Post-traumatic stress and psychiatric disorders in Palestinian adolescents following intifada-related injuries.

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This study was designed to assess the occurrence of post-traumatic stress disorder (PTSD) and psychiatric disorders (i.e., anxiety and depression) in Palestinian adolescents following intifada-related injuries. It was hypothesized that a combination of pre-trauma variables (e.g., age, geographic location), trauma-specific variables such as trauma recency, type of trauma (deliberately violent vs. accidental), and post-trauma variables (e.g., social support, coping strategies, belief in fate) would be predictive of these psychological sequelae. The participants were 179 boys who were injured during Al-Aqsa intifada and as a result sustained a permanent physical disability. They ranged in age from 12 to 18 years (M=16.30, SD=1.64). Questionnaires were administered in an interview format with adolescents at home. Approximately 76.5% of the injured victims qualify as having PTSD and that the disorder had a heterogeneous course, with excess risk for chronic symptoms and comorbidity with other psychiatric disorders such as anxiety and depression. Among all the predictors in the PTSD, anxiety and depression models, only geographical location, fatalism, and negative coping were significant predictors. In conclusion, post-traumatic reactions and psychiatric disorders in adolescents involved in armed conflict injuries can persist for several months. Given the apparent significant relationship between psychological sequelae of intifada-related injuries and certain predictors (i.e., negative coping style and fatalism), treatments such as trauma-focused cognitive behaviour therapy may yield positive results. Negative coping and fatalism should be addressed more directly during therapy.

PMID: 18657343 [PubMed - as supplied by publisher]

Stress load during childhood affects psychopathology in psychiatric patients.


Abstract: BACKGROUND: Childhood stress and trauma have been related to adult psychopathology in different psychiatric disorders. The present study aimed at verifying this relationship for stressful experiences during developmental periods by screening stress load across life in adult psychiatric inpatients with different diagnoses compared to healthy subjects. In addition, a relationship between the amount of adverse experiences and the severity of pathology, which has been described as a building block effect in posttraumatic stress disorder (PTSD), was explored for non-traumatic events in psychiatric disorders other than PTSD. METHODS: 96 patients with diagnoses of Major Depressive Disorder (MDD), schizophrenia, drug addiction, or personality disorders (PD) and 31 subjects without psychiatric diagnosis were screened for adverse experiences in childhood (before the age of six years), before onset of puberty, and in adulthood using the Early Trauma Inventory and the Posttraumatic Stress Diagnostic Scale. Effects of stress load on psychopathology were examined for affective symptoms, PTSD, and severity of illness by regression analyses and comparison of subgroups with high...
and low stress load. RESULTS: High stress load in childhood and before puberty, but not in adulthood, was related to negative affect in all participants. In patients, high stress load was related to depressive and posttraumatic symptoms, severity of disorder, and the diagnoses of MDD and PD. CONCLUSIONS: Results support the hypothesis of stress-sensitive periods during development, which may interact with genetic and other vulnerability factors in their impact on the progress of psychiatric disorders. A ‘dose’ effect of stress load on the severity of psychopathology is not restricted to the relationship between traumata and PTSD. PMID: 18651952 [PubMed - as supplied by publisher]

Reactive aggression and posttraumatic stress in adolescents affected by Hurricane Katrina.

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The current study tests a theoretical model illustrating a potential pathway to reactive aggression through exposure to a traumatic event (Hurricane Katrina) in 166 adolescents (61% female, 63% Caucasian) recruited from high schools on the Gulf Coast of Mississippi. Results support an association between exposure to Hurricane Katrina and reactive aggression via posttraumatic stress disorder (PTSD) symptoms and poorly regulated emotion. The proposed model fits well for both boys and girls; however, results suggest that minority youth in this sample were more likely to experience emotional dysregulation in relation to posttraumatic stress than Caucasian youth. Further, results indicate that hurricane exposure, PTSD symptoms, and poorly regulated emotion are associated with reactive aggression even after controlling for proactive aggression. These findings have implications for postdisaster mental health services. Researchers examining mental health problems in youth after a significant disaster have traditionally focused on the presence of internalizing problems such as anxiety, depression, and posttraumatic stress disorder (PTSD) symptoms, with very little empirical attention paid to the incidence of post-disaster externalizing problems such as aggression. Specific types of aggressive responses, particularly those that involve poorly regulated emotion (i.e., reactive aggression), have been shown to be associated with a history of trauma and thus may be especially common following a traumatic event such as a hurricane. PMID: 18645743 [PubMed - in process]

Evaluation of individual and group grief and trauma interventions for children post disaster.

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This study evaluated a community-based grief and trauma intervention for children conducted postdisaster. Fifty six children (7 to 12 years old) who reported moderate to severe levels of symptoms of posttraumatic stress were randomly assigned to group or individual treatment. Treatment consisted of a manualized 10-session grief- and trauma-focused intervention and a parent meeting. Measures of disaster-related exposure, posttraumatic stress symptoms, depression, traumatic grief, and distress were administered at preintervention,
postintervention, and 3 weeks postintervention. There was a significant decrease in all outcome measures over time, and there were no differences in outcomes between children who participated in group intervention and those who participated in individual intervention. Results suggest that this intervention using either treatment modality may be effective for addressing childhood grief and trauma postdisaster.

PMID: 18645741 [PubMed - in process]

Post-traumatic stress disorder following childbirth: current issues and recommendations for future research.

