

Childhood Trauma and Psychosis

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KEYWORDS

- Childhood trauma • Childhood maltreatment • Childhood adversity • Child abuse
- Psychosis

KEY POINTS

- There is strong evidence that childhood adversity (defined as sexual abuse, physical abuse, emotional/psychological abuse, neglect, parental death, and bullying) is associated with increased risk for psychosis in adulthood.
- Particularly important to the clinician working with children and adolescents are the reported associations between peer victimization and bullying, and psychotic symptoms in childhood.
- There is a reported cumulative effect, showing an increased risk for psychosis with increase in number and types of childhood trauma, as well as hypothesized correlations between certain types of adversities and certain psychotic symptoms.
- There is consistent evidence that individuals with co-occurring psychosis and posttraumatic stress disorder can benefit from trauma-focused cognitive behavioral therapy interventions, despite recurrent and severe psychiatric symptoms, suicidal ideation, and psychosis.

INTRODUCTION

About one-fourth of children experience a traumatic event before the age of 18 years; these events may include physical or sexual abuse; domestic, community, or school violence; and/or the traumatic death of significant others. Neglect and placement in foster or institutional care are also among childhood adversities. Although most children are resilient after traumatic exposure, some develop significant and potentially long-lasting symptoms.¹ Over recent decades, child and adolescent psychiatry has moved away from explaining schizophrenia as being caused by parenting and abnormal communication styles in families, toward a more biological approach. However, current developmental psychopathology suggests reconsidering the interplay between environment and genetic vulnerabilities.²

Disclosures: Dr Frazier has received research support from Glaxo Smith Kline, Pfizer Inc., Seaside Therapeutics, and Roche pharmaceuticals. Drs Dvir and Denietolis have no disclosures. Department of Psychiatry, University of Massachusetts Medical School, 55 Lake Avenue North, Worcester, MA 01655, USA

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Child Adolesc Psychiatric Clin N Am 22 (2013) 629–641

<http://dx.doi.org/10.1016/j.chc.2013.04.006>

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CHILDHOOD TRAUMA AND PSYCHOSIS

This article focuses on childhood maltreatment and its association with psychotic illness.

There are several potential links between childhood maltreatment and psychosis:

1. Childhood maltreatment has been associated with psychosis and suggested as a risk factor leading to psychosis and schizophrenia in adulthood.
2. Posttraumatic stress disorder (PTSD) has been suggested to have a psychotic subtype that includes secondary or comorbid psychotic features.
3. Psychotic symptoms themselves have been suggested to be traumatic, as have restraints and seclusion. As such, these experiences have been suggested to cause PTSD symptoms in youth with psychotic illnesses.

DO CHILDHOOD ADVERSITIES INCREASE THE RISK OF PSYCHOSIS?

Until recently, review articles attempting to synthesize findings of studies of the associations between childhood trauma and psychotic disorders have been narrative in nature, and reached inconsistent conclusions.³⁻⁵ Of late, a meta-analysis of patient-control, prospective, and cross-sectional cohort studies by Varese and colleagues⁶ published in *Schizophrenia Bulletin* (2012), reported strong evidence that childhood adversity (defined as sexual abuse, physical abuse, emotional/psychological abuse, neglect, parental death, and bullying) is associated with increased risk for psychosis in adulthood. This meta-analysis included 18 case-control studies ($n = 2048$ psychotic patients and 1856 nonpsychiatric controls), 10 prospective and quasiprospective studies ($n = 41,803$), and 8 population-based cross-sectional studies from 6 countries including the United States, the United Kingdom, and the Netherlands ($n = 35,546$). There were significant associations between adversity and psychosis across all research designs, suggesting that childhood adversity and trauma increase the risk of psychosis with an odds ratio (OR) of 2.8, and that patients with psychosis were 2.72 times more likely to have been exposed to childhood adversity than controls. Assuming causality, which has been supported by prospective studies, if childhood adversities were removed from the population as risk factors, the number of people with psychosis would be reduced by a third. The investigators also reported that 9 out of 10 of the studies that tested for dose-response effect found positive relationships. Those studies that controlled for parental mental illness found that parental mental illness does not attenuate associations between childhood adversity and psychosis.^{4,7-10}

Because many of these studies used retrospective reports by patients, it is important to note that the reliability of retrospective reports of childhood abuse in patients with psychosis has been shown to be stable over a long period of time. It seems that severity of psychotic symptomatology at the time of report does not influence the likelihood of reporting childhood abuse, and that rates of childhood trauma are similar when obtained by different assessment instruments as well as by clinical notes.¹¹

When addressing the associations between trauma and psychosis, studies that evaluate and attempt to separate the contributions of the genetics of parental mental illness from the environmental influences of exposure to traumatic events and parental mental illness are critical. To that end, a prospective study of 2230 Dutch youth, followed between the ages 10 and 16 years, evaluated the separate contributions of genetic (ie, familial) and environmental (ie, childhood trauma) factors to the development of subthreshold psychosis. There was no interaction between general and psychotic parental mental illness and childhood trauma. However, both parental mental illness

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