Yalug I, Corapcioglu F, Fayda M, Aksu G, Basar E, Yalug K, Aker T.
Faculty of Medicine, Department of Psychiatry, Kocaeli University, Izmit-Kocaeli, Turkey.

The purpose of this study was to determine the prevalence of posttraumatic stress disorder (PTSD) in parents of children with cancer. Five questionnaires were administered to 104 parents, including a sociodemographic questionnaire, a traumatic events check list, the Structured Clinical Interview for DSM-IV PTSD and Major Depressive Disorder modules, and the self-rating instrument General Health Questionnaire-12. The prevalence of PTSD was 34.6%. The statistically significant tendency to develop PTSD were found in the female gender, better educational status, death of a loved one, previous history of psychiatric disorder, having a child with poorer prognosis, and the presence of radiotherapy in child's treatment. The vulnerable parents must receive psychosocial support.
PMID: 18231952 [PubMed - in process]

Weierich MR, Nock MK.
National Center for Posttraumatic Stress Disorder, Veterans Affairs Boston Healthcare System.

Prior research consistently has shown a strong relation between childhood abuse and nonsuicidal self-injury (NSSI), yet it is unclear why this relation exists. The authors examined 2 specific posttraumatic stress disorder (PTSD) symptom clusters as potential mechanisms through which childhood abuse may be related to NSSI. Participants were 86 adolescents (78% female, 22% male; 73% Caucasian, 27% other races/ethnicities; mean age = 17.03 years, range = 12-19 years) who completed measures of childhood abuse, Diagnostic and Statistical Manual of Mental Disorders (4th ed.) PTSD symptoms, and NSSI. Analyses revealed a significant relation between childhood sexual abuse in particular and the presence and frequency of NSSI. Moreover, data supported a theoretical model in which PTSD reexperiencing and avoidance/numbing symptoms independently mediate this relation. Future research must test the temporal relation between childhood sexual abuse, PTSD symptoms, and NSSI and identify additional pathways to engagement in NSSI. (PsycINFO Database Record (c) 2008 APA, all rights reserved).
PMID: 18229981 [PubMed - in process]
Family Burden and Parental Distress Following Mild Traumatic Brain Injury in Children and its Relationship to Post-concussive Symptoms.

Ganesalingam K, Yeates KO, Ginn MS, Taylor HG, Dietrich A, Nuss K, Wright M. The Research Institute at Nationwide Children's Hospital, Department of Pediatrics, The Ohio State University, Department of Pediatrics, Case Western Reserve University, and Rainbow Babies & Children's Hospital, and Department of Emergency Medicine, Nationwide Children's Hospital.

Objective To examine the relationship of mild traumatic brain injuries (TBI) and post-concussive symptoms (PCS) to post injury family burden and parental distress, using data from a prospective, longitudinal study. Methods Participants included 71 children with mild TBI with loss of consciousness (LOC), 110 with mild TBI without LOC, and 97 controls with orthopedic injuries not involving the head (OI), and their parents. Shortly after injury, parents and children completed a PCS interview and questionnaire, and parents rated premorbid family functioning. Parents also rated family burden and parental distress shortly after injury and at 3 months post injury. Results Mild TBI with LOC was associated with greater family burden at 3 months than OI, independent of socioeconomic status and premorbid family functioning. Higher PCS shortly after injury was related to higher ratings of family burden and distress at 3 months. Conclusions Mild TBI are associated with family burden and distress more than mild injuries not involving the head, although PCS may influence post injury family burden and distress more than the injury per se. Clinical implications of the current findings are noted in the Discussion section.

PMID: 18227110 [PubMed - as supplied by publisher]

Victimization and posttraumatic stress disorder among runaway and homeless adolescents.

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This article presents lifetime and 12-month prevalence rates and comorbidity for posttraumatic stress disorder (PTSD) among a sample of 428 homeless and runaway adolescents. Data are from baseline interviews of a longitudinal diagnostic study of 428 (187 males; 241 females) homeless and runaway adolescents aged 16-19 years (mean age = 17.4 years, SD = 1.05). The data were collected by full-time street interviewers on the streets and in shelters in eight Midwestern cities of various populations. About one-third (35.5%) of the runaways met lifetime criteria for PTSD and 16.1% met 12-month criteria for the disorder. More than 90% of the adolescents who met criteria for PTSD met criteria for at least one of the other four diagnoses. Multivariate analyses indicated that correlates of PTSD were age of adolescent, being female, having experienced serious physical abuse and/or
The multiplicative interaction between sexual abuse by caretaker and sexual assault when the adolescents were on their own was statistically significant, indicating that rape victims were highly likely to meet criteria for PTSD regardless of early sexual abuse. At very high levels of early sexual abuse, the probability of meeting criteria for PTSD converges with that for sexual assault victims.

PMID: 18225385 [PubMed - in process]

Early childhood factors increase risk of post-traumatic stress disorder.
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PMID: 18223061 [PubMed - in process]

The fundamental paradox in the grief literature: a critical reflection.
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A key theme in the bereavement literature is the recognition that every grief experience is unique and dependent on many variables, such as the circumstances of the death, characteristics of the bereaved individual, their relationship with the deceased, the provision and availability of support, and a myriad of sociocultural factors. Concurrently, there are corresponding efforts to define "normal" grief and delineate it from "complicated" grief experiences. The discord between these two potentially opposing statements remains a paradox evident within the three major tensions within the thanatological literature--the dominance of grief theories, the medicalization of grief, and the efficacy of grief interventions. Three recommendations for moving beyond the paradox are discussed--the provision of improved grief education for service providers, the bereaved, and the wider community; the conduct of research that emphasizes the context of grief and is relevant to service provision; and the examination of current grief interventions.

PMID: 18214068 [PubMed - indexed for MEDLINE]

Relations between recurrent trauma exposure and recent life stress and salivary cortisol among children.
Bevans K, Cerbone A, Overstreet S.
The present study evaluated the independent and cumulative effects of recent life stress, previous trauma, and recent trauma exposure on salivary cortisol levels among school-aged children. Sixty-eight children (mean age = 10.7 years) reported their exposure to life stressors and traumatic events in the 12 months preceding the study. Children and their caregivers reported frequency of exposure to trauma earlier in life. Exposure to life stress within the past 12 months was related to higher afternoon cortisol levels. Exposure to high levels of recent trauma in combination with frequent exposure to trauma earlier in life was related to both lower morning cortisol levels and higher afternoon cortisol levels. Results suggest that frequency, duration, and severity of exposure to stress and trauma played key roles in the prediction of basal cortisol levels in a community sample of urban youth.

PMID: 18211737 [PubMed - in process]

Core schemas and suicidality in a chronically traumatized population.
Dutra L, Callahan K, Forman E, Mendelsohn M, Herman J.
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The Young Schema Questionnaire (YSQ) has been demonstrated to tap into core beliefs, or maladaptive schemas, of clinical populations. This study used the YSQ to investigate maladaptive schemas of 137 chronically traumatized patients seeking outpatient psychiatric treatment and to assess whether specific schemas might be associated with suicide risk in this population. Participants completed a modified version of the YSQ-S (short form), post-traumatic diagnostic scale, dissociative experiences scale and self-harm and risk behaviors questionnaire-revised at treatment intake. Significant correlations were found between most YSQ scales and the post-traumatic diagnostic scale, and between all YSQ scales and the dissociative experiences scale. Suicide risk variables were most highly correlated with the social isolation/alienation, defectiveness/shame and failure YSQ scales, suggesting that these schemas may mark individuals at particularly high risk for suicidal ideation and suicide attempts. These results offer important implications for the assessment and treatment of high-risk traumatized patients.

