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The aims of this study were to examine prevalence rate of post-traumatic stress disorder (PTSD), its associated factors and co-occurring psychological problems in a group of displaced adolescents 3 months following Typhoon Morakot in Taiwan. The relationship of trauma dimension and PTSD was also explored. A total of 271 adolescents who had been evacuated from their homes participated in this school-based survey. Adolescents were interviewed using the Mini-International Neuropsychiatric Interview for Children and Adolescents. Subjects themselves completed the following questionnaires: an inventory of exposure experiences to Typhoon Morakot, the Chinese version of Impact of Events Scale-Revised, the Center for Epidemiological Studies Depression Scale, and the Family APGAR Index. Teachers completed the Teacher's Report Form in the Achenbach system of Empirically Bases Assessment. Results revealed that the prevalence of PTSD related to Typhoon Morakot was 25.8%. Adolescents who were female, had PTSD related to previous traumatic events before Typhoon Morakot, had more exposure experiences, were physically injured, or had family member in same household died or seriously injured were more likely to have the diagnoses of PTSD. Meanwhile, adolescents with PTSD had more severe depression, internalizing, externalizing, social, thought, and attention problems than those without PTSD. Our findings indicate that specialized trauma services are needed for these youngsters to lessen prolonged vulnerabilities.

Midwives' experience of encountering women with posttraumatic stress symptoms after childbirth.
OBJECTIVE: To describe midwives’ experience of encountering women with posttraumatic stress symptoms after childbirth. STUDY DESIGN: Semi-structured interviews with eight midwives with experiences of encountering women with posttraumatic stress symptoms after childbirth. Data were analyzed using thematic content analysis. RESULT: The midwives encountered women with severe experiences after a childbirth, which had affected their lives. The midwives thought that they had to reflect on their own attitude and use their gentleness as they responded to the women's stories. By listening to and enabling the women to express their feelings and tell their stories, the midwives thought that they could confirm the women's experience. The midwives thought that they could support women who had lost confidence to give birth but also thought that cesarean section did not solve the women's problems. CONCLUSION: Training of midwives is necessary to increase awareness of the cause of women's posttraumatic stress symptoms. It is urgent to optimize the implementation of new research into practical reality to raise the quality of care of women with fear of childbirth. Childbirth is an important experience that can influence a woman's well-being and her connection to the child. Posttraumatic stress symptoms should be identified in an early stage/pregnancy to allow early treatment on the right level of care.

Posttraumatic stress among young urban children exposed to family violence and other potentially traumatic events.

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This study examines the relationship between the number of types of traumatic events experienced by children 3 to 6 years old, parenting stress, and children's posttraumatic stress (PTS). Parents and caregivers provided data for 154 urban children admitted into community-based mental health or developmental services. By parent and caregiver report, children experienced an average of 4.9 different types of potentially traumatic events. Nearly one quarter of the children evidenced clinically significant PTS. Posttraumatic stress was positively and significantly related to family violence and other family-related trauma exposure, nonfamily violence and trauma exposure, and parenting stress. Additionally, parenting stress partially mediated the relationship between family
violence and trauma exposure and PTS. This study highlights the need for early violence and trauma exposure screening in help-seeking populations so that appropriate interventions are initiated.

Pretrauma problems, prior stressor exposure, and gender as predictors of change in posttraumatic stress symptoms among physically injured children and adolescents.

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Objective: This study addressed predictors of change in posttraumatic stress symptoms (PTSS) among youths who had experienced physical injuries. The influences of pretrauma internalizing and externalizing problems, prior stressor exposure, and gender were investigated. Additionally, gender was examined as a moderator of the associations between internalizing problems and PTSS, externalizing problems and PTSS, and prior stressor exposure and PTSS. Method: Participants were 157 children and adolescents (75% male; age M = 13.30 years, SD = 3.60; 44% Caucasian, 39% African American, 13% Hispanic, and 4% other) admitted to 2 hospitals for physical injuries. Youths and their parents completed measures of PTSS (Child Posttraumatic Stress Reaction Index), internalizing and externalizing problems (Child Behavior Checklist), and prior stressor exposure (Coddington Life Events Scale, Child) during the hospital stay; youths completed up to 3 additional PTSS assessments targeted at 3, 6, and 12 months postinjury. Results: Multilevel regression analyses revealed a significant average decline in PTSS over time (p < .05) that followed a curvilinear trajectory. Externalizing problems, prior stressor exposure, and female gender predicted higher initial PTSS levels (p < .05). Gender moderated the influence of internalizing problems, externalizing problems, and prior stressor exposure on decline in PTSS over time (p < .05). Patterns of recovery for those with high and low levels of each characteristic differed for girls and boys. Conclusions: Findings suggest targets for clinical consideration, both with respect to identifying subgroups of children and adolescents that may warrant early assessment and monitoring and timing of more directed PTSS treatment intervention. (PsycINFO Database Record (c) 2010 APA, all rights reserved).


