

**Out of self-harms way?
The relationship between
self-injurious behaviours, trauma history
& clinical outcome in the psychological
therapy for women with severe
Borderline Personality Disorder.**

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George Santayana (1906)

- “Those who cannot remember the past are condemned to repeat it”

(Spanish born US philosopher & writer 1865-1952)



The Questions?

- Are there any further differences between women with BPD with/out a history of childhood sexual abuse (CSA)?
- Nature of self harm
- Levels of distress/ dissociation



Participants

- 212 women with BPD admitted 2000-2012
- All (bar one) state-funded tertiary referrals
- Mean age 33 years (sd 10.38; 18-59yrs)
- 83% (181) White British, 11% (25) unstated, White Irish (2) White Scottish (1) Mixed Race (3)
- 75% (159) completed >60 days in therapy
- 75% had previously reported a history of Childhood Sexual abuse (CSA)



Conclusions

- Of admissions for BPD; 3x more likely to have reported a history of childhood sexual abuse.
- More likely to self-harm, and in specific ways that may reflect past experiences/ in ways that mistreat their own body.
- Despite this, following a DBT-informed TC programme they made relatively greater clinical gains than those without a reported trauma history.



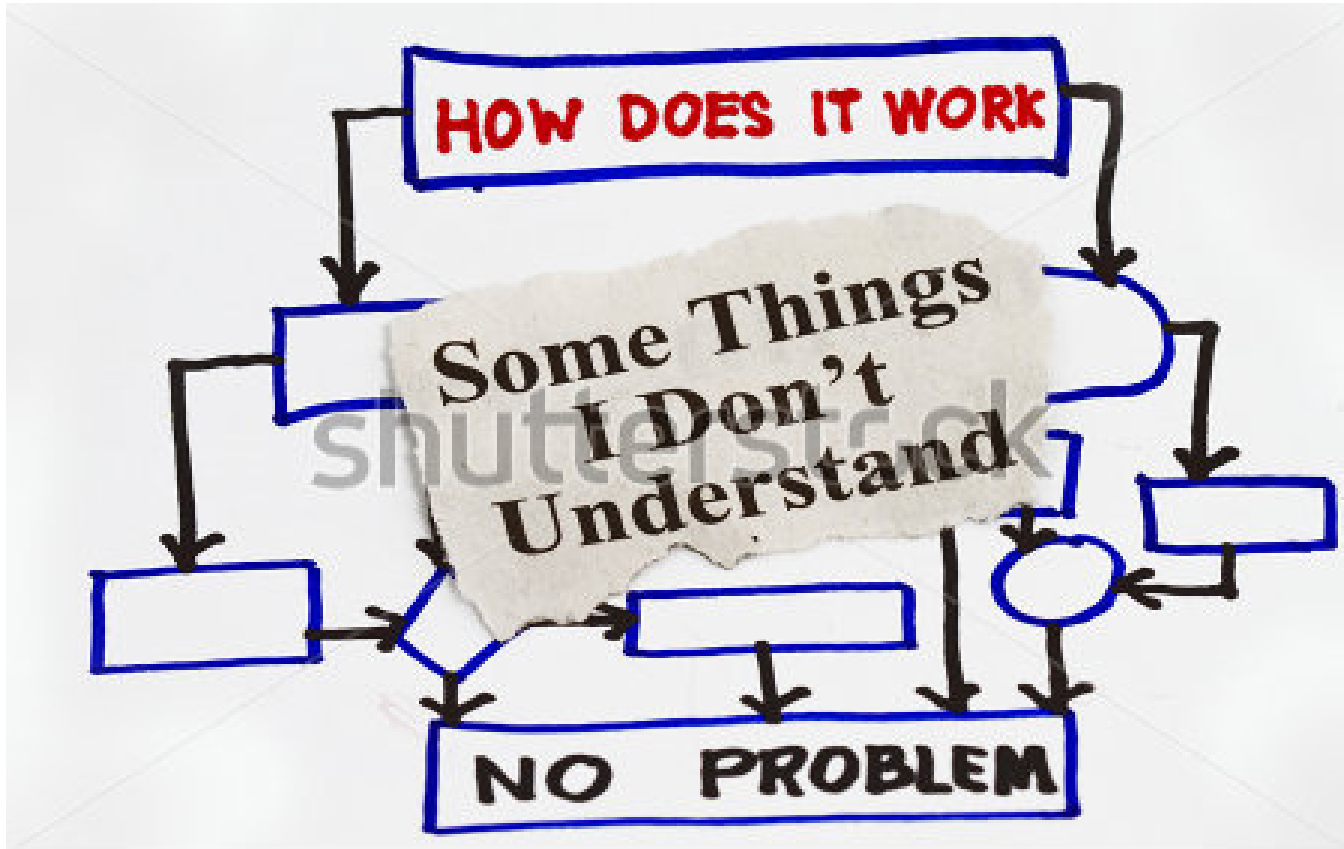
Conclusions

- Greater levels of behavioural and self-reported distress/dissociation **do not** predict poor clinical outcome
- Hope has practise-based evidence!

NEVER EVER
EVER
GIVE UP!



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Out of self harm's way; addressing trauma

- Establish safety & stability
- Mourning the loss
- Reconnect with the present
- Engage with LIFE WORTH LIVING



Measures

- Multiple measures from referral to 12 months follow-up;
- Clinical Outcomes in Routine Evaluation Outcome Measure (CORE-OM) (Barkham, Gilbert, Connell et al. 2005). Self-report 34-item / four subscales: Subjective well-being, problems and symptoms, life functioning and risk/harm
- Overall score of global distress.



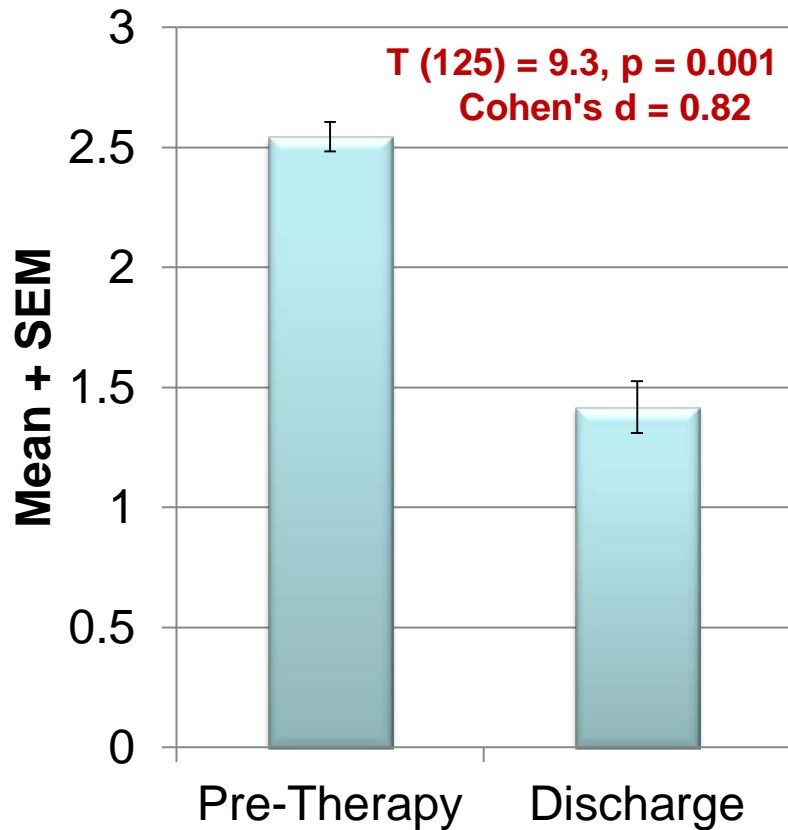
Measures

- Dissociative Experiences Scale (DES)
Bernstein & Putnam (1986) 28-item self-report measure; psychological dissociation.
Higher score = more dissociative symptoms.
- In addition, systematic review of case notes for presence/ nature of reported trauma history & forms of self-harm
- High inter-rater reliability confirmed