PMID: 18195645 [PubMed - indexed for MEDLINE]

Psychological distress and the asylum process: a longitudinal study of forced migrants in Ireland.
Ryan DA, Benson CA, Dooley BA.
Although asylum seeking has become a major political issue in the Western world, research on its psychological impact is still in its infancy. This study examined levels and predictors of distress among a community sample of persons who have sought asylum in Ireland. A key aim was to provide a longitudinal analysis of the relationship between legal status security and psychological distress. Distress was measured by the Symptom Checklist-90-Revised at Time 1 (N = 162) and its shorter version (the Brief Symptom Inventory) at Time 2 (N = 70). Levels of severe distress were high at both baseline (46%) and follow-up (36%). The only persons to show a decrease in distress were those who had obtained a secure legal status (e.g., refugee status or residency) between the study phases. Distress risk factors included female gender, an insecure legal status, separation from children, discrimination, and postmigration stress. Protective factors were social support (Time 1) and the presence of a partner. The findings suggest that asylum seekers are a high-risk group for distress. This risk can be reduced by appropriate policy changes and interventions to increase social resources.

PMID: 18195640 [PubMed - indexed for MEDLINE]

Dissociative disorders and suicidality in psychiatric outpatients.
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Although it is common for patients with dissociative disorders to report a history of suicide attempts, there is very little data systematically comparing suicidality in patients with dissociative disorders versus patients without these disorders. The subjects in our study were 231 patients consecutively admitted to an inner-city, hospital-based outpatient psychiatric clinic. Eighty-two of these patients completed structured interviews for dissociative disorders, borderline personality disorder, and trauma history (dissociative disorders interview schedule) and for posttraumatic stress disorder and substance abuse (Structured Clinical Interview for DSM-IV). Patients receiving a dissociative disorder diagnosis were compared with nondissociative patients on measures of self-harm and suicidality. Presence of a dissociative disorder was strongly associated with all measures of self-harm and suicidality. When we focused on patients with a history of multiple suicide attempts, significant associations were found between several diagnoses (dissociative disorder; borderline personality disorder; posttraumatic stress disorder; alcohol abuse/dependence) and multiple suicide attempter status. When these diagnoses were entered in a logistic regression, a highly significant association remained for dissociative diagnosis and multiple suicide attempter status (odds ratio, 15.09; 95% confidence interval, 2.67-85.32; p = 0.002). Dissociative disorders are commonly overlooked in studies of
suicidality, but in this population they were the strongest predictor of multiple suicide attempter status.

PMID: 18195639 [PubMed - indexed for MEDLINE]

Intimate partner violence, depression, and PTSD among pregnant Latina women.  
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PURPOSE: We undertook a study to describe factors related to depression and posttraumatic stress disorder (PTSD) among pregnant Latinas who were or were not exposed to intimate partner violence. METHODS: We interviewed 210 pregnant Latinas attending prenatal clinics located in Los Angeles, California. Latinas who did and did not have histories of intimate partner violence were recruited. We then assessed the women for strengths, adverse social behavioral circumstances, posttraumatic stress disorder (PTSD), and depression. RESULTS: Significantly more women exposed to intimate partner violence scored at or above the cutoff point for depression than women who were not (41% vs 18.6%; P<.001). Significantly more women exposed to intimate partner violence scored at or above the cutoff point for PTSD than women who were not (16% vs 7.6%; P <.001). Lack of mastery, which measures feelings of being in control of forces that affect life (odds ratio [OR], 0.72; 95% confidence interval [CI], 0.62-0.84), a history of trauma not associated with intimate partner violence (OR, 1.33; 95% CI, 1.08-1.63), and exposure to intimate partner violence (OR, 2.43; 95% CI, 1.16-5.11) were associated with depression after adjusting for age, language of interview, and site effects. Stress (OR, 1.72; 95% CI, 1.34-2.2) and a history of trauma (OR, 1.45; 95% CI, 1.03-2.04) were independently associated with PTSD, whereas higher income was associated with decreased risk of PTSD (OR, 0.10; 95% CI, 0.02-0.63), after adjusting for age, language of interview, and site effects. CONCLUSIONS: Intimate partner violence was significantly associated with depression and PTSD but was associated with depression only after controlling for other factors in the multivariate model. The risk for depression declined with greater mastery but increased with a history of trauma or exposure to intimate partner violence. Stress, a history of trauma not associated with intimate partner violence, and lower income were all independently associated with increased risk for PTSD.

PMID: 18195314 [PubMed - indexed for MEDLINE]

Use of a Psychosocial Screen to Detect Children With Symptoms of Posttraumatic Stress Disorder: An Exploratory Study.  
Steinbaum DP, Chemtob C, Boscarino JA, Laraque D.
OBJECTIVE: The aim of this study was to evaluate the sensitivity and specificity of the parent and youth versions of the 17-item Pediatric Symptom Checklist (PSC-17) for identifying children with symptoms of posttraumatic stress disorder (PTSD). METHODS: Cross-sectional convenience samples of children aged 8 to 10 years treated at a primary care pediatrics practice in New York City were recruited. The PSC-17 and its 5-item internalizing subscale were used in both parent- and youth-completed formats. Posttraumatic stress disorder symptoms were identified with the University of California, Los Angeles posttraumatic stress reaction index (UCLA RI), used as a structured interview with the child. RESULTS: One hundred fifty-six children enrolled in the study. Twenty-two percent of children met the UCLA RI cutoff for likely PTSD. The youth version of the PSC-17 and its 5-item internalizing subscale identified these children with sensitivities of 78% and 75% and specificities of 77% and 77%, respectively, relative to the UCLA RI. The parent version of the PSC-17 and the internalizing subscale had poorer sensitivities of 44% and 25% and similar specificities of 79% and 92%, respectively. CONCLUSIONS: Symptoms of PTSD can be identified using the youth self-report version of the PSC-17. A 5-item subscale of the PSC-17 also performed well and can readily be used in primary care settings.

PMID: 18191779 [PubMed - as supplied by publisher]

An interpersonal neurobiological-informed treatment model for childhood traumatic grief.
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This article expands an earlier model of the tasks of grieving (1990, [1995], [2001]) by building on science based findings derived from research in attachment theory, neuroscience, interpersonal neurobiology, and childhood traumatic grief (CTG). The proposed treatment model is a prescriptive approach that spells out specific tasks to be undertaken by children suffering traumatic grief under the direction of a therapist who is trained in trauma-informed therapy approaches and draws heavily on the empirically derived childhood traumatic grief treatment model developed by Cohen and Mannarino (2004; Cohen, Mannarino, & Deblinger, 2006). This model expands on their work by proposing specific tasks that are informed by attachment theory research and the interpersonal neurobiological research (Schore, 2003a, 2003b; Siegel, 1999). Particular emphasis is placed on developing a coherent and meaningful narrative since this has been found as a
crucial factor in recovery from trauma in attachment research (Siegel, 1999; Siegel & Hartzell, 2003).

PMID: 18186426 [PubMed - indexed for MEDLINE]

Asthma linked to psychiatric disorders.
Kuehn BM.

PMID: 18182593 [PubMed - indexed for MEDLINE]

Post traumatic stress disorder in children after tsunami disaster in Thailand: 2 years follow-up.
Piyasil V, Ketuman P, Plubrukarn R, Jotipanut V, Tanprasert S, Aowjinda S, Thaeeromanophap S.
Queen Sirikit National Institute of Child Health, Bangkok, Thailand.

BACKGROUND: On December 26, 2004, the tsunami destroyed many families, communities, and residential areas. Adverse psychological impact on children and adolescents due to a natural disaster of this magnitude has never been reported in Thailand's history particularly as Post-Traumatic Stress Disorder (PTSD).

OBJECTIVE: Investigate clinical symptoms and develop a 2-year monitoring and intervention program for PTSD in children affected by the December 26, 2004 tsunami natural disaster The study period started six weeks after the event and was completed after two years.

