Traumatic foundations and intersecting paths

Change mechanisms and treatment of childhood trauma, childhood-related posttraumatic stress disorder, and borderline personality disorder

Rameckers, S.A.

Publication date
2024

SUMMARY (ENGLISH)

Traumatic Foundations and Intersecting Paths

Change Mechanisms and Treatment of Childhood Trauma, Childhood-Related Posttraumatic Stress Disorder, and Borderline Personality Disorder

Worldwide, many individuals have been exposed to traumatic events in childhood, which underlines the relevance of studying the impact of childhood trauma (CT). These traumatic events in childhood consist of a variety of types, including sexual abuse (SA), physical abuse (PA), emotional abuse (EA), physical neglect (PN), and emotional neglect (EN). In response to these events, individuals can develop childhood-related posttraumatic stress disorder (Ch-PTSD), but CT also increases the risk of developing a range of other mental health problems, including but not limited to depression, anxiety, and borderline personality disorder (BPD).

While effective treatment options for both PTSD and BPD are available, it is important to study possible predictors of treatment change to enhance our ability to select optimal treatments based on individual patient characteristics, and to gain more insight into the development of both PTSD and BPD, and the working mechanisms of these treatments. In this dissertation, we therefore aimed to study the relationships between both CT in general and the five individual CT types with Ch-PTSD and BPD. We also aimed to study predictors of treatment outcomes and underlying change mechanisms. **Chapters 2** to **4** focused on CT and PTSD, and **Chapters 5** and **6** focused on the link between CT and BPD, and the treatment effectiveness of BPD.

According to the definition of PTSD in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition, only events that meet the A-criterion of PTSD (i.e., SA and PA) can officially lead to a PTSD diagnosis. However, research has shown that EA in particular is related to an increased severity and complexity of PTSD pathology, general psychopathology, and syndrome- and personality disorders such as BPD. Therefore, EA may be an important risk factor for PTSD, BPD, and psychopathology in general. A limitation of many studies is that they fail to test all five CT types simultaneously. However, controlling for each type is necessary to examine their unique contributions. For this reason, we explored the relationships between CT and the CT subtypes and the severity of PTSD and BPD in **Chapters 2** and **5** respectively. In **Chapter 2**, we examined the unique associations between the separate CT types and PTSD severity. Interestingly, only a higher exposure to EA was associated with increased PTSD severity at the start of treatment. This finding contradicts what would be expected based on the A-criterion of PTSD but is consistent with previous studies. In **Chapter 5**, we studied the associations between CT and BPD. In contrast to the findings of **Chapter 2**, we did not find any associations

between total CT exposure or between the separate CT types on pre-treatment BPD severity. This finding is consistent with several other studies that investigated these relationships in BPD patients. However, studies in which mixed clinical and non-clinical populations are included often do find associations between CT, EA, and BPD severity. Therefore, we reasoned that other factors may be involved in the development and maintenance of BPD once individuals exceed a certain threshold of pathology, and that the relationship between CT and BPD pathology may not be linear.

Moreover, while PTSD was traditionally associated with the experience of fear and horror, CT can trigger a range of non-fear emotions, such as shame, guilt, anger, and disgust. These emotions have been found to be related to both the severity of PTSD and treatment outcomes. Previous research indicated that changes in negative cognitions, shame, and guilt precede changes in PTSD symptoms at the next session. As extensive research focusing on these non-fear emotions in the treatment of PTSD is currently inconclusive, we examined the role of these four non-fear emotions as treatment mechanisms in **Chapter 3**. Interestingly, we found that guilt played an important role as changes in guilt preceded changes in PTSD symptoms at the next session. Moreover, changes in shame and disgust both predicted and were followed by changes in PTSD symptoms at the next session, whereas between the different assessments, PTSD symptoms preceded changes in shame and guilt. In addition, between assessments, changes in anger were reciprocally related to changes in PTSD symptoms, although these findings were not completely robust across outcomes. We concluded that non-fear emotions are differentially related to changes in PTSD symptoms and that mainly guilt may drive PTSD symptom change during treatment. However, since we found differences in the short- and long-term, their roles may change after treatment has been completed. Therefore, we concluded that more extensive research is needed to study the cause of their different and unique roles, and that it is important to focus on these emotions during treatment as they appear to play a part in symptom improvement.

Eye movement desensitization and reprocessing (EMDR) and imagery rescripting (ImRs), the two treatments we studied for PTSD, are thought to have different working mechanisms. To our knowledge, no direct comparisons of the different working mechanisms of these treatments have been conducted and many studies focusing on their mechanisms only study single to several individual sessions of EMDR or ImRs. Therefore, we studied these mechanisms in **Chapter 4**. According to the WM account of EMDR, PTSD symptom change is thought to be driven by changes in the vividness of the trauma memory, whilst according to theories of ImRs, change is thought to be driven by changes in the meaning of these memories, which we operationalized as the believability of encapsulated beliefs. We also explored if changes in distress was a mechanism for these treatments. Surprisingly, for EMDR we found initially stronger changes for ratings of vividness, distress, and encapsulated beliefs, although only for the distress ratings these

results were maintained until the last follow-up assessment. We also concluded that ImRs works by changes in the ratings of distress and encapsulated beliefs, partially confirming the hypotheses for ImRs, and not for EMDR. In addition, in **Chapter 3**, we concluded that some of the associations between changes in PTSD symptoms and subsequent changes in non-fear emotions were stronger for ImRs compared to EMDR. One possibility therefore is that ImRs leads to changes in distress and encapsulated beliefs, which cause subsequent changes in PTSD symptoms, which in turn decrease the strength of non-fear emotions. The relationship between these mechanisms should be studied in future studies, and the treatment mechanisms also need to be assessed during sessions, as we only measured these at the assessments. However, as the hypothesis for EMDR was disconfirmed by the findings, the working mechanisms of EMDR also need to be studied further.

As BPD has strong associations with CT (and PTSD), but also with dissociation, we aimed to study these factors as predictors of treatment effectiveness in **Chapter 5**. We specifically aimed to examine if exposure to CT and dissociation at the start of treatment were related to a higher treatment effectiveness of combined individual and group schema therapy (IGST) compared to predominantly group ST (PGST) and specialized treatment as usual (TAU) for the treatment of BPD. ST is often offered in combined formats, but fewer individual sessions leave less room for trauma processing and addressing dissociation during the treatment sessions. The findings were partly consistent with our hypotheses. We concluded that CT, the CT subtypes, and dissociation did not moderate BPD severity change, although dissociation in general was negatively related to BPD symptom change. In addition, we also concluded that when patients were exposed to more CT and experienced more severe dissociation at the start of treatment, IGST was associated with higher treatment retention compared to PGST and a lesser extent to TAU. We were not able to simultaneously test the moderating effect of the different CT types on treatment retention, but based on the individual analyses of these types we could generally conclude that these were in line with the main findings. However, as the TAU group was very heterogeneous and consisted of several different treatments, it was more difficult to disentangle the differences and similarities between IGST and TAU. These findings are important as they indicate that IGST may be the optimal treatment for this specific population, which provides us useful knowledge in selecting the most suitable treatment based on certain patient characteristics.

While ST is one of the specialized treatments available for BPD, three other specialized treatments have been developed. In addition, many other treatments are often offered to treat BPD. However, our knowledge about their relative effectiveness is limited as not many RCTs have been conducted and many different study designs are used, such as pilot studies or open trials. Moreover, due to the abundance of treatments and treatment studies, comparing them in a traditional meta-analysis would be impossible as this would involve too many comparisons. Therefore, in **Chapter 6**, we

conducted a multilevel meta-analysis in which we examined the within-treatment effect sizes of a great number of specialized and non-specialized treatments for BPD, including all design types. We concluded that all treatments were associated with moderate to large changes in BPD pathology. In addition, based on the average, several specialized treatments, ST, reduced dialectical behavior therapy, mindfulness-based treatment, and to a lesser extent cognitive behavior therapy were the most effective, whereas TAU and community treatment by experts were the least effective. We observed the strongest improvements for general BPD severity and affective instability, and the weakest changes for impulsivity, suicidality/self-injury, anger, and dissociation. Additionally, we concluded that study quality was not related to treatment outcomes. In contrast, we found that higher age and using the last-observation-carried-forward method to handle missing data were related to lower outcomes, whereas studies that used dichotomous outcomes were related to higher effect sizes. The outcomes of this large meta-analysis provide us with a broad and useful summary of the effectiveness of a broad range of treatments for BPD and indicate which predictors may be related to effect sizes. These findings are also relevant for the development of future trials as they provide several useful guidelines.

In five chapters, the present dissertation aimed to link the concepts of CT, PTSD, and BPD, and to study treatment effectiveness. EA may have such a strong and broad impact due to its theorized links with the development of schemas, attachment, negative self-views, and emotion regulation difficulties. Therefore, EA may not only be relevant for the development of PTSD but may also act as a more general risk factor for developing psychopathology and the treatment of BPD. While we need to further study the mechanisms of EA and the links between CT, dissociation, and treatment outcomes for both PTSD and BPD, the studies that we conducted provide us with very valuable knowledge for clinical practice and research. Our findings can impact future studies focusing on these concepts and will also prove important in the development of future trials and personalized medicine.

SAMENVATTING

Traumatische Fundamenten en Kruisende Paden

Veranderingsmechanismen en Behandeling van Trauma in de Kindertijd, Kindertijd-gerelateerde Posttraumatische Stressstoornis, en Borderline Persoonlijkheidsstoornis

Wereldwijd zijn veel mensen blootgesteld aan traumatische gebeurtenissen in de kindertijd, wat de relevantie van onderzoek naar de impact van trauma in de kindertijd (CT) benadrukt. Deze traumatische gebeurtenissen in de kindertijd bestaan uit verschillende soorten, waaronder seksueel misbruik (SA), fysiek misbruik (PA), emotioneel misbruik (EA), fysieke verwaarlozing (PN) en emotionele verwaarlozing (EN). Als reactie op deze gebeurtenissen kunnen personen een kindertijd-gerelateerde posttraumatische stressstoornis (Ch-PTSS) ontwikkelen, maar CT verhoogt tevens het risico op het ontwikkelen van een reeks andere geestelijke gezondheidsproblemen, waaronder, maar niet beperkt tot, depressie, angst en borderline persoonlijkheidsstoornis (BPS).

Hoewel er effectieve behandelopties voor zowel PTSS als BPS beschikbaar zijn, is het belangrijk om mogelijke voorspellers van veranderingen tijdens behandeling te bestuderen om de mogelijkheid om optimale behandelingen te selecteren op basis van individuele patiëntkenmerken te vergroten, en om meer inzicht te krijgen in de ontwikkeling van zowel PTSS als BPS, en de werkingsmechanismen van deze behandelingen. In dit proefschrift richtten we ons daarom op het bestuderen van de relaties tussen zowel CT in het algemeen als de vijf individuele CT typen met Ch-PTSS en BPS. Ook richtten we ons op het bestuderen van voorspellers van behandeluitkomsten en onderliggende veranderingsmechanismen. De **Hoofdstukken 2** tot en met **4** richtten zich op CT en PTSS, en de **Hoofdstukken 5** en **6** richtten zich op het verband tussen CT en BPS, en de effectiviteit van de behandeling van BPS.

Volgens de definitie van PTSS in de *Diagnostic and Statistical Manual of Mental Disorders* Vijfde Editie kunnen alleen gebeurtenissen die voldoen aan het A-criterium van PTSS (d.w.z. SA en PA) officieel leiden tot een PTSS-diagnose. Echter, onderzoek heeft aangetoond dat met name EA gerelateerd is aan een verhoogde ernst en complexiteit van PTSS-pathologie, algemene psychopathologie en syndroom- en persoonlijkheidsstoornissen zoals BPS. Om deze reden kan EA een belangrijke risicofactor zijn voor PTSS, BPS en psychopathologie in het algemeen. Een beperking van veel onderzoeken is dat niet alle vijf de CT-typen tegelijkertijd worden getoetst. Echter, controleren voor elk type is noodzakelijk om hun unieke bijdragen te onderzoeken. Om deze reden onderzochten we de relaties tussen CT en de CT subtypes en de ernst van PTSS en BPS in respectievelijk **Hoofdstuk 2** en **5**. In **Hoofdstuk 2** onderzochten we de unieke associaties tussen de afzonderlijke CT-types en de ernst van PTSS. Interessant

genoeg bleek alleen een hogere blootstelling aan EA geassocieerd met een verhoogde ernst van PTSS aan het begin van de behandeling. Deze bevinding is in tegenspraak met wat verwacht zou worden op basis van het A-criterium van PTSS, maar is consistent met eerdere studies. In **Hoofdstuk 5** onderzochten we de associaties tussen CT en BPS. In tegenstelling tot de bevindingen in **Hoofdstuk 2**, vonden we geen associaties tussen de totale blootstelling aan CT of tussen de afzonderlijke CT subtypes en de ernst van BPS voor de start van de behandeling. Deze bevinding is consistent met verschillende andere onderzoeken die deze relaties onderzochten bij BPS-patiënten. Studies waarin gemengde klinische en niet-klinische populaties zijn geïncludeerd, vinden echter vaak wel associaties tussen CT, EA en de ernst van BPS. Om deze reden redeneerden we dat er andere factoren betrokken kunnen zijn bij de ontwikkeling en instandhouding van BPS zodra individuen een bepaalde drempel van pathologie overschrijden, en dat de relatie tussen CT en BPS-pathologie mogelijk niet lineair is.

Bovendien, hoewel PTSS traditioneel werd geassocieerd met de ervaring van angst en afschuw, kan CT bovendien een reeks emoties anders dan angst oproepen, zoals schaamte, schuld, woede en walging. Deze emoties blijken gerelateerd te zijn aan zowel de ernst van PTSS als aan de behandeluitkomsten. Eerder onderzoek wees uit dat veranderingen in negatieve cognities, schaamte en schuld voorafgaan aan veranderingen in PTSS-symptomen bij de volgende sessie. Aangezien uitgebreid onderzoek gericht op deze emoties in de behandeling van PTSS op dit moment geen uitsluitsel geeft, onderzochten we in **Hoofdstuk 3** de rol van deze vier emoties anders dan angst als behandelmechanismen. Interessant genoeg vonden we dat schuld een belangrijke rol speelde, aangezien veranderingen in schuld voorafgingen aan veranderingen in PTSS-symptomen bij de volgende sessie. Bovendien voorspelden veranderingen in schaamte en walging veranderingen in PTSS-symptomen voorafgaand aan de volgende sessie en werden ze tevens opgevolgd door veranderingen in PTSS-symptomen bij de volgende sessie, terwijl tussen de verschillende meetmomenten veranderingen in PTSS-symptomen voorafgingen aan veranderingen in schaamte en schuld. Daarnaast waren veranderingen in boosheid wederzijds gerelateerd aan veranderingen in PTSS-symptomen tussen de metingen, hoewel deze bevindingen niet volledig robuust waren over alle uitkomsten. We concludeerden dat emoties anders dan angst verschillend gerelateerd zijn aan veranderingen in PTSS-symptomen en dat voornamelijk schuld een drijvende factor kan zijn in de verandering in PTSS-symptomen tijdens de behandeling. Omdat we echter verschillen vonden op de korte en lange termijn, kan hun rol veranderen nadat de behandeling is afgerond. Om deze reden concludeerden we dat uitgebreider onderzoek nodig is om de reden naar hun verschillende en unieke rollen te onderzoeken, en dat het belangrijk is om de aandacht tijdens de behandeling op deze emoties te richten, omdat ze een rol lijken te spelen bij symptoomverbetering.

Eye movement desensitization and reprocessing (EMDR) en *imagery rescripting* (ImRs), de twee behandelingen die wij onderzochten voor PTSS, zouden verschillende werkingsmechanismen hebben. Voor zover wij weten zijn er geen directe vergelijkingen van de verschillende werkingsmechanismen van deze behandelingen gedaan en veel studies die zich richten op hun mechanismen onderzoeken alleen enkele tot meerdere individuele sessies van EMDR of ImRs. Derhalve onderzochten we deze mechanismen in **Hoofdstuk 4**. Volgens het WM-model van EMDR wordt de verandering in PTSS-symptomen gedreven door veranderingen in de levendigheid van de traumatische herinnering, terwijl volgens theorieën van ImRs verandering gedreven wordt door veranderingen in de betekenis van deze herinneringen, die we operationaliseerden als de geloofwaardigheid van kernovertuigingen. We onderzochten ook of veranderingen in spanning een mechanisme was voor deze behandelingen. Verrassend genoeg vonden we voor EMDR aanvankelijk sterkere veranderingen in de beoordelingen van de levendigheid, spanning en kernovertuigingen, hoewel alleen voor de beoordelingen van spanning deze resultaten gehandhaafd bleven tot de laatste follow-up meting. We concludeerden ook dat ImRs werkt door veranderingen in de beoordelingen van spanning en kernovertuigingen, wat de hypotheses voor ImRs, en niet voor EMDR, gedeeltelijk bevestigde. Daarnaast concludeerden we in **Hoofdstuk 3** dat sommige associaties tussen veranderingen in PTSS-symptomen en daaropvolgende veranderingen in niet-angstige emoties sterker waren voor ImRs vergeleken met EMDR. Zodoende is een mogelijkheid dat ImRs leidt tot veranderingen in spanning en kernovertuigingen, welke vervolgens veranderingen in PTSS-symptomen veroorzaken, die op hun beurt de sterkte van niet-angstige emoties verminderen. De relatie tussen deze mechanismen moet worden onderzocht in toekomstige studies, en deze behandelmechanismen moeten ook tijdens behandelsessies worden onderzocht, aangezien wij deze alleen hebben gemeten op de meetmomenten. Echter, aangezien de bevindingen de hypothese voor EMDR niet bevestigden, moeten de werkingsmechanismen van EMDR tevens verder worden onderzocht.