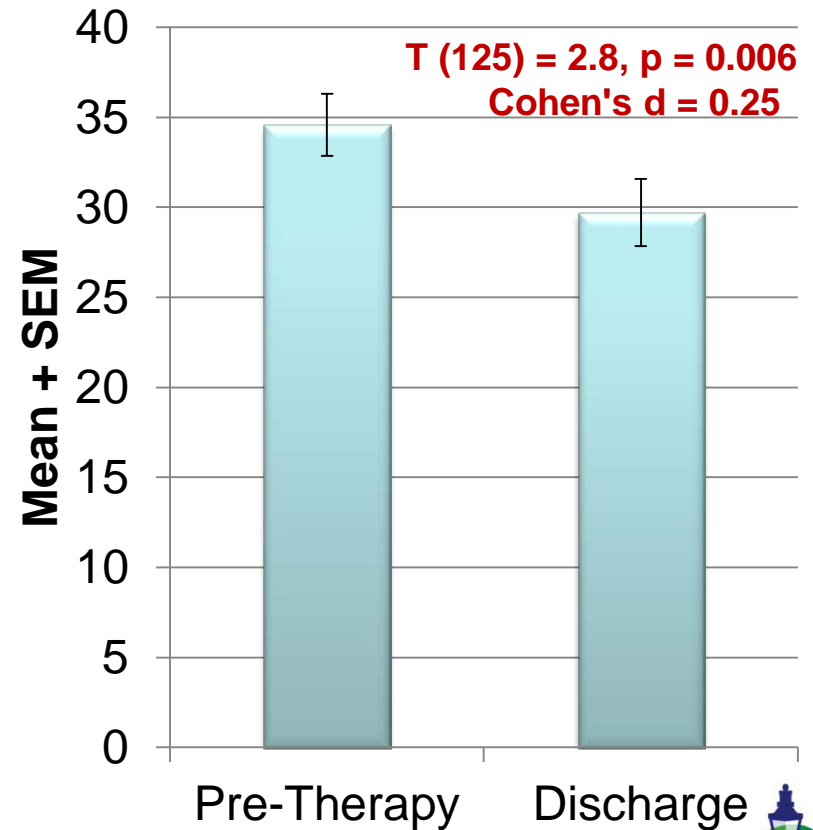


Treatment Efficacy

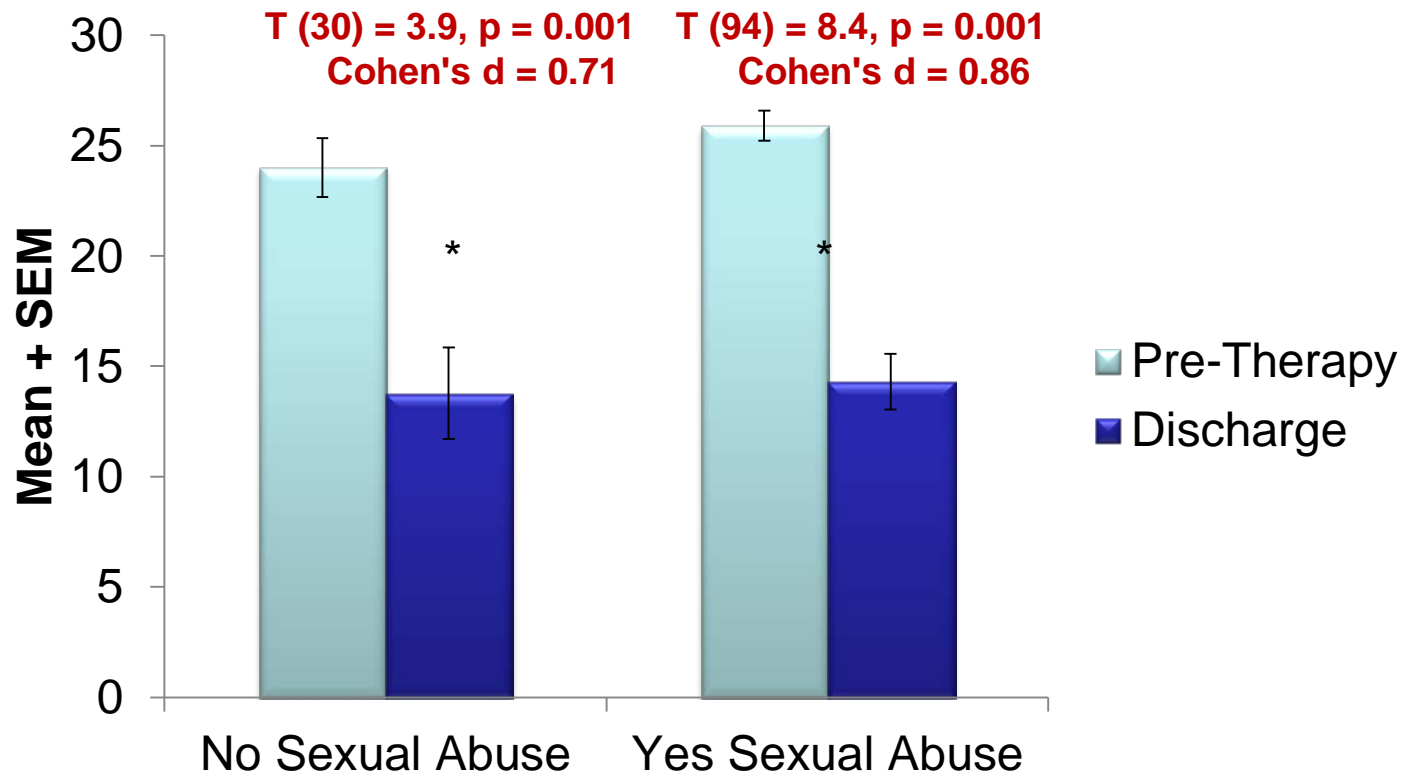
CORE-OM



DES



