# The impact of trauma on children's mental health and wellbeing

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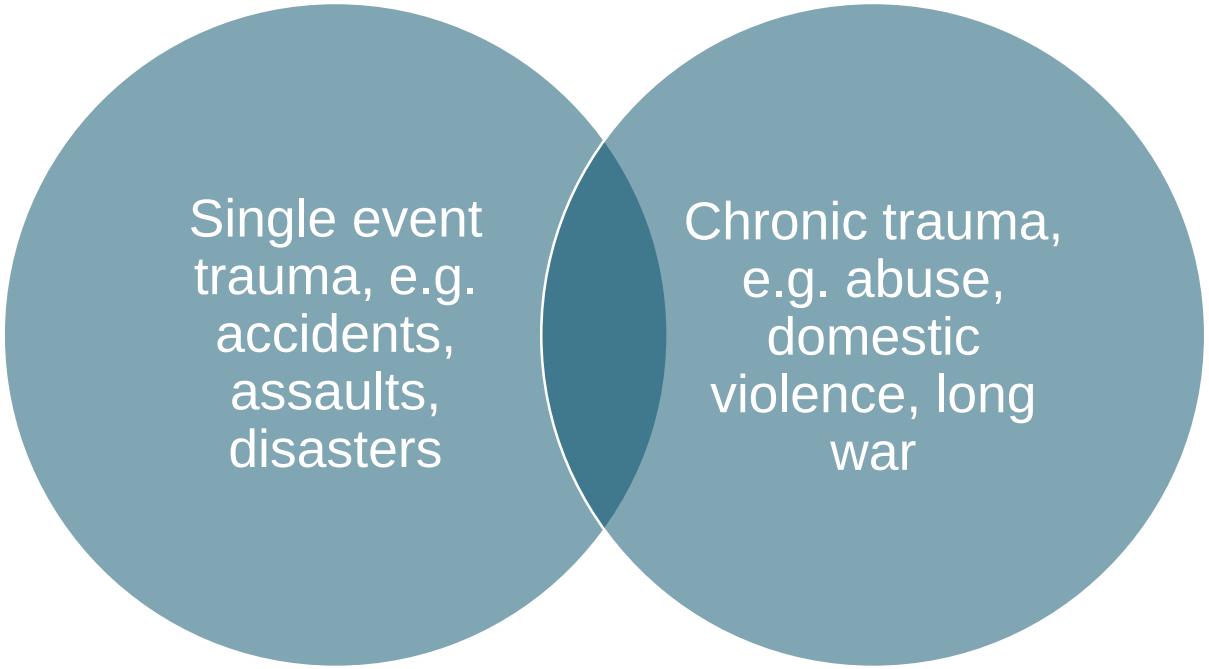
# Overview

1. What are the consequences of trauma on mental health (particularly PTSD)?
2. Why do some children develop PTSD following trauma exposure?
3. Psychological interventions for child PTSD (tf-CBT)

# What is trauma?

- Being exposed to threatened or actual death, serious injury, or sexual violence.
- Can be something experienced directly, or can be witnessing someone else experiencing it (e.g domestic violence), or even hearing about it happening to someone close.



# Consequences of trauma exposure

- Elevated risk of a range of mental health difficulties
  - Internalising problems
  - Externalising problems

- Disruptions to school, family life, increased risk of re-victimisation, criminality, behaviour difficulties

