

MEDLINE Topic Alert
August 2010

1. BMC Public Health. 2010 Jul 26;10(1):437. [Epub ahead of print]

Do adverse childhood experiences increase the risk of postdeployment posttraumatic stress disorder in US Marines?

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ABSTRACT: BACKGROUND: Posttraumatic stress disorder (PTSD) has been associated with combat intensity, lack of social support, and adverse childhood factors among military personnel in previous studies. It has not been well established if adverse childhood experiences reported predeployment are independently associated with postdeployment PTSD. **METHODS:** Data were evaluated from 8,391 male responders of the Recruit Assessment Program survey at Marine Corps Recruit Depot in San Diego who were deployed in support of military conflicts between September 2001 and June 2004. Using patient medical records to determine PTSD diagnoses, Cox proportional hazard modeling was performed to examine if adverse childhood experiences were independently associated with postdeployment PTSD. **RESULTS:** After adjustment, those who reported adverse childhood experiences in more than one category were significantly more likely to be diagnosed with postdeployment PTSD. Specifically, childhood physical neglect was mostly strongly associated with postdeployment PTSD. **CONCLUSIONS:** Findings suggest that Marines who experience multiple types of adverse childhood experiences may be at increased risk for postdeployment PTSD. It is possible, however, that these results indicate that men willing to report childhood adverse experiences are also more willing to seek care for PTSD.

2. Neurosci Lett. 2010 Jul 21. [Epub ahead of print]

Response inhibition in adolescent earthquake survivors with and without posttraumatic stress disorder: A combined behavioral and ERP study.

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The aim of this study was to investigate whether adolescent patients with posttraumatic stress disorder (PTSD) show an impairment of executive control in a response inhibition task and to investigate its neurophysiological correlates using event-related potentials (ERPs). We analyzed data from 25 Wenchuan earthquake survivors between 15 and 19 years of age (16 diagnosed with PTSD) using a Go/NoGo task. The PTSD group made more commission errors than the non-PTSD group, indicating impairment in response inhibition. The PTSD group responded faster to Go trials and there was a significant negative correlation between their reaction time and commission/omission errors, reflecting a speed-accuracy tradeoff for the PTSD group. The PTSD group exhibited a shorter NoGo-N2 latency than the non-PTSD group, suggesting faster monitoring or detection of the response conflict. These results suggest that the impairment of response inhibition in adolescent participants with PTSD is related to their impulsive cognitive functioning. Copyright © 2010. Published by Elsevier Ireland Ltd.

3. J Psychosom Obstet Gynaecol. 2010 Jul 23. [Epub ahead of print]

Management of post traumatic stress disorder after childbirth: a review.

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Prevalence and risk factors for the development of post traumatic stress disorder (PTSD) after childbirth is well described in the literature. However, its management and treatment has only begun to be investigated. The aim of this article is to describe the studies that examine the effects of interventions on PTSD after childbirth. MedLine, PILOTS, CINAHL and ISI Web of Science databases were systematically searched for randomised controlled trials, pilot studies and case studies using key words related to PTSD, childbirth, treatment and intervention. The reference lists of the retrieved articles were also used to supplement the search. A total of nine studies were retrieved. Seven studies that examined debriefing or counselling were identified; six randomised controlled trials and one pilot study. Also found were one case report describing the effects of cognitive behavioural therapy (CBT) on two women, and one pilot study of eye movement desensitisation and reprocessing (EMDR). Overall, there is limited evidence concerning the management of women with PTSD after childbirth. The results agree with the findings from the non-childbirth related literature: debriefing and counselling are inconclusively effective while CBT and EMDR may improve PTSD status but require investigation in controlled trials before conclusions could be drawn.

4. Child Dev. 2010 Jul-Aug;81(4):1129-41.

Impact of maternal posttraumatic stress disorder and depression following exposure to the September 11 attacks on preschool children's behavior.

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To evaluate whether conjoined maternal posttraumatic stress disorder (PTSD) and depression are associated with increased behavioral problems among terrorism-exposed preschool children (N = 116; 18-54 months), this study compared clinically significant child behavioral problem rates among the preschool children of mothers with PTSD and depression, depression alone, and neither disorder. Behavioral problems were independently rated by mothers and preschool teachers. Maternal depression and PTSD, relative to maternal depression alone, and to neither disorder, were associated with substantially increased child problems. Notably, maternal depression and PTSD were associated with increased emotional reactivity (relative risk [RR] = 5.9 by mother's and 3.4 by teacher's reports) and aggressive behavior problems (RR = 11.0 by mother's and RR = 5.9 by teacher's reports). This was corroborated by teacher ratings. Implications for intervening with terrorism-exposed preschool children are discussed.

5. Child Dev. 2010 Jul-Aug;81(4):1053-76.

Unpacking trauma exposure risk factors and differential pathways of influence: predicting postwar mental distress in Bosnian adolescents.

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Methods are needed for quantifying the potency and differential effects of risk factors to identify at-risk groups for theory building and intervention. Traditional methods for constructing war exposure measures are poorly suited to "unpack" differential relations between specific types of exposure and specific outcomes. This study of 881 Bosnian adolescents compared both common factor-effect indicator (using exploratory factor analysis) versus composite causal-indicator methods for "unpacking" dimensions of war exposure and their respective paths to postwar adjustment outcomes. The composite method better supported theory building and most intervention applications, showing how multitiered interventions can enhance treatment effectiveness and efficiency in war settings. Used together, the methods may unpack the elements and differential effects of "caravans" of risk and promotive factors that co-occur across development.

6. Child Abuse Negl. 2010 Jun 1. [Epub ahead of print]

Coping with child sexual abuse among college students and post-traumatic stress disorder: The role of continuity of abuse and relationship with the perpetrator.

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OBJECTIVE: The purpose of this study was to examine the effects of child sexual abuse (CSA) on the use of coping strategies and post-traumatic stress disorder (PTSD) scores in young adults, as well as the role of avoidance and approach coping strategies in those PTSD scores in CSA victims. The role of coping strategies was studied by considering their possible interactive effect with the continuity of abuse and the relationship with the perpetrator; the effect of coping strategies on PTSD was also compared between CSA victim and non-CSA victim participants. **METHOD:** The sample was comprised of 138 victims of CSA and another 138 participants selected as a comparison group. Data about child sexual abuse were obtained from a questionnaire developed for this purpose. Coping strategies were assessed with the How I Deal with Things Scale (Burt & Katz, 1987), while PTSD scores were assessed with the "Escala de Gravedad de Síntomas del Trastorno de Estrés Postraumático" (Severity of Symptoms of PTSD Scale; Echeburúa et al., 1997). **RESULTS:** Participants who had been victims of CSA showed significantly higher PTSD scores and lower approach coping strategies scores. However, differences in avoidance coping strategies between groups were not consistent and did not always follow the expected direction. Only the use of avoidance coping strategies was related to PTSD, participants who used these showing higher scores. The effects of avoidance strategies were stronger in continued than in isolated abuse, in intrafamilial than in extrafamilial abuse and in CSA victims than in non-victims. **CONCLUSIONS:** These results confirm the idea of CSA as a high-risk experience that can affect the victim's coping strategies and lead to PTSD to a lesser or greater extent depending on the coping strategy used. Moreover, the role of these strategies varies depending on whether or not the participant is a victim of CSA and on the characteristics of abuse (continuity and relationship with the perpetrator). **PRACTICE IMPLICATIONS:** In terms of intervention, a reduction of avoidance-type strategies appears to have a beneficial effect, especially in the case of intrafamilial and/or continued CSA victims. The encouragement of "spontaneous" approach strategies (devised by the victim herself, without counseling) would probably not lead to more positive outcomes in terms of PTSD symptomatology. However, encouraging CSA survivors to engage in therapy aimed at developing effective approach strategies, as other studies have suggested, may help reduce PTSD symptoms. Copyright © 2010 Elsevier

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7. Pediatrics. 2010 Jul 12. [Epub ahead of print]

Investigation of Posttraumatic Stress Disorder in Children After Animal-Induced Injury in China.

