1: J Trauma Stress. 2009 Mar 24. [Epub ahead of print]
The latent structure of posttraumatic stress disorder among adolescents.

Broman-Fulks JJ, Ruggiero KJ, Green BA, Smith DW, Hanson RF, Kilpatrick DG, Saunders BE.
Department of Psychology, Appalachian State University, Boone, NC.

Debate has arisen over whether posttraumatic stress disorder (PTSD) is most accurately conceptualized as representing a discrete clinical syndrome or an extreme reaction to traumatic life events. Recent taxometric research using predominately adult samples appears to support a dimensional model of PTSD, raising questions about the utility of current psychiatric nosology which depicts PTSD as a distinct entity. The present study sought to use taxometric procedures to examine the latent structure of posttraumatic stress reactions among a national epidemiologic sample of 2,885 adolescents. Results were consistent with previous taxometric studies in supporting a dimensional model of posttraumatic stress reactions. The implications of these findings for public policy, as well as the etiology and assessment of posttraumatic stress reactions, are discussed.

PMID: 19319918 [PubMed - as supplied by publisher]

2: J Trauma Stress. 2009 Mar 24. [Epub ahead of print]
Posttraumatic stress in AIDS-orphaned children exposed to high levels of trauma: The protective role of perceived social support.

Cluver L, Fincham DS, Seedat S.

Poor urban children in South Africa are exposed to multiple community traumas, but AIDS-orphaned children are at particular risk for posttraumatic stress. This study examined the hypothesis that social support may moderate the relationship between trauma exposure and posttraumatic stress for this group. Four hundred twenty-five AIDS-orphaned children were interviewed using standardized measures of psychopathology. Compared to participants with low perceived social support, those with high perceived social support demonstrated significantly lower levels of PTSD symptoms after both low and high levels of trauma exposure. This suggests that strong perception of social support from carers, school staff, and friends may lessen deleterious effects of exposure to trauma, and could be a focus of intervention efforts to improve psychological outcomes for AIDS-orphaned children.

PMID: 19319917 [PubMed - as supplied by publisher]

Posttraumatic Stress Symptoms Related to Community Violence and Children's Diurnal Cortisol Response in an Urban Community-Dwelling Sample.

Suglia SF, Staudenmayer J, Cohen S, Wright RJ.
Department of Environmental Health, Harvard School of Public Health, Landmark 415W, 401 Park Drive, Boston, MA, 02215, USA, sfranco@hsph.harvard.edu.
BACKGROUND: While community violence has been linked to psychological morbidity in urban youth, data on the physiological correlates of violence and associated posttraumatic stress symptoms are sparse. We examined the influence of child posttraumatic stress symptoms reported in relationship to community violence exposure on diurnal salivary cortisol response in a population based sample of 28 girls and 15 boys ages 7-13, 54% self-identified as white and 46% as Hispanic.

METHODS: Mothers' reported on the child's exposure to community violence using the Survey of Children's Exposure to Community Violence and completed the Checklist of Children's Distress Symptoms (CCDS) which captures factors related to posttraumatic stress; children who were eight years of age or greater reported on their own community violence exposure. Saliva samples were obtained from the children four times a day (after awakening, lunch, dinner and bedtime) over three days. Mixed models were used to assess the influence of posttraumatic stress symptoms on cortisol expression, examined as diurnal slope and area under the curve (AUC), calculated across the day, adjusting for socio-demographics.

RESULTS: In adjusted analyses, higher scores on total traumatic stress symptoms (CCDS) were associated with both greater cortisol AUC and with a flatter cortisol waking to bedtime rhythm. The associations were primarily attributable to differences on the intrusion, arousal and avoidance CCDS subscales. CONCLUSION: Posttraumatic stress symptomatology reported in response to community violence exposure was associated with diurnal cortisol disruption in these community-dwelling urban children.

PMID: 19319691 [PubMed - as supplied by publisher]

Early stage assessment and course of acute stress disorder after mild traumatic brain injury.

Broomhall LG, Clark CR, McFarlane AC, O'Donnell M, Bryant R, Creamer M, Silove D. School of Psychology, Flinders University, Adelaide, South Australia, Australia. luke.broomhall@flinders.edu.au

Although it has been established that acute stress disorder (ASD) and posttraumatic stress disorder occur after mild traumatic brain injury (MTBI) the qualitative differences in symptom presentation between injury survivors with and without a MTBI have not been explored in depth. This study aimed to compare the ASD and posttraumatic stress disorder symptom presentation of injury survivors with and without MTBI. One thousand one hundred sixteen participants between the ages of 17 to 65 years (mean age: 38.97 years, SD: 14.23) were assessed in the acute hospital after a traumatic injury. Four hundred seventy-five individuals met the criteria for MTBI. Results showed a trend toward higher levels of ASD in the MTBI group compared with the non-MTBI group. Those with a MTBI and ASD had longer hospital admissions and higher levels of distress associated with their symptoms. Although many of the ASD symptoms that the MTBI group scored significantly higher were also part of a postconcussive syndrome, higher levels of avoidance symptoms may suggest that this group is at risk for longer term poor psychological adjustment. Mild TBI patients may represent a injury group at risk for poor psychological adjustment after traumatic injury.

PMID: 19282684 [PubMed - indexed for MEDLINE]

Posttraumatic stress disorder and substance use disorder in adolescent bipolar disorder.
OBJECTIVE: Anxiety disorders such as posttraumatic stress disorder (PTSD) and substance use disorders (SUD) are increasingly recognized as comorbid disorders in children with bipolar disorder (BPD). This study explores the relationship between BPD, PTSD, and SUD in a cohort of BPD and non-BPD adolescents. METHODS: We studied 105 adolescents with BPD and 98 non-mood-disordered adolescent controls. Psychiatric assessments were made using the Kiddie Schedule for Affective Disorders and Schizophrenia-Epidemiologic Version (KSADS-E), or Structured Clinical Interview for DSM-IV (SCID) if 18 years or older. SUD was assessed by KSADS Substance Use module for subjects under 18 years, or SCID module for SUD if age 18 or older. RESULTS: Nine (8%) BPD subjects endorsed PTSD and nine (8%) BPD subjects endorsed subthreshold PTSD compared to one (1%) control subject endorsing full PTSD and two (2%) controls endorsing subthreshold PTSD. Within BPD subjects endorsing PTSD, seven (39%) met criteria for SUD. Significantly more SUD was reported with full PTSD than with subthreshold PTSD (chi(2) = 5.58, p = 0.02) or no PTSD (chi(2) = 6.45, p = 0.01). Within SUD, the order of onset was BPD, PTSD, and SUD in three cases, while in two cases the order was PTSD, BPD, SUD. The remaining two cases experienced coincident onset of BPD and SUD, which then led to trauma, after which they developed PTSD and worsening SUD. CONCLUSION: An increased rate of PTSD was found in adolescents with BPD. Subjects with both PTSD and BPD developed significantly more subsequent SUD, with BPD, PTSD, then SUD being the most common order of onset. Follow-up studies need to be conducted to elucidate the course and causal relationship of BPD, PTSD and SUD.

PMID: 19267702 [PubMed - in process]

Traumatic stress and psychological adjustment in treatment-seeking women sexually abused in childhood: A follow-up.

Elklit A.
Department of Psychology, University of Aarhus, Denmark.

The objective of this study was to assess post-traumatic stress disorder (PTSD), psychological distress, and risk factors among women sexually abused in childhood (CSA) after six months in therapy. Thirty in-treatment CSA survivors reported their abuse history and filled out several questionnaires. Comparisons were made to a non-CSA in-treatment sample. Although, 50% of the CSA women still had PTSD, there was a remarkable decrease in PTSD symptoms (Cohen's d= 1.06). A considerable change in self-worth and in attachment styles was found. It was concluded that CSA survivors benefit much from 6 months of weekly treatment. However, it is recommended that treatment should continue for a still longer period.

PMID: 19254276 [PubMed - as supplied by publisher]

Assessment of psychopathological consequences in children at 3 years after tsunami disaster.