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Background. An increasing body of research shows that a proportion of women experience significant symptoms of Post-Traumatic Stress Disorder (PTSD) following childbirth. Aims and method. An international group of researchers, clinicians, and user-group representatives met in 2006 to discuss the research to date into PTSD following childbirth, issues and debates within the field, and recommendations for future research. This paper reports the content of four discussions on (1) prevalence and comorbidity, (2) screening and treatment, (3) diagnostic and conceptual issues, and (4) theoretical issues. Conclusions. Current knowledge from the perspectives of the researchers is summarized, dilemmas are articulated and recommendations for future research into PTSD following childbirth are made. In addition, methodological and conceptual issues are considered.

PMID: 18608815 [PubMed - as supplied by publisher]

Hallucinations in adolescent inpatients with post-traumatic stress disorder and schizophrenia: similarities and differences.

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OBJECTIVE: This study compares the phenomenology of hallucinations in a series of hospitalized adolescents diagnosed with post-traumatic stress disorder (PTSD) and schizophrenia. METHODS: Subjects admitted to a tertiary adolescent inpatient unit were screened for hallucinations. Those reporting hallucinations were asked standardized questions relating to these experiences. Hallucinations in subjects with a primary diagnosis of schizophrenia or PTSD were compared. RESULTS: Hallucinations in both schizophrenia and PTSD have similar form and content. Frequent, vivid, realistic, external hallucinations occurred in both disorders. Hallucinations in PTSD were usually derogatory and related to self-harm, but not direct reflections of traumatic events. Patients with PTSD reported greater emotional distress, self-harm and suicidal ideation than those with schizophrenia. CONCLUSIONS: This case series suggests that the phenomenology of hallucinations in adolescents with schizophrenia and PTSD is similar.

PMID: 18608156 [PubMed - in process]

Association between posttraumatic stress and depressive symptoms and functional outcomes in adolescents followed up longitudinally after injury hospitalization.
OBJECTIVE: To assess the association between early posttraumatic stress disorder (PTSD) and depressive symptoms and functional and quality-of-life outcomes among injured youth. DESIGN: Prospective cohort study. SETTING: Combined pediatric-adult level I trauma center. PARTICIPANTS: Randomly sampled adolescent injury survivors aged 12 to 18 years (N = 108) were recruited from surgical inpatient units. MAIN EXPOSURES: Posttraumatic stress disorder and depressive symptom levels in the days and weeks immediately following injury. We also collected relevant adolescent demographic, injury, and clinical characteristics. MAIN OUTCOME MEASURE: Multiple domains of adolescent functional impairment were assessed with the 87-item Child Health Questionnaire (CHQ-87) at 2, 5, and 12 months after injury. RESULTS: The investigation attained greater than 80% adolescent follow-up at each assessment after injury. Mixed-model regression was used to assess the association between baseline levels of PTSD and depressive symptoms and subsequent functional outcomes longitudinally. High baseline PTSD symptom levels were associated with significant impairments in CHQ-87 Role/Social Behavioral, Role/Social Physical, Bodily Pain, General Behavior, Mental Health, and General Health Perceptions subscales. High baseline depressive symptoms were associated with significant impairments in CHQ-87 Physical Function, Role/Social Emotional, Bodily Pain, Mental Health, Self-esteem, and Family Cohesion subscales. CONCLUSIONS: Early PTSD and depressive symptoms are associated with a broad spectrum of adolescent functional impairment during the year after physical injury. Coordinated investigative and policy efforts that refine mental health screening and intervention procedures have the potential to improve the functioning and well-being of injured youth treated in the acute care medical setting.

PMID: 18606935 [PubMed - in process]

The effects of an aerobic exercise program on posttraumatic stress disorder symptom severity in adolescents.

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The purpose of the study was to investigate the impact of aerobic exercise on the severity of symptoms of Posttraumatic Stress Disorder (PTSD), depression, and anxiety. Twelve institutionalized female adolescents completed a 15-session aerobic exercise program consisting of moderate-intensity walking. All participants completed the Child PTSD Symptom Scale (CPSS), Trauma Symptom Checklist for Children (TSCC), Multidimensional Anxiety Scale for Children (MASC), and Children's Depression Inventory (CDI) twice at pretest. Data were collected twice during an extended baseline period, at postintervention, and again at a 1-month follow-up assessment. Yarnolds (1988) ipsative z-score comparison method for single-case repeated measures design was utilized in data analysis for participants with stable levels of symptomatology during baseline. Strong effects of aerobic exercise were found for PTSD and trauma symptom severity but not for anxiety and depressive symptom severity. Follow-up results were mixed. The results of this study were fairly consistent with previous research findings. Strong effects of aerobic exercise on depression and anxiety were not found; however, relatively low levels of such symptomatology had been noted for many participants during the baseline phase of the study.
Factor structure of the Connor-Davidson resilience scale in South African adolescents.

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The aim of this investigation was to examine the factor structure of The Connor-Davidson Resilience scale (CD-RISC), an instrument designed to measure stress coping ability, in a sample of 701 South African adolescents. Confirmatory factor analysis failed to verify the original five-factor structure reported by Connor & Davidson, and an exploratory factor analysis suggested either a possible three-factor or two-factor structure in the current sample. Individual factor analyses by ethnicity suggested that the factor structure may differ among the different ethnic sub-groups. The reliability coefficient for the CD-RISC was 0.93. Age and ethnicity were the only demographic factors significantly correlated with CD-RISC scores. Age showed a negative relation to CD-RISC scores, and adolescents of black ethnicity had significant lower scores than their white and mixed race (coloured) counterparts. The CD-RISC scale could be a useful measure of resilience among South Africans, but future validation in South African populations is still needed.

