Adverse Childhood Experience:
Post Traumatic Stress Disorder (PTSD)
Complex PTSD (CPTSD)

November, 2 2021

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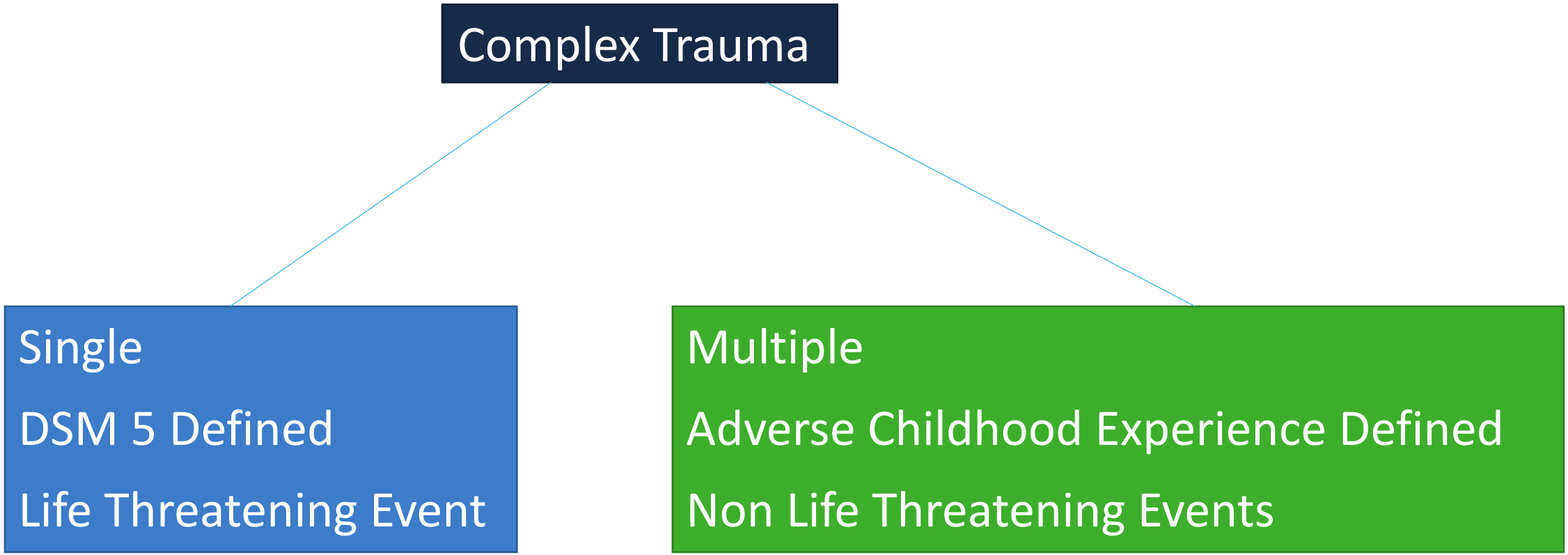
Trauma Spectrum



Main Points

- Adverse Childhood Experience (ACE) can affect mental health among children, adolescents and adults.
- ACEs have a dose response effect on severity of most adult mental health disorders, particularly post traumatic stress disorder (PTSD) symptoms in adults.
- The higher the number of ACE exposures, the more likely a diagnosis of PTSD.
- Complex PTSD (CPTSD) is a new diagnosis in ICD-11 that addresses a longstanding concern that chronic and recurrent interpersonal traumas and abuses have wider ranging impacts on mental health beyond the limits of PTSD as previously defined.

Main Points (2)

- CPTSD describes some of the enduring adult symptoms of ACE exposure that are not described in the DSM 5 diagnosis of PTSD.
- CPTSD can be reliably distinguished from PTSD and Borderline Personality Disorder.
- A brief combined screener is available for PTSD and CPTSD.
- Most children in the US with high levels of ACE are not seen by behavioral health.
- Evidence based treatment for CPTSD among children and adolescents is trauma focused cognitive behavioral therapy (TF-CBT).
- Evidence based treatment for CPTSD among adults is also available.