Omdat BPS sterke associaties heeft met CT (en PTSS), maar ook met dissociatie, richtten we ons in **Hoofdstuk 5** op het onderzoeken van deze factoren als voorspellers van behandeleffectiviteit. We wilden specifiek onderzoeken of blootstelling aan CT, en dissociatie bij het begin van de behandeling gerelateerd waren aan een hogere behandeleffectiviteit van gecombineerde individuele en groepsschematherapie (IGST) in vergelijking met groepsschematherapie (PGST) en *treatment-as-usual* (TAU) voor de behandeling van BPS. ST wordt vaak in gecombineerde vorm aangeboden, maar minder individuele sessies laten minder ruimte over voor traumaverwerking en het omgaan met dissociatie tijdens de behandelsessies. De bevindingen kwamen deels overeen met onze hypothesen. We concludeerden dat CT, de CT-subtypes en dissociatie de verandering in de ernst van BPS niet modereerden, hoewel dissociatie in het algemeen negatief

gerelateerd was aan de verandering in BPS-symptomen. Daarnaast concludeerden we ook dat wanneer patiënten werden blootgesteld aan meer CT en meer ernstige dissociatie ervaarden bij aanvang van de behandeling, IGST geassocieerd was met een hogere behandelretentie in vergelijking met PGST en in mindere mate met TAU. We waren niet in staat om tegelijkertijd het modererende effect van de verschillende CT typen op behandelretentie te testen, maar op basis van de individuele analyses van deze typen konden we over het algemeen concluderen dat deze in lijn waren met de hoofdbevindingen. Omdat de TAU-groep echter zeer heterogeen was en uit verschillende behandelingen bestond, was het moeilijker om de verschillen en overeenkomsten tussen IGST en TAU te ontwarren. Deze bevindingen zijn belangrijk omdat ze aangeven dat IGST mogelijk de optimale behandeling is voor deze specifieke populatie, wat ons nuttige kennis verschaft bij het selecteren van de meest geschikte behandeling op basis van bepaalde patiëntkenmerken.

Terwijl ST één van de gespecialiseerde behandelingen is voor BPS, zijn er nog drie andere gespecialiseerde behandelingen ontwikkeld. Daarnaast worden veel andere behandelingen aangeboden om BPS te behandelen. Onze kennis over hun relatieve effectiviteit is echter beperkt omdat er niet veel RCT's zijn uitgevoerd en er veel verschillende studie designs worden gebruikt, zoals pilotstudies of open trials. Bovendien zou het door de overvloed aan behandelingen en behandelstudies onmogelijk zijn om ze in een traditionele meta-analyse te vergelijken, omdat dit gepaard zou gaan met te veel vergelijkingen. Om deze reden voerden we in **Hoofdstuk 6** een multilevel meta-analyse uit waarin we de effectgroottes binnen de behandelingen (*within-treatment)* onderzochten van een groot aantal gespecialiseerde en niet-gespecialiseerde behandelingen voor BPS, inclusief alle design typen. We concludeerden dat alle behandelingen geassocieerd waren met gemiddelde tot grote veranderingen in BPS-pathologie. Daarnaast waren, op basis van het gemiddelde, verschillende gespecialiseerde behandelingen, ST, gereduceerde dialectische gedragstherapie, mindfulness-based therapie, en in mindere mate cognitieve gedragstherapie, het meest effectief, terwijl TAU en *community treatment* door experts het minst effectief waren. We observeerden de sterkste verbeteringen voor de algemene ernst van BPS en affectieve instabiliteit, en de zwakste veranderingen voor impulsiviteit, suïcidaliteit/zelfverwonding, woede en dissociatie. Daarnaast concludeerden we dat studiekwaliteit niet gerelateerd was aan de behandeluitkomsten. Daarentegen vonden we dat een hogere leeftijd en het gebruik van de *last-observation-carried-forward* methode om met missende data om te gaan gerelateerd waren aan slechtere uitkomsten, terwijl studies die dichotome uitkomsten gebruikten gerelateerd waren aan hogere effect groottes. De uitkomsten van deze grote meta-analyse verschaffen ons een breed en bruikbaar overzicht van de effectiviteit van een breed scala aan behandelingen voor BPS en geven aan welke voorspellers gerelateerd kunnen zijn aan effectgroottes. Deze

bevindingen zijn tevens relevant voor de ontwikkeling van toekomstige onderzoeken, omdat ze verscheidene bruikbare richtlijnen verschaffen.

In vijf hoofdstukken werden in dit proefschrift de concepten van CT, PTSS en BPS met elkaar in verband gebracht en de effectiviteit van behandeling onderzocht. De reden waarom EA een sterke en brede impact kan hebben is vanwege de getheoretiseerde verbanden met de ontwikkeling van schema's, hechting, negatieve zelfbeelden en emotieregulatieproblematiek. Daarom is EA mogelijk niet alleen relevant voor de ontwikkeling van PTSS, maar kan het ook fungeren als een meer algemene risicofactor voor het ontwikkelen van psychopathologie en de behandeling van BPS. Hoewel we de mechanismen van EA en de verbanden tussen CT, dissociatie en behandelresultaten voor zowel PTSS als BPS verder moeten onderzoeken, bieden de studies die we hebben uitgevoerd ons zeer waardevolle kennis voor de klinische praktijk en onderzoek. Onze bevindingen kunnen van invloed zijn op toekomstige studies die zich richten op deze concepten en zullen ook belangrijk blijken bij de ontwikkeling van toekomstige trials en gepersonaliseerde gezondheidszorg.

REFERENCES

1. Abdel-Khalek, A. M. (2006). Measuring happiness with a single-item scale. *Social Behavior and Personality: An International Journal*, *34*(2), 139–150. https://doi.org/10.2224/sbp.2006.34.2.139

2. Afifi, T. O., Mather, A., Boman, J., Fleisher, W., Enns, M. W., MacMillan, H., & Sareen, J. (2011). Childhood adversity and personality disorders: Results from a nationally representative population-based study. *Journal of Psychiatric Research*, *45*(6), 814–822. https://doi.org/10.1016/j.jpsychires.2010.11.008

3. Agorastos, A., Pittman, J. O. E., Angkaw, A. C., Nievergelt, C. M., Hansen, C. J., Aversa, L. H., Parisi, S. A., Barkauskas, D. A., & Baker, D. G. (2014). The cumulative effect of different childhood trauma types on self-reported symptoms of adult male depression and PTSD, substance abuse and health-related quality of life in a large active-duty military cohort. *Journal of Psychiatric Research*, *58*, 46–54. https://doi.org/10.1016/J.JPSYCHIRES.2014.07.014

4. Agresti, A., & Coull, B. A. (1998). Approximate is better than "Exact" for interval estimation of binomial proportions. *American Statistician*, *52*(2), 119–126. https://doi.org/10.1080/00031305.1998.10480550

5. Allard, C. B., Norman, S. B., Thorp, S. R., Browne, K. C., & Stein, M. B. (2018). Mid-Treatment reduction in trauma-related guilt predicts ptsd and functioning following cognitive trauma therapy for survivors of intimate partner violence. *Journal of Interpersonal Violence*, *33*(23), 3610–3629. https://doi.org/10.1177/0886260516636068

6. Álvarez, M.-J., Masramon, H., Peña, C., Pont, M., Gourdier, C., Roura-Poch, P., & Arrufat, F. (2015). Cumulative effects of childhood traumas: polytraumatization, dissociation, and schizophrenia. *Community Mental Health Journal*, *51*(1), 54–62. https://doi.org/10.1007/s10597-014-9755-2

7. American Psychiatric Association. (1980). *Diagnostic and Statistical Manual of Mental Disorders (3rd ed.)*.

8. American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.)*.

9. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders*. https://doi.org/10.1176/appi.books.9780890425596

10. Arntz, A. (2023, September 4). *The influence of treatment format on schema therapy for borderline personality disorder (IST-IGST)*. Identifier NCT05986552. https://clinicaltrials.gov/study/NCT05986552

11. Arntz, A., Jacob, G. A., Lee, C. W., Brand-de Wilde, O. M., Fassbinder, E., Harper, R. P., Lavender, A., Lockwood, G., Malogiannis, I. A., Ruths, F. A., Schweiger, U., Shaw, I. A., Zarbock, G., & Farrell, J. M. (2022). Effectiveness of predominantly group schema therapy and combined individual and group schema therapy for borderline personality disorder. *JAMA Psychiatry*, *79*(4), 287-299. https://doi.org/10.1001/jamapsychiatry.2022.0010

12. Arntz, A., Mensink, K., Cox, W. R., Verhoef, R. E. J., van Emmerik, A. A. P., Rameckers, S. A., Badenbach, T., & Grasman, R. P. P. P. (2023). Dropout from psychological treatment for borderline personality disorder: a multilevel survival meta-analysis. *Psychological Medicine*, *53*(3), 668–686. https://doi.org/10.1017/S0033291722003634

13. Arntz, A., Sofi, D., & van Breukelen, G. (2013). Imagery Rescripting as treatment for complicated PTSD in refugees: A multiple baseline case series study. *Behaviour Research and Therapy*, *51*(6), 274–283. https://doi.org/10.1016/j.brat.2013.02.009

14. Arntz, A., Stupar-Rutenfrans, S., Bloo, J., van Dyck, R., & Spinhoven, P. (2015). Prediction of treatment discontinuation and recovery from Borderline Personality Disorder: Results from an RCT comparing Schema Therapy and Transference Focused Psychotherapy. *Behaviour Research and Therapy*, *74*, 60–71. https://doi.org/10.1016/j.brat.2015.09.002

15. Arntz, A., Tiesema, M., & Kindt, M. (2007). Treatment of PTSD: A comparison of imaginal exposure with and without imagery rescripting. *Journal of Behavior Therapy and Experimental Psychiatry*, *38*(4), 345–370. https://doi.org/10.1016/j.jbtep.2007.10.006

16. Arntz, A., van den Hoorn, M., Cornelis, J., Verheul, R., van den Bosch, W. M. C., & de Bie, A. J. H. T. (2003). Reliability and validity of the Borderline Personality Disorder Severity Index. *Journal of Personality Disorders*, *17*(1), 45–59. https://doi.org/10.1521/pedi.17.1.45.24053

17. Arntz, A., & van Genderen, A. (2020). *Schema Therapy for Borderline Personality Disorder* (2nd ed.). Wiley Blackwell.

18. Arntz, A., & Weertman, A. (1999). Treatment of childhood memories: Theory and practice. *Behaviour Research and Therapy*, *37*(8), 715–740. https://doi.org/10.1016/S0005-7967(98)00173-9

19. Asay, T. P., Lambert, M. J., Gregersen, A. T., & Goates, M. K. (2002). Using patient-focused research in evaluating treatment outcome in private practice. *Journal of Clinical Psychology*, *58*(10), 1213-1225. https://doi.org/10.1002/jclp.10107

20. van Asselt, A. D. I., Dirksen, C. D., Arntz, A., & Severens, J. L. (2007). The cost of borderline personality disorder: Societal cost of illness in BPD-patients. *European Psychiatry*, *22*(6), 354-361. https://doi.org/10.1016/j.eurpsy.2007.04.001

21. Assmann, N., Fassbinder, E., Schaich, A., Lee, C. W., Boterhoven de Haan, K., Rijkeboer, M., & Arntz, A. (2021). Differential effects of comorbid psychiatric disorders on treatment outcome in posttraumatic stress disorder from childhood trauma. *Journal of Clinical Medicine*, *10*(16), 3708. https://doi.org/10.3390/jcm10163708

22. Babyak, M. A. (2004). What you see may not be what you get: A brief, nontechnical introduction to overfitting in regression-type models. *Psychosomatic Medicine*, *66*(3), 411–421. https://doi.org/10.1097/00006842-200405000-00021

23. Bach, B., & First, M. B. (2018). Application of the ICD-11 classification of personality disorders. *BMC Psychiatry*, *18*(1), 351. https://doi.org/10.1186/s12888-018-1908-3

24. Badour, C. L., & Feldner, M. T. (2016). Disgust and imaginal exposure to memories of sexual trauma: Implications for the treatment of posttraumatic stress. *Psychological Trauma: Theory, Research, Practice, and Policy*, *8*(3), 267-275. https://doi.org/10.1037/tra0000079

25. Badour, C. L., & Feldner, M. T. (2018). The role of disgust in posttraumatic stress. *Journal of Experimental Psychopathology*, *9*(3). https://doi.org/10.5127/pr.032813

26. Badour, C. L., Feldner, M. T., Babson, K. A., Blumenthal, H., & Dutton, C. E. (2013). Disgust, mental contamination, and posttraumatic stress: Unique relations following sexual versus non-sexual assault. *Journal of Anxiety Disorders*, *27*(1), 155–162. https://doi.org/10.1016/J.JANXDIS.2012.11.002

27. Badour, C. L., Feldner, M. T., Blumenthal, H., & Knapp, A. (2013). Preliminary evidence for a unique role of disgust-based conditioning in posttraumatic stress. *Journal of Traumatic Stress*, *26*(2), 280-287. https://doi.org/10.1002/jts.21796

28. Badour, C. L., Resnick, H. S., & Kilpatrick, D. G. (2017). Associations between specific negative emotions and *DSM-5* PTSD among a national sample of interpersonal trauma survivors. *Journal of Interpersonal Violence*, *32*(11), 1620-1641. https://doi.org/10.1177/0886260515589930

29. Bae, H., Kim, D., & Park, Y. C. (2016). Dissociation predicts treatment response in eye-movement desensitization and reprocessing for posttraumatic stress disorder. *Journal of Trauma & Dissociation*, *17*(1), 112–130. https://doi.org/10.1080/15299732.2015.1037039

30. Ball, J. S., & Links, P. S. (2009). Borderline personality disorder and childhood trauma: Evidence for a causal relationship. *Current Psychiatry Reports*, *11*(1), 63–68. https://doi.org/10.1007/s11920-009-0010-4

31. Barnicot, K., & Crawford, M. (2019). Dialectical behaviour therapy *v.* mentalisation-based therapy for borderline personality disorder. *Psychological Medicine*, *49*(12), 2060-2068. https://doi.org/10.1017/S0033291718002878

32. Barnicot, K., Katsakou, C., Bhatti, N., Savill, M., Fearns, N., & Priebe, S. (2012). Factors predicting the outcome of psychotherapy for borderline personality disorder: A systematic review. *Clinical Psychology Review*, *32*(5), 400-412. https://doi.org/10.1016/j.cpr.2012.04.004

33. Bartoń, K. (2019). *MuMIn: Multi-Model Inference. R package version 1.43.6.* . https://CRAN.R-project.org/package=MuMIn.

34. la Bash, H., & Papa, A. (2014). Shame and PTSD symptoms. *Psychological Trauma: Theory, Research, Practice, and Policy*, *6*(2), 159-166. https://doi.org/10.1037/a0032637

35. Battle, C. L., Shea, M. T., Johnson, D. M., Yen, S., Zlotnick, C., Zanarini, M. C., Sanislow, C. A., Skodol, A. E., Gunderson, J. G., Grilo, C. M., McGlashan, T. H., & Morey, L. C. (2004). Childhood maltreatment associated with adult personality disorders: Findings from the collaborative longitudinal personality disorders study. *Journal of Personality Disorders*, *18*(2), 193–211. https://doi.org/10.1521/pedi.18.2.193.32777

36. Beblo, T., Fernando, S., Klocke, S., Griepenstroh, J., Aschenbrenner, S., & Driessen, M. (2012). Increased suppression of negative and positive emotions in major depression. *Journal of Affective Disorders*, *141*(2-3), 474–479. https://doi.org/10.1016/j.jad.2012.03.019

37. Beck, J. G., Grant, D. M. M., Read, J. P., Clapp, J. D., Coffey, S. F., Miller, L. M., & Palyo, S. A. (2008). The Impact of Event Scale-Revised: Psychometric properties in a sample of motor vehicle accident survivors. *Journal of Anxiety Disorders*, *22*(2), 187–198. https://doi.org/10.1016/J.JANXDIS.2007.02.007

38. Beck, J. G., McNiff, J., Clapp, J. D., Olsen, S. A., Avery, M. L., & Hagewood, J. H. (2011). Exploring negative emotion in women experiencing intimate partner violence: Shame, guilt, and PTSD. *Behavior Therapy*, *42*(4), 740–750. https://doi.org/10.1016/J.BETH.2011.04.001

39. Beck, J. G., Reich, C. M., Woodward, M. J., Olsen, S. A., Jones, J. M., & Patton, S. C. (2015). How do negative emotions relate to dysfunctional posttrauma cognitions? An examination of interpersonal trauma survivors. *Psychological Trauma: Theory, Research, Practice, and Policy*, *7*(1), 3–10. https://doi.org/10.1037/a0032716

40. Beck, J. G., Tran, H. N., Dodson, T. S., Henschel, A. V., Woodward, M. J., & Eddinger, J. (2016). Cognitive trauma therapy for battered women: Replication and extension. *Psychology of Violence*, *6*(3), 368–377. https://doi.org/10.1037/vio0000024

41. Bedard-Gilligan, M., Duax Jakob, J. M., Doane, L. S., Jaeger, J., Eftekhari, A., Feeny, N., & Zoellner, L. A. (2015). An investigation of depression, trauma history, and symptom severity in individuals enrolled in a treatment trial for chronic PTSD. *Journal of Clinical Psychology*, *71*(7), 725–740. https://doi.org/10.1002/jclp.22163

42. van den Berg, D. P. G., de Bont, P. A. J. M., van der Vleugel, B. M., de Roos, C., de Jongh, A., van Minnen, A., & van der Gaag, M. (2015). Prolonged exposure vs eye movement desensitization and reprocessing vs waiting list for posttraumatic stress disorder in patients with a psychotic disorder. *JAMA Psychiatry*, *72*(3), 259-267. https://doi.org/10.1001/jamapsychiatry.2014.2637

43. van den Berg, L. J. M., Tollenaar, M. S., Spinhoven, P., Penninx, B. W. J. H., & Elzinga, B. M. (2017). A new perspective on PTSD symptoms after traumatic vs stressful life events and the role of gender. *European Journal of Psychotraumatology*, *8*(1), 1380470. https://doi.org/10.1080/20008198.2017.1380470

44. Bernstein, D. P., & Fink, L. (1998). *Childhood Trauma Questionnaire: a Retrospective Self-Report Manual*. The Psychological Corporation.

