

Development of a community-based screening tool for early post-traumatic stress disorder in children and adolescents

Clare Dixon¹, Richard Meiser-Stedman¹, Anna McKinnon¹, Tim Dalgleish¹, Patrick Smith², Adrian Boyle³, Andrea Edwards³ & Jo Bytham³

¹Medical Research Council Cognition and Brain Sciences Unit, Cambridge, UK; ²Institute of Psychiatry, UK; ³Addenbrookes Hospital, Cambridge, UK

INTRODUCTION

- PTSD is an anxiety disorder that can develop following the witnessing/experiencing of a traumatic event (e.g., RTA, assault, serious injury).
- Natural recovery of PTSD symptoms is common within the first few months of frightening events.
- Cognitive models (e.g., Ehlers & Clark, 2000) predict that trauma memories, negative appraisals and maladaptive coping strategies are important to the development and maintenance of the disorder.

AIMS

- Investigate natural recovery rates in the first 8 weeks following frightening events.
- Investigate the early demographic and cognitive correlates of PTSD symptoms at 2 months.

METHOD

Participants

- 8-17 year olds seen in a local A&E Department following either an RTA (42.1%), assault (15.8%), accidental injury (36.8%), acute emergency (1.8%) or other traumatic event (3.5%).

- 57/119 (48%) eligible children agreed to participate.

Procedure

- Child completed self-report questionnaires at 2 weeks (T1) and 2 months (T2) post-trauma.

Measures

- Questionnaires measured PTSD symptoms, trauma memory quality, cognitive processes, coping strategies and demographic factors

Figure 1. Mean values and trajectories of PTSD symptoms for chronic, resilient and recovered groups at T1 and T2.

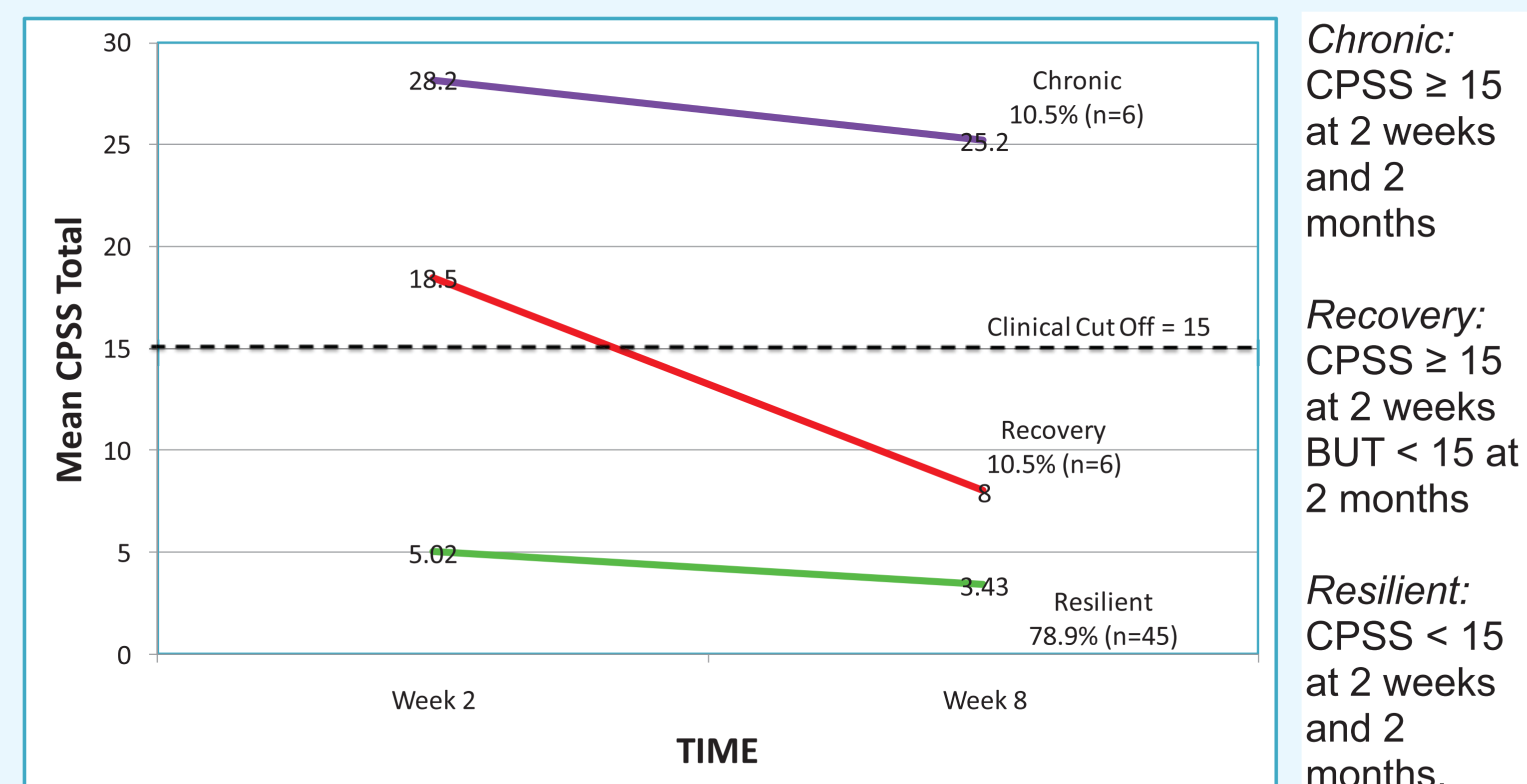


Figure 2. Significant correlates of PTSD symptoms at T2: demographic variables and T1 cognitive factors.