Trauma History & Clinical Outcome; CORE-OM

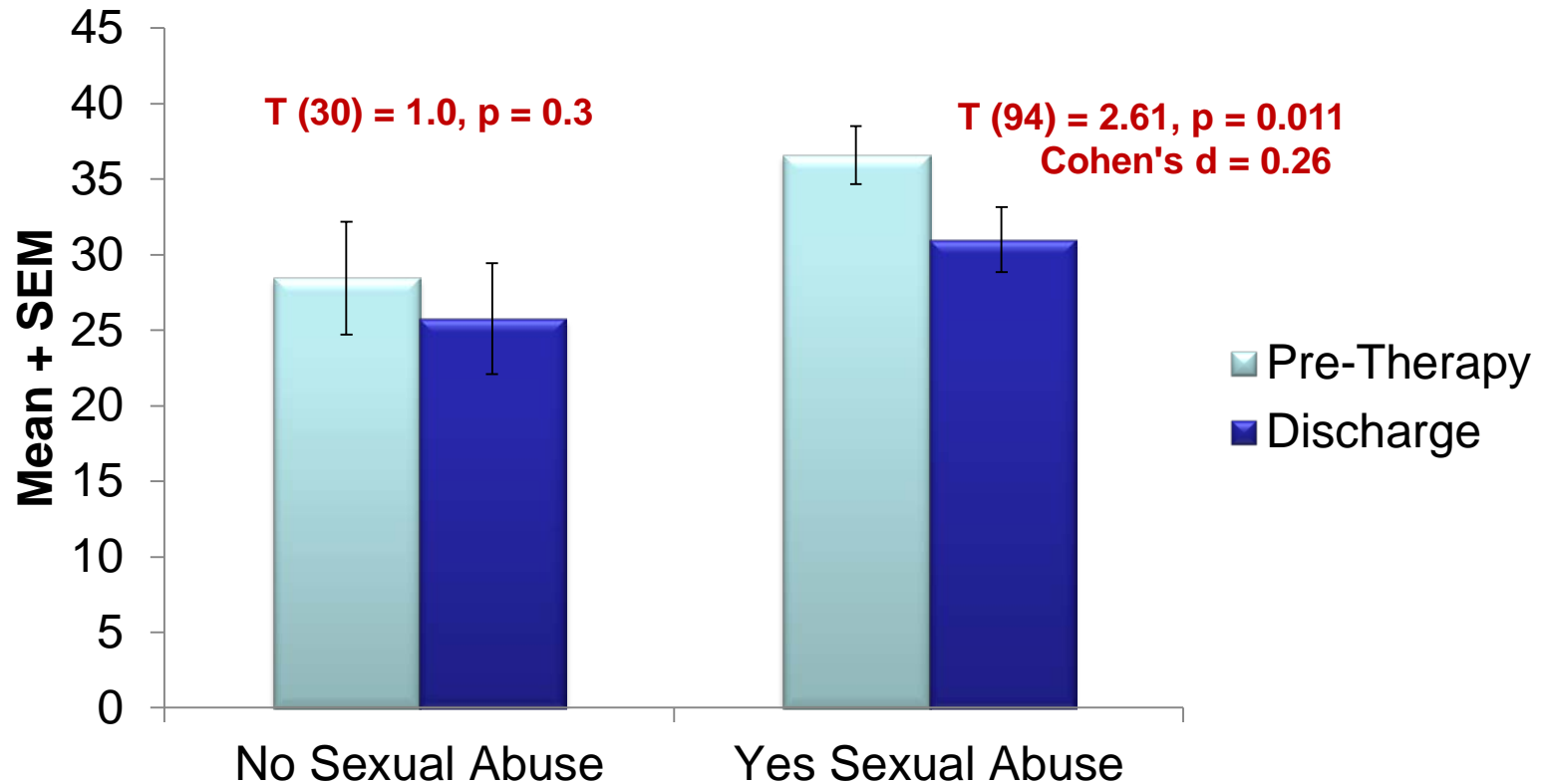


N = 31 no reported sexual abuse history
Mean length of stay = 251 ± 18 days
age at admission = 28.4 ± 1.5

N = 95 sexual abuse history
Mean length of stay = 266 ± 10 days
age at admission = 34.9 ± 1.1



