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

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PMID: 19036445 [PubMed - in process]

Post traumatic stress disorder in incarcerated adolescents.

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PMID: 19030154 [PubMed - in process]

Childhood traumatic grief: a multi-site empirical examination of the construct and its correlates.

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This study evaluated the construct of childhood traumatic grief (CTG) and its correlates through a multi-site assessment of 132 bereaved children and adolescents. Youth completed a new measure of the characteristics, attributions, and reactions to exposure to death (CARED), as well as measures of CTG, posttraumatic stress disorder (PTSD), depression, and anger. CTG was distinct from but highly correlated with PTSD, depression, and, to a lesser degree, anger. In contrast to a recent study of complicated grief, CTG severity was significantly associated with the degree to which the death was viewed as traumatic. CTG was also associated with caregivers' emotional reaction at the time of the death and caregivers' current sadness. Clinical implications and recommendations for future research are discussed

PMID: 18990796 [PubMed - in process]

Comment in:
Diagnosis and distress in Navajo healing.

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In contemporary Navajo society, traditional Navajo ceremonies, Native American Church prayer meetings, and Navajo Christian faith healing are all highly sought-after resources in the everyday pursuit of health and well-being. What is the nature of affliction among patients who turn to such forms of religious
healing? Are these patients typically afflicted with psychiatric disorder? In this article we discuss 84 Navajo patients who participated in the Navajo Healing Project during a period in which they consulted one of these forms of healing. We present diagnostic results obtained from the Structured Clinical Interview for DSMIV (SCID) administered to these patients. We then present an ethnographically augmented analysis comparing the research diagnosis obtained via the SCID with a clinical diagnosis, with the diagnosis given by religious healers, and with the understanding of their own distress on the part of patients. These analyses demonstrate how a cultural approach contributes to the basic science and clinical understandings of affliction as well as to discussion of the advantages and limitations of DSM categories as descriptors of distress and disorder.

PMID: 18974670 [PubMed - indexed for MEDLINE]

Childhood stress linked to emotional disorders.

Hitchen L.

PMID: 18974254 [PubMed - indexed for MEDLINE]

Psychological factors predicting stress symptoms: metacognition, thought control, and varieties of worry.

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This study tested predictions of the metacognitive model of post-traumatic stress disorder (Wells, 2000) concerning relationships between stress symptoms and maladaptive control of thoughts. We tested the hypothesis that the tendency to use worry as a means of controlling thoughts will be positively predictive of stress symptoms. In doing so, overlaps with symptomatic worry, stress symptoms, and stress exposure at time 1 was controlled. One hundred and ten (110) college students were assessed twice, over a three-month period. Consistent with predictions, use of worry as a thought control strategy made a significant and independent contribution to the prediction of stress symptoms. The findings provide further support for Wells' metacognitive model of stress reactions.

PMID: 18938290 [PubMed - indexed for MEDLINE]

Comment on:

Developmental considerations for diagnosing PTSD and acute stress disorder in preschool and school-age children.

Scheeringa MS.

PMID: 18829877 [PubMed - indexed for MEDLINE]

BACKGROUND: Treatment of child earthquake survivors is a relatively less investigated issue in disaster research. A review of the evidence on the mental health effects of earthquakes, risk factors, and findings from treatment studies may provide useful insights into effective treatment of traumatized children.

DATA SOURCES: Studies of child and adolescent earthquake survivors included the PILOTS database (electronic index for literature on psychological trauma) and relevant evidence from various studies of adult earthquake survivors.

RESULTS: Evidence points to elevated rates of posttraumatic stress disorder (PTSD), depression, and earthquake-related fears in children and adolescents. Traumatic stress appears to be mediated by loss of control over fear induced by exposure to unpredictable and uncontrollable earthquakes. This implies that interventions enhancing sense of control over fear are likely to be most effective. Recent studies indeed show that a control focused behavioral treatment (CFBT) involving mainly encouragement for self-exposure to feared situations is highly effective in facilitating recovery from earthquake trauma. Evidence also suggests that CFBT can be delivered through booklets and similar media.

CONCLUSIONS: Pilot studies suggest that CFBT has promise in effective treatment of PTSD in children. Further research is needed to confirm these preliminary findings and to develop self-help tools for children.

PMID: 18822924 [PubMed - indexed for MEDLINE]

Active multimodal psychotherapy in children and adolescents with suicidality: description, evaluation and clinical profile.

