Correlates of Long-term Posttraumatic Stress Symptoms in Children Following Hurricane Katrina.

Moore KW, Enrique Varela R.
Department of Psychology, Tulane University, 2007 Percival Stern Hall, New Orleans, LA, 70118, USA.

The present study examined the roles of loss and disruption, major life events, and social support in the relationship between exposure and PTSD symptoms in a group of children 33 months after Hurricane Katrina. One hundred fifty-six 4th, 5th, and 6th graders were surveyed in the New Orleans area. Results indicated that 46% of the children reported moderate to very severe levels of PTSD symptoms. Lower levels of classmate support and more negative life events after the hurricane were uniquely related to PTSD symptoms. Analyses did not reveal any moderating relationships among the variables. The results of this study have implications for the prevention and treatment of PTSD symptoms long after exposure to trauma.

PMID: 19949973 [PubMed - as supplied by publisher]

A prospective study of sex differences in the lifetime risk of posttraumatic stress disorder among abused and neglected children grown up.

Koenen KC, Widom CS.
Departments of Society, Human Development, and Health and Epidemiology, Harvard School of Public Health, Boston, MA.

In the general population, women's lifetime risk of developing posttraumatic stress disorder (PTSD) is twice that of men's. However, evidence is contradictory as to whether this sex difference is present among child abuse/neglect victims. The authors examined sex differences in PTSD among a sample of 674 individuals with documented child abuse/neglect histories assessed for PTSD in adulthood. Across all types of abuse/neglect, women were more than twice as likely to develop PTSD as men. The sex difference was greatest among sexual abuse victims. Female victims' greater revictimization explained a substantial proportion (39%) of the sex differences in PTSD risk. Future research should identify mechanisms that make female victims particularly vulnerable to revictimization and the development of PTSD.

PMID: 19937646 [PubMed - as supplied by publisher]

The prevalence of childhood traumatic grief--a comparison of violent/sudden and expected loss.

McClatchy IS, Vonk ME, Palardy G.
School of Social Work, University of Georgia, Athens, Georgia 30327, USA.
rsearles@uga.edu

The purpose of this study was to examine the prevalence of childhood traumatic grief (CTG) and posttraumatic stress disorder (PTSD) symptoms in parentally bereaved children and compare scores between those who had lost a parent to a
sudden/violent death and those who had lost a parent to an expected death. A sample of 158 parentally bereaved children ages 7-16 completed the Extended Grief Inventory (EGI); 127 of those also completed the UCLA PTSD Index. A large number of children were experiencing CTG symptoms at moderate and severe levels. There was no significant difference in EGI or UCLA PTSD Index scores between the two types of losses. Findings are discussed in relation to trauma theory, research on parentally bereaved children and implications for practice.

PMID: 19927596 [PubMed - in process]

A wait-list controlled pilot study of eye movement desensitization and reprocessing (EMDR) for children with posttraumatic stress disorder (PTSD) symptoms from motor vehicle accidents.

Kemp M, Drummond P, McDermott B.
Murdoch University, Australia.

The present study investigated the efficacy of four EMDR sessions in comparison to a six-week wait-list control condition in the treatment of 27 children (aged 6 to 12 years) suffering from persistent PTSD symptoms after a motor vehicle accident. An effect for EMDR was identified on primary outcome and process measures including the Child Post-Traumatic Stress - Reaction Index, clinician rated diagnostic criteria for PTSD, Subjective Units of Disturbance and Validity of Cognition scales. All participants initially met two or more PTSD criteria. After EMDR treatment, this decreased to 25% in the EMDR group but remained at 100% in the wait-list group. Parent ratings of their child's PTSD symptoms showed no improvement, nor did a range of non-trauma child self-report and parent-reported symptoms. Treatment gains were maintained at three and 12 month follow-up. These findings support the use of EMDR for treating symptoms of PTSD in children, although further replication and comparison studies are required.

PMID: 19923161 [PubMed - as supplied by publisher]

Childhood sexual abuse as a predictor of birth-related posttraumatic stress and postpartum posttraumatic stress.

