

# Air Notes

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## “New Research Frontiers and Discoveries”

**is the theme of the 10th Annual Conference on the Treatment of Personality Disorders 4-5th November 2016**

We are delighted that NSW Minister for Mental Health The Hon. Pru Goward, MP has accepted our invitation to open this conference.

This year we will feature innovative new work by Professor Eric Fertuck (New York) on “Synergy of mind and brain in Borderline Personality Disorder: A social neuroscience approach.” Professor Fertuck works in the Clinical Psychology Ph.D. Program of the City University of New York, and is a member of the Personality Studies Institute at Cornell. His original and influential research utilises a social cognitive neuroscience approach to understand mechanisms of psychological disturbance and their treatment. He has been funded by the USA National Institute of Mental Health and the American Foundation for Suicide Prevention, and received the Young Investigator Award of the International Society for the Study of Personality Disorders.

Following the Friday conference Professor Fertuck will present a one-day Saturday workshop on “Transference focused Psychotherapy (TFP): Introduction to the theory, research, and technique”. TFP is one of the evidence-based therapies for Borderline Personality Disorder, with two large-scale independent RCT trials conducted across two continents and many other studies.



Mahlie Jewell

There will be lived experience presentations by Kaye Stanton and Mahlie Jewell. Mahlie will present on “Successfully engaging people with a diagnosis of borderline personality disorder to actively participate in research and share lived experience”. A carer’s perspective will also be a feature of the conference with Anne Reeve presenting on “The fractious path from chaos to calm”. Anne is the founder of the Australian arm of National Education Alliance for Borderline Personality Disorder (NEA.BPD). The NEA.BPD raises awareness of BPD, promotes compassion and hope for recovery, and aids in the dissemination of evidence-based treatments and programs for clinicians and carers.

Anne notes: “Accepting the unacceptable was needed before change could occur. The skills to do this came from the USA evidence-based program called Family Connections. It was like being able to breathe again”.

“As founder of NEA.BPD Aust, our hope is that all Australian families caring for a loved one with BPD have the opportunity to share their story with others, understand the disorder and learn new skills, by accessing this program.”

The conference and workshop will be held in the beautiful surrounds of the University of Wollongong, one hour south of central Sydney on the coast.

Details [www.projectairstrategy.org](http://www.projectairstrategy.org) ●



[http://twitter.com/Project\\_Air](http://twitter.com/Project_Air)



<http://www.facebook.com/pages/Project-Air-Strategy/207832305897441>



## Keynote presenter Eric Fertuck introduces himself to AirNotes ...

“ I am a psychopathology researcher who utilizes a social cognitive neuroscience approach to investigate the mechanisms of psychological disturbance and their treatment. I began my commitment to applying research methods to the investigation of psychological diagnoses and their treatment as a graduate student in clinical psychology. Since then the hallmark theme of my career is the synthesis of clinical description, experimental psychopathology, and basic research of social behavior and emotion. My colleagues and I have advanced this research focus primarily through the study of Borderline Personality Disorder (BPD) and related phenomena such as major depression and suicidal behavior.

BPD is a multifaceted, burdensome, prevalent, and disabling syndrome with a mortality rate comparable to schizophrenia and major depressive disorder. Despite the seriousness of BPD, it has not received research support and investigation commensurate with its clinical and public health significance.

Disturbances in interpersonal behavior such as frantic efforts to avoid abandonment and unstable interpersonal relationships and impaired emotion regulation in the context of significant interpersonal relationships are cardinal features of BPD. However, social cognition has only recently begun to be investigated experimentally in BPD, despite decades of clinical theorizing in this area. One of our first studies employed the “Reading the Mind in the Eyes Test” (RMET), a measure of subtle facial emotion recognition focusing upon the eye region of the face. In this study, a BPD group performed significantly better than a healthy control group (Fertuck et al., 2009).

To our knowledge, this was one of the first investigations to document heightened sensitivity to the mental states of others based on the eye region of the face in BPD. With support from an NIMH Patient-Oriented Career Development Award we built on this study by probing neural activity during the mental processing of social stimuli and experiences designed to induce interpersonal reactivity.