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The aim of this study was to describe and evaluate the clinical pattern of 14 youths with presenting suicidality, to describe an integrative treatment approach, and to estimate therapy effectiveness. Fourteen patients aged 10 to 18 years from a child and adolescent outpatient clinic in Stockholm were followed in a case series. The patients were treated with active multimodal psychotherapy. This consisted of mood charting by mood-maps, psycho-education, wellbeing practice and trauma resolution. Active techniques were psychodrama and body-mind focused techniques including eye movement desensitization and reprocessing. The patients were assessed before treatment, immediately after treatment and at 22 months post treatment with the Global Assessment of Functioning Scale. The clinical pattern of the group was observed. After treatment there was a significant change towards normality in the Global Assessment of Functioning Scale both immediately post-treatment and at 22 months. A clinical pattern, post trauma suicidal reaction, was observed with a combination of suicidality, insomnia, bodily symptoms and disturbed mood regulation. We conclude that in the post trauma reaction suicidality might be a presenting symptom in young people. Despite the shortcomings of a case series the results of this study suggest that a mood-map-based multimodal treatment approach with active techniques might be of value in the treatment of children and youth with suicidality.

PMID: 18783125 [PubMed - indexed for MEDLINE]
Children are more easily hypnotized than adults, and hypnotherapy as a method responds to the general developmental needs of children by addressing their ability for fantasy and imagination. Hypnotherapy and self-hypnosis are tools with which to assess and develop protective factors, and enhance positive adjustment. Meta-analyses and overviews have demonstrated the effect of hypnotherapy in paediatric disorders like asthma, chronic and acute pain, and in procedure-related distress in cancer patients. We wanted to examine the use and benefits of hypnotherapy when applied to child psychiatric disorders. A review of a literature search from PubMed, PsychINFO and the Cochrane databases revealed 60 publications, mostly case reports based on 2-60 cases, addressing the use of hypnotherapy in various child psychiatric conditions. Findings indicate that hypnotherapy may be useful for a wide range of disorders and problems, and may be particularly valuable in the treatment of anxiety disorders and trauma-related conditions. In conclusion, knowledge of hypnosis is useful in clinical practice and hypnotherapy may play an important role as an adjunctive therapy in cognitive-behavioural treatment and family therapy. Additional qualitative and quantitative studies are needed to assess the place for hypnosis/hypnotherapy in child psychiatry.

PMID: 18783121 [PubMed - indexed for MEDLINE]

The relation between analogue generalized anxiety disorder (GAD) assessed the day before the events of September 11, 2001 (9/11) and long-term outcome was examined in 44 young adults who were directly exposed the following day to the terrorist attacks in New York City. After controlling for high exposure to the attacks, preattack analogue GAD was associated with greater social and work disability, loss of psychosocial resources, anxiety and mood symptoms, and worry, but not symptoms of posttraumatic stress, assessed 12 months after 9/11. Fear and avoidance of emotions assessed 4 months after 9/11 statistically mediated the relation between preattack analogue GAD and social and work disability, loss of psychosocial support, mood and anxiety symptoms, and worry at 12-month follow-up. Avoidance of emotions 4 months after 9/11 also mediated the relation between preattack analogue GAD and posttraumatic stress symptoms 12 months after 9/11.

PMID: 18721640 [PubMed - indexed for MEDLINE]

Psychological problems in children of war veterans with posttraumatic stress disorder in Bosnia and Herzegovina: cross-sectional study.
AIM: To assess psychological problems in children as reported by their veteran fathers with war-related posttraumatic stress disorder (PTSD). METHOD: The study group consisted of 154 veterans with war-related PTSD who were treated at the Mostar University Hospital. The control group consisted of 77 veterans without war-related PTSD who were selected from veteran associations by the snowball method. General Demographic Questionnaire, the first and fourth module of the Harvard Trauma Questionnaire—Bosnia and Herzegovina version, and the Questionnaire on Developmental, Emotional, and Behavioral Problems in Children, created specifically for the needs of this study, were used to collect data on veterans' perception of psychological problems in their children. RESULTS: In comparison with veterans without PTSD, veterans with PTSD reported significantly more developmental (odds ratio [OR], 2.37; 95% confidence interval [CI], 1.51-3.73), behavioral (OR, 3.92; 95% CI, 1.53-10.03), and emotional problems (OR, 17.74; 95% CI, 2.40-131.10) in their children. CONCLUSION: Veterans with war-related PTSD more often reported developmental problems in their children. Father's PTSD may have long-term and long-lasting consequences on the child's personality.

PMID: 18716996 [PubMed - indexed for MEDLINE]

Health care and community-based interventions for war-traumatized people in Croatia: community-based study of service use and mental health.

