1: J Trauma Stress. 2008 Dec 30. [Epub ahead of print]
Stressful life events and posttraumatic stress symptoms in children with cancer.

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This study examined the contribution of stressful life events in posttraumatic stress symptoms (PTSS) stemming from childhood cancer among 121 patients. When controlling for demographic characteristics (age, gender, ethnicity, and socioeconomic status), cancer factors (treatment status, time since diagnosis, and cancer type), and intensity of parental PTSS, history of stressful life events in the child's life emerged as a salient correlate of PTSS across the different measures and reporting methods used in the study. Overall, children who had experienced more frequent and severe life stressors endorsed greater PTSS in relation to the cancer experience. Clinical work and future research on children with cancer should focus accordingly on the potential cumulative impact of stressful life events on PTSS.

PMID: 19117041 [PubMed - as supplied by publisher]

Guilt and posttraumatic stress symptoms in child victims of interpersonal violence.

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Our objective was to examine the relationship between guilt and posttraumatic stress disorder (PTSD) symptoms in children with a history of interpersonal violence. Eighty-seven children between the ages of 5 and 16 years (mean age = 11.70 years) were administered the Clinician-Administered PTSD Scale for Children and Adolescents to assess for PTSD symptoms and associated features. Multiple regression analysis found that guilt over acts of commission or omission (behaviors the child performed or failed to perform during the event or to prevent it) was highly associated with PTSD severity. Derealization and changes in attachment were also significantly related to PTSD symptoms. Findings suggest that it may be important for clinicians to assess for associated features in traumatized children as these are associated with greater PTSD severity. Posttraumatic interventions may benefit from targeting these symptoms.

PMID: 19103706 [PubMed - in process]

Comment on:

Measuring mental health in child soldiers.

PMID: 19088350 [PubMed - indexed for MEDLINE]

Positive and negative psychological impact after secondary exposure to
politically motivated violence among body handlers and rehabilitation workers.

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The positive and negative psychological impact of secondary exposure to politically motivated violence was examined among body handlers and hospital rehabilitation workers, 2 groups that differed in their proximity and immediacy to violent events. Survivors of politically motivated violence served as a comparison group. Body handlers experienced high levels of positive psychological impact and traumatic stress symptoms. Levels of positive psychological impact among on-scene body handlers were higher than those experienced by rehabilitation workers. Traumatic stress symptoms predicted positive psychological impact among body handlers. These findings indicate that proximity to stressors is associated with higher levels of positive and negative psychological impact. Physical proximity is a major contributory factor to both positive and negative psychological effects of secondary exposure to trauma.

PMID: 19077858 [PubMed - indexed for MEDLINE]

Physician-reported practice of managing childhood posttraumatic stress in pediatric primary care.

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OBJECTIVE: This study investigated pediatrician-reported practices in identifying, assessing, and treating traumatic exposure and posttraumatic stress disorder (PTSD) in children. METHOD: Focus groups guided the development of a survey that was mailed to primary care pediatricians in Massachusetts in 2005. Descriptive statistics and multivariate analyses were used to describe clinical practices and perceived barriers to care. RESULTS: A 60% (N=597) survey response-rate was obtained. On average, pediatricians reported that less than 8% of patients had psychological problems that may be related to traumatic exposure. Only 18% of pediatricians agreed that they had adequate knowledge of childhood PTSD. About 15% of pediatricians reported frequently learning about traumatic event(s) from direct inquiry in the past year. Only 10% of pediatricians reported frequent assessment and treatment of posttraumatic stress symptoms. Most pediatricians (72%) agreed that greater collaborations with mental health providers would improve pediatric assessment of PTSD. Finally, having received PTSD-specific training and believing that pediatricians should identify and manage PTSD were each significantly associated with learning about a traumatic event from direct inquiry. CONCLUSION(S): Providing PTSD-specific training and changing pediatricians' attitudes about childhood PTSD may be useful first steps in improving care for children.

PMID: 19061680 [PubMed - in process]

The impact of clergy-perpetrated sexual abuse: the role of gender, development, and posttraumatic stress.

Fogler JM, Shipherd JC, Clarke S, Jensen J, Rowe E.
The literature on clergy-perpetrated sexual abuse suggests that there are two modal populations of survivors: boys and adult women. We review what is known about trauma and post-traumatic stress disorder following sexual abuse and explore the different treatment needs for these two survivor groups. For children, clergy-perpetrated sexual abuse can catastrophically alter the trajectory of psychosocial, sexual, and spiritual development. Depending on the age at which abuse occurred, adult clients may present with clinical issues that are more appropriate for a younger developmental stage. Additionally, the symptoms of traumatic stress may be misunderstood when clients conceptualize their abuse as an "affair" or "consensual" relationship. We discuss empirically supported treatments for post-traumatic stress disorder and potential adaptations for the needs of clergy-perpetrated sexual abuse survivors.

PMID: 19042605 [PubMed - indexed for MEDLINE]

Introduction to special issue on betrayal and recovery: understanding the trauma of clergy sexual abuse.

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The sexual abuse of children can leave profound emotional and psychological scars that reverberate through the entire lifecycle. In this volume, the sexual abuse of children and adults perpetrated by clergy is considered. The editors have provided a cross section of authors to examine the unique aspect of this form of trauma, with particular emphasis on providing a voice for the survivors of such abuse.

PMID: 19042597 [PubMed - indexed for MEDLINE]

The role of adult attachment, parental bonding, and spiritual love in the adjustment to military trauma.

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In order to prevent the development of posttraumatic stress disorder (PTSD) and to effectively treat it in active-duty and veteran populations, it is important to identify factors that may protect individuals exposed to significant traumas during military service. This pilot investigation conceptualized significant relationships in terms of attachment theory and explored the salutogenic role of adult attachment, parental bonding, and divine love as protective factors in adjustment to and completed self-report attachment measures. Associations of attachment and perceptions of important relationships with PTSD status were investigated in a convenience sample of 102 veterans. The findings suggest that veterans with current PTSD had lower secure attachment and higher insecure attachment compared to those without PTSD. Hierarchical regression analyses indicated that after controlling for demographics, secure attachment explained an additional 11.2% of the variance and made the greatest predictive contribution to PTSD in this investigation. Group differences (PTSD versus no PTSD) were examined.
on measures of important relationships, and no significant differences were found related to parental bonding or perceptions of love by God. Veterans with current PTSD had significantly higher insecure romantic attachment compared to the no PTSD group; however, romantic attachment did not make a significant predictive contribution to current PTSD severity. Implications of the results for the treatment of individuals exposed to combat trauma are discussed.

