5th International Congress on Borderline Personality Disorder and Allied Disorders

Rethinking Borderline Personality Disorder: Improving Treatment and Training

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Abstract Overview

5º congreso de Trastorno límite de la personalidad 2018 estará organizado en cooperación de la Sociedad Española para el Estudio de los Trastornos de la Personalidad (SEETP).
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Alterations of emotion regulation in patients with BPD through real-time fMRI neurofeedback training

Christian Schmahl (UMM Universitätsmedizin, Mannheim, Germany)

J. Zähringer, C. Paret, M. Ruf, T. Demirakca, G. Ende

Objective

BPD patients show amygdala hyperactivation when confronted with aversive picture stimuli likely reflecting emotion dysregulation. Real-time fMRI neurofeedback has already been shown to increase self-control of emotion-related brain regions. We recently piloted neurofeedback training with the instruction to down-regulate amygdala activity in response to aversive pictures in BPD patients and healthy controls. To further test the suitability of several transfer tasks for amygdala neurofeedback and to evaluate potential benefits of this training for BPD symptomatology, we provided amygdala neurofeedback training to BPD patients with a focus on short- and long-term impacts on emotion regulation using several dependent variables such as psychophysiological measures and fMRI.

Methods

During four neurofeedback sessions on three days within two weeks, N = 10 patients viewed aversive pictures and received feedback from a thermometer display, which showed the amygdala Blood Oxygenation Level Dependent signal. Conditions of regulation with feedback and conditions of no regulation without feedback were presented. Explicit emotion regulation using the emotion-modulated startle as a dependent measure, implicit emotion regulation using fMRI and behavioral measures were assessed before and after the four training sessions as well as after six weeks.

Results

Preliminary results support successful Amygdala-Modulation with neurofeedback. Better emotion regulation after training is suggested by comparison of emotion-modulated startle before and after intervention (statistical trend, p<0.1).

Conclusion

Real-time fMRI neurofeedback may be an excellent candidate to support BPD psychotherapy in the future. Results of the present study will provide first hints of potential effects of this training on emotion regulation and will also have important implications for the suitability of amygdala neurofeedback transfer measures. A replication of findings in a randomized-controlled trial design however will be needed to confirm a benefit of this training on BPD symptomatology.

Policy of full disclosure

I have a consultancy agreement with Boehringer Ingelheim for a project unrelated to the presented topic.

Repetitive transcranial magnetic stimulation in the treatment of emotion regulation in patients with Borderline Personality Disorder

Pavla Linhartová (Masaryk University, Faculty of Medicine Department of Psychiatry, Brno, Czech Republic)

T. Sverák, M. Kuhn, R. Bartecék, B. Bednárová, A. Látalová, T. Kaspárek

Objective

Repetitive transcranial magnetic stimulation (rTMS) has been previously used in several studies for emotion regulation treatment in borderline personality disorder (BPD) with promising results. Most studies target prefrontal cortical areas with the aim to improve amygdala regulation by prefrontal cortex. However, few studies systematically evaluated the rTMS treatment clinical impact or neural changes in BPD.

Methods

The contribution presents current data from an open study of rTMS in the treatment of BPD conducted at the Department of Psychiatry of Masaryk University and University Brno in the Czech Republic. The patients undergo three-week-long high-frequency rTMS protocol (10 Hz, 15 sessions, 1500 stimuli per session). The treatment target is individually neuro-navigated within the area of the right dorsolateral prefrontal cortex (rDLPFC) based on patient’s fMRI results from a Go/NoGo Task.

Results

Current results based on 15 BPD patients indicate that rTMS is well-tolerated treatment which can improve emotion awareness and regulation and reduce emotional impulsivity in patients with BPD. After the treatment, the patients reported their emotions to be less overwhelming and better regulated, their frustration tolerance increased, and their mood, anxiety and attention improved. Based on self-report scale, the treatment led to improvement of emotion regulation, premeditation and perseverance, mood and attention. Some patients reported higher anxiety in the beginning of the treatment. We hypothesize that initial anxiety increase could result from emotional awareness improvement. Duration of the changes appears to be approximately one month.

Conclusion

DLPFC targeted rTMS treatment is a promising tool for short-term improvement of emotion regulation and associated symptoms in patients with BPD. Placebo-controlled studies and analyses of the neural underlying mechanism of the effects is needed. This work was supported by MH CZ grant 15-30062A, MŠMT CZ Specific University Research MUNI/A/0976/2017 and MH CZ Development of Research Organization FNBr, 65269705.
Neural correlates of altered interpersonal emotion regulation in BPD patients during real social interactions in a trust game

Peter Kirsch (Central Inst. of Mental Health, Mannheim, Germany)
G. Stössel, E. Bilek, A. Meyer-Lindenberg

Objective
Impaired emotion regulation during interpersonal interaction is a main source of social deficits in Borderline Personality Disorder (BPD). Unfavorable social decisions in BPD might be related to an exaggerated response to perceived unfairness of the interaction partners or a devaluation of their positive social signals. Here we investigate neural responses to the receipt of money during a multi-round social trust game with two truly interacting individuals. We were interested in responses in the anterior insula, a region known to be related to perceived fairness and the ventral striatum, a region associated with the anticipation and reception of reward.

Methods
We analyzed data from 99 BPD female patients and 143 healthy controls who played either in the role of investors (61 controls, 60 patients) or trustees (82 controls, 39 patients) while scanned in a 3T MRI scanner.

Results
On the behavioral level, as investors, BPD patients transferred significantly less money but as trustees returned significantly more than controls. On the neural level both groups showed a significant negative relation between the amount of money they received as trustees and the activation in the anterior insula reflecting an increased response to more unfair investments. However, this relation was stronger in BPD patients than controls only for the more “emotional” ventral part of the insula. In contrast, controls showed a significant stronger activation of the ventral striatum when receiving money, either as trustee or investor. Moreover, in control trustees, this activation correlated with the investment they received.

Conclusion
The neural results can be interpreted as reflecting stronger emotional response of BPD patients to perceived unfairness but also reduced positive emotions to the reception of a social benefit. Both alterations might contribute to the unfavorable social decision making of BPD patients during interpersonal interaction.

Evidence for default mode network dysfunction in Borderline Personality Disorder

Juan C. Pascual (H. de la Santa Creu i Sant Pau Psychiatry, Barcelona, Spain)

Objective
Structural and functional neuroimaging studies in individuals with Borderline Personality Disorder have revealed evidences of dysfunctions in different areas as prefrontal cortex, the hippocampus or amygdala. The brain functional correlates of executive and cognitive tasks performance in BPD has been little studied. The aim in this study was to examine whole brain activations and de-activations in a sample of BPD patients during performance of a executive task.

Methods
A sample of 67 individuals with BPD and 67 healthy controls underwent fMRI during performance of the n-back task.

Results
BPD was associated with failure of de-activation in the medial frontal cortex and the precuneus, as well as other regions currently considered to form part of the default system.
Effects ayahuasca on default mode network and mindfulness-related capacities

Jordi Riba (Department of Neuropsychology and Psychopharmacology, Maastricht University, Maastricht, The Netherlands)

003
Effects of mindfulness on the default mode network in Borderline Personality Disorder

Cristina Carmona I. Farrés (Barcelona, Spain)
J. Soler, M. Elices, A. Martín-Blanco, E. Pomerol-Clotet, J. C. Pascual, R. Salvador

Objective
Mindfulness has demonstrated being effective for Borderline Personality Disorder (BPD), even though the neurobiological mechanisms that underlie such practice have not been completely studied. It has been found that mindfulness practice could be related with changes in functional connectivity (FC) in the Default Mode Network (DMN). DMN activation is associated with mind wandering and autobiographical memory recollection, whereas while doing cognitive tasks DMN deactivates. The main objective of this controlled and randomized clinical trial is to assess how mindfulness affects the FC of the DMN in BPD patients.

Methods
Seventy one patients with BPD diagnostic were randomized to ten weeks of group mindfulness training (120-minute weekly sessions) or ten weeks of an active control group (same frequency and duration). Patients underwent fMRI during performance of the n-back task before and after the group treatment. Repeated measures ANOVA were used to assess pre- and post-intervention differences between groups on the DMN.

Results
No differences were observed between both groups in the activation or deactivation of the DMN during the performance of a cognitive task.

Conclusion
According to these results, the neurobiological process related with Mindfulness in patients with BPD would not to be associated with changes in the activation or deactivation of the DMN. Other neurobiological mechanisms related with Mindfulness must be studied.
Under the auspices of the National Education Alliance for Borderline Personality Disorder (NEABPD), Family Connections (FC), a 12-week manualized education program for relatives of persons with Borderline Personality Disorder, has been established in Italy. The objective is to assess the effectiveness of FC in a different cultural environment.

Methods
120 family members from different geographical areas were enrolled in the study, and pre-, post-, and 6-month postbaseline self-report questionnaires were completed.

Results
Observations about FC implementation and pre- and postparticipation data will be discussed.

Conclusion
Family members of individuals with Borderline Personality Disorder are an underserved population in Italy and they benefit from the program.

Policy of full disclosure
no conflict of interest

Experiences of the ‘Family Connections’ Programme: A group intervention for family members of individuals with Borderline Personality Disorder
Sarah Herley (Co. Cork, Ireland)

Objective
Millions of people worldwide are affected by mental health difficulties and in the vast majority of cases, it is a family affair. Severe mental illness can significantly impact on families’ lives, particularly in the case of borderline personality disorder (BPD). Family Connections (FC; Fruzzetti & Hoffman, 2004) is a manualised group intervention, tailored specifically for family members of persons with BPD. The current study aims to qualitatively explore the subjective experiences of individuals who partake in FC.

Methods
Twelve participants from FC groups delivered in Ireland, the United States and New Zealand were interviewed. Data was analysed using interpretative phenomenological analysis (IPA).

Results
The analysis yielded four super-ordinate themes, each of which subsumed two subordinate themes. Findings revealed that FC participation provided family members’ with a sense of safety and support. Participants reported that FC enabled them to acquire an in-depth understanding of their relative’s reality and their own roles within that reality. Participation in FC gradually facilitated a self-focus through which change became possible. Most participants described widespread changes and were engaging in their lives in a new way.

Conclusion
This study constitutes an important first step in understanding the perceived impact of participation in FC. The results provide useful information for the future provision of family services, particularly FC, and lend support for further implementation of the FC programme at both local and international levels.
Abnormalities in everyday emotion dynamics across Borderline Personality Disorder and internalizing psychopathology
Malek Mneime (USA)

Objective
The purpose of the 2 studies presented as part of this talk was to advance our understanding of affect dynamics in daily life and their associations with borderline personality disorder (BPD) and internalizing (INT) psychopathology.

Methods
Study 1 included a sample of 129 adults from the community and local outpatient clinics in the Southeastern United States (38 with BPD, 29 with bipolar or major depressive disorder, and 62 healthy controls); study 2 included a random sample of 7,279 community-dwelling middle-aged adults in the continental United States. Clinical interviews and a 14-day experience sampling method that obtained data every 3 hours for 14 days on life hassles and emotions were used in study 1. Three waves of clinical interviews separated by 9 years and a measurement burst design that included two 8-day daily diary studies also separated by 9 years apart were used in study 2. The diary studies obtained data once per day on daily hassles and emotions.

Results
Study 1 revealed that individuals with BPD and mood disorders exhibited more instability of negative affect (NA) than healthy controls; individuals with BPD also exhibited more stress-related reactivity of guilt and shame and more inertia of shame than individuals with mood disorders. Study 2 revealed that INT psychopathology potentiated NA instability and NA reactivity; individual differences in INT psychopathology, NA instability, and NA reactivity were moderately to largely stable; 11% of the 18-year relative stability in INT psychopathology was mediated by the intervening 9-year relative stability in NA instability and NA reactivity; there was a small mean-level decline in INT psychopathology and a small mean-level incline in NA instability and NA reactivity.

Conclusion
Abnormalities in affect dynamics are prevalent across community and clinical samples and across common and uncommon mental disorders. Individual differences in affect dynamics are moderately stable and this relative stability partly accounts for relative stability in INT psychopathology.

004 Emotional reactivity in daily life of patients with a Borderline Personality Disorder in comparison to depressed and healthy participants
Marlies Houben (KU Leuven Department of Psychology, Belgium)
P. Kuppens

Objective
Borderline personality disorder (BPD) has consistently been linked to patterns of unstable emotions in daily life. To understand what drives the unstable emotions, we examined different processes involved in emotional ups and downs: (1) the occurrence of emotional triggers, such as daily life events, (2) emotional reactivity to these triggers, and (3) subsequent emotional recovery.

Methods
Participants with BPD, major depressive disorder (MDD) and healthy controls (HC) repeatedly reported the occurrence of positive and negative events and their emotional experiences in daily life.

Results
No differences were found in the likelihood of experiencing positive events. However, persons with BPD were more likely than those with MDD and HC, and the MDD group was more likely than HC to encounter negative events. Additionally, in response to positive events, the BPD group reacted with greater increases (i.e. greater reactivity) in positive affect and showed subsequent stronger decreases (i.e. more recovery) than persons with MDD and HC. In response to negative events, the BPD group again showed greater reactivity in negative affect, and stronger recovery than the MDD group and HC.

Conclusion
These results elucidate where exactly the differences in emotional responding between persons with BPD, MDD and healthy participants are situated in daily life.
irritable" groups. Positive and negative predictive value (PPV/NPV) of irritability with BPD caseness was tested.

**Results**

Thirty-eight (47.5%) participants met criteria for either or both diagnoses with MDD-only in 22 (27.5%), BPD-only in 3 (4%) and comorbid MDD+BPD in 13 (16.3%) adolescents. Comorbidity was highly significant with MDD ($\chi^2(1)=10.8$, $p=0.001$). Pure irritable mood was very rare (2%) in the sample. Majority of MDD-only cases endorsed both irritability and sadness (68.2%) or sad-only (31.8%) moods while all BPD cases endorsed both irritability and sadness (100%).

The absence of irritable mood ruled out BPD comorbidity (PPV: 0.33; NPV: 1.0).

**Conclusion**

BPD and MDD are highly comorbid in clinical samples of adolescent girls. Assessment of youth mood quality suggests that irritability is present in all youth with BPD, but not all youth with MDD. The fact that not endorsing irritability was such a strong negative predictor of BPD indicates the need for further investigation. Our data suggests that sad but not irritable mood can present on its own in depressed youth who do not have BPD; therefore, the absence of irritable mood may be an important screening variable to rule out the presence of comorbid BPD in depressed teenage girls.

002

**Screening for BPD in youth with suicidal behaviours**

Khrista Boylan (Ancaster, Canada)

**Objective**

Strong evidence for the link between suicidal behaviour (SB) and BPD supports the notion that BPD should be evaluated in self-injuring youth presenting to clinical settings. Objectives: 1. Review clinical practice guidelines (CPGs) on care of youth SB for BPD screening recommendations. 2. Consider and discuss an approach to screening for BPD in youth based on existing evidence and expert consultation.

**Methods**

Previous work by Courtney et al used PRISMA methods to identify 10 CPGs relevant to care of youth SB. Eligible CPGs were appraised using the AGREE II tool and designated as: i) minimum (≥ 50%); and ii) high (≥ 70%) quality using three AGREE II domain scores. The CPGs were reviewed for content about screening for BPD. For the 2nd objective, screening considerations (reliability/sensitivity/specificity/predictive value) were applied to clinical settings of inpatient and outpatient adolescent mental health care. A survey of expert clinicians is being conducted regarding current screening practices.

**Results**

Of the 10 eligible CPGs available for our analysis, 2 were of high quality, while 2 were of minimum quality for inclusion. These 4 CPGs acknowledged the association between BPD and SB in adolescents, but none provided guidance regarding BPD screening. Results of the survey and screening considerations analysis will be presented.

**Conclusion**

Screening for BPD in high risk youth makes sense given that specialized treatments are available. Defining the best settings for screening, screening procedures and training to screen are ongoing questions that require specific analytic attention, particularly since harms have not been studied. Currently CPGs for care of high risk youth with suicidal behaviours offer no guidance about how to screen for BPD, emphasizing the urgency for research in this area.

003

**The relationship of substance abuse and non-suicidal self-injury (NSSI) as well as personality disorder traits in adolescents with eating disorders: A clinical study**

Ryan Kirkpatrick (Queen’s University, Centre for Neuroscience, Kingston, Canada)

S. Khalid-Khan

**Objective**

Adolescents with eating disorders commonly express suicidal ideation and non-suicidal self-injury (NSSI). Patients with anorexia nervosa express suicidal intent 3-20% of the time compared and 25-30% in adolescents with bulimia nervosa. Previously our group has presented a study of prevalence of substance abuse in eating disorder adolescents in our clinic. We explored the prevalence of NSSI in adolescents with anorexia nervosa, bulimia nervosa with or without personality disorder traits. We compared the prevalence of NSSI and personality disorders in this population against those adolescents with or without substance abuse.

**Methods**

All data was collected through a retrospective chart review of electronic medical charts with all data being extracted from clinician notes as well as rating scales.

**Results**

The Substance Using Group of Adolescents with Eating Disorders had a significantly higher rate of current and past NSSI compared to the non substance abusing group as well as personality disorder traits. However, the groups did not significantly differ on proportion of current or past suicidal ideation.

**Conclusion**

The presence of NSSI in adolescents with eating disorders impacts their treatment engagement and response. Therefore, in adolescents with eating disorder and NSSI, eating disorder treatment teams should address patients’ personality disorder traits to allow for treatment retention.

004

**Eating disorder behaviours and Borderline Personality Disorder in adolescents**

Patricia Al-Salom (McMaster Children’s Hospital, Canada)

**Objective**

To examine the relationship between disordered eating behaviour and borderline personality disorder in female adolescents from a clinical population.

**Methods**

Participants were 74 female patients aged 11-18 presenting for treatment at the outpatient psychiatry clinic.
(ICYMHS). Data was collected on various pathology and personal characteristics including eating disorder behaviours, diagnostic group and temperament. We compared eating disorder behaviour on the Eating Behaviour Questionnaire (Miller & Boyle, 2009) to diagnosis of BPD (DIB score of >6) as well as Major Depressive Disorder (MDD) using t-tests. A multiple regression was also used to see which sub scales of BPD, measured by the BPQ (Poreh et al., 2006), predicted disordered eating. All statistical tests were performed using SPSS.

Results

18 girls in the study obtained a DSM-V diagnosis of BPD and 35 received a diagnosis of MDD. Using a 2-tailed t-test, individuals with BPD had significantly higher disordered eating behaviour compared to those without BPD t(72) = 3.605, p <.01, Cohen's d effect size = 0.958. This relationship was not significant for those with MDD t(72) = .167, p > .05. Using a stepwise multiple regression, the BPD sub scale of Abandonment significantly predicted eating disorder behaviours F (1, 72) = 53.672, p <.001, MSE = 9.541, β = .565, r2 = 32% as well as the sub scale of Suicide/Self-Mutilation, r2 = 5%.

Conclusion

These data suggest that there is an association between a diagnosis of BPD in adolescents and disordered eating. This relationship is not significant with diagnosis of MDD. Given the substantial overlap between these two diagnoses, screening for eating disorders or eating disorder behaviour may be a distinguishing factor of BPD. Based on the significant relationship with abandonment and Suicide/Self-Mutilation, we propose that eating behaviours serve as a mechanism to manage painful emotions associated with social rejection sensitivity in those with BPD.

Scientific Programme
Thursday, 27 September 2018

S-06

15.30-17.00

Symposium

Llevant 3

Empirical perspectives on pathological narcissism

Topic: 24) Psychopathology

Chairpersons:  Chiara De Panfilis, Parma, Italy
            Eve Caligor, Scarsdale, USA

001

Impairments in P-SOD as predictors of different facets of narcissism

Eric Fertuck (New York, USA)
E. Karan, E. Bravo, D. Diamond, J. Grinband

Objective

Background: Narcissistic Personality Disorder (NPD) is partially characterized by impairments in Self-Other Differentiation (SOD). SOD is a developmental milestone in which an individual achieves an individuated sense of self while being empathically related with others. SOD can be acquired at both a) perceptual (e.g., facial perception) and b) representational (e.g., traits and beliefs) levels. To date, little is known about the relationship between these levels of SOD or their relationship with NPD. To correlate P-SOD scores including impaired discriminability [the ability to make finer distinctions between faces of the self and other], sensitivity [the likelihood of rating oneself versus the other], and bias on a facial morphing task with established representational measures of R-SOD. Second is to assess the correlation between R-SOD and P-SOD measures with narcissistic features.

Methods

Methods: Undergraduates (N=70) were asked to view a series of images, which are the combinations of features of the each participant and others to varying degrees (0% to 100%, with 0% being “other” and 100% being “self”), and to make self/other judgments on each of these images. Participants also completed the Inventory of Personality Organization (IPO) and the Differentiation Relatedness Scale (DRS) to assess their R-SOD levels and to complete Pathological Narcissism Inventory (PNI) (subsccales: grandiosity and vulnerability).

Results

Preliminary results (N=23) showed a significant positive correlation between sensitivity to perceiving self in faces of others and grandiose narcissism (r = .43, p < .05). No P-SOD scores correlated with vulnerable narcissism (p > 0.5). Also, no significant correlations were found between P-SOD scores and R-SOD scores assessed by IPO. We will also report associations between DRS and P-SOD scores.

Conclusion

Grandiose narcissism but not vulnerable narcissism was found to correlate with impairments in P-SOD. These findings suggest the validity of narcissistic subtypes and show that they may have distinct and independent pathways.

002

Affective signatures of narcissism in daily life

Kevin Meehan (Long Island University, Dept. of Psychology, Brooklyn, NY, USA)
N. Cain, M. Roche, J. Clarkin, C. De Panfilis

Objective

The present study will evaluate grandiose and vulnerable narcissistic features in terms of affective response to perceptions of others’ interpersonal behaviors using experience sampling of interpersonal events over one week.

Methods

In total 240 undergraduate students at a multicultural, urban university completed baseline measures of narcissistic features on the Pathological Narcissism Inventory (PNI); then completed experience samples of interpersonal interactions (lasting 5+ minutes) 3 times per day for 7 days, using interpersonal and affect grids for both self and others.

Results

Multilevel modeling was used to estimate both within-person (momentary) and between-person (aggregate) associations between interpersonal and affective perceptions using an intensive repeated measures design. Of note, those high in vulnerable narcissism evidenced
Narcissistic traits and affective empathic responses when observing others in pain: The moderating role of psychopathic traits

Rossella Di Pierro (Milano, Italy)
D. Romano, J. Clarkin, M. Gallucci, F. Madeddu

Objective
Empirical studies have demonstrated mixed findings on the relationship between pathological narcissism and affective empathy. Moreover, there are no studies investigating the role of psychopathic traits in moderating this relationship. Indeed, narcissistic traits and psychopathic traits are often associated, and psychopathic traits have recently been shown to be linked to impairments in affective empathy. The present study investigated the role of psychopathic traits in moderating the relationship between pathological narcissistic traits and affective empathic responses when observing others in pain in a sample of university students (N=119).

Methods
Generalized Linear Mixed Effects (GLME) models were used to investigate the association between narcissistic traits and affective empathic responses, as well as the moderating role of psychopathy. We utilized three measures of affective empathy: an indirect measure of affective arousal (i.e. skin conductance response), a self-reported measure of affective arousal and a self-reported measure of affective involvement.

Results
Results showed that narcissistic traits and psychopathic traits did not significantly predict either self-reported nor indirect responses of affective empathic arousal when observing others in pain. Conversely, psychopathic traits moderated the relationship between narcissistic traits and self-reported affective empathic involvement when observing others in pain. Primary psychopathy moderated the relationship of both grandiose and vulnerable narcissism with self-reported affective involvement, while secondary psychopathic traits moderated the relationship between vulnerable narcissism and self-reported affective involvement.

Conclusion
Overall, results suggest that people with high pathological narcissistic traits do not have impairments in empathic affective arousal, but the way they report affective involvement when observing others in pain is conditioned by the coexistence of psychopathic traits. In conclusion, the study suggests the need of considering psychopathic traits when investigating capabilities of empathic affective involvement in narcissistic individuals.

Malignant narcissism in relation to clinical change in borderline personality disorder: An exploratory study

John Clarkin (Personality Disorder Institute, New York, USA)
E. Caligor, M. Lenzenweger, N. Cain

Objective
An object relations model of narcissism focuses on it at various levels of personality organization and severity. Our objective is to measure a severe form of narcissism, i.e., malignant narcissism in a sample of patients treated for borderline personality disorder.

Methods
A dimensional measure of malignant narcissism was constructed incorporating aspects of grandiose narcissism, paranoid issues, psychopathic features, and aggressive interpersonal style.

Results
Subjects (N=57) with borderline personality disorder who manifested high levels of malignant narcissism were slower to improve than subjects without malignant narcissism.

Conclusion
Malignant narcissism is a more powerful predictor of slowed improvement in global functioning than simple narcissism.

**Results**

Traits included in Big Five have been found in: conscientiousness (lack of premeditation or deliberation, and lack of perseverance or self-discipline), neuroticism (impulsiveness), extraversion (excitement seeking), agreeableness or tendency to restrain aggressive impulses, and openness.

**Conclusion**

Impulsivity in ADHD patients doesn’t the same dimensions as in borderline patients. Personality dimensions could help to separate both constructs. Briefly discuss the data and emphasize the significance of the results.

**Policy of full disclosure**

There is not conflict of interest.

**002**

The dimension of chronic emptiness in BPD

José Luis Carrasco (Clinic Hospital San Carlos, Madrid, Spain)

Most patients with persistent emotional disorders respond affirmatively when asked for the suffering of emptiness. However, most of them are not referring to the original phenomenological concept that oriented the criterion of feeling of emptiness in the DSM-III. After making a descriptive study in clinical population we found that the concept of emptiness in the real practice is overlapped with sadness, inner anxiety, hopelessness, loneliness, lack of a sense for life, mental blackness, and other sensations, emotions and beliefs. Afterwards, we designed a mixed psychometric and qualitative study of feeling of emptiness in general and BPD population, oriented to explore the differences of the genuine borderline emptiness and emptiness for non-borderline subjects. Scales of depression, anxiety, somatic emotions, reasons for living, anhedonia, hopelessness and borderline symptom checklist were administered and subjects were asked to describe their feeling of emptiness in a paragraph which was qualitative analyzed by a panel of experts. Like BPD patients, about 8% of general population suffered feeling of emptiness persistently. For BPD, feeling of emptiness as associated concepts as identity, sense of life, not feeling connected, inner loneliness and hopelessness. For general population, feeling of emptiness was mostly associated with anxiety, with not being surrounded or understood by others. BPD tend to feel emptiness in abdominal region, while non-BPD feel emptiness at the breast. We concluded that the feeling of emptiness, as a specific phenomenological aspect of BPD, needs to be defined with more detail and validated internally and externally. For that reason we are in the process of validation of a Inventory of feelings of emptiness.

**003**

Identity disturbance in eating disorders and BPD

Marina Diaz-Marsà (Hospital Clínico San Carlos, Madrid, Spain)

No text received

**004**

Persistent psychotic symptoms in Borderline Personality Disorder

Irene de la Vega (Hospital Clínico San Carlos, Madrid, Spain)

**Objective**

Psychotic or psychotic like symptoms are a core aspect of borderline personality disorder that has received little interest.

**Methods**

We analyzed the presence and characteristics disturbed cognitions as odd thinking, unusual perceptual experiences, and non-delusional paranoia, as well as delusions and quasi-psychotic hallucinations in patients with borderline personality disorder without comorbidity.

**Results**

Disturbed cognitions are common among borderline patients and distinguishing for the disorder. They can decline substantially over time but remain a residual problem.

**Conclusion**

The evaluation and treatment of borderline patients should take into account that psychotic symptoms influence the course of the disorder.

**S-08**

Symposium

15.30-17.00

Mestral 1

From interoception and somatosensation to body ownership and body evaluation: New results on body perception in borderline personality disorder from the German Clinical Research Unit

**Topic:** 24) Psychopathology

**Chairpersons:** Robin Bekrater-Bodmann, Mannheim, Germany

Nikolaus Kleindienst, Mannheim, Germany

**001**

Heartbeat-evoked potentials in patients with Borderline Personality Disorder: A measure for interoception and the potential role of oxytocin

Marius Schmitz (Heidelberg, Germany)

**Objective**

The aim of the present study was to expand earlier findings of deficits in interoception (i.e., the sense of the internal states of the own body) in Borderline Personality Disorder (BPD) and its associations with emotion dysregulation as a core feature of BPD. Furthermore, we wanted to explore the potential role of the neuropeptide oxytocin (OXT) in altering the cortical processing of internal bodily signals.

**Methods**

In the present study 50 female patients with current BPD and 50 healthy female volunteers were investigated. Heartbeat-evoked potentials (HEPs), as a measurement of the cortical processing of internal bodily signals (interoception), were assessed using a 5-minute resting-state electroencephalogram (EEG) and electrocardiogram
(ECG). Before administering EEG and ECG measurements, participants received intranasal applications of either 24 IU of the neuropeptide OXT or a placebo. Emotion dysregulation, dissociation, self-perception of the body and body awareness were assessed by means of self-reported questionnaires.

**Results**

Based on previous research, we expect to find reduced HEP-amplitudes in the BPD group compared to the control group; furthermore, we suggest a negative association between HEPs and emotion dysregulation, as well as dissociation in the BPD group. Overall, we expect HEPs, as an indicator for interoception, to be positively correlated with self-reported body awareness and body perception.

The intranasal application of the neuropeptide OXT may result in an adjustment of HEP-amplitudes between the BPD and control group.

**Conclusion**

The results are discussed in the context of body perception in BPD and the possible contribution of HEPs as a transdiagnostical biomarker for interoception.

**002 Processing of positive and negative somatosensory stimuli in Borderline Personality Disorder**

Annette Löffler (CIMH, Mannheim, Germany)

**Objective**

Borderline personality disorder (BPD) is characterized by reduced pain sensitivity. Alterations in pain perception have been related to dysfunctions in N-methyl-D-aspartate (NMDA) neurotransmission which could also underlie other BPD symptoms, e.g., dissociation. NMDA receptors play a role in temporal summation of pain that results of C-fiber-evoked responses in dorsal horn neurons and is relevant for central sensitization of pain. C-fibers not only transmit pain signals, but further figure into pleasant touch processing. Thus, a similar deficit in pleasant touch processing in BPD is likely.

**Methods**

We examine pain sensitization and the perception of pleasant touch in BPD patients and healthy controls (HC). For the investigation of pain sensitization we used electric stimuli and assessed pain perception as well as the nociceptive RIII-reflex as physiological correlate. In another study, we used a custom apparatus to apply pleasant touch stimuli and assessed the sensory and affective components of perception. Acoustic startle response served as physiological correlate. We related these measures to state and trait dissociation.

**Results**

Preliminary results indicate an altered pain perception in BPD patients compared to HC and a dissociation independent insensitivity to pleasant touch in BPD patients who differ in the affective but not sensory component of touch perception from HC. Perception of touch is evaluated less pleasant in BPD patients compared to HC, reflected also by a higher startle amplitude in BPD patients.

**Conclusion**

The results might contribute to further elucidation of the biopsychological mechanisms related to processing and evaluation of affective somatosensory input in BPD. Analogue to previous results on pain perception, the affective component of pleasant touch appears to be specifically altered in BPD, pointing to a shared biopsychological process. The results might also be important for BPD symptomatology since pleasant touch is likely to signal affiliative social interaction which is generally impaired in BPD.

**003 Body ownership experiences in Borderline Personality Disorder and its interaction with pleasant touch perception**


**Objective**

Body ownership is an essential feature of everyday self-experience and has been proposed to be the prerequisite for normal psychological functioning. This default mode of self-experience, however, is disturbed in borderline personality disorder (BPD). The dissociation between the body and the self has been proposed to be a dysfunctional coping strategy and might be associated with the absence of anxiety responses to a noxious threat applied to that body part. Thus, we hypothesized that reduced ownership is particularly pronounced for body parts that are involved in self-injurious behavior. Due to empirical evidence indicating a tight link between the processing of positive somatosensory stimulation and body ownership, we further propose that this kind of stimulation can modify disturbed body ownership in BPD.

**Methods**

We assessed ownership experiences in patients with BPD for a large number of body parts and related the data to the presence of scars caused by self-injurious behavior. In a second study, we investigated how the application of pleasant somatosensory stimulation influences body ownership experiences in BPD.

**Results**

We found that the whole body is affected from reduced ownership in BPD, with even more pronounced manifestation for body parts involved in self-injurious behavior. The application of pleasant somatosensory stimuli enhanced body ownership only in those patients who actually perceived the stimulation in a positive manner.

**Conclusion**

The results suggest that dissociative body experiences are a differential feature of BPD symptomatology, particularly affecting body parts which are associated with dysfunctional emotion regulation behavior. The application of pleasant touch might represent a non-invasive approach to normalize disturbed body perception at least in some of the patients. These results might have implications for the understanding of BPD psychopathology as well as for the development of novel therapeutic applications.
Body self-evaluation in women who have remitted from Borderline Personality Disorder

Nikolaus Kleindienst (ZI für seelische Gesundheit, Mannheim, Germany)

Objective

The first aim was to compare the body self-evaluation in remitted BPD (rBPD) to both current BPD (cBPD) and to healthy controls (HC). The second aim was to clarify the potentially mediating role of the sexual connotation of body areas and of the presence of scars related to nonsuicidal self-injury.

Methods

A total of 68 participants (cBPD: 26; rBPD: 22; HC: 20) were assessed with the Survey of Body Areas. Potential mediators of body self-evaluation were analyzed with mixed linear models.

Results

The three groups showed clinically and statistically significant differences in the mean evaluation of the own body (F=11.94; df=2,65; p<0.0001). While participants with cBPD showed a clearly negative self-evaluation, those from the rBPD and HC groups had an overall positive evaluation of their own bodies. Moderator analyses revealed that the differences between remitted and current BPD patients (rBPD vs cBPD) originated from evaluation of non-sexual body areas. In contrast to the non-sexual body areas the sexually connoted body areas in participants from the rBPD and cBPD groups were on a similar level. The presence of scars related to nonsuicidal self-injury did not moderate body self-evaluation.

Conclusion

The very large difference between remitted and current BPD patients suggests that the highly negative body self-evaluation in cBPD patients is amenable to change, but this finding awaits replication from a longitudinal study. The moderating effect of sexual vs non-sexual connotation of a body-area has not been described before and requires further investigation.

S-09 Symposium

Identity and (PD-)pathology in adolescence

Topic: 2) Adolescence

Chairpersons: Kirstin Goth, Basel, Switzerland
Andrea Dixius, Idar-Oberstein, Germany

001 Gender Identity Disorder (GID) and the development of adolescent identity

Klaus Schmeck (University of Basel, Child and Adolescent Psychiatry, Switzerland)
J. Feifel, H. Höck, A.-C. von Orelli

Objective

Adolescents with gender identity disorder (GID) present with a broad phenotype spectrum in their global identity. In this talk we will focus on the differentiation between a stable, consolidated global identity and a pathological identity development with identity diffusion in adolescents who present with GID.

Methods

A sample of 22 adolescents with confirmed GID were studied with the self-rating questionnaire AIDA (Assessment of Identity Development in Adolescence) to assess the global identity development and fundamental subdomains of identity.

Results

The analysis of identity development in adolescents with GID reveals two different subgroups: about half of the adolescents with GID show AIDA profiles in the normal range with only one or two elevated scores on the subscales 1.1 “Discontinuity in Attitudes” and 1.2 “Discontinuity in Relationships”. However, the other half of the sample show signs of severe identity disturbance with AIDA profiles in the pathological range.

Conclusion

Adolescents with GID should be screened for personality disorders. The self-rating questionnaire AIDA provides support in the differentiation between GID adolescents with global identity diffusion on one side and adolescents with GID but consolidated, stable identity on the other side.

002 Dissociative psychopathology and identity development - findings from a large clinical adolescent sample

Eva Möhler (Klinik für Kinder- und, Jugendpsychiatrie, Psychotherapie und Psychosomatik der SHG, Idar-Oberstein, Germany)

Objective

Dissociation describes fractures in sensory integration and has frequently been shown to co-occur in trauma-related-diseases. Also, personality disorder seems to be associated with increased levels of dissociation.

Methods

Adolescents referred to in patient-treatment of emotional instability with DBT-A were assessed for dissociation with SDE for adolescents. Identity development was examined by the Assessment of Identity Development in Adolescence-Questionnaire.

Results

Strong correlations between dissociation and identity development were found. In the co-occurrence with traumatic experiences, these correlations are specifically striking.

Conclusion

Impact of trauma-induced dissociation on identity development should be a target in psychotherapy in young patients with emotional development. These data have implications for future research as well as clinical practice.

003 A question of identity? Influence of a standardized DBT-A-therapy program on the identity of adolescent patients with emotion regulation disorders

Andrea Dixius (Idar-Oberstein, Germany)
I. Beege, E. Moehler
Identity formation is a basic development task in adolescence. Adolescents with a beginning borderline psychopathology show salience in identity development. Identity diffusion is often linked to a beginning borderline identity disorder and describes distinct interferences regarding the stability of self-view and the feeling about oneself. The dialectical behavioral therapy for adolescents (DBT-A) is a treatment program for adolescents with emotion regulation disorders and borderline specific symptoms. The study wants to examine the influence of a standardized and certified DBT-A therapy program on the identity development of adolescent patients in in-patient setting.

Methods
Study sample are 138 adolescents who absolved the DBT-A therapy program in a stationery setting. The treatment is meant for female and male adolescents at the age of 14-18 years and takes 12 weeks. Before and after the therapy the adolescents were examined with the instruments of general psychopathology, emotion regulation and identity development using AIDA (Assessment of Identity Development in Adolescence).

Results
This paper presents the influence of DBT-A treatment on the identity development of adolescent patients. The following shall be considered: The correlation of the characteristic identity disorders and psychopathology interference of adolescents with borderline disorder and emotion regulation disorders

Conclusion
The results of the study show significant changes regarding the characteristic degree of severity of the identity diffusion. The results are clinically relevant for the development of treatment methods dealing with identity disorders.

Therapist affect in dialectical behavior therapy for Borderline Personality Disorder
Alexandra King (Rutgers University Psychology, Highland Park, USA)
S. Rizvi

Objective
The objective of this study was to assess Dialectical Behavior Therapy (DBT) clinicians’ emotional experience in treatment with clients with Borderline Personality Disorder (BPD). These clients have been described as inflexible, demanding, and/or hostile in treatment, yet DBT therapists have reported favorable views of these clients and have reported strong therapeutic alliance. Studies have assessed therapist attitudes towards BPD, but few have empirically examined therapist affect in session with clients with BPD.

Methods
Participants were 25 therapists from a DBT training clinic in a university setting. A total of 77 BPD clients were enrolled in a comprehensive 6-month DBT program. Therapists each treated an average of 3.21 clients (SD=1.67, Range=1 to 8), and a total of 1,478 sessions were analyzed. Therapists completed the Positive and Negative Affect Schedule at the start and end of every session. Analyses were conducted with Hierarchical Linear Modeling.

Results
Therapists’ positive affect (PA) averaged 28.86 points (SD=7.33, Range=10 to 50) and negative affect (NA) averaged 14.35 points (SD=5.15, Range=10 to 50). On average, PA increased by 1.85 points from the start to end of session (F(2852.21)=101.76, p<.001) while NA decreased by .87 points (F(2871.57)=42.41, p<.001). Over the course of treatment, PA decreased slightly (B=.07, F(1454.53)=11.27, p<.01) while NA did not significantly change (p=.25).

Conclusion
These results indicate that the therapists generally felt better at the end of session (i.e. higher PA, lower NA). The decrease in PA over the course of treatment is unexpected, and further research should examine which processes may explain this trend.

002 Relationship between therapeutic alliance and DBT-outcome in a DBT-seeking sample of BPD-patients
Carolin Steuwe (Evangelisches Klinikum Bethel, Klinik für Psychiatrie Forschungsabteilung, Bielefeld, Germany)
D. Austmeyer, M. Berg, M. Driessen, T. Beblo

Objective
Dropout-rates in DBT are decreased in patients who are treated by the therapist who undertook the preliminary talk (Steuwe, Berg, Driessen, & Beblo, 2017). The therapeutic alliance was found to be a predictor of DBT dropout and -outcome in some other but not all studies (Barnicot, Katsakou, Marougka, & Priebe, 2011). This leads to the assumption that dropout from and effectiveness of DBT is related to the therapeutic alliance built in the preliminary talk, which precedes DBT treatment.

Methods
To further examine this relationship treatment-seeking BPD-patients were admitted to a ten-week inpatient DBT-treatment after a preliminary talk. Patients were assessed before and after DBT-treatment. The quality-insurance-questionnaire included demographic, clinical data as well as therapy expectation (PATHEV) and therapeutic alliance (WAI-SR). A pilot-sample of 30 patients will be included.

Results
We will conduct dropout analyses as well as pre-post-analyses. Data will be analyzed with regard to variables predicting drop-out (change of therapist between preliminary talk and DBT-treatment, therapy expectation).
Effectiveness of DBT (pre-post) will be related to therapy expectation and therapeutic alliance.

**Conclusion**

Results will be discussed with regard to clinical implications.

**003 Implementing the DBT-Mindfulness skills module in outpatient group therapy**

Janine Wirkner (University of Greifswald, Institute of Psychology, Germany)
M. Bohus, L. Lyssenko, A. Bauch, S. Stolzenburg, A. Hamm

**Objective**

Various mindfulness interventions have been successfully implemented in psychotherapy. Although the mindfulness module of DBT skills training (DBT-M) might provide a powerful intervention, DBT-M alone has not been established in outpatient group therapy to date.

**Methods**

A total of 27 patients (M age=37.4 years, 85% women, including ICD-10 diagnoses F3 to F6) of the outpatient clinic of the University of Greifswald completed a seven-week DBT-M group program that followed the DBT-Mindfulness skills schedule from the DBT-manual. DBT-M was evaluated pre-post using the Kentucky Inventory of Mindfulness Skills (German version; KIMS-D), the Beck-Depression-Inventory-II (BDI-II), the Brief Symptom Inventory (BSI), and the Emotion Regulation Questionnaire (ERQ).

**Results**

As expected, an increase in mindfulness skills was observed (KIMS-D; Observing: p=.001, d=.611; Accept without judgment: p=.006, d=.558), except for the subscale Describing (p=.119, d=.287). BDI-II declined from pre- to post-treatment (p=.002, d=.566) and global severity of the BSI also declined significantly (p=.008, d=.393). Most interestingly, a statistically significant interaction in the ERQ indicated that participants used more reappraisal strategies (p=.004, d=.618) and somewhat less emotion suppression (p=.204, d=.333) after DBT-M. Intention-to-treat analyses (LOCF; Drop-outs: N=5) showed an identical result pattern.

**Conclusion**

DBT-M group therapy can be successfully implemented in outpatient settings. Patients do not only improve in mindfulness skills, but also in depression and global disorder severity. Although DBT-M does not especially target emotion regulation, patients used more helpful emotion regulation strategies after the intervention. Our results suggest that offering DBT-M to outpatients might be beneficial for a wide variety of mental disorders.

**004 Feasibility and effectiveness of a digital health app in dialectical behavior therapy group skills training**

Carmen Sanchez Gil (Hospital del Mar Psmar., BPD Program, Barcelona, Spain)

**Objective**

The digital health app is feasible for BPD patients under DBT Skills Training Group and improves the use of DBT therapeutic tools.

**Methods**

First, we designed and developed a digital platform with an app for DBT in collaboration with Medtep Inc.. This app allows the clients to fill in DBT tools (diary card, chain analysis, crisis management plan). Second, we conduct a pilot study with 20 adult subjects with BPD. The participants, divided in two groups, received 6 months of DBT Skills Training Group. The groups were randomized in two conditions, DBT-STG that use paper tools or DBT-STG-app. The study was carried out in the public Borderline Personality Disorder Program of the Parc de Salut Mar in Barcelona. Outcomes were evaluated in pre-post treatment time.

**Results**

Regarding feasibility, the majority of patients who used app perceive it as a helpful tool. The treatment groups did not differ significantly on pretreatment characteristics. The DBT-STG-app group has shown greater improvement in the number and completion of the diary card and chain analysis. This group has reported a higher quantity of information registered. The learning use of the therapeutic tools is rated as easier with the use of the app.

**Conclusion**

The digital health app is feasible for BPD patients under DBT Skills Training Group and improves the use of DBT therapeutic tools.

**W-01 Workshop**

**15.30-17.00 Workstranzell 4**

**101 Evaluación de la empatía, como evolución del apego, en los trastornos de la personalidad. This is a workshop for the SEETP**

Gerardo Flórez, Ourense, Spain
Leonelo Forti Sampietro, Vigo, Spain

**001 Resultados de la evaluación de la empatía con diferentes instrumentos en una amplia población penitenciaria**

Gerardo Flórez (Unidad de Conductas Adictivas, Ourense, Spain)

**Objective**

Presentar distintos métodos para medir la empatía, y poder relacionar su medida con la presencia de psicopatía.
Methods
Se presentan los resultados obtenidos en un estudio realizado en 204 internos del Centro Penitenciario de Pereiro de Aguiar. En este trabajo se estudió la relación entre el diagnóstico de Trastornos de la Personalidad, especialmente de la Psicopatía, con la presencia de consumo de tóxicos, comisión de delitos, y con las puntuaciones de las siguientes medidas de empatía:Implicit Association Test, Variabilidad Cardiaca, Test de Lectura de la Mente en Ojos, Dilemas morales y Distancia Interpersonal.

Results
Los resultados obtenidos indican una relación positiva significativa entre la Psicopatía, y de los Trastornos de la Personalidad en general, con la Variabilidad Cardiaca y con algunos dilemas morales. Por otro lado, también existe una correlación positiva de los Trastornos de la Personalidad, y de la Psicopatía en particular, con un incremento en el consumo de tóxicos y la comisión de delitos.

Conclusion
En algunas pruebas, la baja empatía correlaciona con la presencia de psicopatía y de otros trastornos de la personalidad.

002
Desarrollo evolutivo de la empatía en el contexto del apego, incluyendo indicadores tempranos de riesgo
Leonelo Forti Sampietro (Vigo, Spain)

Objective
El apego y los rasgos de temperamento infantil predicen el riesgo de padecer trastornos de personalidad en el adulto, y la empatía es un rasgo diferencial entre los trastornos del cluster B. Se explicará la relación entre apego, empatía y rasgos de personalidad en tres pasos: 1) Desarrollo evolutivo de la empatía en los diferentes estilos de apego y sistemas neuroconductuales implicados. 2) Desarrollo de los rasgos de personalidad desde el nacimiento hasta la adolescencia. 3) Relación entre apego, rasgos en la infancia y empatía. Finalmente se ofrecerá un screening de indicadores de riesgo en la infancia.

003
Empatía en los trastornos de la personalidad del cluster B, diferenciando antisocial de psicopatía
Raul Vazquez-Noguerol Mendez (Hospital Nicolas Peña. SERGAS, Psiquiatría, Vigo, Spain)

Objective
While brain circuits related to the self and others highly overlap supporting the notion of inseparable constructs, structural and functional neuroimaging data point to rather specific deviations in brain processes among the various types of personality disorders, with a focus on borderline and antisocial personality disorders. Regarding the interpersonal domain, BPD patients exhibit lower activity in the brain circuit mediating cognitive empathy and higher activity in the emotional empathy network. The latter interacts with a hyperactive emotion
processing network and a limited capacity of self-other differentiation, making patients with BPD vulnerable to distressing emotional contagion. Individuals with ASPD were shown to be rather characterized by intact or even increased activity in ToM regions, but abnormal functioning in networks mediating emotional empathy and sympathy/compassion. Impairment in social emotional processes that underlie a constellation of traits comprising callous unemotionality and egocentric, exploitative behavior seem to be more complicated than a mere deficit in bottom-up processing of the salience of social cues.

Policy of full disclosure
no conflict of interest

003  
The clinical relevance of a more contextualized maladaptive trait assessment: an exploration and comparison with Criterion A  
Lize Verbeke (Ghent University, Dept. of Personality Psychology, Belgium)  
B. De Clercq

Objective
There is an ongoing debate on the distinctiveness of Criterion A and B of the Alternative Model of Personality Disorder classification (AMPD) of DSM-5. The current contribution aims to contribute to this discussion by exploring the unique associations of Criterion A and B with perceived stress and experienced conflicts, two real-life parameters that are highly relevant in borderline personality pathology. In addition, the value of contextualized trait assessment was examined relative to standard questionnaire trait testing.

Methods
Self and interpersonal functioning (= Criterion A) was measured by 15 items based on the STiP – 5.1 interview (Hutsebaut et al., 2016) in a group of 180 undergraduate students during their final exam period. Criterion B was operationalized along the proposed borderline traits of the PID-5 (Krueger et al., 2012), as well as with a recently developed borderline trait inventory that enables a more contextualized and within-person variability assessment of borderline traits (SJT-BDL; Verbeke et al., in preparation).

Results
Stepwise linear regression analysis showed that a significant amount of perceived stress was accounted for by both Criterion A and B, but that only Criterion A added above and beyond the PID-5 borderline traits and not vice versa. In contrast, experienced number of conflicts was only predicted by Criterion A and not by the PID-5 borderline traits. However, contextualized trait assessment substantially increased the amount of explained variance of experienced conflicts.

Conclusion
These results point to the relevance of Criterion A for predicting essential aspects of daily functioning and also indicate the potential of contextual trait assessment for a more profound understanding of how people behave in daily life.

Scientific Programme
Thursday, 27 September 2018

004  
The assessment of in-vivo Criterion A function between caregivers and children  
Carla Sharp (Houston, USA)  
C. Shohet, D. Givon, S. Vanwoerden, S. Stepp

Objective
The explicit formulation of maladaptive self-and other function as core to personality pathology necessitates consideration of novel approaches to assessment. In this proof-of-concept talk, we evaluate the potential of an observational approach to assessing real-time mentalization between caregivers and children as an index of in-vivo Criterion A function.

Methods
Videos of mothers and their adolescent offspring are coded using the Observing Meditational Interaction (OMI) coding scheme that was originally developed for observational coding of adults' capacity to stimulate learning in children.

Results
Real-time mentalization can be assessed by deconstructing it into 5 behavioral components: focusing, affecting, expanding, regulating and rewarding.

Conclusion
The implications of using observational methods to capture mentalization and Criterion A function in the context of personality pathology are discussed.

005  
The significance of developmental trait pathology for DSM-5 Criterion A disturbances in self and interpersonal functioning in young adulthood  
Barbara De Clercq (Ghent University Psychology, Gent, Belgium)  
F. De Fruyt

Objective
Criterion A of the DSM-5 alternative model of personality disorders presumes to reflect the core of personality pathology, covering self and interpersonal functioning in terms of identity, self-direction, empathy and intimacy. Each of these four constructs is believed to represent a key factor for distinguishing healthy from personality disordered individuals. Although their association with co-occurring pathological traits (as measured by criterion B) is evident, far less is known on the relevance of very early trait pathology for understanding differences in levels of personality functioning in young adulthood. The current study aimed to explore how early trait manifestations of personality pathology are prospectively related to levels of and variability in personality functioning in young adulthood.

Methods
In an end-of-day diary study, 157 early adults (63.4% female, mean age=20.95) provided self-ratings on Criterion A items across a period of two weeks. All subjects participated since their childhood in the Flemish Personality Pathology Growth Study (PALS sample), including prospective data on childhood trait pathology at
five consecutive time points spanning 11 years from middle childhood until late adolescence.

Results
The analyses showed relevant and meaningful associations of various maladaptive traits at a young age with the criterion A outcome.

Conclusion
These findings may increase our understanding on relevant developmental antecedents of young adult personality functioning in terms of self- and interpersonal processes.

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Scientific Programme
Thursday, 27 September 2018

001
Detecting emerging personality disorders in adolescents with the questionnaire LoPF-Q 12-18 following the Criterion A of AMPD
Kirstin Goth (Basel, Switzerland)
K. Sevecke, Y. Izat, M. Huss, M. Kaess, E. Moehler, K. Schmeck

Objective
The Alternative Model for Personality Disorders (AMPD) of the DSM-5 aimed to overcome shortcomings of the current categorical PD diagnoses by introducing a hybrid model. A dimensional assessment of core impairments in the basic personality functions Identity, Self-direction, Empathy, and Intimacy is supposed to build the basis of a) a detailed profile and b) a categorical decision weather the diagnose PD is appropriate at all. A phase of thorough investigation and communication is needed to build bridges between the old and the new approach. We analyzed the congruence between alternative diagnostic classifications following the Criterion A of the AMPD and current categorical PD diagnoses in an adolescent sample.

Methods
We used our self-report questionnaire LoPF-Q 12-18 (Levels of Personality Functioning Questionnaire) for 12 to 18 year olds to assess the aforementioned personality functions. The development of the test was based on the AMPD but also informed by other operationalizations of these four constructs to take into account the special requirements of self-report for younger ages. We compared PD classifications based on the dimensional LoPF-Q scores with the classifications according to e.g. SCID-II and classification conferences in referred patient samples from a joint study of six clinics.

Results
The clinical sample of N= 96 PD patients were best described by the combination of two or more severely impaired Personality functions (T-scores > 70 in the LoPF-Q scales) with 71.1% total congruence, 73.0% specificity, and 64.6% sensitivity when compared to the impairments of N= 319 No-PD patients.

Conclusion
According to our empirical findings, the criteria of the AMPD regarding already "mild impairments" (T-scores > 60) as a relevant indicator for PD might be too low for adolescents. However, following the AMPD seems to ensure a high stability of diagnostic standards while providing a huge benefit with detailed dimensional profiles of impairment.

Policy of full disclosure
The questionnaire LoPF-Q 12-18 is freely available in all culture-adapted versions for scientific purposes. For profit-oriented diagnostic purposes the use of LoPF-Q 12-18 is fee based and the authors are receiving royalties.

002
Assessing DSM-5-oriented level of personality functioning in adolescents: Preliminary psychometric evaluation of the semi-structured interview for personality functioning DSM-5 (STiP-5.1) in an adolescent sample
Laura Weekers (De Viersprong, Bergen op Zoom, The Netherlands)
S. Verhoeff, J. Hutsebaut, J. H. Kamphuis

Objective
The Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013) introduced in Section III a new model for assessing personality pathology that includes assessing levels of personality functioning, making it possible to assess severity of personality pathology. Our research group developed an interview to assess the level of personality functioning: the Semi-Structured interview for Personality Functioning DSM-5 (STiP 5.1). Psychometric properties of the instrument have thusfar only been evaluated in an adult sample. In this study we describe the preliminary psychometric evaluation of the STiP 5.1 in an adolescent sample.

Methods
Adolescents referred to a specialized setting for the assessment and treatment of personality disorders were administered the STiP 5.1, the Structured Clinical Interview for DSM-IV Axis I disorders and the SCID Axis II Personality Disorders and completed the Level of Personality Functioning Scale Brief Form 2.0 (LPFS 2.0) and Personality Inventory for DSM-5 Brief Form (PID-5-BF).

Results
Interrater reliability of the STiP 5.1 and associations with conceptually relevant measures were assessed.

Conclusion
In this presentation, preliminary findings will be presented and clinical experiences will be discussed. Specific attention will be given to the feasibility to differentiate personality problems from normative adolescent developmental issues as based upon the interview data.
A psychometric evaluation of a reduced version of the PID-5 in clinical and non-clinical adolescents

Nagila Koster (Utrecht University, The Netherlands)

Objective
A dimensional perspective on personality pathology by means of trait-assessment is proposed in the DSM-5. This study aimed to replicate and extend findings regarding the psychometric properties of the 100-item reduced version of the PID-5. These properties have been investigated in adult samples and once in a late-adolescent student sample.

Methods
In this study we investigate the psychometric properties of this 100-item reduced PID-5 in comparison to the 220-item original PID-5 in four adolescent samples: a non-clinical sample of mid adolescents (N = 100), a clinical sample of mid adolescents (N = 101), a non-clinical sample of late adolescents (N = 218) and a clinical sample of late-adolescents (N = 212).

Results
Our results indicate that the psychometric properties of the 100-item version of the PID-5 are adequate and similar to the original PID-5 in both mid- and late clinical and non-clinical adolescent samples.

Conclusion
With these results we extend the applicability of this reduced version of the PID-5 toward the age of adolescence and to both clinical and non-clinical groups. It implies that this instrument yields reliable information on the level of adolescent's maladaptive personality traits, thereby making it an adequate measure to be used in clinical assessment of personality pathology.

Adolescents and their personality development: A longitudinal study

Ben Baaijens (Reinier van Arkel, ’s Hertogenbosch, The Netherlands)
L. van Den Aardweg

Objective
A comprehensive and integrative theoretical framework that seeks to describe and understand the life-course development of an individual’s personality is proposed by D. McAdams (1996). This three-layered framework describes how dispositional traits, characteristic adaptations and the narrative identity interact and form one’s personality. In this symposium we present the start of a large research project, a clinical perspective on this conceptualization of personality and the design of a new early-intervention for young borderline personality patients. We adopt a dimensional perspective on personality pathology according to what is proposed in DSM-5-III, focusing on self- and interpersonal functioning.

Methods
Data for the research project will be collected from 350 adolescents, aged 12-25, referred to two specialized mental health care institutes in the South of the Netherlands. Patients and their parents will be asked to participate in this project and will be contacted every six months for a period of three years. In this research-project we combine quantitative and qualitative to collect data on dispositions (maladaptive personality traits), characteristic adaptations (attachment, life events, social relations, mentalization and schema’s) the narrative identity (turning point event) and personality functioning (completion of expected developmental tasks, daily functioning and well-being).

Results
Ultimately, multivariate analyses will be conducted in Mplus to examine the development and interplay between dispositions, characteristic adaptations and narrative identity and how these levels of the self are associated with (pathological) personality functioning. In this symposium we will use the opportunity to present our research design and several preliminary results.

Conclusion
The three-layered framework of McAdams has often been used to describe ‘normal’ personality development, but rarely to consider pathological personality development, and even more rare in children and adolescents. The proposed project aims to gain a better understanding of underlying mechanisms of (maladaptive) personality development, and as such contribute to early-detection and early-intervention of personality pathology.
expected developmental tasks, daily functioning and well-being).

Results
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S-12 Symposium
17.15-18.45 Tramuntana 2
Supporting families symposium A - new controlled trials
Topic: 14) Family
Chairpersons: Brin Grenyer, Wollongong, Australia
Anthony Bateman, London, United Kingdom

001 A randomized controlled trial of group psychoeducation for carers of persons with Borderline Personality Disorder
Brin Grenyer (University of Wollongong, Australia)

Objective
Carers of persons with borderline personality disorder (BPD) are known to experience high burden. Treatment guidelines advocate involving carers in comprehensive therapy approaches.

Methods
This study was a randomized controlled trial of group psychoeducation, compared to waitlist. Group psychoeducation involved 6-8 carers per group, and focused on improving relationship patterns between carers and relatives with BPD, psychoeducation about the disorder, peer support and self-care strategies, and skills to reduce mental health burden. Carers were randomized into intervention (N=33) or waitlist (N=35).

Results
After 10 weeks, those in the intervention reported improvements in dyadic adjustment with their relative with BPD, greater family empowerment, and reduced expressive emotion, and these improvements were sustained at a 12 month follow-up. There were improvements in carers perceptions of being able to play a more active role, such as interacting with service providers.

Conclusion
This study demonstrates that providing structured group programs for carers can be an effective way of extending community-based interventions to a group experiencing high burden.

002 Family Connections versus optimised treatment-as-usual for family members of individuals with Borderline Personality Disorder: Non-randomised controlled study
Mary Kells (Cork, Ireland)

Objective
Family Connections (FC) is an established 12-session group intervention for family members/significant others of individuals diagnosed with BPD. To date, two uncontrolled studies by the treatment developers suggest that FC is an effective intervention; however, these studies have been limited by lack of comparison to other treatment approaches. This study aimed to compare the effectiveness of FC with an optimised treatment-as-usual (OTAU) programme for family members of individuals with BPD.

Methods
This study was conducted in a public community health setting. The study was a non-randomised controlled study, with assessment of outcomes at baseline (pre-intervention) and end of programme (post-intervention) for both FC and OTAU groups. Eighty family members participated in the FC (n=51) and the OTAU (n=29) programmes. Outcome measures assessed constructs of burden, grief, depression and mastery. Linear mixed-effects models were used to assess: baseline differences in the outcome measures by gender, age group and type of relationship to the individual with BPD; and to estimate the treatment effect (FC versus OTAU) utilising all available data from baseline and end of programme.

Results
The FC group showed changes indicating significant improvement with respect to all four outcome measures (p<0.001). The OTAU group showed changes in the same direction as the FC intervention group but none of the changes were statistically significant. The intervention effect was statistically significant for total burden (including both subscales; p = .02 for subjective burden and p = .048 for objective burden) and grief (p = 0.013).

Conclusion
The findings of the current study indicate that FC results in statistically significant improvements on key constructs for family members of individuals with BPD while OTAU does not yield comparable changes. Lack of significant change on all measures for OTAU suggests that a three session psycho-education programme is of limited benefit.

003 A randomized controlled trial of a mentalization-based intervention (MBT-FACTS) for families of people with Borderline Personality Disorder
Anthony Bateman (London, United Kingdom)
**Objective**
To determine if a mentalization based intervention for family members of people with BPD reduced adverse incidents reported by the family member in relation to the person with BPD. Secondary outcomes included self-reported family wellbeing, empowerment, burden, and levels of anxiety and depression.

**Methods**
Fifty-six family members/significant others living with/supporting people with a diagnosis of BPD were randomized either to immediate Families and Carers Training Support (MBT-FACTS), a supportive and skills-based program consisting of five 1.5- to 2-hour evening meetings delivered by trained family members, or to delayed intervention.

**Results**
Family members randomized to immediate intervention showed a significant reduction in reported adverse incidents between themselves and the identified patient in the second phase of the programme compared with those randomized to delayed intervention. Secondary outcome measures showed family functioning and wellbeing improved more in the immediate-treatment group; changes were maintained at follow-up. There were no differences in depression, total anxiety, and total burden; both groups showed improvement on all these measures.

**Conclusion**
A mentalization based family intervention reduces adverse interactions in the family and increases family well-being and function compared to delayed intervention.

**Policy of full disclosure**
A Bateman receives some royalties from books on mentalization.

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**Symposium**

**S-13**

**17.15-18.45**

**Levant 1**

**European guidelines for Borderline Personality Disorder - Recent developments and current trends**

**Topic:** 17) Healthcare and Economics

**Chairpersons:** Sebastian Euler, Basel, Switzerland

Jutta Stoffers-Winterling, Falkensee, Germany

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**001**

**The Danish guideline for BPD: Major findings and minor controversies**

Sebastian Simonsen (Copenhagen, Denmark)

**Objective**
In 2015 the Danish National Health Authority developed a National clinical guideline for the treatment of Borderline Personality Disorder (BPD). The authorities put emphasis on approaching the process using evidence-based principles and stressing the importance of putting together a working group with the right balance between representativeness and scientific competence. The final product was a guideline that answered ten so-called PICO questions deemed by the work-group deemed by the workgroup as crucial for the current status of treatment in the Danish National context.