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AIM: To explore the use of health care and community-based services in war-affected regions of Croatia and its relation to mental health. METHODS: A sample of 719 adults exposed to at least one war-related traumatic event were selected by random-walk technique from three Croatian counties and interviewed for socio-demographic data, mental health status (Mini International Neuropsychiatric Interview), and service use (Matrix for the Assessment of Community and Healthcare Services) in the period from 1991 to 2006. Descriptive analysis of service use was performed. Relations between service use, current mental health, and recovery from posttraumatic stress disorder (PTSD) were analyzed using logistic regression models. RESULTS: The traumatized population used a wide range of health care and community-based services. Health care was the most frequently used service category, especially primary health care (92.5%), followed by accommodation support (57.9%), financial support (57.7%), and employment support (32.5%). Compared with participants without mental disorders, participants with current PTSD were more likely to use only legal support (odds ratio [OR], 2.15; 95% confidence interval [CI], 1.15-3.99), while participants with other mental disorders were more likely to use social support and contacts (OR, 1.72; 95% CI, 1.08-2.75). Receiving accommodation support (OR, 2.05; 95% CI, 1.03-4.06) was the only significant predictor of recovery from PTSD, while seeking legal support (OR, 0.28; 95% CI, 0.08-0.92) was related to slower recovery. CONCLUSION: Although a wide range of services were organized to help the traumatized population in Croatia, only the solution of housing issue significantly predicted recovery. The organization of help services should take
into consideration the existing infrastructure and local specificities, and respect the needs of people in war-affected areas.

PMID: 18716995 [PubMed - indexed for MEDLINE]


Comment in:


The posttraumatic stress disorder diagnosis in preschool- and elementary school-age children exposed to motor vehicle accidents.

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OBJECTIVE: Increasingly, children are being diagnosed with psychiatric disorders, including preschool-age children. These diagnoses in young children raise questions pertaining to 1) how diagnostic algorithms for individual disorders should be modified for young age groups, 2) how psychopathology is best detected at an early stage, and 3) how to make use of multiple informants. The authors examined these issues in a prospective longitudinal assessment of preschool- and elementary school-age children who were exposed to a traumatic event. METHOD: Participants were 114 children (age range: 2-10 years) who had experienced a motor vehicle accident. Parents and older children (age range: 7-10 years) completed structured interviews 2-4 weeks (initial assessment) and 6 months (6-month follow-up) after the traumatic event. A recently proposed alternative symptom algorithm for diagnosing posttraumatic stress disorder (PTSD) was utilized and compared with the standard DSM-IV algorithms for diagnosing PTSD and acute stress disorder. RESULTS: At the 2- to 4-week assessment, 11.5% of the children met conditions for a diagnosis of PTSD based on the alternative algorithm criteria per parent report, and 13.9% met criteria for this diagnosis at the 6-month follow-up. These percentages were much higher than those for DSM-IV diagnoses of acute stress disorder and PTSD. Among 7- to 10-year-old subjects, the use of combined parent- and child-reported symptoms to derive a diagnosis resulted in an increased number of children in this age group who were identified with psychiatric illness relative to the use of parent report alone. Agreement between parent and child on symptoms for 1) a diagnosis of PTSD based on the alternative algorithm criteria and 2) diagnoses of DSM-IV acute stress disorder and PTSD in this age group was poor. Among 2- to 6-year-old subjects, the alternative algorithm PTSD diagnosis per parent report was a more sensitive predictor of later onset psychopathology relative to a diagnosis of DSM-IV acute stress disorder or PTSD per parent report. However, among 7- to 10-year-old subjects, a combined symptom report (from both parent and child) was optimal in predicting posttraumatic psychopathology. CONCLUSIONS: These findings support the use of the proposed alternative algorithm for assessing PTSD in young children and suggest that the diagnosis of PTSD based on the alternative algorithm criteria is stable from the acute phase onward. When both parent- and child-reported symptoms are utilized for the assessment of PTSD among 7- to 10-year-old children, the alternative algorithm and DSM-IV criteria have broad comparable validity. However, in the absence of child-reported symptoms, the alternative algorithm criteria per parent report appears to be an optimal diagnostic measure of PTSD among children in this age group, relative to the standard DSM-IV algorithm for diagnosing the disorder.

PMID: 18676592 [PubMed - indexed for MEDLINE]

Treating thermally injured children suffering symptoms of acute stress with imipramine and fluoxetine: a randomized, double-blind study.

