

REGISTRERING ÄR ÖPPEN!

27 NOVEMBER 2021, FORSKNINGSDAGEN
KEYNOTE NIKOLAUS KLEINDIENST, PH. D KL.9-12

SVENSKA FORSKARE PRESENTERAR SITT SENASTE ARBETE kl. 13:00-16:00

DBT-Sverige presenterar stolt den årliga forskningsdagen om DBT, självskadebeteende, suicidologi och angränsande områden.

När? Lördagen den 27:e november 2021, kl. 8:45-15:45

Var? Zoomlänk (skickas till konferensregistrarer)

Vem? Keynote: Nikolaus Kleindienst, Ph. D., expert på metodfrågor från Mannheim, Tyskland, kommer att dela med sig av state-of-the-art forskning om DBT, DBT-PTSD och angränsande område

Följt av Presentationer från forskare verksamma i Sverige (Se sidan 2 - 6)

Avgift: Kostnadsfritt!

Anmäl dig före/senast den 15 november 2021 genom att skicka mail till:
sophie.liljedahl@vgregion.se eller dan.wetterborg@ki.se



Nikolaus Kleindienst, Ph. D. is a scientist from the Central Institute of Mental Health in Mannheim, Germany where he has worked as a biometric and methodological expert in the lab of Professor Martin Bohus for more than 10 years. Focal points of research are the evaluation and improvement of newly developed treatments for individuals with Borderline Personality Disorder (BPD) and/or Post-Traumatic Stress Disorder (PTSD). Another focus is the characterization of these individuals beyond classical phenomenology by using new technologies such as ambulatory assessment and body maps. The work from this lab has substantially contributed to the understanding of BPD and PTSD as well as the treatment options for particularly severe clinical presentations such combined BPD+PTSD following childhood maltreatment.

27 NOVEMBER 2021, FORSKNINGSDAGEN SJÄLVSKADEBETEENDE, SUICIDOLOGI OCH ANGRÄNSANDE OMRÅDEN	
8:45- 9:00	Welcome! Opening remarks and introduction to the day Sophie Liljedahl, Ph. D., & Dan Wetterborg, Ph. D.
9:00- 12:00	Nikolaus Kleindienst, Ph. D., Keynote Address
12:00- 13:00	Lunch paus
13:00- 13:30	Presenter 1: Magnus Nilsson, Ph. D., Clinical Psychiatric Research Center, Department of Clinical Sciences, Lund, Psychiatry, Lund University, Region Skåne, Lund, Sweden <i>Title: The role of adverse childhood experiences, self-hatred, and attitudes for self-harming behaviour among individuals with psychiatric disorder, as compared to clinical and health comparison groups</i>
13:30 – 14:00	Presenter 2: Martina Isaksson, Ph. D., Department of Neuroscience, Uppsala University Hospital Psychologist at the affective unit for children and youths, Region Uppsala <i>Title: Treatment outcome and patient experiences of Radically open dialectical behavior therapy for anorexia nervosa and overcontrol</i>
14:00- 14:30	Fika Paus
14:30- 15:00	Presenter 3: Dan Wetterborg, Ph. D., Division of Psychology, Department of Clinical Neuroscience, Karolinska Institute, Stockholm Sweden <i>Title: Gender differences in the treatment of patients with borderline personality disorder</i>
15:00- 15:30	Presenter 4: Sophie Liljedahl & Moa Bråthén Wijana, Sahlgrenska University Hospital/Göteborg University; Department of Clinical Neuroscience, Karolinska Institute <i>Title: Validation, self-harm, and the role of emotion regulation: Findings from youth participants in an anonymous internet study</i>
15:30-	Concluding Remarks Dan Wetterborg, Ph. D., & Sophie Liljedahl, Ph. D.

15:45

ABSTRACTS

1. The role of adverse childhood experiences, self-hatred, and attitudes for self-harming behaviour among individuals with psychiatric disorder, as compared to clinical and health comparison groups.

