ACEs in forensic populations in Scotland: The importance of CPTSD and directions for future research

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Overview

- Impact of life events on mental and physical health
- PTSD vs CPTSD as per ICD-11: Classification, assessment and treatment
- Implications for forensic services and trauma informed care
- Directions for future research

Traumatic Life Events















How people are being affected by traumatic life events?

Janoff-Bulman's Assumptive World Theory (1992)

Adverse life events violate our positive perceptions of ourselves and others, and our belief in a

just, meaningful, and benign world.

Psychological Interventions

Life events in a community treatment seeking sample

N= 195			
Childhood Trauma (CTQ)		**Adulthood Trauma (LEC)**	
Emotional Abuse	70.3%	Physical assault	80.5%
Emotional neglect	63.1%	Sexual Assault	58.5%
Sexual abuse	55.9%	Weapon Assault	51.6%
Physical abuse	54.9%	Transport Accident	50.3%
Physical neglect	52.8%	Other Unwanted Sexual Experience	48.7%
Any Childhood Trauma	82.1%	**Multiple Life Events (2-12)**	**94.6%**
Multiple abuses	**70.8%**	**Adulthood Trauma only**	**16.4%**
Interpersonal Trauma (Childhood or Adulthood)	**93.7%**		
Interpersonal trauma only (Childhood or adulthood)	10.3%		
Childhood Trauma only	**0.0 %**		
Childhood and Adulthood Trauma	**82.1%**		

Karatzias et al. (2016) Journal of Affective Disorders

Life events in a prison population

N= 112			
Childhood Trauma (CTQ)		**Adulthood Trauma (LEC)**	
Emotional Abuse	77.5	Physical assault	75.3
Emotional neglect	78.7	Sexual Assault	55.1
Sexual abuse	50.6	Weapon Assault	51.7
Physical abuse	59.6	Serious harm caused to someone else	49.4
Physical neglect	65.2	Other Unwanted Sexual Experience	53.9
Multiple abuses	**55.1**	**Any Life Event**	**84.2**

Howard, Karatzias et al. (2016), Clinical Psychology and Psychotherapy
Howard, Karatzias et al. (2016), Social Psychiatry & Psychiatric Epidemiology

Is childhood trauma more serious compared to adulthood trauma?

Adulthood vs. childhood trauma

Disasters

Accidents

Death of a loved one

Interpersonal violence

PTSD

Depression

Anxiety

Substance Misuse

Abuse (Physical, Psychological Sexual)

Neglect (Physical, emotional)