45. Bernstein, D. P., Stein, J. A., Newcomb, M. D., Walker, E., Pogge, D., Ahluvalia, T., Stokes, J., Handelsman, L., Medrano, M., Desmond, D., & Zule, W. (2003). Development and validation of a brief screening version of the Childhood Trauma Questionnaire. *Child Abuse & Neglect*, *27*(2), 169–190. https://doi.org/10.1016/S0145-2134(02)00541-0

46. Bernstein, E. M., & Putnam, F. W. (1986). development, reliability, and validity of a dissociation scale. *The Journal of Nervous and Mental Disease*, *174*(12), 727–735. https://doi.org/10.1097/00005053-198612000-00004

47. Bisson, J. I., Ehlers, A., Matthews, R., Pilling, S., Richards, D., & Turner, S. (2007). Psychological treatments for chronic post-traumatic stress disorder. *British Journal of Psychiatry*, *190*(2), 97-104. https://doi.org/10.1192/bjp.bp.106.021402

48. Bisson, J. I., Roberts, N. P., Andrew, M., Cooper, R., & Lewis, C. (2013). Psychological therapies for chronic post-traumatic stress disorder (PTSD) in adults. *Cochrane Database of Systematic Reviews,* (12), CD003388. https://doi.org/10.1002/14651858.CD003388.pub4

49. Black, D. W., Blum, N., Pfohl, B., & Hale, N. (2004). Suicidal behavior in borderline personality disorder: Prevalence, risk factors, prediction, and prevention. *Journal of Personality Disorders*, *18*(3), 226-239. https://doi.org/10.1521/pedi.18.3.226.35445

50. Blatná, K. (2006). Outliers in regression. *Trutnov*, *30*, 1–6.

51. Blevins, C. A., Weathers, F. W., Davis, M. T., Witte, T. K., & Domino, J. L. (2015). The posttraumatic stress disorder checklist for *dsm-5* (PCL-5): Development and initial psychometric evaluation. *Journal of Traumatic Stress*, *28*(6), 489-498. https://doi.org/10.1002/jts.22059

52. Bloo, J., Arntz, A., & Schouten, E. (2017). The Borderline Personality Disorder Checklist: Psychometric evaluation and factorial structure in clinical and nonclinical samples. *Roczniki Psychologiczne*, *20*(2), 311–336. https://doi.org/10.18290/rpsych.2017.20.2-3en

53. Bloom, J. M., Woodward, E. N., Susmaras, T., & Pantalone, D. W. (2012). Use of dialectical behavior therapy in inpatient treatment of borderline personality disorder: A systematic review. *Psychiatric Services*, *63*(9), 881-888. https://doi.org/10.1176/appi.ps.201100311

54. Boeschoten, M. A., van der Aa, N., Bakker, A., ter Heide, F. J. J., Hoofwijk, M. C., Jongedijk, R. A., van Minnen, A., Elzinga, B. M., & Olff, M. (2018). Development and evaluation of the Dutch Clinician-Administered PTSD Scale for DSM-5 (CAPS-5). *European Journal of Psychotraumatology*, *9*(1), 1546085. https://doi.org/10.1080/20008198.2018.1546085

55. Bohus, M., Dyer, A. S., Priebe, K., Krüger, A., Kleindienst, N., Schmahl, C., Niedtfeld, I., & Steil, R. (2013). Dialectical behaviour therapy for post-traumatic stress disorder after childhood sexual abuse in patients with and without borderline personality disorder: A randomised controlled trial. *Psychotherapy and Psychosomatics*, *82*(4), 221–233. https://doi.org/10.1159/000348451

56. Bornavalova, M. A., Gratz, K. L., Delany-Brumsey, A., Paulson, A., & Lejuez, C. W. (2006). Temperamental and environmental risk factors for borderline personality disorder among inner-city substance users in residential treatment. *Journal of Personality Disorders*, *20*(3), 218–231. https://doi.org/10.1521/pedi.2006.20.3.218

57. Bosch, M., & Arntz, A. (2021). Imagery Rescripting for patients with posttraumatic stress disorder: a qualitative study of patients' and therapists' perspectives about the elements of change. *Cognitive and Behavioral Practice*, *30*(1), 18-34. https://doi.org/10.1016/j.cbpra.2021.08.001

58. Boterhoven de Haan, K. L., Lee, C. W., Fassbinder, E., van Es, S. M., Menninga, S., Meewisse, M.-L., Rijkeboer, M., Kousemaker, M., & Arntz, A. (2020). Imagery rescripting and eye movement desensitisation and reprocessing as treatment for adults with post-traumatic stress disorder from childhood trauma: randomised clinical trial. *The British Journal of Psychiatry*, *217*(5), 609-615. https://doi.org/10.1192/bjp.2020.158

59. Boterhoven de Haan, K. L., Lee, C. W., Fassbinder, E., Voncken, M. J., Meewisse, M., van Es, S. M., Menninga, S., Kousemaker, M., & Arntz, A. (2017). Imagery rescripting and eye movement desensitisation and reprocessing for treatment of adults with childhood trauma-related post-traumatic stress disorder: IREM study design. *BMC Psychiatry*, *17*(1), 1-12. https://doi.org/10.1186/s12888-017-1330-2

60. Bovin, M. J., Marx, B. P., Weathers, F. W., Gallagher, M. W., Rodriguez, P., Schnurr, P. P., & Keane, T. M. (2016). Psychometric properties of the PTSD Checklist for Diagnostic and Statistical Manual of Mental Disorders–Fifth Edition (PCL-5) in veterans. *Psychological Assessment*, *28*(11), 1379-1391. https://doi.org/10.1037/pas0000254

61. Braakmann, D., Ludewig, S., Milde, J., Stiglmayr, C., Hüppe, M., Sipos, V., & Schweiger, U. (2007). Dissoziative symptome im verlauf der behandlung der borderline-persönlichkeitsstörung. *PPmP - Psychotherapie · Psychosomatik · Medizinische Psychologie*, *57*(3-4), 154–160. https://doi.org/10.1055/s-2006-951944

62. Breuer, F., Greggersen, W., Kahl, K. G., Schweiger, U., & Westermair, A. L. (2020). Caught in a web of trauma: Network analysis of childhood adversity and adult mental ill-health. *Child Abuse & Neglect*, *107*, 104534. https://doi.org/10.1016/j.chiabu.2020.104534

63. Brewin, C. R., Cloitre, M., Hyland, P., Shevlin, M., Maercker, A., Bryant, R. A., Humayun, A., Jones, L. M., Kagee, A., Rousseau, C., Somasundaram, D., Suzuki, Y., Wessely, S., van Ommeren, M., & Reed, G. M. (2017). A review of current evidence regarding the ICD-11 proposals for diagnosing PTSD and complex PTSD. *Clinical Psychology Review*, *58*, 1–15. https://doi.org/10.1016/j.cpr.2017.09.001

64. Brewin, C. R., Lanius, R. A., Novac, A., Schnyder, U., & Galea, S. (2009). Reformulating PTSD for *DSM-V* : Life after criterion A. *Journal of Traumatic Stress*, *22*(5), 366-373. https://doi.org/10.1002/jts.20443

65. Briere, J., Kaltman, S., & Green, B. L. (2008). Accumulated childhood trauma and symptom complexity. *Journal of Traumatic Stress*, *21*(2), 223-226. https://doi.org/10.1002/jts.20317

66. Brockman, R. N., & Calvert, F. L. (2017). Imagery rescripting for PTSD and personality disorders: Theory and application. *Journal of Contemporary Psychotherapy*, *47*(1), 23–30. https://doi.org/10.1007/s10879-016-9329-4

67. Brown, L. A., Belli, G. M., Asnaani, A., & Foa, E. B. (2019). A review of the role of negative cognitions about oneself, others, and the world in the treatment of PTSD. *Cognitive Therapy and Research*, *43*(1), 143–173. https://doi.org/10.1007/s10608-018-9938-1

68. Bungert, M., Liebke, L., Thome, J., Haeussler, K., Bohus, M., & Lis, S. (2015). Rejection sensitivity and symptom severity in patients with borderline personality disorder: effects of childhood maltreatment and self-esteem. *Borderline Personality Disorder and Emotion Dysregulation*, *2*(1), 4. https://doi.org/10.1186/s40479-015-0025-x

69. Burns, E. E., Jackson, J. L., & Harding, H. G. (2010). Child maltreatment, emotion regulation, and posttraumatic stress: The impact of emotional abuse. *Journal of Aggression, Maltreatment & Trauma*, *19*(8), 801–819. https://doi.org/10.1080/10926771.2010.522947

70. Campbell, A. M., & Thompson, S. L. (2015). The emotional maltreatment of children in domestically violent homes: Identifying gaps in education and addressing common misconceptions. *Child Abuse & Neglect*, *48*, 39–49. https://doi.org/10.1016/j.chiabu.2015.08.009

71. Capone, C., Tripp, J. C., Trim, R. S., Davis, B. C., Haller, M., & Norman, S. B. (2020). Comparing exposure- and coping skills–based treatments on trauma-related guilt in veterans with co-occurring alcohol use and posttraumatic stress disorders. *Journal of Traumatic Stress*, *33*(4), 603–609. https://doi.org/10.1002/jts.22538

72. Carletto, S., Malandrone, F., Berchialla, P., Oliva, F., Colombi, N., Hase, M., Hofmann, A., & Ostacoli, L. (2021). Eye movement desensitization and reprocessing for depression: a systematic review and meta-analysis. *European Journal of Psychotraumatology*, *12*(1), 1894736. https://doi.org/10.1080/20008198.2021.1894736

73. Carmona I Farrés, C., Pascual, J. C., Elices, M., Navarro, H., Martin Blanco, A., & Soler, J. (2018). Factors predicting early dropout from dialectical behaviour therapy in individuals with borderline personality disorder. *Actas Espanolas de Psiquiatria*, *46*(6), 226–233.

74. Carr, C. P., Martins, C. M. S., Stingel, A. M., Lemgruber, V. B., & Juruena, M. F. (2013). The role of early life stress in adult psychiatric disorders. *Journal of Nervous & Mental Disease*, *201*(12), 1007–1020. https://doi.org/10.1097/NMD.0000000000000049

75. Carvalho Fernando, S., Beblo, T., Schlosser, N., Terfehr, K., Otte, C., Löwe, B., Wolf, O. T., Spitzer, C., Driessen, M., & Wingenfeld, K. (2014). The impact of self-reported childhood trauma on emotion regulation in borderline personality disorder and major depression. *Journal of Trauma & Dissociation*, *15*(4), 384–401. https://doi.org/10.1080/15299732.2013.863262

76. Cavalcanti, J. G., Moura, G. B. de, & Pimentel, C. E. (2019). Psychometric parameters of the subscale of hostility from the Symptom Checklist 90 (SCL-90). *Psico-USF*, *24*(2), 373-381. https://doi.org/10.1590/1413-82712019240213

77. Cecil, C. A. M., Viding, E., Fearon, P., Glaser, D., & McCrory, E. J. (2017). Disentangling the mental health impact of childhood abuse and neglect. *Child Abuse & Neglect*, *63*, 106–119. https://doi.org/10.1016/j.chiabu.2016.11.024

78. Chamberland, C., Laporte, L., Lavergne, C., Tourigny, M., Mayer, M., Wright, J., Hélie, S., & Malo, C. (2005). Psychological maltreatment of children reported to youth protection services. *Journal of Emotional Abuse*, *5*(1), 65–94. https://doi.org/10.1300/J135v05n01_03

79. Cheung, M. W. L. (2014). Modeling dependent effect sizes with three-level meta-analyses: A structural equation modeling approach. *Psychological Methods*, *19*(2), 211–229. https://doi.org/10.1037/a0032968

80. Cicchetti, D. (2016). Socioemotional, personality, and biological development: Illustrations from a multilevel developmental psychopathology perspective on child maltreatment. *Annual Review of Psychology*, *67*(1), 187–211. https://doi.org/10.1146/annurev-psych-122414-033259

81. Çili, S., Pettit, S., & Stopa, L. (2017). Impact of imagery rescripting on adverse self-defining memories and post-recall working selves in a non-clinical sample: A pilot study. *Cognitive Behaviour Therapy*, *46*(1), 75-89. https://doi.org/10.1080/16506073.2016.1212396

82. Clarkin, J. F., Levy, K. N., Lenzenweger, M. F., & Kernberg, O. F. (2007). Evaluating three treatments for borderline personality disorder: A multiwave study. *American Journal of Psychiatry*, *164*(6), 922-928. https://doi.org/10.1176/ajp.2007.164.6.922

83. Classen, C., Field, Nigel. P., Koopman, C., Nevill-Manning, K., & Spiegel, D. (2001). Interpersonal problems and their relationship to sexual revictimization among women sexually abused in childhood. *Journal of Interpersonal Violence*, *16*(6), 495–509. https://doi.org/10.1177/088626001016006001

84. Cleary, M., Siegfried, N., & Walter, G. (2002). Experience, knowledge and attitudes of mental health staff regarding clients with a borderline personality disorder. *International Journal of Mental Health Nursing*, *11*(3), 186-191. https://doi.org/10.1046/j.1440-0979.2002.00246.x

85. Clifton, E. G., Feeny, N. C., & Zoellner, L. A. (2017). Anger and guilt in treatment for chronic posttraumatic stress disorder. *Journal of Behavior Therapy and Experimental Psychiatry*, *54*, 9–16. https://doi.org/10.1016/j.jbtep.2016.05.003

86. Cloitre, M. (2020). ICD-11 complex post-traumatic stress disorder: Simplifying diagnosis in trauma populations. *The British Journal of Psychiatry*, *216*(3), 129–131. https://doi.org/10.1192/bjp.2020.43

87. Cloitre, M., Petkova, E., Su, Z., & Weiss, B. J. (2016). Patient characteristics as a moderator of posttraumatic stress disorder treatment outcome: Combining symptom burden and strengths. *BJPsych Open*, *2*(2), 101–106. https://doi.org/10.1192/bjpo.bp.115.000745

88. Cloitre, M., Stolbach, B. C., Herman, J. L., Kolk, B. van der, Pynoos, R., Wang, J., & Petkova, E. (2009). A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of symptom complexity. *Journal of Traumatic Stress*, *22*(5), 399–408. https://doi.org/10.1002/jts.20444

89. Coid, J., Yang, M., Tyrer, P., Roberts, A., & Ullrich, S. (2006). Prevalence and correlates of personality disorder in Great Britain. *British Journal of Psychiatry*, *188*(5), 423-431. https://doi.org/10.1192/bjp.188.5.423

90. Cooper, A. A., Zoellner, L. A., Roy-Byrne, P., Mavissakalian, M. R., & Feeny, N. C. (2017). Do changes in trauma-related beliefs predict PTSD symptom improvement in prolonged exposure and sertraline? *Journal of Consulting and Clinical Psychology*, *85*(9), 873-882. https://doi.org/10.1037/ccp0000220

91. Costa, P. T., & McCrae, R. R. (1986). Personality stability and its implications for clinical psychology. *Clinical Psychology Review*, *6*(5), 407-423. https://doi.org/10.1016/0272-7358(86)90029-2

92. Cougle, J. R., Timpano, K. R., Sachs-Ericsson, N., Keough, M. E., & Riccardi, C. J. (2010). Examining the unique relationships between anxiety disorders and childhood physical and sexual abuse in the National Comorbidity Survey-Replication. *Psychiatry Research*, *177*(1–2), 150–155. https://doi.org/10.1016/j.psychres.2009.03.008

93. Coyle, E., Karatzias, T., Summers, A., & Power, M. (2014). Emotions and emotion regulation in survivors of childhood sexual abuse: The importance of "disgust" in traumatic stress and psychopathology. *European Journal of Psychotraumatology*, *5*(1), 23306. https://doi.org/10.3402/ejpt.v5.23306

94. Cristea, I. A., Gentili, C., Cotet, C. D., Palomba, D., Barbui, C., & Cuijpers, P. (2017). Efficacy of psychotherapies for Borderline Personality Disorder. *JAMA Psychiatry*, *74*(4), 319-328. https://doi.org/10.1001/jamapsychiatry.2016.4287