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Objective: Dogs are important members of many families in many countries. However, posttraumatic stress disorder (PTSD) in children after animal attacks has always been underestimated, and a more-detailed study of PTSD in children after animal attacks is needed. **Methods:** The charts and follow-up data for 358 children after animal-induced injuries were reviewed. Family Apgar Scale assessment and PTSD screening were performed at emergency department admission. On week 1 after the emergency department admission, the patient underwent evaluation for acute stress disorder (ASD) diagnosis, by using the Child Acute Stress Questionnaire. PTSD screening and interim history-taking were performed 3 months after the emergency department admission, by telephone or in face-to-face interviews, by using the Clinician-Administered PTSD Scale for Children and Adolescents. P values of $<.05$ were considered significant. **Results:** A total of 19 patients developed PTSD, including 10 patients with severe injuries, 8 patients with moderate injuries, and 1 patient with a mild injury ($\chi^2 = 48.104$; $P = .000$). No significant differences in PTSD occurrence according to gender and age were observed. Family Apgar Scale scores were not significantly related to PTSD ($P = .781$). ASD and PTSD symptom severity scores were significantly associated ($r = 0.51$; $P < .005$). **Conclusions:** Child victims of severe animal attacks should be considered at risk for the development of PTSD, family support was not correlated with posttraumatic stress symptoms in school-aged children after animal attacks, and ASD seems to be an early predictive indicator of PTSD.

8. J Trauma Dissociation. 2010 Jul;11(3):266-83.

The role of peripartum dissociation as a predictor of posttraumatic stress symptoms following childbirth in Israeli Jewish women.

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OBJECTIVE: This study aimed to assess the role of peripartum dissociation in the development of childbirth-related posttraumatic stress (PTS) symptoms. Furthermore, it examined the relation between life-traumatizing events, in particular childhood sexual abuse (CSA), dissociation tendencies, prenatal PTS, prenatal depression, peripartum dissociation, and postnatal PTS symptoms. **METHOD:** A self-report questionnaire was administered to 1,003 Israeli Jewish women (sample after attrition) at mid-pregnancy (18-28 weeks) and at 2 months postnatally. **RESULTS:** Women with a history of CSA scored higher on all variables during pregnancy and postpartum. Prenatal PTS symptoms, depression, and dissociation tendencies coincided with higher levels of peripartum dissociation. **CONCLUSION:** Screening pregnant women, especially CSA victims, and implementing models of prevention and intervention can assist these women in acquiring better coping strategies during childbirth. Such practices are likely to decrease peripartum dissociation, which may in turn lessen postpartum PTS symptoms.

9. Arch Gen Psychiatry. 2010 Jul;67(7):712-9.

Prospectively ascertained child maltreatment and its association with DSM-IV mental disorders in young adults.

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CONTEXT: Evidence for an association between child maltreatment and later psychopathology heavily relies on retrospective reports of maltreatment. The few studies using prospective ascertainment of child maltreatment show weaker associations, raising the possibility that it is not maltreatment, but rather the memory of maltreatment, that raises the risk of later mental disorders. **OBJECTIVES:** To estimate associations between prospectively ascertained child maltreatment and a wide range of subsequently measured DSM-IV mental disorders and to show the influence of retrospectively reported maltreatment in the comparison group on these associations. **DESIGN:** Retrospective cohort study. **SETTING:** Nationally representative New Zealand community. **PARTICIPANTS:** Respondents aged 16 to 27 years (n = 2144) from a mental health survey, 221 of whom were identified as having records on a national child protection agency database. **MAIN OUTCOME MEASURES:** Twelve-month and lifetime prevalence of individual DSM-IV mood, anxiety, and substance use disorders, and disorder groups assessed with the World Health Organization Composite International Diagnostic Interview. **RESULTS:** After adjusting for demographic and socioeconomic correlates, child protection agency history was associated with several individual mental disorders, mental disorder comorbidity, and all mental disorder groups, both 12-month and lifetime. Odds of 12-month posttraumatic stress disorder were 5.12 (95% confidence interval [CI], 2.42-10.83); of any 12-month mood disorder, 1.86 (95% CI, 1.12-3.08); of any anxiety disorder, 2.41 (95% CI, 1.47-3.97); and of any substance use disorder, 1.71 (95% CI, 1.01-2.88). These associations increased in magnitude when those who retrospectively reported child maltreatment were removed from the comparison group. **CONCLUSIONS:** Prospectively ascertained child maltreatment is significantly associated with a range of subsequent mood, anxiety, and substance use disorders, indicating that maltreatment, not just the memory of maltreatment, is associated with subsequent psychopathology. There is a need for both targeted mental health interventions with the present and past clients of child welfare agencies and for concerted population-level strategies to meet the needs of the many other children who experience maltreatment.

10. Brain Inj. 2010 Jul 2. [Epub ahead of print]

Healthcare costs associated with mild traumatic brain injury and psychological distress in children and adolescents.

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Primary objective: Comparison of healthcare costs for youth with mild traumatic brain injuries (TBIs) to costs in a matched cohort of children without TBI in the 3 years following injury. **Research design:** This study used a prospective cohort design with 3-year follow-up. Costs were examined using the well-established two-step model and controlling for potential confounding variables. **Methods and procedures:** Four-hundred and ninety subjects from a large health maintenance organization, 14 years old or younger, who sustained a mild TBI in 1993, were identified using computerized records. For each youth with mild TBI, three control subjects were selected (n = 1470), matched on age, sex and enrolment at the time of injury. **Experimental interventions:** Not applicable. **Main outcomes and**

results: TBI exposure was associated with an increase in the proportion of subjects who had non-zero medical costs in all categories examined and a 75% increase in mean total costs. Presence of psychological distress was also associated with increased proportion of subjects with costs in all categories examined and was associated with an approximate doubling of mean total costs. Conclusions: Mild TBI and psychological distress were each associated with significant increases in healthcare costs in an HMO setting.

PMID: 20597633 [PubMed - as supplied by publisher]

11. Am J Public Health. 2010 Aug;100(8):1409-12. Epub 2010 Jun 17.

Military-related sexual trauma among Veterans Health Administration patients returning from Afghanistan and Iraq.

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We examined military-related sexual trauma among deployed Operation Enduring Freedom and Operation Iraqi Freedom veterans. Of 125 729 veterans who received Veterans Health Administration primary care or mental health services, 15.1% of the women and 0.7% of the men reported military sexual trauma when screened. Military sexual trauma was associated with increased odds of a mental disorder diagnosis, including posttraumatic stress disorder, other anxiety disorders, depression, and substance use disorders. Sexual trauma is an important postdeployment mental health issue in this population.

12. Am J Psychiatry. 2010 Jun;167(6):717-8; author reply 718.

Schizophrenia and childhood adversity.

Read J, Bentall R.

