



11th International Treatment of Personality Disorders Conference 2017

Understanding Narcissistic Personalities and Other
Relationship Complexities

Book of Abstracts



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Day 1: Consumer and Carer Day

2nd November 2017

Mahlie Jewell

Consumer advocate

Title: Reimagining mindfulness technique and practice

My presentation will examine the most common current mindfulness techniques and exercises used in the treatment of Borderline Personality Disorder from a consumer perspective and provide new ways of accessing mindfulness for all treatment participants. Identifying and understanding the ways current mindfulness exercises can interact with people with a diagnosis of BPD and co-existing conditions such as PTSD, Panic Disorder, Anxiety Disorder, Eating Disorder and Brain Injury from personal and shared experience, the presentation will aim to look at innovative mindfulness techniques and exercises that decrease the chance of triggering panic and anxious symptoms. These alternative techniques and exercises are obtained through peer research and consultation and provide diverse and expert opinion from consumers themselves. Not only will the presentation include my personal experience, but also snapshots of the experience of others within this cohort will also be presented. By providing alternatives to the focus on basic "silent meditative" exercises and including other forms of mindfulness such as physical and emotional grounding using connection to nature, artistic expression and practice and neurological cognitive exercises, this presentation gives insight into the alternate ways people with experiences of extreme trauma, hyper-vigilance of self and brain injury, for example, can effectively achieve mindfulness in their often chaotic daily lives without the benefit of quiet environments, excess time and peaceful headspace. The aim of my presentation is to make the benefits of mindfulness practice accessible to everyone, despite their individual situations and challenges.

Beate Zanner

Peer Support Worker, South East Sydney Local Health District

Title: To the moon and back

My name is Beate Zanner and I'm a Peer Support Worker with South East Sydney Local Health District. Located in Community Mental Health Services walking with consumers to take hold of their life!

I would like to present Trilogy of Triggers poems to convey how difficult it is to function when triggered. How people do not know they are triggered, causing all sorts of problems for themselves including myself. Being triggered is complex as can be in the fight or flight or paralysis mode to mouthing off anything that does not match the situation. Being defensive, belligerent, passive aggressive or silent is better than asking for the support required. This means being vulnerable and are you the person who can hold me? Being around health professionals who use trauma informed skills means I've really learnt more about myself on so many levels. The one level I love the

most is how I'm healing because I'm being accepted with my way of dealing with distress. Even though I find this unbelievable! I'm finding my voice on a different level and communicating without wanting to destroy the other/s. Taking risks by speaking in the here and now. It's like I'm unravelling from childhood trauma that has had such an impact on my life. The past is losing its hold on impacting my present due to my awareness of how my triggers impact my daily life. I'm learning to be in control of my triggers!

Peter Heggie

Carer Advocate, Northern Sydney Local Health District

Title: Recovery orientation: What it is and why it is needed in health systems

There is a move in health systems that is being driven by a call to change the way we see and experience health. This change, was expressed in the work of Cherene Allen-Caraco (and many others), when she called for the experience of 'patient-hood' to become one of 'person-hood'. This pathway can take the reader to the adoption of 'recovery orientation' as a way of thinking and working. It has become necessary to bring recovery orientation as a core topic because there continues to be interactions with health systems that do not fully express recovery oriented outcomes. Carers and loved ones experience both joy and challenges and as they travel along the recovery road and this becomes their considerable lived experience. From the literature it can be demonstrated that adopting recovery orientation in our working practice is no longer an option or choice; that there are proven outcomes and effectiveness when recovery orientation is considered and the manner in which the adoption of recovery orientation happens is significant and important when effect and outcomes are considered. The wider implications of the adoption of recovery orientation as a health approach include the finding that the NS LHD will have cause to start to design recovery orientation into its language, policies, guidelines and practices. One key to achieving this outcome includes the active and intentional involvement of carer and consumer peer workers; their lived experience makes them essential partners in the inevitable transition to recovery oriented working.

Shelley Kay

One Door Worker, Australia

Title: Mood order board

Adverse Childhood Experience (ACE) is a common component in lived experience of mental distress. When I found this broken children's toy, I decided to reinvent it as a positive tool for recovery. I pulled it apart (over 100 pieces) and distressed every single block – eradicating the A-Z and 0-9 features of the original abacus. Now it is composed of 36 faces wearing a red brain (for passion) and 36 faces wearing a blue brain (for calm). Red is usually associated with anger, blue with depression. "My Order Board" (MOB) is a tactile adult recovery tool that can be used to enhance your understanding of mood by playing with the blocks until they give you a satisfying interplay of colour, calm and passion. Of the doctors and psychiatrists who've used it, they noted its calming effect on heartbeat. I feel this project, which took three months to make, enormously helped resolve the Complex Post Traumatic Stress I suffer as an adult survivor of child abuse.

Kerry-Ann Chapman and Cherida Chapman

Peer Support Worker and Carer Advocate

Title: The mother-daughter perspective of a personality disorder

This proposal is for an original Mother-Daughter presentation utilising their lived experience of personality disorders. My Mother has been my Carer for 10+ years and has assisted me in navigating the diagnosis of a personality disorder and supported me while seeking treatment.

Personally, I speak about what it means to be diagnosed with a personality disorder; how DBT has rebuilt my life and my relationship with my mum; as well as helped me in setting goals in my recovery.

Where I am now is working as a Peer Worker, a qualified Transpersonal Art Therapist, recently having completed my Cert IV in Mental Health Peer Work; and currently completing a Postgraduate Diploma of Counselling.

My Mum discusses what it is like to support someone with a personality disorder, accessing treatment and the necessity for Carer Support Groups. My mum is a teacher, and now a Carer Advocate; she connects with many individuals and families who are in severe distress; and uses her experience to support them.

