Record 1 of 44
TI: Title
      Post traumatic stress disorder: cognitive therapy with children and young people
AU: Author
      Smith, Patrick; Perrin, Sean; Yule, William; Clark, David M
AF: Affiliation
      Centre for Anxiety Disorders and Trauma and Child Traumatic Stress Clinic, South London and Maudsley NHS Trust, London, England; Institute of Psychiatry, King's College London, London, England
SO: Source
AB: Abstract
      The development of CBT for children and adolescents has lagged behind that for adults, but the overarching approach has been the same. Theoretical models of the disorder(s) specify maintaining factors; these are empirically tested in naturalistic or experimental studies; interventions aimed at reversing key maintaining factors are piloted; and finally, comprehensive CBT programmes which incorporate a variety of techniques to target key maintaining factors are tested in controlled trials. This book is a reflection of the last stage in that process. It has its origins in a therapist guide which was used in a preliminary randomised controlled trial to evaluate cognitive therapy for young people with PTSD, treatment being firmly based on Ehlers and Clark's cognitive model of PTSD, suitably adapted for children. The book is intended as an accessible, practical, clinically relevant guide for professionals working with traumatised children

Record 2 of 44
TI: Title
      Cortisol function among early school-aged homeless children
AU: Author
      Cutuli, J J; Wiik, Kristen L; Herbers, Janette E; Gunnar, Megan R; Masten, Ann S
AF: Affiliation
      Institute of Child Development, University of Minnesota, Minneapolis MN, USA
SO: Source
      Psychoneuroendocrinology, Published online 17 December 2009
AB: Abstract
      Homelessness represents a context of extreme poverty and risk for child development. This study compared the relative influence of two classes of risk in the context of homelessness. Levels of socioeconomic resource-related risk and negative lifetime events were examined with respect to morning cortisol levels and cortisol response to a set of cognitive tasks. Participants were 66 children between the ages of 4 and 7 years staying in an emergency shelter for families. Adversities largely reflecting family level negative life events predicted higher levels of morning cortisol and differences in initial level and change over the course of the session of cognitive tasks. In contrast, a socioeconomic cumulative risk score was not associated with morning or session-related differences in cortisol.
Hippocampal changes associated with early-life adversity and vulnerability to depression

Rao, Uma; Chen, Li-Ann; Bidesi, Anup S; Shad, Mujeeb U; Thomas, M Albert; Hammen, Constance L

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Biological Psychiatry, Published online 16 December 2009

BACKGROUND: Smaller hippocampal volume has been reported in some adult and pediatric studies of unipolar major depressive disorder. It is not clear whether the smaller hippocampal volume precedes or is a consequence of the illness. Early-life adversity is associated with both smaller hippocampal volume and increased vulnerability to depressive disorder. Hippocampal changes may mediate the relationship between early-life adversity and depressive illness in a subset of patients. However, there are no reports of longitudinal clinical studies that have examined this issue.

METHODS: 30 adolescents with unipolar major depressive disorder, 22 adolescent volunteers with no personal history of a psychiatric illness including depression but who were at high risk for developing depression by virtue of parental depression (high-risk group), and 35 adolescent volunteers with no personal or family history of a psychiatric disorder (control subjects) underwent volumetric magnetic resonance imaging studies. Information was also gathered on early and recent adverse experiences with standard interviews. The participants were followed for up to 5 years to assess the onset and clinical course of depression.

RESULTS: Depressed and high-risk groups had significantly smaller left and right hippocampal volumes than control subjects. Higher levels of early-life adversity were associated with smaller hippocampal volumes. Smaller hippocampal volume partially mediated the effect of early-life adversity on depression during longitudinal follow-up.

CONCLUSIONS: Smaller hippocampal volume in adolescents at high risk for depression suggests that it may be a vulnerability marker for the illness. Early-life adversity may interact with genetic vulnerability to induce hippocampal changes, potentially increasing the risk for depressive disorder.