Comment on:

Am J Psychiatry. 2010 Jan;167(1):8-10.

13. Soc Sci Med. 2010 Jul;71(2):221-7. Epub 2010 Apr 22.

Human-initiated disaster, social disorganization and post-traumatic stress disorder above Nigeria's oil basins.

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Survivors of human-initiated disaster are at high risk for mental disorder, most notably post-traumatic stress disorder (PTSD). Studies of PTSD have tended to focus on soldiers returning home after combat or on refugees living in resettlement countries under conditions of relative safety. However, most survivors of human-initiated disasters continue to live in or near the places where they initially experienced trauma. Insufficient attention has been paid to social disorganization in situations of continuing unrest and to its role in creating or stabilizing the symptoms of PTSD. The current study took place in the Niger Delta region of Nigeria, the scene of long-standing violence and human rights abuse that reached its apogee in 1995. The investigation, which took place in 2002, focused on two villages, one that was heavily exposed to the conflict (A, the affected village), the other relatively spared (NA, not affected). Probability samples of 45 adult residents from A and 55 from NA were interviewed with a schedule that contained the PTSD module from the WHO Diagnostic Interview

Schedule. The schedule also contained a measure of exposure to the violence and abuses during the height of the conflict, as well as measures of structural and social capital that are components of community resilience. These included economic security, a sense of moral order, a sense of safety and perceived social support. The six month period prevalence of PTSD was 60 percent in A, and 14.5 percent in NA. Degree of exposure to stress as well as compromised sense of moral order, not feeling safe, and perceived lack of social support were independent predictors of PTSD. In places like the Niger Delta, where people do not physically escape from past trauma, sociocultural disintegration may interfere with communal functioning, thereby eroding community capacity to promote self-healing. Copyright 2010 Elsevier Ltd. All rights reserved.

14. Mayo Clin Proc. 2010 Jul;85(7):618-29. Epub 2010 May 10.

Sexual abuse and lifetime diagnosis of psychiatric disorders: systematic review and meta-analysis.

Chen LP, Murad MH, Paras ML, Colbenson KM, Sattler AL, Goranson EN, Elamin MB, Seime RJ, Shinozaki G, Prokop LJ, Zirakzadeh A.
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OBJECTIVE: To systematically assess the evidence for an association between sexual abuse and a lifetime diagnosis of psychiatric disorders. **PATIENTS AND METHODS:** We performed a comprehensive search (from January 1980-December 2008, all age groups, any language, any population) of 9 databases: MEDLINE, EMBASE, CINAHL, Current Contents, PsycINFO, ACP Journal Club, CCTR, CDSR, and DARE. Controlled vocabulary supplemented with keywords was used to define the concept areas of sexual abuse and psychiatric disorders and was limited to epidemiological studies. Six independent reviewers extracted descriptive, quality, and outcome data from eligible longitudinal studies. Odds ratios (ORs) and 95% confidence intervals (CIs) were pooled across studies by using the random-effects model. The I(2) statistic was used to assess heterogeneity. **RESULTS:** The search yielded 37 eligible studies, 17 case-control and 20 cohort, with 3,162,318 participants. There was a statistically significant association between sexual abuse and a lifetime diagnosis of anxiety disorder (OR, 3.09; 95% CI, 2.43-3.94), depression (OR, 2.66; 95% CI, 2.14-3.30), eating disorders (OR, 2.72; 95% CI, 2.04-3.63), posttraumatic stress disorder (OR, 2.34; 95% CI, 1.59-3.43), sleep disorders (OR, 16.17; 95% CI, 2.06-126.76), and suicide attempts (OR, 4.14; 95% CI, 2.98-5.76). Associations persisted regardless of the victim's sex or the age at which abuse occurred. There was no statistically significant association between sexual abuse and a diagnosis of schizophrenia or somatoform disorders. No longitudinal studies that assessed bipolar disorder or obsessive-compulsive disorder were found. Associations between sexual abuse and depression, eating disorders, and posttraumatic stress disorder were strengthened by a history of rape. **CONCLUSION:** A history of sexual abuse is associated with an increased risk of a lifetime diagnosis of multiple psychiatric disorders.

15. Psychiatry Clin Neurosci. 2010 Apr;64(2):149-56.

Peritraumatic Distress Inventory as a predictor of post-traumatic stress disorder after a severe motor vehicle accident.

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AIM: The aim of this study was to examine the utility of the Peritraumatic Distress Inventory (PDI) as a predictor of subsequent post-traumatic stress

disorder (PTSD) in severe motor vehicle accident survivors. METHODS: Patients consecutively admitted to the intensive care unit were assessed immediately and 1 month after accidents in this prospective study. The predictive value for post-traumatic stress symptoms at 1 month of the PDI at initial assessment was examined by using multivariate regression analysis. Moreover, the accuracy of the PDI as a predictor of PTSD was determined using receiver operator characteristic curve analysis. Post-traumatic stress symptoms were assessed using the Impact of Event Scale - Revised questionnaire, and PTSD was assessed using the Clinician-Administered PTSD Scale. RESULTS: Seventy-nine patients completed the Impact of Event Scale - Revised questionnaire, and 64 patients participated in a structured interview. Of 64 patients, 13 met the diagnostic criteria of full or partial PTSD. The PDI was an independent predictor of post-traumatic stress symptoms ($P = 0.003$). The data indicated that a cut-off score of 23 maximized the balance between sensitivity (77%) and specificity (82%) in this study. Compared with negative predictive value (93%), positive predictive value was not high (53%). CONCLUSION: The study suggests the predictive usefulness of the PDI for subsequent PTSD in accident survivors. Its adequate usage should be further elaborated.

16. J Trauma Stress. 2010 Apr;23(2):288-91.

Trauma, attempted suicide, and morning cortisol in a community sample of adolescents.

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Individuals exposed to trauma or who have attempted suicide may show abnormal cortisol profiles; those exposed to significant trauma show reduced, while those who attempt suicide show increased cortisol output, although the evidence is inconsistent. This study explores the associations between morning cortisol, trauma, and suicide attempts or ideation among young people. In a community-based sample of 501 15-year-olds, using data from a DSM-IV-compatible interview on suicidal-behavior/ideation, trauma, and morning cortisol, we found no association between these factors and morning cortisol. A significant gender interaction was found for those threatened with a weapon-men showing a negative and women a positive association, suggesting that any cortisol/trauma association may be partially explained by coexisting behavioral problems and gender.

17. J Trauma Stress. 2010 Apr;23(2):282-7.

The efficacy of early propranolol administration at reducing PTSD symptoms in pediatric injury patients: a pilot study.

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Initial research supports the use of propranolol to prevent posttraumatic stress disorder (PTSD); research has not examined pharmacological prevention for children. Twenty-nine injury patients (ages 10-18 years old) at risk for PTSD were randomized to a double-blind 10-day trial of propranolol or placebo initiated within 12 hours postadmission. Six-week PTSD symptoms and heart rate were assessed. Although intent-to-treat analyses revealed no group differences, findings supported a significant interaction between gender and treatment in medication-adherent participants, $\Delta R(2) = .21$. Whereas girls receiving propranolol reported more PTSD symptoms relative to girls receiving placebo, $\Delta R(2) = .44$, boys receiving propranolol showed a nonsignificant trend toward

fewer PTSD symptoms than boys receiving placebo, Delta $R(2) = .32$. Findings inform gender differences regarding pharmacological PTSD prevention in youth.

