to the distinction between the broad concept of pathological narcissism, defined as maladaptive patterns of regulation of self-esteem (Reich, 1960), versus the narrower concept of NPD as defined in DSM-5.

**Methods:** There exists also a gap between the specifically tailored psychotherapeutic interventions for NPD and what the majority of mental and general health care professionals can do to best care for these patients. An effort to inform basic or generalist care by the majority of mental health professionals working in the majority of mental health settings is critically needed.

**Results:** Good Psychiatric Management is a pragmatic clinical management approach that infuses fundamental tasks—such as diagnostic disclosure, psychoeducation, goal setting, managing suicidality, conservative pharmacology, management of co-occurring disorders, and integration with other forms of care (i.e. groups and family therapy)—with up-to-date expert knowledge on NPD.

**Conclusion:** These generalist approaches provide a general case management framework for working with personality disorder in a basic reasoned and informed clinical fashion.



## Differential trajectories of change in intensive residential treatment for borderline personality disorder: Subtyping what works for whom

**Director, Gunderson Personality Disorders Institute Lois Choi-Kain<sup>1,2</sup>**

<sup>1</sup>McLean Hospital, Belmont, United States, <sup>2</sup>Harvard Medical School, Boston, United States

### **Biography:**

*Lois Choi-Kain is currently the Director of the Gunderson Personality Disorders Institute (GPDI), a center of training for empirically supported treatments for borderline personality disorder (BPD) and research on outcomes as well as the social cognitive mechanisms targeted in these interventions. Choi-Kain's aim as a researcher is to expand the scope of effective interventions for BPD as a regular fixture of routine mental health care, to allow earlier intervention and facilitation of recovery before the burdens of illness too greatly diminish developmental opportunities critical to fostering healthy personality functioning.*

**Objectives:** While many different psychotherapeutic approaches are proven effective for the treatment of BPD, it is unclear how much intensity and specialization is required to achieve adequate clinical outcomes. Emerging evidence suggests different patients respond differently to treatments. This report will investigate trajectories of clinical responsiveness to an integrative residential treatment program for BPD and its usual comorbidities.

**Methods:** Participants were 217 female patients consecutively admitted to a residential program for BPD over the span of 7 years. Using clinical tracking measures administered every 2-4 weeks, self-reported assessment of BPD, general psychiatric functioning, and depression were analysed from baseline measurement to discharge. Using longitudinal clustering methods, subtypes of patients responses was performed with characterization of baseline features defining each group.

**Results:** Two major patterns of response in terms of BPD symptoms emerged. A cluster characterized by high baseline scores and relatively stable decrease in symptoms contrasted from one with a lower baseline in terms of symptom severity that showed less significant change. Baseline BPD severity predicted cluster membership. There were also two clusters in terms of depression and general psychiatric functioning, where baseline scores in all three measures combined to lend prediction to cluster membership.

**Conclusions:** This study of treatment trajectories within an intensive residential program for BPD yielded insight regarding what works for whom. Treating patients immediately with high baseline severity of scores appears to predict the most steep trajectory of change towards stability.

## Interpersonal Hypersensitivity as Core Problem for Adolescents with Emerging BPD

Director, Gunderson Personality Disorders Institute Lois Choi-Kain<sup>1</sup>

<sup>1</sup>*McLean Hospital- Harvard Medical School, , United States*

### **Biography:**

*Lois Choi-Kain is currently the Director of the Gunderson Personality Disorders Institute (GPDI), a center of training for empirically supported treatments for borderline personality disorder (BPD) and research on outcomes as well as the social cognitive mechanisms targeted in these interventions. Choi-Kain's aim as a researcher is to expand the scope of effective interventions for BPD as a regular fixture of routine mental health care, to allow earlier intervention and facilitation of recovery before the burdens of illness too greatly diminish developmental opportunities critical to fostering healthy personality functioning.*

**Objective:** Interpersonal hypersensitivity is a transdiagnostic concept that bridges different aspects of personality dysfunction. This talk will describe the good psychiatric management (GPM) formulation of BPD as a general form of personality psychopathology which can be understood according to a formulation of how interpersonal hypersensitivity influences BPD's sectors of symptoms.

**Methods:** We will review the empirical basis for the interpersonal hypersensitivity theory of BPD, how it relates to diagnostic features, course, and treatments. Psychoeducational, clinical management, and psychotherapeutic approaches using this formulation will be described.

**Results:** This talk will provide a basic approach that most clinicians can use fundamentally to orient patients with emerging personality disorder to treatment, regardless of whether or not more specialized care is pursued.

**Conclusion:** Interpersonal hypersensitivity is a facet of personality functioning that defines BPD according to GPM-A. Using this GPM-A formulation, clinicians can instruct and assist young people with understanding their problems and better navigate their social worlds.

## Debranding treatment for borderline personality disorder: Good Psychiatric Management as a means for equitable care

Director, Gunderson Personality Disorders Institute Lois Choi-Kain<sup>1,2</sup>

<sup>1</sup>McLean Hospital, Belmont, United States, <sup>2</sup>Harvard Medical School, Boston, United States

### **Biography:**

*Lois Choi-Kain is currently the Director of the Gunderson Personality Disorders Institute (GPDI), a center of training for empirically supported treatments for borderline personality disorder (BPD) and research on outcomes as well as the social cognitive mechanisms targeted in these interventions. Choi-Kain's aim as a researcher is to expand the scope of effective interventions for BPD as a regular fixture of routine mental health care, to allow earlier intervention and facilitation of recovery before the burdens of illness too greatly diminish developmental opportunities critical to fostering healthy personality functioning.*

**Objective:** The progress in the treatment of borderline personality disorder (BPD) has been achieved at the cost of just distribution of training and care for those who need it most. This presentation will discuss the use of good psychiatric management (GPM) as an effort to create generic options of care for patients with BPD and the clinicians who treat them. **Methods:** I will review the literature and evidence that supports the use of GPM and the effects of GPM training on clinician practice. **Results:** GPM has moderate evidence for its use, is taught via established effective training systems, follows guidelines of care set by the American Psychiatric Association, and most importantly meets a crucial need not otherwise met. **Conclusion:** Good enough evidence supports the use of GPM training and treatment for BPD care. We need to question our resistance to not doing more for clinicians and patients who cannot access the intensive specialist approaches.

## Relations among Psychoticism Traits of the Alternative Model of Personality Disorders and the Thought Disorder Spectrum of the Hierarchical Taxonomy of Psychopathology

**Associate Professor David Cicero<sup>1</sup>**

<sup>1</sup>*University Of North Texas, Denton, United States*

### ***Biography:***

*David Cicero is an associate professor of psychology at the University of North Texas. He completed his undergraduate degree at the University of Virginia and his graduate degree at the University of Missouri. Prior to joining the faculty at UNT, Dr. Cicero was an associate professor at the University of Hawaii at Manoa, where he founded and directed the OnTrack Hawaii First Episode Psychosis clinic. His research focuses on the assessment of psychotic-spectrum disorders such as schizophrenia, schizoaffective disorder, and schizotypal personality disorder.*

The psychoticism trait domain of the Alternative Model of Personality Disorders (AMPD) and the thought disorder spectrum of the Hierarchical Taxonomy of Psychopathology (HiTOP) and represent similar constructs. The AMPD psychoticism domain includes unusual beliefs and experiences, eccentricity, and cognitive and perceptual dysregulation. The thought disorder spectrum of HiTOP is a continuum from normal personality traits to maladaptive schizotypal traits, to full-blown schizophrenia symptoms, such as delusions, hallucinations, and disorganization. The current presentation describes the efforts of HiTOP to define and measure the thought disorder spectrum and links these definitions to psychoticism in the AMPD. To develop a measure of thought disorder, the workgroup identified and defined eight constructs that are similar to the positive symptoms of psychotic spectrum disorders, including symptoms of reality distortion (e.g., delusions and hallucinations), disorganization, dissociation, and anomalous self-experiences, as well as maladaptive traits of eccentricity, fantasy proneness, unusual experiences, and unusual beliefs. The workgroup wrote 10-15 items for each construct and administered the items along with mania items to three samples, including people with serious mental illness. Scale-level exploratory factor analyses indicated that the thought disorder scales and mania scales formed a single dimension. Item-level analyses revealed ten subfactors, measuring the range of the thought disorder spectrum. Within the AMPD, schizotypal personality disorder may be represented by elevations on the psychoticism and detachment domains, while schizophrenia spectrum disorders are represented by elevations of the thought disorder and detachment spectra in HiTOP. These findings converge with other research that has found that psychoticism forms a single dimension with positive and disorganized symptoms in people with a history of psychosis. Overall, AMPD psychoticism traits are included in HiTOP thought disorder, which are on a spectrum with more severe symptoms of psychosis, including delusions, hallucinations, and disorganization.

## Examining the different functions of non-suicidal self-injury in adolescent inpatients with borderline personality features, bulimia nervosa and depressive symptoms

**Ph.D. Laura Cortés-García<sup>1</sup>**, M.A. Eric Sumlin<sup>2</sup>, Samantha Annab<sup>2</sup>, Ph.D. Carla Sharp<sup>2,3</sup>

<sup>1</sup>Department of Psychology, University of Oslo, Oslo, Norway, <sup>2</sup>Department of Psychology, University of Houston, Houston, USA, <sup>3</sup>University of the Free State, Center for Developmental Support, Bloemfontein, South Africa

### **Biography:**

*Laura Cortés-García (Ph.D. Clinical Psychology) is a post-doctoral fellow working at PROMENTA Research Center at the Department of Psychology, University of Oslo (Norway). Her primary research interests focus on identifying prospective pathways and underlying mechanisms involved in the development of mental health problems from a life course perspective. From a translational perspective, her primary research goal is to inform the design of well-timed and targeted interventions, so that it can effectively interrupt maladaptive behaviors and processes that ultimately increase the risk of marginalization and exclusion.*

**Objective:** Non-suicidal self-injury (NSSI), i.e., the direct, deliberate damage of one's body tissue without suicidal intent, occurs in about 40-80% of adolescent psychiatric patients, being one of the most frequent reasons for inpatient hospitalization in this age group. Previous research demonstrated strong relationships between NSSI and borderline personality disorder (BPD), bulimia nervosa (BN) and depressive symptoms; however, few studies have explored such associations in adolescent inpatients. Moreover, no studies have elucidated the particular function of NSSI for adolescent inpatients with such symptomatology. This study investigated how NSSI relates to BPD, BN and depressive symptoms and identified the functions behind self-injury among adolescent inpatients with a history of NSSI.

**Method:** Female adolescent inpatients (N = 130), aged 12-17 years (M = 15.33, SD = 1.39) and reporting at least one episode of self-injury, were administered the Diagnostic Interview Schedule for Children (DISC), Borderline Personality Features Scale for Children, and the Inventory of Statements about Self-Injury (ISAS) to assess borderline features, BN symptoms, depressive symptoms and NSSI, respectively.

**Results:** Multiple regression analyses yielded significant relationships between BPD, BN, and depressive symptoms and various functions of NSSI. BPD features were related to the NSSI functions of interpersonal boundaries, sensation-seeking, peer-bonding, interpersonal influence, toughness, and autonomy; BN symptoms were related to the functions of affect regulation, self-punishment, and anti-dissociation; and depressive symptoms were related to the functions of anti-dissociation, anti-suicide, and marking distress; and

**Conclusions:** Our results confirmed strong associations between NSSI and BPD, BN and depressive symptoms, but revealed that the actual function of NSSI is different between them. Such findings have important implications for treatment since understanding the dominant functions motivating NSSI associated with specific BPD, BN and depressive symptoms among inpatients adolescents can lead clinicians to a targeted treatment approach that is likely to be successful in reducing both behaviors simultaneously.

## Differences in self-reported personality functioning in adolescence (LopF-Q 12-18) and young adulthood (LoPF-Q adult): Preparing a longitudinal study in Turkey

**Md Sefa Cosgun<sup>1</sup>**

<sup>1</sup>Van Training And Research Hospital, , Turkey

### **Biography:**

*I have been working as a child and adolescent Psychiatrist for 7 years. I completed my residency training at Istanbul University, Istanbul Medical Faculty with thesis about personality disorders. I follow a wide range of patients, especially trauma-related and personality disorders at an outpatient clinic actively. I can speak Turkish as my native language and English as an advance.*

**Objectives:** In this study, we compare the score levels of adolescents and adults in clinic and community samples as a prerequisite to investigate the lifelong course of personality functioning as defined for the diagnosis of Personality Disorder (PD) in DSM-5 AMPD and upcoming ICD-11.

**Method:** The LoPF-Q questionnaire for adolescents was adapted to Turkish culture using age-neutral formulations, and its psychometric quality was tested in two different age groups. First in 334 adolescents (student sample = 282, clinic sample: Non-PD patients = 27, PD = 25) with ages of 12-18. Secondly, in 349 adults (community sample = 284, clinic sample: Non-PD patients = 31, PD = 34) with ages of 17-61. The total scores "functioning / PD severity" and the subscales were compared between the adolescent and the adult samples using MANOVA.

**Result:** In both the adolescent and the adult samples, the psychometric properties were good (Alpha 1, Alpha 2), and the scores showed dimensional variation in line with theory, with low scores in the population sample (no impairment), medium scores in the non-PD patients and high scores in the PD patients (high impairment). The LoPF-Q total score could significantly differentiate PD patients from community sample with a standard deviation of  $d = 1.2$  and  $d = 1.56$  in adolescent and adult samples, respectively. Similarly, LoPF-Q total scale and subscale scores decreased from adolescence to adulthood in patients and non-patient samples.

**Conclusion:** Our results, pointing to a decrease in mean-levels of personality functioning from adolescence to adulthood and rank-order stability. This points to the need to investigate personality functioning's lifelong course and the importance of self-reports in personality disorders. Thus, we will also adapt the LoPF-Q Parent version into Turkish culture in the next step and start a longitudinal study better to understand the new definition of PD's lifelong course.

## Psychosocial Pathways to Personality Disorders: Examining the relationship between Childhood Trauma, Personality Functioning, and Maladaptive Traits from DSM-5 AMPD and ICD-11 perspectives

**PhD(c) Marianne Cottin<sup>1,2,3</sup>**, MS Sarah Back<sup>4</sup>, MS Max Zettl<sup>5</sup>, Dr. Katja Bertsch<sup>4,5</sup>

<sup>1</sup>Universidad Finis Terrae, Santiago, Chile, <sup>2</sup>Millennium Institute for Research in Depression and Personality (MIDAP), Santiago, Chile, <sup>3</sup>Universidad de Chile, Santiago, Chile, <sup>4</sup>Ludwig Maximilian University of Munich, Munich, Germany, <sup>5</sup>Universität Heidelberg, Heidelberg, Germany

### **Biography:**

*Psychologist from the Central University of Venezuela with a Master in Clinical Psychology at Pontificia Universidad Católica de Chile. She is currently candidate a doctoral student in her fourth year of the Doctoral program in Psychotherapy at Universidad de Chile. She serves as an Instructor Professor at the School of Psychology at Universidad Finis Terrae. She is currently vice president of the Student Committee of the International Society for the Study of Personality Disorders, ISSPD and is part of the Millennium Institute for Research in Depression and Personality, MIDAP. She also serves as a therapist with adolescents and adult patients.*

Even though adverse childhood experiences are neither necessary nor sufficient to develop a personality disorder during adolescence and adulthood, the relationship between childhood trauma and personality disorders is still undeniable, at least from the perspectives of traditional models. In the framework of the transition to a hybrid PD diagnosis, this relationship is in need of more research. Moreover, we believe that in order to determine the applicability and adaptability of the newer PD models to different contexts, we not only need to test them on community-based but also on clinical-based populations from different settings across countries. The aim of this study was to test the relationship between childhood trauma, personality functioning, and maladaptive traits from the perspective of both the DSM-5 AMPD and ICD-11. We conducted a cross-sectional study with a sample of 1383 participants composed of participants from a clinical and a non-clinical setting from two different countries, Chile and Germany. To assess our variables we used the Childhood Trauma Questionnaire (CTQ), the Level of Personality Functioning Scale - Brief Form 2.0 (LPFS BF 2.0), The Personality Inventory for DSM-5, and ICD-11 – Brief Form Modified (PID5BF+ M). Additionally to the main variables of interest in this study, we assessed sociodemographic variables and screened for other current psychiatric symptoms (i.e. depressive symptoms, PTSD, anxiety symptoms, BPD symptoms) that could confound our results. In order to assess PDs from the hybrid perspective, we translated and validated the LPFS SR 2.0 and PID5BF+ M within the study for using them with Chilean population with potential use with further Spanish-speaking populations. The data was already collected at both sites and we will use structural equation models to test these relationships. Our findings will contribute to the understanding on how these models could map into the body of knowledge on PDs.

## A comparison of experiences of care and expressed emotion among caregivers of young people with first-episode psychosis or borderline personality disorder features

**Prof Sue Cotton<sup>1,3</sup>**, Dr Jennifer Betts<sup>1,3</sup>, Ms Dina Eleftheriadis<sup>2</sup>, Dr Kate Folia<sup>1,3</sup>, Mr Mirra Seigermann<sup>1</sup>, Ms Victoria Rayner<sup>1,3</sup>, Prof Carol Hulbert<sup>3</sup>, Dr Louise McCutcheon<sup>1,3</sup>, Dr Martina Jovev<sup>1</sup>, A/Prof Sarah Bendall<sup>1,3</sup>, Dr Emma Burke<sup>1</sup>, Dr Catharine McNab<sup>1</sup>, Ms Sumudu Mallawaarachchi<sup>1,3</sup>, Prof Mario Alvarez-Jimenez<sup>1,3</sup>, Prof Andrew Chanen<sup>1,3</sup>, Prof John Gleeson<sup>2</sup>

<sup>1</sup>Orygen, Parkville, Australia, <sup>2</sup>Australian Catholic University, Fitzroy, Australia, <sup>3</sup>The University of Melbourne, Parkville, Australia

### **Biography:**

*Over the past two decades, Professor Sue Cotton has dedicated her career to developing an understanding of the course, trajectories, and impacts of severe mental illness. Prof Cotton is renowned for her unique skill set spanning the fields of psychiatry, psychology, clinical research methodology and biostatistics. While much of her work has focused on understanding illness trajectories and outcomes of early psychosis, it has also extended to research into other disorders such as borderline personality disorder, health services research, outcome measurement, and testing of novel interventions*

**Objectives:** Caregivers of individuals with severe mental illness (SMI) experience significant negative experiences of care, which can be associated with higher levels of expressed emotion (EE). EE is potentially a modifiable target early in the course of illness, which might improve outcomes for caregivers and patients. However, EE and caregiver burden in the early stages of disorders might be moderated by the type of SMI.

**Method:** Secondary analysis of baseline (pre-treatment) data from three clinical trials focused on improving caregiver outcomes for young people with FEP and young people with BPD features was conducted (ACTRN12616000968471, ACTRN12616000304437, ACTRN12618000616279). Caregivers completed self-report measures of burden and EE. Multivariate generalised linear models and moderation analyses were used to determine group differences.

**Results:** Data were available for 265 caregivers. Higher levels of burden and EE, and stronger correlations between burden and EE domains, were found in caregivers of young people with BPD than FEP. Caregiver group (BPD, FEP) moderated the relationship between EE and burden domains of need to provide back-up and positive personal experiences.

**Conclusions:** Caregivers of young people with BPD experience higher levels of burden and EE compared with caregivers of young people with FEP. The mechanisms underpinning associations between caregiver burden and EE differs between these two caregiver groups, indicating that different supports are needed.



## The impact of providing Family Connections (FC) to caregivers of youth, from both research and lived experience perspectives.

Lynn Courey<sup>1</sup>

<sup>1</sup>*The Sashbear Foundation, Toronto, Canada*

### **Biography:**

*Founder of The Sashbear Foundation, in memory of her daughter who died by suicide. Trained as NEABPD Family Connections leader, Lynn and her organization offer the program throughout Canada. She has been awarded the 2017 National "CAMH different makers"- 150 leading Canadians for Mental Health and the 2014 Outstanding Graduate in Human Services category Award. Article: Lynn Courey et al., 2021, "What we know-and want to know-about Family Connections: A review from the perspective of lived experience." Current Opinion in Psychology, 2021, 37:44-48*

### **Objectives**

Provide an overview of the National Education Alliance for Borderline Personality Disorder (NEABPD) Family Connections (FC) program. Highlight research on the impact of providing Family Connections to caregivers of youth, an underserved and stigmatized population. Demonstrate the effectiveness of FC for caregivers of youth with mental health challenges beyond the domain of borderline personality disorder (BPD).

### **Methods**

Lynn Courey will examine research findings from a recent Canadian study of Family Connections for caregivers of youth with mental health challenges, where she was engaged as a provider of the FC program. She will also draw upon her lived experience as a family member and as a peer facilitator in multiple Family Connections groups offered in Canada through the Sashbear Foundation.

### **Results**

Research findings demonstrated that caregivers experienced reduced burden, stress and grief, and increased coping and mastery, replicating the results found in research of FC in traditional implementations with family of individuals with BPD. Caregivers also reported an increased ability to manage their youth's challenges, as well as better relationships and increased communication with their youth. These findings are consistent with anecdotal and survey data from FC groups provided through Sashbear.

### **Conclusions**

As BPD is frequently underdiagnosed in youth, extending the offering of Family Connections to caregivers of youth struggling with mental health challenges would serve to relieve the burden on families and allow them to remain emotionally engaged with their loved ones. Research on the program within local contexts could provide insight to increase family engagement.

## Ecological Momentary Assessment of Affective Symptoms in Borderline Personality Disorder: Study of the Relationship with Psychosocial Functioning

**Ines Culina<sup>1,2</sup>**, Pauline Maillard<sup>3</sup>, Chantal Martin-Soelch<sup>2</sup>, Sylvie Berney<sup>1</sup>, Stéphane Kolly<sup>1</sup>, Ueli Kramer<sup>1,3,4</sup>

<sup>1</sup>General Psychiatry Service, Department of Psychiatry, University Hospital Center and University of Lausanne, Lausanne, Switzerland, <sup>2</sup>Unit of Clinical and Health Psychology, Department of Psychology, University Fribourg, Fribourg, Switzerland, <sup>3</sup>Institute of Psychotherapy, Lausanne University Hospital, University of Lausanne, Lausanne, Switzerland, <sup>4</sup>Department of Psychology, University of Windsor, , Canada

### **Biography:**

*Ines Culina is currently a PhD student at the Lausanne University Hospital and at the University of Fribourg, Switzerland. Her research interest focuses on the influence of psychopathological variables on psychosocial functioning among patients with borderline personality disorder.*

**Objectives:** Of all the symptoms of borderline personality disorder (BPD), more temperamental symptoms, such as affective and interpersonal symptoms, have been found to interfere with good psychosocial functioning (Zanarini et al., 2007.). Considering the instability at the core of BPD symptomatology, ecological momentary assessment (EMA) appears to be a particularly appropriate method to measure these more unstable traits given its high ecological validity and the low risk of recall biases (Solhan, Trull, Jahng, & Wood, 2009). In fact, when comparing EMA and retrospective questionnaires, the convergence between the results obtained using these two methods is quite weak, especially when measuring unstable traits (Friedrickson, 2000; Petrine & Schroeder, 2005; Stone et al., 2005). The aim of the current study is to measure affective symptoms in BPD using EMA to assess the potential relationship with psychosocial functioning. **Method:** Currently, N=19 BPD patients and N= 18 treatment seeking individuals (non-BPD control group) have been included in the study, but recruitment is still ongoing. In order to measure affective symptoms, participants are requested to answer to a questionnaire 4 times a day for 7 consecutive days using a smartphone. Psychosocial functioning is assessed using the Revised Borderline Follow-up Interview (BFI-R, Zanarini, Sickel, Zong, & Glazer, 1997) and the Global Assessment of Functioning scale (GAF). **Results:** Multilevel model analysis will be performed in order to test whether affective symptoms present a higher instability in BPD compared to a non-BPD control group, as well as to test whether affective symptoms are likely to predict psychosocial functioning in BPD. **Conclusions:** The implementation of EMA is promising and has already allowed us to gain new valuable information about several aspects of BPD (Santangelo, Bohus, & Ebner-Priemer, 2014). The current research focus has important clinical implications as it represents a possibility to further understand psychosocial impairment in BPD.

## Predictors of compliance in ecological momentary assessment studies assessing borderline personality disorder psychopathology: a systematic review and meta-analysis

### PhD candidate Antonella Davanzo<sup>1</sup>

<sup>1</sup>*Pontificia Universidad Católica de Chile and Instituto Milenio para la Investigación en Depresión y Personalidad (MIDAP), Santiago, Chile*

#### **Biography:**

Antonella Davanzo, MA, PhD(c)

Antonella is a licensed psychologist, graduated from the Pontificia Universidad Católica de Chile with a Master's degree in Clinical Psychology. She is also a Ph.D. candidate of the Doctoral Program in Psychotherapy at Pontificia Universidad Católica de Chile and is working on Ecological Momentary Assessment (EMA) instrumentation for the research of Borderline Personality Disorder (BPD) in adolescents and young adults. She is a student member of the Millennium Institute for Research in Depression and Personality (MIDAP) and of the International Society for the Study of Personality Disorders (ISSPD).

The objective of this study was to perform a systematic review and meta-analysis of studies incorporating ecological momentary assessment for the research of borderline personality disorders to investigate design features of EMA studies that may have a bearing on compliance rates.

Studies using EMA in the research of BPD symptoms (population age  $\leq 12$  years old) were identified through a systematic search of four databases. The methodologic quality of the included studies was rated using the Newcastle-Ottawa Scale. The prevalence rates of compliance rates were calculated by dividing the number of total prompts conceptualized by the study by the total of answered prompts at the end of the study for the BPD sample in each study. For the meta-analytic aggregation of effects sizes (i.e., compliance rates) random-effects models were chosen. Subgroup analyses were conducted for five categorical moderators. Moderator analyses were conducted for six continuous moderators. We examined whether specific characteristics of the studies were related to the effect sizes in univariate analyses.

The screening and full-text assessment resulted in 14 peer-reviewed journal articles of EMA studies including a total sample of 1,017 participants (N = 647 BPD group, N = 370 control group). The total quality scores ranged from 5 (k = 2) to 8 (k = 8) scores out of 9 total scores. The pooled prevalence rate for compliance rate in BPD participants was 78.91% (95% CI [0.71, 0.85]).

Overall, our findings suggest that to better understand relevant design features of EMA studies for the research of BPD that may have an effect on compliance, more standardized EMA reporting is needed. Future EMA studies in BPD should be more rigorous and comprehensive in descriptions of the methods (study design, procedure) and results.

## Defining core maladaptive facets of developmental trait pathology in childhood and adolescence from a network and latent factor perspective

**Prof. Barbara De Clercq<sup>1</sup>**, Drs Victor Rouco<sup>1</sup>

<sup>1</sup>Ghent University, , Belgium

### **Biography:**

*Barbara De Clercq is Associate Professor at the department of Developmental, Personality and Social Psychology of Ghent University. Her main research expertise is situated in the field of personality disorder development. She focused on the conceptualization and assessment of early trait vulnerabilities from a dimensional perspective and has an established research line on developmental trajectories of personality pathology from a transactional trait x environment perspective.*

The Dimensional Personality Symptom Item pool is one of the most validated omnibus measures for describing early maladaptive traits from a developmentally-sensitive approach. Recently, a short and accessible 98-version of the DIPSI has been developed, with specific attention for gender and age-neutral items during the item-selection procedures while preserving the original maladaptive trait facets. Given its comprehensiveness, strong psychometric properties and solid connection with established dimensional models of psychopathology and personality pathology, this short version provides an excellent starting point for (1) exploring core maladaptive trait facets in childhood versus adolescence, and for (2) delineating the maladaptive trait facets that represent the strongest coverage of the increasingly valued overall vulnerability factor of psychopathology. The present study will address these objectives relying on a Flemish community-based sample of maternal DIPSI ratings of 1873 children and adolescents from two different perspectives. First, the centrality of lower-level maladaptive trait facets in childhood versus adolescence will be visualized relying on network methodology. Second, latent factor modeling will explore which maladaptive trait(s) in childhood versus adolescence represent the strongest coverage of the p factor at a young age. Results of both empirical perspectives will be discussed and integrated in order to define the most viable maladaptive trait candidates for operationalizing the overall vulnerability to psychopathology, taking into account developmental considerations of age.

## Improvements in Self-Other Distinction Predict Symptom Reduction in the Treatment of Borderline Personality Disorder: A Naturalistic Pilot Study

**Ms. Celine De Meulemeester<sup>1</sup>**, Prof. Dr. Benedicte Lowyck<sup>1</sup>, Prof. Dr. Patrick Luyten<sup>1,2</sup>

<sup>1</sup>University of Leuven, Leuven, Belgium, <sup>2</sup>University College London, London, United Kingdom

### **Biography:**

*Celine De Meulemeester is a doctoral researcher at the Clinical Psychology research unit of the University of Leuven (Belgium). She does experimental research on self-other distinction and mentalizing in borderline personality disorder. Her work is funded by a fellowship from the Research Foundation Flanders.*

### **Background/Objectives**

Many theoretical models assume borderline personality disorder (BPD) is characterized by problems with self-other distinction (SOD), however, empirical evidence is scarce and it remains unclear whether targeting SOD in treatment relates to symptom improvement. The present study therefore investigates whether changes in SOD as measured using the Enfacement Illusion (EI) experiment predict BPD symptom improvement after 6-months of intensive psychodynamic inpatient treatment.

### **Method**

Of the  $n = 35$  diagnosed BPD patients tested at the start of treatment,  $n = 17$  patients completed the 6-month follow-up testing (48.5%) (no differences between completers and non-completers). Reasons for non-participation at follow-up were: drop-out from treatment (31.4%), refusal (11.4%) and the Covid-19 sanitary measures (8.5%). In the EI, SOD is measured using self-other facial morphing tasks before and after shared multisensory experience. Participants also completed self-report measures of BPD features, interpersonal problems, identity diffusion and mentalizing.

### **Results**

Paired-sample t-tests showed a trend towards improvements in BPD symptoms, ( $t(14) = 2.02$ ,  $p = 0.06$ ,  $d = 0.52$ ) and a significant improvement in mentalizing ( $t(14) = 4.8$ ,  $p < 0.001$ ,  $d = 1.25$ ), but no change in interpersonal problems, identity diffusion, or SOD. Regression analyses showed that improvements in BPD symptoms were predicted by improvements in SOD ( $\beta = -0.61$ ,  $p = 0.022$ ), and by lower baseline mentalizing impairments ( $\beta = -0.71$ ,  $p = 0.019$ ), while controlling for baseline BPD severity, age and gender. Improvements in mentalizing did not significantly predict improvements in BPD ( $\beta = 0.32$ ,  $p = 0.31$ ).

### **Conclusions**

The present study provides some preliminary evidence that an improved capacity to maintain self-other boundaries during shared experiences may be a mechanism of change explaining treatment effects in BPD. Larger randomized controlled trials are needed to substantiate the findings from this pilot study. Implications for BPD treatment will be discussed.

## Narrative Identity and Self- and Interpersonal Functioning in Youth with Severe Psychopathology

**Ms. Elisabeth De Moor<sup>1</sup>**, Dr. Jolien van der Graaff<sup>1</sup>, Ms. Nagila Koster<sup>1</sup>, Dr. Odilia Laceulle<sup>1</sup>, Dr. Susan Branje<sup>1</sup>

<sup>1</sup>*Utrecht University, Utrecht, Netherlands*

### **Biography:**

*Elisabeth L. de Moor is a PhD candidate at Utrecht University. In her work, she focuses on adolescent development and on maladaptive development. She is interested in the intersection between identity and psychopathology.*

From early adolescence onward, finding an own identity becomes a key developmental task for youth (Erikson, 1968). One important step in this task is creating a continuous narrative of their identity, by linking together past, present, and future selves (McAdams, 1993). This narrative identity may be threatened following moments of change, transition, or extreme stress, which result in feelings of self-discontinuity (Erikson, 1968) and may in the long run come to play a key role in the development, maintenance, and resolution of (personality) psychopathology (American Psychiatric Association, 2013; Klimstra & Denissen, 2017). Self-event connections are an important way in which individuals construct their narrative identity, and are therefore thought to be linked to better functioning. Findings in the general population corroborates this association, but highlights the importance of looking at specific aspects of self-event connections and focusing on vulnerable samples.

In the present study, we examined the association of self-event connections with self- and interpersonal functioning in a sample of youth with severe psychopathology ( $N = 187$ ,  $M_{age} = 21.2$ ). In addition, among youth who made a self-event connection ( $n = 166$ ), we examined whether event and connection valence explained differences in functioning. Negative affectivity was included as a control variable.

Contrary to our expectations, we found that making self-event connections was related to lower functioning. Neither connection valence nor its interaction with event valence was significantly associated with functioning. Higher negative affectivity was strongly linked to lower functioning and fully explained the positive relation between event valence and functioning. Our study shows that for some subpopulations, making self-event connections may not be adaptive, perhaps because making self-event connections to negative events (67.6%) is maladaptive. Moreover, findings suggest that narrative characteristics such as event valence may be here-and-now processes that link distant personality traits to youth functioning.

## Classifying Pathological Narcissism: Subtypes and Severity

**Chiara De Panfilis<sup>1</sup>**, Graziana Schito, Margherita Trinchieri, Eve Caligor, Carlo Marchesi, John Clarkin

<sup>1</sup>University Of Parma, , Italy

### **Biography:**

*Chiara De Panfilis is an Associate Professor of Psychiatry in the Department of Medicine and Surgery of Parma University (Italy). Her research mainly focuses on the social-cognitive mechanisms underlying interpersonal dysfunction in personality disorders. She is a Board member of the European Society for the Study of Personality Disorders (ESSPD) and of the International Society for Transference-Focused Psychotherapy.*

**Objectives:** To evaluate whether clinically meaningful subtypes of pathological narcissism (PN) can be empirically detected across clinical and non-clinical populations.

**Methods:** 101 non-clinical individuals (NC) and 101 patients (P) with personality disorders completed measures of PN severity and of self/interpersonal functioning. Potential PN subtypes were searched with two-steps cluster analysis with Akaike's information criterion, entering as predictors narcissistic grandiosity and vulnerability, identity diffusion, primitive defenses, aggression, and general psychopathology. The clusters were then compared on the various clinical variables using ANOVA.

**Results:** A 3-cluster solution along a continuum of dysfunction was identified, with a "Severe" Cluster (N=46; 84.8% P), an "Intermediate" Cluster (N=108; 39.8% P), a "Healthier" Cluster (N=40; 12% P). The healthier cluster showed some self-esteem difficulties but satisfactory adjustment. The intermediate cluster showed narcissistic vulnerability and grandiosity, psychopathology and aggression, but some interpersonal skills. The severe cluster had high personal/social impairment, and was highest in narcissistic vulnerability and covert aggression.

**Conclusions:** PN can be classified along a continuum of severity according to the level of personality organization, from "high functioning- low narcissism", to "high-level borderline" to "low-level borderline" narcissism. Increasing narcissistic vulnerability and covert aggression are associated with deteriorating personal and interpersonal functioning, while narcissistic grandiosity does not discriminate between low and high functioning PN.

## Understanding Daily Variability in Institutional Functioning at Long-Stay Forensic Settings: State- and Trait Level Relationships

**PhD Candidate Steven Degrauwe<sup>1,2</sup>**, PhD Candidate Loes Abrahams<sup>2</sup>, Prof. Dr. Barbara De Clercq<sup>2</sup>

<sup>1</sup>Psychiatric Care Sint-kamillus, Bierbeek, Belgium, <sup>2</sup>Ghent University, Ghent, Belgium

### **Biography:**

*Steven is head of the forensic department of Sint-Kamillus, a psychiatric institution providing residential as well as outreaching mental health care in the region of Flemish Brabant, Flanders. He also is a PhD-candidate at the Faculty of Psychology and Educational Sciences at the Ghent University, at the Department of Developmental, Personality and Social Psychology. There he studies the factors associated with inpatient behavior of forensic long stay patients.*

Adaptive institutional functioning in terms of rule acceptance, commitment and living in harmony with both staff and fellow patients is one of the core objectives of treatment in long-stay forensic psychiatric settings. Previous research suggested that both contextual factors at the ward and mental state of the patients play a crucial role in obtaining such acceptable level of adaptation (Bowers et al., 2011; de Vries et al., 2016; Doyle & Dolan, 2006). However, these factors are likely to vary across days, requiring a within-person research approach in order to more comprehensively understand these dynamics. In addition to such state-level relationships, trait-level personality pathology may also affect daily functioning. This study aims therefore to examine 1) whether and how contextual variables and mental states predict daily functioning of forensic long-stay patients, and 2) whether this relationship is moderated by basic factors of personality pathology. Thirty-one forensic long-stay patients provided self-ratings in a daily diary study assessing behavior, cognitions, and emotions over a period of 14 days (n= 407). Caregivers rated contextual factors twice a day over the same period. Right before the start of the daily diary study, patients also completed self-reports on the PID-5 (i.e. trait-level; Krueger et al., 2012). Relying on multilevel analysis, results will be discussed from the perspective of how in-the-moment and lagged associations between mental states, contextual factors, and institutional adaptation are moderated by initial levels of trait personality pathology. Recommendations for daily practice on a forensic long-stay unit will be formulated.



## My Child & Me: A Comprehensive Program for Mother and Father with Borderline Personality Disorder and their Case Workers

**Professor Lyne Desrosiers<sup>1,2</sup>**, Mrs Lise Laporte<sup>3</sup>, Mrs Cassandra Préfontaine<sup>1,2</sup>

<sup>1</sup>Université du Québec à Trois-Rivières, Trois-Rivières, Canada, <sup>2</sup>Centre de recherche de l'Institut universitaire Jeunes en difficulté, Montréal, Canada, <sup>3</sup>McGill University Health Centre, Montréal, Canada

### **Biography:**

*Lyne Desrosiers is an associate professor in the Department of Occupational Therapy at UQTR, and a researcher at the Institut universitaire Jeunes en difficulté. She has 30 years of clinical experience working with children, adolescents and adults with mental health problems. Since 2008, she has been pursuing various research projects on services for adolescents and parents with borderline personality disorder and on support for clinicians who work with them.*

Responsibilities and tasks related to the parental role are very challenging for people with borderline personality disorder (BPD). BPD affects parents' ability to meet their child's needs, and their capacity to fully engage in intervention to improve their parenting skills. Helping people with BPD is known to be a challenge. Emotional activation and compassion fatigue are common among clinicians working with this population. Yet, the majority of caseworkers in the field of child and family social services, have not been trained to offer interventions adapted to the problems and dynamic of parents with BPD. Based on Dialectical Behavior Therapy, the program My Child & Me (MC&M) proposes to address these challenges. The 10-week program consists of an interactive skills group for parents with BPD and training for caseworkers involved in their follow-up. The group for parents is designed to develop mindful parenting, self-regulation, distress tolerance and validation when interacting with their children. The caseworkers training aims to increase positive attitudes toward these parents, and to teach skills to engage the parents and communicate more effectively with them. MC&M is currently being evaluated in 11 sites across four types of setting (child welfare, child and adolescent mental health services in primary care, substance abuse rehabilitation and hospital outpatient specialized clinic for BPD).

We will describe MC&M and outline the clinical challenges pertaining to its implementation, group process and evaluation. Preliminary findings from 90 parents and 180 caseworkers will be presented. Parents of all settings significantly improved their parental practices, sense of competency and emotional reactivity. Child welfare's mothers and fathers showed many positive outcomes despite significant lower acknowledgement of parenting difficulties prior to the program compared to other parents. However, perceptions of their caseworker regarding their potential to improve did not change significantly.

## Pathological narcissism and psychological reactions to ego-relevant events

**Ph.d. Rossella Di Pierro<sup>1</sup>**, M. Psych. Erika Fanti<sup>1</sup>, M.D. Fabio Madeddu<sup>1</sup>, Ph.D. Emanuele Preti<sup>1</sup>

<sup>1</sup>Department of Psychology, University Of Milano-Bicocca, Italy, , Italy

### **Biography:**

*Dr. Rossella Di Pierro is an assistant professor at the Department of Psychology of the University of Milano-Bicocca. She is also a clinical psychologist and psychotherapist. Her main research interest is in pathological personality traits and personality disorders. Her studies mainly focus on the effect of personality pathology on both intrapersonal and interpersonal functioning. In particular, she investigates difficulties in self- and affect-regulation involved in pathological narcissism (both in its subclinical and clinical forms). She is also interested in testing clinical validity of emerging diagnostic models for personality disorders (e.g., DSM-5 Alternative Model for Personality Disorders).*

**Background & objectives:** Pathological narcissism involves impaired self-regulation. In this sense, narcissists would be susceptible to both negative and positive events that may respectively threaten or foster their self-view. Psychological effects of ego-relevant events in people high in pathological narcissism, however, are still uncertain. The study investigated whether and how pathological narcissism affects individuals' psychological reactions to ego-threatening and ego-fostering events.

**Methods:** 410 university students took part in a randomized two-wave experimental study. We assessed grandiose and vulnerable pathological narcissism at the baseline. During the experimental session, participants were asked to read a scenario describing an ego-fostering vs ego-threatening event occurring in a public vs private setting. Participants were also asked to imagine themselves in that situation. Affective states were measured before and after exposure to the scenario.

**Results:** People high in grandiose narcissism showed a reduction in emotional responses to ego-relevant events. Conversely, people high in vulnerable narcissism showed to be highly sensitive to both ego-threatening and ego-fostering events, especially when they occurred in public settings.

**Conclusion:** Findings suggest that pathological narcissism affects psychological reactions to ego-relevant events depending on its prevailing manifestations, and that public exposure has a key role in vulnerable narcissism.

## Experiences of shame and dimensional measures of pathological narcissism: An intensive longitudinal study

**Phd Marco Di Sarno<sup>1</sup>**, Prof. Johannes Zimmermann<sup>2</sup>, Prof. Fabio Madeddu<sup>1,3</sup>, Dr. Rossella Di Pierro<sup>1,3</sup>

<sup>1</sup>University of Milano-Bicocca, Milano, Italy, <sup>2</sup>University of Kassel, Kassel, Germany, <sup>3</sup>Personality Disorder Lab (PDlab), Milano-Parma, Italy

### **Biography:**

*Psychologist, PhD, Psychotherapist. Post-Doctoral Research Fellow in the Department of Psychology, University of Milano-Bicocca.*

**Objectives:** Experiences of shame, and attempts to regulate them, are often regarded as key aspects in narcissistic functioning. However, empirical findings on the topic are mostly cross-sectional and limited by uneven conceptualizations of pathological narcissism. This study investigates the association between pathological narcissism and daily shame, considering different measures of narcissism, different levels of analysis (i.e., trait and state narcissism), and the role of situational perceptions.

**Methods:** Nonclinical participants (N = 196) completed baseline self-reports, including brief forms of the Pathological Narcissism Inventory (B-PNI) and the Five-Factor Narcissism Inventory (FFNI-SF). Then, for 28 days, they were administered surveys through smartphone, assessing daily narcissism, shame, and situations. Multilevel models investigated the associations of trait/daily narcissism with daily shame, and the moderating role of narcissism on the situations-shame link.

**Results:** Shame was positively associated with trait and daily narcissistic vulnerability, and trait neuroticism, whereas it was unrelated to trait FFNI-SF grandiosity. B-PNI grandiosity predicted shame, unless controlling for vulnerability. As for daily grandiose narcissism, it was mostly negatively related to shame. Finally, workload and social stress fuelled shame: the former, particularly for those high in narcissism scales with neurotic content; the latter, especially for those high in FFNI-SF vulnerability.

**Conclusion:** Results highlight the critical role of shame in vulnerable narcissistic functioning and identify narcissistic neuroticism as the main driver of daily experiences of shame. At the same time, findings suggest caution in considering grandiose narcissism as an efficient defense against experiences of shame.

## Targeting emotion unawareness with specific treatments for Personality Disorders: good outcomes from 2 clinical studies.

**Dr. Giancarlo Dimaggio<sup>1</sup>**, Dr. Sebastian Simonsen, Dr. Raffaele Popolo

<sup>1</sup>*Centro Di Terapia Metacognitiva Interpersonale - Roma, , Italy*

### **Biography:**

*Giancarlo Dimaggio, Psychiatrist, Psychotherapist lives and works in Rome in the Centre for Metacognitive Interpersonal Therapy. He has published over 200 papers and book chapters in English. He has co-authored many books including: "Metacognitive Interpersonal Therapy: Body, Imagery and Change" (Routledge), "Metacognitive Interpersonal Therapy for Personality disorders" (Routledge) and edited with J. Livesley and J. Clarkin "Integrated treatment for personality disorders" (Guilford). He is editor in chief for the Journal of Clinical Psychology: In-Session, senior associate editor for the Journal of Psychotherapy Integration and associate editor for Psychology and Psychotherapy: Theory, Research & Practice.*

**Objectives:** The metacognitive or mentalizing system is made of different human abilities including: a) self-reflection, that is describing accurately and with nuances own mental states. One key element in this domain is emotion awareness; b) theory of mind, decentration and empathy, that is being able to understand what others think and feel and grasping the intentions underlying others' behaviours; c) using knowledge on self and other mental states for purposeful problem solving.

Some consider reduced self-awareness, in particular unawareness of emotions, one of the first elements that psychotherapy for personality disorders (PD) should tackle, as in this population poor emotion awareness or alexithymia is a widespread condition.

Some therapies for PD have been developed in order to tackle metacognition or mentalizing and one of their goal is improving alexithymia, for example Metacognitive Interpersonal Therapy (MIT) and Mentalizing Based Treatment (MBT).

**Methods:** Two recent clinical studies included alexithymia among outcomes. The first is an RCT of MIT in Group vs waitinglist+TAU (Popolo et al., 2021) on over-regulated PD; the second is a noncontrolled pilot study of individual MIT+group MBT on Avoidant PD.

**Results:** In both studies alexithymia significantly improved, as well as main outcomes of symptoms and functioning.

**Conclusions:** Implications for considering alexithymia or poor emotion awareness a core target of PD therapy in general are discussed.

## The interaction of experiential techniques and regulation of the alliance in the treatment of Avoidant Personality Disorder

Dr. Giancarlo Dimaggio<sup>1</sup>, Dr. Antonella Centonze, Dr. Angus MacBeth, Dr. Paolo Ottavi, Dr. Raffaele Popolo

<sup>1</sup>*Centro Di Terapia Metacognitiva Interpersonale - Roma, , Italy*

### **Biography:**

*Giancarlo Dimaggio, Psychiatrist, Psychotherapist lives and works in Rome in the Centre for Metacognitive Interpersonal Therapy. He has published over 200 papers and book chapters in English. He has co-authored many books including: "Metacognitive Interpersonal Therapy: Body, Imagery and Change" (Routledge), "Metacognitive Interpersonal Therapy for Personality disorders" (Routledge) and edited with J. Livesley and J. Clarkin "Integrated treatment for personality disorders" (Guilford). He is editor in chief for the Journal of Clinical Psychology: In-Session, senior associate editor for the Journal of Psychotherapy Integration and associate editor for Psychology and Psychotherapy: Theory, Research & Practice.*

**Objectives:** Avoidant Personality Disorder (AvPD) core difficulties include: a) maladaptive self-and other attributions; b) difficulties in recognizing their own mental states, i.g. poor metacognitive monitoring as well as impaired capacities to reflect upon the mental states of others; c) maladaptive coping strategies, such as avoidance (cognitive, affective and behavioral), perfectionism, procrastination, and many forms or repetitive thinking. Despite its prevalence, psychological treatments for AvPD remains understudied.

**Methods:** Here we describe a clinical case of a patient with AvPD treated with Metacognitive Interpersonal Therapy in order to show how the former aspects of pathology were treated with a combination of attention to the therapy relationship and delivery of experiential techniques, such as guided imagery and rescripting and bodily work.

**Results:** Qualitative description of therapy progress will be presented.

**Discussion:** Implications for treatment of AvPD are discussed

## Transference-focused Psychotherapy (TFP) – Working Online in the Transference

**M.D. Stephan Doering<sup>1</sup>**

<sup>1</sup>Medical University Of Vienna, Vienna, Austria

### **Biography:**

*Prof. Stephan Doering, M.D., is psychiatrist and psychoanalyst. He is chair and professor of Psychoanalysis and Psychotherapy and head of the Department of Psychoanalysis and Psychotherapy at the Medical University of Vienna, Austria. His main research foci are psychotherapy research, diagnosis and treatment of personality disorders, and psychosomatic medicine. He is editor and co-editor of four scientific journals and member of numerous scientific associations. He is past president of the European Society for the Study of Personality Disorders (ESSPD) and past president of the International Society for Transference-focused Psychotherapy (ISTFP).*

**Objectives:** The Covid-19 pandemics places manifold burdens on our patients: The changes in their external reality, including the danger of infection and of loss of close relatives, the lockdown, the economic losses and threats. Moreover, their psychotherapies cannot be continued face-to-face, but they are “forced” to move to online (audio or video) or telephone therapy. The forced separation from the therapist represents a specific challenge for patients with (B)PD.

**Methods:** An international survey on online TFP included 479 therapists from 25 countries (Preti et al. in preparation) and revealed numerous highly interesting results. The survey was completed online using the software Qualtrics®.

**Results:** One key message is that online TFP is delivered and works according to the therapists’ global assessment. However, it imposes specific demands on the therapist regarding the maintenance of the setting and the adherence to the TFP techniques. Therapists reported that they needed to adapt to the new setting and to develop their own standards as far as treatment technique is concerned.

**Conclusions:** Future prospective studies will be able to show, if online TFP is as effective as face-to-face TFP. It can be assumed that this is the case in a specific subgroup of patients, but not in others.

## Avoidant personality disorder - diagnostic threshold and profile of personality functioning in the NorAMP study

MD, PhD Tore Buer Christensen<sup>2</sup>, Md, Phd Ingeborg Ulltveit-Moe Eikenæs<sup>1</sup>, MD, PhD Benjamin Hummelen<sup>3</sup>, PhD Muirne C. S. Paap<sup>4</sup>, MD, PhD Sara Selvik Germans<sup>5</sup>, MD, PhD Elfrida H Kvarstein<sup>6,10</sup>, PhD Geir F Pedersen<sup>7</sup>, PhD Donna Bender<sup>8</sup>, MD Andrew, E Skodol<sup>9</sup>, PhD Tor Erik Nysæter<sup>2</sup>

<sup>1</sup>National Advisory unit for Personality Psychiatry, Section for Personality psychiatry and specialized treatments, Department for National and Regional Functions, Division of Mental Health and Addiction, Oslo University Hospital, , Oslo, Norway, <sup>2</sup>Department of mental health, Sorlandet Hospital, Arendal, Norway, <sup>3</sup>Department of Research and Innovation, Division of Mental Health and Addiction, Oslo University Hospital, Oslo, Norway, <sup>4</sup>Department of Special Needs, Education, and Youth Care, Faculty of Behavior and Social Science, University of Groningen, Groningen, The Netherlands, <sup>5</sup>Department of Psychiatry, Hospital Namsos, Namsos, Norway, <sup>6</sup>Section for Personality psychiatry and specialized treatments, Department for National and Regional Functions, Division of Mental Health and Addiction, Oslo University Hospital, , Oslo, Norway, <sup>7</sup>Network for Personality Disorders, Section for Personality psychiatry and specialized treatments, Department for National and Regional Functions, Oslo University Hospital,, Oslo, Norway, <sup>8</sup>Department of Psychiatry and Behavioral Sciences and Counseling and Psychological Services, Tulane University, New Orleans, U.S.A., <sup>9</sup>Department of Psychiatry, University of Arizona College of Medicine, Tucson, U.S.A., <sup>10</sup>Institute of Clinical Medicine, University of Oslo, , Oslo, Norway

### **Biography:**

*Director of the National Advisory unit for Personality Psychiatry, at the University Hospital in Oslo*

**Background:** Avoidant personality disorder (AvPD) is one among six retained PDs in the Alternative Model for PDs in DSM-5 (DSM-5 AMPD). The Level of Personality Functioning Scale (LPFS) of the AMPD aims to capture the presence and general severity of personality pathology. This scale includes four domains: Identity, Self-direction, Empathy, and Intimacy. The definition of AvPD is expanded in the AMPD, including some aspects of mentalization, which belongs to the Empathy domain.

**Objectives:** Data from the Norwegian Multicenter Study of the AMPD (NorAMP) were used to examine whether moderate or greater impairment in personality functioning (level 2) was an appropriate diagnostic threshold for patients with AVPD, and to what degree mentalization problems of patients with AvPD were revealed. We also examined the profile for AvPD of personality functioning on LPFS.

**Methods:** LPFS was assessed by the Structured Clinical Interview for the DSM-5 Alternative Model for Personality Disorders Module I; (SCID-5-AMPD-I) in a heterogeneous, Norwegian sample of 282 non-psychotic patients. 42% (n=81) of the patient had AvPD. Traditional DSM-IV diagnoses were based on the Structured Clinical Interview for Axis II Disorders (SCID-II). Diagnostic efficiency statistics (Sensitivity and Specificity) were used to test diagnostic cut-off points on the LPFS.

**Results:** The cut-off or threshold of level 2 was not sufficient to capture patients with AvPD, mostly due to the fact that patients with AvPD were given ratings of no or mild impairment on the Empathy domain. Data including LPFS profile will be presented at the conference.

**Conclusion:** The SCID-5-AMPD-I for Empathy domain manage to catch mentalization problems in AvPD to a slight degree. We suggest further development of the interview. Meanwhile, in order to capture the severity of avoidant personality pathology more adequately, it seems advisable to use the description of the disorder specific impairments for AvPD in the AMPD.

## The Next Steps for Meeting Public-Health Needs: Results of an ISSPD Survey of Professionals with Interests in Personality Disorders

Dr. William Ellison<sup>1</sup>, Dr. Steven Huprich<sup>2</sup>, Dr. Alex Behn<sup>3</sup>, Dr. Marianne Goodman<sup>4</sup>, Sophie Kerr<sup>5</sup>, Dr. Kenneth Levy<sup>6</sup>, Dr. Sharon Nelson<sup>7</sup>, Dr. Carla Sharp<sup>5</sup>

<sup>1</sup>Trinity University, San Antonio, United States, <sup>2</sup>University of Detroit Mercy, Detroit, United States, <sup>3</sup>Pontificia Universidad Católica de Chile, Santiago, Chile, <sup>4</sup>The Mount Sinai School of Medicine, New York, United States, <sup>5</sup>University of Houston, Houston, United States, <sup>6</sup>Pennsylvania State University, University Park, United States, <sup>7</sup>University of Michigan, Ann Arbor, United States

### **Biography:**

*William D. Ellison, PhD, is an assistant professor of psychology at Trinity University. He received his doctorate from The Pennsylvania State University and completed a clinical internship at the Massachusetts Mental Health Center/Beth Israel Deaconess Medical Center, Harvard Medical School. He completed postdoctoral training at Rhode Island Hospital, Warren Alpert Medical School of Brown University. His research and professional interests include personality and personality disorders, the use of ecological momentary assessment in research and psychotherapy, and psychotherapy outcome for borderline personality disorder.*

**Objectives:** Scientific understanding of personality disorders has shifted rapidly over the last several years, including the continued development (and adoption in ICD-11) of dimensional models of diagnosis, an increased acceptance of the diagnosis of personality disorder in adolescents, and the ongoing dissemination of multiple evidence-based psychotherapies. A large gap in the availability of clinical services and supports for individuals with personality disorders exists worldwide, however. Given these opportunities and challenges, the Executive Board of the ISSPD undertook a survey to investigate the current practices and attitudes of a broad spectrum of mental-health professionals with regard to personality disorders, as well the unmet public-health needs related to PDs. The aim of this survey was to inform the ISSPD's future scientific and advocacy agenda.

**Methods:** 248 individuals from 21 different countries, representing a variety of disciplines, completed an online survey.

**Results:** Results showed that these professionals preferred a dimensional to a categorical diagnostic scheme for PDs, and they were not as willing to diagnose PDs in adolescents as in adults (although this difference was small and was reduced, especially for psychologists, with dimensional diagnostic methods). The greatest perceived unmet needs were for the availability and accessibility of quality treatments for PD's and for scientific advocacy, with some regions additionally reporting a need for assessment instruments validated for local populations and languages.

**Conclusions:** This study provides a coherent picture of the consensus views of professionals with research and clinical interests in personality disorders. In particular, there is a great need for advocacy and outreach around personality disorders worldwide, in addition to a need for locally-validated assessment tools in some underserved regions.



## Trajectories of psychopathy and exposure to community violence predict engagement in antisocial behavior

Suzanne Estrada<sup>1</sup>, Ivana Bozic<sup>1</sup>, Dr. Cortney Simmons<sup>1</sup>, Dr. Arielle Baskin-Sommers<sup>1</sup>

<sup>1</sup>*Yale University, , United States*

### **Biography:**

*Suzanne (Suzy) Estrada is a doctoral candidate in the Clinical Psychology program at Yale University. Suzy is interested in identifying and specifying basic mechanisms of learning, their relationship to trauma (e.g., childhood maltreatment, exposure to community violence), and their implications for understanding antisocial behavior. Suzy is also interested in the intersection between psychopathy, a personality disorder, and trauma. Clinically, Suzy works with individuals with comorbid trauma and externalizing symptoms.*

**Objective:** Psychopathy represents a set of pathological personality traits characterized by manipulation, callousness, shallow affect, impulsivity, and chronic antisocial behavior. Like other personality disorders and associated traits, there is evidence that psychopathy can change with age, especially across later adolescence and early adulthood. Environmental inputs and life experiences may place new demands on adolescents that result in long-lasting personality changes, and these same experiences may act as turning points for serious antisocial behavior. One life experience strongly correlated with psychopathy is exposure to community violence (witnessing or victimization to violent acts in one's community). Psychopathy and exposure to community violence independently associate with increased antisocial behavior, and separate estimates of longitudinal changes in psychopathy and exposure to community violence indicate that high, stable, levels of psychopathy and exposure to community violence, respectively, confer risk for serious antisocial behavior. However, no studies have examined how psychopathy and exposure to community violence fluctuate together across adolescence and how these joint trajectories predict future antisocial behavior.

**Method:** We used group-based-multi-trajectory modeling in a sample of 15-19-year-olds to identify joint trajectories of psychopathy and exposure to community violence.

**Results:** We identified four trajectories of co-occurrence (Group 1: low-decreasing psychopathy, stable-low exposure to community violence; Group 2: stable-moderate psychopathy, stable-high exposure to community violence; Group 3: stable-moderate/elevated psychopathy, low decreasing exposure to community violence; Group 4: stable-high psychopathy, high-decreasing exposure to community violence). Membership in Groups 2 and 4 predicted increased nonviolent and violent crime, domestic violence, and substance use.

**Conclusions:** Results suggest that moderate and high levels of psychopathy confer risk for antisocial behavior when youth also experience high levels of exposure to community violence. Though pathological personality traits may put youth at risk for increased antisocial behavior, life experiences may provide the necessary conditions under which personality traits translate to severe antisocial behavior.

## Damped oscillations in features of borderline personality disorder: Predicting regulation to equilibrium

Haya Fatimah<sup>1</sup>, Dr. Marina Bornovalova<sup>1</sup>

<sup>1</sup>University of South Florida, Tampa, United States

### **Biography:**

*Haya Fatimah is a doctoral student in clinical psychology at the University of South Florida. She studies the etiology and short-term dynamics of borderline personality pathology.*

Despite long-term stability, there seems to be significant short-term variability in features of borderline personality disorder (BPD). The current study uses stochastic differential equations (SDE) to map the pattern of fluctuations in features of BPD. Specifically, we used the damped linear oscillator model to capture the oscillatory patterns of BPD features as they move away from and are regulated back to a person-specific equilibrium. In addition to the frequency of oscillations, we modeled damping or decrease in displacement from the equilibrium over time. While high frequency reflects the lability of BPD states, high damping may reflect sustained regulation. We modeled the variation in these parameters across individuals and investigated if momentary negative cognitions are associated with frequency and damping.

Intensive longitudinal data were provided by 37 undergraduate psychology students. After baseline assessment, each participant was prompted twice each day for 40 days. Participants provided momentary data using an online survey on their cell phones. Data pertaining to current BPD features and current negative cognitions were used in this study. First, the damped linear oscillator model was fit to BPD subscores in continuous time framework with parameters estimated as fixed effects. Second, the parameters were estimated as random effects, and negative cognitions were used to predict frequency and damping.

Results showed significant frequency ( $b=-0.48$ ,  $SE=0.04$ ,  $p<.001$ ) and damping ( $-1.23$ ,  $SE=0.04$ ,  $p<.001$ ) parameters, with negative parameter values indicating that the system was mean-reverting, and the amplitude of oscillations decreases over time. Hence, despite fluctuations individuals tended to self-regulate to their equilibrium state. Results showed that higher negative cognitions predicted lower damping. However, negative cognitions were not associated with frequency. Some example idiographic results will be visually presented to demonstrate the patterns of reversion to equilibrium following perturbation and damping over time.