GENETIC AND ENVIRONMENTAL INFLUENCES ON PSYCHIATRIC COMORBIDITY: A SYSTEMATIC REVIEW

Cerdá, Magdalena; Sagdeo, A; Johnson, Jennifer E; Galea, Sandro

Center for Urban Epidemiologic Studies, New York Academy of Medicine,
BACKGROUND: The purpose of this review is to systematically appraise the peer-reviewed literature about the genetic and environmental determinants of psychiatric comorbidity, focusing on 4 of the most prevalent types of psychopathology: anxiety disorders, depression, conduct disorder, and substance abuse. METHODS: We summarize existing empirical research on the relative contribution that genetic, nonshared, and shared environmental factors make to the covariance between disorders, and evidence about specific genes and environmental characteristics that are associated with comorbidity. RESULTS: 94 articles met the inclusion criteria and were assessed. Genetic factors play a particularly strong role in comorbidity between major depression and generalized anxiety disorder or PTSD, while the non-shared environments make an important contribution to comorbidity in affective disorders. Genetic and non-shared environmental factors also make a moderate-to-strong contribution to the relationship between CD and SA. A range of candidate genes, such as 5HTTLPR, MAOA, and DRD1-DRD4, as well as others implicated in the central nervous system, has been implicated in psychiatric comorbidity. Pivotal social factors include childhood adversity/life events, family and peer social connections, and socioeconomic and academic difficulties. LIMITATIONS: Methodological concerns include the use of clinical case-control samples, the focus on a restricted set of individual-level environmental risk factors, and restricted follow-up times. CONCLUSIONS: Given the significant mental health burden associated with comorbid disorders, population-based research on modifiable risk factors for psychiatric comorbidity is vital for the design of effective preventive and clinical interventions.

Record 5 of 44

TI: Title
Reduced hippocampal activity in youth with posttraumatic stress symptoms: an fMRI study

AU: Author
Carrión, Victor G; Haas, Brian W; Garrett, Amy; Song, Suzan; Reiss, Allan L

AF: Affiliation
Department of Psychiatry and Behavioral Sciences, Stanford University, Stanford CA, USA

SO: Source
Journal of Pediatric Psychology, Published online 7 December 2009

AB: Abstract
OBJECTIVE: Youth who experience interpersonal trauma and have posttraumatic stress symptoms (PTSS) develop cognitive deficits that impact their development. Our goal is to investigate the function of the hippocampus in adolescents with PTSS during a memory processing task. METHODS: 27 adolescents between the ages of 10-17 years (16 with
PTSS and 11 healthy controls) encoded and retrieved visually presented nouns (Verbal Declarative Memory Task) while undergoing fMRI scanning. RESULTS: The PTSS group demonstrated reduced activation of the right hippocampus during the retrieval component of the task. Further, severity of symptoms of avoidance and numbing correlated with reduced left hippocampal activation during retrieval. CONCLUSIONS: Decreased activity of the hippocampus during a verbal memory task may be a neurofunctional marker of PTSS in youth with history of interpersonal trauma. The results of this study may facilitate the development of focused treatments and may be of utility when assessing treatment outcome for PTSS.

DO: DOI
10.1093/jpepsy/jsp112

Record 6 of 44
TI: Title
Long-term posttraumatic effects of intraoperative awareness in children
AU: Author
Phelan, Lauren; Stargatt, Robyn; Davidson, Andrew J
AF: Affiliation
Murdoch Childrens Research Institute, Parkville VIC, Australia; School of Psychological Science, La Trobe University, Bundoora VIC, Australia; Department of Anesthesia and Pain Management, Royal Children's Hospital, Parkville VIC, Australia
SO: Source
Pediatric Anesthesia, vol. 19, no. 12, pp. 1152-1156, December 2009
AB: Abstract
BACKGROUND: The consequences of intraoperative awareness in children have received little empirical attention to date. Previous studies suggest that children are less likely to be distressed than adults in the short term, but long-term consequences have only been studied retrospectively. AIM: The aim of this study was to investigate posttraumatic stress symptoms in children who have experienced an awareness event. METHODS: In this prospective cohort study, children who were found to have experienced intraoperative awareness in our previous study were approached for assessment for posttraumatic stress symptoms using the Trauma Symptom Checklist for Children (Alternate version; TSCC-A). RESULTS: 7 children were aware in the original cohort. Only 4 families agreed to participate and were interviewed via telephone. Only 1 child recalled the awareness event. No children exhibited trauma related symptoms in the clinically significant range. CONCLUSIONS: Although no children had clinically significant symptoms, the small numbers and failure to follow-up all children limit any conclusions with respect to true incidence of PTSD in children who have had an awareness event
DO: DOI
10.1111/j.1460-9592.2009.03152.x