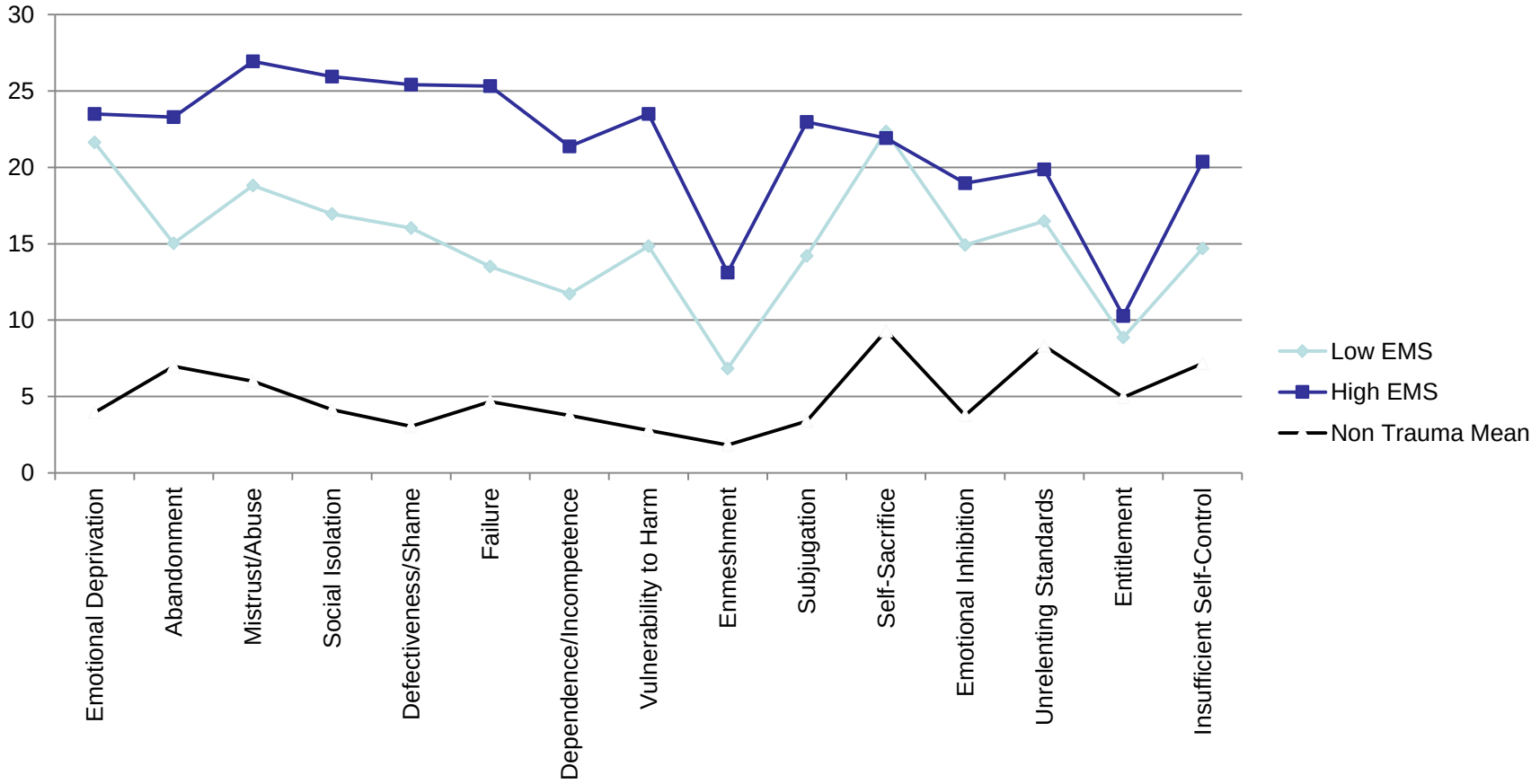
PTSD, depression, anxiety eating, personality, sexual, psychotic, dissociative and somatoform disorders, behavioural problems including self injurious behaviour, self mutilation, early involvement in sexual activity or prostitution, sexual perpetration, alcohol problems, later revictimization and social impairment and emotional difficulties such as high levels of hostility, anger, interpersonal sensitivity and self-esteem impairment