Lev-Wiesel R, Daphna-Tekoah S, Hallak M.
School of Social Work, University of Haifa, Hacarmel, Haifa 31905, Israel.

OBJECTIVE: To investigate the extent to which childbirth may function as a retraumatization of childhood sexual abuse, and may exacerbate postpartum posttraumatic stress reactions. METHODS: Data was obtained from a convenience sample of 837 women in mid-pregnancy, at 2 and 6 months following childbirth. Three groups were drawn from this sample: women who experienced childhood sexual abuse (CSA), women survivors of trauma other than CSA, and women who reported no-trauma experiences. RESULTS: PTSD subcategories of intrusion and arousal were increased in the CSA group following childbirth, although the overall PTSD score did not increase following childbirth in any of the groups CSA survivors scored higher at all data collection time points. CONCLUSIONS: CSA is a traumatic event that has greater negative long-term effects than other traumas in the population of pregnant women. PRACTICE IMPLICATIONS: Identifying women who are survivors of CSA early in their pregnancy and establishing a risk assessment may significantly reduce delivery complications and consequently mitigate postpartum PTS outcomes.
Maladaptive cognitive appraisals mediate the evolution of posttraumatic stress reactions: A 6-month follow-up of child and adolescent assault and motor vehicle accident survivors.

Meiser-Stedman R, Dalgleish T, Glucksman E, Yule W, Smith P.
Department of Psychology, Institute of Psychiatry, King's College London, England. r.meiser-stedman@iop.kcl.ac.uk

A prospective longitudinal follow-up study (n = 59) of child and adolescent survivors of physical assaults and motor vehicle accidents assessed whether cognitive processes predicted posttraumatic stress symptomatology (PTSS) at 6 months posttrauma in this age group. In particular, the study assessed whether maladaptive posttraumatic appraisals mediated the relationship between initial and later posttraumatic stress. Self-report measures of PTSS, maladaptive appraisals, and other cognitive processes, as well as structured interviews assessing for acute stress disorder and posttraumatic stress disorder (PTSD), were completed at 2-4 weeks and 6 months posttrauma. PTSS and PTSD at 6 months were associated with maladaptive appraisals and other cognitive processes but not demographic or objective trauma severity variables. Only maladaptive appraisals were found to associate with PTSS/PTSD after partialing out initial symptoms/diagnosis and to mediate between initial and later PTSS. It was argued that, on this basis, maladaptive appraisals are involved in the development and maintenance of PTSS over time, whereas other cognitive processes (e.g., subjective threat, memory processes) may have an effect only in the acute phase. The implications of this study for the treatment of PTSS in youths are discussed.

PMID: 19899847 [PubMed - in process]

Beyond the physical injuries: child and parent coping with medical traumatic stress after pediatric trauma.

Rzucidlo SE, Campbell M.
Pediatric Trauma and Injury Program, Penn State Hershey Children's Hospital, Hershey, Pennsylvania 17033, USA. srzucidlo@hmc.psu.edu

Experiencing a traumatic event and then the required care for the physical injuries can elicit stress symptoms in the injured child and parents. Stress-related symptoms affect a significant number of injured children and can have an impact on emotional and physical health outcomes after injury. Yet the majority of children who suffer from posttraumatic stress disorder postinjury go undiagnosed and untreated. Medical traumatic stress symptoms that occur often as adaptive responses initially can persist. Acute stress disorder is diagnosed when the stress symptoms persist less than 1 month postinjury and affect normal functioning. Inclusion of screening for acute stress and the development of models and guidelines are needed to systematically incorporate the care for the emotional trauma as an integral part of pediatric trauma care. Pediatric trauma nurses with knowledge and resources are in a position to minimize potentially traumatic aspects of the care they deliver, recognize traumatic stress symptoms, and help parents to support their child's coping and promote appropriate help seeking.
Interactive effect of stressful life events and the serotonin transporter
5-HTTLPR genotype on posttraumatic stress disorder diagnosis in 2 independent
populations.

Xie P, Kranzler HR, Poling J, Stein MB, Anton RF, Brady K, Weiss RD, Farrer L,
Gelernter J.
Department of Genetics, Yale University School of Medicine, New Haven, CT, USA.