PMID: 18540281 [PubMed - indexed for MEDLINE]

Do children get better when we interpret their defenses against painful feelings?

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This paper represents a step toward trying to integrate clinical and research perspectives. To achieve this integration, analysts need to be clear about the clinical constructs and specific interventions they utilize as they try to unpack the concept of "therapeutic action." In trying to understand "how" interventions work, technical interventions need to be clinically formulated in a narrow fashion within the more global therapeutic approach in which the particular analyst practices. In this paper, I address one specific technical approach. I discuss the therapeutic importance of an intervention, especially during the beginning phases of an analytic or dynamic therapeutic process: interpretation of defenses against unwelcome affects, a technique in whose development Berta Bornstein was instrumental. This paper puts forward the hypothesis (which remains to be systematically empirically verified or refuted) that this approach is not only a core element of defense analyses but may very well be common to all good psychodynamic treatments, regardless of the manifest theoretical orientation of the therapist or analyst, and regardless of the analyst's or therapist's explicit consideration that he or she is utilizing this approach. Clinical material from the literature is discussed in order to illustrate the technique and to show how, when analysts are attempting to demonstrate the value of other or new interventions, analysts may ignore how they are, in fact, utilizing the technique of interpreting defenses against affects.

PMID: 18524096 [PubMed - indexed for MEDLINE]
Repeating and recalling preverbal memories through play: the psychoanalysis of a six-year-old boy who suffered trauma as an infant.

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This paper explores the impact of trauma on the later development of a 6-year-old boy. The trauma disturbed his development and psychic functioning in almost every area, including his attainment of object constancy, capacity to regulate affects and tolerate frustration, his sense of self and self-protective functioning, as well as his capacity to symbolize. Three phases can be distinguished in his analysis based on his capacity to deal with memories of his traumatic past: initially attempting to forget but expressing them through persistent increased arousal and re-enactment behavior followed by recalling and re-enacting salient incidences, and finally, remembering and playing through early memories in displacement. Each phase was characterized by an increasing level of affect regulation, symbolic play, and capacity to tolerate and think about the unbearable. The paper explores the different ways in which chronic trauma and the salient traumatic event, experienced in infancy are repeated, recalled, and expressed verbally and through behavior.
PMID: 18524094 [PubMed - indexed for MEDLINE]

Still searching for the best interests of the child: trauma treatment in infancy and early childhood.

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This article describes recent developments in theory and clinical practice with traumatized children in the birth to five age range. It revisits the treatment of an abused two-year-old girl and her mother from the perspective of the child's reappearance in the clinic twenty years later to ask about her past. The early treatment of the child and the mother is re-examined from the perspective of the advances in theory and practice about early childhood trauma in the intervening decades. These advances are contrasted with the persistent gap between the urgent needs of maltreated children and their families and the availability of services designed to support their mental health.
PMID: 18524093 [PubMed - indexed for MEDLINE]

Comparative study of psychiatric morbidity among the displaced and non-displaced populations in the Andaman and Nicobar Islands following the tsunami.

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OBJECTIVE: The objective of this study was to compare the psychiatric morbidity between the displaced and non-displaced populations of the Andaman and Nicobar Islands during the first three months following the 2004 earthquake and tsunami.
METHODS: The study was conducted at the 74 relief camps in the Andaman and Nicobar Islands. Port Blair had 12 camps, which provided shelter to 4,684
displaced survivors. There were 62 camps on Car-Nicobar Island, which provided shelter to approximately 8,100 survivors who continued to stay in their habitat (non-displaced population). The study sample included all of the survivors who sought mental health assistance inside the camp. A psychiatrist diagnosed the patients using the ICD-10 criteria. RESULTS: Psychiatric morbidity was 5.2% in the displaced population and 2.8% in the non-displaced population. The overall psychiatric morbidity was 3.7%. The displaced survivors had significantly higher psychiatric morbidity than did the non-displaced population. The disorders included panic disorder, anxiety disorders not otherwise specified, and somatic complaints. The existence of an adjustment disorder was significantly higher in the non-displaced survivors. Depression and post-traumatic stress disorder (PTSD) were distributed equally in both groups. CONCLUSIONS: Psychiatric morbidity was found to be highest in the displaced population. However, the incidence of depression and PTSD were distributed equally in both groups. Involvement of community leaders and survivors in shared decision-making processes and culturally acceptable interventions improved the community participation. Cohesive community, family systems, social support, altruistic behavior of the community leaders, and religious faith and spirituality were factors that helped survivors cope during the early phase of the disaster.

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14: J Abnorm Psychol. 2008 May;117(2):460-6.