- Threat to developmental trajectory

Fang et al., 2012

# PTSD (DSM-5)

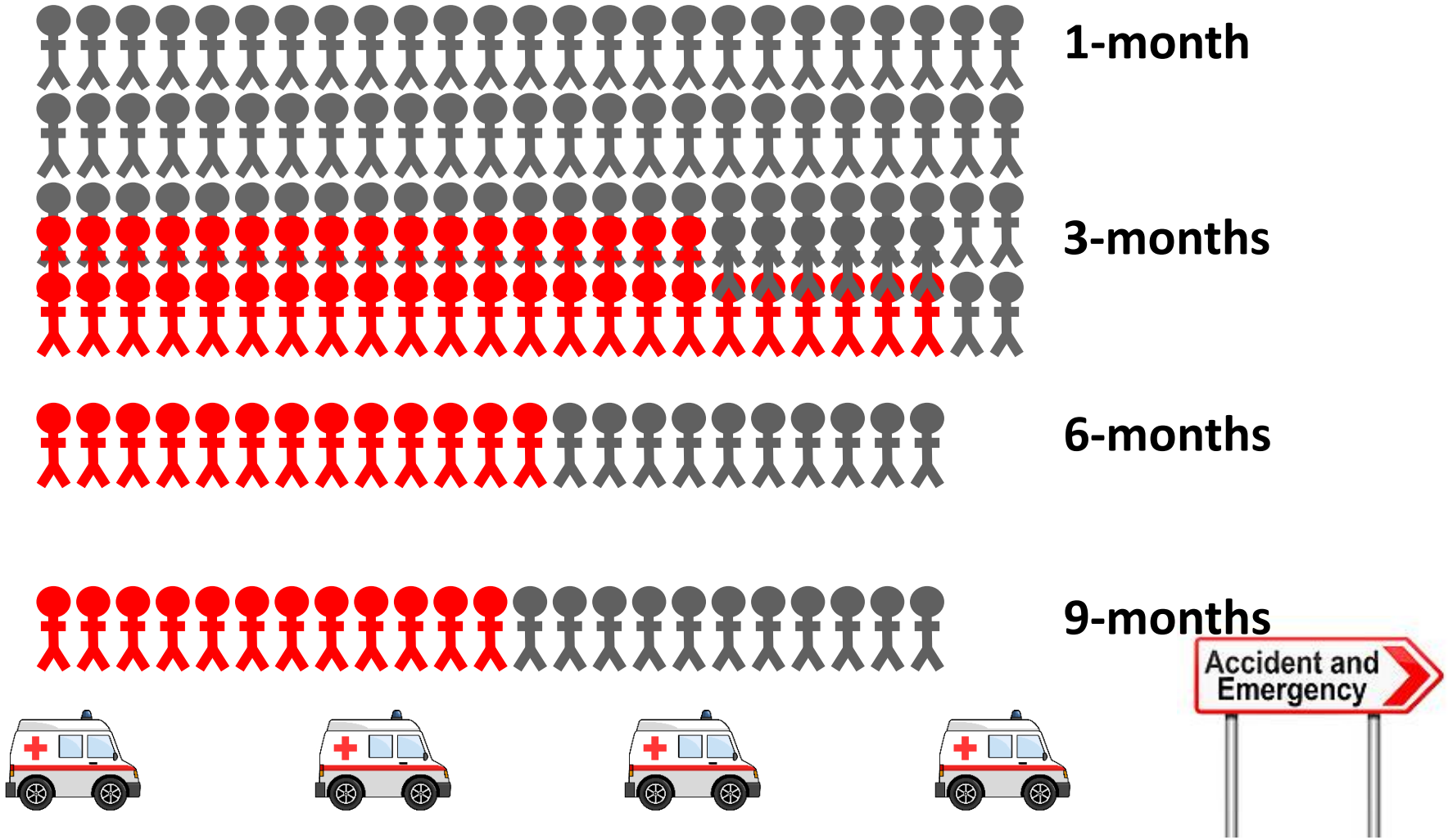
**Criterion B:** Intrusive symptoms: memories, nightmares, dissociative experiences, emotional and physiological reactions (1+ needed).

**Criterion C:** Avoidance: of thoughts, feelings, reminders (1+ needed).

**Criterion D:** Negative alterations in cognition and mood: impaired trauma recall, distorted negative beliefs, diminished interest, alienation (2+ needed).

**Criterion E:** Hyperarousal/reactivity: startle, behaviour irritable, aggressive or self-destructive, impaired sleep and concentration (2+ needed).