Childhood adversity and mental health

Childhood adversities account for **29.8%** of all disorders

Kessler et al. (2010). International Journal of Methods in Psychiatric Research

Why childhood trauma is more severe? Schemas and interpersonal trauma

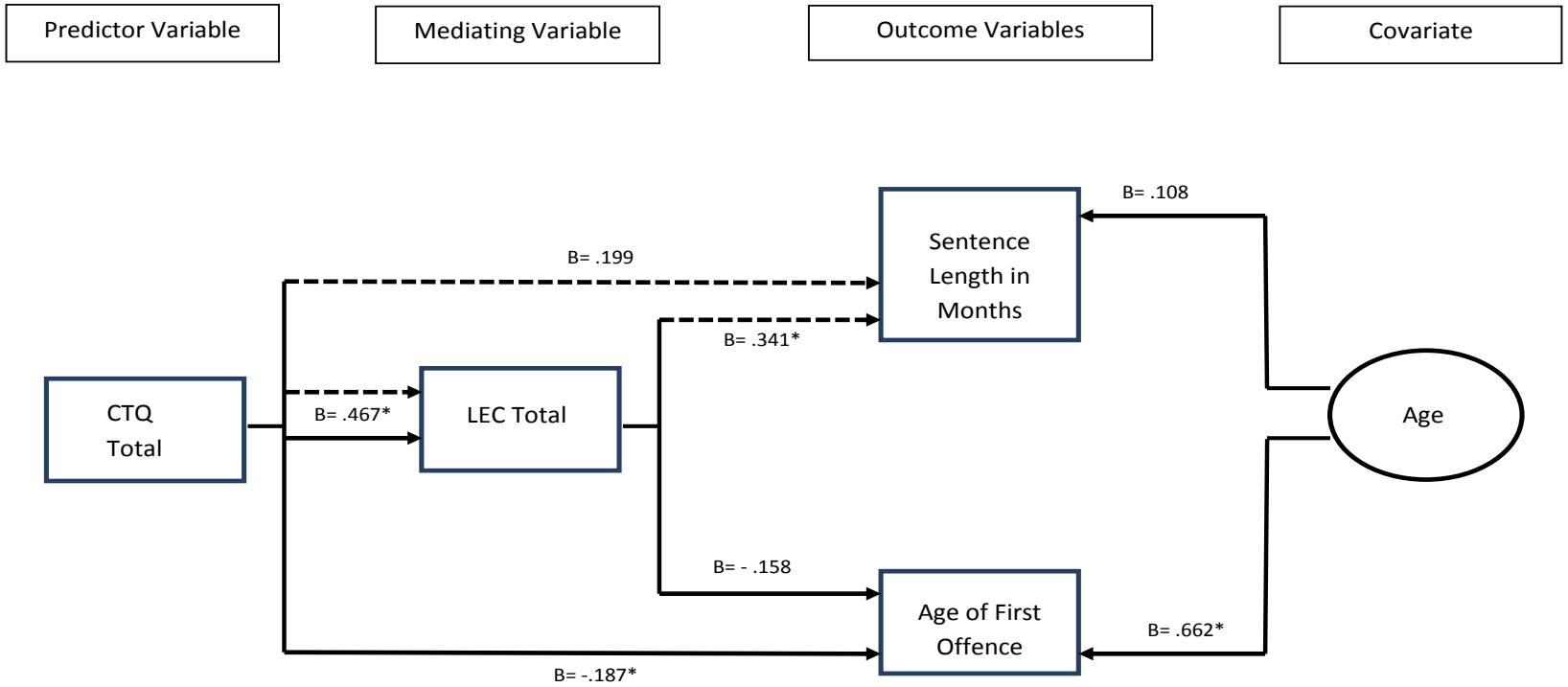


Karatzias et al. (2016) European Journal of Psychotraumatology

No surprise that childhood adversity leads to a number of adverse outcomes in adulthood

Trauma, sentence length and age of first offence

Figure 1. Mediation analysis

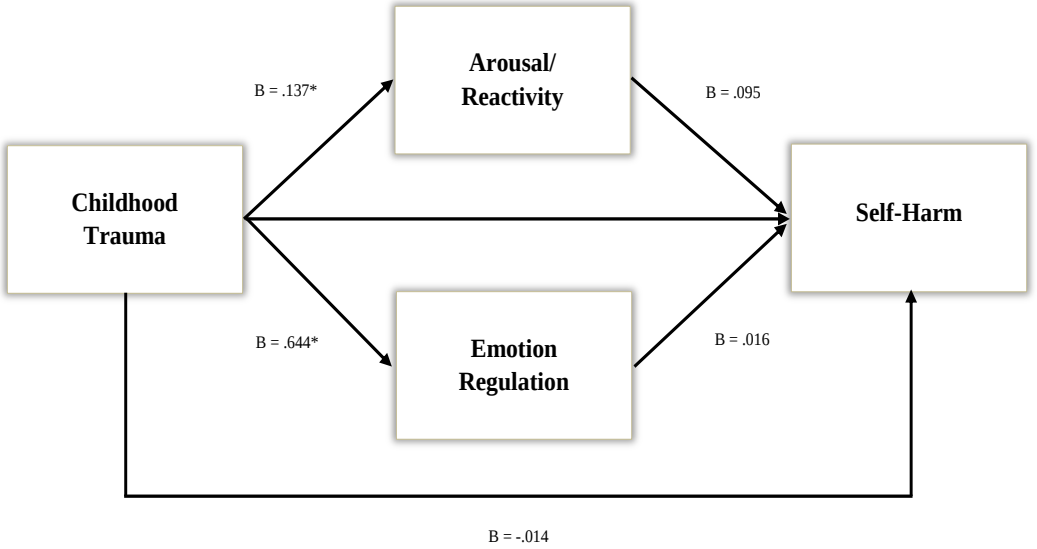


Note:*p<

Karatzias et al. (2017) Criminal Behaviour & Mental Health

Childhood trauma and self – harm in a prison population

Figure 1 Multiple Mediation model of PCL-5 arousal/reactivity and emotion regulation.