Ularntinon S, Piyasil V, Ketumarn P, Sitdhirakra N, Pityaratstian N, Lerthattasilp T, Bunpromma W, Booranasuksakul T, Reuangsorn S, Teeranukul S,
BACKGROUND: At 1 year after the Tsunami disaster, 30% of students in two high risk schools at Takuapa district of Phang Nga Province still suffered from post traumatic stress disorder (PTSD). The number of patients was sharply declined after 18 months. The psychological consequences in children who diagnosed PTSD after the event were reinvestigated again at 3 years, as there were reports of significant comorbidity and continuing of subsyndromal post traumatic stress symptoms in children suffered from other disasters. OBJECTIVE: To assess psychological outcomes and factors contributed at 3-year follow up time in children diagnosed PTSD at 1-year after the Tsunami disaster MATERIAL AND METHOD: There were 45 students who were diagnosed PTSD at 1-year after the disaster At 3-year follow up time, clinical interview for psychiatric diagnosis was done by psychiatrists. RESULTS: 11.1% of students who had been diagnosed as PTSD at 1-year after Tsunami still had chronic PTSD and 15% had either depressive disorder or anxiety disorder 25% of students completely recovered from mental disorders. Nearly 50% of students were categorized in partial remission or subsyndromal PTSD group. Factors which influenced long-term outcomes were prior history of trauma and severe physical injury from the disaster. CONCLUSION: Although the point prevalence of PTSD in children affected by Tsunami was declined overtime, a significant number of students still suffer from post traumatic stress symptoms, depressive disorder or anxiety disorder which need psychological intervention.

PMID: 19253499 [PubMed - indexed for MEDLINE]

Psychiatric disorders in children at one year after the tsunami disaster in Thailand.

Queen Sirikit National Institute of Child Health, Department of Medical Services, College of Medicine, Rangsit University, Bangkok, Thailand.

BACKGROUND: The tsunami that struck Thailand on 26th December 2004 was the greatest natural disaster in the country's history. It left in its wake unprecedented damage and destruction. Children suffered the loss of parents or guardians, and survivors were left to cope with psychological trauma of the disaster OBJECTIVE: To assess the psychiatric disorders in tsunami victim children at one year after the event. MATERIAL AND METHOD: A cross sectional study was done. One thousand three hundred and sixty-four students from 2 schools were enrolled. Three tests were used according to the students' grades, pediatric symptoms checklist, Childhood Depressive Inventory and the Revised Child Impact of Events scale (CRIES). Psychiatric disorders were diagnosed by child and adolescent psychiatrists, using criteria from the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM IV). Analysis data by using SPSS version 10.0 and Chi-square test. The results were presented as percentage and p-value. RESULTS: Psychiatric disorders were found in 142 students or 10.4 percents of all students at one year after the tsunami disaster. Not all the students who had psychiatric disorders developed them as the result of the tsunami disaster However, ninety students or 6.3 percent of all the students did
have psychiatric disorders resulting from the tsunami disaster. The most common psychiatric problem was post traumatic stress disorder. Ten percent of grade 4-6 students and 11 percent of grade 7-9 students had psychiatric disorders. The prevalence was lower in kindergarten and grade 1-3 students of which the percentage was 2.3 and 3.8 respectively. CONCLUSION: The prevalence of psychiatric disorders at 1 year after the tsunami disaster was 10.4 percent of all the students or 33.1 percent of victims. The prevalence of psychiatric disorders in grade 4-6 and 7-9 students was higher than in kindergarten and grade 1-3 students. The most common psychiatric problem is post traumatic stress disorder.

PMID: 19253496 [PubMed - indexed for MEDLINE]

Six-year longitudinal predictors of posttraumatic growth in parentally bereaved adolescents and young adults.

Wolchik SA, Coxe S, Tein JY, Sandler IN, Ayers TS.
Prevention Research Center, Arizona State University, Tempe 85287-6005, USA.
sharlene.wolchik@asu.edu

Using the Posttraumatic Growth Inventory, we examined posttraumatic growth in a sample of 50 adolescents and young adults who had experienced parental death in childhood or adolescence. Longitudinal relations were examined between baseline measures of contextual and intraindividual factors and scores on the posttraumatic growth subscales (i.e., New Possibilities, Relating to Others, Personal Strengths, Spiritual Changes, and Appreciation of Life) six years later. Controlling for time since death, threat appraisals, active coping, avoidant coping, seeking support from parents or guardians, seeking support from other adults, internalizing problems, and externalizing problems were significant predictors of posttraumatic growth. The implications of these findings for research and clinical practice are discussed.

PMID: 19227001 [PubMed - indexed for MEDLINE]

Mechanisms underlying the comorbidity between depressive and addictive disorders in adolescents: interactions between stress and HPA activity.

Rao U, Hammen CL, Poland RE.
Department of Psychiatry, UT Southwestern Medical Center, Dallas, TX 75390-9101, USA. uma.rao@utsouthwestern.edu

OBJECTIVE: Depression may be a precursor to substance use disorder in some youngsters, and substance abuse might complicate the subsequent course of depression. This study examined whether hypothalamic-pituitary-adrenal (HPA) activity and stressful life experiences are related to the development of substance use disorder in depressed and nondepressed adolescents, and whether substance use disorder predicts a worsening course of depression. METHOD: Urinary-free cortisol was measured for 3 nights in 151 adolescents with no prior history of substance use disorder (55 depressed, 48 at high risk for depression, and 48 normal subjects). Information was obtained on recent stressful life experiences. The participants were followed for up to 5 years to assess the onset of substance use disorder, course of depression, and stressful experiences. The relationships among depression, cortisol as a measure of HPA activity, stressful experiences, and substance use disorder were examined. RESULTS: Elevated cortisol
was associated with onset of substance use disorder. Stressful life experiences moderated this relationship. Cortisol and stress accounted for the effects of a history or risk of depression on the development of substance use disorder. Substance use disorder was associated with higher frequency of subsequent depressive episodes. CONCLUSIONS: Higher cortisol prior to the onset of substance use disorder may indicate vulnerability to substance use disorder. Stressful experiences increase the risk for substance use disorder in such vulnerable youth. The high prevalence of substance use disorders in depressed individuals may be explained, in part, by high levels of stress and increased HPA activity.

PMID: 19223436 [PubMed - indexed for MEDLINE]

Hypnosis for complex trauma survivors: four case studies.

Poon MW.
Clinical Psychological Unit 3, Social Welfare Department, 14/F Cornwall House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong. maggie@cuhk.edu.hk

This report described a phased-oriented treatment of complex trauma in four Chinese women. Two women were survivors of childhood sexual abuse, one was a rape victim, and the other was a battered spouse. A phased-oriented treatment that tailored to the needs of the clients was used. The treatment framework consisted of three phases: stabilization, trauma processing, and integration. Hypnotic techniques had been used in these phases as means for grounding and stabilization, for accessing the traumatic memories, and for consolidating the gains. Data from self-reports, observation and objective measures indicates a significant reduction in the trauma symptoms after treatment.

PMID: 19216211 [PubMed - indexed for MEDLINE]

Sexual harassment across the color line: experiences and outcomes of cross-versus intraracial sexual harassment among Black women.

Woods KC, Buchanan NT, Settles IH.
Department of Psychology, Michigan State University, East Lansing, MI 48824-1116, USA. woodskry@msu.edu

The current study examined differences in appraisal, harassment, and severity of posttraumatic stress symptoms among 105 Black women who were sexually harassed by either a White (cross-racial sexual harassment) or a Black man (intraracial sexual harassment). Analyses revealed that women appraised cross-racial more negatively than intraracial harassment, despite there being no significant differences in the likelihood of experiencing gender harassment, unwanted sexual attention, or sexual coercion. Further, cross-racial harassment was more likely to include racialized sexual harassment (harassing behaviors combining race and gender simultaneously) and higher status perpetrators. Finally, cross-racial sexual harassment had an indirect (but not direct) mediated effect on posttraumatic stress via participants' appraisals of their harassment. Specifically, the more negative appraisal associated with cross-racial sexual harassment was associated with increased posttraumatic stress symptoms. In light of these findings, consideration of perpetrator race and racially sexualized behaviors could prove significant additions to current models of sexual harassment.

Kishore V, Theall KP, Robinson W, Pichon J, Scribner R, Roberson E, Johnson S. Xavier University of Louisiana, New Orleans, Louisiana, USA.

OBJECTIVE: To assess the impact of Hurricane Katrina on the faculty, staff and students at a university located in New Orleans, LA. DESIGN: A cross-sectional, Web-based survey. SETTING: A local college university in New Orleans, LA. PARTICIPANTS: A total of 364 faculty, staff and students surveyed during mid July 2006 to September 2006. MAIN OUTCOME MEASURES: Posttraumatic stress disorder (PTSD) symptoms, coping, resource loss, and substance use. RESULTS: The study revealed substantial degree of resource loss and consequences due to Katrina. Approximately 22 percent of respondents had PTSD symptoms one year post-Katrina. Positive coping was strongly protective of PTSD symptoms in our sample. Alcohol and drug consumption, on the other hand, was associated with greater PTSD symptoms. Coping, alcohol use, and personal and family injury were also associated with resource loss. CONCLUSIONS: Survivors of a disaster need mental health and substance use services and resources well beyond the first year post disaster, and the student population should be factored in any evacuation planning.