This presentation is hopeful, demonstrates that recovery is possible; and in our case, brought us together to get through the most challenging times.

Brin Grenyer

Project Air Strategy, University of Wollongong, Australia

Title: What consumers and carers need to know about diagnosis and effective treatment and how to navigate the mental health system

Diagnosis for borderline personality disorder (PD) when warranted is a foundational first step in obtaining effective treatment. This is particularly important given that research has demonstrated the effectiveness of treatments specifically designed for the treatment of BPD. Yet at times, navigating the mental health system can pose to be a barrier to treatment. In this presentation, new updates on diagnosis, the effectiveness of treatments, and how to navigate the mental health system will be discussed in relation to BPD. Options for care will be compared and contrasted, and comments will be made on stepped care models, and approaches that can target specific areas such as family and carer groups, parenting skills, lifestyle change including drug and alcohol treatments, and peer support.

Jae Radican

New South Wales Ministry of Health

Title: How Diversity in Mental Health Reform is Enhancing Consumer Connection

Navigating the mental health system can be complex for those who know it and extremely challenging for those who do not. Being able to receive the right care, in the right place at the right time is increasingly challenging.

Despite recovery-oriented practice being driven at a state and national level for over 10 years, the bio-medical model is still significant influence within the public mental health system. Resources are often deployed at crisis points, leaving the potential for gaps in service provision where many consumers fail to access care.

Emerging contemporary disciplines in mental health seek to address these gaps through lived experience lenses that build on the uniqueness of individuals and enhance consumer engagement. The growth of the mental health peer workforce in Australia mirrors international efforts to deliver consumer focused care that is trauma informed and delivered by the lived experience workforce.

This presentation will focus on successful peer workforce initiatives that provide an enhanced consumer experience in NSW mental health services.

Fiona Ng & Ely Marceau

Project Air Strategy, University of Wollongong, Australia

Title: Developing a peer led support group for borderline personality disorder

Peer support has been recognised as a valuable framework where individuals with similar experiences can assist others to share experiential knowledge, instill hope and offer support and role modelling to others. More recently peer support for severe mental illness has gained recognition as a method of promoting recovery-oriented practice, where the need for the development of the peer workforce have emerged within policy and has been implemented in a number of government and non-government health services across Australia.

Peer support interventions, however, have been minimally developed or adapted for individuals with lived experience of Borderline Personality Disorder (BPD). Given the long wait-lists for specialist interventions within mainstream services for BPD and desire for individuals with lived experience for additional structured support, alternative models of providing care are warranted.

In accordance with the relational model, Project Air Strategy in conjunction with a lived experience advisory committee have co-produced a structured 10 session peer support program for people with BPD. The peer support program is co-facilitated by a peer facilitator and a mental health clinician. The program aims to:

- Improve an individual's capacity to manage their symptoms and improve functioning
- Provide individuals with BPD a safe space for sharing experiences with others
- Provide evidence based psychoeducation and skill development
- Provide opportunities for support including group members and facilitators learning from each other
- Provide individuals in recovery or recovered opportunities to share experiences and encourage others to take an active role in recovery

This presentation aims to provide individuals an understanding of the aims and objectives of the program. By participating in this session, individuals will gain an

understanding of the background to the peer support, program inclusions and session structure. Individuals will also have the opportunity to engage in a practical psychoeducation and skills training based off content from the peer support program.

Individuals taking part in this presentation will be provided with a certificate for level one training, which indicates individuals have an understanding and awareness of this peer support model. Further training is required to become a peer facilitator in this peer support model.

Day 2: Conference

3rd November 2017

Stephanie Leary

Consumer advocate for SANE, Australia

Title: My recovery from BPD: A daily journey

I'm Steph, and in my presentation, I will be talking about recovery in daily life with Borderline Personality Disorder. Recovery for me means the ability to manage my illness day to day. To be self-aware enough to use the tools I have learned in my recovery journey with therapy and to be able to live to my values and pursue and achieve my goals, no matter how big or small. I know that this may be something I have to manage for the rest of my life but to be able to get out of bed and enjoy each day with purpose and to be able to speak about my experience to hopefully show others that they are not alone, has been an absolute blessing. In my presentation, I really want to emphasise the possibility of being able to manage BPD to live a functional and happy life.

Ann Bennis

Carer advocate, Australia

Title: Revelations, reflections and rebuilding: Life after exiting the NPD marriage

Coming to terms with the fact that your partner has narcissistic personality disorder is overwhelming, exhausting and confusing. It can also be life changing when you realise that the life you have been living was not normal, and your relationship was actually nothing you believed it to be.

This presentation outlines some of the lived experiences in the six years in exiting the NPD marriage, and some of the strategies that have been helpful in extracting myself from the relationship and rebuilding a new life. Essential elements are education about NPD to gain understanding about what you have been dealing with, distance to gain perspective, resolve to minimise contact, insight to structure any necessary contact, and support of counsellors, friends and family while rebuilding life and connections. Further support is required to deal with the resultant complex trauma triggered by circumstances and reprocessing aspects of the relationship. This includes the use of counselling services and support groups. The trauma does improve over time but is a process without a clear end date as innocent looking reminders arise through the process of daily life. This requires acceptance that the triggers will occur and developing coping strategies to work through them.

Addressing your own enabling behaviours is a critical first step while you try and accept that what happened was and is real. Perspective from others is necessary to make it 'real' rather than being a distorted figment of your own imagination.

Professor Elsa Ronningstam

Harvard Medical School and McLean Hospital, United States

Title: Understanding narcissistic personalities: What research and clinical experience teaches us

I am a clinical psychologist, a psychoanalyst, and an associate professor (PT) at Harvard Medical School, with a background in empirical and clinical studies that primarily focused on narcissistic personality disorder NPD. Integrating empirically based standpoints with the processes of identifying, understanding and treating patients with NPD has been my major commitment for the past 30 years.