Record 7 of 44
TI: Title
Randomized controlled trial of a family cognitive-behavioral preventive intervention for children of depressed parents
AU: Author
Compas, Bruce E; Forehand, Rex; Keller, Gary; Champion, Jennifer E; Rakow, Aaron; Reeslund, Kristen L; McKee, Laura; Fear, Jessica M;
A family cognitive-behavioral preventive intervention for parents with a history of depression and their 9-15-year-old children was compared with a self-study written information condition in a randomized clinical trial (n = 111 families). Outcomes were assessed at postintervention (2 months), after completion of 4 monthly booster sessions (6 months), and at 12-month follow-up. Children were assessed by child reports on depressive symptoms, internalizing problems, and externalizing problems; by parent reports on internalizing and externalizing problems; and by child and parent reports on a standardized diagnostic interview. Parent depressive symptoms and parent episodes of major depression also were assessed. Evidence emerged for significant differences favoring the family group intervention on both child and parent outcomes; strongest effects for child outcomes were found at the 12-month assessment with medium effect sizes on most measures. Implications for the prevention of adverse outcomes in children of depressed parents are highlighted.
and 5% of children had a lifetime prevalence of ataques (either by child or parent report) and that ataques were associated with greater global impairment and a host of childhood disorders within the previous 12 months. Ataques were also correlated with greater exposure to violence, as well as more stressful life events for the South Bronx sample. After controlling for several covariates, ataques continued to be significantly associated with psychopathology. Ataques are, therefore, a significant correlate of global impairment and childhood psychopathology among Puerto Rican youth.

Record 9 of 44

TI: Title
Aggression in youths: child abuse, gender and SES
AU: Author
Vandenberg, Brian; Marsh, Ursula W
AF: Affiliation
Department of Psychology, University of Missouri, St. Louis MO, USA
SO: Source
North American Journal of Psychology, vol. 11, no. 3, pp. 437-442,
December 2009
AB: Abstract
This study examined the effects of the trauma of child maltreatment on aggression. It was hypothesized that physical abuse, male gender, and SES would uniquely contribute to aggressive behaviors beyond that accounted for by PTSD. 175 children, mean age 9.6 years, participated; 37 of them were physically abused, 100 were sexually abused, and 38 were non-abused controls. The results indicated that both physical abuse and male gender were significantly related to higher levels of aggression, supporting the hypothesis that trauma may be linked to the development of problematic aggressive behaviors.

Record 10 of 44

TI: Title
Impact of a technological disaster on young children: a five-year postdisaster multiinformant study
AU: Author
Boer, Frits; Smit, Cees; Morren, Mattijn; Roorda, Jan; Yzermans, C Joris
AF: Affiliation
Department of Child and Adolescent Psychiatry, Academic Medical Centre, Amsterdam, The Netherlands; Twente Public Health Service (GGD Regio Twente), Enschede, The Netherlands; Netherlands Institute for Health Services Research (NIVEL), Utrecht, The Netherlands
SO: Source
AB: Abstract
Children exposed to a technological disaster during an understudied part of the lifespan, preschool age and early middle childhood, were assessed in a 5-year follow-up regarding mental health problems, anxiety disorder symptoms, depressive symptoms, physical symptoms, and posttraumatic stress symptoms. Exposed children and their parents (n = 264) reported significantly more problems than controls (n = 515). The differences were greater for conduct problems (including
hyperactivity) and physical symptoms, than for anxiety and depression. The long-term effects of a technological disaster on children of pre-school age at exposure appear to differ from those in children who were victimized at a later age. This may reflect interference with completion of specific developmental tasks. [Author Abstract]

