Research Round Up
Q1 | 2021
Research highlights from the field of childhood trauma
Cutting edge research on trauma and childhood maltreatment.

The Research Round Up series helps to bridge the gap between academic researchers and busy professionals. This publication provides summaries of ten research studies from the field of trauma and childhood maltreatment published during the first quarter of 2021.

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Each summary lists the size, age, ethnicity, and gender of the sample according to the terms given in the source literature. However, we recognise that there is not a clear consensus on how these terms are (or should be) presented in the literature, and that in some cases terminology and categorisation may cause unintended offense or harm. We are continuously discussing how to use language addressing race, ethnicity and gender when writing about research and are open to feedback to how this can be improved in our research communication and dissemination. Please send feedback on language or our approach to uktc@annafreud.org.
Interventions

The views of young people in out-of-home care about coping with emotional difficulties

Children and adolescents who live in out-of-home care tend to experience higher rates of mental health difficulties. In this qualitative study, Hiller, Halligan and colleagues (2021) gathered young people’s views on how they cope with and seek help for their emotional needs. Twenty-five participants (10-16 years, 56% female, 80% Caucasian ethnic background) were recruited from two local authorities in urban areas in England. Most young people reported that having a consistent and trusted adult as a primary source of emotional support contributed to feeling safe. The support that caregivers offer was identified as key to coping with daily stressors and interpersonal difficulties. Some of the participants in this study struggled with lack of control and agency and worried about the stigma (“feeling different”) associated with being in care (especially with other peers in school). While many young people described the importance of being able to share their worries, most did not find it helpful to talk about their pre-care experiences. Finally, those experiencing mental health difficulties struggled to identify helpful coping strategies and to access support. In sum, while positive aspects of being in care were reported, this study identified that continuity in social workers and carers, concerns around stigma, and ensuring appropriate and timely access to mental health support remain significant challenges.

Interventions

A home-visiting preventative intervention for young families at heightened risk for child maltreatment

The Building Healthy Children (BHC) intervention aims to reduce risk of childhood maltreatment by providing support to socioeconomically disadvantaged young mothers and their infants. BHC is a home-visiting programme that combines three evidence-based interventions – Parents as Teachers (PAT), Child-Parent Psychotherapy (CPP), and Interpersonal Therapy for Depressed Adolescents (IPT-A). In this study, Demeusy and colleagues (2021) examined this programme’s effectiveness in promoting positive parenting, maternal mental health and reducing childhood abuse and neglect. Two hundred and thirty-two mothers (15–23 years; 66.4% African-American, 22.8% Caucasian, 17.8% Latina, 4.7% biracial and 6.0% other race) and their infants were randomly assigned to receive BHC or enhanced community support. Families were assessed at postintervention up to 7 years after. Mothers who received BHC showed greater reduction in depressive symptoms at mid-intervention. This was also associated with increased parenting confidence, reduced stress, as well as less child externalising and internalising symptoms at postintervention. Moreover, at follow-up, mothers who received BHC showed less inconsistent and harsh parenting practises. Children also showed less externalising behaviour and difficulties in self-regulation.

In sum, the results from this study indicate that preventative interventions, such as BHC, can reduce the risk of maltreatment families experiencing disadvantage.

Interventions

Linking parental emotional abuse with greater symptoms of posttraumatic stress disorder (PTSD) before and after trauma-focused treatment

Parental emotional abuse (e.g. blaming, insulting, shaming) is one of the most prevalent forms of childhood maltreatment. Yet, its impact on posttraumatic stress disorder (PTSD) symptoms and influence on treatment outcomes has received little attention. To address these questions, Hoeboer and colleagues (2021) recruited a Dutch sample of 287 young people (9-23 years, 67 % female, no information on ethnicity was reported) from an outpatient clinic. The authors found that emotional abuse was related to greater PTSD symptom severity before and during treatment. Emotional abuse was also most strongly associated with PTSD symptoms compared to other forms of childhood maltreatment. Overall, PTSD symptoms were lower six months after the start of trauma-focused treatment, however, this reduction tended to be smaller for young people who reported more severe experiences of emotional abuse. This initial evidence suggests that emotional abuse may be linked with poorer treatment outcomes among young people.

