

Specific developmental aspects of posttraumatic stress disorder

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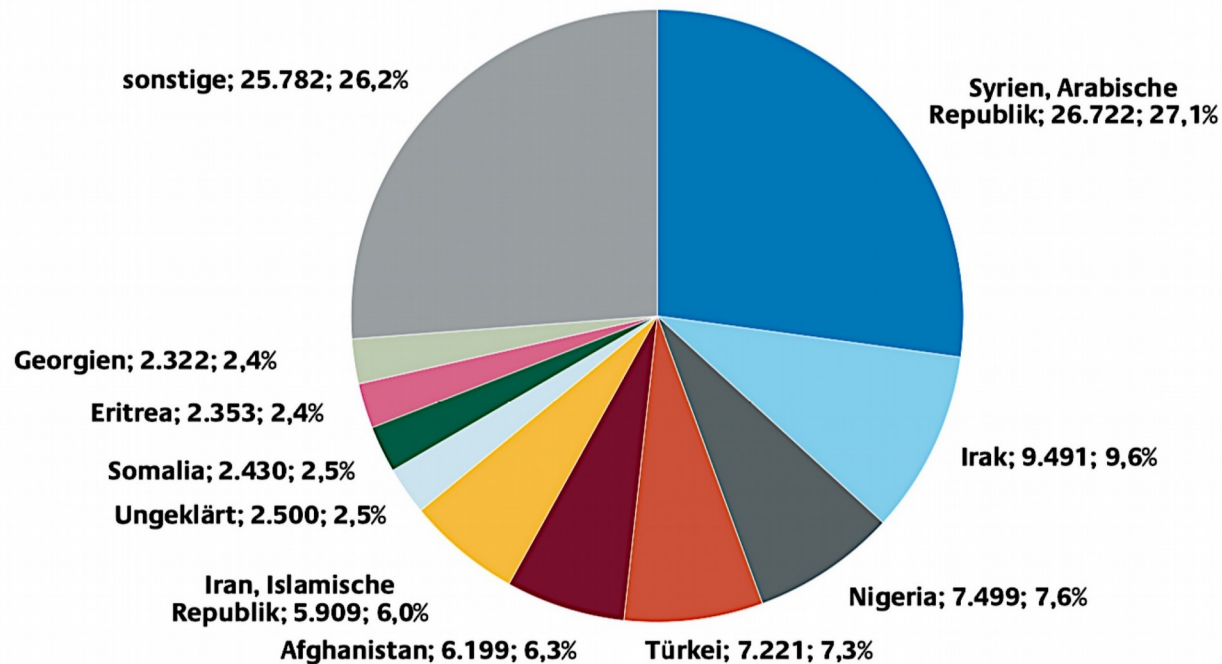
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Refugees in Germany: Countries

