



Dear Colleagues

An exciting and fruitful year for our Society is about to expire. The board has worked hard to develop new strategies for knowledge dissemination, networking and for expanding our society to embrace even more leading experts in the field of personality disorder research, treatment, training and policy making. A major change that will take place from the coming turn of the year is that the ESSPD will transform into an academy of excellence where prospective members will no longer apply for their membership but will rather become invited based on their professional merits and standing and upon nomination from their peers. We will no longer collect membership fees; to collect these rather small amounts of money has taken us disproportionately much effort, while organizing successful conferences have proven a much more sensible financial basis for our future development. At the same time, we hope that with a more proactive membership recruitment strategy, the ESSPD will have a potential of growing larger and more influential. We think that it is more than ever important that researchers, clinicians and policy makers with an interest in personality disorders unite to gain momentum and power in important contemporary debates in this field. These new organizational plans were discussed with and approved by the members, at the General Meeting in Vienna in September. Whereas we hope that all of our existing members will stay on in the new structure, we will start recruiting more members very actively from the beginning of next year.



***Martin Bohus***



***Lars Mehlum***

Our society recently completed a very successful Congress on Borderline Personality and Allied Disorders in Vienna with close collaboration with local hosts under the leadership of Professor Stephan Doering. Plans for new workshops and conferences in Cracow and Barcelona are now under development – more information will emerge shortly at our website.

One of the major tasks ESSPD is challenged by in 2017 is to influence the decisions of the WHO ICD 11 commission on the new proposal of the personality disorder chapter. The current proposal plans to (31.12.2016) eliminates all distinct categorical personality disorders and replaces them with a simple severity gradient ranging from personality difficulties to severe personality disorder and five domains representing personality traits, described as negative affectivity, dissocial, disinhibition, anancastic and detachment traits. From our perspective, this proposal is likely to lead to serious problems in European health care systems. We are currently officially intervening at the WHO in this matter.

With the turn of the year the ESSPD will have a change of presidents. Martin Bohus will resign from the chair – but stay on the board – whereas Lars Mehlum will take over as the new president. We are both grateful for the continued trust and support from you our members.

**Martin Bohus, President of the ESSPD**

**Lars Mehlum, President-elect, ESSPD**

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

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

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

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

Additional information about the workshops and details about the workshop conference is available here: <http://www.esspd.eu/cracow-meeting-2017/>

**Sebastian Simonsen (ESSPD Board Member)**

## Marlies Houben, the winner of the Young Researcher Award, Vienna 2016

By Theresa Wilberg

We congratulate Marlies Houben with the Young Researcher Award. Marlies Houben is a postdoctoral fellow at KU Leuven – University of Leuven in Belgium. The newsletter was fortunate to have an interview with her after the ESSPD conference.

### **What does it mean to you to win the Young Researcher Award?**

It is a great honour to win this award! I am very grateful for the interest in my work. It motivates me even more to continue my research, and to hopefully further contribute to a better understanding of BPD.

### **What will be your main research topics in the next years?**

In most of my work, I have mainly investigated how affective processes, such as affective instability unfold in daily life of BPD patients, using ambulatory assessment methods. Using these methods, we are able to track people's emotional ups and downs over time, as they occur in people's own personal environment, however not relying on retrospective judgement. This research has provided us with more ecologically valid information on how emotional instability and other affective processes are typically manifested in daily life of BPD patients. The next step is to gain more insight into the mechanisms underlying these affective processes in daily life, and better understand why, for example, BPD patients' emotions show these strong and abrupt ups and down over time. So in the next few years, we will focus more on understanding which mechanisms are driving these emotional ups and downs in daily life, by focusing on the role of context and on specific aspects of emotional change, such as emotional reactivity to events and regulation processes. Further, we want to explore the reciprocal relationship between different BPD features in daily life, and investigate how, for example, strong emotional switches follow from or rather precipitate other features, such as the occurrence of non-suicidal self-injury. Finally, we also found some indications that certain patterns of emotional change observed in BPD patients might reflect transdiagnostic processes, so we also want to further investigate the specificity of these patterns in daily life.



### **What are your hopes regarding BPD research in the years to come?**

On a more specific level and related to research focusing on daily life, my hope is to better understand how we can better investigate the influence of specific contextual factors on affective processes in daily life of BPD patients. This is challenging, because everybody encounters different events in daily life, and interprets events in different ways. Still, context is a crucial variable that should be taken into account.