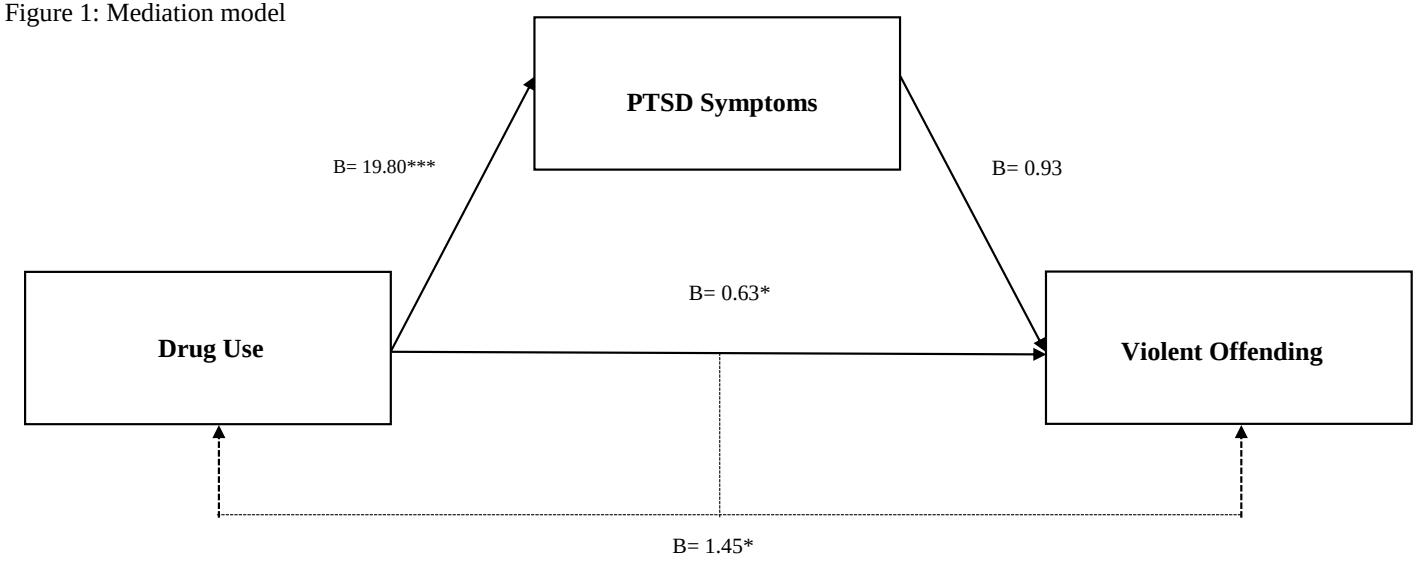


Note: *p<.05

Howard, Karatzias et al. (2016), Clinical Psychology and Psychotherapy

Trauma and substance misuse in a prison population

Figure 1: Mediation model



Howard, Karatzias et al. (2016), Social Psychiatry & Psychiatric Epidemiology

Trauma in a secure unit in Scotland (n=422)

- Childhood adversity very common (79.2%)
- Psychotic disorder as a primary diagnosis (86.4%)
- Schizophrenia the most common diagnosis (70.0%)

Karatzias et al. (2018), Submitted

Trauma in a secure unit in Scotland (n=422)

Table 3. Binary Logistic Regression analyses predicting multiple criminal and psychiatric outcomes.
Note: OR = Odds Ratio; 95% CI = 95% Confidence Interval; * $p < .05$, ** $p < .01$, *** $p < .001$

	Prior Criminal Convictions		History of Animal Abuse		Prior Psychiatric Admissions		Suicidal and Self-Harming Behaviour		Problematic Drug or Alcohol Usage	
	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI	OR	95% CI
Age	.99	.96-1.02	1.03	.97-1.08	.98	.95-1.01	.99	.97-1.01	.98	.95-1.01
Gender (Male)	4.93**	1.82-13.37	2.62	.26-26.16	.28	.04-2.23	.32*	.10-.99	4.62**	1.70-12.51
Education (Did not finish school)	3.32***	1.70-6.46	1.65	.44-6.22	1.43	.70-2.92	1.81*	1.06-3.07	2.18*	1.05-4.52
Childhood Trauma and Adversity	1.26*	1.05-1.50	1.45**	1.16-1.82	1.15	.96-1.37	1.21**	1.06-1.38	1.23*	1.01-1.50

Karatzias et al. (2018), Submitted

Is it just mental health that could be affected from trauma?

