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Clinical Implications for Childhood Psychological Trauma and Mental Illness

Eman. Tadros[1*], Nour. Daifallah[2]

[1] Assistant Professor, Department of Marriage and Family Therapy, Syracuse University, Syracuse, New York, USA
[2] Governors State University, Illinois, USA

*** Corresponding author email address**: emantadros@gmail.com

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A B S T R A C T

Individuals with a mental illness are oftentimes stigmatized and untreated, especially children who are between the ages of six and 17. There is a complementary line of implication, between those who suffer from childhood trauma, and the correspondence between the development of mental illnesses. Oftentimes, children between these age ranges, who suffer with a mental illness, are involuntarily placed in institutions to try and maintain healthy behavior under supervision. The central purpose of this case application is to present an analysis of the definite correspondence regarding childhood trauma and the relations to mental health issues.

Keywords: *Mental health, childhood, mental illness, cognitive behavioral therapy, trauma.*

1. Introduction

Psychological trauma is best defined as “unique experiences of events or enduring conditions individuals go through” (Giller, 1999). Each year an estimated 1 in 6 United States (U.S.) teens between the ages of 6 through 17, are reported to have experienced at least one mental health disorder (NAMH, 2021). Fifty percent of these young adults between these ages have been able to receive treatment (NAMH, 2021). Studies have shown that students in this age category, who face emotional, mental, or behavioral concerns are 3 times more likely to repeat a grade (NAMH, 2021). Most times, the mental health and wellbeing of these children is ultimately determined by the mental state of their parents (Achtergarde et al., 2014; Campbell et al., 2021). This paper will go into depth and discuss the serious health behaviors children experience. These traumas

typically include physical, emotional, and sexual trauma. Children dealing with these mental health issues who have not healed, pave the way for future generational trauma. By exploring causes and addressing the issues, these children will less likely go through the same traumas when they are older.

Having a mental illness in the U.S. is often stigmatized or neglected, which is a burden in most communities (Kumar et al., 2021). The stigma associated with mental illnesses starts to begin when the child is at a young age and often develops throughout childhood (Kumar et al., 2021). A study explains that 90% of admitted mentally ill patients typically experience stigma and 86% experience discrimination (Charles et al., 2007; Kumar et al., 2021). Having a mental illness in the U.S. accounts for about 12% of the total global burden (Kumar et al., 2021). The reason as to why the prevalence of mental health is extremely high is due to the lack of awareness of mental health knowledge and cultural myths related to mental illnesses (Kumar et al., 2021; Tesfaye et al., 2020).

In 2019 alone, an estimated 51.4 million adults aged 18 and older have experienced a mental illness (NIMH, 2019). Mental illnesses are not often covered by insurance which is a burden to most low-income communities (Kumar et al., 2021). Quality care is best defined as the degree in which specific health services result in desired outcomes through the use of current professional knowledge (Donabedian, 1980; McGlynn, 1997). Community-based care, like these facilities, typically depend on their local surrounding resources (Kumar et al., 2021). The success of these facilities is essentially in the hands of an individual's community (Dear et al., 1980). Having a clean and resourceful community is significant for the success of the patients in these facilities (Dear et al., 1980). A few ways society can help mental health patients are to enact laws that are favorable to them, providing proper facilities for community-based treatment, protecting their rights at mental health facilities, and rehabilitating them in society after discharge from the facility (Sheth, 2016).

When reviewing the existing literature, children are likely to develop these types of behaviors due to the way they have been raised (Campbell et al., 2021). The type of environment these children have been raised in is very important to properly assess which mental disorder they have, environmental factors include, the effects of mental illness on one's parenting capacity and the potential exposure to trauma or inadequate care (Campbell et al., 2021). These circumstances play an important role in the way these children develop and essentially view life. Most times, the problems these children face are not identified early enough for them to begin with treatment (Foy et al., 2019). Due to this, early intervention is not always accessible to these children, which makes other possible mental illnesses occur (Foy et al., 2019). These children are most of the time unfortunate, or in situations that do not allow them to receive help (Allen, 2011; Foy et al., 2019). A few key reasons as to why some of these children are not capable of receiving treatment early on in their childhood, is due to them having limited exposure to community-based professionals, and not being able to have that type of connection with their own personal health care provider (Foy et al., 2019).