DO: DOI
10.1002/jts.20461

Record 11 of 44
TI: Title
The role of the dopamine transporter (DAT) in the development of PTSD in preschool children

AU: Author
Drury, Stacy S; Theall, Katherine P; Keats, Bronya J B; Scheeringa, Michael S

AF: Affiliation
Department of Psychiatry and Neurology, Tulane University Health Sciences Center, New Orleans LA, USA; Louisiana State University Health Sciences Center, New Orleans LA, USA

SO: Source

AB: Abstract
Population-based association studies have supported the heritability of PTSD. This study explored the influence of genetic variation in the dopamine transporter (DAT) 3 untranslated region variable number tandem repeat on the development of PTSD in preschool children exposed to Hurricane Katrina, diagnosed using a developmentally appropriate semistructured interview. A diagnosis according to the DSM-IV, total symptoms, and specifically Criterion D symptoms were significantly more likely to be found in children with the 9 allele. This study replicates a previous finding in adults with PTSD. The specificity of this finding to the increased arousal symptoms of Criterion D suggests that dopamine and the DAT allele may contribute to one heritable path in a multifinality model of the development of PTSD.

DO: DOI
10.1002/jts.20475

Record 12 of 44
TI: Title
A diagnostic interview for acute stress disorder for children and adolescents

AU: Author
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AF: Affiliation
Department of Psychiatry, Children's Hospital Boston, Boston MA, USA; Department of Psychiatry, School of Medicine, Washington University, St. Louis MO, USA

SO: Source

AB: Abstract
The goal of this study was to develop a semistructured clinical interview for assessing acute stress disorder (ASD) in youth and test its psychometric properties. Youth (N = 168) with an acute burn or injury were administered the acute stress disorder module of the
Diagnostic Interview for Children and Adolescents (DICA-ASD). The DICA-ASD demonstrated strong psychometric properties, including high internal consistency (alpha = .97) and perfect diagnostic interrater agreement (kappa = 1.00). Participants diagnosed with ASD scored significantly higher than those not diagnosed on validated traumatic stress symptomatology measures but not on other symptomatology measures, providing evidence of convergent and discriminant validity. Preliminary evidence supports the reliability and validity of the first semistructured clinical interview for diagnosing ASD in youth.

Record 13 of 44
TI: Title
The impact of maternal childhood abuse on maternal and infant HPA axis function in the postpartum period
AU: Author
Brand, Sarah R; Brennan, Patricia A; Newport, D Jeffrey; Smith, Alicia K; Weiss, Tamara; Stowe, Zachary N
AF: Affiliation
Department of Psychology, Emory University, Atlanta GA, USA ; Department of Psychiatry and Behavioral Sciences, School of Medicine, Emory University, Atlanta GA, USA
SO: Source
Psychoneuroendocrinology, Published online 20 November 2009
AB: Abstract
BACKGROUND: Early life trauma, particularly child abuse, has been associated with aberrations in hypothalamic-pituitary-adrenal (HPA) axis functioning in adulthood. However, the relationship of early abuse and later adult neuroendocrine changes may be moderated by additional factors such as comorbid psychopathology and recent life stress. Parental exposure to child abuse may have transgenerational effects, with offspring of abuse victims showing similar neuroendocrine profiles as their mothers. The majority of previous studies in this area focus on adult offspring, and the degree to which the effects of parental child abuse can be detected earlier in the development of the offspring remains obscure.METHODS: The current study utilized a clinical sample of women with a history of MDD (N = 126), to examine the effects of maternal early life sexual and physical abuse (Childhood Trauma Questionnaire (CTQ)) on both maternal and infant salivary cortisol levels during a laboratory stress paradigm at 6 months postpartum.RESULTS: Maternal child abuse was associated with steeper declines in cortisol in the mothers and lower baseline cortisol in their infants. Comorbid maternal PTSD, current maternal depressive symptoms, and recent life stressors were significant moderators of maternal cortisol change. Maternal abuse history was associated with increases in cortisol levels in those mothers who experienced these additional stressors. Similarly, a history of early maternal abuse and comorbid PTSD was associated with greater increases in infant cortisol levels.

