Update on the current status of international research and treatment of personality disorders and future trends in the field

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Hot topics

Buzz words
• Interpersonal hypersensitivity
• Hypermentalising
• Epistemic trust

Areas of interest
• Neurobiology and Genomics
• Funding problems in the field
• Big data sets and diagnosis
• Online training – including DBT
• Inside psychotherapies - common factors
Diagnosis

• Three systems for diagnosis, and more issues to come:
  • DSM-5 10 personality disorders
  • DSM-5 Alternative – trait ratings
  • ICD-11 Proposals for single diagnosis
  • Core argument is what is nature of disorder:
    – Identity diffusion
    – Attachment – including broken "epistemic trust"
    – Mood dysregulation – 'mini bipolar'
The Structure of Personality Pathology: Both General (‘g’) and Specific (‘s’) Factors?

Carla Sharp  
University of Houston and The Menninger Clinic, Houston, Texas

Aidan G. C. Wright  
University of Pittsburgh

J. Christopher Fowler  
The Menninger Clinic, Houston, Texas

B. Christopher Frueh  
The Menninger Clinic, Houston, Texas, and University of Hawaii

Jon G. Allen and John Oldham  
The Menninger Clinic, Houston, Texas

Lee Anna Clark  
University of Notre Dame
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Exploratory Bifactor Model of Personality Disorder Criteria

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Personality disorder 3

Treatment of personality disorder

Anthony W Bateman, John Gunderson, Roger Mulder

The evidence base for the effective treatment of personality disorders is insufficient. Most of the existing evidence on personality disorder is for the treatment of borderline personality disorder, but even this is limited by the small sample sizes and short follow-up in clinical trials, the wide range of core outcome measures used by studies, and poor control of coexisting psychopathology. Psychological or psychosocial intervention is recommended as the primary treatment for borderline personality disorder and pharmacotherapy is only advised as an adjunctive treatment. The amount of research about the underlying, abnormal, psychological or biological processes leading to the manifestation of a disordered personality is increasing, which could lead to more effective interventions. The synergistic or antagonistic interaction of psychotherapies and drugs for treating personality disorder should be studied in conjunction with their mechanisms of change throughout the development of each.
Five common characteristics of evidence-based treatments for borderline personality disorder

1. Structured (manual directed) approaches to prototypic borderline personality disorder problems
2. Patients are encouraged to assume control of themselves (i.e., sense of agency)
3. Treatment providers help connections of feelings to events and actions
4. Treatment providers are active, responsive, and validating
5. Treatment providers discuss cases, including personal reactions, with others

Bateman, Gunderson, Mulder (Lancet 2015)
Talking Treatment and the Therapy Relationship
Why talking therapies work

• "the “mentalizing therapist” is a universal constituent of effective psychotherapeutic interventions"

• "Attachment sensitivity" (Ainsworth, 1974)
  • Attunement to client – recognition, being noticed as an agent
  • Being mentalised in the context of an attachment relationship

• Theory of epistemic trust as the underlying structure of psychopathology implies a new psychotherapeutic driving force: (re)opening epistemic trust to allow for social (re)learning

• Fonagy, P; Allison, E; (2014) The role of mentalizing and epistemic trust in the therapeutic relationship. Psychotherapy
epistemic hypervigilance <-> epistemic trust

- Borderline Personality Disorder:
  - oversensitive
  - cannot set aside distressing memories of experiences
  - absence of resilience

- BPD reconceptualisation as "absence of expected resilience and epistemic trust"

- Therapy relationship to rebuild trust
- Building a social network = links we make, human relationships we have with others.
The psychotherapy process…

1. therapist conveys a convincing understanding of patient that generates self-recognition
2. patient gets interested in therapist's mind and their use of thoughts and feelings
3. opens patient to the social learning environment = communication system
4. outside the consulting room - re-envision their relationship to others, re-trust others and be able to communicate and connect again.
The Neurobiology of Mentalizing

Patrick Luyten
University of Leuven and University College London

Peter Fonagy
University College London

Figure 1. The role of marked mirroring in the development of mentalizing. See the online article for the color version of this figure.
The Mind in the Making: Developmental and Neurobiological Origins of Mentalizing

Sohye Kim
Baylor College of Medicine

Tracing the development of mentalizing is central to understanding how we come to learn about the mind. Barring significant biological or developmental abnormalities, we all come to form an understanding of the mind and mental states. But how does this happen, and what accounts for individual differences in abilities to reason about mental states (i.e., desires, feelings, intentions)? The first section of the present article brings together relevant developmental research to outline the normative developmental trajectory of mentalizing. The second section delves into attachment research to drive home the point that this fundamental human capacity develops in tandem with early attachment relationships, and underscores the fact that suboptimal attachment contexts can hinder the developmental progression of mentalizing. Biobehavioral mechanisms that have been proposed to mediate this developmental process are discussed in the third section, with a particular focus on the neuropeptide oxytocin.