Magnus Nilsson¹, Lars-Gunnar Lundh², & Sofie Westling¹

¹Clinical Psychiatric Research Center, Department of Clinical Sciences, Lund, Psychiatry, Lund University, Region Skåne, Lund, Sweden

²Department of Psychology, Lund University, Lund, Sweden

Background: Deliberate self-harm (DSH) is common in clinical populations and a risk factor for future suicide attempts. Adverse childhood experiences (ACE) and attitudes may be of importance for the development of self-harm but there is a lack of knowledge regarding this topic in clinical populations. This study aimed to test whether females with self-harm report more ACE, more self-hatred and more positive attitudes towards self-harm than a clinical and a healthy comparison group, and whether self-hatred acts as a mediator between ACE and self-criticism.

Method: Females with DSH and psychiatric disorders (DSH-group; n=34), females without DSH but with psychiatric disorders (NDSH-group; n=31) and healthy female individuals (HC-group; n=29) were compared on DSH, ACE, self-hatred and attitudes towards self-harm. The results were analysed by means of regression analysis, mediation analysis, Chi-square and correlation analysis.

Results: Females with DSH reported more emotional abuse and more self-hatred as compared to both comparison groups. There was a significant mediation effect of self-hatred. The DSH-group had significantly more positive attitudes towards DSH than the HC-group but not compared to the NDSH-group.

Conclusion: Emotional abuse is significantly associated with DSH in females with psychiatric disorders and this is possibly partly mediated by self-hatred. Females with psychiatric disorders and DSH have more positive attitudes towards DSH than healthy controls but it is unclear whether they are more positive when compared to clinical controls.

2. Treatment outcome and patient experiences of Radically open dialectical behavior therapy for anorexia nervosa and overcontrol

¹Isaksson, M., Ghaderi, A., Öster, C., Ramklint, M., Wolf-Arehult, M.

Department of Neuroscience, Uppsala University Hospital
Psychologist at the affective unit for children and youths, Region Uppsala

Background and objectives: No treatment for adult anorexia nervosa (AN) has shown sufficient effectiveness or superiority to other treatments. Overcontrol has been suggested as

a viable mechanism to target in the treatment of patients with AN. Radically open dialectical behavior therapy (RO DBT) is developed for disorders related to maladaptive overcontrol. In study 1, our objective was to evaluate the outcome of RO DBT for AN in a clinical outpatient setting. In study 2, the objective was to evaluate patient experiences after participating in the treatment.

Method: For study 1, thirteen adult female patients with mild to moderate AN provided written consent and entered a multiple baseline single-case experimental design study. Mean age at ED onset was 15 years and the duration of the ED ranged between 1 and 27 years. Individual changes were assessed weekly during a baseline phase (A) of four to six weeks, and during the subsequent 40-week RO DBT phase (B). Additional assessments were conducted before and after treatment, and at a six-month follow-up. Primary outcome was eating disorder (ED) psychopathology. Secondary outcomes were psychosocial impairment, quality of life, social connectedness, and adaptive control strategies. For study 2, eleven of the patients from study 1 were interviewed after either treatment completion (eight patients) or drop-out (three patients) from RO DBT. Interviews were transcribed and analyzed with inductive thematic analysis.

Results: Eight patients (62%) completed treatment. All completers were in remission after treatment, with BMI ≥ 18.5 kg/m² and ED psychopathology within one standard deviation of the community mean. Improvements occurred after introducing RO DBT, not during baseline. Thematic analysis yielded five main themes: 1) a comprehensive treatment, 2) the benefits of sharing and connecting with others, 3) growing trust, 4) moving toward valued goals – but some remain, and 5) doing well in treatment.

Conclusions: The study provides preliminary support for using RO DBT in adult outpatients with AN and overcontrol. Patients appreciated what they described as a comprehensive treatment and holistic view of their problems, which helped them reduce both maladaptive overcontrol and eating disorder symptoms.