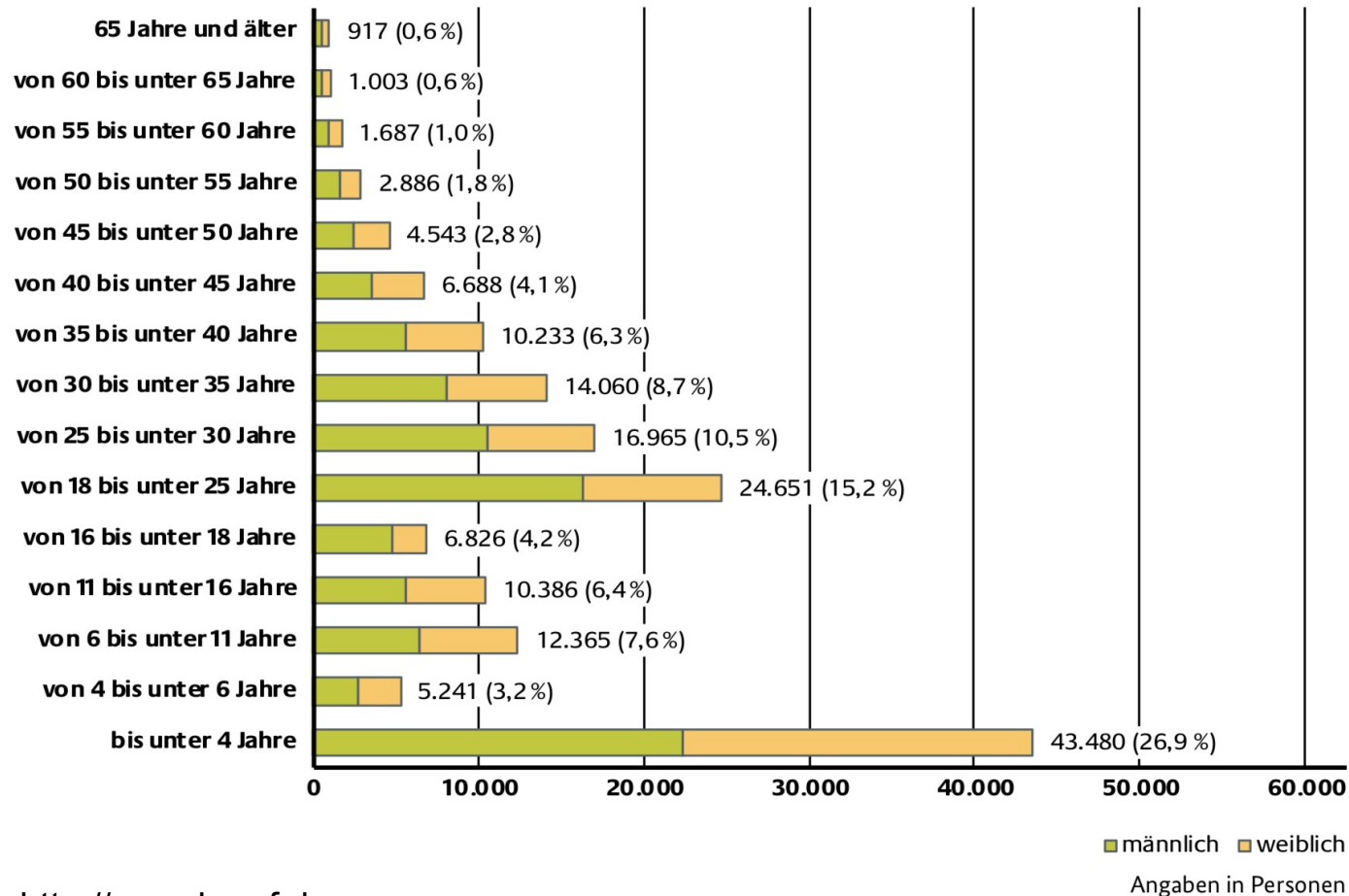
Hauptstaatsangehörigkeiten im Zeitraum Januar - August 2019

Gesamtzahl der Erstanträge: 98.428



Refugees in Germany: Age groups

Abbildung I - 9:
Asylerstanträge im Jahr 2018 nach Geschlecht und Altersgruppen



Refugees in Germany: PTSD

26 % of the children aged 0 to 6 and
33 % of the children aged 7 to 14
fulfill diagnostic criteria for
posttraumatic stress disorder (PTSD)

(1) Soykök, S., Mall, V., Nehring, I., Henningsen, P. & Aberl, S. (2017). Post-traumatic stress disorder in Syrian children of a German refugee camp. *The lancet* 389 (4). 903-904.

PTSD: Core Symptoms

- Reexperiencing
- Avoidance/negative alterations in cognitions
- Hyperarousal

are age-specific!