# PTSD following a one off trauma

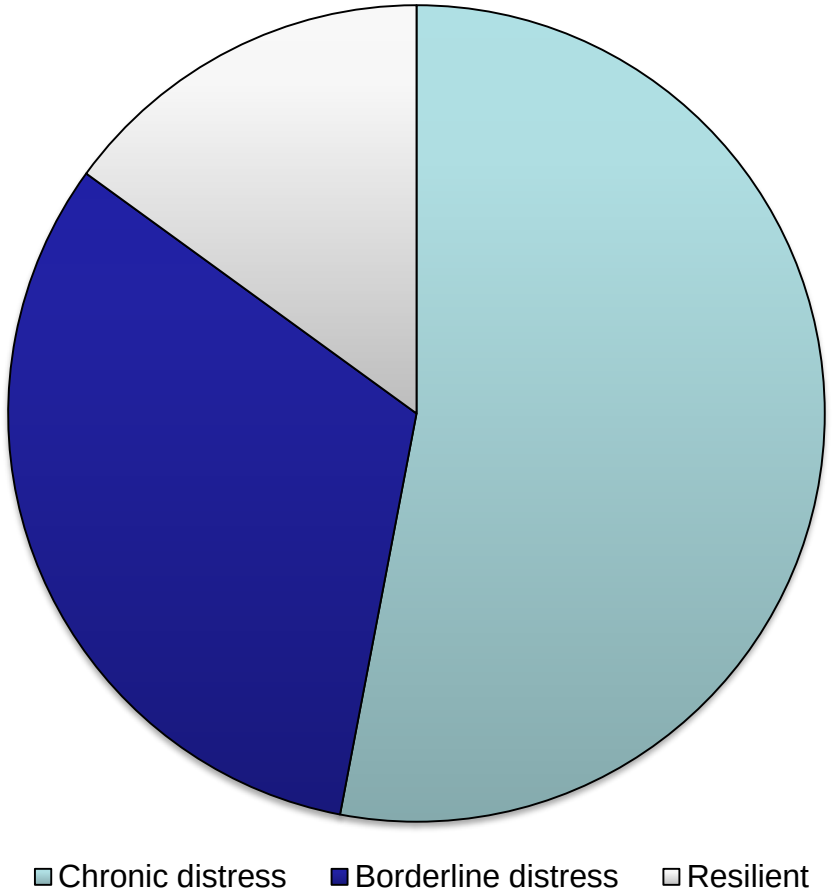



Hiller et al. (2016). *JCPP.*

# PTSD following maltreatment

- Exposure to any type of abuse is associated with elevated risk of PTSD, particularly sexual abuse and emotional abuse (Spertus et al., 2003; Widom, 1999)
- 75% of LAC in specialist CAMHS screened for PTSD (Morris et al., 2015)
- Over 1/3 abused of neglected children meet criteria for PTSD in adulthood (Widom, 1999)

# Broader psychological wellbeing




- *N* = 207 looked after children
- SDQ scores over first <u>five years</u> in care
- Most common profile was chronic internalising and externalising problems (>50%)
- These young people less likely to be in stable placements

Hiller & St Clair. (2018). *Child Abuse & Neglect*

# When to intervene?

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## Following a one off trauma

Distress is relatively common and children's symptoms are unlikely to be a concern unless they are:

Still causing problems more than 3 to 6 months following the event

AND/OR

Are very severe and causing major disruption to the child's life.