PTSD Among Primary Care Patients

- PTSD has a lifetime incidence of approximately 6.1% in the US population.
- A met-analysis of 41 studies assessed PTSD in a total of 7,256,826 primary care patients finding a higher point prevalence, ranging **from 11.1% to 24.5%** (Spottswood, Davydow, Huang, 2017).
- Multiple factors have been implicated in the etiology of PTSD, including genes, epigenetic regulation, neuroendocrine factors, inflammatory markers, autonomic risk and resilience, and sleep disturbances.
- There are many risk factors for PTSD, including **exposure to trauma at a younger age, a high number of adverse childhood experiences, and a previous diagnosis of a mental disorder.**
- Military personnel, police officers, and first responders who experience repeated or extreme exposure to traumatic events are at increased risk of PTSD.

Isaacson, 2020

ACE Review

- Representative US population studies find that childhood adversity is common across sociodemographic characteristics with about **62% of adults reporting at least 1 and 25% reporting 3 or more ACEs.**
- Studies find **similar prevalence of ACE** among geographically, economically, culturally and ethically diverse populations **across the world.**
- **ACE can modify the inflammatory response and increase the risk of physical health disorders**: coronary artery disease and myocardial infarction, cerebrovascular disease and stroke, obesity, type II diabetes, asthma, as well as certain forms of cancer.

ACE Review (2)

- DSM 5 definition of trauma: The person was exposed to: **death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence.**
- The types of traumatic events defined by ACE studies are different from DSM defined traumatic events.
- ACE events are usually not acutely life threatening and potentially could occur multiple times over years of child development. (see ACE Assessment in next two slides).
- **ACE events usually occur in clusters, responses to multiple events and or multiple types of traumatic events is usually considered as "complex" trauma versus "single event" DSM defined trauma.**

ACE Questionnaire

1. While you were growing up, during your first 18 years of life:
2. Did a parent or other adult in the household often …Swear at you, insult you, put you down, or humiliate you? Or Act in a way that made you afraid that you might be physically hurt?
3. Did a parent or other adult in the household often …Push, grab, slap, or throw something at you? Or Ever hit you so hard that you had marks or were injured?
4. Did an adult or person at least 5 years older than you ever…Touch or fondle you or have you touch their body in a sexual way? Or Try to or actually have oral, anal, or vaginal sex with you?
5. Did you often feel that …No one in your family loved you or thought you were important or special? Or Your family didn't look out for each other, feel close to each other, or support each other?

ACE Questionnaire (2)

1. Did you often feel that …You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
2. Were your parents ever separated or divorced?
3. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? Or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? Or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
4. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
5. Was a household member depressed or mentally ill or did a household member attempt suicide?
6. Did a household member go to prison?

ACE Can Have Significant Effects on Development

- Early stress and maltreatment produces a **cascade that alters brain development.**
- The first stage involves the stress-induced programming of the **glucocorticoid, noradrenergic, and vasopressin-oxytocin stress response systems to augment stress responses.**
- The over active stress response systems produce **effects on neurogenesis, synaptic overproduction and pruning, and myelination during specific sensitive periods**.
- Consequences include **reduced size** of the mid-portions of the corpus callosum; **attenuated development** of the left neocortex, hippocampus, and amygdala along with **abnormal frontotemporal electrical activity.**
- These alterations provide the neurobiological framework through which early abuse **increases the risk of developing PTSD, depression**, **Attention Deficit Hyperactivity Disorder, Borderline Personality Disorder, Dissociative Identity Disorder, and substance use disorders.**

Dose Dependent Effects of ACE on PTSD

- Dose-dependent effect of ACE on the course and severity of psychiatric disorders has been reported.
- Aim: to determine and compare the importance of dose-dependent versus type and timing of specific ACE on symptom levels.
- 10 types of maltreatment up to age 18 were assessed in 129 psychiatric inpatients.
- **Results: A dose-dependent effect on severity of all symptoms confirmed earlier findings**.
- **PTSD symptoms were best predicted by overall ACE severity**.
- **PTSD, the most severe stress-related disorder, varies with the amount of adverse experiences irrespective of age of experience.**