PMID: 19202888 [PubMed - indexed for MEDLINE]


Alisic E, van der Schoot TA, van Ginkel JR, Kleber RJ. Psychotrauma Center for Children and Youth, University Medical Center Utrecht, KA.00.004.0, P.O. Box 85090, 3508 AB Utrecht, the Netherlands.
e.alisic@umcutrecht.nl

OBJECTIVE: In order to broaden the view beyond posttraumatic stress disorder (PTSD) in children, we examined to what extent posttraumatic stress reactions, posttraumatic growth, and quality of life were related to each other and to traumatic exposure in the general population. METHOD: 1770 children of 36 randomly selected primary schools (mean age = 10.24 years, 50% boys) reported in October/November 2006 on their worst experience (traumatic exposure was considered present when the described event fulfilled the A1 criterion for PTSD of the DSM-IV-TR) and filled out the Children's Responses to Trauma Inventory, the Posttraumatic Growth Inventory for Children, and the KIDSCREEN-27. Correlational and hierarchical linear regression analyses were carried out in a multiple imputation format. RESULTS: Posttraumatic stress reactions were strongly related to posttraumatic growth (r = 0.41, p < .01) and quality of life (r = -0.47, p < .01). The latter 2 variables were weakly related; positively when controlling for posttraumatic stress reactions (r = 0.09, p < .01), negatively when not (r = -0.12, p < .01). Children who were exposed to trauma reported more posttraumatic stress reactions (b = .12, p < .01), more posttraumatic growth small). CONCLUSIONS: Negative and positive psychological sequelae of trauma can coexist in children, and extend to broader areas (b = .09, p < .01), and less quality of life (b = -.08, p < .01) than nonexposed children (effect sizes were
of life than specific symptoms only. Clinicians should look further than PTSD alone and pay attention to the broad range of posttraumatic stress reactions that children show, their experience of posttraumatic growth, and their quality of life. Copyright 2008 Physicians Postgraduate Press, Inc.

PMID: 19193345 [PubMed - indexed for MEDLINE]

Comment in:
Obsessions and compulsions in the community: prevalence, interference, help-seeking, developmental stability, and co-occurring psychiatric conditions.

Fullana MA, Mataix-Cols D, Caspi A, Harrington H, Grisham JR, Moffitt TE, Poulton R.
King's College London, Institute of Psychiatry, UK. Miguel.Fullana@iop.kcl.ac.uk

OBJECTIVE: It is unclear how many people in the community have obsessions and compulsions and associated levels of interference. It is also unknown what variables predict help-seeking for these symptoms, whether they are developmentally stable, and whether they increase the risk of mental disorders.

METHOD: The authors analyzed data from the prospective longitudinal Dunedin study of an unselected birth cohort. The presence of obsessions and compulsions and mental disorders was assessed using the Diagnostic Interview Schedule (DIS) at ages 11, 26, and 32. Data on interference and help-seeking were obtained at ages 26 and 32. RESULTS: Obsessions and compulsions were frequent in individuals with mental disorders other than obsessive-compulsive disorder (OCD) and among people without mental disorders. Even in the latter group, these symptoms caused significant interference. The presence of anxiety/depression and of obsessions (particularly aggressive and shameful thoughts), but not compulsions, was associated with help-seeking. Harm/checking was the most prevalent symptom dimension. Symptom dimensions were temporally stable and associated with increased comorbidity. Obsessive-compulsive symptoms at age 11 predicted a high risk of an adult OCD diagnosis as well as elevated adult symptom dimensions.

CONCLUSIONS: Obsessions and compulsions are common in the adult population, have their roots in childhood, and are associated with interference, risk for disorders, and help-seeking. Subclinical obsessions and compulsions should be taken into account in research, intervention, and DSM-V.

PMID: 19188283 [PubMed - indexed for MEDLINE]

If she is not a victim, does that mean she was not traumatized? Evaluation of predictors of PTSD symptomatology among college rape victims.

Littleton H, Henderson CE.
Department of Psychology, East Carolina University, NC, USA.

The issue of whether individuals can be traumatized by the experience of rape if they do not label the experience a victimization remains controversial. Indeed, there are conflicting findings with regard to the extent to which such unacknowledged victims experience posttraumatic symptoms. The goal of the current study was to evaluate acknowledgment status as a predictor of posttraumatic stress disorder symptomatology using structural equation modeling among a sample of 346 college rape victims. Results showed that whereas acknowledged victims reported more symptoms of posttraumatic stress disorder, acknowledgment status
did not add to the prediction of posttraumatic stress disorder symptoms in a model including assault violence and other important predictors of these symptoms.

PMID: 19126833 [PubMed - indexed for MEDLINE]

Comment in:
The complexity of trauma types in the lives of women in families referred for family violence: Multiple mediators of mental health.

Banyard VL, Williams LM, Saunders BE, Fitzgerald MM.
Department of Psychology, University of New Hampshire, Durham, 03824, USA. Victoria.Banyard@unh.edu

Responding to calls for further research about the impact of multiple types of trauma across the life span, this study examines the interconnections among types of trauma in childhood and adulthood in a convenience clinical sample of 283 women obtaining social services for family violence. In particular, variables including family-of-origin dysfunction and other childhood risk factors, relationship victimization in adulthood, and the presence of adult resources were examined as mediators of links between child maltreatment and adult mental health symptoms. Variables were assessed at different time points, 3 years apart. Path analysis revealed that the conceptual model of multiple pathways between childhood family violence exposure and adult outcomes fit the data well. In particular, the link between child maltreatment and adult trauma symptoms was mediated by more proximal adult sexual and intimate partner violence and its association with childhood risk markers (e.g., negative family environment) and decreased markers of resources. This link was not significant for a more general index of mental health symptoms in adulthood. PsycINFO Database Record 2009 APA.

PMID: 19123760 [PubMed - indexed for MEDLINE]

Jewish and non-Jewish World War II child and adolescent survivors at 60 years after war: effects of parental loss and age at exposure on well-being.

Lis-Turlejska M, Luszczynska A, Plichta A, Benight CC.
Department of Psychology, University of Warsaw, Poland.

The study investigated the effects of World War II (WWII) on psychological and social functioning of Jewish and non-Jewish survivors 60 years after the war. The authors hypothesized that the level of posttraumatic symptoms, depression, and social isolation of survivors who were at least 5 years old (but younger than 18) in the last year of WWII would be predicted by the extent of traumatic loss, (i.e., death of parent[s]) and age at the end of WWII. Data were collected from 211 individuals living in Poland, ages 66-80; 30% were Jewish Holocaust survivors. Current posttraumatic stress disorder was almost 2 times higher for Jewish (55.6%) than for non-Jewish survivors (30.9%), whereas no differences were found for depression and social isolation. Parental loss during the war predicted a global decrement of well-being (across measured outcome indices). For certain subgroups (e.g., Jewish survivors who had not lost their parents during WWII), war trauma may have less profound effects if most of the trauma exposure occurred during an earlier age (i.e., <5 years). (c) 2009 APA, all rights reserved
Using a nationally representative sample of 4,008 adolescents, this study examines gender differences in violence exposure, major depressive episode (MDE) and posttraumatic stress disorder (PTSD), and characteristics of violence incidents. It was hypothesized that there would be gender differences in the types of violence exposure reported and in the prevalence of MDE and PTSD and that gender would moderate the relationship between violence exposure and mental health outcomes. Results indicated significant gender differences in rates of violence exposure, PTSD, and MDE. Additionally, gender was a moderating variable in the relation between sexual assault and PTSD, but not in the other violence exposure-mental health relations examined. It thus appears that the pathways for developing PTSD may be different for male and female victims of sexual abuse. Implications for interventions and future research are discussed. (c) 2009 APA, all rights reserved
Robert Stempel School of Public Health, Florida International University, USA.
ERotheMD@aol.com

A psychotherapy model for treating child and adolescent refugees caught in the midst of catastrophic situations is proposed. Empirical studies of the peri-traumatic period, comprised between the moment of departure and up to the moment of arrival of the refugees to the sheltering country, are scarce and difficult to complete. A review of the literature reveals that negative, long-term mental health outcomes in these populations are related to autonomic dysregulation and impaired narratives of the events, which result from exposure to overwhelming stress. The author combines case material from his own clinical experience treating Cuban children and adolescents inside refugee camps, with the available literature, in order to design the model. The role of the therapist is threefold and involves: (1) intervening to decrease hyperarousal and protect the refugee's neuroendocrine integrity, (2) helping the patient construct a cohesive narrative of the events during the peri-traumatic period and, (3) becoming an advocate for the refugee children and their families, helping to empower them so they can attain mastery and control over the forces that threaten to overwhelm their coping capacities. This model addresses a neglected area of refugee studies: treatment interventions during the peri-traumatic period. It attempts to bridge the empirical research gap that exists, due to the inherent difficulties of studying refugee populations "in the field." This model could potentially be extrapolated to treat other similar populations.