2. Childhood Trauma and Mental Illnesses

Childhood trauma is typically caused by a few key characteristics. One of the major characteristics comes from emotional abuse (Gama et al., 2021). Childhood maltreatment is another one of the most common forms of emotional abuse (Gama et al., 2021). Traumatic experiences that occur before the age of 21 include alcohol, drug, sexual, physical, and emotional abuse (Esaki & Larkin, 2013). Most times this type of abuse consists of abuse or neglect which is perpetrated from the child's parents or caregiver (Gama et al., 2021). There are 5 subtypes when it comes to this form of maltreatment; physical abuse, emotional abuse, sexual abuse, physical neglect, and emotional neglect (Esaki & Larkin, 2013; Gama et al., 2021). The worldwide rates of these prevalences are, 12.7% for sexual abuse, 16.3 % for physical neglect, 18.4 % for emotional neglect, 22.6 % for physical abuse, and 36.3 % for emotional abuse (Gama et al., 2021). Other statistics from higher income communities include, 4-16% of children experiencing stern parental violence, 10-20% of children witness interpersonal violence, and that sexual abuse is experienced by 15-30% of girls and 5-15% of boys (Esaki & Larkin, 2013; Gilbert et al., 2009).

CM, short for childhood maltreatment, has been linked to an increase in psychiatric disorders (Gama et al., 2021). Sexual and physical abuse have been another form of abuse in childhood maltreatment (Esaki & Larkin, 2013; Gama et al., 2021). Many studies have been found to show that childhood maltreatment is predictive of revictimization and contributes to poorer outcomes following adulthood (Gama et al., 2021; Robbins, 2019). This indicates that those who were exposed to child maltreatment and sexual abuse growing up, often times incur the following issues: substance abuse, depression, anxiety, perceptual

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disturbances, low self-esteem, and sexual dysfunction (Robbins, 2019). One section in this article which stood out to me the most was, children who experienced childhood maltreatment while they are young, are more prone to experience other traumatic events and consequences later in life (Gama et al., 2021). Research has shown that those who experience abuse at a young age, whether that be physically, mentally, or emotionally, tend to reenact those types of behaviors on to others when they're older (Gama et al., 2021).

According to the 2021 center for disease control and prevention center, a few of the common types of maltreatment individuals go through include emotional, physical, and sexual abuse. Emotional abuse is caused by a parent, stepparent, or any adult living in your house who has cursed, insulted, put down, or made one feel afraid of getting physically hurt (Center for Disease Control, 2020). Physical abuse is categorized as, a parent, stepparent, or adult living in your home who pushed, grabbed, slapped, threw something at you, or hit you so hard you had marks or were injured (Center for Disease Control, 2020). Children who experience physical abuse or are surrounded by this type of behavior, are far more likely to reciprocate them onto others. Sexual assault is categorized as, an adult, relative, family friend, or a stranger who is at least 5 years older than you, who has touched you or fondled your body in a sexual way, made you touch his / her body in a sexual way, or attempted to have any type of sexual intercourse with you (Center for Disease Control, 2020). This form of trauma may cause extreme pain to a child (Center for Disease Control, 2020).

Statistics have shown that most traumas have been found to begin with household challenges (Center for Disease Control, 2020). For example, one experience many children are exposed to is, a mother who was pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, repeatedly hit for over at least a few minutes, or ever threatened or hurt by a knife or gun from a father figure or boyfriend (Center for Disease Control, 2020). A few more incidents include, a household member being a problem drinker, alcoholic, or has used street drugs (Center for Disease Control, 2020). Other enctounters include, having an individual in your family who is depressed, mentally ill, or attempted suicide. Parental separation or divorce is another common childhood trauma that individuals experience (Center for Disease Control, 2020).