However, of course what truly matters in the end is to further obtain insight into BPD in order to improve treatment and intervention options for people suffering from BPD even more, to try to reach more people with BPD, and treat them effectively with the therapy that is best suited for the person etc. However, I think that clinicians are already doing a great job.

## What do you think are the most important factors that enable a young researcher like yourself to pursue a career in research?

I believe that the research environment in which a researcher is working is extremely important. Working in a stimulating environment, in collaboration with researchers from different research fields and clinicians is important, as it enables you to approach problems and questions from different perspectives.

Moreover I think that a strong methodological background can also be necessary to test more complex ideas and theories. And of course, a good mentor is also really important. I am lucky to be working with a great mentor, Prof. Peter Kuppens, and to be surrounded by many wonderful researchers with different backgrounds and very skilled clinicians.

## ESSPD Research Update

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

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## Recovery from borderline personality disorder: A systematic review of the perspectives of consumers, clinicians, family and carers

**Ng, F. Y.Y., Bourke, M. E., Grenyer, B. F. S. (2016)**  
*PLoS ONE*11(8):e0160515.doi:10.1371/journal.pone.0160515

**Aim:** Longer-term clinical (symptom remission) and personal recovery (lived experience) were systematically reviewed from the perspective of the individuals, therapists, families and carers.

**Background:** Most clinical research on borderline personality disorder (BPD), particularly longitudinal outcome studies, tends to focus on remission of symptoms over the course of treatment and after its termination. While important for a number of reasons, a focus on symptoms excludes the perspective of the individual, family, and carers with respect to their experience of personal recovery and what that means. A more holistic view of formerly borderline individuals, or those who continue struggle from the perspective of lived recovery experience is largely lacking in the current literature.

**Procedure:** The authors used the parameters from the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) for their systematic review, resulting in the inclusion of 19 studies, which in turn represented 1,122 participants. Inclusion criteria were studies focusing on personal recovery from BPD or longitudinal studies with a follow-up duration of five years or longer.

**Results & Discussion:** There were limited studies examining personal recovery from BPD and no studies identified as examining the recovery experience from the perspective of family members and carers. The rates of symptom remission and recurrence varied depending on how these were operationalized

from study to study. Symptom remission data indicated that BPD can be enduring, and also that symptom remission is possible. Data on recurrence suggested that once remission had been attained, it was unlikely for BPD to recur. Knowledge and understanding of life engagement and fulfillment in relationships and employment was largely missing from the literature, which the authors suggested examining in future research.

## Primary emotional traits in patients with personality disorders

**Karterud, S., Pedersen, G., Johansen, M., Wilberg, T., Davis, K. & Panksepp, J. (2016)**  
*Personality and Mental Health*, DOI: 10.1002/pmh.1345

**Aim:** To examine the relationship between primary emotions observed in relation to personality disorders (PDs) amongst a clinical group with a broad spectrum of personality pathology.

**Background:** Temperament is in a large part defined by emotions and their processing both biologically and behaviourally. Seven primary emotions identified by the authors (seeking, fear, care, rage, sadness/panic, lust, and play), said to be present in all mammals, serve as motivators that predict behavioural responses. Disparities amongst primary emotion formulations have prevented evaluation of the interplay between these seven emotions and PDs within the literature to date. This study was conducted to examine primary emotions on a large group of individuals with a broad range of personality pathology.

**Participants:** A total of N=546 participants were recruited from five different treatment centers in the Norwegian Network of Personality-Focused Treatment Programs from January 2004 to June 2013. The majority (77%) were female adults with one or more personality disorders (PD). The highest proportion of diagnoses was for Borderline personality disorder, Avoidant personality disorder and PD NOS.

**Procedure:** Participants were given the Affective Neuroscience Personality Scales (ANPS) which examines six primary emotions (all listed above except for lust). Predictions were generated by five experienced psychiatrists regarding specific associations between PDs and ANPS subscales. When there was inter-rater agreement of three or more psychiatrists in relation to a positive or negative association, it was concluded that an association was present.

**Results & Discussion:** Results of personality diagnostic formulations based upon DSM-IV PD criteria indicated that there were varying patterns of relationships between differing PDs and primary emotions. The Borderline PD profile demonstrated a low threshold for rage and sadness alongside a propensity for seeking, whereas Avoidant PD was associated with a low threshold for fear and high thresholds for play, seek, and rage. The Dependent PD profile indicated a low threshold for sadness but a high threshold for rage and seeking. These profiles and their associations generate support for an evolutionary theory of personality functioning and disorders, which can further generate possible causal pathways to PD development.