Specifically, we have developed a novel, facial appraisal task that measures the capacity to make subtle discriminations in the “trustworthiness” of human faces. We found that trustworthiness appraisal

was negatively biased in BPD compared to HC. Further, the BPD group exhibited longer reaction times when rating faces they judged as more trustworthy, suggesting an interference effect when making trust decisions. (Fertuck, Grinband, & Stanley, 2013). These findings were supported by another study of non-clinical adults wherein we found that rejection sensitivity is a mediator of the positive relationship between BPD features and facial untrust appraisal (Miano, Fertuck, Arntz, & Stanley, 2013). Preliminary fMRI findings suggest that the ability to tightly control the psychophysical parameters allows greater sensitivity and specificity for identifying brain regions involved in mediating BPD.

### Treatment of BPD

I also have a longstanding interest in developing and improving treatment for BPD and related clinical disorders. I began my commitment to applying empirical methods to the investigation of personality disorders and their treatment as a graduate student in clinical psychology. My dissertation investigated the linguistic correlates of interpersonal and cognitive change during treatment in young adult inpatients with severe personality disorders, many of whom met criteria for BPD (Fertuck, Bucci, Blatt, & Ford, 2004). I have expanded on this work with a recent publication on the development of a new measure of reflective functioning based on computerized text analysis methods (Fertuck, Mergenthaler, Target, Levy, & Clarkin, 2012). We are now employing a social cognitive affective neuroscience approach and these methods can be used to identify the mechanisms that underlie BPD and other psychiatric disorders, and to inform and evaluate prevention and therapeutic interventions (cf. Fertuck & Stanley, 2006) in an ongoing, NIMH supported clinical trial of dialectical behavior therapy and anti-depressant medication in BPD.

In summary, our program of research into BPD spans fMRI studies of brain structure and function to clinical trials of psychotherapeutic and psychopharmacological interventions. This integrated program of research holds significant promise in identifying the mechanisms that underlie BPD and related psychological disorders, and provides a scientific platform for evaluation of preventive and therapeutic interventions. The overall



goal of my research program is to elaborate a model of the social cognitive processes that give rise to the symptoms and psychopathological features of BPD and related clinical syndromes and behaviors, and to apply such knowledge to improve existing treatments. This integrative model will be used to provide a sound basis the development of science-based treatments and provide empirically and theoretically meaningful measures of outcome for existing treatments for this understudied disorder.

#### Eric is presenting a keynote and workshop at the 10th TOPD conference

Fertuck, E. A., Bucci, W., Blatt, S. J., & Ford, R. Q. (2004). Verbal representation and therapeutic change among anaclitic and introjective inpatients. *Psychotherapy: Theory, Research, Practice, Training*, 41(1), 13-25.

Fertuck, E. A., Grinband, J., & Stanley, B. (2013). Facial trust appraisal negatively biased in borderline personality disorder. *Psychiatry Res*, 27, 195-202.

Fertuck, E. A., Jekal, J., Song, I., Wyman, B., Morris, M. C., Wilson, S. T., . . . Stanley, B. (2009). Enhanced "Reading the Mind in the Eyes" in borderline personality disorder compared to healthy controls. *Psychological Medicine*, 39(12), 1979-1988.

Fertuck, E. A., Mergenthaler, E., Target, M., Levy, K. N., & Clarkin, J. F. (2012). Development and criterion validity of a computerized text analysis measure of reflective functioning. *Psychotherapy Research*, 1-8. doi: 10.1080/10503307.2011.650654

Fertuck, E. A., & Stanley, B. (2006). Cognitive disturbance in borderline personality disorder: Phenomenologic, social cognitive, and neurocognitive findings. *Current Psychosis and Therapeutic Reports*, 4, 105-111.

Miano, A., Fertuck, E. A., Arntz, A., & Stanley, B. (2013). Rejection Sensitivity Is a Mediator Between Borderline Personality Disorder Features and Facial Trust Appraisal. *Journal of Personality Disorders*, 27(4), 442-456. doi: 10.1521/pedi\_2013\_27\_096 ●



Eric Fertuck

## Parenting intervention wins international prize

PARENTING



The Project Air Strategy Parenting with Personality Disorder intervention study 'An intervention supporting parenting with personality disorder: A pilot study of clinician acceptability' was presented at the 4th International Congress on Borderline Personality Disorder and Allied Disorders in Vienna, Austria and was awarded first place in the scientific research prizes at this meeting, with the citation that "integrating this intervention into current treatment programs will protect children and contribute to the prevention of intergenerational transmission of the disorder." The research paper, treatment manual, fact sheets and video are all available at [www.projectairstrategy.org](http://www.projectairstrategy.org).