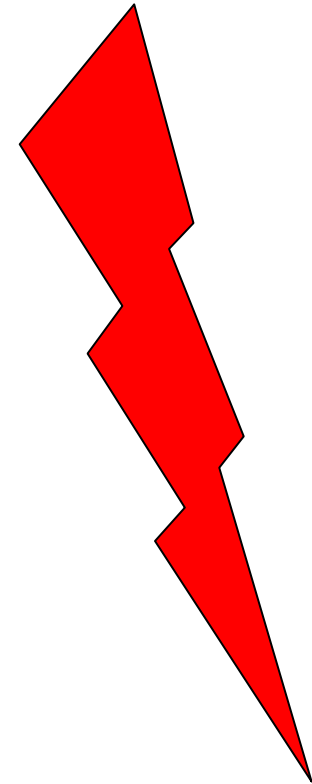
(2) Cohen J.A. & Scheeringa, M.S. (2009). Post-traumatic stress disorder diagnosis in children: Challenges and promises. *Dialogues in Clinical Neurosciences*, 11 (1), 91–99.

(3) Goldbeck, L. & Jensen, T.K. (2017). The diagnostic Spectrum of Trauma-Related Disorders in Children and Adolescents. In Landolt, M.A., Cloitre M. & Schnyder, U. (Hrsg.). *Evidence-Based Treatments for Trauma Related Disorders in Children and Adolescents*. Cham: Springer.