Trauma History & Clinical Outcome; DES



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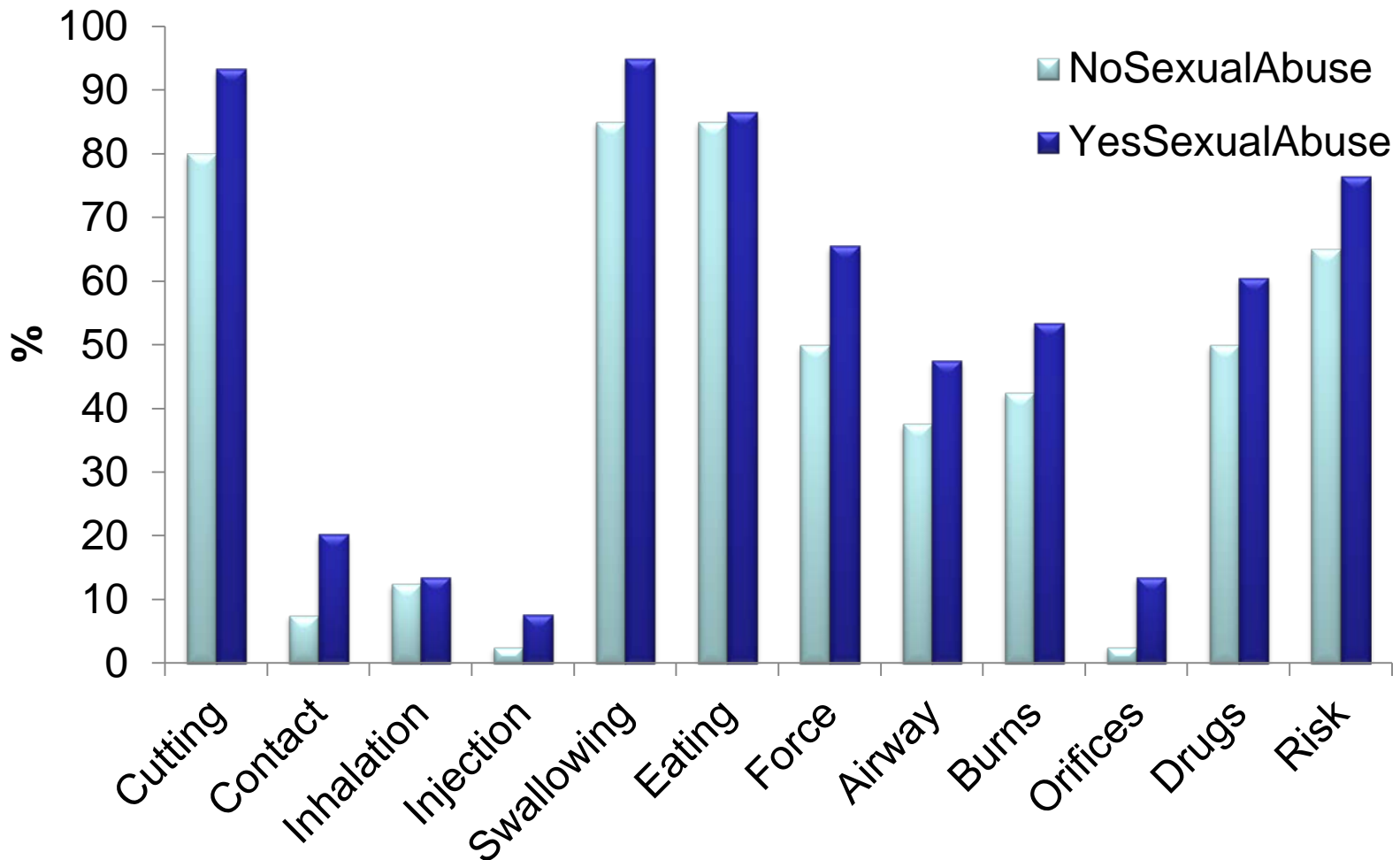


Taxonomy; casenote review

- 12 categories of self harm; cutting, contact (of aversive material with the skin), inhalation, injection, swallowing, eating behaviours, use of (self-directed) force, airway restriction, electrocution/burns, harm to organs/body orifices, substance abuse and other risk taking.
- 8 variables re: early trauma; sexual abuse, age of first sexual abuse, type of sexual abuse, sexual abuse perpetrator, physical abuse, emotional abuse, emotional neglect, physical neglect and loss of main care giver.