## Angry, but not showing it: Examining reactive anger to relived pain among grandiose men

Ellen Finch<sup>1</sup>, Jill Hooley<sup>1</sup>

<sup>1</sup>Harvard University, Cambridge, United States

### **Biography:**

*Ellen Finch, A.M. is a third-year Ph.D. Candidate in Clinical Psychology at Harvard University. She is a member of the Clinical Research Lab and advised by Dr. Jill Hooley. Ellen is interested in social and cognitive processes underlying personality pathology, particularly borderline and narcissistic personality disorders.*

**Objectives:** Reactive anger to social pain (e.g., rejection, betrayal) is a well-studied feature of narcissistic grandiosity (NG). Although a given socially painful event occurs only once, it can be mentally relived countless additional times. However, to date, no research has examined narcissistic anger in reaction to mentally relived pain. **Methods:** Adult male participants (N = 192) were randomized to mentally relive (via five minutes of writing) either a past social pain or past physical pain. Anger was assessed via both self-report and text analysis of participants' writing. **Results:** As predicted, after a participant relived social pain, but not physical pain, NG was positively associated with self-reported anger (interaction:  $\beta = .26$ , SE = .13,  $t = 2.00$ ,  $p < .05$ ). This effect was not found for anger as assessed by text analysis. Given this discrepancy, we conducted a post-hoc examination of the difference score between self-report anger and text analysis anger. NG was associated with a larger difference score following social pain, but not physical pain (interaction:  $\beta = .26$ , SE = .17,  $t = 2.79$ ,  $p < .001$ ). **Conclusions:** These findings provide preliminary evidence that narcissistic reactive anger extends to relived social pain. However, the discrepancy between self-report anger and text-analysis anger suggests a more nuanced picture – although grandiose participants report feeling angrier after relived social pain, their writing reveals the precise opposite. Given that many psychotherapies require the recall and discussion of past social pains, the practical, clinical implications of these findings will be discussed.

## Patient betrayal narratives improve on human confederates for social cognition research in Borderline Personality Disorder

Assistant Professor Sarah Fineberg<sup>1</sup>

<sup>1</sup>*Yale Department Of Psychiatry, New Haven, United States*

### **Biography:**

*Dr. Fineberg is an Assistant Professor in the Department of Psychiatry at the Yale University School of Medicine. Her research focuses on uncovering neural and computational mechanisms of social dysfunction in Borderline Personality Disorder in order to better understand patient experience and improve treatment.*

**Objective:** Borderline Personality Disorder (BPD) is characterized by volatile interpersonal relationships. Deficits in emotion perception and trust learning are now well-established, but underlying mechanism remains unclear. Current laboratory paradigms to study social interaction often deploy static social stimuli with low ecological validity. We developed an audio script from BPD patient narratives of social betrayal to test as a potentially more evocative and ecologically valid alternative to standard practice.

**Methods:** We compared the standard approach, a confederate posing as a game partner, to the script condition. BPD and healthy participants (20/group) completed the Social Valuation Task (SVT), a reinforcement learning paradigm with social and non-social cues, in both conditions.

**Results:** We replicated previous results: across both conditions, BPD participants were more sensitive to betrayal, and both groups weighed social cues (advice) more heavily than non-social cues (color). There was also a significant group-by-condition interaction wherein both groups were equally likely to follow advice in the confederate condition, while the BPD group was less likely to follow advice in the script condition. This result suggests that imaginal exposure (scripts) evoked more mistrustful choices in BPD than did the standard laboratory paradigm, amplifying group differences.

**Conclusions:** These results support the feasibility and validity of this alternative social stimulus. Betrayal scripts hold promise for 1) eliminating the need for deception 2) scaling easily for large online studies, and 3) increasing the ecological validity of social tasks in BPD to understand mechanism of dysfunction in real-world social relationships.

## Good Psychiatric Management for Adolescents (GPM-A): Clinical Intervention for Personality Disorders Early

Assistant Clinical Professor Carl Fleisher<sup>1</sup>

<sup>1</sup>*UCLA Dept Of Psychiatry, Los Angeles, United States*

### **Biography:**

*Dr. Fleisher is an Assistant Clinical Professor at the University of California, Los Angeles (UCLA). His academic focus is on borderline personality disorder (BPD), mentalizing and attachment. He also sees patients in private practice as Medical Director of the Boston Child Study Center Los Angeles. Lastly, Dr. Fleisher serves as Head of Clinical for reflect. reflect is transforming therapy by matching people with the right therapist for them, not just any therapist.*

**Objectives:** Borderline personality disorder (BPD) in adolescence is impairing and highly comorbid with other psychiatric illnesses. This severity and comorbidity require a thoughtful approach of whether and how to prescribe psychotropic medication. This must include the therapeutic context in which any prescribing occurs.

**Method:** Research on psychopharmacologic management of BPD in adolescents, along with a practical approach that guides both prescribing medication and communication about prescribing, will be discussed.

**Results:** Psychoeducation for patients and families, and collaboration with other providers, are important components of treating any psychiatric illness, especially so for adolescents with BPD. Anti-depressants, mood stabilizers, anti-psychotics and other medication classes have been considered, as treatments either for different facets of BPD, or for co-morbid illnesses. Treatment of depression, anxiety, trauma, substance use, insomnia, ADHD and other comorbidities will be included.

**Conclusions:** A practical approach to prescribing, coupled with targeted psychoeducation, are a useful complement to the other therapeutic interventions that comprise GPM-A. This is a simple method that generalists can learn quickly. This also avoids pitfalls like polypharmacy that could expose adolescents with BPD to significant potential harms.

## Personality among Norwegian patients with addictions: Psychometric qualities and characteristics as measured by NEO-PI-R

Psykologspesialist /phd-kandidat Elise Constance Fodstad<sup>1,2</sup>, Dr. Anastasia Ushakova<sup>1</sup>, Dr. Aleksander Hagen Erga<sup>1,2</sup>, Professor Ståle Pallesen<sup>2</sup>, Dr. Egon Hagen<sup>1</sup>, Dr. Eilin Kristine Erevik<sup>2</sup>

<sup>1</sup>Stavanger Universitetssjukehus, Stavanger, Norway, <sup>2</sup>Psykologisk fakultet, Universitetet i Bergen, Bergen, Norway

### **Biography:**

*The presenter is a clinical psychologist at Stavanger Hospital Trust and PhD-candidate at the University of Bergen. Her research interests includes personality, development and Substance Use Disorders.*

### **Objectives**

- (1) To evaluate the replicability of the factor structure of NEO-PI-R in a Norwegian substance use disorders (SUD) cohort. A better understanding of the factor structure will enlighten inventory's internal consistency and construct validity in this subgroup.
- (2) To see whether a «SUD-profile» with high Neuroticism and low Conscientiousness and Agreeableness replicate in this cohort.
- (3) To describe the Extroversion facets and hypothesize why the estimates of this trait differ among SUD-populations.

### **Method**

We analyzed factor replicability using confirmatory factor analysis (CFA) and Procrustes rotation.

We applied structural equation modeling analysis (SEM) to explore the associations between the latent variables.

To confirm a «SUD-profile» and search for divergent E-facet scores, we compared the scores of our cohort with the Norwegian norms of NEO-PI-R.

### **Results**

Although the model fit of the CFA was poor according to all criteria except for the chi-squared test, the Procrustes-rotated factor structure of the Norwegian SUD cohort was close to the Normative American Structure, with high congruence coefficients of each factor and a Tucker congruence coefficient at 0.93. Factor loadings revealed that the hypothesized NEO-PI-R structure was clearly recovered.

The sample had high scores on Neuroticism (N) and low scores on Conscientiousness (C), Agreeableness (A), Extroversion (E) and Openness (O). Although E was low, the facet E5 Excitement-Seeking was slightly elevated.

### **Conclusion**

The study's findings indicates that NEO-PI-R is appropriate to use among Norwegian SUD-patients.

The sample's scores on NEO-PI-R were generally in line with the «SUD-profile» with high N and low C and A. In addition, the sample differed from the norm with low E and O. One might speculate that the deviations on E and O are a consequence of many years of substance use. The discrepancy between facets of the trait Extroversion might explain previous inconsistent results regarding Extroversion in different SUD-populations.

## Therapeutic Processes in Dialectical Behavior Therapy and Mentalization-based Treatment

Susanne Garred<sup>2</sup>, Elina Maisey Gough<sup>2</sup>, Espen Jan Folmo<sup>1</sup>, Kenneth Lindberget<sup>4</sup>, Anita Johanna Tørmoen<sup>3</sup>, Hanne Weie Oddli<sup>2</sup>

<sup>1</sup>Norwegian National Advisory Unit on Personality Psychiatry, Section for Personality Psychiatry & Specialized Treatments, Division of Mental Health & Addiction, Oslo University Hospital, Oslo, Norway, <sup>2</sup>Department of Psychology, University of Oslo, Oslo, Norway, <sup>3</sup>National Centre for Suicide Research and Prevention Institute of Clinical Medicine University of Oslo, Oslo, Norway, <sup>4</sup>Strømme DPS, Kristiansand, Norway

### **Biography:**

*Folmo is educated coach from INSEAD, psychologist from The University of Oslo, and journalist from The Oslo Metropolitan University. He also holds a Certificate in Management and Leadership from MIT. Espen's PhD aimed to bridge the current gap between the so-called specific and general factors in psychotherapy. He is also "Head of Quality Lab for Psychotherapy" at The Norwegian National Advisory Unit. This lab primarily measures adherence and quality for Mentalization-based treatment (MBT), which is an evidence-based treatment for borderline personality disorder. In 2020 he co-authored a book on MBT at Gyldendal with Professor Sigmund Karterud and Mickey Kongerslev.*

**Objectives:** In the pursuit of understanding how evidence-based treatments for Borderline Personality Disorder (BPD) work, we aim to identify strategies to foster a therapeutic relationship in two evidence-based treatments for BPD: Dialectical behavior therapy (DBT) and Mentalization-based treatment (MBT). The therapeutic relationship is considered a common factor in all kinds of healing relationships. Most psychotherapy research on the therapeutic relationship is centered on the concept of the working alliance. This research shows a robust positive correlation between alliance and outcome in therapy. This can be especially relevant for therapeutic processes with patients with BPD, where relational difficulties are considered a core problem. However, in accordance with the nature of the disorder, it is well known that the therapeutic alliance can be extremely complicated in the treatment of BPD. BPD was traditionally viewed as a chronic disorder. Recently, an increasing number of evidence-based treatments for BPD have been developed, and psychotherapy is today the preferred treatment. With the development of different evidence-based treatments, we do have knowledge about what may work, but less about how it works. Vast evidence on common factors in psychotherapy suggests that the effects of psychotherapy may be explained by a complex interplay of theory-specific procedures and alliance work. An understanding of this interaction may aid the development of still enhanced treatment, not only for BPD, but psychotherapy in general.

**Methods:** In depth interpretative phenomenological analysis of the interaction between therapist and patient. **Results:** Analysis resulted in two main themes and six sub-themes. The two overarching themes reflect 1) conflicting agenda for the session, and 2) therapeutic techniques that entail both "meeting" and "challenging" the patient. The themes are presented alongside dimensions to highlight the differences between the two evidence-based treatments. Implications for the therapeutic alliance and possible change mechanisms will be discussed further.

Will be presented by Elina Maisy Gough and Susanne Garred.

## The value of Criterion A and B of the Alternative Model for Personality Disorder for Self-Harming Thoughts in Daily Life.

**Raissa Franssens<sup>1</sup>**, Prof. Dr. Barbara De Clercq<sup>1</sup>

<sup>1</sup>Ghent University, , Belgium

### **Biography:**

*Raissa Franssens is a second year doctoral student at the Department of Developmental, Personality and Social Psychology of Ghent University. Her research is situated at the crossroad of personality psychology and developmental psychopathology, and mainly focuses on the transactional processes and dynamic interactions between personality traits and environmental factors for understanding the development of borderline personality pathology in youth.*

In the context of an ongoing debate, the present study examined the value of the Alternative Model of Personality Disorders (DSM-5; APA, 2013) in predicting acute BPD related symptoms, in daily life. As borderline personality disorder is one of the psychiatric disorders most characterized by instability and variability in symptom expression, we specifically focused on how variability in self-harming thoughts across a 14 day period is captured by Criterion A self- functioning, Criterion B maladaptive traits, and their interactive effects. The current study relies on experience sampling data, collected in a sample of young adults (N = 157) across a 14-day period. Results indicate that beyond the profound value of core maladaptive traits for understanding borderline related symptomatology, it is also worth to assess the extent to which identity-related aspects are experienced, as they may activate trait vulnerabilities and lead to actual symptom expression.



## Unraveling the Reciprocal Effects between Parenting and Child Borderline Traits: A Longitudinal Study on Between- and Within-Family Associations

**Raissa Franssens<sup>1</sup>**, Loes Abrahams<sup>1</sup>, Prof. Dr. Katrijn Brenning<sup>1</sup>, Prof. Dr. Karla Van Leeuwen<sup>2</sup>, Prof. Dr. Barbara De Clercq<sup>1</sup>

<sup>1</sup>Ghent University, , Belgium, <sup>2</sup>KU Leuven, , Belgium

### **Biography:**

*Raissa Franssens is a second year doctoral student at the Department of Developmental, Personality and Social Psychology of Ghent University. Her research is situated at the crossroad of personality psychology and developmental psychopathology, and mainly focuses on the transactional processes and dynamic interactions between personality traits and environmental factors for understanding the development of borderline personality pathology in youth.*

The etiology of borderline personality pathology has consistently been framed as an interactional process between childhood vulnerability and parenting. In this regard, invalidating parenting practices (e.g. ignorance and lack of involvement) have been underscored as important contextual factors that interact with a child's emotional sensitivity and reactivity towards emotion dysregulation and disinhibited behavior. Despite the strong theoretical expectation of these high-risk transactions between child and parental factors, the role of common parenting practices in the development of BPD has mostly been explored as a cause in the development of BPD traits and symptoms, rather than as a result of child-driven effects. The current longitudinal study therefore examines bidirectional effects of common parenting behaviors and child BPD traits in a community sample (n = 574; 54.4% girls). Cross-Lagged Panel Models (CLPM) and Random-Intercept Cross-Lagged Panel Models (RI-CLPM) indicated that transactional parent-child processes of borderline personality disorder development are driven by parenting effects for positive parenting dimensions, but are child-driven for negative parenting dimensions.

## The BRIDGE project: A feasibility randomised controlled trial of brief, intensive assessment and integrated formulation for young people early in the course of borderline personality disorder

Dr Ruchika Gajwani<sup>1,2</sup>, Prof Andrew Gumley<sup>1,2</sup>, Dr Michael Smith<sup>1,2</sup>, Prof Andrew Chanen<sup>3,4</sup>, Prof Helen Minnis<sup>1,2</sup>

<sup>1</sup>University Of Glasgow, Glasgow, United Kingdom, <sup>2</sup>NHS Greater Glasgow and Clyde, Glasgow, United Kingdom, <sup>3</sup>Orygen, Melbourne, Australia, <sup>4</sup>Centre for Youth Mental Health, University of Melbourne, , Australia

### **Biography:**

*Dr Ruchika Gajwani is a clinical psychology research fellow at the Institute of Health and Wellbeing, and an honorary senior clinical psychologist within specialist children's services in the NHS in Glasgow, Scotland. Engaging substantially in the model of early intervention, Ruchika has developed a clinical research programme to understand the developmental pathways to youth mental health (both in relation to at-risk and resilience). Ruchika was awarded the prestigious early career research fellowship from the MQ. The three-year fellowship will focus on a feasibility randomised control trial (The BRIDGE Project) with young people early in the course of Borderline Personality Disorder.*

**Objectives:** Borderline personality disorder (BPD) is a controversial diagnosis in young people. Commonly, young people with BPD are under-diagnosed, untreated, are not in employment or training and are estranged from their families. Yet, they have complex needs and are at high suicide risk. The proposed study (The BRIDGE Project) endeavours to assess the feasibility of conducting a randomised controlled trial (f-RCT) of a BRIDGE, a brief intervention programme for young people early in the course of BPD in the general population of Glasgow, Scotland.

**Methods:** In the BRIDGE Project, we endeavour to conduct an f-RCT following the Medical Research Council Complex Interventions Framework. Sixty adolescents and young people (age 14-24) meeting criteria for BPD symptoms (sub-threshold or threshold), will be randomised in a 1:1 ratio to receive either a) the BRIDGE intervention plus service-as-usual or b) service-as-usual alone. Follow up will be 12 weeks and 24 weeks post-intervention. BRIDGE intervention has a three fold focus: 1) comprehensive assessment 2) Up to sixteen sessions of cognitive analytic therapy 3) shared formulation with multi-agency teams.

The two primary outcomes of this f-RCT are i. recruitment rates and ii. retention rates. The study will investigate the acceptability and appropriateness of our putative outcomes: [ i.] psychosocial functioning [ii.] Quality of life [iii.] emotional regulation [iv.] severity of depression [v.] impulsivity [vi.] severity of self-reported BPD symptoms.

**Conclusions:** Young people with BPD benefit from good clinical care and targeted intervention, however are regularly missed or mis-labelled. The feasibility trial in the general population would provide initial evidence of variable needs of young people with complex needs, who maybe missed from services as they don't "fit" a model/diagnosis. Workable multi-agency service model proposed in the trial would be a major advance in understanding care pathways regardless of trial outcome.

## Borderline personality disorder in the Alternative Model for Personality Disorders: Prevalence and external correlates in three samples

**Dominick Gamache<sup>1</sup>**, Dre Claudia Savard<sup>2</sup>, Mr Philippe Leclerc<sup>1</sup>, Ms Maude Payant<sup>3</sup>, Dr Kristel Mayrand<sup>2</sup>, Ms Marie-Chloé Nolin<sup>1</sup>, Dr Louis-Alexandre Marcoux<sup>4</sup>, Dr Stéphane Sabourin<sup>5</sup>, Mr Marc Tremblay<sup>6</sup>

<sup>1</sup>Université du Québec à Trois-Rivières, Trois-Rivières, Canada, <sup>2</sup>Université Laval, Quebec City, Canada, <sup>3</sup>Université du Québec à Montréal, Montreal, Canada, <sup>4</sup>Centre de Psychologie Québec, Montreal, Canada, <sup>5</sup>Clinique de Psychologie du Couple, Quebec City, Canada, <sup>6</sup>CIUSSS-Capitale-Nationale, Quebec City, Canada

### **Biography:**

*Dominick Gamache, Ph.D., is an associate professor at the Université du Québec à Trois-Rivières (Canada) since 2014. He is also active as a licensed clinical psychologist, supervisor, and trainer. His research projects mainly focus on personality disorders and pathological traits, and more specifically on treatment dropout, the development and cultural adaptation of assessment tools, the applications of the Alternative DSM-5 Model for Personality Disorders, and the impact of personality disorders and maladaptive traits on interpersonal aggression (e.g., sexual abuse, stalking and obsessive relational intrusions).*

**Objectives.** Six specific personality disorder diagnoses are included in the Alternative DSM-5 Model for Personality Disorders, based on a combination of Criterion A elements (pertaining to level of impairment) and Criterion B facets (pertaining to maladaptive personality domains and facets). Thus far, those specific diagnoses have been under-researched. Impediments to large scale empirical investigations on the specific AMPD diagnoses include imprecise guidelines to determine when a Criterion B facet can be considered “present” or “clinically elevated”, and the absence of self-reports tailored to measure these diagnoses. The present study, which focuses on Borderline Personality Disorder (BPD), explores the possibility of retrieving the diagnosis as formulated in the AMPD from two validated self-report questionnaires for Criterion A and B. Prevalence estimates and correlations with external variables relevant for BPD will be explored to rule on the validity of the procedure.

**Method.** Data from three samples (outpatient clinic for personality disorders, private practice clinics, community participants; total N = 766) were examined. BPD diagnoses were retrieved, based on the AMPD formulation, using the Self and Interpersonal Functioning Scale (for Criterion A) and the Personality Inventory for DSM-5 Faceted Brief Form (for Criterion B). Three methods for determining the “presence” of a Criterion B facet were considered. Correlations with external variables (aggression, impulsivity, psychiatric symptoms, attachment, satisfaction with life, self-esteem) were computed.

**Results.** Two of three methods for determining the presence of a Criterion B facet, i.e. score  $\geq 2$  and t score  $> 65$ , yielded plausible prevalence estimates in all three samples. Correlations with external variables were large and consistent with previously documented BPD impairment and difficulties.

**Conclusions.** The present study provides preliminary support for using validated AMPD self-report questionnaires as screening tools to retrieve the BPD diagnosis as formulated in the AMPD.

## Profiles of Personality Functioning and their Association with Reflective Functioning, Borderline Personality Features, Externalizing and Internalizing problems in Adolescents

**Dr Lina Gervinskaite-Paulaitiene<sup>1</sup>**, Dr Rasa Barkauskiene<sup>1</sup>, Gabriele Skabeikyte<sup>1</sup>

<sup>1</sup>*Vilnius University, Institute of Psychology, , Lithuania*

### **Biography:**

*Lina Gervinskaite-Paulaitiene is an Assistant Professor at Vilnius University. Her research interests include developmental psychopathology, personality pathology in adolescence, attachment with special interest on mentalization.*

**Objective.** The move towards dimensional conceptualization of personality pathology opens up questions about possible subgroups of adolescents in relation to their personality functioning. The aim of this study was to explore the profiles of adolescents according to their personality functioning and to compare aspects of psychosocial functioning of these groups. **Method.** Study sample consisted of 373 adolescents (61.3 % girls,  $M = 15.1$ ,  $SD = 1.85$ ) reached through schools ( $n = 310$ ) and clinical settings ( $n = 63$ ). The Levels of Personality Functioning Questionnaire 12-18 (LoPFQ; Goth et al., 2018) was used for distinguishing groups in cluster analysis. Adolescents also completed the Borderline Personality Feature Scale for Children-11 (Sharp et al., 2014), the Strengths and Difficulties Questionnaire (Goodman, 1999), the Reflective Function Questionnaire for Youths-8 (Sharp et al., 2009, Fonagy et al., 2016). **Results.** Study results revealed that five clusters can be distinguished in this study sample according to differing levels of impairment related to self and/or interpersonal domain: a) adaptive, b) normative problems, c) difficulties in self-related domain, d) difficulties in interpersonal domain e) most impaired. On one hand, most intergroup comparisons revealed that groups meaningfully differed in reflective function, externalizing and internalizing problems, borderline features. On the other hand, groups with difficulties in the self-related domain (c) and most impaired (e) differed only in reflective function, where the most impaired group endorsed higher certainty about mental states. Moreover, the group characterised by difficulties in interpersonal domain (d) compared to the group with normative problems (b) reported more hyperactivity and conduct problems and less prosocial behavior. **Conclusion.** Profiles with differing levels and aspects of personality functioning impairment can be distinguished in mixed adolescent sample. External comparators between groups provide further understanding of adolescents' functioning. The study was funded by a grant (No S-MIP-21-20) from the Research Council of Lithuania.

## Psychometric properties of the LoPF-Q 6-18 Parent in a school and clinic sample

**Dr. Kirstin Goth<sup>1</sup>**, Prof. Klaus Schmeck<sup>1</sup>, MD Marc Birkhoelzer<sup>1</sup>

<sup>1</sup>Psychiatric University Clinics (UPK), Department Of Child And Adolescent Psychiatry, Basel, Switzerland

### **Biography:**

Kirstin Goth, Dipl-Psych, PhD, is senior researcher at the Psychiatric University Clinics (UPK) in Basel, Switzerland. She is specialized in test construction with focus on age-adaption and culture-adaption.

*She leads the international project on „Phenotyping healthy and impaired personality development in children and adolescents - Early assessment of PD“ in which several instruments had been developed (AIDA, LoPF-Q, OPD-CA2-SQ) and many culture-adaptions had been supported. She organizes the online platform „academic-tests“ to make available all test versions free of charge for scientific studies in order to promote early detection and treatment of PD and joint research.*

**Objective:** The upcoming ICD-11 incorporates a lifespan perspective, the age restriction of the diagnose PD to adults or older adolescents will be abolished. To enable investigations on the applicability and clinical utility of the new dimensional concept of Personality Disorders (Criterion A, Levels of Personality Functioning) in children from 6 years up and young adolescents, age-specific reliable and valid assessment tools are needed.

**Methods:** We used our established self-report instrument LoPF-Q 12-18 (Levels of Personality Functioning Questionnaire) as the basis to develop an age- and informant-adapted inventory for measuring the four domains of functioning in younger ages and in parent report. The focus lied on capturing the same psychological content in the same clinical relevance with clear and easy-to-understand formulations. Item pools were developed in a team of experts from test construction and child psychiatry and psychotherapy and were improved in a stepwise process with beta and pilot tests.

**Results:** A test version of LoPF-Q 6-18 Parent could be established with 46 items, showing good scale reliabilities Alpha for the total scale „Impairments in functioning“ (.96) and for the four subdomains Identity, Self-direction, Empathy, and Intimacy (.88, .91, .91 and .86). The total score discriminated highly significant ( $p=.000$ ) and with a large effect size ( $d=1.9$  standard deviations) between patients with marked psychological problems (Mean=98,8, SD=30,3) and children and adolescents without (Mean=44,3, SD=22,5). Assessments were performed in N=80 families from five different CAP insitutions from Switzerland, Germany and Austria (Basel, Frankfurt, Saarbrücken, Berlin, Wien). The results of a bigger study in several schools and clinics will be presented.

**Conclusion:** It is possible to assess the new dimensional concept of Personality Disorder with equivalent basic psychometric properties in children from 6 years up in parent report. Further investigation on the diagnostic and therapeutic impact of impaired personality functioning in children is needed.

## Localizing the FC program to the Jewish and Israeli milieus in the State of Israel: Improving participant engagement and comprehension by applying theologically, culturally, historically, and socially relevant paradigms.

### Mr. Meshulam Gotlieb<sup>1</sup>

<sup>1</sup>National Educational Alliance For Borderline Personality Disorder, Israel, Jerusalem, Israel

#### **Biography:**

*Meshulam Gotlieb, MA, an academic translator and editor, is the father of a daughter with mental health challenges, including BPD. He lives in Jerusalem, and is co-founder and managing director of NEABPD, Israel. He has been involved in the NEABPD translation of the Family Connections material into Hebrew and has organized and facilitated over 500 hours of Family Connections courses in Israel since 2017. Based on this experience, he presented a workshop entitled "How We Teach Radical Acceptance to Family Members in Family Connections" with Chaya Leiba Kobernick, PsyD, at the Israeli Association for Cognition and Behavioral Psychotherapy's 2021 conference.*

#### **Objectives**

Discuss challenges and opportunities in adapting Family Connections (FC) delivery in Jewish and Israeli settings in the State of Israel. Delineate the particular challenges and opportunities in program delivery to secular, traditional, religious and ultra-Orthodox sectors of the Jewish demographic in the State of Israel.

#### **Methods**

Meshulam Gotlieb will share his experience as a Family Connections leader and as the organizer of FC groups across Israel to demonstrate how localization helped overcome certain challenges and enhanced the participants' learning experience. In addition, post surveys, interviews, and oral and written testimonials from family members participating in FC, will demonstrate the challenges and opportunities localization presents.

#### **Results**

Observing the impact of localization on the Family Connections™ program was an eye opener. The presentation of theologically, culturally, historically, and socially relevant paradigms taken from Jewish and Israeli contexts strengthened the delivery of the material and enhanced the participants' ability to grasp it and take it to heart.

#### **Conclusions**

The Jewish and Israeli contexts in the State of Israel present unique challenges and opportunities that can be addressed in the implementation of the Family Connections™ program. Additional effort to provide a program environment that is relevant and respectful of family members' cultural roots and experiences will ensure optimal program delivery.

<sup>1</sup>Institute of Psychotherapy, Lausanne University Hospital (CHUV), Lausanne, Switzerland, <sup>2</sup>Department of Clinical Psychology and Psychotherapy, University of Bern, Bern, Switzerland, <sup>3</sup>Institut für Psychologische Psychotherapie, Bochum, Germany

I am a young scientist-practitioner psychologist with a passion for integrative clinical practice and research in psychotherapy currently pursuing a Ph.D. in clinical psychology where I investigate the role of emotional arousal in the treatment of clients presenting with a Borderline Personality Disorder. Alongside my research, I am also training to qualify as a psychotherapist. I am a sucker for metal music, horror movies, video games, books and an unconditional Finland lover.

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## The Psychiatry High Risk Program: A Novel Recovery-Based Suicide Prevention Program Reduces Rehospitalizations

**Robert Gregory<sup>1</sup>**

<sup>1</sup>Suny Health Science Center, Syracuse, United States

### **Biography:**

*Robert J. Gregory, M.D. is Professor in the Department of Psychiatry at Upstate Medical University and founding Director of the Psychiatry High Risk Program, a recovery-based suicide prevention program for suicidal youth and young adults. Clinical and research interests include borderline personality disorder, addictions, and suicide prevention. He is the developer of dynamic deconstructive psychotherapy (DDP), an evidence-based individual therapy shown to be effective for borderline personality disorder, depression, substance use disorders, and suicide-related behaviors*

**Objectives:** Suicide prevention efforts have focused primarily on screening, education, and brief interventions, rather than treatment of underlying vulnerabilities. The Psychiatry High Risk Program (PHRP) was established in 2017 as a specialized outpatient program for suicidal young adults that facilitates transitions in care and provides comprehensive treatment aimed towards healing and recovery. The PHRP facilitates transitions in care and provides specialized treatment involving weekly dynamic deconstructive psychotherapy supplemented by pharmacotherapy, and family and group therapies, as indicated. **Method:** The effectiveness of this model was evaluated for 32 consecutive referrals from an acute psychiatric hospital of patients admitted for suicidality. Chart reviews were performed to assess rehospitalization rates at 30, 90, and 180 days post-discharge, and compared to a matched historical cohort admitted to the same hospital for suicidality (TAU). **Results:** Patients entering PHRP received  $15.6 \pm 7.6$  DDP sessions and  $3.5 \pm 2.8$  psychopharmacology visits; and depression decreased from PHQ-9 =  $20.4 \pm 3.25$  at entry to  $13.1 \pm 5.93$  at 180 days post-discharge [ $F(1, 19) = 27.7$ ,  $p < .01$ ,  $d = 1.64$ ]. Suicide ideation (item 9 of PHQ-9) decreased from  $2.00 \pm .97$  to  $.75 \pm .79$  at 180 days [ $F(1, 19) = 21.4$ ,  $p < .01$ ,  $d = 1.38$ ]. PHRP patients required 3 emergency room visits and no rehospitalizations. TAU patients required 14 emergency room visits and 20 rehospitalizations by 180 days post-discharge ( $U = 336$ ,  $z = 3.60$ ,  $p = .000$ ), demonstrating an average savings of over 2 hospital days per patient per month. **Conclusions:** These early results suggest that a recovery-based suicide prevention program can be feasible and sustainable, and may be cost-effective in a value-based system of care.



## Relationship patterns associated with poor progress in psychotherapy for personality disorder: process-outcome links

**Professor Brin Grenyer<sup>1</sup>**

<sup>1</sup>*University Of Wollongong, , Australia*

### ***Biography:***

*Brin Grenyer is Professor of Psychology and Director of the Project Air Strategy for Personality Disorders*

There is increased interest in processes of change in the psychotherapy of personality disorder, but findings are elusive. Studies have sought to investigate changes in emotional dysregulation, neurobiology and behavioural markers of impulsivity and self-harm with mixed results. Several theories of treatment emphasise a relational model. We aimed to investigate specific relational themes within psychotherapy. We studied the progress of 60 patients receiving dynamic psychotherapy (55% female; mean age 44 years). The severity of personality disorder was derived through an analysis of number of endorsed items on the SCID-II Personality Disorder Structured clinical interview. Attachment and other relational measures were assessed from interview at intake, and relationship status indicated about half were not in a current relationship.

Relationship status, discomfort in closeness or preoccupation with closeness, domineering personality style, and ongoing chronic hopelessness and low self-esteem, were all associated with poorer progress and outcome from psychotherapy.

Challenging personality disorder features in the face of social isolation created particular challenges for the therapist and treatment. These findings underscore the importance of developing better strategies to reach patients who are already more isolated and pessimistic about their relationships.

## Stepped care for personality disorders within a busy public mental health service

**Professor Brin Grenyer<sup>1</sup>**

<sup>1</sup>*University Of Wollongong, Wollongong, Australia*

### ***Biography:***

*Brin Grenyer is Professor and Director of the Project Air Strategy for Personality Disorders*

**Objectives:** Although there is growing evidence that stepped models of care are useful for providing appropriate, person centered care, there are very few studies applied to personality disorders. A whole of service stepped care model was evaluated. The intervention stepped between acute emergency crisis mental health services and longer-term outpatient treatments.

**Methods:** We studied 191 individuals pathways of care from emergency through to community. Proportions of individuals retained across the intervention and the referral pathways accessed following the intervention were examined. Symptom improvement and quality of life were evaluated.

**Results:** Stepping from acute emergency to psychological care was successful, retaining 84.29% of individuals. 60.21% remained for 2 weeks or more and 41.89% for one month. Only 13.61% of the sample required their care to be “stepped up” within the service, whereas 29.31% were referred to other treatment providers following referral to the intervention. Participants showed significant reductions in borderline personality disorder symptom severity and distress and an increases in quality of life. The largest reduction was found for suicidal ideation ( $d = 1.01$ ) supporting the stepped care approach as a suicide prevention strategy

**Conclusions:** Providing steps from acute services to short psychological care, to longer-term treatments demonstrated value in both responsiveness to need and clinical impact. Suicide risk and symptom severity reduced and quality of life improved. Very few patients deteriorated, suggesting that timely stepped models largely met patient clinical need.

## Integration of stepped care personality disorder and suicide prevention pathways in a major mental health service

**Professor Brin Grenyer<sup>1</sup>**

<sup>1</sup>*University Of Wollongong, Wollongong, Australia*

***Biography:***

*Brin Grenyer is Professor and Director of the Project Air Strategy for Personality Disorders*

**Objectives.** We studied a major mental health service in one of the highest areas of population growth in Australia. In addition, it had a very high itinerant population through its gateway to large tourist attractions. The emergency mental health services have high presentations of disordered behaviour, suicidal risk, self-harm, substance abuse and personality disorder crises. Integrating suicide prevention and personality disorder services were a priority.

**Method.** We describe how clinical pathways were developed for suicide prevention and personality disorder, using staged stepped care and integration of clinical teams with clear choice points to different services. Consumer and carer input and lived experience was integrated.

**Results.** The voices of key members of the implementation team are presented. Qualitative evaluation demonstrated significant improvements in response and clinical care. Unexpected delays were analysed and case studies were developed.

**Conclusion.** There is value in implementing joint suicide prevention and personality disorder services. Lessons from implementing these in "real life" are discussed.

## Stress reactivity in people with antisocial personality disorder: an ESM study in forensic psychiatry

Phd Petra Habets<sup>1</sup>

<sup>1</sup>OPZC Rekem, Rekem, Belgium

### **Biography:**

*Petra Habets is a researcher at the Knowledge Centre Forensic Psychiatric Care founded by the psychiatric hospital in Rekem (Belgium). Her research is mainly focussed on forensic psychiatry regarding the assessment of security needs, diagnostic assessments and diary techniques.*

**Background:** ESM is a structured diary technique assessing thoughts, mood, and psychiatric symptoms in everyday life. Used in psychiatry, ESM provides very detailed descriptions of the daily lives of patients and the variability of the symptoms over time and in different situations. Research has provided ample evidence for the efficacy of the use of ESM in general psychiatry but the use in forensic psychiatry and in people with antisocial personality disorder has been limited. Studies have shown increased stress sensitivity in people with a psychotic disorder, in contrast, people with antisocial personality disorder appear to have a blunted stress response. Using ESM, the association between small daily life stressors and thoughts, mood and psychiatric symptoms (i.e. stress sensitivity) can be measured. In this study we want to investigate stress sensitivity in forensic patients with an antisocial personality disorder.

**Method:** The PsyMate© emits a signal 10 times a day on 6 consecutive days, at unpredictable moments. After each 'beep', the patients completes ESM self-assessment forms concerning current context (e.g., who is with you), thoughts (e.g., 'I do not want to do this'), emotions (e.g., 'I feel sad'), and psychotic experiences (e.g., 'I feel suspicious'). Different types of stress can be measured (e.g., event stress, social stress and activity stress).

**Results:** The level of stress reactivity in patients with a antisocial personality disorder will be investigated.

**Discussion:** This will be the first study investigating ESM stress reactivity in people with an antisocial personality disorder. These results can give important insights on the relationships between symptoms and mood in real life contexts. ESM results can also be used as an aid for tailor made treatment plans.

## Understanding the Impact of Cannabis Use in Individuals with Borderline Personality Disorder Features

Kevin Hamdullahpur<sup>1</sup>, Dr. Amanda Uliaszek<sup>1</sup>

<sup>1</sup>University Of Toronto, Toronto, Canada

### **Biography:**

*Kevin Hamdullahpur is currently a PhD candidate in Clinical Psychology at the University of Toronto. His research examines the intersection between personality disorder and substance use, with specific focus on the roles of emotion dysregulation and impulsivity.*

Borderline personality disorder (BPD) is a disorder of pervasive interpersonal, behavioural, cognitive, and emotional dysregulation. More than half of individuals with BPD will meet criteria for a co-occurring substance use disorder (SUD), with recent studies identifying cannabis as the most frequently used drug among those with BPD. The high rate of co-occurring cannabis use and BPD is not well understood, however, several studies suggest common biological vulnerabilities contribute to the development of both problematic cannabis use and BPD traits.

For example, negative urgency (NU) demonstrates a robust relationship with BPD features, and also mediates relationships between childhood maltreatment, major depressive disorder, and anxiety sensitivity with cannabis problems. Alternatively, non-acceptance (NA) of emotional responses has primarily accounted for the relationship between emotion dysregulation, a core feature of BPD, and cannabis coping motives, a predictor of problematic use. An examination of these variables in relation to BPD symptoms may clarify the high rates of co-occurring cannabis use observed in this population. Participants in the current study included a mixed sample of community cannabis users, and undergraduate cannabis users, both reporting BPD symptoms. Participants completed brief interviews assessing substance use followed by a series of online self-report questionnaires examining demographics, BPD symptoms, cannabis problems, cannabis use motives, emotion dysregulation, and impulsivity. Preliminary analyses will test multiple mediation models to examine whether shared variance between BPD symptoms and cannabis related problems, was uniquely accounted for by two mechanistic variables, NU and NA. It is expected NA and NU will demonstrate significant, direct, and positive relationships with cannabis problems. We expect both NA and NU will mediate the relationship between BPD symptoms and cannabis problems.

A greater understanding of the relationships between cannabis use, BPD symptoms, NA, and NU may lead to a more nuanced understanding of shared their etiologies, while clarifying factors signalling problematic cannabis use.

## The Personality Disorders Awareness Network: The Worlds Largest Gathering of Those Interested in Personality Disorder

Mr Keir Harding<sup>1</sup>

<sup>1</sup>*Personality Disorders Awareness Network, Chester, United Kingdom*

### **Biography:**

Keir is an occupational therapist with 20 years experience in mental health. He holds an MSc in Personality Disorder and is CEO of Beam Consultancy, an organisation helping those with a 'BPD' diagnosis avoid long term private hospital admissions. Keir is the treasurer for BIGSPD, the British and Irish Group for the Study of Personality Disorder. He co hosts the podcast The Wrong Kind of Mad

*Keir has served as an administrator for the Personality Disorders Awareness Network for the past year.*

The increased use of social media over the past 20 years has significantly closed the traditional distances between patients, clinicians and researchers. The Personality Disorder Awareness Network (PDAN) is a not-for-profit organization dedicated to increasing public awareness of personality disorders, alleviating the impact of personality disorders on families, and intervening early in the personality development of children. On Facebook the Personality Disorders Awareness Network (PDAN) has a following of over 700,000 people. This is the largest collection of those interested in and experiencing 'personality disorder' in the world. Posts from the page reach from thousands to millions of people. This presentation describes the development of PDAN, the goals of the organisation and its future aspirations. We will share the results of asking our followers what those attending ISSPD need to know including reflections on the impact of diagnosis, the availability of help and knowledge of current practice & research.

We wish to use this session to engage in a dialogue around how the international academic and clinical community can contribute to the site while also accessing a large pool of individuals eager to contribute to ongoing research and developments in this area.

## How to differentiate personality disorders from autism spectrum disorders in geriatric psychiatry?

Msc. Sylvia Heijnen-Kohl<sup>1</sup>

<sup>1</sup>Mondriaan Mental Hospital, Heerlen, Netherlands

### **Biography:**

*Sylvia Heijnen-Kohl is a clinical psychologist/psychotherapist and director at Mondriaan geriatric mental health care in Heerlen-Maastricht, The Netherlands. She is a cognitive behavioral therapist/supervisor and senior schematherapist. She specializes in (differential) diagnosis of personality disorders and autism spectrum disorders in older adults.*

### **Symposium**

Diagnostic challenges of Older Adults with Personality Disorders

Chair: Prof. Dr. S.P.J. van Alphen

Lecture 4: How to differentiate personality disorders from autism spectrum disorders in geriatric psychiatry?

Sylvia Heijnen-Kohl

Mondriaan Mental Hospital, geriatric mental health care

### **Background and objectives**

The awareness about Autism spectrum disorders (ASD) in older adults is increasing, but diagnosis remains complex. Practice based knowledge has become available, but research is still scarce. Differentiating ASD from personality disorders (PD) in older adults is even more complicated because of shared characteristics and the lack of research. Personality questionnaires are found to be sensitive to ASD characteristics. This provided the basis for our research on detecting ASD in older adults and differentiating it from PD.

### **Methods**

The scores on the Hetero-Anamnestic Personality questionnaire, (HAP; informant based; developed and validated for older adults) were compared (t-test and hierarchical regression analyses) between three groups (age > 60): an ASD group; a psychiatric group (without ASD and without PD but with other co-occurring conditions); a PD group (without ASD but with PD and other co-occurring conditions; pilot group).

### **Results**

The ASD group had significantly higher scores compared to the psychiatric group, with large effect sizes, on the HAP scales: 'Socially avoidant behavior', 'Rigid behavior' and 'Unpredictable and impulsive behavior'. Compared to the PD group preliminary results indicate that the significant differences are maintained for the scales 'Socially avoidant behavior' and 'Rigid behavior'.

### **Conclusion**

This is the first psychometric study on differential diagnosis of ASD and other psychiatric diagnosis, including personality disorders, in older adults. Results show the feasibility of using the HAP for detecting ASD in older adults, even in the presence of co-occurring conditions. Further research for differential diagnosis with PD is initiated. More knowledge is needed to improve diagnosis and provide appropriate care for older adults.

## Biological Embedding of Early-Life Stress: From Mechanisms to Novel Approaches for the Developmental Programming of Lifelong Health

**Prof. Dr. Christine Heim<sup>1</sup>**

<sup>1</sup>Charité Universitätsmedizin Berlin, , Germany

### ***Biography:***

*Prof. Christine Heim is the Director of the Institute of Medical Psychology at Charité. She is also a Member of the Cluster of Excellence NeuroCure at Charité in Berlin as well as Research Professor of Biobehavioral Health at Pennsylvania State University. Her research focuses on understanding the biological mechanisms that underlie the link between childhood trauma and increased risk for developing a range of psychiatric and medical disorders across the lifespan. With this research, she hopes to derive novel pathophysiology-driven targets for the prevention and intervention of disorders related to early-life stress.*

Adversity in early life, such as childhood abuse, neglect and loss, during times of developmental plasticity can cause lifelong biological changes that leave the individual vulnerable to subsequent challenge and at markedly heightened risk to develop a broad spectrum of diseases. Understanding trajectories of biological embedding across development, as well as their moderation by gene-environment interaction, is critical to enable us to design novel interventions that directly reverse these processes and to derive biomarkers that identify children who are at risk to develop disorders or are susceptible to a specific intervention. Such advances will promote personalized care based on risk profiles and will inform targeted and mechanism-based interventions to mitigate the adverse outcomes of early-life stress. By specifically targeting processes of developmental programming, it may even be conceivable to set children on positive trajectories of health and adaptation with lifelong beneficial effects.

Funded by the German Ministry of Research and Education Research 01KR1301 and 01GL1743 and Deutsche Forschungsgemeinschaft (DFG, German Research Foundation) under Germany's Excellence Strategy – EXC-2049 – 390688087.



## Negative Affect as a Predictor of Binge Eating in Borderline Personality Disorder

**Katherine Hein<sup>1</sup>**, Jiwon Min<sup>1</sup>, Maggie Walgren<sup>1</sup>, Dr. Stephanie Mullins-Sweatt<sup>1</sup>

<sup>1</sup>Oklahoma State University, Stillwater, United States

### **Biography:**

*Katherine Hein is a graduate student in the clinical psychology program at Oklahoma State University. She received her B.A. in psychology and public health from Johns Hopkins University, and her masters of health science in public mental health from the Johns Hopkins Bloomberg School of Public Health. Her current research interests include assessment of borderline personality disorder, emotional regulation, and maladaptive behaviors such as binge eating.*

### **Objectives:**

Borderline Personality Disorder (BPD) is a disorder characterized by extreme and maladaptive levels of negative affect. More than one-third of individuals with BPD have comorbid binge eating disorder (BED) and impulsive binges occur even among those individuals with BPD who do not have a diagnosis of BED. Binge eating poses major health risks to those who engage in it. The affect regulation theory of binge eating states that prior to a binge eating episode there will be an increase in negative affect. This theory has been supported in populations with BED, bulimia nervosa, and in obese, non-eating disordered populations. However, no studies have examined affect regulation theory in individuals with BPD. This research sought to examine whether negative affect predicted a later binge eating episode through ecological momentary assessment (EMA) of mood and behavior.

### **Method:**

Participants were recruited from undergraduate psychology courses (N=87) and from the surrounding community (N=96) to complete a study consisting of interviews (MINI, SCID-II BPD), self-report (PANAS, SCID-II Personality Questionnaire), and EMA (Maladaptive Behavior Scale, Momentary Impulsivity Scale, PANAS, Personality Diagnostic Questionnaire-4 BPD section).

### **Results:**

HLM techniques will be used to examine the prediction of binge episodes (intercept) and linear, quadratic, and cubic changes (slope) in binge episodes (level 1 data) based on preceding EMA negative affect (level 2 data).

### **Conclusions:**

It is hypothesized that individuals will engage in binge eating episodes following an increase in negative affect. This finding would provide support for the affect regulation theory of binge eating in individuals with BPD. Understanding the relationship between negative affect and binge eating in a high BPD population may allow for the development of better treatments in the future. Further implications for research and clinical practice will be discussed.

## Norwegian clinicians' experiences of learnability and usability of SCID-II, SCID-5-PD and SCID-5-AMPD-I interviews: A sequential multi-group qualitative approach

**Ph.d Student Aleksander Heltne<sup>1,2</sup>**, Christina Bode<sup>3</sup>, Benjamin Hummelen<sup>1</sup>, Erik Falkum<sup>1</sup>, Sara Germans Selvik<sup>4,5</sup>, Muirne Paap<sup>1,6</sup>

<sup>1</sup>Oslo University Hospital, Oslo, Norway, <sup>2</sup>University of Oslo, Oslo, Norway, <sup>3</sup>University of Twente, Enschede, The Netherlands, <sup>4</sup>Namsos Hospital, Namsos, Norway, <sup>5</sup>Norwegian University of Science and Technology, Trondheim, Norway, <sup>6</sup>University of Groningen, Groningen, The Netherlands

### **Biography:**

*Aleksander Heltne graduated with a professional degree in clinical psychology from the University of Bergen in 2019. He now works as a Ph.D researcher for Oslo University Hospital. His project centers on facilitating ease of use in standardised instruments for the assessment of DSM personality disorders.*

### **Objective:**

Explore and compare clinicians' experiences of the usability and learnability of structured clinical assessment interviews developed for the DSM-5 section II PD and III AMPD.

### **Method:**

Following a sequential multi-group qualitative approach, 20 Norwegian clinicians were interviewed about their experiences with either the SCID-II/5-PD (Standard group, N = 9), the SCID-5-AMPD-I (Alternative group, N = 8) or both (Mixed group, N = 3). Two separate thematic analyses were carried out, one for the standard and one for the alternative group. To explore similarities and differences between groups, a comparison of themes informed by mixed group interviews was also carried out.

### **Results:**

Training was seen as important for both interviews, though the SCID-5-AMPD-I was indicated to rely more explicitly on unfamiliar theories related to the development of the AMPD model in general and the LPFS specifically. Despite requiring more theoretical background knowledge the AMPD was described as providing useful insights into patient's unique problems and functioning. Additionally, we identified both shared and unique shortcomings with the SCID-II/5-PD and SCID-5-AMPD-I interviews.

### **Conclusion:**

Our findings emphasize the need for training guidelines for both interviews and identify potential for improvements to optimize learnability and usability.

## International perspectives on the impact of family engagement in Family Connections

**Ms Meagan Henderson<sup>1</sup>**

<sup>1</sup>*Neabpd Australia Pty Limited, Melbourne, Australia*

### ***Biography:***

*Meagan Henderson attended the Family Connections program in 2017 after her ex-husband was diagnosed with BPD after many years of multiple mental health diagnoses. She experienced first-hand the enormous positive impact the program had not only on herself but also her wider family unit. Immensely grateful for the skills, hope and human connection the program offered her, she began volunteering her time to support the FC program in Victoria. In 2019 she stepped in to an executive role to oversee the expansion of the program across Australia.*

### **OBJECTIVES**

Meagan Henderson will share her experiences and learnings from overseeing expansion of Family Connections (FC) program through NEABPD Australia. The organisation aims to reach a population which is geographically dispersed, address varying service gaps between regions, and increasing the focus on the needs of carers.

### **METHOD**

Travel distances and low population density require flexibility in bringing FC to various regions. In addition to training family carers as FC leaders in larger population centres, NEABPD Australia has identified and partnered with key clinicians, health service organisations and selected Universities to provide groups for carers in communities across Australia.

Surveys are conducted at the start and conclusion of each group to measure the efficacy of the program.

### **RESULTS**

Partnerships with key health services and educational institutions, involvement of highly experienced DBT-trained clinicians and family carer peers, and use of flexible delivery models, has enabled the expansion of the Family Connections program in diverse communities across Australia.

Survey results and anecdotal data shows a positive impact on carers who participate in the program. Low barriers to access benefit families of all socio-economic levels.

### **CONCLUSIONS**

By providing family members from various communities with skills and hope through the FC program, there is less volatility in the home environment, improved relationships and reduces the burden on the health system.

As reach has expanded and the program is becoming more accessible throughout Australia, there is a recognised need to develop a long term sustainable funding model to continue to deliver the program free of charge to all participants, and to be able to offer the program where there is continued demand.

## An experimental investigation of distrust and emotion processing in individual with childhood treatment and Borderline Personality Disorder

Dr. Johanna Hepp<sup>1</sup>, Ms Sara E Schmitz<sup>1</sup>, Ms Jana Urbild<sup>2</sup>, Ms Kathrin Zauner<sup>2</sup>, Dr Inga Niedtfeld<sup>1</sup>

<sup>1</sup>Central Institute Of Mental Health Mannheim, , Germany, <sup>2</sup>University of Mannheim, , Germany

### **Biography:**

*Johanna is currently working as a postdoctoral researcher at the Central Institute of Mental Health in Mannheim in the work group of Dr. Inga Niedtfeld. Her research focuses on interpersonal dysfunction in BPD, proximal predictors of non-suicidal self-injury, and dimensional concepts of personality pathology. She enjoys researching these questions with both experimental and ambulatory assessment methods as well as using web-based data collection.*

**Objectives:** Borderline Personality Disorder (BPD) and childhood maltreatment (CM) are both theorized to entail increased levels of distrust and sensitivity to interpersonal threat. We aimed to test this using a distrust game and an emotion rating paradigm. We hypothesized that higher levels of CM and BPD diagnosis are associated with greater distrust and negatively biased emotion processing, and that distrust would be more resistant to correcting feedback in these individuals. In an exploratory manner, we aimed to test the relative strength of the CM and BPD associations with these constructs.

**Methods:** The study was pre-registered and conducted online (<https://osf.io/pufy2/>). 549 Participants completed two rounds of a hypothetical distrust game and received feedback after the first round indicating that participants in round 1 were overwhelmingly trustful. We expected individuals with greater CM (measured using the CTQ) and BPD diagnosis (self-reported) to adapt their estimates less in round 2, following the feedback. After the distrust game, participants completed an emotion rating task of angry, fearful, and happy faces. We expected individuals with greater CM and BPD to show negatively biased ratings. We analysed the data using linear mixed effects models.

**Results:** Supporting our hypotheses, CM and BPD diagnosis were both associated with higher levels of distrust when considering them individually. Moreover, individuals with BPD/ higher CM showed a greater resistance to positive feedback and a weaker decrease in distrust in round 2. Higher CM and BPD diagnosis were also associated with negatively biased emotion ratings. When testing CM and BPD against each other, BPD diagnosis showed the stronger effect.

**Conclusions:** Both CM and BPD showed associations with distrust and negatively biased emotion processing of fearful and angry faces and adapted their distrust ratings less in response to positive feedback. We discuss treatment implications and the relative overlap between CM and BPD.

## Neural processing of protected and non-protected moral values in high-psychopathic participants

Prof. Dr. Sabine Herpertz<sup>1</sup>, Dr. Kai Ueltzhöffer<sup>1</sup>, Prof. Friederike Nüssel<sup>1</sup>

<sup>1</sup>Heidelberg University, Heidelberg, Germany

### **Biography:**

*Director of the Dept. of General Psychiatry, Center of Psychosocial Medicine, Heidelberg University*

The COVID-19 pandemic raises moral issues about whether the needs of vulnerable groups should be addressed at the expense of one's own freedoms. Deeply culturally embedded, protected moral values often create empathic concern for people who are exposed to an existential threat, so that we spontaneously help without taking into account our own costs. Using a script-driven imagery paradigm, we investigated the neurobiological processes underlying perception and decision-making based on social signals that express the request for help. We include individuals with different inclinations to follow moral values to help and contrast whether these signals touch protected or non-protected values. With regard to interindividual differences in following moral values psychopathic individuals measured by the 'Short Dark Triad' within a non-clinical population of N=264 participants are of particular interest. Appeals to help in the context of protected versus non-protected moral values elicited stronger neural activities in regions associated with emotion processing, salience and empathy, rule-based decision making, as well as self-regulatory networks. Non-protected values, which are positively sanctioned but basically negotiable, evoked stronger responses in regions associated with autobiographic and self-referential processing. Crucially, high-psychopathic individuals showed increased activations in parietal regions, associated with the accumulation of cost and benefit signals in decision-making, regardless of whether protected or non-protected moral values were concerned. Thus, to increase the adherence of these individuals in situations, where they are required to incur personal costs for the common good, e.g., by following hygiene regulations and social distancing measures required to protect vulnerable groups of society during the COVID-19 pandemic, it might be favorable to argument in terms of personal long-term benefits, or to implement and enforce personal costs, instead of only appealing to moral values.

## The effects of the Impulsive Lifestyle Counseling program on crime

Associate Professor Morten Hesse<sup>1</sup>

<sup>1</sup>Aarhus University, Aarhus, Denmark

### **Biography:**

*Morten Hesse is an associate professor at the Center for Alcohol and Drug Research at Aarhus University, Denmark. He has worked as a clinical psychologist with patients with substance use disorders both prior to and in parallel with his research work.*

Almost no research has considered offending as an outcome of treatment for co-morbid antisocial personality disorder and substance use disorder. This is paradoxical, as patients with this combination have a particularly high risk of offending. The purpose of this study was to assess the efficacy of a brief psychoeducational program, the Impulsive Lifestyle Counseling, on offending within the first year after treatment. Patients were assessed using the MINI interview to assess antisocial personality disorder, and psychoeducation was delivered as part of general clinical practice. Randomization was conducted in blocks of varying sizes. Records were linked to a national crime database after the fact. Only offences leading to convictions were considered, and the total number of offences were counted within the twelve months period after randomization, as well as the number of offences within each category (property, violent, drug related, and driving under the influence). Negative binomial regression was used to assess the effects of treatment. In intention-to-treat analyses, random assignment to brief psychoeducation was associated with a lower number of total (incremental risk ratio [IRR]=0.43,  $p=0.011$ ; adjusted IRR=0.33,  $p<0.001$ ), property (IRR=0.30,  $p=0.003$ , adjusted IRR=0.42,  $p=0.010$ ), violent (IRR=0.19,  $p=0.001$ ; adjusted IRR=0.23,  $p=0.019$ ), and DUI convictions (IRR=0.12,  $p=0.005$ ; adjusted IRR=0.008). No effects were observed on drug offences (IRR=1.04,  $p=0.940$ ). The findings suggest that targeting antisocial personality disorder in people with substance use disorders can be beneficial to patients and society alike.

## Reciprocal Relationships between Narcissism and Agentic/Communal Work Characteristics across the First Six Years of the Career

**Fien Heyde**<sup>1</sup>, dr. Jasmine Vergauwe<sup>1</sup>, Prof. dr. Joeri Hofmans<sup>2</sup>, Prof. dr. Bart Wille<sup>1</sup>

<sup>1</sup>Ghent University, Ghent, Belgium, <sup>2</sup>Vrije Universiteit Brussel, Brussels, Belgium

### **Biography:**

*I am a second year PhD researcher. My main research topic is the development of narcissism as a personality trait within the work environment. I want to respond to the call for a developmental approach to narcissistic personality by studying how this trait changes throughout adulthood and how it develops in relation to specific professional experiences.*

This study examines the development of narcissism in the work environment. Previous research on narcissism at work has adopted a static perspective, mainly documenting the detrimental effects of this trait on a variety of work-related outcomes. However, growing evidence suggests that narcissism continues to develop throughout adulthood (e.g., Grosz et al., 2019). Therefore, adopting a more developmental perspective when studying narcissism could help to understand its dynamic properties. Moreover, studying the development of narcissism in the work context could help to uncover the factors that may either stimulate or buffer the emergence of this trait. In the current study, and in line with the Demands-Affordances TrAnsactional (DATA) model of personality development (Woods et al., 2019), we hypothesize that agentic work activities can foster the development of narcissism, whereas communal activities can have a diminishing effect. This idea is tested in a longitudinal panel study in which a sample of 1,513 college alumni (64% female) were followed during their first six years of the professional career. Reciprocal relationships between work characteristics and narcissistic personality are examined across four measurement points. Tests for measurement invariance (MI) provided evidence for partial MI of narcissism across time. First results of Bivariate Latent Change Score (LCS) modeling indicate that both agentic and communal work activities have a diminishing effect on narcissism. These findings are in line with the Social Investment Principle (Roberts et al., 2005) which links personality maturation to increased investment in important life roles including the work role. Maturity could be interpreted as the antithesis of narcissism, implying that stronger investment in the work role has a diminishing effect on narcissism.

## A method for the assessment of dynamics that occur within interpersonal situations

**Professor Christopher Hopwood<sup>1</sup>**

<sup>1</sup>*University Of California, Davis, Davis, United States*

### ***Biography:***

*Professor of Psychology*

The Continuous Assessment of Interpersonal Dynamics (CAID; Sadler et al., 2010) is an observational method for assessing warmth and dominance once every half second while interpersonal interactions occur. This method can be used to generate parameters such as the average level or variability in warmth and dominance during such interactions or dyadic complementarity. Recent research suggests significant associations between the severity of personality disorder and CAID parameters. However, to better understand these associations, it is important to clarify how different aspects of people and situations influence CAID data. The results of Generalizability Theory analyses will be presented from two samples to determine the degree to which different factors, such as situations, traits, gender, role, raters, and the interactions between these variables, influence different CAID parameters. Results are informative regarding how to use CAID as a method for studying the manifestation of personality disorder in dyadic interactions such as exchanges among attachment partners or psychotherapy



## Predicting Treatment Outcome with the Personality Domains of New Models of Personality Disorders: A Proxy Measurement Study

**Kathryn Hunt<sup>1</sup>**, Dr. R. Michael Bagby

<sup>1</sup>University Of Toronto, Toronto, Canada

### **Biography:**

*Kathryn Hunt is a Toronto-based lawyer with a specialty in mental health law. Most of her years in practice were spent as in-house counsel at the Centre for Addiction and Mental Health (CAMH), representing the organization at various administrative tribunals and all levels of Ontario court. She also has experience teaching in a variety of settings, to clinicians, educators, law students and legal professionals. She is in the midst of a transition from law to a clinical field, and completed this research project with the Psychology Department at the University of Toronto (Scarborough) under the supervision of Dr. Michael Bagby.*

A high degree of personality pathology can negatively impact treatment outcomes for patients who suffer from Major Depressive Disorder (MDD). There is benefit in understanding personality pathology, in tailoring and selecting treatment approaches. This study examined two dimensional models of personality pathology -- the DSM-5 Alternative Model of Personality Disorders, operationalised with the Personality Inventory for DSM-5 (PID-5); and the ICD-11 dimensional personality disorders model, operationalised with the Personality Inventory for ICD-11 (PiCD). The PID-5 and the PiCD share structural similarities with the Revised NEO Personality Inventory (NEO PI-R), a tool used to measure the Five Factor Model. The present study utilized archival data (N = 247) from three randomized treatment trials for depression to explore whether the PID-5 and PiCD have similar or better utility. A literature review and input from several leading international experts informed our identification of items on the NEO PI-R to act as proxies for the domains of the PID-5 and PiCD, as well as to inform the Composite Psychopathology (CP) Index using a scoring method to compose a composite representation of personality psychopathology within the dimensional models. We examined treatment outcomes for participants suffering from MDD, treated with one of two treatment modalities: psychotherapy (PT) and pharmacotherapy (PHT). We observed that low scores in CP Index and Negative Affectivity were each independently predictive of treatment response in the PT group, but not in the PHT group. This suggests that PHT may be the best first line of treatment proposed for someone high in personality pathology, and specifically, high in Negative Affectivity.

## Clinical utility of the assessment of personality disorders: Bottom-up construction of a definition and measure from patient and clinician perspective

Joost Hutsebaut<sup>1</sup>, Laura Weekers, Jan Henk Kamphuis

<sup>1</sup>Ptc De Viersprong, Bergen op Zoom, Netherlands

### **Biography:**

*Joost Hutsebaut is a clinical psychologist and principal researcher. He is affiliated with de Viersprong, the Center of Expertise on Personality Disorders and the Tilburg University.*

**Objective:** Clinical utility is an important feature when developing a new classification system for mental disorders. A bottom-up constructed instrument representative for patients' as well as professionals' perspective on clinical utility may complement the existing instruments.

