



## Psychometric properties of the Childhood Trauma Questionnaire-Short Form (CTQ-SF) in Korean patients with schizophrenia

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### ABSTRACT

**Objective:** Despite increasing interest in the relationship between childhood trauma and psychosis, measures used to assess early trauma have not had their psychometric properties extensively tested among individuals with serious mental illness. This study investigated the reliability and validity of one of the most widely-used self-reports of early adversity, the Childhood Trauma Questionnaire, Short Form (CTQ), among patients with schizophrenia.

**Methods:** The CTQ was administered to 100 patients (52 inpatients and 48 outpatients) diagnosed with schizophrenia in three training hospitals. Internal consistency, four-week test–retest reliability and validity were calculated. Participants also completed the Trauma Antecedents Questionnaire (TAQ), the Impact of Events Scale-Revised (IES-R), and the Dissociative Experiences Scale-Taxon (DES-T).

**Results:** Our analysis indicated high test–retest reliability (Spearman  $\rho = 0.75$ ) and internal consistency (Cronbach  $\alpha = 0.89$ ). Concurrent validity was confirmed as each type of childhood trauma was significantly correlated with the corresponding subscales of the TAQ. In addition, the CTQ was positively related to post-traumatic stress symptoms and pathological dissociation, demonstrating the convergent validity of the scale.

**Conclusion:** The CTQ is a reliable and valid self-report measure for assessing childhood trauma in both inpatients and outpatients with schizophrenia.

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### 1. Introduction

Although the etiological links remain a subject of debate (Morgan and Fisher, 2007; van Os et al., 2010; Varese et al., 2012), research has suggested that childhood trauma is frequently reported by individuals with schizophrenia and is associated with greater symptom severity, negative health outcomes, non-adherence and poor psychosocial function (Lysaker et al., 2005; Kim et al., 2006; Rosenberg et al., 2007; Lecomte et al., 2008). Specifically, early interpersonal trauma (abuse and neglect) is now seen as a uniquely important environmental factor interacting with genetic predisposition in influencing the expression of schizophrenia (Aas et al., 2012; Husted et al., 2012). As such, a growing body of literature emphasizes the need for accurate, early assessment of childhood trauma in patients with psychotic illness, and encourages subsequent planning of the trauma-sensitive treatment (Read and Hammersley, 2005).

One impediment to acceptance and implementation of these recommendations is the lack of psychometric validation of the retrospective

self-report measures frequently used to screen for childhood trauma. Validation is perhaps especially important in patients with schizophrenia, as they often suffer with symptoms which may impact attention and retrospective autobiographical memory: cognitive deficits, delusions and hallucinations, adverse effects of medication, and comorbid substance abuse (Goodman et al., 1997).

Though the literature on this topic is sparse, a few studies have specifically addressed the temporal stability (i.e., test–retest reliability) of the childhood trauma reports of psychotic individuals. In one, a structured interview assessing child sexual and physical abuse was examined for four-week test–retest reliability among 70 outpatients with severe mental illness (about half having schizophrenia), and yielded Kappas of 0.82 and 0.63, respectively (Meyer et al., 1996). In a second study, Goodman et al. (1999) investigated a self-report measure for childhood sexual abuse, the Sexual Abuse Exposure Questionnaire ((SAEQ) (Rodriguez et al., 1997)), among 50 outpatients (32 having schizophrenia) and reported 86–90% agreement at an interval of two weeks (Goodman et al., 1999). Mueser et al. (2001) noted that a two-week interval agreement for self-reported life-time sexual and physical abuse, assessed with the Trauma History Questionnaire ((THQ) (Green, 1996)), was excellent for 30 outpatients with severe

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mental illness (8 having schizophrenia) (Mueser et al., 2001). The one-year test-retest reliability of the THQ was also supported by a study involving 39 patients with schizophrenia (Klewchuk et al., 2007). A final study in patients with severe mental illness confirmed the reliability of a brief, structured clinical interview concerning child sexual and physical abuse (repeated twice within a month), as well as its validity when compared with reports from the patients treating clinicians (Meyer et al., 1996).

From this review of prior research on the assessment of childhood trauma in patients with schizophrenia, one notes several limitations: small sample sizes, no inpatient samples, diagnostic heterogeneity, exclusion of emotional abuse and neglect, and scarcity of validity studies. Therefore, we designed a study to redress these shortcomings and test the reliability and validity of the well-validated Childhood Trauma Questionnaire-Short Form (CTQ-SF) (Bernstein et al., 2003) in both inpatients and outpatients with schizophrenia.

## 2. Methods

### 2.1. Participants

Participants were recruited at three psychiatric units: an outpatient clinic at Hanyang University Guri Hospital (n=44) and the inpatient units of St. Andrew's Hospital (n=30) and Keyo Hospital (n=26), Gyeonggi Province, South Korea. Patients were considered eligible to enter the study if 1) they were given a diagnosis of schizophrenia with Structured Clinical Interview for DSM-IV Axis I Disorders-Clinician Version (First et al., 2007) by the research psychiatrists, 2) they were between the age of 18 and 64, and 3) they were able to read and write. Patients were excluded if 1) they were regarded as not eligible to enter the study by their attending psychiatrists, 2) they had an IQ below 80, or 3) they had a comorbid cognitive or neurological disorder.