## Affective instability as a clinical feature of avoidant personality disorder

Snir, A., Bar-Kalifa, E., Downey, G., Berenson, K. R., Eshkol, R. (2016)

*Personality Disorders: Theory, Research, and Treatment* <http://dx.doi.org/10.1037/per0000202>

**Aim:** To evaluate whether affective instability was heightened amongst individuals with avoidant personality disorder (APD) compared to affective instability in borderline (BPD) individuals and healthy controls (HC).

**Background:** Affective instability is considered to be a major factor contributing to personality disorders (PDs), which has been particularly well examined with respect to BPD. Avoidant personality disorder (APD) is fairly prevalent in both clinical and population samples, however the characteristics and impact of affective instability has not been well examined in APD. Individuals with APD are understood to experience significant negative emotion and anxiousness, which may persist due to difficulties in emotion modulation, or ineffective strategies (avoidance; suppression). Also, individuals with APD are less likely to seek social contact to reduce suffering in painful moments compared to those with BPD or HC, which may also lead to persistence of negative mood states.

**Participants:** A total of 153 adults participated in the study, recruited from newspaper ads, online groups, and flyers for a study on PDs and mood. Ads targeting BPD and APD described symptoms of both disorders, which led to approximately 1,200 individuals completing telephone screening based on DSM-IV PD criteria (SCID-II). A total of 57 participants met criteria for BPD, 43 met criteria for APD and 53 were HCs.

**Procedure:** After diagnostic interviewing, participants were trained on the use of a personal digital assistant (PDA). Participation involved completing a 3-week digital diary study. Experience sampling methods were used to examine instability in negative affect.

**Results & Discussion:** Individuals with APD showed greater affective instability compared to HC, but less than individuals with BPD. This pattern of results is consistent with emotional lability formulation as being of central relevance to personality pathology. More research into affective characteristics and interpersonal functioning of individuals with APD is required, particularly since it is a relatively prevalent disorder, and because affective instability exerts such a considerable impact on the life and quality of life of individuals who struggle to regulate strong negative affect.

# Borderline personality disorder and narcissistic personality disorder diagnoses from the perspective of the DSM-5 personality traits: A study on Italian clinical participants

Fossati, A., Somma, A., Borroni, S., Maffei, C., Markon, K. E., & Krueger, R. F. (2016) *Journal of Nervous & Mental Disease*. doi: 10.1097/NMD.0000000000000587

**Aim:** To examine borderline personality disorder (BPD) and narcissistic personality disorder (NPD) traits and domains obtained through the categorical diagnostic system of the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) compared with the Alternative Model of Personality Disorder from DSM-5. Evaluations and associations were compared amongst NPD, BPD, no PD and other PD groups.

**Background:** The alternative dimensional model of personality disorders in DSM-5 reflects previous dimensional models of personality functioning that have been proposed and tested over many years. Although the dimensional model is newly published in the DSM diagnostic system now with the fifth edition, there is evidence that higher order traits have superior predictive validity with respect to suicidal behaviour, symptom non-remission, requirement of emergency hospital admission, and capacity for functioning in daily life. This is the first study to examine whether specific personality disorders (NPD and BPD) can be discriminated from participants with no PD and other PD diagnoses on the basis of the proposed DSM-5 trait profile compared with DSM-IV and DSM5 Section II BPD and NPD categorical diagnoses.

**Participants:** A total of 239 participants were recruited through consecutive inpatient and outpatient admission to the Clinical Psychology and Psychotherapy Unit of San Raffaele Hospital (Milan, Italy). Participants were primarily female (59.2%) and all were adults.

**Procedure:** Participants completed the Personality Inventory for DSM-5 (PID-5) and the Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II).

**Results & Discussion:** The only significant sex difference was an association between NPD and male sex. Personality Inventory for DSM-5 (PID-5) emotional lability, depressivity, separation insecurity, risk-taking, impulsivity, and risk-taking were associated with BPD, whereas attention-seeking discriminated those with SCID-II NPD. Diagnostic and Statistical Manual of Mental disorders, 5<sup>th</sup> Edition (DSM-5) traits that significantly discriminated BPD from other participants were separation insecurity, impulsivity, distractibility, and perceptual dysregulation.

## ESSPD Vienna Congress: Poster Prizewinners: 1st Prize

### *An intervention for people with borderline personality disorder who are also parents: a pilot study of clinician acceptability*

**Authors:** Kye L. McCarthy, Kate L. Lewis, Marianne E. Bourke and Brin F. S. Grenyer

**Objective:** Engaging parents who have a personality disorder in interventions designed to protect children from the extremes of the disorder supports both parenting skills and healthy child development. In line with evidence-based guidelines, a 'Parenting with Personality Disorder' brief intervention was developed, focusing on child safety, effective communication and parenting strategies.