Physical health following traumatic events

In a population based study in Hong Kong (N=1184) we concluded that there is a dose response relationship between adverse life events and physical health in general but more so for heart disease.

Karatzias et al. (2014) Journal of Psychosomatic Research

Neurological MUS and childhood trauma

Table 4: Logistic Regression predicting MUS symptom presence from types of childhood trauma

Predicting Variable	**OR**	**95% CI**	**p**
Childhood Emotional Abuse	1.05	0.89-1.23	.572
Childhood Physical abuse	1.11	0.91-1.35	.315
Childhood Sexual Abuse	**1.22**	**1.00-1.49**	**.046**
Childhood Emotional Neglect	1.17	1.00-1.38	.055
Childhood Physical Neglect	0.74	0.55-1.00	.048

Note. OR= Odds Ratio; CI= Confidence Interval. R^2=0.270 (Cox & Snell); 0.359 (Nagelkerke).

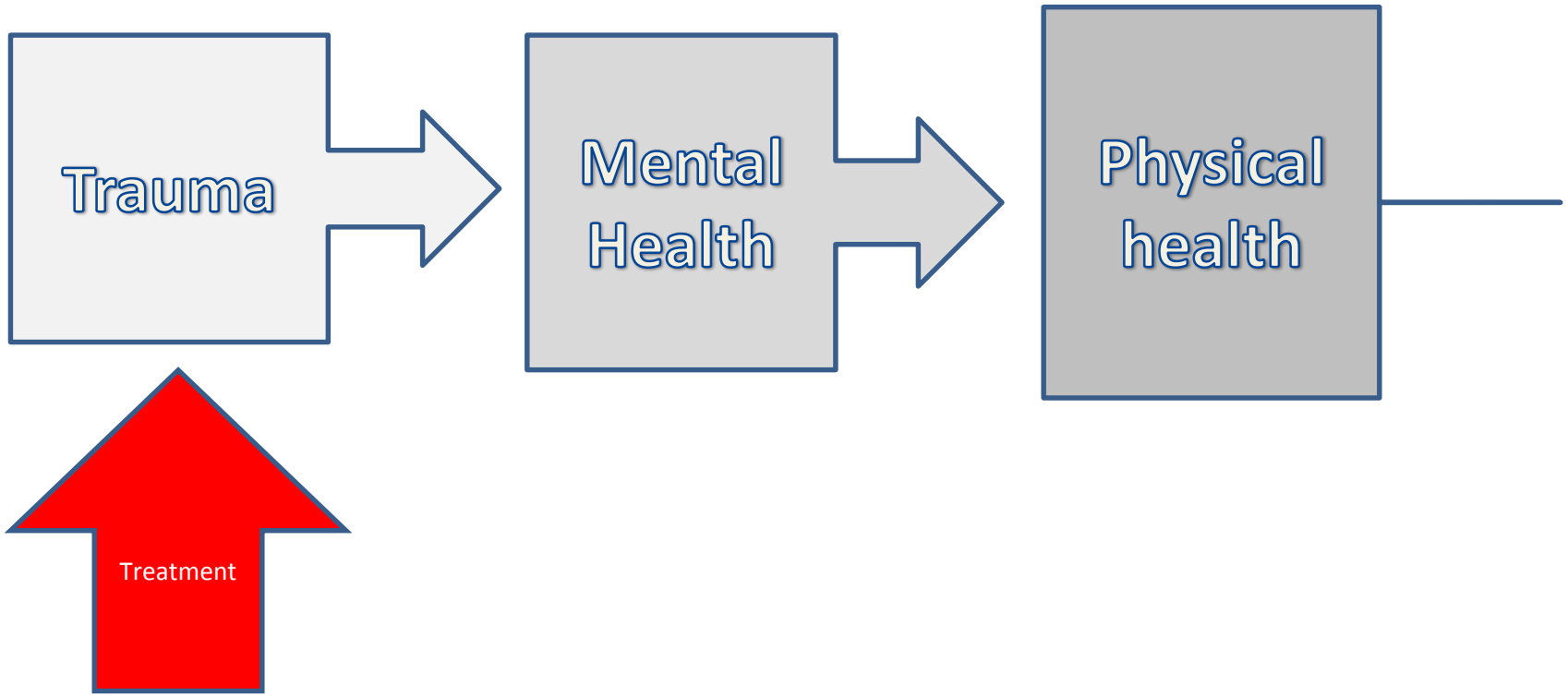
Karatzias et al. (2016) Child Abuse & Neglect

Traumatic Stress

- Traumatic stress can take many forms including depression, anxiety, PTSD, substance misuse, MUS….
- Where do we start?

