

MALADAPTIVE PERSONALITY TRAITS AND EMOTION DYSREGULATION AS TRANSDIAGNOSTIC CORRELATES OF SUBTHRESHOLD PTSD AND PTSD

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BACKGROUND Why study transdiagnostic risk factors ?

Preventive interventions for post-traumatic stress disorder (PTSD) remain limited, highlighting the need to identify associated risk factors.

Transdiagnostic correlates (E.g., maladaptive personality traits and emotion dysregulation) are relatively **underexamined** in subthreshold PTSD,^{a,b} despite associations with PTSD development.

AIM: Examine transdiagnostic risk factors associated with ...

Subthreshold PTSD

Probable PTSD

PTSD symptom severity

and examine potential differences to inform early intervention

METHOD

For trauma exposed IMH outpatients, multinomial regression, multiple linear regression and parallel mediation analysis were used in this study.

Cumulative Lifetime Trauma

Stressful life events screening questionnaire (SLESQ)

Subthreshold and probable PTSD, PTSD symptom severity

PTSD checklist for DSM-5 (PCL-5)

Maladaptive personality traits (MPT)

Personality Inventory for the DSM-5 Brief Form (PID-5-BF)

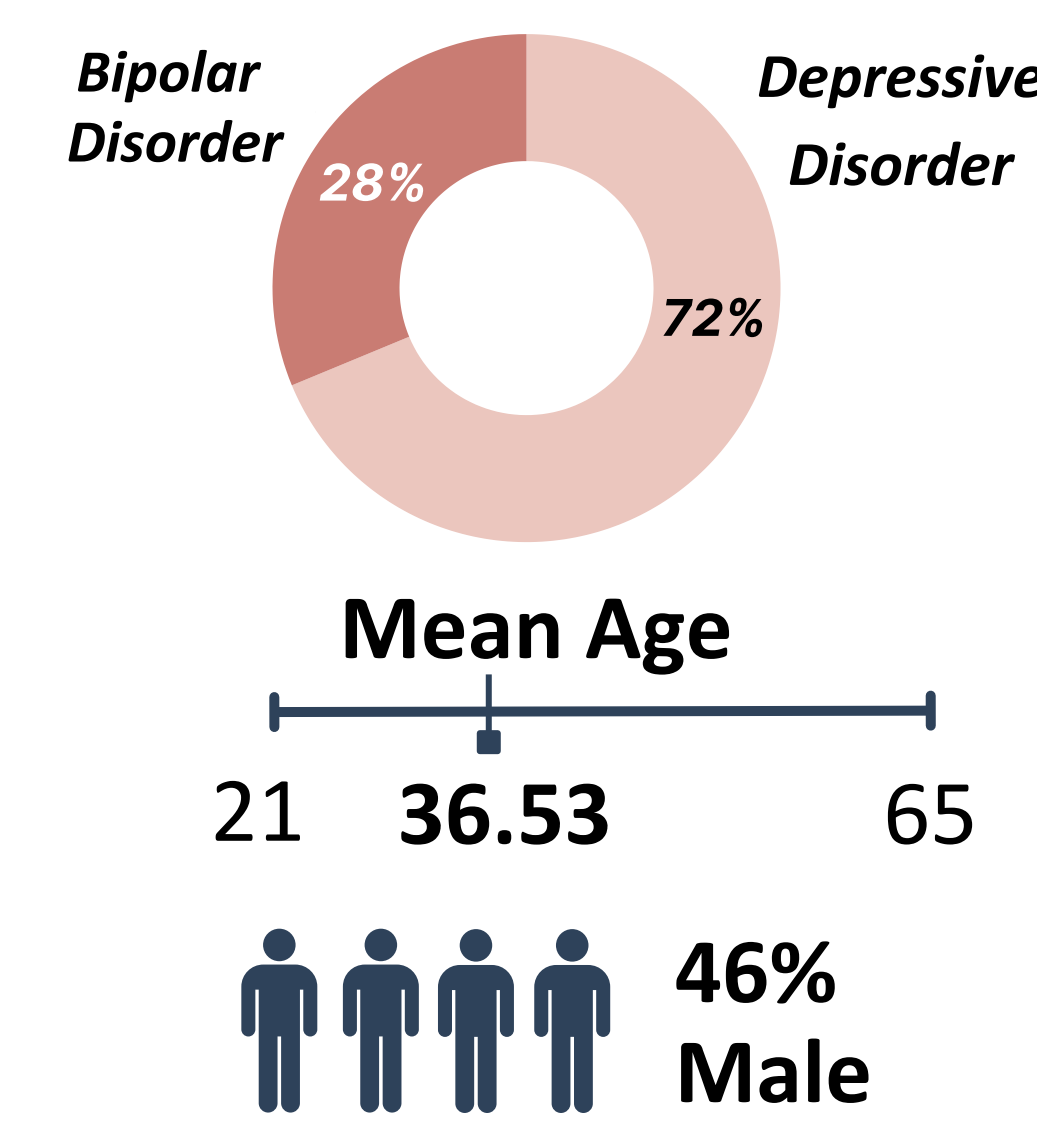
Emotion Dysregulation (DERS)