95. Cuijpers, P., van Straten, A., Bohlmeijer, E., Hollon, S. D., & Andersson, G. (2010). The effects of psychotherapy for adult depression are overestimated: A meta-analysis of study quality and effect size. *Psychological Medicine*, *40*(2), 211-223. https://doi.org/10.1017/S0033291709006114

96. Deaton, A., & Cartwright, N. (2018). Understanding and misunderstanding randomized controlled trials. *Social Science & Medicine*, *210*, 2–21. https://doi.org/10.1016/j.socscimed.2017.12.005

97. Derogatis, L. R., Rickels, K., & Rock, A. F. (1976). The SCL-90 and the MMPI: A step in the validation of a new self-report scale. *British Journal of Psychiatry*, *128*(3), 280-289. https://doi.org/10.1192/bjp.128.3.280

98. Derogatis, L. R., & Unger, R. (2010). Symptom Checklist-90-Revised. *The Corsini Encyclopedia of Psychology*. https://doi.org/10.1002/9780470479216.corpsy0970

99. Dibbets, P., & Arntz, A. (2016). Imagery rescripting: Is incorporation of the most aversive scenes necessary? *Memory*, *24*(5), 283-695. https://doi.org/10.1080/09658211.2015.1043307

100. Dorahy, M. J., Corry, M., Shannon, M., MacSherry, A., Hamilton, G., McRobert, G., Elder, R., & Hanna, D. (2009). Complex PTSD, interpersonal trauma and relational consequences: Findings from a treatment-receiving Northern Irish sample. *Journal of Affective Disorders*, *112*(1–3), 71–80. https://doi.org/10.1016/j.jad.2008.04.003

101. Dorrepaal, E., Thomaes, K., Smit, J. H., van Balkom, A. J. L. M., van Dyck, R., Veltman, D. J., & Draijer, N. (2010). Stabilizing group treatment for Complex Posttraumatic Stress Disorder related to childhood abuse based on psycho-education and cognitive behavioral therapy: A pilot study. *Child Abuse & Neglect*, *34*(4), 284–288. https://doi.org/10.1016/j.chiabu.2009.07.003

102. Doyle, C. (2001). Surviving and coping with emotional abuse in childhood. *Clinical Child Psychology and Psychiatry*, *6*(3), 387–402. https://doi.org/10.1177/1359104501006003008

103. Ehlers, A., & Clark, D. M. (2000). A cognitive model of posttraumatic stress disorder. *Behaviour Research and Therapy*, *38*(4), 319–345. https://doi.org/10.1016/S0005-7967(99)00123-0

104. Ehring, T., & Quack, D. (2010). Emotion regulation difficulties in trauma survivors: The role of trauma type and ptsd symptom severity. *Behavior Therapy*, *41*(4), 587–598. https://doi.org/10.1016/J.BETH.2010.04.004

105. Ehring, T., Welboren, R., Morina, N., Wicherts, J. M., Freitag, J., & Emmelkamp, P. M. G. (2014). Meta-analysis of psychological treatments for posttraumatic stress disorder in adult survivors of childhood abuse. *Clinical Psychology Review*, *34*(8), 645–657. https://doi.org/10.1016/j.cpr.2014.10.004

106. Ellison, W. D., Rosenstein, L. K., Morgan, T. A., & Zimmerman, M. (2018). Community and clinical epidemiology of borderline personality disorder. *Psychiatric Clinics of North America*, *41*(4), 561–573. https://doi.org/10.1016/j.psc.2018.07.008

107. van Emmerik, A. A. P., & Kamphuis, J. H. (2011). Testing a *DSM-5* reformulation of posttraumatic stress disorder: Impact on prevalence and comorbidity among treatment-seeking civilian trauma survivors. *Journal of Traumatic Stress*, *24*(2). https://doi.org/10.1002/jts.20630

108. van den End, A., Dekker, J., Beekman, A. T. F., Aarts, I., Snoek, A., Blankers, M., Vriend, C., van den Heuvel, O. A., & Thomaes, K. (2021). Clinical efficacy and cost-effectiveness of imagery rescripting only compared to imagery rescripting and schema therapy in adult patients with PTSD and comorbid cluster C personality disorder: study design of a randomized controlled trial. *Frontiers in Psychiatry*, *12,* 633614. https://doi.org/10.3389/fpsyt.2021.633614

109. Engelhard, I. M., van den Hout, M. A., & Smeets, M. A. M. (2011). Taxing working memory reduces vividness and emotional intensity of images about the Queen's Day tragedy. *Journal of Behavior Therapy and Experimental Psychiatry*, *42*(1), 32–37. https://doi.org/10.1016/J.JBTEP.2010.09.004

110. Engelhard, I. M., Olatunji, B. O., & de Jong, P. J. (2011). Disgust and the development of posttraumatic stress among soldiers deployed to Afghanistan. *Journal of Anxiety Disorders*, *25*(1), 58–63. https://doi.org/10.1016/J.JANXDIS.2010.08.003

111. Engelhard, I. M., van Uijen, SophieL., & van den Hout, MarcelA. (2010). The impact of taxing working memory on negative and positive memories. *European Journal of Psychotraumatology*, *1*(1), 5623. https://doi.org/10.3402/ejpt.v1i0.5623

112. English, D., Thompson, R., White, C. R., & Wilson, D. (2015). Why should child welfare pay more attention to emotional maltreatment? *Children and Youth Services Review*, *50*, 53–63. https://doi.org/10.1016/j.childyouth.2015.01.010

113. Euler, S., Stalujanis, E., Lindenmeyer, H. J., Nicastro, R., Kramer, U., Perroud, N., & Weibel, S. (2021). Impact of childhood maltreatment in borderline personality disorder on treatment response to intensive dialectical behavior therapy. *Journal of Personality Disorders*, *35*(3), 428–446. https://doi.org/10.1521/pedi_2019_33_461

114. Evren, C., Umut, G., Bozkurt, M., Evren, B., & Agachanli, R. (2016). Mediating role of childhood emotional abuse on the relationship between severity of ADHD and PTSD symptoms in a sample of male inpatients with alcohol use disorder. *Psychiatry Research*, *239*, 320–324. https://doi.org/10.1016/j.psychres.2016.03.049

115. Farrell, J. M., Reiss, N., & Shaw, I. A. (2014). *The Schema Therapy Clinician's Guide*. John Wiley & Sons, Ltd. https://doi.org/10.1002/9781118510018

116. Farrell, J. M., & Shaw, I. A. (Eds.). (2012). *Group Schema Therapy for Borderline Personality Disorder*. John Wiley & Sons, Ltd. https://doi.org/10.1002/9781119943167

117. Farrell, J. M., Shaw, I. A., & Webber, M. A. (2009). A schema-focused approach to group psychotherapy for outpatients with borderline personality disorder: A randomized controlled trial. *Journal of Behavior Therapy and Experimental Psychiatry*, *40*(2), 317-328. https://doi.org/10.1016/j.jbtep.2009.01.002

118. Fernández-Castilla, B., Declercq, L., Jamshidi, L., Beretvas, S. N., Onghena, P., & van den Noortgate, W. (2021). Detecting selection bias in meta-analyses with multiple outcomes: A simulation study. *The Journal of Experimental Education*, *89*(1), 125-144. https://doi.org/10.1080/00220973.2019.1582470

119. First, M. B., Gibbon, M., Spitzer, R. L., Williams, J. B. W., & Benjamin, L. S. (1997). *Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II)*. American Psychiatric Press, Inc.

120. First, M. B., Williams, J. B., Karg, R. S., & Spitzer, R. L. (2016). *Structured clinical interview for DSM-5 disorders, clinician version (SCID-5-CV)*. American Psychiatric Association.

121. Fleiss, J. L. (1971). Measuring nominal scale agreement among many raters. *Psychological Bulletin*, *76*(5), 378-382. https://doi.org/10.1037/h0031619

122. Frans, O., Rimmo, P.-A., Aberg, L., & Fredrikson, M. (2005). Trauma exposure and post-traumatic stress disorder in the general population. *Acta Psychiatrica Scandinavica*, *111*(4), 291–290. https://doi.org/10.1111/j.1600-0447.2004.00463.x

123. Frías, Á., & Palma, C. (2015). Comorbidity between post-traumatic stress disorder and borderline personality disorder: A review. *Psychopathology*, *48*(1), 1–10. https://doi.org/10.1159/000363145

124. Friborg, O., Martinussen, M., Kaiser, S., Øvergård, K. T., & Rosenvinge, J. H. (2013). Comorbidity of personality disorders in anxiety disorders: A meta-analysis of 30 years of research. *Journal of Affective Disorders*, *145*(2), 143–155. https://doi.org/10.1016/j.jad.2012.07.004

125. Friedman, M. J., Keane, T. M., & Resick, P. A. (2007). *Handbook of PTSD: Science and Practice*. Guilford Press.

126. Friedman, M. J., Resick, P. A., Bryant, R. A., & Brewin, C. R. (2011). Considering PTSD for DSM-5. *Depression and Anxiety*, *28*(9), 750–769. https://doi.org/10.1002/da.20767

127. Galovski, T. E., Blain, L. M., Chappuis, C., & Fletcher, T. (2013). Sex differences in recovery from PTSD in male and female interpersonal assault survivors. *Behaviour Research and Therapy*, *51*(6), 247–255. https://doi.org/10.1016/j.brat.2013.02.002

128. Galovski, T. E., Elwood, L. S., Blain, L. M., & Resick, P. A. (2014). Changes in anger in relationship to responsivity to PTSD treatment. *Psychological Trauma: Theory, Research, Practice, and Policy*, *6*(1), 56-64. https://doi.org/10.1037/a0031364

129. van Genderen, H., & Arntz, A. (2021). *Schematherapie bij borderline-persoonlijkheidsstoornis* (2nd ed.). Uitgeverij Nieuwezijds.

130. Gerdner, A., & Allgulander, C. (2009). Psychometric properties of the Swedish version of the Childhood Trauma Questionnaire—Short Form (CTQ-SF). *Nordic Journal of Psychiatry*, *63*(2), 160–170. https://doi.org/10.1080/08039480802514366

131. Gibb, B. E., Chelminski, I., & Zimmerman, M. (2007). Childhood emotional, physical, and sexual abuse, and diagnoses of depressive and anxiety disorders in adult psychiatric outpatients. *Depression and Anxiety*, *24*(4), 256–263. https://doi.org/10.1002/da.20238

132. Giesen-Bloo, J. H., Wachters, L. M., Schouten, E., & Arntz, A. (2010). The Borderline Personality Disorder Severity Index-IV: Psychometric evaluation and dimensional structure. *Personality and Individual Differences*, *49*(2), 136–141. https://doi.org/10.1016/j.paid.2010.03.023

133. Glück, T. M., Knefel, M., & Lueger-Schuster, B. (2017). A network analysis of anger, shame, proposed ICD-11 post-traumatic stress disorder, and different types of childhood trauma in foster care settings in a sample of adult survivors. *European Journal of Psychotraumatology*, *8*(sup3), 1372543. https://doi.org/10.1080/20008198.2017.1372543

134. Golier, J. A., Yehuda, R., Bierer, L. M., Mitropoulou, V., New, A. S., Schmeidler, J., Silverman, J. M., & Siever, L. J. (2003). The relationship of borderline personality disorder to posttraumatic stress disorder and traumatic events. *American Journal of Psychiatry*, *160*(11), 2018–2024. https://doi.org/10.1176/appi.ajp.160.11.2018

135. Granger, C. W. J. (1969). Investigating causal relations by econometric models and cross-spectral methods. *Econometrica*, *37*(3), 424-438. https://doi.org/10.2307/1912791

136. Grant, B. F., Chou, S. P., Goldstein, R. B., Huang, B., Stinson, F. S., Saha, T. D., Smith, S. M., Dawson, D. S., Pulay, A. J., Pickering, R. P., & Ruan, W. J. (2008). Prevalence, correlates, disability, and comorbidity of DSM-IV borderline personality disorder. *The Journal of Clinical Psychiatry*, *69*(4), 533–545. https://doi.org/10.4088/JCP.v69n0404

137. Grassi-Oliveira, R., & Stein, L. M. (2008). Childhood maltreatment associated with PTSD and emotional distress in low-income adults: The burden of neglect. *Child Abuse & Neglect*, *32*(12), 1089–1094. https://doi.org/10.1016/j.chiabu.2008.05.008

138. Grau, P. P., Singh, R. S., Zhang, X., & Wetterneck, C. T. (2021). Development and initial validation of the Trauma-Related Shame Inventory—Short Form. *Traumatology*, 28(2), 256-266. https://doi.org/10.1037/trm0000324

139. Greene, T., Neria, Y., & Gross, R. (2016). Prevalence, detection and correlates of PTSD in the primary care setting: A systematic review. *Journal of Clinical Psychology in Medical Settings*, *23*(2), 160–180. https://doi.org/10.1007/s10880-016-9449-8

140. Gregory, R. J., Chlebowski, S., Kang, D., Remen, A. L., Soderberg, M. G., Stepkovitch, J., & Virk, S. (2008). A controlled trial of psychodynamic psychotherapy for co-occurring borderline personality disorder and alcohol use disorder. *Psychotherapy: Theory, Research, Practice, Training*, *45*(1), 28-41. https://doi.org/10.1037/0033-3204.45.1.28

141. Grey, N., & Holmes, E. A. (2008). "Hotspots" in trauma memories in the treatment of post-traumatic stress disorder: A replication. *Memory*, *16*(7), 788-796. https://doi.org/10.1080/09658210802266446

142. Grossman, F. K., Spinazzola, J., Zucker, M., & Hopper, E. (2017). Treating adult survivors of childhood emotional abuse and neglect: A new framework. *American Journal of Orthopsychiatry*, *87*(1), 86–93. https://doi.org/10.1037/ort0000225

143. Gunderson, J. G., Daversa, M. T., Grilo, C. M., McGlashan, T. H., Zanarini, M. C., Shea, M. T., Skodol, A. E., Yen, S., Sanislow, C. A., Bender, D. S., Dyck, I. R., Morey, L. C., & Stout, R. L. (2006). Predictors of 2-year outcome for patients with borderline personality disorder. *American Journal of Psychiatry*, *163*(5), 822-826. https://doi.org/10.1176/ajp.2006.163.5.822

144. Gunter, R. W., & Bodner, G. E. (2008). How eye movements affect unpleasant memories: Support for a working-memory account. *Behaviour Research and Therapy*, *46*(8), 913–931. https://doi.org/10.1016/J.BRAT.2008.04.006

145. Hackmann, A. (2011). Imagery rescripting in posttraumatic stress disorder. *Cognitive and Behavioral Practice*, *18*(4), 424–432. https://doi.org/10.1016/J.CBPRA.2010.06.006

146. Hackmann, A., Ehlers, A., Speckens, A., & Clark, D. M. (2004). Characteristics and content of intrusive memories in PTSD and their changes with treatment. *Journal of Traumatic Stress*, *17*(3), 231–240. https://doi.org/10.1023/B:JOTS.0000029266.88369.fd

147. Hagenaars, M. A., & Arntz, A. (2012). Reduced intrusion development after post-trauma imagery rescripting; an experimental study. *Journal of Behavior Therapy and Experimental Psychiatry*, *43*(2), 808–814. https://doi.org/10.1016/j.jbtep.2011.09.005

148. van Harmelen, A.-L., de Jong, P. J., Glashouwer, K. A., Spinhoven, P., Penninx, B. W. J. H., & Elzinga, B. M. (2010). Child abuse and negative explicit and automatic self-associations: The cognitive scars of emotional maltreatment. *Behaviour Research and Therapy*, *48*(6), 486–494. https://doi.org/10.1016/j.brat.2010.02.003

149. Hardt, J., & Rutter, M. (2004). Validity of adult retrospective reports of adverse childhood experiences: review of the evidence. *Journal of Child Psychology and Psychiatry*, *45*(2), 260–273. https://doi.org/10.1111/j.1469-7610.2004.00218.x

150. Harman, R., & Lee, D. (2010). The role of shame and self-critical thinking in the development and maintenance of current threat in post-traumatic stress disorder. *Clinical Psychology and Psychotherapy*, *17*(1), 13–24. https://doi.org/10.1002/cpp.636

151. Harned, M. S., Jackson, S. C., Comtois, K. A., & Linehan, M. M. (2010). Dialectical behavior therapy as a precursor to PTSD treatment for suicidal and/or self-injuring women with borderline personality disorder. *Journal of Traumatic Stress*, *23*(4), 421–429. https://doi.org/10.1002/jts.20553

152. Harned, M. S., Korslund, K. E., & Linehan, M. M. (2014). A pilot randomized controlled trial of Dialectical Behavior Therapy with and without the Dialectical Behavior Therapy Prolonged Exposure protocol for suicidal and self-injuring women with borderline personality disorder and PTSD. *Behaviour Research and Therapy*, *55*, 7–17. https://doi.org/10.1016/j.brat.2014.01.008

153. Harned, M. S., Rizvi, S. L., & Linehan, M. M. (2010). Impact of co-occurring posttraumatic stress disorder on suicidal women with borderline personality disorder. *American Journal of Psychiatry*, *167*(10), 1210–1217. https://doi.org/10.1176/appi.ajp.2010.09081213

154. Hathaway, L. M., Boals, A., & Banks, J. B. (2010). PTSD symptoms and dominant emotional response to a traumatic event: an examination of *DSM-IV* Criterion A2. *Anxiety, Stress & Coping*, *23*(1), 119-126. https://doi.org/10.1080/10615800902818771