3. Gender differences in the treatment of patients with borderline personality disorder

Peter Dehlbom¹, Dan Wetterborg¹, Daniel Lundqvist², Liselotte Maurex¹ Henrik Dal^{3,4}, Christina Dalman^{3,4}, Kyriaki Kosidou^{3,4}

¹ Division of Psychology, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm Sweden; ² Division of Neuro, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm Sweden; ³ Centre for Epidemiology and Community Medicine, Region Stockholm, Sweden; ⁴ Department of Global Public Health, Karolinska Institutet, Stockholm, Sweden

Background: It is debated whether men with borderline personality disorder (BPD) are less often treated for their disorder, compared to women, even when they have sought care. Here, the aim was to examine gender differences in the treatment of patients with BPD.

Method: Through linkage to Swedish health and administrative registers, we identified all patients diagnosed with BPD (n=5530) in Stockholm County during 2012-2016. We ascertained information on sociodemographic characteristics, comorbid psychiatric diagnoses and all mental health care utilization within inpatient and outpatient mental health care,

including receipt of psychiatric medication and various psychological therapies.

Results: We identified 802 men and 4728 women with BPD during the study period. Men with BPD were less likely than their female counterparts to receive psychotherapy, as well as psychiatric medication. Most of the differences in treatment with psychological therapies were non-significant in the multivariate model, indicating they are likely the result of differences in sociodemographic variables and comorbidity between men and women with BPD. Men with BPD were in average four years older than females at the time of first BPD diagnosis, had lower education and more often received social welfare support. Few men with BPD appear to be diagnosed by the health care system. Those that are diagnosed are likely to receive somewhat less psychiatric medication and psychological therapies compared to women.

Conclusions: Researchers and clinicians need to focus more on men with BPD in order to improve help-seeking and recognition of this disabling condition in men and enable equal treatment.

4. Validation, self-harm, and the role of emotion regulation: Findings from youth participants in an anonymous internet study

Moa Bråthén Wijana^{1,2} Ata Ghaderi¹, Pia Enebrink¹, & Sophie I. Liljedahl^{3,4}

¹*Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden*

²*Institutionen för Neurovetenskap, Barn- och ungdomspsykiatri, Uppsala, Sweden* ³*Region Västra Götaland, Psykiatri Affektiva, Department of Psychiatry, Sahlgrenska University Hospital, Gothenburg, Sweden;* ⁴*University of Gothenburg, Sahlgrenska Academy, Institute of Neuroscience and Physiology, Gothenburg, Sweden.*

Background: Given the relatively high prevalence of self-harm reported by Swedish youth, we aimed to test a novel measure of emotion validation and invalidation to evaluate its efficacy in illuminating relationships between self-harm and emotion regulation.

Methods: A total of 1910 participants between 15-20 years old completed an anonymous Web-based survey, comprised of established measures of self-harm and emotion dysregulation, alongside the novel measure of emotion validation/invalidation *Responses to my Emotion, Thoughts and Actions: REMTA*.

Results: Correlational analyses revealed associations between validation and invalidation with self-harm. A large and significant component of the association between self-harm and perceived validation and invalidation was mediated by emotion regulation. The participant-reported validation and invalidation of family members had a greater effect on both self-harm and emotion dysregulation compared to non-relatives. Participants reporting high levels of invalidation also reported significantly more difficulties related to emotion dysregulation.

Conclusions: This study contributes an understanding of the relationships and consequences of self-harm in youth, highlighting the central role of communications within the

family. Our findings in relation to emotion dysregulation and self-harm are consistent with Linehan's *Biosocial Theory* of Borderline Personality Disorder (BPD). That is, a symptom of BPD, in this case self-harm, is associated with both emotional vulnerability and environmental invalidation. Treatment, research, and developmental implications herein are explored.