NPD has primarily been recognized and studied in the field of psychoanalysis, but after its inclusion in the DSM III personality disorder section, it has reached a wider attention both in empirical studies and within other treatment modalities. Despite that, NPD still remains a controversial mental disorder. With high dropout rate and associated comorbid conditions and lethal suicidality, it is still considered a condition difficult to treat (Ronningstam, Weinberg 2013). An additional challenge relates to clinicians' often strong and unpredictable countertransference reactions evoked by patients with NPD (Tanzilli, Muzi, Ronningstam, Lingardi (2017). Recent attention to the complex multi factorial etiology of NPD, including both attachment patterns, psychological trauma and role assignments is a key development towards implementing better understanding and treatment strategies. In addition, studies in neuroscience and neuropsychology have added important understanding of compromised emotional and empathic functioning in NPD (Ronningstam 2016). Many factors and circumstances influence narcissistic self-esteem regulation, and especially the recognition of the co-occurrence and fluctuations between self-enhanced grandiosity and deflated inferiority and vulnerability in individuals with NPD, has been a major step forward. Self-esteem is affected by internal self-criticism and inferiority and emotion regulation as well as by external feedback and affiliations. My recent studies integrating empirical findings and clinical observations have focused on the nature and impact of compromised emotion regulation and empathic functioning on self-esteem regulation (Ronningstam, 2017; Baskin-Sommers, Krusemark, Ronningstam 2014) as well as on the role of fear in narcissistic personality functioning and decision making (Ronningstam, Baskin-Somers 2013). I have strongly argued and aimed for developing strategies in alliance building with patients with NPD that take into consideration both hyper vigilance, self-esteem fluctuations and compromised emotional processing (Ronningstam 2012, 2014; Weinberg, Ronningstam 2015). In this Keynote presentation I will summarize recent research and outline strategies for alliance building and treatment focused on change in pathological narcissism. I will also address specific challenges and evaluation of treatability and suicide risk in patients with NPD.

Professor David Winter

University of Hertfordshire, United Kingdom

Title: Self-destruction and reconstruction

This paper will consider the paradox of behaviour which is apparently self-destructive by drawing upon personal construct theory. A personal construct taxonomy of deliberate

self-harm and suicide will be presented, illustrated by interviews with people attending Accident and Emergency Departments following self-harm. Research findings on personal construct therapeutic approaches developed for people who self-harm or are diagnosed with borderline personality disorder will be presented. Particular attention will be given to the personal construct concept of hostility in relation to self-destructive behaviour and its treatment, and implications concerning international conflict will be discussed.

Professor Brin Grenyer

Project Air Strategy, University of Wollongong, Australia

Title: Hot topics – New discoveries in international research

Over the last decade, personality disorders have attracted an increasing amount of research attention. This has contributed to an enhanced level of understanding over the diagnosis, treatment, service delivery and conceptualisation of the disorder. In this presentation, an update on the current thinking from the field will be presented, including, updates on developments in DSM-5 and the ICD-11, the increasing focus on trait-based assessment approaches, and new findings in neurobiology and social psychiatry. New findings from the Project Air Strategy on stepped care models and social interventions will be also be overviewed. The presentation will conclude with an update on randomised controlled trials for personality disorders, cost-effectiveness studies and the implications for future developments in the field.

Louise Fisher

Australian College of Applied Psychology, Australia

Title: Narcissism: Therapist views of the therapeutic journey

Objectives: With the increased frequency of pathological narcissistic traits it is important that mental health professionals are well equipped to work with clients who have these characteristics. This study aimed to capture the practice-based understandings of expert clinicians working with clients with pathological narcissism.

Methods: Semi-structured interviews were conducted with nine clinicians with an average of 30 years of experience working with clients high in narcissistic traits.

Results: Thematic analysis indicated that expert clinicians saw clients with narcissism as facing significant barriers to therapy including lack of motivation, lack of trust and reinforcing environments. Along with a thorough understanding of narcissism and its likely antecedents, experienced therapists identified essential components required to work successfully with narcissistic clients. These were the capacity to recognize indicators of covert and overt narcissism, the ability to identify and interpret countertransference cues, navigate difficult defenses and empathically name narcissistic behaviours, and engagement with ongoing supervision support.

Conclusions: The findings offer practice-based evidence concerning effective ways of working with narcissistic clients to bring about a willingness to accept limitation

and develop intimacy skills. The findings thus provide direction for therapists working with narcissistic clients.

Chang Yuan Soh

National University of Singapore Hospital, Singapore

Title: Parental invalidation and BPD symptoms: Self-construal and conformity as moderating factors

According to Linehan (1993)'s biosocial model, childhood invalidation plays a significant role in the etiology of borderline personality disorder (BPD). While much research has examined this model in Western contexts, few studies have examined components of this model in the Asian context. Further, little work has examined cultural factors as potential moderators of this relationship. In a cross-sectional study involving a Singaporean undergraduate sample, the present study investigated the relative contribution of maternal versus paternal invalidation to BPD symptoms, as well as conformity and self-construal as potential moderators of the association. Two hundred and ninety participants were recruited from National University of Singapore and administered questionnaires measuring Asian values, self-construal, parental invalidation, and BPD symptomatology. Multiple regression analysis demonstrated a significant association between BPD symptomatology and maternal invalidation ($\beta = .25, p < .01$), but not paternal invalidation. Moderation analyses revealed a 3-way interaction indicating that the association between maternal invalidation and BPD symptoms varied by degree of conformity and self-construal ($\beta = -.14, p = .02$). Among participants with interdependent self-construal, maternal invalidation was associated with BPD symptoms at high conformity levels ($\beta = .51, p < .01$), but not at low conformity levels ($\beta = .12, p = .24$). Among participants with independent self-construal, no significant moderating effect was found. In conclusion, the study found support for a culturally moderated role of maternal invalidation in the development of BPD symptoms in the Singaporean context. Findings are discussed in relation to culture-specific etiology and treatment of BPD.