155. Hawkins, D. M. (2004). The problem of overfitting. *Journal of Chemical Information and Computer Sciences*, *44*(1), 1–12. https://doi.org/10.1021/ci0342472

156. Held, P., Owens, G. P., Schumm, J. A., Chard, K. M., & Hansel, J. E. (2011). Disengagement coping as a mediator between trauma-related guilt and PTSD severity. *Journal of Traumatic Stress*, *24*(6), 708–715. https://doi.org/10.1002/jts.20689

157. Herman, J. L., Perry, J. C., & van der Kolk, B. A. (1989). Childhood trauma in borderline personality disorder. *American Journal of Psychiatry*, *146*(4), 490–495. https://doi.org/10.1176/ajp.146.4.490

158. Hitchcock, C., Ellis, A. A., Williamson, P., & Nixon, R. D. V. (2015). The prospective role of cognitive appraisals and social support in predicting children's posttraumatic stress. *Journal of Abnormal Child Psychology*, *43*(8), 1485–1492. https://doi.org/10.1007/s10802-015-0034-7

159. Hoeboer, C., de Roos, C., van Son, G. E., Spinhoven, P., & Elzinga, B. (2021). The effect of parental emotional abuse on the severity and treatment of PTSD symptoms in children and adolescents. *Child Abuse & Neglect*, *111*, 104775. https://doi.org/10.1016/j.chiabu.2020.104775

160. Holm, S. (1979). A simple sequentially rejective multiple test procedure. *Scandinavian Journal of Statistics, 6*(2), 65-70. http://www.jstor.org/stable/4615733

161. Houben, S. T. L., Otgaar, H., Roelofs, J., Merckelbach, H., & Muris, P. (2020). The effects of eye movements and alternative dual tasks on the vividness and emotionality of negative autobiographical memories: A meta-analysis of laboratory studies. *Journal of Experimental Psychopathology*, *11*(1), 204380872090774. https://doi.org/10.1177/2043808720907744

162. van den Hout, M. A., Bartelski, N., & Engelhard, I. M. (2013). On EMDR: Eye movements during retrieval reduce subjective vividness and objective memory accessibility during future recall. *Cognition & Emotion*, *27*(1), 177–183. https://doi.org/10.1080/02699931.2012.691087

163. van den Hout, M. A., & Engelhard, I. M. (2012). How does EMDR work? *Journal of Experimental Psychopathology*, *3*(5), 724–738. https://doi.org/10.5127/jep.028212

164. Van den Hout, M. A., Engelhard, I. M., Beetsma, D., Slofstra, C., Hornsveld, H., Houtveen, J., & Leer, A. (2011). EMDR and mindfulness. Eye movements and attentional breathing tax working memory and reduce vividness and emotionality of aversive ideation. *Journal of Behavior Therapy and Experimental Psychiatry*, *42*(4), 423–431. https://doi.org/10.1016/J.JBTEP.2011.03.004

165. Hovens, J. G. F. M., Giltay, E. J., Spinhoven, P., van Hemert, A. M., & Penninx, B. W. J. H. (2015). Impact of childhood life events and childhood trauma on the onset and recurrence of depressive and anxiety disorders. *The Journal of Clinical Psychiatry*, *76*(07), 931–938. https://doi.org/10.4088/JCP.14m09135

166. Hovens, J. G. F. M., Giltay, E. J., Wiersma, J. E., Spinhoven, P., Penninx, B. W. J. H., & Zitman, F. G. (2012). Impact of childhood life events and trauma on the course of depressive and anxiety disorders. *Acta Psychiatrica Scandinavica*, *126*(3), 198–207. https://doi.org/10.1111/j.1600-0447.2011.01828.x

167. Huh, H. J., Kim, K. H., Lee, H.-K., & Chae, J.-H. (2017). The relationship between childhood trauma and the severity of adulthood depression and anxiety symptoms in a clinical sample: The mediating role of cognitive emotion regulation strategies. *Journal of Affective Disorders*, *213*, 44–50. https://doi.org/10.1016/j.jad.2017.02.009

168. Iffland, B., Sansen, L. M., Catani, C., & Neuner, F. (2012). Emotional but not physical maltreatment is independently related to psychopathology in subjects with various degrees of social anxiety: a web-based internet survey. *BMC Psychiatry*, *12*(1), 49. https://doi.org/10.1186/1471-244X-12-49

169. Jessica L. Tracy, & Richard W. Robins. (2004). "Putting the self into self-conscious emotions: A theoretical model". *Psychological Inquiry*, *15*(2), 103–125. https://doi.org/10.1207/s15327965pli1502_01

170. Johnston, C., Dorahy, M. J., Courtney, D., Bayles, T., & O'Kane, M. (2009). Dysfunctional schema modes, childhood trauma and dissociation in borderline personality disorder. *Journal of Behavior Therapy and Experimental Psychiatry*, *40*(2), 248–255. https://doi.org/10.1016/j.jbtep.2008.12.002

171. Jung, K., & Steil, R. (2012). The feeling of being contaminated in adult survivors of childhood sexual abuse and its treatment via a two-session program of cognitive restructuring and imagery modification. *Behavior Modification*, *36*(1), 67–86. https://doi.org/10.1177/0145445511421436

172. Karos, K., Niederstrasser, N., Abidi, L., Bernstein, D. P., & Bader, K. (2014). Factor structure, reliability, and known groups validity of the German version of the Childhood Trauma Questionnaire (Short-Form) in Swiss patients and nonpatients. *Journal of Child Sexual Abuse*, *23*(4), 418–430. https://doi.org/10.1080/10538712.2014.896840

173. Kazdin, A. E. (2007). Mediators and mechanisms of change in psychotherapy research. *Annual Review of Clinical Psychology*, *3*(1), 1–27. https://doi.org/10.1146/annurev.clinpsy.3.022806.091432

174. Kievit, R. A., Frankenhuis, W. E., Waldorp, L. J., & Borsboom, D. (2013). Simpson's paradox in psychological science: a practical guide. *Frontiers in Psychology*, *4*. https://doi.org/10.3389/fpsyg.2013.00513

175. Kim, D., Bae, H., Han, C., Oh, H. Y., & MacDonald, K. (2013). Psychometric properties of the Childhood Trauma Questionnaire-Short Form (CTQ-SF) in Korean patients with schizophrenia. *Schizophrenia Research*, *144*(1–3), 93–98. https://doi.org/10.1016/j.schres.2012.12.020

176. Kleim, B., Grey, N., Wild, J., Nussbeck, F. W., Stott, R., Hackmann, A., Clark, D. M., & Ehlers, A. (2013). Cognitive change predicts symptom reduction with cognitive therapy for posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*, *81*(3), 383-393. https://doi.org/10.1037/a0031290

177. Kleindienst, N., Limberger, M. F., Ebner-Priemer, U. W., Keibel-Mauchnik, J., Dyer, A., Berger, M., Schmahl, C., & Bohus, M. (2011). Dissociation predicts poor response to dialectial behavioral therapy in female patients with borderline personality disorder. *Journal of Personality Disorders*, *25*(4), 432–447. https://doi.org/10.1521/pedi.2011.25.4.432

178. Kliem, S., Kröger, C., & Kosfelder, J. (2010). Dialectical behavior therapy for borderline personality disorder: A meta-analysis using mixed-effects modeling. *Journal of Consulting and Clinical Psychology*, *78*(6), 936-951. https://doi.org/10.1037/a0021015

179. von Klipstein, L., Borsboom, D., & Arntz, A. (2021). The exploratory value of cross-sectional partial correlation networks: Predicting relationships between change trajectories in borderline personality disorder. *PLOS ONE*, *16*(7), e0254496 https://doi.org/10.1371/journal.pone.0254496

180. Koppeschaar, A. M., Arntz, A., & Bachrach, N. (2022). *The Lucy Trial: Legitimizing using childhood memory rescripting early in the first year.* Dutch Trial Register. https://onderzoekmetmensen.nl/en/trial/29642.

181. Korzekwa, M. I., Dell, P. F., Links, P. S., Thabane, L., & Webb, S. P. (2008). Estimating the prevalence of borderline personality disorder in psychiatric outpatients using a two-phase procedure. *Comprehensive Psychiatry*, *49*(4), 380–386. https://doi.org/10.1016/j.comppsych.2008.01.007

182. Kredlow, M. A., de Voogd, L. D., & Phelps, E. A. (2022). A case for translation from the clinic to the laboratory. *Perspectives on Psychological Science*, *17*(4), 1120–1149. https://doi.org/10.1177/17456916211039852

183. Kubany, E. S., Haynes, S. N., Abueg, F. R., Manke, F. P., Brennan, J. M., & Stahura, C. (1996). Development and validation of the Trauma-Related Guilt Inventory (TRGI). *Psychological Assessment*, *8*(4), 428–444. https://doi.org/10.1037/1040-3590.8.4.428

184. Kumpula, M. J., Pentel, K. Z., Foa, E. B., LeBlanc, N. J., Bui, E., McSweeney, L. B., Knowles, K., Bosley, H., Simon, N. M., & Rauch, S. A. M. (2017). Temporal sequencing of change in posttraumatic cognitions and ptsd symptom reduction during prolonged exposure therapy. *Behavior Therapy*, *48*(2), 156–165. https://doi.org/10.1016/j.beth.2016.02.008

185. Kuo, J. R., Khoury, J. E., Metcalfe, R., Fitzpatrick, S., & Goodwill, A. (2015). An examination of the relationship between childhood emotional abuse and borderline personality disorder features: The role of difficulties with emotion regulation. *Child Abuse & Neglect*, *39*, 147–155. https://doi.org/10.1016/j.chiabu.2014.08.008

186. Lachin, J. M. (2016). Fallacies of last observation carried forward analyses. *Clinical Trials*, *13*(2), 161-168. https://doi.org/10.1177/1740774515602688

187. Larsen, S. E., & Pacella, M. L. (2016). Comparing the effect of DSM-congruent traumas vs. DSM-incongruent stressors on PTSD symptoms: A meta-analytic review. *Journal of Anxiety Disorders*, *38*, 37–46. https://doi.org/10.1016/j.janxdis.2016.01.001

188. Lau, J., Ioannidis, J. P. A., Terrin, N., Schmid, C. H., & Olkin, I. (2006). The case of the misleading funnel plot. *BMJ*, *333*, 597-600. https://doi.org/10.1136/bmj.333.7568.597

189. Lee, C. W., & Cuijpers, P. (2013). A meta-analysis of the contribution of eye movements in processing emotional memories. *Journal of Behavior Therapy and Experimental Psychiatry*, *44*(2), 231–239. https://doi.org/10.1016/j.jbtep.2012.11.001

190. Lee, D. A., Scragg, P., & Turner, S. (2001). The role of shame and guilt in traumatic events: A clinical model of shame-based and guilt-based PTSD. *British Journal of Medical Psychology*, *74*(4), 451-466. https://doi.org/10.1348/000711201161109

191. Lee, S. W., & Kwon, J.-H. (2013). The efficacy of Imagery Rescripting (IR) for social phobia: A randomized controlled trial. *Journal of Behavior Therapy and Experimental Psychiatry*, *44*(4), 351–360. https://doi.org/10.1016/j.jbtep.2013.03.001

192. Leer, A., Engelhard, I. M., & van den Hout, M. A. (2014). How eye movements in EMDR work: Changes in memory vividness and emotionality. *Journal of Behavior Therapy and Experimental Psychiatry*, *45*(3), 396–401. https://doi.org/10.1016/j.jbtep.2014.04.004

193. Lincoln, T. M., Jung, E., Wiesjahn, M., & Schlier, B. (2016). What is the minimal dose of cognitive behavior therapy for psychosis? An approximation using repeated assessments over 45 sessions. *European Psychiatry*, *38,* 31-39. https://doi.org/10.1016/j.eurpsy.2016.05.004

194. Linehan, M. M., Comtois, K. A., Murray, A. M., Brown, M. Z., Gallop, R. J., Heard, H. L., Korslund, K. E., Tutek, D. A., Reynolds, S. K., & Lindenboim, N. (2006). Two-year randomized controlled trial and follow-up of dialectical behavior therapy vs therapy by experts for suicidal behaviors and borderline personality disorder. *Archives of General Psychiatry*, *63*(7), 757-766. https://doi.org/10.1001/archpsyc.63.7.757

195. Littel, M., & van Schie, K. (2019). No evidence for the inverted U-Curve: More demanding dual tasks cause stronger aversive memory degradation. *Journal of Behavior Therapy and Experimental Psychiatry*, *65*, 101484. https://doi.org/10.1016/j.jbtep.2019.101484

196. Little, R. J., D'Agostino, R., Cohen, M. L., Dickersin, K., Emerson, S. S., Farrar, J. T., Frangakis, C., Hogan, J. W., Molenberghs, G., Murphy, S. A., Neaton, J. D., Rotnitzky, A., Scharfstein, D., Shih, W. J., Siegel, J. P., & Stern, H. (2012). The prevention and treatment of missing data in clinical trials. *New England Journal of Medicine*, *367*(14), 1355-1360. https://doi.org/10.1056/NEJMsr1203730

197. Lobbestael, J., Arntz, A., & Bernstein, D. P. (2010). Disentangling the relationship between different types of childhood maltreatment and personality disorders. *Journal of Personality Disorders*, *24*(3), 285–295.

198. Lobbestael, J., Arntz, A., Harkema-Schouten, P., & Bernstein, D. (2009). Development and psychometric evaluation of a new assessment method for childhood maltreatment experiences: The interview for traumatic events in childhood (ITEC). *Child Abuse & Neglect*, *33*(8), 505–517. https://doi.org/10.1016/j.chiabu.2009.03.002

199. Lobbestael, J., Arntz, A., & Sieswerda, S. (2005). Schema modes and childhood abuse in borderline and antisocial personality disorders. *Journal of Behavior Therapy and Experimental Psychiatry*, *36*(3), 240–253. https://doi.org/10.1016/j.jbtep.2005.05.006

200. Marshall, I. J., L'Esperance, V., Marshall, R., Thomas, J., Noel-Storr, A., Soboczenski, F., Nye, B., Nenkova, A., & Wallace, B. C. (2021). State of the evidence: a survey of global disparities in clinical trials. *BMJ Global Health*, *6*(1), e004145. https://doi.org/10.1136/bmjgh-2020-004145

201. Martins, C. M. S., Von Werne Baes, C., de Carvalho Tofoli, S. M., & Juruena, M. F. (2014). Emotional abuse in childhood is a differential factor for the development of depression in adults. *Journal of Nervous & Mental Disease*, *202*(11), 774–782. https://doi.org/10.1097/NMD.0000000000000202

202. Matloub (Lepak), J., Zhang, X., Grau, P. P., & Wetterneck, C. T. (2023). Does change in trauma-related shame predict change in PTSD symptomatology? *Psychological Trauma: Theory, Research, Practice, and Policy*. 10.1037/tra0001454. Advance online publication. https://doi.org/10.1037/tra0001454

203. May, T., Younan, R., & Pilkington, P. D. (2022). Adolescent maladaptive schemas and childhood abuse and neglect: A systematic review and meta-analysis. *Clinical Psychology & Psychotherapy*, *29*(4), 1159–1171. https://doi.org/10.1002/cpp.2712

204. McDonagh, A., Friedman, M., McHugo, G., Ford, J., Sengupta, A., Mueser, K., Demment, C. C., Fournier, D., Schnurr, P. P., & Descamps, M. (2005). Randomized trial of cognitive-behavioral therapy for chronic posttraumatic stress disorder in adult female survivors of childhood sexual abuse. *Journal of Consulting and Clinical Psychology*, *73*(3), 515–524. https://doi.org/10.1037/0022-006X.73.3.515

205. McGlashan, T. H., Grilo, C. M., Sanislow, C. A., Ralevski, E., Morey, L. C., Gunderson, J. G., Skodol, A. E., Shea, M. T., Zanarini, M. C., Bender, D., Stout, R. L., Yen, S., & Pagano, M. (2005). Two-year prevalence and stability of individual DSM-IV criteria for schizotypal, borderline, avoidant, and obsessive-compulsive personality disorders: toward a hybrid model of axis II disorders. *American Journal of Psychiatry*, *162*(5), 883-889. https://doi.org/10.1176/appi.ajp.162.5.883

206. McHugh, T., Forbes, D., Bates, G., Hopwood, M., & Creamer, M. (2012). Anger in PTSD: Is there a need for a concept of PTSD-related posttraumatic anger? *Clinical Psychology Review*, *32*(2), 93–104. https://doi.org/10.1016/J.CPR.2011.07.013

207. McLean, C. P., Yeh, R., Rosenfield, D., & Foa, E. B. (2015). Changes in negative cognitions mediate PTSD symptom reductions during client-centered therapy and prolonged exposure for adolescents. *Behaviour Research and Therapy*, *68*, 64–69. https://doi.org/10.1016/J.BRAT.2015.03.008

208. Meaney, R., Hasking, P., & Reupert, A. (2016). Prevalence of borderline personality disorder in university samples: Systematic review, meta-analysis and meta-regression. *PLOS ONE*, *11*(5), e0155439. https://doi.org/10.1371/journal.pone.0155439

209. Mertens, Y., Yılmaz, M., & Lobbestael, J. (2020). Schema modes mediate the effect of emotional abuse in childhood on the differential expression of personality disorders. *Child Abuse & Neglect*, *104*, 104445. https://doi.org/10.1016/j.chiabu.2020.104445