**Method:** This study reports on four focus groups followed-up by a Delphi study among personality disordered patients and clinicians working with these patients, in order to construct a 'bottom-up' definition and subsequent operationalization of clinical utility.

**Results:** Our findings show that patients and clinicians hold a similar understanding of the concept of clinical utility, which includes aspects of transparency of communication, the ability of an assessment to enhance hope, curiosity, motivation, and insight into a patient's personality patterns. Unique to clinicians' definition was the ability of an assessment to capture both vulnerabilities and resilience of patients and to give information about the prognosis in treatment. Unique to patients' definition was the ability of an assessment to be destigmatizing and collaborative.

**Conclusion:** These findings may inform the construction of more comprehensive measures of clinical utility for research and clinical purposes.

## Guideline-Informed Treatment for Personality Disorders: a simple, common-factor approach to improving PD services

**Joost Hutsebaut<sup>1</sup>**

<sup>1</sup>*Ptc De Viersprong, , Netherlands*

### ***Biography:***

*Joost Hutsebaut is a clinical psychologist and principal investigator. He is affiliated with de Viersprong, the Center of Expertise on Personality Disorders and the Tilburg University.*

**Objective:** Evidence-based treatment for patients suffering from personality disorders (PDs) is only available to a limited extend in the Netherlands. Consequently, most patients receive non-manualized, unspecialized care. The Guideline-Informed Treatment for Personality Disorders (GIT-PD) aims to provide a simple, principle-driven, 'common-factors' framework for the treatment of PD patients. GIT-PD offers a basic framework including general principles, a structured clinical pathway, a basic professional stance, interventions focused on common factors, and team and organizational strategies, based on common features of evidence-based treatments and generic competences of professionals.

**Method:** This presentation will briefly discuss the background, rationale and design of GIT-PD. In addition, it will mainly focus on strategies of implementation, training and quality assurance, thereby sharing our experiences in the Netherlands.

**Results:** GIT-PD has been adopted by more than 20 institutions in the Netherlands and has been included in recent Dutch guidelines. Pilots have also been conducted in Belgium and Germany. Preliminary outcome results support its value as a good-enough alternative for established evidence-based specialist treatments. Its appeal seems to come forth from a simple and empowering approach that restructures rather than completely changes existing services. For countries with an interest in improving their health care system for PDs, it could serve as a template that requires only limited resources.

**Conclusion:** Given the high prevalence of PD and the low availability of specialist psychotherapies, a challenge for the field will be to improve treatment as usual and design strategies to determine optimal treatment selection for individual patients.

## Examining impact of a peer delivery model in Canada, on participants and their effectiveness in applying skills, as well as the impact on peers trained as group facilitators.

**Doreen Hyndman<sup>1</sup>**

<sup>1</sup>*The Sashbear Foundation, Toronto, Canada*

### **Biography:**

*Doreen Hyndman is the Sashbear Foundation's Executive Administrator for Family Connections (FC), coordinating the program throughout Canada. As the mother of a young adult with borderline personality disorder (BPD) and multiple co-morbidities, she knows first-hand the burden and grief experienced by family members of someone with BPD, as well as the sense of empowerment and hope offered through the skills, education and support of a Family Connections group. Doreen has co-facilitated over 15 FC groups since 2017, and works directly with 150 peer FC facilitators across Canada, ensuring they have the support to deliver FC with high fidelity and efficacy.*

### **Objectives**

Discuss the impact of the peer delivery model on the experience of FC participants in Canada, where most groups are delivered by family member peers. Examine the experience of the family members trained and volunteering as group facilitators, who often remain involved in the FC program for years after first attending as participants.

### **Method**

Doreen Hyndman will highlight pre and post survey data and written feedback from 2000 family members who have participated in Family Connections in Canada. Doreen will also draw on her personal experience as a program facilitator, written testimonials and anecdotal data from peer FC facilitators, and the reputation and sustainability of the program in Canada.

### **Results**

Survey data reveals a high level of satisfaction among participants, frequently attributed to the value of hearing personal stories from peers with lived experience as family members. Participants consistently report an increase in skills, strategies and hope, and improved ability to remain supportive of their loved ones with BPD. Peer facilitators value being part of a community where their experience is understood and not stigmatized. They report that ongoing involvement is important to maintaining balance in their lives and ensuring they are continually practicing and applying the skills learned in FC.

### **Conclusions**

The high demand and sustainability of the FC program as delivered in Canada, together with positive self-report data from participants and peer facilitators, demonstrate the value and efficiency of peer delivery.

## What defines psychological health? Personality functioning in a sample of subjectively healthy individuals

**Prof.Dr. Susanne Hörz-Sagstetter<sup>1</sup>**, Dipl.-Psych. Meike Hurre<sup>1</sup>, Dr. Leonie Kampe<sup>1,2</sup>, Dr. Michael Rentrop<sup>3</sup>

<sup>1</sup>Psychologische Hochschule Berlin, , Germany, <sup>2</sup>Klinikum Itzehoe, , Germany, <sup>3</sup>kbo-Inn-Salzach-Klinikum , Wasserburg am Inn, Germany

### **Biography:**

*Professor of Clinical Psychology and Psychotherapy at Psychologische Hochschule Berlin, Diploma of Psychology, licenced psychological psychotherapist and psychoanalyst (training at Akademie für Psychoanalyse und Psychotherapie München e.V.), certified trainer and supervisor of Transference-Focused Psychotherapy (TFP)*

**Objectives:** In this study, a non-clinical sample of individuals who described themselves as "subjectively healthy" and who had never been in psychotherapeutic or psychopharmacological treatment, was studied regarding domains and levels of personality functioning. We expected the subjects to show no personality pathology according to SCID-II diagnoses and to be located in the range of high to moderate level of structural integration according to the Operationalized Psychodynamic Diagnostics (OPD, OPD Task Force 2008), normal-neurotic personality organization based on the Structured Interview of Personality Organization (STIPO; Clarkin et al. 2004). We also expected meaningful correlations between these interviews and two self-reports assessing personality functioning.

**Method:** A sample of 50 individuals was examined in the study. In a telephone screening, study inclusion depended on the criterion of never having been treated for psychiatric disorders by psychotherapy or medication. After inclusion, individuals with above-cut-off psychiatric symptoms on the General Severity Index of the Brief Symptom Inventory (BSI) were excluded from data analysis. Three interviews by independent interviewers were conducted with the remaining participants (N=49): SCID-I and SCID-II by a first interviewer, and OPD and STIPO by two blinded interviewers. Also, two self-reports assessing personality functioning were completed (Inventory of Personality Organization, Clarkin et al. 2001), OPD Structure Questionnaire (Ehrental et al. 2012).

**Results:** Data analysis is ongoing, preliminary analyses showed that while none of the participants fulfilled a DSM personality disorder diagnosis, minor impairments in domains of personality functioning could be found across the instruments used. Detailed findings will be presented in the talk, including symptom severity according to the BSI, levels of personality functioning and domain profiles according to OPD and STIPO interviews, and interrelations of the four instruments assessing personality functioning.

**Conclusion:** The relevance of assessing personality functioning considering dimensional models in this sample of subjectively healthy individuals will be discussed.

## Lexical Content Analysis of Adult Attachment Interviews in Borderline Personality Disorder

**Gabrielle Ilagan<sup>1</sup>**, Julianne Wu<sup>1</sup>, Grace Murray<sup>1</sup>, Dr Lois W. Choi-Kain<sup>1,2</sup>

<sup>1</sup>McLean Hospital, Belmont, United States, <sup>2</sup>Harvard Medical School, Boston, United States

### **Biography:**

*Gabrielle (Gabs) Ilagan is the lab and business manager of McLean Hospital's Gunderson Personality Disorders institute. She both researches treatments for borderline personality disorder and coordinates clinician trainings in these treatments, under the mentorship of Dr. Lois Choi-Kain. Her next step is joining the Conway Lab at Fordham University's Clinical Psychology PhD program. Gabs' research interests broadly include access to mental health care, social cognition, and personality disorders.*

**Objective:** Borderline personality disorder (BPD) is a serious mental illness characterized by unstable affect and interpersonal relationships, distortions in cognition and identity, and behavioral dyscontrol. Previous studies have noted that, in response to emotional autobiographical stimuli, patients with BPD recruited from a treatment clinic significantly differed from healthy participants in key linguistic domains: pronouns, words related to affective and cognitive processes, verb tenses, and informal language. This study aimed to replicate these findings in an independent sample.

**Method:** 48 right-handed female participants, diagnosed with or without BPD (n=19) using the Diagnostic Interview for Borderlines-Revised (DIB-R) and Diagnostic Interview for Personality Disorders (DIPD-IV), completed the Adult Attachment Interview (AAI). The AAI's were transcribed and entered into Linguistic Inquiry and Word Count (LIWC), a computerized text analysis program that counts and classifies AAI content.

**Results:** Participants with BPD used more first-person pronouns ("I"), held a more negative tone, and expressed greater negative emotion and anger compared to the non-BPD group. However, there were no between-group differences in the use of other pronouns, informal language, or past and future tense verbs.

**Conclusions:** These results lend some degree of support to previous findings on linguistic differences between individuals with and without BPD in response to a clinically relevant stimulus. In both studies, linguistic markers that consistently distinguish between BPD and non-BPD groups may inform efforts to understand emotional and relational processes in BPD, and may reflect in particular the difficulty for those with BPD to emotionally distance themselves from affectively laden content. The results of the present study additionally suggest self-referential processing to play a role in this difficulty. Future research can examine how linguistic variables may be able to serve as an index of therapeutic change and positive outcomes in BPD, as has been found in other disorders.

## Mentalization and emotional dysregulation in retrospectively defined earned secure adults

Phd Monika Olga Jańczak<sup>1</sup>

<sup>1</sup>*Faculty of Psychology and Cognitive Science, Adam Mickiewicz University., Poznań, Poland*

### **Biography:**

*Monika Olga Jańczak, PhD. Psychodynamic psychotherapist, works as an assistant professor in the Department of Health Psychology and Clinical Psychology of the Faculty of Psychology and Cognitive Science, Adam Mickiewicz University.*

### **Background & objectives**

Some people are able to reinterpret their negative experiences with caregivers and think of them in a coherent and integrated manner. The retrospectively defined earned secures are recognized as individuals exhibiting secure attachment to their parent while evaluating the quality of childhood care from him or her as low. The aim of the study was to examine the levels of mentalization and emotional dysregulation in this group and to explore the role of alternative support figures in earning security.

### **Methods**

A sample of young adults (N = 238), completed questionnaires measuring mentalization (Mental States Task), emotional dysregulation (Difficulties in Emotion Regulation Scale), the quality of parental care during childhood (Parental Bonding Instrument) and attachment anxiety and avoidance to parents and alternative attachment figure (Experiences in Close Relationships–Relationship Structures).

### **Results**

14% of the sample was identified as earned secures, along with the secure and insecure group. Significant differences in attachment to the alternative attachment figure were observed - the earned secures exhibit a lower level of anxiety than secure or insecure individuals. Moreover, people from the earned-secure and secure groups performed better in terms of emotional regulation than the insecure group, while mentalization shows only limited significance to the functioning of earned secures.

### **Conclusion**

Studying earned secure attachment seems to be important due to the significance of the mechanisms described for the psychotherapeutic process as well as for explaining health mechanisms in developmental psychology. For many years, scholars have been asking the question of why some people succeed in overcoming the burdening potential of difficult experiences in the early stages of life, while others do not. These results indicate that emotion regulation, as well as the presence of the alternative attachment figure, and to some extent mentalizing seem to be an important factor involved in earning security.

## Mentalization and defensive activity in response to relational–emotional stimuli in borderline personality organization

**Phd Monika Olga Jańczak<sup>1</sup>**, Professor Emilia Soroko<sup>1</sup>, PhD Dominika Górka<sup>1</sup>

<sup>1</sup>*Faculty of Psychology and Cognitive Science, Adam Mickiewicz University., Poznań, Poland*

### **Biography:**

*Monika Olga Jańczak, PhD. Psychodynamic psychotherapist, works as an assistant professor in the Department of Health Psychology and Clinical Psychology of the Faculty of Psychology and Cognitive Science, Adam Mickiewicz University.*

**Background:** Studies have reported reduced levels of mentalizing in individuals with severe personality disorders, particularly BPD. However, we are still not entirely sure of the mechanisms underlying the level of mentalization found in this group. It seems that the borderline-mentalization models are very complex, and many different factors may affect the level of mentalization observed in empirical studies. We would like to introduce defensive activity as an additional factor that may contribute to the level of mentalizing observed in individuals with borderline pathology.

**Method:** The participants were divided into the borderline (N = 69) and the non-borderline group (N = 71). After a procedure aimed at activation of the attachment system, they were asked to tell a relational story which was used to rate mentalization level (using The Metacognition Assessment Scale – Revised, MAS-R) and defensive activity (Defensive Activity Coding System, DACS).

**Results:** Both groups registered low levels of mentalization, and no significant differences were found when defensive activity was not controlled. However, once the defense was controlled, borderline individuals revealed a lower level of mentalization than the control group. Moreover, study has shown that the more defense indicators are expressed, the lower the level of mentalization observed; this relationship is stronger in the control group than in the borderline group.

**Conclusions:** Our study demonstrates a specific mechanism: in the face of a threatening relational stimulus, borderline individuals do not trigger mature defenses that would reduce the level of emotional arousal, and additionally present more distorted mentalizing than non-borderline individuals. Hence, considering mentalizing as a self-contained phenomenon—without taking into account the defensive processes involved in responding to the relational stimulus arousing the mentalization—may lead to the omission of some critical properties of the expressed reaction. Defensive activity proved to interfere in the assessment of mentalization in borderline individuals.



## Narcissism: A Network of Symptoms

**Clinical Fellow Adam Jaroszewski<sup>1,2</sup>**, Dr. Erik Nook<sup>3</sup>, Dr. Lois Choi-Kain<sup>1,4</sup>, Dr. John Gunderson<sup>1,4</sup>

<sup>1</sup>Harvard Medical School, Boston, United States, <sup>2</sup>Massachusetts General Hospital, Boston, United States, <sup>3</sup>Yale University, New Haven, United States, <sup>4</sup>McLean Hospital, Belmont, United States

### **Biography:**

*Adam Jaroszewski, Ph.D. is a Postdoctoral Fellow at Massachusetts General Hospital/Harvard Medical School. Adam's research focuses on examining the cognitive-affective processes that increase risk for the development of self-injurious thoughts and behavior (SITB), for which he received an Predoctoral Fellowship (F31) from the National Institute of Mental Health. Next year, Adam will complete his postdoctoral fellowship at MGH/Harvard Medical school.*

Narcissistic Personality Disorder (NPD) is a prevalent mental disorder affecting many millions of people worldwide. The dominant theoretical model of psychopathology (i.e., the disease model) holds that observable mental health symptoms are caused by a latent disease, which has a physical referent within the patient's body/brain. According to this view, NPD symptoms do not interact with one another, but instead are independent reflections of the latent disease. By contrast, the network model of psychopathology conceptualizes mental disorders as causal systems of interacting (i.e., dependent) symptoms. Thus, the network model and accompanying statistical approaches (network analysis) endeavor to describe the interactive relationship between mental disorder symptoms. In this session, first we will explain key principles and evidence for the network model of psychopathology. Second, we will describe the relational structure of an NPD network derived from McLean Family Study participants (N = 1,215). Third, we will highlight hub symptoms (e.g., fantasies of success, worry, needing reassurance of worthiness) as accessible targets for psychotherapy. Viewing NPD as a network of interacting symptoms may help clinicians and researchers elucidate this disorder's complex symptom structure and identify hub symptoms ripe for clinical intervention.

## THE LONG WINDING ROAD TO DIAGNOSIS OF BORDERLINE PERSONALITY DISORDER (BPD) IN OLDER ADULTS

**Dr Hemalatha Jayaram<sup>1</sup>**, DR FRANCINE MOSS<sup>2</sup>, ASS PROF JILLIAN BROADBEAR<sup>3,4</sup>, PROF JOSEPHINE BEATSON<sup>3,5</sup>

<sup>1</sup>PETER JAMES CENTRE, Eastern Health, Aged Persons Mental Health Services, BURWOOD EAST, Australia, <sup>2</sup>ST GEORGE'S HOSPITAL, KEW, AUSTRALIA, <sup>3</sup>SPECTRUM PERSONALITY DISORDER SERVICE, RICHMOND, AUSTRALIA, <sup>4</sup>MONASH UNIVERSITY, CLAYTON, AUSTRALIA, <sup>5</sup>UNIVERSITY OF MELBOURNE, PARKVILLE, AUSTRALIA

### **Biography:**

DR HEMALATHA JAYARAM IS A SENIOR CLINICAL PSYCHOLOGIST AND ACADEMIC WITH AGED PERSONS MENTAL SERVICES AT EASTERN HEALTH, VICTORIA. SHE HAS MORE THAN 17 YEARS EXPERIENCE WORKING ACROSS BOTH ACUTE AGED MENTAL HEALTH SETTINGS AND PRIVATE PRACTICE. HEMA IS ALSO A RESEARCH FELLOW AT SWINBURNE UNIVERSITY WHERE SHE HAS BEEN PROVIDING TEACHING AND CLINICAL SUPERVISION FOR POSTGRADUATE STUDENTS UNDERTAKING PLACEMENTS WITH THE WELLBEING CLINIC FOR OLDER ADULTS. HEMA IS ALSO A FELLOW OF THE APS, CLINICAL COLLEGE AND HAS HELD VARIOUS STATE AND NATIONAL COMMITTEE POSITIONS. HEMA'S RESEARCH INTERESTS INCLUDE PERSONALITY DISORDERS, DEPRESSION AND SUICIDE BEHAVIOUR IN OLDER ADULTS.

**Objective:** There is a high prevalence of personality disorder diagnoses and traits in aged care. We recently piloted a BPD in Old Age screening tool (BPD-OA) and found that some study participants who satisfied the diagnostic criteria had never had this diagnosis communicated to them, even though clinicians and staff were well aware of their having BPD. The purpose of the present study was to examine these patients' psychiatric histories to better understand how their mental health problems had been interpreted and managed prior to their participation in the pilot study.

**Method:** The clinical notes for 22 BPD-confirmed and 5 BPD-false positive aged psychiatry patients were audited to extract information relevant to previous psychiatric diagnoses, suicide and self-harm history, prescribed treatments, family relationships, childhood and more recent abuse and trauma.

**Results:** Participants identified as having BPD had received multiple prior psychiatric diagnoses and associated treatments. Many had experienced early life trauma and/or abuse and had few surviving relationships with family members. The five false positive participants detected in our study differed from BPD participants by factors such as family and community attachments, recent medical crisis, and acute depressive episodes. Explaining the diagnosis of BPD, often for the first time, was appreciated by patients and their families.

**Conclusions:** Under-diagnosis of BPD is evident in aged psychiatry. Even when diagnosed, it is not always shared with the patient and family members. Instead, other diagnoses are given along with associated treatment. This pattern has also been reported in younger patients, suggesting the need for improved screening at all ages. Even with the limited access to treatment, having a clear diagnosis is an opportunity to help patients, families and staff in psycho-education and staff-training.

## Subjective and Objective Sleep in Young People with Borderline Personality Disorder Features

**Miss Claire Jenkins<sup>1,2,3</sup>**, Dr Katherine Thompson<sup>2,3</sup>, Dr. Christian Nicholas<sup>1,4</sup>, Prof. Andrew Chanen<sup>2,3</sup>

<sup>1</sup>Melbourne School of Psychological Sciences, The University Of Melbourne, Parkville, Australia, <sup>2</sup>Orygen, Parkville, Australia, <sup>3</sup>Centre for Youth Mental Health, The University of Melbourne, Parkville, Australia, <sup>4</sup>Institute for Breathing and Sleep, Heidelberg, Australia

### **Biography:**

*Claire Jenkins is a Masters of Psychology (Clinical)/PhD candidate at the University of Melbourne and Orygen. Her PhD research has focused on sleep in young people with BPD. Her clinical and research interests encompass relationships between sleep and mental health, youth mental health and early intervention.*

**Objectives:** Characterising sleep in young people (aged 15-25 years) with borderline personality disorder (BPD) is crucial given that BPD features are associated with sleep disturbance, poor sleep has a range of adverse outcomes, and normative developmental sleep changes occur during this developmental period. This study aimed to characterise the subjective and objective (actigraphy and polysomnography) sleep profile of young people with BPD, determine whether this profile was non-normative and/or specific to BPD, and explore the feasibility of using polysomnography in this population.

**Method:** Sleep was measured subjectively (self-report questionnaires) and objectively (10 days of actigraphy) in 40 young people with BPD features, 38 healthy young people and 18 young people seeking help for mental health difficulties, without BPD. A subset of participants (6 with BPD features, 6 healthy young people) also completed overnight polysomnography monitoring.

**Results:** Subjective sleep data revealed that young people with BPD features report poorer sleep quality, more severe insomnia and later chronotype than healthy and clinical comparison groups. Actigraphy data indicated that young people with BPD features experience irregular sleep timing, later rise times, greater time in bed and longer sleep durations than healthy young people. Those with BPD features displayed superior sleep quality (greater sleep efficiency, less wake after sleep onset) and longer sleep durations than the clinical comparison group. The feasibility of using polysomnography in this population was demonstrated, with data indicating that young people with BPD features displayed less arousals from sleep than healthy young people.

**Conclusions:** Overall, the findings revealed a subjective-objective sleep discrepancy. Subjective sleep problems in young people with BPD features were non-normative and specific to BPD, while objective sleep was less disturbed. Sleep-improvement interventions that focus on subjective sleep might be beneficial in improving perceptions of sleep and quality of life in young people with BPD features.

## A Neurofeedback Booster for Emotion Regulation Therapy: protocol of a randomized controlled clinical trial in Borderline Personality Disorder

Miroslava Jindrova<sup>1</sup>, Christian Schmahl<sup>1</sup>, Sarah Fineberg<sup>2</sup>, Michelle Hampson<sup>3</sup>, Zhiying Zhao<sup>3</sup>, Rosa Shapiro-Thompson<sup>2</sup>, Christian Paret<sup>1</sup>

<sup>1</sup>Department of Psychosomatic Medicine and Psychotherapy, Central Institute of Mental Health, Mannheim, Germany,

<sup>2</sup>Department of Psychiatry, Yale University, , Connecticut, <sup>3</sup>Department of Radiology and Biomedical Imaging, Yale School of Medicine, , Connecticut

### **Biography:**

*Miroslava Jindrová is a PhD Student at the Central Institute of Mental Health in Mannheim, Germany, and her main research interest is neurofeedback.*

**Background:** Emotion dysregulation is one of the key symptoms in Borderline Personality Disorder (BPD) causing individual suffering and leading to social turbulence. Dialectical Behavioral Therapy (DBT) is an evidence-based treatment, however, more than half of BPD patients do not respond. Real-time fMRI amygdala-neurofeedback (amy-NF) targets amygdala-hyperactivity and weak top-down control of the amygdala by the prefrontal cortex. These biological targets have been strongly implicated in emotion regulation. During amy-NF, patients learn to voluntarily decrease amygdala activation in response to real time visual feedback.

**Objectives:** This study will test if amy-NF can augment the effects of DBT in people with BPD. Outcome measures will include affective instability in daily life, self-reported emotion regulation, BPD symptomatology, amygdala response to negative stimuli, and amygdala connectivity.

**Methods:** Patients demonstrating ongoing high levels of BPD symptomatology after six weeks of DBT were invited to participate in the study with random assignment to either neurofeedback or treatment as usual (22/group). fMRI amy-NF training involves three sessions scheduled in a two-week period. Outcomes are measured before intervention, immediately after intervention and at 3 and 6 month follow-up timepoints. Affective instability is monitored using Ecological Momentary Assessment over 4-day intervals, emotion regulation is assessed using an established fMRI task, and amygdala resting-state connectivity is measured. BPD symptoms are assessed using the BSL-23 questionnaire at all four timepoints.

**Results:** To date, we have recruited 7 patients, 4 of whom finished each of the scheduled sessions and tolerated the protocol well. One participant dropped out due to not tolerating the MRI. The other two participants who did not complete the protocol stopped because of therapy discontinuation.

**Conclusions:** This is the first time that amy-NF is used to boost DBT. If effective, the approach could significantly improve the effectiveness of the therapy and reduce suffering.

## Resolving the Latent Structure of Borderline Personality Disorder in a Clinical Sample Using Factor Mixture Modeling

**Benjamin Johnson<sup>1,2</sup>**, Dr. Kenneth Levy<sup>1</sup>

<sup>1</sup>The Pennsylvania State University, University Park, United States, <sup>2</sup>Mount Sinai Beth Israel, New York, United States

### **Biography:**

Ben is in his seventh graduate year in the Clinical Psychology PhD program at Penn State and on clinical internship at Mount Sinai Beth Israel. His research revolves around using latent variable modeling techniques to understand borderline personality disorder (BPD) and related disorders, and taking an attachment-theory-based approach to understanding the development, maintenance, and treatment of BPD.

**Objective.** BPD is associated with high rates of emergency room visits and costly healthcare service utilization, affecting 10-20% of psychiatric outpatients and 20-40% of psychiatric inpatients. BPD also contributes to impaired social and occupational functioning and significant suicide risk, with 1 in 10 individuals with BPD completing suicide. Recent research has aimed to better understand the hybrid dimensional-categorical latent structure of BPD in order to improve assessment and potentially enhance treatment effectiveness via personalized care for individuals among the BPD phenotype. However, no research has simultaneously included: a) a sufficiently large patient sample; and b) use of appropriate statistical techniques.

**Method.** The present study aims to confirm the hybrid dimensional-categorical structure of BPD in an outpatient sample (N = 376) completing semi-structured psychodiagnostic evaluations. We utilized a model comparison approach, comparing purely dimensional, purely categorical, and hybrid dimensional-categorical models of BPD.

**Results.** Results suggested a hybrid factor mixture model best fit the data, indicating a strong single dimension of BPD and simultaneously a discrete division between “phenotypic” individuals with elevated BPD symptoms (particularly impulsivity, anger, self-harm, and chaotic relationships) and individuals low in BPD symptoms.

**Conclusion.** Our study extends recent hybrid modeling research exploring the latent structure of BPD and provides further evidence that BPD consists of both dimensional and categorical aspects. We encourage researchers to utilize hybrid latent variable models to better understand and capture taxonic aspects of BPD and other disorders that exist along a continuum of severity. We also provide suggestions for clinicians to enhance the utility of diagnostic scoring algorithms built on the DSM framework that ignore heterogeneity in the ways in which BPD items function, both in terms of how much they reflect the underlying BPD construct and in terms of how well they identify individuals comprising the BPD phenotype.

## Characteristics and predictors of educational and occupational disengagement among young outpatient youth with borderline personality disorder

**PhD Trees Juurlink<sup>1</sup>**, PhD Jennifer Betts, PhD Katie Nicol, PhD Femke Lamers, PhD, MD Aartjan Beekman, PhD Sue Cotton, PhD, MD Andrew Chanen

<sup>1</sup>*Amsterdam Umc, Amsterdam, Netherlands*

### ***Biography:***

After several years working as a sociotherapist and vocational rehabilitation worker with patients at various wards and outpatient clinics, Trees started became an IPS coach to support patients with severe mental illness in gaining and maintaining competitive employment.

In 2016, Trees started her doctoral studies. Her work and PhD thesis focused on employment and work functioning in individuals with personality disorders and specifically with symptoms of borderline personality. During her PhD, Trees visited Orygen Youth mental health in Melbourne Australia.

Since September 2020, Trees works as a researcher at the department of Public and Occupational Health, Amsterdam UMC.

**Objective:** This study aimed to investigate predictors of vocational disengagement (referred to as Not in Employment, Education, or Training (NEET)) in young people with borderline personality disorder (BPD).

**Method:** The sample comprised 112 outpatients with a BPD diagnosis, aged 15 – 25 years, who participated in a randomised controlled trial (ANZCTR12610000100099). Logistic regression was used to assess cross-sectional baseline associations between clinical and sociodemographic variables and NEET status.

Multinomial logistic models were used to examine NEET status over time by comparing three groups (Non-NEET, NEET and Unstable NEET).

**Results:** The proportion of participants who were NEET (39.3%) at study entry did not improve after 18 months and NEET status frequently changed. NEET status was predicted by not achieving expected age-appropriate educational milestones, greater instability in identity and emptiness. Greater instability in interpersonal relationships and identity predicted Unstable NEET status.

**Conclusions:** The findings suggest that specific vocational interventions, that also incorporate a focus on interpersonal functioning, emptiness and identity disturbance, are needed to improve functioning in youth with BPD, especially when educational milestones are not achieved.

## Predictors of outcome and dropout from treatment among adolescents with borderline personality disorder: results from a randomized clinical trial with follow-up two years after baseline

**Phd Mie Sedoc Jørgensen<sup>1</sup>**, Sune Bo<sup>1</sup>, Martin Vestergaard<sup>1</sup>, Ole Jakob Storebø<sup>1</sup>, Carla Sharp<sup>2</sup>, Erik Simonsen<sup>1</sup>

<sup>1</sup>Psychiatric Research Unit, Region Zealand, Roskilde, Denmark, <sup>2</sup>Department of Psychology, University of Houston, Houston, US

### **Biography:**

*Mie Sedoc Jørgensen is a clinical psychologist, PhD and trained in dialectical behavior therapy and psychodynamic therapy. She is currently working as a postdoctoral researcher at the Psychiatric Research Unit in Region Zealand, Denmark. She was involved in a randomized clinical trial of mentalization-based group treatment for adolescents with borderline personality disorder (BPD) and is currently working on collecting five-year follow-up data from the sample. She is also involved in several systematic reviews on the effectiveness of psychotherapeutic and pharmacological treatments for adults and adolescents with BPD.*

**Objectives:** To present predictors of dropout from a one-year mentalization-based group treatment program (MBT-G) and of two-year outcome in terms of self-reported remission and clinically relevant improvement among adolescents with borderline personality disorder (BPD) or BPD features

**Method:** Participants included 145 adolescents aged 14 to 18 years who participated in a randomized clinical trial (RCT, n = 111) and a preceding pilot study (n = 34) that tested the effectiveness of MBT-G versus treatment as usual (TAU). Of the 111 participants who participated in the RCT, 97 were seen at two-year follow-up. Pretreatment predictors were sociodemographic, clinical, and psychological variables.

**Results:** Lower reflective functioning was found to be the only significant predictor of dropout in MBT-G. No sociodemographic or clinical variables predicted dropout. No significant predictors of dropout were identified among participants who received TAU. Of the 97 participants who attended two-year follow-up after baseline, 49 (50.5%) clinically improved. Eighty-one of the 111 adolescents from the RCT fulfilled the diagnostic criteria for BPD at baseline, of which 26 (32%) remitted at follow-up. Results showed that adolescents with oppositional defiant disorder at baseline were less likely to clinically improve and remit at follow-up, and participants with self-reported depression and less exposure to physical abuse had increased odds of remission.

**Conclusions:** Our results suggest that adolescents with low reflective functioning are at increased risk of dropping out of MBT-G, and that adolescents with more internalizing compared to externalizing symptomatology have increased odds of positive outcome. Clinicians may therefore need to specifically address low reflective functioning and externalizing symptoms among adolescents with BPD in order to keep them in therapy and to increase the long-term positive outcome of therapy.

## Psychological therapies for adolescents with borderline personality disorder (BPD) or BPD features – a systematic review and meta-analysis of treatment effects

**Phd Mie Sedoc Jørgensen<sup>1</sup>**, Ole Jakob Storebø<sup>1</sup>, Jutta M. Stoffers-Winterling<sup>2</sup>, Erlend Faltinsen<sup>1</sup>, Adnan Todorovac<sup>1</sup>, Erik Simonsen<sup>1</sup>

<sup>1</sup>Psychiatric Research Unit, Region Zealand, Roskilde, Denmark, <sup>2</sup>Department of Psychiatry and Psychotherapy, University Medical Center Mainz, Mainz, Germany

### **Biography:**

*Mie Sedoc Jørgensen is a clinical psychologist, PhD and trained in dialectical behavior therapy and psychodynamic therapy. She is currently working as a postdoctoral researcher at the Psychiatric Research Unit in Region Zealand, Denmark. She was involved in a randomized clinical trial of mentalization-based group treatment for adolescents with borderline personality disorder (BPD) and is currently working on collecting five-year follow-up data from the sample. She is also involved in several systematic reviews on the effectiveness of psychotherapeutic and pharmacological treatments for adults and adolescents with BPD.*

**Objectives:** This presentation will review the effectiveness of psychological therapies for adolescents with borderline personality disorder (BPD) or BPD features

**Method:** Based on the recently published Cochrane review of psychological therapies for people with BPD, we included randomized clinical trials (RCTs) on psychological therapies for adolescents with BPD, but also included participants that were excluded from the Cochrane review because they only presented BPD features at a subthreshold level. Data were extracted and assessed for quality according to Cochrane guidelines. Risk of bias was assessed using Cochrane's risk of bias tool. When possible, we pooled trials into meta-analyses, and used Trial Sequential Analysis (TSA) to control for random errors. Quality of the evidence was assessed using the Grading of Recommendations, Assessment, Development, and Evaluation (GRADE).

**Results:** Ten trials on adolescents with BPD or BPD features (n = 775) were included. Two of dialectical behavior therapy, two of mentalization-based therapy, two of emotion regulation training, two of cognitive analytic therapy and two other. The overall quality was rated as "very low" due to high risk of bias, imprecision and inconsistency, which limits the confidence in effect estimates. We performed TSA on the primary outcome and found that the required information size was reached. The risk of random error was thus discarded.

**Conclusions:** To our knowledge, this is the most comprehensive systematic review and meta-analysis on psychological therapies for adolescents with BPD or BPD features. We found that only few experimental interventions showed superior outcomes compared to control interventions. All trials were at high risk of bias and the quality of the evidence was very low. Attrition rates varied from 15-75% in the experimental interventions. There is a need for more high quality trials with larger samples to identify effective psychological therapies for this specific age group with BPD or BPD features.



## Results of the Cochrane review on pharmacological interventions for people with borderline personality disorder

**Phd Mie Sedoc Jørgensen<sup>1</sup>**, Jutta M. Stoffers-Winterling<sup>2</sup>, Ole Jakob Storebø<sup>1</sup>, Mickey T. Kongerslev<sup>1</sup>, Birgit A. Völlm<sup>3</sup>, Jessica T. Mattivi<sup>2</sup>, Henriette E. Callesen<sup>1</sup>, Christian P. Sales<sup>4</sup>, Erik Simonsen<sup>1</sup>, Klaus Lieb<sup>5</sup>, Johanne P. Ribeiro<sup>1</sup>

<sup>1</sup>Psychiatric Research Unit, Region Zealand, Roskilde, Denmark, <sup>2</sup>Department of Psychiatry and Psychotherapy, University Medical Center Mainz, Mainz, Germany, <sup>3</sup>Department of Forensic Psychiatry, Center for Neurology, University Rostock, Rostock, Germany, <sup>4</sup>Duncan MacMillan House, Nottinghamshire Healthcare NHS Foundation Trust, Nottingham, UK, <sup>5</sup>Leibniz Institute for Resilience Research (LIR), Mainz, Germany, , Germany

### **Biography:**

*Mie Sedoc Jørgensen is a clinical psychologist, PhD and trained in dialectical behavior therapy and psychodynamic therapy. She is currently working as a postdoctoral researcher at the Psychiatric Research Unit in Region Zealand, Denmark. She was involved in a randomized clinical trial of mentalization-based group treatment for adolescents with borderline personality disorder (BPD) and is currently working on collecting five-year follow-up data from the sample. She is also involved in several systematic reviews on the effectiveness of psychotherapeutic and pharmacological treatments for adults and adolescents with BPD.*

**Objectives:** Borderline personality disorder (BPD) is most often treated with psychotherapy as the treatment of choice. However, pharmacological drugs are often prescribed as adjunctive treatments. This presentation will review the result section of the Cochrane review on pharmacological interventions for people with BPD

**Method:** the Cochrane review of pharmacological interventions for BPD is based on a comprehensive systematic search of the literature. Randomized clinical trials with parallel groups were included in the primary analyses. Trial Sequential Analyses were used to control for random errors. Quality of the evidence was rated according to the GRADE approach.

**Results:** 42 randomized clinical trials on pharmacological treatments for BPD were included in the quantitative analyses comprising 2687 participants. We will present results from the analyses of the primary outcomes 1) BPD severity, 2) self-harm, 3) suicide-related outcomes, 4) psychosocial functioning and secondary outcomes 1) anger, 2) affective instability, 3) chronic feelings of emptiness, 4) impulsivity, 5) interpersonal problems, 6) abandonment, 7) identity disturbance, 8) dissociation and psychotic-like symptoms, 9) depression, 10) attrition and 11) adverse effects

**Conclusions:** these results will add to the existing knowledge on pharmacological interventions for BPD with updated evidence on the beneficial and harmful effects of psychopharmacological treatments for BPD.

## Psychobiological stress response in youth with borderline personality disorder

**Professor Michael Kaess<sup>1,2</sup>**, Dr. Stefan Lerch, Professor Julian Koenig, Professor Andrew Chanen

<sup>1</sup>University Of Bern, Bern, Schweiz, <sup>2</sup>University Hospital Heidelberg, Heidelberg, Germany

### **Biography:**

*Michael Kaess is professor of child and adolescent psychiatry. His research focus is the development of adolescent risk-taking and self-harm behavior in the context of emotion dysregulation and emerging personality disorder as well as respective early detection and intervention.*

### **Objectives**

Stress vulnerability is a commonly postulated feature of borderline personality disorder (BPD). The hypothalamic-pituitary adrenal axis (HPAA) is one of the major stress response systems of the human body. While findings from adults with BPD suggest increased stress vulnerability to stress compared to healthy individuals, there is a lack of data for youth with BPD. In addition, increased stress vulnerability in BPD has not yet been investigated in comparison to clinical control groups.

### **Method**

The study included N=164 youth (aged 15 to 25 years). The BPD group comprised n=55 patients, the clinical control (CC) group comprised n=52 patients with mainly depression and anxiety. The healthy control (HC) group comprised n=57 individuals. All participants underwent the Trier Social Stress Test (TSST) including measures of affect and cortisol over its course.

### **Results**

There was a significant group x time interaction for both negative affect ( $p < 0.001$ ) and cortisol ( $p = 0.019$ ). In more detail, cortisol recovery was slower in individuals with BPD compared to HC. Regarding affect, BPD showed increased affective response and delayed recovery compared to both HC and CC.

### **Conclusions**

Youth with BPD show specific stress vulnerability compared to both clinical and healthy individuals. Improvement of stress tolerance and learning of coping skills may be important treatment targets for early intervention in youth with BPD. The underlying biology of the stress response system remains ambiguous.

## Differential effects of outpatient versus inpatient treatment in early intervention of borderline personality disorder

**Professor Michael Kaess<sup>1,2</sup>**, Professor Julian Koenig, Dr. Marialuisa Cavelti

<sup>1</sup>University Of Bern, Bern, Schweiz, <sup>2</sup>University Hospital Heidelberg, Heidelberg, Germany

### **Biography:**

*Michael Kaess is professor of child and adolescent psychiatry. His research focus is the development of adolescent risk-taking and self-harm behavior in the context of emotion dysregulation and emerging personality disorder as well as respective early detection and intervention.*

### **Objectives**

Outpatient treatment is commonly recommended for early intervention in borderline personality disorder (BPD). However, tendencies for serious self-harm and suicidal behavior as well as poor living circumstances among adolescents with BPD pathology often lead to episodes of inpatient treatment. The aim of this study was to investigate the potential positive or negative effects of episodic inpatient treatment within an early intervention cohort for BPD.

### **Method**

A sample of N=225 adolescents from the Heidelberg AtR!Sk cohort study was followed annually for 3 years. The cohort was divided into those receiving strict outpatient treatment with a maximum of brief crisis intervention of up to 48 hours in-patient treatment within the first year of treatment (outpatient group; n=157), and those with intermittent inpatient treatment (which was required by either patients or parents; inpatient group; n=68).

### **Results**

Despite similar severity of illness and impaired psychosocial functioning at baseline in both groups, we found a significant group x time interaction ( $\chi^2(3) = 17.35$ ,  $p = .001$ ) for psychosocial functioning indicating a significantly slower improvement in psychosocial functioning over the course of three years for the inpatient group. Regarding BPD pathology, the picture was similar but without statistical significance ( $\chi^2(3) = 5.99$ ,  $p = .112$ ).

### **Conclusions**

Our results show that strict outpatient treatment may be preferable for adolescents with BPD pathology, in particular with respect to a potential improvement in psychosocial functioning. However, the non-randomized and exploratory nature of the study is a limitation that does not allow final and causal conclusions.

## Ecological momentary assessment during dialectical behavior therapy for adolescents

**Professor Michael Kaess<sup>1,2</sup>**, Professor Julian Koenig

<sup>1</sup>University Of Bern, Bern, Schweiz, <sup>2</sup>University Hospital Heidelberg, Heidelberg, Germany

### **Biography:**

*Michael Kaess is professor of child and adolescent psychiatry. His research focus is the development of adolescent risk-taking and self-harm behavior in the context of emotion dysregulation and emerging personality disorder as well as respective early detection and intervention.*

### **Objectives**

Borderline personality disorder (BPD) is characterized by persistent emotional instability and interpersonal instability. In recent years, research aimed to identify distinct patterns of emotional and interpersonal instability in patients with BPD and how psychotherapy may affect these characteristics. No previous study, to the best of our knowledge, addressed treatment effects on /interpersonal instability in adolescent BPD using ecological momentary assessment approach.

### **Method**

Participants were n = 28 help seeking female adolescents fulfilling at least sub-threshold BPD diagnosis ( $\geq 3$  BPD criteria met). BPD criteria, non-suicidal self-injury (NSSI) and depression symptoms were assessed before and after (baseline, postline) Dialectical Behavioral Therapy for Adolescents (DBT-A) (M = 42.74 weeks, SD = 7.46). Furthermore, participants participated in ecological momentary assessment (EMA) at baseline and postline, and were prompted in hourly intervals to rate their momentary affective state, interpersonal feelings towards their mother and best friend, and the urge to self-injure.

### **Results**

BPD criteria ( $z = -2.38$ ,  $p = .017$ ) and depressive symptoms ( $z = -3.10$ ,  $p = .002$ ) were significantly lower at postline, compared to baseline. Considering EMA, mean affect ( $z = 1.95$ ,  $p = .050$ ) and feelings of attachment towards their mother ( $z = 2.46$ ,  $p = .014$ ) were significantly higher at postline, compared to baseline. In addition, the urge for NSSI ( $z = -3.01$ ,  $p = .003$ ) decreased significantly during treatment. However, indices of instability in both affect and interpersonal relationships did not show significant improvement during DBT-A.

### **Conclusions**

While clinical symptoms were clearly reduced during DBT-A, EMA revealed in improvements of mean affect and interpersonal states but no reduction of affective or interpersonal instability.

## Emotion Recognition Following Stress Induction in Adolescent Borderline Personality Pathology

**Professor Michael Kaess<sup>1,2</sup>**, Dr. Alexander Lischke, Professor Julian Koenig

<sup>1</sup>University Of Bern, Bern, Schweiz, <sup>2</sup>University Hospital Heidelberg, Heidelberg, Germany

### **Biography:**

*Michael Kaess is professor of child and adolescent psychiatry. His research focus is the development of adolescent risk-taking and self-harm behavior in the context of emotion dysregulation and emerging personality disorder as well as respective early detection and intervention.*

### **Objectives**

Borderline personality disorder (BPD) has been associated with deficits in emotion recognition (ER). It has been suggested that these effects may be amplified by stress. Non-suicidal self-injury (NSSI) is considered a clinically relevant precursor to BPD. We aimed to investigate deficits in ER and the effects of stress on ER in adolescents engaging in NSSI.

### **Method**

Following comprehensive clinical assessments, female adolescents with NSSI across the spectrum of BPD pathology (n=30) and matched healthy controls (n=30), performed two sets of emotion recognition tasks each at baseline and after the Trier Social Stress Test (TSST). Repeated self-reports on positive and negative affect, dissociation and stress as well as continuous electrocardiography (HR: heart rate; HRV: heart rate variability) were used to quantify the stress response. Mixed-linear models were used to investigate changes in emotion-recognition following stress induction.

### **Results**

Analyses showed significant differences in the stress-response over time by group. Adolescents with NSSI showed a greater increase in negative affect in response to the stressor. Further, healthy controls showed a greater increase in HR and a greater decrease in HRV in response to the stressor. Response times on both emotion recognition tasks decreased following stress-induction in both groups. However, there were no significant effects of stress on emotion recognition.

### **Conclusions**

We found no evidence for an effect of psychosocial stress on emotion recognition in adolescents engaging in NSSI. Stress induction lead to faster response times that were unrelated to the capacity to correctly classify emotions. Adolescent engaging in NSSI show no deficits in emotion recognition and stress has little to no effect on emotion recognition in adolescents engaging in NSSI or matched healthy controls.

## Stepped-care in early intervention for borderline personality disorder

**Professor Michael Kaess<sup>1,2</sup>**, Dr. Corinna Reichl, Professor Julian Koenig

<sup>1</sup>University Of Bern, Bern, Schweiz, <sup>2</sup>University Hospital Heidelberg, Heidelberg, Germany

### **Biography:**

*Michael Kaess is professor of child and adolescent psychiatry. His research focus is the development of adolescent risk-taking and self-harm behavior in the context of emotion dysregulation and emerging personality disorder as well as respective early detection and intervention.*

### **Objectives**

Personalized mental health care that adapts treatment intensity to individual needs of young patients are urgently warranted for early intervention in borderline personality disorder (BPD). The aim of this study was to evaluate a stepped-care approach to early intervention in BPD within a “real world” setting.

### **Method**

Adolescents were treated within the specialized outpatient clinic AtR!Sk in Heidelberg, Germany. After baseline assessment, all individuals were offered treatment within a stepped-care model: initial brief psychotherapy for risk-taking and self-harm, and subsequent DBT-A in case of non-remission and enduring self-harm and BPD pathology. N=79 were treated within the first step (brief psychotherapy). Afterwards, n=37 patients fulfilled criteria for DBT-A. of those, n=10 patients accepted the offer of DBT-A. Patients were re-evaluated 12 months and 24 months after baseline.

### **Results**

Overall, the first step resulted in significant reductions of self-harm (Coef. -12.83,  $p = .011$ ) and BPD symptoms (Coef. -0.86,  $p = .003$ ) as well as increase in functioning (Coef. 13.49,  $p < .0001$ ), at intermediate assessment. The group that did not require further treatment after step 1 showed stability of treatment effects at 12- and 24-months follow-up. Considering the group that was offered DBT-A, those who accepted the offer and participated in step 2 showed continued improvement compared to those who did not at 12- (Mean Difference: GAF: 12.84%; BPD: 2.04 Criteria) and 24-months (Mean Difference: GAF: 5.68%; BPD: 0.8 BPD criteria).

### **Conclusions**

The preliminary evaluation of a stepped-care approach to early intervention of BPD showed that (i) treatment effects were stable and symptomatology was low for those receiving minimum treatment in step 1, and (ii) individuals with higher severity of illness showed significant improvement during step 2. The results provide initial support for a stepped-care approach to early intervention for BPD.

## Fostering resilience against personality disorder development by targeting the parent-child relationship

**Michael Kaess<sup>1</sup>**

<sup>1</sup>*Michael Kaess, Professor, University Of Bern, , Switzerland*

***Biography:***

*Michael Kaess is professor of child and adolescent psychiatry. His research focus is the development of adolescent risk-taking and self-harm behavior in the context of emotion dysregulation and emerging personality disorder as well as respective early detection and intervention.*

Parent-child relationship problems have been extensively investigated as potential risk factors for the development of (borderline) personality disorder. However, recent developments in the field try to additionally focus on the parent-child relationship as a potential resource of resilience or mediator of effective prevention and intervention.

The talk will built on different results from intergenerational studies, birth cohort studies and experimental studies that all aimed to investigate the parent-child relationship in the context of personality disorder. Drawn from these results, a potential research and early intervention agenda will be presented that may help improving resilience towards personality disorder development in the future.

## PD COUNT: PERSONALITY TRAIT BASED PD

**Peter Kajonius<sup>2</sup>**

<sup>1</sup>Lund University, Lund, Sweden, <sup>2</sup>University West, Trollhättan,

***Biography:***

*Petri Kajonius is an avid researcher and author from Lund University.*

FFM (The Five Factor Model with its 30 facet traits) is proposed as a universal basis for PD (Personality Disorders)(See Miller et al. and the FFM count method, 2005). For example, Paranoid PD can be calculated by FFM facet traits N 2 E 1 \_R E 2 \_R O 4 \_R O 6 \_R A 1 \_R A 2 \_R A 3 \_R A 4 \_R A 6 \_R.

The present cross sectional study explored age and sex differences in the DSM IV PD categories with a large US sample N = 25 000.

This study was financially supported by Lund University, Sweden



## Structural Features of Pathological Narcissism

**Dr. Leonie Kampe<sup>1,2</sup>**, Prof. PhD. Kevin B. Meehan<sup>3</sup>, Prof. Dr. Stephan Doering<sup>4</sup>, Dr. Michael Rentrop<sup>5,6</sup>, Prof. Dr. Melitta Fischer-Kern<sup>4</sup>, Prof. Dr. Susanne Hörz-Sagstetter<sup>1</sup>

<sup>1</sup>Psychologische Hochschule Berlin, Berlin, Germany, <sup>2</sup>Klinikum Itzehoe, Itzehoe, Germany, <sup>3</sup>Long Island University, New York, USA, <sup>4</sup>Medizinische Universität Wien, Vienna, Austria, <sup>5</sup>Technische Universität München, Munich, Germany, <sup>6</sup>Inn-Salzach Klinikum, Wasserburg, Germany

### **Biography:**

B.Sc., M.Sc. Psych. Clinical Psychologist, PhD;

Head of Center for Personality and Attachment Disorders, Klinikum Itzehoe

Research associate at the Department of Clinical Psychology and Psychotherapy, Psychologische Hochschule Berlin

Postdoctoral lecturer at Freie Universität Berlin

Since 2020: Head of the research project "Relationship between Attachment and Defense Mechanisms"

2019/2020: Participation at the Adult Attachment Institute and Reliability Training, University of Berkeley California

2018/2019: Postdoctoral Research Fellowship at the Personality Disorders Institute, New York (Dr. O. F. Kernberg / Dr. J. F. Clarkin)

2018: Dissertation on Dimensional Approaches to the Diagnosis of Personality Disorders

2018 Licensed Psychodynamic Psychotherapist

**Objectives:** Within the spectrum of personality disorders, pathological narcissism is considered exceptionally difficult to diagnose adequately. Empirical research and clinical consensus conclude that the existing categorical diagnostic approach fails to capture the full picture of the narcissistic pathology. In line with the current changes in DSM-5 towards a dimensional model of diagnosing personality impairment across the dimensions self- and interpersonal functioning, we aimed to investigate whether there are distinct dimensions related to pathological narcissism.

**Method:** In a sample of 104 borderline patients, the Structured Clinical Interview of DSM-IV, Section II: Personality Disorders, and the Structured Interview of Personality Organization (STIPO) were applied. A dimensional score for pathological narcissism, based on SCID-II criteria of NPD, was correlated with all 100 STIPO items across the dimensions identity, object relations, defense mechanisms, coping and rigidity, aggression, moral values, and reality testing.

**Results:** Distinct structural features for pathological narcissism were extracted: For the dimension identity, a discrepancy between high external functioning and poor integration of the self in terms of coherence and self-esteem were found. Furthermore, severe deficits in the quality of relationships due to a lack of closeness, interdependency, and reciprocity, a proneness to idealizing and derogating others and boredom by other people, as well as a sense of entitlement were found to be related with pathological narcissism. The use of projective identification and controlling behaviors, other-directed aggression such as gaining pleasure by the suffering of others, sexual aggression, threats and intimidations, a proneness to lying, an inability to experiencing guilt, poor internalization of moral values, and sadistic tendencies were furthermore strongly related to pathological narcissism.

Conclusion: Our findings suggest that across the dimensions of personality functioning, there are distinct areas of impairment related to pathological narcissism. Our findings have high relevance for the understanding, diagnosing, and treatment conceptualization of narcissistic personality disorder.

## Daily Socio-Affective Processes of Personality Pathology in Adolescent Girls

Jun.-prof. Aleksandra Kaurin<sup>1</sup>

<sup>1</sup>Witten/herdecke University, , Germany

### **Biography:**

*Aleksa Kaurin is an Assistant Professor of Child and Adolescent Clinical Psychology at Witten/Herdecke University in Germany, where she studies dimensional models of psychopathology in children and adolescents as well as their functional manifestations in daily life. She researches those processes and structures in a diverse range of patterns of behavior, emotion, and (neuro)physiology, how they change during critical transitions in development such as adolescence, and is interested in statistical methods for analyzing intensive longitudinal data.*

Personality pathology has significant interpersonal costs. This is of specific relevance during sensitive developmental periods such as early adolescence, which is characterized by a heightened sensitivity to social feedback, particularly in girls. However, although there is general agreement that personality pathology has its roots in childhood, personality disorder diagnoses in child and adolescent samples are still met with skepticism. The Alternative DSM-5 Model for Personality Disorders (AMPD) may offer a viable and clinically useful option to capture/conceptualize the impairment severity of interpersonal and affective patterns that are key to daily personality functioning. The goal of the present study is, therefore, to empirically explore the structure and daily manifestations of personality pathology based on the AMPD in a sample of N=120 young adolescent girls (age: M=12.28, SD=.80) who completed a 16-day ecological momentary assessment protocol (2 school weeks, 3 weekends). More specifically, we will test whether child- and parent-reports of the Personality Inventory for DSM-5 (PID-5) trait constructs perform in a psychometrically similar way in our sample as compared to adults or older adolescents. In a second step, we will use a multilevel structural equation modeling (MSEM) framework to evaluate socio-affective manifestations of the PID-5 trait constructs via momentary assessments of interpersonal (e.g., closeness, social activities, time spent alone, antagonism) and affective processes in daily life.

## A Micro-Trajectory Approach of Affective Responding to Daily Stressors

Jun.-prof. Aleksandra Kaurin<sup>1</sup>

<sup>1</sup>Witten/Herdecke University, Witten, Germany

### **Biography:**

*Aleksa Kaurin is an Assistant Professor of Child and Adolescent Clinical Psychology at Witten/Herdecke University in Germany, where she studies dimensional models of psychopathology in children and adolescents as well as their functional manifestations in daily life. She researches those processes and structures in a diverse range of patterns of behavior, emotion, and (neuro)physiology, how they change during critical transitions in development such as adolescence, and is interested in statistical methods for analyzing intensive longitudinal data.*

**Objectives:** Personality processes manifest over different timescales, with some occurring over brief periods. In the current study, we extend the typical intensive longitudinal design of affective responses to daily stressors with what we have termed “micro- burst” assessments.

**Method:** Following reports of stressful events in daily life, participants (N=250) received brief surveys of affect every 15 minutes for up to an hour (i.e., 5 micro-surveys). We used a multi-level structural equation modeling framework to identify the optimal functional form of affect response evolution over time, as well as individual differences in the time course of the average response, and variability in response within individuals.

**Results:** Piecewise growth curve models returned a trajectory where, on average, participants reported significant decreases in negative affect, and increases in positive affect within the first 15 minutes after a stressor. The steepness of this slope was shallower for individuals high in neuroticism, and more pronounced in those that were high in extraversion.

**Conclusions:** We sensitively probed and empirically demonstrated 1) individual micro-trajectories of affect-regulation, 2) reliably established the link between stressors and affective response in daily life, and 3) demonstrated how situational and dispositional features affect the shape of these trajectories.

## Brief assessment of separation-individuation pathology: Relevance for personality dysfunction among psychiatric outpatients

David Kealy<sup>1</sup>, Alicia Spidel<sup>2</sup>

<sup>1</sup>University Of British Columbia, Vancouver, Canada, <sup>2</sup>Kwantlen Polytechnic University, Surrey, Canada

### **Biography:**

*David Kealy is an Assistant Professor in the Psychotherapy Program and Institute of Mental Health in the UBC Department of Psychiatry, and a Michael Smith Foundation for Health Research Scholar. His research is focused on individual differences related to mental health—including personal identity, emotional regulation difficulties, and interpersonal problems—and on psychotherapy process and outcome. He is co-editor of the recent book Contemporary Psychodynamic Psychotherapy: Evolving Clinical Practice, along with numerous journal articles. In addition to research he is actively involved in psychotherapy teaching, supervision, and practice.*

**Objectives:** Difficulties in the psychological balance between feeling connected with others and maintaining a sense of autonomy can undermine personal identity and interpersonal relatedness, two central features of personality dysfunction. Referred to as separation-individuation pathology such problems take the form of distorted schemas regarding interpersonal separateness and connectedness, and are measured using the Dysfunctional Individuation Scale (DIS). The present study was aimed at evaluation the relevance of the DIS with regard to borderline and narcissistic personality dysfunction among a clinical sample.

**Methods:** A sample of 236 outpatients attending Canadian community mental health clinics completed the DIS along with measures of borderline personality features, pathological narcissism, and general psychological distress. Confirmatory factor analysis was undertaken to evaluate the DIS for model fit, unidimensionality, and potential for abbreviation. Correlation and linear regression analyses then examined associations between the DIS and borderline and narcissistic personality dysfunction.

**Results:** CFA revealed poor model fit for the 10-item DIS in this clinical sample. Removal of low-loading items and reduction to a 4-item scale improved model fit. Zero-order correlations revealed comparable associations with other variables between the 4-item and 10-item versions of the DIS. Regression analyses indicated separation-individuation pathology to account for 10% and 15% of the variance in borderline and narcissistic dysfunction, respectively, after controlling for severity of distress symptoms. Further, mediation analyses revealed separation-individuation pathology to significantly account for the bidirectional association between borderline and narcissistic dysfunction.

**Conclusion:** Results indicate acceptable model fit and unidimensionality of an ultra-brief measure of separation-individuation pathology among a clinical sample. Dysfunctional individuation was significantly and robustly associated with borderline and narcissistic features, beyond the effects of general distress symptoms. Although preliminary, the findings suggest possibilities for brief research assessment of schemas reflecting individuation difficulties, and potential clinical utility in screening for personality dysfunction.

## Evidence for anger rumination as a transdiagnostic processes within BPD and ASPD

**Karen Kelley<sup>1</sup>**, Dr. Hilary DeShong

<sup>1</sup>Mississippi State University, Starkville, United States

### **Biography:**

*Kelley is a third-year graduate student in the Clinical Psychology PhD program at Mississippi State University. Her research interests center around the assessment and conceptualization of psychological constructs (e.g., impulsivity) using an interdisciplinary approach. Additionally, she is interested in psychological processes and mechanisms that serve as risk, protective, and maintenance factors related to substance use behavior.*

**Objectives:** There is significant homogeneity across personality disorders, causing problems with the categorical diagnoses and our understanding of underlying processes of these disorders. One of these potential processes may be rumination, a form of repetitive negative thinking (RNT) involving thoughts about upsetting problems, causes of one's problems, and the potential implications of one's problems (Nolen-Hoeksema, 1991). Previous research demonstrates that rumination is a consistent predictor of dysregulated behaviors among those with borderline personality disorder (BPD; Selby et al., 2013; Selby & Joiner, 2013). The Emotional Cascade Model suggests that rumination is the link between negative affect and maladaptive behaviors, which are done to disrupt the ruminative processes (Selby et al., 2009). However, emotion dysregulation and impulsive behaviors are shared features between BPD and various forms of psychopathology. Antisocial personality disorder (ASPD) is similarly characterized by emotional instability and impulsivity through intense anger and other-directed dysregulated behaviors. Research has yet to investigate the role of rumination in dysregulated behaviors within the context of ASPD symptoms. This study investigated the role of several types of RNT in relation to BPD and ASPD symptoms. **Method:** Participants (N = 403, 74.4% female) completed measures of rumination/worry, BPD, and ASPD. Path analyses were conducted in which different forms of rumination/worry predicted antisocial and borderline symptoms across two personality disorder measures. **Results:** Anger rumination emerged as the strongest predictor of both antisocial and borderline symptoms while worry negatively predicted antisocial symptoms. Rumination and worry explained substantially more variance in borderline symptoms compared to antisocial symptoms. **Conclusions:** Results suggest that rumination, specifically anger rumination, may be a transdiagnostic process contributing to the presentation of emotion and behavioral dysregulation across BPD and ASPD. Future research is needed to examine the impact of different cognitive processes within the context of emotional cascades to provide more insight into personality psychopathology.

## Differential Effects of Psychological Interventions in Online and Face-to-Face Settings on DSM-5 and ICD-11 Maladaptive Personality Functioning: An Exploratory Pilot Study

**André Kerber**<sup>1</sup>, Carmen Schaeuffele<sup>1</sup>, Tobias Krieger<sup>2</sup>, Antoine Urech<sup>2,3</sup>, Heleen Riper<sup>4,5</sup>, Thomas Berger<sup>2</sup>, Johanna Boettcher<sup>6</sup>, Christine Knaevelsrud<sup>1</sup>

<sup>1</sup>Freie Universität Berlin, Berlin, Germany, <sup>2</sup>University of Bern, Bern, Switzerland, <sup>3</sup>Bern University Hospital, , Switzerland,

<sup>4</sup>Vrije Universiteit, Amsterdam, Netherlands, <sup>5</sup>VU University Medical Center, Amsterdam, Netherlands, <sup>6</sup>Psychologische Hochschule Berlin, Berlin, Germany

### **Biography:**

André Kerber

Dipl. Psych, B. Sc., Clinical Psychologist, licensed Psychotherapist

### Academic Career

2004 - 2008 Study of Cognitive Science at the University of Osnabrück - B.Sc.