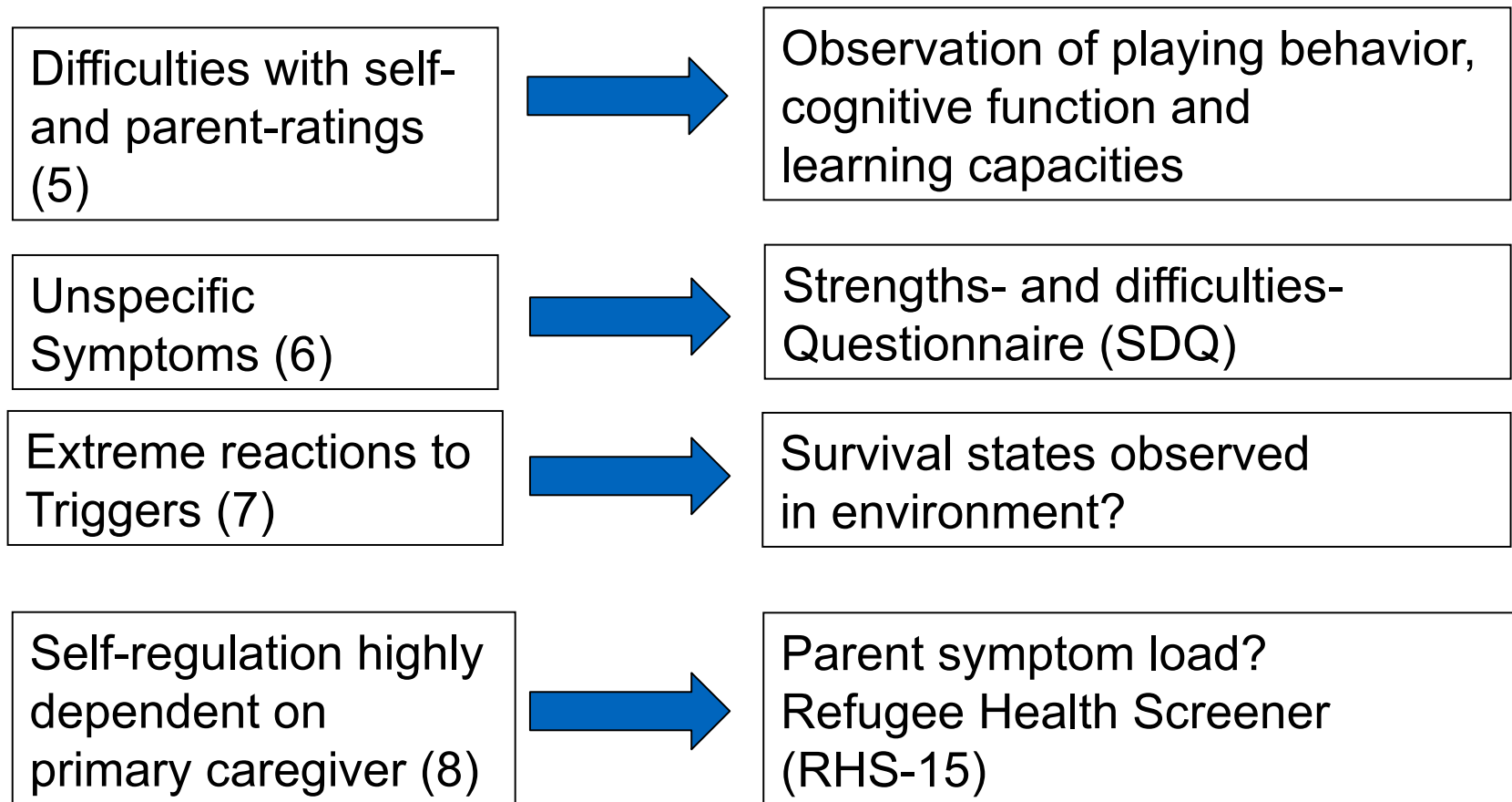
Pediatric PTSD – clinical perspective

Survival States

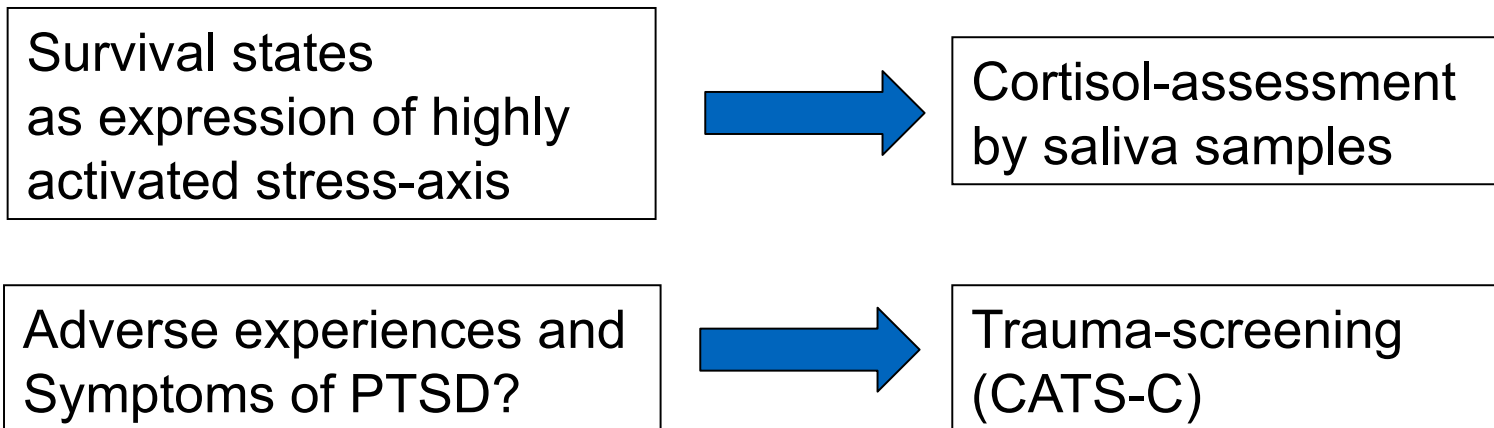
„An individual’s experience of the present environment as threatening to his or her survival with corresponding thoughts, emotions, behaviors, and neurochemical, and neurophysical responses“