All correlations significant at $p < 0.05$.

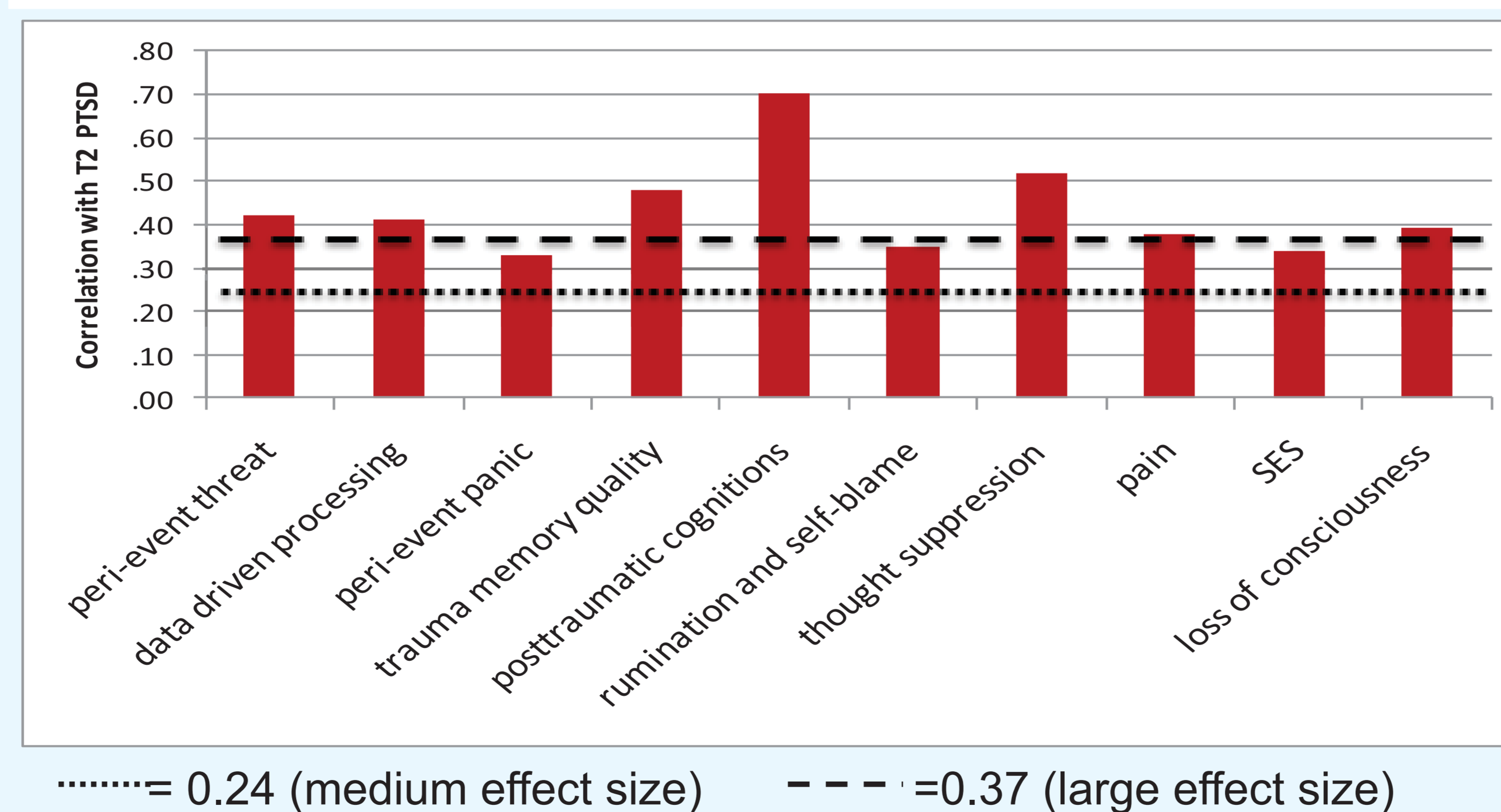


Table 1. Stepwise regression analysis summarising T2 PTSD predicted by demographic factors and T1 cognitive processes.

Predictors	ΔR^2	R^2	F	Step 3 β Coefficient
<i>Step 1: Peri-Event Factors</i>				
Peri-Event Threat Scale (CPT)	.17	.17	F(1,33) = 6.69*	.19
<i>Step 2: Memory Factors</i>				
Trauma Memory Quality Questionnaire (TMQQ)	.12	.28	F(2,32) = 6.34*	.04
<i>Step 3: Meaning and Management Factors</i>				
Posttraumatic Cognitions Inventory (CPTCI)	.27	.55	F(3,31) = 12.71**	.63

* $p < 0.01$
 ** $p < 0.001$
 †Loss of consciousness and SES did not contribute to the model.

CONCLUSIONS

- Children at risk of PTSD at 2 months could be identified at 2 weeks.
 - 50% of children with PTSD at 2 weeks had recovered at 2 months.
 - Preliminary evidence that early intervention may be appropriate at 2-3 months posttrauma (i.e., spontaneous recovery has subsided).
- Support for current cognitive theories in children and adolescents:
 - Trauma memory quality and negative trauma appraisals significantly predicted PTSD symptoms at 2 months.
 - May help to inform the development of an early intervention screening tool.

CONTACT

Clare Dixon
 clare.dixon@mrc-cbu.cam.ac.uk
 01223 760689