2009 - 2013 Study of Psychology at the University of Potsdam

2017 - present Research associate at the Department of Clinical Psychological Intervention of the Freie Universität Berlin

### Clinical Experience and Career

2013-2018 Psychotherapy Training at the DGVt (German Association for Behavioral Therapy) in Berlin

2018 Licensured psychotherapist - Specialization CBT

2018 - present Psychotherapeutic Practice Berlin

2019 - present Psychotherapy Training at the Berlin Institute for Psychoanalysis and Psychotherapy

While mental health treatments have proven to be effective for a range of mental health problems, there is comparably little research on its effects on personality disorders or difficulty (PD). New dimensional conceptualizations of PD such as the ICD-11 PD model allow for a cost- and time-effective dimensional assessment of PS severity and style and can thus also be used as an outcome measure. Furthermore, investigating the predictive or moderating function of maladaptive personality traits and personality functioning with regard to symptom reduction in clinical interventions can provide important starting points for the individualisation of psychotherapy.

**Methods:** In this study, we investigated the effects of two different mental health treatment settings (online and face-to-face [FTF]) on the reduction of maladaptive personality traits using the Personality Inventory for DSM-5, Brief Form Plus (PID5BF+). The PID5BF+ sum score can also be used as a proxy measure for severity of personality dysfunction or personality functioning. We further analysed the interaction between maladaptive personality traits and severity of personality dysfunction with the response on psychological distress, measured by the Brief Symptom Inventory.

**Results:** Patients showed comparable reductions in psychological distress in both treatment settings. However, patients who received face-to-face psychotherapy showed greater reductions in maladaptive personality traits and personality functioning than patients who received the internet-based intervention.

The reduction of maladaptive personality traits was also a reliable predictor of treatment response in the face-to-face setting, whereas it explained less variance in the internet-based setting.

Conclusion: While having similar impact on psychological distress, mental health treatment settings seem to differ with respect to their effects on personality functioning. Measures of personality functioning should therefore routinely be used as an outcome measure or secondary endpoint.



## Maternal borderline personality disorder features and mediational parenting behaviors during conflict discussions

Sophie Kerr<sup>1</sup>, Dr. Stephanie Stepp<sup>2</sup>, Dr. Carla Sharp<sup>1</sup>

<sup>1</sup>University Of Houston, Houston, United States, <sup>2</sup>University of Pittsburgh, Pittsburgh, United States

### **Biography:**

*Sophie Kerr is a second-year clinical psychology doctoral student at the University of Houston. Her research uses a developmental psychopathology framework to examine personality pathology, parenting, and intergenerational transmission of risk toward the goals of informing prevention and intervention.*

**Objectives:** Understanding how parental personality pathology affects parent-child interactions could inform interventions to interrupt the intergenerational transmission of psychopathology. Using the Observing Mediational Interactions (OMI) coding system from the Mediational Intervention for Sensitizing Caregivers (MISC), we examined relationships between personality pathology in mothers and parenting behaviors during parent-child conflict discussions.

**Methods:** Youth aged 10-15 oversampled for emotional instability (N=53, Mage=12.28, 53% female) and female caregivers (Mage = 40.1) completed interviews, surveys, and a conflict discussion task. Parenting behaviors were coded for OMI attachment-based emotional components and behaviorally anchored mediational components (focusing, affecting, expanding, rewarding, regulating). Negative mediational components were developed to capture insensitive, hostile, intrusive, or invalidating parenting behaviors. Pearson's correlations examined relations between maternal personality pathology (SIDP-IV BPD symptom severity, PID-5-BF average [n=41], DERS total [n=41]) and OMI parenting variables. Demographic variables (child and gender, parent age) and youth psychopathology (YSR internalizing/externalizing) were tested as covariates of OMI variables and included in subsequent hierarchical regressions depending on bivariate relations.

**Results:** Positive and negative affecting, expanding, and regulating were present in a substantial portion of interactions and were summed to create positive and negative mediation composites. Maternal BPD severity (SIDP-IV) was associated with lower emotional component scores ( $r = -.35, p < .05$ ) and higher negative expanding ( $r = .28, p < .05$ ) and negative composite scores ( $r = .28, p < .05$ ). Maternal emotion dysregulation (DERS) was only associated with negative expanding ( $r = .35, p < .05$ ) and there were no significant relationships with pathological personality traits (PID5-BF). Pearson's correlations and t-tests revealed no significant relationships between OMI variables and demographics or youth psychopathology.

**Conclusions:** Findings suggest that mothers with BPD features tend to engage in fewer attachment-based parenting behaviors and greater insensitive, hostile, intrusive, or invalidating parenting behaviors when engaging in conflict discussions with children. This provides implications for intervention, particularly using MISC, for mothers with personality pathology.

## The influence of personality on therapeutic outcomes in vulnerable community-dwelling adults

MSc psychology, PhD student Lennart Kiel<sup>1</sup>, MSc psychology, PostDoc Majse Lind<sup>2</sup>, MSc psychology Camilla Jin Joseph<sup>3</sup>

<sup>1</sup>Department of Psychology, Aarhus University, Aarhus, Denmark, <sup>2</sup>Department of Psychology, University of Florida, Gainesville, US, <sup>3</sup>AarhusCare, Aarhus, Denmark

### **Biography:**

*Clinical psychologist who works with people with moderate to severe personality disorder and doing research in interactions between personality traits, reflective functioning, narrative identity and social functioning.*

**Background:** Adults with a broad spectrum of mental health-related problems often struggle with underlying personality problems. Personality has proven to be an important predictor of a person's receptiveness to psychotherapy and thereby a likely influencer of therapeutic outcomes. In this ongoing study, we intend to examine how (pathological) personality traits and level of personality functioning influence the effect of therapy (i.e., well-being and social functioning) for vulnerable community-dwelling adults, who are not enabled public sector psychiatric treatment and who cannot afford treatment themselves.

**Method:** 67 community-dwelling adults are currently being recruited for a free 12-sessions psychotherapy. The therapy adopts an integrative, relational-focused approach. Before and after the therapy participants complete self-report measures of both normal and pathological personality traits, level of personality functioning, a variety of well-being questionnaires, and social functioning.

**Results:** We hypothesize that social functioning and well-being will improve from before to after therapy termination. In addition, we expect to find, that pathological personality traits and level of personality functioning moderates this effect of therapy.

**Conclusion:** This study sheds light on the role of functionality in therapy to vulnerable community-dwelling adults as well as the importance of (pathological) personality traits and level of personality functioning in this regard.

## Detection of Borderline Personality Disorder and Personality Difficulties In Low Resource Settings: Cultural Adaptation and Validation Of LoPF- Q 12-18 And BPFSC-11 Among Adolescents In Tanzania

**Mr Mrema Kilonzo<sup>1</sup>**, Prof Sylvia Kaaya<sup>1</sup>, Dr Peter Leonard<sup>2</sup>, Dr Ronan Zimmermann<sup>3</sup>

<sup>1</sup>Muhimbili University Of Health And Allied Sciences (muhas), Dar es Salaam, Tanzania, <sup>2</sup>Muhimbili National Hospital, Dar es Salaam, Tanzania, <sup>3</sup>Basel University, Basel, Switzerland

### **Biography:**

*Mrema Noel Kilonzo is an assistant lecturer at Muhimbili University of Health and Allied Sciences (MUHAS). At the university, he provides teaching support to undergraduate and postgraduate students. At the hospital, he offers psychological support to patients at psychiatry child and adolescent clinic. Mrema has a strong interest and diverse experience in research that focuses on children and adolescents. Since 2010, his research interest has been on HIV prevention, stigma, mood, psycho-neurological testing and personality. He is currently pursuing his PhD that focuses on early detection of Borderline Personality Disorder (BPD) among adolescents*

**Background:** There is growing worldwide attention to understanding personality difficulties and borderline personality disorder (BPD) among adolescents. However, in sub-Saharan African (SSA) countries there is limited information. The lack of epidemiological reports in countries like Tanzania, could reflect a combination of poor community recognition of clinical aspect of PDs in adolescence; and lack of appropriate personality disorders screening and diagnostic tools.

**Objectives:** We aim 1) to describe from the perspectives of teachers and parents' understanding of the role of personality difficulties in adolescents behavioural problems, and 2) to evaluate cultural and linguistic equivalences in item meanings, and psychometric properties of 96 item Level of Personality Functioning Questionnaire (LoPF-Q 12-18) and the 11 item Borderline Personality Features Scale for Children (BPFSC-11) in Dar es Salaam, Tanzania.

**Methods:** A focus group discussions will derive consensus on current norms when addressing adolescent problem behaviours, and support needs of parents and teachers for recognition of underlying personality difficulties. Structured qualitative documentation of a six-step process for adapting the LoPF-Q 12-18 and BPFSC-11, in which both have been translated and independently back-translated prior to panel discussions with mental health professionals, and linguistic experts. Cognitive interview with boys and girls aged 13 to 18 years will be summarized and provide information for further cultural adaptation of the tools. We will then pilot the LoPF-Q 12-18 and BPFSC-11 in 200 secondary school-based adolescent aged 13 to 18 years old to summarize and present their psychometric properties.

**Results:** Preliminary findings from the translation process has shown that 21% (n=20) of LoPF-Q 12-18 and 27% (n=3) of BPFSC-11 had discrepancy issues. Some of English words that express emotions (such as 'uncomfortable', 'mean' and 'unfeeling') did not translate well in Swahili and created cultural nuances. Also, some discrepancy was on the lack of compassion on the Swahili translation.

## The Effect of Comorbid Personality Disorders on the Outcome of Psychotherapy for Other Disorders: A Meta-Analysis

**Dr. Yogev Kivity<sup>1</sup>**, Ms. Linoy Shalev<sup>1</sup>, Mr. Jonathan Arnon<sup>1</sup>

<sup>1</sup>Bar Ilan University, , Israel

### **Biography:**

*Dr. Kivity is a clinical psychologist and an Assistant Professor in the Department of Psychology, Bar Ilan University. His interests are in personality disorders and especially borderline personality disorder. More specifically, his research focuses on the role of impairments in object relations (internal representations of self and others), mentalizing and emotion regulation in the development, maintenance and treatment of borderline personality disorder.*

**Objectives:** Studies suggest that comorbid personality disorders (co-PDs) may have a detrimental effect on the outcome of psychotherapies that target other disorders (Keefe et al., 2018; Porter & Chambless, 2015). However, the size and prevalence of this effect is unknown, and most studies focus on specific co-PDs and psychotherapeutic approaches. Thus, it is unclear which co-PDs affect outcome the most, and which psychotherapeutic approaches are most likely to be affected. We address these gaps using a meta-analysis with the following hypotheses: a) co-PDs, and especially Clusters A and B, will negatively affect treatment outcome; b) This effect will be smaller in psychotherapies that take into account the personality characteristics of the patient (e.g., psychodynamic) than in approaches that do not (e.g., traditional cognitive-behavioral).

**Method:** The study is in progress. We searched for relevant studies in PsycINFO, ProQuest, and Web of Science and in reference sections of related reviews. Data from eligible studies are extracted by reliable coders, including effect sizes, moderators (type of co-PDs and psychotherapeutic approach) and study characteristics.

**Results:** Out of the identified studies (k = 6866), 2036 studies were already screened, out of which 79 were eligible for inclusion and 32 were coded. Data analysis is underway and will be carried out using multi-level meta-analysis. We expect patients with co-PDs, and especially Clusters A and B disorders, to show smaller improvements during psychotherapy, compared to patients without co-PDs. Furthermore, we expect the detrimental effect of co-PDs to be smaller in psychotherapies that take into account the personality characteristics of the patient.

**Conclusions:** The findings are expected to promote a better understanding of the role of co-PDs in the outcome of psychotherapy for other disorders including the circumstances under which co-PDs are especially likely to have a negative effect on outcome.

## Autonomic nervous system Activity in Young People with Borderline Personality Disorder – Recent Advances and Ongoing Challenges

**Pd Dr. Julian Koenig<sup>1,2</sup>**

<sup>1</sup>Heidelberg University, Heidelberg, Germany, <sup>2</sup>University of Bern, Bern, Switzerland

### ***Biography:***

*PD Dr. Koenig is head of research at the Section for Experimental Child and Adolescent Psychiatry, Department of Child and Adolescent Psychiatry, Centre for Psychosocial Medicine, University of Heidelberg, Germany.*

**Objectives:** Among the biological correlates investigated in young people with borderline personality disorder (BPD) are measures of autonomic nervous system (ANS) function. In particular, measures of cardiovascular activity and reactivity have gained increasing interest, as they are easily implemented in various research designs, and provide a convenient and reliable method in evaluating physiological function.

**Method:** Focusing on measures of (1) ANS activity at rest, (2) reactivity to experimental challenge, and (3) long-term recordings indexing circadian variation patterns (CVP), the talk will summarize the existing evidence in field, highlighting the replicability and clinical implications of findings.

**Results:** Young people with BPD are characterized by decreased resting state vagal activity at rest, indexed by decreased heart rate variability (HRV), as a function of greater BPD severity. Further, recent studies illustrate the clinical utility of resting HRV recordings in predicting long-term treatment outcome in youth with BPD. More recently, shifts in CVP of heart rate and HRV have been describe in adolescents with BPD, suggesting disturbances of circadian rhythmicity. Importantly, results in this area of research replicate quite well and alterations in ANS function in young patients with BPD seem to be robust, even when accounting for important life-style and health behavior differences in classic case-control studies.

**Conclusions:** Measures of cardiovascular activity are theoretically explicated, empirically supported and computationally tractable biological correlates that may support the assessment and treatment of young people with BPD. Future challenges for the field concern the generalizability of findings across development and other ANS-related physiological systems. Multimodal studies and large-scale longitudinal studies are needed to gain a better understanding of the exact mechanisms underlying the respective findings. Big-data approaches might be suitable to solve some of these issues in the next decade.

## Electronic evidence-based assessments for detection of personality disorders in Kosovo

**Teaching Assistant Jon Konjufca**<sup>1</sup>, MA student Fjolla Ramadani<sup>1</sup>, MD Aferdita Goçi<sup>2</sup>, Associate Professor Aliriza Arenliu<sup>1</sup>, Dr. Ronan Zimmerman<sup>3</sup>

<sup>1</sup>University of Pristina, Pristina, Kosovo, <sup>2</sup>Clinical Hospitals of the University of Pristina, Pristina, Kosovo, <sup>3</sup>Child and Adolescent Psychiatric Hospital & Faculty for Psychology, Basel, Switzerland

### **Biography:**

*Jon Konjufca is a teaching assistant at the Department of Psychology, University of Pristina. After graduating in Clinical and Health Psychology, he has focused on research methods, multivariate statistics and computerized experiments. He is currently the site coordinator in Kosovo for Project MHIRA. In addition, he is active in an international project on the diagnosis and treatment of psychotic disorders through evidence-based assessment and new technological solutions.*

The Mental Health Information Reporting Assistant is an open-source software which aims to assist mental health professionals in planning, organizing, and conducting evidence-based assessments of clients, and to facilitate automatic and dynamic reporting of the data gathered. In Kosovo, MIHRA is being implemented by child and adolescent clinicians and school psychologists. To facilitate implementation, we conducted focus groups with these target professionals where we obtained feedback on MHIRA's assessment and reporting capabilities. Initially, a significant portion of assessment and reporting tools in MHIRA are directed toward screening for borderline personality disorder. In order to prepare for this initial use, we conducted a validation study centered on the Patient Health Questionnaire (PHQ-9), the Borderline Personality Features Scale for Children (BPFSC-11) and the Levels of Personality Functioning Questionnaire (LoPF-Q). The presentation will focus on barriers and facilitators during the implementation of MHIRA in Kosovo. Additionally, we will briefly present psychometric properties of the employed questionnaires in their Albanian version.

## Comorbidity of Attention Deficiency and Hyperactivity Disorder (ADHD) in women diagnosed with Borderline Personality Disorder (BPD) - relation to outcome

**MD Efthymios Kouppis<sup>1,2</sup>**, PhD Emma Björkenstam<sup>1</sup>, PhD Charlotte Björkenstam<sup>1</sup>, MD, PhD Bengt Gerdin<sup>1,2</sup>, MD, PhD Lisa Ekselius<sup>1</sup>

<sup>1</sup>Uppsala University, Uppsala, Sweden, <sup>2</sup>Uppsala Academic Hospital, Uppsala, Sweden

### **Biography:**

I am specialist in psychiatry and Consultant at The University Hospital in Uppsala. I am also a doctoral student at the Uppsala University. My subject of interest is personality disorders and I have published two articles. I have been active in presenting my work in national and international forums and have previously presented a paper at the ISSPD 2019 congress.

I look forward to getting the chance to present my work at the upcoming ISSPD congress.

Sincerely

Efthymios Kouppis

### **Background**

There is an overlap in symptoms between ADHD and BPD, which may obscure diagnostic attempts in clinical practice. This has at least three implications. First, fluctuations of symptoms over time may lead the clinician to either of the two diagnoses at different time points. Second, coexistence of symptoms may represent common aetiological mechanisms, and third, patients with symptom overlap may represent subgroups of ADHD and/or BPD. In the latter case, this may reflect separate clinical paths with different long-term prognostic values.

### **Objectives**

The objective of this study was to investigate differences in mortality, both due to natural and unnatural causes of death, in women given a diagnosis of BPD, with and without a comorbid ADHD diagnosis.

### **Methods**

We used population register data from a Swedish cohort of 23 229 women with a diagnosis of BPD given between 1997 and 2015 and assessed the mortality in women who also received a diagnosis of ADHD at any time point, and in those who did not.

### **Results**

After adjusting for education, parity and follow-up time, women with BPD who at any time point also received a diagnosis of ADHD had a decreased mortality, both due to natural and unnatural causes of death, as compared to women without such comorbidity.

### **Conclusions**

A diagnosis of ADHD in women also given a diagnosis of BPD is associated with a lower mortality risk. More studies are required to investigate the reason of these findings.

<sup>1</sup>University of Lausanne, Lausanne, Suisse

*Dr. Kramer is Privat-Docent at the Institute of Psychotherapy and General Psychiatric Service, Department of Psychiatry, University of Lausanne (Switzerland), and Adjunct Professor at the Department of Psychology, University of Windsor (Canada).*

**Conclusion.** Lessening of pervasiveness of problematic in-session interpersonal patterns may be discussed as potential mechanism of effective treatment for BPD. Clinical implications for practice with this clientel are discussed.



## Case formulation predicts the therapeutic alliance in treatments for borderline personality disorder

**PD Dr. Ueli Kramer<sup>1</sup>**, Dr. Mehdi Gholam, Prof. Franz Caspar

<sup>1</sup>University of Lausanne, Lausanne, Suisse

### **Biography:**

*PD Dr. Ueli Kramer is an integrative psychotherapy researcher and clinical psychotherapist at the Department of Psychiatry, University of Lausanne (Switzerland). He holds an affiliation with the University of Windsor (Canada). His research interests include mechanisms of change in psychotherapy, case formulation and process research.*

**Background:** Case formulation is a central tool for psychotherapists helping them to tailor psychotherapy to the individual patient, in particular for treatments for complex and multi-layered clinical problems, such as personality disorders (Kramer, 2019). Despite their evidence-base, case formulation methodologies are still under-utilized in psychotherapy research in the prediction of dyadic processes in treatments of personality disorders.

**Methods:** The present study included N = 60 patients with borderline personality disorder (BPD) undergoing a brief treatment, using an individualized treatment component, as compared to a standard treatment (Kramer et al., 2014). For each patient, the Plan Analysis case formulation methodology (Caspar, 2019) was performed on the basis of the intake interview. The idiographic information from the case was then synthesized in quantitative scores (on a Likert-type scale) measuring patient's interactional agreeableness. Intra- and inter-individual dynamic network analyses (David et al., 2018) were performed and lagged session-by-session predictions of the therapeutic alliance progression over the course of the brief treatment, as rated by the patient and the therapist, were computed, as a function of interactional agreeableness, and of individualization of treatment.

**Results:** The results showed positive associations between lagged assessment of the alliance by the same perspective (either patient or therapist), and negative predictions between lagged cross-perspectives (patient-therapist and therapist-patient), in particular for the individualized treatment (but not for the standard). Low agreeableness was associated with negatively valenced links between the two perspectives (but high agreeableness was not).

**Discussion:** This study was the first to explore intra- and interindividual dynamics of the alliance in relationship with idiographic information extracted from case formulations. The results may help to understand relationship struggles and their resolution as potential mechanisms of change in treatments for personality disorders.

## Well-being and social judgements in Dutch and German students during the era of face masks.

**dr. Annegret Krause-utz<sup>1</sup>**, Franziska Unterseher,, Konstantina Atanasova,, Miriam Biermann, Anna Schulze, Martin Bohus, Dagmar Stahlberg, Stefanie Lis

<sup>1</sup>Leiden University, Leiden, Netherlands

### **Biography:**

*Annegret Krause-Utz (\*1980) is an Assistant Professor in Clinical Psychology at Leiden University. She obtained a PhD at the Medical Faculty of Heidelberg University in Germany (2014, supervisor Prof. Christian Schmahl) and a PhD in Psychology at Leiden University (2017). She did a post-graduate training in Behaviour Therapy and Dialectical Behaviour Therapy. She mainly works with individuals with Borderline Personality Disorder (BPD) and complex trauma (e.g., childhood abuse and neglect). Understanding the underlying mechanisms of BPD, such as emotion dysregulation and dissociation, is also her main research interest, combining different methods such as self-reports, experimental-tasks, and neuroimaging.*

Due to the Covid-19 pandemic countries introduced novel behavioral rules to decelerate the spread of the virus, one of which being the mandatory use of mouth-nose coverings (MNCs). Critics were concerned that MNCs may have detrimental effects on human interaction and studies confirmed a decline in emotion recognition accuracy when faces were covered by MNCs. Aside from emotion recognition, human interaction is also shaped by social judgements, like trustworthiness judgements which influence individuals'

approach-avoidance behavior. In an online study, 340 participants from the universities of Mannheim and Leiden assessed psychological distress, the risk of the pandemic, the burden, and the benefit of MNCs. In an experimental task, participants indicated to which extent a displayed face covered by or without an MNC expressed trustworthiness or happiness. Most participants experienced MNCs as burdening social interaction. The burden was

stronger in those participants who rated faces covered by MNCs as less trustworthy and less happy compared to faces without MNCs. The negative bias in social judgments induced by MNCs was stronger for happiness compared with trustworthiness ratings. Beyond changes in social judgments, a higher burden while wearing MNCs was also linked to a lower compliance to behavioral recommendations for counteracting the spreading of the

pandemic. In sum, we found that covering faces by MNCs changes social judgments. This alteration is less severe for social judgements in which cues from the eye-region are important. In participants experiencing a smaller burden of MNCs, the evaluation of faces is

affected less by MNCs. Future studies are required to investigate the role of MNC on the accuracy of social judgments during social interactions, as well as the long-lasting consequences of psychological distress due to pandemic.

## Disturbed neural processing of emotionally charged autobiographical memories in women with borderline personality disorder - preliminary fMRI results

**Maria Kulesza<sup>1</sup>**, Katarzyna Rękawek<sup>1,2</sup>, Artur Marchewka<sup>1</sup>, Marek Wypych<sup>1</sup>

<sup>1</sup>Laboratory of Brain Imaging, Nencki Institute of Polish Academy of Sciences, Warsaw, Poland, <sup>2</sup>Faculty of Psychology, University of Warsaw, Warsaw, Poland

### **Biography:**

*Maria Kulesza is currently a PhD student at the Laboratory of Brain Imaging at the Nencki Institute. She is a primary investigator of a research grant titled "Neuronal and behavioral mechanisms of emotion regulation and autobiographical memory in Borderline Personality Disorder and Major Depressive Disorder - common and specific effects", which was funded by the National Science Center in Poland (Preludium, UMO-2019/33/N/HS6/02126). Before, she studied psychology at the Faculty of Psychology at the University of Warsaw. Her main research interests are personality disorders, emotion regulation, episodic memories, and social cognition.*

People with borderline personality disorder (BPD) have disturbed processing of self-referential information including autobiographical memories (AMs). BPD individuals have difficulty retrieving specific AMs and describing them in detail. Previous neuroimaging studies on resolved and unresolved AMs showed hyperreactivity in the cortical-midline and parieto-temporal subsystems in BPD suggesting excessive self-focus and increased effort to retrieve a memory. To our knowledge, however, there are no studies on BPD evaluating retrieval of memories related to specific emotions like sadness or happiness.

We compared the neural processing of sad and happy memories in BPD (N=24) and healthy control (HC; N=34) women. Before the study, participants provided 5 sad (SAMs) and 5 happy AMs (HAMs). During an fMRI session participants were asked to recall these memories based on specific cues, rate their emotional state and vividness of each memory.

Emotional state after AMs did not differ between the groups, however, the BPD group rated all AMs as less vivid. At the neural level, a comparison of SAMs and HAMs for both groups revealed higher activations during SAMs in regions involved in processing emotions and self-related material, and AMs retrieval (insulae, anterior cingulate cortex, temporal and angular gyri, superior, middle, and inferior frontal gyri). No regions were activated specifically for HAMs and no between-group differences were observed for HAMs. However, during SAMs BPD group had lower activations in regions linked to AMs retrieval and visual imagery (angular gyri, left cuneus, left superior parietal lobule, left superior occipital gyrus), and taking the first-person perspective during recall (angular gyri).

Lower activation of the above-mentioned regions could indicate disturbed processing of SAMs in BPD, and may potentially underlie the less vivid recall and known general difficulties with the AM retrieval in BPD including less detailed AMs and difficulty in taking the first-person perspective during recall.

## Mentalization-based treatment – is it sustainable?

Associate Professor/Head senior Consultant Elfrida Hartveit Kvarstein<sup>1</sup>

<sup>1</sup>*Oslo University Hospital/University of Oslo, Oslo, Norway*

### **Biography:**

*Elfrida Hartveit Kvarstein (MD/PhD) is head senior consultant at Oslo University Hospital, Section for Personality Psychiatry and specialized treatments. She is also associate professor at the University of Oslo, Institute for Clinical Medicine and heads the research group Personality Psychiatry focusing on clinical research on personality disorders.*

**Background:** Positive effects of mentalization-based treatment (MBT) is reported in studies of patients with severe borderline personality disorder (BPD). The evidence-base includes randomized controlled trials, naturalistic comparison studies, long-term follow-up, and health economic considerations, performed within different countries and clinical research environments. Nevertheless, research also indicates that effects may vary, and are, not least, vulnerable to situational and organizational factors. As yet, sustainability of the effectiveness of MBT programs is poorly documented.

**Aim:** The main aim in the present study was to investigate whether previously reported positive outcomes for patients in a three-year MBT program were maintained in later time periods, for new patients.

**Method:** The study is longitudinal and investigates a large sample of patients (N=185). Period I is from 2009-2012 (n=101). Period II is from 2013-2016 (n= 84). The study compares baseline characteristics of patients found eligible for treatment, longitudinal development of self-reported therapeutic alliance and clinical outcomes assessed by self-reported symptom distress, social functioning, and interpersonal problems.

**Results:** Differences in patient characteristics were mainly insignificant in the two periods ( $p>0.05$ ). Patients had corresponding burdens of trauma, histories of substance abuse, and extensive prior treatment experience. Current interpersonal and occupational problems were on similar levels. BPD dominated and self-harming behaviors were main problems in both groups. The distribution of other comorbidity included mainly avoidant and paranoid PD, anxiety, depression and notable numbers with eating disorder and PTSD. Self-reported severity of personality problems was high in both groups, but more extensive in period II ( $p<0.05$ ). Differences in alliance were small ( $p<0.05$ ), and indicated poorer initial alliance among patients in period II, but diminishing differences over time due to greater alliance improvement for patients in period II. Differences in clinical outcomes were minor and not significant ( $p>0.05$ )

**Conclusion:** Results support sustainability of MBT for poorly functioning patients.

## The role of silence in ruptures during psychotherapy of adolescents with Borderline Personality Disorder psychotherapy

**Christophe Künsch<sup>1</sup>**, Ronan Zimmermann<sup>2,3</sup>, Nathalie Schenk<sup>2</sup>, Lukas Fürer<sup>2</sup>, Klaus Schmeck<sup>2</sup>

<sup>1</sup>University of Basel, , Switzerland, <sup>2</sup>Child and Adolescent Psychiatric Research Department, Psychiatric University Hospital, University of Basel, , Switzerland, <sup>3</sup>Division of Clinical Psychology and Psychotherapy, Faculty of Psychology, University of Basel, , Switzerland

### **Biography:**

2017 - 2020: Bachelor of Science in Psychology (University of Fribourg, Switzerland)

2020 - Present: Student in Master of Science, clinical psychology and neuroscience (University of Basel, Switzerland)

**Objectives:** Research on personality disorder (PD) treatment provides evidence that alliance ruptures are overrepresented in subjects with borderline personality pathology (BPP). In treatment of adolescent BPP findings describe particular significant ruptures occurring in phases and single peak sessions supporting the theory of a dynamic therapeutic alliance, characterised by continuous negotiation. Minimal response withdrawal markers, with patients often going silent, are found most frequently in BPP treatment, with silence linked to smaller session-ratings on smoothness and goodness. By analysing speaker switching patterns, silence is found to be synchronized between therapist and patient turns, but intra-speaker silence is not of the same duration. The present study investigates if silence can be used as a marker for minimal response withdrawal ruptures in adolescent patients with borderline personality disorder.

**Methods:** The sample consisted of 21 adolescent BPP subjects in a total of 382 sessions of an Adolescent identity training setting. Silences were identified using automatic detection. Speaker diarization (partitioning the audio according to speaker identity) was implemented to determine the speaker switching patterns in which the silence occurs. Determination of rupture category, type and significance based on the 3RS manual (Eubanks et al., 2015). Silence linked to minimal response withdrawal ruptures in different speaker switching patterns was analyzed exploratively.

**Results:** Results indicate that there are more silence events in withdrawal than confrontation ruptures. Minimal response withdrawal ruptures were linked to considerable increases in silence duration when rupture significance was rated as „some significance” or above (3 or above). For speaker switching patterns Therapist\_Therapist pauses displayed the highest increases in silence duration in correlation of rupture rating and presence of minimal response.

**Conclusion:** Minimal response ruptures contribute considerably to elevated silence duration in therapy sessions, effecting therapist-patient alliance and treatment outcome. Further research should investigate generalization of the present results in different settings and disorders.

## Extreme challenges with extreme self-harm – Psychopathology and treatment experiences among extensively hospitalized, psychiatric inpatients with severe self-harming behaviour in Norway

**Phd Student, Psychologist Tuva Langjord<sup>1</sup>**, MD, PhD Elfrida Hartveit Kvarstein<sup>2,4</sup>, PhD Geir Pedersen<sup>3,5</sup>

<sup>1</sup>Norwegian National Advisory Unit on Personality Psychiatry, Oslo University Hospital, Oslo, Norway, <sup>2</sup>Section for Personality Psychiatry, Oslo University Hospital, Oslo, Norway, <sup>3</sup>Network for Personality Disorders, Section for Personality psychiatry and specialized treatments, Department for National and Regional Functions, Oslo University Hospital, Oslo, Norway, <sup>4</sup>Institute for Clinical Medicine, University of Oslo, Oslo, Norway, <sup>5</sup>The Norwegian Centre of Mental Disorders Research (NORMENT), Institute of Clinical Medicine, University of Oslo, Oslo, Norway

### **Biography:**

*Tuva Langjord is a trained clinical psychologist from the University of Oslo. She is the PhD candidate in the project Extreme Challenges - Psychopathology and treatment experiences among extensively hospitalized, psychiatric inpatients with severe self-harming behavior in Norway. She also holds a Master's degree in Comparative Literature from the same university, and works clinically in her private practice.*

**Objectives:** Extreme self-harm presents extreme challenges for health services, patients and families. Self-harm is well known within psychiatric populations, and associated with mental disorder. Although research normally divides between non-suicidal self-injury and suicidal behaviour, behaviours can be seriously mutilating or life-threatening in severe cases, making this divide less suitable. A 2018 Norwegian national survey uncovered a cohort of adult psychiatric inpatients with extreme self-harming behaviours causing concern for the health services, patients and families. Extreme self-harm is a less researched area and the present study aims to increase understanding for the psychopathology pertaining to severe self-harm, as well as personality functioning and use of and collaboration between health-services regarding these patients.

**Method:** The study is a cross sectional investigation in Norway, including patients with frequent (>5 last year) and/or long (>4 weeks) psychiatric hospital admissions. Clinicians performed structured assessment of self-harming behaviours, symptom disorders, personality disorders, global functioning, and cognitive functioning. Patient self-reports include symptoms, general, societal, and personality functioning, and self-harming behaviours. Information on health service use were reported separately by clinicians and patients. The study sample was compared to an outpatient sample on a specialist mental health service level recruited from the Norwegian Network for Personality Disorders.

**Results:** Data collection was performed October 2019–June 2021. Altogether 13 hospitals involving all health regions participated. Preliminary results confirmed extreme patterns of self-harming behaviours in the study sample. Former treatment histories indicated problems from adolescence in both groups. Impaired personality functioning and personality disorders constituted main aspects of psychopathology in the study sample similar to the outpatient comparison sample, but higher comorbidity of depression and PTSD in the study sample. In addition, specific screening of autism spectrum disorder and learning disabilities in the study sample, indicated noteworthy complexity.

**Conclusion:** Further results on the full sample will be presented with conclusions.

## Daily living functioning, life balance and BPD

Ot(c), Phd Nadine Lariviere<sup>1</sup>

<sup>1</sup>*Université de Sherbrooke, Sherbrooke, Canada*

### **Biography:**

Nadine Larivière, OT, PhD, is currently Full Professor at l'Université de Sherbrooke (Canada). She is also a researcher at the University Institute of primary care and social services and at the Mental Health University Institute of Montreal. Her current research themes include the occupational challenges of people with borderline personality disorder; development and effectiveness evaluation of evidence-based practices in psychosocial rehabilitation. She is particularly interested in the concepts of occupational engagement, life balance and meaning in occupations. She collaborates actively with health services dedicated to persons with borderline personality disorders in the province of Quebec.

**Introduction:** It is observed clinically and supported by growing evidence that persons with BPD face challenges in engagement in a variety of meaningful occupations, which affects their daily life functioning in different domains. **Objective:** The purpose of this presentation is to provide a synthesis of our studies (n=6) and tools (n=3) developed by our team to better understand and support improvement in daily life functioning and recovery. **Findings:** Persons with BPD tend to overengage in activities, such as work, to fulfill needs for recognition and affiliation. Participants perceive self-care occupations as painful and tedious chores. Consequently, their routines tend to be disorganized and unstable, influencing their physical and mental health as well as their life balance. In order to better assess and provide targeted interventions on daily living functioning supporting recovery, we developed and validated tools triangulating scientific literature, clinical expertise and lived experience of persons with BPD. The Functioning Assessment of Borderline (FAB) – short version comprises 31 items which examine the manner in which activities are accomplished and how it affects perception of health. The Life Balance Inventory (LBI) measures how satisfaction with time use in 53 activities contributes to meet four fundamental needs (e.g. feeling competent and challenged). The Borderline Intervention for Work Integration (BIWI) is a 12 week group and individual program addressing comprehensively worker self-esteem, meaning of work, work-related skills and person-work-environment fit. **Conclusion:** As persons with BPD report in studies about their recovery journeys, having functional-oriented goals in therapy is important. The FAB, LBI and BIWI are tools that support optimal participation in a satisfactory and meaningful life.

## Dialectical behavior therapy for patients with borderline personality disorder: A pilot study of the six-month treatment program at the University Hospital Brno

**Adéla Látalová<sup>1</sup>**, Monika Radimecká<sup>1</sup>, Pavel Theiner<sup>1</sup>, Pavla Linhartová<sup>1</sup>

<sup>1</sup>Department of Psychiatry, University Hospital Brno and Faculty of Medicine, Masaryk University Brno, , Czech Republic

### **Biography:**

*Adéla Látalová is a psychologist and a PhD student at the Department of Psychiatry, University Hospital Brno and Faculty of Medicine Masaryk University Brno, Czech Republic. She is interested in dialectical behavior therapy and emotion regulation impairment in patients with a borderline personality disorder.*

### **Objectives**

Dialectical behavior therapy (DBT) was originally developed as a complex twelve-month outpatient treatment program for chronically suicidal and self-harming patients meeting criteria for borderline personality disorder (BPD). Various program modifications started to emerge over time. This conference contribution aims to evaluate the six-month DBT treatment program introduced in 2019 at University Hospital Brno, Czech Republic. Primarily the outpatient DBT program includes the following components: individual therapy (1 hour per week), group skills training (3 hours per week), telephone coaching and therapist team consultation meetings (1.5 hours per week).

### **Method**

Twenty-three patients (87% female; age:  $M = 24.26$ ,  $SD = 5.58$ ) meeting criteria for BPD were included in the pilot study. Participants were asked to complete outcome measures right before entering the DBT program (T1) and then after three months of the treatment (T2). Five patients did not complete the first three months of the DBT program (drop-out rate 21,7%), and two patients did not finish questionnaires at T2. The final sample, therefore, consists of sixteen patients.

### **Results**

A Wilcoxon signed-rank test showed that after three months of DBT program patients with BPD significantly improved on severity of borderline psychopathology (BSL-23;  $T = 12.50$ ,  $p = 0.012$ ), level of anxiety (SAS;  $T = 15.00$ ,  $p = 0.033$ ), negative urgency (UPPS-P;  $T = 7.00$ ,  $p = 0.007$ ) and difficulties in emotion regulation (DERS;  $T = 7.00$ ,  $p = 0.007$ ).

### **Conclusions**

Although the small sample size and the absence of a control group do not allow us to draw a causal conclusion, results of our pilot study suggest that three months of DBT treatment can significantly improve several different psychopathological indicators in patients with BPD.

This research was supported by MH CZ, grant no. NU20-04-00410; the MEYS CZ – specific university research provided by grant no. MUNI/A/1664/2020; and MH CZ DRO (FNBr-65269705).



## Examination of Predictive Validity of Triarchic Psychopathy Measure in a Sample of Lithuanian Juvenile Offenders

**PhD Alfredas Laurinavičius<sup>1</sup>**, PhD Virginija Klimukienė<sup>1</sup>, PhD Ilona Laurinaitytė<sup>1</sup>, PhD Laura Ustinavičiūtė-Klenauskė<sup>1</sup>

<sup>1</sup>Vilnius University, Vilnius, Lithuania

### **Biography:**

*Alfredas Laurinavičius is an associate professor in department of Clinical Psychology at Vilnius University, Lithuania. Alfredas Laurinavičius has worked on adaptation of number of offender assessment tools, including OASys (Home Office, 2002), Hare's Psychopathy Checklist Screening Version PCL:SV (Hart, et al., 1995), Spousal Assault Risk Assessment SARA (Kropp et al., 1999), Brief Spousal Assault Form for the Evaluation of Risk B-SAFER (Kropp et al., 2005), Short-Term Assessment of Risk & Treatability: Adolescent Version START:AV (Viljoen et al., 2014). for Prison Department of Lithuania. Alfredas Laurinavičius is a member European Association of Psychology and Law, a member of Lithuanian Psychological Association.*

The current paper presents the results of an examination of predictive validity of the Triarchic Psychopathy Measure (TriPM; Patrick, 2010) in a sample of 189 male Lithuanian juvenile offenders, who were sentenced to probation (N = 159) or custodial institution (N = 30). The study consisted of three waves (T1 initial assessment, T2 assessment after 3 months, and T3 assessment after 9 months from the initial assessment). The mean age of participants of the study was 17.02 (SD = 0.80), most of them were convicted for the first time (66.7%). Several measures were used in each wave: (1) Triarchic Psychopathy Measure TriPM (Patrick, 2010) (administered at T1), (2) The Subtypes of Antisocial Behavior Questionnaire STAB (Burt & Donnellan, 2009) (T1), (3) Criminal Sentiments Scale – Modified CSS-M (Shields & Simourd, 1991) (T1), (4) Sense of Coherence Scale SOC (Antonovsky, 1987) (T1), (5) Short-Term Assessment of Risk and Treatability: Adolescent Version START:AV (Viljoen, Nicholls, Cruise, Desmarais, & Webster, 2014) (T1- T3), (6) Follow-up misconduct evaluation (T2, T3) (7) Evaluation of juvenile's correction process (T2, T3), and (8) Demographic Questionnaire (T1). The TriPM scale scores were associated with measures of history of delinquent behavior, procriminal attitudes, and the ability to manage stressors in an expected direction, with the effect sizes ranging from small to large. The area-under-the-curve results for violence offences in a 3-month and 9-month follow-up period confirmed predictive validity of the Meanness and Disinhibition scales; non-violent behavior was predicted by Disinhibition scale; substance abuse was predicted by TriPM sum score and Boldness scale; unauthorized absence was predicted by Disinhibition scale. The best predictor of juveniles' success in correction was Disinhibition scale.

The results are consistent with empirical findings on the TriPM and supports the utility of the concept of triarchic psychopathy for prediction antisocial behavior.

## Teaching and Training in Personality Disorder in the UK public sector : Ideals versus Reality – Use of A Rapid Evaluation and Assessment Method Analysis in the London Transformation Strategy

Dr tennyson lee<sup>1</sup>

<sup>1</sup>East London Nhs Foundation Trust, London, United Kingdom

### **Biography:**

*Dr Lee is a Consultant Psychiatrist in Medical Psychotherapy and clinical lead at DeanCross PD Service. He is joint research lead on the executive committee of the Medical Psychotherapy Faculty in the Royal College of Psychiatry. He is an honorary senior lecturer at the Wolfson Institute Queen Mary University, London. Dr Lee was previously a senior lecturer in the School of Public Health at University of Witwatersrand and lead of the Mental Health Programme of the Centre for Health Policy. He trained at the Maudsley Hospital and is currently co-director of the Centre for Understanding Personality Disorder.*

### **Objectives**

1. To review Teaching in Personality Disorder in the public sector in the UK.
2. To trial the use of a Rapid Evaluation and Assessment Method as a means of action research and quality improvement.

### **Method**

A Rapid Evaluation and Assessment Method (REAM) was used to assess the Teaching and Training in Personality Disorder (PD) in the public sector in the UK, particularly focusing on London. Methods used included quantitative (questionnaire surveys, review of existing data) and qualitative (formal and informal interviews, focus groups and naturalistic observation). We sought the perspectives of professionals and patients. The process used was participatory, team based and iterative.

A reference group for the study was established to review quality of data, including its triangulation, and the independence of the lead researcher who was also part of the London Transformation PD Strategy.

### **Results**

Treatment approaches proposed for training favour cognitive more than psychodynamic and are not all clearly evidence based.

Issues identified in the line from top to 'middle' to 'lower' levels of the NHS include: composition and interpersonal dynamics of committees at all levels, time commitment and level of continuity within working groups, and communication methods.

The London Transformation Strategy group found the use of REAM useful in their regular planning.

### **Conclusions**

A Rapid Evaluation and Assessment Method analysis can be a useful tool to produce results which can be used in an action research manner, helping with the actual planning in real time.

A Rapid Evaluation and Assessment Method, while encompassing key aspects of Action Research and Quality Improvement, offers advantages over these methods in its greater accessibility to academic interrogation.

A reference group is an essential element of the REAM approach to ensure an optimal balance between activity versus 'neutrality', and quality versus speedy easy data collection and processing.

## The availability of training opportunities in personality disorders in APA- and PCSAS-accredited clinical and counseling psychology doctoral programs

**Dr. Kenneth Levy<sup>1</sup>**, Dr. William Ellison<sup>2</sup>

<sup>1</sup>Pennsylvania State University, University Park, United States, <sup>2</sup>Trinity University, San Antonio, United States

### **Biography:**

*Kenneth N. Levy, PhD, is an associate professor of psychology at The Pennsylvania State University, where he directs the Laboratory for Personality, Psychopathology, and Psychotherapy Research. He received his doctorate from The Graduate School and University Center at the City University of New York and completed a clinical internship and postdoctoral training at the New York Presbyterian Hospital at the Joan and Sanford I. Weill Medical College of Cornell University. His research and professional interests include attachment theory, personality and personality disorders, psychotherapy processes and outcome, and professional ethical issues related to evidence based training and mental health literacy.*

**Objectives:** Personality disorders are relatively common, especially in clinical settings. A number of evidence-based treatments are now available, especially for borderline personality disorder. However, little is known about the relevant training available to doctoral students in clinical and counseling psychology in the United States.

**Methods:** In the current study, data were extracted from 336 clinical and counseling Ph.D. and Psy.D. programs from the Insider's Guide to Graduate Programs in Clinical and Counseling Psychology (Norcross & Sayette, 2020), including the number of programs with faculty with specific interests in personality disorders and the number of programs with clinical opportunities related to personality disorders.

**Results:** Formal training in personality disorders is not widely available to most trainees in APA-accredited doctoral training programs. Only 16% of programs have faculty with interests in personality disorders, all of them clinical psychology programs. Ph.D. programs were more likely to have PD-interested faculty than Psy.D. programs, and, within clinical Ph.D. programs, PCSAS-accredited programs were more likely to have PD-interested faculty than programs without PCSAS accreditation. Similarly, only 15% of programs (all clinical psychology programs) offer practicum opportunities in psychotherapy for personality disorders.

**Conclusions:** Our findings indicate that doctoral level psychology programs are not sufficiently preparing their students with personality disorder training, which serves as a substantial disservice to both trainees and the public.

## Integrating Narrative Identity within the study of Dimensional Approaches to Personality Disorders

**Ph.D Majse Lind<sup>1</sup>**, Professor Carla Sharp<sup>2</sup>, Associate professor William Dunlop<sup>3</sup>

<sup>1</sup>University Of Florida, , United States, <sup>2</sup>University of Houston, , United States, <sup>3</sup>University of California Riverside & Aarhus University, , United States

### **Biography:**

*Dr Lind is a postdoctoral researcher in the Life Story Lab at University of Florida. Her main area of expertise revolves around narrative identity (i.e., a person's internalized and evolving life story) and personality disorder.*

The field of personality disorders (PD) is undergoing a paradigm shift away from a categorical approach and towards a dimensional approach. This dimensional approach offers several advantages in the understanding of PD, but we advocate that an additional aspect of self-functioning needs to be taken into account – narrative identity. Both DSM-5 and ICD-11 underscore the importance of identity in defining personality pathology. Identity, however, often takes the form of a story and stories capture the very essence of being human. In this paper, we emphasize why, how and when theory and research of narrative identity can be integrated within self-functioning of the dimensional approach. We elaborate on common ways to assess narrative identity, review existing research on narrative identity in relation to PD, and propose crucial areas for future research. We conclude that greater consideration of ways in which the self is storied can refine our understanding of PD.

## Impulsivity profile in patients with borderline personality disorder as compared with patients with ADHD and healthy people

**PhD Pavla Linhartová<sup>1</sup>**, Adéla Látalová<sup>1</sup>, Monika Radimecká<sup>1</sup>, PhD Pavel Theiner<sup>1</sup>, PhD Elis Bartečků, prof PhD Tomáš Kašpárek<sup>1</sup>

<sup>1</sup>Department of Psychiatry, University Hospital Brno and Faculty of Medicine, Masaryk University, Brno, Czech Republic

### **Biography:**

*Pavla Linhartová, Ph.D., works at the Department of Psychiatry, University Hospital Brno and Faculty of Medicine, Masaryk University as a clinical psychologist and assistant professor. She underwent Intensive Training in Dialectical Behavior Therapy at British Isles DBT Training. She is a founder of the first hospital-based DBT program in the Czech Republic and an active DBT therapist. In her research practice, she focuses on topics of impulsivity and emotion regulation.*

### **Objectives**

Impulsivity is one of the core features of borderline personality disorder (BPD) and other mental disorders such as ADHD. At the same time, BPD and ADHD are often comorbid. Impulsivity is a heterogeneous concept modeled in different personality and behavioral theories and manifested as a wide range of behaviors, including motor impulsivity or risky and self-harming behaviors. This study presents a complex model of impulsivity dimensions in patients with BPD compared to patients with ADHD and healthy controls.

### **Method**

36 patients with BPD, 25 patients with ADHD, and 55 healthy controls (HC) underwent a test battery measuring the main domains of impulsivity underlying factors, specifically: 1) behavioral inhibition (Go/NoGo Task, Stop Signal Task), 2) preference for immediate reward (Delay Discounting Task), 3) emotional impulsivity (Negative and Positive Urgency subscales from UPPS-P impulsive behavior scale), 4) executive functioning (Tower of London, Iowa Gambling Task).

### **Results**

Behavioral inhibition was decreased in patients with ADHD (more NoGo Commissions, higher Stop Signal Reaction Time) as compared with patients with BPD and HC. Preference for immediate reward and emotional impulsivity was increased in both patient groups as compared with HC. Moreover, Negative urgency was higher in patients with BPD as compared to patients with ADHD as well and correlated with the number of suicidal attempts. Executive functioning was impaired as compared with HC only in ADHD in neutral condition (Tower of London), but in both patient groups in emotional condition (Iowa Gambling Task).

### **Conclusions**

The results suggest that impulsivity in ADHD is associated with impaired behavioral inhibition and executive functioning, while emotion dysregulation is crucial for impulsivity in BPD. The study was supported by MH CZ grant nr. NU20-04-00410, by MEYS CZ project of specific university research nr. MUNI/A/1664/2020 and by MH CZ conceptual development of research organization (University Hospital Brno, FNBr, 65269705).

## Brain connectivity changes after prefrontal repetitive transcranial magnetic stimulation in patients with borderline personality disorder

**PhD Pavla Linhartová<sup>1</sup>**, PhD Tomáš Svěrák<sup>1</sup>, PhD Martin Gajdoš<sup>2</sup>, Adéla Látalová<sup>1</sup>, PhD Martin Lamoš<sup>2</sup>, PhD Libor Ustohal<sup>1</sup>, prof PhD Tomáš Kašpárek<sup>1</sup>

<sup>1</sup>Department of Psychiatry, University Hospital Brno and Faculty of Medicine, Masaryk University, Brno, Czech Republic,

<sup>2</sup>Central European Institute of Technology, Masaryk University, Brno, Czech Republic

### **Biography:**

*Pavla Linhartová, Ph.D., works at the Department of Psychiatry, University Hospital Brno and Faculty of Medicine, Masaryk University as a clinical psychologist and assistant professor. She underwent Intensive Training in Dialectical Behavior Therapy at British Isles DBT Training. She is a founder of the first hospital-based DBT program in the Czech Republic and an active DBT therapist. In her research practice, she focuses on topics of impulsivity and emotion regulation.*

### **Objectives**

Repetitive transcranial magnetic stimulation (rTMS) is one of the candidate innovative methods in the treatment of BPD. We hypothesized that prefrontal rTMS in patients with BPD leads to improvement of borderline symptoms and that these effects are associated with specific brain connectivity changes.

### **Method**

Fourteen patients with BPD received 15 sessions of individually navigated prefrontal rTMS over the right dorsolateral prefrontal cortex. Clinical effect was measured by Borderline Symptom List 23 (BSL-23), UPPS-P impulsive behavior scale, Difficulties in emotion regulation scale (DERS), Zung self-reported anxiety scale (SAS), and Montgomery and Åsberg Depression Rating Scale (MADRS). Brain connectivity changes after rTMS were assessed with seed connectivity analysis at resting-state fMRI and with beta series connectivity analysis during a Go/No Go task during fMRI.

### **Results**

Comparison after vs. before rTMS showed significant reductions in impulsivity, emotion dysregulation, depression, and anxiety. Brain connectivity analysis revealed significant decreases in connectivity of amygdala and insula with nodes of posterior default mode network (pDMN; precuneus, posterior cingulate cortex, parietal lobules). Changes in connectivity were observed both in the resting state and during inhibition (Go/NoGo task). Moreover, the decrease of amygdala-pDMN connectivity was positively correlated with the reduction of depression and lack of premeditation after rTMS.

### **Conclusions**

Regardless of the limitations (open single-arm study in a small sample), our findings suggest that reduction of amygdala connectivity with pDMN network, which was positively associated with symptom reduction, is a candidate neural mechanism of rTMS effect in BPD. The observed effect might reflect the reduction of negative self-referential thinking in BPD patients after the rTMS treatment. The study was supported by MH CZ grant nr. NU20-04-00410, by MEYS CZ project of specific university research nr. MUNI/A/1664/2020 and MH CZ conceptual development of research organization (University Hospital Brno, FNBr, 65269705).

## I don't feel close to others: Social isolation and loneliness in Borderline Personality Disorder

**Prof. Stefanie Lis<sup>1</sup>**

<sup>1</sup>Central Institute Of Mental Health, Mannheim, Germany

### **Biography:**

*Stefanie Lis is an associate professor for experimental and clinical neurosciences and head of the research group 'experimental psychology' at the Central Institute of Mental Health, Mannheim, Germany. After studying psychology at the Heinrich-Heine university in Düsseldorf, she held research positions at the university Düsseldorf, Germany, and the university hospitals in Freiburg and Giessen, Germany. Her focus is on applying experimental approaches from cognitive and affective neurosciences to identify cognitive and social-cognitive processes involved in the development and maintenance of mental disorders. The final goal of her work is to translate the findings into mechanism-based psychosocial interventions.*

A reduced sense of belonging characterises the experience of social relationships in Borderline Personality Disorder (BPD). While it is only one facet of the negative affect in BPD, it relates to a high burden and often persists even after remission from acute symptoms. A lack in the experience of social connectedness is a topic relevant beyond interpersonal deficits in BPD. Conceptualised as loneliness, i.e. a mismatch between desired and perceived closeness in the domain of interpersonal relationships, it has gained increasing attention during the last years as a phenomenon characterising our modern societies with detrimental effects on somatic and mental health, and an increase in prevalence during the current Corona pandemic. While the focus of research on interpersonal functioning in BPD has been on the processing of threat including the processing of social rejection, the evidence for deficits in processing positive valent stimuli and events has increasingly gained attention. The present talk will give an overview of findings based on self-reports and behavioural alteration that might help to deepen our understanding of this domain of impairments in BPD. The contribution of neurobiological research approaches in identifying the underlying mechanisms will be presented while addressing whether they might reflect disorder-specific dysfunctions of neurobiological systems or changes in the structure of mental processing. Finally, implications for future studies and the development of psychosocial intervention will be discussed.



## Antagonism as a Basic Trait in HiTOP and the AMPD

**Dr. Donald Lynam<sup>1</sup>**

<sup>1</sup>*Purdue University, West Lafayette, United States*

### ***Biography:***

*Donald R. Lynam, Ph.D. is a Distinguished Professor of Psychological Sciences at Purdue University. He uses basic models of personality to conceptualize and assess more complex phenotypes (e.g., impulsivity and personality disorders). He has decomposed the broad umbrella of impulsivity into four separable and distinct impulsogenic traits. He has also decomposed personality disorders in general, and psychopathy, narcissism, and Machiavellianism in particular. His approach seeks to describe these phenotypes using more basic elements, to identify the particular outcomes associated with various elements, and to leverage the research on basic personality to understand causes and potential treatments.*

Antagonism (versus Agreeableness) is one of the five core spectra in the HiTOP model. This presentation argues it is the key to understanding the impairment and suffering (to the individual and society at large) that comes with externalizing disorders. Antagonism reflects an individual difference in the motivation to maintain positive social relations and is characterized by traits related to aggression, callousness, domineering, grandiosity, manipulation, and suspicion. Antagonism appears in all models of general and disordered personality. It is one of the two major axes of the Interpersonal Circumplex, representing a slight rotation of the Communion axis. In a meta-analysis of meta-analyses, Antagonism emerged as a robust correlate of all forms of externalizing behaviors; in fact, Antagonism is the strongest trait correlate of antisocial behavior and aggression. Antagonism represents the central piece of many important and impactful psychopathological constructs (e.g., psychopathy, antisocial and narcissistic personality disorders). For example, Antagonism has been shown to bind psychopathy scales together within a given inventory and to account for most of the overlap across inventories. Antagonism is the central feature of the Dark Triad (i.e., psychopathy, narcissism, and Machiavellianism)—identical to the shared variance across the three constructs. Importantly, Antagonism's connection to basic personality science allows findings from this field to inform etiology, assessment, and treatment of Antagonism-related problems. Multiple, well-validated self-report inventories exist to assess this basic trait. The interpersonal workings of antagonistic individuals have been well-studied. The social cognitions of such individuals are of great interest in the field. Developmental antecedents of Antagonism have been identified. This basic research has led to suggestions for how to deploy various treatment modalities (e.g., motivational interviewing, psychodynamic approaches, and cognitive behavioral therapy) to treat antagonistic individuals.

## Skills on video in the time of Covid: A comparison of outcomes for 24 weeks of standalone group-based DBT skills training for emotional dysregulation delivered in-person or by video

Dr Jim Lyng<sup>1</sup>, Dr Steve Doherty, Prof Michaela Swales<sup>2</sup>, Prof Richard Hastings<sup>3</sup>

<sup>1</sup>Trinity College Dublin, , Ireland, <sup>2</sup>Bangor University, , United Kingdom, <sup>3</sup>University of Warwick, , United Kingdom

### **Biography:**

Jim Lyng is a senior counselling psychologist for adult community mental health services in Dublin, Ireland where he has led local developments of DBT for more than ten years. He is also a senior trainer with the British Isles DBT Training Team and an adjunct assistant professor at the School of Psychology, Trinity College Dublin. He has previously worked in global tech where he contributed to developing scalable psychological resources and strategic support for teams with roles which involved contact with graphic and objectionable content. He has published a number of peer-reviewed papers on DBT in community settings.

**Background:** As many of us have discovered during the pandemic, when the world gives you lemons, Zoom has been unexpected lemonade! Similar to community services across the globe, the unwelcome arrival of Covid-19 shut down our mental health clinic's capacity to deliver in-person DBT skills training groups, gutting service provision just when it was most needed (i.e. a global health and economic crisis). Thankfully rather than just freeze, we turned to problem-solving. Like many other providers this produced a once-in-a-generation paradigm shift in how we deliver services, moving our entire provision of DBT online within four weeks.

**Aim:** Here we describe a naturally occurring quasi-experimental investigation of outcomes following 24 weeks of standalone DBT skills training group for adults with significant emotional dysregulation when delivered exclusively by video using Zoom during the pandemic-era compared to our pre-pandemic data on an identical standalone DBT skills training programme delivered in-person.

**Methods:** 25 patients elected to undertake standalone group-based DBT skills training by video compared to pre-existing data on a cohort of 31 patients from the same community service who had chosen to start in-person standalone group-based DBT skills training.

**Results:** We found no difference in dropout across conditions: 28% by video vs 32.3% in person. We also found no difference in outcomes or individual rates of clinical change across conditions on difficulties in emotion regulation. Additionally, no differences in outcomes were found on borderline symptoms, hopelessness, and suicidal ideation.

**Discussion:** Our data offers tentative indications of the feasibility of video-based DBT skills training in the real world, notwithstanding significant methodological limitations arising from the opportunistic nature of this study and community setting. If similar results can be replicated, the implications for future service delivery will be of significant note. Our old normal may not be our future normal.

## PID-5 personality domains and their relationships with two measures of empathy: ranking predictors using dominance analyzes

**Ms. Véronique Maheux-Caron<sup>1,4,5</sup>**, Dr. Dominick Gamache<sup>1,3</sup>, Dr Sébastien Héту<sup>2,4,5</sup>

<sup>1</sup>Université du Québec à Trois-Rivières, Trois-Rivières, Canada, <sup>2</sup>Université de Montréal, Montreal, Canada, <sup>3</sup>CERVO Brain Research Centre, Quebec City, Canada, <sup>4</sup>Laboratoire de Neurosciences en Contextes Sociaux (NECS), Montreal, Canada,

<sup>5</sup>Groupe de recherche CogNAC (Cognition, Neurosciences, Affect et Comportement), Trois-Rivières, Canada

### **Biography:**

*Véronique Maheux-Caron is a Ph. D. candidate in psychology at the Université du Québec à Trois-Rivières, Canada. She is particularly interested in pathological personality traits and their measures, empathy, mentalization, and externalizing behaviors. Her doctoral thesis, funded by the Social Sciences and Humanities Research Council (SSHRC), the Fonds de recherche du Québec – Santé (FRQS) and the Fonds de recherche du Québec – Société et culture (FRQSC), focuses on the electrophysiological correlates of empathy in community participants with pathological personality traits. She carries out active work on the validation and French adaptation of measures of pathological personality traits.*

**Objectives.** Due to their well-known impacts on social functioning, empathy deficits are of considerable importance in the study of pathological personality traits. Recent studies have compared two measures of multidimensional empathy on different personality features: the Interpersonal Reactivity Index (IRI), a widely used measure, and the Affective and Cognitive Measure of Empathy (ACME), a new questionnaire with promising psychometric properties. Results have shown that the ACME possesses incremental validity beyond the IRI for antagonism. The purpose of the present study is to examine the relative importance of Personality Inventory for DSM-5 (PID-5) personality domains—namely Negative affectivity, Detachment, Antagonism, Disinhibition, and Psychoticism—to the statistical prediction of each empathy dimension. **Method.** A community sample of 1118 participants (687 women, mean age = 39.0, SD = 15.3) was recruited to complete online self-report questionnaires, including the PID-5 and two multidimensional measures of empathy: the IRI and the ACME. Dominance analyzes were conducted to examine which PID-5 personality domains were the most important predictors of empathy dimensions. **Results.** Rank order of PID-5 personality domains was highly contingent upon the different empathy subscales that were tested, which reflects the different operationalisations of empathy in the IRI and the ACME. For most empathy sub-scores, Antagonism was the most statistically “dominant” domain, followed by Detachment. An unexpected finding regarding Antagonism was that its predictive power of cognitive empathy was highly inconsistent across the two measures: it was the most dominant predictor for IRI Perspective Taking, but the least dominant for ACME Cognitive empathy. **Conclusion.** As expected, Antagonism appears to be a key personality pathology domain in the prediction of empathy. Detachment also has a significant predictive role for every empathy subscale. The inconsistent results obtained across the two measures of empathy contribute to shed a light on their respective conceptualisations of cognitive empathy.