Renee Harvey

Sussex Partnership Foundation Trust, United Kingdom

Title: Systems training for emotional predictability and problem solving (STEPPS)

Systems Training for Emotional Predictability and Problem Solving (STEPPS) is a twenty-week skills development programme for people with diagnosed or pre-diagnostic Borderline Personality Disorder. It was recognised in 2012 in the USA by NREPP (the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices).

Developed in the USA by Nancee Blum and colleagues, STEPPS builds on cognitive behaviour therapy combined with elements of Schema Therapy and acceptance and commitment therapy to help people identify and challenge distorted thoughts and specific behavioural elements. It incorporates a systems approach to include the individual's social and professional support system, aiming to train and support the

whole system to respond more consistently and effectively using a common language. STEPPS is not meant to replace any ongoing treatment but to improve the effectiveness by providing skills and structure which promotes the successful application of gains into everyday life.

STEPPS has been adapted for a primary care as well as for adolescent groups where the emphasis is on early intervention and a focus on 'emotional intensity difficulties' without the need for a formal diagnosis, as well as for those with more complex needs.

STEPPS groups are now running with good outcomes in many countries across the globe, including the USA, Canada, UK, the Netherlands, Italy, Germany, Spain, Norway and Japan. It is also currently being very successfully implemented in correctional settings in the USA.

Day 2: Lightning Talks and Poster Presentations

3rd November 2017

1. Elizabeth Huxley

Project Air Strategy, University of Wollongong, Australia

Title: Narcissism, anger and mood: Similarities and differences between grandiose and vulnerable subtypes

High levels of narcissism are associated with affect dysregulation, which can contribute to interpersonal and occupational difficulties for individuals. Previous research has primarily focused on grandiose narcissism and its association with aggression and depression. Less attention has been paid to vulnerable narcissism and emotion. Recent models suggest vulnerable narcissism may be strongly associated with affect dysregulation. This study aims to expand on previous research by examining the similarities and differences in the association between anger, depression, anxiety, and stress, and grandiose and vulnerable narcissism subtypes. Using a sample of 367 university students, the association between narcissism subtypes and emotion was examined using odds ratios and regression analyses. Findings suggest that vulnerable narcissism is more strongly associated with anger, depression, anxiety, and stress than grandiose narcissism. Both subtypes were strongly associated with higher trait anger and inward expressions of anger; however, vulnerable narcissism was associated with depression and lower inward control of anger, whereas grandiose narcissism was associated with higher outward control of anger. These findings support the conceptualization of vulnerable narcissism as being primarily associated with affect dysregulation.

2. Erika Penney

Foresight Psychology, Australia

Title: Therapist stigma in narcissistic personality disorder: Lessons learnt from borderline personality disorder

Personality disorders are historically associated with significant stigma. This presentation encourages discourse about uncomfortable countertransference and trauma-informed case formulations of NPD.

While stigmatising labels in BPD (e.g., 'manipulative') are more commonly being replaced with non-judgemental descriptions (e.g., 'unskilful'), NPD remains a highly stigmatised disorder. A PsychInfo database search for 'BPD' OR 'borderline' AND 'stigma' OR 'prejudice' results in 20 papers which explore stigma towards BPD. In direct comparison, a similar search with 'NPD' and 'Narcissism' elicits no papers that explore stigma towards NPD. This is significant given therapist stigma can impact treatment outcome and prognosis.

Negative counter-transference, left unexamined, can become an affront to the therapist's sense of professional self and results in compassion fatigue, burnout, a sense of failure, or a re-enactment of the patient's interpersonal patterns (e.g., rejection, superficial relationships), which serves only to reinforce the patient's dysfunctional modes of coping to defend against shame and inadequacy (e.g., self-aggrandizing, devaluation, superficiality).

This presentation demonstrates examples of non-judgmental case conceptualisations, which formulate the function of NPD coping styles as understandable (although not currently functional) responses to deep psychic pain associated with unmet childhood needs and developmental trauma. This can help the therapist hold the more vulnerable parts of the patient in mind.

Formulations that enhance the ability of the therapist to model a healthy adult response, even in the face of dysregulated affect, aggression, or devaluation would likely reduce burnout and improve treatment outcome, given evidence that de-stigmatization has improved therapist resilience, treatment outcome, and prognosis for other personality disorders.

3. Nicholas Day, Marianne Bourke, Michelle Townsend & Brin Grenyer

Project Air Strategy, University of Wollongong, Australia

Title: Living with pathological narcissism: A study of burden on partners and family

Narcissistic personality disorder (NPD) is characterized by impaired interpersonal functioning but few have studied the impact of the disorder on those living in a close relationship. Participants ($N = 683$, age $M = 44.3$ years, 94% female) in a close relationship with a person with NPD ($N = 683$, age $M = 48.6$ years, 76.9% male) completed the short form Pathological Narcissism Inventory (carer version), Grief Scale, Family Questionnaire, Mental Health Inventory-5, Perceived Burden Scale and Burden Assessment Scale. NPD sample included romantic partners (77.8% of sample), mothers (8.5%) or other family members (10%). Participants met caseness for depression or dysthymia (69% of sample) or other anxiety or mood disorders (82%). Participants reported burden was over one standard deviation above carers of mood, neurotic or psychotic disorders, and statistically higher than carers of people with borderline personality disorder. These findings for the first time quantify the interpersonal impact of NPD.