**Method:** 170 mental health clinicians were trained in the brief intervention and acceptability ratings were obtained. Changes in clinician attitudes, knowledge and skills after training were assessed.

**Results:** Providing clinicians treating personality disorder clients with additional skills to address parenting was well received and filled a gap in service provision. Clinicians reported improvements in clinical skills, knowledge, willingness and confidence to intervene in parenting issues with clients. Qualitative responses endorsed three major modes of learning: case study analysis, reflective learning activities, and skills-based intervention practices.

**Conclusions:** Current treatment guidelines emphasise addressing parenting, but no evidence-based therapy includes specific parenting skills. This brief intervention model improved skills, efficacy and willingness to intervene. This approach can be readily added to current evidence-based therapy protocols and promises to improve client functioning and protect children from the extremes of the disorder. Clinical trials are now required to validate the approach in the field. <http://bpded.biomedcentral.com/track/pdf/10.1186/s40479-016-0044-2>

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L to R: Marianne Bourke, Kate Lewis, Brin Grenyer, Kye McCarthy

*Impact of psychosocial stress on memory retrieval in patients with borderline Personality Disorder (BPD)*

**Authors:** Moritz Düsenberg, Juliane Fleischer, Oliver T. Wolf, Christian Otte & Katja Wingefeld

**Background:** Previous research has shown that a single dose of hydrocortisone impairs memory retrieval in a delayed recall paradigm (word list) in healthy controls (e.g. Kuhlmann, Kirschbaum, & Wolf, 2005; Wolf, 2003). Interestingly, the opposite was found in patients with borderline personality disorder (BPD), namely improved memory retrieval after hydrocortisone compared to placebo (Wingefeld et al., 2013). In this study, we aimed to reproduce these findings by using a psychosocial stressor (Trier Social Stress Test, TSST). The TSST is more naturalistic, is known to activate the hypothalamic-pituitary-adrenal axis (HPA), the noradrenergic system, and increases feelings of anxiety (Kirschbaum, Pirke, & Hellhammer, 1993). Following recent literature, we hypothesized that memory retrieval in a delayed recall task would be improved in BPD patients after experiencing a psychosocial stressor compared to a control condition. In contrast, we expect to find impaired memory retrieval in healthy controls.



Moritz Düsenberg

**Methods:** 37 BPD patients and 33 healthy controls participated in this randomized, placebo-controlled, single-blind study where each participant underwent both TSST and a control condition (Placebo-TSST) in a cross-over design. 24 hours before stressor or placebo-TSST, respectively, participants learned a word list. On the next day, participants had to reproduce all words they could remember directly after treatment (Stress vs. Placebo). Furthermore, blood pressure was measured before and after stress induction.

**Results:** In a 6 X 2 ANOVA with repeated measurements we found that systolic blood pressure increased significantly after TSST compared to placebo-TSST at 1 minute ( $t(68) = -3.308, p < .01$ ) and at 10 minutes ( $t(69) = 4.033, p < .001$ ) after treatment, suggesting successful stress induction. To analyze the effects of stress on memory retrieval a 2 X 2 mixed model ANOVA with the within-subject-factor treatment (Stress vs. Placebo) and between-subject-factor group (BPD vs. healthy controls) was performed. Results showed neither a main effect of treatment ( $F(1, 68) = .501, p = .482$ ), group, nor a group by treatment interaction ( $F(1, 68) = .005, p = .943$ ) on memory retrieval.

**Conclusions:** Contrary to our hypothesis, memory retrieval was not increased in BPD patients after psychosocial stress compared to placebo. Furthermore, BPD patients and controls did not differ in their memory performance, neither in the control condition nor after the stressor. Importantly, the TSST not only activates the HPA axis but also evokes an activation of the noradrenergic system. As noradrenaline is known to influence memory function, future studies should investigate the influence of noradrenaline on cognition in BPD patients.