"data now link suboptimal mother–child interactions to the child’s reduced baseline oxytocin, elevated HPA (hypothalamic–pituitary–adrenal axis) reactivity, and blunted oxytocin release during interactions with the mother" (p. 361)
Figure 1. Schematic illustration of the proposed genetic, epigenetic, and behavioral pathways involved in the intergenerational transmission of attachment and mentalizing. ↑ represents upregulation of the respective system, ↓ represents downregulation, and ↑↓ represents alteration. OT = oxytocin; HPA = hypothalamic-pituitary-adrenal axis; VP = vasopressin; DA = dopamine; BDNF = brain-derived neurotrophic factor; HYPOTH = hypothalamus; SEPT = septum; BNST = bed nucleus of the stria terminalis; OTR = oxytocin receptor gene; CD38 = CD38 gene (a transmembrane glycoprotein critical for the regulation of oxytocin)
Hypermentalising

- mentalising is like stress - need "moderate" mentalising

- Hypermentalising = when you project your own stuff into the material - i.e. over analyse it inaccurately. Not using the raw data to be accurate.

- Hypomentalising = absence of thinking about thinking or thinking about other minds
Factors contributing to social cognition impairment in borderline personality disorder and schizophrenia

Christina Andreou †1, Lea Kelm †1, Julia Bierbrodt, Vivien Braun, Michael Lipp, Amir H. Yassari, Steffen Moritz

University Medical Center Hamburg-Eppendorf, Hamburg, Germany
First empirical evaluation of the link between attachment, social cognition and borderline features in adolescents

Carla Sharp\textsuperscript{a, b, *}, Amanda Venta\textsuperscript{c}, Salome Vanwoerden\textsuperscript{a, b}, Andrew Schramm\textsuperscript{b}, Carolyn Ha\textsuperscript{a, b}, Elizabeth Newlin\textsuperscript{b}, Radhika Reddy\textsuperscript{a}, Peter Fonagy\textsuperscript{d}

\textsuperscript{a}University of Houston, Houston, TX, USA
\textsuperscript{b}The Menninger Clinic, Houston, TX, USA
\textsuperscript{c}Sam Houston State University, Huntsville, TX, USA
\textsuperscript{d}University College London, London, England, UK

Fig. 1. Multiple mediational model exploring the effect of attachment on borderline features through the proposed mediators of hypermentalizing and emotion dysregulation. Note. Values are unstandardized path coefficients. Attachment = overall coherence scale from the Child Attachment Interview; Hypermentalizing = hypermentalizing scale from the Movie for the Assessment of Social Cognition; Emotion Dysregulation = total score of the Difficulties in Emotion Regulation Scale; Borderline Features = total score of the Borderline Personality Features Scale for Children. *$p < .05$. **$p < .01$. ***$p < .001$. 

Duration of therapy

- Cohen's "Clinicians illusion"
- Trends:
  - Brief interventions as first step
  - On-line therapies
  - Shorter, group only approaches
- Risks of longer term treatments
  - deterioration, regression, dependency – how to get clients to trust themselves…
  - Longer term focused on "contributing" – work and employment as criteria for continuation
DBT updates

- DBT-PE – Prolonged exposure (Edna Foa)
- "Certification" of DBT practitioners = Registered at minimum Masters degree, 40 hours training, examination, ratings of videotapes, over 12 months in a DBT team, formal mindfulness training and retreat + fees
- DBT for other disorders – overcontrol
- Online DBT
Funding challenges to field

- WHO - Global burden of disease has not included personality disorder
- NIMH - National Institute of Mental Health only funds project meeting RDoC criteria - genomics, imaging, neuropsychology, traits to "better understand basic dimensions of functioning underlying the full range of human behavior from normal to abnormal"
- No funding for treatment studies
Funding

Is research on borderline personality disorder underfunded by the National Institute of Health?

Mark Zimmerman \textsuperscript{a,b,*}, Doug Gazzarian \textsuperscript{a,b}

\textsuperscript{a} Department of Psychiatry and Human Behavior, Brown Medical School, USA
\textsuperscript{b} Department of Psychiatry, Rhode Island Hospital, Providence, RI, USA
$$ Bipolar vs BPD $$

- Prevalence = 1% population both
- NIH grants over past 25 years
  - 73.8 vs 10.6 grants/yr
  - 7 times more Bipolar
  - $622 vs $57 million over 25 years
  - 10 times more Bipolar

**Fig. 1.** Funding levels from the National Institute of Health for bipolar disorder and borderline personality disorder over 5-year intervals of the past 25 years (in millions of dollars).
Summary

Understanding that psychotherapy is simple
- Relationship of trust
- Interpersonal hypersensitivity
- Hypermentalising
- Online training – including DBT

New discoveries
- Neurobiology and Genomics – eg oxytocin
- Inside psychotherapies - common factors

New Challenges
- Funding problems in the field
- Big data sets and diagnosis