Neglect is another common form of trauma children face growing up (Center for Disease Control, 2020). Neglect can be divided into two different categories, emotional and physical neglect (Center for Disease Control, 2020). Emotional neglect is best described as someone in your family who did not make you feel important, special, loved, or as if you did not feel your family was a source of strength or support (Center for Disease Control, 2020). Physical neglect is shown to be found when you do not have someone there to take care of you, protect you, and take you to the doctor if you need it (Center for Disease Control, 2020). A few other instances include when an individual does not have enough to eat, when the parents were too drunk or too high to take care of them, or they had to wear dirty clothes (Center for Disease Control, 2020).

According to a case study mentioning childhood trauma, psychosis and schizophrenia, it was found that the severity of a child's abuse is commonly related to the certain disturbance a child faces (Mullen et al., 1993; Read et al., 2005). Studies regarding bipolar disorders have found child abuse and neglect to be related earlier onset, consisting of numerous manic episodes, high severity of mania, clinical course, and higher rates of suicide (Garno et al., 2005; Leverich et al., 2002; Read et al., 2005). In this case study, there was a complementary link between the traumas children have and how it affects them throughout adulthood. It was stated that, “trauma in adulthood is a potential mediating factor in the relationship between childhood trauma and psychosis” (Read et al., 2005). This study claims that interpersonal trauma in adulthood has been very common among those who experience child abuse and psychosis (Read et al., 2005).

3. Client Demographics and Presenting Problem

The following case is a fictionalized scenario for the purposes of displaying the usage of cognitive behavioral therapy (CBT) with a child with a history of trauma. The child was the age of 14, had grown up in an urban area, belonging to a lower socioeconomic class. He grew up having family issues, just like many children, but his story was a little bit different. This child was born out of a non-consanguineous marriage. He was unplanned, and the pregnancy was uneventful. When reading the demographics about the child's background, he was exposed to aggressive and abusive behavior from his father. During his childhood he grew up with an abusive father who tried to discipline him in an abusive and aggressive way. This played a huge role in his development, mentally (Substance Abuse and Mental Health Services Administration).

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Around the age of seven the child had already started to face an academic decline. He had to watch his parents go through marital problems which led to domestic violence. When the domestic violence started, his parents ended up filing for divorce. At this time the child was around the age of 10. A year after the divorce, the child and his mother had moved in with his grandparents. He began school, which led to a major decrease in his academic performance. The child's handwriting began to worsen, and he was easily irritable, and he often faced sad behavior. Teachers at his school began to send out complaints to his mother that he was actively engaging in fist fights and undesirable behavior. When things began to get worse, a private psychologist was found who helped treat him. He ended up treating him with sodium valproate. He gave him 400mg a day for about two months. After about two months, there was found to be a decline in his irritability and aggression. Eventually his diagnosis was changed, and his medication was reduced and stopped. This led to more issues ultimately happening.

A year later the child started to hear voices which led to auditory hallucinations. Around this time his mental health was worsening. He dropped out of school, often awake at night, seen muttering to himself, and began to shout at those who were not around. This caused him to have a decrease in socialization and self-care. To be born into such a terrifying environment where abuse and aggression is all you know this type of behavior was known to be transferred onto him growing up. Trauma from his childhood had caused him to acquire a severe mental illness. It is very upsetting when children view this type of behavior growing up, because most times they think these types of actions are okay to continue. This child had to grow up believing abuse and aggressive behavior was okay, which is not the correct way of thinking.

Fortunuately, he was able to receive treatment again. This time, he was required to undergo eight sessions of bilateral modified electroconvulsive therapy which is best described as having a direct current going through your head and to your brain. He was also put on 30 mg of aripiprazole, 600 mg of chlorpromazine, 1,000 mg of sodium divalproex, and 4 mg of trihexyphenidyl daily. His family was educated on his condition and were very involved in his treatment plan. There was a set schedule for the child to follow, from dietary modifications to occupational therapy which was necessary for his treatment. 6 months later, the child showed much better improvement. No signs of violence were shown, however poor socialization, lack of motivation, apathy, aversion to begin school, subsequent to psychotropic medication, and weight gain were unresolved.

With time, this child was able to receive help and treatment despite the tough circumstances he went through as a child. Treatment was found to be very beneficial for this individual, because he had the support from his family to help guide him. He started eating better, focusing on the positives in his life, took his prescribed medication, and went through therapy which helped him overall.