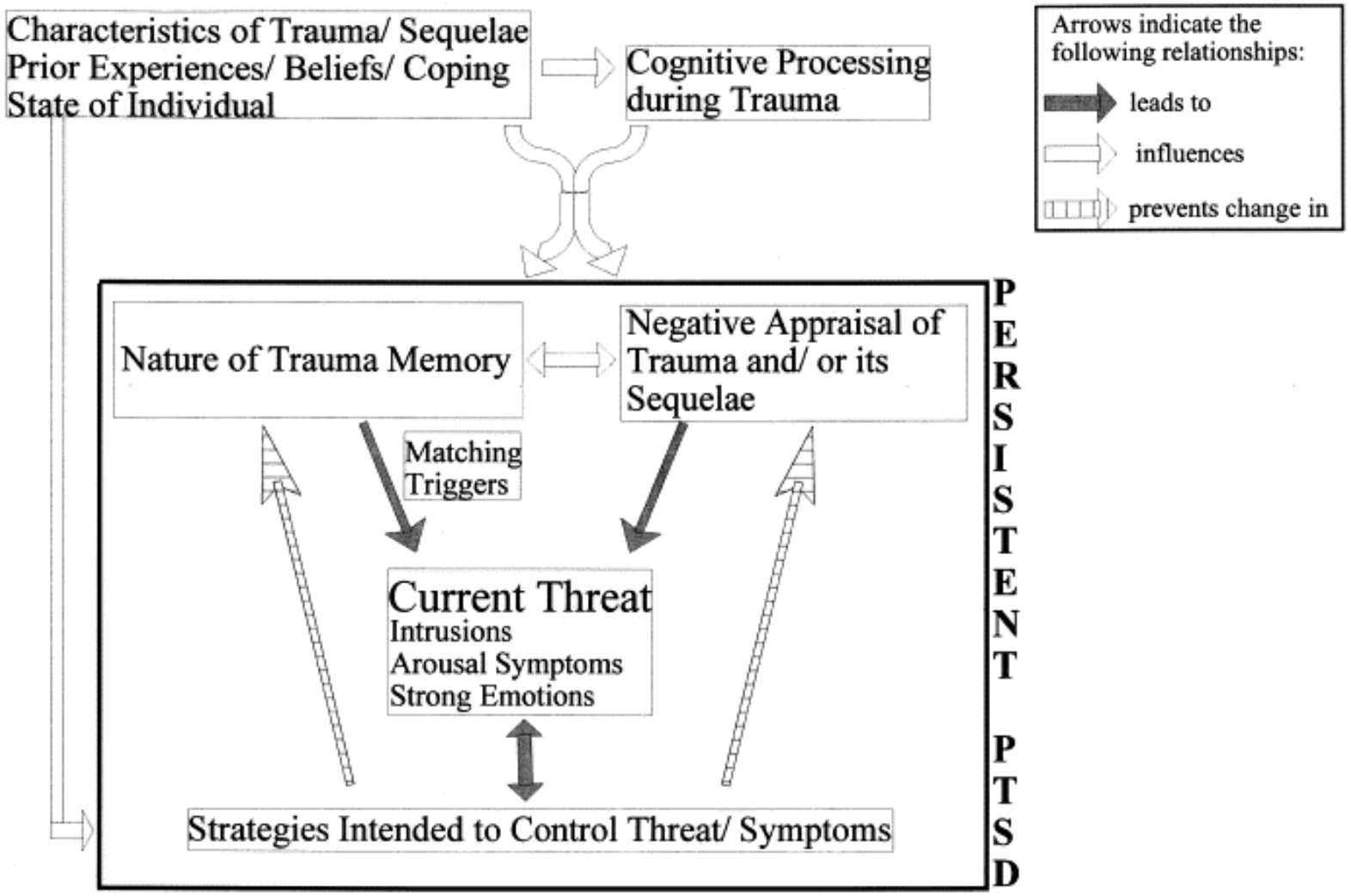
## Following maltreatment/chronic trauma

