

Shorter communication

## A prospective study of appraisals in childhood posttraumatic stress disorder

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### Abstract

This study investigated the predictors of posttraumatic stress disorder (PTSD) in children following a diagnosis of traumatic injury. Children ( $N = 76$ ) aged between 7 and 13 who were admitted to hospital following injury were assessed within a month of trauma for acute stress disorder (ASD), negative appraisals, as well as parental stress reactions. Children ( $N = 62$ ) were re-assessed 6-months later for PTSD and negative appraisals. The majority of the variance of chronic posttraumatic stress was accounted for by negative appraisals about future harm. This study supports cognitive models of PTSD, and suggests that younger children who exaggerate their vulnerability after trauma exposure are high risk for PTSD after trauma.

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### A prospective study of appraisals in childhood posttraumatic stress disorder

Although the likelihood of developing posttraumatic stress disorder (PTSD) is similar in children and adults following exposure to a traumatic event (Fletcher, 1996), there is relatively little evidence regarding the course of PTSD in children. Recent studies have assessed the relationship between acute stress disorder and PTSD in children and found only modest predictive power for the ASD diagnosis (Kassam-Adams & Winston, 2004; Meiser-Stedman, Yule, Smith, Glucksman, & Dalgleish, 2005). There is mixed evidence for other acute predictors of childhood PTSD, including accident severity (Aaron, Zaglul, & Emery, 1999; Stallard, Velleman, & Baldwin, 1998, 2001), accident type (Mirza, Bbadrinath, Goodyer, & Gilmour, 1998; Stallard et al., 1998) and female gender (Aaron et al., 1999; Daviss et al., 2000; de Vries et al., 1999). Recent research has also focused on the role of parental distress. It is possible, for example, that parental distress may preclude parents' accurate evaluation of their child, increase the stress experienced by the child, or disrupt optimal parenting that could protect the child from adverse reactions. Findings with respect to the associations of parent and child distress have been mixed, however (Bryant, Mayou, Wiggs, Ehlers, & Stores, 2004; Daviss et al., 2000;

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de Vries et al., 1999; Kassam-Adams, Garía-España, Miller, & Winston, 2006; Landolt, Vollrath, Timm, Gnehm, & Sennhauser, 2005).

Cognitive models of PTSD propose that an individual's appraisal of a traumatic event and its aftermath is pivotal in posttraumatic adjustment (Ehlers & Clark, 2000). This perspective posits that negative appraisals about oneself and the world lead to an exaggerated perception of the likelihood of future harm or the negative aspects of one's response. These models posit that negative appraisals in the initial phase after trauma exposure will contribute to PTSD because these thoughts will maintain the sense of threat or negative self-image (Dunmore, Clark, & Ehlers, 1999). Consistent with the predictions of cognitive models, adults with ASD (who are particularly likely to develop PTSD) exaggerate the probability of future negative events occurring and the adverse effects of these events (Smith & Bryant, 2000; Warda & Bryant, 1998). More convincing, there is also evidence that negative appraisals about oneself and one's world in the period after trauma exposure predict subsequent PTSD (Dunmore et al., 1999; Ehlers, Mayou, & Bryant, 1998; Engelhard, van den Hout, Arntz, & McNally, 2002).

Despite increasing evidence of the role of appraisals in posttraumatic adjustment in adults, there has been little study of their role in development of childhood PTSD (Dalglish, Meiser-Stedman, & Smith, 2005). There is evidence that children's posttraumatic stress is associated with perceptions of threat (Aaron et al., 1999; Di Gallo, Barton, & Pary-Jones, 1997; Ehlers, Mayou, & Bryant, 2003; McDermott & Cvitanovich, 2000; Stallard et al., 1998) and elevated estimates of future harm (Dalglish et al., 2000; Salmon, Sinclair, & Bryant, 2007). Ehlers et al. (2003) found that PTSD at 3- and 6-months following a motor vehicle accident was associated with children's (mean age 12 years) negative appraisals of intrusive memories, alienation from others, and anger, assessed 2 weeks after a motor vehicle accident. Meiser-Stedman et al. (2005) found that cognitive variables assessed two- to four-weeks after motor vehicle accidents and assaults predicted posttraumatic stress in adolescents (mean age 14 years) after 6-months, over and above initial levels of posttraumatic stress. The significant cognitive variables were trauma-related rumination, thought suppression, and a sense that one had permanently changed (Meiser-Stedman et al., 2005). It is important to study the predictive capacity of acute cognitions after trauma because of the need (a) to test cognitive models of childhood PTSD, and (b) to develop strategies that may facilitate adaptation after trauma by targeting the appraisals that interfere with optimal functioning.

The current study assessed the predictors of childhood PTSD, with particular focus on the predictive role of negative appraisals after trauma. This study extended previous research by studying children younger than those included in earlier research; focusing separately on children of different ages is important given the cognitive and socio-emotional changes that occur across the childhood and adolescent years (Salmon & Bryant, 2002). We assessed children aged 7 to 13 years within four weeks of being admitted to hospital after traumatic injury, and reassessed them 6-months later. We considered likely predictors of PTSD severity. We hypothesized that negative appraisals immediately after the trauma would be the strongest influence on chronic PTSD severity, but also investigated the role of early acute stress, age, and parental symptomatology.

## Method

### *Participants*

Consecutive child admissions to a major trauma hospital were assessed over a 20-month period following traumatic injury. Exclusion criteria included: inability to be interviewed without the aid of an interpreter, not medically fit to be interviewed, evidence of brain injury as a result of the injury, or unable to speak English. There were 241 eligible admissions following traumatic injury in children aged between 7 and 13 years. Potential participants were not assessed because they could not be contacted ( $n = 60$ ), declined to participate ( $n = 98$ ), or lived too distant from the hospital ( $n = 7$ ). Seventy-six children (50 males,  $M$  age = 10.50,  $SD = 2.46$ , and 26 females,  $M$  age = 8.77,  $SD = 2.34$ ) were included in the study (32%). Assessments took place between 6 and 28 days posttrauma ( $M = 25.62$ ,  $SD = 11.54$ ). The average hospital stay was 3.39 days ( $SD = 7.36$ ). Thirty six (47%) had traumatic falls, 5 (7%) were motor vehicle passengers, 23 (30%) were pedestrians or cyclists, and 12 (16%) had experienced other injuries. At the 6-months follow-up assessment, 15 patients could not be contacted. Sixty-two patients were followed-up; this participation represented 82% of

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