

ECOTS Conference 2011 Vienna

Assessment of complex childhood trauma and disorder outcomes: use of the Childhood Experience of Care and Abuse (CECA) measure.

**Symposium leaders: Vittoria Ardino & Antonia Bifulco
London Metropolitan University & Kingston University, London**

The symposium will describe studies in different parts of Europe that use the CECA interview and questionnaire to assess a range of childhood trauma experiences for lifespan models for different clinical disorder outcomes and different settings. The presentations will examine a range of outcomes, as well as developing different causal models. The use of the measure for clinical and forensic practice will also be identified. The importance of methodologies which take into account contextual aspects and personal biography are highlighted for lifespan models.

1. The Childhood Experience of Care and Abuse for internalising and externalising disorder in adults and adolescents.

Antonia Bifulco
Lifespan Research Group, Centre for Abuse and Trauma Studies
Kingston University, London

Objectives

The presentation will describe the CECA interview and its psychometric properties, and examine the relationship of childhood experiences to different disorder outcomes in community samples.

Methods

The CECA is tested in high risk, intergenerational community studies in London, to look at transmission of risk. An attachment perspective is utilised to examine early life adversity on insecurity of attachment style. All respondents are given life history interviews which encompasses childhood adversity, attachment style (Attachment Style Interview) and lifetime clinical disorder (SCID).

Results

Evidence is presented for patterning of different childhood experience and disorder, with types of insecure style mediating. Neglect and abuse from mothers specifically relates to anxious attachment style and emotional disorder in adolescents. Role reversal (parentification) shows a particular association with deliberate self harm. Neglect and abuse from fathers relates to externalising disorder with disorganised attachment style playing a mediating role. Support and secure attachment style is identified as a resilience factor moderating between early adversity and disorder.

Conclusions

It is necessary to measure a range of childhood interpersonal trauma in order to specify conditions for a range of disorder outcomes. The CECA provides a suitable tool for lifespan studies, and is used in translation in a number of research settings internationally.

Contact

Prof Antonia Bifulco, PhD
Lifespan Research Group, Centre for Abuse and Trauma Studies,
Kingston University, London, UK
Email: antonia.bifulco@kingston.ac.uk

2. Assessment of complex PTSD in prison populations: the role of CECA-Q

Vittoria Ardino, Luca Milani, Paola Di Blasio, Cristina Verrocchio

Objectives

Complex PTSD assessment is mainly focused on victims of trauma. Yet perpetrators of violence have histories of prolonged traumatization and present complex PTSD. The aim of the study was to examine the importance of determining specific characteristics of parental abuse in the assessment of complex post-traumatic reactions

Methods

Complex PTSD assessment was complemented with CECA questionnaire in evaluating a population of 113 prisoners in Northern Italy, to look at what specific aspects of parental abuse were most responsible of complex PTSD reactions. The assessment was then used to evaluate dysfunctional information processing and the risk of re-offending in the named population. All respondents were given a series of questionnaires that encompass traumatic life events, complex PTSD symptoms, cognitive processes and re-offending risk

Results

Evidence was presented for patterning of different paternal abuses and CPTSD, with dysfunctional information processing mediating between trauma/CPTSD and re-offending. Of the sample, 40% experienced neglect and 36% lack of care. 28% of the sample experienced maternal physical abuse whereas 26,7% experienced paternal physical abuse. 14.7% of participants was sexually abused. In addition, 72% of participants had CPTSD and 30.7% were at risk of re-offending. Early trauma had an interaction with re-offending risk ($r=0.23$; $p<0.01$). Finally, Structural Equation Modelling indicated an indirect effect of rumination, regret and negative social support on the relationship between CPTSD and re-offending risk.

Conclusions

Prisoner populations present a wide spectrum of childhood interpersonal trauma. Specific aspects of early trauma as measured by CECA-Q highlight different pathways to CPTSD and re-offending risk.

Contact

Dr. Vittoria Ardino, PhD

School of Psychology, London Metropolitan University, London, UK and Italian Red Cross Trauma Center, Milan (IT).