CONTEXT: The 5-HTTLPR polymorphism in the promoter region of the serotonin
transporter gene (SLC6A4) has been found to moderate several categories of
emotional response after stressful life events. Previous studies generally
focused on its effect on depressive symptoms; little is known about its
moderation of the development of posttraumatic stress disorder (PTSD). OBJECTIVE:
To examine the effects of childhood adversity, adult traumatic events, 5-HTTLPR
genotypes, and gene x environment interactions on the etiology of PTSD. DESIGN: A
cross-sectional study in which participants in several studies investigating the
genetics of substance dependence were also screened for lifetime PTSD. The
triallelic system of 5-HTTLPR was genotyped. Logistic regression modeling was
used in the analyses. SETTING: General community. PARTICIPANTS: Five hundred
eighty-two European American and 670 African American individuals who reported
experiences of childhood adversity, adult traumatic events, or both. Main Outcome
Measure Diagnosis of PTSD, defined by DSM-IV diagnostic criteria and assessed
through the Semi-Structured Assessment for Drug Dependence and Alcoholism
interview. RESULTS: Childhood adversity and adult traumatic events both predicted
PTSD. Although the 5-HTTLPR genotype alone did not predict the onset of PTSD, it
interacted with adult traumatic events and childhood adversity to increase the
risk for PTSD, especially for those with high rates of both types of trauma
exposure (European American: odds ratio [OR], 2.86; 95% confidence interval [CI],
1.50-5.45; P = .002; African American: OR, 1.88; 95% CI, 1.04-3.40; P = .04;
pooled: OR, 2.31; 95% CI, 1.50-3.56; P < .001). CONCLUSIONS: Participants who had
both childhood adversity and adult traumatic events were more likely to develop
lifetime PTSD compared with those who experienced either type of adverse event.
The risk was increased in individuals with 1 or 2 copies of the S' (S) allele
compared with the L' (L) homozygotes. Our study provides additional direct
evidence that PTSD is influenced by the interactive effect of environmental and
genetic factors.

PMID: 19884608 [PubMed - indexed for MEDLINE]

Prazosin treatment of an adolescent with posttraumatic stress disorder.

Strawn JR, Delbello MP, Geracioti TD.

PMID: 19877989 [PubMed - in process]

Child sexual abuse, post-traumatic stress disorder, and substance use: predictors
of revictimization in adult sexual assault survivors.

Ullman SE, Najdowski CJ, Filipas HH.
Department of Criminology, Law, & Justice, University of Illinois at Chicago,
1007 West Harrison Street, Chicago, IL 60607-7140, USA. seullman@uic.edu
This study examined the unique effects of child sexual abuse simultaneously with post-traumatic stress disorder symptom clusters, problem drinking, and illicit drug use in relation to sexual revictimization in a community sample of female adult sexual assault victims. Participants (N=555) completed two surveys a year apart. Child sexual abuse predicted more post-traumatic stress disorder symptoms in adult sexual assault victims. Posttraumatic stress disorder numbing symptoms directly predicted revictimization, whereas other post-traumatic stress disorder symptoms (reexperiencing, avoidance, and arousal) were related to problem drinking, which in turn predicted revictimization. Thus, numbing symptoms and problem drinking may be independent risk factors for sexual revictimization in adult sexual assault victims, particularly for women with a history of childhood sexual abuse.

PMID: 19842535 [PubMed - indexed for MEDLINE]

Impact of hurricane Rita on adolescent substance use.
Rohrbach LA, Grana R, Vernberg E, Sussman S, Sun P.
Institute for Health Promotion and Disease Prevention Research, University of Southern California, Alahambra, CA 91802, USA. rohrbac@usc.edu