PMID: 19042311 [PubMed - indexed for MEDLINE]

Trauma and dissociation in context: personal life, social process, and public health.

Sar V.

PMID: 19042306 [PubMed - indexed for MEDLINE]

Traumatic stress and suicidal ideation in Norwegian male peacekeepers.

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To investigate the association between war zone stress exposure during international military operations and later suicidal ideation, a follow-up study of 1172 Norwegian male peacekeepers was conducted 7 years, on average, after redeployment. Suicidal ideation was reported in 6% of the veterans, while it was reported in 17% of the subsample of those who were prematurely repatriated. Suicidal ideation was significantly associated with service stress exposure level, even when background factors, repatriation status, negative life events, social support, alcohol consumption, and marital and occupational status were controlled for. Results indicate that the association between service stress exposure and suicidal ideation was mediated by posttraumatic stress symptoms and general mental health problems combined.

PMID: 19008732 [PubMed - indexed for MEDLINE]

Ethnic differences in posttraumatic stress disorder after musculoskeletal trauma.

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BACKGROUND: Psychological distress is known to contribute to poor outcomes in orthopedic patients. Limited information exists concerning ethnic differences in psychological sequelae after musculoskeletal injury. This study examined ethnic variations in prevalence of posttraumatic stress disorder (PTSD) after musculoskeletal trauma. METHODS: A secondary analysis was conducted using data collected for a study examining PTSD after musculoskeletal trauma. Two hundred eleven consecutive patients with musculoskeletal injuries were enrolled. Psychological status was assessed using the Revised Civilian Mississippi Scale for PTSD. A chart review was completed to gather demographic and injury information. Independent samples t tests, Fisher's exact, Chi-square, and
logistic regression analyses were performed to assess differences. RESULTS: Ninety-six (45.5%) Hispanic and 115 (54.5%) non-Hispanic White adults participated. Few significant demographic or health differences were found. No significant differences were found regarding injury characteristics. Fisher's exact tests indicated a higher prevalence of PTSD symptomatology among Hispanics than non-Hispanic Whites (p < 0.01). Additionally, U.S. born Hispanics were more likely than non-U.S. born Hispanics to have PTSD symptomatology (p = 0.004). Odds ratios indicated that women (OR = 2.2), persons with a psychiatric comorbidity (OR = 5.1), Hispanics (OR = 6.6), and persons born in the United States (OR = 3.7) had an increased likelihood of PTSD symptomatology. CONCLUSIONS: Results indicate an ethnic difference in prevalence of PTSD symptomatology after musculoskeletal injury. Hispanic participants were nearly seven times more likely to be positive for PTSD symptomatology. Furthermore, U.S. born Hispanic participants had a higher prevalence of PTSD symptomatology. Future research should explore factors contributing to these differences.

PMID: 19001973 [PubMed - indexed for MEDLINE]

Memory in posttraumatic stress disorder: properties of voluntary and involuntary, traumatic and nontraumatic autobiographical memories in people with and without posttraumatic stress disorder symptoms.

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One hundred fifteen undergraduates rated 15 word-cued memories and their 3 most negatively stressful, 3 most positive, and 7 most important events and completed tests of personality and depression. Eighty-nine also recorded involuntary memories online for 1 week. In the first 3-way comparisons needed to test existing theories, comparisons were made of memories of stressful events versus control events and involuntary versus voluntary memories in people high versus low in posttraumatic stress disorder (PTSD) symptom severity. For all participants, stressful memories had more emotional intensity, more frequent voluntary and involuntary retrieval, but not more fragmentation. For all memories, participants with greater PTSD symptom severity showed the same differences. Involuntary memories had more emotional intensity and less centrality to the life story than voluntary memories. Meeting the diagnostic criteria for traumatic events had no effect, but the emotional responses to events did. In 533 undergraduates, correlations among measures were replicated and the Negative Intensity factor of the Affect Intensity Measure correlated with PTSD symptom severity. No special trauma mechanisms were needed to account for the results, which are summarized by the autobiographical memory theory of PTSD. (c) 2008 APA, all rights reserved

PMID: 18999355 [PubMed - indexed for MEDLINE]

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

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

PMID: 18990796 [PubMed - indexed for MEDLINE]

Posttraumatic stress disorder following traumatic injury: narratives as unconscious indicators of psychopathology.

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Current conventional assessment methodologies used to diagnose posttraumatic stress disorder (PTSD) rely heavily on symptom counts obtained from clinical interviews or self-report questionnaires. Such measures may underestimate the impact of traumatic events, particularly in individuals who deny or repress emotional distress. This case report illustrates the use of two methods of narrative analysis to assess unconscious representations of PTSD. Linguistic analysis and a computerized analysis of referential activity were able to capture unconscious aspects of the traumatic experience.

PMID: 18990054 [PubMed - indexed for MEDLINE]

Associations between childhood trauma, bullying and psychotic symptoms among a school-based adolescent sample.


BACKGROUND: Children and adolescents who report psychotic symptoms appear to be at increased risk for psychotic disorders in adulthood - a putative 'symptomatic' high-risk group. However, little research has investigated whether those in this high-risk population have increased rates of exposure to traumatic events in childhood, as seen in patients who have a psychotic illness. AIMS: To examine whether adolescents with psychotic symptoms have an increased rate of traumatic experiences. METHOD: Psychiatric interviews were carried out with 211 adolescents aged between 12 and 15 years and their parents as part of a population-based study. The interview enquired about a number of early traumatic events including physical and sexual abuse, exposure to domestic violence and bullying. RESULTS: Fourteen adolescents (6.6% of those interviewed) reported experiencing at least one psychotic symptom. Adolescents who reported psychotic symptoms were significantly more likely to have been physically abused in childhood, to have been exposed to domestic violence and to be identified as a bully/victim (that is, both a perpetrator and victim of bullying) than those who did not report such
symptoms. These findings were not confounded by comorbid psychiatric illness or family history of psychiatric history. CONCLUSIONS: Our findings suggest that childhood trauma may increase the risk of psychotic experiences. The characteristics of bully/victims deserve further study.