## Cracked Fish Tanks and Thermos Bottles: Clinical Observations in the Age of COVID-19

**Manuel Manrique<sup>1</sup>**

<sup>1</sup>*Michigan Modern Psychology, , United States*

### ***Biography:***

*Dr. Manuel Manrique is a clinical psychologist specializing in adult therapy for anxiety, depression, and personality disorders. He is affiliated with the Michigan Psychoanalytic Institute and has worked for over 30 years in private practice. He is the director of several outpatient psychotherapy clinics in Metro Detroit.*

Walls and boundaries are at the forefront of the pandemic. Whether they represent the physical walls of lockdown, the psychological walls of defenses, or the virtual walls of telehealth therapy, the need to understand the human's requirement for psychic contact in a space that is both intrusive and restrained, stable and flexible, time-defined and timeless is without question.

Several have touched on this topic. Bion's (1962) container/contained model of the mother-infant unit, along with Winnicott's (1960) concept of the maternal holding environment, have become ubiquitous in the psychoanalytic vocabulary, describing the need for a boundary space as part of normal human development. Mooney-Kyrle's (2014) description of the infant needing a "home base" examines similar operations.

Using material from observations in psychotherapy patients, two pathological "boundary-cracking" responses to the pandemic are identified. These pathognomonic strains of "COVID-19 reactive syndrome" have been the dominant challenge in outpatient treatment since the outbreak. Response A was seen in populations refusing to wear masks and aggressive flaunting of social convention. These individuals are characterized by exhibiting narcissistic, phallocentric, and aggrandizing behavior. Response B involved massive physical and psychological withdrawal to the point of the creation of a one-ruled, delusional cosmology. Both are regressive and exaggerations of the need for autonomy or primal holding. Ironically, movement towards one pole sometimes resulted in the individual finding themselves at the opposite pole. For example, a defiant, anti-mask individual is turned away from a supermarket, ending up alone and similarly controlled as the rigidity they are attempting to defy.

Curiously, suicidal ideation reports have been less observed, while increases in domestic violence and a break down of familial functioning are noted. Lastly, the therapists' loss of exerting boundary control (i.e., use of screens, reliance on unstable technologies) and its connection to borderline and schizoid personalities appear of interest.

## Implementing group dialectical behaviour therapy within residential milieu treatment: A ten-year comparison

**Dr Ely Marceau<sup>1</sup>**, Ms Gabriella Holmes<sup>2</sup>

<sup>1</sup>University Of Wollongong, Wollongong, Australia, <sup>2</sup>Mission Australia: Triple Care Farm, Knights Hill, Australia

### **Biography:**

*Dr Ely Marceau ([www.researchgate.net/profile/Ely\\_Marceau](http://www.researchgate.net/profile/Ely_Marceau)) is a practicing clinical psychologist at Northfields Psychology Clinic and lecturer of professional and clinical psychology practice in the School of Psychology, University of Wollongong. She is a research partner of Project Air Strategy for Personality Disorders ([www.projectairstrategy.org](http://www.projectairstrategy.org)), affiliated with the Illawarra Health and Medical Research Institute, Australia. Her work is focused on improving evidence-based treatment for personality disorder, substance abuse, and other complex mental health conditions, through the integration of insights from neuroscience, neuropsychology, and psychotherapy research. Her work uses scientific understanding to develop novel mechanisms informing prevention, early intervention, and treatment.*

### **Objectives**

Borderline personality disorder (BPD) is often comorbid with problematic substance use. Reducing substance use in youth is a global health priority. We compared two cohorts from the same 12-week residential substance use disorder (SUD) facility over a ten year period: Cohort A (2008-2009) and Cohort B (2018-2020). The essential components of the program remained the same with the primary treatment being dialectical behaviour therapy (DBT) plus residential milieu.

### **Method**

Young people in the current Cohort B (N = 100) versus historical Cohort A (N = 102) had a similar ratio of males (74 vs. 70%) but were slightly older (mean 20.6 vs. 19.5 years). Additionally, 56% of the current Cohort B met screening criteria for BPD. Linear mixed models were used to model outcome measures (global psychiatric symptoms, substance use severity, and quality of life) longitudinally up to 12 months later.

### **Results**

Baseline to end-of-treatment comparisons showed that the current Cohort B had overall higher levels of global psychiatric symptoms ( $d = 0.70$ ), but both groups reduced psychiatric symptoms (Cohort A:  $d = 1.05$ ; Cohort B:  $d = 0.61$ ), and had comparable increases in confidence to resist substance use ( $d = 0.95$ ). Longitudinal data from the current Cohort B showed significant decreases in substance use severity from baseline to 6-month follow-up ( $d = 1.83$ ), which were sustained at 12-month follow-up ( $d = 0.94$ ), and increases in quality of life from baseline to end-of-treatment ( $d = 0.83$ ).

### **Conclusions**

We demonstrate how DBT plus milieu residential care for young people continues to show positive effects in a 10-year comparison. However, youth seeking treatment today compared to 10 years ago evidenced higher acuity of psychiatric symptoms and high rates of comorbid BPD reinforcing the importance of continuous improvement of psychological treatments.

## Neurocognition of females with substance use disorder and comorbid personality disorder: Divergence in subjective and objective cognition

**Dr Ely Marceau<sup>1</sup>**, Dr Jamie Berry<sup>2</sup>, Dr Brin F S Grenyer<sup>1</sup>

<sup>1</sup>School of Psychology and Illawarra Health and Medical Research Institute, University of Wollongong, Wollongong, Australia, <sup>2</sup>Advanced Neuropsychological Treatment Services, Strathfield South, Australia, <sup>3</sup>Department of Psychology, Faculty of Medicine, Health and Human Sciences, Macquarie University, North Ryde, Australia

### **Biography:**

*Dr Ely Marceau ([www.researchgate.net/profile/Ely\\_Marceau](http://www.researchgate.net/profile/Ely_Marceau)) is a practicing clinical psychologist at Northfields Psychology Clinic and lecturer of professional and clinical psychology practice in the School of Psychology, University of Wollongong. She is a research partner of Project Air Strategy for Personality Disorders ([www.projectairstrategy.org](http://www.projectairstrategy.org)), affiliated with the Illawarra Health and Medical Research Institute, Australia. Her work is focused on improving evidence-based treatment for personality disorder, substance abuse, and other complex mental health conditions, through the integration of insights from neuroscience, neuropsychology, and psychotherapy research. Her work uses scientific understanding to develop novel mechanisms informing prevention, early intervention, and treatment.*

### **Objectives**

Previous research suggests that at least one in four patients with substance use disorder (SUD) may meet criteria for personality disorder, and there may be overlapping neurocognitive deficits reflecting shared neurobiological mechanisms. We studied the influence of personality disorder on neurocognition in females in residential SUD treatment.

### **Method**

We compared SUD with (n = 20) or without (n = 30) comorbid personality disorder. Neuropsychological testing included working memory, inhibition, shifting, verbal fluency, design fluency, psychomotor speed, immediate and delayed verbal memory, processing speed, premorbid functioning, a cognitive screening measure, and self-reported executive function.

### **Results**

As expected, whole-sample deficits were in working memory (d = -.91), self-reported executive function (d = -.87), processing speed (d = -.40), delayed verbal memory recall (d = -.39), premorbid functioning (d = -.51), and cognitive screening performance (d = -.61). Importantly, the comorbid personality disorder group showed greater self-reported executive dysfunction (d = -.67) and poorer shifting performance (d = -.65). However, they also evidenced better working memory (d = .84), immediate (d = .95) and delayed (d = .83) verbal memory, premorbid functioning (d = .90), and cognitive screening performance (d = .77).

### **Conclusions**

Overall executive dysfunction deficits were concordant with those observed in previous SUD studies. Surprisingly, comorbid personality disorder was associated with a pattern indicating poorer subjective (self-report) but better objective performance on a number of tasks, apart from shifting deficits that may relate to emotion dysregulation. The cognitive deficits observed in the personality disorder group may be influenced by subjective emotional dysfunction.

## Investigating Gender-related Differential Item Functioning in the MSI-BPD

**Jacob Martin<sup>1</sup>**, Danielle Tarantino<sup>1</sup>, Dr. Kenneth Levy<sup>1</sup>

<sup>1</sup>The Pennsylvania State University, University Park, United States

### **Biography:**

*Jacob is a third-year student in the Clinical Psychology program at Penn State. He attended the University of Virginia where he studied Psychology and Cognitive Science. After graduating in 2016 he began working as a clinical research assistant with Dr. Mark Zimmerman and the Methods to Improve Diagnostic Assessment and Services (MIDAS) Project at Rhode Island Hospital. Jacob's primary interest is conceptualization and diagnosis of personality pathology, with an emphasis on borderline personality disorder (BPD) and narcissism. Specifically, he is interested in translational research that seeks to improve the efficiency and utility of diagnostic and assessment tools for personality pathology.*

The McLean Screening Instrument for BPD (MSI-BPD) is a screening tool that has been used extensively in research studies both as a screener for borderline personality disorder (BPD) as recognized by the DSM-5 and as a proxy for a dimensional BPD construct. The BPD literature suggests there is bias in diagnosing and assessing for BPD whereby women are more frequently diagnosed with the disorder than men. We sought to determine, using item response theory (IRT), if components of this frequently-used measure would demonstrate differential item functioning (DIF) for women and men, such that one gender identity would disproportionately endorse certain items.

22,035 college undergraduates (14,305 female) aged 18-55, (mean = 18.77, SD = 1.75) were assessed using the MSI-BPD as part of a subject pool screening between 2008 and 2019. The MSI-BPD contains 10-items that are measured dichotomously. The authors recommend a cutoff of 7 of 10 items endorsed to maximize sensitivity and specificity to BPD. We determined that a 2-parameter model was the best fit to the data. Unidimensionality and local independence assumptions were met.

Preliminary results revealed that the following items demonstrated DIF: self-harm/suicidality, affective lability, abandonment, impulsivity, and anger. At equal levels of the latent construct of BPD, women were more likely to endorse self-harm/suicidality, affective lability, and abandonment. Women were more likely to endorse impulsivity at higher levels of BPD and men were more likely to endorse anger at lower levels of BPD. While analyses revealed that the MSI may slightly disadvantage men at higher BPD severity levels, the effect sizes were small, indicating that including these items may not impact the individual's outcome on the measure.

Implications, limitations, and future directions will be discussed. Further analyses will be conducted to investigate whether a subset of the sample with a positive-screen may show different results.

## Diagnostic Disclosure and Psychoeducation in Good Psychiatric Management (GPM-A) for Adolescents with Borderline Personality Disorder

**Assistant Professor Sara Masland<sup>1</sup>**

<sup>1</sup>*Pomona College, Claremont, United States*

### ***Biography:***

*Sara Rose Masland, Ph.D. is an assistant professor of psychological science at Pomona College. She earned her Ph.D. in clinical psychology from Harvard University and her B.A. from Bowdoin College. Her research includes two primary tracks: 1) the perception of criticism in close relationships and other psychosocial predictors of poor clinical outcomes; and 2) personality disorders (PDs), including the improvement of care and social cognitive differences associated with PDs.*

**Objectives:** Clinicians often express reluctance to diagnose borderline personality disorder (BPD) in adolescents, which precludes important opportunities for psychoeducation. This talk provides evidence in support of making the diagnosis and outlines important aspects of psychoeducation within the Good Psychiatric Management for Adolescents (GPM-A) treatment model.

**Method:** The impact of BPD on adolescents, empirical evidence of how the diagnosis is received, and RCTs demonstrating the effects of psychoeducation are summarized, as is essential research on BPD's etiology. GPM's approach to diagnosis and psychoeducation is presented.

**Results:** BPD disrupts the process of normal development in adolescence, and has reciprocal impacts on psychosocial functioning and the environment. The BPD diagnosis is generally well-received by adults and adolescents. Providing psychoeducation about BPD reduces symptoms and supports treatment by reducing blame for both caregivers and adolescents.

**Conclusions:** When present, BPD should be diagnosed in adolescence to ensure early intervention. Even when adolescents have sub-threshold traits, discussion of the diagnosis opens important pathways for psychoeducation, which both serves as an effective intervention in itself and also sets the foundation for GPM-A treatment.



## Relational Clinical Care (RCC) for young people with Borderline Personality Disorder

**Dr Louise McCutcheon<sup>1</sup>**

<sup>1</sup>Orygen, Melbourne, Australia, <sup>2</sup>University of Melbourne, Melbourne, Australia

### **Biography:**

*Dr Louise McCutcheon is a clinical psychologist and joint founder of the award-winning, evidence-based Helping Young People Early (HYPE) program, an early intervention program for borderline personality disorder in young people at Orygen. She coordinated the HYPE clinical program for 12 years and has been an investigator on many of the research projects conducted in the program, including a number of RCTs funded by NHMRC. She co-developed the psychologically informed approach for working with BPD called Relational Clinical Care and has been teaching this approach to mental health clinicians since 2003.*

### **Objectives**

Global consensus supports the detection and intervention for borderline personality disorder (BPD) in young people, yet the majority of these young people are not able to access early intervention approaches or programs. The complex psychosocial needs that are associated with personality disorder point to the need to offer more than just a specialist psychotherapy. A relational, psychologically-informed, evidence-based model that addresses increasing severity of disorder is needed, that can be disseminated to generic youth mental health clinicians without specialist psychotherapy training.

### **Method**

A two stage Relational Clinical Care (RCC) training package followed by supervision and consultation was developed to assist implementation and dissemination of the model. The training packages consisted of two-days of training in early intervention principles followed by relational formulation skills. These were delivered to youth mental health clinicians across primary care and tertiary mental health settings, who work with moderate to severe personality disorder.

### **Results**

The two-day training in RCC demonstrated an increase in clinicians' knowledge and understanding of BPD in young people, and their confidence and willingness to work with these young people. A further two-day training in relational formulation demonstrated an improvement in their ability to reflect on their interactions with their clients, understand their responses and to be able to recognise maladaptive patterns that can inadvertently be reinforced by mental health services and clinicians.

### **Conclusions**

Dissemination of early intervention for BPD approaches rely on being able to provide effective and relatively simple training strategies. Having a simple reflective model that can help to guide clinicians to avoid collusion with unhelpful responses that can make problems worse. Early intervention for BPD can only meet the demand if our models can be disseminated, and can provide interventions that address the diversity and range of complexity associated with personality disorder in young people.

## Emotion dysregulation as a biopsychosocial mechanism of Borderline Personality Disorder

Chandler Mcdaniel<sup>1</sup>, Dr. Hilary DeShong<sup>1</sup>

<sup>1</sup>Mississippi State University, , United States

### **Biography:**

*Chandler is a 3rd year graduate student at Mississippi State University studying personality traits and disorders based on the five factor model. She is interested in childhood risk factors for personality disorders as well as the conceptualization of the dark triad. In her spare time Chandler enjoys hiking, spending time with her two cats, and dancing.*

### Reconceptualizing the biosocial model:

Contributions from independent childhood factors

Chandler J. McDaniel, B.S. & Hilary L. DeShong, Ph.D

**Objective:** The biosocial model (Linehan, 1993) postulates that there must be an interaction between childhood emotional vulnerability and parental invalidation in order to develop emotion dysregulation and subsequently, BPD. However, support for this theory is mixed (Gill, Warburton, & Beath, 2016; Linehan 1993) and research suggests that this model may not be specific to BPD but generalizes to other psychological processes as well (Gill, Warburton, & Beath, 2016). Further, both BPD and negative childhood experiences have been shown to strongly related to suicide (Bach & Fjeldsted, 2017; DiNitto, Marti, & Segal, 2017; Soloff et al., 2002). Thus, the purpose of the current study is to assess whether parental invalidation and childhood emotional vulnerability can independently predict BPD and suicide risk.

**Method:** Undergraduates (n = 972) completed an online survey assessing BPD symptoms, childhood emotionality, parental invalidation, and current suicidality symptoms.

**Results:** A sequential mediation was conducted with parental invalidation followed by childhood emotional vulnerability as mediators for the relationship between BPD and suicide risk. Results indicated that both childhood emotional vulnerability [ $b = 0.21$ ,  $se = 0.04$ ,  $p > 0.001$ ,  $CI=95\%$  (0.13, 0.28)] and parental invalidation [ $b = -0.1075$ ,  $se = 0.03$ ,  $p > 0.005$ ,  $CI=95\%$  (-0.17, -0.05)] were related to suicidality through BPD symptoms, however, parental invalidation was negatively related to suicide.

**Conclusion:** This study contributes to the body of literature regarding the underlying factors within BPD, specifically when biosocial factors are assessed independently. As expected, emotional vulnerability more strongly mediated the relationship between BPD and suicide. Unexpectedly, parental invalidation negatively predicted suicide, contrary to previous literature. The study extends previous research by examining the conceptualization and utilization of the biosocial model and warrants further investigation.

## Which length of treatment works for whom? Moderators of response to 6 versus 12 months of Dialectical Behaviour Therapy for Borderline Personality Disorder

**Dr. Shelley McMain**

<sup>1</sup>Centre for Addiction and Mental Health, Toronto, Canada, <sup>2</sup>University of Toronto, Toronto, Canada

### ***Biography:***

*Dr. McMain is the Head of the Borderline Personality Disorder Clinic and a Clinician Scientist at the Centre for Addiction and Mental Health in Toronto, Canada. She is the Director of the Psychotherapy, Humanities, and Psychosocial Interventions Division and an Associate Professor in the Department of Psychiatry at the University of Toronto, Canada.*

**Background:** Our previous randomized controlled trial compared the effectiveness of 6 versus 12-months of Dialectical Behavior Therapy (DBT) for borderline personality disorder (BPD). The findings showed that on total self harm and several secondary outcomes, 6 months of DBT was not inferior to 12 months of DBT for BPD. It's well known that there is considerable heterogeneity within the BPD patient population, and variability in treatment response is inevitable. To date, there has been no research investigating moderators of response to different doses of BPD-specific therapies for this clinical population. Information about which patients are as likely to benefit from shorter treatment as from longer treatment is essential to decisions about how to match patients to treatment and how to allocate scarce resources. This presentation addresses this gap by assessing moderators of response to 6 and 12 months of DBT for BPD.

**Method:** We conducted secondary analyses of data from our randomized controlled trial of 240 individuals diagnosed with BPD. Treatment outcomes examined were: frequency of self harm episodes, healthcare utilization, general symptoms, borderline symptoms, anger and interpersonal functioning. Outcome assessments were scheduled at pretreatment and at 3-month intervals until 24 months. The presentation will focus on results of demographic, developmental, psychiatric comorbidity, and clinical characteristics assessed at baseline. **Results:** The results are pending. **Discussion:** The presentation will discuss the conceptual and clinical implications of research on moderators and treatment personalization.

## Learning to cope well and strengthening resilience among people with personality disorders

**Dr. Shelley Mcmain<sup>1</sup>**

<sup>1</sup>*Centre for Addiction and Mental Health and the University of Toronto, , Canada*

### ***Biography:***

*Shelley McMain received her Ph.D. at York University in Toronto. She is the Head of the Borderline Personality Disorder Clinic and a Clinician Scientist at the Centre for Addiction and Mental Health in Toronto, Canada. She is the Director of the Psychotherapy, Humanities, and Psychosocial Interventions Division and an Associate Professor in the Department of Psychiatry at the University of Toronto. She has received several awards for her psychotherapy research. She is the President-elect of the Society for Psychotherapy Research. Her research interests are in the areas of borderline personality disorder, DBT, emotion dysregulation, and psychotherapy process and outcomes.*

Psychotherapies for personality disorders are designed to help people develop healthier, more productive, and more satisfying lives. Yet, outcome measures in randomized control trials of psychotherapies for personality disorders largely focus on reductions in symptoms and personality pathology. With the rise of the positive psychology movement, there is growing interest in positive attributes and strengths that contribute to positive emotions, meaning and healthy engagement in life. Evidence-based psychotherapies for personality disorders not only reduce symptoms and psychopathology, but they also help people build resilience in coping with stress and adversity. Although resilience has not received much attention in the clinical and research literature on personality disorders, there is some research evidence demonstrating that people diagnosed with personality disorders can strengthen their psychological resilience by acquiring coping skills. This presentation reviews the research literature on the effectiveness of coping skill training in developing resilience for people with personality disorders. As well, this presentation will examine what types of coping skills can strengthen resilience while also considering possible explanations for how coping skills can contribute to building resilience. Finally, future research opportunities are explored.

## Narcissistic Vulnerability and Self-Reported versus Performance-Based Cognitive Empathy

**Antonia McMaster<sup>1</sup>**, Dr. Rossella Di Pierro<sup>2</sup>, Dr. Diana Diamond<sup>1</sup>, Dr. Eric Fertuck<sup>1</sup>

<sup>1</sup>CUNY Graduate Center, , United States, <sup>2</sup>University of Milano-Bicocca, , Italy

### **Biography:**

*Antonia McMaster, MPhil is a PhD candidate at City College/CUNY Graduate Center. Her research focuses on interpersonal functioning in narcissism. She has presented posters at the North American Society for the Study of Personality Disorders conference and at the APA Annual Convention.*

### **Objective**

To identify if empathic abilities (cognitive and affective) in narcissism and its two manifestations (vulnerability and grandiosity) are better captured by performance-based measures of empathy than by self-report when controlling for social desirability.

### **Methods**

Eighty-nine undergraduates were administered self-report measures of narcissism, social desirability, and empathy (cognitive and affective). One performance-based measure of empathy was also administered.

### **Results**

A hierarchical regression analysis was conducted. Better cognitive empathy for negative pictures on a performance-based task ( $\beta = .326$ ,  $p = .001$ ) and poorer cognitive empathy on a self-report measure ( $\beta = -.389$ ,  $p = .000$ ) were associated with narcissistic vulnerability in Model 1. In Model 2, when poorer social desirability ( $\beta = -.599$ ,  $p = .000$ ) was included, poorer self-reported cognitive empathy ( $\beta = -.118$ ,  $p = .190$ ) was no longer significantly associated with narcissistic vulnerability, while better cognitive empathy for negative pictures on a performance-based task ( $\beta = .194$ ,  $p = .020$ ) remained significantly associated with narcissistic vulnerability.

### **Conclusions**

Vulnerable narcissism was associated with better cognitive empathy on a performance-based task for negatively-valenced pictures only, a finding that is consistent with prior research on the topic showing an enhanced ability in narcissism to read negativity in faces (De Panfilis et al., 2019; Wai & Tiliopoulos, 2012). Additionally, lower self-reported social desirability accounted for the association between vulnerable narcissism and lower self-reported cognitive empathy. This finding highlights a relationship between vulnerable narcissism and a lack of interest in impression management, which supports the theory that narcissism is characterized by attempts to protect a fragile ego, and that these attempts may take the form either of social avoidance generally (Ronningstam, 2011) or of avoiding empathic processes so as not to lose control or experience negative feelings (Di Pierro et al., 2018).

## Association between insecure attachment and self-harm in adolescents with borderline features – a longitudinal study

**Professor Lars Mehlum<sup>1</sup>**, Dr Egil Haga<sup>1</sup>, MA Kine Dymbe<sup>1</sup>

<sup>1</sup>National Centre For Suicide Research And Prevention, Institute for Clinical medicine, University Of Oslo, OSLO, Norge

### **Biography:**

*Professor Lars Mehlum MD PhD is the founding director of the National Centre for Suicide Research and Prevention at the Institute of Clinical Medicine, University of Oslo, Norway. The past president of the International Association for Suicide Prevention (IASP), the International Academy of Suicide Research (IASR) and the European Society for the Study of Personality Disorders (ESSPD), he has conducted numerous clinical and epidemiological studies of suicidal behaviour and associated mental health problems and the efficacy of interventions. He has published more than 200 scientific papers and has received several national and international awards.*

**Objectives:** Secure attachment to parents plays important roles for healthy psychological development in children and adolescents. We aimed to study whether adolescents with borderline features and repetitive self-harm have less secure attachment to parents compared general population adolescents and examine potential associations between levels of attachment over time and levels of borderline symptoms, depression and anxiety, hopelessness, suicidal ideation and frequency of self-harm episodes.

**Methods:** Longitudinal data (baseline to 1.6 years follow-up) from adolescents (N=77) (mean age:15.1 years, SD:1.6) with repetitive suicidal and self-harming behaviour and borderline features participating in a clinical psychotherapy trial, and baseline to 1-year follow-up data from a general population sample consisting of 2538 participants of similar age were used for the purpose of the study. Attachment was measured through the 24-item Inventory of Parent and Peer Attachment.

**Results:** Attachment scores in both samples were fairly stable over time. Adolescents with borderline features and repetitive self-harm had significantly less secure attachment to parents than the normative sample; a difference that was strongest for boys. Adolescents in the clinical sample with the lowest attachment scores more often had a diagnosis of depressive disorder, higher levels of depressive symptoms and experienced significantly less favourable clinical course over the observation period with respect to number of deliberate self-harm episodes and levels of suicidal ideation, hopelessness and symptoms of depression, anxiety and BPD compared with adolescents with high attachment scores.

**Conclusion:** Adolescents with BPD features and repetitive self-harm have significantly less secure attachment to parents compared with the general population and this is particularly pronounced in boys. A low attachment score is associated with more self-harm episodes and more depression and significantly less favourable clinical outcomes over time. Attachment to parents should receive high attention in pre-treatment assessments and be a focus in treatment of self-harming adolescents with borderline features.

## Clinical Application of the Level of Personality Functioning Scale in patients with Borderline and Schizotypal Personality Disorders.

**MD Maria Meisner<sup>1</sup>**

<sup>1</sup>*Mental Health Services Region Zealand, , Denmark*

### ***Biography:***

*Maria Meisner is a Danish psychiatrist who used the DSM-5 Alternative Model of Personality Disorders interviews Module I and II in her research on severe personality disorders. She is currently employed as a senior consultant in Mental Health Services in the Capital Region in Denmark, treating patients with post traumatic stress disorder.*

**Objective:** The Level of Personality Functioning Scale (LPFS) from the DSM-5-Alternative Model of Personality Disorders (DSM-5-AMPD) is a clinically useful tool in characterizing core aspects of severe personality disorders.

**Method:** Danish out-patients diagnosed with DSM-5 section II Borderline (BPD) or/and Schizotypal (SPD) Personality Disorders were interviewed using the DSM-5-AMPD LPFS.

**Results:** Case examples demonstrate the clinical usefulness of the LPFS by illustrating differences in the components of especially identity and intimacy, but also self-direction and empathy. In the context of poorly consolidated identity, the individual lacks an overarching, coherent sense of self and of significant others.

**Conclusion:** The importance of identity diffusion and identity pathology in relation to severe personality disorders is illustrated using the LPFS framework on patients with severe personality disorders. The LPFS enhances the understanding of how disturbances in identity and in relations with others cause difficulties in life.

## Mentalization and affective instability in adolescence during lockdown: the role of epistemic trust

**Mr. Alberto Milesi<sup>1</sup>**, PhD Francesca Locati<sup>1</sup>, PhD Ilaria Maria Antonietta Benzi<sup>2</sup>, Prof Laura Antonia Lucia Parolin<sup>1</sup>, Prof Karin Ensink<sup>3</sup>, Prof Peter Fonagy<sup>4</sup>

<sup>1</sup>University Of Milano-Bicocca, Milan, Italy, <sup>2</sup>IRCCS Istituto Auxologico Italiano, Milan, Italy, <sup>3</sup>University of Laval, Québec, Canada, Laval, Canada, <sup>4</sup>University College London, London, United Kingdom

### **Biography:**

*Alberto Milesi is a PhD student in Psychodynamic Psychology and psychotherapist in training. His academic interest involves epistemic trust, mentalization and borderline pathology in adolescence.*

Adolescence is a crucial developmental stage during which the ability to understand and reflect on one's mental states aids in the regulation of one's experience of the world. In particular, research emphasized significant associations between difficulties in mentalizing and borderline features, such as affective instability, identity problems, negative relationships, and self-harm. Moreover, traumatic/burdening life experiences, such as the COVID-19 pandemic, can foster psychological difficulties also in the general population.

In this scenario, we posit that a clinically relevant, although still under-research construct, might provide significant insights: epistemic trust (ET). Indeed, ET can be defined as the individual's openness to the possibility of acquiring new knowledge coming from another individual: this knowledge is perceived as trustworthy and reliable and is generalizable through different life domains.

Thus, in our contribution, we explored the moderating role of ET (Inventory of Parents and Peers Attachment; IPPPA) in the association between mentalization (Reflective Functioning Questionnaire for Youth; RFQ-Y) and borderline features (Personality Assessment Inventory; PAI) in a sample of adolescents (N=63, age range=14-18, F= 68.3%) during the pandemic lockdown in April 2020.

Results highlighted that different levels of ET moderated the association between mentalization and the specific borderline feature of affective instability. In particular, the experience of trust in the attachment relationship with the mother and with peers is a protective factor in this association at low and medium levels of ET. Although preliminary, our data underlined the importance of further investigating ET's role and the need to identify specific tools to assess it that might have a significant impact on structuring tailored prevention and interventions even in the general population.



## The role of emotion dysregulation in borderline personality: An ecological momentary assessment study

Jiwon Min<sup>1</sup>, Ashley C Helle<sup>2</sup>, Neil A Meyer<sup>3</sup>, Maggie D Walgren<sup>1</sup>, Katherine E Hein<sup>1</sup>, Jaiden S Butler<sup>1</sup>, Courtney K Mason<sup>4</sup>, Chandler J McDaniel<sup>4</sup>, Demond M Grant<sup>1</sup>, Tony T Wells<sup>1</sup>, Stephanie N Mullins-Sweatt<sup>1</sup>

<sup>1</sup>Oklahoma State University, Stillwater, United States, <sup>2</sup>University of Missouri, Columbia, United States, <sup>3</sup>McLean Hospital, Belmont, United States, <sup>4</sup>Mississippi State University, Mississippi State, United States

### **Biography:**

Jiwon (Jennie) is a fifth-year Ph.D. student in Clinical Psychology at Oklahoma State University under the mentorship of Dr. Stephanie N. Mullins-Sweatt. She received her M.S. in Clinical Psychology from Oklahoma State University and B.A. in Psychology and Pre-Health from the University of Notre Dame. Her current research interest is focused on multi-method, multi-informant assessment of personality pathology and mobile treatment of related maladaptive behaviors. Specifically, she is interested in using advanced quantitative methods (e.g. HLM, IRT) to better understand personality pathology.

### **Purpose/Objective:**

The purpose of the study is to identify a direct path from baseline emotion sensitivity to heightened negative/labile affect using ecological momentary assessment (EMA) methodology in a sample of individuals with BPD traits.

### **Aims:**

Emotion dysregulation (ED) is an inability to manage, regulate, and respond to one's emotions, and a vulnerability to experience labile affect. ED spans across multiple psychiatric disorders and is also associated with severe negative health behaviors (e.g., nonsuicidal self-injury, suicidal behavior, and substance misuse). While ED is clearly related to significant adverse health and maladaptive behaviors, the biopsychosocial mechanisms by which ED produces these negative outcomes and psychiatric disorders are unclear. Thus, there is a critical need to understand how ED components translate to negative health outcomes in order to develop effective assessment and intervention strategies. The proposed study will identify the specific biopsychosocial mechanisms of the ED process, which will provide guidance for interventions targeting negative health outcomes and ED-associated personality pathology. Specifically, the study aims to establish a direct model to determine whether emotion sensitivity predicts subsequent heightened negative and labile affect over time.

### **Method:**

Adults with significant BPD symptoms (n=100) who live in a South Central region of the United States were recruited to participate in an ecological momentary assessment of emotion and maladaptive behaviors. Participants completed baseline measures of childhood emotion sensitivity and BPD symptoms. Then, they completed the momentary assessment of emotion and maladaptive behavior five times per day for fourteen days. Multilevel SEM will be conducted to examine whether emotion sensitivity leads to heightened and labile negative affect, which leads to maladaptive behaviors.

### **Results:**

We hypothesize that emotion sensitivity will predict labile negative affect in daily life, which will predict momentary maladaptive behaviors.

Conclusion:

The study will provide quantitative evidence for the multi-component mechanism of emotion dysregulation in BPD.

## Somatic excess-comorbidities in patients with Borderline Personality Disorder based on statutory health insurance data from 2009 to 2019

Jan Mittenmüller<sup>1,2</sup>, Olaf Schneider<sup>1</sup>, Teresa Hebeiß<sup>1</sup>

<sup>1</sup>AOK Baden-Württemberg, Stuttgart, Germany, <sup>2</sup>Institute of Psychiatric and Psychosomatic Psychotherapy, Central Institute of Mental Health, Mannheim, Germany

### **Biography:**

- Analyst at AOK Baden-Württemberg

- PhD candidate at Institute of Psychiatric and Psychosomatic Psychotherapy, Central Institute of Mental Health

BPD is one of the psychiatric disorders with the highest death rates from completed suicide, the highest number of psychiatric comorbidities and high disease-related costs. Through systematic research in recent years, it has become clear that the high BPD-associated disease burden is even higher when also considering somatic comorbidities. Although at least some of the somatic comorbidities (e.g. metabolic disorders and sexually transmitted infections with possible endocrinological, cardiovascular or oncological late effects) may be causally related to the symptoms of BPD (e.g. impulsive self-harming actions), the connections between certain somatic comorbidities and BPD mortality have not yet been systematically investigated. As a consequence, an overly narrow focus on diagnosis and treatment of BPD and related psychiatric disorders means that BPD-typical, potentially life-limiting somatic comorbidities often remain undetected and untreated.

The talk will focus on a retrospective analysis of data, using a sample of 4.5 million insured persons of all ages from the Allgemeine Ortskrankenkasse (AOK) in the federal state of Baden-Wuerttemberg, Germany. The aim of the project is to clarify the significance of somatic comorbidities in BPD patients. In particular, we will investigate, which somatic comorbidities of BPD are related to the described loss of life.

## The impact of personality disorder severity on frequency of general inpatient hospital admission, A&E attendance and outpatient appointments

**Jonathan Monk-Cunliffe<sup>1</sup>**, Gioulia Kadra-Scalzo<sup>2</sup>, Chloe Finamore<sup>3</sup>, Oliver Dale<sup>3</sup>, Mizanur Khondoker<sup>4</sup>, Hitesh Shetty<sup>2</sup>, Richard Hayes<sup>2</sup>, Paul Moran<sup>1</sup>

<sup>1</sup>Centre for Academic Mental Health, Department of Population Health Sciences, Bristol Medical School, University Of Bristol, Bristol, United Kingdom, <sup>2</sup>Department of Psychological Medicine, King's College London (Institute of Psychiatry, Psychology and Neuroscience), London, United Kingdom, <sup>3</sup>Research Unit, The Cassel Hospital, West London NHS Trust, London, United Kingdom, <sup>4</sup>Norwich Medical School, University of East Anglia, Norwich, United Kingdom

### **Biography:**

*Jonathan Monk-Cunliffe is an Academic Clinical Fellow in psychiatry at the University of Bristol. He studied medicine at the University of Sheffield, intercalating for a masters degree in public health and later obtaining a postgraduate certificate in medical education. His current role combines clinical training with research into the physical health of people given a diagnosis of personality disorder.*

### **Aims:**

People with personality disorder (PD) are at increased risk of poor physical health, with lower life expectancy, and increased hospital admissions for natural and unnatural causes. The ICD-11 changes the classification of PD to include severity (mild, moderate, and severe), yet no clinical algorithm exists to easily capture this using routine data.

We aimed to investigate the associations between personality disorder severity and the frequency and reason for non-psychiatric inpatient hospital (general inpatient hospital) admission, A&E attendance and outpatient appointments.

### **Methods:**

We identified patients aged  $\geq 18$  years with PD receiving care in a large secondary mental healthcare case register in South London, between 2008 and 2018. PD severity domains were derived using the Health of the Nations Outcome Scale (HoNOS) items 1 (harm to others), 2 (harm to self), 9 (interpersonal relationships) and 10 (performance of occupational and social roles). Each of these is given a score from 0-4 to reflect severity.

For all patients identified with PD, we also identified linked data from Hospital Episode Statistics (HES) containing details of all admissions to hospitals, A&E departments and outpatient services in England and Wales. We extracted data on the number of admissions or appointments and the diagnosis associated with these episodes. Following this, using multivariable models, we explored associations between PD severity domains and general hospital admissions and outpatient appointments. All associations were adjusted for sociodemographic characteristics and clinical factors.

### **Results:**

We will present the results of our analysis.

### **Conclusions:**

We will present the conclusions from our analysis.

## Borderline Personality Disorder in Old Age (BPD-OA): The development and piloting of a BPD screening tool for use in people aged over 60.

**Dr Francine Moss<sup>1</sup>**, Hemalatha Jayaram

<sup>1</sup>St Vincents Melbourne, , Australia

### **Biography:**

*Dr Francine Moss is a psychiatrist with 30 years experience looking after older people with mental illness and is the director of the Aged Persons Mental Health Service at St Vincent's Hospital Melbourne , Australia*

Francine Moss<sup>1</sup>, Hemalatha Jayaram<sup>2</sup>, Jillian H Broadbear<sup>3,4</sup>, Antonia Planinic<sup>2</sup>, Kulunu Rodrigo<sup>1</sup>, Kuruvilla George<sup>2</sup>, Sathya Rao<sup>3,4</sup>, Josephine Beatson<sup>3,5</sup>

<sup>1</sup>St George's Hospital, Kew, Australia

<sup>2</sup>Peter James Centre, Forest Hill, Australia

<sup>3</sup>Spectrum Personality Disorder Service, Richmond, Australia

<sup>4</sup>Monash University, Clayton, Australia

<sup>5</sup>University of Melbourne, Parkville, Australia

**Objective:** The diagnosis of Borderline Personality Disorder (BPD) in older adults is often missed. To address the absence of validated screening tools for the detection of BPD in older patients (over 60 years), we developed a screening tool that reflects the changing symptomology of BPD during the aging process. The Spectrum screening tool for BPD in Old Age (BPD-OA) is intended to prompt a more comprehensive evaluation, facilitating staff preparedness and patient care.

**Method:** We examined the sensitivity and reliability of the BPD-OA in (i) 22 BPD-confirmed and (ii) 21 gender-matched BPD-negative elderly participants referred to aged psychiatry services. The BPD-OA was compared with the Diagnostic Interview for Borderlines–Revised and the Zanarini BPD screening tool, both validated in adults aged 18-60.

**Results:** The BPD-OA was the only instrument able to discriminate between elderly BPD and non-BPD populations. Principal Component Analysis showed that four criteria (suicidal behaviour and suicidality, self-harm, intense, unstable interpersonal relationships, and chronic dysphoria) accounted for 34.6% of the total variance. Of the 21 BPD-negative participants, four were false positives; all had disorders with a prominent mood component such as major depression or schizoaffective disorder. Of the 22 BPD-confirmed participants, seven were false negatives; symptom denial and a negative correlation between age and BPD-OA score likely contributed.

**Conclusions:** Whilst the BPD-OA screening tool is clearly superior to instruments validated for use in younger people, refinements are needed to increase its specificity. A larger validation and reliability study is being planned that will employ a refined BPD-OA.

## The effect of the COVID-19 pandemic on substance use among outpatient young people with Borderline Personality Disorder features

**Dr Edward Mullen<sup>1,2,3</sup>**, Ms Ashleigh Salmon<sup>1,2</sup>, Dr Jennifer Betts<sup>1,2</sup>, Dr Katie Nicol<sup>1,2</sup>, Dr Eleanor Brown<sup>1,2</sup>, A/Prof Gillinder Bedi<sup>1,2</sup>, Prof Andrew Chanen<sup>1,2</sup>

<sup>1</sup>Orygen, Melbourne, Australia, <sup>2</sup>Centre for Youth Mental Health, The University of Melbourne, Melbourne, Australia,

<sup>3</sup>National Centre for Clinical Research on Emerging Drugs, UNSW, Sydney, Australia

### **Biography:**

*Dr Edward Mullen is a Consultant Psychiatrist at Orygen Specialist Program specialising in Dual Diagnosis of Mental health and Substance use and Early Intervention in Borderline Personality Disorder. He is a founder member of the Orygen Substance Use Research Group and Early Intervention clinic and is a currently a National Centre for Clinical Research on Emerging Drugs Research Fellow.*

**Objective:** There is a recognised association between BPD and Substance Use Disorders with young people with BPD more likely to use substances impulsively and as a means of coping with negative emotions which may be exacerbated during the pandemic. This study aimed to describe the characteristics and substance use of a cohort of young people with BPD features attending the HYPE program at Orygen, Melbourne during the start of the COVID-19 pandemic and compare them with similar groups from previous years as well as describe any reported changes to patterns of use or availability.

**Methods:** This study consisted of a file audit of a cohort of young people (15-25) referred for care over a 2 month period in 2020 and similar periods in 2018 and 2019. A total of 81 files were audited for information on demographics; clinical diagnoses and symptomatology; substance use; self-harm and suicidal behaviours; functioning; psychosocial and pharmacological treatment. Clinical information around changes to substance use patterns and availability was also collected for the group referred in 2020.

**Results:** The group of young people referred at the start of the COVID-19 pandemic in 2020 was similar in characteristics to those referred in previous years in terms of demographics, psychopathology and impaired functioning with higher reported rates of substance use compared to the general population. In terms of changes to substance use patterns and availability, there were varying responses depending on the type of substance and other factors.

**Conclusions:** The young people who sought treatment at the start of the pandemic represent a group with worse mental health and higher substance use. The pandemic and subsequent lockdown in Melbourne in early 2020 have influenced patterns and availability of substance use in this group which represent a time of increased risk of harms associated with these changes.

## A Single Case Study Using Multiple Assessment Methods in Borderline Personality Disorder

Grace Murray<sup>1</sup>, Gabrielle Ilagan<sup>1</sup>, Julianne Wu<sup>1</sup>, Dr. Lois Choi-Kain<sup>1,2</sup>

<sup>1</sup>McLean Hospital, Belmont, United States, <sup>2</sup>Harvard Medical School, Cambridge, United States

### **Biography:**

*Grace Murray graduated from Williams College in June of 2020. She is currently a clinical research assistant at the Gunderson Personality Disorders Institute at McLean Hospital, and she hopes to pursue a PhD in clinical psychology.*

**Objectives:** While ecological momentary assessment (EMA) is rising in research, the practice is still rare in clinical settings. Traditional self-reports leave the patient's daily affective and cognitive fluctuations unassessed. This poster aims to illustrate what traditional self-report versus EMA data can reveal in the case of a chronically suicidal woman with Borderline Personality Disorder.

**Method:** The patient responded to monthly REDCap surveys including measures of BPD severity, depressive symptomatology, general psychopathology, avoidance, and paranoia. The patient granted the treatment team access to her Garmin data. REDCap surveys were sent 3x/day to assess her activity, and enjoyment and stress from 1-5.

**Results:** The patient's 5 monthly self-reports of suicidality remained steady with almost no variability. Her BPD severity, depressive symptoms, and general psychopathology remained relatively stable, with a slight increasing trend. However, her avoidance decreased over time. Additionally, 134 EMA prompts were answered over 44 days, with physiological data on 36 days. The patient's daily sleep was stable (range: 6-11 hrs,  $M=8.29$ ,  $SD=1.19$ ), with high physical activity ( $M=7,745$ ,  $SD=2,893$ ). Her enjoyment was rated a 1 (87.3% of timepoints) or 2 (12.7%). Her stress fluctuated more, ranging from 1 (11.9%) to 4+ (11.27%). The day prior to her rehospitalization for suicidality was the only timepoint at which a decrease in physical activity ( $>1$  SD below mean) accompanied an increase in sleep ( $>1$  SD above mean).

**Conclusions:** These data demonstrate the utility of idiographic assessment of suicide risk, as traditional self-assessment captures different data than EMA. Data interpretation was more feasible and lower risk due to high levels of supervision and post-hoc interpretive discussions with the patient. Otherwise, compliance, data interpretation, and safety are relevant concerns. More research is needed to understand the data that predict high risk for suicide attempts, to determine when hospitalization is needed.

## Personality functioning in children as outcome variable in a pre-post setting in START-Therapy

**Professor Eva Möhler<sup>1</sup>**, Andrea Dixius

<sup>1</sup>Saarland University Hospital, Homburg, Germany

### **Biography:**

*Eva Möhler ist Chair of child and adolescent psychiatry and director of the child psychiatric clinic at Saarland University Hospital. During medical training and scientific development she was affiliated to the University of Heidelberg. She is married with 3 adult sons.*

The 'Stress-Trauma-Symptoms-Regulation-Treatment' for Kids (START-Kids) is a manualized short-term treatment program for stabilization and stress resilience in emotionally dysregulated children between 6 and 12 years, based on an approach of stress and management and emotional regulation. The current pilot trial aims to assess the feasibility and effectiveness of the START-Kids intervention program for improvement of emotion regulation and early characteristics of personality functioning.

Children between the age of 6-12 years admitted to a child psychiatric unit for severe emotional or behavioral dysregulation took part in the START-Kids program for 8 weeks in an open group setting with two sessions per week (50 min/session). Before treatment, we assessed a history of adverse experience with the Child and Adolescent Trauma Screen (CATS) and the Child Posttraumatic Cognitions Inventory (CPTCI). Before and after treatment, the parents of participants completed the LOPF-Q 6-18 Parent, an instrument assessing dimensions of personality functioning.

The intervention proved feasible with a low drop out rate. Pre and post intervention and START-Kids demonstrates preliminary evidence for improvement of behavioral dimensions after an 8-weeks treatment course. Therefore, this short-term intervention can possibly be regarded as a tool to improve stability in children with a high load of emotional dysregulation. The results are promising and warrant future studies, specifically randomized controlled trials on the effectiveness of START-Kids for strengthening resilience in children at severe risk for social disintegration



## Replicating the Factor Structure of the Level of Personality Functioning Scale – Brief Form 2.0 in an United Arab Emirates Community Sample

Assistant Professor Adam Natoli<sup>1</sup>, Nishtha Lamba

<sup>1</sup>Sam Houston State University, Huntsville, United States

### **Biography:**

*Adam P. Natoli, Ph.D. is a Ronald E. McNair Scholar and an Assistant Professor in the Department of Psychology and Philosophy at Sam Houston State University. As a Ronald E. McNair Scholar, he studied psychology and sociology at Rider University; Dr. Natoli went on to earn a M.S. in Clinical Psychology (2015) from Eastern Michigan University before receiving his Ph.D. in Clinical Psychology (2020) from Adelphi University where he was also a George Stricker Research Fellow.*

**Objectives:** The Level of Personality Functioning Scale – Brief Form 2.0 (LPFS-BF 2.0; Weekers et al., 2018) is a 12-item questionnaire used to assess the two domains of personality functioning: self- and interpersonal functioning. The LPFS-BF 2.0 demonstrated a two-factor structure in samples across Europe (Bach & Hutsebaut, 2018; Weekers et al., 2018). In effort to examine the LPFS-BF 2.0 beyond Europe, the current study sought to confirm the LPFS-BF 2.0's two-factor solution in a community sample of individuals living in the United Arab Emirates (UAE).

**Method:** Data were collected from 462 community adults living in Dubai ( $\mu$  age = 24.52, range = 18-76, 70.13% female, 72.07% Asian). Confirmatory factor analysis was used to test whether the LPFS-BF 2.0's two-factor structure would be confirmed in the UAE sample. Fit and information indices were examined and Tucker's congruence coefficient (Tucker, 1951) was estimated to evaluate the similarity of this study's solution and the solution obtained using Bach & Hutsebaut's (2018) outpatient sample.

**Results:** Multiple fit indices indicated acceptable fit, RMSEA = .067, SRMR = .048,  $\chi^2/df$  = 3.08 with others closely approaching levels indicating acceptable fit,  $\chi^2(53)$  = 163.17,  $p < .001$ , CFI = .924, TLI = .906. Factor loadings were similar to those obtained by Bach & Hutsebaut (2018); self- and interpersonal functioning can be considered equal in terms of factor loadings between the samples ( $\Phi$  = .99 and .98, respectively).

**Conclusions:** The LPFS-BF 2.0 has evidenced good psychometric properties and clinical utility as a measure of personality functioning impairment, a central feature of personality pathology. This study's findings extend the instrument's utility by confirming its two-factor structure in a UAE sample, as well as demonstrating the strong similarity in factor loadings between samples. The cultural implications of these findings, study limitations, and suggestions for future research are discussed.

## Borderline Personality Disorder Traits and Symptoms and Rates of NSSI During the COVID-19 Pandemic: An Initial Investigation

Dr. Sharon Nelson<sup>1</sup>, Courtney Mason<sup>2</sup>, Dr. Hilary DeShong<sup>2</sup>

<sup>1</sup>*Serious Mental Illness Treatment Resource and Evaluation Center, Office of Mental Health and Suicide Prevention, Department of Veterans Affairs., Ann Arbor, United States,* <sup>2</sup>*Mississippi State University, Starkville, United States*

### **Biography:**

Currently, I am a Post-Doctoral Research Fellow at the Serious Mental Illness Treatment Research and Evaluation Center (SMITREC), through the Department of Veterans Affairs and the University of Michigan. I received my PhD from Eastern Michigan University. I have served on the inaugural ISSPD Student Section board as the Social Media/Relations Chair, the President of the Society for Personality Assessment Graduate Student group, and previously worked as the Editorial Assistant for the Journal of Personality Assessment. I am currently serving as the Early Career ISSPD Board member and Communications Chair.

**Objectives:** Given the immediacy of the COVID-19 pandemic, research on the impact of the pandemic is still emerging, with some initial research finding that some PDs may be impacted differently (Preti et al., 2020). However, information on how personality traits might impact mental health response to the pandemic has been lacking. This work sought to evaluate whether there were changes in frequency of non-suicidal self-injury (NSSI), as well as several personality-relevant constructs, between three time periods: pre-pandemic, early pandemic, and later pandemic.

**Method:** Two student samples were collected at a southern U.S. university. Participants completed measures assessing general personality traits, borderline personality traits, symptoms of worry, cognitive emotion regulation, negative life events, emotional problems, and engagement in nonsuicidal self-injury (NSSI) over the past month. Sample 1 was collected January-April 2020 and Sample 2 was collected in November 2020.

**Results:** Rates of endorsement of NSSI were compared in sample 1 and sample 2. Participants were categorized into pre-covid or post-covid based on date of completion of survey in sample 1, with results showing a slight increase in self-harming behavior during the pandemic while also showing a clear avoidance of seeking any medical attention during the initial quarantine phase in March and April of 2020. Additional results will be presented on the emotional cascade model of BPD utilizing measures of affect, rumination, NSSI, and how general personality factors may have strengthened or weakened the link between these constructs during this time period.

**Conclusions:** Initial findings indicate that while NSSI may have increased during the pandemic, those individuals were not inclined to seek medical help. The influence of personality traits on related constructs (e.g., affect, rumination) will also be discussed.

## Comparison of Characteristics and High-Intensity Mental Health Service Utilization of Patients with Serious Mental Illness with and without a Comorbid Personality Disorder

Dr. Sharon Nelson<sup>1</sup>, **Ms Stephanie Merrill<sup>1</sup>**, Dr. Nicholas Bowersox<sup>1</sup>

<sup>1</sup>*Serious Mental Illness Treatment Resource and Evaluation Center, Office of Mental Health and Suicide Prevention, Department of Veterans Affairs., Ann Arbor, United States,* <sup>2</sup>*Department of Psychiatry, University of Michigan, Ann Arbor, United States*

### **Biography:**

Stephanie Merrill is an epidemiologist at the Serious Mental Illness Treatment Resource and Evaluation Center (SMITREC), a program evaluation center within the Veterans Health Administration's (VHA) Office of Mental Health and Suicide Prevention. Her work includes maintaining the National Psychosis Registry, as well as monitoring and evaluating VHA programs focused on improving health outcomes for Veterans with serious mental illness.

**Introduction:** Despite the often vulnerable, high-need status of those with serious mental illnesses (SMI) or personality disorders (PD), few studies have assessed the role of comorbid PDs in a SMI population.

**Objectives:** This study used a national health system database to assess the prevalence and impact of PD diagnoses on high intensity/emergency service utilization in Veterans Health Affairs (VHA) patients with a SMI diagnosis.

**Methods:** Within fiscal year 2018 (October 1, 2017 to September 30, 2018), 154,688 VHA patients qualified for the SMI and no PD group, and 9,216 patients qualified for the SMI and comorbid PD group.

**Results:** The SMI and SMI with comorbid PD (SMI-PD) groups differed in terms of demographic, medication, clinical, and service utilization characteristics, including that patients in the SMI-PD group were more likely to have documented suicide and/or behavioral risk. The SMI-PD group had a larger percentage of patients with at least one Emergency Department (ED) encounter, as well as a larger percentage of patients with one or more days in an inpatient psychiatric unit. Further, patients in the SMI-PD group had a higher average number of ED encounters and a higher average number of inpatient psychiatric days.

**Conclusions:** The presence of a PD diagnosis uniquely predicted ER and inpatient psychiatric utilization after controlling for other group characteristics. Implications, including the need for improved identification of PDs and specialized treatments for patients with SMI and comorbid PD, will be discussed.

## Personality Disorder and Suicide Risk Among Patients in the Veterans Affairs Health System

Dr. Sharon Nelson<sup>1</sup>, Mr. Cameron Griffin<sup>1</sup>, Dr. Tyler Hein<sup>1</sup>, Dr. Nicholas Bowersox<sup>1</sup>, Dr. John McCarthy<sup>1</sup>

<sup>1</sup>Serious Mental Illness Treatment Resource and Evaluation Center, Office of Mental Health and Suicide Prevention, Department of Veterans Affairs., Ann Arbor, United States, <sup>2</sup>Department of Psychiatry, University of Michigan, Ann Arbor, United States

### **Biography:**

Currently, I am a Post-Doctoral Research Fellow at the Serious Mental Illness Treatment Research and Evaluation Center (SMITREC), through the Department of Veterans Affairs and the University of Michigan. I received my PhD from Eastern Michigan University. I have served on the inaugural ISSPD Student Section board as the Social Media/Relations Chair, the President of the Society for Personality Assessment Graduate Student group, and previously worked as the Editorial Assistant for the Journal of Personality Assessment. I am currently serving as the Early Career ISSPD Board member and Communications Chair.

Among U.S. Veterans in Veterans Health Administration (VHA) care, suicide rates are elevated among patients with mental health and substance use conditions. For example, rates in 2018 were particularly high among patients with Bipolar Disorder and with Opioid Use Disorder. Little is known regarding suicide rates among Veterans VHA users with personality disorders (PDs) as a whole or by specific groupings of PDs (such as the DSM-5 PD clusters; A: Eccentric; B: Dramatic; C: Fearful; and D: Other/Unspecified).

We assessed PD prevalence and suicide rates through 2017, overall and by clusters for 5,486,824 Veterans alive as of 12/31/2013 and with 2+ VHA encounters in 2012-2013. 46,184 (0.84%) had a PD diagnosis in 2012-2013. Proportional hazards regression adjusted for age, sex, Veteran status, clustering within VISN, and other mental health diagnoses. Risk time was from 1/1/2014 until 12/31/2017 or death, whichever came first.

Overall, patients with PDs had increased suicide risk than those without, adjusting for covariates (Hazard Ratio [HR]=1.61, 95% CI=1.38,1.88). Individuals in cluster B, which includes Borderline and Antisocial PDs, were at highest risk (HR=4.19, 95% CI=3.37,5.22), followed by clusters D (HR=3.27, 95% CI=2.58,4.15), C (HR=2.95, 95% CI=1.56,5.57) and A (HR=1.81, 95% CI=0.99,3.30).

Objectives of this session include learning about the impact of PD diagnosis on suicide risk, as well as how clusters of PD diagnoses differentially impact risk. Implications for Veteran suicide prevention will be discussed. In addition, implications of lower PD prevalence rates within the VHA HealthSystem will be discussed, including how underdetection of PDs might be impacting care.

## Biobehavioral Mechanisms of Change in Anti-Aggression Psychotherapy for Patients with Borderline Personality Disorder

**Dr. Corinne Neukel<sup>1</sup>**, Hannah Honecker<sup>1</sup>, Prof. Dr. Katja Bertsch<sup>2</sup>, Prof. Dr. Sabine C. Herpertz<sup>1</sup>

<sup>1</sup>General Psychiatry, Heidelberg University Hospital, Heidelberg, Germany, <sup>2</sup>Department of Psychology, Ludwig-Maximilians-University Munich, Munich, Germany

### **Biography:**

*Corinne Neukel currently works at the Department of General Psychiatry at Heidelberg University Hospital as Co-Head of the Workgroup Personality Disorders.*

**Objectives:** Aggressive behavior is a highly prevalent and harming phenomenon in Borderline Personality Disorder (BPD). Previous studies have hypothesized biobehavioral mechanisms underlying aggressive behavior in patients with BPD. The effects of a 6-weeks Mechanism-based Anti-Aggression Psychotherapy (MAAP) for the group setting were tested in comparison to the effects of a Non-specific Supportive Psychotherapy (NSSP) on these hypothesized mechanisms and their relation to the effects on aggressive behavior.

**Methods:** MAAP and NSSP were administered in a randomized-controlled trial. To assess mechanisms of aggression patients with BPD and healthy controls took part in a behavioral emotion classification task and a functional magnetic resonance imaging emotional face matching task before and after treatment, or at a similar time interval for controls, respectively. Current aggressive behavior was assessed at both time points using the modified overt aggression scale.

**Results:** The MAAP group showed a clinically relevant decrease of aggressive behavior. Furthermore, the MAAP group showed an increase in response latency when classifying angry faces and a decrease of amygdala activity in response to emotional faces, whereas the NSSP group showed a decrease in latency and an increase in amygdala activity. Furthermore, the difference between pre- and post-treatment response latencies in classifying emotional faces correlated with the reduction in aggressive behaviors in the MAAP group, but not in the NSSP group or healthy controls.

**Conclusion:** The results suggest an impact of MAAP on aggressive behavior and on biobehavioral mechanisms, such as threat sensitivity and cognitive control, underlying aggression in patients with BPD. Additionally, the findings shed light on the importance of these biobehavioral mechanisms as mechanisms of change addressed by MAAP. Since knowledge on mechanisms of change is highly important for the evaluation of therapeutic interventions, the present results may be used to further optimize anti-aggression therapy for patients with BPD.

## Is borderline psychopathology a disorder of autonomy?

**Dr Giles Newton-howes<sup>1</sup>**

<sup>1</sup>*University Of Otago, Wellington, New Zealand*

### ***Biography:***

*Giles is a psychiatrist and academic at the university of Otago in New Zealand. He is the consultant for the Regional Personality Disorder Service, coving a population of about a million and has eclectic research interests including personality epidemiology and philosophy.*

**Objective:** To examine the prerequisites of autonomy, operationalized as decision making capacity and assess their applicability in patients with borderline personality disorder when acutely distressed.

**Methods:** Philosophical analysis of the epistemic and intrapersonal requirements for autonomy

**Results:** The requirements of epistemic equality and both current and temporal self consistency are damaged with a person with BPD are acutely distressed. This suggests the basic requirements for autonomy are not met and consent cannot be considered to be present.

**Conclusions:** When patients with BPD are acutely distressed their DMC is degraded, preventing active engagement in choice making. This has implication for the day-to-day treatment of people with BPD

## Applying Schema Therapy to the treatment of PD prisoners with sexual convictions

**Dr Felicity Nichols<sup>1</sup>**

<sup>1</sup>Nottinghamshire Healthcare NHS Trust, Nottinghamshire, United Kingdom

### **Biography:**

*Dr Nichols is a Clinical Psychologist and Schema Therapy Trainer Supervisor. She has 11 years experience working within the National Health Service (NHS), working as part of the Offender Personality Disorder Pathway, a national initiative between criminal justice and health agencies for 7 years. Dr Nichols currently delivers Schema Informed services across 2 prisons and a community team providing 1:1 and group therapy in addition to staff training, supervision, case formulation and consultation.*

### **Objectives:**

This paper aims to describe and demonstrate the practical application of Schema Therapy within a prison setting for men with sexual convictions. It seeks to demonstrate that this is a promising approach for the rehabilitation of this population both in terms of treatment for problematic personality traits but also as part of risk management strategies.

### **Method:**

A brief overview of the service structure will be provided. The delivery model which is underpinned by schema theory across the 4 phases of treatment and within the overarching therapeutic milieu will be described, illustrating how trauma informed principles are at the heart of service provision. It will highlight how the application of Schema Therapy supports staff relationships, the development of 'social capital' and a way of understanding the role of shame for this group of individuals to facilitate progression. The schema model places sexual offending and other problematic behaviours associated with personality difficulties in the context of over-compensatory coping strategies or 'modes' in response to the activation of early maladaptive schemas developed as a result of unmet needs in childhood. A case vignette will be offered to illustrate the practical application of this approach supporting the treatment and progression of an individual from the closed prison estate through into the community.

### **Results:**

Initial outcomes for the case will be described including the therapy work offered, the step down progression to open conditions as directed by the parole board and the psychometric measure changes indicating a reduction in schema activation, reduced mode flipping and increased in measures of general wellbeing.

### **Conclusions:**

A Schema informed approach can positively contribute to the reduction of early maladaptive schema activation and risk and therefore the successful treatment and rehabilitation of men with complex personality and sexual offending presentations within a prison setting.