Little systematic research attention has been devoted to the impact of natural disasters on adolescent substance use. The present study examined relationships among exposure to Hurricane Rita, post-traumatic stress (PTS) symptoms, and changes in adolescent substance use from 13 months pre-disaster to seven and 19 months post-disaster. Subjects were 280 high school students in southwester Louisiana who participated in a drug abuse prevention intervention trial prior to the hurricane. Two-thirds of participants were female and 68% were white. Students completed surveys at baseline (13 months pre-hurricane) and two follow-ups (seven and 19 months post-hurricane). Results indicated a positive bivariate relationship between PTS symptoms, assessed at 7 months post-hurricane, and increases in alcohol (p < .05) and marijuana use (p < .10) from baseline to the 7 months post-hurricane follow-up. When these associations were examined collectively with other hurricane-related predictors in multivariate regression models, PTS symptoms did not predict increases in substance use. However, objective exposure to the hurricane predicted increases in marijuana use, and post-hurricane negative life events predicted increases in all three types of substance use (ps < .10). These findings suggest that increased substance use may be one of the behaviors that adolescents exhibit in reaction to exposure to hurricanes.

PMID: 19821646 [PubMed - indexed for MEDLINE]

Recognition of facial expressions of mixed emotions in school-age children exposed to terrorism.
Scrimin S, Moscardino U, Capello F, Altoè G, Axia G.
Department of Developmental Psychology, University of Padova, Via Venezia 8, Padova 35131, Italy. sara.scrimin@unipd.it

This exploratory study aims at investigating the effects of terrorism on children's ability to recognize emotions. A sample of 101 exposed and 102 nonexposed children (mean age = 11 years), balanced for age and gender, were
assessed 20 months after a terrorist attack in Beslan, Russia. Two trials controlled for children's ability to match a facial emotional stimulus with an emotional label and their ability to match an emotional label with an emotional context. The experimental trial evaluated the relation between exposure to terrorism and children's free labeling of mixed emotion facial stimuli created by morphing between 2 prototypical emotions. Repeated measures analyses of covariance revealed that exposed children correctly recognized pure emotions. Four log-linear models were performed to explore the association between exposure group and category of answer given in response to different mixed emotion facial stimuli. Model parameters indicated that, compared with nonexposed children, exposed children (a) labeled facial expressions containing anger and sadness significantly more often than expected as anger, and (b) produced fewer correct answers in response to stimuli containing sadness as a target emotion.

PMID: 19702396 [PubMed - indexed for MEDLINE]

Supporting staff recovery and reintegration after a critical incident resulting in infant death.

Roesler R, Ward D, Short M.
Riley Hospital for Children at Methodist Hospital, 1701 North Senate Blvd., Indianapolis, IN 46202, USA. rroesler@clarian.org

A critical incident is described as any sudden unexpected event that has the power to overwhelm the usual effective coping skills of an individual or a group and can cause significant psychological distress in usually healthy persons. A Just Culture model to deal with critical incidents is an approach that seeks to identify and balance system events and personal accountability. This article reports a critical incident that occurred at the Neonatal Intensive Care Unit, Methodist Hospital of Indianapolis, when 5 infants received an overdose of heparin that resulted in the death of 3 infants. Although care of the family after the critical incident was the immediate priority, the focus of this article was on the recovery and reintegration of the NICU staff after a critical incident based on the Just Culture philosophy.

PMID: 19696570 [PubMed - indexed for MEDLINE]

Children's enduring PTSD symptoms are related to their family's adaptability and cohesion.

Laboratoire du Stress Traumatique (JE 2511) Services Universitaires de Psychiatrie Hôpital Casselardit-CHU de Toulouse, 170 av. de Casselardit, Toulouse Cedex 9, France. labostresstrauma@chu-toulouse.fr

This study compared, 18-24 months after an industrial disaster, in two groups of children (those with clinically relevant PTSD symptoms versus those with low PTSD symptoms), the child's perception of family cohesion and adaptability, the child's experience of the explosion, and parental characteristics. Enmeshed family cohesion or rigid family adaptability were more frequently found in children with low PTSD symptoms. PTSD symptoms in the mother, living in a family of 3 or more children, and being female were significantly associated with PTSD symptoms in the children. The assessment of traumatized children should include
assessment of family's adaptability and cohesion.

PMID: 19621258 [PubMed - indexed for MEDLINE]

Assessing mental health outcomes of political violence and civil unrest in Peru.