PMID: 19113958 [PubMed - indexed for MEDLINE]

PTSD symptoms, forgiveness, and revenge among Israeli Palestinian and Jewish adolescents.

Hamama-Raz Y, Solomon Z, Cohen A, Laufer A.
School of Social Work, Ariel University Center of Samaria, Israel.

Exposure to political terror and its psychological toll were assessed in 276 Israeli Palestinian and 1,469 Jewish adolescents using self-report questionnaires. Israeli Palestinians displayed more posttraumatic symptoms, higher levels of objective exposure to terror, more negative life events, lower ability to forgive, and a higher need for vengeance than their Jewish counterparts. Although the two groups did not differ in fear levels, Israeli Palestinians expressed more favorable attitudes toward peace. Ethnicity played a major role in explaining the variance of posttraumatic symptomatology. Israeli Palestinians displayed increased vulnerability to mental distress when compared to their Jewish counterparts. The unique roles of subjective fear, attitudes towards peace, forgiveness, and revenge among Israeli Palestinians are discussed.

PMID: 19107729 [PubMed - indexed for MEDLINE]

Self-compassion and PTSD symptom severity.

Thompson BL, Waltz J.
Department of Psychology, University of Montana, Missoula, MT 59812, USA.
brian.l.thompson@gmail.com
Neff's (2003a, 2003b) notion of self-compassion emphasizes kindness towards one's own self, a feeling of connectedness with others, and mindful awareness of distressing experiences. Because exposure to trauma and subsequent posttraumatic stress symptoms (PSS) may be associated with self-criticism and avoidance of internal experiences, the authors examined the relationship between self-compassion and PSS. Out of a sample of 210 university students, 100 endorsed experiencing a Criterion A trauma. Avoidance symptoms significantly correlated with self-compassion, but reexperiencing and hyperarousal did not. Individuals high in self-compassion may engage in less avoidance strategies following trauma exposure, allowing for a natural exposure process.

PMID: 19107727 [PubMed - indexed for MEDLINE]

Posttraumatic stress symptoms as a mediator between sexual assault and adverse health outcomes in undergraduate women.

Eadie EM, Runtz MG, Spencer-Rodgers J.
Department of Psychology, University of Victoria, Victoria, BC, Canada.
eadie@uvic.ca

This study investigated the links between sexual assault experiences, posttraumatic stress symptoms, and adverse physical health outcomes among undergraduate women. Existing research has demonstrated that posttraumatic stress disorder mediates the relationship between trauma exposure and physical health in general, but this has yet to be tested for sexual assault specifically. Using structural equation modeling, support was found for a model in which posttraumatic stress symptom severity partially mediates the association between sexual assault severity and self-reported health outcomes. An alternative model using depression symptoms did not meet the criteria for mediation. Implications for the physical health of sexual assault survivors are discussed.

PMID: 19107722 [PubMed - indexed for MEDLINE]

Effects of early nightmares on the development of sleep disturbances in motor vehicle accident victims.

Kobayashi I, Sledjeski EM, Spoonster E, Fallon WF Jr, Delahanty DL.
Department of Psychology, Kent State University, Kent, OH 44242, USA.

The present study prospectively examined the extent to which trauma-related nightmares affected the subsequent development of insomnia symptoms in 314 motor vehicle accident (MVA) victims. Participants were assessed in-hospital and at 2 weeks, 6 weeks, 3 months, and 1 year post-MVA. Hierarchical linear regression analyses showed that 6-week PTSD symptoms (PTSS) and 3-month nightmares, but not 2-week nightmares were positively associated with sleep onset and maintenance problems reported at 3-month post-MVA. Nightmares reported at 3-months post-MVA were positively associated with 1-year sleep maintenance problems. These findings highlight the dynamic relationship between PTSS and sleep problems as well as the potential importance of early intervention for trauma-related nightmares as a means to prevent sleep problems after a traumatic experience.

PMID: 19107721 [PubMed - indexed for MEDLINE]
Guilt and posttraumatic stress symptoms in child victims of interpersonal violence.

Kletter H, Weems CF, Carrion VG.
Stanford University School of Medicine, California, USA.

Our objective was to examine the relationship between guilt and posttraumatic stress disorder (PTSD) symptoms in children with a history of interpersonal violence. Eighty-seven children between the ages of 5 and 16 years (mean age = 11.70 years) were administered the Clinician-Administered PTSD Scale for Children and Adolescents to assess for PTSD symptoms and associated features. Multiple regression analysis found that guilt over acts of commission or omission (behaviors the child performed or failed to perform during the event or to prevent it) was highly associated with PTSD severity. Derealization and changes in attachment were also significantly related to PTSD symptoms. Findings suggest that it may be important for clinicians to assess for associated features in traumatized children as these are associated with greater PTSD severity. Posttraumatic interventions may benefit from targeting these symptoms.

PMID: 19103706 [PubMed - indexed for MEDLINE]

Young offenders' experiences of traumatic life events: a qualitative investigation.

Paton J, Crouch W, Camic P.
Lewisham Psychological Therapies Service, South London & Maudsley NHS Trust, UK. Joni.paton@slam.nhs.uk

This investigation aimed to look at how a group of young offenders attending an inner-city youth offending team experienced adverse and traumatic life events. A qualitative approach was used and semi-structured interviews were conducted with eight young offenders about their perceptions of difficult experiences and the effects of such events. The interviews were analysed using Interpretative Phenomenological Analysis (Smith, Jarman, & Osborn, 1999). Analysis of the accounts yielded a number of themes. Young offenders experienced violence at home, in the community and in custody. Instability and transitions emerged as important themes in relation to school and home. Deprivation was experienced both in terms of poverty and the literal and emotional absence of parents. A variety of cognitive, emotional and behavioural responses to adverse/traumatic experiences were identified, including a blocking out of painful experience and aggression to self and others. There were barriers to seeking or making use of professional support. Custody appeared to offer an opportunity to reflect on and re-evaluate life trajectory. The study concluded that greater consideration of trauma when carrying out assessments would enable 'at risk' young offenders to be identified using clinical interviewing along side standardized measures to aid assessment of the complexity and uniqueness of the response to trauma.

PMID: 19103704 [PubMed - indexed for MEDLINE]

Research findings and case studies elaborate the experiences of clients and professionals in very different areas of work.

Brazier A.
Children's expressed emotions when disclosing maltreatment.

Sayfan L, Mitchell EB, Goodman GS, Eisen ML, Qin J.
Department of Psychology, University of California, One Shields Avenue, Davis, CA 95616, USA.

OBJECTIVE: Our goal was to examine children's expressed emotions when they disclose maltreatment. Little scientific research exists on this topic, and yet children's emotional expressions at disclosure may inform psychological theory and play a crucial role in legal determinations. METHOD: One hundred and twenty-four videotaped forensic interviews were coded for children's emotional displays. In addition, children's trauma-related symptoms (depression, dissociation, and PTSD) and global adaptive functioning were assessed, and abuse type and frequency were documented. RESULTS: Most children in the sample evinced neutral emotion during disclosure. However, stronger negative reactions were linked to indices of psychopathology. Number of abuse experiences was inversely related to negative emotional displays. CONCLUSION: Fact finders may profit from knowing that maltreated children do not necessarily cry or display strong emotion when disclosing maltreatment experiences. Nevertheless, predictors of greater negative affect at disclosure can be identified: fewer abuse experiences; higher global adaptive functioning; and for sexually abused children, greater dissociative tendencies. PRACTICE IMPLICATIONS: Although further research is needed, practitioners should consider that children who disclose abuse may display relatively neutral affect despite having experienced maltreatment.