Citation: McCarthy, KL, Lewis, KL, Bourke, ME, Grenyer BFS. (2016) A new intervention for people with borderline personality disorder who are also parents: A pilot study of clinician acceptability. *Borderline Personality Disorder and Emotion Dysregulation*. 3:10 DOI 10.1186/s40479-016-0044-2 Open access: <http://tinyurl.com/zrb9e6m>



## **Professor Henry Jackson talks about landmarks in the field of personality disorders over the last 25 years and future directions**

**P**roject Air Strategy caught up with Professor Henry Jackson prior to his keynote talk at our conference. Emeritus Professor Jackson is from the School of Psychological Sciences at the University of Melbourne.

The purpose of my talk is to determine landmarks in the field of personality disorders over the last 25 years. I will present data that since 1980 there has been huge research interest in personality disorders generally (with unsurprisingly, most of this focused on antisocial and borderline personality disorders). This to me is the first landmark in the field.

A second landmark is how the first wave of research has established basic information about the prevalence of personality disorders in various settings, Axis I/II associations, sex differences and the structure of DSM-III personality disorders. A third landmark has been the development of an epidemiology of personality disorders plus longitudinal, prospective follow-along studies that have demonstrated not only prevalence but critically the impacts of personality disorders on functioning and health and mental health usage. A fourth landmark has been the acceptance of normal personality measures into the personality disorder field and the recognition of the importance of dimensional measures to this field.

A fifth landmark has been the development of efficacious psychotherapies for borderline personality disorder, namely dialectical-behaviour therapy, mentalisation-based therapy, transference-focused psychotherapy, schema-based therapy and more recently cognitive-analytic therapy for youth. A sixth landmark is the developing research in psychological factors such as social cognition and schemas, as well as biological work in brain morphology and functioning and genetics.

Controversies abound in the personality disorder field. Two examples are the categorical versus dimensional approach to personality disorders, and the tension between the psychopathy and antisocial personality disorder constructs. The background to the DSM-5 and the merging ICD-11 personality disorder proposal also reveal controversial issues at play. Moreover, there is a deeper issue as to whether personality disorders belong in diagnostic manuals of mental disorders.

For next steps I advocate for: (1) the development of a transportable affordable no-brand psychotherapy such as that advocated by John Gunderson to reach out to those many people with BPD; (2) more focus on biological and deeper psychological factors underpinning personality disorders; and (3) greater focus on functioning per se.

Finally, most of the work to date is concerned with a relatively few personality disorders. What is to happen with the rest?

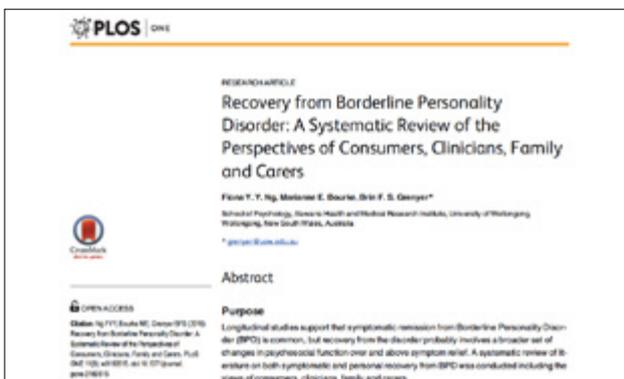
*Professor Henry Jackson will present at the conference on "Landmarks in personality research over the past 25 years – and future directions". He is a clinical psychologist whose research expertise is in youth mental health and severe mental illness, especially in the fields of early psychosis and personality disorders ●*

## SAMPLES OF NEW RESEARCH FINDINGS FROM PROJECT AIR STRATEGY TEAM



■ Should we provide support to family and carers of people with BPD? Research confirms the importance of family and carer support to help reduce burden and emotion in family environments surrounding Borderline Personality Disorder.

