





Disclosures

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- Dr. Harned is a trainer and consultant for Behavioral Tech, LLC.

BEHAVIORAL RESEARCH & THERAPY CLINICS

The Impact of PTSD in BPD

- 30-50% of individuals with BPD also have PTSD (e.g., Hamed et al., 2010; Pagura et al., 2010; Zanarini et al., 2004)
- PTSD is associated with greater impairment:
 - Suicidal and self-injurious behavior
 - Depression
 - Anxiety
 - Poorer physical health
 - Poorer global functioning

(e.g., Harned et al., 2010; Zlotnick et al., 2003; Bolton et al., 2006; Rusch et al., 2007

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The Impact of PTSD in DBT for BPD · Baseline PTSD diagnosis: - Mixed results as a predictor of improvements in suicidal and self-injurious behavior; unrelated to improvements in BPD severity (Barnicot & Priebe, 2013; Boritz, Barnhart, & McMain, 2016; Harned et al., 2010) · Baseline PTSD severity: - Predicts lower likelihood of eliminating acute suicide risk and suicidal and self-injurious behavior (Harned et · No research has evaluated the longitudinal course of PTSD as a time-varying predictor of outcomes in DBT. Study Aims · Evaluate the time-varying impact of PTSD severity on outcomes during DBT with and without targeted PTSD treatment. - H1: Higher average PTSD severity will predict worse outcomes at subsequent time points. - H2: Greater within-person improvements in PTSD severity will predict better outcomes at subsequent time points. *Both of the above will be true irrespective of treatment condition.

Secondary Analysis RCT of DBT (n=9) vs. DBT + DBT PE (n=17) Inclusion criteria: Adult females, BPD, PTSD, recent/recurrent suicide attempt and/or serious NSSI Exclusion criteria: Bipolar or psychotic disorders, IQ<70, mandated to treatment (Harned, Korslund, & Linehan, 2014)



Sample Characteristics (n=26)

- Mean age = 32.6 yrs, 80.8% Caucasian
- Past year self-injurious behavior:
 - 57.7% attempted suicide (M=2.4 attempts)
 - 96.2% engaged in NSSI (M=63.3 episodes)
- · Trauma history:
 - M=11.4 types of lifetime trauma, onset at 6.2 yrs
 - Primary index trauma = CSA (50%)
- Current Axis I and II diagnoses: M = 7.0
- Global Assessment of Functioning: M = 43.0

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Measures

- Time-Lagged Predictor
 - PTSD Symptom Scale Interview (Foa et al., 1993)
- Outcomes
 - Suicide Attempt Self-Injury Interview (Linehan et al., 2006)
 - Suicidal Behaviors Questionnaire (Linehan, unpublished)
 - Dissociative Experiences Scale (Carlson & Putnam, 1993)
 - Hamilton Rating Scale for Depression (Hamilton, 1960)
 - Brief Symptom Inventory Global Severity Index (Derogatis, 1993)
 - Global Social Adjustment (Keller et al., 1987)
 - CDC Health-Related Quality of Life (Moriarty, Zack, &

Analytic Approach • Time-lagged HLM and GEE models Baseline 4 mos 8 mos 12 mos (post) FTSD T1 — Outcomes T2 Outcomes T3 Outcomes T4 Outcomes T5 PTSD T2 PTSD T3 PTSD T4



Model Effects

- Time
- Time-lagged predictors (Enders & Tofigi, 2007)
 - Between-person variance in average PTSD severity
 - PTSD severity grand mean centered
 - Between-person variance in average PTSD severity X Time
 - Differential rate of change over time by average PTSD severity
 - Within-person change in PTSD severity
 - PTSD severity centered at the individual level

*Treatment condition did not significantly interact with timelagged predictors so was not included in the final models.

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10

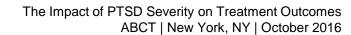
		Between-Person Factors		Within- Person Factor
	Time	Average PTSD severity	Average PTSD severity X Time	Change in PTSD severity
Suicide attempts & NSSI	< .001	<.001	<.0 <u>5</u>	.55
Suicidal ideation	<u>.02</u>	<u>.04</u>	.79	<.05
Dissociation	.26	<u>.001</u>	.13	<u>.009</u>
Depression	<u>.002</u>	<.001	.48	<u>.001</u>
Global severity	<u>.04</u>	<.001	.52	<u><.001</u>
Social adjustment	<u>.003</u>	.08	.35	<u>.02</u>
Health-related quality of life	.19	<u>.02</u>	.30	<u><.001</u>
*Data are p-values				

Summary of Findings

- Clients with more severe PTSD had poorer outcomes at subsequent time points.
 - Exception: social adjustment
- Clients with more severe PTSD had a slower rate of change in suicide attempts and NSSI.
- Clients with greater improvements in PTSD reported better outcomes at subsequent time points.
 - Exception: suicide attempts and NSSI

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12





Conclusions
 Clients with more severe PTSD are likely to be more impaired in a variety of areas during treatment.
 When PTSD severity is reduced, it is associated with subsequent improvements in multiple outcome domains.
<u>THEREFORE</u>
It is critical to treat PTSD during DBT.
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