Pediatric PTSD: multidimensional approach



Pediatric PTSD: multidimensional approach

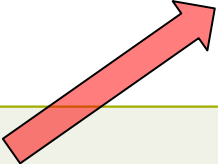


Methods

Parents		Children	
SDQ- & CATS-parent-rating	Online-Questionnaire: Providing Online Ressources for Trauma Assessment for Refugees (PORTA)	Language-free Index SIF	Subtests from Kaufmann-Assessment-Battery for Children (K-ABC-II)
Refugee-Health-Screen (RHS-15), parent self-rating		Subtest Atlantis as learning task	
Caregivers in the environment		Playing Behavior	Observation and documentation
SDQ-Caregiver-rating	PORTA		
Survival States?	TST-Assessment-Form	Level of cortisol in salivar samples, epigenetics	7 salivar samples

Recruiting

protected,
for woman & children,
weekly consulting by our
team



Number of children		
19	„Funkkaserne“	Refugee camps in Munich
15	other camps	
3	Social Pediatric Center (kbo Kinderzentrum)	

Results 1: Questionnaires



Trauma screening CATS positive for **19 %** of the children



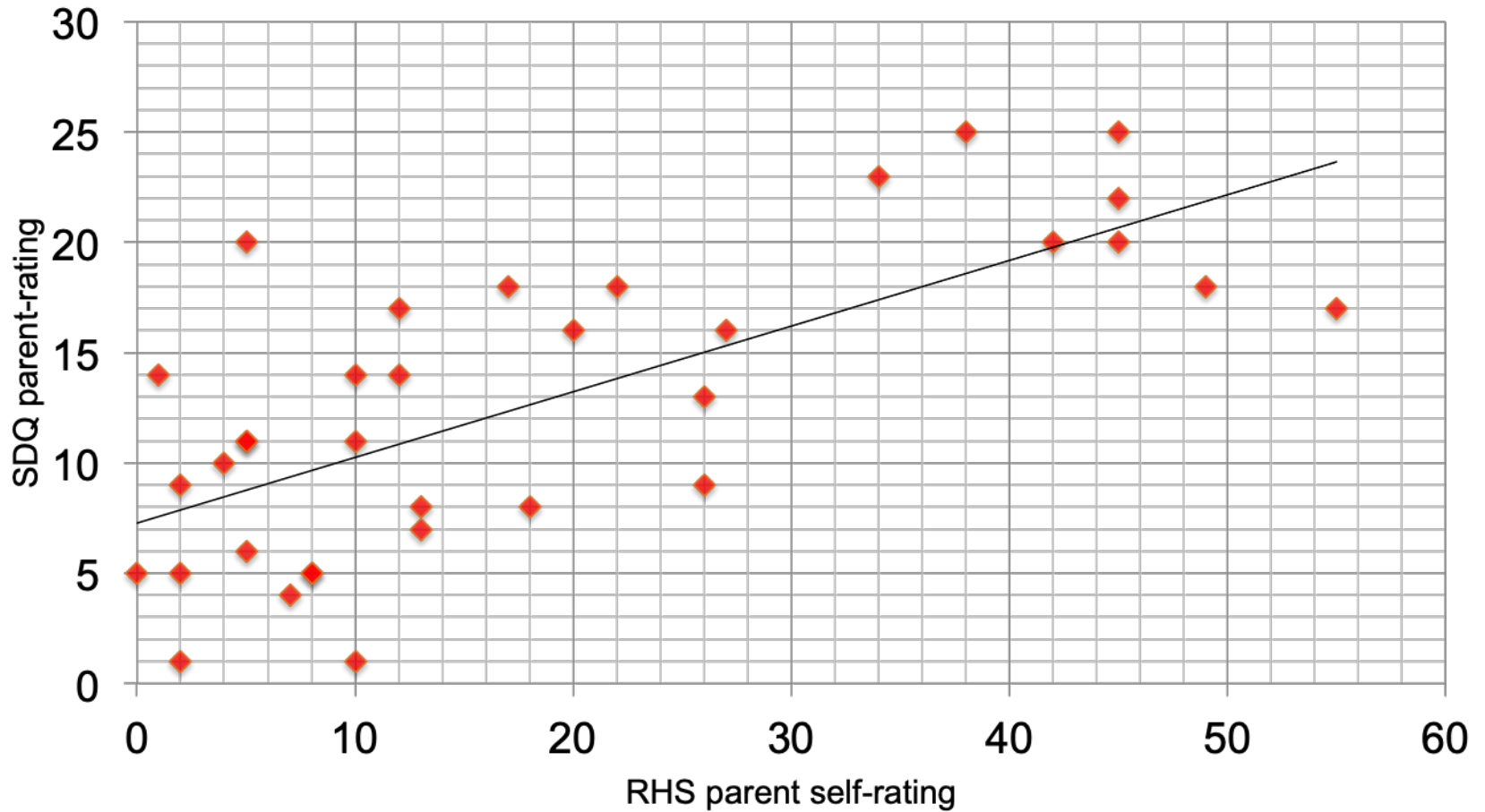
Unspecific Symptoms in parent rating for **40 %** of the children