**References:** Kirschbaum, C., Pirke, K. M., & Hellhammer, D. H. (1993). The 'Trier Social Stress Test'--a tool for investigating psychobiological stress responses in a laboratory setting. *Neuropsychobiology*, 28(1-2), 76-81. doi: 119004

- Kirschbaum, C., Pirke, K. M., & Hellhammer, D. H. (1993). The 'Trier Social Stress Test'--a tool for investigating psychobiological stress responses in a laboratory setting. *Neuropsychobiology*, 28(1-2), 76-81. doi: 119004
- Kuhlmann, S., Kirschbaum, C., & Wolf, O. T. (2005). Effects of oral cortisol treatment in healthy young women on memory retrieval of negative and neutral words. *Neurobiology of learning and memory*, 83(2), 158-162. doi: <http://dx.doi.org/10.1016/j.nlm.2004.09.001>
- Wingenfeld, K., Driessen, M., Terfehr, K., Schlosser, N., Fernando, S. C., Otte, C., . . . Wolf, O. T. (2013). Effects of cortisol on memory in women with borderline personality disorder: role of co-morbid post-traumatic stress disorder and major depression. *Psychological Medicine*, 43(3), 495-505. doi: 10.1017/s0033291712001961
- Wolf, O. T. (2003). HPA axis and memory. *Best Practice & Research Clinical Endocrinology & Metabolism*, 17(2), 287-299. doi: [http://dx.doi.org/10.1016/S1521-690X\(02\)00101-X](http://dx.doi.org/10.1016/S1521-690X(02)00101-X)

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## ESSPD Vienna Congress: Poster Prizewinners: 3rd Prize *How anxious are the anxious Personality Disorders?*

**Authors: Maie Kreegipuu and Andres Kaera**

**Background:** DSM-5 has retained the clustering system despite serious validity problems. Cluster C is described as the anxious or fearful cluster and includes Avoidant, Dependent, and Obsessive-Compulsive Personality Disorders (PDs). Yet, the support for consistency within cluster C is weak, actually, some research on Axis II comorbidity has found within-cluster C associations being even lower than those between clusters. There is also little empirical evidence regarding anxiety and fear in cluster C personalities. A dimensional approach to PDs provides a common framework to study the structure of PDs together with personalities in the normal population. The Schedule for Non-adaptive and Adaptive Personality-2 (Clark et al 2014) is designed to assess the maladaptive traits important for PDs, thus enables investigation of personality traits across the normal-abnormal boundary.



Maie Kreegipuu

**Objectives:** Our objective was, along with personality traits, to examine the relationship between emotional experiences and the diagnostic characteristics of Cluster C PDs in search for common patterns.

**Methods:** The Schedule for Nonadaptive and Adaptive Personality-2 (SNAP-2, Clark et al 2014) and the Positive and Negative Affect Schedule (PANAS-X/NEPO-Y, Watson & Clark, 1994) were applied in a sample of non-selected psychiatric patients ( $N = 141$ ) and a normative sample representing an Estonian adult population ( $N = 658$ ).

**Results:** (1) **The cluster analysis** did not confirm the C-cluster. (2) **In factor analysis** Dependent personality belonged together with cluster B PDs and Avoidant PD with Schizoid PD, while Obsessive-Compulsive personality tended to form a third factor. (3) **Correlations with emotions** were moderate: Avoidant PD was correlated with Shyness, and low Positive Affect; Dependent PD with Shyness, Fear, low Pertinacity, and Negative Affect. Yet, emotional characteristics contributed marginally to regression models: Shyness was significant for Avoidant PD and low Pertinacity for Dependent PD. (4) **Main predictors were personality traits**, i.e. for Avoidant PD: Detachment, Negative Temperament, Mistrust and low Exhibitionism; for Dependent PD: Dependence and Negative temperament; for Obsessive-Compulsive PD: Workaholism, Propriety, Detachment, Negative Temperament and low Impulsivity.

**Conclusions:** The PDs in Cluster C have different compositions of personality traits, do not belong to the same cluster nor factor, neither are they united by emotional experiences. Even Shyness that was moderately correlated with Avoidant and Dependent PDs, remained significant only for the prediction of Avoidant PD in the normal sample. The only common trait for all cluster C PDs was Negative Temperament, which is common to most of the PDs, and the good old nonspecific predictor for a broad range of disorders.

**References:** Clark, L. A., Simms, L.J., Wu, K.D., Casillas, A. (2014). *Schedule for Nonadaptive and Adaptive Personality - 2nd Edition (SNAP-2): Manual for Administration, Scoring, and Interpretation*. Notre Dame, IN: University of Notre Dame.

Watson, D., Clark L. A. (1994). *The PANAS-X: Manual for the Positive and Negative Affect Schedule - Expanded Form*. Published in Iowa Research Online, Department of Psychology Publications, University of Iowa, Iowa City, IA.

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*Theresa Wilberg*

### Newsletter Submissions

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

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

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

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