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INTRODUCTION: For pediatric burn patients with the symptoms of acute stress disorder (ASD) a first line medication is not widely agreed upon. A prospective, randomized, placebo controlled, double-blind design was used to test the efficacy of imipramine and fluoxetine. METHOD: Patients 4-18 years of age with symptoms of ASD were randomized to 1 of 3 groups: imipramine, fluoxetine, or placebo for 1 week. Daily imipramine dose was 1mg/kg, with the maximum dose being 100mg. Daily fluoxetine dose was 5mg for children weighing >or=40 kg; 10mg for those weighing between 40 and 60 kg; 20mg for those weighing >60 kg. RESULTS: Sixty participants, 16 females and 44 males, had an average body surface area burn of 53% (S.D.=18) and average age of 11 years (S.D.=4). Imipramine subjects received an average daily dose of 1.00+/-0.29 mg/kg. Fluoxetine subjects received an average daily dose of 0.29+/-0.16 mg/kg. Between group differences were not detected. Fifty-five percent responded positively to placebo; 60% responded positively to imipramine; and 72% responded positively to fluoxetine. CONCLUSION: Within the parameters of this study design and sample, placebo was statistically as effective as either drug in treating symptoms of ASD.

PMID: 18675519 [PubMed - indexed for MEDLINE]


Sex trafficking in Nepal: survivor characteristics and long-term outcomes.

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There has been little systematic research on therapy, rehabilitation, and social reintegration of women formerly trafficked into prostitution. This study examines characteristics and outcomes of Nepali sex trafficking survivors. Twenty case files of survivors rehabilitated in the shelter of an antitrafficking NGO were randomly selected. All individuals in the sample suffered somatic and behavioral sequelae. Three quarters of the survivors eventually returned to their villages to live. These results suggest that current rehabilitation and reintegration programs are producing positive results. However, there is need for more systematic diagnosis, record keeping, and outcome studies as well as education to reduce stigma and promote safe migration practices.

PMID: 18667405 [PubMed - indexed for MEDLINE]


Stress load during childhood affects psychopathology in psychiatric patients.

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

PMID: 18651952 [PubMed - indexed for MEDLINE]

Drug dependence and associated risks among female street-based sex workers in the greater Sydney area, Australia.

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BACKGROUND: This study examines drug use and dependence and associated risks among female street-based sex workers. METHODS: Cross-sectional data collected from 72 women between April and August 2005 in Sydney, Australia, via face-to-face interviews. SAMPLE: The average age was 34 years. RESULTS: Risk factors associated with developing problematic drug use were prevalent. Child sexual abuse, leaving home before the age of 16, and exposure to multiple traumas was common. Depression and posttraumatic stress disorder were also prevalent. A substantial minority reported cocaine dependence which was associated with engaging in sex and injecting risk behaviors. CONCLUSIONS: More targeted interventions for this group are needed. Research on the value of extending existing outreach services to further reduce the harms associated with sex work and drug use is indicated. The study's limitations are noted.

PMID: 18649239 [PubMed - indexed for MEDLINE]

Unaccompanied refugee children and adolescents: the glaring contrast between a legal and a psychological perspective.
Unaccompanied refugee children and adolescents are a vulnerable group: they live not only in a relatively difficult situation as minor refugees staying in another country, but also face other risks due to the absence of their parents, such as traumatic experiences, exploitation or abuse. The difficult living situation of these unaccompanied refugee children and adolescents might therefore threaten their emotional well-being, resulting in important emotional and behavioural problems. This 'psychological' perspective shows the necessity of a strongly elaborated reception and care system for these children and adolescents in order to meet their specific situation and needs. Nevertheless, the case study of unaccompanied refugee minors living in Belgium, as explored in this paper, shows that the legal perspective on these youths - considering them as 'refugees' and 'migrants', not as 'children' - is predominantly the starting point to build the care system on. Moreover, this legal perspective contrasts sharply with the psychological perspective, as such that these children and adolescents do not receive appropriate support and care as they need.

PMID: 18644626 [PubMed - indexed for MEDLINE]

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

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

Experiences of traumatic events and associations with PTSD and depression development in urban health care-seeking women.