4. Caroline Andrew

International Masterson Institute, Australia

Title: From narcissistic personality disorder to maternal availability: Break the cycle of the intergenerational transmission of psychopathology

This paper focusses on the treatment approach used with a young mother referred for help with "postnatal depression". Diagnosis revealed that her impaired ability to cope with the birth of her baby post-partum stemmed from profound difficulties regulating

powerful affects arising from the profound destabilisation of her narcissistic personality organization.

The paper lays out how differential diagnosis made on the basis of intrapsychic structure – the patterning of self and Object representations – enabled the therapist to identify how fusion with others masked the patients vulnerability to criticism and other failures of mirroring. The paper will focus on how the diagnosis enabled the therapist to identify the patient's false defensive 'grandiose self' and how the patient's identification with this enabled her to detach from affects of an underlying developmental or "abandonment" depression. The paper will then describe the treatment approach used in weekly psychotherapy for two years which enabled the patient to identify and contain the affects linked with the failure of others to mirror her, distinguish her real self from her 'grandiose self' and commence activating her real self. This activation came through tolerating and processing affects of the underlying depression and facilitated her capacity to experience her infant as separate to herself, the precursor of maternal availability.

The treatment approach was pioneered by the late James Masterson MD, Emeritus Professor of Psychiatry at Cornell University Medical School, and Ralph Klein MD, Adjunct Professor of Psychiatry, Institute of Physicians and Surgeons, Columbia University. The Masterson/Klein model, an integration of Object Relations, Attachment theory, Self theory and Neurobiology, profoundly influenced the development of the Circle of Security, the internationally recognised treatment model which focusses on preventing the intergenerational transmission of pathology. Kent Hoffman and Bert Powell, who co-developed the COS model, were trained by Masterson and Klein.

5. **Bryan Eng, Samantha Reis & Brin Grenyer**

School of Psychology, University of Wollongong, Australia

Title: Pathological narcissism: An attachment perspective in the development and display of narcissistic behaviours and emotional reactivity

It has been theorised that pathological narcissism may be borne in part from insecure attachment experiences. Two forms of narcissistic pathology has been identified: the grandiose form and the vulnerable form. Grandiose narcissism is characterised by vain conceit, arrogance, and domineering attitudes; conversely, vulnerable narcissism is associated with a poor self-image, depressed affect, and interpersonal hypersensitivity. In particular, the Avoidant and Anxious attachments have been related to grandiose and vulnerable narcissism respectively. Further, individuals who are higher pathological narcissism have been associated with increased emotional reactivity to perceived slights. The aims of this study were to explore the relationship between adult attachment as a predictor of pathological narcissism, as well as the influence of pathological narcissism on trait emotional reactivity and emotional reactions to social exclusion. The study utilised Cyberball, a virtual ball-tossing game designed to simulate the effects of social exclusion, and measured emotional reactions to both a control condition and an exclusion condition. This study revealed that pathological narcissism has been largely associated with Preoccupied attachment, which stood out as a constant predictor of both forms of pathological narcissism. This suggests that Preoccupied attachment, which is characterised by negative views of the self coupled with positive views of others, may incline an individual to the development of pathologically narcissistic traits as a defense against poor self-view and as a tool to gain the attention and admiration of others. Grandiosity was found to be a partial mediator between Preoccupied attachment and angry reactions, while vulnerability was found to fully mediate the relationships between both Preoccupied and Fearful attachments and sad reactions. Pathological narcissism

therefore appears to influence the experience and expression of emotions in individuals who hold negative views of the self. In terms of an attachment framework and narcissism-related emotional processes, the present findings provide a cohesive link across multiple domains in the development and expression of pathological narcissism. This may therefore provide greater insight into the underlying processes of pathological narcissism even in a subclinical population.

6. Michelle Townsend, Annalise Gray & Brin Grenyer

Project Air Strategy, University of Wollongong, Australia

Title: Project Air Schools: An update

Project Air Strategy for Schools is an important initiative providing high quality training and education in NSW secondary schools. Research shows that half of all mental health disorders manifest before the age of 14. Schools are recognised as 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. Education staff have established relationships with students and are therefore in a pivotal position to notice changes in students' behaviour and provide appropriate action to support young people. To achieve this, the education environment needs to be equipped with appropriate knowledge and skills to identify and respond to young people with complex mental health problems, emerging personality disorder symptoms and challenging behaviours including self-harm.

Project Air Strategy for Schools aims to upskill teachers, school counsellors and health staff to better recognise and respond to young people with complex mental health problems, including self-harm, suicide, trauma and emerging borderline personality disorder. Project Air Strategy for Schools consists of three components. The first component is a professional development day for School Counsellors and Psychologists (n = 290). The second component trains this group of School Counsellors and Psychologists (n= 145) to deliver the third component; accredited workshops in schools with teachers (n= 314 participants), from the first 10 sites. This poster presents the key findings from the roll-out of these three components over a 12 month period in NSW.

7. Ruby Crowe, Brin Grenyer & Michelle Townsend

School of Psychology, University of Wollongong, Australia

Title: Self-harm in children: A mixed method approach to understanding incidence and response

Self-harm has been limited in exploration surrounding its definition, function and prevalence among children in a primary school setting. The hidden nature, attitudes and perceptions of the behaviour impacts the response of school staff to a child that is self-harming and affects the support they are provided with. This study aims to investigate the incident rate of self-harm in New South Wales public primary and high schools to understand the perceived severity of self-harm incidents compared to other incidents reported. Furthermore, the study aims to investigate the attitudes,

perceptions, knowledge and confidence of primary school psychologists responding to self-harm and the response their school would make when faced with an incident of self-harm. Study 1 found that incidents that involve self-harm are less frequent however are more likely to be rated severe compared to other incident reports. Study 2 found three exploratory themes regarding the definition, perception and response to self-harm: 1) education needs for staff and students to understand self-harm, 2) holistic focus on self-harm a priority, 3) family involvement. The implications of these results are that self-harm incidents are responded to in a highly severe manner with the escalation of emergency services. Further, education about self-harm is crucial for staff, students and parents to understand the behaviour and help manage a child's distress. Further research is recommended to investigate the type of education needs that would better inform staff and help support a child self-harming.