Focus on trauma

By treating trauma symptomatology we may be able to improve mental health (co-morbidities) and perhaps physical health and well-being



What are the core symptoms that best describe traumatic distress and how traumatic distress can be distinguished from other disorders?

Clinical and research utility of different models of traumatic stress

- Different models of traumatic stress produced different prevalence rates of PTSD ranging from 64.5% to 83.9%
- Access to appropriate treatments?
- Research: Development and evaluation of appropriate treatments?

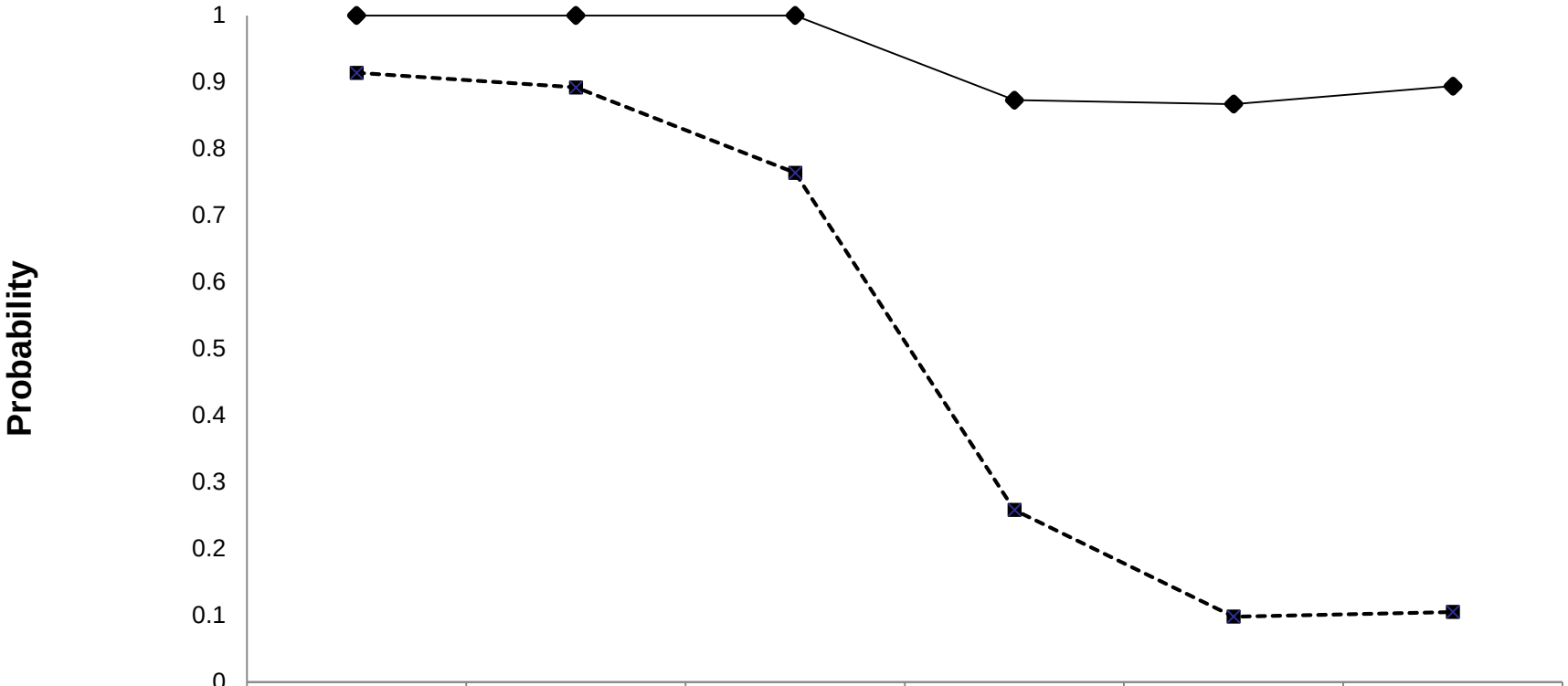
Shevlin, Hyland, Karatzias et al. (2017). Acta Psychiatrica Scandinavica