210. Messman-Moore, T. L., & Bhuptani, P. H. (2017). A review of the long-term impact of child maltreatment on posttraumatic stress disorder and its comorbidities: An emotion dysregulation perspective. *Clinical Psychology: Science and Practice*, *24*(2), 154–169. https://doi.org/10.1111/cpsp.12193

211. Meuldijk, D., McCarthy, A., Bourke, M. E., & Grenyer, B. F. S. (2017). The value of psychological treatment for borderline personality disorder: Systematic review and cost offset analysis of economic evaluations. *PLoS ONE*, *12*(3). https://doi.org/10.1371/journal.pone.0171592

212. van Minnen, A., Arntz, A., & Keijsers, G. P. J. (2002). Prolonged exposure in patients with chronic PTSD: predictors of treatment outcome and dropout. *Behaviour Research and Therapy*, *40*(4), 439–457. https://doi.org/10.1016/S0005-7967(01)00024-9

213. Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *PLoS Medicine*, *6*(7), e1000097. https://doi.org/10.1371/journal.pmed.1000097

214. Mol, S. S. L., Arntz, A., Metsemakers, J. F. M., Dinant, G.-J., Vilters-van Montfort, P. A. P., & Knottnerus, J. A. (2005). Symptoms of post-traumatic stress disorder after non-traumatic events: evidence from an open population study. *British Journal of Psychiatry*, *186*(6), 494–499. https://doi.org/10.1192/bjp.186.6.494

215. Morina, N., Hoppen, T. H., & Kip, A. (2021). Study quality and efficacy of psychological interventions for posttraumatic stress disorder: a meta-analysis of randomized controlled trials. *Psychological Medicine*, *51*(8), 1260–1270. https://doi.org/10.1017/S0033291721001641

216. Morina, N., Lancee, J., & Arntz, A. (2017). Imagery rescripting as a clinical intervention for aversive memories: A meta-analysis. *Journal of Behavior Therapy and Experimental Psychiatry*, *55*, 6–15. https://doi.org/10.1016/J.JBTEP.2016.11.003

217. Morina, N., van Emmerik, A. A. P., Andrews, B., & Brewin, C. R. (2014). Comparison of *DSM-IV* and proposed *ICD-11* formulations of PTSD among civilian survivors of war and war veterans. *Journal of Traumatic Stress*, *27*(6). https://doi.org/10.1002/jts.21969

218. Morris, S. B. (2008). Estimating effect sizes from pretest-posttest-control group designs. *Organizational Research Methods*, *11*(2), 364-386. https://doi.org/10.1177/1094428106291059

219. ten Napel-Schutz, M. C., Vroling, M., Mares, S. H. W., & Arntz, A. (2022). Treating PTSD with Imagery Rescripting in underweight eating disorder patients: A multiple baseline case series study. *Journal of Eating Disorders*, *10*(35), 1-17. https://doi.org/10.1186/s40337-022-00558-1

220. Neath, A. A., & Cavanaugh, J. E. (2012). The Bayesian information criterion: background, derivation, and applications. *WIREs Computational Statistics*, *4*(2), 199-203. https://doi.org/10.1002/wics.199

221. Nelson, J., Klumparendt, A., Doebler, P., & Ehring, T. (2017). Childhood maltreatment and characteristics of adult depression: Meta-analysis. *British Journal of Psychiatry*, *210*(2), 96–104. https://doi.org/10.1192/bjp.bp.115.180752

222. NICE. (2009). *Borderline Personality Disorder: Recognition and Management (Clinical Guideline [CG78])*. NICE.

223. Nilsson, J.-E., Knutsson, J., Jalamo, B.-S., & Lundh, L.-G. (2019). Imagery rescripting of early memories in health anxiety disorder: A feasibility and non-randomized pilot study. *Journal of Behavior Therapy and Experimental Psychiatry*, *65*, 101491. https://doi.org/10.1016/j.jbtep.2019.101491

224. Nilsson, J.-E., Lundh, L.-G., & Viborg, G. (2012). Imagery rescripting of early memories in social anxiety disorder: An experimental study. *Behaviour Research and Therapy*, *50*(6), 387–392. https://doi.org/10.1016/j.brat.2012.03.004

225. van den Noortgate, W., López-López, J. A., Marín-Martínez, F., & Sánchez-Meca, J. (2013). Three-level meta-analysis of dependent effect sizes. *Behavior Research Methods*, *45*(2), 576-594. https://doi.org/10.3758/s13428-012-0261-6

226. van den Noortgate, W., López-López, J. A., Marín-Martínez, F., & Sánchez-Meca, J. (2015). Meta-analysis of multiple outcomes: a multilevel approach. *Behavior Research Methods*, *47*(4), 1274-1294. https://doi.org/10.3758/s13428-014-0527-2

227. Nysæter, T. E., & Nordahl, H. M. (2008). Principles and clinical application of schema therapy for patients with borderline personality disorder. *Nordic Psychology*, *60*(3), 249–263. https://doi.org/10.1027/1901-2276.60.3.249

228. Ogle, C. M., Rubin, D. C., Berntsen, D., & Siegler, I. C. (2013). The frequency and impact of exposure to potentially traumatic events over the life course. *Clinical Psychological Science*, *1*(4). https://doi.org/10.1177/2167702613485076

229. Øktedalen, T., Hagtvet, K. A., Hoffart, A., Langkaas, T. F., & Smucker, M. (2014). The Trauma Related Shame Inventory: Measuring trauma-related shame among patients with PTSD. *Journal of Psychopathology and Behavioral Assessment*, *36*(4), 600-615. https://doi.org/10.1007/s10862-014-9422-5

230. Øktedalen, T., Hoffart, A., & Langkaas, T. F. (2015). Trauma-related shame and guilt as time-varying predictors of posttraumatic stress disorder symptoms during imagery exposure and imagery rescripting—A randomized controlled trial. *Psychotherapy Research*, *25*(5), 518-532. https://doi.org/10.1080/10503307.2014.917217

231. Olatunji, B. O., Ciesielski, B. G., & Tolin, D. F. (2010). Fear and loathing: A meta-analytic review of the specificity of anger in PTSD. *Behavior Therapy*, *41*(1), 93–105. https://doi.org/10.1016/j.beth.2009.01.004

232. Olsen, S. A., & Beck, J. G. (2012). The effects of dissociation on information processing for analogue trauma and neutral stimuli: A laboratory study. *Journal of Anxiety Disorders*, *26*(1), 225–232. https://doi.org/10.1016/j.janxdis.2011.11.003

233. Omar, H., Tejerina-Arreal, M., & Crawford, M. J. (2014). Are recommendations for psychological treatment of borderline personality disorder in current UK guidelines justified? Systematic review and subgroup analysis. *Personality and Mental Health*, *8*(3), 228-237. https://doi.org/10.1002/pmh.1264

234. Oral, R., Ramirez, M., Coohey, C., Nakada, S., Walz, A., Kuntz, A., Benoit, J., & Peek-Asa, C. (2016). Adverse childhood experiences and trauma informed care: the future of health care. *Pediatric Research*, *79*(1–2), 227–233. https://doi.org/10.1038/pr.2015.197

235. Oren, E., & Solomon, R. (2012). EMDR therapy: An overview of its development and mechanisms of action. *European Review of Applied Psychology*, *62*(4), 197–203. https://doi.org/10.1016/j.erap.2012.08.005

236. Orth, U., & Maercker, A. (2009). Posttraumatic anger in crime victims: Directed at the perpetrator and at the self. *Journal of Traumatic Stress*, *22*(2), 158-161. https://doi.org/10.1002/jts.20392

237. Orth, U., & Wieland, E. (2006). Anger, hostility, and posttraumatic stress disorder in trauma-exposed adults: A meta-analysis. *Journal of Consulting and Clinical Psychology*, *74*(4), 698–706. https://doi.org/10.1037/0022-006X.74.4.698

238. Oud, M., Arntz, A., Hermens, M. L., Verhoef, R., & Kendall, T. (2018). Specialized psychotherapies for adults with borderline personality disorder: A systematic review and meta-analysis. *Australian & New Zealand Journal of Psychiatry*, *52*(10), 949-961. https://doi.org/10.1177/0004867418791257

239. Pagura, J., Stein, M. B., Bolton, J. M., Cox, B. J., Grant, B., & Sareen, J. (2010). Comorbidity of borderline personality disorder and posttraumatic stress disorder in the U.S. population. *Journal of Psychiatric Research*, *44*(16), 1190–1198. https://doi.org/10.1016/j.jpsychires.2010.04.016

240. Pederson, C. L., & Wilson, J. F. (2009). Childhood emotional neglect related to posttraumatic stress disorder symptoms and body mass index in adult women. *Psychological Reports*, *105*(1), 111–126. https://doi.org/10.2466/PR0.105.1.111-126

241. Perez-Dandieu, B., & Tapia, G. (2014). Treating trauma in addiction with EMDR: A pilot study. *Journal of Psychoactive Drugs*, *46*(4), 303–309. https://doi.org/10.1080/02791072.2014.921744

242. Petry, N. M., & Steinberg, K. L. (2005). Childhood maltreatment in male and female treatment-seeking pathological gamblers. *Psychology of Addictive Behaviors*, *19*(2), 226–229. https://doi.org/10.1037/0893-164X.19.2.226

243. Pilkington, P. D., Bishop, A., & Younan, R. (2021). Adverse childhood experiences and early maladaptive schemas in adulthood: A systematic review and meta-analysis. *Clinical Psychology & Psychotherapy*, *28*(3), 569–584. https://doi.org/10.1002/cpp.2533

244. Pinheiro, J., Bates, D., Sarkar, D., & R Core Team. (2020). *nlme: Linear and Nonlinear Mixed Effects Models. R package version 3.1-149*. https://CRAN.R-project.org/package=nlme.

245. Plotzker, R. E., Metzger, D. S., & Holmes, W. C. (2007). Childhood sexual and physical abuse histories, PTSD, depression, and HIV risk outcomes in women injection drug users: A potential mediating pathway. *American Journal on Addictions*, *16*(6), 431–438. https://doi.org/10.1080/10550490701643161

246. Porter, C., Palmier-Claus, J., Branitsky, A., Mansell, W., Warwick, H., & Varese, F. (2020). Childhood adversity and borderline personality disorder: A meta-analysis. *Acta Psychiatrica Scandinavica*, *141*(1), 6–20. https://doi.org/10.1111/acps.13118

247. R Core Team. (2020). *R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria*. https://www.R-project.org.

248. Raabe, S., Ehring, T., Marquenie, L., Arntz, A., & Kindt, M. (2022). Imagery rescripting as a stand-alone treatment for posttraumatic stress disorder related to childhood abuse: a randomized controlled trial. *Journal of Behavior Therapy and Experimental Psychiatry*, *77*, 101769. https://doi.org/10.1016/j.jbtep.2022.101769

249. Raabe, S., Ehring, T., Marquenie, L., Olff, M., & Kindt, M. (2015). Imagery rescripting as stand-alone treatment for posttraumatic stress disorder related to childhood abuse. *Journal of Behavior Therapy and Experimental Psychiatry*, *48*, 170–176. https://doi.org/10.1016/j.jbtep.2015.03.013

250. Rameckers, S. A., Verhoef, R. E. J., Grasman, R. P. P. P., Cox, W. R., van Emmerik, A. A. P., Engelmoer, I. M., & Arntz, A. (2021). Effectiveness of psychological treatments for borderline personality disorder and predictors of treatment outcomes: a multivariate multilevel meta-analysis of data from all design types. *Journal of Clinical Medicine*, *10*(23), 5622. https://doi.org/10.3390/jcm10235622

251. Rees, C. A. (2010). Understanding emotional abuse. *Archives of Disease in Childhood*, *95*(1), 59–67. https://doi.org/10.1136/adc.2008.143156

252. Reimer, S. G., & Moscovitch, D. A. (2015). The impact of imagery rescripting on memory appraisals and core beliefs in social anxiety disorder. *Behaviour Research and Therapy*, *75*, 48–59. https://doi.org/10.1016/J.BRAT.2015.10.007

253. Resick, P. A., Galovski, T. E., Uhlmansiek, M. O., Scher, C. D., Clum, G. A., & Young-Xu, Y. (2008). A randomized clinical trial to dismantle components of cognitive processing therapy for posttraumatic stress disorder in female victims of interpersonal violence. *Journal of Consulting and Clinical Psychology*, *76*(2), 243–258. https://doi.org/10.1037/0022-006X.76.2.243

254. Riggs, S. A. (2010). Childhood emotional abuse and the attachment system across the life cycle: What theory and research tell us. *Journal of Aggression, Maltreatment & Trauma*, *19*(1), 5–51. https://doi.org/10.1080/10926770903475968

255. Riggs, S. A., & Kaminski, P. (2010). Childhood emotional abuse, adult attachment, and depression as predictors of relational adjustment and psychological aggression. *Journal of Aggression, Maltreatment & Trauma*, *19*(1), 75–104. https://doi.org/10.1080/10926770903475976

256. Rizvi, S. L., Vogt, D. S., & Resick, P. A. (2009). Cognitive and affective predictors of treatment outcome in cognitive processing therapy and prolonged exposure for posttraumatic stress disorder. *Behaviour Research and Therapy*, *47*(9), 737–743. https://doi.org/10.1016/j.brat.2009.06.003

257. Robinaugh, D. J., & McNally, R. J. (2010). Autobiographical memory for shame or guilt provoking events: Association with psychological symptoms. *Behaviour Research and Therapy*, *48*(7), 646–652. https://doi.org/10.1016/J.BRAT.2010.03.017

258. Romero, S., Birmaher, B., Axelson, D., Goldstein, T., Goldstein, B. I., Gill, M. K., Iosif, A.-M., Strober, M. A., Hunt, J., Esposito-Smythers, C., Ryan, N. D., Leonard, H., & Keller, M. (2009). Prevalence and correlates of physical and sexual abuse in children and adolescents with bipolar disorder. *Journal of Affective Disorders*, *112*(1–3), 144–150. https://doi.org/10.1016/j.jad.2008.04.005

259. Saraiya, T., & Lopez-Castro, T. (2016). Ashamed and afraid: A scoping review of the role of shame in post-traumatic stress disorder (PTSD). *Journal of Clinical Medicine*, *5*(11), 94. https://doi.org/10.3390/jcm5110094

260. Sayyah, M. D., Merrick, J. S., Larson, M. D., & Narayan, A. J. (2022). Childhood adversity subtypes and young adulthood mental health problems: Unpacking effects of maltreatment, family dysfunction, and peer victimization. *Children and Youth Services Review*, *137*, 106455. https://doi.org/10.1016/j.childyouth.2022.106455

261. Scalabrini, A., Cavicchioli, M., Fossati, A., & Maffei, C. (2017). The extent of dissociation in borderline personality disorder: A meta-analytic review. *Journal of Trauma & Dissociation*, *18*(4), 522–543. https://doi.org/10.1080/15299732.2016.1240738

262. Schork, N. J. (2015). Personalized medicine: Time for one-person trials. *Nature*, *520*(7549), 609–611. https://doi.org/10.1038/520609a

263. Schumm, J. A., Dickstein, B. D., Walter, K. H., Owens, G. P., & Chard, K. M. (2015). Changes in posttraumatic cognitions predict changes in posttraumatic stress disorder symptoms during cognitive processing therapy. *Journal of Consulting and Clinical Psychology*, *83*(6), 1161–1166. https://doi.org/10.1037/ccp0000040

264. Sempértegui, G. A., Karreman, A., Arntz, A., & Bekker, M. H. J. (2013). Schema therapy for borderline personality disorder: A comprehensive review of its empirical foundations, effectiveness and implementation possibilities. *Clinical Psychology Review*, *33*(3), 426–447. https://doi.org/10.1016/j.cpr.2012.11.006

265. Shapiro, F. (2001). *Eye Movement Desensitization and Reprocessing (EMDR): Basic Principles, Protocols, and Procedures* (2nd Edn). Guilford Press.