8. Judy Pickard, Peter Caputi & Brin Grenyer

Project Air Strategy, University of Wollongong, Australia

Title: Linguistic markers in mindfulness and maternal response to infant distress

Background: Early care experiences are well documented to represent lasting effects on our beliefs about our self and our world that are then reflected in the development of attachment styles. The propensity for attachment styles to cross generations raises the importance of research exploring the variables instrumental in its transmission. The current longitudinal study explored pre-natal language use, mindfulness and attachment styles as predictors of maternal response to distress at 6 months post-partum. Infant response to caregiver was assessed to provide insight into the developing relationship.

Method: Thirty-two females were interviewed prenatally regarding social and family experiences. At six months post-partum, mothers and infant participated in a video-recorded teaching task. Videos were analysed using the NCAST Teaching Protocol.

Results: Prenatal mindfulness facets (acting with awareness and describing) as well maternal use of pronouns was found to predict the mothers' ability to respond to infant distress, indicating greater attunement. Further the maternal use of pronouns was also predictive of infant response to caregiver and clarity of cues.

Discussion: The study supports the role of language and mindfulness in the cross generation transmission of attachment. This is implicated in the maternal response to distress as well as the developing relationship reflected by infant responsiveness.

9. Annaleise Gray, Michelle Townsend & Brin Grenyer

Project Air Strategy, University of Wollongong, Australia

Title: Effectiveness of a Brief Parenting Intervention for People with BPD: A 12-month Follow-Up Study with Clinicians

Background: Borderline personality disorder exacerbates the everyday challenges of parenting and may lead to adverse consequences for both the individual and their family. This study is the first to evaluate the effectiveness of a brief parenting intervention for people with personality disorder using the perspective of trained clinicians.

Method: The study used detailed retrospective qualitative and quantitative methods to evaluate clinician ($n = 12$) implementation in real world settings over the first 12-months after being trained in the intervention.

Results: Clinicians were all using the intervention, predominantly as a module or subset of strategies within a larger treatment plan. Including the parenting intervention was associated with positive client outcomes across multiple areas of psychological functioning. Clinicians reported that the intervention was also effective at increasing their capacity to reflect upon parenting issues with their clients. Qualitative responses revealed three major themes: noticing client parenting improvement; improved clinician efficacy in conducting parenting interventions due to a manualised approach; and systemic improvement in work practices and attitudes to working with parenting aspects of treatment.

Discussion: Follow-up evaluation indicated that adding a parenting intervention to standard treatment improved parenting capacity for people with personality disorder, while simultaneously supporting clinicians' capacity to work with this clinical population. The findings contribute to an understanding of how clinicians' use interventions in practice and their effectiveness in an area that has the potential to reduce the impact of personality disorder on families.

10. Felicity Wiseman and Rachael Wade

Shellharbour Adolescent Inpatient Unit, Illawarra Shoalhaven Local Health District

Title: The development of a compassion focused approach within an adolescent inpatient unit

The Shellharbour Adolescent Inpatient Unit is a 6 Bed Unit in which the average length of admission is 2-3 weeks. A skills based approach is used in responding to the needs of young people within the unit. Skill development has included psychoeducation and practical strategies of developing self-compassion and sensory modulation to engage the soothing and drive system when strong emotions are experienced.

11. Stephanie Kors, Gretchen Kurdziel, Rebecca Mahan & Jenny Macfie

Child and Adolescent Development Lab, The University of Tennessee-Knoxville, United States

Title: Implications for intervention: The intergenerational transmission of child maltreatment in mothers with borderline personality disorder to their adolescent offspring

Studies have found individuals with Borderline Personality Disorder (BPD) experience child maltreatment more often than those without the disorder and adolescent offspring of mothers with BPD are also more likely to experience maltreatment than offspring of those without the disorder. Missing from the literature on the intersection of BPD and maltreatment, however, is the rate of intergenerational transmission of child maltreatment in families whose mothers have BPD. Given the features of the

disorder such as affective instability and unstable relationships may put offspring at high risk, it is important to identify whether transmission rates are in fact higher than in normative populations and which subtypes types of maternal child maltreatment are associated with maternal BPD features to inform preventative interventions. The current study sampled 41 adolescents aged 14-18 years old ($M = 15.62$, $SD = 1.30$) and their mothers (38% of whom met criteria for BPD). Maternal emotional abuse, sexual abuse, physical neglect and overall neglect were associated with each maternal borderline feature, while physical abuse, emotional neglect, and supervisory neglect were not associated with any borderline feature. The rate of transmission was indeed significantly higher for mothers with BPD than normative comparisons, $t(39) = 6.24$ $p < .01$. There is currently no empirically supported treatment for mothers with BPD and offspring of mothers with BPD are at a greater risk of developing the disorder themselves. We propose a preventive intervention, designed particularly for mothers with BPD, which targets affective instability and interpersonal relationships in order to decrease risk of transmission to the next generation.