PMID: 18978317 [PubMed - indexed for MEDLINE]

Symptoms of acute posttraumatic stress disorder after intensive care.

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BACKGROUND: Admission to intensive care is often a sudden and unexpected event precipitated by a life-threatening condition, 2 determinants thought to influence the development of posttraumatic stress disorder. OBJECTIVES: To identify the frequency of acute symptoms of posttraumatic stress disorder and to describe factors predictive of these symptoms in patients 1 month after discharge from intensive care. METHODS: In this prospective cohort study, all patients meeting the inclusion criteria during the study period were invited to participate. Participants completed the Impact of Event Scale-Revised, and demographic and clinical data were accessed from an intensive care unit database. RESULTS: During a 9-month period, 114 of 137 patients who met the inclusion criteria consented to participate in the study, and 100 (88%) completed it. The mean total score on the Impact of Event Scale-Revised was 17.8 (SD, 13.4; possible range, 0-88). A total of 13 participants (13%) scored higher than the cutoff score for clinical posttraumatic stress disorder. Neither sex nor length of stay was predictive of acute symptoms of post-traumatic stress disorder. In multivariate analysis, the only independent predictor of symptoms was age. Patients younger than 65 years were 5.6 times (95% confidence interval, 1.17-26.89) more likely than those 65 years and older to report symptoms. CONCLUSION: The rate of symptoms of posttraumatic stress disorder 1 month after discharge from intensive care was relatively low. Consistent with findings of previous research, being younger than 65 years was the only independent predictor of symptoms.

PMID: 18978238 [PubMed - indexed for MEDLINE]

African American inner-city youth exposed to violence: coping skills as a moderator for anxiety.

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The current study examined types of coping as either protective or vulnerability factors for youth exposed to community violence in a sample of 240 inner-city, African American pre- and early adolescents across sixth and seventh grade. Coping was conceptualized within a contextually relevant framework. It was predicted that avoidant coping would interact with exposure to violence to predict reductions in anxiety, cross-sectionally and longitudinally, whereas approach coping was expected to interact with violence exposure to predict increases in anxiety. Youth and parents both reported on youth exposure to community violence and anxiety symptoms; youth provided self-reports of their coping strategies. Data were analyzed by using hierarchical multiple regression
analyses. As predicted, avoidant coping showed a protective function on anxiety symptoms; contrary to predictions, approach coping was unrelated to anxiety. Implications for future research on contextually and culturally relevant coping are discussed. Copyright 2008 APA, all rights reserved.

PMID: 18954188 [PubMed - indexed for MEDLINE]

Person–job match among frontline staff working in residential treatment centers: the impact of personality and child psychopathology on burnout experiences.

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Prior research has shown that the personality variables extraversion and neuroticism predict burnout among frontline staff working in residential treatment centers. This study tested the hypothesis that the effect of personality on burnout would be moderated by the psychiatric characteristics of the youth served on the milieu. Two hundred and three frontline staff working in 21 residential treatment centers in Illinois serving troubled youth completed surveys regarding opinions about their jobs, the Big Five Inventory (BFI), a youth presenting problems scale for the entire milieu, and the Maslach Burnout Inventory (MBI). Results indicated that the effect of neuroticism on burnout is moderated by psychosis and posttraumatic stress disorder (PTSD); high and moderate milieu ratings of psychosis and PTSD showed a positive relationship between neurosis and burnout, while low ratings of these conditions showed no relationship. These findings suggest that the optimal work setting is a function of the interaction between specific personality characteristics and specific work environments, with implications for personnel selection and future research on person-environment fit. Copyright 2008 APA, all rights reserved.

PMID: 18954187 [PubMed - indexed for MEDLINE]

Toward assessing traumatic events and stress symptoms in preschool children from low-income families.

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Traumatic events can seriously disrupt the development of preschool children. Yet few studies capture developmentally specific examples of traumas and the expression of distress for this age group. Mothers and teachers of 138 preschoolers from low-income families were interviewed about traumatic events and completed a new measure assessing their child's traumatic stress symptoms. They reported traumatic events as the death of a person, death of a pet, family violence, high conflict divorce, sudden family loss, accident or injury, and viewing the World Trade Center attack. Factor analysis of 17 trauma symptoms revealed three internally consistent and valid scales: Intrusions, Emotional Reactivity, and Fears, plus a Total omnibus score. Traumatic stress symptoms varied by the type of event. Scores were higher for traumatic events involving close family members than for distal events. Copyright 2008 APA, all rights reserved.

PMID: 18954185 [PubMed - indexed for MEDLINE]
Building integrated mental health and medical programs for vulnerable populations post-disaster: connecting children and families to a medical home.

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INTRODUCTION: Hurricane Katrina, a Category 3 hurricane, made landfall in August 2005. Approximately 1,500 deaths have been directly attributed to the hurricane, primarily in Louisiana and Mississippi. In New Orleans, Louisiana, most of the healthcare infrastructure was destroyed by flooding, and > 200,000 residents became homeless. Many of these internally displaced persons received transitional housing in trailer parks ("villages") under the auspices of the [US] Federal Emergency Management Agency (FEMA). PROBLEM: The FEMA villages are isolated from residential communities, lack access to healthcare services, and have become unsafe environments. The trailers that house families have been found to be contaminated with formaldehyde. METHODS: The Children's Health Fund, in partnership with the Mailman School of Public Health at Columbia University, began a program ("Operation Assist") to provide health and mental health services within a medical home model. This program includes the Baton Rouge Children's Health Project (BRCHP), which consists of two mobile medical units (one medical and one mental health). Licensed professionals at the FEMA villages and other isolated communities provide care on these mobile units. Medical and psychiatric diagnoses from the BRCHP are summarized and case vignettes presented. RESULTS: Immediately after the hurricane, prescription medications were difficult to obtain. Complaints of headache, nosebleeds, and stomachache were observed at an unusually frequent degree for young children, and were potentially attributable to formaldehyde exposure. Dermatological conditions included eczema, impetigo, methicillin-resistant staphylococcus aureus (MRSA) abscesses, and tinea corporis and capitis. These were especially difficult to treat because of unhygienic conditions in the trailers and ongoing formaldehyde exposure. Signs of pediatric under-nutrition included anemia, failure to thrive, and obesity. Utilization of initial mental health services was low due to pressing survival needs and concern about stigma. Once the mental health service became trusted in the community, frequent diagnoses for school-age children included disruptive behavior disorders and learning problems, with underlying depression, anxiety, and stress disorders. Mood and anxiety disorders and substance abuse were prevalent among the adolescents and adults, including parents. CONCLUSIONS: There is a critical and long-term need for medical and mental health services among affected populations following a disaster due to natural hazards. Most patients required both medical and mental health care, which underscores the value of co-locating these services.