Complex post-traumatic stress disorder in patients with somatization disorder.

Spitzer C, Barnow S, Wingenfeld K, Rose M, Löwe B, Grabe HJ.
University Department of Psychosomatic Medicine and Psychotherapy, University Clinic Hamburg-Eppendorf and Klinikum Eilbek (Schön Kliniken), Hamburg, Germany. c.spitzer@uke.uni-hamburg.de

OBJECTIVE: Given the association between severe childhood trauma, adult somatization and complex post-traumatic stress disorder (cPTSD), the purpose of the present paper was to assess this syndrome and its clinical correlates in patients with somatization disorder (SD). METHODS: A total of 28 patients (82% women, mean age = 41.7+/−10.1 years) meeting DSM-IV criteria for SD as confirmed by the Structured Clinical Interview for DSM-IV, Axis I were compared to 28 age- and gender-matched patients with major depression, but without a lifetime diagnosis of SD. They completed the Structured Interview for Disorders of Extreme Stress, the Brief Symptom Inventory, the Inventory of Interpersonal Problems-Circumplex Scales, and the SF-36 Health Survey. RESULTS: Compared to the control group, SD patients had higher risks for current and lifetime diagnoses of cPTSD (odds ratio (OR) = 15.0, 95% confidence interval (CI) = 1.76-127.54; and OR = 8.33, 95%CI = 2.04-34.07, respectively). SD subjects with cPTSD had more psychological distress, more interpersonal problems and worse psychosocial functioning than those without the syndrome. CONCLUSION: The concept of complex PTSD may hold clinical utility when applied to SD patients because it identifies a distinct subgroup characterized by severe psychosocial impairment. The
diagnostic and therapeutic implications of the present findings are discussed.

PMID: 19085532 [PubMed - indexed for MEDLINE]

Childhood trauma and basal cortisol in people with personality disorders.

Flory JD, Yehuda R, Grossman R, New AS, Mitropoulou V, Siever LJ.
Department of Psychology, Queens College/CUNY, Flushing, NY 11367, USA.
janine.flory@qc.cuny.edu

This study examined the influence of various forms of childhood abuse on basal cortisol levels in a sample of adults with Axis II personality disorders. Participants included 63 adults (n = 19 women) who provided basal plasma cortisol samples and completed the Childhood Trauma Questionnaire. Linear regression analyses that included all 5 subscales (ie, sexual abuse, physical abuse, emotional abuse, physical neglect and emotional neglect) demonstrated that physical abuse was related to lower cortisol levels (beta = -.43, P = .007), consistent with prior literature. In contrast, physical neglect was associated with higher cortisol (beta = .36, P = .02), after controlling for other forms of abuse. Results are consistent with the view that childhood trauma has long-lasting neurobiological effects and suggest that different forms of trauma may have distinct biological effects.

PMID: 19059511 [PubMed - indexed for MEDLINE]

Childhood maltreatment associated with PTSD and emotional distress in low-income adults: the burden of neglect.

Grassi-Oliveira R, Stein LM.
Postgraduate Psychology Program, Psychology Faculty of Pontifical Catholic University of Rio Grande do Sul. Av. Ipiranga 6681, Prédio 11, Sala 937, Porto Alegre, RS, ZIPCODE 90619-900, Brazil.

PMID: 19036445 [PubMed - indexed for MEDLINE]

Posttraumatic stress disorder and obesity: evidence for a risk association.

Perkonigg A, Owashi T, Stein MB, Kirschbaum C, Wittchen HU.
Department of Clinical Psychology and Psychotherapy, Technical University of Dresden, Dresden, Germany. axelp11@gmx.net

BACKGROUND: There is evidence from cross-sectional studies that posttraumatic stress disorder (PTSD) may be associated with obesity. The aim of this study was to examine prospective longitudinal associations between PTSD and obesity in a community sample. METHODS: A prospective, longitudinal, epidemiologic study with a representative community sample of adolescents and young adults (N=3021, aged 14-24 years at baseline) was conducted in Munich, Germany. Participants were assessed four times between 1995 and 2005 with the Munich-Composite International Diagnostic Interview. Associations between obesity (BMI > or =30) and DSM-IV PTSD were evaluated in 2007, using cross-sectional and prospective data during young adulthood. RESULTS: The cumulative lifetime incidence of obesity in the sample at 10-year follow-up during young adulthood was 4.3% (women, 4.6%; men, 4.0%). Among women but not among men, obesity was associated with a lifetime history of PTSD.
(OR=3.8; 95% CI=1.4, 10.7) in the cross-sectional analyses. Prospective longitudinal analyses from 4-year follow-up to 10-year follow-up confirmed that obesity was predicted by antecedent subthreshold and full PTSD (OR=3.0; 95% CI=1.3, 7.0) among women but not among men. There were no associations between other mental disorders and obesity in the prospective analyses. CONCLUSIONS: The findings indicate a possible causal pathway for the onset of obesity in females with PTSD symptoms. These findings need replication with regard to the pathophysiologic and behavioral mechanisms underlying this relationship.

PMID: 18976880 [PubMed - indexed for MEDLINE]

Posttraumatic growth in adolescence: examining its components and relationship with PTSD.

Levine SZ, Laufer A, Hamama-Raz Y, Stein E, Solomon Z.
Department of Criminology, Bar Ilan University, Ramat Gan, Israel.

To address gaps in the literature, this study examined the components of posttraumatic growth, and the relationship between growth and posttraumatic stress disorder (PTSD). Participants were from a pooled sample of 4,054 Israeli adolescents exposed to terror of whom 210 (5.5%) met criteria for PTSD. Measures included the Child Post-Traumatic Stress Reaction Index and Posttraumatic Growth Inventory. Principal components analysis showed two correlated components of outward and intrapersonal growth. Regression modeling showed that the relationship between the growth and PTSD measures was linear and curvilinear (inverted-U). These results replicated accounting for heterogeneity in PTSD, exposure and subsamples. Collectively, the results imply that posttraumatic growth in adolescence is characterized by two robust components, and is greatest at moderate posttraumatic stress levels.

PMID: 18956452 [PubMed - indexed for MEDLINE]

Adolescents' and parents' agreement on posttraumatic stress disorder symptoms and functioning after adolescent injury.

Department of Psychiatry & Behavioral Sciences, Harborview Medical Center, University of Washington School of Medicine, Seattle, WA 98104-2499, USA.

Few investigations have simultaneously assessed concordance between youth and parent ratings of posttraumatic stress disorder (PTSD) symptoms and functioning. Randomly sampled adolescent injury survivors ages 12-18 and their parents were assessed on the inpatient ward and again at 2, 5, and 12-months postinjury (N = 99). Adolescent PTSD symptoms and functioning were rated by both adolescents and parents. Parent PTSD was also assessed; 27% of parents endorsed symptoms consistent with a diagnosis of PTSD over the course of the year after adolescent injury. The PTSD positive parents demonstrated significantly greater discordance in ratings of adolescent PTSD symptoms, family cohesion, and mental health functioning. These findings suggest caution in clinical and policy applications of parental ratings of adolescent symptomatic and functional outcomes after injury.

PMID: 18956447 [PubMed - indexed for MEDLINE]
Creation of a community violence exposure scale: accounting for what, who, where, and how often.

Suglia SF, Ryan L, Wright RJ.
Department of Environmental Health, and Department of Epidemiology, Harvard School of Public Health, Boston, MA 02215, USA. sfranco@hsph.harvard.edu

Previous research has used the Rasch model, a method for obtaining a continuous scale from dichotomous survey items measuring a single latent construct, to create a scale of community violence exposure. The authors build upon previous work and describe the application of a Rasch model using the continuation ratio model to create an exposure to community violence (ETV) scale including event circumstance information previously shown to modify the impact of experienced events. They compare the Rasch ETV scale to a simpler sum ETV score, and estimate the effect of ETV on child posttraumatic stress symptoms. Incorporating detailed event circumstance information that is grounded in traumatic stress theory may reduce measurement error in the assessment of children's community violence exposure.

PMID: 18956446 [PubMed - indexed for MEDLINE]

Different types of exposure to the 2004 tsunami are associated with different levels of psychological distress and posttraumatic stress.

Wahlström L, Michélsen H, Schulman A, Backheden M.
Center for Family and Community Medicine, Karolinska Institutet, Stockholm.