12. Lisa Dawson

Edith Cowan University, Australia

Title: How practitioners decide which diagnostic system to use for diagnosing personality disorder

Both the DSM and ICD are moving towards a dimensional conceptualisation of personality disorders. ICD-11 will contain a fully dimensional model for diagnosing personality disorders that does not use the categorical labels we are familiar with. However, in DSM-5, the categorical DSM-IV model was retained with a new model also included as an alternative. That creates a dilemma for practitioners as to which to use. So, what influences practitioners' decisions about which to use? Researchers have mainly focused on clinical utility as a key factor with respect to diagnostic classification systems broadly, but my research has identified a range of additional factors that influence practitioners' decision-making: training, workplace requirements, acceptance in the field, the empirical evidence base, alignment of the model with one's theoretical orientation, and knowledge of the model. These factors operate in conjunction with each other. For example, a practitioner might form the view that the new model has greater empirical support, but until training is available and peer acceptance increases, he or she is not willing to use the new model. The shift to new models in ICD-11 will create a need for extensive training programmes for practitioners and a huge shift in university training of new practitioners. We need to know more about the relative importance of the factors that I have identified, and how they interact with each other to influence decision-making. The next phase of my research involves a survey of practitioners who work with personality pathology in either clinical or forensic settings to further explore the implications of these findings.

13. Clive Stanton, Gina Blyton & Serena Haridas

Peel Community Mental Health, Hunter New England Local Health District

Title: Tipping personality disorder on its axis

Introduction: The prevalence of Borderline Personality Disorder ('BPD') in Australia is conservatively estimated at 2%. Therefore at least 4500 people in Tamworth suffer with BPD. Tamworth is a small rural town with limited medical resources. Public services have struggled to manage clients recurrently presenting in crisis with severe BPD.

Aims: The service has developed a different way of working using a structured clinical governance framework for the management of clients with BPD. The aim has been to generate greater collaboration between public services to maintain community tenure and build functional development through therapeutic intervention.

Methods: Our team now offers 'wraparound' care. We provide different evidence based therapies in both individual and group format. We have new educational forums for colleagues, carers, governmental and non-governmental groups and for our primary care clinicians. The team strives to hold the framework through active and collaborative communication between these services.

Relevance: Comprehensive treatment that focuses significantly on social and vocational functioning, alongside managing symptoms, increases recovery for patients with BPD. Maintaining community tenure by providing a systemic structure to contain the perceived risk for clients in the community has helped increase their social and vocational capacity.

Results: We aim to demonstrate what is achievable in a small rural service in a short space of time by presenting the case of a 49 year old client that has spent most of her adult life in hospital. The number of inpatient bed days across the entire medical system for this patient are less than 20% of what they were previously

14. Gamze Abramov, Brin Grenyer, Sebastien Miellet & Marianne Bourke

School of Psychology, University of Wollongong, Australia

Title: Social cognition deficits associated with interpersonal trust in Borderline Personality Disorder

Disturbed interpersonal functioning has been identified as a core component of BPD, and believed to be associated with social cognition deficits. Impairments in the capacity to trust and its synergistic consequence on social learning are proposed to underpin the disturbed social relations associated with BPD. Using an experimental paradigm called the trust game, individuals with BPD have been found to behave in ways that compromise both the formation and maintenance of trust, manifesting as reduced cooperation in social exchanges over time. In this economic exchange game, trust is grounded in the proportion of money a trustor is willing to transfer to a trustee for investment, with the understanding the trustee is free to choose how much, if any, of the investment they will repay to the trustor. In the current study, University students (N ≈160) will be recruited to play an 18-round trust game online in the trustor role, where the repayments received by the trustor from the trustee were manipulated to create a trust violation in rounds 5 to 7. Repeated within-person measures of trust behaviour and related cognitive reflections will be recorded across the three phases of trust: formation (pre-violation), dissolution (violation until trust rebounds), and restoration (trust rebound onwards). Mixed effects analysis will be used to examine whether trust behaviour after trust violation differs in people high in BPD traits

compared to healthy controls, and whether there are differences in the way the two groups interpret trust-violating and trust-repairing behaviour by the trustee. Finally, we will examine the relationship between various social-cognitive impairments associated with BPD and trust behaviours during and after a trust violation. Through understanding the social-cognitive correlates of interpersonal trust in this population across different phases of trust, we can begin to identify the mechanisms by which we can help patients develop healthier, interpersonal functioning, and ultimately help them in their process of recovery.

15. Jane Cutts, Samantha Reis & Brin Grenyer

School of Psychology, University of Wollongong, Australia

Title: Self-critical perfectionism and its role in Borderline Personality Disorder

Background: Self-critical perfectionism is a personality trait consistently associated with negative psychosocial functioning, psychopathology and poor therapeutic outcomes. The construct is comprised of self-criticism and socially prescribed perfectionism. Self-criticism involves excessively harsh self-scrutiny with a continual perception of failure. Socially prescribed perfectionism involves a need to attain excessively high standards perceived to be prescribed by significant others, which can lead to helplessness due to the inability to meet the unrealistic expectations. Both self-criticism and perfectionism have been established as underlying vulnerabilities for developing depression. The current research aimed to address a gap in the literature by investigating the role of self-critical perfectionism in Borderline Personality Disorder (BPD) by exploring how it interacts with BPD symptoms and two well established features of the disorder; insecure attachments and psychological distress. *Method:* Participants ($N = 502$), completed an online questionnaire, 47% met criteria for BPD. *Results:* Participants who met criteria for BPD had significantly higher levels of self-critical perfectionism, insecure attachments and psychological distress. Self-critical perfectionism was strongly associated with BPD, psychological distress and insecure attachments. In the current sample, people high in self-critical perfectionism were 4.1 times more likely to meet criteria for BPD. Self-critical perfectionism partially mediated the relationship between insecure attachments and BPD; however, it did not moderate the relationship between BPD and psychological distress. *Discussion:* Self-critical perfectionism was shown to have a substantial relationship with BPD and other elements associated with the disorder. These findings are indicative that self-critical perfectionism may be an underlying vulnerability factor for developing and maintaining the disorder.

16. Caitlin Miller, Kate Lewis & Brin Grenyer

Project Air Strategy, University of Wollongong, Australia

Title: A one-year follow-up study of capacity to work and study: What components of borderline personality disorder most impair role functioning?