18. J Trauma Stress. 2010 Apr;23(2):278-81.

Posttraumatic stress reactions in siblings after mutual disaster: relevance of family factors.

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In this study, the importance of family factors in the development of posttraumatic stress reactions in children after trauma is studied by comparing siblings and nonsiblings who experienced the tsunami in Southeast Asia in 2004 as tourists. Thirty-eight sibling pairs aged 6-17 years were interviewed using the UCLA Posttraumatic Stress Disorder Reaction Index. The sibling differences were similar to differences found in randomly selected children in the same sample, indicating that family influences may not be as important as anticipated. The results are an important contribution to our understanding of what contributes to and influences the development of posttrauma reactions in children. They also suggest the importance of conducting individual assessments even after mutually experienced trauma.

19. J Trauma Stress. 2010 Apr;23(2):274-7.

Bushfire impact on youth.

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The authors examined the association between disaster-related traumatic experiences and posttraumatic stress disorder (PTSD) symptoms in 155 youth, aged 8-18 years, from the Lower Eyre Peninsula of South Australia who were affected by January 2005 bushfires. Youth completed measures of PTSD symptoms and disaster experiences 11-5 months postdisaster. Many youth (27%) reported moderate to severe levels of PTSD symptoms; younger children reported greater PTSD symptom severity than older youth. Perceived personal life threat and ongoing loss/disruption were related to greater PTSD symptomatology. Following disasters, it may be helpful to identify young children and youth who perceived that their life was threatened and experienced more ongoing life disruption, as these youth may be at higher risk for persistent PTSD symptoms.

20. J Trauma Stress. 2010 Apr;23(2):264-73.

The role of protective self-cognitions in the relationship between childhood trauma and later resource loss.

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The authors examined a prospective model investigating posttraumatic stress disorder (PTSD) symptoms and protective self-cognitions (self-esteem and self-efficacy) with later resource loss among 402 inner-city women who experienced childhood abuse. They predicted that women with PTSD may fail to develop or sustain protective self-cognitions that could protect against future

stress. Results from the hypothesized model suggest that child abuse was associated with greater PTSD symptoms and later resource loss. PTSD symptoms were also related to protective self-cognitions, which, in turn, were associated with less resource loss. The authors also examined an alternative model exploring the relationship between resource loss and later PTSD symptoms. Findings allude to the relationship of risk and resiliency variables among women with childhood trauma histories.

21. J Trauma Stress. 2010 Apr;23(2):232-9.

Posttraumatic nightmares and psychopathology in children after road traffic accidents.

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Posttraumatic nightmares are considered as a reexperiencing symptom of the DSM-IV posttraumatic stress disorder (PTSD) diagnosis. Different types of posttraumatic nightmares, however, may differ in their relation to psychopathology. Thirty-two children were longitudinally assessed 10 days, 2 months, and 6 months after traffic accidents. Occurrence and characteristics of nightmares were examined and their relation to psychopathology assessed. Thirty-four percent of children reported posttraumatic nightmares during at least one assessment. Exact replicative nightmares at baseline assessment predicted PTSD symptoms 2 and 6 months postaccident, but not depressive symptoms. Exact replicative nightmares revealed the strongest cross-sectional association with trauma-specific psychopathology but not with depression. The authors conclude that posttraumatic nightmares--especially exact replicative ones--may be closely related to psychopathological mechanisms of posttraumatic stress in children.

22. J Trauma Stress. 2010 Apr;23(2):223-31.

Children's mental health care following Hurricane Katrina: a field trial of trauma-focused psychotherapies.

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New Orleans school children participated in an assessment and field trial of two interventions 15 months after Hurricane Katrina. Children (N = 195) reported on hurricane exposure, lifetime trauma exposure, peer and parent support, posttraumatic stress disorder (PTSD), and depressive symptoms. Teachers reported on behavior. At baseline, 60.5% screened positive for PTSD symptoms and were offered a group intervention at school or individual treatment at a mental health clinic. Uptake of the mental health care was uneven across intervention groups, with 98% beginning the school intervention, compared to 37% beginning at the clinic. Both treatments led to significant symptom reduction of PTSD symptoms, but many still had elevated PTSD symptoms at posttreatment. Implications for future postdisaster mental health work are discussed.

23. Georgian Med News. 2010 Mar;(180):64-9.

Posttraumatic stress disorder and insomnia development in individuals displaced from Shida Kartli, Georgia.

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Recent evidences suggest that posttraumatic stress disorder (PTSD) is associated with sleep disturbances following the traumatic events. However, the exact nature of the relationship between disturbed sleep and PTSD is unclear. The present study examined the development of PTSD and insomnia in the population subjected to force displacement from Shida Kartli, Georgia (Caucasus). Detailed subjective information on sleep-wake habits and demographic parameters were obtained from 45 displaced persons. Posttraumatic Stress Diagnostic Scale was administered to all participants. Complete information could only be obtained from 27 individuals categorized into PTSD (19 subjects) and non-PTSD (8 subjects) groups. Sleep complaints were presented among all PTSD individuals, also 50% of non-PTSD subjects were still suffering from insomnia. Most of the subjects were not satisfied with their current sleep. They mostly complained on sleep maintenance difficulties and the appearing of nightmares, as disturbing factors of sleep. The difference between PTSD and non-PTSD groups on nightmare frequency did not reach the significance. Our results support a view that sleep mechanisms may contribute to the pathophysiology of PTSD, but insomnia following trauma exposure may exist even in the absence of full-blown PTSD.

24. J Stud Alcohol Drugs. 2010 May;71(3):326-34.

Trauma, posttraumatic stress symptoms, and alcohol-use initiation in children.

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OBJECTIVE: This study examined initiation of alcohol use among adolescents, in relation to their earlier traumatic experiences and symptoms of posttraumatic stress disorder (PTSD). METHOD: Data were from a longitudinal study of children of Puerto Rican background living in New York City's South Bronx and in San Juan, Puerto Rico. The subsample (n = 1,119; 51.7% male) of those who were 10-13 years old and alcohol naive at baseline was used in the analyses. RESULTS: Alcohol-use initiation within 2 years after baseline was significantly more common among children reporting both trauma exposure and 5 or more of a maximum of 17 PTSD symptoms at baseline (adjusted odds ratio = 1.84, p < .05) than among those without trauma exposure, even when potentially shared correlates were controlled for. Children with trauma exposure but with fewer than five PTSD symptoms, however, did not differ significantly from those without trauma exposure, with regard to later alcohol use. CONCLUSIONS: PTSD symptoms in children 10-13 years old may be associated with early onset of alcohol use. It is important to identify and treat PTSD-related symptoms in pre-adolescent children.

25. Oral Maxillofac Surg Clin North Am. 2010 May;22(2):217-24.

The long-term psychological sequelae of orofacial injury.

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Significant subsets of patients who experience orofacial injury are at risk for developing adverse psychological sequelae such as posttraumatic stress disorder and depression. If undetected and untreated, the psychopathology can become recalcitrant and burden the social and vocational functioning of the patients and greatly diminish their quality of life. The hospital encounter and follow-up care

visits provide the oral and maxillofacial surgeon with opportunities to screen for emerging psychological problems. Several screening instruments are available to assist the surgeon in identifying individuals who are at risk for subsequent mental health problems. Facilitated referrals to mental health services can be a practical approach for improving comprehensive medical care for vulnerable individuals and for reducing the potential morbidity of these covert, but disabling, sequelae.