**Methods**
The guideline development process and will briefly be described

**Results**
In this presentation the Danish guideline recommendations will be presented, especially focusing on the major findings e.g. use of psychotherapy and the minor controversies stirred up after publication

**Conclusion**
Based on the findings and the responses received, possible future avenues for development of BPD guidelines will be explored and discussed.

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**002**

**The Norwegian guidelines for personality disorders: Perspectives of experts and the health authorities**

Øyvind Urnes (Oslo, Norway)

E. Kvarstein

**Objective**
To convince the Norwegian Health Authorities of the need for national guidelines for personality disorders.

**Methods**
We have written a comprehensive document were we argue for making guidelines. Spesialist services and users in Norway frequently are asking for this. The treatment possibilities for patients with personality disorders differ from none to good. The personal interests of the leaders of out-patient treatment centers determine this issues. We will present information about these issues from our document.

**Results**
We still are awaiting the answer from the official Health authorities.

**Conclusion**
National guidelines for personality disorders are urgently needed.

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**003**

**The German BPD guidelines in progress**

Jutta Stoffers-Winterling (University Medical School Main Psychiatry and Psychotherapy, Falkensee, Germany)

M. Kaess, S. Doering, K. Lieb

**Objective**
To present the German guidelines for the treatment of borderline personality disorder (BPD).

**Methods**
Different organisations produce and disseminate clinical guidance for defined healthcare problems, such as the National Institute for Health and Care Excellence (NICE) in the United Kingdom. In Germany, the main agency promoting and advising guideline development is the so-called “Arbeitsgemeinschaft wissenschaftlich-medizinischer Fachgesellschaften” (Association of the Scientific Medical Societies; AWMF). It is a non-governmental organisation established from medical societies. It acts solely by order of its member societies.
which keeps it governmentally independent, but it advises the Federal Republic of Germany in all topics of scientific medicine and medical research. AWMF-registered guidelines must apply high-quality standards in order to grant transparent, reproducible procedures of guideline development and fulfill high scientific standards, as outlined in the AGREE-II tool.

Results

The German borderline personality disorder guidelines are currently being developed according to AWMF standards as evidence- and consensus-based guidelines (AWMF classification "S3"), following a pre-defined structured guideline development process. Accordingly, a representative guideline development committee has convened. By now, the committee has consented which exact questions need to be answered by the guideline, and which evidence sources will be used to inform the guideline committee. The underlying methodological concept will be outlined, including methods to identify and manage conflicts of interests of guideline committee members.

Conclusion

This guideline project will produce the first German evidence- and consensus-based guidelines.

004

The Swiss treatment recommendations for BPD: An evidence-based approach for good clinical practice

Sebastian Euler (University of Basel, University Psychiatric Hospital, Switzerland)
U. Kramer

Objective

On behalf of the Swiss Society of Psychiatry and Psychotherapy the Swiss treatment recommendations for BPD were developed between 2016 and 2018 by an expert board.

Methods

Somewhat different to pre-existing national guidelines they follow an approach which includes scientific evidence and expert recommendations for good clinical practice. Further, they focus on national applicability.

Results

The rationale behind this approach and its conclusions published in spring 2018 will be outlined.

Conclusion

Pros and cons of the modified procedure will be discussed with respect to the potential to transfer theory into clinical practice.

001

The emotional components of rejection sensitivity as a mediator between borderline personality disorder and biased appraisal of trust in faces

Emmanuele Preti (Milano, Italy)
A. Poggi, J. Richetin, P. Ricciardelli, E. A. Fertuck

Objective

In the perspective of shedding light on inconsistencies emerging from the literature, our contribution aims at clarifying the mediating role of Rejection Sensitivity (RS) on the untrustworthiness bias in Borderline Personality Disorder (BPD).

Methods

To do so, we examine whether BPD traits are connected to an untrustworthiness bias toward neutral male and female faces in a non-clinical sample of young female college students (N = 110). Unlike previous research, we examine the role of the different components of RS (emotional and cognitive) separately, and we consider the anger dimension as potentially relevant for trust ratings.

Results

Our results demonstrated that only the emotional components (anxiety and anger) and not the cognitive (expectation) mediated the association between BPD traits and trust ratings.

Conclusion

We discussed the importance of considering all three components of RS for a better understanding of the relation between BPD and trust appraisal.

003

Untrustworthiness bias in borderline personality is resistant to social learning: An experimental, electroencephalogram (EEG) approach

Eric Fertuck (New York, USA)
S. Fischer, R. Melara

Objective

Individuals with BPD exhibit high levels of rejection sensitivity, which is associated with an untrustworthiness bias towards others. The present study investigates neural mechanisms of untrustworthiness learning utilizing an experimental, social learning task and concurrent electroencephalogram (EEG), a time sensitive measure of neural activity. In particular, we hypothesize that resistance to new learning regarding trustworthy traits of others in undergraduates with high BPD features (H-BPD) relative to low BPD features (L-BPD) would be correlated with differing event related potentials (ERPs) in attentional vs perceptual processing before and after social learning.

Methods

Two demographically matched groups of undergraduate participants, H-BPD (N=13) and L-BPD (N=13) were administered a novel trustworthiness learning task that assessed how individuals learn to "trust" facial identities. Facial identities were appraised before and after trustworthiness trait learning. During a trustworthiness learning phase, the identities were randomly paired with one of four verbal learning trait conditions: 1) trustworthy traits only, 2) untrustworthy traits only, 3) both trustworthy
and untrustworthy traits, and 4) ambiguously trustworthy traits. Four different facial identities were assigned randomly to one of four training conditions: (1) Trustworthy, (2) Untrustworthy, (3) Ambiguously Trustworthy, and (4) Mixed. After learning, participants again rated the same identities on trustworthiness.

**Results**
The H-BPD group appraised faces as more untrustworthy than the L-BPD group. The effects of training on trustworthiness ratings by learning condition were restricted to the L-BPD group. Regarding ERPS before vs. after training, the slow wave decreased in magnitude for the L-BPD group in the untrustworthy condition, but decreased in magnitude for H-BPD group in the trustworthy and mixed conditions.

**Conclusion**
Untrustworthiness biases are resistant to change in H-BPD. Further, neural mechanisms of impaired trustworthiness trait learning in BPD indicate differential attentional processing in valenced trustworthiness learning conditions in H-BPD relative to L-BPD.

**004 Self-other integration in Borderline Personality Disorder: A study with the Joint Simon Paradigm**
Chiara De Panfilis (University of Parma Medicine and Surgery, Italy)
D. R. Mussi, S. Antinori, L. Riggio, F. Scagnelli, E. Dalpane, C. Marchesi

**Objective**
Patients with Borderline Personality Disorder (BPD) show difficulties in decoding interpersonal cues, but the underlying cognitive mechanisms have yet to be fully elucidated. This study employed the Joint Simon Effect (JSE) paradigm to evaluate whether individuals with BPD, as compared to controls (HC), display an impaired ability to co-represent others’ actions, and whether such pattern was associated with their social dysfunction.

**Methods**
30 individuals with BPD (24 females, 80%; mean age 39.67±10.81) and 32 sex/age matched HC (26 females, 81.3%; mean age 42.25±12.98) completed measure of social functioning (Social Adjustment Self-Evaluation Scale, SASS) and performed a Joint Simon Task (evaluating the ability to integrate the representation of others’ actions into one’s own action) and the Standard Simon Task (evaluating the interference effect of simple spatial stimuli on the performance of a cognitive task).

**Results**
Overall, there were no differences in JSE and SSE amplitude between BPD and HC. BPDs exhibited lower SASS scores than HC; in turn, higher SASS scores predicted a greater JSE. Mediation analyses indicated that, while the total effect of BPD group on the JSE size was non-significant, BPD status indirectly predicted lower JSE amplitude through lower SASS scores; thus, a worse social functioning can account for the association between BPD status and a smaller JSE. Conversely, being BPD (vs HC) directly predicted a greater JSE magnitude.

**Conclusion**
BPD patients exhibit a heterogeneous ability to mentally co-represent others’ actions, depending on their degree of social impairment. In fact, when social impairment is controlled for, BPD patients may show an enhanced ability to mentalize others’ actions. This supports the view that BPD patients may be hypersensitive toward interpersonal cues, but this does not translate into better interpersonal functioning; rather, when other factors foster an increasing social impairment their ability to represent others’ actions gets lost.
premotor cortex and the right posterior parietal cortex compared to MDD and PTSD.

Conclusion
Our results highlight general disruptions of the DMN in psychopathology, suggesting in particular an enhanced self-related processing of negative stimuli to underlie affective disturbances. Disorder-specific abnormalities in negative emotion processing will be discussed.

002 Pain and emotion dysregulation - mechanisms in the context of self-injury
Christian Schmahl (UMM Universitätsmedizin, Mannheim, Germany)
A. Dinges, A. Sulejmani, U. Baumgaertner

Objective
Non-suicidal self-injury (NSSI) is found in over 70 % of patients with Borderline personality disorder (BPD). The most common method is cutting, which is often used for reducing high arousal levels during stress. However, the influence of the perspective (self-inflicted or other-inflicted) of the pain stimulus and the role of seeing blood in the mechanism of arousal reduction is unknown.

Methods
In this ongoing investigation, 69 female patients with BPD have participated so far. Stress was induced with a personalized script, followed by a seven seconds non-invasive pain stimulus with a blunt blade, either self-inflicted or other-inflicted, and either in combination with artificial blood or with colorless fluid for comparison. For stress and pain evaluation, subjective (arousal, urge for NSSI and pain) and objective (heart rate) parameters were measured and group differences were analyzed by univariate ANOVA in this intermediate analysis.

Results
For arousal, no significant differences between different perspectives or between blood and non-blood were found. Heart rate (HR) decreased significantly stronger in the other-inflicted condition immediately after application of the pain stimulus. In the first minutes following the application, a trend for a stronger decrease in the group with artificial blood was found. Directly after the pain stimulus, there was a trend for a stronger decrease of the urge for NSSI in the self vs. other-inflicted group and a significantly stronger decrease in the blood vs. comparison fluid condition.

Conclusion
For subjective arousal levels, neither the perspective of pain infliction nor seeing artificial blood was found to have an influence. Heart rate responses revealed preliminary evidence for an effect of seeing blood in the context of NSSI. Further findings of this ongoing investigation will be presented.

Policy of full disclosure
I have a consultancy agreement with Boehringer Ingelheim for a project unrelated to the presented topic.

003 A comprehensive evaluation of emotional responsiveness in borderline personality disorder: A support for hypersensitivity hypothesis
Roberta Bortolla (Vita-Salute San Raffaele, University, Milano, Italy)
M. Galli

Objective
Many experimental studies have targeted towards evaluating Linehan’s biological emotional vulnerability in Borderline Personality Disorder (BPD). However, some inconsistencies were observed in operationalizing and supporting its components (hypersensitivity, hyperreactivity and slow return to emotional baseline). This study aims in clarifying the aspects of Linehan’s model that could be altered in BPD, considering a multimodal evaluation of processes concerned with emotional responsiveness (self-report, psychophysiology and eye-tracking).

Methods
Forty-eight socio-emotional pictures were administered to 28 participants (14 BPD, 14 Healthy Controls, HCs), gender- and age-matched, by employing two different lengths of stimuli exposure (5s and 15s). During pictures administration ECG, EDA and eye-tracking data were collected.

Results
Our results were found to support hypersensitivity hypothesis in terms of faster physiological responses and altered visual processing. In detail, BPD patients reported lower latency of Skin Conductance Response to socio-emotional stimuli, as well as less eyes-indexes in social Areas of Interest. Hyperreactivity assumption has not been experimentally sustained by physiological and self-report data. Ultimately, the slow return to emotional baseline has been demonstrated as an impaired emotional modulation. Specifically, BPD patients reduced their valence ratings and HRV index from short to long block, while HCs showed an inverse trend.

Conclusion
Our findings supported the hypersensitivity and slow return to emotional baseline hypotheses, hypothesized by Linehan’s Biosocial model, rather than hyperreactivity assumption. Results have been discussed in light of other BPD core psychopathological processes.

004 A revision of Linehan’s biosocial model of Borderline Personality Disorder emotional dysregulation: From meta-analytic results to a new conceptualization
Marco Cavicchioli (Vita-Salute San Raffaele, University, Milano, Italy)
C. Maffei

Objective
Linehan’s Biosocial Model of Borderline Personality Disorder (BPD) emotional dysregulation (ED) represents the most experimentally evaluated theory of such disorder. In her original conceptualization, ED was considered the result of repetitive transactions between an individual biological vulnerability and an invalidating environment.
Particularly, biological vulnerability was conceptualized into three different, albeit strongly interrelated, characteristics of emotional response: a) heightened emotional sensitivity; b) intense emotional responses; c) slow return to emotional baseline. Nevertheless, empirical research showed controversial findings in fully supporting such operationalization of BPD-ED. Starting from this state-of-the-art, the current presentation aims to critically discuss meta-analytic results concerning several dysfunctional processes related to BPD, which might contribute to ED.

**Methods**

We will include meta-analytic findings regarding hypothesized biological emotional hyper-reactivity (Bortolla, Cavicchioli, Fossati, & Maffei, accepted), several dysfunctional emotional regulation processes such as experiential avoidance (EA), thought suppression (TS), distress tolerance (Cavicchioli, Rugi, & Maffei, 2015), dissociation (Scalabrini, Cavicchioli, Fossati, Maffei, 2017), rumination (in preparation) and rejection sensitivity (in preparation).

**Results**

Biological emotional hyperreactivity was not supported by empirical data. Emotional hyper-sensitivity should be better conceptualized by altered appraisal processes (i.e. attentional negative bias, self-perception of emotional arousal, rejection sensitivity). Eventually, the slow return to emotional baseline could be interpreted in light of several dysfunctional emotional regulation strategies (i.e. EA, TS, Dissociation) which interfere with down-regulation of emotional activation.

**Conclusion**

BPD-ED should be considered as a result of several dysfunctional processes which interact with each other in defining a stable and inflexible system which is unable to adapt itself to the variability of environmental situations.

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**S-16 Symposium**

**17.15-18.45**

**Llevant 4**

**Systems Training for Emotional Predictability and Problem Solving (STEPPS) in different settings**

**Topic:** 12) Emotion Regulation  
**Chairpersons:** Horusta Freije, Amsterdam,  
The Netherlands  
Azcucena Garcia-Palacios, Castellón, Spain

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**001 Dissemination and implementation of STEPPS in Spain: An overview**

Azcucena García-Palacios (Universitat Jaume I Psicología Clínica, Castellón, Spain)  
F. Pérez Prieto, M. Gomez-Beneyto

**Objective**

In the last decades, several psychological programs specifically designed for BPD have reported evidence of efficacy. One of those programs is STEPPS (Systems Training of Emotion Predictability and Problem Solving). The program consists of 20 weekly sessions (STEPPS) plus one year with sessions every two weeks (STAIRWAYS). Patients learn strategies to manage emotions, behaviors, and situations, promoting healthier ways of functioning.

**Methods**

Our work team belongs to the Health Department Arnau-Llíria in Valencia, covering health services of 52 municipalities, grouped in 16 health areas, with a population of 310,052 inhabitants. It is the third department (by population size) of the Valencia Community, only surpassed by Hospital Clinico and Hospital General of Valencia. In Arnau-Llíria department we initiated the STEPPS program in 2011 with two STEPPS groups. The positive results achieved (measured by scales of impulsivity, mood, and suicidability, and also caregiver overload, use of resources like hospital admissions or emergency room usage, and treatment retention) helped us to establish the program and to translate and apply the second part of the program, STAIRWAYS. Nowadays, we demonstrated positive results in the improvement of key psychopathology of this disorder like emotion dysregulation and impulsivity and significant increments in functioning and quality of life. Once efficacy is established it is important to improve clinical utility, that is, the possibility of implementing psychological programs for BPD in different settings. One of the programs that shows more promise in this sense is STEPPS (Systems Training of Emotion Predictability and Problem Solving) designed by Dr. Nancee Blum and her team. In this work we present the work done in Spain in order to disseminate and implement STEPPS in different settings, especially in the public mental health system.

**Methods**

We review the procedure used to disseminate STEPPS in Spain since 2007, when a group of professionals in the Valencia Community designed and conducted the first application of STEPPS in Spain.

**Results**

Since then, an important number of services in different regions in Spain have established a STEPPS program. In this work we present the success of the implementation as well as the challenges and barriers encountered.

**Conclusion**

STEPPS is a program that is possible to implement in settings with low resources like the public mental health system in Spain. STEPPS is contributing to improve the care received by BPD patients in our country.
continue to run a new STEPPS group and TWO STAIRWAYS groups each year.

**Results**
The patients participating in STEPPS are referred to the program from the outpatient units, similar to the approach from The Netherlands, taking into account not using strict inclusion criteria which would take us away from our daily practice. Our results, although preliminary, are similar to the ones achieved in international effectiveness studies.

**Conclusion**
In the next future our objective is to conduct a randomized controlled trial with a cost-effectiveness analysis to strengthen the preliminary results and establish STEPPS and STAIRWAYS like a valuable and cost-effective program contributing to improve the quality of life of people suffering BPD in our country.

003 Implementation of STEPPS in a district psychiatric centre in Trondheim, Norway
Tonje Westgaard Kennair (Nidaros DPS, Trondheim, Norway)
M. Bang, L. Hansen, S. Moksnes Hegdal

**Objective**
In 2014 a unit was established at a District Psychiatric Centre (DPS) in Trondheim, to provide specialised outpatient treatment for patients within the borderline spectrum who needed more than regular outpatient treatment. The unit was intended to fill the gap after a major reduction in inpatient beds at the centre, and help reducing hospitalisation. The most established treatment programs for borderline patients in the Specialised Health Care Service in Norway are DBT, MBT and SFT, requiring extensive training, time and recourses. We knew about, and had training in, STEPPS (Systems Training of Emotion Predictability and Problem Solving) as an adjunctive treatment, introduced to the DPS by a psychiatrist from the Netherlands. Widely implemented internationally, there was no official Norwegian translation, and it was only practised at our DPS. In the process it was decided to complete an official Norwegian translation of STEPPS. It was also decided to establish a STEPPS treatment program consisting of 20 weekly group sessions, weekly homework group meetings, and weekly individual therapy, followed by the opportunity to continue with STAIRWAYS: one year with sessions every two weeks.

**Methods**
We will briefly describe the Norwegian Health Care system and review the process of the implementation of the STEPPS program in our DPS. We will also review the spreading interest in STEPPS at different levels of the Norwegian Health Care system.

**Results**
Since 2014 90 patients have completed the STEPPS program at our DPS, and another DPS in the Trondelag area has also started using the program. Interest for STEPPS at different levels of the Norwegian Health Care system is also spreading.

**Conclusion**
We believe STEPPS shows promise as a feasible alternative or supplement to other established treatment programs in Norway for patients within the borderline spectrum. Research is needed to further establish this.

004 STEPPS in the Netherlands in different settings with different formats
Horusta Freije (Amsterdam, The Netherlands)

**Objective**
In this presentation we would like to share the different formats of STEPPS that have been developed in the Netherlands. Furthermore, we want to discuss the way we use STEPPS. It is used as add-on treatment and as a psychotherapeutic pathway.

**Methods**
A presentation will be given about the different formats and a discussion will be held about the different ways in which we use STEPPS.

**Results**
Different formats of STEPPS have been developed in the Netherlands in the course of time. The main training remains STEPPS. A short version of STEPPS was developed which seems to serve several purposes. The short version of STEPPS is often used as a stepping-stone to other forms of psychotherapy, or as a stand-alone in primary care, trans diagnostic or in settings for patients with severe mental and / or intellectual problems. There’s also a psychotherapeutic pathway which consists of a short version of STEPPS, STEPPS and Stairways. Furthermore a format for relatives of patients with BPD has been developed, a version for patients with BPD who have children (emotion regulation in contact with children and guidelines about upbringing) and for adolescents.

**Conclusion**

005 STEPPS-EI as an intervention for subthreshold BPD traits in a primary care setting
Juliet Couche (Sussex Partnership NHS Trust, Primary Care Mental Health, Brighton, United Kingdom)
J. Hillier, R. Harvey, C. Strauss, H. Startup, W. Barber, F. Apps

**Objective**
Improving Access to Psychological Therapies (IAPT) is the psychological therapies service in England for depression
and anxiety. Although not intended for people with subthreshold BPD traits, in practice people with such traits are commonly seen in IAPT (1). Audits in IAPT show people with BPD traits are more complex, receive more interventions, have poorer engagement and poorer therapy outcomes than people with no/minimal traits (2,5). An alternative is needed for this group of people. We developed a lower intensity version of the 20-week STEPPS programme (3) in conjunction with the original authors. The 13-week programme (STEPPS-EI) is for primary care settings for patients with subthreshold BPD traits.

**Methods**

This was an uncontrolled feasibility study of STEPPS-EI. Referrals were screened for BPD traits using the McClean BPD scale (4). Exclusion criteria were having a BPD diagnosis or inability to self-manage risk. Recruitment and retention figures were collected and outcomes evaluated on an intention-to-treat and per protocol basis. Qualitative feedback was collected.

**Results**

Findings from 10 STEPPS-EI courses show pre-post STEPPS-EI improvements in BPD traits, depression and anxiety, although effect sizes are modest. Qualitative feedback indicates STEPPS-EI is acceptable. Data analysis is being finalised and findings will be presented in full.

**Conclusion**

STEPPS-EI appears to be feasible for people with subthreshold BPD traits, with preliminary findings indicating acceptability and potential effectiveness. We now intend to review patient healthcare use following STEPPS-EI to evaluate cost-effectiveness. Next steps include a plan for an RCT to provide a rigorous test of clinical effectiveness. References: 1. Hepgul, N., King, S., Amarasinghe, M., Breen, G., Grant, N., Grey, N., … Cleare, A. J. (2016). Clinical characteristics of patients assessed within an Improving Access to Psychological Therapies (IAPT) service: Results from a naturalistic cohort study (Predicting Outcome Following Psychological Therapy; PROMPT). BMC Psychiatry, 16(1).

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### Symposium

**S-17**

**17.15-18.45**

**Mestral 1**

**Helping families with a youth living with Borderline Personality Disorder**

**Topic:** 14) Family

**Chairpersons:** Susanne Schlüter-Müller, Basel, Switzerland

Rosanna Ruppert, Toronto, Canada

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**001**

**The impact on families when a child is undiagnosed**

Lynn Courey (The Sashbear foundation, Etobicoke, Canada)

**Objective**

Failure to give a child exhibiting traits of Borderline Personality Disorder (BPD) the proper diagnosis can be devastating, not only for the child but for the whole family. When no diagnosis or an incorrect diagnosis is given, valuable time is lost and the child's maladaptive coping strategies expand and become further ingrained and more difficult to treat. Meanwhile, families are left stigmatized with a sense of failure, hopelessness, increased burden, and in many cases, Post-Traumatic Stress Disorder (PTSD) symptoms as they struggle to cope with their family member going in and out of various treatments. The economic impact of this situation is also significant with mental health resources being heavily used, often coupled with parents' loss of employment or extended time off work. Tragically, in the worst of scenarios, the struggling child succumbs to suicide and the family is left with the immeasurable suffering of losing a child and trying to rebuild their lives.

**Methods**

Lynn Courey will share her personal story of her daughter who went undiagnosed until she was at the point of no return. Providing insights to service providers from the lessons learned, with the hopes of preventing such a tragedy from occurring to other families.

**Results**

Education, skills training and the proliferation of current affordable and accessible, evidence-based treatments to service providers and family members can have a significant impact on the journey to recovery. Thus offering family members and their loved one, an opportunity for a different outcome.

**Conclusion**

Early intervention, accurate BPD diagnosis and family involvement are key components to the recovery of someone struggling with BPD symptoms. This allows the family to regain balance and a sense of well-being creating for a life worth living for all.

**Policy of full disclosure**

no conflict of interest

**002**

**How to include parents in the therapy of young people with Borderline Personality Disorder**

Susanne Schlüter-Müller (University of Basel, Child & Adolescent Psychiatry, Switzerland)

**Objective**

The families of adolescent patients who suffer from Borderline PD bear an enormous burden. They have to cope with the distorted communication and the severe affect dysregulation that is in the core of BPD symptomatology. Moreover many parents suffer from their helplessness in supporting the development of their BPD children who are in danger to become chronic patients or even to lose their lives. Keeping parents out of the treatment is not only unhelpful for treatment success but also increases the burden of the family. In addition parents often suffer from assignments of guilt from the side of mental health professionals. This presentation will focus on the necessity to include parents in the treatment process and the way how to include them in the therapy of young people with Borderline PD.
Methods
The treatment approach AIT (Adolescent Identity Treatment) will serve as a model how parents can be included in the therapy of their children who suffer from a Borderline PD. Psychoeducation is provided to parents to promote an understanding of the normal developmental tasks of adolescence as well as of the areas in which their child is having difficulties. A behaviorally oriented Homeplan serves the function of organizing the overt behavioral interactions between the adolescent and his or her family.

Results
In an ongoing psychotherapy process-outcome study with adolescents suffering from Borderline PD we assess the effectiveness of the AIT approach. Case examples will be used to demonstrate the inclusion of parents in the therapeutic process.

Conclusion
In treatment approaches like AIT, DBT-A or MBT-A that are focused on the treatment of adolescent Borderline PD patients the systematic inclusion of parents in the therapeutic process is an indispensable component of the therapy.

The impact of Borderline Personality Disorder in young people on their relatives
Klaus Schmeck (University of Basel, Child and Adolescent Psychiatry, Switzerland)
M. Birkhölzer, S. Schlüter-Müller

Objective
The relation between parents and children is bi-directional. However, the impact of our young patients’ psychiatric disorders on their relatives is usually not in the focus of clinicians’ work. Especially in Borderline PD the aetiology of the disorder is often attributed to abuse or neglect. While there are cases where such maltreatment has taken place, we also know other cases with no history of severe childhood adversities.

Methods
We will give an overview about the sparse literature that deals with the impact of Borderline PD in young people on their parents and siblings and will compare the results with our own clinical experience in an outpatient unit focused on early detection and treatment of PD in young people.

Results
While there is convincing evidence that adverse childhood experiences like abuse or neglect are more common in young Borderline PD patients, it is essential to acknowledge that the relation between parents and children is bi-directional and that over the course of the disorder parents and especially siblings have to carry an enormous burden.

Conclusion
Early detection and treatment of young people suffering from Borderline PD does not only serve to prevent that these disorders take a chronic course. It is also essential to not only focus on the patient himself but to draw the attention towards other family members who may suffer from the severe interpersonal pathology of an adolescent with Borderline PD.

Empowering families with skills to regain a life worth living
Rosanna Ruppert (Sashbear Foundation, Toronto, Canada)

Objective
Adolescent patients struggling with mental health issues often receive treatment without family member engagement. Family members are keen on supporting their adolescent's recovery and, often, are not involved by service providers and/or are not provided any additional skills to either support their loved one or themselves, leaving the family depleted and in crisis. Rosanna Ruppert will share the impact on her family and her daughter who received an early diagnosis of Borderline Personality Disorder (BPD) which led to timely evidence-based treatment and the difference family skills training made on their overall well-being. The family can play a powerful role in prevention, treatment and recovery when they are skillful. One such family skills program is Family ConnectionsTM (FC) which provides these lifesaving skills.

Methods
Sharing how the skills she learned from FC provided her with a sense of mastery and control over her life, reducing grief, burden and depression. The reciprocity approach of actions and reactions in a validating environment provided an effective engagement model for the overall family and her daughter for a joint journey to recovery.

Results
Ongoing pre and post skills training evaluations and testimonials from family members participating in FC, as well as, testimonials from loved ones, show the positive impact on the entire family, improving communication, relationship, and trust amongst family members.

Conclusion
Teaching FC skills to family members who have a loved one struggling with mental health issues not only helps create a more validating and supportive family environment but also ensures the entire family has skills to enable them to do their own self-care and have a life worth living.

Policy of full disclosure
no conflict of interest

S-18 Symposium
17.15-18.45 Mestral 2
Novel approaches for diagnostic and treatment of emotional instability in adolescence
Topic: 2) Adolescence
Chairpersons: Eva Möhler, Idar-Oberstein, Germany
Lars Wöckel, Littenheid, Switzerland
PORTA offers a low-barrier approach that can be used in different settings and can be easily distributed online. It shows a connection between trauma symptoms and emotional dysregulation.

**Results**

We will present data which show the connection between nonsuicidal self-injury, emotional dysregulation and trauma symptoms. We asked minor refugees and caregivers to report with PORTA (n=80).

**Conclusion**

PORTA offers a low-barrier approach that can be used in different settings and can be easily distributed online. It shows a connection between trauma symptoms and emotional dysregulation.

**The course of deliberate self-harming behaviour, self-esteem and depression in adolescents during inpatient DBT-A treatment**

Lars Wöckel (Littenheid, Switzerland)
C. Ryll, D. Venetz, M. Krahmer, A. Bieri

**Objective**

Dialectical behavioural therapy for adolescents (DBT-A) is the adapted version of DBT and has been developed for young patients with dysfunctional behaviour, difficulties in emotion regulation and symptoms that could lead up to a Borderline Personality Disorder (Fleischhacker, Sixt & Schulz, 2009). The efficiency of the DBT-A treatment has been broadly analysed in outpatient settings (e.g. Courtney & Flament, 2015), but there is little work being done about inpatient treatment (Katz, Cox, Gunasekara & Miller, 2004).

**Methods**

The aim of this repeated measures design study is to analyse the development in emotional stability, deliberate self-harming, self-esteem and depression of patients (14-17 years of age, n = 72) getting the DBT-A inpatient treatment over 3-4 months at Cenia Littenheid AG. These variables were assessed before and after treatment with the Borderline Symptom List (BSL-23), the Diary Card, the Beck Depression Inventory and the Rosenberg Self-esteem Scale. As moderation variables we consider the presence of traumatic events in the past, assessed by the UCLA.

**Results**

To analyse the development of the emotional stability we calculated a repeated measures ANOVA that points out a highly significant increase over the therapy process with a big effect size (n = 72, p < .001, η² = 0.65). Wilcoxon Tests for Self-esteem (n = 29, p = .001, r = 0.64), self-harming behaviour (n = 29, p < 0.001, r = 0.72) and depression (n = 29, p < .001, r = 0.79) were highly significant with big effect sizes. For the presence of traumatic experience, neither main effects nor interactions have been found.

**Conclusion**

Inpatient DBT-A seems to be efficient in reducing relevant symptoms in young patients with the named problems. The presence of traumatic life events had no effects on symptom severity, nor on the course of the symptoms over inpatient DBT-A treatment

**A cultural integrative concept for intensely stressed adolescents with emotional dysregulation and trauma burdens –“START” - Stress-Traumasymptoms-Arousal-Regulation-Treatment -**

Andrea Dixius (Idar-Oberstein, Germany)
E. Möhler

**Objective**

START is a structured concept of stabilization and emotion regulation of extremely stressed adolescents and especially minor refugees. START is based on a culture integrative approach. Adolescents with diverse cultural backgrounds and severe psychic burdens should be offered a help to manage and regulate emotional dysregulation, self harming behavior and also acute burdens. Compounds of START are derived from elements of dialectic behavioral therapy for adolescents (DBT-A) and trauma-focused cognitive behavioral therapy. Also, START focuses on the support of prevention and reinforcement of safety factors and resilience. START is composed as a manual for practical with multilingual translated therapy materials, numerous pictures and audio files.

**Methods**

The START modules teach adolescents and especially minor refugees with severe psychic stress, emotion dysregulation, self injuring behavior and trauma sequelae symptoms, skills for stress and emotion regulation,
relaxation and self-pacification. The study collects first data for adolescents with emotion dysregulation symptoms and trauma sequelae symptoms and records the efficacy of START in a pre-post-design with screening procedures for stress management, emotion regulation, trauma specific symptoms and experienced self-control. In the present study, 50 adolescents at the age of 13 – 18 years absolve the START program for 5 weeks in culture integrated multinational group settings. There are two appointments per week.

**Results**

Emotional dysregulation and traumasepecific symptom load was very high in the first 50 adolescents. A positive effect of START on stress and emotion regulation and self-control can be found. Also, adaptive emotional regulation strategies were able to improve. The results are clinical relevant. In addition, those results validate the special needs of children and adolescents in a culture integrative context.

**Conclusion**

The results are promising first data supporting the applicability and helpfulness of START in young refueged minors and other highly stressed adolescents underlining intercultural use with an additional advantage of integration and strengthening of resilience in several at risk populations.

**Impact of a novel, low-threshold stabilization program on psychophysiology of emotionally unstable adolescents**

Eva Möhler (Klinik für Kinder- und, Jugendpsychiatrie, Psychotherapie und Psychosomatik der SHG, Idar-Oberstein, Germany)

**Objective**

Impact of a novel, low-threshold stabilization program on psychophysiology of emotionally unstable adolescents

Some adolescents with symptoms of emotional instability tend to drop out of DBT-A programs due to impediments in cognitive abilities, language or concentration. Therefore, a short, very low threshold, playful program for emotion regulation and self-soothing was developed, requiring only minimal language or cognitive capacities: the Stress-Traumasyptoms-Arousal- Regulation-Treatment, START.

**Methods**

Therefore, adolescents in acute crisis at the age of 13 – 18 years participated in the START program for 5 weeks in multinational group settings, with two sessions per week. Compounds of START are derived from elements of dialectic behavioral therapy and trauma-focused cognitive behavioral therapy for children.

**Results**

After informed consent adolescents completing the program were assessed for cardiac physiology by pulse oximetry, immediately before and after treatment with a tendency for reduction of average basic heart rate in a 10 min. assessment.

**Conclusion**

The results are promising first data supporting the applicability and helpfulness of START in emotionally unstable adolescents as well as young refueged minors and other highly stressed adolescents underlining intercultural use with an additional advantage of integration and strengthening of resilience in several at risk populations. Assessment of biological measures is a limitation, as well as the lack of a treatment- as -usual control group. Future studies are warranted.
Age and gender differences in self-harm behaviours among patients with Borderline Personality Disorder
Ina Bekkevold-Jernberg (NSSF University of Oslo, Norway)
G. Pedersen, L. Mehlum

Objective
Suicidal and non-suicidal self-harm (NSSI) are common behaviours in patients with borderline personality disorder (BPD) and represent important challenges to patient safety and treatment implementation. We used data collected from a large clinical cohort of adult patients with BPD treated at units in the Norwegian Network of Personality Focused Treatment Programmes (DN) to explore age and gender differences in past and current self-harming behaviours and associated symptoms.

Methods
Interview and self-report data from DN was analysed, counting 603 patients diagnosed with BPD, wherein 79 men (13.1 %) and 524 women (86.9 %), from 16 outpatient units between 2009 and 2015. Conditional Logistic Regression was used to explore associations.

Results
Opposite of what we expected, there was no significant gender difference related to NSSI (OR 1.21, p = .426). The differences related to age, however, were notable; the younger patients (<25 years) had a much higher prevalence of and association with NSSI than the older patients (>25 years): (71.4% vs 40.9% and OR 3.61, p < .001 vs OR 0.28, p <.001). Regardless of age, the associations were strong between NSSI and recent suicidal ideation (2.64, p <.001), and especially recent suicidal ideation with concrete plans (15.14, p <.001).

Conclusion
These results imply that gender is not an important factor for NSSI among patients with BPD. Young adulthood is, however, a period of strongly increased risk of NSSI in patients with BPD which should be reflected in treatment programmes targeting patients with BPD. Finally, high levels of suicidal ideation with concrete plans have a strong association with recent NSSI in patients with BPD, a fact that needs to be taken into consideration when strategies to increase patient safety are implemented.

Prevalence of completed suicide after one year of treatment in a Personality Disorders unit
Miquel Gasol Colomina (Institut Trastorn Limit, Dept. of Psychiatry, Sant Cugat del Valles, Spain)
X. Gasol, R. Farran, M. V. Navarro Haro, A. Marin Casas, S. Serrat, L. Lopez Seguer

Objective
Research estimates that Personality disorders are present in more than 30% of individuals who die by suicide, about 40% of individuals who make suicide attempts, and about 50% of psychiatric outpatients who die by suicide. In clinical populations, the rate of suicide of patients with borderline personality disorder is estimated to be between 8% and 10%. Rates of completed suicide are normally tested before the treatment. Little research has studied rates of completed suicide during or after treatment. The main goal of this study was to study the prevalence of completed suicides in a unit specialized in personality disorders.

Methods
Data was collected of the data base of the unit. Participants with data were 84 outpatients (mean age 30.45 years old) diagnosed of personality disorders (74.2% borderline personality disorder) with different comorbidities (mood disorders and substance use disorders were the more common). Participants had received one year or more of treatment at the unit. Data of completed suicide was provided by the administrator of the clinic.

Results
Of 84 outpatients with personality disorders, only the 2.4% committed completed suicide after one year of treatment. Previous suicide attempts were severe in all patients. 75% were single, and 66.7% were not working. All received individual and group psychotherapy (mainly dialectical behavior therapy) and psychopharmacology.

Conclusion
Results show low rates of completed suicide in a personality disorders unit. This study supports that suicide decreases considerably after one year of treatment in a specialized unit and suggest the need to create more units with similar characteristics.
(9%) were diagnosed almost exclusively in men. Co-occurring mental health diagnoses were substance abuse disorder (31%; 54% male), schizophrenia (17%; 61% male), mood disorder (73%; 55% female) and anxiety (40%; 54% female). The most common suicide method was death by hanging (45%; 52% male). Females (65%) exceeded males in death by poisoning (drug). Nearly all (98%) had contact with mental health services within the 12 months prior to their suicide. Most (88%) had mental health service contact within 6 weeks of suicide. Nearly all (98%) had contact with mental health services within the 12 months prior to their suicide. Most (88%) had mental health service contact within 6 weeks of suicide. Notable among these were psychiatrists (55%), allied mental health (46%), family doctor (38%), and emergency departments (25%).

**Conclusion**

These conservative data demonstrate that BPD-related suicide occurs regularly, despite the high frequency and extensive range of contacts with Mental Health Services. The frequency of co-occurring diagnoses testifies to their complex needs. The high likelihood of contact with mental health services proximal to death suggests that there is ample opportunity for the administration of evidence-based interventions aimed at reducing future suicides.

**Predictors of self-harm reduction in two structured therapeutic programs for Borderline Personality Disorder: The differential contribution of facets of emotional dysregulation**

Emanuela Roder (Milan Bicocca University, San Raffaele Hospital Clinical Psychology, Italy)

R. Visintini, C. Maffei

**Objective**

Dialectical Behavior Therapy (DBT) and Group Experience Therapy (GET) are structured therapeutic programs for patients with Borderline Personality Disorder (BPD), different for theoretical background and clinical interventions, although with comparable outcomes over one year (Visintini, Roder, Cortesan & Maffei, under review). The aim of the study was to evaluate relations between changes in personality dimensions and primary outcomes (direct and indirect self-harm).

**Methods**

The sample was comprised by 95 BPD outpatients, admitted to DBT or GET with the minimization procedure. Behavioral and emotional outcomes were assessed regularly every three months during one-year of treatment. Statistical analyses were conducted with hierarchical linear models in order to take into account individual differences.

**Results**

Both direct and indirect self-harm were predicted by feelings of anger, hostile thoughts, and impulsivity. Direct self-harm reduction was predicted also by an acceptant attitude to negative emotions, while indirect self-harm reduction was predicted also by emotional awareness and emotion regulation skills. Results showed that individual components (intercepts and slopes) were more relevant than treatment programs in determining outcomes.

**Conclusion**

Aggressivity and impulsivity seemed to influence the course of self-harm behaviors during treatment. Results suggested to consider specific facets of emotional dysregulation when treating self-harm in BPD, distinguishing between direct and indirect self-harm behaviors. The relevance of individual differences in modeling treatment changes was supported.
Influence of childhood trauma in facial emotion recognition in severe mental disorders

Ana Catalan (Basurto University Hospital, Bilbao, Spain)

Objective
Facial emotion recognition (FER) is a key feature in social interaction. It is known that FER is disturbed in severe mental disorders and also in subject with childhood maltreatment antecedents.

Methods
We want to analyse the relation between childhood maltreatment antecedents measured by CTQ scale, and the FER, in a sample of three kinds of subjects (n=321): healthy controls (n=179), BPD patients (n=69) and FEP patients (n=73). Socio-demographic data and clinic variables were collected. The relation was analysed using multivariate regression adjusting by sex, age, IQ, drug abuse, and the group of the subjects.

Results
Childhood maltreatment was related to a worse total FER, besides, to a worse recognition of neutral and happy facial expressions. Furthermore, subjects with childhood maltreatment attributed more frequently anger expressions to neutral expressions and more happy expressions to angry faces independantly of other variables.

Conclusion
Childhood maltreatment may influence in the capacity of the subjects of recognizing facial expressions. Since, trauma is a preventable factor and with a specific treatment, these antecedents should be taken into account in clinic populations.

Borderline Personality Disorder features in facial emotion recognition: Influence of non-suicidal self-injury and trauma exposure

Iker Zamalloa (UPV/EHU D Neuroscience, Leioa, Spain)
L. Erkoreka, A. Catalán, C. Maruotolo, M. Zumarraga, M. A. González-Torres

Objective
To investigate the influence of non-suicidal self-injury (NSSI), trauma exposure and suicide attempts on a facial emotion recognition simple task in a sample of borderline personality disorder (BPD) outpatients.

Methods
All of the participants (n=60) met eligibility criteria for BPD assessed with the SCID-II interview and obtained and IQ>70 in the Short form of the WAIS-III. A trained psychologist administered the Degraded Facial Affect Recognition Task (DFAR) and gathered data of the studied features (presence of NSSI, trauma exposure and suicide attempts), all of them described as dichotomous variables.

Results
After controlling for sex and medication intake, NSSI had a significant influence on enhanced recognition of anger (β=0.303, t=2.254, p=0.028), accounting for the 12.3% of the variability in the recognition of such emotion. The proportion of faces correctly recognized was 82.9% (SD=15.0) among those with NSSI versus 70.0% (SD=18.2) among those without history of NSSI (t=2.990, p=0.005). Trauma exposure showed a tendency to enhanced recognition of fear (p=0.087); we found no significant associations between suicide attempts and emotion recognition.

Conclusion
The present study suggests an association between BPD features and a more accurate recognition of negative emotions when the assessment is made using facial emotion recognition simple task. These findings are coherent with the paradigm of enhanced cognitive empathy in BPD (borderline empathy paradox). Endophenotypic BPD features may explain the mixed results observed in facial emotion recognition tasks in previous studies.

Association study of candidate genes and facial emotion recognition in Borderline Personality Disorder

Leire Erkoreka (Red de Salud Mental de Bizkaia, CSM Barakaldo, Spain)
I. Zamalloa, P. Muñoz, S. Rodríguez, A. Catalán, M. Zumárraga, M. González-Torres

Objective
Similar impairments in facial emotion recognition (FER) have been described among psychotic and borderline personality disorder (BPD) patients. In healthy and psychotic individuals, familial covariation and involvement of dopaminergic and serotonergic genes, mainly the catechol-o-methyltransferase (COMT) Val158Met and the serotonin transporter-linked promoter region (5HTTLPR) polymorphisms, have been reported with regards to FER. Nonetheless, no studies have explored so far the influence of genetic factors on FER in BPD. The aim of our work was to explore whether the COMT Val158Met and the 5HTTLPR polymorphisms influence BPD patients’ ability to identify facial emotions. The methylenetetrahydrofolate reductasa (MTHFR) C677T polymorphism was also investigated, as it has been recently described that further regulates the activity of COMT.

Methods
76 BPD outpatients completed the WAIS (IQ>70) and the Degraded Facial Affect Recognition (DFAR) Task, a computerized task that assesses the ability to identify neutral, happy, fearful and angry faces. DNA samples were obtained from saliva. Mean scores were compared using t test and ANOVA.
Results
A significantly impaired recognition of neutral faces was observed among long-homozygotes (L) for 5HTTLLPR compared with short-allele (S) carriers (71.30±17.21 vs 81.75±13.88, \( p=0.008 \)). No associations of DFAR performance with COMT Val158Met and MTHFR C677T were observed, neither an interaction between both polymorphisms or sex.

Conclusion
BPD individuals with high activity serotonin transporter (LL) show impairments in recognizing neutral faces compared to those with the low activity variant. Our results are in line with previous findings reporting a 5HTTLLPR compared with short-allele (S) carriers (71.30±17.21 vs 81.75±13.88, \( p=0.008 \)). No associations of DFAR performance with COMT Val158Met and MTHFR C677T were observed among these BPD patients. Limitations that may explain it will be addressed. This is the first time a genetic modulation of FER is identified in BPD.

S-20  Symposium
08.30-10.00  Tramuntana 1
Family connections across the globe: Engaging and supporting families in suicide prevention
Topic: 10) Early Detection and Prevention
Chairperson: Perry Hoffman, Mamaroneck, USA

001  Family connections: A program for parents of suicidal teens and young adults
Alan Fruzzetti (McLean Hospital/Harvard Univ Psychiatry, Belmont, USA)

Objective
Family Connections (FC) was originally developed as a psychoeducation, skills and support program to help parents and partners of people with BPD. A large and growing number of studies supports the utility of FC in reducing individual distress (e.g., depression, anxiety), burden, grief, and increasing mastery among participants and that important improvements also accrue for suicidal adolescents with BPD, when their parents participate in it. One of the hallmarks of BPD is self-harm and suicidality. However, suicidality is not limited to people with BPD. Sadly, suicide attempt and completion rates have been going up in most age groups, and people who love and care for those who attempt suicide are also deeply affected. Parents, partners, and other loved ones are often the "first responders" to a suicide attempt, which can be stressful, and even traumatic.

Methods
We have developed a revised version of FC, called FC for Trauma and Suicide Prevention (FC-TSP) for parents of suicidal children ages 14-35. FC-TSP is available as a 12-week program or as an intensive weekend program. Like the original FC, FC-TSP is conducted in community settings, led by family members, professionals, or a combination of professionals and family members. Like FC, FC-TSP is offered without cost to participants. The overall goals include: 1) psychoeducation about suicide, trauma, and family relationships; 2) learning individual and family skills; and 3) creating a social support network to decrease social isolation for participants.

Results
The targets include both increasing the parent’s well-being directly, and indirectly enhancing outcomes for their suicidal teen or young adult child, as well as prevention of future suicide attempts.

Conclusion
It may be both effective and efficient to evaluate and disseminate programs for parents to help reduce stress- and trauma-related burnout for them and to reduce suicide risk for their children.

002  Family connections training in Italy
Maria Elena Ridolfi (Castelmassa, Italy)
No text received

003  Family connections: Engaging families as allies in treatment
Marie-Paule Devaldivia (NEA.BPD, Fairfield, USA)

Objective
This presentation will focus on the must-have skills families can learn in order to better support their relative struggling with the disorder; while more effectively regulating their own emotions.

Methods
In recent years, research has demonstrated the effectiveness of including families in the treatment of BPD.

Results
The emotion and behavioral dysregulation that characterize BPD are recognized to have a biosocial basis. In particular, the transactional nature of patients’ environment is often at the root of repeated interpersonal dysfunction. This is frequently evidenced within family interactions.

Conclusion
This points to the need for further skills and psycho-education to support the key contextual function of DBT--to structure the environment. The goal is that family and friends become better able to communicate, and reinforce their loved one’s use of effective skills and positive behaviors. Family members can modulate behaviors that may have invalidated their loved one, prompted increased emotion dysregulation or even inadvertently reinforced problems.

Policy of full disclosure
I am a volunteer in my work related to Family Connections and NEA-BPD, where I serve on the Board. Separately, I am a therapist with a private, fee for service practice serving families and patients.
Family connections: Changing the landscape in Canada
Lynn Courey (The Sashbear Foundation, Etobicoke, Canada)
R. Ruppert

Objective
Families can contribute to their loved one’s mental health recovery when provided with effective skills for themselves and their loved one. Involving families is often missed in treatment and can be a game changer for all. Family members, keen on supporting their loved one’s recovery often are not involved by service providers and/or are not provided any additional skills to either support their loved one or themselves, leaving the family depleted and in crisis. Learn how, The Sashbear Foundation, created by a family that turned adversity into advocacy, is spreading an evidence based, skills focused, DBT informed program called Family ConnectionsTM across Canada and changing the mental health landscape for families through transformational skills.

Methods
The Sashbear Foundation will share its grassroots beginnings as well as its growth strategy and approach to expansion with a view to sustainability of this transformational, life-saving program in Canada.

Results
Since The Sashbear Foundation started facilitating Family ConnectionsTM groups in the community, our statistics have shown the program’s positive impact on participants. We will share results of the efficacy of the program, its expansion approach and its sustainability.

Conclusion
The impossible becomes possible with the desire and determination of family members who want to see change in the mental health system. The carefully crafted approach to expansion of Family ConnectionsTM developed by The Sashbear Foundation will show that this approach can be adopted and repeated in any city, any country. FC skills taught to family members who have a loved one struggling with mental health issues not only help create a more validating and supportive family environment but also ensure the entire family has skills to enable them to practice self-care and have a life worth living.

Policy of full disclosure
no conflict of interest

Family connections: Its impact in Ireland
Daniel Flynn (CorkKerry Community Healthcare, HSE
Cork Mental Health Service, Ireland)
M. Kells

Objective
Family Connections (FC) is an established 12-session group intervention for family members/significant others of individuals with borderline personality disorder (BPD), FC was developed and first implemented in the U.S. (Hoffman et al., 2005) and has been implemented in other countries.
Independent validation of the LoPF is underway in several countries. The current study reports on preliminary findings of the LoPF two samples if adolescents in the United States.

Methods
Adolescents between the ages of 12-17 were recruited from an outpatient setting as well as the community. Current samples sizes are at 18 and 136, respectively, but expected to increase by the time of the conference. Adolescents completed the LoPF alongside measures of borderline, internalizing and externalizing pathology.

Results
Results by and large support the validity of the LoPF in terms of internal reliability, factor structure, concurrent validity and the ability of the measure to distinguish between adolescents with and without borderline pathology; although results are preliminary and need to be confirmed when more adolescents have been recruited.

Conclusion
The LoPF shows promise as a valid and reliable measure of maladaptive Criterion A function in adolescents.

002 Personality functioning in adolescents with Anxious-Avoidant Personality Disorder
Klaus Schmeck (University of Basel, Child and Adolescent Psychiatry, Switzerland)
K. Goth, S. Schlüter-Müller, M. Birkhölzer
Objective
If personality disorders (PD) are diagnosed in adolescents, in most of the cases the focus lies on Borderline PD. Cluster-C PD are usually missed if there is no structured way of assessment. In this talk we will give an overview of the clinical presentation of anxious-avoidant PD in adolescents as well as results from the “Personality Functioning and Structure Study”.

Methods
LoPF-Q 12-18 is a self-rating questionnaire for adolescents to describe their level of personality functioning according to DSM-5 Chapter III on the four domains Identity, Self-Direction, Empathy and Intimacy. Axis I and II disorders were assessed with the two clinical interviews M.I.N.I. KID and SKID-II in a clinical sample of N=239 adolescent patients with mental disorders. The LoPF-Q 12-18 domains were used to detect specific areas of impairment in adolescents suffering from PD.

Results
In our clinical sample of 472 adolescent patients from six hospitals in Switzerland, Germany and Austria 96 patients (20.3%) were diagnosed with PD. While 43 (44.8%) of these patients suffered from Borderline PD, 22 (23%) were diagnosed with anxious-avoidant PD. Adolescents with anxious-avoidant PD showed severe impairment in the Personality Functions Identity, Self-Direction and Intimacy.

Conclusion
Without the use of structured personality assessment, the prevalence of anxious-avoidant PD is severely underestimated in adolescent patients. Clinical implications of these findings are discussed.
001 Non-suicidal self-injury (NSSI): Update of the concept and characteristics
Daniel Vega (Consorci Sanitari de l’Anoia, Igualada, Spain)

Objective
To provide updated information on NSSI, focusing on: prevalence, course and prognosis; associated factors; its relationship with psychopathology; and the role of the mass media, social networks, and the internet.

Methods
Using keywords related to NSSI (non-suicidal self-injury, self-harm, NSSI), we searched the PubMed, Medline and Embase databases for articles published up to July 2017, and selected further relevant papers from the reference lists of the resulting studies.

Results
The studies reviewed show that the NSSI is a very prevalent phenomenon that has become more common in recent years and that requires great attention.

Conclusion
We discuss some conclusions and future proposals, emphasizing the need for collaborative work to better understand NSSI in Spain, and to improve prevention and treatment strategies.

002 Prevalence of Non-suicidal self-injury (NSSI) in adolescents and the association with Borderline Personality Disorder
Anna Sintes Estevez (Hospital de Sant Joan de Déu, Barcelona, Spain)

Objective
Self-injurious behaviors in the child and adolescent clinical population are increasing in recent years, according to observational and qualitative data of clinicians who perform assistance in hospitals with child psychiatric services. However, the prevalence of these behaviors in clinical samples is largely unknown. On the other hand, the high prevalence of this type of behavior in children and adolescents from the community is known. According to recent epidemiological studies, such as the SEYLE Project, it is estimated that around 30% of young Europeans and around 25% of young Spaniards have self-harmed at some time throughout their lives. In the clinical population, there are currently no studies with the necessary methodological rigor to determine an estimated vital prevalence.

Methods
A pilot study carried out at the Hospital de Sant Joan de Deu in Barcelona, carried out by analyzing the child and adolescent population hospitalized in Psychiatry (complete and partial hospitalization) indicates, in addition to a progressive increase in this type of behavior over recent years (from 2012 to 2016), a vital prevalence of this problem that reached 33% in 2016.

Results
Of this 33% of young people who had self-harmed on at least one occasion throughout their lives, 77% were girls, 45% superficial cuts were made in the skin, and only 3.4% were self-injured by first time before admission, suggesting this fact that this type of behavior could represent a risk behavior, tributary of being identified with preventive purposes. About the diagnosis, 28% had a diagnosis of eating disorder, 21% of adaptive disorder and approximately 10% were diagnosed with affective disorder. Only 3% of the patients who self-injured received the diagnosis of personality disorder.

Conclusion
These data in terms of diagnosis highlight the difficulties to identify those patients who might be initiating behaviors typical of a borderline personality disorder, due to diagnostic biases in the infant-juvenile population (underdiagnosis of BPD).

003 Therapeutic options for adolescents with NSSI with Dialectical Behaviour Therapy
Iria Méndez (H. Clinic de Barcelona, Spain)

Objective
Self-harm in adolescents is a significant clinical problem, strongly associated with emotion dysregulation and increased risk of suicide. Originally developed for adults with suicidal behavior, Dialectical Behavior Therapy (DBT) has been recently adapted for adolescents; however, there is limited evidence in support of its efficacy in youth with self-harm. This randomized clinical trial (RCT) aimed to compare the effectiveness of Dialectical Behavior Therapy for Adolescents (DBT-A) vs Supportive Therapy (ST) in reducing self-harm in adolescents.

Methods
Thirty-five adolescents (aged 12 to 18 years) presenting with self-harm in the last year were selected from a psychiatry outpatient clinic. Patients were randomly assigned to receive either treatment: DBT (n=18) or ST (n=17). Both treatments included 16 weekly group sessions with adolescents and families separately, and weekly/biweekly individual sessions. The primary endpoint was the change in self-harm episodes. Secondary endpoints included changes in number of suicide attempts, Columbia-Suicide Severity Rating Scale C-SSRS scores and the Clinical Global Impression (CGI) scores.

Results
In an intention-to-treat analysis, the reduction in self-harm episodes was 1.2 (0.7-1.8) in the DBT and 2.1 (1.6-2.7) in the ST (p =0.03), implying an estimated treatment effect of -0.9 (95% CI= -1.7 to -0.1) in favor of DBT. The improvement in the CGI at 16 weeks was 1.1(0.6-1.6) for DBT and 1.9 (1.3-2.4) for ST (p<0.05), with an estimated treatment effect of -0.8 (95% CI=1.5 to 0) favoring DBT-A group.

Conclusion
DBT-A is superior to ST in reducing self-harm in adolescents. Additional studies with larger samples are needed.

Policy of full disclosure
No conflicts of interest in the past or at present
Adapting and expanding dialectical behavior therapy for Borderline patients suffering from eating disorders

Topic: 9) Dialectical Behavioural Therapy
Chairpersons: Fragiskos Gonidakis, Athens, Greece

Aimilia Tsertou (DBT Unit, Eginition Hospital, Athens, Greece)

Objective
Research has shown that patients with Bulimia Nervosa (BN) who don’t respond to standard treatment (Cognitive Behavioral Therapy, CBT) are more likely a) to have a comorbid Axis I or Axis II disorder; b) present a more severe clinical picture c) exhibit greater emotion dysregulation, interpersonal deficits and impulsivity. The lack of treatment response to CBT approach to BN is assumed to be due to, in part, to the failure of traditional cognitive behavioral interventions to adequately address the pervasive emotion dysregulation and skills deficits. Borderline Personality Disorder (BPD) is the most frequent Axis II disorder diagnosed in patients with bulimia nervosa, with a prevalence rate of 28%.

Methods
Dialectical Behavior Therapy (DBT) developed by Linehan, to specifically treat individuals with BPD. Maladaptive behaviors common in individuals with BPD like self-harming behaviors, suicidal ideation and a lack of emotion regulation skills can be compared to maladaptive behaviors seen in patients with bulimia nervosa like binging and purging as an effort to influence, alter or control her emotions.

Results
Twenty female patients from outpatient Eating Disorder Unit of Eginition Hospital who met criteria for BPD and BN have received DBT program with individual therapy, group skills training (mindfulness, emotional regulation, distress tolerance) phone consultation and group consultation. DPT seems to be significant effective to clients with BN and BPD. Patients were more consistent to the treatment while compared to other treatment protocols. The dropout rate was low. Additionally, the patients reported improved eating weight and shape concerns and reduced urges to eat when angry.

Conclusion
DPT is specifically designed to teach adaptive affect regulation and to target behaviors resulting from emotional dysregulation. The adaptation of DPT for BPD and BN patients seems to be promising as a potential treatment but further research is certainly needed.

Adapting DBT for borderline patients suffering from anorexia nervosa binge/purge type

Fragiskos Gonidakis (Athens, Greece)

Objective
Borderline personality patients that are suffering from Anorexia Nervosa binge/purge type often exhibit both compulsive and impulsive characteristics. Moreover, this group of patients report higher frequency of self-harming behaviours than borderline patients that are not suffering from anorexia nervosa. The adaptation of DBT for these cases incorporates CBT strategies used for nutrition and weight restoration but also puts an equal emphasis on emotion regulation as the patient’s emotion regulation ability decreases dramatically when she exits starvation thus preventing a steady maintenance of normal weight and nutrition.

Methods
Ten patients have been treated with a combined form of dialectical behaviour therapy and cognitive behaviour therapy organised in three stages, in each stage different sets of skills were taught according to the goals of each stage (nutrition restoration, emotion regulation, re-establishment of social interaction).

Results
Two of the patients abandoned therapy. The rest of them were treated for more than one year. During the end of the one year observation period four of the patients have achieved remission of the psychopathology while the rest of them had made considerable progress.

Conclusion
Balancing skill training with cognitive behaviour procedures for weight and nutritional restoration can produce a substantial improvement in the symptomatology of both disorders both in the short and long term.
and two follow-ups. All the sessions will be structured according to a manual, based on a pilot study.

**Results**

There are no quantitative results yet because the intervention has not been completed. Though, there are qualitative results: It is hypothesised that caregivers will indicate more use of DBT skills following the intervention. Parents report they find a way to understand the disorder from which their children suffer. Loneliness diminishes, emotional suffering too, they become better observers, they share. They also recognise that their emotions, thoughts and behaviors are validated in some way, and they get helped to learn the ways to express themselves differently. Most of them have difficulties in acceptance, in being judgmental, and they confront many dialectical dilemmas.

**Conclusion**

Clinicians should teach DBT skills to caregivers too, in order to encourage them to experience their emotions towards their children as signals to refocus their attention to the present, to learn a more functional way to express them, to validate their behaviors according to the context of their life, to ameliorate their quality of life through diminishing their emotional fatigue. Furthermore, more randomized control trials are needed.

**Group DBT for borderline patients who binge**

Maria Karapatsia (DBT Section GABR, Athens, Greece)

**Objective**

Binge eating is particularly common in patients with Borderline Personality Disorder (BPD). The current study aims to evaluate the effectiveness of the Group DBT program for Binge Eating Disorder (BED) in patients with BPD who binge in order to design the integration of the above program in the treatment of this target group.

**Methods**

50 patients with BPD who binge participate in groups in which is applied the Greek adaptation of the Group DBT program for BED (by Safer, Telch and Chen, 2009). The program is held at the University Hospital, Aiginiteio, in Athens, Greece. The treatment consists of 20, 2hrs sessions, one per week, in which are taught DBT skills that will help participants stop binging. The participants completed the Eating Disorder Examination Questionnaire (EDE-Q 6.0, Fairburn, & Beglin, 2008), the Binge Eating Scale (BES; Gormally et al, 1982), the Emotional Eating Scale (EES; Arnow et al, 1995) and the SCID-5-PD.

**Results**

The outcome of the study will be determined upon completion of the data collection, although based on previous studies we expect that the DBT skills will help participants stop binging.

**Conclusion**

The results will be discussed in order to determine the contribution of the Group DBT program for BED to the effective treatment of patients with BPD who binge.
Scientific Programme
Friday, 28 September 2018

Policy of full disclosure
I offer private clinical supervision through my business S C Rushbrook Ltd

Objective
Research characterizing personality pathology along the dimension of control has identified two clinically relevant phenotypes. Undercontrol (UC) is linked to emotion dysregulation, impulsivity, and antisocial and borderline personality disorders, while overcontrol (OC) is exemplified by emotional constriction, risk-aversion, and Cluster C Disorders (Lynch, 2018; Lynch & Cheavens, 2008). Nevertheless, studies examining biotemperamental predispositions influencing perceptual and regulatory biases in UC and OC are notably absent from the literature. Here, we present a latent class analysis (LCA) of three domains of biotemperament proposed to underlie these personality styles.

Methods
Students and community members in Vancouver, BC (N=129, Mage=22.2, 82.2% female, 31.8% White) completed self-report measures capturing dimensions of reward sensitivity, threat sensitivity, and inhibitory control. Data were dichotomized (median-split) and analyzed via LCA to identify subgroups with similar response patterns.