Long term problems are much more likely

Intensive and timely psychological support for those who need it

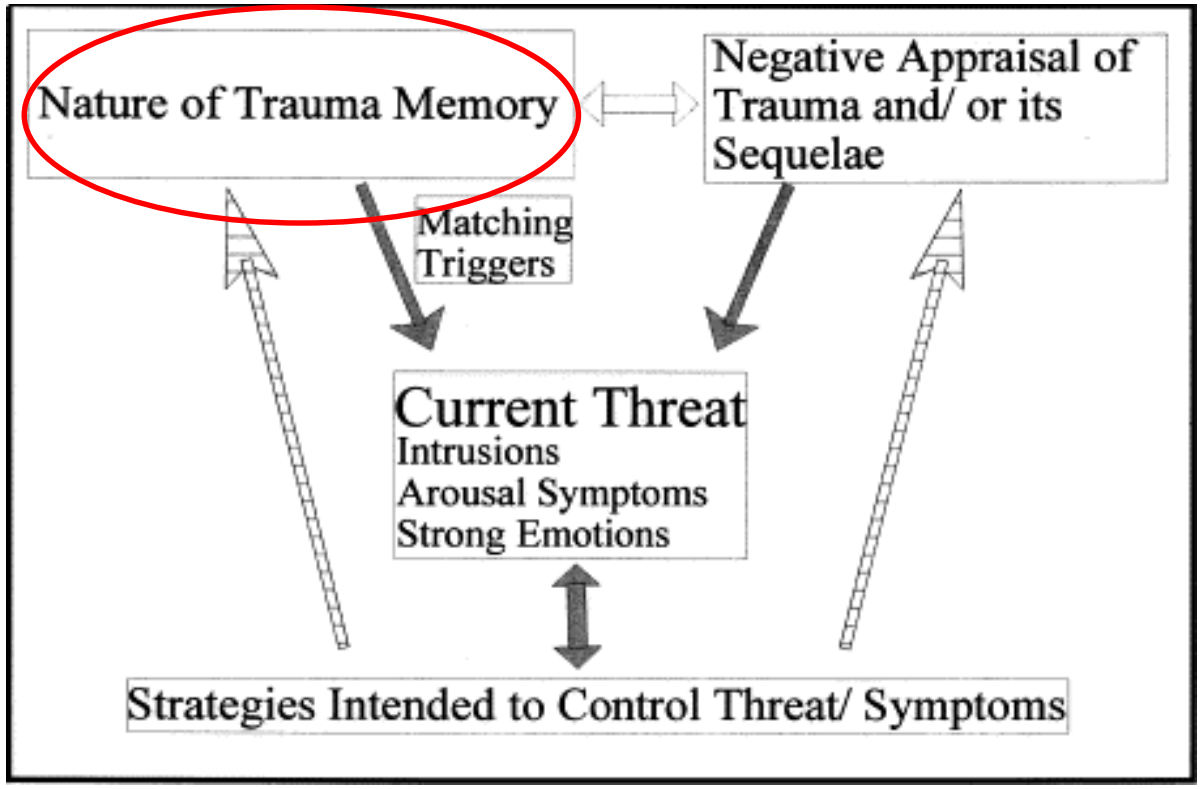
# What processes link trauma exposure to PTSD?