Post-traumatic stress symptoms in childhood brain tumour survivors and their
parents.

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Objectives This study aimed to investigate post-traumatic stress symptoms (PTSS) in childhood brain tumour survivors and their parents. A further aim was to explore the relationship between objective illness parameters, parent-child interactions, coping styles and PTSS. Methods A cross-sectional correlational design was employed. Fifty-two childhood brain tumour survivors, aged 8-16, and 52 parents completed a battery of questionnaires designed to assess quality of parent-child interactions, monitoring and blunting attentional coping styles and PTSS. Results Over one-third (35%) of survivors and 29% of their parents reported severe levels of PTSS (suggestive of post-traumatic stress disorder 'caseness'). Increased parent-child conflict resolution for survivors and number of tumour recurrences for parents independently predicted the variance in PTSS. Conclusions For a substantial proportion of brain tumour survivors and their parents the process of survivorship is a considerably distressing experience.

The nature of trauma memories in acute stress disorder in children and adolescents.

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Background: There is increasing theoretical, clinical and research evidence for the role of trauma memory in the aetiology of acute pathological stress responses in adults. However, research into the phenomenology of trauma memories in young people is currently scarce. Methods: This study compared the nature of trauma narratives to narratives of unpleasant non-traumatic events in young people (aged 8-17) who sought emergency medical attention following an assault or road traffic accident. Data were collected within 2-4 weeks of the index event. Symptom severity was assessed by child self-report and face-to-face diagnostic interviews. Comparisons of narrative indices were made between those children with acute stress disorder (ASD) and those without ASD. Results: Among
participants (n = 50), those with ASD (38%) had significantly elevated levels of disorganisation in their trauma narrative, compared both to trauma-exposed controls and to their unpleasant comparative narrative. This effect was not accounted for by age. Regardless of ASD diagnostic status, trauma narratives had significantly higher sensory content and significantly lower positive emotion content compared to the unpleasant comparative narrative. These effects were not significant when age was included as a covariate. Acute symptom severity was significantly predicted by the level of disorganisation in the trauma narrative and the child's cognitive appraisals of the event. Conclusions: These data provide the first empirical evidence that disorganisation is not only directly linked to symptom severity, but also specific to the trauma memory. In addition, it provides support for the adaptation of adult cognitive models to acute pathological stress reactions in children and adolescents.

House calls revisited: leveraging technology to overcome obstacles to veteran psychiatric care and improve treatment outcomes.

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Despite an increasing number of military service members in need of mental health treatment following deployment to Iraq and Afghanistan, numerous psychological and practical barriers limit access to care. Perceived stigma about admitting psychological difficulties as well as frequent long distances to treatment facilities reduce many veterans' willingness and ability to receive care. Telemedicine and virtual human technologies offer a unique potential to expand services to those in greatest need. Telemedicine-based treatment has been used to address multiple psychiatric disorders, including posttraumatic stress disorder, depression, and substance use, as well as to provide suicide risk assessment and intervention. Clinician education and training has also been enhanced and expanded through the use of distance technologies, with trainees practicing clinical skills with virtual patients and supervisors connecting with clinicians via videoconferencing. The use of these innovative and creative vehicles offers a significant and as yet unfulfilled promise to expand delivery of high-quality psychological therapies, regardless of clinician and patient location.