Results
A three-class model best fit the data. Those in Class 1 (“Flexibly-Controlled”; n=48) endorsed low threat sensitivity and high inhibitory control. Class 2 (“Sensation-Seeking”; n=16) members were low in threat sensitivity, but high in reward sensitivity and low in inhibitory control. Class 3 (“Threat-Sensitive”; n=65) was high in threat sensitivity and negative urgency. We then differentiated these groups according to self-control and clinical severity, finding the Flexibly-Controlled group was the most well-adjusted and least clinically-severe, while Threat-Sensitive individuals were the most undercontrolled, reporting the greatest global dysregulation.

Conclusion
To our knowledge, this is the first attempt to investigate self-reported biotemperamental factors underlying OC and UC personality structures and psychopathology. Our findings suggest that self-report assessment of these components may not adequately map on to accepted superordinate OC/UC domains, calling into question the clinical utility of these measures for use in PD research.

004
When emotional overcontrol looks like Borderline Personality Disorder: Issues in misdiagnosis
Roelie Hempel (Radically Open Ltd., London, United Kingdom)
T. Lynch, H. O’Mahen, S. Rushbrook

Objective
Despite growing recognition of the importance of differentiating overcontrolled from undercontrolled coping, assessing for overcontrol is generally not part of regular clinical assessments and diagnostic errors and inadequate assessment instruments are commonplace. For example, the Intensive Psychological Therapies Service (Dorset HealthCare University NHS Foundation Trust) found that 37% of their overcontrolled clients had initially been misdiagnosed with Emotionally Unstable Personality Disorder (i.e. BPD). There is a need to better identify...
problems with overcontrol, thereby improving access to the most appropriate treatment for patients.

Methods
We conducted a case study of 36 participants who were part of the larger study ‘Reframed’ (Refractory Depression - Mechanisms and Efficacy of Radically Open Dialectical Behavior Therapy: A Randomized Controlled Trial; Lynch, Whalley, et al., 2015) examining key areas of diagnostic misinterpretation, particularly in regard to BPD symptoms and overcontrol. Clinical decisions were recorded during weekly consensus diagnosis meetings led by two clinical psychologists and a psychiatrist. In addition, 253 university students completed a new self-report measure: the Over-Control Trait Rating Scale, consisting of 24 items.

Results
Results from the case study indicate that the most commonly discussed OC symptoms that masquerade as BPD symptoms were suicide/self-harm, chronic emptiness, identity disturbance, and abandonment. Consensus decisions regarding diagnostic criteria were independently coded by two raters (good inter-rater agreement of kappa 0.74). In addition, we found that the Over-Control Trait Rating Scale had high reliability (Cronbach’s alpha 0.85) and correlates significantly with social anxiety (r=0.51) and autism (r=0.60).

Conclusion
Our findings suggest that a number of symptoms that –on the surface- appear to reflect undercontrolled tendencies are also problems that individuals with overcontrol report. Recommendations to improve assessment and treatment decision making will be discussed, including the use of the new Over-Control Trait Rating Scale.

Policy of full disclosure
Dr. Roelie Hempel is the founder and co-owner of Radically Open Ltd, the RO DBT training and supervision company.

Scientific Programme
Friday, 28 September 2018

Symposium
08.30-10.00 Llevant 4

Borderline Personality Disorder from a life span perspective: Clinical staging and health management
Topic: 10) Early Detection and Prevention
Chairpersons: Joost Hutsebaut, Halsteren, Belgium
Bas van Alphen, Heerlen-Maastricht, The Netherlands

001 Rationale for a life span perspective on Borderline Personality Disorders (BPD)
Bas van Alphen (Mondriaan, Heerlen-Maastricht, The Netherlands)

Objective
What’s the added value of a life span perspective on BPD?

Methods
Review of the literature

Results
A life span approach describes the transformations that occur within the context of subsequent developmental phases. A life span perspective on BPD should not only include the changing phenomenological expression of BPD throughout the life span, but it should also articulate the interaction between these phenomenological expressions and the developmental changes and influences in several periods of life. Progression or remission of BPD throughout the life span will be determined by different risk and protective factors, depending on specific aspects of different developmental phases. Just like developmental factors might impact upon vulnerable children to trigger symptoms of BPD at the start of puberty, features of personality pathology may be exacerbated later in life due to developmental and contextual changes, like the loss of significant supporting persons or previously stabilizing social situations.

Conclusion
Adopting a life span perspective on BPD switches attention from the disorder to the person with the disorder and shifts attention from treatment of fully established disorders to the early detection, prevention and intervention of emerging and potentially chronic problems.

Expression of BPD across the life span
Anja Videler (GGZ Breburg, Tilburg, The Netherlands)

Objective
The prevailing view of borderline personality disorder (BPD) is that of young adults who suffer from the ‘typical’ BPD symptoms as are described in DSM-5, and that BPD wanes into middle age, and vanishes in old age. The question is whether this idea truly corresponds to a life span perspective on BPD.

Methods
Review of the literature and presentation of a theoretical model of BPD across the life span.

Results
Features of BPD can be traced back at least to the beginning of puberty, and BPD appears a valid diagnosis in adolescents. It identifies young people at high risk for comorbid psychopathology and poor social functioning. From adolescence to adulthood, there is a symptomatic switch from predominantly symptoms of affect dysregulation and impulsivity to interpersonal symptoms, with subsequent periods of ‘remission’ and ‘relapse’ of the full BPD diagnosis. A significant subgroup of BPD adults remains impaired and disabled for long periods of their lives. DSM BPD criteria mainly refer to young and middle age functioning, limiting their usefulness in older age. Typical manifestations of BPD in older adults are missed by DSM-criteria, leading to an underestimation of the ‘true’ prevalence of BPD in late life. Core features of BPD persist throughout the life span and remain associated with psychosocial impairment, including affective symptoms and persisting interpersonal symptoms. Clinical experience even suggests a growing prevalence of BPD in aged residential care facilities. Somatic and neurocognitive comorbidity increase dependency on other people for care,
which re-triggers attachment issues, fears of abandonment and instable relationships. A combination of a pre-existing maladaptive personality constellation and contextual and developmental changes may exacerbate symptoms of BPD in a way that full criteria are only met at old age.

**Conclusion**
The core features of BPD persist from adolescence into old age, but the expression of BPD differs across the life span.

**003 Clinical staging and early intervention in BPD**
Christel Hessels (GGZ Centraal, Amersfoort, The Netherlands)

**Objective**
Within the accumulating evidence for a life span perspective on borderline personality disorder (BPD), the key factor is a developmental perspective. To demonstrate that the lessons learnt from early intervention in somatic medicine and psychosis should be used to improve the diagnosis and treatment of BPD.

**Methods**
We describe the rationale for early detection and intervention and present a staging model which can serve as a guideline for the development and selection of interventions for BPD.

**Results**
There is increasing evidence that BPD first manifests itself in adolescence and that BPD symptoms can already be distinguished from normative adolescent development.

**Conclusion**
The core features of BPD persist from adolescence into old age, but the expression of BPD differs across the life span.

**004 Health management for Borderline Personality Disorder (BPD)**
Joost Hutsebaut (De Viersprong, Halsteren, Belgium)

**Objective**
Disease or Health Management (HM) is a strategy that has been introduced to organize the health care for people suffering from chronic conditions, like Diabetes or Parkinson’s disease. HM programs are typically organized around a specific patient group or disease and provide an integrated approach of professionals from different backgrounds and disciplines. Rather than merely providing standard care in the acute episodes of the disorder, these programs provide streamed care.

**Methods**
There are several reasons why Health Management could be a feasible and useful approach for BPD and this presentation will present the rationale for HM programs for BPD.

**Results**
HM is inevitably associated with a life span perspective on BPD and should be focused upon management of a healthy personality development ‘from the cradle to the grave’. Programs should be focused upon improving resilience instead of merely curing symptoms. Programs should be rather broad and ‘light’ in the early stages of the disorder and intensive and integrated in the later stages.

**Conclusion**
This presentation will provide an outline for the design of a HM program for BPD in accordance to a model of clinical staging (presentation 3). Finally, we will argue for the design of networks of care beyond mental health care, to provide an integrated treatment and support for people with BPD.

**S-26 Symposium**
08.30-10.00

**001 First impressions in Borderline Personality Disorder: An investigation using the Thin Slices paradigm**
Johanna Hepp (CIMH Mannheim, Germany)
P. J. Kieslich, I. Niedtfeld

**Objective**
Previous evidence suggests that individuals with Borderline Personality Disorder (BPD) show a negativity bias in the interpretation of facial affect and trustworthiness of other people. Preliminary evidence also suggests that this negativity bias could extend to personality judgments, which would help explain some of the interpersonal difficulties those with BPD experience. Herein, we use the Thin Slices paradigm to test whether individuals with BPD show a negativity bias in personality judgments.

**Methods**
We employed the Thin Slices Paradigm, in which raters are asked to provide personality judgments of target participants on the basis of short video sequences. We videotaped 26 BPD and 26 HC participants to serve as targets in the Thin Slices paradigm. Each group comprised 14 female and 12 male participants that were matched according to age. The videos of these targets were then presented to 36 BPD participants, 36 HC participants and a clinical comparison group of individuals with social phobia. These rater groups were asked to judge targets on the dimensions trustworthiness, sympathy, similarity, behavior in a dictator game, and on a number of positive and negative adjectives. During this process, participants’ mouse-movements were recorded. Mouse-tracking is a novel method that gives insight into the continuous decision process versus just the decision outcome at the
choice level. Thus, with mouse-tracking we can not only assess tendencies towards negative responding in BPD individuals’ choices but also assess whether negative response options hold greater attraction during the decision process.

**Results**

Data for the clinical control group are currently still being collected. Results for all three groups on the choice level as well as results from mouse-tracking analyses will be reported.

**Conclusion**

Results on the negativity bias in BPD will be discussed with regard to their implications for understanding interpersonal problems in those with the disorder. At a methodological level, possible applications of mouse-tracking analysis to the study of personality disorders will be presented.

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**Observational coding scheme to assess mentalizing during interactions between parents and their teenage children**

Salome Vanwoerden (Department of Psychology, Houston, USA)

C. Sharp

**Objective**

The objective of this presentation is to present a newly developed observational coding system for mentalizing as it occurs between parents and adolescent children in the context of a conflict discussion. Specifically, we will review the coding system and how it differs from established coding systems. We will also review findings of associations between observed mentalizing and borderline personality features in adolescents. Discussion will include implications of observed assessment and how current findings can be interpreted in light of previous research on impaired mentalizing in borderline personality pathology.

**Methods**

The current coding system was developed from video taped interactions between parents and adolescent children in the context of a larger study. Codes representing optimal mentalizing as well as hyper- and hypo-mentalizing will be included. A sub-sample of 50 parent-adolescent dyads completed an interaction task and semi-structured interviews assessing for borderline personality features. Videotaped interactions were coded for mentalizing in both parents and adolescents.

**Results**

As the coding system is currently being finalized, data analysis has not begun. However, it will include interrater reliability, descriptive analysis, and regression models evaluating the associations between mentalizing and borderline personality features.

**Conclusion**

The current study demonstrates the advantages of using observational coding to evaluate dynamic, social-cognitive processes that may present differently in various relationships and settings.

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**Borderline Personality Disorder symptoms and affective responding to perceptions of rejection and acceptance from romantic versus nonromantic partners**

Sophie A. Lazarus (Columbus, USA)

L. Scott, J. Beeney, A. Wright, S. Stepp, P. Pilkonis

**Objective**

Although there is evidence for increased emotional and behavioral reactivity to interpersonal perceptions in borderline personality disorder (BPD), researchers have yet to examine how affective responding may differ in the context of interactions with one’s romantic partner as compared with non-romantic partners. In addition, researchers have yet to disentangle affective responding that is unique to BPD, beyond the influence of other personality disorders.

**Methods**

We examined event-contingent recording (ECR) of daily interpersonal interactions over 21 days in a diagnostically diverse sample of 101 patients who were involved in a romantic relationship and in psychiatric treatment. We tested whether the unique effect of BPD symptoms on affective responses to perceptions of rejection or acceptance differed in interactions with one’s romantic partner as compared to interactions with nonromantic partners.

**Results**

Although perceptions of rejecting behavior were associated with higher within-person negative affect for all participants, in interactions with romantic partners, BPD symptoms were associated with heightened hostility and to a lesser extent attenuated sadness in response to perceptions of rejection. BPD symptoms were associated with attenuated positive affect in response to perceptions of accepting behavior from romantic partners, but not nonromantic partners.

**Conclusion**

This study highlights that heightened interpersonal sensitivity characteristic of BPD may not emerge across all relationships or for all types of affective responses. Implications for romantic relationship dysfunction are discussed.

**Policy of full disclosure**

This research is supported by a predoctoral fellowship from the NIMH (1F31MH113291-01A1).
Objective
Non-suicidal self-injury occurs frequently in patients with borderline personality disorder and other mental disorders. Events of NSSI are supposed to accumulate in the aftermath of interactional problems. Additionally, individuals practicing NSSI often describe a reduction of negative feelings and aversive tension through tissue damage, indicating an important role of operant learning mechanisms in the psychopathology of NSSI. Often, affected individuals are not able to reduce the self-harming behavior – even though they suffer from the consequences.

Methods
The current study investigates possible antecedents and consequences of non-suicidal self-injury (NSSI) in daily life. It is hypothesized that disagreements and the experience of rejection may lead to NSSI events. Furthermore, we hypothesize that the reduction of negative affect and aversive tension is an important maintaining factor for NSSI. During a study period of two weeks and at five unpredictable time points per day, we assessed different emotions, interpersonal events, dissociation, aversive tension as well as urge for NSSI and NSSI acts from 30 participants with NSSI diagnosis (according to DSM-V) and BPD features. Additionally, in the case of an NSSI event, participants were asked to initialize additional event-related prompts, answering detailed questions about the NSSI act. Directly after an NSSI event, the course of emotions and aversive tension was monitored closely by using high-frequency sampling. Thereby, we are able to assess associations between different emotions, interpersonal events and NSSI in daily life.

Results
Pilot data of this project will be ready for presentation and discussion at the conference.

Conclusion
Conclusions and implications of the Pilot data will be ready for presentation and discussion at the conference.

003
5 years after DSM-5: Revisiting NSSI
Paul Plener (Medical University Vienna Child and Adolescent Psychiatry, Austria)

Objective
Non-suicidal Self-injury (NSSI) has been present in the International Classification of Diseases (ICD-10) as a symptom of Borderline Personality Disorder (BPD) so far. Despite several attempts to describe and classify NSSI or self-harm as a syndrome on its own since the 1980s, there is no attempt for including such a syndrome in the upcoming ICD-11. The fifth version of the Diagnostic and Statistical Manual (DSM-5) has included NSSI as a “condition for further study” in its section three.

Methods
Systematic review on Medline, Psyndex and Embase on publications using the proposed DSM-5 NSSI classification.
Results
Since the release of the DSM-5 in 2013, several studies have provided both prevalence rates for DSM-5 NSSI as well as further evaluations of the validity of the proposed criteria for a diagnostic entity of NSSI.

Conclusion
The NSSI disorder proposed in ten DSM-5 section three has sparked scientific debate. So far, there is still an ongoing discussion about the frequency criterion, as well as the possibility to separate certain sub-criteria. It is also unclear in which section of an upcoming version of the DSM the proposed disorder should supposedly fit. The findings will be discussed with respect to other mental health issues in which NSSI is of relevance, such as BPD, depression or anxiety disorders.

Policy of full disclosure
Involved in a clinical study with Servier, received speaker’s honorarium from Shire

Objective
Non-suicidal self-injury (NSSI) is highly prevalent among adolescents and NSSI content can be found on various social media platforms. Social media, and in particular Instagram, have become increasingly important for social interaction among adolescents.

Methods
Instagram users who had been posting pictures displaying NSSI wounds were contacted via Instagram messenger and asked to participate in an interview. Semi-structures interviews on experiences with NSSI on Instagram were conducted via Instagram messenger with N=63 participants who gave written informed consent. On average, participants were 16.7 years old and 87% were female. Results were analyzed with ATLAS.ti.

Results
Reasons for posting NSSI pictures were mainly to communicate with people (23.8%) and to get attention (20.6%). The majority (58.2%) of participants reported to get more attention for NSSI pictures than for other pictures. Reactions of others were mainly perceived as positive (58.6%). However, 21.9% of participants had been abused verbally by others for posting NSSI pictures. When viewing NSSI pictures of other users on Instagram, the most common reaction was to be triggered (23.1%) and to feel sad (14.1%). Almost all participants had ignored warnings by Instagram to remove their NSSI pictures (88.6%) and over 90% reported that none of their NSSI pictures had been deleted by Instagram.

Conclusion
Main reasons for posting NSSI pictures on Instagram seem to be communication and getting attention. On the other hand, viewing NSSI pictures seems to have mainly negative effects like triggering NSSI. Measures taken by Instagram do not seem to be perceived helpful or effective.
Behavioral health interventions for LGBT youth: A systematic review
Lauren Bochicchio (Columbia University, New York City, USA)
A. Ivanoff, K. Reeder

Objective
LGBTQ-identified individuals are at elevated risk for suicidal attempts and ideation, self-harm, substance use, and mental illness; this risk is magnified amongst LGBTQ adolescents (Liu and Mustanski, 2012; Marshall et al., 2008). Evidence-based behavioral interventions use skill acquisition and generalization as treatment for these mental health concerns, albeit limited research examining the effectiveness of these interventions specifically among LGBTQ adolescents. Thus, it is critical to synthesize extant literature assessing the efficacy of such interventions within this population.

Methods
This systematic review examines behavioral interventions for LGBTQ adolescents with mental illness and substance use. Following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses method, a screening process was used to assess eligibility for inclusion.

Results
Researchers consulted three electronic databases (Embase, PsycInfo, and Web of Science), yielding 621 results. During screening, 613 studies were excluded due to irrelevance. Fourteen articles were assessed via full text review. Three additional exclusions did not assess behavioral health outcomes in LGBTQ adolescents or were not delivered by a mental health professional. Eleven studies met full inclusion criteria. Studies were assessed for intervention components (e.g., adaptations made to address minority stress), methodological quality and treatment outcomes. Outcomes included decreased suicidal behaviors, decreased depressive symptoms, substance use, and social isolation. Significant design and methodological limitations were present across most studies.

Conclusion
The review suggests extremely limited and preliminary evidence supporting the use of interventions to reduce mental health problems specifically in LGBTQ adolescents. More rigorous research is required to determine if interventions including minority stress of LGBTQ adolescents are more effective than standard treatment models. Only two studies assessed changes in suicidal behavior despite the increased risk of suicide in the LGBTQ community. It is essential that future research examine the efficacy of interventions on mental health and self-harm in this population.

Objective
Comorbid disorders of conduct and emotions can be regarded as childhood antecedents for manifestations of personality disorders in adulthood. A manualized psychodynamic therapy (called PIM) for adolescents with these comorbid disorders has been developed.

Methods
The psychoanalytic-interactional method (PIM) is a modified psychodynamic approach designed specifically for patients with developmental personality disorders. Patients especially in in-patient treatment often show trauma-related symptoms, pathological internalized objectrelations and disturbances of ego functions (e.g., reality testing, impulse regulation, affect perception and differentiation, tension tolerance) The treatment concept comprises three stages: first, emphasis is placed on establishing, a stable and secure relationship between the therapist and adolescent and precise framework conditions. In cases of serious impulse control difficulties, psychopharmacological treatment is used temporarily to prevent premature discharge. The second stage is concerned with working on the main relationship problems and the adolescent’s structural deficits as described earlier. The third stage is characterized by increasing testing of the patient’s ability to cope with everyday life and by finding a decision concerning life after in-patient treatment. Reaching this stage can be regarded as a precondition for the finalization of treatment.

Results
The sample consisted of severely impaired adolescents with high rates of further comorbid disorders and academic failure. Patients in the treatment group had a significantly higher rate of remission (p<0.001; OR=26.41; 95% CI: 6.42–108.55). The scores of patients treated with PIM were post-treatment no longer significantly different from normative data on the GSI and within the normal range on the SDQ. The effects in the treatment group were stable at follow-up. Furthermore, most patients were re-integrated into educational processes. Positive results are also referred to the structural development and capacity of mentalization. Treatment steps are demonstrated.

Conclusion
The PDT led to remarkable improvement and furthered necessary preconditions for long-term stabilization. An outpatient trial is being started.

Adolescents with repeated suicidal and self-harming behaviour treated with Dialectical Behaviour Therapy and enhanced usual care: Ways of coping two years after treatment
Anita Johanna Tørmoen (University of Oslo, Norway)
L. Mehlum

Objective
We conducted a 2-year follow-up study of posttreatment clinical outcomes among 70 adolescents who had been allocated to receive either DBT-A or EUC. We examined whether the use of coping-skills differentiated between the groups, whether skills use was associated with clinical
outcomes, and if certain coping-skills were more frequently used than others.

**Methods**
Assessments of ways of coping, self-harm behaviour, suicidal ideation, global level of functioning, behavioral problems, borderline symptoms, hopelessness, self-esteem and use of mental health care were made at follow up.

**Results**
Two years after treatment DBT-A and EUC groups did not differ significantly in the use of coping-skills, but we observed larger individual differences in EUC groups in the use of skills. We found that those who reported more use of positive coping-skills had less hopelessness and higher self-esteem than others.

**Conclusion**
This study implies that adolescent’s use of coping-skills two years after treatment is less related to what treatment they received than assumed. Using coping-skills are related to a higher sense of mastery and hope.

**P-01  Poster Session**

**Adolescence**

**Chairperson:** Michael Kaess, Bern, Switzerland

**Objective**
Dialectical behavior therapy for adolescents with Borderline Personality Disorder symptoms and their caregivers: Feasibility and preliminary results in Spanish population

Maria Vicenta Navarro Haro (Hospital General de Cataluña Instituto Trastorno Limite, Barcelona, Spain)  
L. Lopez, A. Segues, S. Serrat, X. Gasol, J. M. Garrido Ocaña, M. Gasol Colomina

**Methods**
Research indicates that diagnostic criteria of BPD are as valid and stable in the adolescence. Intervening early on in the adolescence could prevent the complete development of the disorder and decrease its chronicity. DBT for adolescents has shown good outcomes, but more replications are needed. The main goal of this study was to evaluate the feasibility and preliminary effectiveness of a DBT multi-family group in Spanish adolescents with BPD and their caregivers.

Participants of the study were seven teenagers diagnosed with BPD or traits of the disorder, and eight caregivers. They were attending an outpatient DBT adolescents’ program at a personality disorders unit. The DBT multi-family group component was evaluated in this study and consisted of 24 weekly sessions of two hours each. Adolescents were assessed with the BSL-23 (Borderline Personality Disorder Symptom List), the CDI (Children’s Depression Inventory), the STAI (State-Trait Anxiety Inventory) and the DERS (Difficulties in Emotion Regulation Scale), at the beginning of the group (pre) and after the group (post). Caregivers were evaluated with: BDI (Beck Depression Inventory), DERS, STAI, CBQ (Conflict Behavior Questionnaire-Parents version) and EC (Expectancy Questionnaire).

**Results**
Pre-post results for adolescents showed reductions in depression, BPD symptoms, anxiety and emotion dysregulation, but pre-post differences were not statistically significant. Regarding caregivers, there were decreases in depression, anxiety trait, conflict behavior, and emotion dysregulation, although they were neither significant. 60% of the caregivers thought the group was very beneficial for their children.

**Conclusion**
Preliminary results show initial feasibility of the DBT multi-family group to help adolescents with BPD and their caregivers. More rigorous studies controlling heterogeneity of the sample and including bigger sample sizes are needed.

**002 Validation of the German version of the Borderline Personality Features Scale for Children (BPFSC) -11**
Linus Wittmann (UKE Psychiatry and Psychotherapy, Hamburg, Germany)  
M. Sengutta, M. Lipp, J. Gallinat, A. Karow

**Methods**
The diagnostic and treatment of adolescent borderline personality disorder (BPD) is highly relevant. To our knowledge there is no German self-assessment questionnaires (SAQ) for assessing adolescent BPD. Therefore, the aim of our study was to develop and validate a German version of the Borderline Personality Features Scale for Children short version (BPFSC-11, Sharp et al., 2014) in an adolescent cohort.

First, a translation process was conducted following a forward translation with testing approach (Maneesriwongul & Dixon, 2004). Second, the data of N = 208 inpatients were examined (66.8% female, mean age = 18.72 years, SD = 1.85) who were treated in the University Medical Center Hamburg-Eppendorf. Third, we examined the construct validity of the questionnaire using a subsample of 83 inpatients with adolescent BPD. Therefore, we correlated BPFSC-11 scores with the short Version of the borderline symptom list (BSL-23; Bohus et al., 2009).

**Results**
The unidimensional factor structure of the English version was not confirmed in a confirmatory factor analyses. However, we found a three factored structure. The internal consistency was adequate (Cronbach’s alpha = .80). Adolescents with BPD (M = 35.63, SD = 6.52) had significantly higher mean scores in the BPFSC-11 compared to adolescents without BPD (M = 30.68; SD = 7.77; t(97) = 3.094, p < .01). The BPFSC-11 scores correlated moderately high with the BSL-23 (r = .57) and borderline behavior list (r = .63).


**Conclusion**
We found evidence for good criterion validity of the German version of the BPFSC-11. The questionnaire significantly distinguishes between BPD and non-BPD psychiatric adolescents. Additionally, convergent validity was moderately high. The BPFSC-11 German version is a promising SAQ for improving the diagnostic of adolescent BPD in the German mental health care system. Future research should further focus on the factor structure of the questionnaire.

**Longitudinal analysis of functionality in previously suicidal adolescents with Borderline Personality Disorder**
Shamila Ahmadi (Pointe Claire, Canada)
T. Viviani, L. Boodaghians, T. Sasson, F. Castro, B. L. Mishara, B. J. Greenfield

**Objective**
Borderline Personality Disorder (BPD) can interfere with daily functioning and relationships. This study aims to characterize this at-risk population, and examine the degree of heterogeneity among youth with this disorder, especially with respect to their long-term functioning.

**Methods**
286 youth who presented to a local emergency room (ER) with symptoms of suicidality were administered a similar battery of tests at the four-year follow-up component of the study, as well as 2 months and 6 months after recruitment. This battery included the Ab-DIB designed for screening/diagnosing BPD with diagnostic threshold criteria, and the Children’s Global Assessment Scale (CGAS) to determine the functioning level. Of the original 286 patients, 145 met Ab-DIB borderline criteria at both recruitment and four-year follow-up, and these subjects were the focus of the present paper.

**Results**
Three distinct groups of functioning among previously suicidal adolescents diagnosed with BPD were recognized. Those with a greater likelihood of hospitalization had a distinctly less sanguine outcome by 4-year follow-up and were characterized by impulsivity, conduct disorder, depression, stressful life events, disturbed family relationships, drug use, and prior ER visits. By contrast, those most likely not requiring hospitalization after their ER visit improved significantly over time, such that further psychiatric intervention was optional.

**Conclusion**
Adolescents with BPD need not be perceived as burdensome to clinicians, as the majority actually respond well to treatment. Impulsivity and CD are the only variables suggesting that the treatment of these trait-like variables can positively affect the functioning of these youth over time. Their clinical diagnosis, along with stressful life events, family distress, depression, and drug use, all clinically treatable state-like entities, as well as prior ER visits, can alert the clinician to the potential for poor functioning in four years’ time.

**Dialectical Behavioral Therapy in young adults in an interdisciplinary setting between child- and adulthood**
Michael Lipp (Univ.-Klinik Hamburg Eppendorf Psychiatrie und Psychotherapie, Germany)
M. Sengutta, L. Wittmann, J. Gallinat, M. Schulte-Markwort, A. Karow

**Objective**
At the University Hospital Hamburg Eppendorf, we have an interdisciplinary unit specialized for the inpatient treatment of adolescents and young adults, from 16 to 25 years. Our aim is to bridge the gap between child and adolescent psychiatry and adult-oriented health care providers and to help young people with psychiatric diseases in the transition into adulthood. Regarding the special needs of these patients we developed specific variations of existing well established therapies, such as Dialectical Behavioral Therapy.

**Methods**
We analysed the first 229 patients attending our interdisciplinary unit for the treatment of adolescents between 2013 and 2015 for their sociodemographic characteristics, diagnosis and course of treatment.

**Results**
In average our patients were 19 years old, but 76% of the patients required a treatment aligned to child and adolescent criteria. Major Depression was diagnosed in 39% of the patients, a Borderline Personality Disorder was confirmed in 26%, followed by psychotic disorders (16%). 20% of all patients met the criteria for a high risk syndrome for the development of a psychosis. 66% of our patients had more than one psychiatric diagnosis and 50% had a comorbid substance abuse. At admission to treatment 54% reported suicidal ideation and 47% practiced deliberate self harm.

**Conclusion**
The data shows a specific group of patients with special needs and a high burden of disease. We suggest a need for specialized treatment options for patients who are not yet able to cope with the requirements of the adult oriented health-care providers but have outgrown the child and adolescent therapies.

**Patient personality and therapist responses in the adolescent psychotherapy: The validation of the Therapist Response Questionnaire for adolescents**
Annalisa Tanzilli (Rome, Italy)
I. Gualco, V. Lingiardi

**Objective**
The aim of this study was to explore the factor structure and psychometric properties of the Therapist Response Questionnaire for Adolescents (TRQ-A; Satir et al., 2009), a clinician-report instrument able to measure the clinician’s emotional reactions (or countertransference) to the adolescent patient in psychotherapy.
Methods
A national sample of psychiatrists and psychologists (N = 185) completed the TRQ-A, as well as the Psychodiagnostic Chart for Adolescents (PDC-A; Malberg et al., 2017) from the PDM-2 (Lingiardi, McWilliams, 2017), to assess levels of emerging personality organization and emerging personality styles/syndromes regarding an adolescent patient in their care. An exploratory factor analysis (EFA) was carried out to identify the factor structure of the TRQ-A. Reliability of the TRQ-A’s scales was calculated using the Cronbach’s alpha coefficients. Bivariate correlations between these scales and variables of personality were conducted to assess the criterion validity.

Results
EFA revealed six distinct countertransference scales: hostile/devaluated, positive, bored/failing, overwhelmed/scared, overinvolved, sexualized. These scales showed excellent reliability and good validity. They were significantly associated with patients’ levels of personality organization and emerging personality styles/syndromes. In particular, more severe levels of personality organization were related to the hostile/devaluated and overwhelmed/scared countertransference. Narcissistic and antisocial/psychopathic personality styles/syndromes were associated with the hostile/devaluated and overwhelmed/scared therapist responses, and borderline style/syndrome was related to the overwhelmed/scared and overinvolved countertransference. Schizoid personality style/syndrome was associated with the sexualized therapist response. Positive countertransference was related to the obsessional personality style.

Conclusion
The TRQ-A is a very useful instrument to evaluate countertransference reactions in clinically sensitive and psychometrically robust ways. Moreover, adolescents’ emerging personality styles/syndromes were consistently associated with specific emotional responses, which suggests that clinicians can make diagnostic and therapeutic use of their responses to patients.

006 Reciprocal relationships between impulsivity and depression in the prediction of adolescent risky behavior
Leila Guller (111-H Kastle Hall Dept of Psychology, Lexington, Kentucky, USA)

Objective
Separate externalizing and internalizing pathways to problem drinking have been described. However, there is good reason to believe that internalizing and externalizing behaviors do not operate independently. We tested an integrative developmental model of transactions among internalizing symptomatology, externalizing personality, and psychosocial learning in the prediction of both drinking problems and future internalizing symptoms.

Methods
To do so, we studied a large sample (n = 1910, 49.9% female) of children over a critical developmental period, from the last year elementary school through the first year of high school. Using a battery of self-report questionnaires, we assessed demographics, pubertal status, negative urgency, depressive symptoms, positive drinking expectancies, and drinking behavior.

Results
Structural equation modeling yielded significant findings for hypothesized direct and indirect pathways, with overall good model fit (CFI = .94; SRMR = .05; RMSEA = .05, 90% CI .04-.05): elementary school depressive symptomatology predicted middle school drinking problems (mediated by urgency and psychosocial learning) and middle school drinking problems predicted increased risk for depressive symptoms in high school, pointing to a reciprocal relationship between internalizing and externalizing dysfunction.

Conclusion
These findings highlight the need to integrate both internalizing and externalizing dysfunction into models of adolescent risky behavior.

007 Negative childhood experiences and Borderline Personality Disorder features: The mediating role of attachment style in nonclinical adolescents
Sandro De Santis (Trento, Italy)
G. Falgares

Objective
Borderline personality disorder features have repeatedly been associated with a history of adverse experiences in childhood; this study had the aim to evaluate if attachment style dimensions significantly mediate the relationships between lack of parental care (neglect and antipathy), and borderline personality disorder features in adolescents.

Methods
591 nonclinical Italian adolescents recruited in school settings were administered the Borderline Personality Inventory (Leichsenring, 1999a), the Child Experience of Care and Abuse Questionnaire (Bifulco, Bernazzani, Moran, & Jacobs, 1994), and the Attachment Style Questionnaire (Feeney, Noller, & Hanrahan, 1994). Structural equation modeling (SEM) was used to test the proposed mediation model and to ascertain direct and indirect effects among study variables.

Results
SEM analyses showed that both attachment style dimensions (anxiety and avoidance) significantly mediated the relationships between both neglect and antipathy, and borderline personality features. Findings were not different across genders.

Conclusion
Mediation analyses provided support for partial mediation, revealing a significant mediating role of attachment style dimensions in the relationships between both neglect and antipathy and borderline personality features in this
008 Psychometric properties of the final Spanish Mexican cultural adapted version of levels of Personality Functioning Questionnaire (LoPF-Q 12-18) in adolescent
Moisés Kassin Nahmad (Universidad Iberoamericana, Psychology, Ciudad de México, Mexico)

Objective
Identity, Self-Direction, Empathy and Intimacy are four dimensions included in the alternative model of the DSM 5. The final draft for diagnosing PD in ICD-11 states the domains self-dysfunction (e.g., Identity, self-worth, self-regulation, self-direction) and Interpersonal dysfunction (e.g. romantic relationships, school/work, parent/child, family, friendship, peer contexts). The Levels of Personality Functioning Questionnaire (LoPF-Q 12-18) includes this domains and dimensions to assess emerging personality pathology in adolescence. The objective is to enable the use and evaluation of these concepts in adolescents from 12-18 years, to use it in Spanish speaking countries.

Methods
Adapted Spanish translation of the questionnaires were developed by an expert panel from Mexico and Germany in cooperation with the original authors, focusing on content equivalence and comprehensibility by considering language, life circumstances, and culture-specific aspects.

Results
The pilot version of LoPF-Q 12-18 showed good scale reliabilities alpha with .94, .83, .85, and .89 for the total scales identity, self-direction, empathy, and intimacy. The LoPF-Q 12-18 was able to differentiate between students and PD patients significantly with large effect sizes d of 2.77, 1.86, 2.66, and 1.71 standard deviations, respectively. Improved main test versions were developed and tested in a school and a large clinic sample in 2018 in N=1800 to provide detailed results for psychometric properties and population norms. We present results for reliability and diagnostic validity.

Conclusion
The final culture-adapted spanish versions of LoPF-Q 12-18 enable the assessment of impaired personality functions according to different population, it provides an evaluation of emerging personality disorders in adolescents in self-report in a time-efficient and valid way.

009 Overdose in the absence of suicidal behavior in adolescent patients
Carla Andrea Graziaidei Marrapodi (Psicored Rosario, Argentina)

Objective
This investigation aims to describe a behavior that is increasingly affecting young population. The intake of a drug overdose is the most frequently used method of self-murder; however, it is not always the result of a suicidal behavior.

Methods
This is a retrospective and observational study. The population included were patients under 18 years old admitted in the “Sanatorio de Niños” (Children Hospital), Rosario, Santa Fe, Argentina, during the period of January 2015 and July 2017. Data was collected from medical records and analyzed with GraphPad v5.0.

Results
This study presents characteristics of self-injurious behaviors in the absence of suicide attempt in adolescent population. Drug overdose was the most popular method used. Almost all patients were female. Some of the patients had other non suicidal self injury behavior such as cutting and scratching skin.

Conclusion
These behaviours are considered an aggravating factor for the patient’s progress. Nonsuicidal self-injury Increased risk for further attempts. This study provides useful results for further investigations.

010 The interplay of borderline personality and conduct disorders among previously suicidal adolescents
Tania Viviani (Laval, Canada)
S. Ahmadi, B. Tran, L. Boodaghians, M. Weiss, B. L. Mishara, B. J. Greenfield

Objective
To explore the relationship between Borderline Personality Disorder (BDP) and Conduct Disorder (CD), and examine the impact of BPD on this co-morbid relationship. The study investigates whether (1) suicidal adolescents with CD (with or without BPD) differ psychosocially from those without CD at recruitment and 4 year follow-up; (2) male adolescents are more likely to be predictive of CD at follow up and (3) CD is co-morbid with BPD at recruitment and there is bifurcation of these pathologies at follow up.

Methods
Two hundred and eighty-six youth presenting to a pediatric hospital ER for evaluation of suicidality were assessed at initial consultation for demographic and clinical variables. Two hundred and twenty-nine were re-assessed for those variables 4 years later and 204 had completed data sets at recruitment and follow-up.

Results
Youth with CD, versus those without, are more likely to have co-morbid BPD, higher levels of BPD subscales of cognition and impulsivity at recruitment, and impulsivity at follow-up. Further, youth with CD reported increased stressful life events at recruitment, and at follow-up with higher levels of suicidality, lower functioning, higher levels of maladaptive defense styles. Male gender predicts CD at follow-up.

Conclusion
Although a trend towards a sex-dependent bifurcation was observed, the comorbid CD/BPD population remains stable over time suggesting a clinical bias towards under
diagnosis of BPD in male children presenting with CD and suicidality. Awareness of CD in patients presenting to the ER for suicidality is essential as it highlights a group at high risk for BPD, distinguished by diagnostics, demographics, trauma, functional impairment and suicide risk.

011 Role of perceived abuse, reflective function and borderline personality features in predicting externalizing problems of adolescents in behavior modification program

Lina Gervinskaite-Paulaitiene (Vilnius University, Lithuania)
R. Barkauskienė

Objective
Delinquent adolescents are characterized by high levels of aggressive and antisocial behaviors. Different studies link them to adverse childhood experiences, poor reflective function, some research show relationships to symptoms of borderline personality (BP) disorder. However, the exact role of these factors in evident externalizing problems it is still not clear, especially considering variety of constellations of BP features in adolescence. The aim of this study was to evaluate the role of perceived childhood abuse, reflective function and borderline personality features in externalizing problems of delinquent adolescents.

Methods
Sample consisted of 88 adolescents aged 10 – 18 (M age = 14.7, SD = 1.5; 76% boys) assigned to behaviour modification program in Lithuania. Adolescents completed Childhood experiences questionnaire (adapted from Dube et al., 2001), Reflective Function Questionnaire (Sharp et al., 2009), Borderline Personality Features Scale for Children-11 (Sharp et al., 2014) and Youth Self-Report 11-18 (Achenbach & Rescorla, 2001).

Results
A hierarchical regression analysis showed that abuse experience is significant predictor of externalizing problems only when entered separately in the first step of analysis. Reflective function, which was added in the second step, was not significant independent predictor, but abuse remained significant. In the last step, when borderline personality features were added, this variable was the only independent predictor of externalizing problems.

Conclusion
The results show the importance of consideration and assessment of borderline personality features for more comprehensive understanding of significant externalizing problems in research and in clinical work with delinquent adolescents. This research was funded by a grant (No. GER-004/2017) from the Research Council of Lithuania.

012 Feasibility of a psychoeducational group intervention for family members with relatives diagnosed with BPD

M. V. Navarro Haro, (Hospital General de Catalunya, Instituto Trastorno Limite, Spain)
Rosa Farran, N. Perez, S. Serrat, C. Rossy, X. Gasol, M. Gasol Colomina

Objective
Given the interpersonal nature of its main clinical manifestations, targeting the family environment is particularly necessary in the treatment of BPD patients. The main goal of the study was to evaluate the feasibility and preliminary results of a Psychoeducative Group intervention for family members of people diagnosed with BPD.

Methods
The study sample were eleven family members (54.5% women; Mean age: 60.27; SD: 6.63) of BPD patients receiving treatment in an outpatient personality disorders facility. Family members received a three-month Psychoeducational Group Intervention that included specific information about the symptoms of BPD, validation strategies, and communication and attention to the crises. Measures assessing burden with the family member (Zarit Burden Interview), family environment (Family Environment Scale), depression (BDI), anxiety (STAI), difficulties to regulate emotions (DERS) and mindfulness skills (FFMQ) were completed by participants before and after the intervention.

Results
Pre-post results showed reductions in depression, anxiety, and burden regarding relative with BPD. There were also improvements in all of the aspects of family functioning as well as in several mindfulness skills (act with awareness and non-judgment). Effect sizes were generally moderate. However, the improvements were not statistically significant. The dropout rate was similar to previous studies and participants accepted the intervention.

Conclusion
Preliminary results showed initial acceptance and feasibility of a Psychoeducational Group Intervention for Spanish families of BPD patients. Future studies may include knowledge instruments to evaluate learning regarding BPD functioning.

013 Basic family relations, parental bonding and dyadic adjustment in families with a member with BPD

Mariona Roca Santos (Universitat Ramon Llull, Psychology, Sant Cugat Del Vallé, Spain)

Objective
The aim of this study is to describe and explore the basic family relationships, the parental bonding, the dyadic adjustment, and the typical symptomatology of borderline personality disorder in families with a child diagnosed with BPD.

Methods
The sample will include 60 families (180 participants), 30 into the clinical group (90 participants) and 30 to the comparison group (90 participants). Both groups will answer the Basic Family Relations Evaluation Questionnaire (CERFB), the Parental Bonding Instrument
(PBI) and the Dyadic Adjustment Scale (DAS). In addition, children diagnosed with BPD will answer the Borderline Symptom List (BSL–23).

**Results**

We expect that the clinical group will show significantly lower scores in the basic family relationships, in the parental bonding, and in the dyadic adjustment than the comparison group.

**Conclusion**

The study aims to deepen family assessment and relational diagnosis as a prevention and intervention factor in families with a child diagnosed with BPD.

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### P-02 Poster Session

#### 13.00-14.30 Hall Tramuntana

**Affective Disorders**

Chairperson: Michaela Swales, Bangor, UK

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#### 001

**Emotional processing in generalized anxiety disorder: The role of the level of personality organization**

Dominika Górska (Adam Mickiewicz University Institute of Psychology, Poznañ, Poland)

**Objective**

Emotional problems in Generalized Anxiety Disorder (GAD) are most often explained on the phenomenological level, in terms of traits. The approach presented here proposes a deeper understanding of such problems by taking into account the intrapsychic–processual level (emotional processing; Baker, Bucci) and the structural level (borderline and higher than borderline level of personality organization; LPO, Kernberg). The aim of the research was to identify the significance of the level of personality organization for emotional processing in GAD, and to explore the GAD-specific emotional processing pattern with regard to its processual and structural aspects.

**Methods**

The Generalized Anxiety Disorder Questionnaire IV (Newman et al., 2002), the Borderline Personality Inventory (Leichsenring, 1999), and the Emotional Processing Scale (Baker et al., 2015) was used in a sample of 287 undergraduates.

**Results**

Comparison of groups of people meeting the criteria of GAD, but with different LPOs, revealed significant differences in the intensity of disturbances in processing, and also pointed to the significant role of LPO as a mediator of the relation between emotional processing and GAD.

**Conclusion**

Unique aspects of emotional disturbances in GAD were identified, which allowed the GAD-specific path of emotional processing to be described on the phenomenological (avoiding and signs of unprocessed emotions), processual (disturbances in reference processes and dissociation between emotional activation and abstract worrying), and structural levels (defense mechanisms storing threatening material outside of consciousness).

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#### 003 Psychological factors associated with depression in Borderline Personality Disorders (BPD): Can we offer a parsimonious model?

Elena Crespo Delgado (Castellon, Spain)

A. García-Palacios, C. Suso Ribera

**Objective**

Our main goal is to compare the contribution of several psychological factors that have been associated with depression in individuals with BPD in order to offer a parsimonious model for depression.

**Methods**

Participants were 98 women with a diagnosis of BPD (mean age = 27.2 years, SD = 8.3) attending a private center in Spain specialized in the treatment of BPD. Psychological factors included positive and negative affect, resilience, emotion regulation, and self-efficacy. Depression was the outcome.

**Results**

When controlling for age, the psychological factors explained 70.2% of the variance of depression (F change = 29.51, p < .001). Only positive affect (β = -.27, t = -3.58, p < .001), negative affect (β = .41, t = 5.68, p < .001), and resilience (β = -.39, t = -3.95, p < .001) contributed unique variance to the prediction of depression.

**Conclusion**

While several factors have been associated with depression in individuals with BPD, our study revealed that there is shared variance between some of them. This is important as it might help guide interventions in a more effective way.

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#### 004 Emotional instability and lack of emotion regulation strategies associate with suicidal thoughts in recurrent depression

Berge Osnes (University of Bergen, Dept. Medical and Biological Psychiatry, Norway)

L. Sørensen, E. Schanche

**Objective**

The objective of this study was to investigate whether traits of emotional instability and emotion regulation difficulty was related to suicidal thoughts in patients with recurrent depression.

**Methods**

Sixty-four patients with recurrent depression were interviewed with Mini International Neuropsychiatric Interview (MINI) and Structured Clinical Interview for DSM, personality assessment (SCID-II). A regression analysis was performed investigating the predictive effect of the emotional instability traits, depression score and number of depressive episodes on suicidal thoughts. Furthermore, emotional instability traits were correlated with self-report measures on emotion regulation difficulties (DERS).
Results
The preliminary results indicated that traits of emotional instability predicted suicidal thoughts, however, not depression and number of depressive episodes. Furthermore, emotional instability traits correlated with the subscale “strategies” in DERS, indicating difficulties in adaptive emotion regulation skills.

Conclusion
Traits of emotional instability in patients with recurrent depression predict the presence of suicidal thoughts, and are associated with poorer emotion regulations skills.

005
Treatment outcome in chronically depressed patients with comorbid Borderline Personality Disorder in a 10-week inpatient program with the cognitive behavioral analysis system of psychotherapy (CBASP)
Franziska Welker (Psychiatrie Klinik LMU, München, Germany) J. Dewald-Kaufmann, M. A. Reinhard, D. Bachhäubl, R. Musil, A. Jobst, F. Padberg

Objective
The Cognitive Behavioral Analysis System of Psychotherapy (CBASP) was developed for the treatment of chronic depression (CD), which is associated with high rates of comorbid personality disorders. Comorbid borderline personality disorder (BPD) is currently discussed as hampering a response to CBASP and BPD symptoms may even be masked by severe symptoms of CD. Patients with comorbid BPD have so far usually been excluded in studies investigating the efficacy of CBASP. This study evaluates the outcome of a naturalistic 10-week inpatient program in terms of improvement of depression and interpersonal stimulus character in patients suffering from CD and comorbid BPD when compared to CD patients without BPD.

Methods
The treatment included 30 sessions of individual CBASP therapy and 10 sessions of group therapy over a period of 10 weeks. The severity of depressive symptoms was assessed using the Beck Depression Inventory (BDI-II; self-rated) and the Montgomery-Asberg Depression Rating Scale (MADRS; rated by attending physician). Symptom severity was evaluated at the beginning (pre; week 1) and the end of the treatment (post; week 10). Additionally, the Impact Message Inventory (IMI-R; rated by psychotherapist) was completed (pre and post) to measure the individual stimulus value of the patient. Inpatients with diagnosis of CD (duration > 2 years) and comorbid BPD were included. Change in depressive symptoms was compared to a matched sample of patients without comorbid BPD.

Results
Similarities and differences in therapy outcome between the two groups will be presented.

Conclusion
Based on the results we will provide ideas for improvement in treatment formulation concerning patients with chronic depression and comorbid BPD.

006
Temperament and depressive state: Is neuroticism definitive risk factor for depressive state?
Kosei Esaki (Fujita Health University School of Medicine, Psychiatry, Nagoya City, Japan) T. Zhao, H. Kimura, K. Miyahara, T. Saito, M. Ikeda, N. Iwata

Objective
Extreme trends of the temperament are associated with depression and/or most of personality disorders. Furthermore, many jobs with long working-hours and high responsibility, including nurse, are associated with higher risk for depression.

Methods
To obtain the risk of the future “depressive state”, we surveyed “newcomer” nurses (2014-2017: n=776) in the University Hospital for their (1) temperament based on Neuroticism–Extraversion–Openness Five-Factor Inventory and (2) longitudinal follow-up (one year and four times) of the depressive state based on Beck-Depressive Inventory (BDI). Since Neuroticism (N) is reported as concrete risk for depression, we set extreme high/low N scores (60> or <40) as fixed factor, and then extracted subjects with the extreme high (60)>/low (<40) scores of Extraversion (E), Openness (O), Agreeableness (A) and Conscientiousness (C). As for comparison subjects, we also extracted “normal range” of N and E/O/A/C (each score: 40–60), and estimated the risk for depressive state (BDI>26) in the follow-up period (e.g. “high N/high E” vs “normal range”). Among 16 (four “high/low combinations” x four “N-E/O/A/C combinations”) categories, the depressive subjects of six categories were small sample-size (<5), thus excluded.

Results
We observed that “high N/high A” category was significant risk factor (Pcorrrected=0.037, odds ratio=3.4). Interestingly, subjects with “high N/low A” (this trend is associated with borderline personality disorder) were not associated with risk, but trend for protective effect (odds ratio=0.67), although it was not significant.

Conclusion
Subjects with “high N/high A” scores revealed risk for depressive disorders, but despite of ones with high N, “high N/low A” combination did not contribute to the risk for depressive state. Therefore, detailed temperament categorical analysis provides further knowledge for the risk of depressive state.

007
Preliminary correlational study between personological dimensions in Borderline Personality Disorder measured with Shedler-Westen Assessment Procedure-200 and quality of depressive experience measured with Depressive Experience Questionnaire
Miki Bonizzoni (University of Pavia, Lodi, Italy) A. Merelli, E. Caverzasi

Objective
Depressive symptoms in BPD patients are often characterized by anger, hostility, void, fear of abandonment, self-harm and high suicidality risk.
Moreover, BPD patients seem to show more dependence, which results in an analityc depressive experience. Nevertheless, they can also express severe self-criticism, corresponding to introjective kind of depression. First aim of this study is to evaluate the relation between personological dimensions and quality of the depressive experience in a sample of BPD patients. We expect a significant correlation between PD-Borderline and Q-Dysphoric: emotionally dysregulated (QDED) factors and Neediness subscale of DEQ. Secondly, we wonder if PD-Borderline factor as well as Q-DED predict a higher severity in depression.

**Methods**

Outpatients referring to the Centro Psico-Sociale of Pavia were assessed for personality; inclusion criteria were BPD diagnosis according to DSM-5 and age between 18 and 45 years. Exclusion criteria were major psychiatric diagnoses, cognitive impairment, severe organic condition and hospitalization. Patients were tested with SWAP-200, Hamilton Depresssive Scale (HAM-D), Symptom Checklist 90 (SCL90) and DEQ. We used IBM SPSS to conduct Spearman’s bivariate correlation and linear regression analysis.

**Results**

19 patients were recruited. No significative correlations were found between PD-Borderline factor and DEQ factors. QDED factor positively correlated with the Neediness subscale (rs 0.457 and 0.538, p<0.05). PD-Borderline and QDED factors didn’t correlate with HAM-D scores, but they did with SCL-90 Depression subscale (rs 0.457 and 0.538, p<0.05).

**Conclusion**

PD-Borderline and QDED SWAP-200 factors predict subjective severity of depression. PD-Borderline factor doesn’t correlate with any DEQ factor. As expected, QDED correlates with the Neediness subscale: this confirms that these patients tend to rapidly develop a dependency.

**008**

Correlation between quality of depressive experience in Borderline Personality Disorder (BPD) patients and therapists’ countertransference patterns: A preliminar study

Edoardo Squillari (Università di Pavia, Brain and Human Behaviour, Italy)
A. Boldrini, O. Oasi, A. Merelli, F. Ruggi, E. Caverzasi, M. Bonizzoni

**Objective**

We hypothesized that the quality of depressive experience in BPD can be a key factor in determining therapists’ countertransference patterns.

**Methods**

We recruited 19 therapist-outpatient couples in mental health service in Pavia, using DSM-5 criteria and Shedler-Westen Assessment Procedure-200 to select patients with comorbidity for depression. Exclusion criteria were psychotic disorders, cognitive impairment, severe organic condition and hospitalization. The quality of depression was evaluated using Depressive Experiences Questionnaire (DEQ), while countertransference using Therapist Response Questionnaire (TRQ). Statistical analyses were performed using Spearman’s bivariate correlation and linear regression analysis.

**Results**

We found a significative correlation between countertransference pattern parental/protective and DEQ subscale Self-Criticism (R: 0.625; p < 0.01), and a trend with DEQ subscale Connectedness (R: 0.445; p: 0.056). Regression analysis to explore predictivity of Self-Criticism for this countertransference response showed B: 0.556; t: 2.757; p: 0.013.

**Conclusion**

An introjective-like kind of depression, substaned by a pathology of integrative aspects of Self and a more mature and adaptive analityc depression (characterized by anxiety about separations in the context of relevant attachment relationships – described by DEQ subfactor Connectedness), may elicitate more positive therapists’ emotional responses. This could be a protective factor in psychotherapy outcome.

**009**

Early life stress, resilience and emotional dysregulation in major depressive disorder with comorbid Borderline Personality Disorder

Jeong-Ho Seok (Gangnam Severance Hospital Psychiatry, Seoul, Republic of Korea)
M.-K. Kim, H.-I. Park, S.-W. Choi, W.-J. Oh

**Objective**

Borderline personality disorder (BPD) show different course and treatment compared to major depressive disorder (MDD). Early life stress may increase BPD onset; however, resilience may play a protective role against the development of psychopathology. The goal of this study was to compare the early life stress, resilience, and the clinical characteristics of emotional dysregulation in patients with MDD with and without comorbid BPD.

**Methods**

Thirty patients with both BPD and MDD, 25 patients with MDD alone, and 25 age- and sex- matched healthy controls, participated in this study. Analysis of variance was used to compare the early life stress, resilience, and emotional dysregulation among groups. Also, multivariate logistic regression models were used to identify the relationship of the early life stress and resilience domains with BPD comorbidity within MDD patients.

**Results**

The domains of emotional abuse and self-regulation ability were significantly associated with BPD comorbidity and BPD severity. In emotional dysregulation, domains of emotion clarity, impulsivity and coping skills were deficient in patients with both BPD and MDD.

**Conclusion**

Emotional abuse experiences in early life, and deficits in self-regulation, are significantly associated with comorbid BPD in patients with MDD. A comprehensive evaluation including early life stress, resilience and emotion regulation ability may help to identify comorbid BPD in patients with MDD and develop treatment strategies.
Policy of full disclosure

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001 Coping strategies in patients with Borderline Personality Disorder attended in day hospital and post-intervention change. Preliminary results
Judith Barrachina (CPB Day Hospital, Barcelona, Spain)
N. Ribas-Fito, M. Rufat, V. López, J. Arevalo, I. de Angel, J. Vegué

Objective
To evaluate the coping strategies of patients with Borderline Personality Disorder (BPD) treated in a specific treatment program for BPD in Day Hospital and to evaluate the change in the use of these strategies after treatment.

Methods
The sample consists of 20 patients diagnosed with BPD according to (DIB-R and SCID-II), who perform specific treatment for BPD in CPB Day Hospital, between September 2017 and February 2018, which includes Dialectical Behavioural Therapy (DBT), Mentalization Based Therapy (MBT), Transference Focussed Psychotherapy (TFP). The COPE questionnaire was administered to evaluate the coping strategies at the beginning (n = 20) and at the end of the treatment (N = 9). Six coping styles were substracted from the questionnaire (behavioral coping, cognitive coping, cognitive escape, emotional coping, behavioral avoidance and alcohol and drug use. The change in coping strategies used by patients at the end of treatment is evaluated. Descriptive statistics of the sample are made.

Results
The most frequent coping strategies among patients at the beginning of treatment are cognitive escape, coping focused on emotions and alcohol and drug consumption. After the intervention, the use of behavioral and cognitive coping strategies of the problem increases and the use of strategies of cognitive escape and consumption of alcohol and drugs decrease.

Conclusion
A specific intervention for patients with BPD (which enhances reflective capacity and promotes awareness of emotions and emotional regulation) produces the use of more adaptive coping strategies in these patients.

002 Description and comparison between four types of Dialectical Behavior Therapy for patients with Borderline Personality Disorder
Chantal Messier (IUSMM, Montréal, Canada)
D. Pinel, M. Langlois, J. Ferland, P. David, F. Pérusse

Objective
Dialectical Behavior Therapy (DBT) as it was originally proposed involves an intensive and long therapeutic process that is costly and difficult to implement for every patient who consult at our personality disorder clinic. Also for some patients with less severe difficulties or those with cognitive limitations, the duration or the intensity of the therapy need to be reconsidered. Over the last few years, our team (Personality disorder clinic at the Institut Universitaire en santé mentale de Montréal) has attempted to adapt our DBT approach to better meet the needs of our different patients with borderline personality disorder. We have created 4 types of DBT groups based on specific patient characteristics and needs:

- Group 1: Regular Dialectical Behavior Therapy (DBT); 1-year duration.
- Group 2: Adapted DBT; 12-week duration.
- Group 3: Adapted DBT for higher functioning patients; 12-week duration.
- Group 4: Adapted DBT for patients presenting major functional impairments and cognitive limitations; 2-year duration.

The aim of this study is to describe and compare the four types of Dialectical Behavior Therapy as well as the characteristics for each of the patient groups (such as, number of participants per group, clinical symptoms, level of functioning, number of DBT skills taught, number of group and individual sessions, etc.).

Methods
A qualitative descriptive study approach was used.

Results

Conclusion
Clinical implications and direction for future research will be discussed.

003 Effects of mindfulness training on Borderline Personality Disorder: Impulsivity over emotional dysregulation
Cristina Carmona I. Farrés (Barcelona, Spain)
J. C. Pascual, J. Soler, M. Elices, A. Martin, E. Dominguez-Clavé

Objective
The aim of the current study is to examine the impact of the Mindfulness module of the Dialectical Behavioural Therapy in the two core characteristics of borderline personality disorder: emotion dysregulation and impulsivity.

Methods
This is a randomized controlled trial. A clinical sample (n=78) of individuals with BPD were randomized to one of two interventions: DBT mindfulness skills training or DBT interpersonal effectiveness skills training. Participants were assessed at pre-treatment and again after 10 weeks of training. Assessment included measures of BPD severity, impulsivity and emotion dysregulation.
Results
We observed that BPD psychopathology and some aspects of emotion dysregulation had improved in both groups after the intervention. Impulsivity was reduced only in the mindfulness group but not in the interpersonal effectiveness group.

Conclusion
These results show that the mindfulness module of DBT improves both emotion regulation and impulsivity.

Objective
CMHA Ottawa is the largest community mental health program in the capital of Canada. Primary population served are people experiencing severe mental illness, homelessness, and frequent hospital utilization. Our primary service model is strengths based case management. Early on in our development recognized that the population we serve has special health care needs and merely linking them to existing resources often did not meet their needs. As a result we have developed a number of internal programs to serve our clients. One of these programs is DBT.

Methods
We have been running a standard DBT program since 2005, with all clinicians trained through BTech and running all 4 aspects of standard DBT. Our small program found that while we were very successful in maintaining patients in our program, frequently clients had needs which were not addressed by standard DBT and precluded participation in DBT or greatly reduced the overall impact of DBT. As a result, we have introduced several adaptations to the standard DBT model

Results
The adaptations that we have developed include: i) DBT: DD for clients with mild to moderate intellectual impairment, based on the skills system approach by Julie Brown; ii) DBT-S engagement: a DBT group for clients who are actively using and are not yet willing to consider reducing or stopping use; iii) Working With Emotions: a 12 week group teaching skills from each of the 4 DBT modules for clients who need quick access to skills training; iv) DBT graduates group for clients who need more than one year of DBT.

Conclusion
In this poster we will describe each of these adaptations along with the outcome measures used to evaluate each of these programs.
Methods
Methods 16 Psychiatric patients (age: 19-41) in active treatment for BPD, and 23 active therapists (age: 25-64) participated in implementation and participatory development of the app. 2 sites had been using and developing on the app for a year, and the other 2 had just implemented the solution 4 weeks earlier. Focus groups with the participants were conducted. This data was analyzed via an inductive open coding using a grounded theory approach.

Results
Eight focus groups (n=39) were conducted. Acceptability differed clearly between patients and therapists. Patients were overall very satisfied with the solution. Therapists were more cautious in their enthusiasm. The therapists at the primary sites that has been involved in the frustrations of developing were quite a bit less satisfied with the app than later adopters. Older therapists were generally less satisfied than younger therapists. Positive themes were: ease of self monitoring for patients and increased overview and objective documentation of the change made by therapy. Negative themes were: hassles of implementing in the clinic and a more involved procedure when accessing data.

Conclusion
Conclusions: The time to use apps in mental health is technologically ripe, but expectations regarding implementation and development of e-mental health solutions underestimates the effort and resources needed to engage in this. This finding is concordant with general studies looking at implementation of new technology in the healthcare system.

Effectiveness of a functional rehabilitation program for Borderline Personality Disorder: Preliminary results
Maria Vicenta Navarro Haro (Hospital General de Catalunya, Insituto Trastorno Límite, Barcelona, Spain)
A. Marin Casas, L. Lopez, X. Gasol, S. Serrat, J. Platero, M. Gasol Colomina

Objective
BPD symptoms improve after evidence-based interventions. However, psychosocial functioning continues to be impaired after treatment. There is little research evaluating functional rehabilitation programs for BPD patients in Europe. The main goal of the study was to evaluate the effect of a group component (Learning to achieve your goals group) within a functional rehabilitation program for patients with BPD, an adaptation of the DBT-ACES (Dialectical Behavior Therapy-Accepting the challenge of exiting the system, developed by Katie Comtois).

Methods
The total sample was composed of 22 participants (50% dropped out) diagnosed of BPD and receiving treatment in BPD outpatient unit. Eleven (72.7% women, Mean age=32.27; SD=6.57) participants started the treatment. Measures to evaluate quality of life (Quality of Life Enjowment and Satisfaction Questionnaire), general and mental health (36-item Short Form Health Survey), resilience (Resilience Scale 15 items), difficulties to feel joy (Snaith-Hamilton Pleasure Scale) and optimism (Life Orientation Test-Revised) were administered before and after the treatment. Treatment consisted of 12 modules, one session per week, during twelve months.

Results
Results showed improvements in quality of life (global satisfaction, affect, social relationships and home task), general health, and difficulties to feel joy. Nonetheless the changes were not statistically significant. The remaining variables were stable and not statistical changes were found.

Conclusion
Findings of this study show good acceptance of the program and positive outcomes regarding quality of live and positive affect. However, it might be necessary to include more refined and descriptive instruments to evaluate functioning such as number of activities or working hours.