The impact of traumatic exposure on psychological distress and posttraumatic stress was investigated at 14 months through self-report in 1,505 Swedish tourists who survived the 2004 Indian Ocean Tsunami. Exposure, differentiated in single and multiple types, was associated with different levels of impaired mental health measured by General Health Questionnaire (GHQ) and Impact of Event Scale-Revised (IES-R). Additionally, having sole exposure to subjective life threat brought about specific psychological effects. Some demographic factors are associated with outcome on either the GHQ or the IES-R. Identifying specific types of exposure of disaster survivors may be a way to identify individuals who could be screened for psychological ill health at a later point in time.

PMID: 18956445 [PubMed - indexed for MEDLINE]

Main traumatic events in Europe: PTSD in the European study of the epidemiology of mental disorders survey.

Hôpital Henri-Ey, 15 Avenue de la Porte de Choisy, 75013 Paris, France.
A potentially traumatic event (PTE) contributes to trauma through its frequency, conditional probability of posttraumatic stress disorder (PTSD), and experience of other PTEs. A cross-sectional survey was conducted, enrolling 21,425 adults nationally representative of six European countries. Using the WHO-Composite International Diagnostic Interview, 8,797 were interviewed on 28 PTEs and PTSD. Prevalence of 12-month PTSD was 1.1%. When PTSD was present, the mean number of PTEs experienced was 3.2. In a multivariate analysis on PTEs and gender, six PTEs were found to be more traumatic, and to explain a large percentage of PTSD, as estimated by their attributable risk of PTSD: rape, undisclosed private event, having a child with serious illness, beaten by partner, stalked, beaten by caregiver.

PMID: 18956444 [PubMed - indexed for MEDLINE]

Treatment of posttraumatic stress disorder in postwar Kosovar adolescents using mind-body skills groups: a randomized controlled trial.

Gordon JS, Staples JK, Blyta A, Bytyqi M, Wilson AT. The Center for Mind-Body Medicine, 5225 Connecticut Ave., N.W., Suite 414, Washington, DC 20015, USA. jgordon@cmbm.org

OBJECTIVE: To determine whether participation in a mind-body skills group program based on psychological self-care, mind-body techniques, and self-expression decreases symptoms of posttraumatic stress disorder (PTSD). METHOD: Eighty-two adolescents meeting criteria for PTSD according to the Harvard Trauma Questionnaire (which corresponds with 16 of the 17 diagnostic criteria for PTSD in DSM-IV) were randomly assigned to a 12-session mind-body group program or a wait-list control group. The program was conducted by high school teachers in consultation with psychiatrists and psychologists and included meditation, guided imagery, and breathing techniques; self-expression through words, drawings, and movement; autogenic training and biofeedback; and genograms. Changes in PTSD symptoms were measured using the Harvard Trauma Questionnaire. The study was conducted from September 2004 to May 2005 by The Center for Mind-Body Medicine at a high school in the Suhareka region of Kosovo. RESULTS: Students in the immediate intervention group had significantly lower PTSD symptom scores following the intervention than those in the wait-list control group (F = 29.8, df = 1,76; p < .001). Preintervention and postintervention scores (mean [SD]) for the intervention group were 2.5 (0.3) and 2.0 (0.3), respectively, and for the control group, 2.5 (0.3) and 2.4 (0.4), respectively. The decreased PTSD symptom scores were maintained in the initial intervention group at 3-month follow-up. After the wait-list control group received the intervention, there was a significant decrease (p < .001) in PTSD symptom scores compared to the preintervention scores. CONCLUSIONS: Mind-body skills groups can reduce PTSD symptoms in war-traumatized high school students and can be effectively led by trained and supervised schoolteachers. Copyright 2008 Physicians Postgraduate Press, Inc.

PMID: 18945398 [PubMed - indexed for MEDLINE]

40: J Womens Health (Larchmt). 2008 Nov;17(9):1437-44.
Using mental health indicators to identify postdisaster gender-based violence among women displaced by Hurricane Katrina.

Anastario MP, Larrance R, Lawry L.
OBJECTIVE: Assessment of gender-based violence (GBV) among internally displaced persons (IDPs) is at best difficult. In complex humanitarian disasters, GBV inquiry can sometimes be dangerous and may lead to underestimation of the true prevalence. We developed a method of identifying women who have greater odds of having been exposed to postdisaster GBV (PDGBV) using mental health indicators.

METHODS: We systematically random sampled IDPs living in travel trailer parks in Louisiana and Mississippi and interviewed respondents using a health needs assessment survey during an 8-week period in April and May 2006. Women (n = 194) were screened for GBV and symptoms of depression. RESULTS: Women were on average 43.3 years old (range 18-85). Of the nine symptoms assessed with the Patient Health Questionnaire-9 (PHQ-9), four were associated with PDGBV. Among women with sleep dysregulation, the odds of PDGBV were 2.5 times higher in comparison with women without sleep dysregulation (95% CI 1.2-5.1). Appetite dysregulation increased the odds by 3.8 (95% CI 1.4-10.3), low self-esteem increased the odds by 2.3 (95% CI 1.2-4.6), and suicidal ideation increased the odds by 2.7 (95% CI 1.1-6.7). The internal consistency reliability of this symptom cluster was higher among women with PDGBV. Women screening positive on all four symptoms were 2.7 times more likely to have experienced PDGBV (95% CI 1.03-7.1). CONCLUSIONS: Several but not all symptoms of depression indicated exposure to PDGBV. Sleeping dysregulation, appetite dysregulation, low self-esteem, and suicidal ideation should be considered secondary indicators useful for identifying the prevalence of PDGBV exposure among female IDPs. This model may be useful for identifying women with exposure to PDGBV in settings where direct questioning may not be safe and reliable.

PMID: 18945206 [PubMed - indexed for MEDLINE]

The Experience of Intrusions Scale: a preliminary examination.

Salters-Pedneault K, Vine V, Mills MA, Park C, Litz BT.
National Center for PTSD, VA Boston Healthcare System, Boston, MA, USA.
kristalyn.salters@va.gov

Intrusive thoughts (i.e., unwelcome, distressing, involuntary thoughts) are prevalent in a variety of clinical conditions and are increasingly a focus of translational research. The goal of this study was to develop and preliminarily examine a brief self-report measure designed to assess clinically relevant aspects of the experience of intrusive thoughts related to a particular target. The Experience of Intrusions Scale (EIS) is a five-item measure that assesses the frequency, unpredictability, and unwantedness of intrusive thoughts, as well as the interference and distress caused by the intrusions, each on a five-point Likert-type scale. Five times over a four-] period, female undergraduates (N=160) completed the EIS in response to intrusive thoughts regarding a film clip depicting a sexual assault. On the first and last days, participants completed the EIS five minutes after watching the clip. In between film clip viewings, participants completed the EIS once per day. The EIS demonstrated good internal consistency, good to excellent test-retest reliability using both immediate post-stimulus and 24-hour time intervals, and convergent validity with two existing measures of intrusive phenomena: the White Bear Suppression Inventory (Wegner & Zanakos, 1994) and the Post-traumatic Stress Disorder Checklist-Civilian Version (Weathers, Litz, Herman, Huska, & Keane, 1993).
Learning and memory, part I: brain regions involved in two types of learning and memory.

Lombroso PJ, Ogren MP.
Yale University Child Study Center, CT, USA.


Ahmad A, von Knorring AL, Sundelin-Wahlsten V.
Department of Child and Adolescent Psychiatry, Uppsala University Hospital, SE-751 85 Uppsala, Sweden. abdulbaghi.ahmad@bupinst.uu.se

The prevalence and correlates of post-traumatic stress disorder (PTSD) were assessed in random samples of school-aged Kurdistanian children and their parents in homeland and exile. Of the 376 eligible children at the two sites, 312 children and their parents (293 mothers and 248 fathers) completed the Harvard-Uppsala Trauma Questionnaire and Posttraumatic Stress Symptom interviews for children, and Harvard Trauma Questionnaire for parents. Unlike their children, fathers showed significantly higher PTSD frequencies in exile than in the homeland. The fathers' PTSD negatively correlated with the living standard and fathers' education, while child PTSD mostly correlated with maternal education and living in exile. Living in exile seems to have a negative impact on fathers' post-traumatic reactions, despite its positive influence on children. High drop-outs in exile limit the conclusions.