Schalinski, Teicher, Nischk et al., 2016

ACE Sensitizes The Response to Future Traumatic Events

- Child sexual abuse and child physical abuse were compared to assess how these experiences might both positively predict and sensitize women to the effects of current stress exposure, assessed in terms of psychosocial resource loss.
- Participants were 176 low-income women (58% African American, 38% European American), interviewed twice over 6 months.
- Child sexual abuse predicted increased response to stress, which then predicted PTSD and depressive mood.
- Women who reported higher levels of child physical abuse also responded more strongly to stress than those who reported lower child physical abuse.
- **Results suggest that child abuse results in both greater stress exposure later and greater vulnerability to that exposure.**

Schumm, Stines, Hobfoll, Jackson 2005

Complex Post Traumatic Stress Disorder (CPTSD)

- The World Health Organization (WHO) in the International Classification of Diseases, Version 11 (ICD-11) developed a new disorder, CPTSD.
- **The ICD-11 will start on January 1. 2022 for the rest of the world. Whether the US will adopt ICD-11 is not currently known. The process to adopt ICD-10 took 26 years from its first use in the rest of the world and US adoption.**
- **The new CPTSD diagnosis addresses a longstanding concern in the field that chronic and recurrent interpersonal traumas and abuses have wider ranging impacts on mental health beyond the limits of PTSD as previously defined.**

Maercker, 2021

Complex Post Traumatic Stress Disorder (2)

- The diagnosis of CPTSD was proposed several decades ago, almost parallel to the first description of the diagnosis of PTSD.
- The first proposal focused on adults with prolonged trauma exposure, political prisoners, sex traffic victims, prolonged domestic violence.
- Complex trauma was considered for DSM 5 but not included.
- In ICD-10, **this symptom constellation was termed 'enduring personality change after catastrophic experience'.** The diagnosis was not clinically influential and generated minimal research.

Maercker, 2021

Enduring Personality Change After Catastrophic Experience

- To review personality change following exposure to catastrophic trauma in adults.
- **No prospective studies** on personality change following exposure to trauma.
- **2 retrospective studies reported the prevalence of enduring personality change of 2.6% and 6%.**
- Cross-sectional studies reported that the most common personality disorders (PDs) were avoidant, paranoid and obsessive-compulsive PDs.
- Conclusion: **A minority of adults who are exposed to severe trauma appear to go on to develop significant personality pathology**.

- **The observed personality disturbance is multifarious and more extensive than the prototype of enduring personality change after catastrophic experience described in ICD-10.**

Munjiza, Law, Crawford, 2014

ICD-11 Diagnosis of CPTSD

- Six symptom clusters: three PTSD criteria of re-experiencing of the trauma, avoidance of trauma reminders, and heightened sense of threat (hypervigilance, startle response),
- **Three disturbances of self-organization (DSO) symptoms: emotional dysregulation, interpersonal difficulties, and negative self-concept**.
- A CPTSD diagnosis requires **that all PTSD diagnostic criteria are met** (exposure to at least one traumatic event and one symptom from each of the three categories) along with **at least one symptom from each of the three DSO symptom clusters**.
- In addition, functional impairment is explicitly identified as a requirement for the disorder.
- Only one diagnosis (PTSD or CPTSD) can be made; **if CPTSD diagnostic criteria are met, this supersedes the diagnosis of PTSD**.

https://www.phoenixaustralia.org/wp-content/uploads/2020/07/Chapter-7.-CPTSD.pdf

Disturbances in Self Organization (DSO) Symptoms

Emotional Dysregulation

- When I am upset, it takes me a long time to calm down.
- I feel numb or emotionally shut down.

Negative Self-concept

- I feel like a failure.
- I feel worthless.

Interpersonal Difficulties

- I feel distant or cut off from people.
- I find it hard to stay emotionally close to people.

Cloitre, Shevlin, Brewin et al., 2018

CPTSD Includes Diagnostic Criteria That Previously Fit in the Personality Disorder Category

- The DSM 5 Definition of Personality Disorder includes at least two of these areas: (1) Way of thinking about oneself and others, (2) Way of responding emotionally, (3) Way of relating to other people, and (4) Way of controlling one's behavior.

https://www.psychiatry.org/patients-families/personality-disorders/what-are-personality-disorders

- CPTSD's DSO symptom criteria include ways of thinking about oneself, ways of responding emotionally and ways of relating to other people that previously would have been considered personality traits.

