Introducing Professor Sarah Halligan

Professor Sarah Halligan is Professor of Child and Family Mental Health at the University of Bath. The research she has conducted has looked at the development of Post-Traumatic Stress Disorder (PTSD), in particular in young people, examining the factors that contribute to the development of the disorder following trauma exposure. Her work has looked at the individual risk factors and the impact of social support, who for most children is mainly from their parents.

Top Takeaways from the 'Get a Grip' Blog with Professor Sarah Halligan: childhood trauma and the development of PTSD in children.

1. Although historically PTSD was mainly thought of as occurring in combat veterans in response to experiencing traumatic events during war and conflict, we now understand that PTSD can develop following a range of events experienced as traumatic and even when those events are witnessed rather than directly experienced.

2. PTSD results in clusters of symptoms including what are known as intrusive symptoms such as distressing memories, nightmares, sudden onset of distress and flashbacks (re-living of the trauma). Other symptoms include avoidance (of people, places, situations which may trigger the intrusive symptoms); hyperarousal (being overly alert); mood changes (such as being unable or less able to enjoy things, being less sociable, more irritable, having angry outbursts); and changes in sleep and concentration.

3. In children, a symptom may also be the re-enactment of the trauma in play.

4. There is a low risk of a child developing PTSD following an accidental injury, however, because experiencing an accidental injury during childhood is rather common this can often be the type of triggering event seen in children with PTSD. In other countries natural disasters such as hurricanes can often be the type of trauma experience seen in children with PTSD. Again, the risk of a child developing PTSD following this type of event is low, however because this event can affect such a large number of children it accounts for many of the cases of PTSD.

5. In rare cases the onset of PTSD can be delayed, where a child seems to be managing fine after the original trauma but then several months later problems emerge and develop into PTSD. It is much more common for a child to have emotional and psychological difficulties straight away following a trauma. These often resolve themselves in a short time and many children will recover from trauma without any help, however, about half will have more persistent problems and will need extra support.

6. Therefore, parents and teachers should be watching and asking children how they are getting on and if they are experiencing any difficulties following a traumatic event. Are there changes in sleep, concentration or mood? Are they having nightmares or unwanted memories of the trauma? Are they avoiding things? Do they seem more alert and on edge and unable to relax? Do they feel the world is much more dangerous and unpredictable place? Do they feel a lot more vulnerable than before the trauma? Some of these things will not been seen as they are experienced internally so parents and teachers will need to ask and create an environment where children can talk and be heard.

7. Sometimes these clusters of symptoms can emerge without the parent or carer knowing a trauma has been faced. Again it is worth creating an environment where a young person feels able to talk about any difficulties they are facing. Be available, be a good listener, gently ask if they are facing difficulties or having a hard time.
8. There is no clear evidence on whether developing PTSD results in permanent changes to the brain. Studies looking at whether there are permanent changes to brain structure or function following PTSD have found mixed and inconclusive results.

9. In younger children, girls and boys are equally likely to develop PTSD following a trauma, however by adolescence, girls are more vulnerable than boys to developing PTSD and adult women twice as likely as men to develop PTSD following a traumatic event. The reasons for this are currently poorly understood.

10. Experiencing trauma increases the likelihood of developing psychological difficulties including an increased risk of developing depression and some of the symptoms of PTSD and depression overlap. People (including children) who develop depression after trauma tend to benefit from intervention. If a child were to develop depression following trauma, Professor Halligan recommends psychological treatment is sought, especially CBT. When seeking professional help, be clear about what has happened and the kind of help that is wanted.

11. The first line of treatment recommended for children with PTSD is psychological support and particularly Trauma Focussed Cognitive Behavioural Therapy (TF-CBT) or Eye Movement Desensitisation and Reprocessing (EMDR) therapy. Medication is not recommended as effective for the treatment of PTSD. Unfortunately, other therapies might be offered which do not have strong evidence of effectiveness in treating PTSD in children (e.g. counselling or play therapy). Therefore, parents should be clear when seeking help on the problems their child is encountering and the type of help and support they believe their child needs. Parents should be as informed as possible and because child mental health services are so stretched may need to push for help.

12. It can be possible for parents to develop PTSD after their child has faced a traumatic experience. Either through witnessing the event or the terrifying experience of being informed of the trauma and fearing for their child’s life and wellbeing.

13. A strong predictor in children and adults in the development of PTSD is the extent to which the trauma has shattered a previously held rather benign view of the world. If following trauma a pervasive sense of the world as dangerous and unpredictable and the self as vulnerable and helpless develops then there seems to be greater risk of developing PTSD.

14. Any kind of effective intervention for children following trauma will typically involve providing support for the child to face their new fears and reclaim the life they had before the trauma. So after a car accident trauma parents might help their child take small steps to get back in the car and feel safe driving. The small steps might include first just sitting in the car then next time also putting the seatbelt on and starting the engine, next time going for a very short journey and gradually building up. If children are really struggling to get back to their normal lives following trauma and it is taking a long time, then it is time to seek professional help.

15. Parents can also help by being prepared to talk about the traumatic event and their child’s feelings. Some parents seem worried about this, about whether this would be too upsetting, however, there is no evidence that talking about the trauma harms the child. Professor Halligan feels it is a mistake to wait until the child initiates a conversation because they need to know it is ok to talk about it. Parents need to let their child know it is ok to talk about what happened and they may need to initiate the conversation. Occasionally a child may not want to talk about it and this may be fine, but they should still understand they can talk about it if they want to. Not wanting to talk about the trauma may be a sign that the child is having problems, so parents should gently explore this. Essentially, give a child lots of opportunities to talk about it, but don’t force or push them to talk either.

16. While we know when parents are more distressed this is associated with higher levels of distress in a child and vice versa, however we don’t know about siblings and Professor Halligan explained she is not sure of any research looking at impacts on siblings.
Further resources recommended by Professor Halligan

**Child Trauma Recovery Website**

[www.childtraumarecovery.com](http://www.childtraumarecovery.com)

This website was developed by Professor Halligan and colleagues to support parents of children who have experienced trauma and those with PTSD. In general parents do a really good job of supporting their child following trauma, however, they can be lacking in confidence and feel unsure about what would be most helpful. This website aims to give information about what to expect following trauma, how to know if things are going well or if a child needs more support. It has information on supporting children and teenagers.

Professor Halligan also urges interested parents to keep a look out for an upcoming book by David Trickey, Consultant Clinical Child Psychologist, who is currently writing a book aimed at parents and carers trying to help children deal with trauma. It should be out later this (2019) year.

**To contact Professor Halligan**

Professor Halligan would welcome emails from parents, carers, teachers, doctors or anyone interested in her work. Please email [s.j.halligan@bath.ac.uk](mailto:s.j.halligan@bath.ac.uk)