4. DSM- 5 Diagnosis

After reviewing an article related to childhood trauma and mental illness it was found that many of the trauma children face are due to the exposure they have experienced in their years of development (Substance Abuse and Mental Health Services Administration [SAMHSA], 2016). According to SAMHSA, trauma and stress related disorders are commonly caused by exposure to death, serious injuries, sexual violence, etc. Children who are exposed to these types of incidents essentially face negative alterations in cognition (2016). An increase in fear, guilt, sadness, shame, or confusion are just a few of the emotional states children with PTSD face (SAMHSA, 2016).

A few negative alterations in cognition these children face is having a socially withdrawn behavior, persistent reduction in expression of positive emotions, and diminished interest or participation in significant activities which includes constriction play (SAMHSA, 2016). Another common form of alteration is commonly found in a shift associated with a traumatic event (SAMHSA, 2016). A few examples of these include, sleep disturbance, difficulty falling or staying asleep, restless sleep, irritable behavior, angry outbursts which are typically expressed as verbal or physical aggression towards people or objects, problems with concentration, hypervigilance, and exaggerated startle responses (SAMHSA, 2016). The disturbance causes clinically significant distress or impairment in relationships with parents, siblings, peers, or other caregivers or with school behavior (SAMHSA, 2016).

5. Theory Based Conceptualization: Cognitive Behavioral Therapy

CBT, short for cognitive behavior therapy, is a form of therapy that has been shown to be effective in the treatment of serious mental illnesses commonly found in individuals (Yeo et al., 2005). Cognitive behavioral therapy is best explained as, “a widely used psychological treatment for

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many different mental illnesses, which target dysfunctional beliefs or cognitions believed to contribute to mood disturbances" (Cojocaru et al., 2021). This form of therapy helps those who are suffering to try and eliminate avoidable behaviors and implement safe behaviors that essentially prevent self-correlation of incorrect beliefs (Nakao et al., 2021). CBT is recommended as a top choice during first line treatments when it comes to adolescents (Waraan et al., 2021).

A medication called fluoxetine in combination or alone has been found to help with acute treatments of mental illnesses (Waraan et al., 2021; Zhou et al., 2020). This form of therapy includes training that involves positive self-talk, cognitive restructuring, problem solving skills, and anger management (Meichenbaum & Meichenbaum, 1977). What makes this type of therapy so effective is that an effort has been made to shape the specific environment to reinforce the desired behaviors of these individuals (Yeo et al., 2005). CBT has been effective in reducing PTSD in young victims of violence (Mariyati Mariyati et al., 2020). It has also been shown to reduce PTSD symptoms and increase positive coping mechanisms (Mariyati et al., 2020). In a research study mentioning the effectiveness of CBT on depression among haemodialysis patients, a positive connection which was linked to randomized control trials has shown to reduce depression symptoms in hemodialysis patients.

CBT has been found to be one of the most common mainstays of psychotherapeutic interventions for many different mental health conditions (Halder & Mahato, 2019). What makes CBT so unique is that it treats a wide variety of those in different socioeconomic backgrounds (Halder & Mahato, 2019). Not only has this treatment been used in clinics and hospitals, but it has also been used in schools, vocational programs, and rehabilitation centers (Halder & Mahato, 2019).

CBT is a skill-based building therapy approach that helps promote extensive, and internal change (Yeo et al., 2005). Cognitive behavioral therapy has been used substantially in school settings typically with children who have emotional-behavioral disorders (Yeo et al., 2005). Further, 70-80% of students who do receive treatment, typically use school services that are offered in the community (Allen, 2011). With time, children who have emotional-behavioral disorders undergo CBT, which has been found to reduce anger and aggression (Yeo et al., 2005). Children in school who manifest hyperactivity / impulsivity, or mild behavior problems are typically treated with a problem-solving approach (Yeo et al., 2005). This has helped those by showing a significant improvement in self-control and reducing the physical aggression to those who were chronically disruptive, and aggressive (Yeo et al., 2005). Schools are shown to be an ideal setting and least restrictive (Allen, 2011).