MATERIAL AND METHOD: One thousand six hundred and twenty five surviving students from two schools in Takuapa district, Phang-nga Province, were enrolled. Screening tests using Pediatric symptom checklists, Childhood depressive intervention (CDI), and Revised child impact of events scales (CRIES) were done. Psychiatric evaluations were done by child and adolescent psychiatrists. Post Traumatic Stress Disorder (PTSD) was diagnosed using criteria from Diagnostic and Statistical Manual of Mental Disorders, 4th edition.

RESULTS: The prevalence of PSTD in the affected students were 57.3, 46.1, 31.6, 10.4, and 7.6% at 6 weeks, 6 months, 1 year, 1 1/2 years, and 2 years, respectively. The female: male ratio was 1.7:1. The peak age was 9-10 years old. Threatened situations were studied. Of the 176 students who risked their lives in the waves, 48 (27.3%) suffered from PTSD. Meanwhile, of the 1314 students who were not hit by the waves but were among affected friends and relatives, 42 students (3.1%) suffered from PTSD. The prevalence of PTSD in those hit by the waves were significantly higher than those who were not [p-value < 0.01, RR = 5.16 (4.04-.6.6)].

CONCLUSION: The prevalence of PSTD in children who suffered from the tsunami disaster was as high as 57.3% at six weeks after the incident. It declined sharply at two years (7.6%) with the help of integrated welfare. The children continue to get financial, rehabilitation, and mental health support to prevent long-term adverse outcomes.
Morphologic alterations in the corpus callosum in abuse-related posttraumatic stress disorder: a preliminary study.  
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Magnetic resonance imaging (MRI) studies in children with maltreatment-related posttraumatic stress disorder (PTSD) have demonstrated smaller corpus callosum area, with the greatest magnitude of change in posterior portions of the corpus callosum. The purpose of this study was to measure corpus callosum area in adult female patients with childhood abuse-related PTSD and comparison subjects. MRI was used to measure the midsagittal area of the corpus callosum as well as subregions of the corpus callosum in 9 female subjects with abuse-related PTSD and 9 healthy female subjects. No differences were found in total area of the corpus callosum or in individual subregions, but the subregion/total area ratio was significantly smaller in posterior midbody in PTSD compared with the healthy subjects. These results suggest that relatively smaller areas of the posterior midbody of the corpus callosum are associated with childhood abuse related PTSD in adults; these findings are consistent with findings in children with abuse-related PTSD.

PMID: 18091198 [PubMed - indexed for MEDLINE]

Families, schools, and disaster: the mental health consequences of catastrophic events. 
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Children have always experienced or witnessed disaster and mass casualty events in their schools and communities. However, the psychological impact of such events was not recognized until the middle of the 20th century. Children's responses to disaster and other traumatic events are based on developmental stage, the specific threat, injury and loss, and the child's coping skills as well as previous traumatic experiences. Schools and communities can serve as a sanctuary for children and their families during such devastating times. Lessons learned from the terrorist attacks of September 2001 and the gulf coast hurricanes offer strategies and approaches to assist children for families, teachers, schools, and communities. Resources for schools and communities include national organizations with evidence-based guidelines, program development, and guides for policy and communication.
This study surveys the prevalence of exposed traumatic events and posttraumatic stress disorder among the high school students. A total of 735 students were selected by stratified cluster sampling. The self-report trauma checklists and Mississippi Scale were used. The most common traumatic experiences were "witnessing or being in a bad car accident," "getting some really bad news unexpectedly," and witnessing violence. The last 2 experiences were more common among girls. The rate of the subjects who scored more than the cutoff point in the Mississippi Scale was 27.2%. There is an extremely high rate of exposed trauma rate, and approximately one third of them have posttraumatic stress disorder symptoms.

In this study, posttraumatic stress disorder (PTSD) and other posttraumatic sequelae, including affect dysregulation and problems with interpersonal relatedness, were examined as potential predictors of revictimization. Data were analyzed for 207 individuals who reported childhood maltreatment per the Child Maltreatment Interview Schedule. Participants included prison inmates, a treatment-seeking community sample, and a sample recruited via the internet. Significant gender differences were found for rates of revictimization. Controlling for the effects of childhood maltreatment, PTSD significantly predicts sexual revictimization of women. Interpersonal relatedness problems enter as a predictor for most types of revictimization of women, and indices reflective of affect dysregulation variably predict the different types of revictimization examined in this study. doi:10.1300/J229v08n04_03.
Risk for adult mental health problems associated with child sexual, physical, or emotional abuse and multiple types of child abuse was examined. Logistic regression analyses were used to test study hypotheses in a population-based sample of women (N = 3,936). As expected, child sexual, physical, and emotional abuse were independently associated with increased risk for mental health problems. History of multiple types of child abuse was also associated with elevated risk for mental health problems. In particular, exposure to all three types of child abuse was linked to a 23-fold increase in risk for probable posttraumatic stress disorder (PTSD). Findings underscore relations between child emotional abuse and adult mental health problems and highlight the need for mental health services for survivors of multiple types of child abuse.

PMID: 18064973 [PubMed - indexed for MEDLINE]

Family environment and adult attachment as predictors of psychopathology and personality dysfunction among inpatient abuse survivors.
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The current study explored the role of early family environment and adult attachment style in explaining long-term outcomes among child abuse survivors. Adult patients (N = 80) in a trauma treatment program were assessed for clinical diagnosis and administered a multiscale questionnaire. Hierarchical regression analyses were significant for dissociative identity disorder (DID), substance abuse, anxiety disorder, posttraumatic stress, somatization, and six personality disorder dimensions. Adult attachment styles were significant predictors of most outcome variables. Of particular note was the strong contribution of attachment avoidance to DID. Five family environment scales (Independence, Organization, Control, Conflict, Expressiveness) also contributed to various psychopathological outcomes. Evidence emerged supporting a mediating role for attachment style in the link between family independence and five personality disorder dimensions.

PMID: 18064971 [PubMed - indexed for MEDLINE]

Differences in early onset alcohol use and heavy drinking among persons with childhood and adulthood trauma.
Waldrop AE, Ana EJ, Saladin ME, McRae AL, Brady KT.
We examined predictors for age at onset of first alcohol use and onset of heaviest alcohol use among men (n = 43) and women (n = 46) with alcohol dependence and PTSD, PTSD only, alcohol dependence only, and controls, with a particular focus on individuals with child versus adult trauma. Using analysis of variance procedures, results showed differences in onset of first alcohol use and heaviest drinking between childhood and adulthood trauma victims. These preliminary results indicate that behavioral mechanisms associated with alcohol use patterns between individuals with childhood and adulthood trauma are dissimilar, suggesting greater psychopathological consequences for individuals with childhood trauma.

PMID: 18058407 [PubMed - indexed for MEDLINE]

Childhood sexual and physical abuse histories, PTSD, depression, and HIV risk outcomes in women injection drug users: a potential mediating pathway.
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We explored links between childhood sexual abuse (CSA), childhood physical abuse (CPA), posttraumatic stress disorder (PTSD)/depression, and women injection drug users' (IDUs') risk in 113 women recruited from two syringe exchange sites. More than half (56%) reported CSA, 68% CPA, 23% likely were depressed-only, and 53% likely had PTSD/depression. CSA was associated with sexual (p = 0.003) and drug risk (p = 0.05); CPA was not. CSA was associated with PTSD/depression (p = 0.03); PTSD/depression was associated with sexual (p < 0.01) and drug (p < 0.03) risk. After PTSD/depression adjustment, CSA was no longer associated with sexual or drug risk. These results suggest that women IDUs' CSA-to-risk path is mediated by PTSD/depression.

PMID: 18058406 [PubMed - indexed for MEDLINE]

24: Arch Gen Psychiatry. 2007 Dec;64(12):1451.
Comment on:
Arch Gen Psychiatry. 2007 May;64(5):577-84.
Trauma in childhood.
McNally RJ.