Record 14 of 44
TI: Title
Safe enough to sleep: sleep disruptions associated with trauma, posttraumatic stress, and anxiety in children and adolescents
AU: Author
Sleep disturbance is an essential symptom of PTSD, and recent evidence suggests that disrupted sleep may play an important role in the development of PTSD following traumatic stress. The authors review several aspects of sleep as it relates to PTSD. First, there is an association between traumatic stress and different components of disrupted sleep in children and adolescents. Second, sleep disruption appears to be a core feature of other pediatric anxiety disorders, and the authors consider if this preexisting sleep vulnerability may explain in part why preexisting anxiety disorders are a risk factor for developing PTSD following a traumatic event. Third, the authors consider attachment theory and the social context of trauma and sleep disruption. This article concludes with a consideration of the therapeutic implications of these findings.
OBJECTIVE: To investigate the prevalence of symptoms of PTSD and factors related to level of these in children who experienced a catastrophe as tourists and were therefore able to return to the safety of their homeland. DESIGN: Face-to-face semistructured interviews and assessments. SETTING: Children and adults were interviewed in their homes 10 months and 2(1/2) years after the tsunami. PARTICIPANTS: A volunteer sample of adults and children aged 6 to 17 years who were exposed to the 2004 tsunami (at 10 months, 133 children and 84 parents; at 2(1/2) years, 104 children and 68 parents). MAIN EXPOSURE: The tsunami in Southeast Asia on December 26, 2004. OUTCOME MEASURES: University of California, Los Angeles (UCLA) PTSD Reaction Index. RESULTS: 2 children had scores indicative of PTSD at 10 months. There was a significant decrease in symptoms after 2(1/2) years, and no children had scores exceeding the clinical cutoff at this time. Only the death of a family member and subjective distress were independently and significantly associated with PTSD scores at 10 months, whereas sex, need for professional mental health services prior to the tsunami, and parental sick leave owing to the tsunami were independent predictors of PTSD symptoms at follow-up. CONCLUSIONS: The children reported fewer symptoms of PTSD compared with children in other disaster studies. Predictor variables changed from disaster-related subjective distress to factors related to general mental health at follow-up. The findings indicate the importance of secondary adversities and pretrauma functioning in the maintenance of posttraumatic stress reactions.
points: during their child's hospitalization, 1 month, and 3 to 6 months after discharge. Measures included the Child Stress Disorders Checklist - Burn Version (CSDC-B). Chart reviews were conducted to obtain children's morphine dosages during hospitalization. Mean equivalency dosages of morphine (mg/kg/day) were calculated to combine oral and intravenous administrations. 11 participants had complete 3 to 6-month data on the CSDC. The correlation between average morphine dose and amount of decrease in PTSD symptoms on the CSDC ($r = -0.32$) was similar to that found in studies with older children. The correlation between morphine dose and amount of decrease in symptoms on the arousal cluster of the CSDC was significant ($r = -0.63, P < .05$). Findings from the current study suggest that, for young children, management of pain with higher doses of morphine may be associated with a decreasing number of PTSD symptoms, especially those of arousal, in the months after major trauma. This extends, with very young children, the previous findings with 6- to 16-year olds.

**Record 18 of 44**

**Title**
Exploring the helpfulness of arts-based methods with children living in foster care

**Author**
Coholic, Diana; Lougheed, Sean; Cadell, Susan

**Affiliation**
School of Social Work, Laurentian University, Sudbury ON, Canada; Manulife Centre for Healthy Living, Lyle S. Hallman Faculty of Social Work, Wilfrid Laurier University, Kitchener ON, Canada

**Source**
Traumatology, vol. 15, no. 3, pp. 64-71, September 2009

**Abstract**
This article considers the usefulness of arts-based group therapy methods in working with traumatized children. Although traditional effective forms of trauma treatment are necessary for many traumatized children, the authors explore how for some children living in foster care arts-based methods offer an appropriate and helpful approach, conducive to posttraumatic growth, which may be more suited to their particular needs and circumstances. The research is qualitative and sought to develop a better understanding of the impact of arts-based methods on children in care. We discuss how arts-based and experiential methods can help children in care feel better about themselves and develop coping abilities without direct discussion and/or working through of their traumatic life events.