PTSD vs. CPTSD

DSM-V PTSD	ICD-11 PTSD	ICD-11 C-PTSD
Re-experience	Re-experience	Re-experience
Avoidance	Avoidance	Avoidance
Hyperarousal	Hyperarousal	Hyperarousal
Emotional dysregulation		Emotional dysregulation
		Interpersonal difficulties
		Pervasive low self-esteem

Shevlin, Hyland, Karatzias et al. (2016) Acta Psychiatrica Scandinavica

Evidence for PTSD & CPTSD as per ICD-11 proposals



	Re	Av	Threat	ER	NSC	DR
Class 1 (76%)	1	1	1	0.873	0.867	0.894
Class 2 (24%)	0.914	0.892	0.764	0.258	0.098	0.105

Karatzias et al. (2016) Journal of Affective Disorders

Population Based Studies

	ICD-11 PTSD (%)	ICD-11 CPTSD (%)
UK (history of trauma)	5.7	12.6
USA (general population)	4	3.3
Israel (general population)	9	2.6

Karatzias et al. (2018). European Journal of Psychotraumatology
Ben-Ezra, Karatzias et al. (2018). Depression and Anxiety

Types of Trauma, ICD-11 PTSD and CPTSD

Trauma Type		
	PTSD	**CPTSD**
Interpersonal Trauma	91.0%	97.1%
Childhood Trauma	85.0%	93.2%
Adulthood Trauma Only	13.5%	6.8%
Both Childhood and Adulthood Trauma	85.0%	93.2%

Karatzias et al. (2017) Journal of Affective Disorders

Childhood Trauma and ICD 11 PTSD and CPTSD

Childhood Trauma Type		
	PTSD	**CPTSD**
Emotional Abuse	73.3%	86.4%
Emotional Neglect	66.6%	75.7%
Sexual Abuse	58.3%	66.9%
Physical Abuse	57.2%	66.9%
Physical Neglect	55.0%	65.0%

Karatzias et al. (2017) Journal of Affective Disorders

Differences Between CPTSD and PTSD classes on Work and Social Adjustment Related Measures

Scale	C-PTSD Class	PTSD Class			
	Mean (SD)	Mean (SD)	t (df)	p	η^2
WSAS: Home management	5.15 (2.26)	3.61 (2.50)	3.927 (190)	<.001	.08
WSAS: Social leisure activities	6.46 (1.71)	4.27 (2.62)	6.621 (190)	<.001	.19
WSAS: Private leisure activities	5.55 (2.18)	3.89 (2.62)	4.301 (190)	<.001	.09
WSAS: Family and Relationships	6.32 (1.76)	3.55 (2.55)	8.313 (189)	<.001	.27

Karatzias et al. (2017) Journal of Affective Disorders

PTSD vs. CPTSD (n = 106)

	ICD-11 PTSD		ICD-11 CPTSD				
	Mean	SD	Mean	SD	t	df	d
Depression	9.73	3.71	12.43	4.76	2.05	78	.63*
Anxiety	14.20	3.23	16.14	4.55	1.56	78	.49
Borderline Personality Disorder	9.69	3.01	11.09	1.94	2.10	68	.55*
Self-harm	.80	.78	1.13	1.01	1.19	74	.37
Dissociation	9.00	3.36	14.37	6.76	2.98	73	1.01**