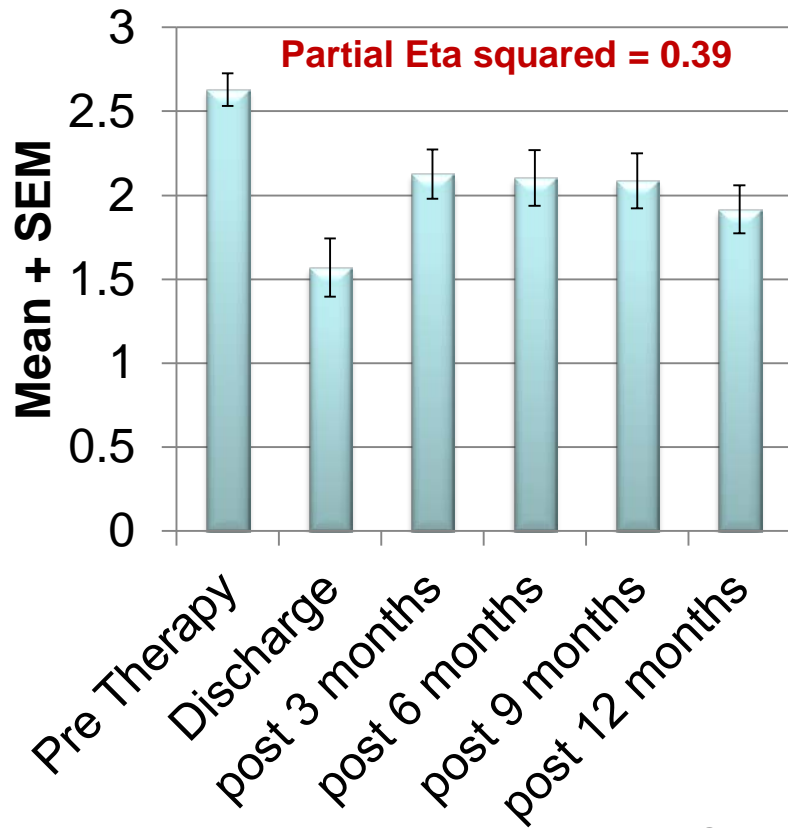


Relationship between Self-harm and sexual abuse

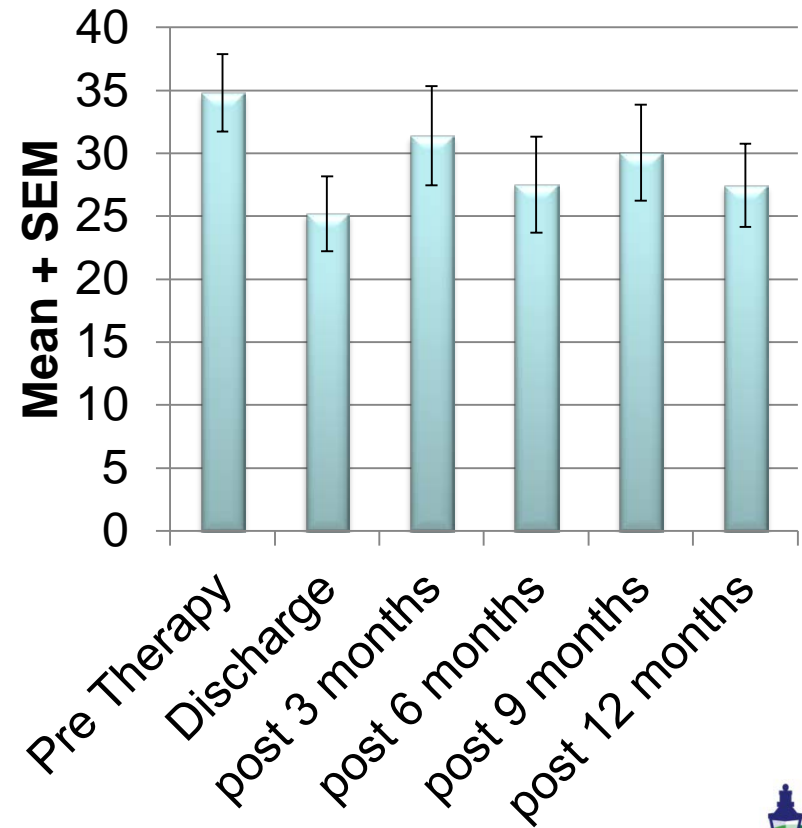


Treatment Efficacy over time; Preliminary data

CORE



DES



N = 46 @12 months post discharge



Conclusions (again)

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