26. Am J Psychiatry. 2010 Jun;167(6):694-8. Epub 2010 Apr 15.

Life-threatening danger and suppression of attention bias to threat.

Bar-Haim Y, Holoshitz Y, Eldar S, Frenkel TI, Muller D, Charney DS, Pine DS, Fox NA, Wald I.

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OBJECTIVE: Life-threatening danger is assumed to produce, in tandem, increases in both vigilance toward threat and stress-related symptoms, but no data test the validity of this assumption. The authors examined associations, in real time, among imminent life-threatening danger, stress-related symptoms, and vigilance. **METHOD:** Symptoms of posttraumatic stress disorder (PTSD), depression, and anxiety were measured in a civilian population (N=131) as a function of war-related stress, operationalized as the time available for seeking cover from rocket attack. A computerized measure of threat-related vigilance using a classic dot-probe attention task was also collected. **RESULTS:** PTSD symptoms, depression, and anxiety increased as a function of war-related threat. Acute proximal threat was associated with avoidance of, rather than vigilance toward, negative valence information. For participants within rocket range, the magnitude of threat bias varied with the magnitude of distress symptoms, such that as bias away from threat increased, distress symptoms increased. **CONCLUSIONS:** These data challenge current thinking about the role of attention in stress responding. Attentional threat avoidance may reduce the acute impact of imminent threat, but this may come at a price in terms of an elevated risk for psychopathology.

27. J Clin Child Adolesc Psychol. 2010 Jan;39(1):103-16.

Exposure to conflict and violence across contexts: relations to adjustment among Palestinian children.

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Erratum in:

J Clin Child Adolesc Psychol. 2010 Mar;39(2):288.

Despite extensive literatures on the impact on children of exposure to violence in families, neighborhoods, and peer groups, there has been relatively little effort evaluating their cumulative impact. There also has been less attention to the effects of exposure to political conflict and violence. We collected data from a representative sample of 600 Palestinian youths (3 age cohorts: 8, 11, and 14 years old) to evaluate the relation of exposure to political conflict and violence, and violence in the family, community, and school, to posttraumatic stress (PTS) symptoms and aggressive behavior. Results highlight the additive effects of exposure to political conflict and violence, suggesting that interventionists should consider the full spectrum of sources of environmental risk for PTS symptoms and aggressive behavior.

28. J Clin Child Adolesc Psychol. 2010 Jan;39(1):64-76.

Has adolescent suicidality decreased in the United States? Data from two national samples of adolescents interviewed in 1995 and 2005.

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We compared the prevalence and correlates of adolescent suicidal ideation and attempts in two nationally representative probability samples of adolescents interviewed in 1995 (National Survey of Adolescents; N = 4,023) and 2005 (National Survey of Adolescents-Replication; N = 3,614). Participants in both samples completed a telephone survey that assessed major depressive episode (MDE), post-traumatic stress disorder, suicidal ideation and attempts, violence exposure, and substance use. Results demonstrated that the lifetime prevalence of suicidal ideation among adolescents was lower in 2005 than 1995, whereas the prevalence of suicide attempts remained stable. MDE was the strongest predictor of suicidality in both samples. In addition, several demographic, substance use, and violence exposure variables were significantly associated with increased risk of suicidal ideation and attempts in both samples, with female gender, nonexperimental drug use, and direct violence exposure being consistent risk factors in both samples.

29. J Child Sex Abus. 2010 Mar;19(2):156-70.

The clinical correlates of reported childhood sexual abuse: an association between age at trauma onset and severity of depression and PTSD in adults.

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This study investigated the relationship between the age of self-reported sexual abuse occurrence and the development of post-traumatic stress disorder and/or depressive symptoms in adulthood. Subjects were evaluated for the presence of post-traumatic stress disorder and/or depressive symptoms as well as for a self-reported history of sexual abuse before the age of 18. Results found that relative risk of having severe post-traumatic stress disorder symptoms was 10 times higher in patients reporting sexual abuse after age 12 than in those reporting sexual abuse before age 12. Relative risk of having severe depressive symptoms was higher for those abused before the age of 12 than for those abused after the age of 12. Findings suggest that the impact of reported sexual abuse at different stages of development may lead to distinct psychiatric symptoms in adulthood.

30. J Child Sex Abus. 2010 Jan;19(1):79-98.

Abuse and parental characteristics, attributions of blame, and psychological adjustment in adult survivors of child sexual abuse.

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The purpose of this study was to examine the influence of abuse and parental characteristics on attributional content and determine the relative contribution of different attributions of blame in predicting psychological symptomatology

among adult survivors of childhood sexual abuse. One hundred eighty-three female undergraduates with a history of childhood sexual abuse completed self-report questionnaires. Abuse characteristics were significantly related to attributions. Family- and perpetrator-blame accounted for significant variability in psychological symptomatology, beyond the contributions of abuse characteristics, family environment, and self-blame. Implications for research and treatment are discussed.

31. J Trauma Dissociation. 2010 Apr;11(2):174-92.

Disclosure of sexual assault: characteristics and implications for posttraumatic stress symptoms among African American and caucasian survivors.

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Although the general trauma literature links disclosure of abuse to positive psychological and physical health outcomes, findings for sexual assault survivors are mixed. Supportive responses can reaffirm self-worth; however, negative responses can increase feelings of shame and isolation. This study examined the effects of disclosure in a community sample of Caucasian and African American sexual assault survivors who completed computer-assisted self-interviews. Among the 58.6% of survivors who had disclosed to someone ($n = 136$), 96% had disclosed to at least 1 informal and 24% at least 1 formal support provider. The experiences of African American and Caucasian survivors were similar in many ways. Participants received more positive than negative responses from others, although only negative responses were related to posttraumatic stress disorder symptoms, and particularly so for African American participants. Regretting disclosure and disclosure to formal providers were also related to posttraumatic stress disorder symptoms. Suggestions are made for programs to decrease negative responses to disclosure.

32. J Trauma Dissociation. 2010 Apr;11(2):152-73.

Childhood sexual abuse severity and disclosure predict posttraumatic stress symptoms and biomarkers in ethnic minority women.

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OBJECTIVE: Adult posttraumatic stress symptoms and a biomarker index of current health risk in childhood sexual abuse (CSA) survivors were investigated in relation to CSA severity, disclosure, and other peri- and post-trauma factors.

METHOD: A community sample of 94 African American and Latina female CSA survivors was assessed. **RESULTS:** Severe CSA predicted posttraumatic stress symptoms overall, avoidance/numbing symptoms, and greater biomarker risk and was not mediated by post-trauma variables. Moderate CSA severity was mediated by post-trauma disclosure, predicted reexperiencing symptoms, but was unrelated to biomarker risk. No overall ethnic differences were found. **CONCLUSION:** Results suggest targets for interventions to improve the well-being of minority women CSA survivors.

33. Aust N Z J Psychiatry. 2010 Apr;44(4):384-9.

Vulnerability factors for disaster-induced child post-traumatic stress disorder: the case for low family resilience and previous mental illness.