PMID: 18935945 [PubMed - indexed for MEDLINE]

Canadian military personnel's population attributable fractions of mental disorders and mental health service use associated with combat and peacekeeping operations.

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OBJECTIVES: We investigated mental disorders, suicidal ideation, self-perceived need for treatment, and mental health service utilization attributable to exposure to peacekeeping and combat operations among Canadian military personnel.

METHODS: With data from the Canadian Community Health Survey Cycle 1.2 Canadian Forces Supplement, a cross-sectional population-based survey of active Canadian military personnel (N = 8441), we estimated population attributable fractions (PAFs) of adverse mental health outcomes. RESULTS: Exposure to either combat or peacekeeping operations was associated with posttraumatic stress disorder (men: PAF = 46.6%; 95% confidence interval [CI] = 27.3, 62.7; women: PAF = 23.6%; 95% CI = 9.2, 40.1), 1 or more mental disorder assessed in the survey (men: PAF = 9.3%; 95% CI = 0.4, 18.1; women: PAF = 6.1%; 95% CI = 0.0, 13.4), and a perceived need for information (men: PAF = 12.3%; 95% CI = 4.1, 20.6; women: PAF = 7.9%; 95% CI = 1.3, 15.5). CONCLUSIONS: A substantial proportion, but not the majority, of mental health-related outcomes were attributable to combat or peacekeeping deployment. Future studies should assess traumatic events and their association with physical injury during deployment, premilitary factors, and postdeployment psychosocial factors that may influence soldiers' mental health.

PMID: 18923111 [PubMed - indexed for MEDLINE]

The impact of trauma on the psyche of the individual using the film Belleville Rendez-vous as an illustrative vehicle.

Waldron S.

Using the film Belleville Rendez-vous as a vehicle for discussion, this paper argues that whilst a traumatic complex may bring about dissociation of the psyche, this is not the only possibility, nor is dissociation necessarily to be seen solely as a difficulty to be overcome. If trauma is experienced within the context of support and validation, the experience of trauma may generate integration not only of the trauma but also of the growth potential that the trauma has previously inhibited.

PMID: 18844736 [PubMed - indexed for MEDLINE]

Group interpersonal psychotherapy for low-income women with posttraumatic stress disorder.

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The aim of this study was to assess the efficacy of group interpersonal psychotherapy (IPT) for low-income women with chronic posttraumatic stress disorder (PTSD) subsequent to interpersonal trauma. Non-treatment-seeking predominantly minority women were recruited in family planning and gynecology clinics. Individuals with interpersonal trauma histories (e.g., assault, abuse, and molestation) who met criteria for current PTSD (N=48) were randomly assigned to treatment or a wait list. Assessments were conducted at baseline, treatment termination, and 4-month follow-up; data analysis used a mixed-effects regression approach with an intent-to-treat sample. The results showed that IPT was significantly more effective than the wait list in reducing PTSD and depression symptom severity. IPT participants also had significantly lower scores than
waitlist individuals on four interpersonal functioning subscales: Interpersonal Sensitivity, Need for Social Approval, Lack of Sociability, and Interpersonal Ambivalence.

PMID: 18816001 [PubMed - indexed for MEDLINE]

Post-traumatic stress disorder in Canada.

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Post-traumatic stress disorder (PTSD) has become a global health issue, with prevalence rates ranging from 1.3% to 37.4%. As there is little current data on PTSD in Canada, an epidemiological study was conducted examining PTSD and related comorbid conditions. Modified versions of the Composite International Diagnostic Interview (CIDI) PTSD module, the depression, alcohol and substance abuse sections of the Mini International Neuropsychiatric Interview (MINI), as well as portions of the Childhood Trauma Questionnaire (CTQ) were combined, and administered via telephone interview in English or French. Random digit dialing was used to obtain a nationally representative sample of 2991, aged 18 years and above from across Canada. The prevalence rate of lifetime PTSD in Canada was estimated to be 9.2%, with a rate of current (1-month) PTSD of 2.4%. Traumatic exposure to at least one event sufficient to cause PTSD was reported by 76.1% of respondents. The most common forms of trauma resulting in PTSD included unexpected death of a loved one, sexual assault, and seeing someone badly injured or killed. In respondents meeting criteria for PTSD, the symptoms were chronic in nature, and associated with significant impairment and high rates of comorbidity. PTSD is a common psychiatric disorder in Canada. The results are surprising, given the comparably low rates of violent crime, a small military and few natural disasters. Potential implications of these findings are discussed.

PMID: 18801110 [PubMed - indexed for MEDLINE]

Rethinking historical trauma: narratives of resilience.

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There is significant variation in how people experience, emplot and intergenerationally transmit trauma experiences. Despite this variation, the literature rarely illustrates alternative manifestations or resilient responses to the construct of historical trauma. Based upon person-centered ethnographic research, this article highlights how a four-generation American Indian family contextualizes historical trauma and, specifically, how they frame their traumatic past into an ethic that functions in the transmission of resilience strategies, family identity, and as a framework for narrative emplotment. In conclusion, the author clarifies the distinction between historical trauma--the precipitating conditions or experiences--and the historical trauma response--the pattern of diverse responses that may result from exposure to historical trauma.

PMID: 18799640 [PubMed - indexed for MEDLINE]
Pregabalin treatment of posttraumatic stress disorder.

Strawn JR, Dowling BP, Geracioti TD Jr.

PMID: 18794673 [PubMed - indexed for MEDLINE]

Mental health conditions are associated with increased health care utilization among urban family medicine patients.