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Posttraumatic stress disorder (PTSD) is an anxiety disorder that occurs after a traumatic event and has been linked to psychiatric and physical health declines. Rates of PTSD are far higher in individuals with low incomes and who reside in urban areas compared to the general population. In this study, 250 urban health...
care-seeking women were interviewed for a diagnosis of PTSD, major depressive disorder, and also the experience of traumatic events. Multivariate logistic regressions were used to determine the associations between traumatic events and PTSD development. Survival analysis was used to determine if PTSD developed from assaultive and nonassaultive events differed in symptom duration. Eighty-six percent of women reported at least one traumatic event, 14.8% of women were diagnosed with current PTSD, and 19.6% with past PTSD. More than half of women with PTSD had comorbid depression. Assaultive traumatic events were most predictive of PTSD development. More than two thirds of the women who developed PTSD developed chronic PTSD. Women who developed PTSD from assaultive events experienced PTSD for at least twice the duration of women who developed PTSD from nonassaultive events. In conclusion, PTSD was very prevalent in urban health care-seeking women. Assaultive violence was most predictive of PTSD development and also nonremittance.

PMID: 18581238 [PubMed - indexed for MEDLINE]

Comment in:


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AIM: To identify a posttraumatic stress disorder profile for the Child Behaviour Checklist. METHOD: Checklist item scores for 806 school-aged children in Iraqi Kurdistan (201 randomly selected from the general population, 241 orphans, 199 primary medical care visitors and 165 hospital in-patients) were analysed against the Posttraumatic Stress Symptom Scale for Children (PTSS-C) scores, estimating not only stress diagnoses, but also nonstress-related, child-specific posttraumatic symptoms. RESULTS: Twenty checklist items, which revealed significant correlations with the stress diagnoses, formed the checklist-stress profile with acceptable reliability and validity, and significant correlation to the PTSS-C estimates. CONCLUSION: A child-specific stress profile for the checklist is recommended for use as a screening instrument.

PMID: 18532935 [PubMed - indexed for MEDLINE]

Mediational significance of PTSD in the relationship of sexual trauma and eating disorders.

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OBJECTIVE: To examine the mediational significance of posttraumatic stress disorder (PTSD) and the development of eating disorder symptomatology following sexually traumatic experiences. METHOD: Seventy-one victims of sexual trauma and 25 control subjects completed interviews and questionnaires assessing eating disorder psychopathology and posttraumatic stress disorder symptomatology. Mediational analyses were conducted examining the relationships among trauma, posttraumatic stress, and eating disorder symptoms. Mediational significance was assessed by the drop in the overall correlation between trauma and eating
disorder symptoms when PTSD symptoms were included in the regression model. RESULTS: There is a significant association between a history of trauma and eating disorder symptoms. Also, there was a significant association between a history of trauma and posttraumatic stress disorder symptoms. Importantly, the relationship between trauma and eating disorder symptoms was significantly reduced when posttraumatic stress disorder symptoms were included in the regression analyses, indicating mediational significance of the posttraumatic stress construct. These findings were most pronounced for the physiological arousal and avoidance components of posttraumatic stress disorder. DISCUSSION: The present findings support the idea that individuals who develop eating disorders after sexual trauma are likely to have experienced posttraumatic stress disorder symptomatology. These findings have significant implications for causal models of eating disorder onset in trauma victims. Furthermore, clinical interventions for traumatized eating disordered individuals may benefit from a focus on posttraumatic stress symptomatology.

PMID: 18511117 [PubMed - indexed for MEDLINE]

The effects of community violence on children in Cape Town, South Africa.

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OBJECTIVE: The primary objective of the study was to investigate the relationship between exposure to community violence (neighborhood, school, police, and gang violence) and psychological distress in a sample of children living in the Cape Town, South Africa area. Another objective was to identify variables that moderate and mediate the relationship between exposure to community violence and psychological distress. METHODS: Face-to-face interviews were conducted with 185 children between the age of 8 and 13 from five Cape Town Township schools. Structured scales were used to measure exposure to several forms of community violence, family functioning, social support, perceptions of safety, and "unknown" locus of control. RESULTS: Exposure to all forms of violence was extremely high and resulted in substantial psychological distress. Perceived safety functioned as a mediating variable for all forms of violence. Unknown locus of control, social support, family organization, and family control moderated the effects of exposure to certain kinds of violence. Surprisingly, exposure to murder was not related to psychological distress, suggesting a possible "numbing" effect of extreme forms of violence. Hearing about violence from others had almost the same effect as actually witnessing it. Older children had witnessed more violence and were experiencing more distress, suggesting an "exposure accumulation" effect. CONCLUSIONS: The findings suggest the importance of a child's ability to feel safe in reducing the distress that occurs as a result to exposure to violence. Parents and schools can help children cope, but there appear to be limits. Early intervention, before maladaptive coping mechanisms have developed, also appears to be important.