PMID: 18056555 [PubMed - indexed for MEDLINE]
25: Arch Gen Psychiatry. 2007 Dec;64(12):1451; author reply 1452-3.
Comment on:
   Arch Gen Psychiatry. 2007 Apr;64(4):419-26.
Is psychosocial management effective?
Saddichha S, Kumar D.

PMID: 18056554 [PubMed - indexed for MEDLINE]

26: Arch Gen Psychiatry. 2007 Dec;64(12):1427-34.
Exposure to hurricane-related stressors and mental illness after Hurricane Katrina.
Galea S, Brewin CR, Gruber M, Jones RT, King DW, King LA, McNally RJ, Ursano RJ, Petukhova M, Kessler RC.
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CONTEXT: Uncertainty exists about the prevalence, severity, and correlates of mental disorders among people exposed to Hurricane Katrina. OBJECTIVE: To estimate the prevalence and associations between DSM-IV anxiety-mood disorders and hurricane-related stressors separately among prehurricane residents of the New Orleans metropolitan area and the remainder of the areas in Alabama, Louisiana, and Mississippi affected by Katrina. DESIGN: Community survey. SETTING AND PARTICIPANTS: A probability sample of 1043 English-speaking prehurricane residents of the areas affected by Hurricane Katrina was administered via telephone survey between January 19 and March 31, 2006. The survey assessed hurricane-related stressors and screened for 30-day DSM-IV anxiety-mood disorders. MAIN OUTCOME MEASURES: The K6 screening scale of anxiety-mood disorders and the Trauma Screening Questionnaire scale for posttraumatic stress disorder (PTSD), both calibrated against blinded structured clinical reappraisal interviews to approximate the 30-day prevalence of DSM-IV disorders. RESULTS: Prehurricane residents of the New Orleans metropolitan area were estimated to have a 49.1% 30-day prevalence of any DSM-IV anxiety-mood disorder (30.3% estimated prevalence of PTSD) compared with 26.4% (12.5% PTSD) in the remainder of the sample. The vast majority of respondents reported exposure to hurricane-related stressors. Extent of stressor exposure was more strongly related to the outcomes in the New Orleans metropolitan area subsample than the remainder of the sample. The stressors most strongly related to these outcomes were physical illness/injury and physical adversity in the New Orleans metropolitan area subsample and property loss in the remainder of the sample. Sociodemographic correlates were not explained either by differential exposure or reactivity to hurricane-related stressors. CONCLUSIONS: The high prevalence of DSM-IV anxiety-mood disorders, the strong associations of hurricane-related stressors with these outcomes, and the independence of sociodemographics from stressors argue that the practical problems associated with ongoing stressors are widespread and must be addressed to reduce the prevalence of mental disorders in this population.
Post-traumatic stress disorder (PTSD) is associated with functional abnormalities of the hypothalamic-pituitary-adrenocortical (HPA) axis. Emerging evidence suggests that failures in social regulation of the HPA axis in young children manifested as neglectful or abusive care may play a role in shaping cortico-limbic circuits involved in processing experiences threatening experiences encountered later in life. Low cortisol levels, particularly near the peak of the diurnal rhythm, have been reported in abused, neglected and deprived children. Thus early imprinting effects of parenting quality on the HPA system regulation may be one of the mechanisms causing heightened risk of PTSD in responses to later trauma. However there is also evidence that the altered patterns of cortisol production seen in the context of early adverse care are not permanent, and remit once the care children receive improves. What awaits study is whether periods of atypical cortisol levels and altered HPA function early in life, even if transient, impact brain development in ways that heighten vulnerability to PTSD in response to traumas experienced later.
in the larger cohort. RESULTS: The estimated prevalence of ADHD among adolescents in the Northern Finland Birth Cohort 1986 is 8.5% with a male/female ratio of 5.7:1. The distribution of ADHD subtypes among the ADHD adolescents is 28% Combined, 64% Inattentive, and 8% Hyperactive-Impulsive. A lifetime diagnosis of a broadly defined ADHD (probable or definite) had a prevalence of 18.2% with a male/female odds ratio (OR) of 3.2. This lifetime diagnosis of ADHD is significantly associated with anxiety (OR 2.4), mood (OR 2.9), and disruptive behavioral disorders (OR 17.3) in the cohort. CONCLUSIONS: ADHD is a common neurobehavioral disorder among Northern Finnish adolescents and significantly associated with psychiatric comorbidity in adolescence.

PMID: 18030079 [PubMed - indexed for MEDLINE]

Earthquake survivors' quality of life and academic achievement six years after the earthquakes in Marmara, Turkey.
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This study investigates the quality of life (QOL) and academic achievement of earthquake survivors six years after the earthquakes in Marmara, Turkey. Data were collected from 407 Turkish university students. Of these, 201 were earthquake survivors and 206 had not been exposed to an earthquake. The Turkish adaptation of the brief version of the World Health Organisation's QOL instrument (WHOQOL-BREF, TR) was used to measure QOL. The results reveal that the earthquake survivors' psychological and environmental domains of QOL and academic achievement were significantly lower than those of individuals not exposed to an earthquake. The results also highlight the risk factors that affect the QOL of the earthquake survivors significantly. These are their gender, their age at the time of earthquake and the continued existence of financial difficulties linked to the earthquakes.

PMID: 18028168 [PubMed - indexed for MEDLINE]

The Harvard trauma questionnaire: adapting a cross-cultural instrument for measuring torture, trauma and posttraumatic stress disorder in Iraqi refugees.
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BACKGROUND: Mental health assessments in post-conflict zones have relied heavily on Western psychiatric scales. Yet, a strict dependence on the paradigms of Western psychiatry risks inappropriately prioritizing syndromes, such as PTSD, which, however important, are eclipsed by local concerns. MATERIAL AND
DISCUSSION: In Dearborn, Michigan, home to the largest population of Iraqi refugees in the United States, 60 Iraqi refugee life stories were collected in order to adapt the Harvard Trauma Questionnaire (HTQ) to the Iraqi context. CONCLUSION: The methodology described proved to be a useful approach to developing a trauma measure that is culturally grounded in a multi-dimensional model of mental health.

PMID: 18018666 [PubMed - indexed for MEDLINE]

Caregiver traumatization adversely impacts young children's mental representations on the MacArthur Story Stem Battery.
Columbia University, USA.

The aim of our study was to investigate the impact of maternal exposure to family violence, maltreatment, and related posttraumatic stress disorder (PTSD) on young children's mental representations of self and caregivers. Participant mothers (n=24) and children (n=25) were recruited from a referred sample when they were 4-7 years old. Maternal report and child story stem narratives were used. Mother's experience of domestic violence and severity of violence-related PTSD symptoms robustly predicted more dysregulated aggression, attentional bias to danger and distress, as well as more avoidance of and withdrawal from conflicts presented in the children's story stems. Less narrative coherence was also noted. Traumatized mothers experience and symptoms prior to their child's turning 4 years old adversely affected their child's mental representations from 4-7 years.

PMID: 18007959 [PubMed - indexed for MEDLINE]

Examining posttraumatic growth among Japanese university students.
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To determine the underlying factor structure of the Japanese version of the Posttraumatic Growth Inventory (PTGI-J), a principal components analysis was performed on data from 312 Japanese undergraduate students who reported growth due to their most traumatic event within the last 5 years. Results showed the PTGI-J has high internal consistency and, of the original five factors reported by Tedeschi and Calhoun (1996), three were replicated: Relating to Others, New Possibilities, Personal Strength, and a fourth factor integrating Spiritual Change and Appreciation of Life emerged. There were neither gender differences nor relationships with time since trauma. PTGI-J scores were positively associated with posttraumatic symptoms and correlated with type of traumatic
event experienced. These results and future directions are discussed from a cross-cultural viewpoint.