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Clinical and epidemiologic studies have established that posttraumatic stress disorder (PTSD) is highly comorbid with other mental disorders. However, such studies have largely relied on adults' retrospective reports to ascertain comorbidity. The authors examined the developmental mental health histories of adults with PTSD using data on mental disorders assessed across the first 3 decades of life among members of the longitudinal Dunedin Multidisciplinary Health and Development Study; 100% of those diagnosed with past-year PTSD and 93.5% of those with lifetime PTSD at age 26 had met criteria for another mental disorder between ages 11 and 21. Most other mental disorders had first onsets by age 15. Of new cases of PTSD arising between ages 26 and 32, 96% had a prior mental disorder and 77% had been diagnosed by age 15. These data suggest PTSD almost always develops in the context of other mental disorders. Research on the etiology of PTSD may benefit from taking lifetime developmental patterns of comorbidity into consideration. Juvenile mental-disorder histories may help indicate which individuals are most likely to develop PTSD in populations at high risk of trauma exposure.

PMID: 18489223 [PubMed - indexed for MEDLINE]

Autobiographical memory specificity after manipulating retrieval cues in adults reporting childhood sexual abuse.

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Traumatized samples have relative difficulty in generating specific autobiographical memories on a cue word task, compared to nonexposed controls. Simultaneously, trauma is associated with highly specific intrusive trauma memories in day-to-day life. Possibly, day-to-day intrusions and memories generated to cue words rely on different retrieval processes, with the former dependent on close associations between retrieval cues and specific memory representations (direct retrieval), and the latter on iterative retrieval cycles through a hierarchical memory system (generative retrieval). This study investigated this distinction using two versions of the cue word task, designed to promote generative and direct retrieval, respectively, in participants with or without a history of child sexual abuse (CSA). The data demonstrated that CSA participants were less specific than nonabused controls to generative retrieval cues, but this difference disappeared with direct retrieval cues. This interaction was stronger in CSA participants with relatively greater posttraumatic stress and remained significant when participants with past or current major depressive disorder were excluded and also when only those participants with corroborated CSA were included. 

PMID: 18489221 [PubMed - indexed for MEDLINE]


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OBJECTIVE: We aimed at evaluating surgery-related posttraumatic stress disorder (PTSD) in parents of children undergoing cardiopulmonary bypass surgery. Risk factors for parental PTSD symptoms were explored. DESIGN: A prospective cohort study was performed assessing PTSD symptoms immediately after discharge and 6 months after cardiopulmonary bypass surgery. SETTING: Recruitment took place at a tertiary pediatric medical center in Switzerland. SUBJECTS: German-speaking parents of children with congenital heart defects aged between 0 and 16 yrs undergoing cardiopulmonary bypass surgery were eligible (n = 228). After child discharge, 135 mothers and 98 fathers of 139 children (response rate 61.0%) participated. Six months after surgery, 121 mothers and 92 fathers of 128 children (response rate, 56.1%) took part in the study. INTERVENTIONS: Assessment via a screening instrument and self-rating scale, and extraction of data from charts. MEASUREMENTS AND MAIN RESULTS: The Posttraumatic Diagnostic Scale was applied to estimate self-reported symptoms of PTSD. Following discharge, 16.4% of mothers and 13.3% of fathers met diagnostic criteria for acute PTSD. Another 15.7% of mothers and 13.3% of fathers experienced significant symptoms of posttraumatic stress. Six months after surgery, PTSD rates were 14.9% and 9.5%, respectively. Mothers experienced more severe symptoms of PTSD, but gender differences were not detected with regard to the frequency of PTSD at either time. After controlling for socioeconomic status and child preoperative morbidity, PTSD symptom severity after discharge remained the only significant predictor of PTSD severity at 6 months. Pre-, peri-, and postoperative factors did not predict parental PTSD. CONCLUSIONS: Parents of children undergoing cardiopulmonary bypass surgery are at increased risk for intermediate and long-term psychological malfunctioning. Acute symptoms of PTSD in parents shortly after discharge of their child are a major risk factor for the development of chronic PTSD. Clinicians need to identify parents at risk at an early stage to provide them with systematic support.
The purpose of this study was to evaluate the effectiveness of outpatient substance abuse treatment for youth with high traumatic stress compared to youth without high traumatic stress in substance abuse treatment centers across the United States. The data for this study were gathered using a longitudinal survey design with purposive sampling from nine drug treatment delivery systems across the United States participating in the cooperative grant Strengthening Communities for Youth (SCY) awarded by SAMHSA's Center for Substance Abuse Treatment (CSAT) between September 2002 and June 2006. Follow-up assessments were conducted with the youth at three, six, and 12 months following intake.

Traumatized youth responded to outpatient treatment in a similar pattern when compared to nontraumatized youth, although the traumatized youth had consistently higher scores on substance use frequency and substance problems scales than nontraumatized youth throughout the study. Current empirically validated treatments for adolescent substance abuse do not prepare the practitioner for trauma-informed practice or specifically address trauma-informed recovery. Based on our results, we advocate for the development and integration of trauma-informed practice within substance abuse treatment for adolescents to help them recover from trauma and substance abuse issues.

Victimization is regarded as a significant public health issue, especially among adolescents in urban areas. Although victimization is linked to substance use, the research on victimization among adolescents in treatment is underdeveloped. Given the high rate of victimization among African-American adolescents, further research on the prevalence and correlates of victimization for this population is needed. This knowledge can guide the development of effective treatment and prevention strategies. This study contributed to the research by examining the rate and different types of victimization among a sample of African-American adolescents in an urban substance abuse treatment program, testing whether victimization is associated with increased levels of psychopathology and high-risk behaviors; and comparing the rates and associations with existing studies of adolescent victimization. It reports on a sample of 259 African-American adolescents receiving substance abuse treatment in an inner-city program. Fifty-four percent of the subjects reported lifetime victimization.