Training novice therapists in dialectical behavior therapy: Structure, curriculum, and outcomes from a training clinic
Shireen Rizvi (Rutgers University GSAPP, Piscataway, USA)
A. King, C. Hughes

Objective
Dialectical Behavior Therapy (DBT) is a well-known evidence-based treatment. Yet its complexity and principle-based focus makes it difficult to train and little is known about best practices for doing so. This paper describes a model training sequence for novice therapists and clinical outcomes demonstrating its efficacy.

Methods
The DBT Clinic at Rutgers University (DBT-RU) was established in 2010. All therapists are exposed to a sequence of training experiences, and receive continued didactic training throughout their time on the treatment team. Clients are from the local community, meet criteria for BPD, and are offered six months of comprehensive DBT.

Results
To date, DBT-RU has trained 29 doctoral students and enrolled 86 clients with BPD. Clients are 75.6% female, with a mean age of 29.13 years (SD=9.15). On average, clients met criteria for 2.85 (SD=1.85) other psychological disorders. Outcomes for the first 50 clients suggest that novice clinicians can be trained to effectively deliver DBT, producing reductions in mental health symptomatology that are reliable, clinically and statistically significant, and comparable in effect size to that of a “gold standard” randomized clinical trial (McMain et al., 2009). For this presentation, results will be updated to include the roughly 90 clients treated by August 2018.

Conclusion
Results indicate that novice therapists, with a structured training sequence, can achieve positive outcomes with
clients with complex problems. The DBT-RU clinic and training program may serve as a model for training in other settings.

Policy of full disclosure
Dr. Rizvi is a trainer and consultant for Behavioral Tech, LLC. She is also on the advisory board for Pacifica, LLC.

Clinical wisdom for treating severe (high-risk and high-service user) Borderline PD: A case study in coordinating inpatient, emergency and community care using DBT-informed approach
Martina Smit (Surrey Memorial Hospital, Psychiatry, Canada)
M. Van Den Berg

Objective
There is little guidance on how to approach the severely ill Borderline PD individuals who may have multiple psychiatric and/or medical comorbidities, who are too ill to safely engage in community treatment such as standard DBT and instead have high morbidity/mortality, numerous hospital visits, or end up in tertiary inpatient care. We report on our experience with such cases.

Methods
Case examples discussed of successful treatment outcomes in a public mental health service following inpatient admission where DBT-informed approach was used with patients who were resistant to community treatment alone.

Results
Main ingredients of success appeared to be coordination of inpatient, emergency and community care. Inpatient admission allowed development of a detailed DBT-informed behavioral case formulation suggesting contingency management plan to be followed by community as well as acute services, as well as stabilizing the patient sufficiently to allow engagement in the community.

Conclusion
Coordinating inpatient, emergency room and community care using DBT-informed case conceptualization and contingency management can be helpful and sometimes necessary in treating the most severe, high acute-services using Borderline PD patients who don't improve with outpatient treatment alone.

Psicoterapia cognitivo analitica y terapia dialectica conductual
Diana Molina Lopez (TLP-TRATAMIENTOS, Barcelona, Spain)

Objective
a) reflexionar formalmente sobre similitudes y diferencias de PCA y DBT tanto a nivel conceptual como práctico b) plantear si es posible la integración y articular propuestas concretas y c) servir de plataforma para que profesionales interesados en modelos integradores puedan profundizar, ampliar y hacer nuevas aportaciones.

Methods
Comparación entre ambas terapias tanto a nivel teórico como práctico.

Results
Se encuentran similitudes con diferente terminología y diferencias significativas.

Conclusion
Sobre la base de la terapia DBT se pueden incorporar módulos de PCA para un paciente concreto y con objetivos concretos. (Livesley, Dimaggio, Clarkin. 2016)—No intervención sobre el diagnóstico. Sí sobre áreas disfuncionales específicas. Intervención secuencial o paralela depende de paciente concreto.

Affective instability across the life span in Borderline Personality Disorder - a cross-sectional e-diary study
Philip S. Santangelo (Institute of Technology, Mental Health Lab, Stuttgart, Germany)
J. Koenig, T. Kockler, S. Koudela-Hamila, M. Bohus, M. Kaess, U. Ebner-Priemer

Objective
Longitudinal and cross-sectional studies suggest that affective instability is inversely related to greater age in Borderline personality disorder (BPD). However, existing studies relied on retrospective self-reports of perceived instability. We examined affective instability in everyday life in patients with BPD and healthy controls (HCs) by age in a cross-sectional e-diary study.

Methods
260 female participants between 14 to 53 years of age (130 patients with BPD and 130 HCs) carried an e-diary over four days. The e-diaries emitted a prompting signal in hourly intervals (±10 minutes) during waking time asking participants to rate their current affective state, i.e., valence and tense arousal.

Results
Multilevel analyses revealed a significant interaction of age and group predicting affective instability (valence: F(1,255.6)=7.59; p<.01; tense arousal: F(1,252)=6.08; p<.01), suggesting that affective instability significantly declines with greater age in patients with BPD. Controlling for the number of comorbid disorders and BPD severity did not change the results, illustrating an inverse relationship between age and affective instability in BPD (significant interaction of age*group for valence: F(1,238.7)=5.74; p<.02 and tense arousal: F(1,235.2)=5.28; p<.02).

Conclusion
Affective instability of BPD patients in daily life declines with greater age. This decline is irrespective of comorbidity and BPD severity.
002 The load of personality disorders on the DSM 5 addiction to tobacco during pregnancy
Ester Di Giacomo (University of Milan Bicocca, PhD Program in Neuroscience, Monza, Italy)
F. Colmegna, F. Pescatore, M. Clerici
Objective
We aim at demonstrating the higher contribution of personality disorders in sustaining addiction to tobacco during pregnancy compared to other psychopathologies.
Methods
Tobacco use disorder was attested in 150 pregnant women with the fulfillment of DSM 5 criteria.
Results
46% were affected by personality disorders ("PD+") with a significant higher rate addicted to tobacco (χ²=0.040). "Narcissists" smokes twice the amount compared to "PD-" and "other PDs"; while Borderline has a halfway consumption (7.20±5.54 vs 3.37±4.62 vs 3±3.39 vs 5.50±4.10).
Conclusion
Personality disorders demonstrate to be a clear contributor in supporting addiction to tobacco during pregnancy. Personality evaluation in this sensitive period is strictly encouraged.

003 Substances use could affect attachment style?
B. Marianna (Azienda Socio-Sanitaria, Pavia, Italy)
F. Ruzzi, M. Bosco, G. Tiraboschi, M. C. Monti, G. Sacco, A. Urru, E. Caverzasi
Objective
Our aim is to understand if attachment styles could change due to substances use.
Methods
The observational-transversal study involves 50 patients (30 with Substance Use Disorder - SUD - and 20 with SUD and Borderline Personality Disorder - BPD) between 18 and 45 years old, admitted to our Mental Health Service and Addiction Service from March 2015 to July 2017. The psychological assessment consists of Structured Clinical Interview for DSM-IV I and II (SCID I and II), in order to assess psychiatric disorders; Adult Attachment Questionnaire (AAQ), in order to assess attachment style
Results
BPD and SUD are mainly avoidant (80% vs 40%), subsequently secure (20% vs 35%), preoccupied (16.67% vs 20%) and disorganized (3.33% vs 5%). These results considerably differ from literature: BPD attachments seem best characterized as unresolved with preoccupied features in relation to their parents, and fearful or secondarily preoccupied in their romantic relationships.
Conclusion
Attachment and substance use share some biological and psycho-social features: reward system by dopamine and oxytocin, stress as trigger to turn on attachment system and substance use, emotional regulation obtained by attachment and drug use. As suggested by Crittenden, attachment could be dynamic and change during life according to new experiences.

004 Emotion dysregulation and impulsivity in Borderline Personality Disorder and substance use disorder
Giorgio Tiraboschi (Serina, Italy)
M. Bosco, G. Sacco, A. Urru, F. Ruzzi, C. Monti, E. Caverzasi
Objective
The co-occurrence of Substance Use Disorder (SUD) among patients with Borderline Personality Disorder (BPD) is very common. This study investigates two factors often associated with co-occurring BPD and SUD (emotion dysregulation and impulsivity) and the relationship with mentalization.
Methods
The observational-transversal study involves 50 patients (30 with SUD and 20 with DUS and BPD) between 18 and 45 years old, admitted to our Mental Health Service and Addiction Service from March 2015 to July 2017. The psychological assessment consists of Structured Clinical Interview for DSM-IV I and II (SCID I and II), in order to assess psychiatric disorders; Reflective Function Questionnaire (RFQ), in order to assess mentalization; Personality Inventory for DSM5 (PID-5), in order to assess personality traits; Addiction Severity Index (ASI), in order to assess dependency and anamnesis.
Results
PID-5 shows that Negative Affectivity domain is significantly related to BPD patients (p<0.05) and also some of its traits, such as Depressivity (p<0.05), Hostility (p<0.05) and Emotional Lability (p<0.001). Otherwise, impulsivity trait is shared between BPD and DUD (p<0.05). These results are reflected in two anamnestic evidences: suicide attempts, not statistically different in the two groups and more related to impulsivity, and self-harming behaviour more related to emotional dysregulation and different in the two groups (p<0.001). RFQ uncertainty scale shows more impairment in BPD group (BPD 7, DUS 4, p<0.05). High point on this scale are related to impulsivity, depression and negative affection. Otherwise, SUD group has better outcome in the certainty scale (BPD 2, DUS 6, p<0.05). High point are related to more flexibility and resources to regulate borderline traits.
Conclusion
Emotion dysregulation better describes BPD patients, as suggest by Linehan’s theory and their symptoms could rely on mentalization dysfunction, as suggest by Fonagy and Bateman.

005 Which processes are implicated in Borderline Personality Disorder decision making?
Marco Galli (Lissone, Italy)
P. Ramella
Objective
Several studies showed significant impairment in decision making (DM) in Borderline Personality Disorder (BPD) as well as its connection with typical BPD symptoms such as
affective instability and impulsivity. This study aims to investigate decision-making abilities in a community dwelling sample, evaluating their association with BPD features, as well as with other dysfunctional processes implicated in this disorder.

**Methods**

We administered three different versions of the Iowa Gambling Task (neutral, positive and negative), as well as the PCPT-AX to 140 healthy participants. Eventually, different questionnaires assessing BPD features as well as typical dysfunctional traits and processes were administered.

**Results**

BPD features and BPD dysfunctional processes resulted associated to a faster reaction time, exclusively in the negative IGT. Moreover, although sustained attention resulted implicated in DM, we did not find significant association with BPD features.

**Conclusion**

Our study shows that BPD features are associated to a tendency to act fast in response to a negative emotional activation. Results are discussed in line with the concept of negative urgency and emotional and behavioral dysregulation. Eventually, a possible model investigating the role of BPD processes in explaining BPD difficulties in DM will be discussed.

006 **Impact of narcissistic traits on treatment response in patients with Borderline Personality Disorder**

Raffaele Visintini (IRCCS San Raffaele Turro, Unit of Clinical Psychology, Milan, Italy)

E. Roder, N. M. Gaj, C. Cortesan, C. Tale

**Objective**

Patients with Borderline Personality Disorder (BPD) show clinical heterogeneity, both in phenomenological and behavioral aspects. In particular, narcissistic aspects are a relevant feature, since they are supposed to be interfering factors in treatment response. The aim of the study was to explore the possible interference of narcissistic traits on changes during structured treatment programs in a sample of BPD patients. Both behavioral – i.e., Narcissistic Personality Disorder (NPD) DSM-IV criteria – and relational – i.e., hypersensitivity to rejection in social situations – dimensions were taken into account.

**Methods**

The study is a randomized trial with a longitudinal design. 95 outpatients with severe BPD features were admitted to structured treatment programs at San Raffaele Hospital (Milan, Italy). Suicide attempts, self-harm, emotional and behavioral dysregulation, mindfulness skills, and quality of life were assessed at the admission and regularly monitored over one year every three months. Statistical analyses were conducted with multivariate regression models (i.e., repeated measures ANOVA) with treatment groups as a between-factor, while sex, age, and narcissistic features were added as covariates.

**Results**

No differences were found between treatment groups at baseline for socio-demographic and clinical variables. Over one year significant changes were found for all target variables. Significant interactions between Time*Treatment program*NPD traits were found for indirect self-harm behaviors, difficulties in the acceptance of negative emotions, and psychological wellbeing. A significant interaction between time and hypersensitivity in interpersonal context was found for hostile thoughts.

**Conclusion**

Results suggested that different aspects of narcissistic vulnerability could influence specific dimensions of personality functioning and their course over treatment: narcissistic features seemed to undermine the ability to deal with personal and relational experiences. Implications for treatment are discussed with regard to admission criteria, targets, strategies, and settings.

**Policy of full disclosure**

Authors declare that the presented study is intended to focus on educational content and they are free from any commercial influence or bias.

008 **The neuropsychological identikit of the good emotion regulator**

Edoardo Pappaianni (University of Trento DiPSCo, Rovereto, Italy)

N. De Pisapia, C. Crescentini, R. Job, A. Grecucci

**Objective**

Daily, emotions play a critical role in regulating the interactions with the external environment. People are more or less able to regulate their emotions: this has a strong impact on their general health and well-being. However, it is still not clear how individual variabilities can affect the ability to regulate emotions. For this reason, we aim to elucidate whether the figure of good emotion regulator can be typified by specific psychological and neural features.

**Methods**

Thirty-seven healthy participants were tested for their ability to regulate emotions by reappraising in a more efficient way their emotional daily life events (Emotion Regulation Questionnaire’s Reappraisal subscale, ERQ-R). Based on their ERQ-R performance, our participants were split into good vs bad regulators (19 versus 18). We capitalized on the Positive And Negative Affectivity Scale (PANAS) in order to enrich the psychological profile of the regulators. Then, we applied Source-based Morphometry (SBM) on the structural MRI images of the participants in order to detect the brain trace of good regulation. SBM is a multivariate method based on the Independent Component Analysis (ICA) that extracts maximally independent networks of grey matter.

**Results**

At the psychological level, good regulators differed from bad regulators in the amount of experienced negative affectivity (e.g., less negative affect in good regulators) as shown by PANAS. At the neural level, SBM showed that...
good regulators differed from bad regulators in a grey matter network (IC6) included the bilateral Inferior-Middle Frontal Gyrus, the Inferior Parietal Lobule, the Middle Temporal Gyrus, the Cuneus, the left Inferior-Middle Occipital Gyrus, the right Precentral and Postcentral Gyrus, the Culmen.

**Conclusion**
This preliminary study extends previous observations about a specific characterization of the ability to regulate emotions, drawing the profile of the good regulator on a psychological and neural level.

**009 Menstrual cycle effects on Borderline Personality Disorder symptom expression**
Jessica Peters (Brown University Psychiatry and Human Behavior, Providence, USA)
T. Eisenlohr-Moul, K. Schmalenberger, S. Owens, D. Dawson, S. Girdler

**Objective**
Individuals with borderline personality disorder (BPD) suffer from rapidly shifting emotional, interpersonal, and behavioral symptoms. Understanding how fluctuations in ovarian hormones across the menstrual cycle may contribute to symptom expression and instability among women with BPD is key for accurate assessment of symptoms and effective clinical interventions. This study sought to characterize menstrual cycle effects on a broad range of BPD symptoms.

**Methods**
Across 35 days, 15 physically healthy, unmedicated women without dysmenorrhea meeting criteria for BPD reported daily emotional and behavioral symptoms. Urine LH surge and salivary progesterone were used to confirm ovulation and verify cycle phase. Cyclical worsening of symptoms was evaluated using phase contrasts in multilevel models and the Carolina Premenstrual Assessment Scoring System (C-PASS), a standardized tool for evaluating clinically significant cycle effects on symptoms.

**Results**
Despite participants having uniformly reported minimal to mild retrospective perceptions of perimenstrual symptom change, all symptom domains showed marked menstrual cycle effects when daily data were evaluated for cyclical patterns. All symptoms assessed demonstrated perimenstrual worsening, with additional elevations in low arousal symptoms (e.g., depression, shame, hopelessness) in the midluteal phase and in high arousal symptoms (e.g., irritability, anxiety, conflict) in the follicular phase. Symptoms were lowest in the ovulatory phase. For 11 of the 15 participants, degree of symptom change across the cycle met C-PASS criteria for significant premenstrual symptom worsening. Although increased physical symptoms were also reported, this did not account for the effect on psychological symptoms.

**Conclusion**
While preliminary, these findings suggest women with BPD may be at elevated risk for perimenstrual worsening of a broad range of symptoms. Assessments of BPD symptoms for both research and clinical purposes may need to consider cycle effects. Patients with BPD may benefit from cycle-tracking to increase awareness of these effects and to develop strategies to manage them.

**010 Effectiveness of Mindful Self Compassion (MSC) on self-criticism in patients with Borderline Personality Disorder - a randomized controlled trial**
C. Stiglmayr (AWP Berlin, Germany)
N. B. Ledening, F. Bemppoh, G. Mundle, A. Thürmann, S. Guendelman

**Objective**
Self-criticism and the associated emotion shame are among the most important core symptoms in persons with borderline personality disorder (BPD). These long-term persistent symptoms have a strong impact on functionality and life satisfaction. Mindfulness Self-Compassion (MSC), a program designed by Dr. Kristin Neff and Dr. Christopher Germer (2013), has shown a great influence to self-critism in a healthy population.

**Methods**
In our randomised controlled study we want to investigate the effect of MSC on self-critism in Borderline Patients compared with a waitinglist control group. After extensive diagnostics using various questionnaires, we randomized the patients to the number of diagnostic criteria for BPD. The participants were asked to conduct an online survey before and after the intervention, and three months later.

**Results**
First Results will be expected in three months.

**Conclusion**
We are looking forward to present and discuss our data at the congress.

**013 Clinical comparison between people with Borderline Personality Disorder with and without romantic relationships**
Sara Navarro Gómez (Universitat Ramon Llull, Mollet Del Valles, Spain)
A. Frias, C. Palma

**Objective**
Borderline Personality Disorder (BPD) is a severe mental disorder characterized by three main symptom groups; emotional dysregulation, impulsivity and interpersonal problems. Different studies indicate that, this pathology generates an interpersonal dysfunctionality in social relationships, partucially, in romantic relationships. The objective of this study was to determine the clinical profile of people diagnosed with BPD who maintained a romantic relationship in comparison with people with the same diagnosis without a romantic relationship

**Methods**
The sample was comprised of 46 BPD outpatients (patients with romantic relationship (n=21), and patients without romantic relationship (n=25)). Clinical features were measured through the Borderline Symptom List (BSL-23), the Buss and Perry Aggression Questionnaire (AQ), The World Health Organization Quality of Life, Short-
Form (WHOQOL-BREF), The Childhood Trauma Questionnaire (CTQ), The Dyadic Adjustment Scale (DAS), The Index of Sexual Satisfaction (ISS), and The Communication Patterns Questionnaire (CPQ)

**Results**

People with BPD and with partner presented significant differences in comparison with people with BPD without partner: 1) High level of hostility (F= 5.01, p=.030), 2), worst psychological health (F= 4.42, p=.042) and low self-stem (F= 7.81, p=.008), 3) high level of sexual abuse (F= 7.46, p=.009), and emotional abandonment (F= 10.53, p=.002), 3) high level of evitable communication style (F= 7.01, p=.013), demand in the relationship (F= 5.08, p=.032), and sexual fantasy (F= 3.99, p=.055)

**Conclusion**

People with BPD with partners presented a higher level of clinical symptomatology and a worst emotional state in their romantic relationships in comparison with BPD people without partner

014 Relations between mentalization and emotional dysregulation in the developmental and clinical context

Dominika Górska (Adam Mickiewicz University Institute of Psychology, Poznań, Poland)

M. Janczak

**Objective**

According to the vast research literature, the relationship between mentalization and the emotion regulation is mutual – they strengthen each other from early childhood, formed in the context of attachment relationships. They interfuse during adolescence and adulthood, causing specific difficulties in the emotional and interpersonal functioning when not sufficiently developed. Two studies describe the relationship between mentalization and the emotion dysregulation from developmental and clinical perspectives. The first study considered emotion dysregulation, mentalization and romantic attachment in the nonclinical adolescent female sample. The second study verified the relationship between mentalization and emotion dysregulation in individuals with borderline personality organization (BPO).

**Methods**

Study 1. (N=92); Adolescents were examined using the Experiences in Close Relationships Scale (Brennan et al., 1998); Difficulties in Emotion Regulation Scale (Gratz and Roemer, 2004) and Mental States Task (Beaulieu-Pelletier et al., 2013). Study 2. (N=60): The clinical and control groups were examined using The Mental States Task and The Difficulties of Emotion Regulation Scale.

**Results**

The first study revealed that the level of emotion dysregulation in adolescent girls is partially explained by mentalization and attachment anxiety. The second study showed that individuals with BPO performed worse than the control group in terms of mentalization and emotion regulation and the relationship between BPO and mentalization was mediated by emotional dysregulation.

**Conclusion**

The results are discussed in terms of a possible interactive effect that mentalization and emotional dysregulation have on the formation and perseverance of personality pathology during lifetime.

001 Feasibility and usability of a proof-of-concept mobile app for self-managing emotional crises in Borderline Personality Disorder: The Rapid Intervention Guidelines using Health Technology for Borderline personality (B·RIGHT) project

Sara Navarro Gómez (Universitat Ramon Llull, Mollet Del Valles, Spain)

A. Frias, C. Palma, A. Salvador, E. Aluco, N. Farioli, F. Aliaga, S. Sergienko, I. Alexandre, F. Rivas, A. Escrivá

**Objective**

Borderline personality disorder (BPD) is a severe mental disorder characterized by emotional crises. To date, crisis intervention for BPD has been conducted via telephone calls, emergency room and/or hospitalization, which are associated with extra human and economic resources provided by sanitary systems. Within this context, psychotherapeutic tools provided by mobile phone apps based on artificial intelligence may be an innovative way of offering effective, but also efficient treatments to face with this clinical challenge.

**Methods**

A proof-of-concept mobile phone app entitled Rapid Intervention Guidelines using Health Technology for Borderline Personality (B·RIGHT) was designed using 11 cognitive-behavioral techniques of second and third generation wave models, whose contents varied depending on the nature of each type of emotional crisis (anger, depression, panic, or mixed). Usability and feasibility evaluation of the app was tested through the System Usability Scale (SUS) and other questionnaires in 25 outpatients diagnosed with BPD (84% female, mean age = 35.64), who attended schema-focused group therapy at the hospital of Mataró (Barcelona, Spain). Clinical features were measured through the Borderline Symptom List (BSL-23), the Difficulties in Emotion Regulation Scale (DERS), and the Beck Depression Inventory (BDI).

**Results**

One hundred percent of users considered the app intuitive. Also, 96% (n = 24) of users evaluated the app positively and ease to use. Regarding limitations, 12% (n = 3) of users suggested that data from menstrual cycle was missing as part of the self-registration area (“My daily habits”). Higher satisfaction with the app was significantly associated with more emotion dysregulation (r = .45) as
well as lower age (r = -.49) and depression symptom severity (r = -.51).

**Conclusion**
The initial validation of the proof-of-concept mobile app B·RIGHT should encourage further efforts to ensure the development of a final version, which would need clinical validation using randomized controlled trials.

**002 Reducing patient no-shows by decreasing therapist cancellation in therapy for patients with personality disorders. Is there a connection?**
Brian Petersen (Storvorde, Denmark)

**Objective**
The level of emotional and relational instability is known to be high among patients with personality disorders. The literature recommends treatment that provides a stable relationship where emotions, thoughts and experiences can be mentalized. In our out-patient Psychiatry Unit for Personality Disorders nonattendance constituted a profound issue in treatment and the amount of cancellation of therapy sessions by therapists was relatively high. The purpose of this project was to investigate if we could reduce “no-shows” and cancellations in the unit. Our hypothesis was; reducing therapy cancellations by therapist and developing a manual to deal with no-shows would improve the patients’ attendance and treatment.

**Methods**
Outcome measures included all patients with a personality disorder admitted to the unit for treatment in group therapy or combined individual and group therapy. The number of no-shows and cancellations by therapists was continuously compared to a baseline of data one year prior to the interventions. Data was measured and visualized as run charts to show if the variation was random or non-random. A manual for systematically dealing with patient no-shows was developed by the therapists and implemented during the intervention period. Furthermore, therapists developed a method for substituting each other in case of illness or having to cancel a group therapy session for other reasons.

**Results**
The median value of no-shows was reduced from 6.5% of all contacts to 5.0% - with a non-random variation. The median value of therapists’ cancellations was reduced from 4.2% to 1.1% with a non-random variation.

**Conclusion**
A manual to handle patient no-show from therapy devised by a group of therapists, combined with a method using substitute therapists to offer a more stable therapy might have an effect on personality disorders patient’s attendance in therapy.

**003 Who Cares? Client preferences regarding evidence-based treatments and racial/gender matching in psychotherapy**
Gabrielle Ilagan (Williams College, Dept. of Psychology, Williamstown, USA)
L. Heatherington, E. A. Iliakis, L. Choi-Kain

**Objective**
Experts have debated on evidence-based treatments (EBT) versus evidence-based practice (EBP), but clients' preferences about the evidence supporting treatments are unknown. We examined this issue in tandem with personality variables and racial and gender matching: how much effectiveness are people willing to discount for a match, and is this affected by the nature of evidence supporting the treatment or personality factors?

**Methods**
271 participants read one description of EBP that defined "evidence" as based on the EBT approach; EBP approach; or fabricated "No Research" approach based solely on therapist judgment. Through an online survey, participants chose between treatment with 80% effectiveness, or less effective treatment by a therapist who matched their race/gender, with the second option's effectiveness increasing by 10% until it reached 80%. Participants were also asked to what extent clinical judgment and research should be the primary bases of treatment decisions.

**Results**
Personality variables had significant main effects on willingness to discount: less agreeable and less conscientious participants were most willing to discount evidence in favor of a match. Only 25% of participants believed treatment decisions should primarily be based on research, as proposed by the EBT approach; 40% thought clinical judgment was more important and 34% believed the two should be equally considered. Willingness to discount and opinions about bases of treatment decisions were not significantly related to condition, age, education, and other factors measured.

**Conclusion**
Personality can affect how strongly treatment effectiveness is valued over a therapist with a similar background. Most clients may prefer treatments that are at least based on clinical judgment as much as research, in line with the EBP rather than EBT approach. We discuss these findings in the context of borderline personality disorder, considering the many EBTs (dialectical behavior therapy, transference-focused psychotherapy, and mentalization-based treatment) and EBP treatments (general psychiatric management and structured clinical management) available.

**004 Shame in Borderline Personality Disorder: Meta-analysis**
Tzipi Buchman-Wildbaum (Budapest, Hungary)
Z. Unoka, R. Dudas, G. Vizin, M. J. Richman

**Objective**
Despite studies indicating that BPD patients experience higher shame than the general population, and that shame in BPD is negatively related to reported self-esteem, quality of life and to BPD symptoms up until now, no systematic review or meta-analysis assessing shame in BPD has been reported in the literature.
**Methods**

A meta-analysis of Shame in BPD as compared to HCs was undertaken. Potential Moderator variables were also assessed.

**Results**

Results showed that BPD patients have more shame as compared to HCs. Moreover, demographic variables showed significance moderation as well as the variables for comorbidity.

**Conclusion**

Clinical and research implications are considered.

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**Objective**

This study explores the factors of mental health clinicians’ negative emotions towards service users with a diagnosis of borderline personality disorder (BPD).

**Methods**

A qualitative approach is used and data collected through:
- participant observation in an acute psychiatric ward,
- face-to-face, in-depth interviews with psychiatrists and psychologists (N=40).

A grounded theory methodology is followed to develop a practice-based model of how clinicians conceptualize their contact with service users with BPD and the strategies they adopt to interact with them.

**Results**

This presentation reports on the core theme ‘Fear’, the concept identified by the clinicians as barrier for the establishment and maintenance of the therapeutic relationship. The fear seemed to be two-way: it is directed at both the service user and the clinician. The lack of specialized knowledge and skills, the absence of clinician’s own psychotherapy and supervision, the resistance of the disorder to medication and psychotherapy, the adoption of a pure biomedical view of the disorder in the treatment plan (treatment vs recovery), the stereotypes about the borderline pathology coming even from the clinicians themselves (mostly from experienced professionals to trainees) are some of the elements which make a clinician afraid that he/she can cause unwittingly harm to both the service user (relapse, self-injury, suicide, etc.) and himself/herself (burnout due to frustration, problems with colleagues and superiors due to splitting, legal disputes following complaints, etc.). This two-directional fear manifests itself in the form of intense anxiety. Thus, the clinicians are negatively inclined about being involved in such a therapeutic relationship and they tend to avoid it.

**Conclusion**

Our findings emphasize the importance of clinicians’ awareness of their fear as a relevant factor for their negative emotions towards service users with BPD and their unwillingness to work with them in the clinical settings.

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**Objective**

Assessing the need and feasibility of dissemination of evidence-based treatment modalities for Borderline Personality Disorder

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**Methods**

Data on BPD prevalence and treatment provider availability for Brazil, Canada, Germany, India, Japan,
Nigeria, the Philippines, the United Kingdom, and the United States are abstracted from public online sources. Ratios of patients to treatment providers are calculated. Dissemination and certification strategies, as well as number of certified providers for the four major EBTs for BPD, are investigated.

**Results**

Ratios of estimated prevalence rates to number of treatment providers are large at approximately 45:1 in most advanced economies, and at values tenfold or even hundredfold in emerging economies. Actual ratios are anticipated to be much larger, since only a fraction of treatment providers are trained in EBTs for BPD. Training and certification procedures for the specialist treatment modalities considered—DBT, TFP, and MBT—are involved, expensive, and inaccessible.

**Conclusion**

There exists a great need worldwide for treatment providers trained in EBTs of BPD. More easily disseminable generalist treatment approaches such as GPM hold promise in eliminating boundaries to evidence-based care for patients with BPD.

**008**

**AMBORDER: A possible model of psychoanalysis for low-income patients?**

Sheila De Marchi (UNIFESP, Psychiatry, Sao Paulo, Brazil)

C. Kobayashi, J. Freitas Ramalho da Silva, M. I. Quintana

**Objective**

AMBORDER is an outpatient service for Personality Disorders treatment located at Universidade Federal de São Paulo (UNIFESP), in Brazil. Created in 2002, committed to assisting, teaching and researching, it is a free service that offers combined psychiatric and psychotherapeutic psychodynamic care.

**Methods**

AMBORDER is carried out by students undergoing specialization course for psychologists, psychiatrists and 3rd and 4th year psychiatry residence students. For this operation, the AMBORDER group counts with the public services network (Psychiatric Emergency ward, Psychiatric ward, Psychosocial Care Centers) and the support of the coordination team.

**Results**

Currently, there are 34 patients assisted by pairs of psychiatrist / psychodynamic psychotherapist. In addition, the service includes theoretical classes for all specialization students and psychiatry medical residency, weekly supervisions for psychotherapeutic and psychiatric care within the psychodynamic approach and the Weekly Therapists Meeting, which are lead by psychiatrists, psychoanalysts and social workers of the coordination team. Furthermore, it has a research group that focus on technical and theoretical updates thus making feasible research projects in psychoanalysis.

**Conclusion**

This structure focus on providing training, technical/theoretical support and emotional reserve development of professionals that attend personality disorder patients in order to make their treatment more effective.

**009**

**Shining lights in dark corners of people’s lives: The consensus statement on behalf of people with complex mental health difficulties who are diagnosed with a personality disorder**

Alex Stirzaker (Old Stables Bunnage Fields Farm, Gloucestershire, United Kingdom)

N. Lamb, S. Sibbald

**Objective**

The consensus statement is a remarkable document bringing together people with lived experience and mental health professionals from a variety of disciplines who are concerned about the group of people who are often given the diagnosis of Personality Disorder. The consensus group included representatives from occupational therapy, social work, psychiatry, psychology, nursing and general practice, alongside people with lived experience. The group attempted to incorporate all sectors of health and social care building on progressive work that has been undertaken this century since the publication of ‘No longer a Diagnosis of Exclusion’ with the aim of developing a core message from all specialisms and areas of practice.

**Methods**

Over a 3 years period, 25 people sat around a table to create a consensus statement which has proven to be acceptable to a wide range of stakeholders. This statement offers some creative ideas to help manage some of the appalling consequences of being given the diagnosis of a personality disorder within the current UK context of austerity.

**Results**

Some simple ideas and proposals for change within our current services are proposed to bring about some positive opportunities for improvement within our health and social care sectors.

**Conclusion**

Using the good in services which already exists, and creating long lasting change by working collaboratively alongside people given the diagnosis makes sense on so many levels. People stop harming themselves so often, are less likely to attempt suicide and can often begin to see a future ahead. Staff too feel like they are doing a better job. It also makes economic sense – when we work alongside people in the right way, we don’t make them feel worse and we avoid all the human and economic costs of service responses that can perpetuate people’s distress. Small, low cost, or cost neutral changes might make a big difference, and we need to start now.

**010**

**Addressing recurrent, persistent suicidality in the treatment of Borderline Personality Disorder**

Peta Welsh (Monash Health, Clayton, Melbourne, Australia)
Scientific Programme

Friday, 28 September 2018

**Objective**
Much of the BPD treatment literature notes the importance of addressing suicidality and associated risks. Clinicians understand that little can be achieved if the patient is repeatedly or extensively hospitalised as a response to this suicidality. This paper addresses the therapeutic dilemmas encountered in working with recurrent, persistent suicidality.

**Methods**
Case material is utilised together with psychoanalytic theory to articulate a treatment direction, targets of interventions and organisational context.

**Results**
Psychoanalytic theory modified for BPD treatment offers a treatment frame that supports clinician, patient and mental health service to tolerate the distress and anxiety associated with chronic suicidality while supporting the effective use of transference.

**Conclusion**
Continual interruptions to outpatient treatment by repeated or prolonged hospitalisations appears to impede the possibility of recovery from BPD. A treatment frame and an organisational context that supports the clinician and the patient to work with and tolerate recurrent, persistent suicidality is required to limit the risk of iatrogenesis associated with hospitalisations.

012
**Treatment of Borderline Personality Disorder in Spain**
Elena Crespo Delgado (Castellon, Spain)
A. García-Palacios, C. Suso Ribera

**Objective**
Our main goal is to conduct a non-systematic review of the literature on BPD treatments in Spain to have a general overview on this topic in our country. Our specific objectives are to know the different types of treatments that are being implemented in Spain, which ones are more frequently used, the number of controlled studies that have been conducted, and which treatments are the most effective.

**Methods**
We used different databases to conduct the review (PubMed, PubPsych and Dialnet), together with the following keywords: Boderline Personality Disorder (in the title) AND treatment (in the abstract) AND Spain (all fields).

**Results**
We found 142 studies in our first search, but only 37 met inclusion criteria (treatment of BPD in Spain). Pharmacotherapy and psychological treatments are the most frequent interventions for the treatment of DBT in Spain. Regarding the latter, Dialectical Behavior Therapy (DBT) is by far the most frequent form of psychological treatment.

**Conclusion**
Similar to other countries, DBT is the most popular psychological treatment option for BPD in Spain. Reviewed studies support its effectiveness. The use of pharmacotherapy is also very frequent in Spain. More recent forms of psychological treatment, such as the Systems Training for Emotional Predictability and Problem Solving (STEPPS), are still rare in our country.

**P-06 Poster Session**
13.00-14.30 Hall Tramuntana

Psychodynamic Treatments
Chairperson: John Clarkin, New York, USA

001
**Mentalization-based Group Therapy Adherence and Quality Scale (MBT-G-AQS): A comparison with patients’ point of view about the quality of a MBT-Group**
Miki Bonizzoni (University of Pavia, Lodi, Italy)
E. Squillari, E. Caverzasi

**Objective**
Mentalization-Based Treatment (MBT) is a specific treatment for Borderline Personality Disorder (BPD) that combines both individual and group psychotherapy. Mentalization-based Group Therapy Adherence and Quality Scale (MBT-G-AQS) is a reliable and useful instrument - focused on therapists' interventions - to measure the level of mentalization in the group (Folmo, Karterud et al., 2017). The first aim of our study is to compare the scores of MBT-G-AQS (rated by an observer clinician) to the judgments expressed by the patients regarding their perception of the therapy's adequacy and quality. A second aim is to search a difference in the scoring at two times of the therapy: first six months vs last six months of a group-treatment's year.

**Methods**
We collected ten sessions for each period and we rated all items for quality on a 1-7 likert scale (level 4 is "good enough"). Then we divided the 19 items of the scale in nine main domains, that we transposed in a nine-questiostions interview for the patients. We submitted the nine-item questionnaire to patients at two times: after six months (T1) and at the end of the twelve months treatment (T2).

**Results**
The results show that the therapy's adequacy and quality is on average evaluated higher by patients than by the clinician. The results also illustrate that while the observer clinician recorded a constant adherence to the MBT-G model and therapy quality, patients perceived a statistically significant improvement in some areas from T1 to T2, i.e. a deeper and more emphatic exploration of patients' experiences and mental states by clinicians and a better management of psychic equivalence and "high temperature" situations.

**Conclusion**
In conclusion, we could suppose that there are further features in an MBT-G therapy, not measured by MBT-G-AQS, that develop over time and contribute to the patients experience of affective holding and empathy.
002
Who is the patient? A systemic intervention in the care and treatment of severe personality disorder
Peta Welsh (Monash Health, Clayton, Melbourne, Australia)

Objective
Using case material of severe personality pathology associated with extreme behavioural disturbances, this paper elucidates the process of using formulation-based interventions to direct and contain the responses of mental health services.

Methods
Material drawn from case conferences, consultation meetings, supervision sessions and peer reviews are used to articulate the observed destructive and counterproductive dynamics and the effect of a formulation-based intervention strategy applied to all parts of the mental health service system.

Results
The identified patient and the mental health service system staff were observed to be contained and supported by clinical direction that was dynamic and formulation based.

Conclusion
Severe personality psychopathology can produce strong transferences and reactive responses within a large mental health service system. A formulation-based intervention approach that provides clinical leadership that targets both the identified patient and the service system itself can limit the destructive effect of these dynamics and reduce associated harm.

003
Combined cognitive and mentalization group therapy - the effect on the executive functions with patients with PD
Bente Lassen (Aalborg Psychiatric Hospital, Clinic for personality disorder, Denmark)
T. Strands

Objective
The purpose of this study is to examine the effect of combined cognitive and mentalization-oriented Group therapy on the executive functions and their impact on the interpersonal functions with patients with personality disorder (BPD and EPD). We measure on the executive functions and the interpersonal functions with BRIEF and IIP - at the beginning of treatment and at the end of treatment. (up to 18 months)

Methods
-Group sessions are designed with 45 minutes of cognitive therapy, where the patients take turn in bringing up a situation. -This is followed by a 15 minutes break, where the patients are encouraged to practice “small talk” - Then there is 60 minutes session with mentalization-oriented therapy, where we include issues from the break and the cognitiv session.

Results
We expect results during 2019.

Conclusion
We expect to present results during 2019.

005
Is the new basic treatment as good as the earlier longer-term treatment?
John Toft (Aalborg Psychiatric Hospital Clinic for Personality Disorder, Denmark)

Objective
Since 2003 we have offered specialized treatment for patients with Borderline Personality Disorder (BPD), with the treatment being MBT. With this study we wish to start a naturalistic study, and measure the out-come for patients in the new basic treatment package for patients with BPD. In 2015, due to external and political decisions, we modified the treatment lengths (2 to 1½ years). Now we wish to evaluate whether these changes in the treatment program, has significance for the patient’s outcome of the treatment. We will present the planning phase for a naturalistic study, discuss the utility of the instruments we have chosen. Finally, we wish to compare the outcome from the basic treatment, with the earlier longer-term treatment.

Methods
Starting a research project this year, with evaluation of treatment outcome for patients diagnosed with BPD (N=40). The design of the study is to measure data, at 1) start of treatment; 2) after ending the individual therapy (1 year), and finally 3) after ending group therapy (1½ year). The patients are initially assessed and diagnosed with PSE, SCID-II, GAF, SCL-90, IIP-C, LPFS 2.0 (Level of personality Functioning Scale), demographic data and other self-reporting data regarding self-harm, suicidality, hospitalizations and the capacity to function.

Results
In earlier studies, we found that long-term mentalization-based group therapy, was associated with significant improvements on symptoms, interpersonal problems, and the capacity to function. At 2 year follow-up, these results further improved and patient’s vocational status clearly improved. All in all, the results indicated both symptomatic and functional improvement for the patients.

Conclusion
We will evaluate data from the different out-come measures, compare them with the former studies, and treatment programs to evaluate if a factor like the lenght of treatment makes any difference, both regarding symptoms and on areas like social and personality function. We expect to see the first results from 2019 – 2020.

006
Staff perspectives of incorporating Mentalization Based Therapy (MBT) into a therapeutic community
Daniel Meek (South London and Maudsley NHS 3 Boroughs Personality Service, United Kingdom)
E. Ylantti, G. Polizzi, D. Bennett, C. Bowden, P. Burns, A. Harrison, M. Jones, S. Patel, L. Phelen, A. Santos

Objective
1. Gain greater understanding of impact on staff of incorporating MBT into a therapeutic community model run on analytical lines and focussing on perceptions of professional self and perceived benefits and drawbacks for community members. 2. Explore thoughts about extent
MBT should be incorporated into community and the role of MBT in the individual and group therapeutic settings and the wider non-structured activities (i.e. lunch time) 3. By improving understanding can better integrate models, promote community cohesion and improve patient and staff experience

Methods
Semi-structured interviews of staff (8 staff, multidisciplinary) undertaken exploring issues above. Thematic analysis of data ascertained and member checking to ensure validity.

Results
Review using thematic analysis.

Conclusion
Staff to consider positive and negative impact of changes on inter professional working and also role of MBT in non-structured activities (for example lunchtime)

007
Transference Focused Psychotherapy in group therapy for patients with borderline personality organization in a unit for subacute patients
Euàlia Ripoll (CPB-CLÍNICA LLÚRIA; Barcelona, Spain)
M. Rufat, J. Vegué

Objective
TFP has been recognized as effective in BPD patients. In our center group therapy is one of the main treatment tools. The aim of this communication is to talk about TFP application in the psychoanalytic oriented group therapy.

Methods
Group characteristics: open group, maximum 12 persons, coexisting patients in advanced moment of their admission, with patients in the beginning. Patients attend about 12 sessions during their admission. Methodology: Combining Bion Model, groupanalysis model and TFP model.

Results
Last year 31 were admitted. This means a limitation in our aims: 1) focusing in crisis situation and triggers; 2) Elaboration of same consciousness about nature of the conflict, focusing in interpersonal relationships in the here and now with us and mates and split affects; 3) preparing for outpatient treatment continuity. Work with TFP strategies, tactics and technics will be shown in clinical vignettes: TACTICS: therapeutic contract, priorities to treat immediately, identifying dominant affect using verbal and non-verbal communication and countertransference TÉCNICHOS: technical neutrality, interpretative process (clarifying, confronting and formulating simple interpretations), Identification of dominant transference and using countertransference STRATEGIES: identifying object relations, describing roles, observing role reversals, identifying split dyads.

Conclusion
Transference focused work allows us to go deeper in conflicts, working in relational patterns in the here and now with mates and therapists. Priority issues to address are suicide ideas or self-agression, relational conflicts with peers or therapists and risk of treatment discontinuation.

Group therapy is a powerful tool of treatment and a privileged scenario to do it, considering that patients live 24 hours a day in the clinic with their colleagues and professionals. Limited time of stay implies limited treatment goals, but focusing in dyads description, split affects and split dyads through role reversals leads to better consciousness of the conflict nature, learning how to relate in a group and, therefore, to a better predisposition to outpatient treatment

008
Predictors of abandonment of treatment in patients with Borderline Personality Disorder attended in day hospital
Judith Barracina (CPB Day Hospital, Barcelona, Spain)
M. Rufat, N. Ribas-Fito, A. Plaza, E. Verdaguer, J. Vegué

Objective
To evaluate the factors that predict the abandonment of treatment in patients with Borderline Personality Disorder (BPD) in a specific program in Day Hospital.

Methods
The sample consists of 239 patients diagnosed with BPD (according to the Diagnostic Interview for bordersline-revised (DIB-R), Structured Clinical Interview for DSM-III Personality Disorders (SCID-II)), treated at the CPB Day Hospitals. At admission, sociodemographic and clinical variables were assessed (years of evolution of the disease, Axis I and II comorbid diagnosis, drug consumption, history of suicide attempts (SA), symptoms explored by the Clinical Global Impression for borderline personality disorder (CGI-BPD). A comparison in the variables was made between patients who abandon and those who finish the treatment.

Results
Up to 15.5% of patients abandon the treatment. Patients with higher rates of dropout, with statistically significant differences, are those who have comorbidity with Passive-aggressive, Narcissistic and/or Antisocial Personality Disorder (PD). Patients with a history of SA and/or comorbidity with obsessive-compulsive PD have significantly lower rates of abandonment of treatment. They also show a lower tendency to abandonment, although not significant, patients who have comorbidity avoidant PD. No other variables showed significant statistically differences. Significant variables were introduced in a multivariate model adjusted for age, sex and SA, maintaining statistically significant differences for a higher rate of dropout and comorbidity with narcissistic and/or antisocial PD, and for lower dropout rate and history of SA and/or comorbidity with Obsessive-compulsive PD

Conclusion
In our sample, the comorbidity of narcissistic and antisocial TP is a predictor of treatment abandonment, while the history of SA and comorbidity with obsessive-compulsive PD are predictors of adherence to treatment.
Ostracism in Borderline Personality Disorder - a critical review of experimental studies
Matthias Reinhard (LMU München Klinik für Psychiatrie, Germany)

Objective
Ostracism is known to be a risk factor for the development of borderline personality disorder (BPD) and may contribute to interpersonal dysfunction. Reactions to social exclusion can be tested in experimental paradigms (e.g., Cyberball) and altered emotional and physiological responses have been found in BPD patients when compared to healthy controls. This systematic review of experimental studies investigates experimentally induced ostracism paradigms in BPD.

Methods
The scientific databases MEDLINE and PsychINFO were systematically screened using the keywords: "ostracism", "social exclusion" or "social rejection". Studies were included in the review if they fulfilled the following inclusion criteria: (1) written in English, (2) original study, being published in a peer-reviewed journal, (3) study included a sample with BPD, (4) a control group was included in the study, (5) ostracism was experimentally induced, (6) consequences (e.g., behavioral, emotionally etc.) following ostracism were assessed.

Impact of an intensive treatment program in a day hospital on the pharmacological prescription in patients with Borderline Personality Disorder
Luisa Morales (DAY HOSPITAL C.P.B SERVEIS SALUT MENTAL, Barcelona, Spain)
L. Gonzalez, B. Garcia

Objective
Review the modifications in the prescription of psychotropic drugs (antidepressants, anxiolytics, antipsychotics, anticonvulsants and others) in patients with borderline personality disorder after a multidisciplinary and intensive treatment in a day hospital.

Methods
It is a retrospective study conducted in a sample of 50 patients, diagnosed with borderline personality disorder according to SCID-II and DIB-R and most of them with comorbidity in AXIS-I disorders, consecutively admitted to a day hospital between January 2015 and January 2018 and treated intensively (2.5 hours / day). Inclusion criteria: patients admitted to the Day Hospital and treated at least for 4 months in the intensive and specialized program for patients with borderline personality disorder. Exclusion criteria: patients who leave the treatment, are admitted in a 24-hour unit, or receive a diagnostic change. Psychopharmacological treatment at admission and discharge is assessed.

Results
Most of the patients had more than one drug prescribed both on admission and discharge: between 50-60% took more than three drugs, about 35% took two drugs and almost 10% took only one drug or none. By group of drugs, there was a significant decrease in the group of benzodiazepine-type anxiolytics.

Conclusion
A large number of BPD patients were prescribed a variety of psychotropic drugs, which might be influenced by the diagnostic comorbidity in AXIS I. There was a clear tendency to decrease the use of benzodiazepines, without a later significant increase or decreased in the prescription of another group of psychotropic drugs.
**Results**

12 studies with BPD were included. Differences between patients with BPD and healthy controls are presented on an intrapersonal (e.g., emotional reaction), interpersonal (e.g., behavioral intention) and physiological (e.g., neurocognitive correlates) level.

**Conclusion**

Further guidance for future research (e.g. transdiagnostic approaches like childhood trauma and rejection sensitivity) are provided.

**002**

A one-year follow-up study of capacity to love and work: What components of Borderline Personality Disorder most impair interpersonal and vocational functioning?  
Caitlin Miller (University of Wollongong School of Psychology, Australia)  
K. Lewis, M. Townsend, B. Grenyer

**Objective**

Impairment of vocational and interpersonal function (psychosocial function) is a barrier to recovery in borderline personality disorder (BPD). Studies suggest symptom presence remits relatively quickly, but psychosocial dysfunction persists for people with BPD. Previous research indicates certain BPD features are associated with psychosocial functional outcomes, however findings are inconclusive. We aimed to understand symptoms impacting function over time, and the relationships between these symptoms.

**Methods**

We followed 224 consecutively recruited individuals in community-based treatment for BPD over twelve months. Severity of psychopathtology at intake was measured, in addition to social and vocational outcomes at follow-up.

**Results**

Over the follow-up period functioning and symptoms improved, but intake emptiness, impulsivity and self-harm impeded outcomes. There was a relationship between chronic emptiness and impaired vocational outcome (days out of work) at follow-up, which was mediated by severity of impulsivity and frequency of self-harm.

**Conclusion**

Chronic emptiness manifested by impulsivity and self-harm impeded treatment outcomes. More severe chronic emptiness in people with the disorder is challenging, and research is required to target those whose capacity to benefit from existing treatments is compromised.

**Policy of full disclosure**

This research was supported by Project Air Strategy for Personality Disorders, NSW Ministry of Health.

**003**

Adaptation to Spanish of the Identity Disturbance Questionnaire of Wilkinson-Ryan and Westen in patients with Borderline Personality Disorder  
Noelia Romero Abad (H. U. Institut Pere Mata Psicología Clínica Adultos, La Pobla de Montorné, Spain)  
J. Valero, X. Labad, J. A. Gutiérrez-Zotes, C. Mirapeix

**Objective**

The translation and adaptation of the Identity Disturbance Questionnaire (IDQ) for its use in Spain, and the obtaining of the results in each domain and item of the Identity Disturbance Questionnaire in patients with BPD.

**Methods**

A Sample taken from a big study that tries to evaluate the effectiveness of the STEPPS treatment in patients with BPD in several Adult Mental Health Centers. In the screening process of candidates, women between 18 and 49 years old who met criteria in the DIB-R were included. The adaptation process was carried out following the methodological recommendations of Brislin (1973). To finish, the resulting items are applied to a sample of 39 patients diagnosed with BPD.

**Results**

The descriptive statistics compared with the American TLP sample imply somewhat lower values in Role Absorption, Painful Incoherence and Inconsistency, and a similar value in Lack of Commitment.

**Conclusion**

A suitable final version of the translation and back-translation work of the IDQ is meant to be answered directly by the users with the guidance of mental health specialists.

**005**

The psychotic continuum. Morphometric evidence of brain similarities between schizophrenia and bipolar disorder  
Sara Sorella (University of Trento Cognitive Science, Rovereto, Italy)  
G. Lapomarda, R. Siugzdaite, A. Grecucci

**Objective**

While the main psychotic disorder is schizophrenia, psychotic symptoms can also occur in bipolar disorder. Notably, in the last decades it has been found an overlap between the two pathologies in different domains, such as brain abnormalities identified by Voxel-based Morphometry (VBM). However, VBM is characterized by many limitations, since it is a univariate method. Starting from this background, we decided to investigate brain abnormalities between schizophrenic and bipolar patients using for the first time Source-based Morphometry (SBM) to test for the hypothesis of a continuum between the two disorders as reflected by common abnormal networks.

**Methods**

Indeed, Source-based Morphometry (SBM) is an innovative multivariate alternative to VBM, that takes into account the interrelationship among different voxels in order to separate different naturally grouped circuits, leading to a better localization and specificity of results.

**Results**

SBM returned a remarkable common gray matter reduction in both patient’s groups with respect to healthy group in a wide cortical network involving the cerebellum, occipital and ventro-temporo-parietal brain regions and the middle prefrontal gyrus.
Conclusion
We suggest that these common anatomical abnormalities could underlie, at least in part, psychotic and cognitive symptoms that characterize both groups, possibly representing a continuum between the two disorders.

A journey through mental illness. Differential diagnosis of a patient diagnosed with Borderline Personality Disorder
Laia Castro Carreras (HUNSC Psychiatry, S/c de Tenerife, Spain)
V. I. Palanca Esteve, K. Preckler Peña

Objective
To explore the differential diagnosis and treatment approaches for borderline personality disorder (BPD) based on a case study.

Methods
We present the case of a 48 years old woman, born in Holland, living in Tenerife since 2011, filing for divorce, mother of three (12, 14 and 16 years old). She has worked as a ballerina, as a masseuse and has owned an herbal store. She is filing for a permanent disability pension. She is allergic to penicillin and has a medical history of iron deficiency anemia and ligament injuries treated with hyaluronic acid. She has used alcohol and illicit drugs (cannabis, ecstasy, LSD, speed and hallucinogenic mushrooms) from the age of 28 to 30, and has a history of benzodiazepines’ abuse. As for her history of mental health, she was first referred to the community mental health service by her GP in July 2015 because of hard-to-treat depression and anxiety symptoms. She was diagnosed of moderate depressive episode, with multiple pharmacological changes due to intolerability and sensitivity to dosage increases, even receiving Electroconvulsive therapy. She has been admitted 4 times to an acute inpatient psychiatric unit. She presents a behaviour pattern of emotional instability, as well as self-injuries, chronic suicidal ideation, eight suicide attempts and episodes of intense, out-of-control anger. She describes a history of childhood trauma in the form of sexual abuse. She was diagnosed BPD in November 2016, but later given the diagnostic of Histrionic Personality Disorder (HPD).

Results
Considering the inefficacy of the treatment attempts, the characteristics of the case and the difficulties in the management of the patient, different diagnoses were considered (including BPD, HPD and factitious disorder).

Conclusion
In complicated diagnostic cases like this, personality assessment by thorough interviewing, an appropriate long-term follow-up and an in-depth consideration of the differential diagnosis is essential.

Integrated hierarchical model of clinical and personality pathology
José Ruiz Rodríguez (University of Barcelona Clinical Psychology, Spain)

A. Fusté Escolano, L. G. Rodríguez Matú

Objective
Examine in a clinical sample the joint hierarchical structure of the 24 scales of Clinical Syndromes and Personality Disorders measured by the third edition of the Millon’s Clinical Multiaxial Inventory (MCMI-III) and the 14 Restructured Clinical (RC) and Pathological Personality scales (PSY-5) of the Restructured Form of the Minnesota Multiphasic Personality Inventory-2 (MMPI-2-RF).

Methods
The clinical sample was comprised of 377 outpatients (56.7% women), aged 18 to 73 years old (M= 37.8; SD= 11.5), who were attending various psychiatry and psychology centers from Barcelona (Catalonia, Spain). A series of exploratory factor analyses (EFA) was performed following a “bass-ackwards” approach (Goldberg, 2006) and using Unweighted Least Squares (ULS) as the method for factor extraction and Promax rotations. One to k factors were successively extracted, being k the maximum number of nontrivial factors (three or more loadings per factor above .30 psychologically interpretable). Then, regression-based factor scores on each level of the hierarchy were computed, and these factor scores were subsequently correlated to compute path coefficients between the different hierarchical levels.

Results
A hierarchical structure of four factors provided the most clearly interpretable solution (F1: Internalizing; F2: Externalizing; F3: Detachment; F4: Thought Disorders), which accounted for 71.9% of the common variance. The fit indexes of this model were acceptable (Chi-square (431) = 2568.56; p< .001; AGFI = .99) as well as factorial simplicity indices (S = .9169; LS = .3558) and the root mean square of residuals (RMSR = .0368; Kelley’s RMSR = .0516).

Conclusion
The hierarchical structure resulting integrates into the same four-factors model the Clinical and Personality Pathology evaluated with the MCMI-III and the MMPI-2-RF, providing support to previous studies proposing between three and six major domains of Psychopathology that affect the regulation of emotions (high negative or low positive emotionality), thought (unusual ideas) and behavior (antagonism or disinhibition).

Specific complaints of the global domains of an integrated hierarchical model of psychopathology
J. Ruiz Rodríguez, L. G. Rodríguez Matú

Objective
Verify which ‘Specific Problems’ of the Restructured Form of the Minnesota Multiphasic Personality Inventory-2 (MMPI-2-RF) are associated with each one of the four broad domains (Internalizing, Externalizing, Detachment, and Thought Disorders) of the Integrated Hierarchical Model of Psychopathology proposed (Markon, 2010; Fusté et al., 2012; Ruiz et al., 2013; 2018).
Methods

The clinical sample was comprised of 377 outpatients (55.7% women) aged 18 to 73 years old (M= 37.8; SD=11.5) who were attending various psychiatric and psychology centers from Barcelona (Catalonia, Spain). We performed zero-order correlations between each one of the four domains and the specific problems scales. Next, we conducted several multiple regression analysis to examine how much of the factor variance could predict each set of specific problems.

Results

The Internalizing domain is explained by a combination of Internalizing and Somatic problems scales, with the Anxiety and Suicidality scales with higher weight. The specific complaints associated with the Externalizing domain are related to Behavioral problems, Substance abuse, and Aggression. The Detachment domain is mainly explained by Interpersonal problems (Social avoidance and Shyness), and some Internalizing problems (Self-doubt and Helplessness). Finally, Thought Disorders domain is explained by a mixture of Internalizing problems (Aggression or Conduct problems), Interpersonal problems (Disaffiliativeness), Internalizing, and Somatic complaints (Death ideation and Pain complaints). The percentage of explained variance ranged from 57% to 88%.

Conclusion

The specific complaints of the first three domains are consistent with their content, which supports the relationship between the complementary scales of Specific Problems and the Restructured Clinical (RC) scales. The domain of the Thought Disorders, instead, seems to be characterized by the heterogeneity of the complaints. However, such specific complaints are also consistent with the broad domain of ‘Psychoticism’ of which Thought Disorders are a specific part (evaluated with the RC6 and the RC8 scales).

009

Social repair as a mechanism to protect human fundamental needs: Data from experimentally induced social exclusion

Julia Dewald-Kaufmann (Ludwig-Maximilians-University Psychiatry and Psychotherapy, München, Germany)
B. Barton, T. Wüstenberg, S. Goerigk, M. Reinhard, R. Musil, A. Jobst, F. Padberg

Objective

Social exclusion threatens humans’ fundamental need of “belonging to a group” and is a risk factor for psychiatric disorders, including Borderline Personality Disorder (BPD). In contrast to BPD patients, healthy participants usually respond to social exclusion with prosocial behavior (social repair) aiming to protect their need of belongingness. The presented two studies used two new versions of the cyberball paradigm, experimentally inducing partial exclusion, which allows to directly study behavioral and emotional changes.

Methods

Study 1: 60 healthy female participants (mean age: 24.08 years) played a new cyberball version (2 minutes inclusion, 5 minutes partial exclusion, 2 minutes total exclusion) and rated their positive feelings, self-focused negative feelings and other-focused negative feelings before and after the game. Study 2: 49 healthy participants (mean age: 25.31 years, 49% male) played a further modified version, including an experimental condition (2 minutes inclusion, 10 minutes partial exclusion) and a control condition (12 minutes inclusion), and rated the same emotional constructs as in study 1. Data were analyzed using Linear Mixed Models.

Results

In Study 1 we found significantly more ball tosses towards the excluding player during the first 4 minutes (all p < .05). Results of study 2 show a significant time*condition interaction effect, especially during the first 3 minutes (all p < .05), again indicating more ball tosses towards the excluding player in the social exclusion condition. Participants were emotionally threatened in both samples, especially concerning their other-focused negative feelings (p <.05).

Conclusion

These are the first results that directly measure behavioral and emotional changes to a modified cyberball version. Healthy participants reacted with prosocial behavior (ball tosses towards the excluding player) to partial social exclusion and were emotionally threatened by the situation. Data of BPD patients are currently collected and will also be presented at the congress.

010

Hierarchical structure of maladaptive personality traits

José Ruiz Rodríguez (University of Barcelona Clinical Psychology, Spain)
F. Gutiérrez, J. M. Peri

Objective

Examine in a clinical sample the joint hierarchical structure of personality pathology derived from the 25 primary facets of the Personality Inventory (PID-5) for the fifth edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the 18 traits domains of the Dimensional Assessment of Personality Pathology-Basic Questionnaire (DAPP-BQ).

Methods

The clinical sample was comprised of 414 outpatients (58% female), aged 18 to 64 years old (M= 33.9, SD=11.3), referred for personality assessment to the Personality Disorder Unit of Barcelona’s Clinic Hospital (Catalonia, Spain). A series of exploratory factor analyses (EFA) was performed following a “bass-ackwards” approach (Goldberg, 2006) and using Unweighted Least Squares (ULS) as the method for factor extraction and Promax rotations. One to k factors were successively extracted, being k the maximum number of nontrivial factors (three or more loadings per factor above .30 psychologically interpretable). Then, regression-based factor scores on each level of the hierarchy were computed, and these factor scores were subsequently correlated to compute path coefficients between the different hierarchical levels.
Results
A hierarchical structure of seven factors emerged (F1: Negative Affect; F2: Antagonism; F3: Detachment; F4: Disinhibition; F5: Psychoticism; F6: Compulsivity; F7: Submissiveness), which accounted for 67.3% of the common variance. The fit indexes of this model were acceptable (Chi-square (623) = 2288.839; p< .001; AGFI = .99) as well as factorial simplicity indices (S = .6761; LS = .3749) and the root mean square of residuals (RMSR = .0316; Kelley’s RMSR = .0492).

Conclusion
The hierarchical structure resulting from this study integrates into the same seven-dimensional model two of the traits domains of pathological personality that none of the preceding models evaluates together; namely, Psychoticism and Compulsivity. In addition, Psychoticism appears clearly differentiated from Disinhibition, and the maladaptive Submissiveness domain still remains at the seventh level of the hierarchy.

011 Clinical features of discouraged Borderline Personality subtype
Adela Fusté Escolano (University of Barcelona Clinical Psychology, Spain)
J. Ruiz Rodríguez

Objective
Examine the clinical features, measured by the Restructured Form of the Minnesota Multiphasic Personality Inventory-2 (MMPI-2-RF), of ‘Discouraged’ Borderline personality subtype (DBPs) proposed by Millon (Millon & Davis, 1996), and assessed with the third edition of the Millon’s Clinical Multiaxial Inventory (MCMI-III).