Difficulties with Emotion regulation strategies scale-short (DERS-SF)

MPT subdomains: negative affectivity, detachment, antagonism, disinhibition, psychoticism
DERS subdomains: non-acceptance of emotions, difficulties in goal directed behavior, lack of impulse control, lack of emotional awareness, difficulties in accessing emotion regulation strategies, lack of emotional clarity

RESULTS

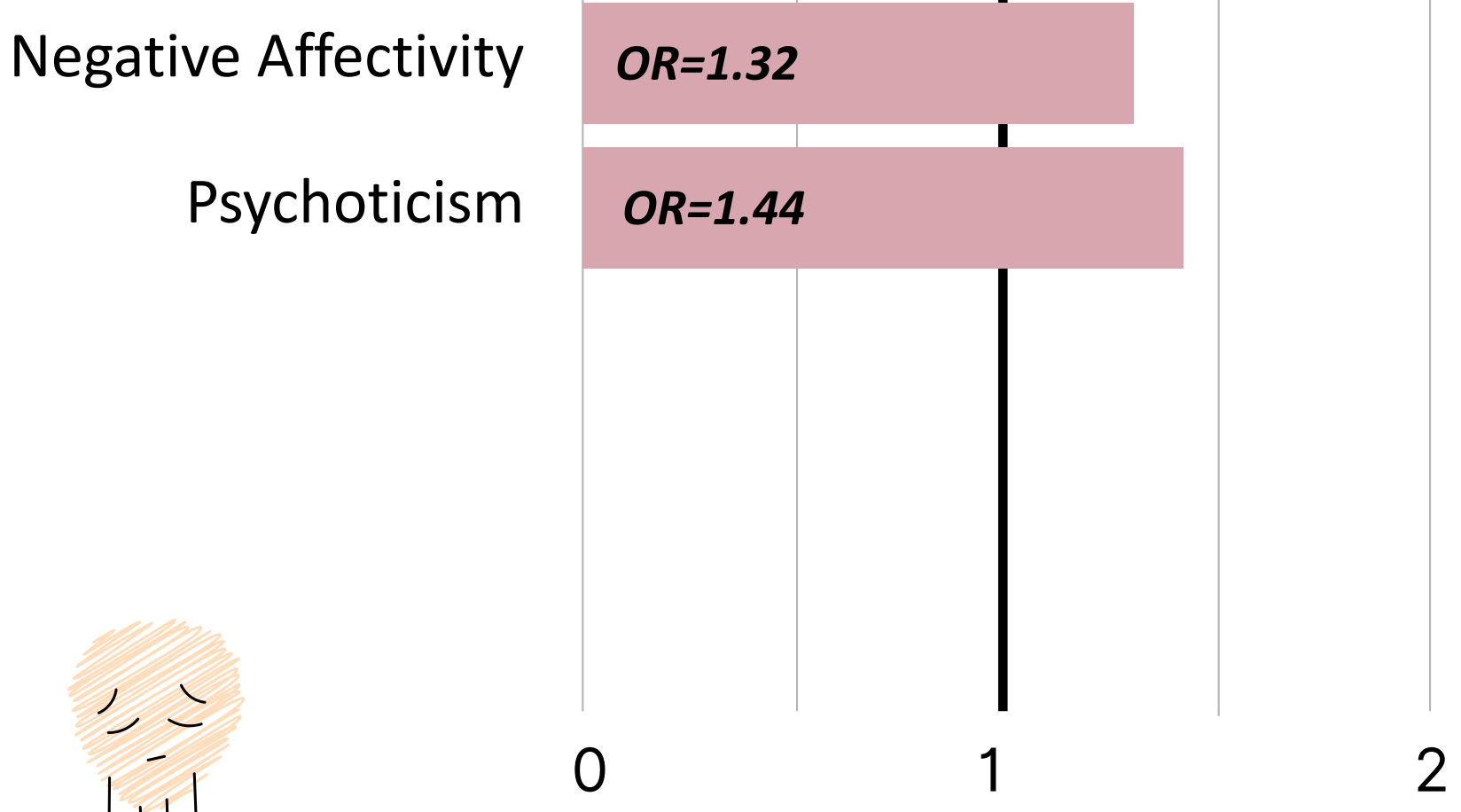
N = 200
IMH outpatients



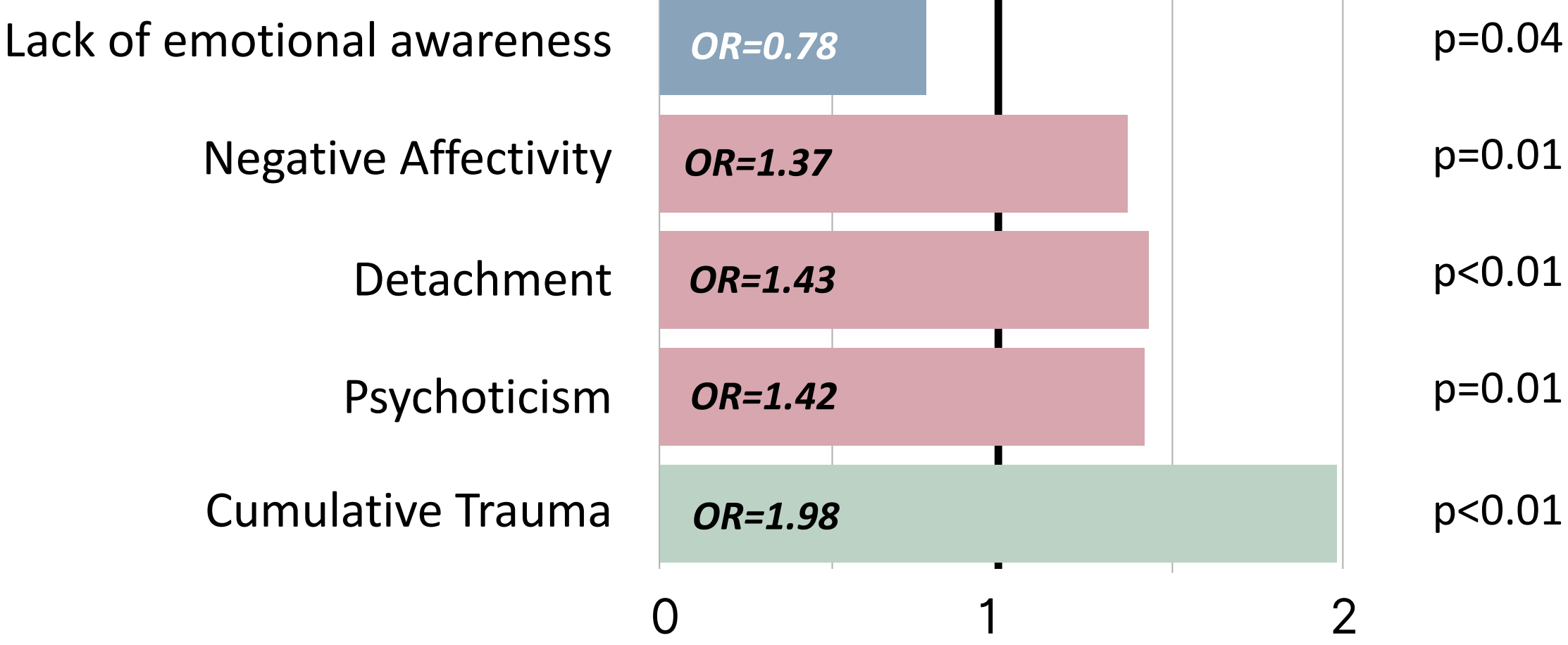
In the **multinomial regression**, PTSD threshold (ref: trauma exposed) served as the dependent variable, while clinical and sociodemographic correlates were entered as independent variables.