Comparison of ICD-11 And DSM

- **ICD-11 defines a distinction between two sibling disorders, PTSD and CPTSD.**
- Studies conducted to test the validity of the diagnoses generally supports the proposed 3-factor structure of PTSD symptoms, the 6-factor structure of CPTSD symptoms, and the distinction between PTSD and CPTSD.
- Estimates derived from DSM-based items suggest the likely prevalence of **ICD-11 PTSD in adults is lower than ICD-10 PTSD and lower than DSM-IV or DSM-5 PTSD**.
- Preliminary evidence suggests the prevalence of ICD-11 PTSD in community samples of children and adolescents is similar to DSM-IV and DSM-5.
- ICD-11 PTSD detects some individuals with significant impairment who would not receive a diagnosis under DSM-IV or DSM-5.
- **ICD-11 CPTSD identifies a distinct group who have more often experienced multiple and sustained traumas and have greater functional impairment than those with PTSD** (Brewin, Cloitre, Hyland et al., 2017).

ICD 11 PTSD and CPTSD US Epidemiology

- Assessment of current US adult lifetime prevalence rates of ICD-11 PTSD and CPTSD.
- A total of 7.2% of the sample met criteria for either PTSD or CPTSD, and the lifetime **prevalence rates were 3.4% for PTSD and 3.8% for CPTSD.**
- Cumulative adulthood trauma was associated with both PTSD and CPTSD; however, **cumulative childhood trauma was more strongly associated with CPTSD** than PTSD.
- Among traumatic stressors occurring in childhood, sexual and physical abuse by caregivers were identified as events associated with risk for CPTSD, whereas sexual assault by non caregivers and abduction were risk factors for PTSD.
- ACE were associated with both PTSD and CPTSD, and equally so.
- **Individuals with CPTSD reported substantially higher psychiatric burden and lower levels of psychological well-being** compared to those with PTSD and those with neither diagnosis (Cloitre, Hyland, Bisson et al., 2019).

CPTSD and PTSD Can Be Clinically Distinguished

- A sample of individuals who were referred for psychological therapy to a National Health Service trauma center in Scotland (N=193).
- Participants completed the ICD-TQ as well as measures of life events and functioning.
- Results: Overall, results indicate **two subgroups of treatment-seeking individuals could be empirically distinguished based on different patterns of symptom endorsement**;
- a small group high in PTSD symptoms only and a larger group high in CPTSD symptoms.
- In addition, **CPTSD was more strongly associated with more frequent and a greater accumulation of different types of childhood traumatic experiences and more severe functional impairment.**

Karatzias, Shevlin, Fyvie et al., 2017

CPTSD and Borderline Personality Disorder Can Be Clinically Distinguished

- Background: Previous review concluded that CPTSD could not be conceptualized as a sub-type of either PTSD or Borderline Personality Disorder.
- The formulation of adult CPTSD that has been developed, validated, and included in the ICD-11 has spurred research aimed at differentiating CPTSD and Borderline Personality Disorder both descriptively and empirically.
- **Conclusion: The evidence suggests that PTSD, CPTSD, and Borderline Personality Disorder are potentially comorbid but distinct syndromes.**

Ford and Courtois, 2021

ACE Increases Risk of CPTSD

- ICD-11 suggest that trauma exposure which is prolonged and/or repeated, or consists of multiple forms, that also occurs under circumstances where escape from the trauma is difficult or impossible (childhood abuse) will confer greater risk for CPTSD as compared to PTSD.
- A stratified, random probability sample of a Danish birth cohort (aged 24) (N = 2980) in 2008-2009 was interviewed to generate an ICD-11 classification of PTSD and CPTSD.
- **Results: The majority of the sample (87.1%) experienced at least one of eight traumatic events spanning childhood and early adulthood.**

Hyland, Murphy, Shevlin et al., 2017

ACE Increases Risk of CPTSD (2)

- Multinomial logistic regression results found that childhood sexual abuse (OR = 4.98) and unemployment status (OR = 4.20) significantly increased risk of CPTSD as compared to PTSD.
- **A dose-response relationship was observed between exposure to multiple forms of childhood interpersonal trauma and risk of CPTSD compared to PTSD.**
- **Results provide empirical support that childhood interpersonal traumatic exposure increases risk of CPTSD symptom development.**

Hyland, Murphy, Shevlin et al., 2017

Screening for CPTSD

- Objective: The purpose of this study was to finalize the development of the **International Trauma Questionnaire (ITQ)**, a self-report diagnostic measure of PTSD and CPTSD, as defined in ICD-11.
- Conclusion**:** The ITQ is a brief, 12 item, simply worded measure of the core features of PTSD and CPTSD.
- It is consistent with the organizing principles of the ICD-11 to maximize clinical utility and international applicability through a focus on a limited but central set of symptoms.