Methods
The clinical sample was comprised of 35 outpatients (62.8% men), aged 18 to 59 years old (M= 30.5; SD= 12.7), diagnosed of Borderline Personality clinical traits or disorder (mostly DBPs) by the MCMI-III, and also completed the MMPI-2-RF. Several regression analyses were carried out to determine which clinical and pathological personality scales of MMPI-2-RF showed the best characterization of DBPs. Next, we performed hierarchical cluster analysis with the variables selected to verify the coherent grouping of patients according to their clinical features. Finally, we conducted a one-way ANOVA to confirm the differences between identified groups.

Results
The MMPI-2-RF scales that best characterize the DBPs form a profile consisting of higher scores in introversion (vulnerability, feelings of abandonment and constant jealousy), negative emotions (anxiety, stress), social avoidance, somatic complaints, disorganized thinking and suicidal ideation. This profile is significantly different from the second group of patients with a minor severity of pathology and a more heterogeneous borderline profile (with traits of impulsivity and negativism).

Conclusion
The clinical scales (RC, Specific Problems) of the MMPI-2-RF evaluate appropriately the main clinical features (negative emotionality and suicidal ideation) of the DBPs. The pathological personality scales (PSY-5) of the MMPI-2-RF highlight the Introverted and Psychotic profile of the DBPs, while Millon characterizes it with basic features of Depressive, Dependent and/or Avoidant personality disorders (PD). This result can be plausible because Introversin includes features of the Avoidant PD of the MCMI-III, and Psychoticism refers to symptoms of paranoia or intense feelings of abandonment (Dependent PD) that may appear to be psychotic episodes.

012 Effectiveness of cognitive-behavioral group therapy for perfectionism in patients with OCPD
Silvia Grau Gonzalez (Consorti Sanitari de Terrassa, Spain)
A. Soler Roca, L. Pijuan Gonzalez, M. Torrens Lluch, L. Valenzuela Palafoll

Objective
Obsessive-compulsive personality disorder (OCPD) is a disorder with estimated prevalence ranging from 2.1% to 7.9%. Perfectionism is a nuclear personality trait of OCPD and a strong predictor for this disorder. There are only few studies that have evaluated the Group Cognitive-Behavioral Therapy (G-CBT) effectiveness and there are even fewer data about the profile of patients who respond to treatment. The aim of the present study is to investigate the effectiveness of a G-CBT in perfectionism improving, since it is described as one of the strongest predictors of OCPD.

Methods
Participants were 111 adult out-patients (46% male) with an average age of 42 years (sd= 9.4) who met DSM-5 criteria for OCPD. G-CBT consisted of up to 12 members and 10 sessions of 60 minutes. Everybody was evaluated pre and post treatment with Multidimensional Perfectionism Scale (MPS; Frost y cols 1990) and several questionnaires about depression, anxiety, anger, self-esteem and assertiveness. Statistical analysis was performed using the Statistical Package of Social Sciences (SPSS).

Results
We found statistically significant differences (p<0.05) in men post measures in MPS, who obtained a statistically significant lower score after G-CBT if we compare with pre-measures This significant difference wasn’t found in women despite we didn’t found statistically significant differences (p<0.05) in pre-measures of MPS between women and men.

Conclusion
Our preliminary results demonstrate that G-CBT is an effective therapy to improve perfectionism in OCPD, but just in men and not in women who didn’t get statistically significant differences. Considering these results, might be important to continue researching to find an explanation for these outcomes and adjust either the assessment or the treatment plan.
Changes in obsessive compulsive personality disorder core symptoms after group cognitive-behavioral therapy
Laura Valenzuela (Consorci Sanitari de Terrassa CSMA, Barcelona, Spain)
A. Soler, M. Torrens

Objective
The main of this study was to assess the effectiveness of the Group Cognitive-Behavioral Therapy (G-CBT), in patients diagnosed with obsessive compulsive personality disorder (OCPD) in symptoms like: depressed mood, anxiety, self-esteem, perfectionism, assertiveness and anger expression.

Methods
In this study, 204 patients diagnosed with OCPD agreed to take part in the study. All they were assessed both by following DSM-V as using the Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II). Each CBT group consisted of approximately 10-12 patients who completed 10 one-hour sessions. For pre and post treatment assessment, the following questionnaires were used: Beck Depression Inventory (BDI), State-Trait Anxiety Inventory (STAI), multidimensional perfectionism scale (MPS), Rathus Assertiveness Schedule (RAS), State–Trait Anger Expression Inventory (STAXI–II) and Rosenberg Self-esteem Scale. Statistical analysis was performed using the Statistical Package of Social Sciences (SPSS18.0). Intervention was comprised of ten 60-minute group-based CBT sessions including psychoeducation, specific psychological techniques and relapse prevention.

Results
Results showed statistically significant differences (p<0.05) in pre-post measures: depressed mood (BDI-II: t=-6.18; p=0.000), anxious trait (STAI-R: t=6.11; p=0.000), self-esteem (Rosenberg: t=-5.43; p=0.000), assertiveness (RAS: t=3.24; p=0.002), perfectionism (MPS: t=2.21; p=0.029) and Anger Expression Trait (STAXI-II: t=3.39; p=0.001); but not in variables referring to state like STAXI-E.

Conclusion
In conclusion, our findings indicate that G-CBT is effective in improving both anxiety-depressive symptomatology, as well as strategies or abilities that enhance assertiveness, control of anger and self-esteem.

Assessment of Borderline Personality Disorder in intervention papers: A systematic review
Carmen Sanchez Gil (Hospital del Mar Psimar., BPD Program, Barcelona, Spain)
M. Llanes, F. Lana, L. M. Martin, V. Pérez, J. M.a Losilla

Objective
Borderline Personality Disorder (BPD) is a mental illness that affects an important part of the population, entailing suffering and high clinical costs. There are specific therapies to treat it with empirical evidence. It is known that the intervention papers have used different assessment measures and instruments. Along this line, the main aim of this study is to identify the strategies of evaluation in the treatment of BPD through a systematic review.

Methods
We consulted the databases PsycINFO and MEDLINE PubMed to obtain 155 studies that used psychological intervention in BPD patients and carried out explicit measures and diagnosis. We extracted the instruments used as well as some descriptive information on the type of intervention and the type of study, among other data. Data obtained was therefore clustered according to what dimension they measure/assess and crossed with the different types of intervention employed.

Results
The outcome shows the diversity of instruments and measures used in the BPD intervention papers. The most common results present BPD, personality disorders and general psychopathology as the most assessed dimensions. The interviews SCID-I and SCID-II are the preferred instruments for the diagnostic process evaluating psychopathology, personality and BPD criteria. As regards other BPD nuclear symptoms, such as self-injury and suicidal ideation, they seem to gain importance measured by medical records and the SASII instrument. Global Functioning was another dimension that a variety of studies took into consideration, using the GAF questionnaire as the standard measure.

Conclusion
The revision gives a glimpse into how papers assess BPD emphasizing the heterogeneity of the measures. It would be convenient to standardize the evaluation of the BPD and this review can be a useful contribution, making clinicians and researchers take into account which techniques are the most utilized when it comes to choosing an option.
problems. Analyses were conducted to investigate the association between narcissistic grandiosity and both internalizing and externalizing problems respectively, testing the moderating role of gender, and controlling for narcissistic vulnerability.

Results
Gender was associated with both internalizing and externalizing problems, with males displaying more externalizing features and females more internalizing ones. Grandiose narcissism was negatively associated with internalizing problems, and unrelated to externalizing. However, a marginally significant interaction with gender emerged in predicting externalizing tendencies, indicating that grandiose traits were positively associated with externalization in females, but not in males. Vulnerable narcissism was positively associated with both internalizing and externalizing problems.

Conclusion
Vulnerable narcissistic traits are associated with increased problems, both internalizing and externalizing. Moreover, an effect of grandiose narcissism on externalization is only detectable when differentiating by gender: externalizing tendencies in male adolescents may be high, regardless of their narcissistic traits.

P-08  Poster Session  
13.00-14.30  Hall Tramuntana  
Somatic Aspects and Aggression  
Chairperson:  Ueli Kramer, Lausanne, Switzerland  

001  Predictors of suicidal ideation, nonsuicidal self-injury and suicide attempts in adolescent inpatients with Borderline Personality Disorder  
Mary Sengutta (UKE Hamburg-Eppendorf, Dep. of Psychiatry, Hamburg, Germany)  
L. Wittmann, M. Lipp, G. Jürgen, K. Anne

Objective
Suicidal ideation (SI) and nonsuicidal self-injury (NSSI) often occurs in individuals with borderline personality disorder (BPS). Less is known about the mechanisms which are accountable for this relation. Some studies suggested associations between SI and NSSI and psychotic-like experiences (PLE). Moreover, PLEs significantly increase the risk of suicide attempts (SA) overlapping mental disorders. Our study investigates the potential influence of PLEs and other clinical variables on SI, NSSI and SA in a sample of adolescent inpatients with diagnosed BPS.

Methods
The study cohort was obtained from 86 inpatients (75 women and 11 men) which were treated in adolescent ward at University Medical Centre Hamburg-Eppendorf due to BPS and comorbid disorders. The study was questionnaire-based. SI and NSSI were assessed with the Patient Health Questionnaire, depression module (PHQ-9) and the Borderline Symptom List – Supplement for assessing behaviour (BSL-E). PLEs were assessed by Prodromal-Questionnaire, 16-item version (PQ16). Further scales were used to assess general psychopathology, childhood trauma and cannabis use.

Results
We performed linear and logistic regression analysis. More than half of the sample (57%) reported SI on half of the week or even daily. SI were predicted by Anxiety. More than a third of the sample reported NSSI within the previous week. 3.5% reported NSSI daily. Higher levels of NSSI were significant associated with higher scores on depression scales. SA were significantly predicted by PLEs.

Conclusion
The findings show that acute symptoms of anxiety and depression in BPS predict SI and NSSI. Only SA was significantly predicted by PLEs. The role of further variables like childhood trauma and cannabis-use did not show the same influence. As a limiting factor we did not include dissociative symptoms in our study. Therapists and researchers should consider the influence of depression, anxiety and PLEs on SI, NSSI and SA.

002  The effect of complex developmental trauma on fear responses in a sprague-dawley rat model; preliminary study  
Jeong-Ho Seok (Gangnam Severance Hospital Psychiatry, Seoul, Republic of Korea)  
J. Kim, M. Park, J. J. Ha, C. H. Lee, S. H. Park

Objective
Complex developmental trauma defined as the traumatic incidents repeatedly occurring during developmental periods plays a pivotal role in developing adult personality disorders in adulthood. Past trauma animal model studies have generally exhibited single modality such as maternal separation or fear conditioning; however, the effect of various modalities of trauma in rats has been rarely studied. We designed an animal model to investigate the effects of complex developmental trauma.

Methods
Male Sprague-Dawley rats (n=32) in this study were classified into 5 groups: maternal separation only (n=6), juvenile isolation only (n=5), footshock only (n=6), complex trauma (n=9), and control (n=6). Maternal separation only group (MSO), juvenile isolation only group (JIO), and footshock only group (FSO) were exposed to a single type of trauma. While the complex trauma group (CT) experienced all three types of traumas (maternal separation, juvenile isolation, footshock), the control group (CO) never experienced any trauma throughout the experiment. We compared fear responses at week 4 and week 8 through total freezing time, total freezing episodes, and ultrasonic vocalization (USV). Analyses of covariances were conducted to find significant changes of behavior between groups.

Results
Our results show that CT group was associated with the highest total freezing time in the conditioned fear response test, and had more total freezing episodes than any of the other groups except for FSO group. The only 2 groups
associated with USV emission were CT and FSO; there was no significant difference in the total time of USV between the two groups.

**Conclusion**
Using our rat model, complex developmental trauma may have a more detrimental impact on anxiety-like behavior in adulthood. Further study on related structural and functional changes in the brain may give us a new insight for pathogenic mechanism from the immunobiological perspective and may shed light on the development of a new treatment for patients with personality disorder and complex posttraumatic stress disorder.

**Policy of full disclosure**
This research was supported by Basic Science Research Program through the National Research Foundation of Korea (NRF) funded by the Ministry of Education (2017R1D1A1B03029870)

**003 Differences between female patients with Borderline Personality Disorder and healthy controls in neural processing of sharp mechanical pain: An exploratory study using arterial spin labeling**
Christian Schmähl (UMM Universitätmedizin, Mannheim, Germany)
V. Cardinale, U. Baumgärtner, G. Ende

**Objective**
It is a common finding that pain perception is altered in patients with borderline personality disorder (BPD). At the same time, a substantial proportion of patients with BPD engage in non-suicidal self-injury (NSSI) in order to cope with high levels of arousal. A common NSSI method is cutting. In this study, we used a sharp mechanical stimulus as a model for incision pain to investigate differences in neural pain processing between patients with BPD and healthy controls (HCs).

**Methods**
One advantage of arterial spin labeling (ASL) is that functional changes in brain perfusion can be detected in experimental designs with low task frequency which is not possible with other functional neuroimaging techniques. To validate the applicability of ASL in exploring differences in neural pain processing, we applied 12 sharp mechanical pain stimuli to the left forearm of 12 patients with BPD and 18 HCs while being scanned. Pain ratings were also acquired.

**Results**
In a whole-brain analysis, we found widespread differences in brain perfusion during pain stimulation between groups. In HCs, perfusion was significantly stronger during pain in the insula, brainstem and cerebellum as compared to the BPD group. Additionally, activation in the hippocampus, fusiform cortex as well as Broca’s area was increased in HCs. Pain ratings did not significantly differ between groups.

**Conclusion**
Patients with BPD exhibit significantly different brain perfusion in response to sharp mechanical pain compared to HCs. Their neural response to pain was less pronounced in areas belonging to the pain network. Moreover, it may be speculated that HCs used more active strategies to distract themselves from the pain during the experiment resulting in higher perfusion in areas not directly linked to the pain network.

**005 Physical health, health care utilization and long-term quality of life in remitted and non-remitted BPD patients: A 10-year follow-up study in a Spanish sample**
Irene Alvarez Tomas (Barcelona, Spain)
A. Bados, J. Soler, A. Martín-Blanco, M. Elices, C. Carmona, E. Domínguez-Clavé, J. C. Pascual

**Objective**
There is evidence that borderline personality disorder (BPD) is related to an impaired QOL (IsHak et al., 2013). Longitudinal research showed that remission from BPD is associated with better physical health and lower use of medical services (Frankenburg & Zanarini, 2004). However, little is known about the relative contribution of BPD diagnosis and physical health status to the long-term QOL. Objectives: (1) To describe prevalence of physical illnesses and use of medical resources in remitted and non-remitted BPD patients at 10 years; (2) to study the impact of current physical health and BPD remission on long-term QOL.

**Methods**
Participants with BPD (SCID-II, DIB-R), were recruited at the Hospital de Sant Pau to participate in a naturalistic prospective study on the long-term course of BPD (Alvarez-Tomas, I. et al., 2016). At 10-year follow-up (FU), physical health and QOL was evaluated by interview and the MQLI. Remission was defined as no meeting BPD criteria, by SCID-II and DIB-R, the 2 years prior to follow-up assessments.

**Results**
40 participants (92.5% women; 37.8 years, mean age at FU) were assessed for remission (Remitted, n=22; Non-remitted, n=18). Non-remitted vs. remitted BPD patients showed higher prevalence of any current physical illness (78%vs.59%) and use of primary care services (89%vs.68%). Non-remitted BPD patients showed lower QOL than remitted ones (F=14.5, df=1, p=.001, partial η²=.29). Although suffering a physical illness had a negative effect on QOL in the overall sample, it was only significantly associated with poorer QOL in non-remitted patients (F=5.5, df=1, p=.03, partial η²=.14).

**Conclusion**
Conclusions: Experiencing remission from BPD seems to enhance QOL in the long term. Physical illness appears to affect negatively the QOL of BPD patients, especially when they did not achieve remission. Attending medical conditions in patients with persistent BPD symptoms is strongly recommended.

**006 Level of personality integration in psychopathy**
Dominika Górska (Adam Mickiewicz University, Institute of Psychology, Poznan, Poland)
Differences in picture of psychopathy reflect different pathology of personality organization (integration) according to O. Kernberg. Psychopathic Personality Inventory-Revised (PPI-R), developed by S.O. Lilienfeld, was used to assess level of psychopathy while personality organization level was assessed by Borderline Personality Inventory (BPI) developed by F. Leichsenring. K-means cluster analysis was supported by AUC.

Methods
The research was conducted on 417 subjects, of whom 88.5% were criminals, 11.5% – non-criminals. Psychopathic Personality Inventory-Revised (PPI-R), developed by S.O. Lilienfeld, was used to assess level of psychopathy while personality organization level was assessed by Borderline Personality Inventory (BPI) developed by F. Leichsenring. K-means cluster analysis was supported by AUC.

Cluster analysis allowed for differentiation of two groups: cluster 1 – fearlessly dominating psychopaths and cluster 2 – egocentrically-impulsive psychopaths. Egocentrically-impulsive psychopaths are significantly more frequently characterized by borderline personality organization than psychopaths from cluster 1. In addition to symptoms of psychopathy they show evidence of deeper identity pathology of personality organization (integration) manifested in their high emotional reactivity but relatively low mentalization capacities.

Results
Cluster analysis allowed for differentiation of two groups: cluster 1 – fearlessly dominating psychopaths and cluster 2 – egocentrically-impulsive psychopaths. Egocentrically-impulsive psychopaths are significantly more frequently characterized by borderline personality organization than psychopaths from cluster 1. In addition to symptoms of psychopathy they show evidence of deeper identity pathology of personality organization (integration) manifested in their high emotional reactivity but relatively low mentalization capacities.

Objective
Aim of this research was to determine whether differences in clinical picture of psychopathy (on the basis of which subtypes of psychopathy are identified) reflect differences in pathology of personality organization (integration) according to O. Kernberg.

Methods
The research was conducted on 417 subjects, of whom 88.5% were criminals, 11.5% – non-criminals. Psychopathic Personality Inventory-Revised (PPI-R), developed by S.O. Lilienfeld, was used to assess level of psychopathy while personality organization level was assessed by Borderline Personality Inventory (BPI) developed by F. Leichsenring. K-means cluster analysis was supported by AUC.

Conclusion
Differences in picture of psychopathy reflect different pathology of personality organization. Results confirm the thesis of distinctive nature of coldheartedness and its invariant presence in picture of psychopathy regardless of configuration of other traits in both subtypes.

Borderline Personality Disorder and suicidal risk regarding impulsivity and metacognition dimensions
Sylvia Martin (Nimes University / Clinique, France)
C. Marchal Seignour, J. Del Monte, P. Graziani

Objective
Impulsivity was supposed to encourage suicidal attempts but recent studies proved that it was not the case (1). Compared to impulsivity facets, negative affects and negative rumination (2) were more significant. Inherently repetitive negative cognitions have been linked to thoughts of suicide and suicide attempts (3, 4) making cognitive processes a core feature for suicidal risk. More than Axe’s 1 disorder, BPD a big concern. This preliminary study try to evaluate BPD patients to examine the correlation between metacognitive functioning and impulsivity facets, regarding their influence on hopelessness and suicidal risk.

Methods
51 patients were recruted from DSMV criteria. We use UPPS-S to assess impulsivity, MCQ30 to assess metacognition dimensions and BPQ to assess borderline personality traits.

Results
Comparison of from literature datas showed significative differences on all metacognitive measures MCQ30 scores (5), UPPS scores (6). Correlation analysis showed a link between positive urgency and metacognitive dimensions and only related to Cognitive self confidence (see table). Regression analysis to predict Suicidal/ self mutilation tendency from metacognitive and impulsive dimensions only revealed Lack of perseverance (p=0,037 beta=0,345) as a predictive factor proving the little impact of impulsivity on suicidal tendency and questioning the impact of metacognitive processes

Conclusion
Further research is needed to asses more in details the importance of cognitive processes, rumination (Valderrama 2017) self consciousness and insight (Martin 2017 under review) impact in BPD suicidal risk. Positive Urgency is remarckably linked to metacognitive issues making this impulsity dimension central.

Mirror neuron system activations during exposure to scenes of mourning in Borderline Personality Disorder
Zrinka Sosic-Vasic (University Clinic of Ulm Psychiatry and Psychotherapy, Germany)
J. Eberhardt, J. E. Bosch, L. M. Dommes, K. Labek, A. Buchheim, R. Viviani

Objective
Clinical accounts as well as previous studies have have drawn attention to deficits in social cognition in patients with borderline personality disorder (BPD) and their likely role in engendering emotional instability.

Methods
Within a functional imaging study (fMRI), neural substrates of social cognition were assessed in BPD by exposing patients to stylized scenes of individuals affected by loss or separation, an issue to which these patients are particularly sensitive.

Results
BPD patients were found to activate sensorimotor areas more than controls, a part of the mirror neuron system thought to encode basic aspects of the perception of motoric activity and pain. This contrasted with the activity of more complex aspects of social cognition, such as those associated with activation of posterior temporo-parietal areas and the inferior frontal gyrus.

Conclusion
Present findings suggest that the differential activation of the mirror neuron system might underlie a specific aspect of the mechanism of emotional instability in BPD manifested in their high emotional reactivity but relatively low mentalization capacities.

Maternal deprivation alters the immunohistochemical expression of calbindin-D28k in the medial prefrontal cortex and basolateral amygdala in the rat
José Pascual (Pontificia Universidad Católica Neurociencias, Valparaiso, Chile)

Scientific Programme
Friday, 28 September 2018

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Scientific Programme
Friday, 28 September 2018

**Objective**
In the current study we analyzed whether early maternal deprivation (MD) alters (i) the calbindin-D28k expression in two brain regions related with emotional regulation, i.e., the basolateral amygdala (BLA) and the medial prefrontal cortex (mPFC) of postweaning rats, and (ii) whether these neuronal changes are related with anxiety-like behaviors in the elevated-plus maze (EPM).

**Methods**
Pregnant rats were randomly assigned to MD (n=5) or control (CON, n=4) groups. One day after delivery, MD pups (n=12) were separated from their mothers during 3h per day (using individual incubators) between postnatal days 6 (P6) to 21 (P21). CON pups (n=10) remained undisturbed. At P22, animals were weaned and housed in groups of 3-4 pups per cage. At P35 all male animals (MD=7; CON=6) were evaluated in the EPM. At P36 animals were euthanized and mPFC/BLA regions were stained with anti-calbindin-D28k.

**Results**
MD animals showed significant reductions in the number of calbindin-D28k neurons in the mPFC along with an increased immunoreactivity in the BLA. Furthermore, MD rats exhibited anxiety-like behaviors in the EPM.

**Conclusion**
MD during the early preweaning period significantly alters the expression of calbindin-D28k in the mPFC and BLA, associated with anxiety-like behaviors.

**010 Heritability and familiality of NEO personality dimensions in the Korean families with schizophrenia**
Soo Yeon Kim (Pusan National University, Psychiatry, Busan, Republic of Korea)
H. J. Jeong, B. D. Lee, J. M. Park, Y. M. Lee, E. Moon, Y. I. Chung

**Objective**
Categorical syndrome such as schizophrenia could be the complex of many continuous mental structure phenotypes including several personality development/degeneration dimensions. This is the study to search heritability and familiality of personality dimensions in the Korean schizophrenic LD (Linkage Disequilibrium) families.

**Methods**
We have recruited 179 probands (with schizophrenia) with their parents and siblings whenever possible. We have used NEO questionnaires for measuring personality and symptomatic dimensions. Heritabilities of personality dimensions in total 472 family members were estimated using Sequential Oligogenic Linkage Analysis Routines (SOLAR). Personality dimensions in total family members were compared with those in 336 healthy unrelated controls for measuring the familialities using ANOVA analysis.

**Results**
Four of the 5 NEO variables were significantly heritable and were included in the subsequent analyses. The three groups (control, unaffected 1st degree relative, case) were found to be significantly different and with the expected order of average group scores for all heritable dimensions.

**Conclusion**
Our results show that the aberrations in several personality dimensions could form the complexity of schizophrenic syndrome as a result of genetic-environment coactions or interactions in spite of some limitations (recruited family, phenotyping).

**011 Borderline Personality Disorder and dual diagnosis are different entities or a nosographic error?**
Giorgio Tiraboschi (Serina, Italy)
M. Bosso, A. Urru, R. Francesca, G. Sacco, S. Basti, C. Monti, E. Caverzasi

**Objective**
Our aim is to understand if the different nosography between patients with Borderline Personality Disorder (BPD) and whom use of substances, that is Dual Diagnosis (DD), is real and effective or an error.

**Methods**
The observational-transversal study involves 40 patients (20 BPD and 20 DD) between 18 and 45 years old, admitted to our Mental Health Service and Addiction Service from March 2015 to July 2017. The psychological assessment consists of Structured Clinical Interview for DSM-IV I and II (SCID I and II), in order to assess psychiatric disorders (BPD is an inclusion criteria); Shedler-Westen Assessment Procedure-200 (SWAP-200), in order to assess personality facets; Reflective Function Questionnaire (RFQ), in order to assess mentalization.

**Results**
The uncertainty (U) and certainty (C) scale of RFQ shows equal impairment in both groups (U_BPD 7, U_DD 7, p>0.05; C_BPD 2, C_DD 3, p>0.05). Patients with Borderline trait of SWAP-200 are statistically similar (BPD 90% vs DD 93.33%, p>0.05). So they shared Borderline pathology. Nevertheless, using Q-factors of SWAP-200 these groups are significantly different in many facets. Q-Histrionic and Q-Dysphoric High-Functioning Neurotic are more related to DD (p<0.05); so they experience overwhelming dysphoria and use primary defence mechanisms and depend on others to regulate emotions.

**Conclusion**
Both groups are characterized by compromised regulation of emotional responses. The quality of emotional experience, however, differs between the two groups and could bring DD group to use substance as self-medication. A revision of Dual Diagnosis nosography and subsequently Health System is suggested.
012
Strategic challenges in implementing the UK offender personality disorder pathway
Jake Shaw (London, United Kingdom)
I. Wood

Objective
The UK Offender Personality Disorder (OPD) pathway provides a national network of services for some of the most complex and high-risk service users in the British Criminal Justice System. The Pathway aims to reduce the risk of sexual and violent offending, improve the psychological health of service users and improve the confidence and competence of frontline staff. Services are provided along a pathway of intervention; across health, prison and community settings.

Methods
The presentation will focus on the development and evaluation of prison-based OPD treatment services, as an exemplar of the challenges faced in delivering a ‘whole systems’ approach to supporting this complex service user group. It will include a review of the various treatment models in operation, the local evaluations which have been completed to date and reflections on the learning which has been achieved in the first 5 years of implementation.

Results
Evaluations completed at a local and national level are showing promising outcomes; including reductions in self-harming behaviours, positive service user experience, movement through services and stabilisation for highly disruptive prisoners.

Conclusion
Although evaluation is at an early stage, the OPD Pathway has given rise to many innovative service developments, although there remains much to learn about the most effective configuration of services to meet the needs of this complex service user group.

013
Impulsivity, trait aggression and Personality Disorder: Predicting recidivism in incarcerated samples
Sylvia Martin (Nimes University / Clinique, France)
J. Ricarte Trives, C. Zabala Bafios, C. Marchal Seignour, J. Del Monte, P. Graziani

Objective
Personality Disorders (PDs) do constitute a risk factor for aggressive and violent behavior in forensic, clinical, and community samples (1,2). Some research found that Antisocial Personality Disorder (ASPD) is not predictive of problems in jail nor recidivism (4), questioning the importance of PD’s and its impulsibile characteristics. The main aim of the current research was explore differences in PD, impulsibility and aggression regarding recidivism in a sample of incarcerated males.

Methods
50 males (community sample, Gp1), 50 males inmates without PD (Gp2) and 50 male inmates with PD (Gp3) from Spanish sample. BISS-11 (5): Motor Impulsivity (MI), Non Planned Impulsivity (NPI) and Attentional Impulsivity (AI)


Results
Means analysis showed differences on AI (p=0,000) and Aggression to differentiate our 3 groups. Linear Regression analyses to predict Recidivism for Gp2 and 3 showed that PA and MI predicted recidivism. No impulsivity nor aggression dimensions predicted recidivism on Gp2. In Gp3, IA predicted recidivism (p=0,009 beta=-0,684). For the prediction of recidivism recurrence in Gp2 and 3, AI was the first predicting variable then IA. On Gp3 IA and AI predicted recidivism recurrence. On Gp2, no predicting variables came out. Regarding the PD dynamic, in Gp3, Meanness was predicted by PA, IA and MI. PA and MI predicted Disinhibition. For Gp 2, only PA predicted Meanness. MI predicted Boldness (see results in table).

Conclusion
Aggression is a key factor for recidivism only with prisoners with PD. PD presence seems to be a key factor for recidivism so our results opens the way for planning more therapeutic programs for PD and Aggression in jail (8). Due to treatment difficulty DBT adaptation could be a great intent (9) regarding the modest effect of only CBT or Mindfulness based therapy in prison sample (10) future research comparing the effect of therapies.

S-28 Symposium
08.30-10.00
Messtal 4

ADHD and Borderline Personality Disorder – two faces of the same coin? Implications for treatment
Topic: 1) ADHD
Chairpersons: Alexandra Philipsen, Bonn, Germany
Josep Antoni Ramos-Quiroga, Barcelona, Spain

001
Emotion dysregulation in adults suffering from attention deficit hyperactivity disorder (ADHD), a comparison with borderline personality disorder (BPD)
Nader Perroud (Department of Mental Health and Psychiatry, University Hospitals of Geneva, Geneva, Switzerland)

Objective
There is increasing evidence that emotional dysregulation could represent a core symptom of attention deficit hyperactivity disorder (ADHD), besides the other main symptoms, with a considerable impact on global functioning and prognosis. Our research aimed to evaluate and compare emotional dysregulation between ADHD and BPD (borderline personality disorder) patients.

Methods
406 French-speaking outpatients (N=279 ADHD, N=70 BPD, N=60 BPD+ ADHD) were recruited in our unit, underwent clinical evaluation to ascertain the diagnostic and exclude comorbidities. Assessments were done with
the Emotion Reactivity Scale (ERS), the Cognitive Emotional Regulation Questionnaire (CERQ), the Basic Empathy Scale (BES-A), the Adult ADHD Self-Report Scale (ARSV-v1.1) and Beck Depression Inventory II (BDI-II).

**Results**

The results show a better control of ADHD patients over emotions than BPD patients, with better adaptive cognitive strategies, lesser non-adaptive strategies. However, ADHD subjects had similar scores than BPD indicating difficulties in perceiving self and others. Emotional dysregulation generated considerable distress in all groups and was also positively associated with ADHD symptomatology. ADHD patients with mixed type had higher scores of emotional dysregulation.

**Conclusion**

There is evidence for marked emotional dysregulation in ADHD patients, with similar patterns of difficulties in perceiving self and others, comparable to BPD disorder. However, ADHD patients show better cognitive strategies to regulate emotions.

**002**

**Influence of the environment on BPD and ADHD**

Marc Ferrer (Psychiatry Department Hospital Universitari Vall d’Hebron, Barcelona, Spain)

**Objective**

Abstract: Common environmental etiological factors between borderline personality disorder (BPD) and attention deficit/hyperactivity disorder (ADHD) have not been fully studied. The main aim of this study was to investigate the relationship between childhood trauma histories, assessed by the Childhood Trauma Questionnaire-Short Form (CTQ-SF), with adult BPD, ADHD or BPD-ADHD diagnoses. Comorbid BPD-ADHD patients exhibited significantly higher clinical severity and higher scores in the Total Neglect Scale, compared to BPD and ADHD patients, and only a marginal difference was observed for Sexual Abuse when BPD and ADHD patients were compared. Physical Trauma Scales were associated with ADHD diagnosis, whereas Emotional Abuse and Sexual Abuse Scales were associated with BPD or BPD-ADHD diagnoses. The study findings support the association between experiencing traumatic events in childhood and a higher clinical severity of BPD in adulthood. Furthermore, physical trauma history in childhood could be associated with the persistence of ADHD in adulthood and emotional or sexual abuse with later development of BPD or comorbid BPD-ADHD. Whereas experiencing childhood traumas is associated with later development of more general psychopathology, our study supports that a specific type of traumatic event could increase the risk for the consolidation of a concrete psychiatric disorder in the trajectory from childhood to adulthood of vulnerable subjects.

**003**

**Is physical exercise an alternative treatment option for patients with ADHD and BPD? Evidence and potential underlying mechanisms**

Alexandra Philipson (Department of Psychiatry and Psychotherapy, University of Bonn, Bonn, Germany)

J. Özyurt, A. P. Lam, M. Brandes, H. H.O. Müller, C. M. Thiel, A. Mehren

**Objective**

Aerobic exercise can improve cognitive functions. After an overview on the evidence of sports in ADHD and BPD, the results of a current study will be presented. In a controlled study design we investigated the effects of a single session of exercise on attention and executive functions in adult ADHD, including BPD, using functional MRI.

**Methods**

22 adult patients with ADHD and 22 matched healthy controls performed in neuropsychological tasks (attention, impulse control), while functional MR images were collected, following 30 minutes of continuous stationary cycling with moderate intensity as well as after a control condition. Behavioral performance and brain activation were compared between these two conditions.

**Results**

Exercise significantly improved behavioral performance and enhanced attention in ADHD. Moreover, subgroup analysis of patients with a higher degree of fitness revealed decreased activation in brain key regions.

**Conclusion**

Our results indicate exercise-induced improvements in attention demonstrating that adult patients with ADHD can benefit from an acute bout of exercise. Physical exercise could be an add-on treatment option or even alternative treatment option for this patient group.
in children and adolescents. We explore two questions. First, we ask whether parents’ reflective function buffers against the effects of adolescent hypermentalizing and borderline symptoms. In the second we evaluate the effects of parental reflective function borderline symptoms in adolescents via parenting behaviors.

**Methods**

500 adolescents (age 12-17) and their parents were evaluated. a task based assessment of hypermentalizing (Movie Assessment for Social Cognition), a diagnostic interview for BPD (Childhood Interview for Borderline Personality Disorder), and the Borderline Personality Disorder Features scale. Parents completed a questionnaire based measure of reflective function (Reflective Function Questionnaire).

**Results**

For the first question, the results of a moderation analysis demonstrated that parents’ reflective functioning significantly moderated the association between hypermentalizing and BPD, such that when parents had high levels of reflective function, the positive association between hypermentalizing and BPD was no longer significant. For the second question, the results of a mediation analyses suggested that among boys, maternal RF related to child borderline features via inconsistent parenting (reported by mothers). However, among girls, maternal RF was related to child borderline features via lower maternal involvement (reported by children).

**Conclusion**

The results of these studies are used to begin building a model for the intergenerational transmission of mentalizing capacity from parents to their offspring and discusses emerging treatment approaches to address this transmission.

002

**Mentalization based framework and clinical intervention in narcissistic personality disorder**

Lois Choi-Kain (McLean Hospital, Boston, USA)

**Objective**

Narcissistic personality disorder (NPD) is a prevalent, sometimes disabling, and sometimes fatal disorder for which there are no empirically validated treatments to date. While some treatments built for borderline personality disorder (BPD) may be helpful to those with NPD, problems of emotional dysregulation and attachment hyperactivation, for instance, may have limited utility in understanding a patient with NPD. This presentation will outline important distinctions between BPD and NPD, and propose applications of a mentalization based treatment (MBT) framework to understand this group of patients.

**Methods**

Literature review, integration of empirical findings and clinical theory, and consideration of technical adjustment will be used to distill an adaptation of MBT to NPD.

**Results**

Developmental transactions leading to problems of NPD, based in dismissing or hypoactivated attachment as well as unmarked non-contingent mirroring, will be reviewed and technical modifications proposed based on these findings.

**Conclusion**

NPD may be the new BPD of this era, where efforts to adapt and test evidence based treatments will renovate its reputation to make way for optimism and greater understanding of this serious and prevalent condition.

003

**Comparison of out-patient and day hospital MBT - new data**

Dawn Bales (De Viersprong, Amsterdam, The Netherlands)

M. Smits, P. Luyten, R. Verheul, D. Feenstra, J. Dekker, Z. Lucas

**Objective**

Mentalization-based treatment (MBT) is suggested as an evidence-based treatment for borderline personality disorder. Although accumulating evidence supports the effectiveness of both MBT-Day Hospital (MBT-DH) and MBT-Intensive Outpatient (MBT-IOP), a ‘head to head’ (cost-)effectiveness trial directly comparing MBT-IOP with MBT-DH has not yet been conducted. This is important with regard to costs and the optimization of resources, since the treatment programs differ markedly in treatment dosage. MBT-DH was hypothesized to be superior to MBT-IOP because of its higher treatment intensity.

**Methods**

A multicenter RCT was established at three sites in The Netherlands to investigate the efficacy and cost-effectiveness of MBT-DH and MBT-IOP in patients with BPD. Patients were randomly assigned to MBT-DH and MBT-IOP. Patients were assessed before randomization, at the start of treatment and 6, 12, 18, 24, 30 and 36 months after the start of treatment. The primary outcome was symptom severity as measured by the Brief Symptom Inventory. Secondary outcome measures included borderline symptomatology, personality functioning, social and interpersonal functioning, and quality of life. Data were analyzed using multilevel modeling based on intention-to-treat principles.

**Results**

Treatment outcome results will be presented in terms of (differential) rate of change, effect sizes and recovery.

**Conclusion**

This multisite randomized trial is a stepping stone towards optimization of (the cost-)effectiveness of the treatment of BPD patients and refinement of criteria for treatment selection. The longer-term treatment outcome results will ultimately determine the optimal intensity of specialized treatments such as MBT for BPD patients.

004

**Mentalizing positive affects in mentalization-based therapy for Borderline Personality Disorder: Preliminary data**

Tine Harpøth (Psykiatrien Region Sjælland, Roskilde, Denmark)
Objective

Objectives: Most evidence-based treatments for borderline personality disorder (BPD), including mentalization-based therapy (MBT), emphasize emotions. However, primarily negative emotions are targeted in the treatments, while positive emotions seem under prioritized in the literature and routine practice. In general, research suggests that positive emotions build resilience by broadening attention (and perhaps more robust and creative mentalizing) and encourage social interactions. BPD is characterized by marked rigidity and lack of flexibility in terms of understanding self and others. Against this background, we conjectured that therapeutic interventions aimed at stabilizing and increasing positive emotions may provide BPD patients with better mentalizing capacities and ego-resilience. The purpose of the study was to examine whether a specific mentalization-based intervention model “mentalizing positive affects” could enhance positive emotions in BPD patients. Furthermore, we aimed to investigate whether an increase of positive emotions is prospectively associated with an increase in ego-resilience.

Methods

In a case-based, time-series study, we track four BPD patients during 6 months of individual mentalization-based therapy (MBT). At randomized start points (1-4 months into treatment), therapists start to systematically introduce the model that focus explicitly on mentalizing positive affects. Throughout treatment, patients rated their positive and negative emotions, ego-resilience and quality of life daily through an online secure website using standardized measures. All sessions were videotaped and some coded for adherence.

Results

We will present preliminary findings from this on-going study in the form of visual plots and cross-lagged correlations.

Conclusion

Conclusions: Results will reveal the relationship between the interventions, positive emotions and ego-resilience and describe how therapeutic change can unfold, not in the aggregate, but individually. Hence, the study will provide useful results for further investigations.

Study protocol for a randomized clinical trial of short-term versus long-term outpatient mentalization-based treatment of Borderline Personality Disorder

Sophie Juul (Stolpegaard Psychotherapy Center, Copenhagen, Denmark)

Objective

Psychotherapy for Borderline Personality Disorder (BPD) is often lengthy and resource-intensive. However, there is no empirical evidence to indicate that long-term comprehensive treatments are necessary for all BPD patients. The objective of this trial is to compare the effects of 5 months of Mentalization-Based Therapy (MBT) with 12 months of MBT in outpatients with a full diagnosis or subthreshold BPD.

Methods

The trial is designed as an investigator-initiated, single-centre, parallel group, assessor-blinded, randomized clinical superiority trial of short-term versus long-term MBT for patients with a full diagnosis or subthreshold BPD. Patients are recruited from the Outpatient Clinic for Personality Disorders at Stolpegaard Psychotherapy Centre, Denmark. Participants are assessed blind to treatment allocation, at baseline, after 6 months, after 13 months, and after 2 years. Treatment fidelity is assessed by two independent raters in both groups.

Results

The primary outcome is the total score on the Zanarini Rating Scale for Borderline Personality Disorder (ZAN-BPD). Secondary outcomes include adverse events, global functioning (Global Assessment of Functioning, Work and Social Adjustment Scale), and quality of life (World Health Organization Quality of Life). Exploratory outcomes include psychiatric symptoms (Symptom Checklist-90), interpersonal functioning (Inventory of Interpersonal Functioning), and reflective functioning (Reflective Functioning Questionnaire). Measures of attachment, reflective functioning, and group cohesion are given monthly to study mechanisms of change in both groups.

Conclusion

This is the first randomized clinical trial comparing short-term and long-term MBT for BPD or subthreshold BPD. The trial will provide evidence to inform therapy decisions in this group of patients. Understanding how different lengths of psychotherapy work for specific subtypes of BPD patients could have a significant effect on clinical practice, as it will minimize the potential burden on patients from comprehensive long-term psychotherapy, and it will help the informed decisions about allocation of scarce resources. Further, this trial will help elucidate mechanisms of change in the two treatment groups.
demonstrated. The aim of the study was the examination of the therapeutic processes oriented to validation and change.

**Methods**

Videotapes of individual sessions of two BPD patients were evaluated over one-year of a DBT standard treatment. Patients showed different outcomes, respectively with a complete and a partial resolution of problematic behaviors. Instruments were the DBT-Validation Level Coding Scale (DBT-VLCS; Carson-Wong & Rizvi, 2016) and the Psychotherapy Process Q-Set (PQS, Jones, 2000). Analysis were conducted with between-subjects comparisons and time series techniques.

**Results**

A good adherence to the DBT model was found. Validation was expressed especially in terms of listening, understanding, and mirroring the patient. The therapist formulated validations more frequently with the patient with positive results, with an incremental trend during the treatment. Conversely, with the patient with more uncertain outcomes, increasing difficulties in the formulation of validation interventions emerged. Patients' responses were stationary over time. Specific response patterns to interventions promoting validation and change for each patient were found, in accordance with their individual differences.

**Conclusion**

The effectiveness of validation in DBT seems to rely on the appropriate use of specific validation strategies. Validation interventions need to be understood in the light of the dynamics of the therapeutic couple.

**002**

**Effects of mindfulness training in the core symptoms of Borderline Personality Disorder: Impulsivity and emotion dysregulation**

Matilde Elices (Barcelona, Spain)

C. Carmona, J. C. Pascual, E. Domínguez-Clavé, J. Soler

**Objective**

The aim of the current study was to examine the impact of mindfulness training on impulsivity and emotion dysregulation in a sample of BPD diagnosed individuals.

**Methods**

A clinical sample (n= 78) with BPD were randomized to one of two interventions: DBT mindfulness skills training or DBT interpersonal effectiveness skills training. Participants were assessed at pre-treatment and again after 10 weeks of training. Assessment included measures of BPD severity, impulsivity and emotion dysregulation.

**Results**

We observed that BPD psychopathology and some aspects of emotion dysregulation had improved in both groups after the intervention. Impulsivity was reduced only in the mindfulness group but not in the interpersonal effectiveness group.

**Conclusion**

These results show that the mindfulness module of DBT improves both emotion regulation and impulsivity.

**003**

**Efficacy of G.E.T.® (Group Experience Therapy) in BPD patients**

Raffaele Visintini (IRCCS San Raffaele Turro, Unit of Clinical Psychology, Milan, Italy)


**Objective**

Group Experience Therapy (GET) is a psychological peer group-centered treatment addressed to emotional and behavioral dysregulation in patients with Borderline Personality Disorder (BPD) traits. It has been developed and carried out in S. Raffaele Hospital of Milan, since 2009. In GET groups the development of self-awareness and learning ability is fostered through the participations among peers; this plays a key-role in the changing process. GET is composed by two phases, each one with 4 synchronic focus groups, carried out in the same week for about 9 months. Phase 1: focused on reducing impulsive, dangerous behaviors with a self-psychoeducational and cognitive-behavioral approach; Phase 2: focused on increasing awareness of own psychological and relational functioning through a psychodynamic and expressive approach. GET treatment also provides a weekly individual session, that will help the patient to integrate the different group experiences. The aim of the study has been to verify the treatment efficacy; data collected will be presented.

**Methods**

Preliminary data on the first GET phase implementation in a long-term BPD outpatients unit are presented (N = 54). Subjects were assessed at the baseline and over one year of treatment on self-harm, emotion dysregulation, impulsivity and mindfulness. Reliable and clinically significant change indexes were computed.

**Results**

Subjects showed noticeable reduction in the assessed dimensions since the first three months of treatment: critical scores at the beginning of treatment retrieve to subclinical values.

**Conclusion**

The results show that GET seems to be effective not only in the reduction of problematic behaviours, but also in the enhancement of psychological health.

**Policy of full disclosure**

Raffaele Visintini, Emanuela Roder, Nicòlo Gaj, Chiara Talè declare that the presented study is intended to focus on educational content and they are free from any commercial influence or bias.
### S-31 Symposium

#### 14.30-16.00 Tramuntana 2

**Adapting DBT for adolescents and young adults to residential settings: Program structure and clinical outcomes**

**Topic:** 2) Adolescence

**Chairpersons:** Luciana Payne, Belmont, USA

Alan Fruzzetti, Belmont, USA

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#### 001 Implementing dialectical behavior therapy in residential settings: Program structure, challenges and considerations

Alan Fruzzetti (McLean Hospital/Harvard University, Psychiatry, Belmont, USA)

**Objective**

Dialectical Behavioral Therapy (DBT) was originally developed in an outpatient setting to treat suicidal and self-harming adults with borderline personality and related disorders. Since then, DBT has been adapted successfully for adolescents, older adults, and for males as well as females. In addition, DBT has been demonstrated to be effective transdiagnostically for a variety of severe and chronic problems related to emotion dysregulation. Although DBT has been implemented at different levels of care, there are very few examples of successful DBT residential implementation, or research in residential care settings. Given the increased severity typical of patients in residential treatment, and the opportunities that the DBT framework in a residential setting provide, modifications of DBT are required to maximize these treatment opportunities.

**Methods**

Comprehensive DBT always has five essential functions: 1) skill acquisition for the patient; 2) skill generalization for the patient; 3) attention to motivation of the patient to utilize new, skillful behavior (e.g., chain analyses, solution analyses, validating therapist responses); 4) attention to making improvement in the social and family environment (e.g., family interventions); and 5) attention to increasing skills and motivation (and preventing burnout) for the therapists; This presentation will show how DBT has been adapted and implemented across all five functions of treatment for adolescents and their parents, and highlight key structures of treatment for each function.

**Results**

Challenges to residential implementation will be presented, followed by an overview of different structures and strategies used to implement DBT successfully in a residential setting.

**Conclusion**

DBT has been successfully implemented for adolescents in residential settings, and affords important alternatives to inpatient care for teens with severe problems related to BPD and emotion dysregulation.

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#### 002 Treatment effects following residential dialectical behavior therapy for adolescents with Borderline Personality Disorder

Gillian Galen (McLean Hospital 3East Adolescent DBT, Belmont, USA)

L. Moran, C. Kaplan, B. Aguirre, J. Stewart, N. Tarlow, J. Mintz, R. Auerbach

**Objective**

Dialectical behavior therapy (DBT) is an empirically supported treatment for borderline personality disorder (BPD) in adults; fewer studies have examined outcomes in adolescents. This study tested the effectiveness of an intensive 1-month, residential DBT treatment for adolescent girls meeting criteria for BPD. Additionally, given the well-established associations between BPD symptoms and childhood abuse in adults, the impact of childhood abuse on treatment outcomes was assessed.

**Methods**

Participants were female youth (n = 53) aged 13–20 years (M = 17.00, SD = 1.89) completing a 1-month residential DBT program. All participants carried a diagnosis of BPD and had co-occurring diagnoses including mood and anxiety disorders. At pre-treatment, participants were administered a diagnostic interview and self-report measures assessing BPD, depression, and anxiety symptom severity. Following one month of treatment, participants were re-administered the self-report instruments.

**Results**

At pre-treatment, 62.7% (n = 32) reported depression symptoms in the severe to extreme range, and 68.6% (n = 35) of participants reported clinically significant anxiety symptoms. Participants reported an average of 3.61 (SD = 1.50; range = 1 – 8) co-occurring disorders Results showed significant pre- to post-treatment reductions in both BPD and depression symptom severity with large effects. However, there was no significant change in general anxious distress or anxious arousal over time. The experience of childhood abuse (sexual, physical, or both) was tested as moderator of treatment effectiveness. Although experiencing multiple types of abuse was related to symptom severity, abuse did not moderate the effects of treatment.

**Conclusion**

Collectively, results indicate that a 1-month residential DBT treatment with adolescents may result in reductions in BPD and depression severity but is less effective for anxiety. Moreover, while youth reporting abuse benefited from treatment, they were less likely to achieve a clinically significant reduction in symptoms.

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#### 003 Borderline Personality Disorder in an adolescent residential population: The prospective impact of child abuse on non-suicidal self-injury and suicidality

Judith Mintz (McLean Hospital 3East Girls Residential, Belmont, MA, USA)

C. Kaplan, N. Tarlow, J. Stewart, B. Aguirre, G. Galen, R. Auerbach
Objective
Borderline personality disorder (BPD) is characterized by greater engagement in non-suicidal self-injury (NSSI) and suicidality in adult populations. More recently it has been shown that BPD in adolescence is likewise characterized by greater non-suicidal self-injury (NSSI) and suicidal behaviors. The aim of the study is to test whether the occurrence of child abuse contributes to these high-risk behaviors in BPD treated within an intensive residential DBT program for adolescents.

Methods
BPD female aged 13–21 years with (n = 29) and without (n = 29) a history of child abuse were administered clinical interviews assessing diagnostic history, child abuse, NSSI and suicidality (i.e., ideation, plans, and attempts). NSSI and suicidality were subsequently reevaluated at the 1- and 2-month follow-up assessments.

Results
Several findings emerged. First, relative to BPD adolescents without abuse, the abuse group reported greater past NSSI; however, no significant differences emerged in the follow-up period. Second, the occurrence of child abuse was associated with a 5-fold increase in the rate of lifetime suicide attempts relative to the no abuse group and additionally, prospectively predicted persistent and recurrent suicidal ideation (but not attempts). Last, exploratory analyses indicated that the co-occurrence of physical and sexual abuse was associated with greater past NSSI and suicidality as compared to the no abuse and sexual abuse only participants.

Conclusion
Overall, child abuse – particularly co-occurring physical and sexual abuse – increases the risk for NSSI and suicidality among BPD adolescents, which may have important treatment implications in this high-risk population. Treatment with intensive DBT in a residential setting may allow for the necessary behavioral containment and skill acquisition and generalization critical for this vulnerable population. However, there is evidence that teens with significant trauma histories may continue to with suicidal thinking and planning even in the context of reduced self-injurious behaviors.

Treatment outcomes of a residential dialectical behavior therapy program for adolescent with emotion dysregulation difficulties
Luciana Payne (McLean Hospital Psychiatry, Belmont, USA)

Objective
The present study sought to examine the effectiveness of a residential DBT program for adolescents. The program was offered for both male and female adolescents, and included all modes of DBT treatment. Adolescents participated in weekly individual and family session, daily skills groups, and received skill coaching in the milieu. Therapists were intensively trained and participated in weekly consultation meetings.
and in a sample of healthy control group to replicate the obtained data in the original version. 2. Study the level of diagnostic concordance and complementarity between methods of assessment of PD: the dimensional perspective of DSM-5 (PID-5, SCID-II), with the dimensional and categorical perspective of the STIPO - R in a sample of psychiatric patients with presence of PD diagnosis. The clinical sample of the study includes 70 patients who asked for assessment and treatment in the network units of the mental health services of Grup TLP Barcelona, which includes Centre Psicoterapia Barcelona Serveis Salut Mental (CPB-SSM) and University Hospital of Valle Hebrón, suspected of PD and finally with criteria of PD following the DSM-5 and 50 healthy control group.

Results
The data analysis is being carried out.

Conclusion
We are going to present preliminary data of the validation and the adaptation of the STIPO-R to Spanish language.

002 Personality organization and its association with clinical and functional features in borderline personality disorders.
Alvaro Esguevillas (Hosp. Univ. Gregorio Marañón, Madrid, Spain)

Objective
Patients with borderline personality disorder (BPD) show poor psychosocial functioning over the course of their lives. In this work, we wish to provide a novel approach to the study of structural personality organization by using a dimensional measure such as that provided by the Structured Interview of Personality Organization (STIPO), focusing specifically on its association with functionality and specific clinical features in BPD.

Methods
We used the Structured Interview of Personality Organization (STIPO) 1.07 to assess personality organization and the Global Assessment of Functioning (GAF) scale to measure functionality. Clinical and demographic associations with personality organization were also explored. We designed two predictive multiple linear regression models to assess the effect of personality organization on functionality, with the GAF as the dependent variable and the STIPO domains or subscales as independent measures, controlling for potential confounders.

Results
STIPO scores were negatively correlated with GAF scores (i.e. higher scores in the STIPO dimensions, which reflected greater personality pathology, were significantly associated with lower psychosocial functioning). In the predictive models, the STIPO domain "identity" and the STIPO subscale "sense of self" were the only significant predictors of functionality. STIPO scores in the domains reflecting the core features of the personality organization model (identity diffusion and use of primitive defenses) were significantly associated with more clinical severity as assessed with the CGI-BPD, and with clinical features of considerable importance in BPD, such as the presence of childhood sexual abuse or comorbidity with any other cluster B personality disorder, especially antisocial personality disorder.

Conclusion
Our study suggest that identity and its pathological correlate, identity diffusion, may play a key role in the functional prognosis of BPD patients. Our study suggest that the structural personality organization model, as assessed through the STIPO interview, might be a useful model for the conceptualization and diagnosis of personality disorders in clinical settings.

003 The role of personality functioning impairment in the severity of borderline personality disorder patients
Marc Ferrer (Hosp Univ. Vall d’Hebron, Barcelona, Spain)
Ó. Andión

Objective
Traditionally, the severity concept in Borderline personality disorder (BPD) has been associated to clinical issues. With this in mind, the evidence about a symptomatic remission in the BPD evolution could suggest that the later manifestations of the disorder exhibit a lower severity. The European STIPO Research Group aimed to study differences and communalities between two diagnostic models for BPD that reflect different concepts of severity.

Methods
The European STIPO Research Group includes researchers of different diagnostic models. An exploratory study was designed to assess possible relationships between the DSM and the Personality Organization (PO) diagnostic models. To achieve this goal, data from 206 BPD patients that had been assessed by the SCID-II and the STIPO were studied through correlation and regression analyses.

Results
BPD patients exhibiting the highest clinical severity according to SCID-II showed the highest functional impairment according to STIPO. However, the clinical issues that constitute the “disturbed relatedness” DSM clinical components for BPD, and those of the “affective dysregulation” to a lesser extent, showed the strongest relationship with the PO diagnostic model. Furthermore, interesting relationships were described between comorbid disorders and personality functioning.

Conclusion
A BPD diagnostic model including the assessment of both clinical and functional issues could better reflect the real severity of the disorder. Future BPD diagnosis including the clinical assessment by components of psychopathology, the functional impairment and the consideration of the active role of comorbidities could improve the treatment strategies of those disorders of high diagnostic uncertainty.
Scientific Programme
Friday, 28 September 2018

002
Treatment implications of the comorbidity between addiction and personality disorders
Francina Fonseca (Parc de Salut Mar, Barcelona, Spain)

Objective
The aim of this presentation is to show differences in terms of personality traits between responders and non-responders in a Methadone Maintenance Treatment (MMT).

Methods
Participants were subjects, both genders, older than 18 who met criteria for opioid dependence disorder, and being in the same MMT program during at least 2 months. Substance use and non-substance use psychiatric disorders were diagnosed using the Spanish version of the Psychiatric Research Interview for Substance and Mental Disorders (PRISM) and Personality profile was assessed by the Spanish version of the Temperament and Character Inventory (TCI). Patients were classified as responders/nonresponders according to random urinalyses for illegal opioids.

Results
The clinical sample included 91 patients, a total of 68 patients were classified as responders and 23 patients as nonresponders. There were no differences between responder and nonresponder groups in terms of prescribed daily methadone dosage and length of time in MMT. There was a significant difference in TCI scores between groups only in the Cooperativeness dimension, with the nonresponder group scoring higher.

Conclusion
Lower scores in Cooperativeness subscale in the responder group were found in our sample. Cooperativeness was formulated to account for individual differences in identification with and acceptance of other people and reveals an inclination toward social tolerance, empathy, helpfulness and compassion. This subscale was negatively correlated with the risk of personality disorder in previous studies.

003
Cognitive and brain underpinnings of the comorbidity between addiction and personality disorders
Antonio Verdejo-Garcia (Monash University, Melbourne, Australia)

Objective
We sought to interrogate the cognitive and brain drivers of emotion regulation and social cognition deficits in the context of comorbid cocaine use disorder and personality disorders.

Methods
We recruited 70 participants with cocaine use disorder, of whom 38 had comorbid personality disorders (11 Borderline, 7 Histrionic, 5 Antisocial, 10 Avoidant and 5 Obsessive-Compulsive), as well as 34 healthy controls with similar sociodemographic characteristics. Participants underwent clinical assessments, a functional magnetic resonance imaging (fMRI) scanner, in which they performed tasks of emotion regulation (Reappraisal) and...
social cognition (Ultimatum Game), as well as a facial emotion recognition test conducted outside the scanner. In the Reappraisal task participants have to regulate or maintain negative emotions evoked by affective pictures, and in the Ultimatum Game they have to decide if they accept or reject monetary offers from another participant (a fictitious character). We analysed brain activation (indicated by the Blood-Oxygen-Level-Dependent – BOLD- signal) during “Regulate versus Maintain” trials in the Reappraisal task, and “Unfair versus Fair” offers in the Ultimatum Game, as a function of group (comorbid versus cocaine versus healthy controls). We also examined the link between personality dysfunction and emotion recognition accuracy.

Results
Comorbidity between cocaine use disorder and personality disorders was significantly associated with greater activation in the lateral orbitofrontal cortex, an important region in cognitive control, and lower activation in the insula and the anterior cingulate cortex, across the Reappraisal and Ultimatum Game tasks. Severity of personality dysfunction was also associated with lower emotion recognition.

Conclusion
The comorbidity between cocaine use disorder and personality disorders is linked to abnormally low activation of “affective brain regions” in response to emotionally competent stimuli, as well as hyper-activation of areas implicated in cognitive control over thoughts and behaviours and poorer emotion recognition. Brain and behaviour patterns suggest that cognitive schemas override emotional processing during affective regulation and social interaction in the context of personality disorders.

S-34 Symposium
14.30-16.00 Llevant 3
Alterations in biological stress systems in Borderline Personality Disorder and other trauma associated disorders.
Topic: 19) Neurobiology
Chairpersons: Katja Wingenfeld, Berlin, Germany
Antonia New, New York, USA

001
Heart rate variability during an emotion regulation task in patients with Borderline Personality Disorder: The role of comorbid Posttraumatic Stress Disorder and dissociation
Annegret Krause-Utz (Leiden, The Netherlands)
J.-C. Walther, S. Lis, C. Schmahl, M. Bohus

Objective
Emotion dysregulation is a core feature of Borderline Personality Disorder (BPD), which often co-occurs with Posttraumatic Stress Disorder (PTSD). Difficulties in emotion regulation have been linked to lower high-frequency heart rate variability (HF-HRV), a measure of autonomous nervous system functioning. However, previous research on vagally-mediated heart rate in BPD revealed heterogeneous findings and the effects of comorbid PTSD and dissociation on HF-HRV are not yet completely understood. This study aimed to investigate HF-HRV during resting-state and an emotion regulation (ER) task in female BPD patients with comorbid PTSD (BPD+PTSD), patients without this comorbidity (BPD), and healthy controls (HC).

Methods
57 BPD patients (BPD: n=37, BPD+PTSD: n=20) and 27 HC performed a cognitive reappraisal (ER) task with neutral, positive, and negative images. Participants were instructed to either attend these pictures or to down-regulate their upcoming emotions using cognitive reappraisal. Subjective arousal and wellbeing, self-reported dissociation, and electrocardiogram data were assessed.

Results
Independent of ER instruction and picture valence, both patient groups (BPD, BPD+PTSD) showed increased subjective arousal and lower wellbeing; patients with BPD+PTSD further exhibited significantly lower HF-HRV compared to the other groups. Higher self-reported state dissociation predicted higher HF-HRV during down-regulating minus attending negative pictures in BPD+PTSD.

Conclusion
Findings suggest altered emotional reactivity to neutral, positive, and negative material but no alterations in instructed emotion regulation in BPD. Overall alterations in HF-HRV may be particularly linked to comorbid PTSD and dissociation, which should be taken into account in future research. Dissociation may affect emotion regulation in BPD+PTSD.

002
Alterations of peripheral stress response systems in adolescent nonsuicidal self-injury and borderline personality disorder
Michael Kaess (Bern, Switzerland)
C. Reichl, R. Brunner, F. Resch, J. Koenig

Objective
Young individuals suffering from nonsuicidal self-injury (NSSI) and/or borderline personality disorder (BPD) show a particular vulnerability to stress. This vulnerability to stress is suggested to underlie strong emotional reactions to stressors leading to subsequent impulsive and self-damaging behavior. The biological stress response is mainly facilitated by two major peripheral stress response systems: the autonomous nervous system (ANS) and the hypothalamic-pituitary-adrenal axis (HPAA). It has been suggested that these systems are altered during the development of NSSI and BPD.

Methods
Several observational and experimental studies including adolescents with NSSI and BPD were conducted at the specialized outpatient department for “Adolescent Risk-taking and Self-harm” (AiRiSk) at the University Hospital Heidelberg, Germany. ANS functioning, specifically vagal
activity, was assessed using heart rate variability and HPA axis activity, was assessed using heart rate variability and HPAA functioning was assessed using salivary cortisol.

**Results**
Individuals with BPD show reduced resting vagal activity, which shows longitudinal co-variation with the development of BPD traits. In addition, vagal activity increases during treatment with dialectical behavior therapy for adolescents (DBT-A). Regarding the HPA axis, individuals with NSSI show an attenuated cortisol response to stress. However, the cortisol response to pain is significantly enhanced in those individuals.

**Conclusion**
Reduced vagal activity and attenuated cortisol response to stress may underlie stress vulnerability in adolescent NSSI and BPD. Differential reactions of the ANS and HPA axis to pain may partly explain the effect of pain in those individuals. For vagal activity, biological correlates are reversible and can be altered during treatment.