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PURPOSE: To assess the relationship between the presence of a mental health condition and health care utilization among family medicine patients. METHODS: We used the Patient Health Questionnaire plus a posttraumatic stress disorder screen to measure 6 common mental health conditions. In a sample of 367 patients recruited from 3 urban family medicine practices affiliated with Boston University Medical Center, we measured self-reported health care utilization of primary care provider visits, emergency department visits, nonpsychiatric hospitalizations, and outpatient mental health visits. We determined the association between screening positive for the mental health conditions and health care utilization using both multivariable logistic regression and Poisson regression methods while controlling for sex, age, race, income, insurance status, marital status, educational level, and the presence of chronic medical conditions. RESULTS: After controlling for potential confounders, generalized anxiety disorder, panic disorder, and posttraumatic stress disorder were statistically significantly associated with more PCP visits, ED visits, and nonpsychiatric hospitalizations. Neither major nor minor depression were associated with more PCP visits, ED visits, or nonpsychiatric hospitalizations, except that minor depression was associated with 103% increase in PCP visits (P < .001). Alcohol use disorder was associated with 16% fewer PCP visits (P = .01) but 238% more nonpsychiatric hospitalizations (P < .001). CONCLUSIONS: After controlling for confounders we found that mental health conditions among a sample of family medicine patients were associated with increased use of ED services, nonpsychiatric hospitalizations, and, to a lesser extent, PCP visits.

PMID: 18772294 [PubMed - indexed for MEDLINE]

Childhood victimization and lifetime revictimization.

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OBJECTIVE: To examine the fundamental hypothesis that childhood victimization leads to increased vulnerability for subsequent (re)victimization in adolescence and adulthood and, if so, whether there are differences in rates of experiencing traumas and victimizations by gender, race/ethnicity, and type of childhood abuse and/or neglect. METHODS: Using a prospective cohort design, participants are individuals with documented cases of childhood physical and sexual abuse and
neglect from the years 1967 through 1971 and a matched control group. Both groups were interviewed in-person (mean age 39.5 years) in 2000-2002 using a new instrument to assess lifetime trauma and victimization history. RESULTS: Abused and neglected individuals reported a higher number of traumas and victimization experiences than controls and all types of childhood victimization (physical abuse, sexual abuse, and neglect) were associated with increased risk for lifetime revictimization. Significant group (abuse/neglect vs. control) by gender and group by race/ethnicity interactions were found. Childhood victimization increased risk for physical and sexual assault/abuse, kidnapping/stalking, and having a family friend murdered or commit suicide, but not for general traumas, witnessing trauma, or crime victimization. CONCLUSIONS: These findings provide strong support for the need for early intervention with abused and neglected children and their families to prevent subsequent exposure to traumas and victimization experiences.

PMID: 18760474 [PubMed - indexed for MEDLINE]

29: Psychiatr Serv. 2008 Sep;59(9):1052-5.
Use of multiple psychotropic medications among adolescents aging out of foster care.

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OBJECTIVES: This study described the prevalence of and risk factors for using multiple concurrent psychotropics among adolescents leaving foster care. METHODS: In-person interviews were conducted with 406 adolescents who were aged 17 years and were leaving foster care in a Midwestern state. RESULTS: Of the 403 who had complete records, most (N=257, or 64%) did not report taking any psychotropic medications, while 46 (10%) were on three or more concurrent psychotropics. A history of physical or sexual abuse and a diagnosis of major depressive disorder or manic episode were significantly associated with the use of three or more concurrent medications. Between 19% and 41% of adolescents with diagnoses for which psychotropics are indicated were not taking any medications. CONCLUSIONS: This local cohort of adolescents aging out of foster care seemed to display both overuse and underuse of psychotropics. Research on larger and more representative cohorts of youths leaving foster care is necessary in order to understand the appropriateness of psychotropic prescribing among these adolescents.

PMID: 18757601 [PubMed - indexed for MEDLINE]

Correlates of adverse childhood experiences among adults with severe mood disorders.

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OBJECTIVES: Adverse childhood experiences have been found to be associated with poor physical and poor mental health, impaired functioning, and increased substance abuse in the general adult population. The purpose of this study was to examine the clinical correlates of these experiences among adults with severe mood disorders. METHODS: Adverse childhood experiences (including physical abuse,
sexual abuse, parental mental illness, loss of parent, parental separation or divorce, witnessing domestic violence, and placement in foster or kinship care) were assessed retrospectively in a sample of 254 adults with major mood disorders. The relationships between cumulative exposure to these experiences and psychiatric problems, health, substance use disorders, community functioning, trauma exposure in adulthood, and high-risk behaviors were examined. RESULTS: Increased exposure to childhood adverse experiences was related to high-risk behaviors, diagnosis of a substance use disorder, exposure to trauma in adulthood, psychiatric problems (younger age at first hospitalization, number of suicide attempts, and diagnosis of posttraumatic stress disorder), medical service utilization, and homelessness. CONCLUSIONS: The findings extend research in the general population by suggesting that adverse childhood experiences contribute to worse mental and physical health and functional outcomes among adults with severe mood disorders.

PMID: 18757595 [PubMed - indexed for MEDLINE]

The impact of exposure to domestic violence on children and young people: a review of the literature.

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OBJECTIVE: This article reviews the literature concerning the impact of exposure to domestic violence on the health and developmental well-being of children and young people. Impact is explored across four separate yet inter-related domains (domestic violence exposure and child abuse; impact on parental capacity; impact on child and adolescent development; and exposure to additional adversities), with potential outcomes and key messages concerning best practice responses to children's needs highlighted. METHOD: A comprehensive search of identified databases was conducted within an 11-year framework (1995-2006). This yielded a vast literature which was selectively organized and analyzed according to the four domains identified above. RESULTS: This review finds that children and adolescents living with domestic violence are at increased risk of experiencing emotional, physical and sexual abuse, of developing emotional and behavioral problems and of increased exposure to the presence of other adversities in their lives. It also highlights a range of protective factors that can mitigate against this impact, in particular a strong relationship with and attachment to a caring adult, usually the mother. CONCLUSION: Children and young people may be significantly affected by living with domestic violence, and impact can endure even after measures have been taken to secure their safety. It also concludes that there is rarely a direct causal pathway leading to a particular outcome and that children are active in constructing their own social world. Implications for interventions suggest that timely, appropriate and individually tailored responses need to build on the resilient blocks in the child's life. PRACTICE IMPLICATIONS: This study illustrate the links between exposure to domestic violence, various forms of child abuse and other related adversities, concluding that such exposure may have a differential yet potentially deleterious impact for children and young people. From a resilient perspective this review also highlights range of protective factors that influence the extent of the impact of exposure and the subsequent outcomes for the child. This review advocates for a holistic and child-centered approach to service delivery, derived from an informed assessment, designed to capture a picture of the individual child's experience, and responsive to their individual needs.
The ability to make sense of events in one's life has held a central role in theories of adaptation to adversity. However, there are few rigorous studies on the role of meaning in adjustment, and those that have been conducted have focused predominantly on direct personal trauma. The authors examined the predictors and long-term consequences of Americans' searching for and finding meaning in a widespread cultural upheaval—the terrorist attacks of September 11, 2001—among a national probability sample of U.S. adults (N=931). Searching for meaning at 2 months post-9/11 was predicted by demographics and high acute stress response. In contrast, finding meaning was predicted primarily by demographics and specific early coping strategies. Whereas searching for meaning predicted greater posttraumatic stress (PTS) symptoms across the following 2 years, finding meaning predicted lower PTS symptoms, even after controlling for pre-9/11 mental health, exposure to 9/11, and acute stress response. Mediation analyses suggest that finding meaning supported adjustment by reducing fears of future terrorism. Results highlight the role of meaning in adjustment following collective traumas that shatter people's fundamental assumptions about security and invulnerability.