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OBJECTIVE: The aim of the present study was to investigate whether parent report of family resilience predicted children's disaster-induced post-traumatic stress disorder (PTSD) and general emotional symptoms, independent of a broad range of variables including event-related factors, previous child mental illness and social connectedness. **METHODS:** A total of 568 children (mean age = 10.2 years, SD = 1.3) who attended public primary schools, were screened 3 months after Cyclone Larry devastated the Innisfail region of North Queensland. Measures included parent report on the Family Resilience Measure and Strengths and Difficulties Questionnaire (SDQ)-emotional subscale and child report on the PTSD Reaction Index, measures of event exposure and social connectedness. **RESULTS:** Sixty-four students (11.3%) were in the severe-very severe PTSD category and 53 families (28.6%) scored in the poor family resilience range. A lower family resilience score was associated with child emotional problems on the SDQ and longer duration of previous child mental health difficulties, but not disaster-induced child PTSD or child threat perception on either bivariate analysis, or as a main or moderator variable on multivariate analysis (main effect: adjusted odds ratio (OR(adj)) = 0.57, 95% confidence interval (CI) = 0.13-2.44). Similarly, previous mental illness was not a significant predictor of child PTSD in the multivariate model (OR(adj) = 0.75, 95%CI = 0.16-3.61). **CONCLUSION:** In this post-disaster sample children with existing mental health problems and those of low-resilience families were not at elevated risk of PTSD. The possibility that the aetiological model of disaster-induced child PTSD may differ from usual child and adolescent conceptualizations is discussed.

34. Child Abuse Negl. 2010 Apr;34(4):267-74. Epub 2010 Mar 20.

The impact of childhood abuse history and domestic violence on the mental health of women in Japan.

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OBJECTIVE: To understand the independent and interactive effects of childhood abuse history (CAH) and domestic violence (DV) on the mental health status of women in Japan. **METHODS:** A self-administered questionnaire survey was conducted among a sample of 340 women staying in 83 Mother-Child Homes in Japan to assess the women's CAH and DV experiences, along with their current mental health problems, including dissociated, depressed, and traumatic symptoms. **RESULTS:** Independent from DV, CAH, especially psychological abuse, had a significant impact on all of the women's mental health symptoms. DV was found to have an independent effect on traumatic symptoms. Weak interactive effects of CAH and DV were found on dissociated and traumatic symptoms. Among those women without CAH, DV was significantly associated with dissociated and traumatic symptoms; however, DV had no impact on dissociated and traumatic symptoms if CAH was present. **CONCLUSIONS:** The findings suggest the significant impact of CAH on women's mental health problems, independent from DV. CAH and DV weakly interact on women's mental health. **PRACTICE IMPLICATIONS:** In psychological therapy for battered women with mental health problems, if the cases were abused during childhood, it is recommended that therapy be focused on childhood abuse, especially if the client was psychologically abused. In addition, mental health care and welfare providers should be aware that the mental health problems of mothers without CAH might be

exacerbated by DV; thus, appropriate resource allocation should be considered.
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35. Child Abuse Negl. 2010 Apr;34(4):235-43. Epub 2010 Mar 20.

Psychological distress as a risk factor for re-victimization in children.

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OBJECTIVE: The goal of this study is to examine the role of psychological distress in predicting child re-victimization across various forms including conventional crime, peer/sibling violence, maltreatment, sexual violence, and witnessed violence. **METHODS:** Longitudinal data from the Developmental Victimization Survey, which surveyed children between the ages of 2 and 17 using random digit dial (RDD) methodology, was used to ask about child victimization and psychological distress. The sample for this analysis was 1,025 children who had experienced at least one form of victimization in the first wave of data collection. **RESULTS:** Results show that psychological distress (defined as a composite score of the depression, anger, and anxiety scales) was a unique significant predictor of subsequent overall victimization, as well as victimization across the different categories of victimization (conventional crime, maltreatment, peer and sibling victimization, sexual victimization, and witnessed/indirect victimization), while controlling for demographic variables and prior year victimization. **CONCLUSIONS:** These results suggest that the psychological consequences of victimization may also serve as precipitants for re-victimization. We discuss the implications this may have on the understanding of the psychological sequelae of victimization and its role in the risk of future victimization. **PRACTICE IMPLICATIONS:** This research suggests that practitioners should expand the forms of victimization that are assessed when working with victimized children. Treatment should not only focus on alleviating psychological distress, but also on the role it may play in raising the risk for re-victimization. Treatment providers should be attentive to bolstering protective qualities when treating victimized children. Copyright 2010 Elsevier Ltd. All rights reserved.

36. Child Abuse Negl. 2010 Apr;34(4):215-24. Epub 2010 Mar 20.

Trauma focused CBT for children with co-occurring trauma and behavior problems.

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OBJECTIVE: Childhood trauma impacts multiple domains of functioning including behavior. Traumatized children commonly have behavioral problems that therapists must effectively evaluate and manage in the context of providing trauma-focused treatment. This manuscript describes practical strategies for managing behavior problems in the context of trauma-focused evidence-based treatment (EBT) using a commonly implemented EBT for traumatized children. **METHODS:** The empirical literature is reviewed and practical strategies are described for conducting trauma- and behavioral-focused assessments; engaging families in trauma- and behavioral-focused treatment; treatment-planning that includes a balance of both trauma and behavioral foci; managing ongoing behavioral problems in the context of providing trauma-focused treatment; managing behavioral crises ("crises of the week"); addressing overwhelming family or social problems; and steps for

knowledge transfer. RESULTS: Trauma-focused EBT that integrate behavioral management strategies can effectively manage the behavioral regulation problems that commonly occur in traumatized children. CONCLUSIONS: Addressing trauma-related behavioral problems is an important part of trauma-focused treatment and is feasible to do in the context of using common trauma-focused EBT. PRACTICE IMPLICATIONS: Integrating effective behavioral interventions into trauma-focused EBT is essential due to the common nature of behavioral regulation difficulties in traumatized children. Copyright 2010 Elsevier Ltd. All rights reserved.

37. Child Abuse Negl. 2010 Apr;34(4):284-8. Epub 2010 Mar 19.

Stabilizing group treatment for Complex Posttraumatic Stress Disorder related to childhood abuse based on psycho-education and cognitive behavioral therapy: a pilot study.

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OBJECTIVE: This study tests a Stabilizing Group Treatment protocol, designed for the management of the long-term sequelae of child abuse, that is, Complex Posttraumatic Stress Disorder (Complex PTSD). Evidence-based treatment for this subgroup of PTSD patients is largely lacking. This stabilizing treatment aims at improving Complex PTSD using psycho-education and cognitive behavioral interventions. METHOD: Thirty-six patients with a history of childhood abuse, Complex PTSD and severe co-morbidity entered a 20-week treatment with pre-, post-, and follow-up-assessments. RESULTS: Improvement was found for PTSD and borderline symptoms. Post-treatment 64% and after 6 months 78% of patients no longer met criteria for Complex PTSD. CONCLUSIONS: This open study indicates both the feasibility of investigating treatment outcome and the initial efficacy of stabilizing group treatment in severely ill patients with Complex PTSD related to childhood abuse. Copyright 2010 Elsevier Ltd. All rights reserved.

38. Child Abuse Negl. 2010 Apr;34(4):225-34. Epub 2010 Mar 29.

The role of trauma symptoms in the development of behavioral problems in maltreated preschoolers.