## Model of care and consumer characteristics of an early intervention service for severe personality disorder

**Dr Katie Nicol**, Ms Ashleigh Salmon

<sup>1</sup>Orygen, Melbourne, Australia, <sup>2</sup>University of Melbourne, Melbourne, Australia

### **Biography:**

*Katie Nicol is a Research Fellow and Project Manager, currently working at Orygen, Australia. Katie previously conducted research at the University of Edinburgh, Scotland with adult BPD populations, before moving to Australia to focus on young people and early intervention for personality disorder. Her current role involves managing a randomised controlled trial, investigating the effectiveness of Individualised Placement and Support for young people with BPD. She is additionally involved in neuroimaging, service delivery and treatment research in this population.*

### **Objectives**

To describe the model of care, treatment received, and consumer characteristics of young people aged 15-25 attending a specialist early intervention service for severe personality disorder.

### **Methods**

Treatment tracking sheets and standardised intake assessments were collected for young people attending the Helping Young People Early (HYPE) program at Orygen in Melbourne, Australia. Intake information included demographics, psychopathology, and diagnoses. Treatment information comprised number of sessions of case management, and/or individual psychotherapy (Cognitive Analytic Therapy, CAT) that each young person received, as well as the number of general medical reviews. Data including length of episode of care and frequency of attended appointments was also collected.

### **Results**

This presentation will provide important information regarding the quantity and type of treatment that young people who attend HYPE receive, the length of time people remain in treatment, and some important characteristics of those who are referred and accepted into the service. Whether or not, and at what point within their episode of care, young people are offered CAT, the number of sessions they attend, and the use of CAT tools, such as maps and letters will be explored. Service engagement will also be considered.

### **Conclusion**

This research is of global relevance, with access to services for the treatment of PD sorely lacking. Providing apt treatment to young people at the appropriate time is key for early intervention, and to prevent enduring and worsening mental health difficulties into adulthood. Constant evaluation and amendment of treatment models is necessary to ensure that as many young people as possible can receive care that is evidence-based and effective.



## A Cognitive-Behavioral Approach to Narcissistic Self-Esteem Dysregulation

**Dr. Erik Nook<sup>1</sup>**, Dr. Adam Jaroszewski<sup>2</sup>, Prof. Lois Choi-Kain<sup>3,4</sup>

<sup>1</sup>Yale University, New Haven, United States, <sup>2</sup>Massachusetts General Hospital, Boston, United States, <sup>3</sup>McLean Hospital - Harvard Medical School, Belmont, United States, <sup>4</sup>Harvard Medical School, Boston, United States

### **Biography:**

*Erik is currently completing a postdoctoral fellowship at Yale University, where he is studying the affective and neuroscientific mechanisms of psychopathology across development. Erik Nook completed his clinical psychology PhD at Harvard University and his predoctoral clinical internship year at Weill Cornell Medical College. Erik is interested in the cognitive and affective mechanisms underlying psychological health and illness, with a focus on how language and emotion interact. He will begin as a faculty member in the psychology department at Princeton University in July 2022.*

Although empirical evidence shows that cognitive-behavioral therapies (CBT) can successfully treat a wide range of psychiatric disorders, the field lacks a cognitive-behavioral formulation and treatment approach for narcissistic dysfunction. In this session, we will first explain and discuss our recently-developed CBT model of dysregulated self-esteem thought to underlie narcissistic pathology. In this model, dysregulated self-esteem is seen as stemming from maladaptive core beliefs that generate self-reinforcing thought-feeling-behavior cycles that maintain distress and impairment. For example, someone with vulnerable self-esteem may believe "if I'm not the best, I'm worthless" and consequently see any evaluative situation either as an opportunity to dominate others or as a risky situation in which their inner incompetence will be revealed. The thoughts and feelings aroused by this approach will motivate behaviors that strive to protect self-esteem but actually generate interpersonal and intrapersonal problems (e.g., gloating, giving up). When formulated this way, interventions should (i) target the cognitions that maintain the underlying core belief and (ii) design behavioral exposures aimed to help the patient gain evidence that reshapes their core belief (e.g., an "experiment" in which they perform imperfectly and learn that they can tolerate the resulting momentary dip in self-esteem). Attendees will then have the opportunity to practice developing and implementing exposure-based interventions that stem from this model. Overall, this session aims to equip attendees with skills to i) formulate narcissistic dysfunction as a product of maladaptive beliefs and behaviors and ii) use cognitive and behavioral interventions to reduce narcissistic dysfunction.

## Reliability, Structure and Validity of the Structured Clinical Interview for the Alternative DSM-5 Model for Personality Disorders – Module I (SCID-5-AMPD-I)

Ludwig Ohse<sup>1</sup>, Jil Mohr<sup>1</sup>, André Kerber<sup>2</sup>, Leonie Kampe<sup>1</sup>, Johannes Zimmermann<sup>3</sup>, Susanne Hörz-Sagstetter<sup>1</sup>

<sup>1</sup>Psychologische Hochschule Berlin, Berlin, Germany, <sup>2</sup>Freie Universität Berlin, Berlin, Germany, <sup>3</sup>Universität Kassel, Kassel, Germany

### **Biography:**

*The author holds a B. Sc. Psychology and M. Sc. Clinical and Health Psychology. He is a PhD student at Psychologische Hochschule Berlin, focusing on dimensional personality disorder diagnosis. Other research interests encompass psychotherapy research, psychopathology and psychoanalysis.*

**Objectives:** The current categorical classification of personality disorders (PDs) – section II of DSM-5 and ICD-10 – inheres considerable limitations, including high comorbidity and heterogeneity, arbitrary diagnostic thresholds, and insufficient coverage of existing PD pathology. The field is therefore shifting to alternative dimensional approaches, such as the Alternative DSM-5 Model for PDs (AMPD). According to the AMPD, a moderate or greater impairment in personality functioning is the essential criterion (Criterion A) for a PD diagnosis. To adequately assess personality functioning in research and clinical practice, it is crucial to establish semi-structured interviews, such as the Structured Clinical Interview for the AMPD – Module I (SCID-5-AMPD-I). Evidence on interviews for personality functioning is emerging, but more studies are needed to establish them as viable measures. The aim of the study presented is to determine whether the SCID-5-AMPD-I is a viable measure for personality functioning.

**Methods:** A clinical sample (n > 100) was recruited between July 2020 and summer 2021. Patients were interviewed with the German version of the SCID-5-AMPD-I and examined with several other instruments (SCID-5-PD, PID-5, LPFS-SR, OPD-SQ, IPO-30, PHQ-9, PHQ-15, GAD-7, WHODAS 2.0) to determine convergent and discriminant validity. Inter-rater reliability was determined with 15 interviews, which were rated by four inexperienced postgraduate psychology students, respectively. Thirty patients were furthermore interviewed twice by independent interviewers to account for test-retest reliability. The structure was inspected with confirmatory factor analysis. Pre-registration: <https://osf.io/3buar>.

**Results / conclusion:** The results of the study will be discussed with regard to the viability of the SCID-5-AMPD-I to assess personality functioning.

## The first year of implementing a Statewide, Integrated, Stepped-Care Personality Disorder Service: key learnings

Dr Judy O'Sullivan<sup>1</sup>

<sup>1</sup>BPD Co South Australia, Adelaide, Australia

### **Biography:**

*Judy O'Sullivan is Principle Project Manager for the Borderline Personality Disorder Collaborative, South Australia Health*

**Objectives.** This presentation will briefly describe the history of advocacy for and design of a Statewide Borderline Personality Disorder service, named the "BPD Collaborative".

**Method.** The process of implementation of its integrated, stepped model of care aimed at serving the 1.7 million people of South Australia is outlined. We describe the design and implementation process, the clinical model, as well as the training and research frameworks for the service.

**Results.** Total number of staff trained, stepped implementation across networks and services, and phased opening of Gold Card SA clinics offering assessment and intervention are described along with preliminary evaluation considering consumer, carer and clinician perspectives.

**Conclusion.** After one year of implementation, new stepped care services are now in place and more are in development. Resistance to change, as well as positive stories of implementation, are described along with key lessons from this large scale personality disorder service implementation.

## Systems Training for Emotional Predictability and Problem Solving (STEPPS) in older adults.

**Phd Machteld Ouwens<sup>1</sup>**, Erol Ekiz<sup>1</sup>, PhD Arjan Videler<sup>1</sup>, prof. Bas van Alphen<sup>1,2,3</sup>

<sup>1</sup>GGZBreburch, Tilburg, Netherlands, <sup>2</sup>Free University Brussels, Brussels, Belgium, <sup>3</sup>Mondriaan Hospital, Heerlen, Netherlands

### **Biography:**

*Mental health psychologist and science practitioner at PersonaCura, Clinical center of excellence for personality disorders and autism in older adults, GGz Breburg, Tilburg, the Netherlands and senior research fellow at Tranzo Department, Tilburg University, the Netherlands.*

### **Objectives**

Borderline personality disorder (BPD) persists into old age, although the presentation seems to change. Older BPD patients still experience problems in emotion regulation, while suicidality and unstable relationships seem to decrease. One evidence-based intervention for BPD in adults is the CBT-based Systems Training for Emotional Predictability and Problem Solving (STEPPS) which aims to improve emotion regulation and behavioral skills. STEPPS has shown positive effects in younger BPD patients on affective, cognitive and interpersonal functioning and impulsiveness, and in another RCT on psychiatric symptoms, BPD-symptoms and quality of life, but not on impulsivity and para-suicidality.

### **Method**

In this pilot we used a pre-mid-post design to explore the feasibility and effects of 20 sessions STEPPS-group-treatment in 22 clients of 60 years and older with personality disorders and emotional dysregulation.

### **Results**

The results seem promising. The BPD-symptoms, measured with the Borderline Evaluation of Severity over Time, decreased significantly during treatment (Cohen's  $d = 1.55$ ). Also, psychiatric symptoms, measured with the Symptom Questionnaire-48, decreased significantly in the second part of the training (Cohen's  $d = .60$ ). Intra- and interpersonal functioning was assessed with the Severity Indices of Personality Problems-Short Form. Intrapersonal functioning seemed to improve: self-control increased significantly during the training (Cohen's  $d = .58$ ) and identity-integration increased significantly in the second part of the training (Cohen's  $d = .65$ ).

### **Conclusions**

STEPPS seems feasible in older adults with personality disorders and associated with positive effects. The acceptability and effectiveness might be enhanced by adapting STEPPS to the life phase and lived experiences of older people.

## Stepped Care for BPD

**Emeritus Professor of Psychiatry Joel Paris<sup>1</sup>**

<sup>1</sup>*McGill University, Montreal, Canada*

***Biography:***

*Dr. Paris' research interest is in borderline personality disorder. Dr. Paris has over 200 peer-reviewed articles, and is the author of 25 books and 50 book chapters.*

This study examines the clinical outcomes of two clinics for borderline personality disorder (BPD) in a naturalistic setting, offering a stepped care model with both short-term (ST) treatment lasting 12 weeks and extended care (EC) up to 24 months.

**Objective:** To examine the effectiveness of stepped care for BPD **Methods –** A total of 479 patients were in 12 weeks of therapy; 145 attending a 1-year program. All were assessed on depression, impulsivity, self-esteem, emotion dysregulation, substance abuse, self-harm and suicidality.

**Results –** There were significant reductions in all symptoms for patients in both clinics

**Conclusions –** These results support the concept that for the majority of patients with BPD, brief treatment can

be effective, although some patients need longer treatment.

## Predicting a feeling of emptiness: the role of negative affectivity trait facets related to borderline personality disorder

dr. Alessandra D'Agostino<sup>1</sup>, Raffaele Pepi<sup>1</sup>, prof. Mario Rossi Monti<sup>1</sup>, prof. Vladan Starcevic<sup>2</sup>

<sup>1</sup>Department of Humanities, University of Urbino, , Italy, <sup>2</sup>Faculty of Medicine and Health, Discipline of Psychiatry, Sydney Medical School, University of Sydney, , Australia

### **Biography:**

*I am a clinical psychologist and a PhD student in Human Sciences at University of Urbino. My research interests are in clinical psychology and psychopathology, particularly in the area of borderline personality disorders.*

**Objectives.** A feeling of emptiness is reported by 71%-73% of patients with borderline personality disorder (BPD) and it is associated with impairment in psychosocial functioning, slow remission rate and high risk of recurrence. Despite its clinical relevance, a feeling of emptiness remains poorly understood. The aim of this study is to ascertain whether some BPD-related personality trait facets derived from the alternative model of personality disorder (APA, 2013) predict a feeling of emptiness.

**Method.** Participants (n = 62; mean age = 44.48±12.27 years) were adult psychiatric, non-psychotic outpatients with various clinical presentations who were recruited from Italian mental health services. Five self-report instruments were administered: Subjective Emptiness Scale, Personality Inventory for DSM-5 (PID-5), Millon Clinical Multiaxial Inventory-III, Beck Depression Inventory-II, and Self-Injurious Thoughts and Behaviors Questionnaire-Nonsuicidal. Principal component analysis was used to extract factors from PID-5 that were related to BPD (PID-5-BPD), while a generalized linear model analysis was used to test if these factors could predict SES score.

**Results.** PID-5-BPD had a two-factor structure: an affective factor, consisting of emotional lability, anxiousness, depressivity, and separation insecurity and a behavioral factor, consisting of impulsivity, risk taking, and hostility. The affective factor predicted a feeling of emptiness, unlike the behavioral one. The interaction between the two factors was not significant.

**Conclusions.** These findings suggest an important relationship between the affective aspects of BPD and a feeling of emptiness. They do not support a strong link between a feeling of emptiness and behavioural features of BPD such as impulsivity, risk taking and hostility, notwithstanding the fact that all of these trait facets are necessary to diagnose BPD. Further research in larger samples of individuals with BPD is needed.

## Atypical semantic memory in schizotypal personality disorder is associated with eccentric speech and thinking

Lea Steen Petersen<sup>1,2</sup>, Martin Vestergaard<sup>1,4</sup>, Maria W. Meisner<sup>1</sup>, Malene Foldager<sup>2,4</sup>, Birgit B. Mathiesen<sup>3</sup>, Erik Simonsen<sup>1,2</sup>

<sup>1</sup>Psychiatric Research Unit, Region Zealand, , Denmark, <sup>2</sup>Institute of Clinical Medicine, University of Copenhagen, , Denmark, <sup>3</sup>Department of Psychology, University of Copenhagen, , Denmark, <sup>4</sup>Child and Adolescent Psychiatry, Roskilde, Region Zealand, , Denmark

### **Biography:**

*PhD student and psychologist at Psychiatric Research Unit, Region Zealand and Department of Clinical Medicine, University of Copenhagen*

Eccentric/odd speech and thinking are diagnostic criteria of schizotypal personality disorder (SPD), characterized by vague, overly detailed, metaphorical, and stereotyped language. Increased schizotypal traits have been associated with atypical semantic memory in community samples. However, no studies have yet examined whether people with a clinical diagnosis of SPD display atypical semantic memory and whether differences in semantic memory are coupled to the eccentric speech and thinking that characterize SPD.

In this study, we examined verbal fluency and recall for the categories of fruits and animals in 17 individuals diagnosed with SPD, 29 with borderline personality disorder (BPD), and 15 with comorbid SPD and BPD (SBPD) compared to a community sample of 84 matched controls. We hypothesized that compared to controls and BPD participants, individuals with SPD would name more atypical category words on a verbal fluency task and recall fewer category words relative to unrelated words on a novel verbal memory test. We expected increased atypical fluency and recall for categories to be associated with the Eccentricity facet of the Personality Inventory for DSM-5 (PID-5) and the Odd Speech scale on the Schizotypal Personality Questionnaire (SPQ).

Our hypothesis was partially confirmed. Individuals with only SPD displayed similar category fluency as controls and the groups with BPD and SBPD, but remembered less category words relative to unrelated words on the first immediate recall trial, though not on later recall trials. Whole-group analyses across all participants showed that reduced memory for category words relative to unrelated words was associated with increased self-reported Eccentricity on the PID-5. The decreased recall for semantically related words in some individuals with SPD suggests that they initially have trouble with implicit but not explicit use of semantic-guided strategies.

## Borderline personality disorder differ from schizotypal personality disorder in the identification of emotional facial expressions

**Lea Steen Petersen<sup>1,2</sup>**, Erik Simonsen<sup>1,2</sup>, Maria W. Meisner<sup>1</sup>, Birgit B. Mathiesen<sup>3</sup>, Martin Vestergaard<sup>1,4</sup>

<sup>1</sup>Psychiatric Research Unit, Region Zealand, , Denmark, <sup>2</sup>Institute of Clinical Medicine, University of Copenhagen, , Denmark, <sup>3</sup>Department of Psychology, University of Copenhagen, , Denmark, <sup>4</sup>Child and Adolescent Psychiatry, Roskilde, Region Zealand, , Denmark

### **Biography:**

*PhD student and psychologist at Psychiatric Research Unit, Region Zealand Institute of Clinical Medicine, University of Copenhagen*

Individuals with borderline personality disorder (BPD) and schizotypal personality disorder (SPD) show impairments in interpersonal functioning. However, while BPD is associated with unstable social relationships and emotional turmoil, SPD is characterized by social isolation and affect flattening. Reciprocal social interaction is dependent on reading the mental states in the face of others, and evidence suggests that people with BPD or SPD tend to misidentify emotional cues such as facial expressions. However, it remains unclear whether individuals with BPD and SPD read facial expressions differently.

To address this question, the present study used a novel adaptive face emotion task to examine identification of emotional facial expressions in 29 individuals with BPD, 17 with SPD, and 15 with comorbid SPD and BPD (SBPD) compared to a community sample of 84 matched controls. We further explored whether face emotion identification was coupled to self-reported personality functioning on the Level of Personality Functioning-Scale (LPFS) and pathological traits on the Personality Inventory for DSM-5 (PID-5). Results showed that compared to controls, SPD and SBPD participants, individuals with BPD identified face emotions less accurately, mainly driven by reduced identification of fear. Across all participants, whole-group analyses showed that lowered ability to identify face emotions was associated with increased PID-5 Negative Affectivity and decreased level of personality functioning, while lowered ability to identify fear was associated with increased PID-5 Detachment and decreased level of personality functioning. Individuals with only SPD displayed a heightened negativity bias, while a similar trend was observed in subjects with BPD and SBPD. Whole-group analyses revealed that a higher negativity bias was coupled to increased PID-5 Psychoticism across all participants.

Our findings suggest that BPD and SPD differ from each other in the identification of emotional facial expressions, which appears to be coupled with individual variations in personality functioning and pathological personality traits.



## Innovating a personality disorder informed pathway for men with sexual convictions

**Dr Ophelia Phillips<sup>1</sup>**

<sup>1</sup>Nhs, London, United Kingdom

### **Biography:**

*Dr Phillips is a Consultant Clinical Psychologist with 13 years experience working in the field of forensic personality disorder. She is currently the joint Clinical Lead for the London Pathways Partnership community pathway and clinical lead for the male Housing and Accommodation Support Services in London. She is also Clinical Lead for the Challenge Project, a community treatment pathway for high risk men who have sexually offended and who are screened into the London Offender Personality Disorder Pathway.*

Dr Craissati, Dr Phillips & Dr Nichols:

### **Objectives**

To describe an integrated model of care for high risk men with sexual convictions and personality difficulties in the community. The Challenge Project has evolved over 25 years, synthesising ideas from the 'what works' criminal justice literature and evidence-based treatments for personality disorder.

### **Method**

With the development of the Offender Personality Disorder pathway, the programme's model of care continues to evolve based on the principles of clinically applied research. We describe how we have integrated risk and desistance theory, structured evidence-based treatment and a relational approach that is integral to our delivery. We have adapted a traditional risk management approach - using the Stable 2007 - to develop service user involvement in understanding their risks; and we have integrated this with Attachment Theory, traditional cognitive behavioural therapy and third-wave CBT approaches.

### **Results**

A recent qualitative evaluation summarises where we are now. The programme offers marginalised individuals a safe haven from which they can start to make sense of their worlds, think realistically about risk, develop personal explanatory narratives and begin engaging meaningfully with the wider community. However, there is a tension between the principles underpinning our approach compared to that of the probation and police who have a comparatively low tolerance for challenging behaviour and any form of rule-breaking. We face the dilemma of supporting service-users to acquire social capital whilst operating in a system which relies on restrictions as the primary risk-management approach.

### **Conclusions**

Our integrative approach draws on best-practice but is continually evolving. We follow up all service-users, including those who fail in the community and we look at obstacles to success, refining our programme accordingly. We need to continue to develop effective methods for meaningfully engaging with the risk management agencies, to ensure greater coherence for the service users in the implementation of the programme.

The allocation of patients with personality disorders to a suitable treatment approach:  
the development of a checklist based on patients' life-stories

**MSc Silvia Pol<sup>1,2</sup>**, MSc Dennis Sennef<sup>3</sup>, MSc Niek Zuidhof<sup>2,4</sup>, PhD Farid Chaksshi<sup>1,2</sup>, PhD Anneke Sools<sup>2</sup>, Prof. PhD Gerben Westerhof<sup>1,2</sup>

<sup>1</sup>GGNet, Apeldoorn, Netherlands, <sup>2</sup>Twente University, Enschede, Netherlands, <sup>3</sup>PsyQ, Arnhem, Netherlands, <sup>4</sup>Saxion University for Applied Sciences, Enschede, Netherlands

**Biography:**

*Silvia Pol is clinical psychologist-psychotherapist at Scelta, expertise center for personality disorders in Apeldoorn part of GGNet, Center for Mental Health. She is leader of a psychotherapeutic day treatment program since the start in 2001. She works since several years on a research project in association with Twente University with Prof. PhD. Gerben Westerhof and PhD. Farid Chakhssi, on the subject: Life stories and personality disorder: an explorative study of life stories with implications for narrative interventions. She is also leader of the postmaster training within GGNet for around 60 post-master students in health and clinical psychology, and psychotherapy.*

**Objective:** Studies on narrative identity have mainly focused on differences in life stories between groups of people with or without psychological problems. This presentation describes a study on differences in life stories within a group of patients with personality disorders (PS). Treatment assignment for patients with PS involves a complex process consisting of diagnostic assessment and deciding on the most appropriate psychotherapeutic treatment. While life-stories are often valued as supporting the assignment process, a systematic method for applying life-stories is currently lacking. This study describes the development of a checklist for systematic analysis of life-stories to support reflective and transparent assignment of patients to either Dialectical Behavioral Therapy (DBT) or Schema Focused Therapy (SFT).

**Method:** In a first study, an email survey, focus group, and member check were conducted among eight clinical experts to identify relevant dimensions in life-stories of patients with PS. In a second study, a checklist based on these dimensions was developed in three rounds of testing with nine clinical experts and nine psychology students. Checklist results were compared to actual assigned treatment for twenty patients.

**Results:** In the first study, ten dimensions were identified: handwritten stories, language proficiency, self-reliance, self-control, life-story structure, upbringing, education, intimate relationships, attribution and introspection. In the second study, the interrater reliability proved adequate for most dimensions. Three dimensions were significantly related to actual treatment assignment. The sensitivity and specificity of the checklist were 100% and 80%.

**Conclusion:** Systematic evaluation of life-stories seems promising in supporting the assignment process of therapeutic approaches like DBT and SFT, by focusing on specific and consensual dimensions in patients' life-stories.

## An object-relations approach to personality pathology assessment

**Professor Emanuele Preti<sup>1</sup>**

<sup>1</sup>*Department Of Psychology, University Of Milano-bicocca , Italy*

### **Biography:**

*Emanuele Preti is an associate professor at the Department of Psychology of the University of Milano-Bicocca. He is also a psychotherapist and a TFP teacher & supervisor.*

**Objectives:** The object-relations model of personality structure pathology identifies three levels of personality organization along a continuum of severity, from the lower psychotic level, through the borderline level, to the higher neurotic level. This model is particularly in keeping with the idea of impairment in personality functioning proposed by the DSM-5 AMPD. The Structured Interview of Personality Organization-Revised (STIPO-R) is a semi-structured interview that guides the clinical evaluation of personality disorders, providing a diagnosis that informs treatment planning and predicts clinical course. STIPO assessment has a particular focus on the domains of self and interpersonal functioning, making it particularly in keeping with the idea of impairment in personality functioning proposed by the DSM-5 AMPD. In this talk we will introduce structural diagnosis through the Structured Interview of Personality Organization and its relations to DSM5 Alternative Model for Personality Disorders (AMPD). **Methods:** We reviewed relevant research related to the STIPO and to the object-relations model of personality pathology. **Results:** Our results highlight the clinical usefulness of an object-relations approach to personality pathology assessment. Research also showed the application of STIPO assessment to the DSM5 Level of Personality Functioning Scale (LPFS). **Conclusions:** The STIPO and its Revised form are thus proposed as candidate measures for personality functioning in line with DSM5 AMPD.

## Personality functioning in children with ADHD and irritability participating in a clinical trial of psychosocial treatments.

**Professor Diane Purper-Ouakil<sup>1,2</sup>**, Cécile Vacher<sup>1,2</sup>, Doctor Marie-Christine Picot<sup>1</sup>, Marion Soler<sup>1</sup>, Professor Lucia Romo<sup>3</sup>

<sup>1</sup>University Hospital Of Montpellier, Montpellier, France, <sup>2</sup>CESP U1018 Psychiatry, Development and Trajectories, , ,

<sup>3</sup>University of Nanterre, , France

### **Biography:**

Diane Purper-Ouakil is a professor of child and adolescent psychiatry at the university hospital of Montpellier, France. Since 2011, she is head of the child and adolescent unit of the Saint Eloi Hospital. This unit has facilities for both inpatient and outpatient care for young patients and has specialized services for children and adolescents with ADHD and eating disorders.

Diane Purper-Ouakil aims to develop evidence-based psychological, neurophysiological and pharmacological treatments, especially for children and adolescents with challenging and enduring behavioural and emotional symptoms.

### **Objectives**

This talk focuses on personality assessment in children and adolescents with high irritability and aggressive behaviour participating in a randomized controlled trial of two psychosocial programs aiming to improve aggressivity and emotion regulation. These programs both contained a parent behavioural training module and a child intervention in a group format. The child intervention was either a CBT-based program or an intervention based on emotion identification and expression (EE). The parent program was the same in both groups.

### **Methods**

Sixty-eight children were randomized and 56 were included in the final analyses (29 in the CBT and 27 in the EE group). Children's personality dimensions were assessed with the French version of the Hierarchical Personality Inventory for Children (I. Mervielde & F. De Fruyt, 1999). The main outcome variable was the change in the CBCL-aggressivity dimension and secondary assessments included emotional dysregulation, global functioning, parental assessments of their children's executive functioning, quality of life and parental depressive symptoms.

### **Results**

This presentation will focus on the baseline assessment of personality and the predictive value of personality dimensions on the primary outcome measure regardless of intervention types. We will discuss the inclusion of personality assessments in therapeutic trials in the field of child psychopathology.

## Validation of post-traumatic stress disorder (PTSD) and complex PTSD using the International Trauma Questionnaire - Results from a Hungarian Clinical and Non-Clinical Sample

**Anna Rácz<sup>1</sup>**, Zsolt Horváth<sup>2</sup>, Gabriella Vizin<sup>2</sup>, Eszter Berán<sup>3</sup>, Zsolt Unoka<sup>1</sup>

<sup>1</sup>Semmelweis University, Budapest, Hungary, <sup>2</sup>Eötvös Lóránd University, Budapest, Hungary, <sup>3</sup>Pázmány Péter Catholic University, Budapest, Hungary

### **Biography:**

Anna Rácz is a psychologist with an MA in Cognitive Science and Neuropsychology. She is also accredited as a CBT therapists by the European Association for Behavioural and Cognitive Therapies (EABCT). She is currently a PHD student at Semmelweis University/Psychiatry Department. She is interested in childhood traumatization, complex post-traumatic stress disorder and borderline personality disorder. Besides her interest and activities in research, she is also the leader of a Hungarian NGO, the mission of which is to create tools that help with the social emotional learning of disadvantaged groups.

### **OBJECTIVES:**

We tested the factor structure of ICD-11 PTSD and CPTSD in a clinical and in a non-clinical sample in Hungary, using the final, short version of ITQ. We also explored the association between the number of personally experienced trauma and PTSD and CPTSD symptom severity. Lastly, we examined the correlations between PTSD and CPTSD and a range of clinical diagnoses in the clinical sample.

### **METHOD:**

A trauma exposed clinical sample (N= 176) and non-clinical sample (N=229) filled out the ITQ and a modified version of the Life Event Checklist (LEC-5). Clinical diagnoses were established based on SCID I and SCID II. We used 11 alternative confirmatory factor analysis models to test the factor structure of ITQ.

### **RESULTS:**

In the clinical sample the prevalence rate of CPTSD (26,1%) was higher than that of PTSD (8,5%), while in the non-clinical sample the PTSD diagnosis was more prevalent (7,4% vs 3,5%).

A correlated two-factor model with PTSD and disturbances in self-organization (DSO) factors best fit the data in both samples, where correlated uniqueness was also considered between the six symptom clusters (re-experiencing, avoidance, sense of current threat, affective dysregulation, negative self-concept, and disturbances in relationships).

Significant and weak associations were shown between the total number of traumas and PTSD and DSO symptom severity in both samples. In the clinical sample significant association was found between CPTSD diagnosis and the number of childhood traumas.

In the clinical sample, BPD symptom severity had a significant association only with CPTSD, while in the non-clinical sample it had significant association with both trauma diagnoses. No other significant correlations were found between PTSD/CPTSD and clinical diagnoses in the clinical sample.

#### CONCLUSIONS:

ITQ could differentiate between two distinct trauma groups (PTSD and CPTSD) in a clinical and in a non-clinical trauma-exposed sample in Hungary.

## Neural mechanisms of dialectical behavioral therapy in patients with borderline personality disorder

MA Monika Radimecká<sup>1</sup>, MA Adéla Látalová<sup>1</sup>, PhD Pavel Theiner<sup>1</sup>, PhD Pavla Linhartová<sup>1</sup>

<sup>1</sup>Department of Psychiatry, University Hospital Brno and Faculty of Medicine, Masaryk University, Brno, Czech Republic

### **Biography:**

*Monika Radimecká is a PhD student at the Faculty of Medicine, Masaryk University and works on projects done by the Department of Psychiatry. She is a part of the research group focused on emotion regulation and its neural mechanisms.*

Dialectical behavior therapy was developed for suicidal patients with self-destructive behavior and focuses on problems with emotion regulation. Although evidence of symptomatic improvement after completing a dialectical behavior therapy (DBT) program is broad, less is known about its neural mechanisms. This contribution presents a research protocol for a study assessing behavioral and neural mechanisms of the DBT effect in patients with Borderline personality disorder (BPD) at the Department of Psychiatry, University Hospital and Faculty of Medicine, Masaryk University in Brno, Czech Republic. The sample of our research will consist of 35 patients with BPD, who will attend complex DBT for 24 weeks. Their results will be compared with 35 patients who will not attend DBT therapy and 35 healthy controls. Symptomatic changes will be assessed by questionnaires on main symptom areas of BPD such as emotion dysregulation, dissociation, depression, anxiety etc. Emotional variability will be measured by Ecological momentary assessment (asking about the current emotion and its intensity every hour for two days). Neural changes will be evaluated by functional magnetic resonance imaging (fMRI) with simultaneous measurement of EEG and physiological variables. In fMRI, respondents will be performing a task assessing brain activity during emotional experiencing, a task measuring sensitivity to rejection (Cyberball task) and real-time fMRI neurofeedback of amygdala. The pilot results from our DBT program indicated improvement in emotion regulation, lack of premeditation, negative urgency and anxiety in patients who underwent the DBT program. Therefore, this research assumes that participation in the complex therapeutic program will lead to an improvement in patients' difficulties and potential changes in the brain during experiencing emotion and emotion regulation such as normalization of amygdala activity.

Supported by MH CZ, grant no. NU20-04-00410; MEYS CZ – specific university research provided by grant no. MUNI/A/1664/2020; and MH CZ – DRO (FNBr – 65269705).

## «Let me go my own way» or «take me by the hand» - psychotherapeutic relationship in adolescents with subthreshold or full syndrome borderline personality disorder

Dr. Phil. Andrea Wyssen<sup>1</sup>, MSc Nora Geiser<sup>1</sup>, Dr. Stefan Lerch<sup>1</sup>, Dr. phil. Corinna Reichl<sup>1</sup>, Prof. Dr. med. Michael Kaess<sup>1</sup>

<sup>1</sup>*University Hospital of Child and Adolescent Psychiatry and Psychotherapy, University of Bern, Bern, Switzerland*

**Objectives:** Therapeutic alliance encompasses an attachment element, such as the affective bond between patient and therapist, and a collaborative element, such as the agreement on the target of the therapy and on the engagement in goal directed behavior. The therapeutic alliance as a specific common factor is the most investigated mechanism of change in psychotherapy. It is a stable predictor of treatment outcome with small to moderate effect sizes. In addition, intermediary factors, such as early response and compliance, have shown to explain parts of this relationship. The development and maintenance of a stable relationships is highly relevant in the psychotherapeutic process, however, can be challenging especially with patients suffering from personality disorders, which becomes evident by more time needed to establish stability in the initial phase of the therapy and more ruptures in the therapeutic relationship during the therapy. Moreover, early therapeutic alliance is a predictor of dropouts in psychotherapy.

**Method:** The present study includes a sample of 60 adolescents (12-18 years) and investigates the relationship between early therapeutic alliance (session 3, assessed with the Working Alliance Inventory, WAI-SR) and treatment outcome. The sample includes adolescents who follow outpatient treatment because of nonsuicidal self-injury and risk-behaviors and who show subthreshold or full syndrome borderline personality disorder.

**Results:** The therapeutic alliance seems to develop rapidly in the present sample and only few ruptures in the therapeutic relationship were observable during treatment. The scale “tasks” of the WAI-SR (e.g., gaining new perspectives in therapy) was the most important predictor of treatment outcome. Compared to completers, dropouts showed lower therapeutic alliance in the initial treatment phase.

**Conclusions:** Findings suggest that motive-oriented therapeutic relationship on the one hand and a clear structure and guidance to concrete, goal-oriented interventions on the other hand were appreciated by adolescents and contributed to a higher therapeutic alliance.



## Associations Between Personality (Dys)Function and General Behavioral Dysregulation

Whitney Ringwald<sup>1</sup>, Dr. Aidan Wright, Dr. Michael Hallquist, Dr. Alexandre Dombrovski

<sup>1</sup>University Of Pittsburgh, Pittsburgh, United States

### **Biography:**

*Whitney Ringwald is a 3rd year Ph.D. student in the clinical psychology program at the University of Pittsburgh. She received a master's in social work from the University of Pittsburgh in 2018. Whitney is currently part of the Personality Processes and Outcomes Laboratory working with Aidan Wright. Her research leverages dynamic assessment of people's everyday patterns to understand the processes underlying individual differences in social and emotional functioning.*

**Objectives:** According to clinical theories, the common core of personality pathology is generalized dysregulation that manifests in unstable emotions, behavior, and social relationships. Supporting the idea of superordinate processes that account for impairment across these domains, structural models of normative personality traits and personality disorder symptoms consistently find a higher-order dimension of personality (dys)functioning. However, the regulatory processes thought to explain general functioning unfold in dynamic transactions with the environment that are not directly measured by cross-sectional methods. Ambulatory assessment (AA), on the other hand, has been used to directly index emotional and behavioral instability across situations—but this research has only focused on single diagnoses and single domains of functioning. In this study, we combined structural modeling with dynamic measures of instability to test whether general personality pathology reflects shared processes of dysfunction that cut across domains. **Methods:** We replicated our analyses in two samples that completed an AA protocol including a clinical sample enriched with people diagnosed with borderline personality disorder and a community sample (Ns=205; 342 participants and 24,920; 17,761 observations). Using AA measures of instability in positive and negative affect, interpersonal behavior, and perceptions of other's behavior, we estimated a general instability factor and examined its associations with general personality functioning. Specifically, we estimated the meta-trait of Stability from the shared variance of Neuroticism, Agreeableness, and Conscientiousness and general personality pathology from maladaptive traits. **Results:** We found that (1) there is a general factor reflecting instability across major domains of functioning and (2) general instability is strongly associated with Stability and general personality pathology. **Conclusions:** By combining structural and dynamic methods to more closely match theory, these results provide novel insight into the nature of general personality functioning.

## The relationship between borderline personality disorder, mentalizing and new classification of personality disorders with concepts of self and interpersonal personality functioning

**Marie Zerafine Rishede<sup>1</sup>**

<sup>1</sup>*Stolpegaard Psychotherapy Centre, Mental Health Services In The Capital Region Of Denmark, Gentofte, Denmark, The Capital Region Of Denmark, Gentofte, Denmark*

### **Biography:**

*Marie is a clinical psychologist at Stolpegaard Psychotherapy Centre. Her interests are mainly psychotherapy research, mentalisation based therapy, personality disorders and clinical assessment of psychological disorders. She has experience in both qualitative and quantitative (RCT) studies of psychotherapy.*

**Objective:** The presentation aims to provide insight on the association between borderline personality disorder, mentalising and the definition of personality disorder that is to be introduced with the 11th revision of the International Classification of Diseases for Mortality and Morbidity Statistics (ICD-11). According to ICD-11 personality disorder is defined by personality functioning, which relates to self- and interpersonal functioning. The presentation is based on an empirical study from a Danish Psychotherapy Centre. The study assessed the relationship between mentalizing and personality functioning in patients with subthreshold or diagnosed borderline personality disorder.

**Method:** A total of 116 eligible participants were included. Mentalizing was assessed using the Mentalization Questionnaire (MZQ), personality functioning (self- and interpersonal functioning) was assessed using the Level of Personality Functioning Scale-Brief Form 2.0 (LPFS-BF), and borderline severity was assessed using the Zanarini Rating Scale (ZAN-BPD). Mediation analysis was employed to test if mentalizing accounted for the relationship between borderline severity and self- and interpersonal functioning.

**Results:** We found a significant relationship between borderline severity and both subscales of the LPFS-BF. Mentalizing fully and significantly mediated the relationship between borderline severity and interpersonal functioning. However, mentalizing only partly mediated the relationship between borderline severity and self-functioning. Controlling for the covariates gender, age and current psychopathological disorders did not impact the results.

**Conclusion:** Mentalizing is likely to be involved in the ICD-11 model of personality functioning, especially interpersonal functioning. But it may be more nuanced with self-functioning, as aspects other than mentalizing also influence self-function. The relationship between personality functioning and mentalising can potentially help clinicians translate clinical diagnosis into treatment language and interventions for personality disorder. Particular clinical implications will be discussed.

## Prescribing practices in young people with first presentation borderline personality disorder

**Dr Christine Rizkallah<sup>1</sup>**, Dr Jennifer K Betts<sup>1,2</sup>, Dr Katie Nicol<sup>1,2</sup>, Professor Sue Cotton<sup>1,2</sup>, Professor Andrew Chanen<sup>1,2</sup>

<sup>1</sup>Orygen, Parkville, Australia, <sup>2</sup>Centre for Youth Mental Health, The University of Melbourne, Melbourne, Australia

### **Biography:**

*Dr. Christine 'Tina' Rizkallah, is the principal psychiatry registrar at Orygen. Primarily working in the clinical program at Orygen's specialist personality disorders clinic (HYPE - Helping Young People Early), and Orygen's Forensic Youth Mental Health Service (FYMHS). This study marks her first embarkation into research. Her clinical and research interest include, personality disorders, eating disorders and forensic psychiatry.*

### **Objectives:**

Psychotropic drugs are not recommended as first line treatment for borderline personality disorder (BPD). Nonetheless, psychotropic drug treatment and polypharmacy is common. The purpose of this study is to investigate patterns of prescribing for young people with first presentation BPD attending a specialist personality disorders clinic, and to determine whether practices comply with national guidelines.

### **Methods:**

A secondary analysis of data from the Monitoring Outcomes of BPD in Youth (MOBY) randomised controlled trial of psychosocial interventions for BPD is being conducted. The current study's sample comprises 92 participants aged 15-25 years with BPD, who were randomised to receive treatment at the Helping Young People Early ('HYPE') specialist personality disorder program at Orygen in Melbourne, Australia, between March 2011 and September 2015. Data on sociodemographic factors, clinical variables, and pharmacological treatment (medication type, class and total number of medications) collected on entry to the trial, at 3-months and 6-months, will be analysed using descriptive statistics and analysis of variance. Prescribing patterns will be compared with the Australian National Health and Medical Research Council's (NHMRC) Clinical Practice Guideline for the Treatment of BPD (2012).

### **Results:**

Preliminary findings regarding prescribing patterns and adherence with the NHMRC Guideline will be presented. Longitudinal prescribing data across three time points will be analysed to determine whether total number of medications and classes reduce during a 6-month episode of treatment.

### **Conclusion:**

This study will provide much-needed information as to the nature and appropriateness of prescribing for young people with first presentation BPD, including the prevalence and severity of off-label prescribing and polypharmacy and the factors which may be associated with such practices. Results will further help to inform future prescribing and deprescribing practices in the treatment of young people with BPD.

## Sexual and Gender Minority Status and the Diagnosis of Borderline Personality Disorder: A Question of Bias?

Dr. Craig Rodriguez-Seijas<sup>1</sup>

<sup>1</sup>University Of Michigan, Ann Arbor, United States

### **Biography:**

*Dr. Rodriguez-Seijas was born and raised in Trinidad and Tobago. He completed his undergraduate training in psychology at the University of the West Indies, his PhD at Stony Brook University, and his internship and postdoc at Brown University in the Methods to Improve Diagnostic Assessment and Services (MIDAS) program. He continues his program of research as an Assistant Professor at the University of Michigan. As PI of the Stigma, Psychopathology, & Assessment (SPLAT) Lab, his research is broadly aimed at understanding dimensional models of psychopathology and applying this approach to improve assessment, conceptualization, and intervention among marginalized populations.*

The diagnosis of borderline personality disorder (BPD) is associated with myriad negative outcomes. Literature suggests high prevalence of BPD diagnosis among sexual and gender minority (SGM) samples, and high SGM status among BPD samples. Common forms of SGM-specific psychosocial dysfunction mirror BPD diagnostic criteria. Vignette-based evidence suggests provider predilection to diagnose BPD among SGM fictitious patients. Historically, SGM status has been equated with BPD pathology within psychiatry.

**Objective:** To examine the extent to which BPD diagnosis among SGM persons represents bias (i.e., the provision of the BPD diagnosis without concomitant elevations in BPD-specific psychopathology).

**Method:** The current presentation will review the results of three studies. The first two studies utilized data from one partial hospital setting to compare prevalence of BPD diagnosis among SGM patients (N = 1,099 & N = 994) and the extent to which diagnosis corresponds with BPD-specific pathology based on the Alternative Model for Personality Disorders (AMPD). The third study utilized a population-based sample of US adults (N = 36,309) to explore disparities in endorsement of BPD diagnostic criteria based on SGM status.

**Results:** Results from the first two studies demonstrate that SGM patients were diagnosed with BPD more than heterosexual patients (ORs = 1.59-4.05), despite controlling for maladaptive personality domains that underlie the BPD diagnosis. Disparities differed based on assessment modality (structured versus unstructured). Results from the third study demonstrate that failure to attend to associated distress/impairment resulted in diagnostic disparities among 83.3% of BPD diagnostic criterion items. Disparities were mostly explained by broad transdiagnostic factor differences.

**Conclusions:** Discussion will focus on (1) how these results suggest provider bias, (2) questions about how cultural competence might be related to equitable assessment and diagnosis, and (3) important questions about the epistemology and conceptualization of BPD among SGM persons.

## Depression versus Self-negativity in narcissistic personality disorder

Associate Professor Elsa Ronningstam<sup>1</sup>

<sup>1</sup>Harvard Medical School, Belmont, United States

### **Biography:**

*Elsa Ronningstam is an Associate Professor of Psychology in the Department of Psychiatry at Harvard Medical School, and a Clinical Psychologist at McLean Hospital and the Gunderson Outpatient Clinic for treatment of Personality Disorders. She is also the former President of ISSPD. She is specialized in studies and treatment of narcissistic personality disorder*

**Objective:** Narcissistic personality disorder, NPD, and depressive disorder can present complex and often paradoxical co-occurrences and interactions, or absence thereof. Difficulties differentiating the two conditions can result in ineffective treatment. This presentation focuses on discussing similarities and differences between characterological self-negativity and symptoms of major depression in patients with NPD. Assessment and treatment implication will be outlined.

**Method:** Literature on research studies and treatment accounts of depression and NPD will be reviewed and clinical case examples will be included for outlining assessment and treatment strategies.

**Results:** Narcissistic vulnerability with extreme self-negativity including sense of worthlessness, shame, self-hatred, and preoccupation with incompetence, failure and lost ideals can be perceived as indications of depressive disorder. On the other hand, studies have shown that suicidality, which is strongly associated with major depression, can occur in the absence of depressive disorder in individuals with NPD. In addition, states of major depression can also escalate narcissistic pathology including aggressivity, exploitation, pessimism, and interpersonal devaluation, criticism or withdrawal.

**Conclusions:** Given that depression can both represent a personality disorder as well as an Axis I mood disorder points to the importance of differentiating characterological versus biochemical indications of depressive states and symptoms in NPD. Consequently, the choice of or interaction between psychopharmacological versus psychological treatment modalities for optimal treatment of narcissistic pathology depend on a thorough evaluation and differentiation between depressive disorder and indications of character pathology.

## The group training “Borderline and motherhood”- adaptation to an inpatient setting

Dr. Charlotte Rosenbach<sup>1</sup>, Prof.Dr. Babette Renneberg<sup>1</sup>

<sup>1</sup>*Freie Universität Berlin, Berlin, Germany*

### **Biography:**

Studied psychology at Freie Universität Berlin (Germany) (2001-2007). PhD student at the department of clinical psychology at FU Berlin (2008-2013). PostDoc from 2013 on at the same department. Since 2019 clinical researcher in the project "ProChild" (Preventing maltreatment and promoting mental health in children of mothers with Borderline Personality Disorder).

*CBT training 2008-2017. Therapist at the outpatient facility at FU Berlin since 2017.*

Individuals with Borderline Personality Disorder (BPD) are challenged twice when becoming parents: they have to deal with their own frequent changes in mood, self-image, and identity – and at the same time are confronted with sleep deprivation, a change of life focus, and a new daily routine according to the children’s needs. Due to the characteristics of BPD such as impulsivity, self-harming behavior, and difficulties engaging in or maintaining stable relationships, women with BPD are extremely challenged when raising a child. At the same time, children of mothers with BPD are at high risk to experience abuse and emotional neglect. The group training “Borderline and motherhood” (Rosenbach, Buck-Horstkotte & Renneberg, 2020) aims to break the vicious circle of transgenerational transmission of mental distress and maltreatment. In 12 weekly sessions, psychoeducational and cognitive-behavioral methods and exercises are combined to teach mothers with BPD parenting skills that are tailored to the borderline specific difficulties. The participants practice each topic in the week between sessions. Therefore, regular contact to the child is mandatory. Acute crises in mothers with BPD sometimes require inpatient treatment. To enable these mothers to benefit from the group training, we tested the intervention in an inpatient treatment facility and adapted the program to the setting. In our talk, we will present the training as well as the specific challenges in the application of the training in the inpatient setting.

## Pathological Trait Structures in Older Adults: The Importance of a Compulsivity-Anankastia Factor

**Professor Gina Rossi<sup>1</sup>**

<sup>1</sup>Vrije Universiteit Brussel (VUB), Personality and Psychopathology Research Group (PEPS), Brussels, Belgium

### **Biography:**

*I'm full-time professor at the Vrije Universiteit Brussel (VUB) and head of the VUB Personality and Psychopathology research group. My major research line focuses on conceptualization, assessment and treatment of personality disorders and psychopathology across the life span and I'm specialized in geropsychology. My expertise is internationally recognized (e.g., associate editor of "Assessment" and consulting editor of "Journal of Personality Assessment"). I promote a Research and Teaching Chair "Clinical Geropsychology" (Mondriaan Netherlands – VUB), chair the VUB-UG Research Alliance group "Psychopathology and Information Processing in Older Adults" and co-promote the Interdisciplinary Research Program "The Gerontopole Brussels".*

Both ICD-11 and the DSM-5 alternative model for personality disorders (PDs) diagnose PDs by level of severity/personality functioning and by maladaptive trait domains including four shared (Negative Affectivity, Detachment, Antagonism, Disinhibition) and two unique Domains (DSM-5 Psychoticism and ICD-11 Anankastia). Based on first evidence, the DSM-5 trait approach holds promise in older adults with corroboration of the proposed five-factor structure in older adults (Debast et al., 2017). Yet, at the same time, in a joint hierarchical factor analysis of the PID-5 and DAPP-BQ at the fourth level Compulsivity and Disinhibition formed separate factors (Van Den Broeck et al., 2014).

We therefore examined if evidence can be provided for including a Compulsivity-Anankastia trait domain by exploring the unfolding hierarchical trait structure of PID-5 facets in a sample of 293 community dwelling older adults. Exploratory factor analyses with an orthogonal varimax rotation were employed because unrelated components provide the cleanest solution of relations between levels of the hierarchy. At the 7th level, a component emerged on which none of the variables had its highest loading with an absolute value over .40, so the hierarchy consisted of 6 levels. Based on highest factor loadings we labelled the trait domains Negative Affect, Rigid Perfectionism, Detachment, Antagonism, Unusual Beliefs and Risk Taking. If we place these trait domains within the nosology's, we can conclude that we found evidence for all six factors: The shared factors Negative Affect, Detachment, Disinhibition represented by Risk taking, but also the DMS-5 unique factor of Psychoticism, represented by Unusual Beliefs and the ICD-11 Anankastia Factor, represented by Rigid Perfectionism. These results imply that a future DSM 5.1 nosology integrating the ICD-11 and DSM-5 trait proposals would be applicable in older adults. This coincides with a recent plea for harmonization in younger adult samples (Bach et al., 2020).

## Normative Developmental Trajectories of PID-5-SF Higher-and Lower-Order Maladaptive Personality Traits Throughout Adulthood

**Mr. Victor Rouco<sup>1</sup>**, Dr. Jasmine Vergauwe<sup>1</sup>, Mrs. Raissa Franssens<sup>1</sup>, Dr. Laurence Claes<sup>2</sup>, Dr. Tim Bastiaens<sup>2</sup>, Dr. Alberto Maydeu-Olivares<sup>3,4</sup>, Dr. Barbara De Clercq<sup>1</sup>

<sup>1</sup>Ghent University, Ghent, Belgium, <sup>2</sup>KU Leuven, Leuven, Belgium, <sup>3</sup>University of South Carolina, Columbia, USA,

<sup>4</sup>Universitat de Barcelona, Barcelona, Spain

### **Biography:**

*I am a PhD student at Ghent University. Interested in research concerning developmental processes of personality, large-scale assessments and psychometrics.*

### Objectives

The recent proposal of the alternative model for personality disorders in DSM-5 has stimulated its inclusion in research on the development, assessment and treatment of personality pathology from a dimensional perspective. Whereas this model proposes an overall level of personality functioning (Criterion A) to evaluate the presence of personality pathology, Criterion B informs researchers and clinicians about the maladaptive traits that are actually at play. From this perspective, an important area of research relates to the normative development of these maladaptive traits across gender and across different developmental stages throughout adulthood. The present study sought to investigate whether the PID-5-SF higher- and lower-level constructs are stable across adulthood, explored variance fluctuations in the latent constructs, and described normative mean-level trajectories across age and gender in a non-clinical population.

### Method

The 100-item version of the PID-5 (PID-5-SF) was administered to N = 1678 adults drawn from a community sample in Flanders, Belgium. We inspected the construct stability of the PID-5 constructs with multiple-group measurement invariance, explored the variance fluctuations of the latent constructs across groups, and investigated normative mean trajectories with a linear model using age as a predictor and the latent scores of the participants as the outcome.

### Results

Results show that the PID-5-SF facets hold the same measurement attributes across groups and maintain the same variance. Concerning mean age-trajectories, the PID-5 facets and domains generally decrease in older participants.

### Conclusion

The present study demonstrates that the PID-5-SF maintains the same measurement properties when administered to participants ranging from 21 to 65 years old. In addition, the current findings suggest that the variance of personality traits is not a function of age. Finally, the current findings indicated that the severity of maladaptive personality traits generally diminishes in older participants, albeit some notable exceptions are observed for Detachment.



## dTMS for OCD significantly reduces YBOCS scores in patients with Comorbid OCPD symptoms

**Danny Ruiz**, Rebecca Sinclair, Thomas Sui, M.D. Carlene MacMillan, Jiwoo Han, Owen Muir

<sup>1</sup>*Brooklyn Minds, New York, United States*

### **Biography:**

Danny is pursuing his license in Mental Health Counseling (LMHC) and prides himself on his integrative, dynamic and client-centered approach to mental health treatment. Danny believes that the client-therapist relationship hinges on a foundation of trust and partnership and actively collaborates with his clients individually to help them meet their treatment goals.

*In addition to his clinical role, Danny also serves as Brooklyn Minds' Research Coordinator. His data-driven work provides Brooklyn Minds' with valuable insight into personality disorders and ensures Brooklyn Minds remains on the cutting-edge of mental health treatment research.*

**Objective:** This study examined if dTMS treatment, using the H7 coil, would be effective in treatment of Obsessive Compulsive Disorder (OCD) in a population with comorbid Obsessive Compulsive Personality Disorder (OCPD) symptoms.

**Methods:** A retrospective chart review was conducted on four individuals diagnosed with OCD and OCPD symptoms who were treated with dTMS using the H7 coil and individualized provocations. Treatment time ranged from 2 to 11 weeks. Patients were asked to engage in exposures while refraining from compulsions prior to dTMS stimulation. Stimulation with the H7 coil was administered over the anterior cingulate cortex, using a high frequency protocol.

Patients' response to treatment was measured by differences in Yale-Brown Obsessive Compulsive Scales (YBOCS) scores and Pathological Obsessive Compulsive Personality Scale (POPS) scores.

T-tests were performed comparing initial scores to scores following the end of treatment. The reduction in YBOCS scores and OCPD scores were compared using a Pearson's Correlation.

**Results:** Y-BOCS scores were in the moderate range ( $M=25.25$   $SD=3.69$ ). Post treatment scores were in the mild range ( $M=11.25$   $SD=4.57$ ). A paired t-test demonstrated a significant reduction of YBOCS scores,  $t(3)=3.4$ ,  $p<.05$ ,  $d=3.55$ .

POPS scores ranged from 35.21 to 71 ( $M=52.83$   $SD=15.02$ ). Post treatment scores ranged from 35.02 to 54.34 ( $M=46.02$   $SD=10.39$ ). A paired t-test demonstrated that the reduction in scores was not significant,  $t(3)=2.35$ ,  $p=ns$ ,  $d=.53$ . Post-hoc power analysis indicated that this comparison did not have adequate power,  $(1-\text{Beta})=.21$ .

A Pearson correlation between the reduction in YBOCS and POPS scores was not significant.  $r(2)=-.91$   $p=ns$ .

**Conclusion:** dTMS treatment for OCD reduces symptoms in OCD patients with comorbid OCPD symptoms. Due to a small sample size, we were not able to identify if there was a significant difference between POPS

scores before and after dTMS treatment. Research should continue to examine the efficacy of dTMS for those with comorbid OCPD symptoms.

## Cumulative Lifetime Stress, Memory, and Hippocampal Structure and Functioning in Depressive Disorders and Borderline Personality Disorder

Professor Anthony Ruocco<sup>1</sup>, Dean Carcone<sup>1</sup>, Professor Andy Lee

<sup>1</sup>University of Toronto, Toronto, Canada

### **Biography:**

*Dr. Anthony C. Ruocco is an Associate Professor in the Department of Psychology and Program in Neuroscience at the University of Toronto Scarborough and the Graduate Departments of Psychology and Psychological Clinical Science at the University of Toronto. He also holds academic cross-appointments at the Centre for Addiction & Mental Health and Hospital for Sick Children. He is a licensed psychologist registered with the College of Psychologists of Ontario.*

**Objectives:** Stress has a detrimental impact on memory and the hippocampus. The present work investigates the transdiagnostic relationship of cumulative stress with episodic memory (via subjective reports and neurocognitive tests) and hippocampal structure and function. **Methods:** Cumulative lifetime stress was assessed in females expected to vary in stress exposure based on having a depressive disorder (DD) with or without comorbid borderline personality disorder (BPD), or controls with neither diagnosis. Participants completed a T2-weighted high-resolution magnetic resonance imaging (MRI) scan of the medial-temporal lobe and underwent functional MRI (fMRI) while completing a learning and recognition memory task. Participants also completed a neurocognitive test battery and questionnaires assessing symptom severity and subjective memory complaints. **Results:** Cumulative stress was related to higher memory complaints but not performance on the episodic memory task or neurocognitive tests. Both bilateral hippocampal volume and recognition-memory-related bilateral hippocampal activation were inversely correlated with cumulative stress, and including diagnostic status (i.e., whether recruited based on presence or absence of DD/BPD) within a hierarchical linear regression did not significantly account for any additional variance beyond cumulative stress in either relationship. Furthermore, cumulative stress significantly mediated the relationship between personality psychopathology and hippocampal volume and hippocampal activation. Cumulative stress also mediated the relationship between current global symptom severity and hippocampal activation. **Conclusion:** To our knowledge, this work is the first to demonstrate that cumulative lifetime stress is related to both smaller hippocampal volumes and lower hippocampal activation associated with recognition memory across individuals with varying levels of depressive and personality psychopathology. Hippocampal biomarkers observed in various psychiatric diagnoses in prior studies may share cumulative stress as a common factor, which may mediate the broadly reported relationship of psychopathology with hippocampal volume and function.

## Self-reported personality structure in children, adolescents and their parents (OPD-CA2-SQ) – first clinical findings

**Dr. Lea Sarrar<sup>1</sup>**, Elisabeth Clara Weber<sup>1</sup>

<sup>1</sup>MSB Medical School Berlin, Berlin, Germany

### **Biography:**

*Lea Sarrar, Dipl.-Psych., PhD, holds a substitute professorship for child and adolescent psychotherapy at the Medical School Berlin with a research focus on psychodynamic developmental and clinical child and adolescent psychology. She also works as a supervisor and lecturer in the training of child and adolescent psychotherapists and in her own practice.*

**Objective:** The availability of a healthy structure proves to be highly relevant for the regulation of intrapsychic well-being and interpersonal relationships. Personality structure is due to genetic dispositions and experiences in interactions. It can be assumed that a well-integrated parental personality structure is the prerequisite for a successful, developmental interaction between parents and their child. Thus, the parental personality structure can be related to the personality structure of their children.

**Methods:** So far, 401 adolescents, 230 mothers, and 130 fathers participated in the study. The personality structure was measured by means of the self-assessment instruments OPD-CA2-SQ or OPD-SQS.

**Results:** First results in mentally healthy adolescents show weak to moderate, positive relations between the overall personality structure and structural dimensions of adolescents and the overall personality structure and structural dimensions of their mothers. Further results regarding mentally disordered adolescents will be presented.

**Conclusions:** The relations between adolescent and parental personality structure are in line with expectations. Implications regarding the clinical utility will be presented. In the further course, parent and self-reports will be compared in terms of adolescent personality structure. Furthermore, the present study will pay special attention to the personality structure in earlier childhood. In this context, the level of functioning and personality structure in children from 6 years of age (parent report) will be investigated.

## Section II and III diagnoses of Borderline and Narcissistic Personality Disorders: Do Clinicians' and Patients' Perceptions Converge?

**Dre. Claudia Savard<sup>1,2,3</sup>**, Dr. Dominick Gamache<sup>2,3,4</sup>, Ms Maude Payant<sup>5</sup>, Ms Élodie Gagné-Pomerleau<sup>1,2,3</sup>, Mr. Marc Tremblay<sup>6</sup>

<sup>1</sup>Université Laval, Quebec City, Canada, <sup>2</sup>CERVO Brain Research Center, Quebec City, Canada, <sup>3</sup>Interdisciplinary Research Centre on Intimate Relationships Problems and Sexual Abuse, Montreal, Canada, <sup>4</sup>Université du Québec à Trois-Rivières, Trois-Rivières, Canada, <sup>5</sup>Université du Québec à Montréal, Montreal, Canada, <sup>6</sup>Integrated University Center of Health and Social Services, Quebec City, Canada

### **Biography:**

*Claudia Savard, Ph.D., is a full professor since 2012 at the Université Laval in Quebec City, Canada. She is a regular member of the CERVO Brain Research Center and the Interdisciplinary Research Centre on Relationship Problems and Sexual Abuse. Her research interests and publications focus mainly on personality disorders and pathological personality traits, couples' functioning, and on the development and cultural adaptation of psychometric instruments. She worked as a clinical psychologist in the public health care system of the Province of Quebec from 2008 to 2012, and practices psychotherapy with personality disordered patients and couples in private practice since 2013.*

### **Objectives**

Since the introduction of the Alternative Model for Personality disorders (AMPD) in section III of the DSM-5, the convergence—or lack thereof—between categorical (Section II) personality disorders (PDs) and their AMPD formulations has been understudied. The level of agreement between patients' perceptions of their difficulties and professionals' diagnoses has also been underresearched. Therefore, the purpose of this study is to determine the convergence between Section II (assigned by clinicians) and Section III (retrieved through self-reports) diagnoses of Borderline (BPD) and Narcissistic (NPD).

### **Methods**

A sample of 111 patients (BPD, n = 46; NPD, n = 65) referred to a specialized public clinic for personality disorders in Quebec City, Canada, completed the Self and Interpersonal Functioning Scale assessing the DSM-5 Level of Personality Functioning for PD (Criterion A) and the Personality Inventory for DSM-5 Faceted Brief Form (PID-5-FBF), assessing pathological personality traits (Criterion B). Patients were then interviewed by a clinical psychologist. Section II categorical diagnoses were assigned by a group of seven psychologists.