Cloitre, Shevlin, Brewin et al., 2018

- **A link to a pdf of the ITQ is in the Appendix**.

CPTSD Effects on Health Care Delivery

- The recognition of CPTSD in ICD-11 may have broader social and economic cost implications.

- Under the current health service delivery models, the care received by people with CPTSD is likely to be fragmented and lacking in coordination, exacerbated by likely presentation to multiple health and social services over time.

https://www.phoenixaustralia.org/wp-content/uploads/2020/07/Chapter-7.-CPTSD.pdf

The Majority of US Youth with High ACE Exposure are Not Seen by Behavioral Health Services

- What proportion of children and youth who have ACEs, which often lead to later behavioral and physical health problems, do not receive behavioral health services?
- Findings: In this cross-sectional study of 11 896 children and youth,
- No current clinical behavioral health contact was reported for **57% of children aged 2 to 9 years with high ACEs**,
- Among **youth aged 10 to 17 years, no current clinical contact was reported for 63% of those with high ACEs**,
- Meaning: **These findings suggest that large portions of the high-risk youth population are not receiving behavioral health services that could improve their developmental outcomes** (Finkelhor, Turner, LaSelva, 2021).

Treatment of CPTSD Among Children and Adolescents

- **Child maltreatment is associated with elevated risk of PTSD.**
- While evidence-based treatments for PTSD in young people already exist, there remains ongoing clinical and academic debate about the suitability of these approaches, particularly cognitive-behavioral approaches, for young people who have been exposed to more complex traumatic experiences, such as maltreatment.
- Updated systematic review of fifteen randomized controlled trials and five non-randomized controlled clinical trials satisfied the inclusion criteria.
- **Trauma-focused CBT (TF-CBT) remained the best supported treatment for children and adolescents following child maltreatment, with new evidence that symptom improvements are maintained at longer-term follow up**.

Bennett, Denne, McGuire, Hiller, 2020

TF-CBT

- TF-CBT was developed by Drs. Anthony Mannarino, Judith Cohen and Esther Deblinger.
- TF-CBT is an evidence-based treatment that has been evaluated and refined during the past 25 years to help children and adolescents recover after trauma.
- TF-CBT is a **structured, short-term treatment** model that effectively improves a range of trauma-related outcomes in 8-25 sessions with the child/adolescent and caregiver.
- Although TF-CBT is highly effective at improving youth posttraumatic stress disorder (PTSD) symptoms and diagnosis, a **PTSD diagnosis is not required in order to receive this treatment.**
- TF-CBT also **effectively addresses many other trauma impacts**, including affective (e.g., depressive, anxiety), cognitive and behavioral problems, as well as improving the participating parent's or caregiver's personal distress about the child's traumatic experience, effective parenting skills, and supportive interactions with the child.

https://www.tfcbt.org/about-tfcbt/

TF-CBT (2)

- **Substance Abuse and Mental Health Services Administration has recognized TF-CBT as a Model Program** due to the extensive outcome data from randomized controlled trials that support its effectiveness in improving a variety of problems.
- Currently, **21 randomized controlled trials have been conducted in the U.S., Europe and Africa,** comparing TF-CBT to other active treatment conditions.
- **All of these studies have documented that TF-CBT was superior for improving children's trauma symptoms and responses.**
- While TF-CBT was originally developed to address the needs of children who experienced sexual abuse, over the past 15 years it has been used and studied for many other populations of traumatized youth.
- Research now documents that **TF-CBT is effective for diverse, multiple and complex trauma experiences, for youth of different developmental levels, and across different cultures** (https://www.tfcbt.org/about-tfcbt/)