In sum, this study highlights the detrimental effects of parental emotional abuse, by linking it to greater symptoms of PTSD both before and after receiving evidence-based treatment.

Trauma-focused cognitive behavioural therapy (TF-CBT) is a well-established evidence-based treatment for PTSD among school-aged children and adolescents. This review by A. McGuire and colleagues (2021) examined 11 studies of the application and effectiveness of TF-CBT on preschool-aged children (i.e. children aged three to six). The included studies had a fairly equal representation of males and females. Most of the studies had a majority sample that identified as White ethnicity. After reviewing the relatively small number of studies in preschool-aged children, as compared to research with school-aged children and adolescents, the authors concluded that TF-CBT with preschool-age children is “probably efficacious”. Moreover, the results from the literature review suggest that clinicians should consider a range of empirically supported modifications and factors for each individual client. These include language and cognitive abilities, the family context and culture as well as the clinician’s own experience in the delivery of TF-CBT. **In sum, preliminary evidence suggests that TF-CBT may be an effective intervention for preschool-aged children with PTSD.**

Interventions

Effective trauma-focused treatment for different diagnostic categories of PTSD and trauma experiences

In this study, Ross and colleagues (2021), examined if trauma history and different diagnostic categories of PTSD influence treatment outcomes in Trauma-Focused Cognitive-Behavioural Therapy (TF-CBT). One hundred and seventy-six youth and caregiver dyads (4-17 years, 74% female) from diverse ethnic backgrounds (31% Latino with unspecified race, 22% African American, 18% Multiracial, 9% Caucasian, 7% Latino White, 6% West Indian, 3% Latino Black and 3% Asian) were recruited from a community clinic. Study participants with complex vs acute trauma experiences did not differ in their likelihood of developing symptoms of Complex PTSD. At baseline, participants who met criteria for Complex PTSD symptoms experienced greater difficulties in psychosocial functioning than those with PTSD. Post-treatment, the researchers found improvements in symptoms of PTSD and Complex PTSD in young people with both acute and chronic trauma histories. But, the level of improvement was less for those with greater symptoms at baseline.

In sum, the findings of this study support the effectiveness of TF-CBT for young patients with a diverse trauma history (acute vs complex) and PTSD presentation (PTSD vs Complex PTSD).

Impact of Trauma

Self-reported perception of trauma-related memory quality is predictive of future post-traumatic stress symptoms in children

Trauma memory characteristics, including disorganisation, sensory qualities, and emotional content are known predictors of adult PTSD. In this study R. McGuire and colleagues (2021) examined if trauma memory characteristics predicted symptoms of post-traumatic stress one and six months after exposure to acute/single-incident trauma in a sample of 126 children (6-13 years, 62% male). Ethnicity was not reported other than a brief mention that the sample was ‘predominately Caucasian’. Memory disorganisation and sensory-emotional qualities were assessed with subjective (i.e. self-reported questionnaires) and objective tools (i.e. recorded trauma narratives that were rated by trained coders). The researchers found that subjective reports of trauma memory characteristics were predictive of symptoms both one and six months after trauma. On the other hand, objective ratings of trauma memories were not related to future symptoms. In sum, the findings of this study suggest that children’s subjective reports of the quality of their trauma memories, rather than their objective measurements, predict the emergence of post-traumatic stress symptoms.

