HOW CAN INFORMAL SUPPORT IMPACT CHILD PTSD?

Sarah Halligan. Bath, UK

Background An estimated 20% of children who present to hospital emergency departments following potentially traumatic events (e.g., serious injuries, road traffic accidents, assaults) will develop post-traumatic stress disorder as a consequence. The development of PTSD can have a substantial impact on a child’s psychological recovery, including their emotional, social and educational wellbeing. Despite this, only a small proportion will access mental health services, with the majority relying on informal sources of support. Parents, in particular, are often the primary source of support. However, it remains unclear what types of parental responses may be effective, and parents themselves report experiencing uncertainty about the best approach. To address this gap in knowledge, we examined the capacity for specific aspects of parental responding in the aftermath of child trauma to facilitate or hinder children’s psychological recovery.

Method We conducted a longitudinal study of 132 parent-child pairs, recruited following the child’s experience of trauma and subsequent attendance at one of four regional emergency departments. At an initial assessment, within 1 month post-trauma, we examined how parents appraised and responded to their child following the event, using both questionnaires and direct observations. Child-report questionnaires were used to assess PTSD symptom severity at 1 month, and at a follow up 6 months later. Children also reported on their own appraisals of the trauma and their coping behaviours, which were considered as potential mediators between parental support and later child symptoms.

Results Controlling for relevant covariates and initial PTSD symptoms, parent negative appraisals of the trauma and encouragement of avoidant coping in children were associated with higher child-reported PTSD symptoms at 6 month follow-up. There was some evidence that children’s own trauma related appraisals and coping styles mediated these effects.

Conclusion Findings indicate that children’s social support can influence their post-trauma psychological outcomes. That parenting was associated with 6 month PTSD, even after controlling for the child’s initial symptoms, suggests that parent-child responses in the posttrauma period actively influence the child’s poorer longer-term adjustment, rather than simply being a response to the child’s initial distress. The results suggest that helping parents to provide fewer negative appraisals about the trauma/their child’s response, and to encourage more adaptive coping styles, could be effective in improving child psychological outcomes. As emergency departments provide primary care and support for families affected by trauma, they could play an important role in making this advice available to parents.
for central venous access and arterial lines, ED thoracotomy, pericardiocentesis and venous cutdown had the lowest frequency of respondents reporting confidence in performing the procedure.

Conclusions More than half of the paediatric emergency clinicians surveyed had performed CPR and inserted an intravenous needle within the last 12 months. Performance of other non-airway critical procedures was less common, and associated with less procedural confidence.

**References**

1. Meningitis Research Foundation. Meningococcal Meningitis and Septicaemia Guidance. Notes 2014.
2. Ó Maoldomhnaigh, et al. Invasive meningococcal disease in children in Ireland. PMID: 27568805.
3. NICE. Management of petechial rash.
4. Bourke TW, et al. Diagnostic accuracy of loop-mediated isothermal amplification as a near-patient test for meningococcal disease in children. PMID: 25728843.