Tremblay J, Pedersen D, Errazuriz C.
Department of Psychiatry and Douglas Institute Research Center, McGill
University, Montreal, Canada. trejac@douglas.mcgill.ca

BACKGROUND: Sustained political violence (SPV) may have long-term effects. AIMS: To assess mental and residual effects of exposure to SPV. To validate a post-traumatic stress disorder (PTSD) assessment tool in Quechua-speaking Peru. METHOD: Survey of 373 individuals aged 15 and over using the General Health Questionnaire (GHQ-12), Hopkins Symptom Checklist (HSCL-25) and a Trauma Questionnaire (TQ), derived from the Harvard Trauma Questionnaire. Sociodemographics were recorded. Reliability was assessed. Data reduction used factor analysis and modelling multiple regressions. RESULTS: A quarter of the sample had symptoms compatible with PTSD. Questionnaire reliability ranged from 0.81 to 0.89. Factor analysis confirmed high construct validity for TQ and HSCL-25. Modelling showed a strong association of PTSD-related symptoms and expressions of distress with the degree of exposure to SPV, especially among returnees. CONCLUSIONS: Long-term consequences of exposure to SPV take the form of PTSD, anxiety and depressive disorders, and culturally formulated expressions of distress. Some implications for clinicians are discussed.

PMID: 19592432 [PubMed - indexed for MEDLINE]

Men who were sexually abused in childhood: coping strategies and comparisons in psychological functioning.

O'Leary PJ.
Department of Social and Policy Sciences, University of Bath, Bath, UK.

OBJECTIVE: Coping strategies of men who were sexually abused in childhood were examined to ascertain their relationship to clinical diagnoses. Time elapsed since the abuse occurred was examined for its relationship to psychological functioning. Clinical psychopathology of this primary sample of sexually abused men was compared to a community sample of men. METHODS: A primary sample of 147 Australian men was recruited from agencies and self-help groups who support adults who were sexually abused in childhood. For comparative purposes a secondary data set that consisted of 1,231 men recruited randomly in an Australian community survey was utilized. Both samples were administered the 28-item General Health Questionnaire (GHQ28). The primary sample was administered the 60-item coping style inventory instrument (COPE). RESULTS: Coping strategies influenced the possibility of being classified as clinical or nonclinical. The most important strategies associated with better functioning were positive reinterpretation and growth and seeking instrumental social support. Whereas strategies that were more associated with a clinical outcome were themed around internalization, acceptance and disengagement. The sample of men who were sexually abused in childhood was up to 10 times more likely to be classified as "clinical" then the sample of community men. Time elapsed since the abuse occurred did not have a moderating effect on men's psychological functioning.
CONCLUSIONS: Men who have been sexually abused in childhood are more likely to
have clinical diagnoses but coping strategies may play an important part in this outcome. Seeking active assistance appears to be important coping strategy in reframing the experience, however, the timing of this help seeking is not critical. PRACTICE IMPLICATIONS: The findings reinforce the importance of professionals being aware that men's psychiatric symptoms might be the sequel to past child sexual abuse. Coping strategies that focus on internalization or disengagement are potentially damaging to the men's long-term psychological functioning. Importantly there are coping strategies that appear to have a moderating effect on clinical diagnoses. Focus needs to be given to support services to male victims that provide practical strategies and allow for cognitive reframing to assist men to see their strength and positive growth arising from survival.

PMID: 19589595 [PubMed - indexed for MEDLINE]

Post-trauma symptoms following indirect exposure to the September 11th terrorist attacks: the predictive role of dispositional coping.

Baschnagel JS, Gudmundsdottir B, Hawk LW Jr, Gayle Beck J.
University at Buffalo, Department of Psychology, NY, USA. jsbgsh@rit.edu

Few data prospectively address the role of coping in the development of PTSD. In the present study, 308 undergraduates were assessed for coping prior to the 9/11 WTC attack and for PTSD symptomatology at one and three-months post-9/11. Multiple regression analyses indicated that emotion-focused coping was predictive of increased symptomatology at Month 1 and Month 3, whereas problem-focused and avoidance-focused coping were not. Specifically, analyses predicting PTSD symptom factors (Intrusions, Avoidance, Dysphoria, and Hyperarousal) indicated that greater emotion-focused coping predicted increased Dysphoria symptoms at both time points and, among females, increased levels of Hyperarousal symptoms at Month 1. The role of coping style in the development of PTSD symptomatology and its clinical implications are discussed.