67 % of the mothers report high symptom load/distress level

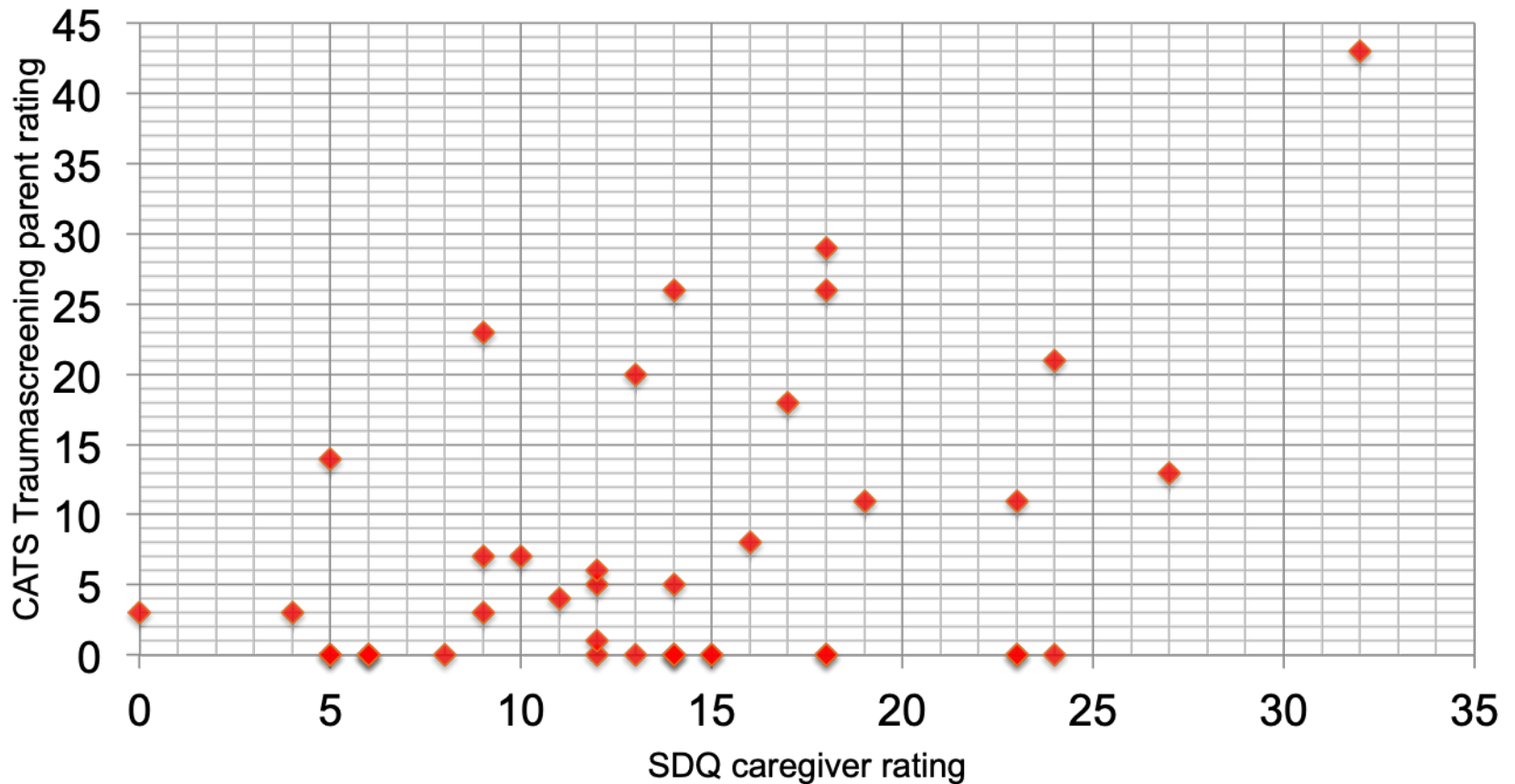
Results 2

Significant correlations between parent and child pathology