Bailey, R.C. and Grenyer, B.F.S. (2015). The relationship between expressed emotion and wellbeing for families and carers of a relative with Borderline Personality Disorder. *Personality and Mental Health*, 9, 21-32. doi: 10.1002/pmh.1273. <http://tinyurl.com/gpbf58b>



■ Do people with Borderline Personality Disorder recover? We systematically reviewed longitudinal recovery data across 19 studies, 11 unique cohorts and 1122 consumers. We find that symptom recovery is common and likelihood of relapse is low, however more work is required assessing broader improvements such as engaging in meaningful work, better relationships and living a contributing life.

Citation: Ng, F.Y.Y., Bourke, M.E., Grenyer, B.F.S., (2016) Recovery from Borderline Personality Disorder: A systematic review of the perspectives of Consumers, Clinicians, Family and Carers. *PLoS ONE* 11(8): e0160515. doi:10.1371/journal.pone.0160515 <http://tinyurl.com/h5xmebm>



■ Do you practice mindfulness? New research demonstrates how mindfulness and emotion regulation can interrupt the association between negative early care experiences and poor mental health.

Citation: Pickard, J., Caputi, P., Grenyer, B.F.S. (2016). Mindfulness and emotional regulation as sequential mediators in the relationship between attachment security and depression. *Personality and Individual Differences*, 99, 179-183. doi:10.1016/j.paid.2016.04.091 <http://tinyurl.com/h9bu9sj>



Carryn Masluk

## NEW VIDEOS

<http://www.projectairstrategy.org/videos/index.html>

Implementing the Project Air Model video discusses the Step Down Model of care with clinical staging from acute presentation, to brief interventions, through to longer-term treatments

Dr Dolores Mosquera talks about personality disorder, complex trauma and integrated treatment

Sonia Neale talks about her lived experience of borderline personality disorder and the importance of education for emergency department staff



## New resources for schools to be launched at the 10th Annual Conference on the Treatment of Personality Disorders

The NSW Department of Education and NSW Ministry of Health have sponsored Project Air to develop a new program for schools to assist them work with young people with complex mental health issues. These include understanding and responding to emerging personality disorder, trauma history, self-harm and suicidal behaviour and difficulties with identity, emotions and relationships.

New resources have been developed to complement the program implementation and support schools, teachers, counsellors, health staff, and welfare workers who often require additional information to effectively identify, respond, support and refer young people with complex mental health needs. A filmed resource 'Chloe's Story: Helping Schools Help with Mental Health,' was developed with acclaimed production company Louder Than Words. This is a twenty-minute dramatic re-enactment training film. This will be a valuable online tool for use in schools throughout NSW, and across the Project Air Strategy national and international network. The film is set in a school setting and provides an insight into the struggles of a 16-year-old adolescent with emerging personality disorder. It is a strongly visual learning tool to help educators recognise emerging personality disorder with self-harm and take appropriate action. A range of resources, guidelines and factsheets have also been developed.

The Project Air Strategy for Schools Advisory Committee co-chaired by the Acting Associate Director, Specialist Programs (MH-CYP) and Leader, Psychology and Wellbeing Services (DOE). Project Air recently presented to 138 Senior Psychologists DOE Sydney, 38 Child and Adolescent NSW Health professionals, and 28 School-Link coordinators on the Schools project. The project aims to support education staff to understand and respond to emerging personality disorder, trauma history, self-harm and suicidal behaviour and difficulties with identity, emotions and relationships. Full day workshops; train the trainer programs and in-school training of student welfare teams is being implemented across NSW over the next year. ●

## The Project Air Strategy continues to expand across NSW Local Health Districts

The Ministry for Health Mental Health Branch and Drug and Alcohol Branch leads the Project Air Advisory Committee, which is co-chaired by Dr Murray Wright, NSW Chief Psychiatrist and A/ Professor Adrian Dunlop, Chief Addiction Medicine Specialist. The Project Air team works with local health district (LHD) staff to develop their skills and confidence in responding to the needs of people with personality disorders. We also work with consumers, carers and families, and develop clinical pathways for patients to be referred for evidence-based treatments. Project Air Strategy has been working recently with Northern Sydney LHD (consultations late 2015), and in 2016 with South Western Sydney LHD, Central Coast LHD and Western Sydney LHD. We are also active in working with the NGO sector, including with Partners In Recovery (ISPIR) ●