PMID: 19577423 [PubMed - indexed for MEDLINE]

Factor structure and psychometric properties of the Modified Scale for Suicidal Ideation among suicidal youth.

Department of Psychology, University of Houston, Houston, Texas 77204-5022, USA. jpettit@uh.edu

BACKGROUND: Although suicidal behaviors occur at a high rate in adolescence, relatively few interview-based measures are available to assess suicidal ideation among youth. Existing interview measures are limited by a paucity of empirical study, a failure to conform to standard suicide nomenclature, or a lengthy administration time. This study presents data on the psychometric properties and factor structure of the brief, layperson-administered Modified Scale for Suicidal Ideation (MSSI) among suicidal youth. METHODS: The MSSI was administered to an inpatient sample of 102 suicidal youth aged 13-17 years. Additional interview and self-report measures were administered to examine the convergent validity of the MSSI. RESULTS: Consistent with previous findings among suicidal adults, the MSSI displayed good internal consistency and expected patterns of convergent validity. Principal component analysis revealed a bidimensional structure, with factors
corresponding to (1) Desire and Ideation and (2) Plans and Preparations. Each factor displayed acceptable internal consistency and expected patterns of convergent validity via associations with hopelessness, depressive symptoms, impulsivity, and a self-report measure of suicidal behaviors. The Plans and Preparations factor significantly associated with the presence of a current suicide attempt and with greater suicide intent among attempters, whereas the Desire and Ideation factor did not. CONCLUSIONS: The MSSI appears to be a reliable and valid instrument to assess suicidal ideation among distressed youth. Clinicians are encouraged to pay particular attention to responses on the Plans and Preparations factor given its stronger association with suicide attempt and more serious suicide intent. (c) 2009 Wiley-Liss, Inc.

PMID: 19434622 [PubMed - indexed for MEDLINE]

Female juvenile murderers: Biological and psychological dynamics leading to homicide.

Heide KM, Solomon EP.
University of South Florida, Tampa, Florida 33620-8100, USA. kheide@cas.usf.edu

The increasing involvement of girls under 18 in violent crime has been a matter of growing concern in the United States in recent years. This article reviews the arrests of female juveniles for violent crime and then focuses specifically on their involvement in homicide. Arrests of girls for murder, unlike arrests for assault, have not risen over the last 30 years, suggesting that the dynamics that propel female juveniles to engage in lethal violence differ from those contributing to assaultive behavior by this same group. A review of the literature indicates that theories as to why female adolescents kill do not take into account recent scientific findings on brain development and the biological effects of early trauma in explaining serious violent behavior by girls. Three cases, evaluated by the authors, involving female adolescents charged with murder or attempted murder, are presented. The authors focus on the biological and psychological dynamics that help explain their violent behavior. They discuss the effects of insecure attachment and child maltreatment, and trace a critical pathway between these early experiences and future risk of violent behavior. The dynamics of child maltreatment in fostering rage and violence are discussed thereafter in terms of offender accountability. The article concludes with a discussion of treatment and recommendations for future research.

PMID: 19419766 [PubMed - indexed for MEDLINE]

Post-traumatic stress reactions among Rwandan children and adolescents in the early aftermath of genocide.