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OBJECTIVE: This study assessed the mediating role of trauma symptoms in the relation between child maltreatment and behavioral problems. It is based on the postulate that child maltreatment is a severe form of chronic relational trauma that has damaging consequences on the development of children's behavioral regulation. METHOD: Participants were 34 maltreated and 64 non-maltreated children (mean age=60 months; range: 46 to 72 months), all from economically disadvantaged families. Maltreated children were recruited from the Child Protection Agencies. Behavioral problems and trauma symptoms were evaluated by the preschool teacher with the Internalizing and the Externalizing scales of the Child Behavior Checklist-Teacher Report Form (CBCL-TRF) and the posttraumatic stress score of the Trauma Symptoms Checklist for Young Children respectively (TSCYC). RESULTS: Baron and Kenny's mediational procedure was conducted using structural equation modeling. Mediational analyses revealed that trauma symptoms fully mediated the association between maltreatment and both internalizing and externalizing behaviors. CONCLUSIONS: Results were consistent with the literature

on developmental trauma research and provide empirical support to the idea that trauma-related symptoms resulting from early maltreatment may constitute a mechanism in the development of psychosocial problems in preschoolers. **PRACTICE IMPLICATIONS:** These findings underline the importance of understanding psychosocial maladjustment of maltreated children not only from the perspective of problematic behavior, but also by taking into account the traumatic reactions that might develop in response to chronic and intense stress associated with abuse and neglect. Copyright 2010 Elsevier Ltd. All rights reserved.

39. Prog Neuropsychopharmacol Biol Psychiatry. 2010 May 30;34(4):722-3. Epub 2010 Mar 16.

Aripiprazole augmentation for the treatment of an adolescent with posttraumatic stress disorder.

Yeh CC, Chou JY, Hsieh MH, Chen VC.

40. Int J Group Psychother. 2010 Apr;60(2):221-44.

Groups for children and adolescents with trauma-related symptoms: outcomes and processes.

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The study was conducted in Israel following the 2006 Lebanon war. The purpose was to examine the impact of counseling groups employing an expressive-supportive modality on children and adolescents with war-related or divorce/loss-related trauma symptoms. The 164 children were placed into 18 small groups for 10 weekly sessions. The children were screened for traumatic stress symptoms and then randomly divided into experimental and control (wait-list) conditions. All participants completed the measures of the dependent variables (trauma symptoms, anxiety), a social support measure, and group-process measures (group relationships, group cohesion, and catharsis). Results indicated a significantly sharper reduction in trauma symptoms and anxiety in the experimental group than in the control group, regardless of type of trauma. A reduction in anxiety was predicted by gains in social support and group cohesiveness.

41. Neurosci Lett. 2010 May 3;474(3):121-5. Epub 2010 Mar 17.

Earthquake experience interference effects in a modified Stroop task: an ERP study.

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The effects of the modified Stroop task on ERP were investigated in 20 subjects who had experienced the Sichuan earthquake and a matched control group. ERP data showed that Incongruent stimuli elicited a more negative ERP deflection (N300-450) than did Congruent stimuli between 300 and 450 ms post-stimulus in the earthquake group but not found in the control group, and the N300-450 might reflect conflict monitor (the information of color and meaning do not match) in the early phase of perception identification due to their sensitivity to the external stimulus. Then, Incongruent stimuli elicited a more negative ERP deflection than did Congruent stimuli between 450 and 650 ms post-stimulus in both the groups. Dipole source analysis showed that the N450-650 was mainly generated in the ACC contributed to this effect in the control group, which might

be related to monitor and conflict resolution. However, in the earthquake group, the N450-650 was generated in the thalamus, which might be involved in inhibiting and compensating of the ACC which may be related to conflict resolution process. 2010 Elsevier Ireland Ltd. All rights reserved.

42. Annu Rev Clin Psychol. 2010 Apr 27;6:469-94.

Clinical implications of traumatic stress from birth to age five.

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Children aged birth to five years are exposed to a disproportionately increased amount of potentially traumatic events compared to older children. This review examines the prevalence of traumatic exposure in the birth-to-five age range, the indicators and diagnostic criteria of early traumatic stress, and the contextual issues associated with the experience of early trauma. The article also selectively reviews the impact of trauma on the biological, emotional, social, and cognitive functioning of young children's development along with some promising clinical treatment and service interventions that target the parent-child relationship as a vehicle of trauma recovery. Despite extensive documentation of the negative impact of trauma on the normal development of young children, research, clinical, and policy efforts to address the psychological repercussions of early victimization remain remarkably limited. Future directions in research and clinical practice as well as implications for policy are discussed.

43. J Affect Disord. 2010 Jun;123(1-3):327-31. Epub 2009 Nov 11.

Posttraumatic growth and reduced suicidal ideation among adolescents at month 1 after the Sichuan Earthquake.

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BACKGROUND: This study investigated posttraumatic growth (PTG) and reduced suicidal ideation among Chinese adolescents at one month after the occurrence of the Sichuan Earthquake. **METHODS:** A cross-sectional survey was administered to 3324 high school students in Chengdu, Sichuan. The revised Posttraumatic Growth Inventory for Children and the Children's Revised Impact of Event Scale assessed PTG and posttraumatic stress disorder (PTSD), respectively. **RESULTS:** Multivariate analysis showed that being in junior high grade 2, having probable PTSD, visiting affected areas, possessing a perceived sense of security from teachers, and being exposed to touching news reports and encouraging news reports were associated with probable PTG; the reverse was true for students in senior high grade 1 or senior high grade 2 who had experienced prior adversities. Among the 623 students (19.3% of all students) who had suicidal ideation prior to the earthquake, 57.4% self-reported reduced suicidal ideation when the pre-earthquake and post-earthquake situations were compared. Among these 623 students, the multivariate results showed that being females, perceived sense of security obtained from teachers and exposure to encouraging news reports were factors associated with reduced suicidal ideation; the reverse was true for experience of pre-earthquake corporal punishment and worry about severe earthquakes in the future. **LIMITATIONS:** The study population was not directly hit by the earthquake. This study is cross-sectional and no baseline data were collected prior to the occurrence of the earthquake. **CONCLUSIONS:** The earthquake resulted in PTG and

reduced suicidal ideation among adolescents. PTSD was associated with PTG. Special attention should be paid to teachers' support, contents of media reports, and students' experience of prior adversities. Copyright 2009 Elsevier B.V. All rights reserved.

44. Burns. 2009 Dec;35(8):1057-70. Epub 2009 Oct 24.

The year in burns 2008.

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For 2008, approximately 1200 original burn research articles were published in scientific journals using the English language. This article reviews those with the most impact on burn treatment according to the Editor of one of the major journals (Burns). As in the previous year's review, articles were divided into the following topic areas: epidemiology, wound characterisation, critical care physiology, inhalation injury, infection, metabolism and nutrition, psychological considerations, pain management, rehabilitation, and burn reconstruction. Each selected article is mentioned briefly with editorial comment.

45. Patient Educ Couns. 2010 May;79(2):255-7. Epub 2009 Oct 14.

A preliminary investigation of 4 to 11-year-old children's knowledge and understanding of stress.

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OBJECTIVE: To examine children's knowledge, understanding and experience of stress from 4 to 11 years of age across four age groups (4-5, 6-7, 8-9, and 10-11 years old). **METHODS:** A semi-structured interview format was used to elicit information from 50 children about their understanding and experience of stress. **RESULTS:** Most children were able to define stress, with older children providing more complex responses. Many children had indirect and/or personal experience of stress. Younger children were more likely than older children to report that there was nothing people could do to stop stress; children reported using both adaptive and maladaptive coping strategies to deal with stress. **CONCLUSION:** Some young children have a basic understanding of stress and many have experience of stress; both understanding and experience develop with age. **PRACTICE IMPLICATIONS:** The research has potential implications for provider-patient communication, particularly within preventative health education and clinically within the field of childhood post-traumatic stress disorder (PTSD). Copyright (c) 2009 Elsevier Ireland Ltd. All rights reserved.