CPTSD Can Result From Adult Traumatic Experiences

- Proposed by Dr. Judith Lewis Herman, a Professor of clinical psychiatry at Harvard University Medical School in a paper published during 1992.
- The development of CPTSD commonly results from a **feeling of captivity or powerlessness that lasts for an extended period of time rather than just for the duration of one traumatic event**.
- **Victims of sex trafficking, domestic violence survivors, people who have been repeatedly raped or assaulted, prisoners of war, and those who have experienced several different traumas** are susceptible.
- CPTSD follows exposure to a traumatic event or a series of events of an extremely threatening nature most commonly prolonged, or repetitive and from which escape is usually impossible or strenuous (Bryant, 2010).
- The concept predates the publication of the first ACE study (1998).

Adult CPTSD Treatment

- Complex traumatic events associated with armed conflict, forcible displacement, childhood sexual abuse, and domestic violence are increasingly prevalent.
- People exposed to complex traumatic events are at risk of not only PTSD but also other mental health comorbidities.
- **Evidence-based psychological and pharmacological treatments are effective for single-event PTSD, it is not known if people who have experienced complex traumatic events can benefit and tolerate these commonly available treatments**.
- Furthermore, it is not known which components of psychological interventions are most effective for managing PTSD in this population.
- Systematic review and component network meta-analysis to assess the effectiveness of psychological and pharmacological interventions for managing mental health problems in people exposed to complex traumatic events.

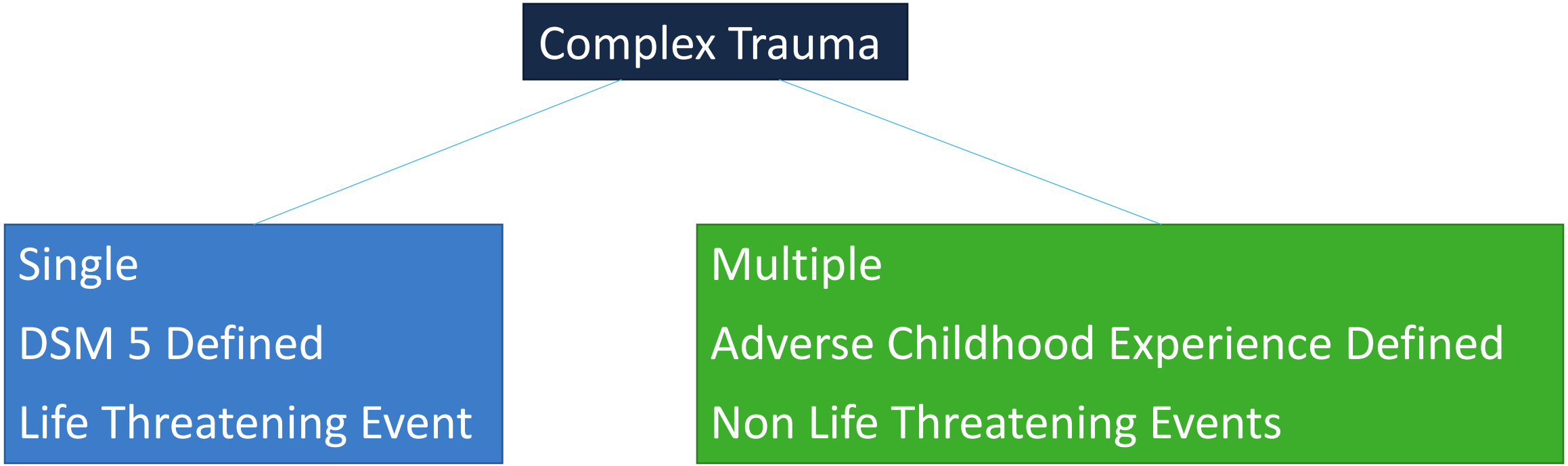
Coventry, Meader, Melton et al., 2020

Adult CPTSD Treatment (2)

- Results: Trauma-focused psychological interventions were superior to non-trauma-focused interventions across trauma subgroups for PTSD symptoms, but effects among veterans and war-affected populations were significantly reduced.
- **Conclusions: trauma-focused psychological interventions are effective for managing mental health problems and comorbidities in people exposed to complex trauma**.
- Multicomponent interventions, which can include phase-based approaches, were the most effective treatment package for managing PTSD in complex trauma.
- Establishing optimal ways to deliver multicomponent psychological interventions for people exposed to complex traumatic events is a research and clinical priority.