Impaired role function affects capacity to fully engage in work, study or normal roles and is a key challenge for individuals with borderline personality disorder (BPD) in achieving recovery. Treatment interventions should address function to promote recovery. Prior research has shown the importance of symptoms on function however

the relationship between symptoms has not been explored. 200 treatment-seeking individuals were assessed on severity of BPD symptoms at intake and 12-month followup while engaging in psychological treatment. We studied which BPD symptoms predict role impairment (measured using WHO-DAS 2.0) longitudinally using linear and mediation methods. Results indicated the severity of chronic emptiness at intake predicted role impairment days at follow-up, and this relationship was mediated by both severity of impulsivity and frequency of self-harm. Interventions that tackle chronic emptiness along with associated impulsivity and self-harm may particularly assist those struggling to live life fully and function well during treatment.

17. Ely Marceau, Brin Grenyer, Joanne Lunn, Jamie Berry, Peter Kelly & Nadia Solowij

Project Air Strategy, University of Wollongong, Australia

Title: Cognitive Remediation Improves Executive Functions, Self-Regulation and Quality of Life in Substance Use Disorder with Personality Disorder

Objectives: Comorbid personality disorder (PD) and substance use disorder (SUD) are highly prevalent. Global neurocognitive impairment and PD diagnosis are two of the four most common risk factors for dropout from SUD treatment. Deficits in executive functions (EFs) are particularly common in both SUD and PD populations. The current study aimed to establish whether cognitive remediation improves EFs and self-regulation in a sample of female residents attending SUD therapeutic community treatment, including those with comorbid PD.

Methods: Controlled sequential groups design with residents ($N = 33$, all female) receiving treatment as usual (TAU). The intervention group ($n = 16$) completed four weeks of cognitive remediation (CR) and the control, TAU only ($n = 17$). Outcome measures assessed pre- and post-intervention included both performance- and inventory-based measures of EFs, and self-reported self-regulation and quality of life. Analysis of covariance (with baseline score as covariate) was the preferred method of analysis for all outcome variables.

Results: CR relative to TAU significantly improved performance-based assessment of inhibition (Color-Word Interference Test; $F = 4.29$, $p = 0.047$), inventory-based assessment of EFs (Behavior Rating Inventory of Executive Function - Adult Version: Global Executive Composite; $F = 6.38$, $p = 0.017$), impulsivity (Barratt Impulsiveness Scale; $F = 4.61$, $p = 0.04$), self-control (Brief Self-Control Scale; $F = 5.53$, $p = 0.026$) and quality of life (Quality of Life Enjoyment and Satisfaction Questionnaire - Short Form; $F = 7.68$, $p = 0.01$).

Conclusions: Findings suggest that CR improves EFs, self-regulation and quality of life in a heterogeneous sample of female residents in therapeutic community SUD treatment, including those with comorbid PD. As previous studies have generally excluded participants with PD diagnoses, this study provides significant evidence for the use of CR to improve SUD treatment outcomes in comorbid PD and SUD.

18. Fiona Ng, Ely Marceau, Michelle Townsend & Brin Grenyer

Project Air Strategy, University of Wollongong, Australia

Title: Peer support for people with borderline personality disorder: A peer and clinician co-facilitated group intervention

Peer support has been recognised as a valuable framework where individuals with similar experiences can assist others to share experiential knowledge, instill hope and offer support and role modelling to others. More recently peer support for severe mental illness has gained recognition as a method of promoting recovery-oriented practice, where the need for the development of the peer workforce have emerged within policy and has been implemented in a number of government and non-government health services across Australia.

Peer support interventions have been minimally developed or adopted for individuals with lived experience of Borderline Personality Disorder (BPD). Given the long wait-lists for specialist interventions within mainstream services for BPD, alternative models of providing care are warranted.

In accordance with the relational model, Project Air Strategy in conjunction with a lived experience advisory committee have co-produced a structured 10 session peer support program for people with BPD. The peer support program is co-facilitated by a peer facilitator and a mental health clinician. The program aims to:

- Improve an individual's capacity to manage their symptoms and improve functioning
- Provide individuals with BPD a safe space for sharing experiences with others
- Provide evidence based psychoeducation and skill development
- Provide opportunities for support including group members and facilitators learning from each other
- Provide individuals in recovery or recovered opportunities to share experiences and encourage others to take an active role in recovery

Day 3: Clinical Workshop

Psychotherapy for narcissistic personality disorder: clinical dilemmas and recommendations.

Presented by Professor Elsa Ronningstam (Harvard Medical School and McLean Hospital, United States)

This workshop is aimed at providing an overview of recent developments in identifying and diagnosing, as well as building a therapeutic alliance with and treating patients with pathological narcissism or narcissistic personality disorder.

The workshop will first focus on identifying and differentiating the range of narcissistic personality functioning. The second focus will be on the range of specific challenges in treatment. Therapeutic strategies will be demonstrated and discussed, especially those that attend to therapists' reactions and countertransference, and how they can inform about patients' attachment and internal struggle.

Professor Elsa Ronningstam has authored over 80 publications, and has given over 100 presentations, lectures, and courses, both nationally and internationally. Professor Ronningstam was the recipient of the 2014 prize for 'Outstanding service' in McLean's borderline personality disorder program. She is a clinical psychologist in the Gunderson Outpatient Program and the Adult Outpatient Clinic at McLean Hospital, and an Associate Professor of Psychology in the Department of Psychiatry at Harvard Medical School.

Professor Ronningstam is also a psychoanalyst and member of the American Psychoanalytic Association and faculty of Boston Psychoanalytic Society and Institute. Diagnosis and treatment of narcissistic personality disorder is her prime specialty, and as a member of the Advisory Board of the American Foundation for Suicide Prevention Boston Chapter, she is active in initiatives focused on identifying, treating and preventing suicide.