### **Results**

Based on chi-square coefficients, the correspondence between diagnoses given by psychologists and those retrieved from self-reported Criteria A and B questionnaires is low for BPD and NPD; AMPD algorithms led to an overestimation of prevalence rates for BPD and an underestimation for NPD. Results from nonparametric comparison tests indicated no difference between groups for the level of personality functioning, while the NPD group scored significantly lower on Emotional Lability, Hostility, Risk Taking, and Impulsivity, and higher on Intimacy Avoidance compared to the BPD group.

### **Conclusions**

Results support previous assertions that AMPD algorithms for specific PD types have questionable discriminant validity. Issues raised about the AMPD algorithms, especially for NPD, as well as the

discrepancy between the professionals' perception of PD patients and the patients' insight about their difficulties, will be discussed.

## Face perception and recognition as a function of threat, adverse childhood experiences and anxiety

Sabine Schellhaas<sup>1</sup>, Prof. Dr. Christian Schmahl<sup>1</sup>, Dr. Florian Bublatzky<sup>1</sup>

<sup>1</sup>Central Institute Of Mental Health, Mannheim, Germany

### **Biography:**

*Sabine Schellhaas is a PhD student at the Department of Psychosomatic Medicine at the Central Institute of Mental Health in Mannheim, Germany. Her research focuses on social learning mechanisms and social cognition in the context of adverse childhood experiences and anxiety*

**Objectives:** Anxiety evoked by changing threatening conditions affects cognitive processing and memory, with beneficial and detrimental effects depending on learning context and memory modality. Adverse childhood experiences (ACE) are often associated with stress and anxiety-related disorders in adulthood. Learning and memory deficits have been suggested as a potential link between ACE and psychopathology. Therefore, using event-related brain potentials we examined the differential effect of threat and safety on face perception and face memory (item/source memory; ISM and visual working memory; VWM) in individuals with ACE and anxiety.

**Method:** Sixty-four participants encoded 60 neutral faces (each 6 sec) either in a threatening or safe context block. During recognition, participants had to decide whether a face was new or previously presented in which context (ISM), seeing the 60 old and 30 new faces. For VWM, participants had to detect changes in face presentations either during threat or safety in high load (4 faces) and low load (2 faces) conditions. Tasks were presented in randomized order.

**Results & Conclusions:** Results show a successful induction of threat expectation in persons with ACEs and anxiety (i.e. enhanced arousal, valence, perceived threat ratings for threat relative to safety contexts). Regarding ISM performance, an overall better item memory for safe and new face-compared to threat face-compounds was revealed. Here, a differential impact of ACEs and anxiety emerged for hit rates of safe relative to threatening faces. For VWM, an effect of memory load on performance but not context (threat/safety) was found. Regarding perceptual processing, the old/new ERP recognition effect and enhanced processing of threatening info both during encoding and recognition was found and electrocortical processing of changing faces was more pronounced for a threatening context only in the high load condition. Further behavioral and ERP findings are discussed within the framework of stress-related disorders.

## Ruptures and Change Moments following the use of specific techniques of AIT (Adolescent Identity Treatment) in the treatment of Borderline Personality Disorder in Adolescents

Dr. Susanne Schlüter-müller<sup>1</sup>, Lukas Fürer

<sup>1</sup>Upk Basel, Basel, Switzerland

### **Biography:**

*Since more than 20 years the child psychiatrist Dr. Susanne Schlüter-Müller is specialised on the treatment of adolescents with Borderline Personality Disorder. In the psychotherapy study Evaluation of AIT she was responsible for the training and supervision of AIT therapist, and she conducted psychotherapy process research.*

**Objective:** Psychotherapy process research aims to understand the process by which efficient psychotherapies lead to positive outcomes. To understand mechanisms of change, a closer look on the effects of psychotherapeutic techniques on the alliance between patients and therapists is promising.

**Methods:** In the “Evaluation of AIT Study”, we used the concept of Change Moments (developed by Krause et al.) and the Rupture Resolution Rating System (3RS) developed by Eubanks et al. to assess essential aspects of the psychotherapeutic process in 23 adolescent BPD patients who were treated with 25 sessions of Adolescent Identity Treatment (AIT). All psychotherapy sessions were videotaped. A rater who was blinded for the results of the analyses rated the use of the AIT techniques clarification, confrontation and interpretation in a sample of 54 randomly selected videoclips which show 5 minutes of psychotherapy just before the occurrence of ruptures (N=14), change moments (N=19) or no events (N=21).

**Results:** Use of the specific AIT techniques was associated with both ruptures and therapeutic change. This association was most prominent for the technique of clarification which significantly led to more ruptures and to more change moments. There was a trend for more alliance ruptures followed by the use of confrontation.

**Conclusion:** Methods of psychotherapy process research are helpful to get more insight in the mechanisms that may lead to patients’ change. The impact of ruptures and resolutions on the change process has to be discussed.



## Non-suicidal and suicidal self-harm – mechanisms and treatment

Christian Schmahl<sup>1</sup>, Johanna Hepp<sup>1</sup>, Lisa Stoerker<sup>1</sup>, Maurizio Sicorello<sup>1</sup>, Inga Niedtfeld<sup>1</sup>

<sup>1</sup>Central Institute of Mental Health, Dept. of Psychosomatic Medicine, Mannheim, Germany

### **Biography:**

*Christian Schmahl is Professor of Experimental Psychopathology and Medical Director of the Department of Psychosomatic Medicine at the Central Institute of Mental Health in Mannheim, Germany. His research focus is on emotion regulation, self-injurious behavior and dissociation as well as the interaction of neurobiology and psychotherapy in Borderline Personality Disorder and Posttraumatic Stress Disorder. Since 2018 he is spokesperson of the Research Training Group "Impact of Adverse Childhood Experiences on Psychosocial and Somatic Conditions across the Lifespan". He has published more than 200 articles and book chapters.*

Suicidal behavior as well as non-suicidal self-injury (NSSI) are prevalent and harmful behaviors that affect individuals with and without additional psychopathology. Both are particularly frequent in patients with Borderline Personality Disorder. This presentation will give an overview on the mechanisms of these behaviors as well treatment approaches based on these mechanisms. It will also give an overview of the intra- and interpersonal functions of suicidal and non-suicidal behaviors, e.g. findings from ecological momentary assessment (EMA) studies on related activities, locations, interaction partners, and temporal context of NSSI. To further shed light on understanding the psychopathology of NSSI, we focused on biological mechanisms that precede and result from the behavior. We assessed markers of emotion regulation as well as the endogenous opioid system in an EMA study in patients with BPD. Here, we found that  $\beta$ -endorphin levels immediately before NSSI were significantly lower as compared to after NSSI and that the severity of wounds was positively associated with  $\beta$ -endorphin levels. On a neurofunctional level, reduced activation of the amygdala has been found to be closely related to disturbed pain sensitivity and experimental pain infliction has been shown to normalize disturbed fronto-limbic connectivity patterns. This can be implemented directly in innovative treatment approaches such as fMRI-based neurofeedback, where amygdala activity modulation can be used to boost effects of standard psychotherapy.

## Comparison of the Effectiveness of Adolescent Identity Treatment (AIT) vs. DBT-A in the treatment of Borderline Personality Disorder in Adolescents – a controlled non-inferiority study

Prof Klaus Schmeck<sup>1</sup>, Prof. Michael Kaess

<sup>1</sup>University Of Basel, Basel, Switzerland

### **Biography:**

*Prof. Klaus Schmeck, MD MSc, works in the field of juvenile personality disorders since 20 years. His scientific work is focused on psychometric assessment of personality functioning, early intervention of PD and psychotherapy research on adolescent BPD patients.*

**Objective:** The evidence base for approaches focused on the early intervention in juvenile BPD is very limited. In the “Evaluation of AIT Study” we compared the effectiveness of the newly developed approach Adolescent Identity Treatment (AIT) with Dialectic Behavior Therapy for Adolescents (DBT-A) in improving psychosocial and personality functioning.

**Methods:** In a controlled clinical study 60 patients (mean age 15.8 y., 93% female) with full or subthreshold BPD were treated with 25 sessions of AIT (N=23) or DBT-A (N=37). Primary outcome was psychosocial functioning (CGAS) at 1-year-follow-up. Secondary outcomes were BPD symptomatology, personality functioning, non-suicidal self-injurious behavior and depression. In the statistical analysis, we conducted both Intention-to-treat (ITT) and Per-Protocol (PP) analyses.

**Results:** In both treatments, psychosocial functioning was significantly improved with large effect sizes at 1-year follow-up (ITT: AIT  $d=1.24$ , DBT-A  $d=.93$ ; PP: AIT  $d=1.82$ , DBT-A:  $d=1.73$ ). Borderline symptomatology as well as NSSI significantly decreased in both AIT and DBT-A, and in AIT personality functioning and depression improved significantly.

**Conclusion:** Both approaches showed large treatment effects that changed the personal, psychopathological and psychosocial situation of the adolescents substantially. The newly developed approach AIT is equally effective as DBT-A for the treatment of BPD in adolescents.

## Physical or Social Distancing? Social Networks in Borderline Personality Disorder during a Corona-Pandemic Lockdown in Germany

Anna Schulze<sup>1</sup>

<sup>1</sup>*Central Institute of Mental Health, Mannheim, , Germany*

### **Biography:**

*Anna Schulze is a psychologist, psychotherapist in training and PhD student at the Central Institute of Mental Health in Mannheim.*

**Objectives:** One of the central restrictions aimed at reducing the spread of the COVID-19 pandemic is ‘social distancing’. A drastic increase in loneliness has been discussed as a consequence of these policies. Due to impairments in interpersonal relationships, which are associated with a lack in the sense of belonging and the fear of being excluded, it has been suggested that individuals with borderline personality disorder (BPD) may be particularly burdened through social distancing. However, the primary goal of social distancing is not preventing social contacts, but physical proximity. While in general, receiving affectionate touch is associated with physical, social and psychological well-being, some studies suggest that BPD patients may not perceive social touch as pleasurable as healthy controls (HCs) do. We investigated whether the importance of physical proximity contributes to how social distancing is experienced.

**Method:** In an online-study, we assessed loneliness, subjective burden induced by social distancing policies and the importance of physical proximity in 145 females (76 BPD, 69 HCs).

**Results:** Our findings revealed a lower need, liking and relevance of social touch in the BPD group compared to HCs. Both groups did not differ regarding the compliance with and subjective burden induced by social distancing policies. While loneliness during the pandemic was elevated in both groups to a similar extent, a higher relevance of touch in social relationships was associated with a higher burden induced by social distancing policies and a higher increase of loneliness only in BPD.

**Conclusions:** Our findings suggest that regarding the increase of loneliness, individuals with a history of BPD are not more burdened by social distancing policies than HCs. However, although physical proximity is less important to individuals with BPD in general, a higher relevance of this facet of interpersonal relationships predisposes them to stronger impairments in psychosocial well-being during the pandemic.

## Systems Training for Emotional Predictability and Problem Solving (STEPPS) in Norway: Preliminary results from a multicenter feasibility trial

Phd Md Sara Selvik<sup>1</sup>, Bang Marianne<sup>2</sup>, Britt Aasbjørg Sjømo<sup>1</sup>, Linda Jørstad<sup>1</sup>, PhD Audun Havnen<sup>2,3</sup>

<sup>1</sup> Helse Nord-Trøndelag, Clinic for psychiatry and addiction, Namsos, Norway, <sup>2</sup>St. Olavs hospital, Nidaros District Psychiatric Center, Trondheim, Norway, <sup>3</sup>Department of Psychology, Norwegian University of Science and Technology (NTNU), Trondheim, Norway

### **Biography:**

1. Chief psychiatrist of the department for psychiatry and addiction in Namsos hospital.
2. Member of several (inter)national scientific researchgroups
3. Supervisor of the PhD-project (NTNU): 'Differential effects of adverse childhood experiences and the development of substance use disorders in adult life. The Young Nord-Trøndelag Health Study'.
4. Co-supervisor the PhD project (UiO): 'Clinician perspectives in the development of a computer-assisted instrument for the assessment of personality disorders: Learnability, clinical utility and ease of use'.
5. Member of the reference group for the national competence center for personality pathology, (NAPP)
6. Member of the ESSPD.

### **Background**

Patients with emotional regulation problems like in borderline personality disorder, suffer both from strong fluctuations in mood, as well as depressive symptoms, impaired social functioning and lowered quality of life.

Although evidence-based treatments exist, these are often time-consuming and need highly specialized therapists with extensive training. Systems Training for Emotional Predictability and Problem Solving (STEPPS) is an alternative treatment program intended to avoid some of these disadvantages. In Norway, STEPPS has been offered in Mid-Norway since 2007. This poster reports the immediate outcome from an open feasibility trial of STEPPS for outpatients with emotional dysregulation, conducted at three independent sites.

### **Methods**

The sample consisted of 94 patients, but 13 (13.9%) dropped out of treatment so the study sample that was analyzed contained 81 patients (82.7% female) with a mean age of 28.7 (SD=7.9 years). Patients were referred to one of three centers. Patients had at least 5 symptoms of borderline personality disorder. There were no exclusion criteria. Self-report questionnaires at pre- and post-treatment included Borderline Evaluation of Severity Over Time (BEST), Beck depression scale (BDI), Work and Social Adjustment Scale (WSAS), and the World Health Organization Quality of Life Assessment-Bref (WHOQOL-Bref).

### **Results**

Patients reported a decrease in borderline personality disorder symptoms from pre M=39.6 to post-treatment M=29.7. Depressive symptoms decreased from M=33.2 to M=25.3. Functional impairment was lowered from M=23.4 to M=18.1. Quality of life improved significantly from M=68.1 to M=82.2. All changes were significant ( $p<.005$ ).

### **Conclusion**

The present study shows that STEPPS is a feasible treatment option for patients suffering from emotion dysregulation in Norwegian mental health-care. Patients expressed a high degree of acceptance and

reported decrease in symptoms of borderline personality disorders, and depression, and improved functionality and quality of life.

## Effectiveness of Korean Mentalization Based Treatment in Patients with Borderline Personality Disorder

**Professor Jeong-ho Seok<sup>1</sup>**, Ms Sun-woo Choi<sup>2</sup>, Ms Hae-in Park<sup>2</sup>, Ms Wook-jin Oh<sup>1</sup>

<sup>1</sup>*Department of Psychiatry, Gangnam Severance Hospital, Yonsei University College of Medicine, Seoul, South Korea,*

<sup>2</sup>*Institute of Behavioral Science in Medicine, Yonsei University College of Medicine, Seoul, South Korea*

### **Biography:**

Birth date : June 6th, 1970

1989-1995, Medical Student at Yonsei University College of Medicine

1999-2003, Psychiatric Residency training at Severance Mental Health Hospital, Yonsei University College of Medicine

2003-2005 Research Fellow at Severance Mental Health Hospital, Yonsei University College of Medicine

2005-2010 Assistant Professor, Dept of Psychiatry, Hallym University Sacred Heart Hospital, Hallym University College of Medicine

2010-2018 Associate Professor, Dept of Psychiatry, Gangnam Severance Hospital, Yonsei University College of Medicine

2019-Current Professor, Dept of Psychiatry, Gangnam Severance Hospital, Yonsei University College of Medicine

**Objectives :** The treatment of borderline personality disorder (BPD) in Korea have been mainly based on individual psychopharmacotherapy and psychotherapy. There is no quantitative study about effectiveness of group psychotherapy for patients with BPD in Korea. In this study, we have conducted the Mentalization Based Treatment (MBT) program developed from the Anna Freud Center in London. This article is the preliminary report about interim analysis of treatment effects the MBT for BPD in Korea.

**Methods :** Patients with BPD have been recruited at Gangnam Severance Hospital. Psychological assessment have been conducted at baseline and every six months during the treatment. Statistical analyses were performed with data of 62 people at baseline assessment and treatment effectiveness was analyzed with data from 21 people who have participated in the treatment group over six months.

**Results :** Borderline personality features was positive correlated with depressive symptom, anxious attachment, avoidant attachment, novelty seeking trait, and showed a negative correlation with self-directedness. After 12-month treatment, depressive symptom and self-disclosure score are significantly improved and self-directedness, cooperativeness factor scores of the temperament and character inventory and self-regulation ability score of the resilience scale are also significantly improved.

**Conclusion :** This study suggests that MBT can improve depressive symptoms and induce positive changes in personality functioning for patients with BPD in Korea. Although the number of people who have continued MBT over 12 months was very small due to high drop-out rate, there is an important meaning that this study is the first quantitative study on the effect of Korean MBT for BPD patients.

**Acknowledgement:** "This research was supported by a grant of the Korea Health Technology R&D Project through the Korea Health Industry Development Institute (KHIDI), funded by the Ministry of Health & Welfare, Republic of Korea (grant number : HC20C0140)."

## Frequency of PD-specific Training Amongst Beginning Clinicians

**Doctoral Fellow Sneha Shankar<sup>1</sup>**, Postdoctoral Fellow Sharon M. Nelson<sup>2</sup>, Professor of Psychology Steven K. Huprich<sup>3</sup>

<sup>1</sup>Eastern Michigan University, Ypsilanti, United States, <sup>2</sup>University of Michigan, Ann Arbor, United States, <sup>3</sup>University of Detroit Mercy, Detroit, United States

### **Biography:**

*Sneha Shankar is a 3rd doctoral fellow at Eastern Michigan University. Her interests lay in the broad classification of personality disorders and the various diagnostic systems. Additionally, she is interested in the assessment/diagnosis of individuals with personality pathology and the relationship between personality pathology and other personality traits.*

**Objectives:** Personality disorders (PDs) are relatively prevalent, affecting approximately 10% of the population, with higher prevalence rates among those seeking clinical services. Individuals with a PD have higher rates of housing instability, in-patient hospitalizations, and involvement with the criminal justice system, resulting in high societal costs. Despite this, individuals within this population remain relatively under-served. Studies have found a greater need for training and education in graduate programs to help beginning clinicians learn how to effectively provide treatment to these high-need populations. Therefore, this study sought to examine the reported training received by beginning clinicians.

**Method:** A total of 329 participants were recruited via email from 44 APA accredited doctoral and internship sites, all of whom had experience seeing clients. They completed a survey assessing their training in personality assessment and PDs in their respective programs (PhD and PsyD), the theoretical orientation of their program, and their familiarity with various PD diagnostic systems.

**Results:** The majority of the sample (53.5%) reported the primary therapeutic orientation of their doctoral program was Cognitive Behavioral, though most trainees reported some training in a wider range of therapeutic orientations. Though almost the entire sample had taken classes in psychopathology, significantly fewer reported personality disorder (PD) specific training. 75.7% reported having had a personality assessment course, 55.3% had taken a personality theory class, and only 42.2% reported any PD-specific courses. While almost the entire sample had received training in DSM categorical diagnostic methods, very few trainees reported training in other diagnostic systems (including ICD, PDM, SWAP).

**Conclusions:** Despite PDs being relatively prevalent and representing a significant portion of patients who frequently utilize clinical services, it appears that many clinical trainees within the United States are not receiving PD-specific training. This may be indicative of poor preparation of trainees to treat this already under-served population.

## First psychometric evaluation of the Mexican Spanish version of the 11-item Borderline Personality Disorder Features Scale for Children (BPFSC-11)

**Professor Carla Sharp**<sup>1</sup>, Ms Kiana Wall<sup>1</sup>, Dr. Moises Kassir<sup>3</sup>, Dr. Kirstin Goth<sup>2</sup>

<sup>1</sup>University Of Houston, Houston, United States, <sup>2</sup>Psychiatric University Clinics (UPK), Basel, Switzerland, <sup>3</sup>Instituto psicoanalitica, Mexico City, Mexico

### **Biography:**

*Carla Sharp, Ph.D. is Professor in the Clinical Psychology program at the University of Houston. She directs the Developmental Psychopathology Lab and the Adolescent Diagnosis Assessment Prevention and Treatment (ADAPT) center at the University of Houston. Her work contributes to the understanding, prevention and treatment of personality pathology in young people.*

**Background.** The Borderline Personality Features Scale for Children (BPFSC-11) is a promising short and easy-to-administer measure of borderline traits in young people. The measure has demonstrated good psychometric properties in several samples in various countries and languages. The aim of the current study was to build on this trajectory by evaluating the psychometric properties of the Mexican-Spanish version of the BPFSC. Specifically, our aims were to (1) evaluate the internal consistency (reliability) of the Mexican Spanish BPFSC-11; (2) confirm the measure's unidimensional factor structure; (3) evaluate gender and age invariance; and (4) evaluate convergent validity with more general measures of personality function, including measures of maladaptive identity function (Assessment of Identity Development in Adolescence), DSM-5 Section III Level of Personality Functioning (Levels of Personality Functioning Questionnaire), and a psychodynamic measure of personality structure (Operationalised Psychodynamic Diagnostics in Children and Adolescents - Structure Questionnaire). **Methods.** A sample of 1,453 adolescents (52.5% female, mean age = 15.6, SD = 2) were recruited from the community through schools. Factor analytic methods were used to evaluate unidimensionality and gender and age (11-13; 14-17) and correlational analyses were used to evaluate convergent validity. **Results.** Reliability of the BPFSC-11 was good ( $\alpha = .81$ ). A CFA model testing the unidimensional factor structure of the 11 items of the BPFSC-11 provided good fit for the data in the entire sample ( $\chi^2[44] = 163.76$ ,  $p < .001$ ; RMSEA = .05 [90% CI: .04, .06]; CFI = .95; SRMR = .03). Both configural and metric invariance for gender and age were demonstrated; however, only partial scalar invariance could be demonstrated with some items showing "bias" for gender and age. Results of the convergent analyses showed strong construct validity for the Mexican-Spanish BPFSC-11. **Conclusions.** The Mexican-Spanish BPFSC-11 appears to show similarly strong psychometric properties of other versions of the BPFSC-11.



## GPM-A: Background and rationale

**Professor Carla Sharp<sup>1</sup>**

<sup>1</sup>*University Of Houston, Houston, United States*

### ***Biography:***

*Carla Sharp, Ph.D. is Professor in the Clinical Psychology program at the University of Houston. She directs the Developmental Psychopathology Lab and the Adolescent Diagnosis Assessment Prevention and Treatment (ADAPT) center at the University of Houston. Her work contributes to the understanding, prevention and treatment of personality pathology in young people.*

**Objectives:** Borderline personality disorder (BPD) in adolescence is a public health problem that is insufficiently addressed by the few available treatments specifically tailored for this population.

**Method:** The status of BPD in adolescents, top reasons for early intervention, the results of the trial comparing Good Psychiatric Management (GPM) and dialectical behavior therapy (DBT), and GPM's distinct features are summarized.

**Results:** BPD is an ideal target for early intervention, and there is significant potential of early intervention to prevent the adverse outcomes associated with adolescent BPD. Generalist, easily implementable treatments like GPM, whose outcomes are no different than DBT's, can be adapted for use with adolescents to expand access to basic standards of BPD care.

**Conclusions:** The flexible nature of GPM for Adolescents (GPM-A) provides an accessible framework for treating personality pathology in adolescents. GPM-A can help combat the tendency to wait until BPD symptoms worsen and interrupt essential developmental tasks in adolescence, by providing a lower level of care for those who need it.

## Using affective neural signatures to understand Borderline Personality Disorder and complex PTSD

**M.Sc. Maurizio Sicorello<sup>1</sup>**, Dipl. Julia Herzog<sup>1</sup>, Prof. Tor D. Wager<sup>2</sup>, Prof. Gabriele Ende, Dr. Meike Müller-Engelmann<sup>3</sup>, Prof. Sabine C. Herpertz<sup>4</sup>, Prof. Martin Bohus<sup>1</sup>, Prof. Christian Schmahl<sup>1</sup>, Dr. Chris Paret<sup>1</sup>, Dr. Inga Niedtfeld<sup>1</sup>

<sup>1</sup>Central Institute Of Mental Health, Mannheim, Germany, <sup>2</sup>Dartmouth College, Hanover, USA, <sup>3</sup>Goethe University, Frankfurt, Germany, <sup>4</sup>Heidelberg University, Heidelberg, Germany

**Biography:**

*Maurizio Sicorello is Doctoral student at the Central Institute of Mental Health (Mannheim, Germany). His research focuses on combining fMRI with machine learning and psychometric theory to elucidate the affective neurobiology of Borderline Personality Disorder, Post-Traumatic Stress Disorder, as well as dimensional affective traits. Since January 2021, he is a board member and early career researcher representative of the German Society for Psychophysiology and its Application.*

**Objectives:**

Borderline Personality Disorder (BPD) and complex PTSD are characterized by severe emotion dysregulation, including an increased sensitivity to external stressors and higher intensities of experienced emotions. Neurobiological models have thus far mostly focused on single “emotion generating” brain regions. Still, these single brain regions come with the shortcomings of low reliability and ambiguous interpretation, as they are most commonly involved in a large range of both emotional and non-emotional processes. Neural signatures, in turn, can predict affective self-ratings and discrete emotion categories with high precision, drawing on machine learning-based whole-brain patterns. We tested whether such signatures might be viable neural markers to explain aberrant emotion processing in disorders characterized by emotion dysregulation.

**Method:**

Three fMRI studies comprising 192 women were pooled, all comparing the neural responses to threat-related scenes in women with either BPD (N = 59) or cPTSD (N = 62) to healthy controls (N = 81). Results were aggregated using frequentist and Bayesian fixed effects mega-analysis.

**Results:**

Neural signatures for affective self-reports and discrete emotions distinguished well between negative and neutral scenes, with a mean Cohen’s d of 1.17 and forced choice accuracy around 90%. Moreover, neural signatures were substantially more reliable than an amygdala region of interest ( $\alpha \approx .60$  vs  $\alpha \approx .22$ ). Still, there were no differences in the reactivity of affective neural signatures between women with and without emotion dysregulation. Confidence intervals ruled out even small effect sizes and Bayes factors overall favored the null hypothesis.

**Conclusion:**

Affective neural signatures are reliable brain-based markers which generalize well to new datasets concerning affective states. The absence of group effects raises important conceptual and methodological challenges, which have implications for future research on the neurobiology of clinical affective traits, which we will discuss.

## Integration of Negative Affectivity and Related Personality Disorder Constructs into the Hierarchical Taxonomy of Psychopathology (HiTOP): Conceptual and Measurement Perspectives

**Associate Professor Leonard Simms<sup>1</sup>**

<sup>1</sup>*University At Buffalo, Buffalo, United States*

### ***Biography:***

*Leonard J. Simms, Ph.D., studies psychiatric classification, personality disorders, psychological assessment, and applied psychometrics. He is Associate Professor of Psychology and Psychiatry at the University at Buffalo. He holds a BS degree in Psychology from California Polytechnic State University and MA and PhD degrees in Clinical Psychology from the University of Iowa. He has over 90 professional publications, serves as Co-Editor of Personality and Mental Health and Associate Editor of Psychological Assessment and Journal of Research in Personality, and has been awarded the Beck Award from the Society for Personality Assessment for excellence in early career research.*

The Hierarchical Taxonomy of Psychopathology (HiTOP) is an evidence-based system for classifying psychopathology that is rooted in the quantitative classification tradition. In this presentation, I will summarize the placement of Negative Affectivity (NA) and related personality disorder (PD) constructs in the HiTOP model, both from a conceptual and measurement perspective. I will briefly review the conceptual origins of the HiTOP model and consortium, describe the efforts we have made to measure the full model, and report the results of studies that confirm the placement NA and related PD constructs within the HiTOP model. In particular, the presentation will focus on constructs within the Alternative Model of Personality Disorder (AMPD), both related to Criterion A (i.e., personality functioning) and Criterion B (maladaptive traits). The results of our work have revealed significant coverage of NA and related PD constructs within the HiTOP model, mostly within the internalizing spectrum. Personality pathology is well represented in the HiTOP model and in emerging measures of that model. Moreover, our results highlight how classification integration between personality pathology and classic psychiatric symptomatology makes sense given what we know about their phenotypic covariation in nature. Finally, I will discuss elements of the AMPD that are not yet represented within the HiTOP model (e.g., identity dysfunction) and how we might go about adding them in the future.

## Avoidant personality disorder: An integrative treatment

Phd Sebastian Simonsen, MD Raffaele Popolo, PhD Sophie Juul, Frederik Frandsen, MD Per Sørensen, MD Giancarlo Dimaggio

<sup>1</sup>*Stolpegaard Psychotherapy Centre, Gentofte, Denmark*

### **Biography:**

*Clinical psychologist and currently head of research at Stolpegaard Psychotherapy Centre.*

**Objectives:** In this presentation the aim is to provide an overview of studies conducted at our facility but mainly focus on a pilot outcome study of a treatment program combining individual metacognitive interpersonal therapy and a modified version of mentalization based group therapy lasting up to 18 months. Furthermore, implications for further research and intervention for Avoidant personality disorder (AvPD) are discussed.

**Methods:** 30 patients with AvPD were consecutively included in the programme. The primary outcome was AvPD specific personality functioning measured by self-report after treatment. Secondary outcomes were symptom distress, interpersonal problems, quality of life and both self-reported and therapist reported psychosocial functioning.

**Results:** Twenty-two patients completed with a mean treatment duration of 13 months. Six patients could not be engaged in the group therapy, and therefore treatment was terminated, and two patients dropped out of treatment. On the primary outcome, effect sizes were generally moderate to large (effect sizes range: .59–1.10). On secondary outcomes, effect sizes were with one exception large or very large (effect size range: .77–2.30). Mean attendance rates of both individual (27 sessions) and group therapy (35 sessions) were satisfactory and alliance between individual therapists and patients was very high throughout treatment.

**Conclusions:** We conclude that the results both in terms of acceptability and outcomes are very promising for the combination of MIT and MBT for AvPD and that the method should be further investigated in a large scale randomized clinical trial at low risk of systematic errors and random errors.

## The Mediating Role of Reflective Function in the Relationship between Psychological Difficulties and Personality Functioning in Adolescence

Gabriele Skabeikyte<sup>1</sup>, Elena Gaudiesiute<sup>1</sup>, Dr. Rasa Barkauskiene<sup>1</sup>

<sup>1</sup>Vilnius University, , Lithuania

### **Biography:**

*Gabriele Skabeikyte is a PhD student at the Institute of Psychology, Vilnius university and a clinical psychologist at Republican Vilnius Psychiatric Hospital. Domains of academic and clinical interest are related to adolescents' psychopathology and personality development in adolescence.*

Developmental research on personality pathology have suggested that internalizing and externalizing disorders precede personality pathology in adolescence. Scientists share the view that the capacity for mentalization takes an important role in the consolidation of a healthy personality and successful psychosocial transition from adolescence to adulthood. In contrast, deficits in reflective function or dysfunctional mentalization (hypomentalization or hypermentalization) were found to be related to the vulnerability for psychopathology, including personality pathology. Objectives: The aim of this study was to examine whether reflective function mediated the relationship between internalizing/externalizing difficulties and personality functioning in adolescence. Methods: Adolescents aged 12-17 (N=244) from a community sample participated in this study. Youth Self Report (YSR 11/18) was used to assess the internalizing/externalizing difficulties and the general level of psychological difficulties. Personality functioning was measured using the Levels of Personality Functioning Questionnaire (LoPF-Q 12-18). Reflective Functioning Questionnaire (RFQ-8) was used to evaluate the dimensions of reflective function: certainty (hypermentalization) and uncertainty (hypomentalization) about mental states of self and others. Results: A single-step parallel multiple mediators model was tested using PROCESS tool v.3.5.3. The results confirmed that tested mediation models for different types of difficulties were statistically significant ( $p < 0.05$ ). The indirect effect from adolescents' psychological difficulties on personality functioning was found via hypomentalization and hypermentalization while controlling for sex. In detail, only hypermentalization mediated the link between general psychological difficulties or internalizing difficulties and personality functioning. However, the association of externalizing difficulties and personality functioning was explained through the indirect effect of both - hypomentalization and hypermentalization. Conclusions: The current study provides preliminary results about the mediating role of reflective function in the association between adolescents' internalizing and externalizing difficulties and personality functioning. The conclusions should be retested with a larger sample in order to better understand the mediating role of reflective function in adolescence.

## Physical activity, emotional regulation and borderline personality disorders

Samuel St-amour<sup>1</sup>

<sup>1</sup>Université Du Québec À Montréal, Montréal, Canada

### **Biography:**

*After a bachelor in psychology, one in kinesiology, and a master in kinesiology, Samuel is now studying the effect of physical activity on emotion regulation in adults with borderline personality disorder at doctorate level.*

Emotion dysregulation is considered as one of the main components and a primary therapeutic target in the borderline personality disorder (BPD). It is known to have an impact on the therapeutic relationship and to be associated with a lower quality of life. Physical activity (PA) has been shown to be an efficient way to reduce symptoms of many mental (mood, anxiety and psychotic) disorders, to increase positive emotions (in healthy adults and adults with a mental disorder) and to improve emotion regulation in adults with emotion regulation difficulties. However, no study investigated the effect of PA on emotion regulation in adults with BPD to this day.

In the first study we did, we tested the effect of a 20-minute session of PA on the affects of adults with BPD following a negative emotion induction. The PA session was deemed safe and well accepted by the participants since no adverse effects were linked to it and the participants appreciated it in general. The level of negative affects diminished during the PA session, but no more than an emotionally neutral video presented in the control group. We therefore cannot conclude that PA can decrease negative affects in adults with BPD.

In the second study we did, we investigate the impact of regular PA practice on emotion regulation. It is a series of 20 single case experimental designs in which the participants will complete two weeks of baseline measurement followed by 6 weeks of PA intervention three times per week and a wash-off period of two weeks. Emotions will be measured three times per day with a phone app throughout the study. Emotion regulation will be calculated from the instability, the variability and the inertia of the emotions data. Recruitment is pending and the study should be finished by June 2021

## The Effect of Distraction vs. Mindfulness-based Coping Strategies on Suicidal Ideation

**Professor Of Medical Psychology Barbara Stanley<sup>1,2</sup>**, Dr Gonzalo Martínez-Alés<sup>1</sup>, Ms Ilana Gratch<sup>1</sup>, Dr Mina Rizk<sup>1</sup>, Dr Hanga Galfalvy<sup>1</sup>, Mr Tse-Hwei Choo<sup>2</sup>, Dr J. John Mann<sup>1,2</sup>

<sup>1</sup>Columbia University, New York, United States, <sup>2</sup>New York State Psychiatric Institute, New York, United States

### **Biography:**

Barbara Stanley, PhD is a Professor of Medical Psychology in the Department of Psychiatry at Columbia University and Director of the Suicide Prevention Training, Implementation and Evaluation Program at NYSPI. She is also a Research Scientist in the Division of Molecular Imaging and Neuropathology at NYSPI where her research focuses on suicidal behavior, non-suicidal self-injury and borderline personality disorder including assessment and intervention with suicidal individuals and neurobiological and biobehavioral influences on suicidal behavior. She is the incoming President of the International Academy of Suicide Research and a member of advisory boards for the AFSP, the Jed Foundation and PsychHub.

While suicide-specific psychosocial interventions often teach coping skills to suicidal individuals, little is known about the strategies that individuals use on their own to cope with suicidal ideation in everyday life. This study used Ecological Momentary Assessment (EMA) to examine the effectiveness of specific coping strategies individuals use naturally to reduce the intensity of suicidal thinking.

Fifty participants with suicidal ideation and co-morbid mood disorder and borderline personality disorder completed one week of EMA. Real-time use and perceived effectiveness of 7 common coping strategies, and intensity of suicidal ideation, were assessed at 6 timepoints each day. Factor analysis (FA) identified two coping factors: one that included distraction/positive activity-based strategies (i.e., keeping busy, socializing, positive thinking, and doing something good for self) and a second that contained mindfulness-oriented strategies (i.e., finding perspective, calming self, and sitting with feelings until they pass). Although participants perceived all coping strategies as effective, only the first factor, distraction/positive activity-oriented strategies, lowered the intensity of suicidal thoughts in everyday life. Baseline suicidal ideation was inversely related to overall use of coping strategies. These findings shed light on short-term coping with suicidal ideation and have the potential to inform development of psychosocial interventions to prevent suicide.

## Mentalizing and its emotion-regulatory role in daily life: Two case studies of individuals with high and low levels of borderline personality traits

**Noa Steinberg<sup>1</sup>**, Ms. Shira Menahem<sup>1</sup>, Ms. Bat Sheva Gans<sup>1</sup>, Dr. Yogev Kivity<sup>1</sup>

<sup>1</sup>Department of Psychology, Bar Ilan University, Ramat Gan, Israel

### **Biography:**

*I am a graduate student in clinical psychology in the psychology department at the Bar Ilan university. As part of my MA thesis, I took part of a research which aims to understand the mentalization processes in the lives of individuals with BPD, by using momentary assessment. The research aims to examine the impairments in mentalizing of individuals with BPD, and their contribution to emotion dysregulation in their daily lives using mentalization-based approach. Additionally, I am interested in mindfulness based therapy approaches and in the way they interact with mentalization-based approaches.*

Impairments in mentalizing, the capacity to consider mental states that underlie behaviors, are considered a key aspect in the development and maintenance of borderline personality disorder (BPD; Fonagy & Luyten, 2009). However, studies often neglect fluctuations in mentalizing over time and its emotion-regulatory role remains understudied. We utilized two intensive case-studies to examine within-person fluctuations in mentalizing and their relation with subsequent emotion regulation, in the daily lives of two individuals with high or low levels of BPD symptoms (H-BPD and L-BPD). We expect larger impairments and fluctuations in mentalizing in H-BPD compared to L-BPD. Furthermore, we expect better mentalizing to predict better subsequent emotional regulation and that this effect will be stronger in H-BPD compared to L-BPD. Following a baseline assessment, participants completed a 1-week ecological momentary assessment, consisting of self-reported emotion-regulation and audio-recorded descriptions of their current mental states six times a day. These descriptions will be coded using an observer-rated measure of mentalizing (Fonagy et al., 1998). Data collection has been completed and coding is underway and will be completed by May 2021. Contemporaneous and cross-lagged associations between mentalizing and emotion dysregulation will be analyzed using Time Series analysis. We expect the findings to promote a better understanding of mentalizing and its dynamic nature. In addition, this project can advance the understanding of the relation between emotion-regulation and mentalizing in relation to BPD symptoms.



## Evidence in context: current clinical guidelines and the new Cochrane review

**Jutta Stoffers-Winterling<sup>1</sup>**, Prof. Ole Jakob Storebø<sup>2,3</sup>, Prof. Erik Simonsen<sup>2,4</sup>, Prof. Klaus Lieb<sup>1</sup>

<sup>1</sup>University Medical Center of the Johannes Gutenberg University, Mainz, Germany, <sup>2</sup>Psychiatric Research Unit, Region Zealand Psychiatry, Slagelse, Denmark, <sup>3</sup>Department of Psychology, University of Southern Denmark, Odense, Denmark,

<sup>4</sup>Institute of Clinical Medicine, University of Copenhagen, Copenhagen, Denmark

### **Biography:**

*Jutta Stoffers-Winterling is a clinical psychologist specialised in cognitive behavioural therapy at the University Medical Center of the Johannes-Gutenberg-University Mainz. Her research interests are the psychotherapeutic and pharmacotherapeutic evidence-based treatment of borderline personality disorder.*

**Objectives:** The 2021 Cochrane review of pharmacotherapy for borderline personality disorder (BPD) provides the most comprehensive review of relevant randomized-controlled trials. How does it contribute to our understanding of the effects of drug treatment in BPD, and how might it impact future treatment guidelines?

**Methods:** First, the recommendations of current evidence-based treatment guidelines in the field regarding drug treatment in BPD are summarized. Second, they are contrasted against the results of the updated Cochrane review.

**Results:** Congruently, clinical guidelines do not recommend pharmacotherapy as the sole or main treatment for individuals with BPD. Though the quality of the evidence regarding overall classes of substances has grown, we are still uncertain about the effects of individual drugs. Moreover, treatment effects are limited, and so is the applicability of findings to clinical settings.

**Conclusion:** Not using drug treatment as the first-line BPD treatment is supported by the new findings and still applies. More trials are needed to understand how drug treatment and psychotherapy may interact, i.e. in which situations drug treatment might be helpful to enable individuals with BPD to start or undergo psychotherapy, and when it hinders therapeutic progress. Still, trials are needed that investigate drug effects in individuals with BPD and defined co-occurring psychic disorders.

## Evidence-based pharmacology of Borderline Personality Disorder - introduction to the background and methods of the 2021 update of a Cochrane review

**Professor Ole Jakob Storebø**<sup>1,2</sup>, Dr Jutta Stoffers-Winterling<sup>3</sup>, Dr Mickey T Kongerslev<sup>1</sup>, Dr Birgit Völm<sup>4</sup>, Dr Jessica Mattivi<sup>3</sup>, Mr Erlend Faltinsen<sup>5</sup>, Mr Adnan Todorovac<sup>1</sup>, Dr Mie Sedoc Jørgensen<sup>1</sup>, Dr Henriette Callesen<sup>1</sup>, Mr Christian Sales<sup>6</sup>, Mrs Johanne Pereira Ribeiro<sup>1</sup>, Professor Erik Simonsen<sup>1</sup>, Professor Klaus Lieb<sup>7</sup>  
<sup>1</sup>Psychiatric Research Unit, Region Zealand Psychiatry, Slagelse, Denmark, <sup>2</sup>Department of Psychology, University of Southern Denmark, Odense, Denmark, <sup>3</sup>Department of Psychiatry and Psychotherapy, University Medical Center Mainz, Mainz, Germany, <sup>4</sup>Department of Forensic Psychiatry, Center for Neurology, University Rostock, Rostock, Germany, <sup>5</sup>Cochrane Denmark, Odense, Denmark, <sup>6</sup>Duncan MacMillan House, Nottinghamshire Healthcare NHS Foundation Trust, UK, <sup>7</sup>Leibniz Institute for Resilience Research (LIR), Mainz, Germany

### **Biography:**

Ole Jakob Storebø is a clinical psychologist, PhD, and trained as both individual- and group psychotherapist. He is research leader of Center for Evidence Based Psychiatry; Psychiatric Research Unit in Region Zealand. He is professor at Department of Psychology, University of Southern Denmark. He is editor of Cochrane Development and Psychosocial Learning Problems Group as well editor-in-chief of Scandinavian Journal of Child and Adolescent Psychiatry and Psychology.

ISSPD 2021 congress - invited symposium

Chair: Klaus Lieb, Co-Chair: Ole Jakob Storebø

Session title: Evidence-based pharmacotherapy of Borderline Personality Disorder – introducing the updated Cochrane review

Speaker: Ole-Jakob Storebø on behalf of the author team

**OBJECTIVE:** This review aims to provide a systematic summary of the evidence from randomised clinical trials in order to support informed decision making about evidence-based treatments for BPD. It is an update of the previous version (Stoffers, 2010).

**METHODS:** We want to critically examine the existing evidence-base for pharmacological treatments for BPD in terms of beneficial and harmful effects. The Cochrane review is based on a comprehensive systematic search of the literature. The primary outcomes are BPD severity, self-harm, suicide related outcomes, and psychosocial functioning. Trial Sequential Analyses are used to control for type I (5%) and type II (20%) errors. The evidence are downgraded according to the Grades of Recommendation, Assessment, Development and Evaluation (GRADE) approach for high risk of bias, imprecision, indirectness, heterogeneity and publication bias.

## HiTOP Disinhibited Externalizing and the AMPD

**Stephanie Mullins-Sweatt<sup>1</sup>**

<sup>1</sup>Oklahoma State University, , United States

### ***Biography:***

*The overarching goal of Dr. Mullins-Sweatt's program of research is to study models and applications of psychopathology, with a specific focus on personality pathology and an eventual aim of informing intervention efforts to improve the functioning of individuals with these disorders. Her program of research attempts to build a bridge between the basic science of general personality research and the clinical understanding of personality disorders (PD) integrating diverse research methodology, ranging from initial self-report, clinician surveys and measure development to more recent experimental studies, longitudinal designs, informant reports, and experience sampling techniques.*

Disinhibition (versus constraint/compulsivity) has been a construct of interest for decades, as evidenced by its inclusion in most prominent models of general personality functioning and its link to personality pathology, other psychopathology, health behaviors, and public health concerns. The construct disinhibition is a broad personality trait that refers to individual differences in the ability to self-regulate or control one's behavior, and ranges from undercontrolled to overcontrolled. Disinhibition is included as a core spectra in the Hierarchical Taxonomy of Psychopathology model and a domain of the DSM-5 Alternative Model for Personality Disorders. Disinhibition also is manifest in behavioral, task based, and physiological measures, and common etiologies are a major reason for the coherence of the domain across a variety of assessment modalities. The purpose of the current talk is to provide a summary of the conceptualization of the construct across HiTOP and AMPD models, outline disinhibition's link to psychopathology and maladaptive behaviors, and describe the etiology of disinhibition. Finally, I will provide discussion of clinical applications using disinhibition to aid in understanding comorbid psychopathology and provide a description of its potential use in treatment. Disinhibition has significant implications on the course and prognosis of treatment, and interventions which directly or inadvertently target disinhibition show promise at reducing maladaptive traits and behaviors.

## Subjective experiences of change after attending a treatment program for avoidant personality disorder

**Kristine Dahl Sørensen<sup>1</sup>**, Kjetil Bremer<sup>2</sup>, Therese Wilberg<sup>3</sup>

<sup>1</sup>Group Therapy Unit, DPS Østre Agder, Sørlandet Sykehus Hf, Arendal, Norway, <sup>2</sup>Section for Personality psychiatry and specialized treatments, Oslo University Hospital, Oslo, Norway, <sup>3</sup>Department of Research and Innovation, Oslo University Hospital, Oslo, Norway

### **Biography:**

*Kristine Dahl Sørensen is a clinical psychologist and PhD, working at a Group Therapy Unit at DPS Østre Agder, Sørlandet Sykehus HF in Norway. Her research interest is qualitative; avoidant personality disorder and subjective experience. She is certified in individual and group schema therapy, advanced/supervisor.*

Sørensen, K.D, Bremer, K. & Wilberg, T.

### **Objectives:**

The aim of the presentation is to present preliminary findings from the qualitative data of a small-scale pilot study of combined group and individual psychotherapy for patients with avoidant personality disorder. The treatment was inspired by mentalization based therapy and metacognitive interpersonal therapy and was offered as a one year or two year program. This qualitative part aimed at exploring the participants' experiences with change after participating in the treatment program.

### **Method:**

In-depth semi-structured interviews were conducted with 19 of 28 participants two or three year after treatment start, depending on whether they attended the one- or two-year program. The interviews were analyzed through thematic analysis (TA) as we searched for themes or patterns of shared meaning across the interviews. We furthermore grounded the analysis in an inductive orientation combined with a thorough focus on reflexivity to bring forward the subjective meaning the participants conveyed.

### **Results:**

The first main theme of "it is about being a bit more alive," encompassed the subthemes "talking and listening together", "opening up and landing into myself" and "still longing for more". The second main theme "I do not even manage therapy," included the subthemes "'as-if we were together" and "capitulation". All themes incorporate both shared and variants of meaning making to represent the underlying felt experience of change in hindsight.

The identified themes are discussed in relation to theory, in particular the importance of interpersonal and intersubjective perspectives as we aim to shed light on the varied experiences of the participants.

### **Conclusions:**

Interpersonal relations and a sense of connection in therapy seem to form the background for how therapy and change, for better or worse, is experienced.

## Mediators of Change in Psychotherapy for Adolescents and Young Adults - a Systematic Summary of the State of the Art

**Prof. Dr. Svenja Taubner<sup>1</sup>**

<sup>1</sup>University Heidelberg, Heidelberg, Germany

### ***Biography:***

*Svenja Taubner is the director of the Institute of Psychosocial Prevention and full professor at the medical faculty of the Ruprecht-Karls-University Heidelberg, Germany. She is a psychologist, trained psychoanalyst and MBT-Trainer. She is a member of the ESSPD board and the Germany National Chamber of psychotherapy and past president of the European Chapter of the Society for Psychotherapy Research.*

Little is known about the mechanisms underlying the therapeutic change of adolescents in psychotherapy. The “European Network of Individualized Psychotherapy Treatment of Young People with Mental Disorders” (TREATme), funded by the European Cooperation in Science and Technology (COST), will conduct the first systematic review to summarize the existing knowledge on mediators and theories of change in psychotherapy for adolescents.

A systematic review will be conducted, conforming to the reporting guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses statement recommendations. Electronic databases (PubMed and PsycINFO) have been systematically searched on the 23rd of February 2020, for prospective, longitudinal, and case–control designs which examine mediators of change. Participants will be adolescents between 10 and 19 years of age who suffer from a mental disorder or psychological difficulties and receive an intervention that aims at preventing, ameliorating and/or treating psychological problems.

## The Lighthouse Program for Parents with severe mental illness – a Mentalization-Based approach

**Prof. Dr. Svenja Taubner<sup>1</sup>**

<sup>1</sup>University Heidelberg, Heidelberg, Germany

### **Biography:**

*Svenja Taubner is the director of the Institute of Psychosocial Prevention and full professor at the medical faculty of the Ruprecht-Karls-University Heidelberg, Germany. She is a psychologist, trained psychoanalyst and MBT-Trainer. She is a member of the ESSPD board and the Germany National Chamber of psychotherapy and past president of the European Chapter of the Society for Psychotherapy Research.*

Parents with severe mental illness and a history of insecure or abusive experiences in their own upbringing often face difficulties in providing a safe harbour for their own children especially under stress. The lighthouse program teaches parents a set of metaphors for typical attachment disruptions and attachment-strengthening competences to deal with these disruptions. Parents learn how their mentalizing is challenged under stress, how they can regain mentalizing and repair relationships with their children. The program has been adapted from the original program for inpatient and outpatient treatment in Germany. Furthermore, we have included a blended-learning tool after participation in the group and individual therapy. The presentation will focus on results of a pilot study of the outpatient application, present video-material on the clinical work and results from the qualitative analysis of post-treatment interviews on change moments and subjective effects of the training.

## MBT with adolescents with conduct disorder – results from a feasibility trial

**Prof. Dr. Svenja Taubner<sup>1</sup>**

<sup>1</sup>University Heidelberg, Heidelberg, Germany

### ***Biography:***

*Svenja Taubner is the director of the Institute of Psychosocial Prevention and full professor at the medical faculty of the Ruprecht-Karls-University Heidelberg, Germany. She is a psychologist, trained psychoanalyst and MBT-Trainer. She is a member of the ESSPD board and the Germany National Chamber of psychotherapy and past president of the European Chapter of the Society for Psychotherapy Research.*

Conduct disorder (CD) is one of the most prevalent mental disorders in adolescence with a high risk of developing anti-social personality disorder. At the same time, motivation to seek or stay in treatment is low. Empirical research has demonstrated severe mentalization problems in youth with CD as well as a mediating effect of reflective function on the relationship between early maltreatment and potential for violence (Taubner et al. 2016). Thus, treating adolescents with MBT to increase their reflective functioning may be helpful to prevent adult anti-social personality pathology.

A new manual and psychoeducation have been developed applying the core MBT model to this patient group with a special focus on engagement in therapy, increase motivation, therapeutic stance and family therapy. During a feasibility trial, drop-out, retention and changes in aggression and mentalization are assessed.

First results from of a multi-site-feasibility trial and qualitative data from post treatment interviews will be reported. Aggression scores changed from pre-post significantly and diagnoses of CD were considerably reduced.

## Premature Mortality due to Suicide and Other Causes in Patients with Borderline Personality Disorder and Personality-disordered Comparison Subjects: Findings from 24 Years of Prospective, Longitudinal Follow-up

**Ph.D. Christina Temes<sup>1</sup>**

<sup>1</sup>Massachusetts General Hospital, Boston, United States, <sup>2</sup>Harvard Medical School, Boston, United States, <sup>3</sup>McLean Hospital, Belmont, United States

### **Biography:**

*Christina Temes is a staff psychologist at Massachusetts General Hospital and Instructor at Harvard Medical School. Christina is also affiliated with the Laboratory for the Study of Adult Development at McLean Hospital.*

### **Objective:**

The objectives of this presentation include: 1) describing incidence of deaths due to suicide and other causes in patients with borderline personality disorder (BPD) and comparison subjects with other personality disorders (OPD), 2) examining predictors of suicide and non-suicide death in patients with BPD. Comparison of these findings to other mortality data in this patient population will also be addressed.

### **Method:**

A total of 290 patients diagnosed with BPD via structured interview and 72 patients with OPD were recruited during inpatient psychiatric admission. Participants were followed and reassessed every two years for a total of 24 years. Participant deaths were tracked over time, with information regarding timing and cause of death recorded. Survival analyses were used to examine rates and timing of suicide- and non-suicide-related deaths in both groups over time. Cox regression was used to examine predictors of deaths in patients with BPD.

### **Results:**

A total of 5.9% of patients with BPD and 1.4% of OPD subjects died by suicide; 14.0% patients with BPD and 5.5% of OPD subjects died by non-suicide causes. Among patients with BPD, number of prior hospitalizations significantly predicted completed suicide (HR = 1.62, P = .037). Sociodemographic factors, physical health indicators, and psychiatric history significantly predicted other deaths in bivariate analyses (all P values < .05). In multivariate analyses, male sex (HR = 3.56, P = .003) and greater number of prior psychiatric hospitalizations (HR = 2.93, P < .001) significantly predicted premature death.

### **Conclusions:**

Taken together, these findings suggest that individuals with BPD are at elevated risk of premature death, consistent with other research on patients with PDs and other forms of serious mental illness. These results suggest that in addition to risk for suicide/self-harm, patient characteristics that impact long-term physical morbidity/mortality may be important treatment targets.



## The Impulsive Lifestyle Counselling Program: What is it, and how do patients react to it?

Associate Professor Birgitte Thylstrup<sup>1</sup>

<sup>1</sup>Aarhus University, Aarhus, Denmark

### **Biography:**

*Birgitte Thylstrup is an associate professor at the Center for Alcohol and Drug Research at Aarhus University with a broad range of interests across work to improve the life of people with substance use disorders, especially people with co-occurring mental health problems.*

The Impulsive Lifestyle Counseling program is a brief psychoeducational approach to increasing patient awareness of antisocial personality disorder (ASPD) and its consequences. The Impulsive Lifestyle Counselling program consists of a workbook that can be used by clinicians in settings that meet patients with ASPD. The program has been tested as an add-on to outpatient treatment for people with comorbid ASPD and substance use disorder, a common comorbidity across classes of substances that is associated with poor prognosis. Case examples are provided to illustrate how the sessions in the workbook support the clinicians in working with the patients and engage in a working alliance. The case examples reflect the varying levels of psychopathology and overall functioning, as well as the barriers and incentives that the clinicians may encounter when addressing ASPD and motivation lifestyle changes.

## Childhood symptoms of Attention-Deficit/Hyperactivity Disorder and Borderline Personality Disorder

**M.D. Annika Tiger<sup>1</sup>**, Ph.D., M.D. Anna Ohlsson<sup>1</sup>, Ph.D., Psychologist Johan Bjureberg<sup>1,4</sup>, Sebastian Lundström<sup>5</sup>, Paul Lichtenstein<sup>6</sup>, Professor, Psychologist Henrik Larsson<sup>2,3</sup>, Professor, M.D. Clara Hellner<sup>1</sup>, Ph.D., Statistician Ralf Kuja-Halkola<sup>2</sup>, Ph.D., Psychologist Nitya Jayaram Lindström<sup>1</sup>

<sup>1</sup>Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden, <sup>2</sup>Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden, <sup>3</sup>School of Medical Sciences, Örebro University, Örebro, Sweden, <sup>4</sup>Department of Psychology, Stanford University, Stanford, USA, <sup>5</sup>Gillberg Neuropsychiatry Centre, Institute of Neuroscience and Physiology, University of Gothenburg, , , <sup>6</sup>Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, ,

### **Biography:**

*I am a M.D. and adult psychiatrist. I hold a clinical position at an outpatient clinic for young adults in Stockholm. I am a doctoral student in a project with the overarching aim to investigate what leads to individuals developing Borderline Personality Disorder and associated negative symptoms and consequences such as substance related disorder, self-harm and suicide. The project is transdiagnostic aiming to investigate common predisposing phenotypes in Borderline Personality Disorder, ADHD and substance related disorder to develop better targeted treatments.*

**Objectives:** Children with attention-deficit hyperactivity disorder (ADHD) have been found to be at increased risk of borderline personality disorder (BPD) as adults. We aimed to investigate the association between childhood ADHD symptomatology and being diagnosed with BPD, and to examine if any of the subdimensions of ADHD, i.e. impulsivity, inattention, or hyperactivity is more important in the association.

**Methods:** In a nationally representative cohort of 13 330 individuals we used parent reported ADHD symptomatology, assessed at age 9 or 12, and clinically ascertained BPD diagnoses in young adulthood. Sum scores of ADHD symptoms and subdimensions impulsivity, inattention, and hyperactivity were used and standardized for effect size comparison. Associations were investigated using cox regression with sex and birth-year adjustment. Secondary outcomes were BPD-associated traits, i.e. self-harm, premature death and substance use, analysed using logistic-, cox- and linear regression respectively.

### **Results:**

ADHD symptom severity was positively associated with BPD with a hazard ratio (HR) of 1.47 (95% confidence interval (CI): 1.22-1.79) per standard deviation increase in reported ADHD symptoms.

Impulsivity was the most prominent and the only statistically significant association when analyzed in a model mutually adjusted for all subdimensions of ADHD – HR for impulsivity: 1.46 (95% CI 1.12-1.91), inattention: 1.15 (95% CI: 0.85-1.55) and hyperactivity: 0.94 (95% CI: 0.69-1.26).

In secondary analyses, weak positive associations were seen between the total ADHD symptom score and self-harm, premature death, and substance use. In analyses by subdimension, associations were small and most prominent for inattention and only in models of self-harm and premature death.

**Conclusions:** Childhood ADHD symptoms are associated with subsequent BPD diagnosis and appear to be driven primarily by impulsivity. The associations with BPD-associated traits are weaker and indicate different associations.

Our findings are important for a better understanding of what individuals are at particular risk of transition into BPD.

## Parents confronting self-harm: An unfulfilled need for early intervention

**Dr Michelle Townsend<sup>1</sup>**, Prof Brin Grenyer, Ms Emily Mathews, Ms Caitlin Miller

<sup>1</sup>University Of Wollongong, Wollongong, Australia

### **Biography:**

*Dr Townsend is a Senior Research Fellow at the Illawarra Health and Medical Research Institute and Project Air Strategy for Personality Disorders at the University of Wollongong. Dr Townsend's research areas include the long-term outcomes from adverse childhood experiences and child and adolescent well-being particularly, in the areas of mental health, self-harm and education. Much of her current work is with government departments bringing together evidence based research to collaboratively improve outcomes for children and young people.*

### **Background**

Self-harm in children and adolescents is a growing public health issue associated with a number of psychological disorders, including Borderline Personality Disorder (BPD). Parents of these children are at the forefront of identifying, responding to, and supporting their child to seek help for these behaviours. The purpose of this study is to understand parents' experiences of supporting and accessing help for their child.

### **Method**

A sequential mixed method study which included firstly, an online survey (n=37) and secondly, a semi-structured interview (n=10) was conducted to understand the experiences of parents supporting and seeking help for their child who is self-harming. Parents (mean age 45.7 years) with a child who has engaged in self-harm behaviours (mean age 16.9 years) across a range of socio-economic backgrounds took part in the study. A diagnosis of BPD was present for 41% of the young people.

### **Results**

Parents sought help from a range of services and perceived psychiatrists, private psychologists, and friends as the most helpful and school psychologists, paediatricians, Emergency Department (ED) and the national youth mental health organisation as the least helpful for responding to their child's self-harm and mental health difficulties. Two themes were interpreted from the qualitative data; 1) An emotional journey into the dark unknown, with the sub-theme Accompanying behaviours that parents feel ill-equipped to respond to and 2) The promise of psychological help. A series of recommendations for other parents in similar situations, as well as health professionals were made.

### **Conclusion**

Despite increasing research in this area, there remains a need for widely available evidence informed resources, information and support for parents. Parents want health professionals to provide appropriate referrals, work collaboratively with families, meaningfully connect with and validate parents, provide practical and psychological support for families and establish support groups for parents in similar situations.

## Dimensional Personality Impairment Is Associated with Disruptions in Intrinsic Intralimbic Functional Connectivity

**Dr. Jenna Traynor<sup>1</sup>**, Dr. Johannes Wrege<sup>2</sup>, Dr. Marc Walter<sup>2</sup>, Dr. Anthony Ruocco<sup>3</sup>

<sup>1</sup>University Of Toronto And Centre For Addiction And Mental Health, Toronto, Canada, <sup>2</sup>University Psychiatric Hospital (UPK) Basel, , Switzerland, <sup>3</sup>University of Toronto, Toronto, Canada

### **Biography:**

*Dr. Traynor is a postdoctoral fellow at the Centre for Addiction and Mental Health and the University of Toronto, and a registered clinical psychologist. Dr. Traynor investigates the impact of psychological and biological interventions for individuals who are at a high risk for suicide, including those with borderline personality disorder. She is particularly interested in using neuroimaging tools, such as functional magnetic resonance imaging, to explore biomarkers of treatment responsiveness in order to prospectively predict clinical outcomes.*

**Objectives:** Recently proposed alternative dimensional models of personality disorder (PD) place the severity of impairments in self and interpersonal functioning at the core of personality pathology. However, associations of these impairments with disturbances in social, cognitive, and affective brain networks remain uninvestigated. The primary objectives of the current study were to:

- i) compare patterns of resting-state functional connectivity (rsFC) between participants with PD and a sample of non-psychopathology control participants;
- ii) examine associations between dimensional self and interpersonal impairments and rsFC in social, cognitive, and affective brain networks

**Method:** Patterns of rsFC in 74 age- and sex-matched participants (45 inpatients with PD and 29 healthy controls) were examined. At a minimum, PD patients carried a diagnosis of borderline PD, although the majority of the sample had one or more additional PDs. rsFC patterns in the following networks were compared between groups and in association with dimensional personality impairments: default mode network (DMN)/core mentalization, frontolimbic, salience, and central executive. Further, the extent to which variation in rsFC was explained by levels of personality impairment as compared to typology-specific borderline PD symptom severity was explored.