PMID: 18511114 [PubMed - indexed for MEDLINE]

Abortion and anxiety: what's the relationship?
Using data from the United States National Survey of Family Growth (NSFG) and the National Comorbidity Survey (NCS), we conducted secondary data analyses to examine the relationship of abortion, including multiple abortions, to anxiety after first pregnancy outcome in two studies. First, when analyzing the NSFG, we found that pre-pregnancy anxiety symptoms, rape history, age at first pregnancy outcome (abortion vs. delivery), race, marital status, income, education, subsequent abortions, and subsequent deliveries accounted for a significant association initially found between first pregnancy outcome and experiencing subsequent anxiety symptoms. We then tested the relationship of abortion to clinically diagnosed generalized anxiety disorder (GAD), post-traumatic stress disorder (PTSD), and social anxiety disorder, using NCS data. Contrary to findings from our analyses of the NSFG, in the NCS analyses we did not find a significant relationship between first pregnancy outcome and subsequent rates of GAD, social anxiety, or PTSD. However, multiple abortions were found to be associated with much higher rates of PTSD and social anxiety; this relationship was largely explained by pre-pregnancy mental health disorders and their association with higher rates of violence. Researchers and clinicians need to learn more about the relations of violence exposure, mental health, and pregnancy outcome to avoid attributing poor mental health solely to pregnancy outcomes.

PMID: 18468755 [PubMed - indexed for MEDLINE]

Comment on:

Post-traumatic stress disorder in Dohuk, Kurdistan.
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PMID: 18452564 [PubMed - indexed for MEDLINE]

Hippocampal and amygdala volumes in children and adults with childhood maltreatment-related posttraumatic stress disorder: a meta-analysis.

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Little work has directly examined the course of hippocampal volume in children and adults with childhood maltreatment-related posttraumatic stress disorder (PTSD). Data from adults suggest that hippocampal volume deficits are associated with PTSD, whereas findings from children with PTSD generally show no hippocampal volume deficits in PTSD. Additionally, the role of the amygdala in emotional response makes it a possible region for investigation in children and adults with childhood maltreatment-related PTSD. The objectives of this study were 2-fold: (1) to meta-analytically determine whether hippocampal and amygdala volumes in children and adults with PTSD from childhood maltreatment differ from those in healthy controls, and (2) to use cross-sectional findings performed with
meta-analyses as a proxy for longitudinal studies to estimate the course of hippocampal and amygdala volumes in child and adult subjects with PTSD from childhood maltreatment. Using electronic databases, we identified articles containing hippocampal and amygdala data for children with PTSD and adults with PTSD from childhood maltreatment. Data were extracted and effect sizes were calculated using Comprehensive Meta-Analysis Version 2.0. Reduced bilateral hippocampal volume was found in adults with childhood maltreatment-related PTSD compared with healthy controls, but this deficit was not seen in children with maltreatment-related PTSD, suggesting hippocampal volume deficits from childhood maltreatment may not be apparent until adulthood. Greater left than right hippocampal volume was found in the adult healthy control group but not in the PTSD group. Amygdala volume in children with maltreatment-related PTSD did not differ from that in healthy controls. Hippocampal volume is normal in children with maltreatment-related PTSD but not in adults with PTSD from childhood maltreatment, suggesting an initially volumetrically normal hippocampus with subsequent abnormal volumetric development occurring after trauma exposure. However, longitudinal studies are needed to support these preliminary findings.

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PMID: 18446827 [PubMed - indexed for MEDLINE]

The sequelae of political violence: assessing trauma, suffering and dislocation in the Peruvian highlands.

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In this article, we begin with a qualitative mapping of the multiple ways indigenous peoples in the Peruvian highlands construct their emotions, symptoms and specific disorders when confronted with an adverse environment of sustained political violence, multiple stressors and massive exposure to traumatic experiences. Second, we address the issue of magnitude (point prevalence) and distribution of mental health problems such as depression and anxiety, and sequelae of exposure to violence-related stressors as reported in the selected populations, by reviewing the quantitative results of a cross-sectional survey. Third, we examine the pathways and linkages between the social context (drawn from ethnography and secondary sources) and the collective experience, such as massive exodus, forced displacement, resilience and accommodation strategies for coping and survival. When assessing the overall mental health impact of exposure to protracted forms of extreme violence in civilian populations, we argue for the need to move beyond the limited notion of post-traumatic stress disorder, which is a useful but restrictive medical category failing to encompass the myriad of signals of distress, suffering and affliction, as well as other culture bound trauma-related disorders and long-term sequelae of traumatic experiences. Lastly, following the concluding remarks, we discuss some implications the results of the study may have at various levels, not only for the victims and survivors of massive exposure to traumatic events, but also their families and communities, as well as for interventions carried out by humanitarian and emergency relief organizations, and specialised agencies engaged in the promotion of social justice, prevention of human rights abuses, and mental health rehabilitation programs at both national and international levels.