Division of Epidemiology, NYS Psychiatric Institute, New York, NY 10032, USA. rm3@columbia.edu

Comment in:

BACKGROUND: Epidemiological investigations of post-traumatic stress reactions in Sub-Saharan Africa, where atrocious violence against civilians is endemic, are rare. This article is the first complete report of the key community-based
findings of a 1995 psychiatric epidemiological survey of young survivors of the 1994 Rwandan Genocide. METHODS: The National Trauma Survey (NTS) of Rwandans aged 8-19 measured traumatic exposures using an inventory of possible war time experiences and post-traumatic stress reactions with a checklist of symptoms of Post-traumatic stress disorder (PTSD). Individuals meeting assessed PTSD diagnostic criteria are classified as cases of 'probable PTSD'. The NTS interviewed youth residing in the community and others institutionalized in unaccompanied children's centres; the former (n = 1547) are the subject of the present report. Instrument change midway into the study divides respondents into two samples. RESULTS: Among respondents, over 90% witnessed killings and had their lives threatened; 35% lost immediate family members; 30% witnessed rape or sexual mutilation; 15% hid under corpses. In Sample 1, 95% of respondents reported one or more re-experiencing symptom, 95% reported three or more avoidance/blunting symptoms and 63% reported two or more arousal symptoms; in Sample 2, these figures were 96%, 95% and 56%, respectively. The overall rate of 'probable PTSD' was 62% and 54% in Samples 1 and 2, respectively, and exhibited a dose-response relationship with exposure. Among the most heavily exposed individuals the rate was 100%. Rates of 'probable PTSD' were higher among females than among males. Results for age were inconsistent. CONCLUSION: In industrialized societies, most survivors of traumatizing violence experience symptoms only transiently. In the Rwanda survey, symptom levels and rates of 'probable PTSD' were exceptionally elevated, suggesting that at the limits of catastrophic man-made violence, psychological resilience among youth is all but extinguished.

PMID: 19204009 [PubMed - indexed for MEDLINE]

Factor structure of the Impact of Event Scale-Revised in two different Peruvian samples.

Gargurevich R, Luyten P, Fils JF, Corveleyn J.
Research Group for Psychotherapy and Psychodynamic Psychology, Department of Psychology, Katholieke Universiteit Leuven, Leuven, Belgium.
rafael.gargurevich@psy.kuleuven.be

BACKGROUND: This article studied the factor structure of the Impact of Event Scale-Revised (IES-R) in two samples in Peru, i.e., a sample of survivors of a fire (N=174) and a university student sample (N=562). METHODS: First, confirmatory factor analysis was used to compare nine different models of posttraumatic stress disorder symptoms as evaluated by the IES-R in both of the samples separately. The model with the best fit in both samples had four correlated factors, i.e., Intrusion, Avoidance, Hyperarousal and Sleep Disturbance. Second, the degree of factorial invariance of the IES-R was compared in both the samples using multiple group confirmatory factor analysis. RESULTS AND CONCLUSIONS: The results showed almost no differences between both samples. Finally, the results supported the internal consistency, as well as the concurrent and convergent validity of the IES-R in Peru. (c) 2009 Wiley-Liss, Inc.

PMID: 19180584 [PubMed - indexed for MEDLINE]

Problem solving and maternal distress at the time of a child's diagnosis of cancer in two-parent versus lone-parent households.
Children's Hospital of Pittsburgh, Child Development Unit, Pittsburgh, PA 15213, USA.

OBJECTIVE: To examine negative affectivity and problem-solving abilities for lone mothers and those who are married/partnered subsequent to a child's diagnosis with cancer. METHODS: Negative affectivity and problem-solving strategies were assessed for 464 mothers (87 lone and 377 married/partnered) within 2-16 weeks of their child's diagnosis with cancer. RESULTS: The two groups of mothers did not differ significantly on measures of perceived posttraumatic stress or problem-solving; lone mothers reported significantly more symptoms of depression. This difference was no longer significant when maternal education was taken into account. CONCLUSIONS: Negative affectivity and problem-solving abilities were similar for lone mothers and those that are married/partnered shortly after their child has been diagnosed with cancer. Findings are discussed within the context of contemporary strategies to assess marital status as proxy variable for various underlying constructs.

PMID: 19129268 [PubMed - indexed for MEDLINE]

Conducting a randomized clinical trial of an psychological intervention for parents/caregivers of children with cancer shortly after diagnosis.

Stehl ML, Kazak AE, Alderfer MA, Rodriguez A, Hwang WT, Pai AL, Boeving A, Reilly A.
Division of Oncology, The Children's Hospital of Philadelphia, Philadelphia, PA 19104-4399, USA.