Severity of victimization was associated with depression, generalized anxiety disorder, traumatic stress disorder, and conduct disorder, although the effect sizes were relatively small. Lifetime victimization exhibited a relationship of small to moderate strength with high-risk behaviors (i.e., illegal activity, gang membership, multiple sex partners and unprotected sex). Service implications and recommendations for future research are provided.
A short DSM-IV screening scale to detect posttraumatic stress disorder after a natural disaster in a Chinese population.


The objective of the study was to construct a short screening scale for posttraumatic stress disorder (PTSD). We used data from our previous study on PTSD among flood victims in 1998 and 1999 in Hunan, China, which was a representative population sample of 27,267 subjects from 16 to 94 years old. Multistage sampling was used to select the subjects from the flood areas and PTSD was ascertained with the Diagnostic and Statistical Manual of Mental Disorders: 4th Edition (DSM-IV). We randomly assigned 80% (n=21,762) of study subjects to construct the screening scale (construct model) and the remaining 20% (n=5505) to test the model. Logistic regression analysis and receiver operating characteristic analysis were used to select a subset of items (symptoms) from the full scale that would effectively predict PTSD. A seven-symptom screening scale for PTSD was selected. A score of 3 or more on this scale was used to define positive cases of PTSD, with a sensitivity of 87.9%, specificity of 97.9%, positive predictive value of 81.3%, and negative predictive value of 98.7%. The short screening scale developed in this study is highly valid, reliable, and predictable. It is an efficient tool to screen PTSD in epidemiological and clinical studies.

OBJECTIVE: With the evolution of pediatric critical care medicine has come an awareness of the ethical imperative of healthcare professionals to attend to the psychological sequelae of technologically intensive care. Recent attempts to measure psychological outcomes in these children have been limited. The purpose of this study was to develop a measure of posthospitalization distress, the Children's Critical Illness Impact Scale (CCIIS), for children aged 6-12 yrs following pediatric intensive care unit hospitalization. DESIGN: A measurement development study consisting of two phases: 1) item generation and scale formatting; and 2) item reduction and scale revisions. Items were generated following thematic analysis of qualitative data from focus groups and individual interviews with children, parents, and healthcare professionals. Children reviewed items for interpretability and importance and assessed scaling technique and item presentation; healthcare professionals further evaluated item relevance. SETTING: The pediatric intensive care units of three quaternary care, Canadian pediatric teaching hospitals. PATIENTS: Phase 1 included 18 children, 22 parents,
and 12 healthcare professionals (n = 52). Phase 2 included eight children and four healthcare professionals (n = 12). MEASUREMENTS AND MAIN RESULTS: Five key domains were identified in the thematic analyses: worries, fears, friends and family, sense of self, and behaviors. Thirty-six items were initially generated, and subsequent item reduction resulted in 23 items that were retained on the final scale. Items were generally rated extremely relevant and were judged to capture the content area (content validity index = 0.87). The CCIIS was easily understood, and the scaling format worked well. Older children preferred written items, while younger children will require a modified, pictorial version.

CONCLUSIONS: The CCIIS is a new self-report measure with demonstrated content validity and specific relevance for young school-aged children following pediatric intensive care unit hospitalization. Valid, accessible, and developmentally appropriate measures are essential to identify high-risk children and, ultimately, promote healthy growth and development.

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Sexual assault, mental health, and service use among male and female veterans seen in Veterans Affairs primary care clinics: a multi-site study.

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This study examined the nature and prevalence of sexual assault (SA), as well as its relationship to psychiatric sequelae and service use, among the veteran population. We performed a secondary data analysis of a cross-sectional dataset consisting of 643 male and 173 female veterans seen in four Veterans Affairs (VA) primary care clinics. Original data were obtained through semi-structured clinic assessments, structured telephone interviews, and medical chart reviews. Analyses included descriptive statistics, chi-square, analysis of variance (ANOVA), and logistic regression. The lifetime prevalence of SA was 38% among women and 6% among men. Of veterans reporting a history of SA, most experienced child sexual abuse and sexual revictimization. SA victims also had a more extensive trauma history and demonstrated greater psychological impairment in comparison to veterans reporting other types of trauma. However, only 25% of male SA survivors and 38% of female SA survivors used mental health services in the past year. These findings suggest that VA primary care clinics may benefit from expanding the current mandated screen for military sexual trauma to include lifetime experiences and trauma-related symptoms, thereby connecting more veterans with needed mental health services.

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Linking human systems: strengthening individuals, families, and communities in the wake of mass trauma.

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This article presents an overview of the philosophy and practical principles underlying the Linking Human Systems Approach based on the theory of resilience in individuals, families, and communities facing crisis, trauma, and disaster. The Link Approach focuses on tapping into the inherent strength of individuals and their families and emphasizes resilience rather than vulnerability. It has been successfully used in combating critical public health problems, such as
addiction, HIV/AIDS, and recovery from major trauma or disaster. Also, three specific models of Link intervention aimed at the individual, family, and community levels are discussed, with special emphasis on the family-level intervention. These interventions are directed toward mobilizing resources for long-term physical, emotional, psychological, and spiritual healing.

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Parenting practices as potential mechanisms for child adjustment following mass trauma.