Figure 1. Significant correlates of probable PTSD and Subthreshold PTSD with odds ratios

(a) Subthreshold PTSD vs trauma exposed



(b) Probable PTSD vs trauma exposed



In the **multiple linear regression**, PTSD symptom severity served as the dependent variable, while clinical and sociodemographic correlates were entered as independent variables.

Figure 2. Significant predictors of PTSD symptom severity

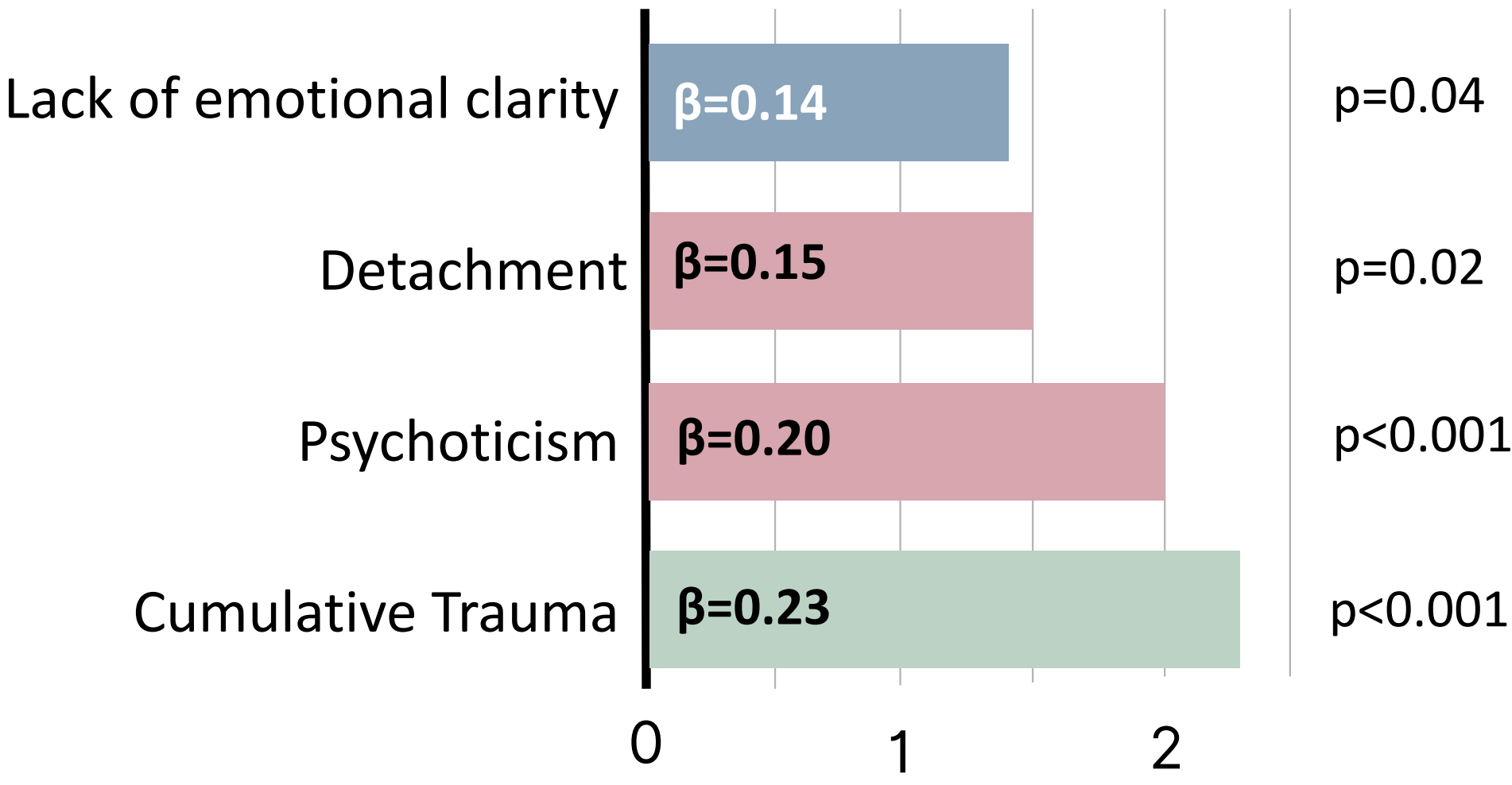
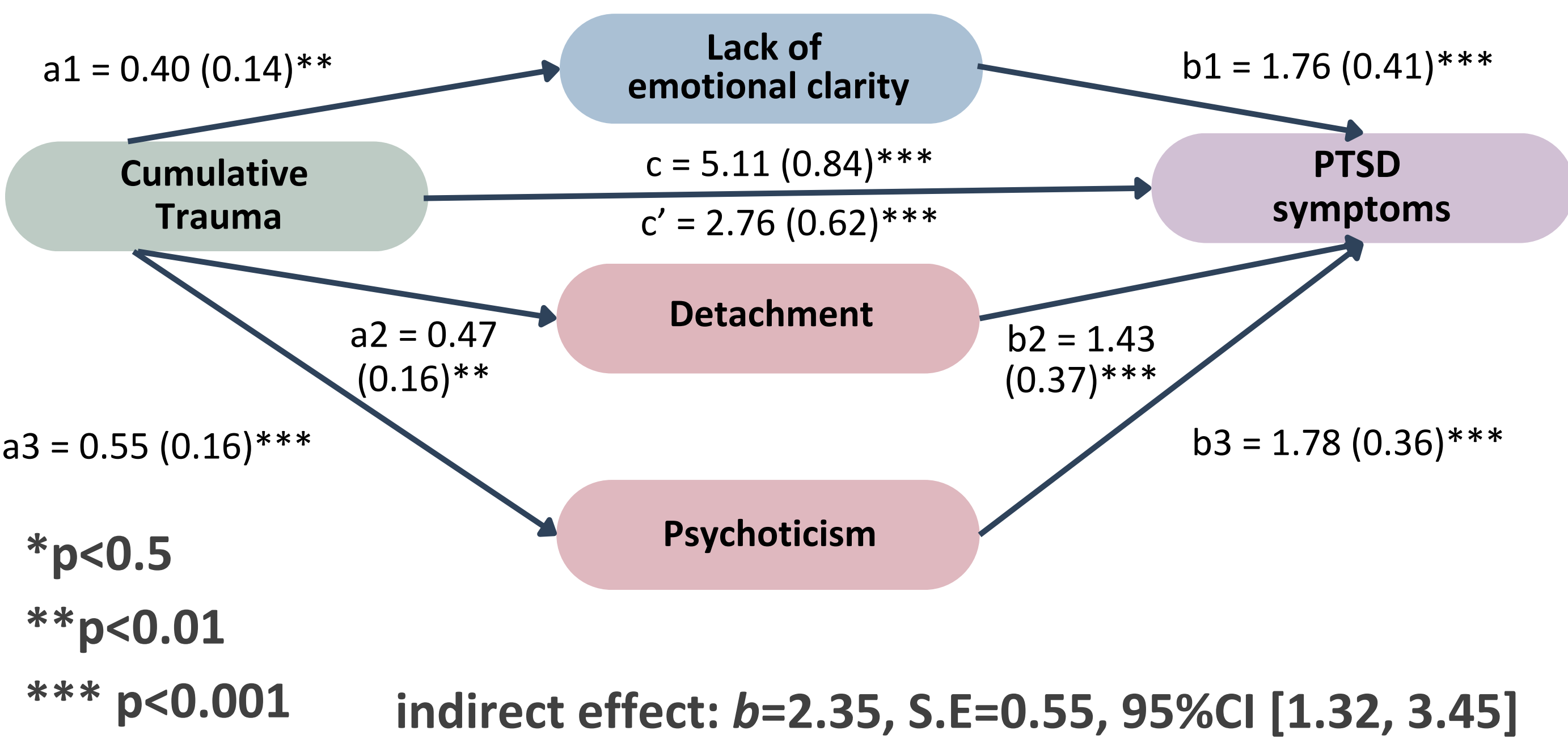