Screening capacity of the Multidimensional Anxiety Scale for Children (MASC) for DSM-IV anxiety disorders.

van Gastel W, Ferdinand RF.
Department of Child and Adolescent Psychiatry, Erasmus Medical Center, Sophia Children's Hospital, Rotterdam, The Netherlands. willemijngastel@orange.nl

BACKGROUND: The Multidimensional Anxiety Scale for Children (MASC) is a widely used self-report questionnaire for the assessment of anxiety symptoms in children and adolescents. METHODS: This study used receiver operating characteristic analyses to investigate the predictive value of the MASC total and scale scores for DSM-IV anxiety diagnoses in a referred sample. Eight- to 18-year-olds (n=212) were assessed with the MASC and Anxiety Disorders Interview Schedule for Children (ADIS-C). RESULTS: The MASC total score did not exceed the threshold for being judged as fair in predicting any ADIS-C/DSM-IV anxiety diagnosis. The Separation Anxiety scale and the Physical Symptoms scale predicted Panic Disorder (PAD) and Agoraphobia fairly accurately. The Social Anxiety scale predicted Social Phobia, and the Separation Anxiety scale predicted PAD to a moderate degree. The MASC scale Harm Avoidance did not predict any ADIS-C/DSM-IV diagnosis. CONCLUSIONS:
These results suggest that the MASC may not be a valid screening instrument for DSM-IV diagnoses.

PMID: 18833579 [PubMed - indexed for MEDLINE]

Children and adolescents injured in traffic--associated psychological consequences: a literature review.

Olofsson E, Bunketorp O, Andersson AL.
Queen Silvia Children's Hospital, Sahlgrenska University Hospital, Gothenburg, Sweden. eva.m.oloftsson@vgregion.se

AIM: To identify the prevalence of post-traumatic stress disorder (PTSD) and PTSD symptoms (PTSS) among children and adolescents injured in traffic, and to assess predictors of such post-traumatic stress. METHODS: Studies identified from electronic databases were reviewed. RESULTS: Based on a review of 12 studies, fulfilling specified criteria, the prevalence of PTSS was estimated at 30% within 1 month and 13% at 3-6 months. The prevalence of PTSD was almost 30% at 1-2 months and decreased to the same level as PTSS at 3-6 months. Perceived threat and high levels of distress, anxiety symptoms and being female were significantly associated with PTSD and PTSS. Injury severity was positively related to the number of PTSD symptoms in one of eight studies. Types of accident, age and socioeconomic status were not related to the development of PTSD/PTSS. CONCLUSION: Any child will be at risk of PTSD/PTSS, not just those with severe injuries. Trauma care should include procedures that could identify and prevent stress reactions in order to minimize the risk of associated psychological consequences.

PMID: 18795910 [PubMed - indexed for MEDLINE]

Comment on:
Post-traumatic stress disorder--psychiatry's problem child.

Dignam P.

PMID: 18792433 [PubMed - indexed for MEDLINE]

Acute maternal stress in pregnancy and schizophrenia in offspring: a cohort prospective study.

Department of Psychiatry, New York University School of Medicine, New York, NY, USA. dolores.malaspina@med.nyu.edu

Schizophrenia has been linked with intrauterine exposure to maternal stress due to bereavement, famine and major disasters. Recent evidence suggests that human vulnerability may be greatest in the first trimester of gestation and rodent experiments suggest sex specificity. We aimed to describe the consequence of an acute maternal stress, through a follow-up of offspring whose mothers were pregnant during the Arab-Israeli war of 1967. A priori, we focused on gestational month and offspring's sex. METHOD: In a pilot study linking birth records to
Israel's Psychiatric Registry, we analyzed data from a cohort of 88,829 born in Jerusalem in 1964-76. Proportional hazards models were used to estimate the relative risk (RR) of schizophrenia, according to month of birth, gender and other variables, while controlling for father's age and other potential confounders. Other causes of hospitalized psychiatric morbidity (grouped together) were analyzed for comparison. RESULTS: There was a raised incidence of schizophrenia for those who were in the second month of fetal life in June 1967 (RR = 2.3, 1.1-4.7), seen more in females (4.3, 1.7-10.7) than in males (1.2, 0.4-3.8). Results were not explained by secular or seasonal variations, altered birth weight or gestational age. For other conditions, RRs were increased in offspring who had been in the third month of fetal life in June 1967 (2.5, 1.2-5.2), also seen more in females (3.6, 1.3-9.7) than males (1.8, 0.6-5.2). CONCLUSION: These findings add to a growing literature, in experimental animals and humans, attributing long term consequences for offspring of maternal gestational stress. They suggest both a sex-specificity and a relatively short gestational time-window for gestational effects on vulnerability to schizophrenia.

PMID: 18717990 [PubMed - indexed for MEDLINE]

Can emotion-focused coping help explain the link between posttraumatic stress disorder severity and triggers for substance use in young adults?

Staiger PK, Melville F, Hides L, Kambouropoulos N, Lubman DI.
School of Psychology, Deakin University, Burwood, Victoria 3125, Australia.
pstaiger@deakin.edu.au

High rates of posttraumatic stress disorder (PTSD) have been reported among people seeking treatment for substance use disorders (SUDs), although few studies have examined the relationship between PTSD and substance use in young drug users. This study compared levels of substance use, coping styles, and high-risk triggers for substance use among 66 young adults with SUD, with or without comorbid PTSD. Young people with current SUD-PTSD (n = 36) reported significantly higher levels of substance use in negative situations, as well as emotion-focused coping, compared to the current SUD-only group (n = 30). Severity of PTSD was a significant predictor of negative situational drug use, and emotion-focused coping was found to mediate this relationship. The findings underscore the need for youth substance abuse treatment programs to include coping skills training and management of affect regulation for those individuals with comorbid SUD-PTSD.

PMID: 18657937 [PubMed - indexed for MEDLINE]

Posttraumatic stress disorder symptoms in Bosnian refugees 3 1/2 years after resettlement.

Vojvoda D, Weine SM, McGlashan T, Becker DF, Southwick SM.
Department of Psychiatry, Yale University School of Medicine, New Haven, CT, USA.
dolores.vojvoda@va.gov

This study describes the evolution of trauma-related symptoms over 3 1/2 years in a group of Bosnian refugees. Twenty-one refugees received standardized psychological assessments shortly after arriving in the United States and then 1 year and 3 1/2 years later. Of these refugees, 76% met diagnostic criteria for posttraumatic stress disorder (PTSD) at baseline, 33% at 1 year, and 24% at 3 1/2
years. PTSD severity scores in women refugees were higher than scores in men at all three evaluation time points. At the 3 1/2-year evaluation, 44% of women and 8% of men met criteria for PTSD and no correlation was found between PTSD symptom severity and either age or level of trauma exposure. A significant inverse correlation was found between Global Assessment of Functioning (GAF) scores and PTSD severity scores. Refugees who reported better mastery of the English language had significantly higher GAF scores. Although PTSD symptom severity decreased over time, most refugees continued to have at least one or more trauma-related symptoms and 24% still met criteria for PTSD after 3 1/2 years in the United States. Women refugees and those who had not mastered the English language appeared to be more vulnerable to persisting psychological effects of trauma.

PMID: 18629750 [PubMed - indexed for MEDLINE]

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

Department of Psychology, University of Sussex, Brighton, UK.
S.Ayers@sussex.ac.uk

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 - indexed for MEDLINE]

Comparison of the recovery patterns of language and cognitive functions in patients with post-traumatic language processing deficits and in patients with aphasia following a stroke.

Vukovic M, Vuksanovic J, Vukovic I.
Faculty of Special Education and Rehabilitation of the University of Belgrade, 11000 Belgrade, Serbia. mvukovic@yubc.net

In this study we investigated the recovery patterns of language and cognitive functions in patients with post-traumatic language processing deficits and in patients with aphasia following a stroke. The correlation of specific language functions and cognitive functions was analyzed in the acute phase and 6 months later. Significant recovery of the tested functions was observed in both groups. However, in patients with post-traumatic language processing deficits the degree of recovery of most language functions and some cognitive functions was higher. A significantly greater correlation was revealed within language and cognitive functions, as well as between language functions and other aspects of cognition.
in patients with post-traumatic language processing deficits than in patients with aphasia following a stroke. Our results show that patients with post-traumatic language processing deficits have a different recovery pattern and a different pattern of correlation between language and cognitive functions compared to patients with aphasia following a stroke. LEARNING OUTCOMES: (1) Better understanding of the differences in recovery of language and cognitive functions in patients who have suffered strokes and those who have experienced traumatic brain injury. (2) Better understanding of the relationship between language and cognitive functions in patients with post-traumatic language processing deficits and in patients with aphasia following a stroke. (3) Better understanding of the factors influencing recovery.