266. Sheehan, R. (2006). Emotional harm and neglect: The legal response. *Child Abuse Review*, *15*(1), 38–54. https://doi.org/10.1002/car.931

267. Shi, C., Ren, Z., Zhao, C., Zhang, T., & Chan, S. H.-W. (2021). Shame, guilt, and posttraumatic stress symptoms: A three-level meta-analysis. *Journal of Anxiety Disorders*, *82*, 102443. https://doi.org/10.1016/j.janxdis.2021.102443

268. Shibuya, T., Seki, Y., Nagata, S., Murata, T., Hiramatsu, Y., Yamada, F., Yokoo, M., Ibuki, H., Minamitani, N., Tanaka, M., & Shimizu, E. (2018). Imagery rescripting of traumatic memories for panic disorder: an exploratory study. *The Cognitive Behaviour Therapist*, *11,* E4. https://doi.org/10.1017/S1754470X18000028

269. Shively, S. B., & Perl, D. P. (2012). Traumatic brain injury, shell shock, and posttraumatic stress disorder in the military—Past, present, and future. *Journal of Head Trauma Rehabilitation*, *27*(3), 234–239. https://doi.org/10.1097/HTR.0b013e318250e9dd

270. Simpson, E. H. (1951). The interpretation of interaction in contingency tables. *Journal of the Royal Statistical Society: Series B (Methodological)*, *13*(2), 238-241. https://doi.org/10.1111/j.2517-6161.1951.tb00088.x

271. Slofstra, C., Nauta, M. H., Holmes, E. A., & Bockting, C. L. H. (2016). Imagery rescripting: the impact of conceptual and perceptual changes on aversive autobiographical memories. *PLOS ONE*, *11*(8), e0160235. https://doi.org/10.1371/journal.pone.0160235

272. Slotema, C. W., Blom, J. D., Niemantsverdriet, M. B. A., Deen, M., & Sommer, I. E. C. (2018). Comorbid diagnosis of psychotic disorders in borderline personality disorder: Prevalence and influence on outcome. *Frontiers in Psychiatry*, *9*, 84. https://doi.org/10.3389/fpsyt.2018.00084

273. Smeets, M. A. M., Dijs, M. W., Pervan, I., Engelhard, I. M., & van den Hout, M. A. (2012). Time-course of eye movement-related decrease in vividness and emotionality of unpleasant autobiographical memories. *Memory*, *20*(4), 346–357. https://doi.org/10.1080/09658211.2012.665462

274. Smits, M. L., Luyten, P., Feenstra, D. J., Bales, D. L., Kamphuis, J. H., Dekker, J. J. M., Verheul, R., & Busschbach, J. J. v. (2022). Trauma and outcomes of mentalization-based therapy for individuals with borderline personality disorder. *American Journal of Psychotherapy*, *75*(1), 12–20. https://doi.org/10.1176/appi.psychotherapy.20210027

275. Solomon, R. M., & Shapiro, F. (2008). EMDR and the adaptive information processing model. Potential mechanisms of change. *Journal of EMDR Practice and Research*, *2*(4), 315–325. https://doi.org/10.1891/1933-3196.2.4.315

276. Spertus, I. L., Yehuda, R., Wong, C. M., Halligan, S., & Seremetis, S. v. (2003). Childhood emotional abuse and neglect as predictors of psychological and physical symptoms in women presenting to a primary care practice. *Child Abuse & Neglect*, *27*(11), 1247–1258. https://doi.org/10.1016/j.chiabu.2003.05.001

277. Spiegel, D., Loewenstein, R. J., Lewis-Fernández, R., Sar, V., Simeon, D., Vermetten, E., Cardeña, E., & Dell, P. F. (2011). Dissociative disorders in DSM-5. *Depression and Anxiety*, *28*(12), E17–E45. https://doi.org/10.1002/da.20923

278. Steil, R., Dyer, A., Priebe, K., Kleindienst, N., & Bohus, M. (2011). Dialectical behavior therapy for posttraumatic stress disorder related to childhood sexual abuse: A pilot study of an intensive residential treatment program. *Journal of Traumatic Stress*, *24*(1), 102–106. https://doi.org/10.1002/jts.20617

279. Stepp, S. D., Lazarus, S. A., & Byrd, A. L. (2016). A systematic review of risk factors prospectively associated with borderline personality disorder: Taking stock and moving forward. *Personality Disorders: Theory, Research, and Treatment*, *7*(4), 316–323. https://doi.org/10.1037/per0000186

280. Steuwe, C., Berg, M., Driessen, M., & Beblo, T. (2017). Impact of therapist change after initial contact and traumatic burden on dropout in a naturalistic sample of inpatients with borderline pathology receiving dialectical behavior therapy. *Borderline Personality Disorder and Emotion Dysregulation*, *4*(1), 14. https://doi.org/10.1186/s40479-017-0067-3

281. Stoffers, J., Völlm, B. A., Rücker, G., Timmer, A., Huband, N., & Lieb, K. (2010). Pharmacological interventions for borderline personality disorder. *Cochrane Database of Systematic Reviews, 6,* CD005653. https://doi.org/10.1002/14651858.CD005653.pub2

282. Stoltenborgh, M., Bakermans-Kranenburg, M. J., Alink, L. R. A., & van IJzendoorn, M. H. (2012). The universality of childhood emotional abuse: A meta-analysis of worldwide prevalence. *Journal of Aggression, Maltreatment & Trauma*, *21*(8), 870–890. https://doi.org/10.1080/10926771.2012.708014

283. Stoltenborgh, M., Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2013). The neglect of child neglect: A meta-analytic review of the prevalence of neglect. *Social Psychiatry and Psychiatric Epidemiology*, *48*(3), 345–355. https://doi.org/10.1007/s00127-012-0549-y

284. Stoltenborgh, M., Bakermans-Kranenburg, M. J., van IJzendoorn, M. H., & Alink, L. R. A. (2013). Cultural–geographical differences in the occurrence of child physical abuse? A meta-analysis of global prevalence. *International Journal of Psychology*, *48*(2), 81–94. https://doi.org/10.1080/00207594.2012.697165

285. Stoltenborgh, M., van IJzendoorn, M. H., Euser, E. M., & Bakermans-Kranenburg, M. J. (2011). A global perspective on child sexual abuse: meta-analysis of prevalence around the world. *Child Maltreatment*, *16*(2), 79–101. https://doi.org/10.1177/1077559511403920

286. Storebø, O. J., Stoffers-Winterling, J. M., Völlm, B. A., Kongerslev, M. T., Mattivi, J. T., Jørgensen, M. S., Faltinsen, E., Todorovac, A., Sales, C. P., Callesen, H. E., Lieb, K., & Simonsen, E. (2020). Psychological therapies for people with borderline personality disorder. *Cochrane Database of Systematic Reviews*, 5, CD012955. https://doi.org/10.1002/14651858.CD012955.pub2

287. Sullivan, T. P., Fehon, D. C., Andres-Hyman, R. C., Lipschitz, D. S., & Grilo, C. M. (2006). Differential relationships of childhood abuse and neglect subtypes to PTSD symptom clusters among adolescent inpatients. *Journal of Traumatic Stress*, *19*(2), 229–239. https://doi.org/10.1002/jts.20092

288. Sundell, K., & Åhsberg, E. (2018). Trends in methodological quality in controlled trials of psychological and social interventions. *Research on Social Work Practice*, *28*(5), 568–576. https://doi.org/10.1177/1049731516633297

289. Taillieu, T. L., Brownridge, D. A., Sareen, J., & Afifi, T. O. (2016). Childhood emotional maltreatment and mental disorders: Results from a nationally representative adult sample from the United States. *Child Abuse & Neglect*, *59*, 1–12. https://doi.org/10.1016/j.chiabu.2016.07.005

290. Thomaes, K., Engelhard, I. M., Sijbrandij, M., Cath, D. C., & Van den Heuvel, O. A. (2016). Degrading traumatic memories with eye movements: A pilot functional MRI study in PTSD. *European Journal of Psychotraumatology*, *7*(1), 31371. https://doi.org/10.3402/ejpt.v7.31371

291. Thombs, B. D., Bernstein, D. P., Lobbestael, J., & Arntz, A. (2009). A validation study of the Dutch Childhood Trauma Questionnaire-Short Form: Factor structure, reliability, and known-groups validity. *Child Abuse & Neglect*, *33*(8), 518–523. https://doi.org/10.1016/j.chiabu.2009.03.001

292. Thormahlen, B. (2003). Patient factors predicting dropout from supportive-expressive psychotherapy for patients with personality disorders. *Psychotherapy Research*, *13*(4), 493-509. https://doi.org/10.1093/ptr/kpg039

293. Tomko, R. L., Trull, T. J., Wood, P. K., & Sher, K. J. (2014). Characteristics of borderline personality disorder in a community sample: Comorbidity, treatment utilization, and general functioning. *Journal of Personality Disorders*, *28*(5), 734-750. https://doi.org/10.1521/pedi_2012_26_093

294. Trickett, P. K., Mennen, F. E., Kim, K., & Sang, J. (2009). Emotional abuse in a sample of multiply maltreated, urban young adolescents: Issues of definition and identification. *Child Abuse & Neglect*, *33*(1), 27–35. https://doi.org/10.1016/j.chiabu.2008.12.003

295. Trull, T. J., Jahng, S., Tomko, R. L., Wood, P. K., & Sher, K. J. (2010). Revised nesarc personality disorder diagnoses: gender, prevalence, and comorbidity with substance dependence disorders. *Journal of Personality Disorders*, *24*(4), 412-426. https://doi.org/10.1521/pedi.2010.24.4.412

296. Tschoeke, S., Bichescu-Burian, D., Steinert, T., & Flammer, E. (2021). History of childhood trauma and association with borderline and dissociative features. *Journal of Nervous & Mental Disease*, *209*(2), 137–143. https://doi.org/10.1097/NMD.0000000000001270

297. Turon, H., Carey, M., Boyes, A., Hobden, B., Dilworth, S., & Sanson-Fisher, R. (2019). Agreement between a single-item measure of anxiety and depression and the Hospital Anxiety and Depression Scale: A cross-sectional study. *PLOS ONE*, *14*(1), e0210111. https://doi.org/10.1371/journal.pone.0210111

298. Vermetten, E., & Spiegel, D. (2014). Trauma and dissociation: Implications for borderline personality disorder. *Current Psychiatry Reports*, *16*(2), 434. https://doi.org/10.1007/s11920-013-0434-8

299. Viechtbauer, W. (2010). Conducting meta-analyses in R with the metafor package. In *JSS Journal of Statistical Software* (Vol. 36). http://www.jstatsoft.org/

300. Vonderlin, R., Kleindienst, N., Alpers, G. W., Bohus, M., Lyssenko, L., & Schmahl, C. (2018). Dissociation in victims of childhood abuse or neglect: A meta-analytic review. *Psychological Medicine*, *48*(15), 2467–2476. https://doi.org/10.1017/S0033291718000740

301. Wadji, D. L., Martin-Soelch, C., & Camos, V. (2022). Can working memory account for EMDR efficacy in PTSD? *BMC Psychology*, *10*(1), 245. https://doi.org/10.1186/s40359-022-00951-0

302. Watson, S., Chilton, R., Fairchild, H., & Whewell, P. (2006). Association between childhood trauma and dissociation among patients with borderline personality disorder. *Australian & New Zealand Journal of Psychiatry*, *40*(5), 478–481. https://doi.org/10.1080/j.1440-1614.2006.01825.x

303. Weathers, F. W., Blake, D. D., Schnurr, P. P., Kaloupek, D. G., Marx, B. P., & Keane, T. M. (2013). *The Clinician-Administered PTSD Scale for DSM-5 (CAPS-5).* Assessment available from the National Center for PTSD at www.ptsd.va.gov.

304. Weathers, F. W., Bovin, M. J., Lee, D. J., Sloan, D. M., Schnurr, P. P., Kaloupek, D. G., Keane, T. M., & Marx, B. P. (2018). The Clinician-Administered PTSD Scale for DSM–5 (CAPS-5): Development and initial psychometric evaluation in military veterans. *Psychological Assessment*, *30*(3), 383-395. https://doi.org/10.1037/pas0000486

305. Weathers, F. W., & Keane, T. M. (2007). The criterion a problem revisited: Controversies and challenges in defining and measuring psychological trauma. *Journal of Traumatic Stress*, *20*(2), 107–121. https://doi.org/10.1002/jts.20210

306. Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). *The PTSD Checklist for DSM-5 (PCL-5).* Scale available from the National Center for PTSD at www.ptsd.va.gov.

307. Weiss, D., & Marmar, C. (1997). *The Impact of Event Scale-Revised*. In J. Wilson & T. Keane (Eds.), Assessing Psychological Trauma and PTSD. Guildford Press.

308. Wetzelaer, P., Farrell, J., Evers, S. M., Jacob, G. A., Lee, C. W., Brand, O., van Breukelen, G., Fassbinder, E., Fretwell, H., Harper, R. P., Lavender, A., Lockwood, G., Malogiannis, I. A., Schweiger, U., Startup, H., Stevenson, T., Zarbock, G., & Arntz, A. (2014). Design of an international multicentre RCT on group schema therapy for borderline personality disorder. *BMC Psychiatry*, *14*(1), 319. https://doi.org/10.1186/s12888-014-0319-3

309. Wetzelaer, P., Lokkerbol, J., Arntz, A., van Asselt, T., Smit, F., & Evers, S. (2017). Cost-effectiveness and budget impact analysis applied to specialized outpatient psychotherapy for borderline personality disorder in the Netherlands. *Journal of Mental Health Policy and Economics, 20*(4), 177-190.

310. Wibbelink, C. J. M., Lee, C. W., Bachrach, N., Dominguez, S. K., Ehring, T., van Es, S. M., Fassbinder, E., Köhne, S., Mascini, M., Meewisse, M.-L., Menninga, S., Morina, N., Rameckers, S. A., Thomaes, K., Walton, C. J., Wigard, I. G., & Arntz, A. (2021). The effect of twice-weekly versus once-weekly sessions of either imagery rescripting or eye movement desensitization and reprocessing for adults with PTSD from childhood trauma (IREM-Freq): A study protocol for an international randomized clinical trial. *Trials*, *22*(1), 848. https://doi.org/10.1186/s13063-021-05712-9

311. Widom, C. S., Czaja, S. J., & Paris, J. (2009). A prospective investigation of borderline personality disorder in abused and neglected children followed up into adulthood. *Journal of Personality Disorders*, *23*(5), 433–446. https://doi.org/10.1521/pedi.2009.23.5.433

312. Wild, J., Hackmann, A., & Clark, D. M. (2007). When the present visits the past: Updating traumatic memories in social phobia. *Journal of Behavior Therapy and Experimental Psychiatry*, *38*(4), 386–401. https://doi.org/10.1016/j.jbtep.2007.07.003

313. Winsper, C., Bilgin, A., Thompson, A., Marwaha, S., Chanen, A. M., Singh, S. P., Wang, A., & Furtado, V. (2020). The prevalence of personality disorders in the community: A global systematic review and meta-analysis. *The British Journal of Psychiatry*, *216*(2), 69–78. https://doi.org/10.1192/bjp.2019.166

314. Witt, A., Brown, R. C., Plener, P. L., Brähler, E., & Fegert, J. M. (2017). Child maltreatment in Germany: Prevalence rates in the general population. *Child and Adolescent Psychiatry and Mental Health*, *11*(1), 47. https://doi.org/10.1186/s13034-017-0185-0

315. World Health Organization. (2019). *International statistical classification of diseases and related health problems (11th ed.)*. https://icd.who.int/.

316. World Health Organization. (2022a). *Responding to child maltreatment: a clinical handbook for health professionals*.

317. World Health Organization. (2022b, September 19). *Child maltreatment*. https://www.who.int/news-room/fact-sheets/detail/child-maltreatment

318. Yates, T. M. (2007). The developmental consequences of child emotional abuse. *Journal of Emotional Abuse*, *7*(2), 9–34. https://doi.org/10.1300/J135v07n02_02

319. You, J. S., Lee, C. W., Park, J. Y., Jang, Y., Yu, H., Yoon, J., Kwon, S. S., Oh, S., Park, Y. S., Ryoo, H. A., Lee, J. H., Lee, D., Lee, J., Kim, Y., Cho, N., Ihm, H. K., Park, C. H. K., Lee, Y. C., Won, H.-H., … Myung, W. (2022). Borderline personality pathology in major depressive disorder, bipolar I and II disorder, and its relationship with childhood trauma. *Psychiatry Investigation*, *19*(11), 909–918. https://doi.org/10.30773/pi.2022.0114

320. Young, J. E., Klosko, J. S., & Wieshaar, M. E. (2003). *Schema Therap: A Practitioner's guide*. Guilford Press.

321. Yuan, Y., Lee, H., Eack, S. M., & Newhill, C. E. (2023). A systematic review of the association between early childhood trauma and borderline personality disorder. *Journal of Personality Disorders*, *37*(1), 16–35. https://doi.org/10.1521/pedi.2023.37.1.16

322. Zalta, A. K., Gillihan, S. J., Fisher, A. J., Mintz, J., McLean, C. P., Yehuda, R., & Foa, E. B. (2014). Change in negative cognitions associated with PTSD predicts symptom reduction in prolonged exposure. *Journal of Consulting and Clinical Psychology*, *82*(1), 171-175. https://doi.org/10.1037/a0034735

323. Zanarini, M. C., Frankenburg, F. R., Hennen, J., Reich, D. B., & Silk, K. R. (2005). The McLean study of adult development (MSAD): Overview and implications of the first six years of prospective follow-up. *Journal of Personality Disorders*, *19*(5), 505-523. https://doi.org/10.1521/pedi.2005.19.5.505

324. Zanarini, M. C., Frankenburg, F. R., Hennen, J., Reich, D. B., & Silk, K. R. (2006). Prediction of the 10-year course of borderline personality disorder. *American Journal of Psychiatry*, *163*(5), 827–832. https://doi.org/10.1176/ajp.2006.163.5.827

325. Zanarini, M. C., Frankenburg, F. R., Jager-Hyman, S., Reich, D. B., & Fitzmaurice, G. (2008). The course of dissociation for patients with borderline personality disorder and axis II comparison subjects: A 10-year follow-up study. *Acta Psychiatrica Scandinavica*, *118*(4), 291–296. https://doi.org/10.1111/j.1600-0447.2008.01247.x

326. Zlotnick, C., Franklin, C. L., & Zimmerman, M. (2002). Is comorbidity of posttraumatic stress disorder and borderline personality disorder related to greater pathology and impairment? *American Journal of Psychiatry*, *159*(11), 1940–1943. https://doi.org/10.1176/appi.ajp.159.11.1940

REFERENCE OVERVIEW, AUTHOR CONTRIBUTIONS, AND FUNDING

1. Studies included in the dissertation

Rameckers, S. A., van Emmerik, A. A. P., Bachrach, N., Lee, C. W., Morina, N., & Arntz, A. (2021). The impact of childhood maltreatment on the severity of childhood-related posttraumatic stress disorder in adults. *Child Abuse & Neglect*, *120*, 105208. https://doi.org/10.1016/j.chiabu.2021.105208

Sophie Rameckers: Conceptualization, Formal analysis, writing – original draft, Writing - review and editing, Methodology, Software. Arnold van Emmerik: Supervision, Conceptualization, Writing – review and editing, Nathan Bachrach: Writing – review and editing, Investigation, Resources. Chistopher Lee: Writing – review and editing, Investigation, Resources. Nexhmedin Morina: Writing – review and editing, Investigation, Resources. Arnoud Arntz: Supervision, Conceptualization, Writing – review and editing, Investigation, Resources.

