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Modeling the Influence of Childhood Trauma on Rate of Symptom Change Among Psychiatric Inpatients

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Date of Award

9-2013

Document Type

Open Access Dissertation

Degree Name

Doctor of Philosophy (PhD)

Degree Program

Psychology

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Keywords

childhood trauma, psychiatric hospitalization, response to treatment, symptom change

Subject Categories

Clinical Psychology | Mental and Social Health | Psychology

Abstract

Clinical wisdom suggests that adults with histories of childhood trauma will have difficulty engaging in psychotherapy. I examined the relationship between early childhood trauma and treatment response in the form of rate of symptom decline among a group of 202 adults recruited into the longitudinal Austen Riggs Center Follow-Along Study. Participants were recruited at admission to the hospital and provided extensive demographic and clinical data at baseline, including retrospective recall of childhood traumatic experiences using the Traumatic Antecedents Interview (TAI) and narrative responses to the Relationship Anecdote Paradigm (RAP) used to generate ratings on the Social Cognition and Object Relations Scale (SCORS). Participant symptoms were assessed at baseline and again every six to eight months for up to four years using the Symptom Checklist-90-Revised (SCL-90-R). Hierarchical Linear Modeling (HLM) was used to perform growth curve modeling of the

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symptom change data, which demonstrated an overall linear rate of decline and significant unexplained variability. The hypothesis that degree of childhood trauma would predict rates of symptom change failed to receive support, as did other related hypotheses. Only participant age predicted differences in rates of symptom decline, with younger participants' symptoms declining more rapidly than those of older participants. The findings indicate the following: (1) symptom severity tends to decline linearly after hospital admission, (2) individual rates of symptom change vary considerably, and (3) rates of symptom decline may slow as people age. Implications for clinical research and practice are discussed.

Recommended Citation

Piselli, Alessandro T., "Modeling the Influence of Childhood Trauma on Rate of Symptom Change Among Psychiatric Inpatients" (2013). *Dissertations*. Paper 815.

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