PMID: 18423959 [PubMed - indexed for MEDLINE]
Pre-stressor cognitive control is related to intrusive cognition of a stressful film.

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It has been suggested that relatively weak cognitive control existing prior to a stressful event may be associated with intrusive memories of that stressor afterwards. We explored this in two analog studies employing unselected participants who saw an emotional film fragment and completed behavioral (i.e., color-naming interference [CNI]) and self-report indices of intrusions. Prior to film presentation, several cognitive control tests were administered. Study 1 showed that better updating/monitoring was linked to less CNI from negative film-related words. However, better updating/monitoring was associated with more diary reports of intrusive memories. Study 2 showed that a better resistance to pro-active interference (PI) predicted less self-reported film-related intrusive cognition after 24h. However, after this delay, both self-reported intrusions and CNI were not related to updating/monitoring. Taken together, the results suggest that a specific pre-existing cognitive control function (i.e., resistance to PI) may be involved in the regulation of post-stressor intrusive memory phenomena.

PMID: 18328465 [PubMed - indexed for MEDLINE]

Anxiety sensitivity and posttraumatic stress among traumatic event-exposed youth.

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Total and factor scores of the Childhood Anxiety Sensitivity Index (CASI) were examined in relation to posttraumatic stress symptom levels within a community-based sample of 68 (43 females) traumatic event-exposed youth between the ages of 10 and 17 years (M age=14.74 years). Findings were consistent with hypotheses; global anxiety sensitivity (AS) levels, as well as disease, unsteady, and mental incapacitation concerns, related positively to posttraumatic stress levels, whereas social concerns were unrelated to symptom levels. These results suggest that fears of the physical and mental consequences of anxiety are associated with relatively higher levels of posttraumatic stress subsequent to traumatic event exposure. Findings are discussed in terms of potential implications for the role of AS in developmentally sensitive etiological models of posttraumatic stress disorder (PTSD).

PMID: 18328463 [PubMed - indexed for MEDLINE]

Alterations in autonomic tone during trauma exposure using eye movement desensitization and reprocessing (EMDR)--results of a preliminary investigation.

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EMDR combines stimuli that evoke divided attention--e.g. eye movements--with exposure to traumatic memories. Our objective was to investigate psycho-physiological correlates of EMDR during treatment sessions. A total of 55 treatment sessions from 10 patients with PTSD was monitored applying impedance cardiography. Onset of every stimulation/exposure period (n=811) was marked and effects within and across stimulation sets on heart rate (HR), heart rate variability (HRV), pre-ejection period (PEP) and respiration rate were examined. At stimulation onsets a sharp increase of HRV and a significant decrease of HR was noticed indicating de-arousal. During ongoing stimulation, PEP and HRV decreased significantly while respiration rate significantly increased, indicating stress-related arousal. However, across entire sessions a significant decrease of psycho-physiological activity was noticed, evidenced by progressively decreasing HR and increasing HRV. These findings suggest that EMDR is associated with patterns of autonomic activity associated with substantial psycho-physiological de-arousal over time.

PMID: 18314305 [PubMed - indexed for MEDLINE]

Changes in women's sexual behavior following sexual assault.

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The present study examines changes in women's sexual activity and behavior following sexual assault and the relationship between alcohol abuse and postassault promiscuity. Although many researchers have focused on avoidance of sexual activity following an assault, some have suggested that women may exhibit an increase in sexual activity postassault. Such outcomes are not mutually exclusive possibilities but may instead reflect subtypes of sexual assault victims. A significant percentage of assault survivors did report increases in sexual activity following trauma. Assault survivors also reported increases in posttraumatic alcohol consumption relative to a comparison sample of motor vehicle accident survivors. In both groups, increases in posttraumatic alcohol usage predicted increases in posttraumatic sexual activity, suggesting that use of alcohol as a coping strategy may result in an increased likelihood of engaging in risky sexual behavior. If true, this maladaptive coping mechanism could help to account for some instances of revictimization.

PMID: 18310604 [PubMed - indexed for MEDLINE]

The structure of post-traumatic stress disorder symptoms in three female trauma samples: a comparison of interview and self-report measures.