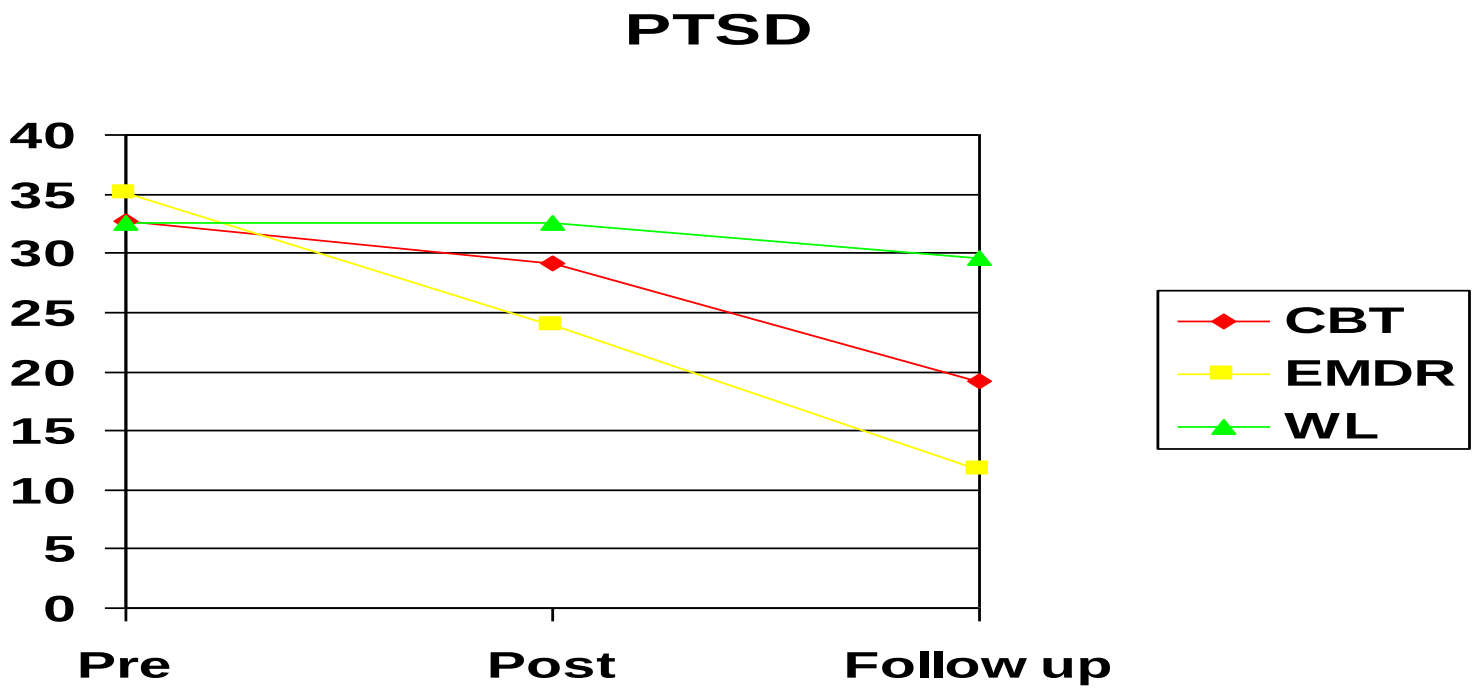
Hyland …. Karatzias (2018) Journal of Traumatic Stress

The ITQ (Cloitre et al., 2017)

- The ICD-TQ is a **23-item self-report** measure for ICD-11 PTSD and CPTSD diagnoses (7 PTSD and 16 DSO).
- Symptom endorsement for all items is scored on a Likert scale ranging from 0 (“not at all”) to 4 (“extremely”) in response to the question “how much have you been bothered by that problem for the past month?”

ITQ: 29 Countries

Treatment of Psychological Trauma
EMDR vs. TfCBT vs. WL



Power et al… Karatzias 2002 Clinical Psychology and Psychotherapy
Karatzias et al., 2007 European Archives of Psychiatry and Clinical Neuroscience
Karatzias et al., 2011 Journal of Nervous and Mental Disease

The treatment of CPTSD

- UKPTS Guideline Published in 2017
- A phased approach to treatment is recommended
    - Phase 1 Stabilisation
    - Phase 2 Trauma focused work
- Limited evidence but clinical sense

McFetridge, Hauenstein Swan, Heke, Karatzias, Greenberg, Kitchiner, Morley (2017). Guideline for the treatment and planning of services for complex post-traumatic stress disorder (CPTSD). UKPTS.

CPTSD metanalysis

- Existing evidence on the treatment of CPTSD symptoms based on 51 trials
- Existing therapies can be useful for CPTSD
- Childhood trauma and adversity negatively moderates the outcome

Karatzias et al. (in preparation for submission). Psychological interventions for ICD-11 Complex PTSD: Systematic review and meta-analysis

Clinical / Service Implications

- Routine screening for CPTSD
- If present, appropriate interventions are essential to decrease traumatic distress and improve forensic outcomes
- Early intervention
- Prevention

Directions for future research

- Risk factors for CPTSD
- Co-morbidity: BPD, Dissociation, Psychosis, Substance misuse
- Psychological factors and CPTSD (to inform new treatments)
- Dismantling studies to explore the effectiveness of active treatment components for CPTSD
- A new treatment paradigm for CPTSD

Thank you for attending