**Results:** Relative to controls, the PD group showed disruptions in rsFC within the DMN/core mentalization and frontolimbic networks. Among PD patients, greater severity of dimensional self-interpersonal impairment was associated with stronger intralimbic rsFC. In contrast, severity of borderline PD-specific typology was not associated with any rsFC patterns.

**Conclusions:** Disruptions in core mentalization and affective networks are present in PD. Higher intralimbic functional connectivity may underlie self-interpersonal personality impairment in PD regardless of diagnostic typology-specific PD symptoms, providing initial neurobiological evidence supporting alternative dimensional conceptualizations of personality pathology.

## The examination of personality disorder profiles as moderators of treatment outcome in dialectical behavior therapy

**Dr. Amanda Uliaszek<sup>1,2</sup>**, Dr. Judith Levy-Ajzenkopf<sup>2</sup>, Dr. Nathan Kolla<sup>1,2</sup>, Dr. Ryan Klein<sup>2</sup>

<sup>1</sup>University Of Toronto, Toronto, Canada, <sup>2</sup>Centre for Addiction and Mental Health, Toronto, Canada

### **Biography:**

*Amanda A. Uliaszek, Ph.D., C.Psych is an Associate Professor of Psychology at the University of Toronto, as well as the Clinician Scientist for SickKids Centre for Community Mental Health and an Affiliate Scientist at the Centre for Addiction and Mental. As the director of the STEPP (Study and Treatment of Emotion Dysregulation and Personality Pathology) Lab since 2011, Dr. Uliaszek has gained recognition for her research in both DBT and BPD, with a specific focus on adolescents and university students. Her current research prioritizes psychotherapy mechanisms and outcomes, program evaluation, and barriers to treatment access.*

Dialectical behavior therapy (DBT), which includes individual plus group therapy, has demonstrated efficacy in individuals with borderline personality disorder (BPD) and those experiencing suicidality. While previous research also supports its efficacy in transdiagnostic populations, further research is needed to determine which, if any, baseline symptom profiles moderate the efficacy of DBT. In addition, recent research focused on dosage of DBT for BPD samples provides support for the reduction of standard DBT implementation timelines, however little research examining dosage has been done transdiagnostic populations. The present study capitalizes on a three-track DBT program implemented in a hospital-based, tertiary care setting, treating a high-risk, transdiagnostic population. In this case, dosage is not a function of time, but instead a function of intensity of treatment. Based on severity and availability, clients are assigned to one of the following: a low intensity track (weekly DBT skills group only), a medium intensity track (weekly DBT skills group and individual therapy), and a high intensity track (two weekly DBT skills groups, individual therapy) all 12 weeks in length. Participants completed a large questionnaire battery, including an assessment of BPD (Borderline Symptom List-23), general personality disorder symptoms (Personality Inventory for the ICD-11), and general functioning (WHO Disability Assessment Schedule), at pretreatment, midtreatment, posttreatment, and 8-week follow-up. This presentation will focus on the relationships between personality disorder symptom profiles and severity at pretreatment, as well as how trajectories of change across time and treatment track interact with these profiles. This study, which has been preregistered, has the potential to influence triage and treatment planning decisions in real-world settings. In addition, these results may demonstrate if and how personality disorder symptoms, other than those related to BPD, can influence independent treatment outcomes and demonstrate malleability across a course of DBT.

## The Mentalization Breakdown Interview (MBI): A new method for assessing mentalizing capacity in research and clinical practice.

**Dag Anders Ulvestad<sup>1</sup>**

<sup>1</sup>*Oslo University Hospital, Oslo, Norway*

### ***Biography:***

*I am a consultant psychiatrist at Oslo University Hospital, working in an Outpatient clinic specialized in assessment and treatment of borderline personality disorder. I have a special interest in psychotherapy in general, and MBT in special. My research interest is mainly in the field of RF assessment and psychotherapy process and outcome studies.*

**Objectives:** Mentalizing difficulties are central to the psychopathology of borderline personality disorder (BPD), characterized by significant fluctuations and occasionally complete mentalizing breakdowns, primarily during strong emotions in attachment contexts. Such mentalizing breakdowns can lead to severe relational problems, self-destructive behavior, violence, and substance misuse. Thus, a reduction in frequency and severity of such collapses is a goal in therapy for this condition. The gold standard for assessing mentalizing capacity is applying the Reflective Functioning scale (RF scale) on the adult attachment interview (AAI). As the focus of the AAI is mainly patients' past relationships with early caregivers, one concern has been that this method may not be able to capture patients' mentalizing difficulties pertaining to more recent emotionally charged interpersonal situations. This study investigates the interrater reliability of a new method for assessing mentalizing capacity among patients with BPD, the Mentalization Breakdown Interview (MBI).

**Method:** The MBI is a semi-structured interview which explores mentalizing breakdown episodes in close relationships during the past six months. The interview assesses the frequency and severity of episodic mentalizing breakdowns, as well as the patient's ability to reflect on such episodes in retrospect. Videotapes of the MBI provide material for systematic rating of Reflective Functioning (MBI-RF) by formally qualified RF experts. 32 patients with BPD in the age group 19-30 years were included in the study. The study investigated the interrater reliability of 1) MBI-RF and 2) frequency and severity of the mentalizing breakdown episodes.

**Results and conclusions:** The interrater reliability was good for the MBI-RF scores and in the good to excellent range for other quantitative variables. Some challenges regarding the rating of the interview and the RF scale will be discussed, both in general terms and specifically for the MBI. The MBI's potential role in clinical settings and research will also be presented.

## The effects of wearing a mask on facial attractiveness, trustworthiness, and threateningness and the modulating effects of COVID skepticism

**Dr. Zsolt Unoka<sup>1</sup>**, Dávid Balogh<sup>1</sup>, Dorottya Szily<sup>1</sup>

<sup>1</sup>*Department of Psychiatry and Psychology, Semmelweis University, Budapest, Magyarország*

### **Biography:**

*I am a psychiatrist and a psychotherapist, and the Head of the Psychotherapy Ward at the Department of Psychiatry and Psychotherapy, Semmelweis University. My research area is social cognition and affect regulation in personality disorders.*

**Objectives:** The present study investigates the effects of wearing face masks on facial personality trait attribution. Our first hypothesis was that there would be a correction from the least and most to the mean score of personality traits if there were missing information (a mask covered part of the face). Our second hypothesis was that skepticism regarding wearing a mask would also affect trait attribution.

**Methods:** 1377 participants completed an online survey (80.46% female; mean age = 40,3 years). We measured the participant's general attitudes toward the pandemic and its restrictions. The participants rated on a five-point Likert scale the personality traits of selected facial stimuli from the Chicago Face Database. We used 24 faces with neutral emotional expressions from the two opposite ends of the following trait spectrums: attractive, threatening, and trustworthy. Every face appeared twice: first with a mask and second without a mask.

**Results:** Highly attractive, trustworthy and threatening faces were less attractive ( $z = -9$ ,  $p < .001$ ), less trustworthy ( $z = -8.6$ ,  $p < .001$ ) and less threatening with mask; highly unattractive, untrustworthy, nonthreatening faces were more attractive ( $z = -17.7$ ,  $p < .001$ ), more trustworthy ( $z = -23.4$ ,  $p < .001$ ) and more threatening ( $z = -8.35$ ,  $p < .001$ ) with mask, than without mask, respectively. Who rejects vaccination rates faces with masks less attractive, less trustworthy, and more threatening than those who accepted or would like to get the vaccination.

**Conclusion:** Surgical mask alters the observer's processing of personality traits with two different mechanisms. The regression to the mean mechanism leads to less extreme trait attribution, whereas the COVID skeptical attitude distorts all faces with masks into the less attractive, less trustworthy, and more threatening direction.

## Characteristics of patients with Borderline Personality Disorder in a public general hospital in Lima, Peru during the first wave of the COVID 19 pandemic: Series of cases

**Glauco Valdivieso Jiménez<sup>1</sup>**

<sup>1</sup>Hospital de Emergencias Villa El Salvador, Villa El Salvador, Peru, <sup>2</sup>Instituto Peruano para el Estudio y Abordaje Integral de la Personalidad (IPEP), , Peru

### **Biography:**

*Psychiatrist, Psychotherapist with training in DBT, MBT and TFP. Medical Director of Instituto Peruano para el Estudio y Abordaje Integral de la Personalidad (IPEP). Assistant Physician of the Psychiatry Service of Villa El Salvador Emergency Hospital. Therapist and teacher at Centro para le Investigación, Docencia y Atención Integral en Salud Mental (CENTIDOS). Associate Editor of Revista Latinoamericana de Personalidad.*

**Objectives:** To describe the main characteristics of adolescent and adult patients with Borderline Personality Disorder (BPD) treated in Emergency and Hospitalization services of Villa El Salvador Emergency Hospital during the first wave of the COVID19 pandemic in Lima, Peru.

**Methods:** An analysis of 17 cases of patients with BPD according to DSM 5 criteria was carried out in SISGALEN PLUS software database that have been evaluated in the Emergency and Hospitalization areas during the first wave of the COVID 19 pandemic. Sociodemographic, clinical and personal variables were taken into account. A descriptive analysis of frequencies and proportions was carried out in SPSS 24.0 software.

**Results:** Regarding sociodemographic variables, the average age was 27.47 (SD=11.242), 82.4% single, 88.2% female, 52.9% from Villa El Salvador, 82.4% catholics, 76.5% have completed secondary school and 47.1% were housewives. For clinical variables, 64.7% located in the Emergency Service, 58.8% had no current diagnosis of COVID-19, 64.7% without medical comorbidity, 35.3% without psychiatric comorbidity, 52.9% with suicide attempt as the main reason for consultation, 52.9% without regular use of medications, 88.2% with psychopharmacological treatment; 70.6% received a psychiatric interview intervention; Regarding symptoms, all presented interpersonal problems, impulsivity, emotional instability and inappropriate anger, while 58.8% had alteration of identity and 94.1% had suicidality. For personal variables, 82.4% had no family history, 88.2% had no history of abuse or trauma, 52.9% had a history of substance use, and 88.2% had no previous hospitalizations.

**Conclusion:** The most of patients with BPD were young adults, women, single, from Villa El Salvador, catholics, completed secondary school, housewives, from Emergency, no diagnosis of COVID-19, without medical or psychiatric comorbidity, consulted for suicide attempt, without habitual use of medications, with indicated psychopharmacological treatment, a psychiatric interview was conducted, they had active symptoms, history of substance use and no family history, abuse or hospitalizations.



## Experiences and challenges in the management of suicidal crises in patients with Borderline Personality Disorder in a general hospital during the first wave of the COVID-19 pandemic in Lima, Peru

Glauco Valdivieso Jiménez<sup>1</sup>

<sup>1</sup>Hospital de Emergencias Villa El Salvador, Villa El Salvador, Perú, <sup>2</sup>Instituto Peruano para el Estudio y Abordaje Integral de la Personalidad (IPEP), , Perú

### **Biography:**

*Psychiatrist, Psychotherapist with training in DBT, MBT and TFP. Medical Director of Instituto Peruano para el Estudio y Abordaje Integral de la Personalidad (IPEP). Assistant Physician of the Psychiatry Service of Villa El Salvador Emergency Hospital. Therapist and teacher at Centro para le Investigación, Docencia y Atención Integral en Salud Mental (CENTIDOS). Associate Editor of Revista Latinoamericana de Personalidad.*

**Objective:** To demonstrate the experience and challenge involved in managing clinical cases of patients with suicidal risk in a general hospital declared by the government as exclusive for the care of patients with COVID-19 during the first wave of pandemic.

**Methods:** Presentation of hospital protocols for psychiatric care of patients with COVID-19, as well as experiences in the execution of specific protocols such as the Crisis Plan and L-RAMP (Linehan Risk Assesment and Management Protocol) from Dialectical Behavioral Therapy (DBT) for the management of suicidal crises in three patients with a diagnosis of Borderline Personality Disorder in the Emergency service.

**Results:** The presentation of three clinical cases of patients with Borderline Personality Disorder with suicidal crises in the Emergency service.

**Conclusion:** It is possible to apply specific crisis management protocols of Dialectical Behavioral Therapy as a tool that can be adapted to the context of a pandemic in a general hospital for the benefit of the patient with Borderline Personality Disorder.

## Adaptations in online modality of Dialectic Behavioral Therapy for Adolescents in a private institution in Lima, Peru: Difficulties and benefits

Glauco Valdivieso Jiménez<sup>1</sup>

<sup>1</sup>*Instituto Peruano para el Estudio y Abordaje Integral de la Personalidad, Lima, Peru,* <sup>2</sup>*Programa DBT Adolescentes, Centro para la Investigación, Docencia y Atención Integral en Salud Mental (CENTIDOS), Lima, Peru*

### **Biography:**

*Psychiatrist, Psychotherapist*

**Objective:** To describe the adaptations to the online modality of the Dialectical Behavioral Therapy Program for Adolescents with Borderline Personality Disorder or Emotional Dysregulation (DBT A) and the therapeutic experience when facing difficulties and benefits in its different treatment modalities (individual therapy, Multifamily Skills Group, Drug Treatment, and Team Supervision), during the COVID-19 pandemic crisis at the Center for Research, Teaching and Comprehensive Care in Mental Health (CENTIDOS) in Lima, Peru.

**Methods:** Presentation of clinical cases in which adaptations have been made in the protocols and treatment modalities of DBT A so that it can be carried out online according to the needs of the current context. It is compared with the scientific literature available on DBT A in the PubMed and Google Scholar databases.

**Results:** Demonstration of the difficulties and benefits through clinical cases of the participants of the DBT A program, as well as the experience of managing suicidal crises and the use of specific protocols through online modality.

**Conclusion:** The DBT A program can be adapted according to the needs of the COVID-19 context in order to protect the physical and mental health of adolescents and their families. The online modality has difficulties and benefits that need to be studied more widely.

## Prevalence, assessment and treatment of older adults with personality disorders

**Prof.dr. Bas van Alphen<sup>1</sup>**

<sup>1</sup>*Clinical Center of Excellence for Older Adults with Personality Disorders, Mondriaan Hospital, Heerlen-Maastricht, Netherlands, <sup>2</sup>Vrije Universiteit Brussel (VUB), Brussels, Belgium, <sup>3</sup>Tilburg University, Tilburg, Netherlands*

### ***Biography:***

*Professor of Clinical Geropsychology at Vrije Universiteit Brussel, Brussels, Belgium (VUB), professor of Mental Health Psychology at Tilburg University, Tilburg, the Netherlands and head of the Clinical Centre of Excellence for Older Adults with Personality Disorders of Mondriaan Hospital, Heerlen-Maastricht, the Netherlands.*

**Objective:** Reviewing the literature on the prevalence, assessment, and treatment of personality disorders (PDs) among older adults ( $\geq 60$  years).

**Method:** A literature search was performed using the databases of Medline/Pubmed and PsycINFO, to review papers describing the prevalence, assessment, and treatment of PDs in older adults.

**Results:** The studies showed that PDs in late life were rather prevalent. We found prevalence rates between 3% and 14.5% in community-dwelling older adults, 5% and 33% for those receiving outpatient care and between 7% and 80% for those receiving inpatient care. Research on assessment contained studies on psychometric properties of age-specific personality tests, the age neutrality of specific items/scales, and validation of personality inventories for older adults. We identified only three treatment studies -one on dialectical behavior therapy and two on schema therapy- with promising results among older patients despite small and heterogeneous populations.

**Conclusions:** Research in older adults with PDs is steadily growing and is predominantly focused on epidemiology and assessment. Despite promising treatment findings, there is an urgent need for efficacy studies addressing PDs in older adults. Furthermore, new areas of interest arise such as behavioral counseling in nursing homes.

## The skill and will to work with patients with antisocial personality disorder (ASPD). What does it take to build an effective therapeutic alliance with ASPS patients?

**Professor Arno van Dam**

<sup>1</sup>Tilburg University, Tilburg, Netherlands

### ***Biography:***

*Arno van Damm is professor of clinical psychology at Tilburg University, and works as a clinical psychologist and head of research. He sees both general psychiatric patients and forensic psychiatric patients.*

the majority of clinicians seem to experience negative emotions towards patients with antisocial personality disorder (ASPD) resulting in the exclusion of them in many treatment programmes. The exclusion of ASPD in many treatment programmes is a serious problem because ASPD has a significant impact on society and affects not only patients with ASPD themselves but also their environment in terms of interpersonal, financial and emotional consequences. Relatively little is known about the reasons why some clinicians are willing to work with ASPD patients and others are not and what can be done to increase the motivation to do so.

The results of two studies are presented. In the first study<sup>1</sup>, we interviewed ASPD patients about their experiences in mental health care. The Interviews revealed that their experiences in MHC are often disappointing and that they have difficulties in trusting their therapists. In the second study<sup>2</sup> the theory of planned behaviour (TPB) and the Feeling Word Checklist were used to measure the attitude, perceived social norm, perceived behavioural control, positive and negative emotions towards ASPD patients in relation to the intention to provide psychological treatment to ASPD. The TPB appeared to predict the intention to provide psychological treatment to ASPD adequately.

On basis of both studies, suggestions are presented on how to build an effective therapeutic alliance with ASPD patients.

## Borderline Personality Disorder and Antisocial Behaviors in Adolescence: The Role of Impulsivity

Tessa van den Berg<sup>1,2</sup>, dr. Odilia Laceulle<sup>1</sup>, Prof. dr. Judith Dubas<sup>1</sup>, dr. Christel Hessels<sup>2</sup>, Prof. dr. Marcel van Aken<sup>1</sup>

<sup>1</sup>Utrecht University, Utrecht, Netherlands, <sup>2</sup>GGz Centraal, Amersfoort, Netherlands

### **Biography:**

*Tessa van den Berg is a PhD Candidate on the PRIMARY-project at Utrecht University and mental health care institution GGz Centraal since 2019. She earned a master's degree in Child Development and Education (research master) and Forensic Child Psychology. The PRIMARY-project aims to develop a low-key online intervention for youths (12-25 years) with characteristics of Borderline Personality Disorder (BPD) and who struggle with self-harm. In her research, Tessa aims to investigate the underlying mechanisms in the development of BPD in youths, with a focus on impulsivity, social stress, and self-harm.*

**Objectives:** Adolescents with characteristics of Borderline Personality Disorder (BPD) are at greater risk of antisocial behaviors (i.e., problem behavior, problems with alcohol, and problems with drugs). Of all personality characteristics, particularly impulsivity seems to be related to both BPD and antisocial behaviors, and could therefore be key in clarifying the relationship between the two. However, impulsivity consists of several facets which – in the literature – often all refer to the umbrella-term ‘impulsivity’: negative urgency, positive urgency, premeditation, perseverance, and sensation seeking. In our study, we will investigate these facets of impulsivity together in one model, in order to examine which facets are (most) important in the constructs BPD and antisocial behaviors, and in the relationship between the two.

**Method:** The sample consists of ±340 youths between 12 and 26 years old who were referred to specialized mental health care services for assessment and treatment of psychiatric problems. Structural Equation Modeling (SEM) will reveal which facets of impulsivity are (most) related to BPD, problem behavior, problems with alcohol, and problems with drugs, respectively. Furthermore, Full SEM analyses will be carried out to investigate which facets can explain shared variance between BPD and antisocial behaviors. In a subsample, we test a longitudinal mediation model to investigate whether these facets of impulsivity also act as a mediator over time between BPD and antisocial behaviors.

**Results:** We are currently running analyses.

**Conclusions:** This study provides new insights in how BPD is related to antisocial behaviors. By disentangling the complex construct of impulsivity, we can investigate how different facets of impulsivity can explain the relationship between BPD and antisocial behaviors. This offers specific implications for the mental health care of youths with characteristics of BPD, and how antisocial behaviors can be prevented in this population.

## God representations and personality disorders: design and preliminary results of a multidimensional longitudinal study of change in schema therapy and MBT-groups.

**Msc Nathan Van Der Velde<sup>1</sup>**, PhD Hanneke Schaap-Jonker, MSc Allard Sierksma

<sup>1</sup>Centre for Research and Innovation in Christian Mental Health Care, Eleos/ De Hoop, , Netherlands

### **Biography:**

*Nathan van der Velde is a psychologist working in a mental healthcare, with a focus on working with personality disorder patients. Working in a region with many conservative Christian patients, he developed an interest in studying religious experience from a psychological perspective. At the moment, he is working on a PhD project, focussing on God representations of personality disorder patients.*

This paper presents a theoretical framework and preliminary results of a longitudinal study among personality disorder patients undergoing group psychotherapy (schema therapy and mentalization-based treatment) in a Christian mental healthcare institute in the Netherlands. Studies have shown many positive and negative associations between mental health and religion/ spirituality. Representations of self and others have been shown to be related to God representations. Cross-sectional studies have shown that many patients with personality disorders report negatively valenced God representations, experiencing fear and anger towards a God who is often perceived as harsh and abandoning. This could hinder their therapeutic process. Also, some patients report a positive God representation, which might have salutogenic as well as defensive functions. Previous studies show that attention to religion/ spirituality contributes to better treatment outcomes for patients for who religion/ spirituality is important. However, this has mainly been studied among patients in short-term cognitive-behavioral therapies. Looking from a multidimensional perspective, we suggest that in association with treatment progress in personality pathology, patients to some extent come to experience more support from God, and become less anxious and angry towards God. The ways in which personality pathology and God representations are related might play an important role in treatment progress. We discuss possibilities and practical and ethical pitfalls in targeting religious representations in personality disorder group psychotherapy.

## Reviewing the availability, efficacy and clinical utility of Telepsychology in Dialectical Behavior Therapy (Tele-DBT)

**Msc Hanneke van Leeuwen<sup>1,2,3</sup>**, MSc Roland Sinnaeve<sup>3,4,5</sup>, Ursula Witteveen<sup>3,6,7</sup>, PhD Tom van Daele<sup>8</sup>, PhD Lindsey Ossewaarde<sup>9</sup>, PhD Jos I.M. Egger<sup>1,2,10</sup>, PhD Louisa M.C. van den Bosch<sup>3,7</sup>

<sup>1</sup>Centre of Excellence for Neuropsychiatry, Vincent van Gogh Institute for Psychiatry, Venray, the Netherlands, <sup>2</sup>Donders Institute for Brain, Cognition and Behaviour, Radboud University, Nijmegen, the Netherlands, <sup>3</sup>Dialexis, Training institute for Dialectical Behavior Therapy, Nijmegen, the Netherlands, <sup>4</sup>UPC KU Leuven, Kortenberg, Belgium, <sup>5</sup>Department of Neurosciences, Mind Body Research, KU Leuven, Leuven, Belgium, <sup>6</sup>GGNet for Psychiatry, Apeldoorn, the Netherlands, <sup>7</sup>Dutch Centre for treatment in DBT (NB-DBT), Harderwijk, the Netherlands, <sup>8</sup>Expertise Unit Psychology, Technology & Society, Thomas More University of Applied Sciences, Antwerp, Belgium, <sup>9</sup>Centre for Anxiety and Obsessive-Compulsive Disorders, Vincent van Gogh Institute for Psychiatry, Venray, the Netherlands, <sup>10</sup>Stevig Specialized and Forensic Care for People with Intellectual Disabilities, Dichterbij, Oostrum, the Netherlands

### **Biography:**

Mrs. Hanneke van Leeuwen, PhD candidate, graduated in mental healthcare psychology at Radboud University in Nijmegen in 2013. Since then, she is working both as a psychologist and researcher at the Vincent van Gogh Institute. She combines her clinical and research activities with teaching as a trainer in Dialectical Behavior Therapy (DBT) at Dialexis, the training institute for DBT in the Netherlands and Belgium. Her research interests lie in the field of psychopathology, neuropsychological assessment and more specifically in the clinical efficacy and utility of DBT.

**Background:** Telepsychology is increasingly being implemented in mental health care. We conducted a scoping review on the best available research evidence regarding availability, efficacy and clinical utility of telepsychology in DBT. The review was performed using PRISMA-ScR guidelines. Our aim was to help DBT-therapists make empirically supported decisions about the use of telepsychology during and after the current pandemic and to anticipate the changing digital needs of patients and clinicians.

**Methods:** A search was conducted in PubMed, Embase, PsycARTICLES and Web of Science. Search terms for telepsychology were included and combined with search terms that relate to DBT.

**Results:** Our search and selection procedures resulted in 41 articles containing information on phone consultation, smartphone applications, internet delivered skills training, videoconferencing, virtual reality and computer- or video-assisted interventions in DBT.

**Conclusions:** The majority of research about telepsychology in DBT has focused on the treatment mode of between-session contact. However, more trials using sophisticated empirical methodologies are needed. Quantitative data on the efficacy and utility of online and blended alternatives to standard (i.e. face-to-face) individual therapy, skills training and therapist consultation team were scarce. The studies that we found were designed to evaluate feasibility and usability. A permanent shift to videoconferencing or online training is therefore not warranted as long as face-to-face is an option. In all, there is an urgent need to compare standard DBT to online or blended DBT. Smartphone apps and virtual reality (VR) are experienced as an acceptable facilitator in access and implantation of DBT skills. In addition, we have to move forward on telepsychology applications by consulting our patients, younger peers and experts in adjacent fields if we want DBT to remain effective and relevant in the digital age.

## Narcissistic traits in young people

**Dr. Charlotte van Schie<sup>1</sup>**, Heidi Jarman<sup>2</sup>, PhD Elizabeth Huxley, PhD Sam Reis<sup>1</sup>, Professor Brin Grenyer<sup>1</sup>

<sup>1</sup>Project Air Strategy for Personality Disorders, University Of Wollongong, Wollongong, Australia, <sup>2</sup>The Reflective Space: Clinical Psychology & Psychotherapy Services, Milsons Point, Australia

### **Biography:**

*Dr Charlotte van Schie is a psychologist and research fellow with the Project Air strategy. Her PhD focused on the self and interpersonal challenges that people with Borderline Personality Disorder experience. She has clinical training in the Netherlands and Australia working with children, adolescents and adults. She has published and presented internationally. She is particularly interested in the role of childhood trauma in later psychopathology, the adolescent phase of identity development and the neurobiology of understanding self and others.*

### **Objectives:**

In adolescence and emerging adulthood narcissistic traits can become pathological and contribute to self- and interpersonal dysfunction. To inform interventions, it is important to understand concomitants and functional mechanisms of vulnerable and grandiose pathological narcissism in young people. In this research project, we aimed to 1) understand how perceptions of childhood experiences relate to elevated pathological narcissism traits and 2) how current experiences of shame may relate to more self- and interpersonal dysfunction.

### **Method:**

A large sample of young people (N = 348, 78% female, age range: 17–25 years) reported on grandiose and vulnerable narcissism traits, their childhood experiences, current attachment styles and experiences of shame. Structural equation modelling was used to 1) examine the association between maternal and paternal parenting styles and grandiose and vulnerable narcissism and 2) to test the mediation of shame experiences between vulnerable and grandiose narcissism and self- and interpersonal dysfunction expressed as current attachment style.

### **Results:**

We found that remembered overprotection from mothers and fathers was associated with both vulnerable and grandiose narcissistic traits. Moreover, remembered maternal overvaluation related to current grandiosity, and maternal leniency related to vulnerable narcissistic traits. Secondly, experiences of shame mediated the relationship between vulnerable narcissism and a more negative model of self and others (i.e. less secure, more fearful and more preoccupied in attachment).

### **Conclusions:**

Remembered childhood environments of being overprotected and overvalued are associated with grandiose and vulnerable narcissistic traits. This may be characterized by the young person expressing unrealistic self-views. Moreover, young people with vulnerable narcissism traits tended to report more shame, which related to struggling to be close to others. It may be that shame experiences highlight unrealistic self-views, further challenging self- and interpersonal functioning. A good working alliance and fostering self-compassion may counter some negative effects of shame in those most vulnerable.



## Momentary borderline personality disorder symptoms in youth as a function of parental invalidation and youth-perceived support

Salome Vanwoerden<sup>1</sup>, Dr. Amy Byrd<sup>1</sup>, Dr. Vera Vine<sup>1</sup>, Dr. Joseph Beeney<sup>1</sup>, Dr. Lori Scott<sup>1</sup>, Dr. Stephanie Stepp<sup>1</sup>

<sup>1</sup>University Of Pittsburgh, Pittsburgh, United States

### **Biography:**

*Salome Vanwoerden is a postdoctoral fellow at the University of Pittsburgh. Salome completed her graduate studies at the University of Houston. Her research interests include the developmental psychopathology of borderline personality disorder and how the parent-child relationship influences interpersonal dysfunction associated with the disorder.*

**Objective.** Parental invalidation is central to etiological models of borderline personality disorder (BPD). Previous studies relied on retrospective accounts or laboratory observations to examine these associations. There is a dearth of research assessing these constructs in daily life, and limited studies have tested the effect of parental invalidation on BPD symptoms during early adolescence, when BPD onsets. The current study took a dynamic approach to assess parents' validating and invalidating behavior and its effect on youths' BPD symptom expression in daily life, while accounting for parent-perceived helpfulness of these behaviors and youth-perceived support.

**Methods.** A psychiatric sample of 162 early adolescents (age range=10.58-14.10 years; 47% female) and their parent completed a four-day ecologically momentary assessment study. Parents reported on the use of validating and invalidating (e.g., punishing, ignoring) behaviors during parent-child conflict, as well as perceived helpfulness of these behaviors. Youth reported on their BPD symptoms and perceived parental support. Multilevel models were used to test the between- and within-person effects of parents' validating and invalidating behaviors, parent-perceived helpfulness and youth-perceived support, and their interaction on youth's momentary expression of BPD symptoms.

**Results.** At the between-person level, invalidating behaviors, specifically punishing behaviors, were related to greater BPD symptoms in daily life, while ignoring behaviors were associated with fewer BPD symptoms. Youth-perceived support predicted fewer BPD symptoms.

**Conclusions.** Results underscore the importance of parental invalidation for the expression of BPD symptoms in daily life and also highlight the importance of youth's subjective experience of parental support. Findings will be discussed in terms of etiological and intervention models that emphasize a dyadic framework.

## Schema therapy for personality disorders in older adults: new developments

**Dr. AC Videler<sup>1,2</sup>**, Dr. Machteld Ouwens<sup>1,2</sup>, Prof. dr. Bas van Alphen<sup>1,2,3,4</sup>

<sup>1</sup>Ggz Breburg, Tilburg, Netherlands, <sup>2</sup>Tilburg University, Tilburg, Netherlands, <sup>3</sup>Vrije Universiteit Brussel, Brussel, Belgium,

<sup>4</sup>Mondriaan Hospital, Heerlen, Netherlands

### **Biography:**

Psychotherapist, psychologist and head of PersonaCura, clinical centre of excellence for personality disorders and autism in older adults, and head of the clinical centre of excellence for Body, Mind and Health, specialized in somatic symptom disorders, both of GGz Breburg, Tilburg, the Netherlands. Also senior research fellow at Tranzo Department, Tilburg University, the Netherlands.

### **Objectives**

Although the first studies into schema therapy in older adults were encouraging, age-specific adaptations of therapy protocols that were developed for and tested in younger people are wanted to enhance the feasibility and effectiveness. Integrating age-specific moderators for change, such as wisdom enhancement, attitudes to aging, and positive schemas, seem promising. Three studies will be discussed.

### **Methods**

In a first study, adaptations for older adults were integrated into a new protocol for brief group schema therapy for older adults with mixed personality disorders to enhance its feasibility and effectiveness, which was tested in an open trial. Two other studies apply a multiple baseline design, one into schema therapy for borderline personality disorder in older people, and another study into an adapted schema therapy protocol for cluster C personality disorders in later life.

### **Results**

The open trial into an age-adapted brief group schema therapy protocol was highly accepted by the participants, but yielded only small effect sizes on symptoms, schemas and schema modes. The multiple baseline studies into an adapted individual schema therapy protocol and into borderline PD are ongoing, and preliminary results will be presented at the conference.

### **Conclusions**

Although the feasibility of the adapted brief group schema therapy protocol for older patients with personality disorders seems improved, effectiveness did not increase as compared to an earlier open trial into brief group schema therapy in older patients with depression and personality disorder traits. Possibly, this is because of the more impaired patient group that was included in this study, as all patients were older adults with full PD diagnoses. As effective group schema therapy treatments for younger age groups are more intensive and prolonged, a more intensive and prolonged schema therapy protocol for PDs in older adults is needed, that combines group and individual schema therapy.

## Mortality among patients with Borderline Personality Disorder 15 years after completion of Dialectical Behavior Therapy in Germany

Ruben Vonderlin<sup>1</sup>, Marie-Luise Zeitler<sup>1</sup>, Martin Bohus<sup>1</sup>, Nikolaus Kleindienst<sup>1</sup>

<sup>1</sup>Central Institute Of Mental Health, Mannheim, Germany

### **Biography:**

*Ruben Vonderlin earned his degree in Psychology (M.Sc.) at the University of Mannheim, Germany. He is currently working as a PhD student at the Institute for Psychiatric and Psychosomatic Psychotherapy at the Central Institute of Mental Health in Mannheim under the supervision of Prof. Martin Bohus.*

**Objective:** Patients with borderline personality disorder (BPD) often suffer from chronic suicidality and engage in a wide range of impulsive, harmful behaviours. In addition, BPD has been discussed to be associated with increased mortality rates. However, empirical data on suicide and mortality rates in BPD show heterogeneous results, ranging from over 10% in earlier studies to 3.4% in more recent studies. Furthermore, long-term data from European patients after specialized treatment are not yet available. The present work therefore aims to i) summarise the current evidence on mortality and suicide rates among BPD patients and the most important risk factors and ii) report current empirical findings on mortality rates in a German sample of former BPD patients 15 years after specialised treatment (DBT).

**Method:** Former participants in a DBT treatment study were tracked 15 years after the therapy entry, numbers and causes of death were investigated. The 110 female patients were aged between 17-46 years (Mean=27.34, SD=7.09) and had initially started either a residential or an outpatient treatment. Mortality rates were compared to data from the general population in Germany matched with respect to age and gender.

**Results:** Within the 15 years of follow-up, 3.64% (4/110) of the patients died, whereas mortality in the general population was 1.31%. Mortality rates in an originally treated sample with DBT after 15 years of natural follow-up are rarely higher than in the German general population. This corresponds to a relative risk of mortality of 2.78. One of the patients committed suicide, the other deaths were classified as natural or accidental.

**Conclusions:** Mortality rates in BPD patients treated with DBT 15 years after therapy entry were higher than in general population in Germany. In addition, mortality in German BPD patients was comparable to mortality rates found in recent long-term follow-up studies in the US.

## Suicides in people diagnosed with personality disorders in contact with mental health services. A national registry study 2008 – 2018

PsyD Fredrik A. Walby<sup>1</sup>, M.Sc. Martin O. Myhre, M.Sc. Helene Astrup

<sup>1</sup>National Center For Suicide Research And Prevention. University Of Oslo, Norway, Oslo, Norway

### **Biography:**

Researcher PsyD, consultant clinical psychologist

Project head, The Norwegian Surveillance System for Suicide in Mental Health and Substance Misuse Services / National Center for Suicide Research and Prevention

**Objectives:** To examine all people who died by suicides during or less than 12 months after contact with mental health services, substance use disorder services or private mental health specialists who were diagnosed with a personality disorder, and compare age, and treatment characteristics between men and women.

**Method:** A nationwide register-linkage study between the Norwegian patient registry and the Causes of Death registry in Norway 2008-2018. All people that had been in contact with adult mental health services, substance misuse servicers and independent psychiatrist or psychologist less than 12 months before suicide and received a personality disorder diagnosis (F60.0-F61) were included.

**Results:** Among 2716 suicides that were in contact with secondary mental health services less than 12 months before suicide between 2008 – 2018, 309 (11,4 %) were diagnosed with a personality disorder at least once in the last year. 58,3 % were female. Mean age were 39.7 years with no gender differences ( $p = 0.447$ ). The most common personality disorders were borderline (45.0%), unspecified (19.4%) and avoidant (9.7). Mean number of inpatient stays were 3.3 (SD = 3.93) and number of outpatient visits were 33.0 (SD= 43.5) during the last year. Hanging (42.7 %) and poisoning (34.6 %) were the most common suicide methods with non-significant gender differences. Females had more inpatient stays than males ( $p < .002$ ) and a higher number of outpatient appointments ( $p < .002$ ). Women had more Cluster B disorders due to a high number of borderline personality disorders. Men had more cluster A, B and unspecified personality disorders ( $\chi^2 = 42.1$ ,  $df = 3$ ,  $p > 0.01$ )

**Conclusion:** Fewer than expected were diagnoses with a personality disorder before suicide. There were important effects of gender both on type of diagnosis and on type and amount of treatment received.

## The Feasibility and Acceptability of the Mediation Intervention for Sensitizing Caregivers for Mothers with Borderline Personality Disorder

Kiana Wall<sup>1</sup>, Jessica Hernandez Ortiz<sup>1</sup>, Dr. McClain Sampson<sup>1</sup>, Dr. Carla Sharp<sup>1</sup>

<sup>1</sup>University Of Houston, Houston, United States

### **Biography:**

*Kiana is currently a fourth-year doctoral student in the Clinical Psychology program at the University of Houston. She graduated from the University of Houston in May of 2016 with her B.A. in Psychology, and in August of 2019 with her M.A. Kiana's primary research interests include the assessment of personality disorders, the role of attachment and social cognition in the development of borderline personality disorder (BPD), and translational research to inform the prevention and early intervention of BPD.*

**Objectives.** Extant data suggest that children of mothers with borderline personality disorder (BPD) are at risk for poor psychosocial outcomes and intergenerational transmission of psychopathology is high. One avenue for interrupting intergenerational transmission is through scaffolding parenting. The Mediation Intervention for Sensitizing Caregivers (MISC) has been used in other high-risk populations impacted by attachment disruption and holds promise for this population. However, before MISC can be used with mothers with BPD, it is first important to evaluate its feasibility and acceptability in this context. The objective of the current study was to evaluate the feasibility and acceptability of MISC for mothers with BPD and identify key elements that should be integrated into a future adaptation of MISC.

**Method.** The current study uses both quantitative and qualitative methods to evaluate the feasibility and acceptability of MISC for mothers with BPD. Quantitative surveys were used to assess attachment and related constructs among 250 mothers with BPD and 250 mothers without BPD. Qualitative interviews were used to better understand the lived experience of parenting of 15 mothers with BPD. Finally, theater testing with 15 participants with BPD identified specific modifications to be made in a future MISC adaptation.

**Results.** Preliminary results suggest significant differences exist between mothers with and without BPD on self-report measures assessing constructs proposed to be potential mechanisms of intergenerational transmission or significant risk factors for poor psychosocial outcomes in parent-child dyads where the mother has BPD. Emerging themes from qualitative interviews speak to the perceived need for parenting support among mothers with BPD.

**Conclusions.** MISC is feasible and acceptable for mothers with BPD and appropriate for adaptation. Based on focus group sessions, specific refinements to MISC's content, materials, and delivery that will need to be incorporated into a future adaptation of MISC are discussed.

## Non-suicidal Self-injury: Relationship to the Distress-Fear-Externalizing Structure of Common Mental Disorders

Mengxing Wang<sup>1</sup>, Nicholas Eaton

<sup>1</sup>*Stony Brook University, , United States*

### **Biography:**

*Mengxing Wang is a graduate student at Stony Brook University. Her research interest includes exploring 1) the structure of psychopathology and transdiagnostic symptoms, 2) the mechanism of non-suicidal self-injury, and 3) developmental history, early adversity, and multifinality.*

**Objectives:** Traditional classification systems include non-suicidal self-injury (NSSI) in the diagnostic criteria for borderline personality disorder (BPD) only, but recent research indicates that BPD and its criteria may be better understood as reflections of transdiagnostic dimensions (e.g., internalizing, externalizing). The current study explored how transdiagnostic dimensions of psychopathology may predict NSSI and particularly how the transdiagnostic (shared) variance of dimensional psychopathology spectra might differently predict NSSI than the unique (unshared) variance of BPD.

**Method:** We modeled the common Hierarchical Taxonomy of Psychopathology (HiTOP) distress-fear-externalizing model, and examined the possible incremental role of BPD, in predicting NSSI. In doing so, we reconstructed BPD diagnoses so as to not explicitly include the typical NSSI-related criterion. A head-to-head comparison between the HiTOP dimensions and DSM diagnoses in predicting NSSI variance was conducted via structural equation modeling in two large representative samples of the United States (N = 34,653 and N = 36,309).

**Results:** HiTOP dimensions were far superior in predicting NSSI variance than were DSM diagnoses considered as independent predictors, accounting for around 41-51% and 16-19% of NSSI variance, respectively. A second set of analyses indicated that, BPD's unique variance (with transdiagnostic dimension removed) contributed a modest amount to the incremental prediction of NSSI over and above transdiagnostic dimensions (approximately 3%).

**Conclusions:** These results support a transdiagnostic reconceptualization of psychopathological risk factors for NSSI and highlight the importance of transdiagnostic dimensions for predicting important clinical outcomes. Implications for research and clinical practice are discussed.

## Changes in the classification of personality disorders: Comparing the Section II model to the Alternative Model for Personality Disorders using structured clinical interviews

**Laura Weekers<sup>1</sup>**, Dr Joost Hutsebaut<sup>1</sup>, Prof Johannes Zimmerman<sup>2</sup>, Prof Jan H. Kamphuis<sup>3</sup>

<sup>1</sup>De Viersprong, , The Netherlands, <sup>2</sup>University of Kassel, , Germany, <sup>3</sup>University of Amsterdam, , The Netherlands

### **Biography:**

*Laura is a researcher and PhD student at De Viersprong Institute for personality disorders.*

**OBJECTIVE:** This study examined the continuity of PD diagnoses from Section II PD to Section III (AMPD) PD when using structured interviews. We investigated the continuity both in terms of stability of prevalence rates and in terms of convergent validity.

**METHOD:** A clinical sample of 189 participants were concurrently administered both Section II PD and AMPD interviews for diagnosing PD by two independent interviewers.

**RESULTS:** Stability of prevalence between the models for specific PD diagnoses was generally supported. A higher prevalence of trait specified PD in the AMPD model resulted in higher levels of PD in general when using the AMPD model compared to the Section II PD model. Correlations between matching criterion counts according to both models were generally high. Convergence between the Section II PD and AMPD model categorical diagnoses was adequate for the most frequently diagnosed and studied PDs (i.e. avoidant-, borderline-, and antisocial PD), but lower than previously found, likely due to more stringent test-retest design used in this study. Convergence between the models for narcissistic and obsessive compulsive PD was low.

**CONCLUSION:** Future studies should investigate which of both models may prove to be most valid in terms of predicting current and future impairments.

## Characteristics and treatment implications of cognitive style of patients with Narcissistic Personality Disorder

**Igor Weinberg**

<sup>1</sup>*McLean Hospital, Harvard Medical School, Belmont, United States*

### **Biography:**

*Dr. Igor Weinberg was born in Moscow in the former USSR. In his teens he immigrated to Israel, where he was trained in clinical psychology and specialized in suicide. In 2003 he came to Boston to specialize in treatment of patients with personality disorder and suicidality. Ever since he was actively engaged in treatment of these patient and published on various aspects of their treatment.*

**Objectives:** This presentation summarizes characteristics of the cognitive style and examines complex interrelationship between cognitive, emotional, motivational, and interpersonal processes.

**Method:** The literature on the cognitive style of patients with Narcissistic Personality Disorder (NPD) is very scant. The clinical and theoretical literature on NPD will be reviewed. Psychological research studies on relevant constructs will be reviewed and integrated with the clinical observations.

**Results:** Clinical descriptions of the cognitive style of NPD patients identified such characteristics as poor recognition of internal states, pathological certainty, lack of curiosity, lack of acceptance of logical explanation, avoidance of information that disconfirms self-image, reversible perspective, and intolerance of alternative perspectives. Empirical research add to these descriptions b=through such constructs as avoidant information processing, cognitive style of people with avoidant attachment style, and cognitive style associated with perfectionism. Clinical strategies to address these characteristics during in treatment, include contracting, psychoeducation, technique of incompatible realities, work in displacement, and systematic focus on motivational factors that maintain this style will be discussed.

**Conclusions:** Cognitive style is unresearched yet clinically rich aspect of function of patients with NPD.

Hopefully future clinical and empirical studies will focus on this construct. Clinicians need to target and take into account characteristics of cognitive style of NPD patients.



## Detachment

**1 Thomas Widiger<sup>1</sup>**

<sup>1</sup>*University Of Kentucky, Lexington, United States*

***Biography:***

*Professor of Psychology, University of Kentucky, Past Editor of Personality Disorders: Theory, Research, and Treatment; Co-Editor of Annual Review of Clinical Psychology*

The purpose of this talk is to provide an introduction for clinicians of the personality trait domain of Detachment. The description of detachment will be based on DSM-5 and ICD-11, which are not entirely consistent. Detachment is an extreme variant of Five Factor Model (FFM) introversion. As such, all that is known about FFM introversion can be applied to detachment. Discussed herein will be development, course, correlates, and outcome of detachment

## Neurobiology of BPD from task-based confounding to dimensional association

**Dr. Johannes Wrege<sup>1</sup>**

<sup>1</sup>University Psychiatric Clinics Basel, Basel, Switzerland

### ***Biography:***

*After a degree in Psychology at the Free University of Berlin and a medical degree at the Charité University Clinics of Berlin (M.D.: Cognitive effects on psychoeducation in Schizophrenia), I trained as a psychiatrist in Basel (CH) and a group psychotherapist in Heidelberg (D). Currently I am habilitating on "Borderline personality disorder - Treatment, assessment, and neurobiological underpinnings" at the University of Basel.*

Task-based functional magnetic resonance imaging (fMRI) research in BPD show heterogeneous results. Reasons for this might be comorbid pathologies, the clinical and affective state when undergoing an fMRI-experiment, and expressions of personality traits in the used samples of BPD patients. Therefore, a shift to the search for brain activation associations with dimensional clinical measures, instead of categorical confounders is needed. In a sample of severely ill but clinically stable inpatients (N=45) we found that the negative affective state significantly influenced task-based brain activation differences to healthy controls (HC). This sample also revealed task-related significant associations with dimensionally measured impairments in impulsivity as well as self- and interpersonal functioning according to the alternative model of personality disorders (AMPD) of the DSM-5. Independent from task-based fMRI, dimensional measures of personality pathologies were associated with disruptions in neural networking using resting-state functional connectivity. Moreover, our sample showed symptom-structure associations in the striatum using region of interest analyses in voxel-based morphometry for anhedonia. The revision of the ICD with its 11th edition will promote a dimensional approach in the assessment of personality disorder and comorbid pathologies. The data of our research group underscores this development.

## Using Smartphone-based Passive Sensing to Detect Personality Pathology in Daily Life

**Dr. Aidan Wright<sup>1</sup>**, Ms. Whitney Ringwald<sup>1</sup>

<sup>1</sup>University Of Pittsburgh, Pittsburgh, United States

### **Biography:**

*Dr. Aidan Wright is an Associate Professor in the Department of Psychology at the University of Pittsburgh. He received a PhD in clinical psychology from Penn State University after completing his clinical internship at the Western Psychiatric Institute and Clinic, University of Pittsburgh School of Medicine. Subsequently he completed an individual NIMH postdoctoral fellowship at the University at Buffalo. The goals motivating Dr. Wright's work are (a) improve our basic understanding of the phenomena that make up personality disorders, (b) identify clinically actionable targets for intervention, and (c) develop novel ambulatory assessment methodologies and techniques.*

**Objectives:** Personality pathology is dynamic. That is, it manifests differentially over time as the affected individuals seek to address demands of functioning in daily life. The dynamic nature of personality pathology is evident in the good and bad days our patients report, and their variable presentation from session to session in the consulting room. Research methods for tracking these dynamics have been rapidly developing. Ambulatory assessment, and particularly ecological momentary assessment, has been the main workhorse in this area, in large part because it permits assessing an individual's thoughts, feelings, and behavior intensively and repeatedly in their natural environment as they dynamically unfold. However, obtrusive assessments that require participants to repeatedly respond to prompts is burdensome and limits the density and duration of assessments, leaving large and potentially important gaps in assessment. Developments in ubiquitous computing (e.g., smartphones) and passive sensing facilitate unobtrusive and (nearly) continuous measurement. We present smartphone-based passive sensing using the Aware Framework, that leverages sensors like a smartphone's microphone, GPS, Bluetooth, and gyroscope to track movement, location, and social context, without directly asking the participant to complete questionnaires. We then establish associations with daily reports of personality pathology features to ill.

**Method:** Participants (N=129) selected for a range of interpersonal problems installed the AWARE smartphone application on their phone and completed nightly surveys of personality pathology features for 14 days. Features extracted from the phones' onboard sensors were associated with daily diary reports.

**Results:** Associations among passively sensed variables and self-reported features varied in strength, but were generally modest. Some domains (e.g., detachment) were more strongly associated.

**Conclusions:** Passive sensing holds promise for continuous and unobtrusive sampling of personality pathology relevant behavior in naturalistic settings, though the strength of associations suggest that currently available features are not ready to stand in for complex constructs.

## Unbiased lexical analysis yields novel word predictors of mind-mindedness

**Caroline Yi<sup>1</sup>**, Eli Neustadter<sup>1</sup>, Madison Bunderson<sup>2</sup>, Rosa Shapiro-Thompson<sup>1</sup>, Helena Rutherford<sup>3</sup>, Sarah Fineberg<sup>1</sup>

<sup>1</sup>*Yale University Department of Psychiatry, New Haven, United States*, <sup>2</sup>*Stanford University: Developmental and Psychological Sciences, Stanford, United States*, <sup>3</sup>*Yale University Child Study Center, New Haven, United States*

### **Biography:**

*Caroline is an undergraduate student studying psychology and biochemistry at Yale University. She is currently working under Dr. Sarah Fineberg at the Connecticut Mental Health Center, an institution with a joint partnership between the Yale University Department of Psychiatry and the State of Connecticut. The Fineberg lab focuses on mechanistic and treatment studies for Borderline Personality Disorder (BPD).*

Mental health researchers often collect rich narrative accounts of symptoms through patient interviews. Over the past several years, there has been increased interest in computational methods to identify language variables relating to states, traits, and outcome prediction. Much of this work employs methods that depend on large datasets. Here, we tested a statistical approach that is appropriate for medium-sized samples. We aimed to identify words to predict mind-mindedness (MM), the ability of a caregiver to treat their child as if they have an independent mind. MM is an important clinical concept because of its putative role in the development of attachment styles and the etiology of personality disorders.

Eighty-nine transcripts from live playtime interactions between mothers and their 6-9 month old infants were coded by trained interviewers to identify MM statements. Comments were further categorized as attuned and non-attuned. We analyzed transcripts using the Boruta method, a statistical feature selection method. This method was applied with Bonferroni correction for multiple comparisons to each variable of interest (MM, attuned MM, non-attuned MM comments). This denoted words as “important” and “tentatively important” features in the model.

From the full set of 1,758 distinct unique words in the transcripts, the Boruta method identified important words [MM (n=13), attuned MM (n=13), non-attuned MM (n=11)]. One word was shared among all categories: “want.” Eight words were shared between MM and attuned MM, including self-referential words (“I’m” and “my”). The non-attuned MM category contained nine words not shared by the other categories.

The Boruta method is a novel approach to analyze language transcripts. It builds upon the results of rater coding to help identify influential words, some of which may be unexpected. This method may be especially useful for medium-sized datasets. Additional validation is necessary to determine the validity of the Boruta method in other datasets.

## A multicenter survey of patients with personality disorders referred to or in treatment during the first Covid-19 wave in Norway

**Psychologist Kjell Einar Zahl<sup>1</sup>**, Dr PhD Elfrida Hartveit Skarstein, Dr PhD Theresa Wilberg, Dr Line Indrevold Stänicke, Dr Line Indrevold Stänicke, Mona S Pettersen, Dr Geir Pedersen, Dr Ingeborg Helene Ulltveit-Moe Eikenæs, Åse Line Baltzersen, Dr Merete S Johansen, Dr Theresa Wilberg, Dr Espen A Arnevik

<sup>1</sup>Group Therapy Unit, Follo district psychiatric Centre, Akershus University Hospital, Ski, Norway, <sup>2</sup>Section for Personality psychiatry and specialized treatments, Department for National and Regional Functions, Division of Mental Health and Addiction, Oslo University Hospital, Oslo, Norway, <sup>3</sup>Institute of Clinical Medicine, University of Oslo, Oslo, Norway,

<sup>4</sup>Department of Psychology, University of Oslo, Oslo, Norway, <sup>5</sup>Nic Waals Institute, Lovisenberg Deacon Hospital,, Oslo, Norway, <sup>6</sup>Department of Substance Abuse, Clinic for Mental Health and Addiction Treatment, University Hospital of North Norway, Tromsø, Norway, <sup>7</sup>Network for Personality Disorders, Section for Personality psychiatry and specialized treatments, Department for National and Regional Functions, Division of Mental Health and Addiction, Oslo University Hospital,, , Norway, <sup>8</sup>National Advisory unit for Personality Psychiatry, Section for Personality psychiatry and specialized treatments, Department for National and Regional Functions, Division of Mental Health and Addiction, Oslo University Hospital, , Norway, <sup>9</sup> Department of Interdisciplinary Health Sciences, Institute of Health and Society, University of Oslo, Oslo, Norway, <sup>10</sup> Outpatient Clinic for Specialized Treatment of Personality Disorders, Section for Personality psychiatry and specialized treatments, Department for National and Regional Functions, Division of Mental Health and Addiction, Oslo University Hospital,, Oslo, Norway, <sup>11</sup>Section for Treatment Research, Department for Research and Innovation, Division of Mental Health and Addiction, Oslo University Hospital, Oslo, Norway, <sup>12</sup>Section for Clinical Addiction Research, Department for Research and Innovation, Division of Mental Health and Addiction, Oslo University Hospital,, Oslo, Norway

### **Biography:**

*Clinical psychology specialist, group analyst, former leader of the Group Therapy unitSpecial interest ant psychotherapist in treatment of Avoidant personality disorders, in collaboration with dr Giancarlo Dimaggio*

**Objectives:** Covid-19 restrictions from March 12th 2020, entailed abrupt shutdown of specialized personality disorder (PD) treatments. This survey investigates patients with PD and 1) social and mental distress, 2) immediate reactions to the shutdown of services and alternative treatment contact, and 3) differences between Borderline and Avoidant PD.

**Methods:** A cross sectional, anonymous survey among patients attending PD treatment on a specialist mental health service level (Norwegian Network for Personality Disorders) receiving individual and/or group psychotherapy. The survey provided quantitative and qualitative data on current experienced and change after March 12th.

**Summarized results:** Data collection (June-October 2020) recruited 133 patients from 12 PD treatment units. 1) Experiences of social isolation varied, but patients reported considerable and increased mental distress, loss of work/study/activities, but no increase of self-destructive acts after March 12th. 2) Reactions were mixed, including accommodating attitudes, anxiety, helplessness, concern about treatment progress, missing therapy groups and poorer quality of contact with the therapist. Qualitative themes included: a) Treatment changes as good enough emergency solutions - continuing personal change and care during the crisis, and b) An overwhelming experience of unpredictability in everyday life and treatment - a feeling of being lost and lonely. 3) Health services were not immediately rigged for digital consultations. The majority rapidly received telephone consultations and few received group therapies. More frequent sessions were associated with prior self-harm, high levels of depression, and poorer personality functioning. 4) Comparing Borderline and Avoidant PD, mental and social distress did not differ. Patients with Avoidant PD were

contacted later, received less regular and frequent sessions, were more worried about their progress, and missed groups more.

Conclusion: Reactions varied from overwhelming feelings to mastery. Implementation of digital therapy requires preparation, but telephone-consultations may prevent self-harming. Noteworthy differences according to PD type were demonstrated.

## Improving emotion dysregulation in parents with BPD or mental disorders: Considering Standard DBT Skills training versus DBT integrated with a parenting intervention

**Associate Professor Maureen Zalewski<sup>1</sup>**, Dr Christina Gamache Martin<sup>1</sup>, Mr. Yoel Everett<sup>1</sup>, Ms. Tonya Hansberry<sup>1</sup>

<sup>1</sup>University Of Oregon, Eugene, United States

### **Biography:**

*Dr. Maureen Zalewski is a licensed clinical psychologist and professor at the University of Oregon. She studies child development in young children who have mothers who have a diagnosis of Borderline Personality Disorder. She conducts research on treating mothers with Dialectical Behavior Therapy Skills and supervises doctoral students in providing DBT Skills.*

**Objective.** Despite the known risk to children, there are few therapeutic interventions designed to treat mental disorders in parents and improve their quality of parenting. Parenting quality is often compromised in parents who are struggling with borderline personality disorder (BPD) and emotion dysregulation (ED) and parenting is one of the key mechanisms explaining the high transmission of mental health risk between parents and children. Transdiagnostic treatments, such as Dialectical Behavior Therapy (DBT) which targets ED, stands to significantly advance the field of treatments for parental mental disorders. This is because ED is an underlying feature cutting across many types of mental disorders, interferes with effective parenting, and represents an early signal of emerging emotional and behavioral issues in children.

**Methods.** This symposium explores two different outpatient approaches of using DBT to reduce ED in parents who have BPD and/or ED: 1. An ongoing RCT that provides 1-year of standard DBT Skills to mothers with BPD who have preschoolers; 2. A pre-post design that integrated a 24-week DBT Skills + Parenting Intervention for parents with elevated ED with a 3-6 year old. ED was measured using the Difficulties with Emotion Dysregulation Scale throughout treatment.

**Results.** We will provide results from both trials regarding the extent of reduction of ED in mothers with BPD and parents with elevated ED who participated in DBT Skills alone and DBT + Parenting Intervention, respectively. Lead interventionists (Gamache Martin, Everett) will leverage this data in their discussion drawing on their clinical experience. They will compare DBT Skills versus integrating DBT Skills with Parent Training (ex. therapeutic targets, parenting intervention selection, and dosage considerations).

**Conclusions.** DBT Skills is a promising treatment for reducing ED in parents with BPD or ED. Clinicians should be aware of considerations when implementing standard DBT Skills versus integrating DBT + parenting intervention.

## Integrating structure and dynamics in the assessment of personality pathology

Dr. Johannes Zimmermann<sup>1</sup>

<sup>1</sup>University Of Kassel, , Germany

### **Biography:**

*Johannes Zimmermann is a Full Professor of Personality Psychology at the University of Kassel, Germany.*

The assessment of personality pathology is currently in a state of transition. The current categorical classification systems will be history soon and dimensional models will come to the fore. A promising but so far little used approach in diagnostic practice is based on a dynamic understanding of personality disorders and requires intensive measurement of maladaptive experiences and behaviours in daily life. This approach allows us to capture not only how a person typically behaves across different contexts, but also how certain maladaptive behaviours are embedded in a dynamic network of situational triggers and consequences. In my presentation, I will discuss the opportunities and challenges of this approach using the “Personality Dynamics Diary” (PDD) as an example. Although dynamic modelling of personality pathology seems promising for the development of an evidence-based classification system and for clinical case formulation, there are still many open questions, especially about the reliability and validity of the measurements as well as the feasibility of implementation in practice.



## Exploring Maternal Mind-Mindedness and Pre-Mentalizing in Mothers with Borderline Personality Disorder

Jana Zitzmann<sup>1</sup>, Dr. Charlotte Rosenbach<sup>1</sup>, Carolina Stönnner<sup>1</sup>, Lara Weill<sup>1</sup>, Prof. Dr. Babette Renneberg<sup>1</sup>

<sup>1</sup>Freie Universität Berlin, Berlin, Germany

### **Biography:**

*Jana Zitzmann is a PhD student at the Institute of Psychology, Freie Universität Berlin, since 2019. Since 2017 she is also in training for becoming a psychotherapist at the Berliner Akademie für Psychotherapie. In her research she focuses on borderline personality disorder, emotion regulation and mentalization in the context of parenting.*

A mother's capacity to treat her infant as an individual with a mind instead of solely focusing on satisfying her infant's needs (Mind-Mindedness; Meins, 1997) plays a crucial role in the context of the mother-child relationship. Previous findings lead to the assumption that individuals with a borderline personality disorder (BPD) show impairment in their capacity to perceive and interpret their infant's mental states. Furthermore, hypermentalizing has been identified as a central aspect of social-cognitive impairments in BPD (Sharp & Vanwoerden, 2015). In context of parenting, hypermentalizing refers to the proclivity to misinterpret the child's mental states due to highly cognitive and overly elaborated considerations (Luyten et al., 2017). In addition to self-report measures, maternal mentalizing can be investigated „on-line“ with a free-play task using the language-based Mind-Mindedness Coding Manual (Meins & Fernyhough, 2015). So far, this coding manual has been applied almost exclusively to interactions between mothers and their infants in the first two years of life, while findings on interactions with older children are not published. In a pilot study (N = 18) we investigated whether the Mind-Mindedness Coding Manual is also suited to assess mothers with BPD with older children (up to 6 years). Preliminary findings of the applicability of the manual to the mother-child dyads examined in this pilot study will be presented. Furthermore, results on how mothers with BPD performed in an interaction-based measure of maternal mind-mindedness will be compared to those from earlier research and to a self-evaluation measure of pre-mentalizing (subscale of the PRFQ; Luyten et al., 2017) in this sample. Implications regarding the implementation and use of the coding system will be discussed.

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