PMID: 17999236 [PubMed - indexed for MEDLINE]

The relationship between childhood support and later emergence of PTSD.
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The authors examine the relationship between three sources of social support (maternal, paternal, and peer) and the development of posttraumatic stress disorder (PTSD). This study utilized data from the National Comorbidity Survey (NCS), a large (N = 5,877) nationally representative population survey. Persons with and without a lifetime history of PTSD and those with and without a history of trauma exposure were compared on levels of social support received prior to age 15. Persons with a history of PTSD reported that they received less maternal, paternal, and peer support as children than those without PTSD. Importantly, persons who developed PTSD after the age of 17 reported lower levels of early childhood support from their fathers.

PMID: 17955546 [PubMed - indexed for MEDLINE]

Brain, skull, and cerebrospinal fluid volumes in adult posttraumatic stress disorder.
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Children and adolescents with maltreatment-related posttraumatic stress disorder (PTSD) exhibit smaller intracranial tissue volume than controls. Linear relationships have also been observed between intracranial tissue volume and the age of maltreatment onset. The authors explored associations among adult PTSD, early trauma, and cerebral volumes in 99 combat veterans. A bone-based estimate of cranial volume was developed to adjust for variation in body size. Posttraumatic stress disorder was not associated with smaller cerebral tissue volume, but rather with smaller cerebrospinal fluid (CSF) and cranial volumes. These findings co-occurred with expected effects of alcoholism and aging on cerebral tissue and CSF volumes. The results point to early developmental divergences between groups with and without PTSD following adult trauma.
This study investigated the prevalence of mothers' anxiety, depression, and posttraumatic stress disorder (PTSD) symptoms triggered by their child's type 1 diabetes and identified individual diabetes-related traumatic stressors. Sixty mothers of children who had been diagnosed with diabetes within the past 5 years were interviewed using the Structured Clinical Interview (SCID) DSM-IV-PTSD module, and completed the Posttraumatic Stress Diagnostic Scale (PDS) and the Hospital Anxiety and Depression Scale (HADS). Fifteen percent of participants met criteria for partial and 10% for full PTSD. Fifty-five percent of participants identified hearing about their child's diagnosis as the traumatic stressor. Forty percent of participants reported moderate to severe symptoms of state-anxiety and 17% moderate to severe symptoms of depression. This study highlights the significant emotional impact this diagnosis in children can have on mothers, and identifies a population with clinical needs.

This study examined the direction of association between symptoms of posttraumatic stress disorder (PTSD) and cortisol levels among youth with recent and distal traumas (N = 50; mean age = 10.7 years). Each had a clinical interview for PTSD symptoms, a cortisol assessment, and the time since the child's most recent trauma was assessed. Results indicated that the time since the most recent trauma moderated the association between cortisol and PTSD symptoms and comparisons indicated that there were significant differences in the size of the correlations across the recent and distal trauma groups. The results point to a potentially important role of the time since trauma in understanding the relationship between PTSD symptoms and cortisol.
Risk factors for suicidal behavior among a national sample of adolescents: implications for prevention.

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Factors associated with suicidal ideation and attempts were examined among a national probability sample of adolescents. Sample prevalences of suicidal ideation and attempts were 24.3% and 3.3%, respectively, yielding weighted population prevalence estimates of 23.3% and 3.1%. Suicidal ideation was positively associated with female gender, age, family alcohol and drug problems, violence exposure, lifetime depression, and posttraumatic stress disorder (PTSD). Suicide attempts were associated with female gender, age, sexual and physical assault, lifetime substance abuse or dependence, PTSD, and depression. Implications for intervention and prevention are discussed.

PMID: 17955525 [PubMed - indexed for MEDLINE]

Elevated heart rate as a predictor of PTSD six months following accidental pediatric injury.
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The present study investigated the relationship between elevated heart rate (HR) and posttraumatic stress disorder (PTSD) 6 months following accidental pediatric injury. The HR was taken in 101 children, aged 7 to 16 years, upon arrival at the hospital and again 24 hours following admission. Posttraumatic stress disorder was assessed 6 months later using the Anxiety Disorders Interview Schedule for DSM-IV (W. K. Silverman & A. M. Albano, 1996). Children who had an elevated HR (defined as greater than/equal to one standard deviation above the age and sex mean) at admission or 24 hours later were more likely to experience traumatic stress symptoms at 6 months. These findings suggest elevated HR could be used to aid in the early identification of children at risk of developing PTSD following a traumatic accident.

PMID: 17955523 [PubMed - indexed for MEDLINE]

Acute child and mother psychophysiological responses and subsequent PTSD symptoms following a child's traumatic event.
Ostrowski SA, Christopher NC, van Dulmen MH, Delahanty DL. Department of Psychology, Kent State University, Kent, OH 44242, USA.
This study examined the relationship between acute cortisol responses to trauma and subsequent PTSD symptoms (PTSS) in children and their biological mothers. Urinary cortisol levels were assessed in 54 children aged 8-18 upon admission to a level-I trauma center. Six weeks posttrauma, 15-hour urine samples were collected from children and their mothers. Depression and PTSS were assessed at 6 weeks (N = 44) and 7 months (N = 38) posttrauma. Higher child in-hospital cortisol significantly predicted 6-week child PTSS. This was true only for boys at 7 months. In mothers, lower 6-week cortisol levels significantly predicted 7-month PTSS. Results extend findings of differing directions of acute hormonal predictors of PTSS in adults versus children to a sample of genetically related individuals.

PMID: 17955521 [PubMed - indexed for MEDLINE]

Mothers' strategies for protecting children from batterers: the perspectives of battered women involved in child protective services.
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During in-depth, individual interviews, seventeen battered women involved in the public child welfare system discussed the effects of domestic violence on their children, and their strategies for protecting and supporting them. Most mothers articulated the detrimental effects of domestic violence on their children and coherent strategies to protect them physically, but described difficulties supporting young children psychologically. Collectively, mothers reported a number of apparently useful strategies for supporting children's psychological resilience. Implications for intervention are discussed.

PMID: 17953327 [PubMed - indexed for MEDLINE]

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OBJECTIVES: Previous research has established that women can develop childbirth-related post-traumatic stress disorder (PTSD), but the effect of this on a couple's relationship has not been examined. This study aimed to look at the experience and impact of childbirth-related PTSD in women and their partners.

DESIGN: This was a qualitative interview study of six couples, where at least one partner had clinically significant symptoms of childbirth-related PTSD. METHODS: Semi-structured interviews were conducted separately with each partner and interview transcripts subjected to thematic analysis. RESULTS: Analysis
identified four themes with 18 subthemes as follows: (1) birth factors (pain, negative emotions in labour, perceived lack of control, lack of choice or lack of involvement in decision-making, restricted movement or physical restraint, and expectations not being met); (2) quality of care (information provision, staff factors, continuity of care and environment); (3) effects on relationship with partner (impact on physical relationship, communication within the relationship, negative emotions within the relationship, receiving or giving support from partner, coping together as a couple and overall effect on the relationship); and (4) effects on relationship with child (perceptions of the child and parent-baby bond). CONCLUSIONS: This study suggests that PTSD may have a negative impact on the couple's relationship and the parent-baby bond.