Results 3

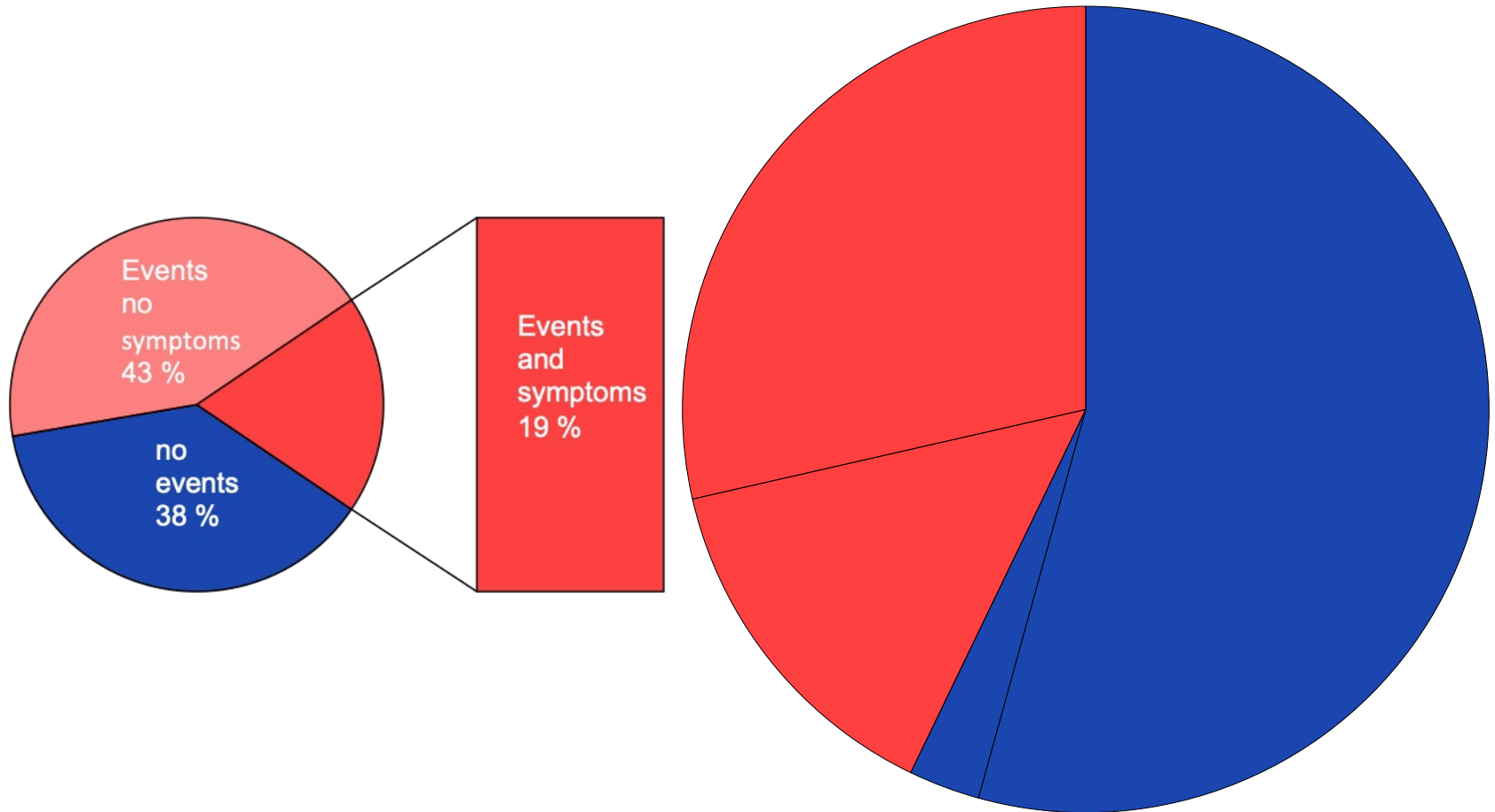
No correlation between trauma screening (parent) and symptom load in the environment