OBJECTIVE: To report acceptability, feasibility, and outcome data from a randomized clinical trial (RCT) of a brief intervention for caregivers of children newly diagnosed with cancer. METHOD: Eighty-one families were randomly assigned following collection of baseline data to Intervention or Treatment as Usual (TAU). Recruitment and retention rates and progression through the protocol were tracked. Measures of state anxiety and posttraumatic stress symptoms served as outcomes. RESULTS: Difficulties enrolling participants included a high percentage of newly diagnosed families failing to meet inclusion criteria (40%) and an unexpectedly low participation rate (23%). However, movement through the protocol was generally completed in a timely manner and those completing the intervention provided positive feedback. Outcome data showed no significant differences between the arms of the RCT. CONCLUSIONS: There are many challenges inherent in conducting a RCT shortly after cancer diagnosis. Consideration of alternative research designs and optimal timing for interventions are essential next steps.

PMID: 19091806 [PubMed - indexed for MEDLINE]

Assessing posttraumatic stress disorder using the trauma symptom checklist for young children.

Pollio ES, Glover-Orr LE, Wherry JN.
CARES Institute UMDNJ-SOM, Stratford, NJ 08084, USA. pollioes@umdnj.edu
This pilot study assessed the performance of the Trauma Symptom Checklist for Young Children (TSCYC) in correctly classifying the presence or absence of PTSD,
as determined by the Diagnostic Interview for children and Adolescents-Parent (DICA-P). Participants included 34 children, ages 4 to 12, referred for outpatient treatment. The 11 PTSD-positive participants scored significantly higher than the 23 PTSD-negative participants on scales assessing intrusive symptoms, arousal symptoms, and total posttraumatic stress (PTS). A model including the PTS-Intrusion, PTS-Avoidance, and PTS-Arousal scales, and the sexual concerns, dissociation, and anger/aggression scales correctly classified 100% of the PTSD-negative and 72.7% of the PTSD-positive participants. These findings suggest that the TSCYC may be used as an economical and time-efficient screening device for PTSD.

PMID: 19842320 [PubMed - indexed for MEDLINE]

Exploring the relations among the nature of the abuse, perceived parental support, and child's self-concept and trauma symptoms among sexually abused children.

Reyes CJ.
Department of Educational Psychology, University of Utah, Salt Lake City, UT 84112, USA. carla.reyes@ed.utah.edu

This study examined two resiliency factors: self-concept and perceived parental support, in conjunction with abuse factors that impact psychological functioning. Data were collected on 61 sexually abused children prior to treatment. Findings indicate that a child's self-concept was associated with all the trauma symptoms except sexual concerns and did account for a significant amount of variance in relation to trauma symptomatology. Parental support was only associated with the Dissociation and was not found to account for variance in relation to trauma symptoms. Factors specific to the sexual abuse found that when a child endured a lengthy abuse period, their self-concept was more negative.

PMID: 19842318 [PubMed - indexed for MEDLINE]

The convergent validity of the trauma symptom checklist for young children for a sample of sexually abused outpatients.

Wherry JN, Graves LE, King HM.
Abilene Christian University, Abilene, TX 79699, USA. jnw04c@acu.edu

The convergent validity of the Trauma Symptom Checklist for Young Children (TSCYC) was examined with a sample of 172 sexually abused outpatient treatment-seeking children and their caregivers. The TSCYC evidenced good convergent validity with other parent ratings (e.g., the Child Behavior Checklist, Child Sexual Behavior Inventory, and the University of California at Los Angeles Post-Traumatic Stress Disorder Reaction Index [UCLA PTSD Index]). The convergent validity of the TSCYC and the Trauma Symptom Checklist for Children was weak, perhaps illustrating the lack of agreement often found between children and caregivers and illustrating the need for a multi-informant approach to screening and assessment of sexually abused children. The TSCYC seems to hold promise based on the emerging evidence for its convergent validity.

PMID: 19842317 [PubMed - indexed for MEDLINE]