PMID: 17931469 [PubMed - indexed for MEDLINE]

Length of stay in asylum centres and mental health in asylum seekers: a retrospective study from Denmark.
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BACKGROUND: The length of stay in asylum centres is generally mentioned as a possible health risk to asylum seekers. Medical staff working with asylum seekers has claimed that long lengths of stay in asylum centres might cause or aggravate mental disorders. We used records from a large, multiethnic group of asylum seekers to study if the incidence of mental disorders increased with length of stay. METHODS: The study population was asylum seekers in Danish asylum centres run by the Danish Red Cross. General medical care was provided by Red Cross staff who could refer selected cases to medical specialists. If an asylum seeker needed more than three specialist consultations for mental illness or five consultations for physical illness the referrals had to be approved by The Danish Immigration Service. Between July 2001 - December 2002 the Red Cross prospectively registered health related data on all new applications (n = 4516) to the Immigration Service regarding referrals to medical specialists. We used these records to analyse the association between length of stay in the asylum centres and overall rate of referral for mental disorders. Data was analysed using weighted linear regression. RESULTS: We found that referrals for mental disorders increased with length of stay in asylum centres in a large, multiethnic population of asylum seekers. The association was found in all the categories of psychiatric illness studied and for a majority of the nationality groups studied. CONCLUSION: Length of stay in asylum centres was associated with an increase in referrals for mental disorders in a large, multiethnic group of asylum seekers. The present study supports the view that prolonged length of stay in an asylum centre is a risk factor for mental health. The risk of psychiatric illness among asylum seekers should be addressed by political and humanitarian means, giving prevention of illness the highest priority.
BACKGROUND: Although adolescence in many cases is a period of rebellion and experimentation with new behaviors and roles, the exposure of adolescents to life-threatening and violent events has rarely been investigated in national probability studies using a broad range of events. METHODS: In an Icelandic national representative sample of 206 9th-grade students (mean = 14.5 years), the prevalence of 20 potentially traumatic events and negative life events was reported, along with the psychological impact of these events. RESULTS: Seventy-four percent of the girls and 79 percent of the boys were exposed to at least one event. The most common events were the death of a family member, threat of violence, and traffic accidents. The estimated lifetime prevalence of posttraumatic stress disorder-like states (PTSD; DSM-IV, APA, 1994) was 16 percent, whereas another 12 percent reached a sub-clinical level of PTSD-like states (missing the full diagnosis with one symptom). Following exposure, girls suffered from PTSD-like states almost twice as often as boys. Gender, mothers' education, and single-parenthood were associated with specific events. The odds ratios and 95% CI for PTSD-like states given a specific event are reported. Being exposed to multiple potentially traumatic events was associated with an increase in PTSD-like states. CONCLUSION: The findings indicate substantial mental health problems in adolescents that are associated with various types of potentially traumatic exposure.

This study identified post-traumatic stress disorder (PTSD) symptom clusters in Turkish children and adolescents who experienced the 1999 Marmara Earthquake, which was classified as one of the world's six deadliest earthquakes in the 20th century. Two hundred ninety three children and adolescents (152 females and 141 males between the ages of 8 and 15) living in Izmit, the epicenter of the earthquake, participated in this study. The Post-Traumatic Stress Disorder Reaction Index for Children (CPTSD-RI) was administered to assess PTSD symptoms. A confirmatory factor analysis (CFA), using data from the CPTSD-RI, was conducted.
to determine whether the DSM-IV-TR symptom structure of PTSD was valid in Turkish children and adolescents. The CFA model supported the three-symptom cluster model. Limitations and implications for future research studies are included in the discussion.

PMID: 17876513 [PubMed - indexed for MEDLINE]

Enhancing spiritual well-being among suicidal African American female survivors of intimate partner violence.  
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Spirituality has been identified as one component of a culturally competent therapeutic intervention for African American women. The present study was designed to investigate the ability of factors, such as level of hopelessness and the use of positive religious coping strategies, to predict spiritual well-being over time. Seventy-four low-income African American women were administered self-report questionnaires measuring hopelessness, use of religious coping strategies, and two domains of spiritual well-being. Path analysis indicated that hopelessness, existential well-being, religious well-being, and positive religious coping are correlated with one another. Further, lower levels of hopelessness predict increases in existential well-being over time; higher levels of positive religious coping predict increases in religious well-being over time. Results were consistent with the study hypotheses and highlight the need to attend to predictors of spiritual well-being when implementing culturally relevant interventions with abused, suicidal African American women. Therapeutic strategies for reducing hopelessness and enhancing positive religious coping to improve spiritual and existential well-being are presented; such strategies will ensure the interventions are more culturally competent. (c) 2007 Wiley Periodicals, Inc.

PMID: 17828759 [PubMed - indexed for MEDLINE]

Psychometric evaluation and comparison of three retrospective, multi-item measures of childhood sexual abuse.  
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OBJECTIVE: To evaluate and compare the psychometric qualities of three retrospective, multi-item measures of childhood sexual abuse (CSA): the CSA Frequency Scale, CSA Count Index, and CSA Multiple Characteristics Index.  
METHODS: Two samples of women 20-50 years old who experienced CSA were recruited
from a family practice clinic (N=132) and the community (N=19). The measures were designed to represent the three most commonly used approaches for multi-item measurement of past CSA, as determined by a review of literature. Items were derived from a self-administered instrument from a larger study. The CSA Frequency Scale was evaluated for test-retest reliability, internal consistency, and criterion-related validity. The CSA Count and CSA Multiple Characteristics Indexes were evaluated for content specification, indicator specification, indicator collinearity, external validity, criterion-related validity, and test-retest reliability. Criterion-related validity variables were (a) physical and psychosocial symptomatology and (b) depression. RESULTS: Upon evaluation, all three measures met criteria for satisfactory quality, with one exception: external validity for both indexes. When compared across test-retest reliability and criterion-related validity results, none of the measures proved superior. Intraclass correlation coefficients for test-retest reliability ranged from .92 to .94; correlations with the criterion-related validity variables ranged from r=.36 to .41. CONCLUSIONS: The results support the continued use of established scales similar to the CSA Frequency scale. In addition, the results suggest further development and standardization of indexes similar to the CSA Count and Multiple Characteristics Indexes is warranted.

PMID: 17825410 [PubMed - indexed for MEDLINE]


PMID: 17822762 [PubMed - indexed for MEDLINE]


Resilience refers to the ability to successfully adapt to stressors, maintaining psychological well-being in the face of adversity. Recent years have seen a great deal of research into the neurobiological and psychological factors and mechanisms that characterize resilient individuals. This article draws from that research to outline some of the most important contributors to resilience. The authors hope that by contributing to a growing understanding of the genetic, developmental, neurobiological, and psychological underpinnings of resilience, researchers and clinicians in the field will move closer toward the goal of identifying and treating individuals at risk for developing posttraumatic psychopathology.
The current study was a multilevel investigation of resilience, emotion regulation, and hemispheric electroencephalogram (EEG) asymmetry in a sample of maltreated and nonmaltreated school age children. It was predicted that the positive emotionality and increased emotion regulatory ability associated with resilient functioning would be associated with relatively greater left frontal EEG activity. The study also investigated differences in pathways to resilience between maltreated and nonmaltreated children. The findings indicated that EEG asymmetry across central cortical regions distinguished between resilient and nonresilient children, with greater left hemisphere activity characterizing those who were resilient. In addition, nonmaltreated children showed greater left hemisphere EEG activity across parietal cortical regions. There was also a significant interaction between resilience, maltreatment status, and gender for asymmetry at anterior frontal electrodes, where nonmaltreated resilient females had greater relative left frontal activity compared to more right frontal activity exhibited by resilient maltreated females. An observational measure of emotion regulation significantly contributed to the prediction of resilience in the maltreated and nonmaltreated children, but EEG asymmetry in central cortical regions independently predicted resilience only in the maltreated group. The findings are discussed in terms of their meaning for the development of resilient functioning.