Another case study mentions that dissociative experiences children go through are common in the immediate aftermath of potentially traumatic life experiences (Rafiq et al., 2018). This is best described by clinicians and many researchers, as a defense mechanism that protects these children against overwhelming distress (Rafiq et al., 2018). This allows these individuals to detach from the source of distress and enables them to adapt and protect their internal and physical self (Rafiq et al., 2018). Dissociation is best described as a disconnection between one's memories, thoughts, feelings, actions, or a sense of who he or she is (American Psychiatric Association, 2018). According to the American Psychiatric Association, dissociation is a normal process everyone goes through. Essentially, children who encounter traumatic life experiences growing up, commonly face detachment, they also feel as if they are outside of their own body or experience loss of memory or amnesia (American Psychiatric Association, 2018).

6. Traumatic Events Screening Inventory for Children (TESI-C)

TESI-C is a self-report measure that essentially assesses a child's history of traumatizing events they have experienced (Ribbe, 1996). Many of these events include witnessing domestic violence, separation from their primary caregivers, or natural disaster (Ribbe, 1996). In a case study mentioning trauma exposure and mental health, testing this measure was modified to omit items containing sexual violence and physical violence (Ribbe, 1996). TESI-C has been used in many of the Latinx youth samples of this specific case study (Langley et al., 2015).

YSR, which is short for youth self-report, is a 112 measure that assesses emotional and behavioral problems children encounter throughout their lifetimes (Achenbach et al., 1989). This assessment is valid in children ages 11-18 (Achenbach et al., 1989; Dixon De Silva et al., 2020). This assessment consists of eight symptom subscales: withdrawal, somatic complaints, anxiety and depression, social problems, thought problems, attention problems, aggressive behavior, and delinquent behaviors (Achenbach et al., 1989; Dixon De Silva et al., 2020). In this case study, the dependent variables were internalizing symptom raw

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scores (Achenbach et al., 1989; Dixon De Silva et al., 2020). This includes withdrawn, somatic complaints, anxiety and depression subscales (Achenbach et al., 1989; Dixon De Silva et al., 2020). The YSR scale has highly demonstrated validity in a nationally represented population of youth (Ebesutani et al., 2011). The youth self-report has also been implemented in the use of psychopathology pertaining Latinx adolescents (Smokowski & Bacallao, 2007).

The familism scale is a 7 item self-report measure that essentially assesses an adolescent's propensity to be able to value their family network as being a source of emotional and instrumental social support (Gil et al., 2000). The information listed in this self-reported measure is then rated in a 5-point likert scale (Gil et al., 2000). The familism scale has shown good reliability when pertaining to Latinx samples (Gil et al., 1994).

The family relationship index consists of a 27 item self-report that primarily assesses the individual's participation level of family dysfunction (Hoge et al., 1989). This report is divided into five subscales: family cohesion, family conflict, family expression, independence, and orientation (Hoge et al., 1989). The family conflict subscale was used in this case study as a mediating variable that has been present in this research (Hoge et al., 1989). The reliability of this self-reported scale was found to be moderate. It was also found that family cohesion was also considered to be a mediator, but it has not been included, stating that it has been highly correlated to familism (Hoge et al., 1989).

7. Implications for Practice

Research has indicated that mental illnesses are often prevalent in children who are categorized into racial and ethnic disparities (Alegria et al., 2010). Rates of mental health illnesses and the access to mental health care among the U.S. population are very prevalent in this age category as well (Alegria et al., 2010). Approximately 75% of children in the U.S. who are in need of these mental health services do not receive the care needed to help their condition (Kataoka et al., 2002; Wang et al., 2005). The effects of parental stress on the child's social and behavioral outcomes, ultimately can influence the role of potential abuse over time which causes trauma in the child (Crum & Moreland, 2017). A common risk factor for adverse child outcomes is often determined by those families who suffer from parental stress (Crum & Moreland, 2017). A few common characteristics that children may develop due to parental stress include, the development of aggression, externalizing behavioral problems, anxiety, compromised emotional coping, impaired social cognition, and diminished treatment responses (Crum & Moreland, 2017). Potential efficacy shown in this case study has linked parental stress to potential abuse. This clearly shows that abuse coming from the parent can lead to a wide range of negative social competence and behavioral outcomes in a child (Crum & Moreland, 2017)