A prospective examination of service use by abused and neglected children followed up into adulthood.
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OBJECTIVE: This study sought to determine whether abused and neglected children are more likely than those without childhood maltreatment to use health and social services as adults and whether psychiatric status mediates or moderates the relationship. METHODS: A prospective cohort design was used. Individuals with documented cases of physical and sexual abuse and neglect (ages 0-10) and nonvictimized children matched on age, sex, and race-ethnicity were interviewed in adulthood (mean age 41 years). Past-year service use (general medical, mental health, substance abuse, and social) was assessed during 2003-2004 interviews (maltreated group, N=458; control group, N=349). Psychiatric status (posttraumatic stress disorder [PTSD], drug abuse, and major depressive disorder) was assessed during 1989-1995 (mean age 29) by structured interview. RESULTS: Individuals with histories of childhood abuse and neglect were significantly more likely than their control group counterparts to use mental health services (odds ratio [OR]=1.60, 95% confidence interval [CI]=1.04-2.45) and social services (OR=2.95, CI=2.19-3.97) in adulthood. Psychiatric status in young adulthood (PTSD and major depressive disorder) partially mediated the relationship between childhood maltreatment and use of mental health services, whereas major depression and drug abuse moderated the relationship between maltreatment and use of any services and general medical services. CONCLUSIONS: In adulthood, individuals with documented histories of childhood abuse and neglect are more likely than persons without such histories to use some types of services, and psychiatric status mediates and moderates these relationships. Findings have implications for the provision of services to persons with childhood abuse and neglect.

People who expect to enter psychotherapy are prone to believing that they have forgotten memories of childhood trauma and abuse.

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We asked 1004 undergraduates to estimate both the probability that they would enter therapy and the probability that they experienced but could not remember incidents of potentially life-threatening childhood traumas or physical and sexual abuse. We found a linear relation between the expectation of entering
therapy and the belief that one had, but cannot now remember, childhood trauma and abuse. Thus individuals who are prone to seek psychotherapy are also prone to accept a suggested memory of childhood trauma or abuse as fitting their expectations. In multiple regressions predicting the probability of forgotten memories of childhood traumas and abuse, the expectation of entering therapy remained as a substantial predictor when self-report measures of mood, anxiety, post-traumatic stress disorder symptom severity, and trauma exposure were included.

Risk reduction for substance use and trauma-related psychopathology in adolescent sexual assault victims: findings from an open trial.

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Limited attention has been paid to the development and evaluation of interventions that reduce risk for substance use, while also targeting trauma-related psychopathology among maltreated adolescents. Risk Reduction through Family Therapy (RRFT) is a multicomponent treatment that integrates principles and interventions from existing empirically supported treatments. The purpose of the current study was to evaluate the feasibility of implementation and initial efficacy of RRFT through an open pilot trial involving a small sample (N = 10) of female adolescents (aged 13-17 years) who had experienced at least one memorable sexual assault in their lifetime. Measures of substance use and substance use risk factors (e.g., family functioning), posttraumatic stress disorder (PTSD), and depression symptoms were assessed pre- and posttreatment as well as at 3-month and 6-month posttreatment follow-up assessments. Results demonstrated reductions in multiple areas, including substance use and related risk factors, PTSD, and depression symptoms, which were maintained through follow-up. Clinical implications and future directions with this line of research are discussed.

Abortion among young women and subsequent life outcomes.

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This article will discuss the nature of the association between abortion and mental health problems. Studies arguing about both sides of the debate as to whether abortion per se is responsible will be presented. The prevalence of various psychiatric disorders will be outlined and where there is dispute between studies, these will be highlighted. The impact of abortion on other areas such as education, partner relationships and sexual function will also be considered. The absence of specific interventions will be highlighted. Suggestions for early identification of illness will be made.

Traumatic stress symptoms of women exposed to different forms of childhood victimization and intimate partner violence.

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Interviews of women with (n = 193) and without (n = 170) recent exposure to intimate partner violence (IPV) were used to examine how IPV and past exposure to child abuse influence self-reports of posttraumatic stress disorder (PTSD) symptoms. The measurement of IPV included assessing psychological, physical, escalated physical, and sexual abuse. Women’s retrospective accounts of childhood victimization included reports of physical abuse, sexual abuse, and witnessing domestic violence growing up. Each form of adult IPV showed an independent association with PTSD symptoms, as did each form of childhood victimization. In regression models including child and adult abuse together, adult IPV and childhood sexual abuse were related to PTSD symptoms, and adult IPV mediated the association between childhood physical abuse and adult PTSD. Tests of the interactions between childhood and adulthood victimization on PTSD symptoms were not significant. Findings are discussed within the context of a life-course perspective of trauma.