INTRODUCTION: While mental health consequences following the Asian December 2004 tsunami have been studied, its impact on the survivors who lost close family members deserves attention. We investigated the usefulness of trained volunteer-delivered mental health support for the bereaved persons. METHOD: Non-randomized control design involving all adults aged 18 years or above who lost at least one close family member during tsunami from two geographically different coastal areas in Chennai, India. From the intervention and control sites, 45 and 57 participants were recruited respectively for the study. One year after baseline assessment, all 102 participants in intervention and control sites were interviewed. RESULTS: Participants receiving interventions on a consistent basis from trained volunteers were less likely to report depressive symptoms and general psychological distress compared with participants who did not receive the above intervention. Regression analysis for predicting the effect of intervention on the difference between the baseline and follow-up in BDI as well as GHQ scores, found a significant association between intervention and the improvement in BDI (adjusted beta (SE): -0.53 (2.44); p = 0.000) and GHQ (adjusted beta (SE): -0.52 (1.81); p = 0.001) scores. Suicidal attempts were also significantly less in the intervention group (FET p = 0.02). CONCLUSION: In settings where mental health professionals are limited in number, trained lay volunteers can offer...
Empathetic listening, support and referrals that can be potentially beneficial.

PMID: 18720890 [PubMed - indexed for MEDLINE]

Chronic pain in women survivors of intimate partner violence.

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In this descriptive study of chronic pain in a community sample of 292 women who
had separated from their abusive partners on average 20 months previously, more
than one-third experienced high disability pain as measured by Von Korff's
Chronic Pain Grade. Beyond the usual pain locations associated with abuse, 43.2%
reported swollen/painful joints. More interference in daily life was attributed
to joint pain than to back, head, stomach, pelvic or bowel pain. Women with high
disability pain were more likely to have experienced child abuse, adult sexual
assault, more severe spousal abuse, lifetime abuse-related injuries, symptoms of
depression and post-traumatic stress disorder, lifetime suicide attempts,
difficulty sleeping, and unemployment. High disability pain also was associated
with visits to a family doctor and psychiatrist and use of medication in more
than prescribed dosages. Less than 25% of women with high disability pain were
taking opioids, or prescription nonsteroidal anti-inflammatory medications.
Interestingly, high disability pain was not related to smoking, use of street
drugs, potential for alcohol dependence, age, income, or education. The findings
add to knowledge of severity and patterns of chronic pain in abused women and
support the need for further multivariate analysis of the relationships among
abuse experiences, mental health, and chronic pain severity to better inform
decisions regarding diagnosis and treatment. PERSPECTIVE: Understanding patterns
of chronic pain in abuse survivors and their associations with abuse history,
mental health symptoms, health service use, and medication is important for
clinical assessment and intervention. Chronic pain persisted long after leaving
abusive partners and extended beyond usual locations (back, headache, pelvic,
gastrointestinal) to include swollen/painful joints.

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Comment in:

Recommendations to reduce psychological harm from traumatic events among children
and adolescents.

Task Force on Community Preventive Services.

PMID: 18692746 [PubMed - indexed for MEDLINE]

Comment in:

The effectiveness of interventions to reduce psychological harm from traumatic
events among children and adolescents: a systematic review.
Children and adolescents in the U.S. and worldwide are commonly exposed to traumatic events, yet practitioners treating these young people to reduce subsequent psychological harm may not be aware of—or use—interventions based on the best available evidence. This systematic review evaluated interventions commonly used to reduce psychological harm among children and adolescents exposed to traumatic events. Guide to Community Preventive Services (Community Guide) criteria were used to assess study design and execution. Meta-analyses were conducted, stratifying by traumatic exposures. Evaluated interventions were conducted in high-income economies, published up to March 2007. Subjects in studies were <or=21 years of age, exposed to individual/mass, intentional/unintentional, or manmade/natural traumatic events. The seven evaluated interventions were individual cognitive-behavioral therapy, group cognitive behavioral therapy, play therapy, art therapy, psychodynamic therapy, and pharmacologic therapy for symptomatic children and adolescents, and psychological debriefing, regardless of symptoms. The main outcome measures were indices of depressive disorders, anxiety and posttraumatic stress disorder, internalizing and externalizing disorders, and suicidal behavior. Strong evidence (according to Community Guide rules) showed that individual and group cognitive-behavioral therapy can decrease psychological harm among symptomatic children and adolescents exposed to trauma. Evidence was insufficient to determine the effectiveness of play therapy, art therapy, pharmacologic therapy, psychodynamic therapy, or psychological debriefing in reducing psychological harm. Personnel treating children and adolescents exposed to traumatic events should use interventions for which evidence of effectiveness is available, such as individual and group cognitive-behavior therapy. Interventions should be adapted for use in diverse populations and settings. Research should be pursued on the effectiveness of interventions for which evidence is currently insufficient.

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Posttraumatic stress disorder in mothers of children who have undergone surgery for congenital disease at a pediatric surgery department.