Email: v.ardino@londonmet.ac.uk

3. Childhood experiences of care and abuse in a clinical sample of self-harming and suicidal adolescents and their impact on the individual function of nonsuicidal self-injury

Kaess M¹, Parzer P¹, Holz B¹, Mattern M², Resch F¹, Brunner R¹

¹ Department of Child and Adolescent Psychiatry, Center of Psychosocial Medicine, University of Heidelberg

² Department of General Psychiatry, Center of Psychosocial Medicine, University of Heidelberg

Objectives:

Adverse childhood experiences are already known as a risk factor for the development of Borderline Personality Disorder (BPD). Aside from physical and sexual abuse many other adverse experiences like antipathy, neglect, loss of parents or psychological abuse often remain unnoticed in research. In addition, most of the previous studies concentrated on adults with fully distinctive BPD while it is known that the development of BPD begins in early adolescence, often accompanied with nonsuicidal self-injury (NSSI) and suicidal behaviour (SB). Therefore, the aim of our study was to investigate a broad variety of childhood experiences of care and abuse in a clinical sample of adolescents engaging in NSSI and SB.

Methods:

From November 2008 to September 2009 we consecutively enclosed every in-patient of the Department of Child and Adolescent Psychiatry Heidelberg including our interdisciplinary ward with young adults to our study. Childhood experiences were assessed by the "Childhood Experiences of Care and Abuse – Questionnaire" (CECA.Q), NSSI by the "Functional Assessment of Self-Mutilation" (FASM) and SB by the "Paykel Suicide Scale".

Results:

In our sample of 125 patients the prevalence of repetitive NSSI was 37.1 %, SB occurred in 50.8 % of the patients. In the group of repetitive self-injuring adolescents adverse childhood experiences (not only physical and sexual abuse but also neglect and antipathy of parents) occurred with a significantly higher prevalence compared to patients without NSSI. There were similar but less distinctive results in SB. The presence of adverse childhood experiences also predicted certain functions of NSSI in our sample, especially the anti-dissociative function or the function of self-punishment.

Conclusions:

The investigated adverse childhood experiences play an important role in the development of NSSI and suicidal behaviour in adolescents. Therefore they are probably important for the early development of Borderline Personality Disorders. Additionally, childhood experiences of care and abuse may also account for differences in functions of NSSI.

Contact details:

Dr Michael Kaess
Department of Child and Adolescent Psychiatry
Center of Psychosocial Medicine
University of Heidelberg
Blumenstrasse 8
69115 Heidelberg
Germany
phone: +49 6221 566914
mailto: michael.kaess@med.uni-heidelberg.de

4. Rationale for the use of the CECA measures as preferred tools for research on the relationship between child abuse/neglect and adult psychopathology.

Adriano Schimmenti, Vincenzo Caretti, Francesca Giannone, Loredana Lucarelli

Objectives

Research focusing on the role played by child abuse/neglect in the onset of psychopathology needs a valid and reliable assessment of childhood experiences and relationships: that is, there is the need for a comprehensive understanding of the developmental environment where the child grew up. Although the most widely used self-report measures on child abuse and neglect may show good psychometric properties, they often fail in such an objective, giving relevant information only on narrow facets of the childhood experiences of care and abuse.

Methods

The CECA measures (CECA interview and CECA Questionnaires) permit a wider exploration of experiences in infancy, childhood and early adolescence, necessary for the anamnestic assessment in clinical practice, or when research is aimed to look at causal models in psychopathology. The clear definitions and appropriate operationalization of childhood risk and resilience factors in the CECA measures allow discrimination of different experiences for disorder outcomes.

Results

Findings from Italy obtained through the use of the CECA measures on both normal and clinical samples will be discussed. In addition, case studies on war refugees and patients with complex childhood trauma and DSM-IV Axis I - Axis II disorders in comorbidity will be presented to show how CECA produces narratives which can help clinical assessment. Statistical analyses on CECA datasets, including the application of Item Response Theory models to the Italian version of the CECA interview and the use of Structural Equation Modelling for testing the effects of child abuse/neglect on adult psychopathology are outlined.

Conclusions

CECA measures are valid, reliable, and mostly important useful for research and clinical practice.

Contact:

Prof. Adriano Schimmenti, PhD

Kore Department, Faculty of Psychology and Educational Sciences, Kore University, Enna

E-mail: adriano.schimmenti@libero.it / adriano.schimmenti@unikore.it

Phone: (+39)0917841025 /Mobile: (+39)3286267944