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Trauma research has identified a link between parental adjustment and children's functioning and the sometimes ensuing intergenerational impact of traumatic events. The effects of traumatic events on children have been demonstrated to be mediated through their impact on children's parents. However, until now, little consideration has been given to the separate and more proximal mechanism of parenting practices as potential mediators between children's adjustment and traumatic events. To shed some light in this arena, we review literature on trauma, adversity, and resilience, and discuss how parenting practices may mediate trauma and adverse environmental contexts. Using a social interaction learning perspective (Forgatch & Knutson, 2002; Patterson, 2005), we propose a prevention research framework to examine the role that parenting practices may play in influencing children's adjustment in the wake of trauma exposure. The article concludes by providing a specific model and role for evidence-based parenting interventions for children exposed to mass trauma.

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Beyond individual war trauma: domestic violence against children in Afghanistan and Sri Lanka.

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To date, research on the psychosocial consequences of mass trauma resulting from war and organized violence on children has primarily focused on the individual as the unit of treatment and analysis with particular focus on mental disorders caused by traumatic stress. This body of research has stimulated the development of promising individual-level treatment approaches for addressing psychological trauma. In contrast, there is virtually no literature addressing the effects of mass trauma on the family and community systems. Research conducted in Sri Lanka and Afghanistan, two long-standing war-torn societies, found that in addition to multiple exposure to war or disaster-related traumatic events children also indicated high levels of exposure to family violence. These findings point to the need for conjoint family- and community-based programs of prevention and intervention that are specifically tailored for the context of the affected society. In particular, programs should take issues such as poverty, child labor, and parental alcohol use into account in assessing and treating children in the aftermath of mass trauma.

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When the levee breaks: treating adolescents and families in the aftermath of hurricane katrina.

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Hurricane Katrina brought to the surface serious questions about the capacity of the public health system to respond to community-wide disaster. The storm and its aftermath severed developmentally protective family and community ties; thus its consequences are expected to be particularly acute for vulnerable adolescents. Research confirms that teens are at risk for a range of negative outcomes under conditions of life stress and family disorganization. Specifically, the multiple interacting risk factors for substance abuse in adolescence may be compounded when families and communities have experienced a major trauma. Further, existing service structures and treatments for working with young disaster victims may not address their risk for co-occurring substance abuse and traumatic stress reactions because they tend to be individually or peer group focused, and fail to consider the multi-systemic aspects of disaster recovery. This article proposes an innovative family-based intervention for young disaster victims, based on an empirically supported model for adolescent substance abuse, Multidimensional Family Therapy (MDFT; Liddle, 2002). Outcomes and mechanisms of the model's effects are being investigated in a randomized clinical trial with clinically referred substance-abusing teens in a New Orleans area community impacted by Hurricane Katrina.

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BACKGROUND: Self-injurious behavior (SIB) is increasingly popular in psychically ill adolescents, especially in girls with posttraumatic stress (PTSD) and personality disorders. Adolescents with SIB frequently exhibit neurofunctional and psychopathological deficits. We speculated that specific neuropsychological deficits and temperamental factors could predispose patients to SIB and prospectively explored adolescent psychiatric patients with and without SIB in order to find out differences in psychopathology, and neuropsychological or temperamental factors. SAMPLING AND METHODS: Ninety-nine psychically ill adolescent girls with SIB, aged 12-19 years and treated at our clinic, were prospectively recruited during a period of 5.5 years (1999-2005). The clinical (ICD-10) diagnoses were mainly substance abuse, eating disorders, depression, PTSD and personality disorders. The control group was also prospectively recruited during the same period and consisted of 77 girls with similar diagnoses and ages but no SIB. All patients were subjected to the same selection of clinical and neuropsychological tests, mainly self-rating questionnaires and tests evaluating executive functions. RESULTS: Adolescent girls with psychiatric disease and SIB were more severely traumatized and depressed. They reported severe emotional and behavioral problems and deficits of self-regulation. In addition, their parents more frequently had psychiatric problems. Temperament, intelligence, investigated executive functions and presence of dissociative
symptoms were not different in patients with and without SIB. CONCLUSIONS: We could not verify our primary hypothesis that SIB is related to specific neuropsychological deficits or temperamental factors. SIB was associated with traumatic experience, depression, problems of self-regulation and parental psychiatric disease. The prevention of SIB should therefore focus on improving affect regulation, the management of emotional distress and problem-solving strategies. (c) 2008 S. Karger AG, Basel