OBJECTIVE: To describe the adaptive style paradigm as a heuristic model for understanding the very positive psychosocial adjustment that has been observed in children with cancer, and to integrate findings regarding repressive adaptive style into a broader positive psychology framework. METHOD: A selective review of the literature on adaptive style, and its' relevance to outcomes of depressive functioning.
symptoms, posttraumatic stress symptoms, somatic distress, and health-related quality of life in children with cancer. RESULTS: Studies have found children with cancer report low levels of psychological distress. Adaptive style is a much stronger predictor of psychosocial outcomes than is health history. CONCLUSION: Children with cancer represent a flourishing population. A repressive adaptive style is one pathway to resilience in this population. Additional constructs from the domain of positive psychology are reviewed, and a positive psychology model is suggested as a framework for guiding future research in this area.

PMID: 17698880 [PubMed - indexed for MEDLINE]

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BACKGROUND: Understanding of the psychological impact of politically motivated violence is poor. AIMS: To examine the prevalence of post-traumatic symptoms subsequent to the 'troubles' in Northern Ireland. METHOD: A telephone survey of 3000 adults, representative of the population in Northern Ireland and the border counties of the Irish Republic, examined exposure to political violence, post-traumatic stress disorder (PTSD) and national identity. RESULTS: Ten per cent of respondents had symptoms suggestive of clinical PTSD. These people were most likely to come from low-income groups, rate national identity as relatively unimportant and have higher overall experience of the 'troubles' than other respondents. CONCLUSIONS: Direct experience of violence and poverty increase the risk of PTSD, whereas strong national identification appears to reduce this risk.

PMID: 17666499 [PubMed - indexed for MEDLINE]

The natural history of neuroendocrine changes in pediatric posttraumatic stress disorder (PTSD) after motor vehicle accidents: progressive divergence of noradrenaline and cortisol concentrations over time.
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BACKGROUND: The hypothalamic-pituitary-adrenal axis and the catecholaminergic system are involved in the pathophysiology of post-traumatic stress disorder (PTSD). This was a prospective and longitudinal study of neuroendocrine physiology in children with PTSD following a motor vehicle accident (MVA). METHODS: Sixty children aged 7-18 were studied immediately after an MVA and 1 and 6 months later. Fasting morning plasma catecholamine and serum cortisol
concentrations were measured. Salivary cortisol concentrations were measured serially five times daily to examine circadian variation in all three assessments. Values were compared between those who did (PTSD) or did not develop PTSD (non-PTSD) after the trauma and a control group at months 1 and 6. RESULTS: Twenty-three of the children had PTSD at the 1-month and 9 children at the 6-month evaluations. 1) Plasma noradrenaline concentrations were higher in the PTSD group than in the other two groups at both months 1 and 6 (p = .001 and p = .001, respectively). Additionally, the PTSD patients presented with significantly higher salivary cortisol concentrations at 18.00 (p = .03) and 21.00 (p = .04) at month 1. 2) Eight children suffering from PTSD at both months 1 and 6 had significantly elevated plasma noradrenaline concentrations at month 6 compared with those at month 1 and at baseline and to the other two groups (within subjects: p < .001; between subjects: p = .005). The initially elevated evening salivary cortisol concentrations in this group normalized at month 6. CONCLUSIONS: This progressive divergence of noradrenaline and cortisol concentrations over time might underlie the natural history and pathophysiology of PTSD.

PMID: 17624319 [PubMed - indexed for MEDLINE]

Stress-related mental disorders in childhood cancer survivors.
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BACKGROUND: This report evaluated the association between surviving pediatric cancer and receiving a diagnosis of a stress-related mental disorder (SRMD) (i.e., post-traumatic stress disorder (PTSD), acute stress disorder, or adjustment disorders). PROCEDURE: The dataset comprised a cohort of Medicaid eligible children, ages birth to 15 years during baseline years 1996-2001 and followed at least 1 year until age 19 years or the end of 2003. Childhood cancer survivors (N = 390) identified from the SC Central Cancer Registry were frequency matched within age groups at each baseline year to children with no history of malignancy (N = 1,329). Survival curves and cumulative incidence of SRMD were estimated using the Kaplan-Meier method. Cox proportional hazards models were used to estimate hazard ratios (HR) and 95% confidence intervals (CI) for pediatric cancer survival and selected covariates. RESULTS: The 8-year incidence of SRMD was 18.6% (95% CI: 12.47, 24.8) among childhood cancer survivors and 7.3% (5.0, 9.6) among children with no history of malignancy, HR = 3.22 (2.17, 4.76). Significant covariates for this group included race, sex, and previous mental disorder, adjusted HR = 3.00 (2.02, 4.45). Significant predictors among the childhood cancer survivors included cancer type, age group, treatment, and previous mental disorder. CONCLUSIONS: Given the potential benefit of interventions for those with prior psychopathology, that children are less likely to verbalize emotional problems, and the detrimental implications of undiagnosed
mental disorders, the health evaluations of childhood cancer patients and the follow-up visits for the survivors should incorporate assessment for mental disorders, especially SRMD. (c) 2007 Wiley-Liss, Inc.

PMID: 17610265 [PubMed - indexed for MEDLINE]

A pilot randomized controlled trial of combined trauma-focused CBT and sertraline for childhood PTSD symptoms.  
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OBJECTIVE: To examine the potential benefits of adding a selective serotonin reuptake inhibitor, sertraline, versus placebo, to trauma-focused cognitive-behavioral therapy (TF-CBT) for improving posttraumatic stress disorder and related psychological symptoms in children who have experienced sexual abuse.  
METHOD: Twenty-four 10- to 17-year-old female children and adolescents and their primary caretakers were randomly assigned to receive TF-CBT + sertraline or TF-CBT + placebo for 12 weeks. RESULTS: Both groups experienced significant improvement in posttraumatic stress disorder and other clinical outcomes from pre- to posttreatment with no significant group x time differences between groups except in Child Global Assessment Scale ratings, which favored the TF-CBT + sertraline group. CONCLUSIONS: Only minimal evidence suggests a benefit to adding sertraline to TF-CBT. A drawback of adding sertraline was determining whether TF-CBT or sertraline caused clinical improvement for children with comorbid depression. Current evidence therefore supports an initial trial of TF-CBT or other evidence-supported psychotherapy for most children with PTSD symptoms before adding medication.

PMID: 17581445 [PubMed - indexed for MEDLINE]

Sleep findings in young adult patients with posttraumatic stress disorder.  
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BACKGROUND: Laboratory sleep studies in posttraumatic stress disorder (PTSD) have not provided consistent evidence of sleep disturbance, despite apparent sleep complaints. Most of these studies have investigated middle-aged chronic PTSD subjects with a high prevalence of comorbidities such as substance dependence and/or personality disorder. METHODS: Ten young adult PTSD patients (aged 23.4 +/- 6.1 years) without comorbidities of substance dependence and/or personality disorder underwent 2-night polysomnographic recordings. These sleep measures were compared with those of normal control subjects and were correlated with PTSD
syndrome. RESULTS: Posttraumatic stress disorder patients demonstrated significantly poorer sleep, reduced sleep efficiency caused by increased wake time after sleep onset, and increased awakening from rapid eye movement (REM) sleep (REM interruption). We found significant positive correlations between the severity of trauma-related nightmare complaints and the percentage of REM interruption, as well as wake time after sleep onset. CONCLUSIONS: The results indicate that trauma-related nightmares are an important factor resulting in increased REM interruptions and wake time after sleep onset in PTSD.

PMID: 17543289 [PubMed - indexed for MEDLINE]


Pain regulation and health-related quality of life after thoracolumbar fractures of the spine.