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PURPOSE: The aim of the study was to investigate posttraumatic stress disorder (PTSD) in mothers of children who have undergone surgery for congenital disease at a pediatric surgery department. METHODS: A questionnaire survey was carried out in 145 mothers of children who had undergone surgery and were still alive. For comparison, the mothers were categorized into 3 groups according to the severity of their child's disease. RESULTS: Of the 145 mothers, 29 (20%) were likely to be diagnosed as having developed PTSD at the time of the survey. Posttraumatic stress disorder symptoms correlated with factors such as anxiety and condition of the child. In terms of the disease severity of the child, factors such as anxiety tended to be observed more frequently in the higher disease severity group, whereas the proportion of mothers likely to be diagnosed
as having developed PTSD was smallest in the moderate-severity group.

CONCLUSIONS: Twenty percent of the mothers of children had probably developed PTSD. In the moderate-severity group, there seemed to be a factor that alleviated PTSD symptoms. Because mothers provided effective care for the symptoms of children in the moderate-severity group, this observation suggests that participation of the mother in their child's treatment might prevent them from developing PTSD symptoms.

PMID: 18675639 [PubMed - indexed for MEDLINE]

Culture bound anxiety disorder in adolescence: a case study.

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TOPIC: There are a number of culture-bound syndromes in the literature that may directly impact on clients' systems of meaning and, thus, the clinician's ability to effectively intervene. This applies to Hispanic/Latino children, particularly those who present with anxiety and somatic symptoms. PURPOSE: This case study deals with a 14-year-old Hispanic girl who presented at a behavioral health clinic with anxiety behaviors. SOURCES: Review of the literature and case example from practice. CONCLUSION: Since culture can have a profound influence on a child's thoughts, emotions, and behaviors, nurses' cultural understanding is critical in psychiatric diagnostic evaluation and treatment.

PMID: 18667051 [PubMed - indexed for MEDLINE]

Disaster-related mental health needs of women and children.

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Since the events of September 11, 2001 and Hurricane Katrina, the world has become more acutely aware of disasters and their sequelae, and efforts have been made to improve preparedness-related skills of healthcare professionals. One area that requires more skill building concerns the ability to deal with mental health-related needs. Although the appearance of postdisaster psychological symptoms in adults varies, the incidence of psychopathology in women and children is high after disasters. Children are disproportionately affected by disasters, and their special needs have only recently begun to be understood and considered in disaster-related planning. Categories of psychological effects include distress symptoms, risk behaviors, and psychiatric disorders. These issues require ongoing care, not single interventions. This article describes how maternal child health nurses can develop and use the requisite skills to effectively assist families to optimize their mental health status and prevent sequelae after a disaster.

PMID: 18664906 [PubMed - indexed for MEDLINE]

Providing evidence-based practice to ethnically diverse youths: examples from the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program.
Does overgeneral autobiographical memory result from poor memory for task instructions?

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Considerable previous research has shown that retrieval of overgeneral autobiographical memories (OGM) is elevated among individuals suffering from various emotional disorders and those with a history of trauma. Although previous theories suggest that OGM serves the function of regulating acute negative affect, it is also possible that OGM results from difficulties in keeping the instruction set for the Autobiographical Memory Test (AMT) in working memory, or what has been coined "secondary goal neglect" (Dalgleish, 2004). The present study tested whether OGM is associated with poor memory for the task's instruction set, and whether an instruction set reminder would improve memory specificity over repeated trials. Multilevel modelling data-analytic techniques demonstrated a significant relationship between poor recall of instruction set and probability of retrieving OGMs. Providing an instruction set reminder for the AMT relative to a control task's instruction set improved memory specificity immediately afterward.

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Post-disaster victimization: how survivors of disasters can continue to suffer after the event is over.

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When public health researchers study the health effects of disasters (whether "naturally-occurring," disasters due to failure of technology, or disasters due to terrorism), some aspects of the post-disaster situation of victims are often overlooked. Social science research has shown that the vast majority of people tend to behave altruistically during and after a disaster. Nevertheless, cases of victimization of survivors do occur. They can include post-disaster victimization of survivors by other individuals (including fellow survivors, opportunistic outsiders, and even unethical aid workers and rogue members of the police, armed forces or international organizations such as the United Nations), groups (such as organized criminal gangs) and institutions (through neglect, incompetence, bureaucratic inefficiency or through institutionalized discriminatory practices). In this article, various kinds of post-disaster victimization that can occur are discussed.

PMID: 18511398 [PubMed - indexed for MEDLINE]

Perceived stress in survivors of suicide: psychometric properties of the
Perceived Stress Scale.

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The purpose of this study was to evaluate the psychometric properties of three versions of the Perceived Stress Scale (PSS; American Sociological Association) in adults who had survived the death of a family member or significant other by suicide. Reliability and validity were examined. Exploratory factor analysis was conducted to assess dimensionality of the underlying constructs. All three versions of the PSS demonstrated acceptable reliability. Two shorter versions retained good psychometric properties and demonstrated convergent and concurrent validity with measures of posttraumatic stress symptoms and mental health quality of life. Factor analysis provided further evidence of their usefulness as brief and valid measures of perceived stress in acutely bereaved adult survivors of suicide. In a sub-sample of closely related survivors, the psychometric properties of the 4-item version of the PSS were retained. (c) 2008 Wiley Periodicals, Inc.

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The influence of data-driven processing on perceptions of memory quality and intrusive symptoms in children following traumatic events.

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Ehlers and Clark [(2000). A cognitive model of post-traumatic stress disorder. Behaviour Research and Therapy, 38, 319-345] cognitive model of post-traumatic stress disorder (PTSD) has been relatively untested with children. Seventy-five children (7-16 years) were interviewed within 4 weeks of an injury that led to hospital treatment to examine whether peri-traumatic processing strategies (data-driven processing and fear) were associated with perceptions of memory quality and intrusive memories. Perceptions of memory quality mediated the relationship between data-driven processing and intrusive reactions but not avoidance, arousal or depressive reactions. Finally, the relationship between peri-event fear and intrusion reactions was mediated by perceptions of memory quality even after data-driven processing was controlled. The implications of these findings are discussed in the context of a cognitive developmental model of PTSD in children.

PMID: 18405880 [PubMed - indexed for MEDLINE]

Neuropsychological function in children following admission to paediatric intensive care: a pilot investigation.