Rameckers, S. A., van Emmerik, A. A. P., Grasman, R. P. P. P., & Arntz, A. (2023). The role of non-fear emotions as change processes in posttraumatic stress disorder symptoms during treatment. *Journal of Behavior Therapy and Experimental Psychiatry. In revision.*

Sophie Rameckers: Conceptualization, Formal analysis, Writing – original draft, Writing - review and editing, Methodology, Software. Arnold van Emmerik: Writing – review and editing, Supervision. Raoul Grasman: Methodology, Software, Writing - review and editing. Arnoud Arntz: Conceptualization, Resources, Investigation, Methodology, Roles/Writing – review and editing, Supervision.

Rameckers, S. A., van Emmerik, A. A. P. Boterhoven-de Haan, K. L., Kousemaker, M., Fassbinder, E., Lee, C. W., Meewisse, M-L., Menninga, S., Rijkeboer, M. Schaich, A., & Arntz, A. (2023). The working mechanisms of imagery rescripting and eye movement desensitization and reprocessing: Findings from a randomised controlled trial. *Behaviour Research and Therapy. Under review.*

Sophie Rameckers: Conceptualization, Software, Formal analysis, writing – original draft, Writing – review and editing, Methodology. Arnold van Emmerik: Conceptualization, writing – review and editing, Supervision. Katrina Boterhoven-de Haan: Investigation, writing – review and editing. Margriet Kousemaker: Investigation, writing – review and editing. Eva Fassbinder: Investigation, writing – review and editing. Christopher Lee: Investigation, writing – review and editing. Mariel Meewisse: Investigation, writing – review and editing. Simone Menninga: Investigation, writing – review and editing. Marleen Rijkeboer: Investigation, writing – review and editing. Anja Schaich: Investigation, writing – review and editing. Arnoud Arntz: Conceptualization, Investigation, Formal analysis, Writing – review and editing, Methodology, Supervision.

Rameckers, S. A., van Emmerik, A. A. P., & Arntz, A. (2023). Are childhood trauma and dissociation differentially related to treatment outcomes? An examination of different schema therapy formats. *Unpublished*

Sophie Rameckers: Conceptualization, Software, Formal Analysis, Writing – original draft, Writing – review and editing. Arnold van Emmerik: Writing – review and editing, Supervision. Arnoud Arntz: Conceptualization, Methodology, Investigation, Resources, Formal analysis, Writing – review and editing, Supervision.

Rameckers, S. A., Verhoef, R. E. J., Grasman, R. P., Cox, W. R., van Emmerik, A. A., Engelmoer, I. M., & Arntz, A. (2021). Effectiveness of psychological treatments for borderline personality disorder and predictors of treatment outcomes: A multivariate multilevel meta-analysis of data from all design types. *Journal of Clinical Medicine*, *10*(23), 5622. https://doi.org/10.3390/jcm10235622

Sophie Rameckers: Conceptualization, Software, Formal analysis, writing – original draft, Writing – review and editing, Investigation, Methodology. Rogier Verhoef: Investigation, Writing – review and editing. Raoul Grasman: Software, Methodology, Resources, Writing – review and editing. Wouter Cox: Investigation, Writing – review and editing. Arnold van Emmerik: Investigation, Supervision, Writing – review and editing. Isabella Engelmoer: Investigation, Writing – review and editing. Arnoud Arntz: Conceptualization, Methodology, Resources, Investigation, Writing – review and editing, Supervision.

2. Other publications

Arntz, A., Mensink, K., Cox, W. R., Verhoef, R. E. J., van Emmerik, A. A. P., Rameckers, S. A., Badenbach, T., & Grasman, R. P. P. P. (2023). Dropout from psychological treatment for borderline personality disorder: A multilevel survival meta-analysis.

Psychological Medicine, *53*(3), 668-686. https://doi.org/10.1017/S0033291722003634

Hoppen, T. H., Schlechter, P., Arntz, A., Rameckers, S. A., Ehring, T., & Morina, N. (2022). A brief measure of guilt and shame: Validation of the Guilt and Shame Questionnaire (GSQ-8). *European Journal of Psychotraumatology*, *13*(2), 2146720.

https://doi.org/10.1080/20008066.2022.2146720

Kuck, S., Arntz, A., Rameckers, S. A., Lee, C. W., Boterhoven de Haan, K. L., Fassbinder, E., & Morina, N. (2023). Intraindividual variability and emotional change as predictors of sudden gains in imagery rescripting and EMDR for PTSD in adult survivors of childhood abuse. *Clinical Psychology & Psychotherapy*, *30*(5), 1029-1046. https://doi.org/10.1002/cpp.2855

Wibbelink, C. J. M., Lee, C. W., Bachrach, N., Dominguez, S. K., Ehring, T., van Es, S. M., Fassbinder, E., Köhne, S., Mascini, M., Meewisse, M-L., Menninga, S., Morina, N., Rameckers, S. A., Thomaes, K., Walton, C. J., Wigard, I. G., & Arntz, A. (2021). The effect of twice-weekly versus once-weekly sessions of either imagery rescripting or eye movement desensitization and reprocessing for adults with PTSD from childhood trauma (IREM-Freq): A study protocol for an international randomized clinical trial. *Trials, 22*, 1-22. https://doi.org/10.1186/s13063-02105712-9

Funding

The studies as described in Chapter 2, 3, 4, and 6 did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

The study as described in Chapter 5 was funded from several sources. As stated in the main publication, sites in the Netherlands were supported by ZonMW (grant 80-82310-97-12142) from the Netherlands Organization for Health Research and Development and a grant (2008 6350) from the Netherlands Foundation for Mental Health. The German sites were supported by Else Kröner-Fresenius-Stiftung. The sites in Australia were supported by Australian Rotary Health. The Greek site was supported by the Greek Society of Schema Therapy, the First Department of Psychiatry of the Medical School of the University of Athens, and the Institut für Verhaltenstherapie Ausbildung Hamburg. The sites in the United Kingdom were supported by the South London and Maudsley NHS Foundation Trust, by Research Center Experimental Psychopathology, Maastricht University, and by the Bradford District Care NHS Foundation Trust.

DANKWOORD

Tenslotte zijn er een aantal personen die een grote bijdrage en steun hebben geleverd aan de totstandkoming van mijn proefschrift. In dit laatste hoofdstuk van mijn proefschrift wil ik dan ook mijn oprechte dank en waardering uitspreken voor iedereen die hierin een rol heeft gespeeld. Zonder jullie hulp en steun zou ik dit waarschijnlijk niet hebben volbracht en jullie hebben allen een unieke rol gespeld in dit proces. Ook zou het gehele traject aanzienlijk zwaarder én minder plezierig zijn geweest.

In de eerste plaats wil ik mijn dankbaarheid en waardering uitspreken naar mijn twee promotoren, Arnoud en Arnold. Zonder jullie begeleiding had ik dit niet kunnen bereiken. Jullie hebben mij altijd het gevoel gegeven dat ik bij jullie terecht kon voor waardevol advies. Daarnaast was er altijd ruimte voor verrijkende en gezellige gesprekken tussendoor, wat ik ontzettend heb gewaardeerd. Ondanks de hoge verwachtingen heb ik altijd de vrijheid en het vertrouwen gevoeld om ook op mindere en stressvollere momenten bij jullie aan te kunnen en mogen kloppen. De ruimte die ik hierin heb gekregen is van grote waarde geweest. Ik ben er onwijs trots op dat ik onder jullie begeleiding heb mogen studeren, werken en promoveren, en ben jullie ontzettend dankbaar.

In het bijzonder wil ik jou bedanken, Arnoud, voor alle kansen die jij mij geboden hebt. Sinds ik na het afsluiten van mijn bachelor bij jou aanklopte met de vraag of je werk voor me had liggen, hebben wij altijd een goede samenwerking gehad. Ik had toen nooit geweten dat wij voor deze lange tijd samen zouden blijven werken en dat dit uiteindelijk tot dit proefschrift zou leiden. Al jouw adviezen, onze overleggen en uitwisseling van ideeën hebben in grote mate bijgedragen aan wat ik bereikt heb. Zonder jou was dit alles überhaupt niet tot stand gekomen. Ik heb enorm respect en waardering voor jouw openheid, bescheidenheid en waardering voor mijn ideeën, waarbij jij altijd open stond voor mijn inzichten en inbreng, en dit heeft mij ontzettend geïnspireerd. Ik heb een grote bewondering voor jouw kennis en analytisch vermogen en ik hoop ook in de toekomst nog veel van je te kunnen leren.

Arnold, als mijn copromotor heb jij ook een belangrijke rol gespeeld. Buiten onze werkgerelateerde gesprekken om heb ik ook veel plezier gehad aan de gezellige momenten waarin wij altijd konden praten en lachen over andere zaken. Dit heeft ook sterk bijgedragen aan het verhogen van het plezier wanneer wij minder leuke taken moesten doen (hierbij zal ik niet snel alle overleggen over de vele de quality ratings vergeten, en de lange afspraken voor de meta-analyses). Eigenlijk was dat altijd erg gezellig.

De leden van mijn promotiecommissie, Merel, Renée, Jan Henk, Thomas en Nathan, ik wil mijn grote dank uitspreken voor het lezen en beoordelen van mijn proefschrift. Ik zal veel waarde hechten aan de waardevolle feedback en wil alle leden ook bij voorbaat alvast bedanken voor de aanwezigheid bij mijn verdediging.

All study board members of the IREM-Freq study and co-authors of this dissertation, you have provided me with helpful and valuable feedback and advice, and your role during this research process and the trial has been (and is) very important. Without your commitment and help, these studies could not have been conducted. I am very grateful to each of you.

Raoul, bedankt voor al je methodologische hulp en adviezen. Zonder jou waren de vele ingewikkelde analyses en onderzoeksvragen niet tot stand gekomen. Ik klopte dikwijls bij je aan met ingewikkelde verzoeken, en ook wanneer er sprake was van tijdsdruk was je altijd bereid te helpen en ons van advies te voorzien.

Daarnaast wil ik aan mijn directe collega's, Anne-Sophie, Iuno en Carlijn, mijn oprechte dank uitspreken. We hebben een lange tijd samen op dezelfde kamer gewerkt en in deze periode zijn jullie altijd een constante bron van steun geweest. In die jaren hebben we elkaar goed leren kennen en er was altijd ruimte voor persoonlijke verhalen. De etentjes en koffiepauzes zal ik niet snel vergeten en ik hoop deze traditie nog lang met jullie te mogen en kunnen voortzetten. Hoewel ik nu naar een andere kamer verhuisd ben, mis ik jullie nu al. Ik kijk er nu al uit om ook bij jullie promoties aanwezig te mogen zijn. Anne-Sophie, wij kennen elkaar al sinds onze bachelor en hebben ook samen de research master doorstaan. Gedurende deze periode hebben wij altijd veel plezier gehad, al hebben we inmiddels ook veel stressvolle momenten doorstaan. Ik ben er trots op dat je mijn paranimf wil zijn. Ik hoop dat wij ook nog een lange tijd samen kunnen blijven werken, maar ook buiten werk hoop ik je nog lang te kunnen kennen.

To all my colleagues from Clinical Psychology, I want to express my appreciation and I want to thank you all. During my time as a PhD candidate, I had to do a lot of teaching which was a challenge for me at times. However, this allowed me to collaborate with many of you. Many of you have taught me important skills, not only concerning research but also concerning my didactic skills. Throughout these years, I have always felt at home within our department, both at work but also during the drinks after work and other events. This has been a great pleasure, and the positive atmosphere has made my time at this department, both as a student and as a PhD candidate, truly enjoyable. I sincerely hope that I will have the opportunity to continue working together for many years to come.

Mijn lieve, grote en chaotische familie, ik weet zeker dat ik het zonder jullie onvoorwaardelijke steun niet gered had. Ik ben er dankbaar voor dat jullie er zijn en ben er trots op dat jullie mijn familie zijn. In het bijzonder wil ik mijn twee moeders bedanken en mijn waardering naar jullie uitspreken. Mam, jij hebt je altijd met vol enthousiasme verdiept in mijn werk en dit onderwerp. Hier kon ik altijd met jou over praten en in deze tijd heb ik altijd gevoeld dat je achter mij stond. Lieve Syl, tijdens mijn leven (en dat van de rest van onze familie) ben jij altijd een rots in de branding geweest. Zelfs als ik het druk had, en ook ongeacht jouw drukke baan, weet ik dat er altijd een bordje klaarstond, want "eten moet je toch". Tijdens mijn studie heb je me herhaaldelijk geholpen en voorzien

van waardevolle feedback. Aangezien jij zelf een promotietraject hebt doorlopen, kon je me hierdoor van veel advies voorzien. Je advies, op elk vlak, is altijd stimulerend en behulpzaam. Ik ben er dankbaar voor dat jij altijd in ons leven bent gebleven en ik ben trots dat ik je mijn bonusmoeder mag noemen. Frank, als bonusvader heb jij ook een hele essentiële rol gespeeld in mijn leven, en dat zal ik altijd blijven koesteren. Floor, Juul en Camiel, ik zou oprecht niet weten hoe ik het leven zonder jullie, zowel vroeger als nu, door zou zijn gekomen. Ik houd van jullie allemaal.

Mijn oudste en meest dierbare vriendin, tevens een van mijn paranimfen: Nena. Ik ken je inmiddels al meer dan de helft van mijn leven. Ik hecht veel waarde aan het feit dat je mij altijd hebt gesteund. Met trots kan ik zeggen dat jij, waarschijnlijk als een van de weinigen, mijn werk hebt gelezen tijdens al die jaren. Onze verre en lange reizen, de goede én slechte ervaringen die we samen hebben meegemaakt en die jij mij hebt helpen doorstaan, en alle diepgaande gesprekken – ze hebben allen in grote mate bijgedragen tot de persoon die ik nu ben. Dat zal ik voor altijd koesteren. Altijd goudeerlijk en direct, je hebt me veel belangrijke inzichten gegeven. Dit heeft mij een beter mens gemaakt. Je hebt mij tevens keer op keer de motivatie en het doorzettingsvermogen gegeven dat ik nodig had op moeilijkere momenten. Ook jouw familie (Siebe, Bianc, en Noa) wil ik hier bedanken. Ik zie jullie als deel van mijn eigen familie en heb mooie herinneringen aan de vakanties in Airole in Italië. Deze momenten waren lichtpunten waar ik kon ontspannen en stress kon loslaten. Deze zomers zijn mooie herinneringen.

Daan, jij bent de persoon met wie ik tijdens mijn leven de meeste tijd heb doorgebracht, en we hebben vele bijzondere momenten samen gedeeld. Ik ben vroeger door jou en je moeder liefdevol opgevangen. Onze jaren samen zijn belangrijk geweest voor wie ik ben als persoon en ik koester al deze herinneringen. Ik ben je ontzettend dankbaar voor wat je voor me hebt betekent, en nu nog steeds doet.

Maxime en Bobbi, samen met jullie aan mijn zijde heb ik het gevoel dat ik de hele wereld aankan. Naast de vele borrels, feestjes, spelletjesavonden en momenten van zowel vreugde als verdriet, hebben jullie mij ontzettend goed gesteund. Ik ben oprecht dankbaar dat jullie zo een belangrijke rol in mijn leven spelen. Max, tijdens de afronding van dit proefschrift ben ik niet altijd de meest gezellige vriendin en huisgenoot geweest. Desondanks ben je er altijd voor me geweest. Op de momenten dat ik het nodig had, stond je altijd klaar met een glas wijn, een knuffel, of gewoon een goed gesprek. Er zijn maar weinigen die altijd zo enthousiast zijn geweest en je hebt me altijd aangemoedigd. Bobbi, ik ben onwijs blij dat ik je in mijn leven heb. De maand die wij samen in Portugal hebben doorgebracht zal ik nooit vergeten en was precies wat ik nodig had na dit hele traject.

Beau, als mijn beste vriend heb ik afgelopen jaren veel aan jou gehad. Op elk moment van de dag (behalve misschien de vroege ochtend) kon ik mijn frustraties kwijt en je hebt me altijd gesteund. Je bood mij altijd een luisterend oor en hebt me een hart onder de riem gestoken wanneer ik dat nodig had. Weet dat dit alles veel voor mij betekent.

Lieve Charles groep, bedankt voor alle mooie momenten, feesten, weekenden en evenementen. Jullie zijn allemaal bijzonder en mooie mensen en samen kunnen wij het beste uit het leven halen. Ook alle andere personen die mij in mijn leven en tijdens het traject in mijn proefschrift hebben gesteund, ik ben jullie allen dankbaar.

Tenslotte, Syb, met trots heb ik mijn proefschrift aan je opgedragen. Pap, hoewel je er niet meer bent, ik ben je dankbaar.