In a lifetime, children are exposed to numerous environmental factors which can contribute to predisposing mental illnesses. A few environmental factors include psychological trauma, air pollution and weather conditions. (Erzin & Gülöksüz, 2021). The majority of these environmental exposures are not distinctive toward one specific behavioral phenotype (Erzin & Gülöksüz, 2021). Therapy for those who seek help, in most cases is delivered by one single clinician (Chen & Cardinal, 2021). To properly assess the child who is currently undergoing a session, the psychiatrist typically asks them numerous questions regarding different aspects of their background. To best treat them, psychiatrists implement different forms of psychotherapy, medications, psychosocial interventions, and in rare cases electroconvulsive therapy [APA], 2021). These forms of therapy are very beneficial depending on the condition of the child and how severe their mental illness is.

Being able to identify symptoms early on is extremely important when deciding what the best treatment plan is for the child. Early prevention provides an opportunity to reduce the severity of one's mental illness before their disorder is present (Wakschlag et al., 2019). Having trust that one's mental health practitioner is well trained and can provide a beneficial treatment plan for the child is super important. In a recent article pertaining to the training of psychiatrists, it was found that the number of psychiatrists each year fluctuates. It was also emphasized that budgetary places for postgraduate training do not align with the healthcare system needs (Morozov et al., 2020). This can be a concern to many because knowing that information places a higher level of trust that the psychiatrist would need to gain before implementing a treatment plan. Places these psychiatrists can get training would be through programs such as, American Association for Marriage and Therapy, Adolescent Child and Adult Psychiatry, American Mental health Counselor Association, and many more. A recommendation for these programs would be to make sure the focus is to provide a beneficial treatment plan for the individual, and to be able to properly assess their symptoms early on.

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It is very important to pay close attention to children from low-income communities, because children who come from a lower socioeconomic background are exposed to severe environmental stressors. One particular example is poverty. Children who are affected by poverty have an increased risk for mental health illnesses which is persistent across their lifespan (Hodgkinson et al., 2017). Children from this background are at a higher risk because they are less likely to reach out for help when they need it, and they are unable to be in contact with high quality mental health care. Poverty in the United States continues to grow, with that comes poor health and an increase in psychological disorders (Hodgkinson et al., 2017).

8. Future Research Directions and Conclusion

We recommend future measures be utilized for example, to determine if a child has childhood trauma, a method called, the Child Abuse Experience Inventory can be used to examine physical, sexual, emotional abuse, neglect, and domestic violence (Lovric et al., 2023). Further, there is a lack of support from professional counseling organizations and accreditation bodies (Barden et al., 2015). Due to this, there has been a limit in the demand for mental health counselors in many healthcare settings (Barden et al., 2015). It is essential to provide continuing education to mental health workers, and psychiatrist so that a treatment plan could be adequately designed which would help the individual overall (Lovric et al., 2023).

Further, 86% of students who were interviewed in a particular case study regarding stigmatizing statements mentioned that the media had prior exposure on their responses, and 67.7% mentioned that conversations with friends / family members had an effect on their responses (Dillinger, 2021). One setting in particular is the Veterans Administration which has been responsible for causing the deaths of many health professionals and wellness expertise in counseling trainees (Barden et al., 2015). In this particular case application, it was found that health and wellness counseling is likely going to increase in importance as the population ages, health issues like diabetes and obesity become more prevalent, when the nation continues to be preoccupied with fitness and the ideal image, rather than informing people about mental health (Barden et al., 2015).

To conclude, childhood trauma is a serious issue that has been found to have a direct correlation to mental health issues. The importance of understanding the reasons as to why individuals go through these traumas is essential to understanding mental health issues in general. The correlation between mental health and traumas endured at a young age, are very significant to being able to understand others from different perspectives.

Authors' Contributions

Authors contributed equally to this article.

Declaration

None.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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