Conclusions 1

- Parent rating \neq child PTSD

Comparison CATS- & Survival States rating



Conclusions 2

Survival States

- Survival states in the environment > trauma symptoms
- Reflect an aspect of pediatric PTSD that is not fully assessed by parent rating.
- Indicator for over-activation of the stress-axis which inhibits learning.

Questions/Discussion



Contact

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References

- (1) Soykök, S., Mall, V., Nehring, I., Henningsen, P. & Aberl, S. (2017). Post-traumatic stress disorder in Syrian children of a German refugee camp. *The lancet*, 389 (4), 903-904.
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- (3) Goldbeck, L. & Jensen, T.K. (2017). The diagnostic Spectrum of Trauma-Related Disorders in Children and Adolescents. In Landolt, M.A., Cloitre M. & Schnyder, U. (Hrsg.). *Evidence-Based Treatments for Trauma Related Disorders in Children and Adolescents*. Cham: Springer.
- (4) Saxe, G. N., Ellis, B. H. & Brown, A. D. (2016). *Trauma Systems Therapy for Children and Teens* (2nd. Ed.). Guildford Press, New York.
- (5) Meiser-Stedman, R., Smith, P., Yule, W., Glucksman, E. & Dalgleish, T. (2017). Posttraumatic Stress Disorder in Young Children 3 Years Posttrauma. *Journal of Clinical Psychiatry*, 78 (3), 334-339.
- (6) Scheeringa M. & Zeanah C. (2008). Reconsideration of Harm's Way: Onsets and Comorbidity Patterns of Disorders in Preschool Children and Their Caregivers Following Hurricane Katrina. *Journal of Clinical Child & Adolescent Psychology*, 37 (3), 508–518.
- (7) De Young, A.C. and M.A. Landolt (2018). PTSD in Children Below the Age of 6 Years. *Curr Psychiatry Rep*, 20 (11), 97.
- (8) Gadeberg, A.K., Montgomery, E., Frederiksen, H.W, & Norredam, M. (2017). Assessing trauma and mental health in refugee children and youth: a systematic review of validated screening and measurement tools. *Eur J Public Health*, 27 (3), 439-446.
- (9) Plener, P.L., Ignatius, A., Huber-Lang, M. & Fegert, J.M. (2017). Auswirkungen von Missbrauch, Misshandlung und Vernachlässigung im Kindesalter auf die psychische und physische Gesundheit im Erwachsenenalter. *Nervenheilkunde*, 3, 161-167.
- (10) Sukale, T., Hertel, C., Möhler, E., Joas, J., Müller, M., Banaschewski, T., Schepker, R., Kölch, M., Fegert, J., Plener, P. (2017). Diagnostik und Ersteinschätzung bei minderjährigen Flüchtlingen. *Der Nervenarzt*, 88 (1), 3-9.