Children and adolescents who live in out-of-home care tend to experience higher rates of PTSD symptoms. Moreover, it is thought that early exposure to childhood maltreatment may also increase the likelihood of experiencing the additional symptom clusters of Complex PTSD (i.e. difficulties with affect regulation, interpersonal relationships and negative self-concept). However, there is limited evidence regarding what demographic and cognitive factors may be linked with an increased risk of developing either PTSD or Complex PTSD. In this study, Hiller, Meiser-Stedman and colleagues (2021) recruited 120 young people (10-18 years, 53% female, 83% Caucasian ethnic background) who were living in out-of-home care. The young people, their primary carer and social worker underwent an initial assessment and a 12-month follow-up. Demographic and cognitive factors were measured, as well as PTSD symptoms, trauma history, maltreatment severity, and trauma-related cognitions – such as maladaptive appraisals, rumination, cognitive avoidance, and memory characteristics. The researchers found that the severity of maltreatment was not a strong predictor of either PTSD or Complex PTSD. On the other hand, trauma-related cognitive factors (especially maladaptive trauma appraisals) were identified to be strongly linked to both PTSD and Complex PTSD. In sum, the authors found that trauma-related cognitions and memory characteristics are associated with both PTSD and Complex PTSD in children in out-of-home care, more so than severity of the maltreatment.

There is a well-established association between adverse childhood experiences (ACEs) and poor physical and mental health in the general population. However, it is unclear if we can use ACEs as a screening method to accurately predict future health problems for individuals. In order to address this question, Baldwin and colleagues (2021) used two large samples from longitudinal studies in England-Wales and New Zealand. The study followed 2,927 individuals (50% female, 93% White) from birth until adulthood. Outcomes were assessed at 18 years in the English-Welsh sample, and at 45 years in the New Zealand sample. In line with previous studies, the researchers found that experiencing ACEs was linked with an overall increased risk of mental and physical health problems (independently of other factors, such as socio-economic status, sex, history of health problems). However, ACEs scores were shown to have poor precision in predicting individuals’ health problems. In sum, the findings from this study suggest that screening for ACEs, although they are linked with overall differences in future health, shows low accuracy when used to identify individuals at increased risk of later mental and physical health problems.

Early traumatic experiences and neurodevelopmental difficulties are linked with increased mental health problems in adolescence. However, their contribution towards the emergence of mania symptoms have not yet been explored. In this study, Gajwani and colleagues (2021) examined whether traumatic experiences and neurodevelopmental difficulties can predict later symptoms of mania. They used data from a large population-representative Swedish sample of 3348 children assessed at 9 and then 15 years of age. The researchers found that early traumatic experiences and neurodevelopmental difficulties at age 9 independently contributed to the emergence of later symptoms at age 15. Moreover, they found that having both risk factors was associated with a higher likelihood of developing symptoms.

In sum, the findings of this study suggest that early traumatic experiences and neurodevelopmental disorders contribute to the emergence symptoms of mania in adolescence.

In this study Reid-Russell and colleagues (2021) examined if lower self-esteem may contribute to an increased risk of depression and suicidal ideation following childhood abuse. Previous studies have observed a link between the experience of childhood abuse and explicit self-esteem (that is, self-esteem that is measured via subjective self-reports and verbal responses). However, no studies to date have measured the link between childhood abuse and implicit self-esteem. The term implicit refers to self-esteem evaluations that are outside our conscious awareness and that are not measured by means of subjective reports. A common method to measure implicit self-esteem, which was implemented in this study, is the Implicit Association Test. This is a behavioural paradigm in which participants sort concepts (e.g., self, others) and evaluations (e.g., good, bad). The speed of the responses is believed to indicate the strength of the unconscious association between concepts and evaluations. In this study, a sample of young people aged 8–16 years, 48% female (N = 240; 41% White, 26% Black, 12% Latino, 11% Asian, 10% other ethnicities) completed a self-esteem Implicit Association Test and were followed up to 1-3 years later. The researchers found that lower implicit self-esteem was associated with childhood abuse and was predictive of depression symptoms and suicidal ideation at baseline and in the follow-up period. In sum, the findings from this study suggests that implicit (or unconscious) low self-esteem may contribute to greater symptoms of depression and suicidal ideation among young people who experienced childhood abuse.