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Comment in:
Lifetime prevalence of mental disorders in Lebanon: first onset, treatment, and exposure to war.
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BACKGROUND: There are no published data on national lifetime prevalence and treatment of mental disorders in the Arab region. Furthermore, the effect of war on first onset of disorders has not been addressed previously on a national level, especially in the Arab region. Thus, the current study aims at investigating the lifetime prevalence, treatment, age of onset of mental disorders, and their relationship to war in Lebanon. METHODS AND FINDINGS: The Lebanese Evaluation of the Burden of Ailments and Needs Of the Nation study was carried out on a nationally representative sample of the Lebanese population (n = 2,857 adults). Respondents were interviewed using the fully structured WHO Composite International Diagnostic Interview 3.0. Lifetime prevalence of any Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) disorder was 25.8%. Anxiety (16.7%) and mood (12.6%) were more common than impulse control (4.4%) and substance (2.2%) disorders. Only a minority of people with any mental disorder ever received professional treatment, with substantial delays (6 to 28 y) between the onset of disorders and onset of treatment. War exposure increased the risk of first onset of anxiety (odds ratio [OR] 5.92, 95% confidence interval [CI] 2.5-14.1), mood (OR 3.32, 95% CI 2.0-5.6), and impulse control disorders (OR 12.72, 95% CI 4.5-35.7). CONCLUSIONS: About one-fourth of the sample (25.8%) met criteria for at least one of the DSM-IV disorders at some point in their lives. There is a substantial unmet need for early identification and treatment. Exposure to war events increases the odds of first onset of mental disorders.
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Impact of physical abuse on adulthood depressive symptoms among women.
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This manuscript provides a systematic review of the literature to examine the relationship between childhood physical abuse and intimate partner physical abuse with adulthood depressive symptoms among women. Thirty-five studies that targeted women, measured depressive symptoms, childhood physical abuse, and intimate partner physical abuse were reviewed. Findings indicated an association between
physical abuse experiences and depressive symptoms. However, the association of other risk factors, including other types of abuse, with depressive symptoms confounded this relationship. Recommendations, including control for other types of abuse, use of valid and reliable measures, and provision of a clear definition of physical abuse, are provided.

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Aggression and psychopathology in detained adolescent females.

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The aim of the study was to investigate a group of detained females with regard to aggression and psychopathology and to examine the relationship between the two conditions. For this purpose, a representative sample of 216 detained adolescent females aged 12-18 (mean 15.5) was studied with a standard set of self-report instruments, while a subgroup of 73 parents was interviewed by telephone on the participants' externalizing psychopathology. Based on aggression items derived from the Conduct Disorder section of the Kiddie-SADS, the following three aggression subgroups were identified: (1) non-aggressive (NA; 41%), (2) mildly aggressive (MA; 39%), and (3) severely aggressive (SA; 20%). In addition to high levels of psychopathology for the group as a whole, differences were found between aggression groups, with the NA group demonstrating the lowest levels, the MA group intermediate levels, and the SA group the highest levels. These differences were most pronounced for externalizing psychopathology, and were also found for post-traumatic stress symptomatology (PTSS) and suicidality. The clinical implications of these findings should be investigated in the future, but may well relate to issues of diagnostic identification and administration of adequate and targeted treatment, especially with regard to PTSS and suicidality. Since the current study was cross-sectional, the predictive effect of the investigated relationships should be the focus of further study.

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Psychosocial intervention for war-affected children in Sierra Leone.

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BACKGROUND: There are no psychosocial interventions to address both educational needs and psychological distress among displaced children in post-conflict settings. AIMS: To assess the psychosocial status of displaced children enrolled in the Rapid-Ed intervention; and to determine whether the Rapid-Ed intervention alleviated traumatic stress symptoms that interfere with learning among war-affected children in Sierra Leone. METHOD: A randomly selected sample of 315 children aged 8-18 years who were displaced by war were interviewed about their war experiences and reactions to the violence before and after participating in the 4-week Rapid-Ed intervention combining basic education with trauma healing activities. RESULTS: High levels of intrusion, arousal and avoidance symptoms were reported at the pre-test interviews conducted 9-12 months after the war. Post-test findings showed statistically significant decreases in intrusion and arousal symptoms (P<0.0001), a slight increase in avoidance reactions (P<0.0001).
and greater optimism about the future. CONCLUSIONS: The findings suggest potential for combining basic education with trauma healing activities for children in post-conflict settings, but confirmatory studies using a control group are needed. Conducting research in post-conflict settings presents unique challenges.
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Dissociation predicts later attention problems in sexually abused children.

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OBJECTIVE: The goals of this research are to develop and test a prospective model of attention problems in sexually abused children that includes fixed variables (e.g., gender), trauma, and disclosure-related pathways. METHODS: At Time 1, fixed variables, trauma variables, and stress reactions upon disclosure were assessed in 156 children aged 8-13 years. At the Time 2 follow-up (8-36 months following the initial interview), 56 of the children were assessed for attention problems. RESULTS: A path analysis involving a series of hierarchically nested, ordinary least squares multiple regression analyses indicated two direct paths to attention problems including the child's relationship to the perpetrator (beta=.23) and dissociation measured immediately after disclosure (beta=.53), while controlling for concurrent externalizing behavior (beta=.43). Post-traumatic stress symptoms were only indirectly associated with attention problems via dissociation. Taken together, these pathways accounted for approximately 52% of the variance in attention problems and provided an excellent fit to the data. CONCLUSIONS: Children who report dissociative symptoms upon disclosure of CSA and/or were sexually abused by someone within their family are at an increased risk of developing attention problems. PRACTICE IMPLICATIONS: Findings from this study indicate that children who experienced sexual abuse at an earlier age, by someone within their family, and/or report symptoms of dissociation during disclosure are especially likely to benefit from intervention. Effective interventions should involve (1) providing emotion regulation and coping skills; and (2) helping children to process traumatic aspects of the abuse to reduce the cyclic nature of traumatic reminders leading to unmanageable stress and dissociation.
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A combined dexamethasone/corticotropin-releasing hormone test in patients with chronic PTSD--first preliminary results.