PA training CCLHD & WSLHD

## Project Air continues to deliver its message nationally and internationally

Over the past year the Project Air Strategy team have presented at events to spread the hopeful messages about early intervention, treatability and recovery of personality disorders. Presentations included to the Tasmanian Branch of the Royal Australian and New Zealand College of Psychiatrists Conference 'Controversies and Contemporary Thinking in Psychiatry'; in Israel at the Society for Psychotherapy Research conference where Project Air Strategy participated in a panel presentation on new developments in psychotherapy research for Borderline Personality Disorder with Ueli Kramer (Lausanne) and Shelley McMain (Toronto); at the 4th International Congress on Borderline Personality Disorder and Allied Disorders in Vienna, Austria - including three presentations; and at the 6th National Borderline Personality Disorder Conference "Achieving Recovery Together" in Sydney ●



Vienna Conference

## Borderline Personality Disorder Awareness Week

This year two major events during the week of 1-7 October 2016 that were of note:

- The Launch of the Borderline Personality Disorders Week Awareness website  
<http://www.bpdawareness.com.au>

- The national BPD Foundation and ARAFMI Conference "Achieving recovery together" including lived experience forum where consumers reflected on the question "what has been helpful in your recovery journey?"

<http://www.projectairstrategy.org/conferencesandevents/UOW173203.html#bpdweek> ●



Professor Brin Grenyer (Project Air Strategy), Julie McCrossin (MC), Julien McDonald (President, Australian BPD Foundation), Janne McMahon (Patron, Australian BPD Foundation), Jonathan Harms (CEO, Mental Health Carers NSW) and A/Prof Sathya Rao (Spectrum, Victoria).

## SA Minister for Mental Health The Hon Leesa Vlahos MP visits the Project Air Strategy

Project Air Strategy was delighted to host a visit by SA Minister for Mental Health, Hon Leesa Vlahos MP (Minister for Disabilities & Minister for Mental Health and Substance Abuse) in April to Sutherland hospital to receive a Project Air Strategy briefing. The Minister and her advisers met with consumers, clinicians, NSW Ministry staff, and the Project Air Strategy team.



Hon Leesa Vlahos MP and Consumer Advocate Karina Whitehurst



## Project Air moves to new headquarters



NSW Mental Health  
Commissioner Mr John Feneley,  
Professor Glenn Salkeld,  
Professor Brin Grenyer

Project Air Strategy moved to new purpose-built premises in March. Previously housed in the IHMRI laboratories, the Project Air Strategy headquarters has now relocated to the Northfields Clinic building on the University main campus. Executive Dean, Prof Glenn Salkeld joined Mr John Feneley, NSW Mental Health Commissioner in officially opening the new headquarters of the Project Air Strategy on 15 March.

Professor Brin Grenyer, Director of Project Air Strategy thanked Professor Salkeld and Commissioner Feneley for their support of the Project Air Strategy, noting “these new premises allows us to be closer to the community with clinical facilities in Northfields Clinic, a treatment setting serving the community, and with a new telehealth consulting room linking the headquarters of Project Air to every health service across NSW”

Professor Salkeld congratulated the Project Air strategy for its work in improving the treatment and research for people with personality disorder. Prof Salkeld said that the University has a priority in community outreach and ensuring the work it does is both relevant to the community and benefits it. He noted that “the Faculty and University is committed to the partnership with the NSW Ministry of Health”.

Commissioner Feneley noted the Project Air Strategy has allowed a major focus on better treatment for people with personality disorders in NSW and across Australia and that Project Air is working to realise the Commission’s goals to ensure “better care for people with Borderline Personality Disorder through training in the recognition, assessment and treatment of BPD to all staff in mental health and drug and alcohol services, and by promoting and progressively rolling out community-based models of care for the treatment of BPD, such as that developed by the Project Air Strategy.”

Commissioner Feneley thanked the University of Wollongong for supporting the strategy. Project Air Strategy is an initiative of the NSW Ministry of Health and is currently implementing a service development program across NSW Health ●

The Project Air Strategy acknowledges the major support of NSW Health. The Project works with mental health clinicians, consumers and carers to deliver effective treatments, implements research strategies supporting scientific discoveries, and offers high quality training and education.

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