Three of the authors of this study (HYO, HB, and CH) approached eligible patients (n=118) at each center individually and obtained informed consent. During this process, 18 patients (15.3%) refused to participate, leaving a final sample of 100 patients. Patients who declined to participate were not significantly different from the participants with regard to age, sex, duration of illness, or other demographic variables.

Participants had a mean age of 37.8 years (SD=9.6, 95% CI=35.9–39.7), a median of 10 years duration of their psychotic illness (range=1 month–30 years), and a median of three previous psychiatric hospitalizations (range=0–20). Demographic data of the participants are shown in Table 1. The entire group completed the CTQ-SF initially, and a smaller group of participants (n=67) completed it again after four weeks (mean=32.1 days, SD=7.2). A gift coupon worth ten dollars was given to participants as reimbursement. The institutional review boards at each center approved this study.

Compared to outpatients (n=44), inpatients (n=56) were more likely to be females (75.0% vs. 38.6%,  $\chi^2=13.5$ , df=1,  $p<0.001$ ), single (94.6% vs. 75.0%,  $\chi^2=7.9$ , df=1,  $p=0.008$ ), and of low income (67.9% vs. 47.7%,  $\chi^2=4.2$ , df=1,  $p=0.042$ ). Moreover, inpatients had significantly longer duration of illness (mean 13.7 vs. 7.8 years, Mann–Whitney U=761,  $p<0.001$ ), more previous psychiatric hospitalizations (mean 4.8 vs. 2.4, Mann–Whitney U=732.5,  $p<0.001$ ), and older age (mean 40.5 vs. 34.3,  $t=3.4$ ,  $p<0.01$ ).

### 2.2. Measures

The Childhood Trauma Questionnaire-Short Form (CTQ-SF) and other validity measures were administered to participants. Specifically, the concurrent validity of the CTQ-SF was assessed with the Trauma Antecedents Questionnaire (van der Kolk, 1997), the convergent validity with pathological dissociation and post-traumatic symptoms with the Dissociative Experiences Scale – Taxon (Waller et al., 1996) and the Impact of Events Scale – Revised (Weiss and Marmar, 1997). IQ was

**Table 1**  
General characteristics of participants with schizophrenia: inpatients vs. outpatients.

Variables	Total (n = 100)	Inpatients (n = 56)	Outpatients (n = 44)	Statistics	p
Age	37.8 (9.6)	40.5 (10.0)	34.3 (7.9)	$t=3.38$	0.001
Years of illness	10.9 (7.6)	13.3 (8.5)	7.8 (4.9)	$U=761.0^*$	0.001
Previous admissions	3.7 (3.5)	4.8 (4.0)	2.4 (2.1)	$U=732.5^*$	<0.001
Sex					
male	41 (41%)	14 (25.0%)	27 (61.4%)	$\chi^2=13.5$	<0.001
female	59 (59%)	42 (75.0%)	17 (38.6%)		
Marital status					
married	14 (14.1%)	3 (5.5%)	11 (25.0%)	$\chi^2=9.4$	0.02
divorced	13 (13.1%)	9 (16.4%)	4 (9.1%)		
widowed	2 (2.0%)	2 (3.6%)	0 (0)		
never married	70 (70.7%)	41 (74.5%)	29 (65.9%)		
Employment					
employed	45 (48.9%)	25 (51.0%)	20 (46.5%)	$\chi^2=0.88$	0.83
unemployed	29 (31.5%)	16 (32.7%)	13 (30.2%)		
student	8 (8.7%)	4 (8.2%)	4 (9.3%)		
housewife	10 (10.9%)	4 (8.2%)	6 (14.0%)		
Education					
below high school	13 (13.0%)	10 (17.9%)	3 (23.1%)	$\chi^2=4.45$	0.22
high school graduate	53 (53.0%)	25 (44.6%)	28 (63.6%)		
university graduate	29 (29.0%)	18 (32.1%)	11 (25.0%)		
post-graduate school	5 (5.0%)	3 (5.4%)	2 (4.5%)		
Annual Income (US dollars)					
<20000	59 (67.0%)	38 (79.2%)	21 (52.5%)	$\chi^2=8.63$	0.04
20000–39999	18 (20.5%)	5 (10.4%)	13 (32.5%)		
40000–59999	8 (9.1%)	3 (6.3%)	5 (12.5%)		
>60000	3 (3.4%)	2 (4.2%)	1 (2.5%)		
Religion					
Christianity	50 (50.0%)	32 (57.1%)	18 (36.0%)	$\chi^2=6.4$	0.17
Catholicism	13 (13.0%)	8 (14.3%)	5 (11.4%)		
Buddhism	10 (10.0%)	5 (8.9%)	5 (11.4%)		
others	3 (3.0%)	0 (0%)	3 (6.8%)		
none	24 (24.0%)	11 (19.6%)	13 (29.5%)		

Note: total number may not be 100 due to missing data.

\* Mann Whitney U.

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