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Empirical research increasingly suggests that post-traumatic stress disorder (PTSD) is comprised of four factors: re-experiencing, avoidance, numbing, and hyperarousal. Nonetheless, there remains some inconsistency in the findings of factor analyses that form the bulk of this empirical literature. One source of such inconsistency may be assessment measure idiosyncrasies. To examine this issue, we conducted confirmatory factor analyses of interview and self-report data across three trauma samples. Analyses of the interview data indicated a good
fit for a four-factor model across all samples; analyses of the self-report data indicated an adequate fit in two of three samples. Overall, findings suggest that measure idiosyncrasies may account for some of the inconsistency in previous factor analyses of PTSD symptoms.

PMID: 18206346 [PubMed - indexed for MEDLINE]

The effect of constant threat of terror on Israeli Jewish and Arab adolescents.

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The effect on Israeli Jewish and Arab adolescents of living under constant threat of terrorist attacks was assessed in a sample of 346 adolescents. The study probed their direct and indirect exposure to terrorist attacks, avoidance of public centers, sharing feelings with significant others, and stress reaction symptoms. The adolescents showed mild to low levels of stress symptoms in reaction to terrorist attacks in Israel, with no significant differences between Jews and Arabs. The Jewish adolescents reported knowing more people involved in terror attacks and being more informed by their parents about them. Demographic and exposure variables explained 39% of the variance of stress reaction symptoms. Being female, knowing someone injured, having parents who discuss terrorist attacks or forbid going out, and more sharing of feelings were significantly related to higher stress symptoms. For Jewish adolescents, greater levels of sharing of feelings were related to higher distress. Jewish and Arab adolescents proved to be similarly affected by the threat of terror but were also resilient even in highly unusual circumstances.

PMID: 17999214 [PubMed - indexed for MEDLINE]

Negative appraisals and cognitive avoidance of intrusive memories in depression: a replication and extension.

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Recent research has demonstrated that intrusive negative autobiographical memories represent a shared phenomenological feature of posttraumatic stress disorder (PTSD) and depression. A preliminary investigation (Starr and Moulds, 2006) successfully applied a cognitive appraisal model of PTSD to the maintenance of intrusive memories in depression. The current investigation sought to replicate and extend these findings. Two hundred and fifty first-year undergraduate students were interviewed to assess for the presence of a negative autobiographical memory that had spontaneously intruded in the past week. Participants completed self-report inventories assessing trait and situational employment of cognitive avoidance mechanisms in response to these memories. Consistent with Starr and Moulds, intrusion-related distress correlated with dysphoria, irrespective of intrusion frequency. Assigning negative appraisals to one's intrusive memory and attempts to control the memory were positively associated with intrusion-related distress, level of depression, and cognitive avoidance mechanisms. Additionally, negative appraisals and control influenced the employment rumination as an avoidant response to a greater degree than the
corresponding trait tendency. Finally, negative appraisals and the use of

cognitive mechanisms were predictive of depression concurrently. The results

support the validity of borrowing from PTSD models to elucidate the cognitive

mechanisms that maintain intrusive memories in depressed samples.

PMID: 17994585 [PubMed - indexed for MEDLINE]

36: Depress Anxiety. 2008;25(7):593-600.

Relationships among pain, anxiety, and depression in primary care.

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Pain, anxiety, and depression are commonly seen in primary care patients and
there is considerable evidence that these experiences are related. This study
examined associations between symptoms of pain and symptoms and diagnoses of
anxiety and depression in primary care patients. Results indicate that primary
care patients who endorse symptoms of muscle pain, headache, or stomach pain are
approximately 2.5-10 times more likely to screen positively for panic disorder,
generalized anxiety disorder, or major depressive disorder. Endorsement of pain
symptoms was also significantly associated with confirmed diagnoses of several of
the anxiety disorders and/or major depression, with odds ratios ranging from
approximately 3 to 9 for the diagnoses. Patients with an anxiety or depressive
disorder also reported greater interference from pain. Similarly, patients
endorsing pain symptoms reported lower mental health functioning and higher
scores on severity measures of depression, social anxiety, and posttraumatic
stress disorder. Mediation analyses indicated that depression mediated some, but
not all of the relationships between anxiety and pain. Overall, these results
reveal an association between reports of pain symptoms and not only depression,
but also anxiety. An awareness of these relationships may be particularly
important in primary care settings where a patient who presents with reports of
pain may have an undiagnosed anxiety or depressive disorder.

PMID: 17932958 [PubMed - indexed for MEDLINE]