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BACKGROUND: Reports about alterations of hypothalamic-pituitary-adrenocortical (HPA) function in patients with chronic posttraumatic stress disorder (PTSD) are inconsistent and controversial. More refined laboratory tests and subgrouping of PTSD patients might help to decrease variance of findings. METHODS: 14 subjects with chronic PTSD and 14 healthy controls were examined between 13:00 and 17:00 using a modified combined dexamethasone/CRH test (0.5 mg dexamethasone at 23:00, 100 microg CRH at 15:00). Plasma adrenocorticotropic hormone (ACTH), cortisol and
blood pressure were measured every 15 min from 14:45 until 17:00. RESULTS: No significant differences between patients and controls were found in the analyses of ACTH and cortisol levels, but a significantly elevated systolic and diastolic blood pressure in PTSD. Severity of depressive symptoms had no influence. However, explorative analyses showed that patients with a history of childhood traumatization had significantly higher post-dexamethasone-ACTH levels and a significantly lower diastolic blood pressure in comparison to patients without early trauma. CONCLUSIONS: In this first pilot study in a typical clinical sample of patients with chronic PTSD we found effects of severe adverse events in childhood on HPA axis regulation. Maybe, childhood traumatization could influence HPA axis findings in PTSD. Further research is needed, especially dose-response studies with different doses of dexamethasone in dexamethasone/CRH tests in PTSD.

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The main aim of this study was to investigate the occurrence of cancer-related posttraumatic stress disorder (PTSD) among parents of children on cancer treatment. A longitudinal design with assessments at one week (T1), two (T2), and four (T3) months after the child's diagnosis was used. Two hundred and fourteen parents (107 mothers, 107 fathers) participated at T1-T3. The PTSD Checklist Civilian (PCL-C), a self-report screening instrument for PTSD, was answered by parents over the telephone. According to the PCL-C symptom criteria method 33%, more mothers than fathers, score as potential cases of acute stress disorder (ASD) at T1, whereas 28% as potential cases of PTSD at T2 and 22% at T3. The levels of acute- and posttraumatic stress symptoms show a linear, descending pattern, and mothers report higher levels than fathers. Half of the parents who score as potential cases of ASD a week after the child's diagnosis score as potential cases of PTSD four months later. The findings illustrate that a group of parents of children with cancer experience serious psychological distress related to their child's disease. A traumatic stress perspective on childhood cancer should be applied to paediatric oncology care and appropriate psychosocial interventions should be offered to parents when needed. (c) 2007 John Wiley & Sons, Ltd.

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Brief report: children's responses to trauma- and nontrauma-related hospital admission: a comparison study.

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OBJECTIVE: This study aims to investigate and compare psychological responses in children and parents 1 month after trauma- and nontrauma-related hospital admission. METHODS: Two hundred and five children aged 7-16 years (and their parents) were assessed for posttraumatic stress disorder (PTSD), other psychopathology, and distress 1 month after trauma-related (Trauma Group; n = 101) and nontrauma-related hospital admission (Non-Trauma Group; n = 104).
RESULTS: Clinically elevated PTSD symptom levels were more prevalent in children admitted for trauma-related (18%) than nontrauma-related reasons (4%). Parents also experienced posttraumatic distress, although rates of clinically elevated symptom levels did not differ between the Trauma (11%) and Non-Trauma (8%) groups. Other pathology and distress in children and parents were comparable across groups. CONCLUSIONS: Children experienced greater posttraumatic distress following trauma-related hospital admission, while parents' experience of their child's hospitalization is equally distressing regardless of the reason for admission.

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An analog study of patient preferences for exposure versus alternative treatments for posttraumatic stress disorder.

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Although several efficacious treatments for posttraumatic stress disorder (PTSD) exist, these treatments are currently underutilized in clinical practice. To address this issue, research must better identify barriers to dissemination of these treatments. This study investigated patient preferences for PTSD treatment given a wide range of treatment options in an analog sample. One hundred and sixty individuals, with varying degrees of trauma history, were asked to imagine themselves undergoing a trauma, developing PTSD, and seeking treatment. Participants evaluated seven different treatment descriptions, which depicted treatment options that they might encounter in a clinical setting. Participants rated their most and least preferred treatments along with their personal reactions to and the perceived credibility of each treatment. Participants also completed a critical thinking skills questionnaire. Participants predominantly chose exposure or another variant of cognitive-behavioral therapy as their most preferred therapy, and those who chose exclusively empirically supported treatments evidenced higher critical thinking skills. The present study contributes to a growing literature indicating that patients may be more interested in these therapies than indicated by utilization rates. The problem of underutilization of empirically supported treatments for PTSD in clinical practice may be due to therapist factors.

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Anxiety, acute- and post-traumatic stress symptoms following involvement in traffic crashes.

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Anxiety and traumatic stress symptoms are common post-crash. This study documents generalised anxiety responses post-crash, and examines the association between Acute Stress Disorder and Post-Traumatic Stress Disorder (PTSD) with personality and coping styles. Sixty-two patients aged 18-60 admitted to hospital were interviewed prior to discharge, at 2-months and at 6-8 months post-crash. Anxiety symptoms were common, with 55% of participants experiencing moderate-severe levels prior to discharge, with this decreasing to 11% and 6.5% at 2-months and 6-8 months post-discharge. Females reported significantly higher levels of anxiety and acute distress. Neuroticism and generalised coping styles were
associated with acute stress responses but not PTSD. These results have important theoretical and practical implications, and indicate that females are at risk of poorer acute anxiety outcomes following injury.
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