Figure 3. Parallel mediation model with significant predictors of PTSD symptom severity



- Those in the **probable PTSD** group had a **broader set of correlates** than the subthreshold PTSD group
- Only maladaptive personality traits** were **significant correlates** of both **probable PTSD** and **subthreshold PTSD**.
- Psychoticism** emerged as the **most consistent correlate** across PTSD thresholds and symptom severity.
- Cumulative trauma** was most **strongly associated** with PTSD symptom severity and status.
- Lack of emotional clarity, detachment and psychoticism were **significant mediators** between cumulative trauma and PTSD symptoms.

DISCUSSION

- Consistent with prior research, **negative affectivity, detachment and psychoticism** emerged as key traits uniquely associated with PTSD, highlighting them as priority targets for future longitudinal and intervention research.
- Counterintuitively, lower emotional awareness was associated with reduced probable PTSD risk, suggesting that heightened attention to distressing emotions without corresponding clarity may exacerbate PTSD symptoms.
- Cumulative lifetime trauma distinguished probable PTSD from subthreshold presentations, **underscoring the need for thorough trauma screenings in therapeutic settings** to guide case formulation and identify higher-risk clients who may require more comprehensive assessments.

LIMITATIONS

- We employed a cross sectional design and are unable to make claims about causality.
- We utilised the brief form of the PID-5 (PID-5-SF) and the self-report assessment of PTSD (PCL-5), instead of clinical interviews. However, these screening instruments were designed for initial patient interview and are easily administered in non-specialist settings, which make them suitable for early identification and intervention contexts.

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References a. Sharp, C., Clark, L. A., Balzen, K. M., Widiger, T., Stepp, S., Zimmerman, M., & Krueger, R. F. (2025). The validity, reliability and clinical utility of the Alternative DSM-5 Model for Personality Disorders (AMPD) according to DSM-5 revision criteria. World psychiatry : official journal of the World Psychiatric Association (WPA), 24(3), 319–340. <https://doi.org/10.1002/wps.21339>
b. Klein, A. B., Schnurr, P. P., Bovin, M. J., Friedman, M. J., Keane, T. M., & Marx, B. P. (2024). An empirical investigation of definitions of subthreshold posttraumatic stress disorder. Journal of traumatic stress, 37(1), 113–125. <https://doi.org/10.1002/jts.22987>