# Psychological predictors of PTSD




Ehlers & Clark, 2000

# Why do some children develop PTSD?



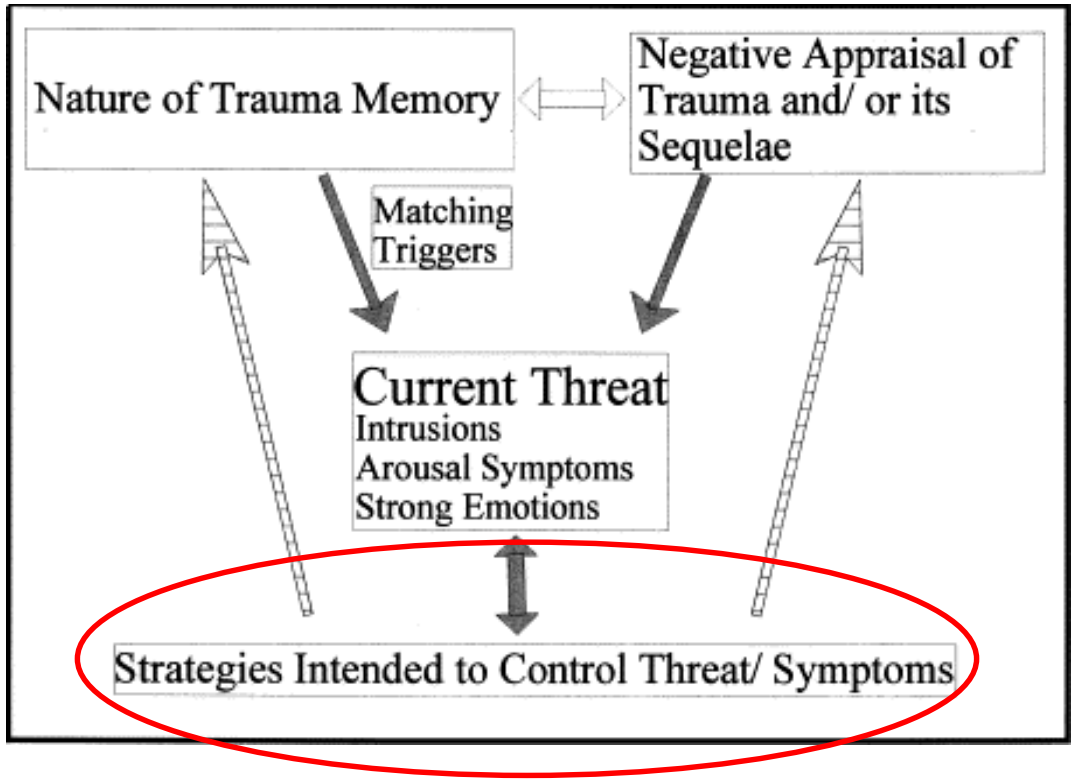

*"I can't seem to put what happened in to words"*

*"I can't remember the order that things happened in"*

*"When I remember what happens I can hear things that I heard at the time"*

Ehlers & Clark, 2000

# Why do some children develop PTSD?



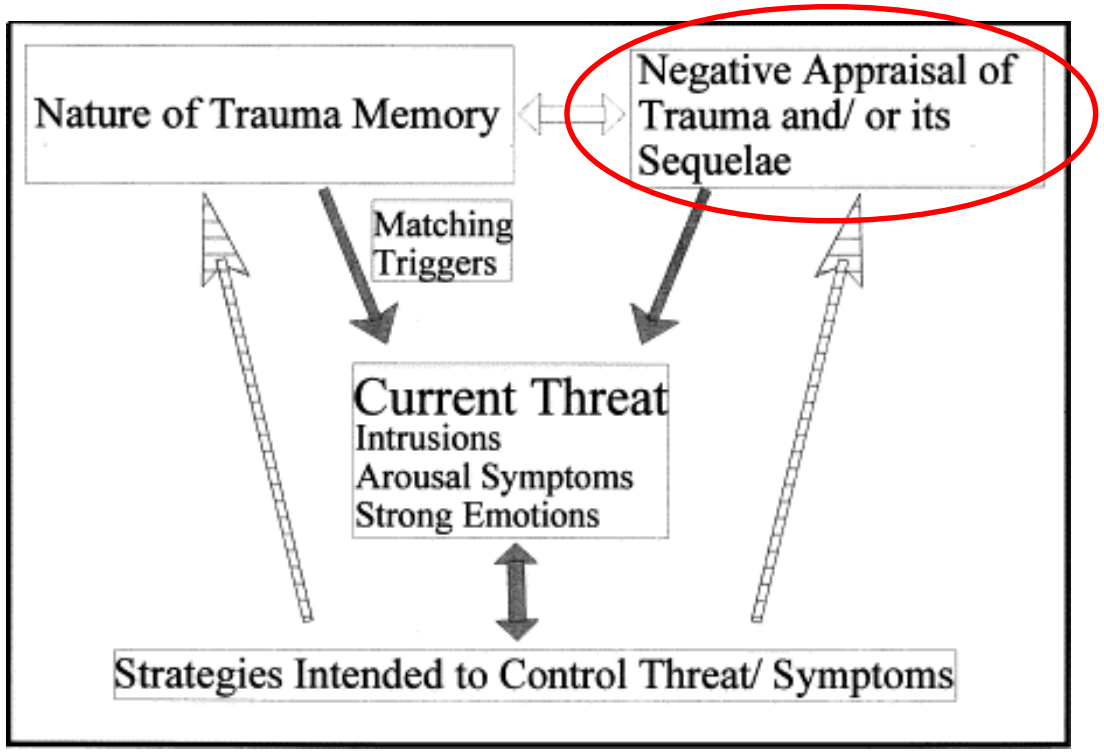

*"I can't stop thinking why did this happen to me"*

*"If a memory of what happened comes to my mind I push it away"*

*"I stay away from things that might remind me of what happened"*

Ehlers & Clark, 2000

# Why do some children develop PTSD?




*"I'll never get over what happened"*

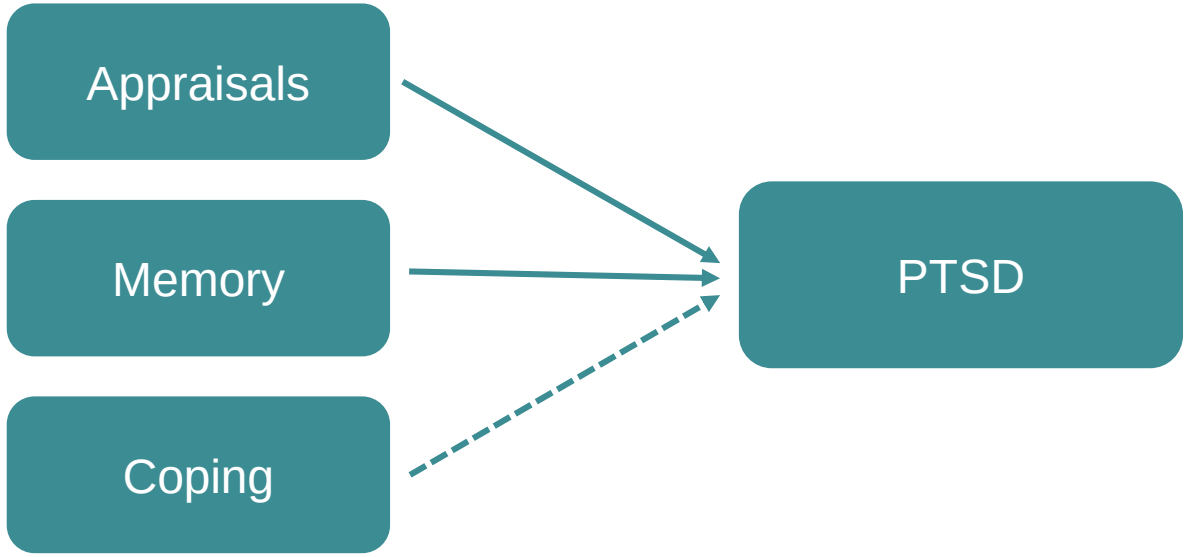