Coventry, Meader, Melton et al., 2020

Trauma Spectrum



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- CPTSD can be reliably distinguished from PTSD and Borderline Personality Disorder.
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- Evidence based treatment for CPTSD among children and adolescents is trauma focused cognitive behavioral therapy (TF-CBT).
- Evidence based treatment for CPTSD among adults is available.

Thank You

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Appendix

ACE Questionnaire and IDQ in PDF Form

ACE Questionnaire

https://www.theannainstitute.org/Finding%20Your%20ACE%20Score.pdf

IDQ

https://af22a459-c039-4ba8-9a14-a6426addc3b6.filesusr.com/ugd/be25b4_91da5f77f4dc4f37a4f954818989c48c.pdf

ACE Questionnaire

Finding your ACE Score

Adverse Childhood Experience (ACE) Questionnaire
Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** …
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   Yes No If yes enter 1 _____

2. Did a parent or other adult in the household **often** …
   Push, grab, slap, or throw something at you?
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   Ever hit you so hard that you had marks or were injured?
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3. Did an adult or person at least 5 years older than you **ever**…
   Touch or fondle you or have you touch their body in a sexual way?
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   Try to or actually have oral, anal, or vaginal sex with you?
   Yes No If yes enter 1 _____

4. Did you **often** feel that …
   No one in your family loved you or thought you were important or special?
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   Your family didn't look out for each other, feel close to each other, or support each other?
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5. Did you **often** feel that …
   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
   Yes No If yes enter 1 _____

6. Were your parents **ever** separated or divorced?
   Yes No If yes enter 1 _____

7. Was your mother or stepmother:
   Often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   Yes No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes No If yes enter 1 _____

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
   Yes No If yes enter 1 _____

10. Did a household member go to prison?
    Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

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ITQ

International Trauma Questionnaire

International Trauma Questionnaire

Instructions: Please identify the experience that troubles you most and answer the questions in relation to this experience.

Brief description of the experience _____

When did the experience occur? (circle one)

a. less than 6 months ago
b. 6 to 12 months ago
c. 1 to 5 years ago
d. 5 to 10 years ago
e. 10 to 20 years ago
f. more than 20 years ago

Below are a number of problems that people sometimes report in response to traumatic or stressful life events. Please read each item carefully, then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

	Not at all	*A little bit*	*Moderately*	*Quite a bit*	*Extremely*
P1. Having upsetting dreams that replay part of the experience or are clearly related to the experience?	0	1	2	3	4
P2. Having powerful images or memories that sometimes come into your mind in which you feel the experience is happening again in the here and now?	0	1	2	3	4
P3. Avoiding internal reminders of the experience (for example, thoughts, feelings, or physical sensations)?	0	1	2	3	4
P4. Avoiding external reminders of the experience (for example, people, places, conversations, objects, activities, or situations)?	0	1	2	3	4
P5. Being "super-alert", watchful, or on guard?	0	1	2	3	4
P6. Feeling jumpy or easily startled?	0	1	2	3	4

In the past month have the above problems:

P7. Affected your relationships or social life?	0	1	2	3	4
P8. Affected your work or ability to work?	0	1	2	3	4
P9. Affected any other important part of your life such as parenting, or school or college work, or other important activities?	0	1	2	3	4

Cloitre et al. (2018) *Acta Psychiatrica Scandinavica*. DOI: 10.1111/acps.12956

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TF-CBT Resources

- Training (internet based) for mental health providers, inexpensive $35

https://tfcbt2.musc.edu/introduction?locale=en

- TF-CBT Workbook for adolescents

https://tfcbt.org/wp-content/uploads/2019/02/Revised-Dealing-with-Trauma-TF-CBTWorkbook-for-Teens-.pdf

- TF-CBT Primer for Child Welfare

https://www.childwelfare.gov/pubs/trauma/

- Supporting Brain Development in Traumatized Youth

https://www.childwelfare.gov/pubPDFs/braindevtrauma.pdf