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

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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

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.

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