46. Child Neuropsychol. 2010 Mar;16(2):119-33. Epub 2009 Sep 21.

Neuropsychological functioning in children with posttraumatic stress disorder.

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Posttraumatic stress disorder (PTSD) has been associated with deficits in the areas of verbal memory and learning, executive functioning, working memory, and attention in adults. Findings have been less consistent in the few studies

examining neuropsychological functioning in childhood PTSD, which are often limited by comparing children with PTSD to children without trauma histories, making it unclear whether observed neuropsychological deficits are related to trauma exposure or to PTSD symptomatology. In an ethnically diverse sample of 62 children who witnessed intimate partner violence (n = 27 PTSD+ and 35 PTSD-), children with PTSD exhibited slower and less effective learning, heightened sensitivity to interference, and impaired effect of rehearsal on memory acquisition on the California Verbal Learning Test - Children's Version, a word list learning task. Both groups performed in the below average range on measures of executive functioning, attention, and intellectual ability.

47. J Affect Disord. 2010 Jun;123(1-3):249-57. Epub 2009 Sep 18.

Comorbidity of posttraumatic stress disorder, anxiety and depression: a 20-year longitudinal study of war veterans.

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BACKGROUND: This study aims to: (a) follow-up the prevalence of comorbidity of posttraumatic stress disorder (PTSD), anxiety and depression; (b) determine the chronological relations between these disorder; and (c) examine whether PTSD comorbid with anxiety and depression is implicated in more impaired functioning than PTSD by itself. **METHODS:** 664 war veterans were followed up 1, 2, and 20 years after their participation in the 1982 Lebanon War. Comorbidity was assessed by self reported PTSD, anxiety, and depression symptoms; impairment in psychosocial functioning was assessed by self reported problems in occupational, social, sexual and family functioning. **RESULTS:** At each point of assessment, rates of triple comorbidity (PTSD, anxiety and depression; 26.7-30.1%) were higher than rates of PTSD, either by itself (9.3-11.1%), or comorbid with depression (1.2-4.5%) or anxiety (2.9-4.5%). PTSD predicted depression, anxiety, and comorbid disorders, but not vice versa. At time 1 and 2 assessments, triple comorbidity was associated with more impaired functioning than PTSD alone. In addition, triple comorbidity at Time 2 was associated with more impaired functioning than double comorbidity. **LIMITATIONS:** Since measurements did not cover the entire span of 20 years since the war, the entire spectrum of changes could not be monitored. **CONCLUSIONS:** Almost one half of war veterans would endorse a lifetime triple comorbidity, and those who do, are likely to have more impaired functioning. The findings support the perspective that views PTSD as the dominant disorder following traumatic events, which impels the development of comorbid anxiety and depression. Copyright 2009 Elsevier B.V. All rights reserved.

48. Acta Psychiatr Scand. 2010 Apr;121(4):289-300. Epub 2009 Aug 19.

Effects of a yoga breath intervention alone and in combination with an exposure therapy for post-traumatic stress disorder and depression in survivors of the 2004 South-East Asia tsunami.

Descilo T, Vedamurtachar A, Gerbarg PL, Nagaraja D, Gangadhar BN, Damodaran B, Adelson B, Braslow LH, Marcus S, Brown RP.
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OBJECTIVE: This study evaluated the effect of a yoga breath program alone and followed by a trauma reduction exposure technique on post-traumatic stress disorder and depression in survivors of the 2004 Asian tsunami. **METHOD:** In this non-randomized study, 183 tsunami survivors who scored 50 or above on the

Post-traumatic Checklist-17 (PCL-17) were assigned by camps to one of three groups: yoga breath intervention, yoga breath intervention followed by 3-8 h of trauma reduction exposure technique or 6-week wait list. Measures for post-traumatic stress disorder (PCL-17) and depression (BDI-21) were performed at baseline and at 6, 12 and 24 weeks. Data were analyzed using anova and mixed effects regression. RESULTS: The effect of treatment vs. control was significant at 6 weeks ($F(2,178) = 279.616, P < 0.001$): mean PCL-17 declined by 42.5 ± 10.0 SD with yoga breath, 39.2 ± 17.2 with Yoga breath + exposure and 4.6 ± 13.2 in the control. CONCLUSION: Yoga breath-based interventions may help relieve psychological distress following mass disasters.

49. Injury. 2009 Jul;40(7):698-702. Epub 2009 May 5.

Medical consequences of suicide bombing mass casualty incidents: the impact of explosion setting on injury patterns.

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BACKGROUND: The increase in the incidence of suicide bombings on urban civilian populations in the recent years necessitates a better understanding of the related epidemiology in order to improve the outcome of future casualties.

OBJECTIVE: To characterise the epidemiology of mass casualty incidents following suicide explosions in relation to the surrounding settings. METHODS: This study presents an analysis of the immediate medical consequences of 12 consecutive multiple casualty incidents (MCI's). Both pre-hospital and in-hospital data was assessed for each event including EMS evacuation times, types of injuries, body regions involved, Emergency Department (ED) triage, ED interventions and surgical procedures performed. RESULTS: The average arrival time of the first ambulance to the scene was 6.8 ± 2.3 min. The first "urgent" patient was evacuated in average of 7.6 ± 5.3 min later, while the last "urgent" patient was evacuated 27.8 ± 7.9 min after the explosion. Explosions that occurred in buses had the worst rates of overall mortality (21.2%). However, those who survived closed space explosions suffered from the highest number of severe and moderate (ISS>8) injuries (22.9%). Casualties in this group underwent the largest number of both Emergency Room and Surgical interventions. Of the three settings, open space explosions resulted in the largest numbers of casualties with the smallest percentage of severe injuries or death. CONCLUSIONS: MCIs resulting from suicide explosions can be classified according to the setting of the event since each group was found to have distinct epidemiological characteristics.

50. Psychoanal Study Child. 2009;64:320-50.

The relentless past: The effect of chronic sexual abuse in childhood on fifty years of adolescent and adult development.

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Four sisters, now in their late fifties and early sixties, were sexually abused during childhood over a four-year span by the same priest. Until recently they told no one about their experience and never received any psychological diagnostic evaluations or treatment. The author conducted detailed psychiatric evaluations of each of the four women while serving as the plaintiffs' expert witness during their lawsuits against the Catholic Church. The suits have been settled, and the women have given written permission to tell their stories. This unique clinical material provides a rare opportunity to describe and understand

the ongoing, pervasive effects of untreated, chronic childhood sexual abuse on developmental processes over half a century. In each instance the women were describing the details of the abuse and the effects on their development for the first time. The severity of the pathology and the intense shame and anxiety associated with discussing their experiences after so many years raises questions about the choice of treatment and technique, particularly in regard to transference and countertransference issues.

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Using context to treat traumatized children.

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When treating childhood psychic trauma, context means "putting a perspective to the terrifying experience"--"seeing it in a new light", one might say, or understanding its magnitude and meaning. Of three essential mechanisms behind a young person's psychological recovery from a stress disorder--abreaction, context, and correction--context is the most reflective, cognitive, and conscious of these processes; while abreaction is primarily emotive, and correction is primarily behavioral (involving real or fantasied action). Because context, newly introduced by this author to the psychiatric literature (Terr, 2003), is the most recent and the least well understood of the three mechanisms, it will be the sole focus here.