**003**
The effects of early life maltreatment and trauma associated disorders on the cortisol awakening response
Karen Hillmann (Heidelberg, Germany)

**Objective**
The Cortisol Awakening Response (CAR) is part of a healthy human circadian physiology. Deviations in the CAR have been associated with psychosocial, psychiatric and health related outcomes and therefore indicate a maladaptive neuroendocrine process. Our aim was to detect such deviations in patients with early life maltreatment and trauma associated disorders.

**Methods**
We examined the CAR in male and female patients with borderline personality disorder (BPD) with or without a comorbid post-traumatic stress disorder (PTSD) as well as female patients with PTSD, without a comorbid BPD, compared to male and female healthy controls (HC). Furthermore, we examined two healthy control groups of women and their children (age 6-11). One consisting of healthy women who had experienced early life maltreatment (ELM) with/and without a lifetime psychiatric diagnosis. The other consisting of healthy women without ELM, a current or a lifetime psychiatric diagnosis.

**Results**
Female BPD Patients had a significantly higher CAR compared to a male BPD, a female PTSD as well as a male/female HC group. In female BPD patients, ELM was positively correlated with the CAR. In the sample of HC with ELM who either had a lifetime psychiatric diagnosis (non-resilient) or not (resilient) and healthy volunteers without ELM (HC) we could show that the children of non-resilient mothers had a significantly higher CAR than the children of resilient and HC mothers.

**Conclusion**
ELM and trauma associated disorders like BPD and PTSD seem to be linked to an elevated CAR as a representation of a maladaptive neuroendocrine process. Our mother and child dyads show that this maladaptive neuroendocrine process might be passed on to the next generation. Therefore, it seems important to precisely study the effects of such maladaptive neuroendocrine processes and how it affects the next generation.

**004**
Reduced levels of the endocannabinoid arachidonylethanolamide (AEA) in hair in patients with Borderline Personality Disorder
Stefan Röpke (Charité Berlin, Germany)

**Objective**
Endocannabinoids are involved in various psychiatric symptoms and might also play a role in stress-associated psychiatric disorders. Alterations in the endogenous cannabinoid system have been found in patients with posttraumatic stress disorder (PTSD). Studies on the endocannabinoid system in borderline personality disorder (BPD) are sparse. One study found evidence for elevated serum levels of the endocannabinoids arachidonylethanolamide (AEA) and 2-arachidonyl-sn-glycerol (2-AG) in BPD patients compared to healthy controls and PTSD patients. In the current study, hair endocannabinoids as measurement of long-term endocannabinoid alterations were analyzed.

**Methods**
AEA concentrations and the 2-AG main isomer 1-AG in hair of female patients with BPD (n=15) and healthy controls (n=16) were assessed.

**Results**
Significantly reduced log AEA in BPD patients compared to healthy controls (p<0.05) but no differences in log 1-AG concentrations were found. Further, there was no association between 1-AG and hair cortisol. However, we found a trend level correlation between hair concentrations of AEA and hair cortisol.

**Conclusion**
The current results indicate altered long-term release of endogenous cannabinoids in women with BPD. Chronically reduced AEA might contribute to psychiatric symptoms in patients with BPD.

**Policy of full disclosure**
Stefan Röpke participated in an advisory board meeting for Roche Pharma AG in 2017. He has currently a consultancy agreement with Binorica.
Abstract
La investigación de las bases biológicas de los trastornos de la personalidad no ha dejado de aumentar en los últimos años, hasta el punto de permitir establecer algunos modelos biológicos explicativos preliminares. En este sentido, se revisarán los hallazgos más relevantes en las líneas de investigación bioquímica, genética y de neuroimagen, poniéndose en relación con los aspectos clínicos principales de los trastornos de la personalidad como la disregulación emocional, la impulsividad, la hipersensibilidad al rechazo, la identidad y el sentimiento de vacío que caracterizan a estos pacientes.

Nuevas alternativas psicológicas en la clínica de larga evolución en TLP
Joaquim Soler Rivaudi (Hospital da sant pau Psychiatry, Barcelona, Spain)

Abstract
Clásicamente se ha considerado el Trastorno Limite de la Personalidad (TLP) como un trastorno crónico y con escasa respuesta al tratamiento. Sin embargo, recientes estudios ofrecen evidencia de la eficacia de intervenciones psicoterapéuticas en su tratamiento y de una evolución a largo plazo muy favorable, con elevadas tasas de remisión del diagnóstico. Pero la remisión del diagnóstico no parece asociarse a la desaparición de toda la clínica ni de las dificultades en la adaptación social. Mas allá de los tratamientos centados en los síntomas propios del TLP se requieren otras intervenciones que den respuesta a la sintomatología residual y de larga evolución. Intervenciones como son los entrenamientos en compasión o técnicas procedentes de modelos de psicología positiva podrían ser, potencialmente, alternativas a las terapias tradicionales para el paciente con TLP en fases más avanzadas del trastorno.

Nuevos enfoques farmacológicos en TLP
Víctor Pérez-Sola (Fundació IMIM, Grup Recerca Salut Mental, Barcelona, Spain)

Abstract
En los últimos años se ha pasado de una visión pesimista del pronóstico del Trastorno Limite de la Personalidad (TLP) a una actitud, en ocasiones, excesivamente optimista. Esto ha sido debido, en parte, a la aparición de nuevas alternativas psicoterapéuticas y farmacológicas para estos pacientes. En cuanto al tratamiento farmacológico, en la actualidad sigue sin haber fármacos con la indicación específica para el TLP. Sin embargo, su uso es muy habitual en la práctica clínica ya que el 90% de los pacientes con TLP están en tratamiento farmacológico y la mitad de ellos están polimedicated. Todo ello a pesar de que las revisiones de la bibliografía clínica habitual y las futuras posibles alternativas farmacológicas para tratar el TLP.

Genetics of BPD
Topic: 16) Genetic, Environment Interaction
Chairpersons: Stephanie Witt, Mannheim, Germany
Mercedes Perez-Rodriguez, New York, USA

Objectives
The risk for borderline personality disorder (BPD) is influenced by environmental and genetic factors. BPD is characterized by affective instability and impulsivity, diagnostic symptoms also observed in manic phases of Bipolar Disorder (BIP) which shows increased comorbidity with BPD. This report describes the first case-control genome-wide association study (GWAS) of BPD, which was performed in one of the largest BPD patient samples worldwide. The aims of our analysis were to: (i) detect genes and gene-sets involved in BPD; and (ii) investigate the genetic overlap with BIP. There is considerable genetic overlap between BIP, Major Depression (MDD) and Schizophrenia (SCZ) and a high comorbidity of BPD and MDD. Therefore, we also analyzed the genetic correlation of BPD with SCZ and MDD.

Methods
In a sample of 998 BPD patients and 1,545 controls GWAS, gene-based tests, and gene-set-analyses were performed. To assess genetic correlations, LD score regression was carried out.

Results
No single markers were significant after correction for multiple testing. Gene-based analysis yielded two significant genes: DPYD and PKP4. Gene-set-analysis showed a significant finding for exocytosis (GO:0006887). Prior studies have implicated DPYD, PKP4 and exocytosis in BIP and SCZ. Most notably genetic correlations of BPD with BIP (rG=0.28 [p=2.99x10-3]), SCZ (rG=0.34 [p=4.37x10-5]), and MDD (rG=0.57 [p=1.04x10-3]) were found.

Conclusion
The study is the first to demonstrate that BPD overlaps with BIP, MDD and SCZ on a molecular genetic level. Future studies should extend this finding to functional dimensions.
002 Genome-wide association meta-analysis of Borderline Personality Disorder features
Lucia Colodro-Conde (Brisbane, Australia)

Objective
Borderline personality features are present at different degrees in non-clinical populations. Twin studies have shown that it is a heritable trait, with genetic factors explaining between 30% and 70% of the observed variance. We conducted a genome-wide association meta-analysis to identify genetic variants associated with borderline personality features. Additionally, we tested the extent to which genetic factors are shared with borderline personality disorder and other psychopathologies and related traits.

Methods
Participants completed the Personality Assessment Inventory Borderline Features Scale (PAI-BOR, Morey 1991) of 24 items. Genotypes were analysed as allele doses in all the samples. Linear additive regression models were applied including sex, age at time or interview, interaction between sex and age, and principal components of population variation as covariates. Each group used the appropriate software (PLINK, RAREMETAL) as per the sample relatedness characteristics. The summary statistic results were then shared for meta-analysis. Meta-analysis of results of all samples for those SNPs present in at least 50% of the total sample was carried out with METAL simultaneously. Genomic control and the appropriate marker filters were applied during the meta analysis. A threshold of p-value 5x10^-8 was used for genome-wide statistical significance. LDscore regressions were applied to the summary statistics.

Results
We will present the results of the meta-analysis. We will report the SNP heritability of the borderline personality features and the genetic correlations with borderline personality disorder, other psychopathologies and related traits (e.g. personality traits).

Conclusion
The genome-wide association meta-analysis will identify variants that are important for borderline personality features. The estimation of the genetic correlation with borderline personality disorder will inform of the extent to which both traits share common genetic etiological factors. This is important from a methodological and a nosological perspective. The genetic correlation with the rest of the traits will inform on the origins of comorbidities.

003 Rare variants and risk for Borderline Personality Disorder and impulsive aggression
Colin Hodgkinson (LNG/NIAAA/NIH, Rockville, USA)
Q. Yuan, M. Ferrer, M. Perez-Rodriguez, R. Tikkanen, M. Virkkunen, D. Goldman

Objective
To identify genes and genetic variation that underlies Borderline Personality Disorder

Methods
Exome sequencing was performed on 102 BPD cases along with 100 controls from a cohort recruited by the BPD Research Group at the Psychiatry Department of the Hospital Vall d’Hebron, Barcelona, and on 80 violent offenders from Finland diagnosed with BPD and/or Antisocial Personality Disorder (ASPD). Target enrichment was performed using the Ampliseq Exome kit which targets 58Mb of transcribed sequences through highly multiplexed amplification. Sequencing was performed on the Ion Proton platform (Life Technologies). Genetic variants predicted to have functional consequence and enriched in BPD cases or controls were genotyped by 5’-exonuclease assay in BPD cases and controls from all of the participating consortium sites.

Results
Preliminary analyses have identified three rare or uncommon variants in three separate genes that potentially promote or protect against BPD. A premature stop codon (Q493*) in the gap junction protein alpha 10 (GJA10) at a frequency of 3.6%, compared to 0.5% in controls in the Barcelona discovery sample. A stop codon unique to Finns (C372*) in the SLC18A3 gene (the vesicular acetylcholine transporter – VACHT) was identified in six highly impulsive subjects, 5 having a full BPD diagnosis. Additionally a missense variant (P135A) which is predicted to be damaging was identified in the ACHE gene (acetylcholine esterase) and is over represented in controls in multiple populations.

Conclusion
We have identified three sequence variants that are predicted to be functional and which show possible association to BPD. SCL18A3 and ACHE fall within the same functional pathway and suggest that altered acetylcholine availability might be an underlying factor in a subset of BPD cases. All three candidate variants are rare or uncommon and the validity of associations to BPD still need to be further evaluated in additional well characterized cohorts.

004 Epigenetics of Borderline Personality Disorder
Nader Perroud (Geneva, Switzerland)

Objective
Early life adversity such as childhood maltreatment plays a critical role in the etiology of borderline personality disorder (BPD). The effect of these adverse events may be mediated through epigenetic programming. In this perspective several studies have recently investigated epigenetic changes occurring in BPD using either candidate gene approaches or whole-genome methylation scan.

Methods
We will here review the most recent data on this topic highlighting some of the most convincing findings.

Results
At the epigenetic level, several DNA regions have been shown to be associated with BPD and/or early life adversities particularly genes involved in the HPA axis
regulation. Some of the epigenetic mechanisms have even been shown to be correlated to therapy outcome with, for instance, different methylation patterns of candidate genes before and after DBT treatment.

Conclusion
A better understanding of the epigenetic processes involved in the etiology of BPD may help find new therapeutics for this disorder. Although some promising results have been found, the findings of these studies still need to be replicated and validated in independent samples.

002
Metacognitive interpersonal therapy
Giancarlo Dimaggio (Centro di Terapia Metacognitiva Interpersonale, Rome, Italy)

Objective
In order to deal with the problems of avoidant PD, therapies must target the main domains of dysfunction. Among such those domains, Metacognitive Interpersonal Therapy (MIT) aims at: improving capacity to understand and reflect upon mental states; reconstruct the main maladaptive interpersonal schemas and form new and more flexible understanding visions of the interpersonal world; dismantle maladaptive coping and promote action driven by healthy and adaptive wishes

Methods
We describe here how MIT has been applied to clients with avoidant PD in a series of controlled studies, both in individual and group format.

Results
Patients with avoidant PD undergoing MIT improved significantly in terms of reduction of PD criteria and of symptoms and emotion regulation. Capacity to understand mental states improved at the end of treatment.

Conclusion
Against the need to develop and test effective treatments for Avoidant PD, preliminary evidence candidates MIT as one of these options.

003
Is it possible to predict the clinical course of patients with avoidant personality disorder?
Bjørnar T. Antonsen (Oslo, Norway)

Objective
Avoidant personality disorder (AvPD) is a common but understudied disorder. Studies from the past decades have shown that AvPD is associated with a poor treatment response compared to other personality disorders, as well as risk of relapse after treatment. Also, comorbid AvPD may have a negative influence on the course of borderline personality disorder. Thus AvPD seems to be associated with a poorer prognosis than previously assumed. However, patients receiving a diagnosis of AvPD constitute a heterogeneous group as to functional disability and severity of the disorder, but we lack sufficient knowledge of characteristics underlying this diversity. Increasing our knowledge of factors influencing the course of AvPD may inform the development of more efficient treatments adapted to the individual patient. The aim of the study is to assess candidate sociodemographic and clinical variables as predictors for the course of symptom distress and psychosocial impairment of patients with AvPD during treatment, with a particular focus on comorbidity, personality functioning and profiles of interpersonal problems.

Methods
The study includes a large sample of patients (n=502) with AvPD admitted to the Norwegian Network of Personality Focused Treatment Programs, of whom a majority have
ended their treatments. The Norwegian Network comprises 18 treatment units which mainly offer group oriented psychotherapies with different lengths and content, with or without combined individual therapy. When admitted the patients are evaluated by a large battery of measures including diagnostics, psychosocial functioning, symptoms, interpersonal problems, and personality functioning. Clinical evaluations are repeated at 6-12-24-36 months. Linear mixed models are used for longitudinal statistics.

Results
Work in progress.

Conclusion
Results will be presented and discussed.

004  
MIT for severe social withdrawal: Could an integrated MIT treatment based on individual and social skills group make the difference?  
Livia Colle (University of Turin, Psychology, Italy)  
P. Mallozzi, F. Moroni, A. Carcione, G. Nicolò, M. Procacci, A. Semerari, G. Pellecchia

Objective
The aim of this study is to present an original individual and group treatment protocol developed specifically for patients with severe social withdrawal and in particular for patients with Avoidant Personality Disorder (AvPD). The Third Centre of Cognitive Psychotherapy developed a treatment based on the hypothesis that the core deficit of AvPD patients were: mindreading impairment (the capacity of understanding our own mental states and those of others) and the lack of social sharing (Dimaggio et al. 2007). On this framework, we have recently developed an additional MIT Group Therapy Intervention for patient with social withdrawal (MIT social skills training, Colle et al. 2017). The aim of this study is to present and describe the rational of the MIT social group intervention and to provide a preliminary evaluation of the role of the MIT social group, comparing to the MIT individual therapy in two sample of AvPD patients.

Methods
Two sample of patients with AvPD are compared. Both sample were diagnosed using both structured interviews (SCID II) and self-report measures for a) symptom distress (SCL-90R), b) interpersonal problems (Inventory of Interpersonal Problems), c) psychosocial functioning (Work and Social Adaptation Scale). In order to assess the impact and efficacy of the treatment, a semi-structured interview designed to evaluate different aspects of mindreading (MAS; Semerari 2012) was administered to all participating patients at the start of treatment and after six months and one year of treatment; patients also completed self-reports on their subjective perceptions of social inclusion and social sharing at the start of treatment and after one year of treatment.

Results
Work in progress and ongoing.

Conclusion
Preliminary results will be presented and discussed.
Dialectical behavior therapy skills training therapeutic process in alcohol use disorder treatment: Motivation for change and coping skills
Giulia Vassena (San Raffaele Hospital Clinical Psychology Service, Milan, Italy)
M. G. Movalli, P. Ramella

Objective
The enhancement of client motivation for change is known to be a therapeutic process in Substance Use Disorders (SUDs) treatment. Furthermore, coping skills (CS) represent a mechanism of change in cognitive-behavioral treatments for SUDs. Although the use of behavioral skills has been considered the core mechanism of change in standard Dialectical Behavior Therapy (DBT), there are no studies that have investigated the relation between coping strategies and motivational dimensions with DBT Skills Training (ST) outcomes (i.e. Emotional Dysregulation [ED], Experiential Avoidance [EA]) adapted for Alcohol Use Disorder (AUD).

Methods
ED, EA, motivational dimensions and DBT coping strategies (CS) were assessed during a 3-month DBT-ST program. 40 AUD patients were consecutively admitted to treatment.

Results
39 patients concluded the program. Results showed significant improvements in Self-efficacy (SE), Discrepancy (DI) and Stabilization (motivational variables) and in DBT-CS use as well as a significant decrease of dysfunctional coping skills (DCS). DBT-CS and DCS partially explained ED and EA trends during treatment. SE and DI were respectively associated with ED and EA levels during the program.

Conclusion
DBT-ST might be effective in enhancing client commitment for abstinence maintenance and in replacing DCS with functional CS which are involved in reducing ED and EA.

Clinical significant change in trauma-related emotions after Dialectical Behavior Therapy for Posttraumatic Stress Disorder
Nora Kleindienst (ZI für seelische Gesundheit, Mannheim, Germany)
N. Görög, M. Bohus, J. Boehnke, K. Priebe

Objective
Dialectical Behavior Therapy for Posttraumatic Stress Disorder is a trauma-focused therapy effectively reducing PTSD symptoms in adults with a history of childhood abuse. A prior study indicated effects on elevated trauma-related emotions (e.g., guilt and shame). However, it is unclear if improvements in these emotions are significant.
after controlling for changes PTSD symptoms and if non-clinical levels are obtained.

Methods
In sum, 42 patients with PTSD following childhood abuse participated in this study. Trauma-related guilt, shame, sadness, fear, disgust, and anger as well as self-reported PTSD symptoms were assessed at the start and end of the exposure phase in DBT-PTSD. To test whether the level of emotions rather resembles a non-clinical population, trauma-related emotions at the end of the therapy were compared to healthy trauma-exposed women.

Results
Elevated trauma-related emotions improved during DBT-PTSD after controlling for change in PTSD symptoms ($\Lambda = 0.65, p < 0.001$ and $\Lambda = 0.86, p = 0.018$). Between 76.2% (guilt) and 47.6% (sadness) of patients reached non-clinical levels of the trauma-related emotions.

Results
Changes after DBT-PTSD were most pronounced for guilt. Future studies should focus on efficacy profiles of different trauma-focused treatments on trauma-related emotions.

S-38 Symposium
16.30-18.00
Garbi

Therapeutic processes, alliance and mechanisms of change in evidence-based treatments for Borderline Personality Disorders

Topic: 9) Dialectical Behavioural Therapy
Chairpersons: Lars Mehlum, Oslo, Norway
Elfrida Kvarstein, Oslo, Norway

Objective
Patients with borderline personality disorder (BPD) may present with behaviors and experiences which may render the psychotherapeutic interaction challenging. A comprehensive shared understanding, in the form of a case formulation, of the underpinnings of the presented behaviors and problems may help the therapist to intervene more effectively and may help the patient to feel understood and sufficiently confident in the therapeutic context. The present study uses the Plan Analysis approach to case formulation in a brief treatment for BPD and tests the additional value of using the motive-oriented therapeutic relationship and its links with process and outcome.

Methods
In the context of a randomized controlled trial, we assessed the add-on effects of motive-oriented therapeutic relationship (MOTR) to a general brief treatment for N = 85 patients with BPD. The Plan-consistent therapist behavior is assessed on a verbal, paraverbal and non-verbal level, using video- and audio-recordings of n = 60 patients from this sample. Outcome was measured using the OQ-45 and the BSL-23.

Results
Results indicate that the patients who received the plananalytically-informed MOTR presented with slightly better process and outcome indicators. Non-verbal Plan-consistent therapist behaviors were linked with symptom change after the brief treatment, whereas verbal Plan-consistent therapist behaviors were not.

Conclusion
The present study underlines the importance of tailoring psychotherapy to the individual patient in the context of personality disorders. Non-verbal behaviors which are consistent with the patient's central Plans and motives are related with greater change across treatment.

002 Mentalization-based treatment (MBT) & Borderline Personality Disorder: Keeping focus on bonds, tasks and goals

Elfrida Kvarstein (Oslo University Hospital, Norway)
E. Folmo, S. Erik

Objective
Mentalization-based treatment (MBT) is a specifically structured, manualized treatment recommended for poorly functioning patients with borderline personality disorder (BPD). MBT programs are long-term. They combine psychoeducation, individual and group therapy and therapists work in a team. Effects of MBT are well documented with low rates of drop-out and substantial improvements of impulsivity, self-destructiveness, and symptom relief. Central relational problems among patients with BPD are associated with hypersensitivity, insecure attachment, and lack of trust - aspects particularly challenged in the therapy setting. However, as yet, there are few studies of treatment process or characteristics of successful versus less successful therapies.

Methods
The aim of the current study is to investigate (quantitatively) how aspects of therapeutic alliance (bonds, therapeutic aims and strategy) and possible countertransference develop in MBT therapies with different outcomes.

Results
The study includes a large clinical sample of 185 patients, the majority with both BPD, other comorbid symptom disorders, and other PD traits, all treated in a standard MBT program. MBT therapist adherence was satisfactory. Self-report of patient's alliance (WAIS) and therapist feelings (FWCL) were administered repeatedly throughout therapy (up to 3 years). Retrospectively, the sample was divided in two subgroups according to assessment of global functioning (GAF) on treatment termination (cutoff: GAF=60). Linear mixed models were used for statistical analyses and comparison of longitudinal trajectories in the two subgroups.

Conclusion
Results will be presented for discussion.
Putative mechanisms of change in Transference-focused Psychotherapy (TFP)
Stephan Doering (Medical University of Vienna Psychoanalysis and Psychother., Austria)

Objective
Transference-focused Psychotherapy (TFP) is an empirically validated psychoanalytic psychotherapy delivered twice a week in a face-to-face setting. It employs psychoanalytic techniques, e.g., interpretations, but also makes use of a treatment contract and limit setting throughout the treatment.

Methods
Based on models of development and personality change taken from developmental psychology and psychoanalytic theory, a seven-step model of change during the process of interpretation was derived.

Results
Conditions for change in this model are a clearly defined treatment frame and a stance of therapeutic neutrality of the therapist. On an unconscious relational level, containment (in sensu Bion) and the therapist’s tolerance of the patient’s transference creates an unconscious relationship experience. On the conscious level, now the interpretation changes the patient’s view of him-/herself and his/her relationships.

Conclusion
This process is regarded as a way towards a transfer of corrective relationship experiences within the therapeutic dyad to the external reality. The new internal working models of relationships and - as a consequence - the new experiences in relationships are a manifestation of personality change.

Mechanisms of change during dialectical behaviour therapy (DBT) in suicidal and self-harming adolescents with borderline features
Lars Mehlum (University of Oslo NSSF, Norway)

Objective
Dialectical behaviour therapy adapted for suicidal and self-harming adolescents (DBT-A) has been shown to effectively reduce self-harm, suicidal ideation and depression with treatment effects sustained over the longer term. In this study we aimed to identify mediators for these long-term treatment effects.

Methods
We followed a randomized sample of 77 adolescents having received 19 outpatient weeks of either DBT-A or enhanced usual care (EUC) with interview and self-report assessments of outcomes such as frequency of self-harm episodes, suicidal ideation, depression, hopelessness and borderline symptoms one and two years after trial completion.

Results
A reduction in hopelessness scores during the treatment trial period was a strong mediator between the treatment condition and a reduction in self-harm frequency over the long term. Study participants who had family members or close friends with a history of self-harm, had a weaker treatment effect than participants without such network exposure. Despite that participants in the DBT-A condition reported significantly fewer self-harm episodes during the follow-up period, they received on average significantly less psychiatric treatment. DBT-A participants who had received more treatment during the follow-up period did, however, significantly better with respect to frequency of self-harm episodes than the average DBT-A participant.

Conclusion
Several important factors were identified that could represent potential mechanisms through which the long-term clinical change may be explained in this sample of adolescents: suicidal and self-harming behaviour and borderline features. Implications for clinical practice and future studies will be discussed.

Auditory verbal hallucinations in borderline personality: Severity and implications for treatment
Christina Slotema (Parnassia Psychiatric Institute Personality Disorders, The Hague, The Netherlands)

Objective
Auditory verbal hallucinations (AVH) occur with a mean of 27% of the patients with borderline personality disorder (BPD). However, in clinical practice psychotic symptoms tend to be neglected in this population. The aims of this presentation were to present an overview of the severity of AVH in BPD, to improve the recognition of psychotic symptoms, and to stress the importance of adequate treatment.

Methods
A literature search was performed using Ovid database using the search terms auditory hallucinations, AVH, psychosis, psychotic features, and BPD. Criteria for inclusion were: publication written in English, peer-reviewed, and primary diagnosis of BPD. In addition, statistical analyses of a study exploring hallucinations in BPD (Niemantsverdriet et al., 2017) were repeated specifically for the presence of AVH.

Results
Distress due to AVH was high among patients with BPD. AVH were usually regarded as malevolent and omnipotent. Patients experienced themselves lower in social ranking compared to the voices. Approximately 80% of the patients had at least one other hallucination. Scores for delusions, and especially suspiciousness, were above threshold in
44% of the patients. Patients with AVH experience more comorbid diagnoses than those without AVH, and PTSD was the sole diagnosis that was associated with the presence of AVH. Furthermore, a correlation with AVH could be revealed for emotional abuse during childhood. Comorbid psychotic disorders were correlated with poor outcome. Finally, the presence of AVH was found to be associated with a higher incidence of suicidal plans and attempts in the month prior to study participation, more hospitalizations, and a shorter interval until the next hospitalization.

**Conclusion**

AVH among BPD are associated with distress, other psychotic features and disorders, and more comorbid disorders. Consequences of AVH might be severe. With the aid of these findings, options for treatment will be discussed.

**002 Sensory processing deficiencies in patients with Borderline Personality Disorder who experience auditory verbal hallucinations**

Christina Slotema (Parnassia Psychiatric Institute Personality Disorders, The Hague, The Netherlands)
M. Niemantsverdriet, F. van der Veen, M. van der Gaag, I. Sommer, M. Deen, I. Franken

**Objective**

Despite a prevalence of 21%, no studies addressing the neurocognitive mechanisms of AVH in borderline patients have been conducted. We will examine two candidate mechanisms which have been implied to underlie psychotic symptoms in patients with schizophrenia: sensory gating (using P50) and change detection (using mismatch negativity; MMN).

**Methods**

Electroencephalographic recordings were obtained from 23 borderline patients with AVH, 25 borderline patients without AVH and 26 healthy controls. A comparison between the three groups was made for P50 amplitude, P50 ratio and P50 difference, and for MMN amplitude.

**Results**

Borderline patients who experience AVH demonstrated a significantly lower P50 difference than healthy controls. This difference could not be established between borderline patients without AVH and healthy controls. The three groups did not differ on MMN.

**Conclusion**

The present study demonstrates that sensory gating is significantly impaired in patients with Borderline Personality Disorder who experience AVH. We could not find evidence that patients with Borderline Personality Disorder with or without AVH have problems with change detection. The first finding may imply that sensory gating deficiencies underlie psychotic vulnerability, and that these deficiencies are a neurocognitive representation of why patients with Borderline Personality Disorder experience AVH similar to these symptoms in patients with schizophrenia.
Objective
This study examines the incidence of psychotic symptoms in 15-18 year olds with borderline personality disorder (BPD) features. It was hypothesised that adolescents with full-threshold BPD would have significantly more psychotic symptoms than adolescents with sub-threshold BPD features, and that both these groups would have significantly more psychotic symptoms than adolescents with no BPD features.

Methods
A total of 171 psychiatric outpatients, aged 15-18 years, were assessed using a structured interview for DSM-IV personality disorder and categorised into three groups: no BPD features (n=48), sub-threshold BPD features (n=80), and full-threshold BPD (n=43). The groups were compared on measures of psychopathology and functioning.

Results
Adolescents with full-threshold BPD reported more psychotic symptoms than the sub-threshold BPD group (p<.001), and both these groups reported more psychotic symptoms than those with no BPD features (p<.001). Adolescents with BPD reported more confusion (p<.01), paranoia (p<.001), visual hallucinations (p<.001) and strange thoughts (p<.01), than the other two groups. Psychotic symptoms predicted group membership, determined by BPD severity, after adjusting for other psychopathology and functional impairment (p<.01).

Conclusion
Assessment of unusual perceptual experiences, paranoia or odd thoughts is highly clinically relevant in adolescents with BPD features, as these symptoms are associated with a more severe clinical presentation of BPD.

Interpersonal schema and beliefs about voices in youth with borderline personality disorder and first episode schizophrenia spectrum disorder
Marialuisa Cavelti (Orygen University of Melbourne, Australia)
K. Thompson, C. Hulbert, S. Francey, J. Betts, A. Chanen

Objective
Auditory verbal hallucinations (AVH) are strongly identified with schizophrenia, but also occur in up to 50% of people with borderline personality disorder (BPD). Voices in BPD are phenomenologically similar to voices in schizophrenia, but are more emotionally distressing and evoke greater emotional resistance. In addition, voices are a risk factor for suicide and hospitalisation among people with BPD. The cognitive model of AVH in psychosis proposes that 1) voices appraised as high in power and supremacy are associated with higher levels of distress, and that 2) the experience of the voices’ power and supremacy is a mirror of the voice hearer’s interpersonal relationships. This is the first study comparing appraisals of voices, interpersonal schemata and depressive symptoms across the two groups. Further, the associations between appraisals of voices, interpersonal schemata and depressive symptoms across the two groups will be examined and discussed in the context of the existent literature.

Effectiveness of transference focused psychotherapy for Borderline adolescents in a dayclinic program
Krischer et al., 2017.

Objective
Transference focused psychotherapy (TFP) is a manualized treatment method which is modified for adolescents (TFP-A) and has been proven to be an effective treatment for adult borderline patients (Doering et al., 2010). There is growing evidence and agreement that adolescents not only suffer from Borderline personality and a variety of severe symptoms that need to be treated early to prevent chronic symptomatology and problems. Therefore, there is an urgent need for effective treatment programs for Borderline juveniles. At the university clinic of Cologne in Germany we developed a day clinic program based on TFP-A that lasts 12 weeks and aims on improving symptoms such as suicidality and self-mutilation in order to transfer these patients into outpatient psychotherapeutic treatment. This program is designed for adolescents with Borderline Personality Organization from 13 to 17 years of age (Krischer et al., 2017).
Methods
We investigated symptom change after 12 weeks of TFP-A treatment in a day clinic program, comparing the study group of seventy juvenile patients who finished the 12-weeks-program with 30 adolescent patients of the control group who waited for intake into the program. We included the Youth Self Report, the Modified Overt Aggression Scale, a Self-report for self-mutilative behavior and Becks Depression Inventory.

Results
All patients included into the study fulfilled criteria for a personality disorder, using the International Personality Disorders Examination (IPDE, Loranger et al., 2001). Study results showed significant symptom improvement for self-mutilative and aggressive behavior against self and others as well as depressive symptoms among borderline adolescents treated with TFP-A in a day clinic program.

Conclusion
The results showed that Borderline symptoms improve significantly using TFP-A in a day clinic program. This indicates that TFP-A is an effective treatment method for adolescent patients with Borderline Personality Organization.

Changes in interpersonal problems and personality organization
Tamara Ponton Rodriguez (University Clinic of Cologne, Köln, Germany)

Objective
The purpose of the present study is to examine the changes of interpersonal problems and onset changes of borderline personality organization among juvenile personality disorder patients after a 12 week lasting TFP-A program in a day clinical setting at the University Clinic Cologne, Germany. A pilot study by Krischer et al. (2017) already showed positive trends with regard to changes of interpersonal problems after treatment. In addition, Dammann and co-workers (2016) performed a similar study with adults. Their results showed significant changes on almost all scales of the Inventory of Interpersonal Problems-Deutsche Version (IIP-D) as well as substantial improvement on the Inventory of Personality Organization (IPO). For our study, we therefore expect similar findings within a larger sample.

Methods
We invited 60 male and female inpatients drawn from the ward for personality developmental disorders to participate in our study and complete the Inventory of Personality Organization for Adolescents (IPO-A) and the Inventory of Interpersonal Problems-Deutsche Version (IIP-D) at the beginning and the end of treatment. All patients included into the study fulfilled criteria for a personality disorder, using the International Personality Disorders Examination (IPDE, Loranger et al., 2001).

Results
Evidence from the pilot study showed a positive trend for the IIP-D Scale “Nonassertive”, therefore patients at the second testing time reported fewer problems communicating own desires and needs. New results from the current study will be presented at the Symposium.

Conclusion
We expect our results to be close to the findings by Damann et al (2016). They reported improvements on the IIP-D scales such as Vindictive, Socially Inhibited, Nonassertive, Overly Accommodating and Self-Sacrificing as well as significant change for Identity Diffusion measured by the IPO. In addition, for our adolescent sample we also expect onset changes in primitive defenses.

Changes in personality structure and symptoms
Alexander Becker (Uniklinik Köln, Germany)

Objective
At the university clinic of Cologne in Germany a day clinic program has been developed based on Transference focused Psychotherapy for adolescents (TFP-A) that lasts 12 weeks and aims on improving symptoms and structural difficulties in order to transfer these patients into outpatient psychotherapeutic treatment. This program is designed for adolescents with Borderline Personality Organization from 13 to 17 years of age (Krischer et al., 2017). In a study with these patients we looked for changes in personality structure as well as changes in personality disorder symptoms shown by these patients. Since Doering has shown the effectiveness of TFP-treatments with adult patients with Borderline Personality Organization (Doering et al., 2010), we expect similar results for long-term TFP-A treatments as well. Moreover, Damann et al. (2016) found symptom improvements in adults within a day clinic treatment program based on TFP. Therefore, we looked for structural and symptom changes among borderline adolescents within a 12 weeks lasting period of day clinic TFP-A treatment.

Methods
In this study we investigated change in personality organization based on the Structural Interview of Personality Organization (STIPO-D, Doering et al., 2010) and change in personality disorder symptoms, using the Dimensional Assessment of Personality Pathology (DAPP, Livesley et al., 2009) in a clinical treatment sample of 60 patients for the DAPP-BQ and 30 patients for STIPO. The results are compared to a waiting list control group. The patients within the control group received treatment as usual during the investigated time.

Results
Especially DAPP subscales showed significant changes for personality disorder symptoms. Detailed results will be presented during the symposium.

Conclusion
First results (such as shown in the DAPP subscales) indicate that TFP-A treatment with young patients with Borderline Personality Disorder in a day clinic program result in symptom changes as well as in certain structural changes.
Transference focused group psychotherapy with borderline adolescents
Sandra Vohl (University Clinic of Cologne, Köln, Germany)

Objective
Group psychotherapy with the juvenile Borderline patients using TFP-A techniques is an inherent part of the day clinic program. Introduction: In this section, the organisational framework and rules are described as well as the course and structure of the group therapy sessions. Objective of this presentation is to describe specific TFP-A techniques that are used in group psychotherapy with borderline adolescents, aged 13 to 17 years in a day clinic program.

Methods
Case examples are given during the presentation, based on audio taped sessions.

Results
In this part of the symposium, practical experiences are given with group psychotherapy based on TFP-A among juvenile borderline patients. We will report on difficult situations and how to deal with them, giving case examples of typical group sessions with this severe group of adolescent patients.

Conclusion
We will present written protocols from individual group psychotherapies and will discuss techniques and strategies and the question of how they can help the adolescent patients.

Neuroimaging and clinical markers of change in Borderline Personality Disorder after metacognitive Interpersonal therapy: aims, design and preliminary results from the CLIMAMITHE RCT study
Roberta Rossi (IRCCS Fatebenefratelli, Brescia, Italy)

Objective
The present randomised clinical trial aims to assess the clinical and neurobiological changes following Metacognitive Interpersonal Therapy (MIT) compared with Structured Clinical Management (SCM) derived from specific recommendations in APA guidelines for borderline personality disorder (BPD).

Methods
BPD patients enrolled within the CLIMAMITHE RCT study underwent structural (3D-weighted and DTI sequences) and event-related fMRI at the baseline and after 12 months (post-treatment). Healthy controls (HC) were scanned once for comparison. During each scan, participants viewed a randomized sequence of unpleasant, neutral and pleasant pictures (N=96) presented twice (novel, repeat) from the International Affective Picture System. We conducted specific MRI analyses. Firstly, we assessed whole brain and ROI bases-analyses to explore the neural correlates of BPD compared with HC and to study their correlations with psychological dimensions and treatment response. Secondly, we explored the functional activation in response to standardized emotional material from the International Affective Pictures System (IAPS) (Lang et al. 2001).

Results
Sixty BPD patients and 22 HC underwent MRI exam at the baseline and, at the moment, 22 BPD patients repeated the exam after treatment. Cortical thickness was automatically computed using Freesurfer and analyses revealed only few regions on thinner cortical thickness in BPD compared with HC (superior and transverse temporal, lateral occipital, precentral and supramarginal cortex). ROI analyses on amygdalar and hippocampal volumes did not revealed significant differences compared with HC but when we considered some amygdalar subfields some differences emerged. Preliminary pre-post fMRI results will be showed.

Conclusion
Although the study is still ongoing, preliminary results on neurobiological variables seem to be promising to improve our knowledge of the pathophysiology underlying the disease and to clarify how psychotherapy act on BPD.

Neurobiological correlates of change after MIT:
Findings from the CLIMAMITHE study
Laura Magni (IRCCS Fatebenefratelli, Brescia, Italy)

Objective
Several psychotherapeutic approaches have been proposed for BPD and their effectiveness in reducing symptoms and behavioral dysfunctions in BPD patients seemed to be well supported. However, very few studies explored the impact of psychotherapy in BPD on cerebral functioning. Aim of the study is to assess the effect of etacognitive Interpersonal Therapy (MIT) on neurobiological features and to study the correlation between patients’ metacognitive profile and structural and functional brain imaging features.
assessed at the baseline, after 6, 12 (end of treatment), and 18 months. Furthermore, both BPD patients and HC underwent structural and functional MRI (patients: pre-and post-treatment) during an emotional task, in order to assess cerebral correlated of clinical changes. Lastly, blood samplings were collected in order to study some possible biomarkers of changes (i.e. oxytocin and vasopressin levels, inflammatory markers, cortisol levels).

**Results**

At the moment, we enrolled 76 BPD patients (MIT group: N=37; SCM group: N=39) and 20 healthy controls matched for age and gender. There were no significant differences between the two groups of treatment in terms of age, gender, age of onset, comorbidities and clinical variables at baseline.

**Conclusion**

Very few study investigated the neurobiological correlates of clinical changes following psychotherapy in BPD. The results of the present project could be helpful to clarify how psychotherapy act on BPD and to improve our knowledge of the pathophysiology underlying the disease.

003  
**Clinical changes after MIT: Findings from the CLIMAMITHE study**

Antonio Semerari (Terzo Centro di, Psicoterapia Cognitiva, Roma, Italy)

**Objective**

Aim of this study is to assess clinical changes after metacognitive interpersonal therapy (MIT) at 6 and 12 months.

**Methods**

BPD patients were randomized to two different treatment: MIT and Structured Clinical Management (SCM) derived from specific recommendations in APA guidelines for BPD. patients underwent a multidimensional clinical at the baseline and after 6 and 12 months (end of treatment). The primary outcome was emotion regulation assessed with the Difficulties in Emotion Regulation Scale (DERS), we also investigated several secondary outcomes: Zanarini Rating scale for BPD (Zanarini et al, 2003) for the assessment of BPB symptom severity, Metacognition Assessment Interview (Semerari et al., 2012), Symptoms Check-list 90 Revised (SCL-90) (Derogatis 1994 ) for the assessment of general psychopathology, Toronto Alexethymia Scale (Bagby RM et al, 1994), Barratt Impulsiveness Scale (Patton et al 1995), State-Trait Anger Expression Inventory (Spielberger 1983), Beck Depression Inventory II (Beck et al 1988); Inventory of Interpersonal Problems-47 (Pilkonis et al 1996).

**Results**

The study is ongoing but preliminary results will be discussed. Seventy-six BPD patients were randomized and included in the programs. MIT-group included 37 BPD patients (age: 28±8; female: 84%) and was compared with SCM-group including 39 BPD patients (age: 31±8; female: 85%). Groups did not differ at the baseline for sociodemographical, clinical and psychopathological features and were similar for BPD severity. At the moment, about half of the patients underwent the assessment at 6 months, and 20 ended the treatments. Our results showed improvements in both treatment conditions across several dimensions. In particular, after 12 months, DERS scores were reduced in both conditions. In particular, MIT group showed a significant reduction of 42 points, while SCM-group showed a decrease of 13 points. Other results will be discussed.

**Conclusion**

Although the study is still ongoing, preliminary results on clinical variables seem to be promising.

004  
**Metacognition: A transdiagnostic dimension underlying personality psychopathology**

Antonino Carcione (Terzo Centro di Psicoterapia, Scuola Italiana di Cognitivism, Rome, Italy)

**Objective**

Aim of this paper is to present data about the role of metacognition as general factor underlying personality disorders (PDs).

**Methods**

DSM 5 stresses the key role of reflective abilities in personality functioning, since in its Section III a Personality Disorder (PD) is defined as a failure of identity and interpersonal functioning. Several authors agree that treatment response is higher whether the psychotherapy focuses on the core of personality pathology. For this matter it’s crucial to investigate the variables that could have this central role in generating and/or maintain PDs. One key problem that characterizes all PDs is an impairment in understanding mental states, which is often termed ‘mentalisation’). If metacognition is a variable that could be conceived as a core aspect across different PDs, then we need empirical data supporting the evidence of a significant relation existing between metacognitive impairments and personality pathology, symptoms and treatment outcome.

**Results**

Various studies conducted using Metacognition Assessment Interview (MAI) showed that metacognitive impairments were more severe in the PDs group than control, and the metacognitive dysfunctions and the severity of the PDs were highly associated.

**Conclusion**

Data suggest that metacognitive impairments could be considered a common pathogenic factor for PDs.
Interpersonal trust and Borderline Personality Disorder: A review of empirical literature
Anita Poggi (Milano, Italy)
J. Richetin, E. Fertuck, E. Preti

Objective
Borderline Personality Disorder (BPD) is a clinical condition characterized by impairments in relationships and dysfunctional interactions with others. Considering that trust is a core feature of human interpersonal transactions, the present contribution reviews recent results regarding abnormalities in trust processes in BPDs that might predispose them to develop dysfunctions in interpersonal behaviors.

Methods
We reviewed papers relevant in the investigation of trust issues in BPD using specific keywords such as "trust", "trustworthiness", "social cognition", "trust game", "neuroeconomics" and "Borderline Personality Disorder" in PubMed and PsycINFO databases.

Results
We found evidence for impairments in the early stages of the cognitive process that leads to untrustworthiness judgments in BPDs (i.e., maladaptive beliefs and facial appraisal of others' trustworthiness). In particular, some research focused on the influence of Rejection Sensitivity (another main dysfunctional core of social cognition in BPDs) on untrustworthiness bias but provided mixed results. Moreover, some studies investigated behavioral alterations of BPDs in economic games and reported that alterations in trustworthiness attributions in BPDs are due to the exposure to an emotionally arousing material (i.e., faces) rather than to any specific cognitive alteration. Finally, from the neuroscientific contributions, the untrustworthiness bias seems linked to alterations in both the amygdala activation and the oxytocin activity.

Conclusion
Despite the many contributions investigating alterations in trust in BPD patients, there is still a lack of consensus on a proper definition of the untrustworthiness bias. We conclude stressing the need for further research to clarify the meaning, the predictors, and the clinical implications of such bias.

Epistemic hypervigilance and petrification: Empirical evidence and clinical implications from an MBT perspective
Tobias Nolte (University College of London, United Kingdom)

Objective
Epistemic Hypervigilance and Petrifcation: Empirical Evidence and Clinical Implications from an MBT perspective.

Methods
Empirical data on failures of epistemic trust will be presented. These will highlight an emphasis on validating interventions to establish a trust-based therapeutic alliance in treatments where hypervigilance is the hallmark of early interpersonal contact.

Enhancing interpersonal trust in Transference-Focused Psychotherapy: Theory, research, and principle interventions
Eric Fertuck (New York, USA)

Objective
Borderline Personality Disorder (BPD) has its origins as a psychiatric diagnosis in psychoanalytic object relations theory (ORT). From the ORT perspective, BPD is characterized by two central features: 1.) an oscillation in the perception of significant others as either idealized (e.g., a savior) or persecutory (e.g., a persecutor) and 2.) a trait-like, untrustworthy bias regarding interpersonal relations, wherein those with BPD feel that others will ultimately be betray, abandon, or neglect them, despite periodic idealizations. Transference focused psychotherapy (TFP) is an intervention rooted in ORT that harnesses the therapeutic relationship (i.e., the transference) to foster plastic, adaptive changes in interpersonal trust appraisals and interpersonal decisions regarding trusting others.

Methods
The therapeutic plasticity of interpersonal trust and decision-making processes in BPD will be considered in the context of TFP's assessment, treatment frame, common transference expressions, phases of treatment, and therapeutic goals.

Results
TFP uniquely nurtures a reorganization of trust related appraisals and learning processes via a non-judgmental tolerance of negative transferences, experiential learning within the therapeutic relationship, and verbal elaboration of previously implicit trust appraisals. Over time, improved interpersonal trust biases, appraisals, and learning in the transference generalize to the patient's daily life and relationships with significant others.

Conclusion
The current "gold-standard" approach to psychotherapy research is to identify the mechanisms of the disorder, measure those mechanisms validly and reliably, and demonstrate change in these mechanisms as a result of treatment. Fostering plasticity and improvement interpersonal trust appraisal, learning, and decision making is a central and unique mechanism of change in TFP that warrants further empirical investigation.

Interpersonal trust: Implications for therapeutic alliance and treatment focus
John Clarkin (Personality Disorder Institute, New York, USA)

Objective
Information from the growing body of research on interpersonal trust in patients with severe personality disorder can be used to guide assessment and treatment methods.
Methods
Aspects of the initial clinical assessment interviews are used to formulate patient areas of patient mistrust and their potential modification.

Results
We formulate ways in which the existing treatment approaches can modify patient attitudes of mistrust to enable the progress of therapeutic intervention.

Conclusion
The research on mistrust has expanded our more traditional view of the therapeutic alliance to a consideration of the patient's internal representations of self and others, and how these representations of self and others can disrupt the therapeutic alliance and extra-therapy relationships.

S-43
Symposium
16.30-18.00
Llevant 3
The role of attachment representations and reflective functioning in the treatment of patients with Borderline Personality Disorder
Topic: 32) Transference Focussed Psychotherapy
Chairpersons: Anna Buchheim, Innsbruck, Austria
Alessandro Talia, Heidelberg, Germany

001
Change of unresolved attachment trauma during Transference Focused Psychotherapy (TFP)
Anna Buchheim (University Innsbruck, Institute of Psychology, Austria)
S. Hörz-Sagstetter, S. Doering, M. Rentrop, P. Schuster, P. Buchheim, M. Fischer-Kern

Objective
Borderline personality disorder (BPD) is characterized by affect dysregulation, behavioral dyscontrol, and interpersonal hypersensitivity with etiological roots in adverse traumatic childhood experiences. Aim of this study was to analyze changes of attachment representations associated with personality organization during Transference-Focused Psychotherapy (TFP) compared to experienced community therapists (ECP).

Methods
104 BPD patients were randomized either to TFP or ECP and were administered the Adult Attachment Interview (AAI) and the Structured Interview of Personality Organization (STIPO) before and after 1 year of treatments.

Results
Both groups administered at baseline, n = 45 ECP and n = 47 TFP patients, were characterized by high prevalence of unresolved trauma. Unresolved BPD patients were significantly more impaired with respect to psychopathology, and psychosocial functioning and adversity. Comparing both treatment groups, the proportion of TFP patients who improved their security was significantly higher than the proportion in the ECP group (Fisher exact test, p = .002). Moreover proportion of patients with improvement from unresolved status to organized patterns was significantly higher in the TFP group than 3 patients in the ECP group (Fisher exact test, p = .012). Especially the subgroup of unresolved patients, who have successfully changed towards organized attachment improved significantly in their personality organization (aggression: p = .001, coherence: p = .012, identity: p = .013, internal working model: p = .007, object relations: p = .042, defenses: p = .002) measured by the STIPO.

Conclusion
Adding to prior findings we found a significant shift from unresolved to organized attachment representations in the TFP group, suggesting that TFP can be considered an effective treatment for severely impaired patients. Our findings are consistent with the putative mechanisms of change in TFP, assumed to result from the integration of polarized affect states and representations of self and other into a more coherent whole.

002
Forty-four unresolved/disorganized patients: Their psychopathology and their behavior in psychotherapy
Alessandro Talia (University Hospital Heidelberg, Germany)
S. Taubner, S. Hauschild, R. Duschinsky, J. Volkert

Objective
Despite the recent emphasis on disorganized and unresolved attachment as risk factors for developing personality disorder, there is no empirically-based account of how these patients behave in psychotherapy. To date, it is not clear whether disorganized and unresolved patients would behave in any distinctive way when compared to non-disorganized, non-unresolved patients. In the current study, we present analyses, based on therapy sessions transcribed verbatim, of the in-session communication and behavior of unresolved patients.

Methods
Our sample included forty-four patients who had been independently classified as unresolved or "cannot classify" on the Adult Attachment Interview (AAI), matched for age, gender, and symptom level with forty-four patients who had not received these AAI classifications. For each patient, we analyzed one or more sessions transcribed verbatim; all patients were interviewed with the AAI and the SCID-II before treatment.

Results
In this sample, we found the unresolved/disorganized patients to display several types of controlling behavior with the therapist, tell more frightening and frightened narratives, and present with affect that seemed incoherent in distinctive ways.

Conclusion
Our results will be discussed in the light of their clinical and research implications, with special regards to the possibility of developing a coding system that could reliably assess unresolved/disorganized attachment based on in-session communication. Particular emphasis would be given to the connection between Kernberg’s perspectives.
on personality organization and our findings on the intersession communication of unresolved patients.

003 Changes in attachment representation in psychotherapy: Is reflective functioning the crucial factor?
Anna Tmej (Medical University of Vienna, Austria)
M. Fischer-Kern, S. Doering, J. Alexopoulos, A. Buchheim

Objective
The study analyzed the interdependence of change in attachment representation and Reflective Functioning (RF) in psychotherapy.

Methods
RF data from 63 female Borderline Personality Disorder (BPD) patients were analyzed with respect to change of attachment representation (from insecure to secure and from unresolved to resolved) from three angles: (1) RF as a moderator variable, (2) RF as an outcome variable and (3) RF changes over one year of treatment.

Results
Patients who changed to a resolved attachment classification showed higher RF before treatment and at follow-up than patients who remained unresolved (RF=3.0 vs. RF=2.14, p=0.039 and RF=3.4 vs. RF=2.36, p=0.002). Similar results were found for changes from insecure to secure.

Conclusion
Higher RF level before psychotherapy proved to be a moderator for change in attachment representation. Patients with unresolved attachment and low-level RF at the outset had the least chance for representational change during the first year of psychotherapy.

004 The role of attachment characteristics in dialectical behavior therapy for patients with Borderline Personality Disorder
Dorothee Bernheim (University Hospital Ulm, Germany)
M. Gander, F. Keller, R. Mentel, H. J. Freyberger, A. Buchheim

Objective
Attachment characteristics play a key role in understanding borderline-specific problems with respect to childhood maltreatment. Aim of this study was to investigate how attachment representations may influence the trajectory of change in a one-year outpatient Dialectical Behavior Therapy (DBT) for patients with Borderline Personality Disorder (BPD).

Methods
Attachment representations were assessed in 26 BPD patients and 26 healthy controls (HC) using the Adult Attachment Projective Picture System (AAP; George & West, 2012) before treatment. Borderline- and global symptom severity and interpersonal problems were examined before, during and after completing the intervention. ANOVA- and stepwise hierarchical regression analyses were used to explore the course of symptomatology.

Results
As expected BPD patients displayed a predominance of unresolved attachment in the AAP compared to HC, by showing a lack of ability to integrate attachment related trauma. While both resolved and unresolved attachment groups revealed significant improvement in symptom severity during treatment, dimensional AAP scores showed differences. Patients with higher scores in “synchrony” demonstrated more indicators of mutual care in their narratives to dyadic pictures and displayed a significantly stronger decrease of interpersonal problems than patients with lower synchrony scores.

Conclusion
Assessing attachment representations prior to DBT might provide a helpful insight into individual attachment related resources or lack of these capacities. Responsiveness and synchrony in dyadic interactions with significant others are crucial for healthy interpersonal relations. A stronger therapeutic focus on the patient’s capacity to show synchrony in dyadic attachment situations might improve the patients’ interpersonal problems towards sensitive and mutual interaction.

Policy of full disclosure
The authors declare that they have no conflict of interests.

S-44 Symposium
16.30-18.00 Llevant 4
The contribution of oxytocin on social functioning in personality disorders
Topic: 19) Neurobiology
Chairpersons: Sabine Herpertz, Heidelberg, Germany
René Hurlemann, Bonn, Germany

001 Translating oxytocin social neuroscience to the clinic
René Hurlemann (University of Bonn, Germany)

Objective
Nasal delivery of oxytocin (IN-OT) yields increased CSF concentrations of the peptide in rodents, macaques and humans, and converging preclinical evidence suggests that IN-OT enhances social functioning, producing hope for its use as a therapeutic in diverse mental disorders. In order to translate preclinical research into clinical trials, it is mandatory to identify the brain targets of IN-OT and to carefully consider the dosage needed for target engagement.

Methods
The present talk summarizes neuroimaging studies investigating the effects of IN-OT on brain responses to social stimuli, with particular emphasis on recent work exploring the most effective dose and dose-response latency for targeting the amygdala.

Results
Neuroimaging data from healthy volunteers show that the dampening effect of IN-OT on the amygdala varies as a function of dose and latency. In addition, IN-OT modulates
connectivity of the amygdala with other brain regions, including dorsomedial prefrontal cortex.

**Conclusion**
The oxytocin system is emerging as a new target for the treatment of mental disorders characterized by amygdala dysfunction, including social phobia and borderline personality disorder. The present talk could help inform future clinical trials testing the therapeutic potential of IN-OT in patient populations.

002
Oxytocin and its impact to attachment in patients with Borderline Personality Disorder
Andrea Jobst (University of Munich, Germany)
A. Buchheim, J. Dewald-Kaufmann, B. Barton, M. Reinhard, F. Padberg

**Objective**
Interpersonal problems are core characteristics of borderline personality disorder (BPD). Adverse attachment events during childhood, such as physical and sexual abuse by a significant caretaker, contribute to the development of social deficits, particularly problems in social repair abilities. BPD patients predominantly show unresolved attachment representations. The oxytocin (OT) system is associated with human social attachment and affiliative behavior, and OT dysregulation may be related to distinct attachment characteristics.

**Methods**
Our investigations address the associations between attachment representations as measured with the Adult Attachment Projective Picture System (AAP), social repair abilities as measured with a modified version of the Cyberball paradigm and peripheral OT levels in BPD and healthy participants.

**Results**
Peripheral OT levels in BPD patients were significantly associated with attachment representations. Moreover, during social situations where attachment is threatened, BPD patients respond with a breakdown of emotional regulation and show deficits in the OT regulation. In BPD the ability to repair broken bonds are limited as compared to healthy participants. In healthy participants, social repair is accompanied by OT release, whereas BPD patients show alterations.

**Conclusion**
Current findings suggest an impaired OT regulation in BPD as a key mechanism underlying interpersonal dysregulation and attachment insecurity.

003
The effects of oxytocin on aggression in personality disorders
Sabine Herpertz (University of Heidelberg, Dept. of Psychiatry, Germany)

**Objective**
The neuropeptide oxytocin has been shown to modulate social behaviors. This study investigated the sex-specific influence of oxytocin on facial emotion recognition in a double-blind, randomized, placebo-controlled crossover trial, with 39 mixed-gender patients with Antisocial Personality Disorder (ASPD) and 40 healthy controls (HCs, matched for age, gender, IQ, and education level).

**Methods**
Either oxytocin (24 I.E.) or placebo was administered intranasally before the presentation of fearful, angry or happy faces. As indicators for emotion recognition, we measured the numbers of correct classification and reaction times as well as blood-oxygen-level-dependent responses of neural circuits to angry and fearful compared with happy facial expressions.

**Results**
Preliminary data suggest that ASPD patients show less classification accuracy and longer reaction times in recognizing fearful and happy faces than HCs. Further, ASPD patients demonstrated shorter reaction times in response to angry faces than HCs. Oxytocin significantly improved these deficits in ASPD patients. With regard to sex-specific differences, preliminary data suggest that improvement of facial emotion recognition was more pronounced in women than in men with ASPD. In addition to behavioral data, neuroimaging data whose analyses are still in progress, will also be presented.

**Conclusion**
Our data indicate an improvement of the recognition of fearful and happy facial expressions following intranasal oxytocin administration in young adults with ASPD. In case of this finding being replicated in the final sample, oxytocin might modulate facial emotion classification in a prosocial direction in ASPD patients.

004
Oxytocin and social cognition in Borderline Personality Disorder
Martin Brüne (Ruhr-University Bochum LWL University Hospital, Germany)

**Objective**
Interpersonal dysfunction is central to Borderline Personality Disorder (BPD). Recent research has focused on the role of oxytocin (OT) in BPD and how OT impacts on different aspects of social cognition. This is particularly relevant, as utilizing intranasal application in experimental studies of OT in social cognition can help understand the interpersonal difficulties of individuals with BPD by tapping into the core problems such as hypervigilance towards threat, mistrust, and mentalization.

**Methods**
The relevant literature on social cognition in BPD was searched using medline.

**Results**
OT seems to reduce interpersonal trust in BPD, it may increase feeling of social exclusion or rejection, while it may nevertheless dampen patients’ hypersensitivity to threat.

**Conclusion**
Together, findings of studies suggest that OT may enhance defensive mechanisms and interpersonal avoidance in BPD, even though it may reduce hypervigilance towards negative emotions.
Supporting teachers working with students with complex mental health issues

Michelle Townsend (University of Wollongong, Dept. of Psychology, Australia)

Objective
Despite adolescence being a vulnerable period for the emergence of borderline personality disorder (BPD), there is limited research on how a key environment they engage with, schools, support these students. Schools are important locations for addressing student wellbeing, because of the reach and familiarity to students and families, the opportunities they afford for mental health promotion and prevention and the link between wellbeing and learning outcomes. To address this gap, a new initiative offering evidence-based high quality training to upskill teachers to better recognise and respond to young people with complex mental health problems, including borderline personality disorder has been developed. The Project Air Strategy for Schools is accredited training that targets:
- The enhancement of protective factors and reduction of risk factors in the school setting;
- Improving knowledge of self-harm and complex mental health issues, particularly BPD; and
- Increasing teachers’ ability to respond to crisis situations.

This study examined the extent that teachers knowledge, confidence and attitudes toward complex mental health issues and self-harm, change following training?

Methods
N = 464 Australian teachers from the first 15 schools completed a pre and post questionnaire prior to and following the completion of training. Within-subject t-tests were undertaken.

Results
Teachers knowledge about self-harm and complex mental health disorders increased following training (p =.001). Improvements in self-reported confidence and skills in working with young people who self-harm and with complex mental health disorders increased following training (p =.001).

Conclusion
This study demonstrated that training teachers to understand and respond compassionately to self-harm and complex mental health issues was effective. The findings are likely to translate to teachers more effectively managing challenging behaviours in the school environment, directing the student to appropriate support and to keep these vulnerable students engaged in their education.

Postpartum bonding in the neonatal period predicts emotional instability in adolescence

Eva Möhler (Klinik für Kinder- und Jugendpsychiatrie, Psychotherapie und Psychosomatik der SHG, Idar-Oberstein, Germany)
F. Resch, M. Kaess

Objective
Studying the development and early precursors of personality disorders bonding patterns have been discussed as potential factors of impact. However, no prospective empirical longitudinal study with regard to postpartum bonding and emotional instability has been published so far in a larger sample. Therefore, this study prospectively examines this association in a longitudinal design over 15 years starting at birth with 101 mother-infant pairs.

Methods
In a sample of 101 human newborns we assessed postpartum bonding 2 weeks and 6 weeks postnatally with the Postpartum Bonding Questionnaire. This is a short questionnaire assessing the mother-to-child relation and subtle indicators of parental rejection in the perinatal period. At age 15 we assessed suicidal ideations and borderline specific symptoms in 76 of these 101 children.

Results
There was a significant, strong correlation between maternal bonding impairment -an indicator of subtle parental rejection- in the postnatal period and borderline specific symptoms like self-injurious thoughts and suicidal ideations in the offspring, which was not explained by maternal psychopathology or handling issues in the first years of life.

Conclusion
Early Childhood may be a sensitive period for personality development of the offspring and maternal attitude towards the child may be a crucial factor. Whether this relationship is mediated by specific factors of mother-child-interaction should be target of future studies on this subject with a potentially specifically preventive value.

Effectiveness of a DBT STEPS-A skills training for emotional problem solving for adolescents

Daniel Flynn (Cork Kerry Community Healthcare, HSE Cork Mental Health Service, Ireland)
M. Joyce, M. Weihrauch, P. Corcoran

Objective
Dialectical Behaviour Therapy Skills Training for Emotional Problem Solving for Adolescents (DBT STEPS-A) is a social-emotional learning programme based on DBT. The programme aims to teach adolescents aged 12-19 years in a general school-based setting skills that will aid them with their decision-making and coping strategies, especially when experiencing emotionally stressful times. Research evidence for DBT STEPS-A is limited and no study has implemented the programme outside of the
United States (U.S.). This pilot study aims to explore the effectiveness of DBT STEPS-A in Ireland by comparing outcomes for adolescents who complete DBT STEPS-A in comparison to a matched control group.

**Methods**

Data was collected at the beginning and end of the academic year from students who participated in DBT STEPS-A and a control group. The programme was aimed at a general school population therefore, there were no exclusion criteria. A matched comparison was conducted where a subset of the data was analysed consisting of 72 adolescents aged 15-16 years from two schools in the south of Ireland. Outcomes included emotion symptoms, dysfunctional coping and DBT skill use. Linear mixed-effects models were used to estimate the treatment effect (intervention vs control).