PMID: 18571195 [PubMed - indexed for MEDLINE]

Onset of activity and time to response on individual CAPS-SX17 items in patients treated for post-traumatic stress disorder with venlafaxine ER: a pooled analysis.

Stein DJ, Pedersen R, Rothbaum BO, Baldwin DS, Ahmed S, Musgnung J, Davidson J. University of Cape Town, Cape Town, South Africa. dan.stein@uct.ac.za

This pooled analysis of data from two randomized, placebo-controlled trials of venlafaxine extended release (ER) assessed onset of activity and time to response on the 17 symptoms of post-traumatic stress disorder (PTSD) listed in DSM-IV and measured by the 17-item Clinician-Administered PTSD Scale (CAPS-SX17). The intent-to-treat (ITT) population comprised 687 patients (placebo, n=347; venlafaxine ER, n=340). Significant (p<0.05) separation between venlafaxine ER and placebo was observed on most CAPS-SX17 items, with earliest onset of activity and response (week 2) on items 5 (physiological reactivity on exposure to cues) and 14 (irritability or anger outbursts), and (week 4) items 1 (intrusive recollections) and 4 (psychological distress at exposure to cues). Onset of activity and response occurred later (generally, weeks 6-8) on items 9 (diminished interest/participation in activities), 10 (detachment or estrangement), 11 (restricted range of affect), 12 (sense of foreshortened future), all associated with numbing, 15 (difficulty concentrating), 16 (hypervigilance), 17 (exaggerated startle response), associated with hyperarousal, and 6 (avoidance of thoughts/feelings or conversations). Significant differences between venlafaxine ER and placebo were largely absent throughout the treatment period and at the primary week-12 end-point for items 2 (distressing dreams), 7 (avoidance of activities, places or people), 8 (inability to recall important aspect of trauma) and 13 (difficulty falling/staying asleep). These results indicate that symptoms of physiological reactivity and psychological distress in response to cues, and irritability/anger outbursts show early and robust improvement with venlafaxine ER treatment, while symptoms of numbing and hyperarousal take longer. The early and persistent effect of venlafaxine ER over placebo on anger/irritability is noteworthy in view of the clinical significance of these symptoms in PTSD.

PMID: 18544181 [PubMed - indexed for MEDLINE]

Cigarette and alcohol use in the UK Armed Forces, and their association with combat exposures: a prospective study.

Hooper R, Rona RJ, Jones M, Fear NT, Hull L, Wessely S.
Retrospective studies of military personnel and survivors of community disasters suggest a link between traumatic exposure and substance use. This is the first study to investigate this association prospectively in a military population. A representative cohort of members of the UK Armed Forces was recruited into a longitudinal study, with 1382 people surveyed at baseline, and 941 followed up around three years later. Alcohol and cigarette use were assessed on both occasions, and combat exposures during this time were assessed at follow-up. Alcohol consumption and the prevalence of binge-drinking increased over the course of the study. The increase in alcohol consumption was greater in those subjects who had been deployed, in particular in those who thought they might be killed (p=.010), or who experienced hostility from civilians while on deployment (p=.010). The effects of these combat exposures were strongest in those most recently deployed. In contrast, cigarette smoking declined during the three years of the study.

PMID: 18485610 [PubMed - indexed for MEDLINE]

Smoking and posttraumatic stress symptoms among adolescents: does anxiety sensitivity matter?

Feldner MT, Leen-Feldner EW, Trainor C, Blanchard L, Monson CM,
University of Arkansas, Department of Psychology, 216 Memorial Hall,
Fayetteville, AR 72701, USA. mfeldne@uark.edu

The present study examined the hypothesized moderating role of anxiety sensitivity (AS) in the relationship between lifetime smoking history and posttraumatic stress symptoms among 64 traumatic event-exposed adolescents. As predicted, the relationship between smoking status and posttraumatic stress symptom levels was moderated by AS. Specific facets of AS also were examined. Disease concerns, but not unsteady, mental illness, or social concerns, moderated the association between smoking and symptom level. These findings are generally consistent with findings from adult samples, but importantly extend this area of research to another phase of the lifespan.

PMID: 18353563 [PubMed - indexed for MEDLINE]

Childhood trauma and obsessive-compulsive symptoms.

Mathews CA, Kaur N, Stein MB.
Department of Psychiatry, University of California, San Francisco, San Francisco,
California 94143-0894, USA. cmathews@lppi.ucsf.edu

Childhood trauma is known to predispose to a variety of psychiatric disorders, including mood, anxiety, eating, and personality disorders. However, the relationship between childhood trauma and obsessive-compulsive symptoms has not been well studied. This study examines the relationship between childhood trauma, personality facets, and obsessive-compulsive symptoms in 938 college students using the Childhood Trauma Questionnaire, the Leyton Obsessional Inventory, and the NEO Personality Inventory-Revised. Between 13 and 30% of subjects met criteria for childhood trauma, with emotional neglect the most commonly reported experience. There was a small but significant association between
obsessive-compulsive symptoms and childhood trauma, specifically emotional abuse and physical neglect, all of which was accounted for by co-occurring anxiety symptoms. An independent association was also seen between emotional abuse, physical abuse, and high levels of obsessive-compulsive symptoms ("probable obsessive-compulsive disorder"), which remained significant in the context of co-occurring anxiety symptoms. A similar association was seen between obsessive-compulsive symptoms and conscientiousness, and between emotional neglect and sexual abuse and conscientiousness, suggesting that an indirect role for childhood trauma in the development of obsessive-compulsive symptoms may also exist. (c) 2007 Wiley-Liss, Inc.

PMID: 17557315 [PubMed - indexed for MEDLINE]

56: Depress Anxiety. 2008;25(9):737-41.
The SCID PTSD module's trauma screen: validity with two samples in detecting trauma history.

Elhai JD, Franklin CL, Gray MJ.
Disaster Mental Health Institute, The University of South Dakota, Vermillion, South Dakota 57069-2390, USA. jonelhai@fastmail.fm

We investigated the posttraumatic stress disorder (PTSD) module's trauma screen of the Structured Clinical Interview for DSM-IV (SCID), a single-item traumatic event history query. Compared to the Stressful Life Events Screening Questionnaire (SLESQ), the SCID trauma screen was 76% sensitive in identifying trauma histories in 199 medical patients (correctly ruling out 67%) but only 66% sensitive in 253 college students (ruling out 87%). A modified, more behaviorally specific SCID trauma screen (M-SCID) yielded poorer results in identifying trauma among 245 additional college students. Based on probable PTSD diagnoses (PTSD Symptom Scale), using the SCID screen instead of the SLESQ, 3% (M-SCID screen) to 11-14% (standard SCID) of PTSD cases were missed due to not having a trauma history. Our results lend support to previous research establishing the SCID trauma screen as a useful screening device in settings where a more comprehensive trauma screen is not possible. (c) 2007 Wiley-Liss, Inc.

PMID: 17541975 [PubMed - indexed for MEDLINE]

Mozambique child soldier life outcome study: lessons learned in rehabilitation and reintegration efforts.

Boothby N, Crawford J, Halperin J.
Mailman School of Public Health, Columbia University, USA.

As the use of child soldiers continues to proliferate throughout the world, effective psychosocial interventions must be developed and evaluated. Our research shows that former child soldiers who are provided rehabilitative services and accepted back into their families and communities are able to become productive, responsible and caring adults. In 1988, 39 captured or escaped child soldiers were brought by the Mozambican government to the Lhanguene Rehabilitation Center in Maputo, Mozambique's capital city. Interventions that focused on rehabilitating the children both psychologically and physically were initiated during their 6-month stay at the Lhanguene centre, and reintegration assistance was provided for 2 years thereafter to support their return to families and communities. Our research continued to follow these former child soldiers for 16 years, and focused on their psychological, social and economic
functioning. The study included qualitative and quantitative data collection methods to obtain adult well-being outcomes and was also designed to identify interventions that enabled these child soldiers to re-enter civilian life and lead relatively productive lives. Efficacious rehabilitation activities included those that strengthened individuals' coping skills for anticipated trauma and grief, instilled a sense of social responsibility and promoted self-regulation and security (versus survival) seeking behaviour. Activities that supported long term reintegration and self-sufficiency included community acceptance and forgiveness, traditional cleansing and healing rituals, livelihoods and apprenticeships.

PMID: 19153896 [PubMed - indexed for MEDLINE]