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OBJECTIVE: Little is known about neuropsychological status following acute severe paediatric illness. This pilot study explored the effects on memory function of
severe acute paediatric illness and associations between memory functioning and psychiatric sequelae. DESIGN AND SETTING: Case control study of children after paediatric intensive care unit (PICU) discharge and healthy volunteers. PATIENTS AND PARTICIPANTS: 16 PICU discharged children comprised of 11 boys and 5 girls (mean age 9.44 +/- 2.85 years) tested a mean of 4.8 +/- 1.4 months following hospital discharge, and 16 age- and sex-matched controls. MEASUREMENTS AND RESULTS: Visual-spatial memory and attention were assessed using the CANTAB battery (visual memory) and verbal memory with the Children Memory Scale; Intelligence Quotient was tested using the Wechsler Abbreviated Scale of Intelligence. Emotional and behavioural function was measured with the Strengths and Difficulties Questionnaire and Impact of Event Scales. Children admitted to PICU displayed statistically poorer performance on tests of spatial memory (spatial working memory) sustained attention (rapid visual information) and verbal memory (word pairs learning and delayed recognition). Septic illness was specifically associated with poorer pattern recognition memory on the CANTAB. There were significant correlations in the PICU group between cognitive functioning and emotional/behaviour scores. CONCLUSIONS: Our results suggest impaired memory and attention in children following acute severe paediatric illness, a specific deficit in children with septic illness and links between memory anomalies and emotional/behavioural problems. The findings and their clinical significance require replication and clarification in a larger sample.

PMID: 18392607 [PubMed - indexed for MEDLINE]

The role of young adolescents' perception in understanding the severity of exposure to community violence and PTSD.

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This study seeks to (a) identify and measure the lifetime exposure to community violence of 137 African American and Latino middle school students from a low income neighborhood and apply numerical weights to each violent event; (b) examine the relationship between the objective severity of child self reported violence exposure and the child's subjective perception of the most bothersome event; and (c) examine the relationship between child's exposure and posttraumatic stress disorder (PTSD). Results highlight that students' designation of their most bothersome exposure to community violence did not correspond to the most severe violent event they experienced. Regression analyses reveal the weight of the most severe event explains a larger percentage of the variance in PTSD compared with the relationship to victim, level of exposure, weight of the most bothersome exposure, and cumulative weight of all exposure. This study underscores the importance of assessing a child's perception of violent events.

PMID: 18349341 [PubMed - indexed for MEDLINE]

Post-traumatic reactions in adolescents: how well do the DSM-IV PTSD criteria fit the real life experience of trauma exposed youth?

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This study examined the structure and symptom specific patterns of post traumatic distress in a sample of 1,581 adolescents who reported exposure to at least one traumatic event. Symptom reporting patterns are consistent with past literature in that females reported more symptoms than males and older youth reported more symptoms than did their younger peers. Young people reporting exposure to exclusively violent type traumas were also found to be more likely to endorse symptoms than peers exposed exclusively to non violent type traumas. Confirmatory factor analysis provided stronger support for a four-factor model of PTSD than either the DSM-IV model or an alternate model. Further examination of the four factor model revealed gender differences in factor loadings with small to moderate effect sizes for recurrent, distressing memories, flashbacks, restricted affect, difficulty remember details, detachment, limited future orientation, hypervigilance and startle symptoms. Differences in factor loadings with the four factor model were also noted between younger and older adolescents, with medium to large effect sizes on the arousal items. In contrast, comparison of the factor loadings revealed only small differences between youth exposed exclusively to violent traumatic stressors and those exposed exclusively to non violent traumatic stressors, suggesting relative similarity between these two groups.

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Post-combat invincibility: violent combat experiences are associated with increased risk-taking propensity following deployment.

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Combat exposure is associated with increased rates of mental health problems such as post-traumatic stress disorder, depression, and anxiety when Soldiers return home. Another important health consequence of combat exposure involves the potential for increased risk-taking propensity and unsafe behavior among returning service members. Survey responses regarding 37 different combat experiences were collected from 1252 US Army Soldiers immediately upon return home from combat deployment during Operation Iraqi Freedom. A second survey that included the Evaluation of Risks Scale (EVAR) and questions about recent risky behavior was administered to these same Soldiers 3 months after the initial post-deployment survey. Combat experiences were reduced to seven factors using principal components analysis and used to predict post-deployment risk-propensity scores. Although effect sizes were small, specific combat experiences, including greater exposure to violent combat, killing another person, and contact with high levels of human trauma, were predictive of greater risk-taking propensity after homecoming. Greater exposure to these combat experiences was also predictive of actual risk-related behaviors in the preceding month, including more frequent and greater quantities of alcohol use and increased verbal and physical aggression toward others. Exposure to violent combat, human trauma, and having direct responsibility for taking the life of another person may alter an individual's perceived threshold of invincibility and slightly increase the propensity to engage in risky behavior upon returning home after wartime deployment. Findings highlight the importance of education and counseling for returning service members to mitigate the public health consequences of elevated risk-propensity associated with combat exposure.

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Maternal, not paternal, PTSD is related to increased risk for PTSD in offspring of Holocaust survivors.

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BACKGROUND: A significant association between parental PTSD and the occurrence of PTSD in offspring has been noted, consistent with the idea that risk for the development of PTSD is transmitted from parent to child. Two recent reports linking maternal PTSD and low offspring cortisol prompted us to examine the relative contributions of maternal vs. paternal PTSD in the prediction of PTSD and other psychiatric diagnoses in offspring. METHODS: One hundred seventeen men and 167 women, recruited from the community, were evaluated using a comprehensive psychiatric battery designed to identify traumatic life experiences and lifetime psychiatric diagnoses. 211 of these subjects were the adult offspring of Holocaust survivors and 73 were demographically comparable Jewish controls. Participants were further subdivided based on whether their mother, father, neither, or both parents met diagnostic criteria for lifetime PTSD. RESULTS: A higher prevalence of lifetime PTSD, mood, anxiety disorders, and to a lesser extent, substance abuse disorders, was observed in offspring of Holocaust survivors than controls. The presence of maternal PTSD was specifically associated with PTSD in adult offspring of Holocaust survivors. However, other psychiatric diagnoses did not show specific effects associated with maternal PTSD. CONCLUSION: The tendency for maternal PTSD to make a greater contribution than paternal PTSD to PTSD risk suggests that classic genetic mechanisms are not the sole model of transmission, and paves way for the speculation that epigenetic factors may be involved. In contrast, PTSD in any parent contributes to risk for depression, and parental traumatization is associated with increased anxiety disorders in offspring.

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