**Results**

A statistically significant treatment effect was observed on two of four outcome measures (emotion symptom index: p = 0.011; internalising problems: p = 0.012). The effect sizes were large (Cohen's F squared = 0.65 and 0.83 respectively).

**Conclusion**

Significant reductions on measures which assess constructs including depression, anxiety and social stress were found for the intervention group. The results suggest that DBT STEPS-A may yield positive effects for adolescents who complete the intervention. Feedback from adolescents and teachers suggests that refinement of content, structure and implementation may make the programme more accessible to an adolescent population.

002 Effective parenting for mothers with Borderline Personality Disorder in youth protection services: Development of an adapted DBT group skills training

Lise Laporte (CIUSS Centre Sud de Mt, Montreal, Quebec, Canada)

L. Desrosiers

**Objective**

Approximately 50% of women with borderline personality disorder (BPD) become parents. Although many do well with parenthood, some struggle with this new role and come into contact with Youth Protection Services (YPS). Working with these mothers poses numerous challenges to caseworkers, and typical parenting skills groups offered by YPS are not well-suited to this population. These mothers, who may not yet have been in contact with psychiatry, could benefit from a parenting program sensitive to their specific needs and characteristics. The purpose of this presentation is to describe a 16-hour (8 weeks) parenting skills program, based on DBT, developed to help parents with children between the ages of 6-12 develop skills and better understand their behaviours and emotions.

**Methods**

This program aims on teaching DBT skills related to parent-child relationships and offering psycho-education on developmental issues. 12 parents were met and qualitative results on satisfaction and perceived impact on their relation with their children will be presented.

**Results**

Preliminary results suggest that parents are generally satisfied with the program and observed positive changes in their parent-child relationship.

**Conclusion**

The prevalence of maternal BPD in YPS suggests than an adaptation of DBT skills for these mothers is needed.
Parental Borderline Personality Disorder: An additional challenge for youth protection case workers and avenues for action
Lyne Desrosiers (Université du Québec, Trois-Rivières, QC, Canada)
L. Laporte

Objective
Up to 34% of mothers in Youth Protection Services (YPS) have borderline personality disorder (BPD) or traits. The characteristics of BPD affect not only parents' sensitivity to their child's needs but interfere with their capacity to engage in a positive therapeutic alliance. There is little data on the challenges faced by YPS workers, and about BPD training in the context of youth protection.

Methods
We will present the results of a qualitative study of 104 caseworkers’ perspective regarding challenges encountered with this clientele. Also, an experiential training developed to help YPS caseworkers to use DBT skills (distress tolerance, opposite action, validation, commitment strategies, and mindfulness of emotions) during difficult interventions will be discussed.

Results
Results show that caseworkers are at the center of a set of contingencies that challenge them on a daily basis. They reported difficulties in balancing the child's need for protection while supporting parents, talking to children about their parent's BPD, or collaborating with external partners, such as judges and adult psychiatrists. Finally, participants stressed that helping families affected by BPD is emotionally and cognitively challenging.

Conclusion
Caseworkers feel ill-equipped to provide services to this clientele. We present recommendations for practice and caseworker support in the context of youth protection.

Basic assumptions of mothers with Borderline Personality Disorder about parenting
Charlotte Rosenbach (Freie Universität Berlin, Germany)
B. Renneberg

Objective
Basic assumptions shape our thinking and behavior, regardless of how helpful they are. Obstructive basic assumptions about parenting and motherhood can lead to high parental stress, impulsive behavior towards the child and may hinder help-seeking behavior. Mothers with BPD often report highly negative and rigid assumptions about parenting. In the group training “Borderline and Motherhood” we focus on the identification and modification of dysfunctional assumptions about parenting in mothers with BPD.

Methods
In a sample of eight mothers with BPD participating in the training “Borderline and Motherhood”, the session on “beliefs about dealing with children” was videotaped and analyzed regarding basic assumptions about parenting and consequences for parental behavior. Additionally, self-reported changes in mothers' basic assumptions due to the group training were documented.

Results
The most common assumptions about parenting in mothers with BPD and their significance for the interaction with their children will be presented, as well as strategies for and difficulties in the modification of these assumptions.

Conclusion
Obstructive basic assumptions about parenting in mothers with BPD are highly relevant for the understanding and the modification of dysfunctional parenting in BPD.
participating in FSW. Changes in validating and invalidating responses were correlated with emotion regulation at discharge.

**Conclusion**

These findings indicate that brief and targeted parent interventions can be effective in changing core family communication patterns, and that these changes can manifest quickly. Additionally, this study provides further support that the needs of parents and caregivers should be addressed directly in treatment, and that significant benefits accrue to both parents and to their adolescent children, and ultimately to their functioning as a family.

002

**Family perspectives on BPD: Trauma and Post Traumatic Stress Disorder among family members of individuals with Borderline Personality Disorder**

Perry Hoffman (NEA.BPD, Mamaroneck, USA)

**Objective**

Borderline Personality Disorder (BPD) is an illness that occurs in the context of relationships. It is also a disorder that has as its hallmarks suicide and self-injury often exposing family members to high distress events. These can include a desperate call from a bridge or actually witnessing an attempt(s) creating for family members a sense of terror, depression, hopelessness. Repeated exposure to these distressing events in fact may result in Post Traumatic Stress Disorder (PTSD).

**Methods**

A PTSD scale adapted to BPD symptoms was designed to evaluate the impact of the relative’s BPD behavior on the family member. Family members completed the online survey on the National Education Alliance for Borderline Personality Disorder (NEA.BPD) website assessing the prevalence and impact of exposure to potentially traumatic events involving their relative with BPD.

**Results**

Analysis indicated that nearly all respondents (99.8%) reported experiencing at least one potentially traumatic event involving their BPD family member and most had experiencing multiple trauma types (M=5.9, SD=2.1). The most common types of potentially traumatic events included their BPD family member were attempting suicide, threatening to commit suicide, engaging in non-suicidal self-injury, and running away.

003

**Family functioning mediates individual outcomes, but family interventions are difficult: Solutions and outcomes when including parents and partners in treatment**

Alan Fruzzetti (McLean Hospital/Harvard University, Dep. of Psychiatry, Belmont, USA)

C. McLean

**Objective**

Most models of BPD, and indeed, virtually all models of family functioning, understand that relationships are transactional, with reciprocal influence: Each person’s behaviors affect the others, and vice versa. However, most models of BPD treatment focus on treating only the individual. This is not surprising, because families with BPD can be chaotic and difficult to treat, and present a variety of challenges to clinicians. The purposes of this presentation are: 1) to present data showing the importance of the role of family functioning and family relationships in treatment outcomes for suicidal and self-harming individuals with BPD; and 2) to identify some key problems or challenges when intervening with parents or partners of people with BPD, and suggest some general solutions that may be specific to these families, but compatible with a variety of treatment approaches.

**Methods**

In one study, 63 teens and young adults ages 18-25 with current suicidal behaviors and significant features of BPD were randomly assigned to DBT or psychodynamic psychotherapy, and completed measures related to family functioning, emotion dysregulation, suicidal ideation and self-harm behaviors, and depression at pre-, post-, and at six-months following treatment completion. In addition, summaries of several intervention studies with parents and partners will be presented.

**Results**

In the main study, HLM analyses showed that family functioning interacted with treatment condition to predict suicidal ideation and number of self-harm attempts, but not depression scores, even after controlling for emotional dysregulation. Additional studies demonstrate a variety of effective interventions and strategies with medium to large effect sizes.

**Conclusion**

Findings demonstrate the important role that family functioning plays in mediating individual outcomes, regardless of type of treatment. Findings also show that a variety of interventions may be employed effectively with families and BPD.

**OP-05**

**Oral Presentation**

16.30-18.00 Mestral 3

Dialectical behavior therapy - Outcome studies

Chairperson: Joaquim Soler Rivaudí, Barcelona, Spain

001

**Treatment outcomes of borderline personality subtypes after 3 months DBT inpatient treatment**

Ellen Sleuwaegen (PZ Duffel-Emmaus, Belgium)

L. Claes, K. Luyckx, T. Wilderjans, A. Berens, B. Sabbe

**Objective**

To disentangle the heterogeneity of patients with a Borderline Personality Disorder (BPD) we determined and validated BPD subtypes based on reactive and regulative temperament. We investigated whether these subtypes showed different treatment responses after 3 months of Dialectical Behavioral Therapy (DBT) inpatient treatment.

**Methods**

A total of 145 BPD inpatients were assessed by means of measures of temperament, symptomatology and coping. To identify BPD subtypes we performed model based
It was found that the most common method of self-harming among inmates was head-banging. Similarly, reasons for the behaviour were to regulate their emotions and mark their distress. Inmates in the DBT group lead to greater clinical improvements on most measures.

**Conclusion**
These findings suggest differences in treatment trajectory between BPD subtypes.

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**002**
A randomised controlled trial - the efficacy of a modified dialectical behaviour therapy on young adult prisoners who engage in self-harm

Arina Baharin (University of Wollongong, School of Psychology, Australia)
M. M. Ahmad Zahari, B. Grenyer

**Objective**
Dialectical behaviour therapy (DBT) has had positive outcomes in correctional settings mainly with adolescents, female inmates and those with Borderline Personality Disorder. However, the effectiveness of DBT on self-harming has not been examined. The present study evaluated whether a modified DBT treatment would be effective in reducing self-harm behaviours among young adult prisoners.

**Methods**
Participants were offenders residing in one of the youth correctional institutions in Malaysia. Ninety-five inmates aged 15 through 20 years with recent self-harming episodes were randomly assigned to the DBT or treatment as usual (TAU) groups. DBT skills training sessions were held twice a week for twelve weeks. Assessments of self-harm, symptoms of borderline personality disorder, depression, anxiety, self-criticism, suicidal ideation, emotion regulation, coping and spiritual experiences were made at baseline and again at 1- and 4-weeks post-intervention.

**Results**
It was found that the most common method of self-harming among inmates was head-banging. Similarly, reasons for the behaviour were to regulate their emotions and mark their distress. Inmates in the DBT group lead to greater clinical improvements on most measures.

**Conclusion**
This RCT is the first to be conducted in this region and highlights the importance of DBT in correctional settings for reducing self-harming behaviours among youth offenders.

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**003**
Standard dialectical behavior therapy and dialectical behavior therapy skills: Comparison of results

Carmen Sanchez Gil (Hospital del Mar Psmar., BPD Program, Barcelona, Spain)

**Objective**
Standard Dialectical Behavior Therapy (DBT), is an evidenced based therapy for Borderline Personality Disorder (BPD), which includes Individual Therapy, Skills Training Group, Telephone Coaching and Therapist Consultation Team. However, limited resources had led to offer Skills Training component as stand-alone treatment, and several studies have shown that can be an effective treatment. The aim of this study is prove the feasibility of both treatments in public mental health setting and compares their outcomes, as we know, there is no studies about this topic.

**Methods**
The study was performed in the outpatients BPD Program of the Parc de Salut Mar in Barcelona. Participants included 100 adults with BPD as main diagnosis, assessed with SCID-II interview. The two treatments, standard DBT (DBT) and DBT Skills Training (DBT-STG) were applied consecutively, the first 50 participants received 24 weeks of DBT and the following 50 participants received 24 weeks of DBT-STG. Assessments were conducted at baseline and post-treatment.

**Results**
The two treatment groups did not differ significantly on pre-treatment characteristics. Both therapies had improvement in self-destructive behavior, anxiety and anger. The standard DBT group had lower dropout rates and participants attended a higher number of group sessions. The use of health care utilization, emergency department visits and psychiatric admissions, were higher in DBT-STG.

**Conclusion**
Standard DBT and DBT Skills Training Group are feasible treatments for Borderline Personality Disorder patients in an outpatient public setting. Both treatments improve most of the outcomes. Stander DBT is associated to better results in dropout rates, emergency department visits and psychiatric admissions.

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**004**
Assessment of the effectiveness of DBT vs STEPPS programs for a sample of patients with Borderline Personality Disorder

Verónica Guillén Botella (University of Valencia, Dep. Personalitat, Avaluació i Tractament Psicològics, Spain)
S. Bolo Miñana, M. Jorquera Rodero, J. H. Marco, S. Fontseca Baeza, R. Baños Rivera, A. García Palacios

**Objective**
The objective of this study is to test the effectiveness of two treatment programs Dialectical Behavior Therapy (DBT) and the Systems Training for Emotional Predictability and Problem Solving (STEPPS) for people...
diagnosed with BPD. Both programs, have gotten important empirical support. However, the possible differential effectiveness has not been studied yet.

**Methods**
A non-randomized clinical trial was carried out in which both treatments were applied during six months, following the same structure and recommendations of the authors (Linehan, 1993; Blumn, 2002). The sample consisted of 55 patients diagnosed with BPD. One group which was made up of 29 patients received DBT and the other group which was made up of 26 patients received STEPPS. All the patients were evaluated, before and after treatment, and one follow up. The study was carried out in a center specialized in Personality Disorders (PREVI), with expert therapists in the diagnosis and treatment of BPD, as well as in the application of the DBT and STEPPS programs.

**Results**
The results indicate that both programs proved effective, they observed statistically significant improvements in impulsiveness, depression, suicidal risk and trait anger, but there were no significant differences between groups in this variables. Additionally, the DBT group obtained significantly better statistically in the reduction of borderline symptoms, emotional regulation, anxiety reduction, improvement of self-esteem, resilience and the quality of life. The STEPPS group obtained statistically significant improvements in the reduction of dissociative disorders, anger reduction and improved in reasons for living.

**Conclusion**
The results highlight the importance of carrying out dismantling studies comparing distinct programs and analyzing the possible differential efficiency of its components. Additional research is required to define what component or components of each program can be more effective for what type of patients and in turn improve the actual BPD treatment programs.
Symposium
08.30-10.00 Garbi
New developments in studies and clinical approaches to narcissistic personality disorder
Topic: 23) Psychodynamically Informed Psychiatric Care
Chairpersons: Elsa Ronningstam, Belmont, USA
Igor Weinberg, Belmont, USA

001 Beginning therapy with Narcissistic Personality Disorder patient
Igor Weinberg (Harvard Medical School, Belmont, USA)

Objective
Beginning therapy with NPD patients poses a main challenge in engaging the patient in meaningful process of change.

Methods
Major theories approaches to NPD treatment will be reviewed and their recommendations as to how to engage NPD patients will be presented. Approaches will be identified through review of the literature on treatment of NPD. Approaches will belong to psychoanalytic and cognitive behavioral traditions.

Results
Conceptual analysis will compare how various interventions and concepts relate to engagement. Reviewed concepts will include challenging avoidance, interpretation of reversals in the transference, developing a sense of agency, developing curiosity, having an ultimatum, existential despair, engagement in meaningful activity (e.g., work) outside of treatment, losing secondary gains. Comparative effectiveness of these interventions and their differential effectiveness for different NPD patients will be discussed.

Conclusion
Comparative analysis of existing treatment approaches is helpful in identifying effective interventions for engaging NPD patients in treatment.

Policy of full disclosure
No conflict of interest.

002 Using transference-focused psychotherapy principles in the treatment of patients with narcissistic disorders
Richard Hersh (Columbia University Medical Psychiatry, New York, USA)

Objective
Learn how Transference-Focused Psychotherapy (TFP) principles can useful in the treatment of patients with narcissistic disorders

Methods
Review elements of standard TFP for borderline personality disorder (BPD) and the modifications required for treating patients with narcissistic disorders with a focus on diagnosis, establishment and maintenance of the treatment frame, and moment-to-moment interventions

Results
Familiarity with TFP as a treatment intervention and the specific modifications required for the treatment of primary or co-occurring narcissistic disorders

Conclusion
TFP principles can aid clinicians in work with patients with narcissistic disorders

003 Changes in pathological narcissism
Elsa Ronningstam (McLean Hospital, Harvard Medical School, Belmont, USA)

Objective
Objective Systematic studies of occurrence of and conditions for changes in pathological narcissism and NPD remain relatively sparse. Changes within as well as outside of treatment have been observed and described. Similarly, dimensional stability can co-occur with diagnostic fluctuations and remission of traits. However, there is still a need for an organized systematic conceptualizations of how and under what conditions change do occur in pathological narcissism. In particular, with the introduction of a dimensional approach to identifying and diagnosing NPD, specifying relevant areas of self and interpersonal functioning and regulation, as well as factors contributing to and influencing change, are of high importance.

Methods
A review of empirical and clinical studies on change in personality functioning will form the base for outlining a proposal for psychological indicators of change within a specific areas of functioning.

Results
Five areas of functioning are identified: self-esteem regulation, sense of agency, interpersonal functioning and relatedness, emotional reactivity and regulation, and life commitment and engagement. Within each of these, specific indicators of evidence for change are specified in terms of increased abilities and tolerance, regulation as well as changes in motivation and internal processing.

Conclusion
Motivation and conditions for internal processing are of significant importance for change to occur in pathological narcissism. In addition, the influence of intervening corrective or corrosive life experiences can motivate and influence change. It is also important to see change in pathological narcissism as a gradual process with fluctuations, intercepts, and unexpected movements. Implications for alliance building and patients motivation and ability for engaging in treatment and for changing will be discussed.

004 Childhood invalidation and pathological narcissism
Elisabeth Huxley (University of Wollongong, Australia)
D. Sivanathan, B. Bizumic

Objective
A variety of childhood experiences are associated with increased narcissism as an adult; however, little work has examined the role of parental invalidation, which has been
associated with a range of clinical presentations including BPD and eating disorder symptoms. Over two studies, the relationship between recollections of childhood invalidation and pathological grandiose and vulnerable narcissism were examined. Study 1 aimed to explore whether childhood invalidation predicted narcissism while accounting for other parenting behaviours. Study 2 aimed to examine whether pathological narcissism mediates the relationship between childhood invalidation and eating disorder symptoms in women.

Methods
Cross-sectional, self-report research designs were used across both studies. Study 1 used a sample of 442 participants drawn from Australian community and university populations. Building on the findings of Study 1, Study 2 used 394 female participants recruited from an online sample. Correlational and regression analyses were used to test the hypotheses of each study.

Results
The results of Study 1 indicate that recollections of invalidating behavior from parents is associated with higher levels of grandiose and vulnerable narcissism when controlling for age, gender, and the related parenting behaviors of rejection, coldness, and overprotection. The results of Study 2 indicate that parental invalidation and vulnerable narcissism are positively associated with eating disorder symptoms, and that parental invalidation had a positive indirect effect upon eating pathology, via vulnerable narcissism.

Conclusion
The findings suggest that invalidating experiences in childhood are associated with pathological narcissism, and that this relationship may predict additional health concerns such as eating disorder symptoms. In addition, these findings indicate that childhood invalidation may have significant implications for the development of self-regulation. Implications for the treatment and conceptualisation of narcissism and eating pathology will be discussed.

005 Predicting suicide in adolescence: Mood disorders, personality pathology and narcissistic functioning
Riccardo Williams (Dynamic & Clinical Psychology, Rome, Italy)
M. P. Casini, G. Serra, C. Frattini, S. Vicari, E. Ronningstam

Objective
This study has 4 objectives:
a) To verify whether the mood disorders/traits have a differential predictive role with respect to three clinical groups of adolescents: Suicidal Ideation, NSSI with suicidal ideation, Suicidal attempts.
b) To verify whether the categorical and dimensional traits of personality pathology have a differential predictive role with respect to three clinical groups of adolescents: Suicidal Ideation, NSSI with suicidal ideation, Suicidal attempts.
c) To verify whether the dimensions of pathological narcissism have a differential predictive role with respect to three clinical groups of adolescents: Suicidal Ideation, NSSI with suicidal ideation, suicidal attempts.
d) To verify whether mood conditions, personality pathology, narcissistic functioning discriminate between the motivations sustaining suicidal ideations and behaviors.

Methods
Sample A sample of 40 adolescents referred at the Adolescent Psychiatric In-Patient and Mood Disorders Units of the Pediatric Hospital Bambino Gesù of Rome have been recruited with the method of subsequent admissions. Adolescents presenting a QI below 90, a generalized developmental disorder have been excluded from the study. Instruments
a) Assessment of suicidal ideation and conducts: - Columbia Suicide Severity Rating Scale (CSSRS); - The Deliberate Self-Harm Inventory (DSHI);
b) Assessment of the presence of categorical and dimensional symptoms of mood disorders (and other relevant psychopathological conditions): - Kiddie-SADS PL: clinician’s assessment of diagnosis for Axis I Disorders - Kiddie SADS Mania Rating Scale (K-SADS-MRS); - Child Depression Rating Scale Revised (CDRS-R);
c) Categorical and dimensional Assessment of Personality Pathology - SCID II (DSM5-version): questionnaire and interview for personality disorders diagnosis (both categorical and dimensional- number of symptoms measures will be considered). - Diagnostic Interview for Narcissism (DIN):

Results
Borderline Personality Disorder presents a significant association with suicidal attempts. The narcissistic dimension presented significant associations with suicidal ideation and conducts.

Conclusion
In order to predict suicidal conduct in adolescence, several factors should be taken into consideration with a specific role to be attributed to narcissistic functioning typical of this developmental stage.

S-49 Symposium
08.30-10.00 Tramuntana 1
Clinical trials in early intervention for youth with Borderline Personality Disorder
Topic: 2) Adolescence
Chairpersons: Andrew Chanen, Melbourne, Australia
Louise McCutcheon, Melbourne, Australia

001 MOBY: A randomised controlled trial of three forms of early intervention for youth with Borderline Personality Disorder: Protocol and baseline characteristics
Jennifer Betts (Orygen University of Melbourne, Parkville, Australia)
MOBY is a parallel-group randomised controlled trial. Help-seeking youth aged 15 to 25 years (inclusive) presenting with BPD were randomised to one of three treatments: (i) the specialist Helping Young People Early (HYPE) service model plus up to 16 sessions of individual Cognitive Analytic Therapy (CAT); (ii) the HYPE model plus up to 16 sessions of a control psychotherapy (‘befriending’); or (iii) a general youth mental health service model (YMH) plus up to 16 sessions of befriending. This design enables an evaluation of the unique contribution to outcome of both service model (general vs specialist) and of individual psychotherapy (psychotherapy vs control). Assessments were conducted at 3, 6, 12 and 18 months after baseline. The primary outcome at 12 months is adaptive functioning (social adjustment and interpersonal problems).

Results
139 youth with BPD (mean age 18.9 years; 80% female; 23% currently homemaker or student and 18% in paid employment) were randomised (HYPE+CAT n=46; HYPE+befriending n=46; YMH+befriending n=47). At baseline, this cohort presented with frequent mental state problems.

Conclusion
The results of this trial will help to clarify the comparative effectiveness of a specialised early intervention service model over and above general youth mental health care, along with the contribution of individual cognitive analytic therapy over and above specialised general clinical care in early intervention for borderline personality disorder. Consequently, the findings will also inform the level of training and competency required for effective delivery of early intervention services. Trial registration: ACTRN12610000100099 on 1 February 2010.

MOBY: A randomised controlled trial of three forms of early intervention for youth with Borderline Personality Disorder: Main outcomes
Andrew Chanen (Orygen University of Melbourne, Australia)
S. Cotton, J. Betts, J. Gleeson, K. Thompson, L. McCutcheon, H. Jackson

Objective
The primary aim of this trial is to evaluate the effectiveness of three forms of early intervention for borderline personality disorder (BPD) in terms of adaptive functioning. Each treatment is defined by combining either a specialised or a general service delivery model with either an individual psychotherapy or a control psychotherapy condition.

Methods
Help-seeking 15 - 25 year-olds with BPD were randomised to one of three treatments: (1) the specialised Helping Young People Early (HYPE) early intervention model plus up to 16 sessions of individual cognitive analytic therapy (CAT); (2) HYPE plus up to 16 sessions of a control psychotherapy (‘befriending’); (3) general youth mental health (YMH) care plus up to 16 sessions of befriending. At the 12-month primary endpoint, the primary outcome is adaptive functioning (measures of social adjustment and interpersonal problems).

Results
139 participants were randomised (HYPE+CAT n=46; HYPE+befriending n=46; YMH+befriending n=47). Data analysis is currently underway and will be completed by July 2018.

Conclusion
The results of this trial will help to clarify the comparative effectiveness of a specialised early intervention service model over and above general youth mental health care, along with the contribution of individual cognitive analytic therapy over and above specialised general clinical care in early intervention for borderline personality disorder. Consequently, the findings will also inform the level of training and competency required for effective delivery of early intervention services. Trial registration: ACTRN12610000100099 on 1 February 2010.

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Results
139 youth with BPD (mean age 18.9 years; 80% female; 23% currently homemaker or student and 18% in paid employment) were randomised (HYPE+CAT n=46; HYPE+befriending n=46; YMH+befriending n=47). At baseline, this cohort presented with frequent mental state disorder (mean 2.58) and personality disorder (mean 2.35) comorbidity, high levels of risk (e.g. 89% self-harmed within past 12 months), and poor functioning (mean SOFAS 58.09).

Conclusion
The results of this trial will help to clarify the comparative effectiveness of a specialised early intervention service model over and above general youth mental health care, along with the contribution of individual cognitive analytic therapy over and above specialised general clinical care in early intervention for borderline personality disorder. Consequently, the findings will also inform the level of training and competency required for effective delivery of early intervention services. Trial registration: ACTRN12610000100099 on 1 February 2010.

A randomised controlled trial of vocational interventions for youth with Borderline Personality Disorder: Trial protocol
Katie Nicol (Orygen/University of Melbourne, Australia)

Objective
Young people with borderline personality disorder (BPD) often have difficulty engaging and maintaining engagement in education and/or employment, despite having the desire to do so. Individual Placement and Support (IPS) is a specialist vocational service that is client driven, assisting individuals to engage with education or employment appropriate to their goals, and provides ongoing support to maintain this engagement. The objective of the study is to investigate whether IPS improves vocational outcomes in young people with features of BPD compared with usual vocational services (UVS).

Methods
Youth aged 15-25 will be recruited from the Helping Young People Early (HYPE) clinic at Orygen, the National Centre for Excellence in Youth Mental Health. Participants will be randomised to either IPS or UVS, which they will receive for 9 months, alongside standard HYPE treatment. Participants will be asked to attend five research visits, to measure functioning and assess BPD feature severity over time.
Results
The study is ongoing, however we expect that young people who receive IPS will have better vocational outcomes compared with those who receive UVS, measured by number of days engaged in employment or education, as the primary outcome. BPD feature severity and quality of life will also be analysed as secondary outcomes, along with economic evaluation of both IPS and UVS, to determine cost-effectiveness.

Conclusion
IPS has been successfully utilised in other populations, but no randomised controlled trial has investigated its effectiveness in young people with features of BPD. Successful IPS in this group would demonstrate a treatment effect for functional outcomes, reducing welfare benefit and improving quality of life and BPD severity.

004
MS-BPD: A randomised controlled trial of a group psychoeducational intervention for family and friends of youth with Borderline Personality Disorder: Main outcomes
Carol Hulbert (University of Melbourne Psychological Sciences, Parkville, Australia)
M. Seigermann

Objective
Background: Family and friends of youth with borderline personality disorder (BPD) experience substantial burden. The Making Sense of BPD (MS-BPD) program is a brief, developmentally appropriate psychoeducation program for family and friends of youth with BPD. This study aimed to determine the effectiveness of MS-BPD by comparing a combination of the MS-BPD program and a self-directed online psychoeducation (SOP) program with the SOP program alone.

Methods
A single-centre, parallel group, single-blinded, clustered, partially nested, randomised controlled trial compared MS-BPD+SOP with SOP alone for family and friends of youth (15-25 years old, inclusive) receiving treatment from a specialist early intervention service for full-syndrome or sub-syndromal BPD. It was hypothesised that, compared with the SOP group, the MS-BPD+SOP group would show significant reductions in negative caregiving experiences (primary outcome) and significant improvements in positive caregiving experiences, psychological distress, knowledge of personality disorders, coping, expressed emotion, and quality of life (secondary outcomes) at 4-8 week follow-up.

Results
Seventy-nine participants from 58 family units were randomised and 73 participants from 53 family units (MS-BPD + SOP n = 35 participants; SOP n = 38 participants) provided follow-up data. Contrary to predictions, there were no significant differences between groups on all primary and secondary outcomes. Participants in both study groups reported significant reductions in negative caregiving experiences and increased knowledge of personality disorders at follow-up, with small to medium effect sizes.

Conclusion
Conclusions: The SOP program on its own is equally effective as when it is combined with the MS-BPD program for family and friends of youth with BPD pathology. Future studies are required to determine the optimal dose, timing, content, and modalities needed to maximise intervention benefits for family and friends with BPD.

001
Gender biases in the diagnosis of males with Borderline Personality Disorder
Allison Ruork (University of Nevada, Reno Clinical Psychology, USA)
C. McLean, A. Fruzzetti

Objective
Although rates of Borderline Personality Disorder (BPD) are relatively equivalent rates between males and females, it is much more frequently diagnosed in women (Zanarini et al., 1997). In contrast, men with BPD are often misdiagnosed with antisocial personality disorder (APD), substance use disorders, or bipolar disorder (Johnson et al., 2003). Given that there are empirically validated treatments for BPD, misdiagnosis is particularly problematic, especially given the high rate of life-threatening behaviors demonstrated by people with BPD. Prior research demonstrated that gendered diagnostic biases are prevalent when comparing other personality disorders, such that cases with female pronouns were more likely to be diagnosed with histrionic personality disorder, and males with APD (Ford & Widiger, 1990). Moreover, female cases were more likely to be diagnosed with BPD, and males with narcissistic personality disorder (Braamhorst et al., 2015). The current study is the first to compare clinician biases when assessing diagnostic criteria of BPD and APD, depending on the gender of the patient.

Methods
Clinicians were recruited through professional listserves to participate in a study presented as being about diagnosing anxiety and related disorders. Participants were presented with case vignettes that met criteria for unambiguous BPD or APD, as well as an ambiguous case with features of both disorders. Vignettes were randomized to include either male or female pronouns, but otherwise were identical. Participants indicated primary diagnoses as well as potential rule out diagnoses.

Results
Data collection is in progress, but pilot data suggested that; 1) vignettes with male pronouns are more likely to be diagnosed with APD and less likely with BPD, and; 2)
clinician biases based on gender are more pronounced when evaluating ambiguous case vignettes (i.e., have features of both personality disorders).

**Conclusion**
This suggests it is critical that providers be attentive to potential gender biases in diagnosis of men who present with Borderline features.

**002 Adjustments in structures and strategies, and treatment outcomes, in treating adolescent boys and young men in a residential setting**
Alan Fruzzetti (McLean Hospital/Harvard University, Dep. of Psychiatry, Belmont, USA)
C. McLean

**Objective**
Dialectical Behavior Therapy (DBT) was originally developed to treat chronically suicidal and self-harming individuals with severe emotion dysregulation and related problems, including borderline personality disorder (Linehan, 1993). DBT also has been applied transdiagnostically with consistent success to treat a variety of problems related to emotion dysregulation, particularly in outpatient settings, and most often with females, although BPD and related problems affect males in similar proportion. There is limited research examining the effectiveness of DBT for adolescents and even fewer data for treating boys and young men. This paper will highlight adjustments in treatment structures and strategies, and then provide outcomes, for males 14-21 years old.

**Methods**
This paper will present data from the first DBT residential treatment program for adolescent boys and young men ages 14-21. These patients score in the highest range at admission, with severe emotional, relational, identity, and self-control problems. Typical length of stay is 6 to 12 weeks, and residents receive comprehensive DBT. This presentation will include: 1) processes of change data (e.g., emotion regulation, self-validation, and self-invalidation); 2) standard outcomes such as suicidality, depression, and anxiety; and 3) parent-teen relationship improvements.

**Results**
Outcomes (changes from admission to discharge) demonstrate significant reductions and generally large effect sizes in: reduced emotion dysregulation (d = 1.5), reduced suicidality (ideation, urges, actions, d = 1.7), significantly more self-validation (d = 1.3), and less self-invalidation (d = 1.3), reductions in depression (d = .6) and anxiety (d = .7), and improvements in parent-teen relationships (d = .7).

**Conclusion**
Findings suggest that comprehensive DBT delivered in a residential treatment program may be beneficial for teenage boys and young with severe emotion dysregulation and related difficulties, and for their parents and families.

**003 Comorbidity and treatment of men with BPD/ASPD in forensic settings**
Andre Ivanoff (Columbia University Social Work, New York, USA)
M. Heyes

No text received

**004 Dialectical behavior therapy for men with Borderline Personality Disorder and antisocial behavior**
Dan Wetterborg (Karolinska University, Solna, Sweden)

**Objective**
In addition to suicidal behaviors, men with Borderline personality disorder (BPD) often display antisocial behavior that could impair contacts with mental health services. While research has established effective treatments for women with BPD, this is not yet the case for men.

**Methods**
We evaluated 12 months of Dialectical behavior therapy (DBT) in 30 adult men with BPD and antisocial behavior, using a within-group design with repeated measurements.

**Results**
We found moderate to strong, statistically significant pre- to post-treatment reductions of several dysfunctional behaviors including self-harm, verbal and physical aggression, and criminal offending (rate ratios 0.17-0.39). Symptoms of BPD and depression were also substantially decreased. The dropout rate was 30% and completing participants reported high satisfaction with treatment and maintained their improvements at the one-year follow-up.

**Conclusion**
We conclude that DBT could be an effective treatment alternative for men with BPD and antisocial behavior, and merits future studies with more rigorous design.
interpersonal difficulties may facilitate these individuals in maximising opportunities for employment, forming stable romantic relationships and belong to social groups. We describe here a 16 sessions program of group-based Metacognitive Interpersonal Therapy (MIT-G) including psychoeducation on the main interpersonal motives (e.g. attachment, social rank, exploration) and an experiential component where narrative episodes are role-played in order to improve mentalistic knowledge for purposeful problem-solving.

**Methods**
We first present data from a feasibility, acceptability and clinical significance Randomized Clinical Trial. Participants meeting inclusion criteria, were randomized to receive MIT-G (n=10) or waiting list+TAU (n=10). We then present interim results for a second more powered RCT.

**Results**
As regard the first RCT, drop-out rate was low, and session attendance high (92.19%). Participants in the MIT-G arm had symptomatic and functional improvement consistent with large effect sizes. In the MIT-G arm similarly large effect increases were identified for capacity to understand mental states and regulate social interactions according to mentalistic knowledge. Results were sustained at follow-up. Results about the second trial will be presented as well.

**Conclusion**
Results suggest potential for applying MIT-G in larger samples to further test its efficacy in reducing PD-related symptoms and social problems.

**Policy of full disclosure**
nothing to declare

**Objective**
Adolescence is a crucial phase for the development and consolidation of personality, as youths face critical psychological changes in the perception of their self in relations with family members and peers, as well as with evolving romantic and sexual relations. Significant deviations in personality structuring can result in the emergence of pathological personality features. In this contribution, we investigated the relationship between emerging personality structure in adolescence and borderline and narcissistic personality aspects. Specifically, we aimed at underlining which dimensions of emerging personality structure were related to borderline and narcissistic characteristics.

**Methods**
A community sample of 709 adolescents (age 13-19) was tested for personality dimensions (Self, Self-acceptance, Relationship with Family and Friends, Aggression, Sexuality, Investments and goals) using the Adolescent Personality Structure Questionnaire (APS-Q) and for borderline (Borderline Personality Features Scale for Children – BPFSC-11) and narcissistic features (Pathological Narcissism Inventory – PNI).

**Results**
Data suggest significant associations between specific personality dimensions and pathological personality features. In particular, results showed strong associations between borderline features and impairments in self and interpersonal related personality dimensions as well as with difficulties in aggression regulation. Likewise, data indicated significant relations between vulnerable narcissistic features and self-related aspects of personality. Finally, results showed impairments in Self, Self-acceptance dimensions, difficulties in aggression regulation and sexuality, related to more severe grandiose narcissistic characteristics.
**Objective**

Ostracism online is a new experimental paradigm (Wolf, Levordashka, Ruff, Kraaijeveld, Lueckmann & Williams, 2015) in which participants have to create an avatar with a short description of themselves, then they receive from, and could give to the group members positive feedbacks in the form of a Like (similar to a Facebook). The level of ostracism is manipulated by the number of Likes a participant’s personal profile receives. The present research aims to study the predictive role of specific personality dimensions on mentalization capacities after an ostracism online task in a group of nonreferred adolescents.

**Methods**

146 adolescents completed the Ostracism online task and a brief interview and a questionnaire centered to explore their reaction to the experimental situation in order to assess their mentalizing capacities. Before the task we also administer: (1) PID-5-SF (Krueger, Derringer, Markon, Watson & Skodol, 2013) to assess personality traits in the light of DSM-5 alternative model of personality disorders; (2) RFQ-Y (Sharp et al., 2009), to assess adolescent’s reflective functioning; (3) IPOP-A (Ammaniti, Fontana, Kernberg, Clarkin & Clarkin, 2011) to evaluate level of personality organization in adolescence; (4) BPFSC-11 (Sharp, Steinberg, Temple, Newlin, 2014) to assess borderline traits, and finally (5) LPFS-BF (Hutsebaut, Feenstra, Kamphuis, 2016) to assess personality functioning in the light of DSM-5 alternative model of personality disorders.

**Results**

Multiple regression analysis was performed to explore the role of specific personality dimensions on mentalizing capacities after the Ostracism online task. Peculiar personality traits and dimensions, like psychoticism and negative affect, predicted self-awareness of mentalizing difficulties while level of personality organization predicted specific mentalizing difficulty after the experience of being excluded.

**Conclusion**

Our results put in evidence the predictive role of personality traits and personality organization on mentalizing difficulties in a sample of nonreferred adolescents.
Maladaptive personality functioning and emotional reactions to situations in daily life in adolescence
Erica Casini (Milano, Italy)
J. Richetin, E. Preti, J. Zimmermann

Objective
Adopting a dynamic perspective, this study examines the role of maladaptive personality functioning in qualifying the relationship between psychological characteristics of situations encountered during daily life and emotional reaction.

Methods
A sample of 216 (F= 92) adolescents (Mage =14.82 SDage= 0.94) filled in a questionnaire assessing severity of personality problems in identity integration and social capacities. After that was an Ecological Momentary Assessment on the psychological characteristics of situations, (DIAMONDS) and the emotional reaction to them, administered five times per day for fourteen days. On both measures, we focused on negative dimensions (i.e. adversity, deception and negativity for the DIAMONDS, and sadness, anxiety, anger, hurt and exclusion for the emotions).

Results
Multilevel analyses showed that emotional reactions across days were affected both by maladaptive personality functioning and the psychological characteristics that adolescents attributed to situations. Specifically, across every situation considered, the less the identity integration the more the negative emotions expressed. Besides, individual differences in identity integration resulted in different relationship between adversity and both anger and hurt, such that the impact of adverse situations on both outcomes increased as identity integration went down. Instead the less social capacity the stronger the negative emotions experienced (with the exception of anxiety) across the different situations considered.

Conclusion
These results shed light on the role of both identity integration and social capacity in predicting emotional reactions to everyday situations.

Scientific Programme
Saturday, 29 September 2018

004

Maladaptive personality functioning and emotional reactions to situations in daily life in adolescence
Erica Casini (Milano, Italy)
J. Richetin, E. Preti, J. Zimmermann

Objective
Even though there is a lack of consensus in consistently defining complex dynamical systems (CDSs), different theoretical perspectives agree that CDSs exhibit three key characteristics: a) a large number of interacting components or agents; b) emergence processes; c) self-organization. Nevertheless, it seems that self-organization is the most distinguishing feature of CDSs (Boccara, 2003). Particularly, self-organization refers to “behavioral patterns that emerge from the interactions that bind the components of a system into a collective, synergistic system, while not being dictated a priori by a centralized controller (Richardson, Dale, & Marsh, 2014; p. 254). Dynamical self-organization is mainly represented by a continuous and flexible organization of systems structures over the course of time. Self-organization is also related to other two concepts: a) nonlinearity; b) attractor (i.e. state or subset of states toward which the dynamical system moves over time). Starting from these theoretical backgrounds, the current presentation aims to propose a new conceptualization of Borderline Personality (BPD) as CDSs characterized by an inflexible self-organization over the course of time. The inflexibility of system self-organization could be effectively captured by a limit cycle attractor (i.e. paths that the system revisits with great regularity).

Methods
The previous concepts will be operationalized applying Multiscale Entropy Analysis and Fractal Analysis to psychophysiological data (i.e. Electrodermal Activity, and ECG) evaluated in two ongoing experimental case-control studies, which compared BPD individuals with healthy subjects.

Results
Consistently with our BPD conceptualization, we hypothesize that BPD subjects will exhibit stable levels of Entropy and lower fractal organization of physiological signals during the assessment period.

Conclusion
Our approach will represent a new theoretical and methodological framework to conceptualize and evaluate core pathological processes in BPD.
particular: the amygdala, cholinergic systems of the basal forebrain and the neocortex. We use the model to understand the physiological and behavioral aspects of BPD. We modeled aspects of BPD as an instability in the regulation of states of the amygdala with the question how this affects information processing and stability in the neocortex.

Results
We found that the BPD model has enhanced sensitivity to local stimulus features and events driven by an acetylcholine dependent re-balancing of the local and global inhibition in the neocortex. Through an increased sensitivity to local features of environmental stimuli, the model displays an enhanced detection of novelty with its associated emotional response. This leads to a positive feedback loop between amygdala-dependent emotional reactivity and cortical information processing with an increased negative emotional labeling of external events illustrating a behavioral feedback. This effects can be counteracted by the down-regulation of the cortical response to external events.

Conclusion
The model suggests an alternative mechanism through which BPD can be understood that shows an intricate coupling of neuronal mechanisms of learning and attention that incrementally builds a representation of event's understanding self-harming behavior and therapeutic approach in adolescents
Topic: 2) Adolescence
Chairpersons: Marc Ferrer, Barcelona, Spain
Natàlia Calvo, Barcelona, Spain

001
Non-suicidal self injury and its relationship with trauma, personality disorders and reflective functioning in a clinical sample of adolescents
Lina Normandin (Laval University, Québec, Canada)
K. Ensink, M. Bégin, S. Chabot

Objective
Current evidence suggests that non-Suicidal Self-Injuries (NSSI) often peaks or starts during adolescence. The prevalence of NSSI ranges from 21% to 46% in community samples, and this is much higher in clinical samples where up to 61% of adolescents are affected. The aim of this study is to examine the prevalence of NSSI in a clinical sample of adolescents and young adults and investigate the relationships between different risk factors such as trauma, personality disorders (BPD and NPD) and reflective functioning in order to identify the best predictors of NSSI.

Methods
Eighty (80) adolescents and young adults from the two clinical settings (University Laval Psychology Clinic and Pediatric Mental Health Hospital) aged 12 to 21 y.o will participate in the study.

Results
Hierarchical logistic regression with RF, trauma, and PD as predictors will be performed. Second level of analysis will be implemented comparing the clinical sample with a community sample of 350 adolescents.

Conclusion
Trauma and reflective functioning are significant predictors of NSSI.

002
DBT vs. treatment as usual DBT in a day hospital with self-injuring adolescents
Mercè Gibert (Fundació Orienta. Grup TLP BCN, Barcelona, Spain)

Objective
Dialectic-Behavioral Therapy (DBT) was initially developed and evaluated as an outpatient treatment program for chronically suicidal individuals meeting criteria for borderline personality disorder (BPD). Over the years, several DBT adaptations have been developed for specific Settings and diagnoses, as well as for adolescents. In 2015 standard DBT program was started in our adolescent day care unit (Hospital de diaGavà). The objective of this study is to evaluate a standard DBT treatment program in an adolescent partial inpatient care and compare it with the treatment as usual.

Methods
The clinical results have been evaluated on all adolescent patients between 2015 and 2017 (aged between 12 and 17 years). 23 patients were included in a standard 24-week DBT program. The rest of the patients received treatment as usual (during 6 months). Strengths and difficulties questionnaire was administered for all patients at the beginning and at the end of the therapeutic process. Also clinical evaluation was made for all the patients. Sociodemographic variables analyzed as well.

Results
23 patients with symptoms of impulsivity, self-injury, autolytic attempts and emotional instability participated in a standard 24-week DBT program. 17 of them were diagnosed of borderline personality disorder (BPD) as a main diagnose. The comparison between both evaluations showed improvements in several aspects for the DBT group. This group had a higher improvement than the group of treatment as usual. No sociodemographic differences were found between the two groups.

Conclusion
The data suggest that a standard six-month DBT treatment is significantly better than non-specific treatment for adolescent patients, particularly with patients with symptoms of impulsivity, self-injury, autolytic attempts and emotional instability.
**Non-suicidal self-injuries and dissociative experiences**

Brenda Tarragona Medina (Fundació Orienta., Facultat de Psicologia Grup TLP BCN, Barcelona, Spain)

**Objective**
We aim to explore the relation of NSSI with both dissociative and adverse childhood experiences among a mixed-gender sample of adolescent and their impact on frequency, severity, and functions of NSSI.

**Methods**
A sample of 196 adolescent of a community sample (aged 14 to 24) was recruited from high schools. Frequency, methods, and functions of NSSI were assessed by the Functional Assessment of Self-Mutilation (FASM), adverse childhood experiences were assessed by the Childhood Experiences of Care and Abuse Questionnaire (CECA.Q) and dissociative experiences were assessed by the Adolescent Dissociative Experience Scale (A-DES).

**Results**
Prevalence of NSSI reported in this community sample was 33.3% in previous 12 months with a peak of onset at 14 years old. Engagement in NSSI was significantly related to adverse childhood experiences with highest associations for maternal and paternal neglect. Dissociative experiences were also significantly related to higher frequency and severity of NSSI with higher associations for depersonalization and derealization. Whilst both variables were significantly associated with NSSI, when we introduce them in the same model, NSSI is better explained by maternal negligence rather than by dissociation. Both adverse childhood and dissociative experiences were significantly related to the automatic functions of NSSI (affect regulation and anti-dissociative function).

**Conclusion**
Self-injury is a common phenomenon among community-based adolescent populations and appears to be specifically related to both adverse childhood and dissociative experiences. Given that both variables also influence the functions of NSSI, these factors should be examined as part of the process when planning a therapeutic intervention.

**Findings on self-harming behaviour in general population, prevalence data and preventive intervention**

Teresa Riballa (Fundació Orienta. Grup TLP BCN, Barcelona, Spain)

**Objective**
1/ We aim to explore the prevalence of self-harming among two school samples of adolescents (from Barcelona and Quebec) and compare it with a Borderline Personality Disorder (BPD) outpatient sample and determine the need to apply a project of primary prevention in schools and secondary prevention in schools and outpatient mental health centers. 2/ In addition, we explore the relationship between self-harming and internalizing and externalizing disorders as well as the link with accidentally is also explored.

**Methods**
A sample of 278 adolescents aged 12 to 17 was recruited from high schools. Internalizing and externalizing disorders were assessed by the Youth Self Report (YSR/11-18) and BPD was assessed by the Millon Adolescent Clinical Inventory (MACI).

**Results**
Prevalence of Non suicidal self-injury (NSSI) reported in community samples was 12% and 33% in Barcelona and Quebec respectively. Prevalence found in outpatient sample was higher. The prevalence ranges although they are wide between the populations justify the need to apply a primary prevention project in the school and a secondary prevention project in the school and in the outpatient mental health centers. Engagement in NSSI was related to several internalizing and externalizing disorders in both community and clinical sample. The projects of prevention and other results will be presented in the conference.

**Conclusion**
Self-harming behaviour is a high prevalence phenomenon in the general population. The debate continues on whether it should be considered as an independent nosological entity. The prevalence ranges are wide between populations. Establishing a clear definition and agreeing on the evaluation methods will lead to a better knowledge of the phenomenon to design more effective preventive interventions.

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**Scientific Programme**

**Saturday, 29 September 2018**

**003**
**Non-suicidal self-injuries and dissociative experiences**

Brenda Tarragona Medina (Fundació Orienta., Facultat de Psicologia Grup TLP BCN, Barcelona, Spain)

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**Conclusion**
Self-injury is a common phenomenon among community-based adolescent populations and appears to be specifically related to both adverse childhood and dissociative experiences. Given that both variables also influence the functions of NSSI, these factors should be examined as part of the process when planning a therapeutic intervention.

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**004**
**Findings on self-harming behaviour in general population, prevalence data and preventive intervention**

Teresa Riballa (Fundació Orienta. Grup TLP BCN, Barcelona, Spain)

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**Conclusion**
Self-harming behaviour is a high prevalence phenomenon in the general population. The debate continues on whether it should be considered as an independent nosological entity. The prevalence ranges are wide between populations. Establishing a clear definition and agreeing on the evaluation methods will lead to a better knowledge of the phenomenon to design more effective preventive interventions.
Methods

Ninety-three patients with a SCID-II primary diagnosis of BPD and 93 HCs were propensity-score matched to 93 patients with a SCID-II primary diagnosis of ASPD on sex, age, IQ and household income. Using multiple regression, the three groups were compared on the two RFQ-54 subscales: certainty (i.e. index of hyper-mentalizing) and uncertainty (i.e. index of hypo-/non-mentalizing). Participants also completed further self-report measures, e.g. on aggression and emotion regulation.

Results

ASPD patients showed significantly higher uncertainty subscale scores compared to BPD patients (p<.001). Furthermore, there was a significant interaction between clinical group and sex (p<.05), whereby uncertainty subscale scores were higher for males with ASPD vs. BPD, but higher for females with BPD vs. ASPD (p<.05). No significant differences were found between groups on the certainty subscale. Further analyses including the association with aggression and emotion regulation will be reported in the final poster.

Conclusion

The RFQ-54 revealed different mentalization profiles across ASPD, BPD and HC groups. ASPD patients reported particularly strong hypo-/non-mentalizing problems, suggesting this as a specific treatment target. Additionally, sex played an important role beyond personality pathology in influencing mentalizing abilities, suggesting a discriminant significance of hypo-/non-mentalizing in personality functioning in males and females. Ongoing analyses on the implications of aggression and emotion dysregulation may further explain this finding.

003

Interpersonal problems in borderline personality disorder: Functional relations with mentalization, emotion regulation and impulsivity

Sebastian Euler (University of Basel, University Psychiatric Hospital, Switzerland)
M. Constantinou, J. Griem, T. Nolte, P. Fonagy

Objective

Interpersonal problems are a core symptom of borderline personality disorder (BPD) and have been described as the hallmark of severely impaired social functioning undermining patients’ recovery in the long-term course. Emotion dysregulation, impulsivity and mentalization, i.e. the capacity to comprehend one’s own and others’ mental states, are central features which contribute to interpersonal problems in BPD.

Methods

To disentangle the relative contribution of each, 210 adult patients with BPD were assessed with self-report measures for reflective functioning, i.e. the operationalized form of mentalizing, impulsivity, emotion dysregulation, and interpersonal problems. To determine the functional arrangement between measures in their prediction of interpersonal problems, we compared three path models with either reflective functioning, emotion dysregulation, or impulsivity as the exogenous variable, and the remaining variables as endogenous variables.

Results

A multiple regression analysis revealed that the variance in interpersonal problems explained by hypomentalizing was in part due to difficulties in emotion regulation and attentional impulsivity. Hypomentalizing predicted interpersonal problems indirectly via emotion dysregulation and attentional impulsivity.

Conclusion

By providing empirical data in a coherent functional model, this study confirms that impairment of mentalizing, emotion dysregulation, and impulsivity are core components of interpersonal problems in BPD. Furthermore, hypomentalizing appears to manifest as emotion dysregulation and impulsivity in its prediction of interpersonal problems, which supports current psychological theories underlying effective treatments for BPD.

004

Reflective functioning as an assessment of mentalising capacities - a meta-analysis

Tobias Nolte (University College of London, United Kingdom)

Abstract

In this talk we will present data from a first meta-analysis on mentalising capacities as measured by the Reflective Functioning procedure from more than 3,000 Adult Attachment Interviews. Meta-analytic data with regards to specific psychopathologies, with a focus on personality disorders, will be introduced.

002

The role of mentalization in symptom reduction for borderline pathology in adolescents

Carla Sharp (Houston, USA)
S. Vanwoerden, P. Fonagy

Objective

Mentalization has been identified as an important treatment target in patients with a range of psychopathology in adults and adolescents. Whether the capacity to mentalize at baseline predicts short- and medium term treatment in adolescents has not been evaluated. The goal of this study was to make use of a naturalistic treatment setting to evaluate this question over an 18 month follow-up period.

Methods

N = 556 adolescents (64.6% female; ages 12-17, M = 15.29, SD = 1.46) were recruited and assessed upon admission to an inpatient psychiatric hospital. The Borderline Personality Disorders Features Scale (BPFS) was completed by adolescents and their parents as well as the Movie Assessment for Social Cognition (MASC) and the Reflective Function Scale for Youth (RFQ-Y). The BPFS and the RFQ-Y were subsequently administered at discharge, 6 months, 12 months and 18 months post-discharge.
**Results**

A parallel process latent growth curve model was specified in Mplus. Results suggested a significant decrease in parent-and self-reported borderline symptoms. Admission-level mentalizing associated with admission-level borderline symptoms but not change; however, change in reflective function was associated with change in borderline symptoms over time.

**Conclusion**

The implications of these findings for early intervention of personality pathology in adolescents are discussed.

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**Symposium Mestral 2**

**08.30-10.00**

**S-56**

**New results on process and change in Transference-focused Psychotherapy (TFP)**

**Topic:** 32) Transference Focussed Psychotherapy

**Chairpersons:** Stephan Doering, Vienna, Austria  
John Clarkin, New York, USA

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**001**

**Using ecological momentary assessment to evaluate daily functioning and treatment change in TFP**

Kevin Meehan (Long Island University, Dept. of Psychology, Brooklyn, NY, USA)  
N. Cain, M. Roche, C. De Panfilis, K. Levy, M. Lenzenweger, J. Clarkin

**Objective**

This presentation will survey our research efforts utilizing ecological momentary assessment (EMA) to evaluate interpersonal and affective functioning as moderated by pathological personality functioning. Intra-individual variability in relational functioning will be evaluated, over the course of a week in a nonclinical sample, and in segments at 9 and 18 months of treatment in Transference Focused Psychotherapy (TFP).

**Methods**

Nonclinical participants (N = 240) have completed, and patients with Borderline Personality Disorder (Projected N = 50) will complete experience samples of interpersonal interactions (lasting 5+ minutes) multiple times per day using interpersonal and affect grids for both self and others. Patients with BPD will repeat the EMA ratings after 9 and 18 months of treatment.

**Results**

Nonclinical rejection sensitive participants exhibited cold, unfriendly behavior in response to their interaction partner’s negative and subdued affect, likely to avoid but paradoxically inviting the very rejection they fear.

**Conclusion**

These dynamics will be evaluated in a single patient treated in TFP, with the pathological processes identified at intake evidencing change over 9 and 18 months of TFP. Clinical and research implications of these findings will be discussed.

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**002**

**Borderline patients and TFP: Representational change in the first year of psychotherapy**

Anna Trmej (Medical University of Vienna, Austria)  
M. Fischer-Kern, S. Doering, A. Buchheim

**Objective**

Results of the RCT by Doering et al. (2010) published by Buchheim et al. (2017) reveal significant changes from insecure to secure and from disorganized to organized attachment representations after one year of psychotherapy. The current study aims at examining the data in more detail to analyze the changes from insecure to secure AAI classification, focusing on subcategories, independently from psychotherapy group. The underlying hypothesis is that if psychotherapy leads to a change in attachment representation from insecurity to security, the (secure) attachment state of mind will still show features of the original (insecure) attachment representation, mirrored in the subcategory of the final secure AAI classification.

**Methods**

Out of the 56 patients from the original sample classified as insecure on the AAI at baseline, eleven changed to a secure AAI classification after one year of psychotherapy. The changes of AAI classifications and sub classifications are examined in detail for this subsample using statistical (binomial and Fisher’s exact test) and descriptive analyses.

**Results**

Albeit due to the small sample size not statistically significant (tested via binomial analysis, p=0.549), our descriptive analyses reveal that a majority of those patients with an originally insecure attachment representation change in ways predetermined by their original attachment representation. In addition, Fisher’s exact test yields that patients classified as insecure and disorganized at baseline have a significantly smaller chance to change to a secure classification than patients classified as insecure but not disorganized (df=1, p=0.004).

**Conclusion**

The analyses reveal that structural change goes along routes laid out by the attachment representation existing before psychotherapy. In addition, the results of this study contribute to an explanation of the severe difficulties often present especially in the early phases of the treatment of patients with BPD.

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**003**

**Transference-focused Psychotherapy (TFP) vs. treatment by experienced community psychotherapists: New results of a five-year follow-up evaluation**

Stephan Doering (Medical University of Vienna, Psychoanalysis and Psychotherapy, Vienna, Austria)

**Objective**

This is a follow-up analysis of a randomized-controlled trial of Transference-focused Psychotherapy (TFP) vs. treatment by experienced community psychotherapists (ECP). After one year, TFP was significantly superior to ECP with regard to improvement of personality functioning. Intra-individual analyses reveal that structural change goes along routes laid out by the attachment representation existing before psychotherapy. In addition, the results of this study contribute to an explanation of the severe difficulties often present especially in the early phases of the treatment of patients with BPD.
of the patients still suffered from considerable impairment of personality functioning after one year of treatment.

**Methods**
All available patients of the RCT were evaluated two years and five years after the beginning of treatment. Only those patients, who completed their TFP or ECP treatment were included into the completer analysis reported here. Personality functioning was assessed by means of the Structured Interview for Personality Organisation (STIPO).

**Results**
Twenty-eight out of the initial 104 patients continued treatments after the obligatory 12-months study period and completed their psychotherapies. Significantly higher improvement of personality functioning was observed in the TFP patients. 55.6% of the TFP patients reached a neurotic or normal level of functioning compared to 20% of the ECP patients. 55.6% of the TFP patients completed their psychotherapies. Significantly higher improvement of personality functioning was observed in the TFP patients. 55.6% of the TFP patients reached a neurotic or normal level of functioning compared to 20% of the ECP patients. Twenty-eight out of the initial 104 patients continued treatments after the obligatory 12-months study period and completed their psychotherapies. Significantly higher improvement of personality functioning was observed in the TFP patients. 55.6% of the TFP patients reached a neurotic or normal level of functioning compared to 20% of the ECP patients.

**Conclusion**
TFP seems to be particularly well-suited to improve personality functioning in patients with borderline personality disorder.

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**OP-06 Oral Presentation**

**Healthcare and economics in the treatment of BPD**

**Chairperson:** Sebastian Simonsen, Gentofte, Denmark

**001 Emergency department utilisation by patients with a diagnosis of Borderline Personality Disorder: What can we learn?**
Jillian Broadbear (Eastern Health Spectrum, Richmond, Australia)
J.-A. Rotella, S. Rao

**Objective**
Patients with Borderline Personality Disorder (BPD) often present to the Emergency Department (ED) in the context of emotional crises and associated suicidality. These patients also experience significant stigma. The ED is an important first point of contact; any difficulties encountered in caring for patients with BPD may exacerbate destructive or maladaptive behaviours. Our study describes the prevalence and nature of ED presentations by BPD patients.

**Methods**
A retrospective electronic audit identified 1123 BPD-related ED presentations between May 2015 and April 2016; 700 were unique presentations. Of these, 583 cases were matched with ‘depression only’ cases based on age, sex and presentation.

**Results**
Patients with a BPD diagnoses were more likely to arrive by ambulance, be restrained and sedated in the ED, have a comorbid substance abuse or eating disorder, have an ‘agression alert’ file note, have an existing treatment plan, be under the care of a psychiatrist and be case-managed. Patients with BPD were also more likely to be admitted to an inpatient ward or abscond. Despite evidence of greater severity and complexity among BPD presentations, their ED experience was indistinguishable from patients with a depression diagnosis with respect to triage category, waiting time to see a doctor, and referral to mental health triage (64 versus 61%). A possible moderator is the frequency with which BPD patients re-attend the ED; twice as likely within a 7 day period, 5 times as likely to attend 3 or more times within a month, and 12 times more likely to attend 8 or more times during the audited year.

**Conclusion**
These data suggest that EDs are inadequately equipped for linking BPD patients to services that provide appropriate treatment and support. Developing effective ED referral pathways will address a chronic and persistent need for BPD-appropriate treatment and reduce the reliance on hospital emergency departments for acute episodic care.

**002 Who benefits from a brief treatment? A prediction analysis using classification and regression trees**
Stephane Kolly (Service of general Psychiatry, Lausanne, Switzerland)
M. Gholam, P. Maillard, P. Conus, U. Kramer

**Objective**
Brief interventions are increasingly used in treatment plans of patients with borderline personality disorder (BPD). Whereas some authors propose brief interventions for patients as a stand-alone treatment (Chanen et al., 2009), others incorporate them in a stepped care approach, where brief psychiatric treatments may be used as initial stepping stone in an effective long-term treatment (Choi-Kain et al., 2017). The present study addresses the question which patient characteristics predict symptom change across 4 months of brief psychiatric intervention.

**Methods**
The present study is a reanalysis of two previously published studies on a 10-session version of psychiatric intervention for BPD (Kramer, Berger et al., 2011; Kramer, Kolly et al., 2014). In total, N = 99 patients with BPD are included in the present study. Outcome is measured as residual gains between intake and discharge after 10 sessions of therapy using the sum score of the OQ-45. Predictors, all assessed at intake, include the sub-scales of the OQ-45 (symptom distress, interpersonal problems and social role problems), the IIP (interpersonal problems) and the BSL (borderline symptoms). We applied classification and regression trees (Therneau & Atkinson, 2018).

**Results**
The results suggested that patients who benefitted the most from a brief intervention were the ones with the greatest general and interpersonal symptom load, and that patients who benefitted the least from a brief intervention -and for some deteriorated – were the ones with the greatest problems in the domain of social, professional and family roles.
**Objective**
The Borderline Personality Disorder (BPD) is a severe disorder, with a poor evolution, whose treatment is mainly focused on treating the acute phases of the disorder. The aim of this study is to analyze and compare the clinical severity and psychosocial functioning of the patients referred to the BPD Program in a HD CPB-SSM, upon admission to the specialized treatment program for BPD at the end of treatment and in a follow-up at 5 years.

**Methods**
The patients were selected from a Day Hospital in Barcelona. The criterion for the inclusion in the study was the end of treatment and in a follow-up at 5 years. The observed results show that patients improve after performing the specific treatment program in BPD in all areas of clinical severity of the profile according to ICG-TLP, and maintain clinical improvement after 5 years, with the maximum improvement in impulsivity, and minimum improvement in affectivity.

**Conclusion**
Patients at 5-year follow-up improve at the global level of functioning, but with a serious worsening of the capacity to work.

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**C. Schaitz**

**Objective**
Imagery Rescripting of Imagery Self-harm (IRIS) was developed as a two-session-intervention for patients with borderline personality disorder (BPD) to reduce dysfunctional emotion regulation associated with prospective self-harm imaginations.

