A CORE focus for services: The impact of complex trauma on the clinical needs of women with EUPD in an inpatient DBT unit

Petch Umpunjun[1]., Elanor L. Webb[2]., Alice Leeson[3]., & Emily Fox[4].

[1]Honorary Research Assistant, CDCT, St Andrew's Healthcare, Northampton, UK
[2]Senior Research Assistant Psychologist, CDCT, St Andrew's Healthcare, Northampton, UK
[3]Assistant Psychologist, Low Secure and Specialist Rehabilitation Services, St Andrew's Healthcare, Northampton UK
[4]Director of Psychological Therapies, Low Secure and Specialist Rehabilitation Services, St Andrew's Healthcare, Northampton UK.

ABSTRACT

Background: Complex Posttraumatic Stress Disorder (CPTSD) and Emotionally Unstable Personality Disorder (EUPD), independently, have been associated with poor clinical outcomes. Hence, individuals with such conditions may require different treatments for their needs.

Methodology: Secondary analysis was conducted on clinical data for 36 women with a primary EUPD diagnosis.

Results: There were significant differences in the clinical needs of participants who met diagnostic criteria for CPTSD (EUPD+CPTSD) and those who did not (EUPD-only). CPTSD symptoms were a dominant predictor of clinical needs, above PTSD symptoms.

Conclusions: The differential clinical needs of EUPD populations with comorbid trauma symptomology may warrant differential treatments.

INTRODUCTION

While it is known that EUPD and CPTSD, individually, contribute to poor clinical outcomes and social functioning impairment, their symptoms are somewhat overlapping (Jowett et al., 2020). Also, the empirical evidence to support the difference between their clinical needs remains limited (Ford & Courtois, 2021). Figure 1 shows differences in symptoms of EUPD and CPTSD (Cloitre et al., 2013).

Fig 1: Differences in Symptoms of EUPD and CPTSD

Notes: CTPSD symptoms in green; EUPD symptoms in red.

STUDY AIMS

The aims of this study are:

- To **compare the level of clinical needs** in individuals **with EUPD and EUPD+CPTSD**.
- To **investigate the association** between **trauma severity and clinical needs** in EUPD patients.

METHODOLOGY

Design

Secondary analysis of data from an inpatient DBT service.

Participants

36 female inpatients across three specialist DBT rehabilitation units, with a primary diagnosis of EUPD.

Measures

Scores on the International Trauma Questionnaire (ITQ) and the CORE Outcome Measure (CORE-OM), as routine outcome measures within the service, were utilised.

Procedure

Demographic data and ITQ and CORE-OM data were extracted from electronic clinical records and analysed via SPSS.

Ethical Consideration

Ethical approval was received from internal governance structures within the organisation.

RESULTS

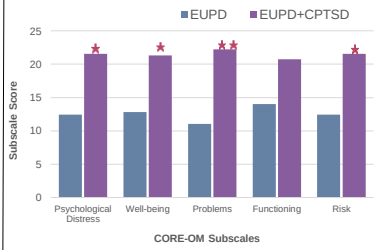
Demographics

- Participants' were White females aged 19-53 years (M=27.08, SD=7.32)
- Six (16.67%) had a joint primary diagnosis of EUPD and another ICD-10 diagnosis.
- Twenty-four (66.67%) met CPTSD criteria.

Mann-Whitney U Test

As shown in Figure 2, participants in the EUPD+CPTSD group had significantly higher scores for psychological distress (U=217.00, *p*=.013), wellbeing (U=212.00, *p*=.022), problems (U=233.50, *p*=.002) and risk (U=217.00, *p*=.013), but not functioning (U=197.50, *p*=.072).

Fig 2: Mean rank of CORE-OM subscale score between EUPD and EUPD+CPTSD



Notes: **p<.01 significance level, *p<.05 significance level.

RESULTS (CONTINUED)

Simple Linear Regressions

A series of linear regressions were conducted to explore the predictive effect of trauma symptomatology on clinical needs (see Table 1).

Table 1: Linear Regressions Summary

	R^2	β
Psychological Distress	.395	1.466**
Well-being	.381	.253**
Problems	.495	.732**
Functioning	.237	.481**
Risk	.289	.287**

Notes: **p<.01 significance level.

Hierarchical Regressions

A series of hierarchical regressions demonstrated that the 'disturbances in self-organization' (DSO) symptom cluster, which distinguishes CPTSD from PTSD, was a stronger positive predictor of all clinical needs than PTSD (see Table 2).

Table 2: Hierarchical Regressions Summary

	R	ΔR^2	ß
Psychological Distress	.671	.418	2.890**
Well-being	.644	.379	.445**
Problems	.718	.485	1.109**
Functioning	.592	.311	1.336**
Risk	.601	.323	.655**

Notes: **p<.01 significance level.

DISCUSSION

Besides functioning, clinical needs appear to differ within EUPD populations, depending on the severity of trauma symptomology. DSO symptoms were the strongest positive predictor of clinical needs, above PTSD symptoms. Thus, exposure to pervasive trauma appears to have a particularly significant impact on clinical presentation.

Clinical Implications

- **Screening for the presence and severity of trauma symptoms** in inpatient EUPD services is important, and may be a marker of severity of clinical needs.
- Differences in clinical needs should **inform the type and intensity of treatments.**

Limitations and Research Directions

- The small, niche sample size limits the ability to draw substantiative conclusions. Findings warrant replication in a larger, more diverse EUPD sample.
- Severity of EUPD symptoms, which may have explained differences in needs, was not controlled for, and is a key consideration for future research.

REFERENCES

Cloitre, M., Garvert, D. W., Brewin, C. R., Bryant, R. A., & Maercker, A. (2013). Evidence for proposed ICD-11 PTSD and complex PTSD: A latent profile analysis. *European journal of psychotraumatology*, *4*(1), 20706. **Ford, J. D.**, & Courtois, C. A. (2021). Complex PTSD and borderline personality disorder. *Borderline personality disorder and emotion dysregulation*, *8*(1), 1-21. **Jowett, S.**, Karatzias, T., Shevlin, M., & Albert, I. (2020). Differentiating symptom profiles of ICD-11 PTSD, complex PTSD, and borderline personality disorder: A latent class analysis in a multiply traumatized sample. *Personality Disorders: Theory, Research, and Treatment*, *11*(1), 36.

UNIVERSITY OF BIRMINGHAM
Centre for Developmental and Complex Trauma