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Cognitive predictors of post-traumatic stress

Evidence from a prospective cohort study
of young people in out-of-home care

The research question

"In young people in (foster) care, do cognitive processes predict PTSD and/or Complex PTSD symptoms?"

A longitudinal study of cognitive predictors of (complex) post-traumatic stress in young people in out-of-home care

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Study methods

Participants were recruited from three local authorities in England

– Around half of those invited took part

The researchers assessed:

– Trauma and maltreatment history

– PTSD symptoms, including complex features

– Cognitive processes (maladaptive appraisals, coping and memory quality)

Followed up after 1 year

Critical appraisal

Question	Yes	Can't tell	No
1. Did the study address a clearly focused issue?	X		
2. Was the cohort recruited in an acceptable way?		X	
3. Was the exposure accurately measured to minimise bias?	X		
4. Was the outcome accurately measured to minimise bias?	X		
5. (a) Have the authors identified all important confounding factors?		X	
5. (b) Have they taken account of the confounding factors in the design and/or analysis?	X		
6. (a) Was the follow up of subjects complete enough?	X		
6. (b) Was the follow up of subjects long enough?	X		
7. What are the results of this study?			
8. How precise are the results?			
9. Do you believe the results?	X		
10. Can the results be applied to the local population?		X	
11. Do the results of this study fit with other available evidence?	X		
12. What are the implications of this study for practice?			

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Critical appraisal

- Limits of observational design re confounders
  - Efforts were made to investigate known confounders
  - Potential for "false positive" associations
- Potential for selection bias
  - "Avoidance" behaviours may contribute to non-participation
- Attrition bias
  - Drop-out rate was relatively low, missing data was imputed
- Potential for ascertainment bias
  - Self reports were compared against carer reports
- Broadly consistent with other evidence

Study findings

120 young people took part:

- 86% were in foster care
- About one-third had probable PTSD

PTSD symptoms and complex features were strongly correlated with each other.

Baseline cognitive processes were associated with PTSD symptoms and complex features

- Maladaptive appraisals were particularly important, and were associated with symptoms at 12 months after controlling for baseline PTSD symptoms
- SW report of maltreatment severity was not associated with symptom severity
- Child and carer reports had poor agreement

There was no significant change in symptoms over 12 months

Table 3 Results of linear regressions for cognitive processes predicting child-reported baseline and 12-month PTSD symptoms and complex features

	Model 1. Controlling for sex			Model 2. Controlling for baseline PTSD symptoms		
	$R^2\Delta$	$F\Delta$	β	$R^2\Delta$	$F\Delta$	β
Baseline PTSD symptoms						
Appraisals	.59	58.15*	.47*			
Coping			.27*			
Memory			.15[+]			
12-month PTSD symptoms						
Appraisals	.29	12.53*	.36*	.07	2.76**	.30[+]
Coping			.16			.14
Memory			.10			.09
Baseline CF						
Appraisals	.62	58.31*	.70*	.09	9.30*	.45*
Coping			.22**			.16[+]
Memory			−.09			−.14[+]
12-month CF						
Appraisals	.23	7.90*	.41*	.10	3.36**	.45*
Coping			.08			.10
Memory			.04			.05

Sex controlled for in Step 1 of each regression. Three cognitive processes entered in Step 2.
*$p < .01$; **$p < .05$, [+]$p < .10$.

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Implications

Existing cognitive models of PTSD are relevant to YP in care.

These same cognitive processes may drive both PTSD symptoms and complex features.

- Established treatments that target these processes, e.g. trauma-focussed CBT, should be considered first-line treatment for YP in care with high PTSD symptoms

- These established treatments may improve both PTSD symptoms and complex features.