**Methods**

In order to evaluate IRISs feasibility and efficacy, we successively treated 7 women with BPD reporting prospective mental images of self-harm proceeding real events. We administered self-reporting measures related to emotion regulation strategies (FEEL-E), borderline symptoms, self-injury (BSL-95) and a clinical rating concerning symptom severity (CGI) prior to (t0) and post (t1) treatment.

**Results**
When comparing t0 and t1 reduction in borderline symptoms was large. Adaptive emotion regulation strategies (FEEL-E) moderately increased and maladaptive strategies largely decreased. Moreover self-harm (BSL-95) rapidly decreased in our sample, whereas the number of patients with daily self-harm was cut in half. CGI scores changed from mildly ill to moderately ill.

**Conclusion**
Data from this pilot study suggest that IRIS has the potential to enhance positive, and decrease maladaptive emotion regulation strategies in BPS. Moreover IRIS reduces borderline symptoms within two sessions with a substantial impact on self-harming behavior. However, results are limited by the small sample size, and the lack of a control group.

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**E. Glasserman, J. MacDonald, S. Masland, L. Choi-Kain**

**Objective**
The emergence of evidence-based treatments for borderline personality disorder (BPD) has fueled an assumption that any treatment that has not been empirically validated is unhelpful and possibly harmful. This leaves clinicians and patients alike facing an important dilemma: in the absence of specialized psychotherapy, should those with BPD receive standard care? Here, we quantified the effectiveness of unspecialized BPD treatment via a meta-analysis of outcomes in "treatment as usual" control groups.

**Methods**

Study selection and inclusion: Studies were selected through a comprehensive bibliographic search. The seventeen included studies 1) were randomized control trials of psychotherapies for adults with BPD and 2) had a "treatment as usual" control arm. Components of TAU were heterogeneous within and across studies and included combinations of individual therapy, group...
therapy, psychopharmacological treatment, and hospitalizations. Meta-analysis: TAU outcomes included borderline symptoms, general psychopathology, self-harming/para-suicidal behavior and suicidal ideation, and global functioning. Within-group effect sizes (Hedges g) were calculated as the difference between baseline and post-treatment scores on a given measure, corrected for small sample size. Comprehensive Meta-analysis V3 software was used for computing and pooling effect sizes.

**Results**

Primary outcome: Hedges g showed a moderate decrease in borderline symptoms for patients in TAU conditions (11 studies; g=0.377; 95% CI, 0.271-0.483). Secondary outcomes: Hedges g showed small improvement in secondary outcome measures, including general psychopathology (11 studies; g=0.186; 95% CI, 0.101-0.272), global functioning (10 studies; g=0.257; 95% CI, 0.192-0.323), and self-harm/suicidality (7 studies; g=0.175; 95% CI, 0.101-0.249).

**Conclusion**

While the label of TAU encompasses a heterogeneous range of treatments, our findings suggest that, overall, unspecialized care for BPD is not necessarily harmful. Clinicians and patients alike should feel confident that in the absence of specialized treatment for BPD, standard care is better than no treatment at all.

**OP-07 Oral Presentation**

**08.30-10.00**

**Mentalization Based Therapy (MBT)**

Chairperson: Anthony Bateman, London, UK

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**001 Reflective function in Border Personality Disorder, drug addiction and dual diagnosis**

B. Marianna (Azienda Socio-Sanitaria, Pavia, Italy)
F. Ruzzi, G. Tiraboschi, M. C. Monti, A. Urru, G. Sacco, E. Caverzasi

**Objective**

We investigated the impairment of mentalization and the correlation with psychopathology in three groups of patients, with BPD (20 pcs), Substance use disorder, SUD (20 pcs) and Dual Diagnosis, DD (30 pcs).

**Methods**

The observational-transversal study included 70 patients between 18 and 45 years, admitted to our Division of Psychiatry from March 2015 to July 2017, of which 20 with BPD, 20 with SUD and 30 with DD (DBP in association with SUD). Each patient (informed consent provided) underwent a psychological assessment with: Structured Clinical Interview for DSM IV Axis I (SCID I) and II (SCID II); Barratt Impulsiveness Scale (BIS-11) for assessing Impulsivity in three areas (cognitive, motor, no-planning); Symptom Check-list 90 (SCL90-R) for assessing the intensity of psychopathology; Addiction Severity Index (ASI) for assessing the dependence on substances or alcohol; Reflecting functioning questionnaire (RFQ) for assessing the degree of impairment of mentalization. A socio-demographic and anamnestic data collection form has been prepared, including the presence of self-injurious gestures and suicide attempts.

**Results**

The uncertainty scale of RFQ shows impairment in all the three groups (p10= 0.0846, DD=7 vs BPD=7 vs SUD=4). This scale correlates to impulsivity, depression and negative affectation shared by all three groups (borderline traits). On the contrary, SUD group has better outcome in the certainty scale (p10=0.0464, DD=2 vs BPD=3 vs SUD=7). This shows that these patients have more flexibility and resources to help them with patients with borderline traits. In fact GSI of SCL90 is low attempts of suicide are less (p=0.001) and cognitive impulsivity is less compromised (attentional key domain BIS-11 SUD=2.44, p=0.0416).

**Conclusion**

Borderline traits such as impulsivity and negative affection are shared by all three groups. Nevertheless, these traits have significantly correlation and are dramatically experienced by borderline patients due to their impairment of mentalization.

**002 Borderline Personality Disorder and rehabilitation treatment: A necessity**

Irene de Angel Cerain (Centre Psicoteràpia Barcelona, Spain)
M. Rufat Sabio, T. Ureña Hidalgo, V. López Fernández, E. Verdaguer Rosás, J. Végué Grilló

**Objective**

To assess the need for rehabilitation in BPD patients who do not show improvement at functional level, after treatment in Intensive Day Hospital.

**Methods**

The sample consists of 220 subjects diagnosed with BPD, according to the SCID II, the DIB - R and the judgment of expert clinicians, who performed specialized treatment in the Intensive Day Hospital. We compared ICG - BPD scores before and after treatment, taking as a measure of change the ICG of global improvement. We analyze the data using the statistical package SPSS version 20.0 (Chi-square test). We also developed a survey for Rehabilitation services in Barcelona, the Basque Country, Zamora, Alava, Osona and Vic, asking about the current situation of care for these patients.

**Results**

The differences in the scores of the ICG - BPD before and after treatment are significant (0.008, p <0.05). 57.7% of the sample is less serious, compared to 28.57% that maintains high scores in gravity and severity. This group has a lower functional level, generating serious difficulties, both in the continuity of outpatient care (history of previous failures of linkage to these resources and previous treatments in general), as well as in the planning and development of the life project. The services consulted do not have programs specialized in rehabilitation for this group.
Conclusions
A high proportion of BPD patients improves after intensive treatment at Day Hospital. The other group continues to present high gravity and severity rates. This, together with its low psychosocial functionality, suggests the need to provide them with a continuity of specific care in rehabilitation, an aspect not available in the rehabilitation devices consulted.

003
A mainstream mental health service for BPD: The puzzling results for MBT therapy versus a structured clinical case management model
Dave Carlyle (University of Otago, Psychological Medicine, Christchurch, New Zealand)

Objective
This randomised controlled trial set out to compare the effect of Mentalization Based Treatment and a systematised therapeutic case management model (ETCM) on events of deliberate self-harm, suicide and attempted suicide in adults with an established diagnosis of BPD whilst under the care of a publicly funded Mental Health Service.

Methods
This study was designed to compare differences in the effect of 18 months of structured MBT treatment and ETCM in an outpatient setting in a publicly funded MHS for people with BPD. Primary outcomes were a comparison between groups with regard to self-harm, suicide and attempted suicide rates. Secondary outcomes reported here were a comparison of time to first presentation at the emergency department.

Results
The MBT group demonstrated a statistically significant improvement in suicide attempts, but not self harm rates. Whilst the ETCM group had significant improvement in self-harm rates but not suicide attempts.

Conclusion
The introduction of a dedicated structured service for the treatment of patients with BPD has demonstrated positive impact on the outcomes of participants - whether they were in the ETCM or MBT arm of the study. The reduction in primary outcomes was in marked contrast to the severity of these markers at point of entry – suggesting that minimum standards for good psychiatric care should now follow manualized generalist guidelines. The difference in outcomes between groups suggests further research is required to answer this question.

004
Mentalization-based treatment in a naturalistic setting in Ireland: A cohort study
Kezanne Tong (University Hospital Galway, Department of Psychiatry, Ireland)
S. Costello, E. McCabe, A. Doherty

Objective
To evaluate the clinical status of patients before and after a programme of Mentalization Based Treatment (MBT), using the following outcome measures: episodes of self-harm, unscheduled service use and medication use.

Methods
The MBT programme was delivered as part of routine treatment in a publicly-funded generic which provides inpatient and outpatient care (population 26,500). This MBT team is embedded within a general community mental health team (CMHT): not a specialist personality disorder or psychotherapy service. The MBT programme is delivered by CMHT members with Basic MBT training to patients with a diagnosis of borderline personality disorder (BPD). The team lead is a consultant psychiatrist who is an MBT supervisor and associate trainer. We compared rates of self harm, unscheduled service use and medication use in the 2 years prior to engagement with the MBT programme with the 2 years following the intervention, for 34 patients.

Results
We found a significant decrease of 56% (p<0.001) in numbers of emergency presentations of the programme participants in the 2 years following treatment compared with the 2 years before treatment. There was a significant reduction in hospital bed days from 310 to 95: a reduction of 69% (p<0.001). This reflects a mean cost saving of €2,732 per patient, and a total gross saving of €194,898.

Conclusion
This study shows that an MBT service embedded in the CMHT can effect significant improvements in the incidence of self-harming behaviours and unscheduled service use. The reduction in bed days reflects improved functioning, as well as cost-effectiveness. There may be additional benefits in engagement of these complex patients, continuity with general psychiatric care and biopsychosocial treatments through the wider CMHT. Further evaluation of this model of MBT to optimise outcomes for patients with BPD is needed.

005
Efficacy of mentalization-based group therapy for adolescents: Outcomes of a pilot randomised controlled trial
Helen Griffiths (NHS Lothian CAMHS, Edinburgh, United Kingdom)

Objective
Suicide is the leading cause of death in adolescents, and self-harm increases the risk of death by suicide 10-fold. Furthermore, up to one quarter of adolescents who self-harm will repeat self-harm within one year. There is an urgent need for evidence-based treatment services. Mentalization Based Therapy (MBT) has yielded promising outcomes for individuals who self-harm, however to date only one study has examined MBT in adolescents, wherein the treatment protocol consisted of individual and family therapy. In the current study, we examine the feasibility of MBT-A in a group format for adolescents.

Methods
We present a randomised controlled single blind feasibility trial that aims to (1) adapt the original explicit MBT introductory group manual for an adolescent population (MBT-Ai) and (2) assess the feasibility of MBT-Ai through examination of consent rates, attendance, attrition and self-harm. Treatment groups will be compared on a variety...
of demographic and clinical variables using independent t-tests and Chi-square tests. Repeated measures ANOVAs will be conducted to examine change over time in independent and dependent variables between groups, and separate between-group 2x3 MANCOVAs will be conducted to examine change over time with self-report self-harm and A&E presentation for harm as the dependent variables.

**Results**
Fifty-three young people consented to participate and were randomised to MBT + TAU or TAU alone, and five participants withdrew from the trial. Full results will be available by the conference date. We will present change over time and group interactions for our primary outcome and all other variables, as well as exploring potential predictor variables.

**Conclusion**
Our data suggests that both the group intervention and our study procedures were acceptable to young people. We will discuss our findings in relation to change over time and the predictor variables, particularly the role of mentalization.

**Policy of full disclosure**
The study received funding from Edinburgh and Lothians Health Foundation. The chief investigator is employed by NHS Lothian and the University of Edinburgh, UK There are no other financial conflicts of interest.

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**Making progress in early intervention for Borderline Personality Disorder**
Andrew Chanen (Orygen/University of Melbourne, Australia)

**Objective**
Diagnosis of BPD is typically delayed and specialised treatments are usually offered late in the course of the disorder. Intervention during the early stages of personality disorder might help to decrease the persistence and/or the severity of personality disorder and to prevent the cascading of secondary psychopathology and psychosocial disability. This presentation aims: 1) to provide an up-to-date overview of empirically supported treatments for young people with BPD, and 2) to clarify what constitutes early intervention and how it might relate to early intervention for other mental disorders.

**Methods**
A review and synthesis of controlled trials for BPD in young people.

**Results**
A variety of effective treatments for young people who have BPD or subthreshold BPD have been developed and tested in randomised controlled trials. However, it is unclear if many of these trials are actually 'early intervention', as few publications report 'stage of illness' and few studies encompass the full period of clinical 'onset' for BPD (i.e. puberty to young adulthood). Emerging evidence also suggests that individual psychotherapy might be neither necessary nor sufficient for early intervention for BPD and that extant treatments have little effect upon long-term psychosocial functioning.

**Conclusion**
Future studies should explicitly target early stage BPD and focus upon functional primary outcomes. Research is required to design fully integrated and accessible early intervention services suitable for personality and other mental disorders. Research is also required to investigate the long-term effects of early intervention, especially upon psychosocial functioning.

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**Borderline criteria and self-harming behaviours in adolescents - do they covary over the longer term?**
Ruth-Kari Ramleth (University of Oslo, Norway)
B. Groholt, L. M. Diep, L. Mehlum

**Objective**
We aimed to study the long term stability of BPD-criteria and self-harm behaviours in adolescents with BPD-trait. We hypothesized that more severe BPD-pathology would be associated with more severe self-harm, and that a reduction in BPD-criteria would be associated with a reduction in severity of self-harm behaviours.

**Methods**
Seventy adolescents with self-harm behaviours and BPD-trait were assessed at baseline and two years after treatment. Adolescents with four or more BPD-criteria were compared with adolescents with three or less BPD-criteria. In adolescents with four or more BPD-criteria at baseline, we compared adolescents fulfilling none or one BPD-criterion with adolescents fulfilling two or more BPD-criteria at two-year follow-up. BPD-criteria were assessed using the Structural Clinical Interview for DSM-IV Axis II. Two-year outcome measures included frequency and severity of self-harm, number of self-harm methods used, suicidal ideation and functional impairment.

**Results**
Number of fulfilled BPD-criteria was significantly reduced from baseline to two-year follow-up, and twenty-seven adolescents (39%) no longer fulfilled any BPD-criteria. At both time-points, number of BPD-criteria was significantly correlated with number of self-harm episodes and number of different methods used. More adolescents with four or more BPD-criteria had received medical treatment after a self-harm episode, and they reported significantly higher levels of suicidal ideation, numbers of self-harm episodes and different methods used. At two-year follow-up the number of self-harm episodes was still higher, however, those with a reduction to none or one BPD-criterion had a
significantly higher level of global functioning and lower levels of suicidal ideation.

**Conclusion**
There was a significant general reduction in BPD-criterion fulfillment over the follow-up period. However, more severe BPD-pathology was associated with more severe self-harm behaviors both at baseline and at the two-year follow-up.

**003 Emotion regulation individual therapy for adolescents with self-harm: Feasibility, acceptability and utility in face-to-face and online format**
Johan Bjureberg (Karolinska Institutet Clinical Neuroscience, Stockholm, Sweden)

**Objective**
To examine the feasibility, acceptability, utility of, and potential mechanism of change, in emotion regulation individual therapy (ERITA), when delivered face-to-face and online.

**Methods**
We conducted two separate uncontrolled trials evaluating a novel ERITA protocol in a face-to-face format (Study 1; N = 17) and an online format (Study 2, N = 25). In both studies measures were administered at pre-treatment, post-treatment, and at 6-month follow-up. Measures of nonsuicidal self-injury (NSSI) and emotion regulation difficulties were also administered weekly during treatment.

**Results**
Ratings of treatment credibility, expectancy, and satisfaction were acceptable, and the therapeutic alliance and treatment completion rate were high in both studies. No serious adverse events were reported. In both studies, participation in the treatments was associated with a statistically significant increase in past-month NSSI abstinence, large improvements in past-month NSSI frequency and global functioning, and medium to large improvements in difficulties in emotion regulation and medium improvement in NSSI versatility from pre- to post-treatment. These improvements were further strengthened at 6-month follow-up. In Study 2, the online therapist-guided parent program was associated with small to large improvements in adaptive parent behaviors, and these results were maintained or further improved upon at 6-month follow-up. Moreover, change in difficulties in emotion regulation mediated week-to-week changes in frequency in NSSI (Study 1 and 2) and self-destructive behaviors (Study 2).

**Conclusion**
These results suggest that ERITA, administered in either a face-to-face or online format, is an acceptable, feasible, and promising low-intensity treatment for adolescents with NSSI disorder. Further, in line with the theoretical model underlying ERITA, change in difficulties in emotion regulation mediated changes in both NSSI frequency and self-destructive behaviors over the course of treatment.
con una intervención psicoeducativa (P) sin el componente mindfullness.

**Methods**

La muestra estaba compuesta por 109 familiares de pacientes diagnosticados de TLP. 54 de ellos eran familiares del grupo P+M y 55 del grupo P. La muestra de pacientes consistió en 54 pacientes diagnosticados de TLP. El estudio evaluó a las familias y a los pacientes antes, después del tratamiento y en el seguimiento (3 meses). La estructura de los tratamientos fue una intervención grupal, de dos meses de duración, una vez a la semana durante dos horas. Los familiares respondieron Cuestionario de evaluación de la repercusión familiar, el Five Facets of Mindfulness Questionnaire, la Escala de Nivel de Emoción Expresada y el Cuestionario sobre la percepción de las familias acerca del tratamiento. Los pacientes respondieron a la Escala de Emoción Expresada y al Cuestionario sobre la percepción de los pacientes acerca del tratamiento.

**Results**

Los resultados de este trabajo demuestran que ambos grupos mejoran significativamente después del tratamiento en variables fundamentales como mayor información acerca del problema del paciente, aceptación del problema, y relación con el paciente. Si bien, el grupo de P+M mejoró significativamente más en actitud hacia la enfermedad y en clima familiar.

**Conclusion**

Estos resultados sugieren que tanto los familiares como los pacientes se benefician de ambas intervenciones; sin embargo, el grupo P+M mejoró significativamente más en aspectos clave. Por tanto, enseñar toma de conciencia y psicoeducación a los familiares de pacientes con TLP puede ser una herramienta muy útil para mejorar el ambiente y la relación familiar.

**002 Intervenciones familiares en el tratamiento del trastorno de personalidad límite: Una revisión sistemática**

Amanda Díaz García (University Jaume I Castellón, Spain)
V. Guillén Botella, A. García Palacios, C. Botella Arbona

**Objective**

El Trastorno Límite de la Personalidad (TLP) es un trastorno mental grave caracterizado por una inestabilidad en la regulación del afecto, control de impulsos, relaciones interpersonales y autoimagen (Gunderson et al., 2011). Los estudios muestran que la familia y los cuidadores de pacientes con TLP experimentan altos niveles de estrés y patología (Scheirs & Bok, 2007) y en la actualidad existen programas de intervención centrados en proporcionarles estrategias psicológicas (Hoffman et al., 2005). A pesar de que se han logrado algunos avances en disminuir la carga en los familiares, la evidencia de estos estudios no ha sido aún resumida. Es necesario, por tanto, profundizar en las intervenciones centradas en esta población con el fin de conocer su eficacia, los componentes terapéuticos que funcionan y los formatos de aplicación más adecuados. El objetivo del estudio es realizar una revisión sistemática para analizar la utilidad clínica de los programas de intervención diseñados para los familiares de pacientes con TLP.

**Methods**

Se está llevando a cabo una revisión sistemática siguiendo las directrices PRISMA (Moher et al., 2009), incluyendo los programas centrados en familiares de pacientes con TLP. Se están utilizando las siguientes bases de datos: PsychINFO, PubMed y Web of Science. Dos revisores independientes están analizando los estudios para determinar si se cumplen los criterios de elegibilidad.

**Results**

Hasta la fecha, se está llevando a cabo la estrategia de búsqueda de todos los estudios y se espera completar el estudio en Junio de 2018. Los resultados serán analizados en términos de utilidad clínica, eficacia, componentes terapéuticos y formatos de aplicación.

**Conclusion**

Los hallazgos permitirán establecer un marco general sobre los tratamientos que se han llevado a cabo y con esto ayudar a disminuir la carga asociada a este trastorno mental y mejorar la eficiencia y efectividad de dichas intervenciones.

**003 Descripción de la psicopatología de una muestra de familiares de personas con trastorno de la personalidad**

Verónica Guillén Botella (University of Valencia, Dep. Personalitat, Avaluació i Tractament Psicològics, Spain)
A. Navarro, M. Jorquera Rodero, S. Fonseca-Baeza, S. Bolo, A. Díaz García, R. Baños Rivera

**Objective**

Existen numerosos estudios que plantean el ambiente familiar invalidante como un factor fundamental en el desarrollo, mantenimiento y evolución de las personas con trastornos de personalidad (TP) (Hoffman et al., 2005). Sin embargo, también se debería tener en cuenta el grado de psicopatología que a su vez, puedan presentar los familiares (Ruocco, Hudson, Zanarini y Gunderson, 2015). El objetivo de este trabajo, es realizar una evaluación psicológica de una muestra de familiares de personas con TP. Para ello, se ha analizado la psicopatología individual y la personalidad de familiares de personas con TP.

**Methods**

La muestra esta compuesta por 30 familiares de 15 pacientes diagnosticados de TP. El 76% eran madres, el 20% padres y el resto hermanos. Se realizaron tres sesiones una evaluación psicológica a todos los familiares y se les pasaron varios instrumentos de evaluación psicológica tanto de clínica general, como una entrevista estructurada varios autoinformes de personalidad.

**Results**

Se obtuvieron puntuaciones clínicamente significativas en depresión ligera o moderada 21% de la muestra y depresión severa (8.7%), ansiedad (13%), ira estado (84.6%), ira rasgo (58%). Un 39% refiere no tener un claro sentido de la vida, un 10% de familiares obtuvo...
diagnóstico de TP, y un 30% presentan rasgos disfuncionales de diversos TP.

Conclusion
Los resultados de este trabajo indican que los familiares presentan psicopatología clínica. Esta puede ser producida por la convivencia con el familiar, o podría ser previa y por tanto ser un factor de riesgo para el desarrollo de determinadas pautas de crianza e interacción con el paciente. Por tanto, se requieren estudios longitudinales que profundicen y arrojen luz en esta cuestión para poder orientar mejor los tratamientos.

004 Síndrome de burnout (SB) en terapeutas que trabajan con trastorno mental severo
Mercedes Jorquera Rodero (PSICOLOGIA Y REALIDAD VIRTUAL TRATAMIENTOS, Valencia, Spain)
V. Guillén Botella, A. Díaz, T. Sarmiento, A. García Palacios, R. M.* Baños Rivera

Objective
El objetivo del estudio es llevar a cabo un análisis de la literatura sobre las intervenciones que existen en la actualidad para tratar el SB en profesionales de la salud mental.

Methods
Se llevó a cabo una revisión narrativa sobre las intervenciones realizadas para el SB en psicólogos clínicos, psiquiatras y enfermeros. Dos revisores independientes analizaron los estudios para determinar si se cumplían los criterios de elegibilidad.

Results
Los resultados indican que se han utilizado distintas estrategias con el objetivo de prevenir o disminuir el SB, tanto en profesionales de la salud mental como en estudiantes de postgrado: proporcionar psicoeducación sobre el SB; intervenciones basadas en mindfulness y autocompasión; la Terapia Dialéctica Comportamental; o el entrenamiento en Terapia de Aceptación y Compromiso. Los datos indican que algunas de estas estrategias resultan útiles para reducir el SB. Sin embargo, los estudios presentan debilidades metodológicas.

Conclusion
Los datos indican que la formación acerca del SB puede ser un factor protector para los profesionales de la salud mental. Sin embargo, hasta el momento no se ha encontrado ningún estudio controlado centrado en intervenciones específicas para terapeutas con SB. Por tanto, es necesario realizar más estudios para poder ayudar a un sector de la población muy relevante, como son los profesionales que se ocupan de cuidar a otros.
Scientific Programme
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Methods
Participants were 52 teams (212 clinicians) from diverse community practice settings who completed DBT Intensive TrainingTM. The trainings were conducted in 6 U.S. states from 2012 to 2013. All trainees completed self-report measures at pre- and post-training and team leaders completed a follow-up survey approximately 8 months later.

Results
Adoption of more DBT modes was predicted by lower training and program needs, fewer bachelor’s-level clinicians, and greater prior DBT experience. Greater reach of DBT was predicted by more prior DBT experience, smaller team size, more negative team functioning, and staff with lower job satisfaction, growth, efficacy, and influence.

Conclusion
DBT Intensive TrainingTM appears effective in promoting DBT adoption and reach in routine clinical practice settings.

003 Increasing „Reach“ in DBT programmes: Developing a measure of team productivity
Michaela Swales (University of Bangor, United Kingdom)
R. Hibbs

Objective
To describe the current state of implementation of DBT programmes in the UK To outline how DBT productivity may be measured To describe a study in development to improve team productivity

Methods
Implementation studies from our group indicate that DBT teams often treat small numbers of clients and outcomes at the team level may be highly variable.

Results
Pilot data from an online data repository will be used to illustrate how team productivity can be modelled to produce a measure of health acceleration and utilised to develop interventions to boost outputs.

Conclusion
Routine collected data in services needs not only to identify clinical outcomes but to evaluate the effectiveness of teams in producing those outcomes. Measures of health acceleration provide a method for teams to achieve this.

Policy of full disclosure
Both authors are involved in training in DBT. Dr Swales receives royalties from book sales in DBT and fees from training in DBT. Richard Hibbs runs a training company delivering training in DBT

Objective
The National Dialectical Behaviour Therapy (DBT) Project Ireland was established in 2013 in the Republic of Ireland. In having a coordinated approach to implementation, the National DBT Project team could consider identified facilitators and manage known barriers in an attempt to maximise successful DBT implementation in community mental health settings. As no other study has evaluated a co-ordinated national implementation of DBT, the current study investigates: the effectiveness of DBT in both adult and child/adolescent community mental health services across Ireland; the coordinated implementation of DBT at a national level, and the economic effectiveness of DBT versus treatment-as-usual.

Methods
This study was carried out in publicly funded community mental health services across Ireland. Participants included individuals who partook in the adult DBT programmes (n= 196), adolescents who participated in DBT-A programmes (n= 84) and DBT therapists who trained as part of the National DBT Project (n= 124). Self-report clinical measures and health service resource use for DBT participants were administered at four time-points over the course of the intervention. Survey data regarding barriers and facilitators to implementation was gathered from DBT therapists at three time-points: prior to DBT training, 6 months after programme start, and 2 years following training completion.

Results
Significant reductions in all outcome measures were observed for DBT and DBT-A participants including presence and frequency of self-harm, suicidal ideation and depression. Reductions in the number of acute inpatient admissions, bed days and emergency department visits were also noted. Common themes were identified among therapists regarding barriers and facilitators to DBT implementation.

Conclusion
The results of this study provide further evidence for the effectiveness of DBT for adults and adolescents attending community services. This study highlights that a coordinated approach to DBT implementation can be beneficial in achieving positive outcomes across settings and locations.

004 Implementing DBT in a publicly funded community mental health setting at a national level: key outcomes and challenges to sustainability
Daniel Flynn (Cork Kerry Community Healthcare, HSE Cork Mental Health Service, Ireland)
### 001 General psychiatric management: A good enough approach to improve public health for patients with Borderline Personality Disorder

**Lois Choi-Kain (McLean Hospital, Boston, USA)**

**Objective**

GPM is a principle-driven evidence-based approach to managing the complex problems of individuals with BPD. It is deliberately flexible and pragmatic, designed for general mental health practitioners and environments with limited resources. Cost and time commitment GPM requires for both patient and provider are comparatively lower than other evidence-based treatments (Choi-Kain et al., 2016) and it is adaptable to all settings, including emergency rooms, inpatient units, and outpatient services. This presentation will inform participants about GPM's evidentiary base and its basic approach.

**Methods**

This presentation will outline the evidence base for GPM as well as its major components using a literature review.

**Results**

GPM’s evidence base is derived from a large outpatient randomized control trial of psychosocial treatment for BPD, which compared comprehensive DBT to one hour of weekly GPM (McMain et al., 2009). Over the course of one year of treatment and again at 24-month follow up (McMain, Guimond, Streiner, Cardish, & Links, 2012), there were no significant differences between groups: both GPM and DBT led to improvements in suicidal behavior, non-suicidal self-injury, emergency room visits, depression, anger, and interpersonal functioning. Additionally, research has shown that after a one-day workshop in GPM clinicians reported an increased sense of competence in treating BPD and a decreased dislike of borderline patients (Keuroghlian et al., 2016).

**Conclusion**

GPM is a pragmatic, efficient, and effective approach to treating BPD as a public health problem in locales where intensive and specialized therapies cannot be made available to all individuals seeking care.

### 002 Improving access and effectiveness of mental health care services for personality disorders in the Netherlands: The Guideline-Informed Treatment for Personality Disorders

**Joost Hutsebaut (De Viersprong, Halsteren, Belgium)**

**Objective**

New general treatments like Good Psychiatric Management and Structured Clinical Management are promising in treating people with BPD. These treatments are based on the idea that all effective treatments for people with BPD do have a lot of features in common. Clustering these common features in addition to a therapeutic module, leads to an effective treatment. Especially when this is done in a systematic way and the treatment is manualized.

**Methods**

In this presentation the author gives a brief overview of these common features. He will show how these, in addition to scientific knowledge, professional expertise and patient experience gave rise to the development of the Guideline-Informed Treatment for Personality Disorders (GIT-PD).

**Results**

GIT-PD was initiated by the Center of Expertise for Personality Disorders in the Netherlands in cooperation with 16 large mental health centers. GIT-PD offers a comprehensive, structured and manualized framework including therapist and team competences, basic attitude, treatment principles, a clinical pathway and treatment strategies. The GIT-PD project includes web-based support tools, trainer courses, video demonstrations of frequent strategies, monitoring and feedback through mutual auditing and yearly booster sessions.

**Conclusion**

The GIT-PD offers an alternative for – mostly ill structured – treatment as usual in The Netherlands and could serve as a template for countries with an interest in improving their health care system for PDs using limited resources.

### 003 Clinical management

**Ad Kaasenbrood (Pro Persona FACT Team Centraal, Arnhem, The Netherlands)**

**Objective**

Most people with a personality disorder (PD) don’t seek help or cannot afford it. And the majority who seek help in general mental health care don’t receive psychotherapy. In addition, some evidence based treatments don’t cover all needs of people with a personality disorder (like crisis intervention, improving the functional level, the organization of processes in treatment etcetera) and the dropout rate is high. So there is an urge to develop effective treatments that are more accessible, acceptable and affordable like GPM, SCM and the GIT-PD. But there is also an urge to develop a comprehensive clinical management to guarantee that all needs of people who are treated for a PD are met and for patients who are not ready (yet) for psychotherapy. They need support to come into effective psychotherapy in the future or to find stabilization and don’t drop out. In this presentation an account of the services needed for an adequate clinical management will be given, the preconditions these services have to meet included.
Methods
An analysis of common features of effective treatments for personality disorders was made on the level of the organization of care, team functioning and the therapeutic relationship. Conclusions were drawn about the consequences of this analysis for mental health organizations.

Results
The results of the analysis show that services that people with a personality disorder need in addition to the treatment of the personality disorder in strict sense are mostly ill adjusted to their specific needs in organization, team functioning and the therapeutic relationship/therapeutic attitude. This may cause iatrogenic harm or drop out or hamper the opportunity to get into effective treatment.

Conclusion
All services that are used by people with a personality disorder in addition to the treatment of the personality disorder in strict sense, need to adhere to the general principles for the treatment of personality disorders.

Objective
Guideline-based therapies for personality disorders seem to do as well as the Big 4 Psychotherapies for PD patients with mild severity. More severe patients do better when treated with one of the major psychotherapies. But what about patients with high severity mental illness (SMI): patients with severe and enduring symptoms of PD, comorbidity, self-mutilating behaviors, broken treatment histories, and problems in every domain of functioning? These patients have a bad outcome because of their drop out from regular therapies, high fear levels and psychotic vulnerabilities. The specific problems in treating these patients and keeping them in therapy will be discussed. It will be argued that Guideline-informed treatment of personality disorders (GIT-PD) will be a useful option for these patients because of its basic attitude of asking change within a supportive frame, its emphasis on crisis management, work and rehabilitation, the simplicity of the model and its simple language. GIT-PD principles can be integrated quite easily in Assertive Community Treatment-like programs. The essentials will be outlined and case-examples will be presented.

Methods
Theoretical discussion.

Results
No scientific data.

Conclusion
Guideline-Informed Therapies can be very useful for personality disorders of high severity (SMI).
and adults have also demonstrated the negative impact of early adversity on the ability to mentalize, i.e. the capacity to reflect on internal mental states such as feelings, wishes, goals, and attitudes with regard to both self and others. Impairments in mentalizing may in turn be related to increased interpersonal problems. The possible mediating role of mentalizing in the association between early adversity and interpersonal problems may be particularly relevant for extant theoretical understandings and treatment of adolescents with BPD. However, no studies to date have directly investigated this assumption in adolescents, in part due to a reluctance to diagnose and thus study personality pathology in this population.

**Methods**

This quasi-longitudinal study investigated the mediating role of mentalizing in the relationship between early adversity and interpersonal functioning in a community sample of adolescents (n=300) aged 12-18 years in Flanders, Belgium. In addition, we explored whether this mediation model was more pronounced in adolescents with marked borderline personality disorder (BPD) features, including in the prediction of risky interpersonal behaviors, such as ‘manipulative’ mate retention tactics and risky sexual behaviors (unconsented sexual acts, unprotected sex, etc.). The McLean Screening Inventory for BPD was used to screen for borderline features, and the Childhood Trauma Questionnaire (CTQ) to assess early adversity. Interpersonal functioning was measured using the Inventory for Interpersonal Problems, the Strengths and Difficulties Questionnaire, the Mate Retention Inventory and items measuring risky sexual behavior and conflict/closeness in key interpersonal relationships.

**Results**

The results of this study will be discussed.

**Conclusion**

The conclusions of this study and its implications for theories concerning the role of mentalizing in relation to adversity in BPD and adolescence more generally will be discussed.

**003**

**Investigation of a general psychopathology factor and association with personality traits in an old age European community sample**

Jana Volkert (University Clinic Heidelberg, Germany)
P. Schroeder, H. Schulz, M. Härter, S. Andreas

**Objective**

The aim of this study is to investigate, whether a model of general psychopathology can be found in a large community sample of older Europeans and investigate its temporal stability. Furthermore, the aim is to explore associations of psychopathology with personality traits according to Criterion B of the AMPD.

**Methods**

This is a secondary data analysis from the MentDis_ICF65+ study, which assessed mental disorders according to DSM-IV criteria and personality traits with the BFI-10 in an age-stratified, random sample of N = 2,593 older men an women (65-84 years) at two time points (0 and 1-year follow-up) from six countries. The study design and main results have been previously described (Volkert et al., 2017; Andreas et al., 2016). Confirmatory Factor Analyses were carried out to examine the data with regard to a hierarchical, a bifactor or a 1-factor model of psychopathology. All analyses are performed in R using the lavaan package.

**Results**

Analyses of the data is currently carried out and results will be presented at the conference.

**Conclusion**

Findings and their implications for a developmental understanding of psychopathology and personality traits will be discussed.

**004**

**An experimental approach to mentalizing about self and others in Borderline Personality Disorder in the transition to young adulthood: A pilot study**

Celine De Meulemeester (University of Leuven, Belgium)
P. Luyten, B. Lowyck

**Objective**

Neuroscientific, self-report and clinical evidence converge to suggest that borderline personality disorder (BPD) is characterized by impairments in decoupling the mental states of self and others (Luyten & Fonagy, 2015), leading individuals with BPD to confuse mental states of self and others. This self-other confusion has been linked to many of the interpersonal problems characteristic of BPD patients. Yet, very little is still understood about the origins of self-other confusion, particularly in adolescence and young adulthood, when there is a peak in BPD features.

**Methods**

Two well-validated experimental tasks, i.e. the Enfacement Illusion paradigm (Tsakiris, 2008) and the Illusion of Transparency (Barr & Kleck, 1995), were used to study self-other confusion in late adolescence/ young adulthood. In the Enfacement Illusion paradigm, boundaries between self and others are blurred by touching the participants’ face while they are watching an unfamiliar person being touched in the exact same way. We expect that individuals with BPD will show a stronger identification with the other person’s face in a subsequent self-face recognition task. The Illusion of Transparency paradigm compares how transparent an individual thinks he or she is in terms of their emotional states, to how transparent their facial expressions actually are while they are viewing emotional movie clips. We hypothesize that individuals with BPD will overestimate the transparency of their emotions to a larger degree because of their impaired capacity for self-other distinction. We report results of a pilot study in young adults with high (N= 25) and low (N= 25) scores on the Maclean Screening Inventory for BPD (MSI-BPD).

**Results**

Results in terms of feasibility, group differences and associations with self-report measures of mentalizing capacity (RFQ), attachment (ECR-R) and childhood trauma (CTQ) will be discussed.
Conclusion
Results in terms of feasibility, group differences and associations with self-report measures of mentalizing capacity (RFQ), attachment (ECR-R) and childhood trauma (CTQ) will be discussed.

S-62 Symposium
10.30-12.00 Llevant 4
Borderline Personality Disorder in adolescence: Trauma, emotional dysregulation, suicide attempts and non suicidal self-injury
Topic: 2) Adolescence
Chairpersons: Maurice Corcos, Paris, France
Mario Speranza, Le Chesnay, France

001 Single versus multi-attempt suicidal teenagers with Borderline Personality Disorders: Proposals for in-patient care
Veronique Delvenne (HU des Enfants Reine Fabiola, Bruxelles, Belgium)
Objective
Suicide attempt (SA) is a serious health problem in adolescents with a Borderline Personality Disorder (BPD). The main aim of the present study was to explore the clinical profile of single versus multi-attempt suicidal BPD teenagers and strategies for intervention during in-patient care were evaluated.
Methods
In the European Research Network for Borderline Personality (EURNET BPD), 58 teenagers (15-20 years old) with a BPD diagnosis according to SIDP-IV were matched with 81 healthy controls. Previous history of suicidal attempts was investigated. Subjects completed rating scales for depression (BDI, BHS), anxiety (STAI), impulsivity (BIS-11) and history of abuse or neglect (CTQ) at the time of inclusion. In addition, strategies for intervention have been studied, particularly on contagious conduct disorders.
Results
No significant relationship was found between age and number of SA in BPD adolescents. Most of these SA occurred between 16 and 18 years old. Depression, hopelessness and anxiety, but not impulsivity, were significantly higher in multi-attempters compared to single-attempters or non-attempters. Multi-attempters more frequently reported a history of sexual abuse. In addition, these conduct tended to be contagious during hospitalization, depending on the numbers of BPD patients and the duration of contact.
Conclusion
Borderline adolescents with a history of repeated suicidal attempts present a more severe clinical profile in terms of depressive and anxious symptoms and they more frequently report a history of sexual abuse. The number of BPD teenagers and the duration of their hospitalization had to be carefully evaluated to prevent contagious comportment.

002 Trauma during childhood of borderline adolescents
Alexandra Pham-Scottez (Hopital Sainte-Anne, Paris, France)
Objective
The study EURNET-BPD examines the traumatic aspects of the childhood in adolescents with borderline personality disorder.
Methods
In this study, a large sample (N=84) of Borderline adolescents was compared with adolescents controls (N=85), using the CTQ (Childhood Trauma Questionnaire).
Results
Adolescents with Borderline Personality Disorder reported more emotionally, but also physically and sexually abuses and more emotionally and physically neglect. Abuses are the most several. Physical abuses are lasting often years, and sexual abuses are described more as a single event. In both cases, the environment answer seems to be very failing because adolescents are still in contact with their abuser, or/and few cases reported that legal authorities were warned.
Conclusion
The role (or failure) of familial and social support to the trauma seems to be an important factor to take account from now in adolescents with borderline personality disorder.
Policy of full disclosure

003 Emotional regulation in adolescents with Borderline Personality Disorders
Mario Speranza (University of Versailles, Child Psychiatry, Le Chesnay, France)
Objective
Emotional dysregulation, a core feature of borderline personality disorders, can express itself both as emotional instability or in terms of poor emotional awareness. Although both dimensions have been related to negative experiences during childhood, however, little is known about the specific developmental pathways leading to emotional instability or emotional awareness in borderline adolescents.
Methods
60 borderline adolescents issued from the European Network on borderline personality disorders were investigated using the Affective Liability Scale (Harvey, 1989), The Bermond-Vorst Alexithymia Questionnaire (Vorst et al, 2001) and the Childhood Trauma Questionnaire (Bernstein, 1996).
Results
Emotional instability was closely related to symptoms of impulsivity and inappropriate anger, whereas poor emotional awareness was more associated with chronic feeling of emptiness. Both emotional instability and emotional awareness were associated with negative experiences during childhood.
**Conclusion**

Negative experiences during childhood may lead to borderline personality disorders in adolescents via a developmental pathway including emotional instability and poor emotional awareness.

**Affective instability and impulsivity mediate childhood trauma to non-suicidal self-injury (NSSI) in adolescents with Borderline Personality Disorder**

Ludovic Gicquel (CHS Henri Laborit, Saint Benoit, France)

**Objective**

The main objective of this study was to examine the relationship between BPD and NSSI with respect to the role of childhood trauma exposure and the mediation of specific psychopathological dimensions. In other words, we aimed to investigate the predictive weight of both childhood trauma as well as specific psychopathological dimensions in contributing to NSSI in adolescents with BPD.

**Methods**

The study sample was drawn from a European longitudinal research project investigating diagnostic stability of borderline personality disorders from adolescence to young adulthood (European Research Network on Borderline Personality Disorder, EURNET BPD). Among the 107 adolescents assessed, 84 fulfilled SIDP-IV criteria for a borderline personality disorder. 11 (13%) were boys, and 73 (87%) were girls with a mean age of 16.3 (SD 1.4). They were predominantly inpatients (N=57, 67%). All subjects completed a research protocol that consisted of a diagnostic evaluation of axis I and axis II disorders and a self-report questionnaire eliciting socio-demographic data and psychopathological features of interest in patients with BPD. The path coefficients of the causal directions between the trauma types, borderline personality disorder dimensions, and NSSI were investigated.

**Results**

The analysis of the regression coefficients shows an influence of two of the three dimensions involved on self-mutilation, namely emotional and affective instability and impulsivity with scores of 0.244 and 0.139, respectively. These two dimensions are themselves correlated with different types of traumatic antecedents. Affective and emotional instability is thus increasingly impacted by physical neglect (0.174), sexual abuse (0.178) and emotional abuse (0.376) and negatively by emotional neglect (-0.186) and physical abuse (-0.228). Impulsivity is positively associated with sexual abuse (0.186) and physical abuse (0.141).

**Conclusion**

Also, the results present tend to confirm that, depending on the type of abuse suffered during childhood, the occurrence of self-harm in borderline adolescents is not mediated by the same constitutive psychopathological dimensions.
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002
The importance of prevention to minimize the complexity of rehabilitation
Marc Ferrer (Hosp Univ. Vall d’Hebron, Barcelona, Spain)
N. Calvo, Ó. Andión

Objective
Several studies have evidenced the validity of Borderline Personality Disorder (BPD) diagnosis for under 18 years old subjects. The diagnosis delay has been stated as a bad prognosis factor for BPD, with a worse functional impairment. With this in mind, BPD Barcelona Group aimed to know the reality of young BPD phenomenon in Barcelona (Spain) and to contribute to the knowledge about the validity of BPD diagnosis in the adolescence.

Methods
An ambispective study aimed to analyse the relevance of Personality Disorder (PD) diagnoses in child and adolescents with self-harming behaviours in a general hospital emergency area. Furthermore, we designed a case-control study to clinically and neurobiologically (fMRI) characterize a sample of adolescents with BPD.

Results
A total of 450 patients contacted our paediatric emergency department in 2015 and 2016 for any kind of psychopathology. 22.4% reported some expressions of self-harming behaviours (suicide attempt, non-suicidal self-injuries, suicidal threat). Women represented the 80.2% of the sample and the average age was 15.7 (SD 1.95). The diagnostic orientations at the emergency unit discharge were possible PD (17%), depressive syndrome (16%) and anxiety disorder (15%). Later, some adolescents with suspected PD were included in the case-control study for BPD. Currently, 41 cases and 16 controls have been explored clinically, neuropsychologically and neurobiologically with fMRI.

Conclusion
Increasing evidence supporting the validity of the early diagnosis of BPD in the adolescence has contributed to a significant change in the attitude of professionals when considering BPD within the possible diagnoses to explain self-harming behaviours in adolescence. Case – control study can help in the differentiation between personality pathology and transient psychopathology associated to immaturity. Altogether is part of a strategy to support the need for early interventions reducing the costs associated to BPD treatment.

003
Therapeutic housing and self-image improving in the rehabilitation process of BPD
José Luis Carrasco (Clinic Hospital San Carlos, Madrid, Spain)

Objective
After several months at day-hospital, moderate-severe patients are discharged with apparently consistent self-consciousness, self-perspective and self-direction, but they are not able to incorporate autonomously to academic or work projects. Many of them suffer regressive involutions when staying at home, and exploitative attitudes, parental over-engagement and potential identity crashing appear again. We made a trial of living for one year in a therapeutic housing were patients live in groups of four, with no monitors but are supervised twice-a-week at the day hospital. They are trained at sharing, competing and being assertive when signaling negligence to other patients, incorporating a role of self-care and caring of other patients, allowing an inner sense of validity. We have confirmed that basic identity was preserved after day hospital treatment, but only needed to be reinforced by real contact with real needs and the perception of absence of parents. When patients are living alone, with no authority figures in the house, they become more responsible and tolerant of frustration. Therefore, the role in the house further builds the patient's identity.

001
Towards mentalizing systems: Lessons from international applications of AMBIT
Dickon Bevington (Anna Freud Centre, London, United Kingdom)

Objective
To frame the symposium which presents data and information about two international applications of AMBIT, in the Netherlands (Saskia Knapen) and in Spain (Mark Dangerfield) by describing the basic approach.

Methods
A brief introduction to Mentalization as a helpful framework and theory of change for therapy, with a strong evidence base in work with the Borderline Personality Disorder, is followed by a description of how AMBIT deploys this systemically. AMBIT moves beyond the traditional therapeutic dyad (patient and therapist) to include mentalization-based practices within teams, across wider multi-professional and community networks, and in relation to service improvement and learning.

Results
AMBIT is an open source approach to the development of effective practice especially for patient groups that present with high risk, a non-conventional relationship to help (sometimes referred to as "hard to reach"), and around whom coordinating and integrating care and help often presents great difficulties. It has developed innovative ("deployment focused") strategies for developing and sharing best practice via online wikis, demonstrates high levels of worker satisfaction and encouraging early outcomes, and continues to adapt to multiple patient groups and culturally diverse settings.
Conclusion

AMBIT is a promising, and relatively low cost innovation in delivering and developing effective help for extremely vulnerable and excluded patients whose condition and psycho-pathological risk and risk of social exclusion who do not tend to access mainstream services. The major effort is made to keep these adolescents from treatment because they cannot adapt to what existing mental health services offer, something that increases the risk of deterioration and chronicity. The objective of this AMBIT based project is to work with these adolescents and their families at home, in the street, at school or wherever the adolescent and his family accept.

Methods

AMBIT -Adaptive Mentalization Based Integrative Treatment- developed for the most complex, risky, and commonly non-help-seeking populations, has grown out of the MBT family of treatments. The ECID project is based on our need to adapt to the very damaged and limited relational capacities of these adolescents. This represents a significant change in the organization of treatment, since it implies that the clinical teams leave the hospital and work with the adolescents in whatever environment that is safe as safe by them. We shift from asking ourselves what we need to change in the adolescent's mind in order to help him function better, to think about what do we have to change in our own minds, teams, networks and caring systems in order to reach these adolescents who don’t expect much from a human relationship and even less from a relationship with a mental health professional.

Results

Data of two different on-going studies will be presented: outcome assessment of our intervention and presence of childhood adversities amongst the adolescents and their parents.

Conclusion

Our AMBIT-based teamwork facilitates engaging adolescents with emerging personality disorders in treatment, in order to reduce associated risks and social exclusion.

003

AMBIT: Reaching the 'hard-to-reach' makes change possible

Rozemarijn van Duursen (Altrecht, Utrecht, The Netherlands)

Objective

Hard-to-reach’ PD patients often have severe attachment problems, they have been disillusioned by mental health services and have little trust in psychotherapy. Therefore they are often perceived as being unwilling to change or unmotivated, while actually, because of epistemic distrust, they are too afraid to trust what psychotherapy has to offer. The more difficult they are to reach, the more agencies appear to be involved in the care system around the patients. While all these agencies are well-meaning, they all have their own way of operating, rules etc. This can be overwhelming, confusing and demotivating for patients and lead to aversive experiences. The mentalizing capacity of both the patients and the involved care workers gets challenged, and this often leads to a self perpetuating breakdown of mentalizing in all parties. Non-mentalizing actions of patients can create non-mentalizing social systems - including mental health services - that sustain their condition.

Methods

AMBIT provides the means to scaffold the mentalizing capacities of the patients, the treatment team, and the network around the patient. AMBIT is based on the attachment theory and places a strong emphasis on building relationships, not only between the keyworker and the patient, but also in connection with the patient’s network and within the team. It is a team approach rather than a therapy, which provides the environment in which change and psychotherapy can take place. Originally developed for ‘hard-to-reach’ young people, it applies to adults too.

Results

In this oral presentation we present our experience with using the AMBIT frame for ‘hard-to-reach’ adult patients with severe personality disorders.

Conclusion

The AMBIT approach supports psychotherapy to a previously hard-to-reach group of patients with serious and complex problems.

OP-08 Oral Presentation

10.30-12.00 Mestral 3

Psychodynamic perspectives on narcissism and personality

Chairperson: Stephan Doering, Vienna, Austria

001

Association between vulnerable narcissistic traits and depressive symptoms in dysthymia

Leire Erkoreka (Red de Salud Mental de Bizkaia, CSM Barakaldo, Spain)
The relationship between both grandiose and vulnerable narcissism involves grandiose and vulnerable presentations. The vulnerable presentation has been associated with depression, although empirical research studying this relationship is limited. Dysthymia is characterized by a greater treatment resistance and poorer prognosis than other chronic depressive disorders, and it could be explained by the presence of dysfunctional personality traits. We aim to explore the association between vulnerable narcissistic traits and depression in dysthymia.

**Methods**

80 dysthymic outpatients were selected. Their treating psychiatrist collected sociodemographic and clinical data and completed the Clinical Global Impression Scale (CGI). Patients completed the Beck Depression Inventory (BDI) and the Hypersensitive Narcissism Scale (HSNS). We tested for potential confounders and conducted a regression analysis to explore whether severity of vulnerable narcissism predicts greater depressive symptoms. Also, we explored the concordance between severity of symptoms as reported by the patients and as evaluated by the clinician.

**Results**

HSNS was the principal predictor of BDI, and along with age, accounted for 23% of the variance in BDI. Both HSNS and CGI, as well as BDI and CGI, correlated significantly.

**Conclusion**

Firstly, vulnerable narcissistic traits were significantly associated with severity of depressive symptoms. Also, the subjective experience of patients showed a good concordance with the evaluation of the clinician. A careful assessment of personality functioning and the inclusion of psychotherapies that address personality dysfunction should be considered in chronically depressed patients that have been refractory to standard treatments.

**Narcissism and shame-proneness: The mediating role of agentic self-views**

Marco Di Sarno (University of Milan Bicocca Psychology, Milano, Italy)

F. Maddeddu, R. Di Pierro

**Objective**

Psychoanalytic theories describe narcissists as characterized by a grandiose self, but underlying feelings of shame. However, empirical findings show inconsistent associations between narcissism and shame, also because most studies focused mainly on grandiose overt narcissism, neglecting vulnerable narcissism. Shame experiences usually result from a stable negative evaluation of the self, which has shown to be often associated with vulnerable but not with grandiose narcissism. The aim of the present study is to investigate the relationship between both grandiose and vulnerable narcissistic traits with shame feelings. In particular, we tested whether explicit agentic and communal self-views might explain such relationship.

**Methods**

A community sample of adults (N = 367, Mage = 33.67, SD = 13.62) completed the Personal Feelings Questionnaire-2 for the assessment of shame-proneness, the Five-Factor Narcissism Inventory – Short Form for the assessment of grandiose and vulnerable narcissistic traits, and an adjective-based measure of explicit self-view in both agentic and communal domains, adapted from Campbell, Bosson, Goheen, Lakey, & Kernis (2007). A mediation model was conducted to test whether narcissistic traits were associated with shame-proneness, and whether self-views in agentic and communal domains mediated this association. Analyses were run controlling for gender and guilt-proneness.

**Results**

Results showed that vulnerable narcissistic traits were positively related to shame-proneness, and negatively related to both agentic and communal self-views. Moreover, the relationship between vulnerable narcissistic traits and shame-proneness was partially mediated by agentic self-view, but not by communal self-view. The higher vulnerable narcissism the less agentic self-view, and the less agentic self-view the higher shame proneness. Finally, grandiose narcissistic traits showed to be positively associated with agentic self-view, and no significant association was found with shame-proneness.

**Conclusion**

Individuals high in vulnerable narcissism, but not individuals high in grandiose narcissism, may be particularly prone to feel ashamed because of their negative agentic self-views.

**Comparison of the structured DSM-5 clinical interview for the level of Personality Functioning Scale with the structured interview of personality organization**

Leonie Kampe (Psychologische Hochschule Berlin, Psychology, Berlin, Germany)

J. Zimmermann, S. Hörz-Sagstetter

**Objective**

In Section III of DSM-5 (APA, 2013), the Level of Personality Functioning Scale (LPFS) is one of the components of the DSM-5 Alternative Model for Personality Disorders (AMPD), and offers a dimensional approach to the assessment of personality pathology. Similar to the psychoanalytic concept of personality organization developed by Kernberg (1984), personality disorders are not only assessed by categorical diagnoses determined on the basis of symptom-oriented criteria, but also from the perspective of measuring impairment of personality functioning. In this study we empirically compared the convergence between two instruments examining personality functioning, namely the Structured Clinical Interview for the DSM-5 Alternative Model for Personality Disorders Module I (SCID-AMPD, Bender et al., 2016) which further operationalizes the LPFS, with the Structured Interview of Personality Organization (STIPO, Clarkin et al., 2004).
Methods

30 psychotherapeutic in- and outpatients were assessed and videotaped with both interviews. Overall scores of the two interviews and the individual scales were correlated. In addition, relationships between these ratings with the clinical criteria quantifying the severity of the disorder (number of suicide attempts, number of psychiatric hospitalization, severity of ICD-10 diagnosis) were analysed. Partial correlations were computed to extract the independent influences of distinct scales.

Results

Significant concordances between overall scores and individual scales of the interviews were found. Moreover, both interviews showed high correlations with the clinical criteria of the severity of the pathology. Partial correlations revealed that only STIPO scales identity, primitive defenses, aggression and reality testing show independent significant correlations with clinical criteria.

Conclusion

The meaning for theoretic operationalizations, diagnostic approaches, and clinical practice will be discussed.

004

Development and validation of the French version of the pathological narcissism inventory

Louis Diguer (Université Laval, Dept. de Psychologie, Québec, Canada)
V. Turmel, J. Brin, T. Lapointe, M. Vincent

Objective

To develop and validate a French version of the Pathological Narcissism Inventory (PNI) (Pincus et al., 2009) in its original 52-item and the more recent short 28-item version. The PNI allows to evaluate narcissism pathology through 2 main dimensions (Grandiose and Hypervigilant narcissism) and seven scales.

Methods

Development of the French version via the backward systematic method of translation (Vallerand, 1898). Around 1200 participants collaborate. Internal validity was evaluated through Confirmatory factor analyses. Convergent validity was examined through correlations with other related variables. Temporal reliability was evaluated by having a subsample do a re-test 2 months later.

Results

Even though the CFA did not produce a good fit model, subsequent Factor analyses showed that the French versions (both original and short) have a very similar internal structural as the original English version. Correlations with other measures are very close to those observed with the English version. Temporal stability was very good.

Conclusion

This new French version of the PNI is valid and can be used in numerous contexts, clinical and research ones.

005

Mondriaan’s Victory Boogie Woogie from a transference focused psychotherapy point of view

Marike Steeman (Steeman, Maastricht, The Netherlands)

Objective

Dutch painter Piet Mondriaan (1872-1944) evolved a special form of abstract art. When he died in New York his unfinished multilayered painting Victory Boogie Woogie was left in his studio. In this presentation we will find out by means of the three channels of communication (verbal, non-verbal and [counter]transference) used in TFP along which remarkable path Mondriaan developed his abstract paintings. This way of ‘Analytic listening’ will give insight in underlying processes in Mondriaan’s inner world reflected in his paintings. The audience will gain insight into the theory and practice of TFP, object-relation theory, splitting and narcissism.

Methods

N=1 study

Results

By means of analytic listening and transference phenomenons in art, we can learn about projective identification, primitive defenses and thus get more sensitive in treatments with personality disorders.

Conclusion

The importance of working in a multidisciplinary way
worse.” The second main theme “a doubting self” included the subthemes “feeling insecure” and “searching for a sense of self.”

**Conclusion**
The findings shed light on the internal dynamics that underlie the behavioral symptoms of AVPD. We will discuss how the findings may inform theory and suggest direction for clinical interventions.

**002**
**Similarities and differences in brain structural features of Borderline Personality and Bipolar Disorders: A source-based morphometry study**
Gaia Lapomarda (University of Trento Cognitive Sciences, Rovereto, Italy)
E. Pappaianni, H. Dadomo, R. Siugzdaite, A. Grecucci

**Objective**
A potential overlap between bipolar disorder (BD) and borderline personality disorder (BPD) has been recently proposed. Their clinical similarities, which often lead to the problem of misdiagnosis, have prompted to question whether these disorders correspond to common pathogenetic processes and brain structural alterations. This is still a matter of debate and the present study was aimed at solving this question.

**Methods**
In order to assess similarities and differences of brain structural features in BD and BPD, we capitalized on source-based Morphometry (SBM), a multivariate approach to structural analyses that identifies patterns of covariation in gray matter measures across subjects by applying independent component analysis (ICA). 49 patients with BD, 20 patients with BPD and 69 healthy controls (HC) matched for sex and age entered the analyses. We assessed the effect of diagnosis by means of one-way ANOVA.

**Results**
SBM returned 20 independent patterns of covariation in gray matter. We found that one of these differed between BPD, BD and HC (p = .01). This independent component (IC9) involved fronto-temporal regions, portions of the occipital lobe, thalamus and cuneus. Interestingly, post-hoc analysis indicated that this pattern significantly differed between BD and HC (BD < HC) but not with BPD, which instead partially overlapped with both BD and HC.

**Conclusion**
Up to now, little is known about the brain structural features of BPD and BD. Previous studies identified decreased volume covariation in BPD and BD (separately) among the same brain regions we found altered. Furthermore, even though not significantly different between groups, most of the twenty independent patterns showed a specific trend, with BPD situated halfway between the other two populations. These results suggest an interpretation of these two disorders as belonging to a continuum in which BPD would share part of the alterations that characterize BD, representing a possible explanation of their clinical similarities.

**003**
**How do we react in a situation of social exclusion? An experimental study in patients with Borderline Personality Disorder and healthy controls**
Barbara Barton (München, Germany)

**Objective**
A core feature of patients with borderline personality disorder (BPD) is interpersonal difficulties, leading to a limited and instable social network. A situation of social exclusion can be experimentally induced by the cyberball paradigm (Williams et al, 2006). In this virtual ball tossing game the participant is completely excluded by two other players. Previous research with the paradigm found that BPD patients differ from Healthy Controls (HC) with regard to e.g., more aggressive action impulses. In order to measure direct behaviour we modified the original paradigm, allowing a direct comparison of the reaction to an including vs. excluding player.

**Methods**
We aim to include 30 BPD patients and 30 age and gender matched HC (18-65 years). Each participant plays two conditions (experimental condition: 2 minutes: inclusion; 10 minutes: partial exclusion by one player; control condition: 12 minutes of inclusion) in randomized order.

**Results**
Preliminary results point towards an increased ball tossing behavior to the excluding player in HC at the beginning of the social exclusion period. As data is currently collected, the main results will be presented at the conference.

**Conclusion**
More knowledge about the quality of interpersonal difficulties in patients with BPD could help improve current therapeutic strategies.

**004**
**The effects of child abuse on perinatal mental health: Evaluating the role of victims personality disorders**
Ester Di Giacomo (University of Milan Bicocca, PhD Program in Neuroscience, Monza, Italy)
F. Colmegna, F. Pescatore, M. Clerici

**Objective**
Analyzing the interaction between childhood abuse (CA) and victims personality disorders on the expression of psychiatric sufferance in the perinatal period.

**Methods**
150 women consecutively admitted to the Perinatal Psychiatric Outpatient Department were administered SCID II, CTQ, WHOQOL-BREF, EPDS, BDI and BAI.

**Results**
CA increases the risk of post-partum depression in borderline PD (p=.027). Sexual abuse influences the risk of post-partum depression in paranoid and schizoid PD (p=.035; .048), of anxiety in borderline (p=.027) and lower social quality of life (QoL) in narcissistic PD(p=.050). Physical neglect increases anxiety in borderline PD (p=.039). Physical abuse decreases psychic QoL in
Emotional, physical, sexual abuse and neglect in Borderline Personality Disorder: A meta-analysis
Zsolt Unoka (Semmelweis University, Dep. of Psychiatry and Psychotherapy, Budapest, Hungary)
E. Beran, T. Buchman, M. J. Richman

Objective
The debate over whether trauma, neglect, and abuse play an important role in the development of borderline personality disorder has continued in the literature. Most etiological theories of BPD are centered around abuse and neglect, and emotional, physical, and sexual abuse. Despite this, there has been no meta-analysis on the topic.

Methods
A systematic review of cross-sectional studies comparing reported trauma in patients with borderline personality disorder with age-matched healthy comparison subjects was carried out. Potential demographic and clinical moderators were analyzed.

Results
Analyses included 32 articles that met inclusion criteria (N=7,397). Large and heterogeneous effects were seen for overall reported trauma (d = 1.51) and in specific type of reported trauma of neglect (d = 1.54) and abuse (d = 1.38). When looking at the theme of trauma, it was found that BPD patients reported emotional trauma the most (d = 1.82) followed by physical (d = 1.13) and sexual (d = 1.10) trauma. Type of questionnaire and comorbidities also showed significance. Demographic variables showed no statistical significance.

Conclusion
These findings highlight the clinical relevance of reported trauma in BPD and the importance of considering the type of questionnaire used in future studies.
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