*"Anyone could hurt me"*

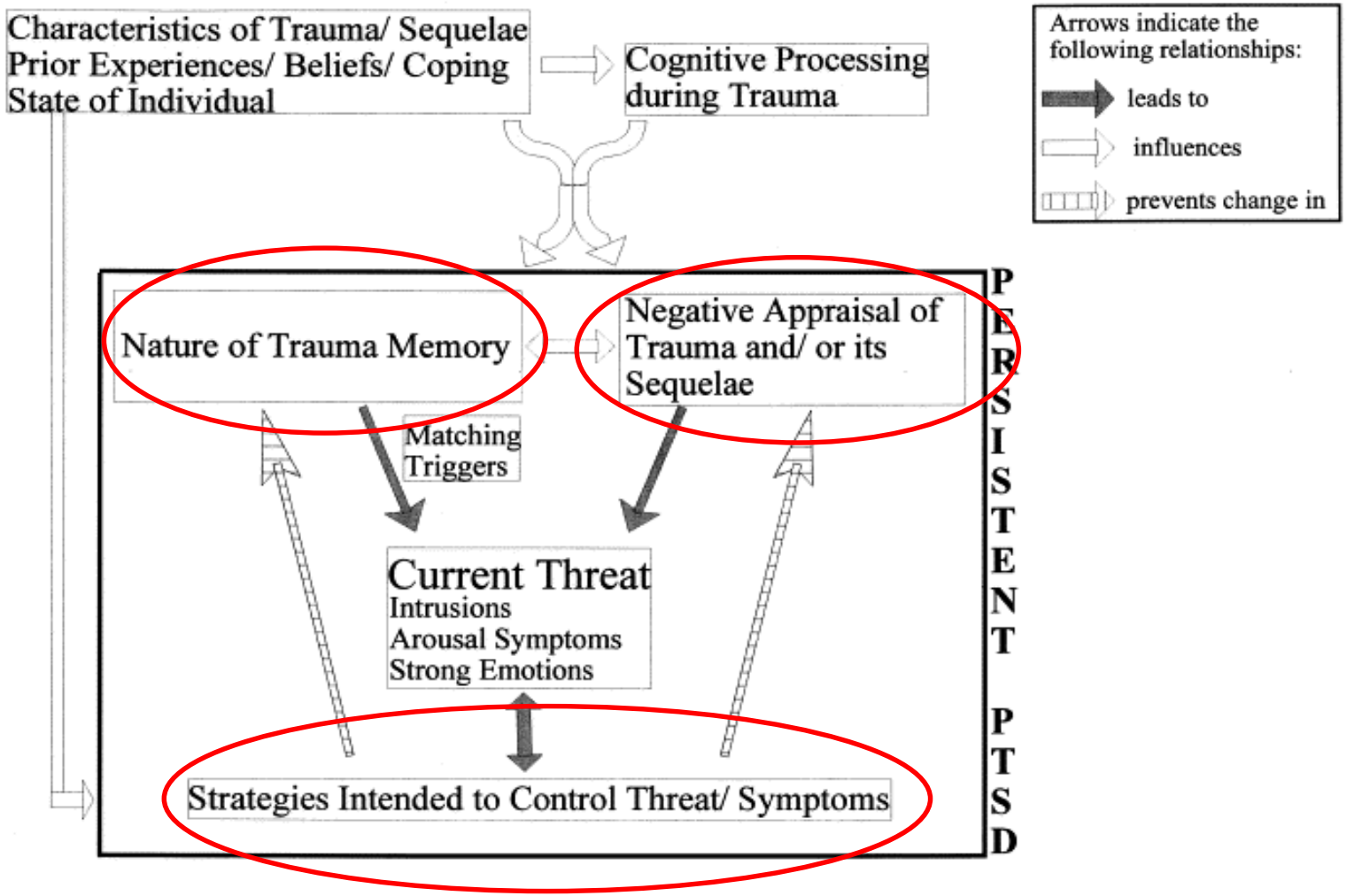
*"The world is unsafe"*

Ehlers & Clark, 2000

# An example with maltreated children

- Longitudinal study of psychological predictors of PTSD for looked after children (LAC)
- 50% clinically-elevated PTSD






Cognitive Model of PTSD; Ehlers & Clark, 2000

# Supporting child PTSD in mental health services

# Supporting and treating PTSD

- Gold standard – Trauma focussed CBT
- Tf-CBT, Cognitive Therapy for PTSD, Narrative exposure therapy etc

- Good evidence base for efficacy of tf-CBT for child PTSD, including after more complex trauma
- Evidence suggests tf-CBT can effectively target comorbidities

- Delivered by non mental-health professionals?
- Internet-delivered CBT?
- Lower intensity interventions?
- Supporting services to deliver interventions?
- Other groups?

# Final Note -

- Substantial personal, societal, and economic consequences for not addressing the mental health of trauma-exposed young people

- Over-represented in statistics on poor school attainment, re-victimisation, unemployment, homelessness and contact with the criminal justice system

- Cost associated with consequences of child maltreatment estimated in the billions of £/$, due to health service use and loss of productivity
  (Conti et al, 2017; Fang et al., 2012)

# Thanks to -

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UNIVERSITY OF BATH Established 1966

MQ Transforming mental health through research