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Fractures of the thoracolumbar spine rank among the severest injuries of the human skeleton. Especially in younger patients they often result from high-energy accidents. Recently, a shift in paradigm towards more aggressive treatment strategies including anterior procedures could be observed. However, so far only few data exist reflecting the quality of life (QoL) after such injuries. The aim of this study was to evaluate medium-term QoL and further to identify factors that influence the clinical outcome in patients with fractures of the thoracolumbar spine. Data of 906 patients who were treated during a 10-year period in our institution were evaluated retrospectively. Only patients with single-level traumatic injuries aged between 18 and 65 years without neurological deficits, concomitant injuries of other locations and internal comorbidities were included into the investigation (n = 204). Three different treatment groups (i.e. non-operative, dorsal and dorsoventral stabilisation) were compared to healthy controls as well as different pain populations. The QoL was assessed using established questionnaires (SF-36, HFAQ, VAS-Spinescore, PRQ, and PTSD). Sixty-five percent of the included patients (n = 133) were studied at an average follow-up of 5.3 +/- 1.7 years after injury. All treatment groups revealed an identical gender and age distribution. More severe and unstable injuries were found in the surgical groups associated with higher treatment costs and a longer inability to work. Compared to healthy controls, QoL was compromised to the same extent in all groups. Furthermore, all patients treated in this study did significantly better than low back pain individuals with regard to QoL and pain regulation parameters. In our study, patients with thoracolumbar spine fractures showed a reduced QoL compared to healthy controls. Thus, patients do not seem to regain their former QoL. However, the level of discomfort was comparably low in all groups, even in patients with more severe injuries requiring extensive surgery. Overall, outcome and QoL after traumatic fractures of the thoracolumbar
spine rather seem to be determined by the severity of injury than by pain regulation or other psychosocial factors which is likely the case in low back pain disorders.

PMID: 17520296 [PubMed - indexed for MEDLINE]


*Acute stress in parents of children newly diagnosed with cancer.*
Patiño-Fernández AM, Pai AL, Alderfer M, Hwang WT, Reilly A, Kazak AE.
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OBJECTIVE: Acute Stress Disorder (ASD) and subclinical symptoms of acute stress (SAS) may be a useful framework for understanding the psychological reactions of mothers and fathers of children newly diagnosed with a pediatric malignancy. PATIENTS AND METHODS: Mothers (N = 129) and fathers (N = 72) of 138 children newly diagnosed with cancer completed questionnaires assessing acute distress, anxiety, and family functioning. Demographic data were also gathered. Inclusion criteria were: a confirmed diagnosis of a pediatric malignancy in a child under the age of 18 years without prior chronic or life threatening illness and fluency in English or Spanish. RESULTS: Descriptive statistics and multiple linear regressions were used to examine predictors of SAS. Fifty-one percent (N = 66) of mothers and 40% (N = 29) of fathers met DSM-IV diagnostic criteria for ASD. The majority of the sample reported experiencing at least one SAS. General anxiety, but not family functioning, was a strong predictor of SAS in both mothers and fathers even after controlling for demographic characteristics. CONCLUSIONS: Immediately following their child's diagnosis of cancer, most mothers and fathers experience SAS, with a subsample meeting criteria for ASD. More anxious parents are at heightened risk of more intense reactions. The findings support the need for evidence-based psychosocial support at diagnosis and throughout treatment for families who are at risk for acute distress reactions. (c) 2007 Wiley-Liss, Inc.

PMID: 17514742 [PubMed - indexed for MEDLINE]


*Post-traumatic stress disorder after severe burn in southern Taiwan.*
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This cross-sectional study was conducted to examine the prevalence and risk factors of post-traumatic stress disorder (PTSD) after severe burn, and the need for psychological intervention for burn patients in southern Taiwan. Participants (N=82) were assessed by means of the Mini-International Neuropsychiatry Interview (MINI) scale with a structured questionnaire. Results showed that the prevalence of post-traumatic stress disorder in burn patients who met the DSM-IV criteria
for PTSD was 26.8%. The risk factors related to PTSD in burn patients were: female, unmarried, and a lack of leisure arrangements after adjusting for confounding factors. PTSD patients needed more psychological intervention than the non-PTSD patients. These results suggest that PTSD after severe burn was not uncommon in southern Taiwan. The identified risk factors could provide clues to help burn care professionals provide multidisciplinary intervention.

PMID: 17482369 [PubMed - indexed for MEDLINE]

Posttraumatic stress disorder symptoms in trauma-exposed college students: the role of trauma-related cognitions, gender, and negative affect.
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Considerable evidence indicates a prominent role for trauma-related cognitions in the development and maintenance of posttraumatic stress disorder (PTSD) symptoms. The present study utilized regression analysis to examine the unique relationships between various trauma-related cognitions and PTSD symptoms after controlling for gender and measures of general affective distress in a large sample of trauma-exposed college students. In terms of trauma-related cognitions, only negative cognitions about the self were related to PTSD symptom severity. Gender and anxiety symptoms were also related to PTSD symptom severity. Theoretical implications of the results are discussed.

PMID: 17270389 [PubMed - indexed for MEDLINE]

Gay male sexual assault survivors: the relations among internalized homophobia, experiential avoidance, and psychological symptom severity.
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This study explored the relations among internalized homophobia (IH), experiential avoidance, and psychological symptom severity in a community sample of 74 gay male sexual assault survivors. Results indicated that IH is associated with both depressive and posttraumatic stress disorder (PTSD) symptom severity. IH accounted for more variance than assault severity in predicting both PTSD and depression symptom severity. IH and experiential avoidance similarly predicted PTSD symptom severity. In comparison with IH, however, experiential avoidance is a stronger predictor of depression symptom severity. Results also showed that experiential avoidance partially mediated the relation between IH and both depressive and PTSD symptom severity. The implications of these findings are discussed and suggestions for future research are provided.
Sixty years later: post-traumatic stress symptoms and current psychopathology in former German children of World War II.
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BACKGROUND: The aim of the study was to determine the amount of trauma impact, post-traumatic stress symptoms and current psychopathological distress in a sample of former German children of World War II. METHODS: 93 participants were recruited through the local press, and assessed using the modified Post-traumatic Diagnostic Scale (PDS) and the Symptom Checklist (SCL-90-R). RESULTS: Subjects reported a high qualitative and quantitative degree of trauma exposure. 13.8% reported PTSD-related symptoms after the war, and 10.8% reported current symptoms. PTSD symptoms after World War II were significantly correlated with current psychopathological distress. CONCLUSIONS: In line with other studies, our data document a high degree of trauma exposure during warchildhood. In comparison with other studies on PTSD in warchildren, there is a persisting high prevalence of war-associated PTSD symptoms in this sample. Despite some methodological limitations, our data underline the urgent need for further studies on the ageing group of former children of World War II.

Prevalence of exposure to potentially traumatic events and PTSD. The Zurich Cohort Study.
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OBJECTIVE: The aim of this study was to estimate the prevalence rate of exposure to potentially traumatic events (PTE) and posttraumatic stress disorder (PTSD) in a representative sample of the general population. METHOD: A representative community-based cohort from the canton of Zurich, Switzerland was interviewed in 1993 and 1999 at the age of 34/35 and 40/41 years, respectively, by means of a semi-structured diagnostic interview. RESULTS: The weighted lifetime prevalence of PTE in 1999 was 28%. Of the persons who reported exposure to PTE (criterion A), none met all the remaining criteria for PTSD according to the DSM-IV. Eleven persons (2 males and 9 females) met the criteria for subthreshold PTSD. This corresponds to a weighted 12-month prevalence for subthreshold PTSD of 1.30% (0.26 % for males; 2.21 % for females). In 1993, no participant met all criteria
for PTSD according to the DSMIII- R. The weighted 12-month prevalence for subthreshold PTSD was 1.90 % (2.9 % for males; 0.9 % for females). CONCLUSION: The prevalence of exposure to PTE in Switzerland was relatively low. No single case of full PTSD was found in the sample, and even for subthreshold PTSD the prevalence was very low. The relatively stable socio-economic and political climate in Switzerland may contribute to a sense of safeness, which may protect Swiss citizens to some extent from developing PTSD in the aftermath of traumatic experiences.

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