**DOI**
10.1177/1534765609341590

**Record 19 of 44**

**Title**
Prozosin for the treatment of posttraumatic stress disorder-related nightmares in an adolescent male [letter]

**Author**
Fraleigh, Lisa A; Hendratta, Venkatesh D; Ford, Julian D; Connor, Daniel F

**Affiliation**
Division of Child and Adolescent Psychiatry, School of Medicine,
This case suggests the effectiveness of prazosin in reducing the intensity and frequency of PTSD-related nightmares in an adolescent boy.

Record 20 of 44

Post-traumatic stress impacts on quality of life in children after road traffic accidents: prospective study

OBJECTIVE: There is little knowledge on health-related quality of life (HRQOL) of injured children and adolescents after road traffic accidents (RTA). Although findings in injured adults suggest that post-traumatic stress symptoms (PTSS) may be important predictors of HRQOL, this issue has never been prospectively examined in children. The aim of the present study was therefore to prospectively assess HRQOL in children after RTA and specifically examine the impact of PTSS on HRQOL. METHOD: 68 children (aged 6.5-14.5 years) were interviewed 1 month and 1 year after an RTA using the Child PTSD Reaction Index and the Toegepast Natuurwetenschappelijk Onderzoek-Academisch Ziekenhuis Leiden (TNO-AZL) Questionnaire for Children's Health-Related Quality of Life. Parents and physicians were assessed with questionnaires.RESULTS: 11 children (16.2%) showed moderate to severe post-traumatic stress reactions at 1 month, and 12 children (17.6%) at 1 year. At 1 month, patients reported reduced motor functioning and autonomy and impairments in some parts of emotional functioning compared to a community sample. At 1 year all dimensions of HRQOL were within or above normal ranges. Multivariate analysis indicated that PTSS at 1 month significantly predicted HRQOL at 1 year.CONCLUSIONS: This prospective study provides evidence for a long-term negative influence of early PTSS on HRQOL in injured children. The return of injured children to pre-injury HRQOL may therefore not only depend on optimal medical care but also on awareness and timely interventions regarding PTSS.

DOI: 10.1080/00048670903001919
Record 21 of 44
TI: Title
Event trauma in early childhood: symptoms, assessment, intervention
AU: Author
Coates, Susan W; Gaensbauer, Theodore John
AF: Affiliation
Department of Psychology in Psychiatry, College of Physicians and Surgeons, Columbia University, New York NY, USA ; Department of Psychiatry, University of Colorado Health Sciences Center, Denver CO, USA
SO: Source
AB: Abstract
Expanding research over the last two decades has documented that very young children's responses to an event trauma will involve the same three basic categories of posttraumatic symptomatology observed in older children and adults: that is, reexperiencing, numbing/avoidance, and hyperarousal. The ways in which these three symptom clusters will be manifested in very young children and recent progress in the establishment of developmentally sensitive and reliable criteria for the diagnosis of PTSD in this age group are described. In addition to PTSD symptomatology, three additional factors that differentiate young children's responses to a trauma from those of older children and adults -- their cognitive immaturity, their developmental vulnerability, and the relational context of early trauma given young children's dependence on caregivers -- also are discussed. Principles of assessment and treatment are then described. These discussions emphasize the importance of normalizing traumatic responses, supporting the parent-child relationship and restoring trust, desensitizing the child's distress to traumatic reminders, helping the child and parents to process and develop a meaningful narrative of the traumatic event through expressive therapeutic techniques, and promoting effective strategies of restoration and repair.
DO: DOI
10.1016/j.chc.2009.03.005

Record 22 of 44
TI: Title
Post traumatic stress disorder: a diagnosis for youth from violent, impoverished communities
AU: Author
Bertram, Rosalyn M; Dartt, Jennifer L
AF: Affiliation
School of Social Work, University of Missouri, Kansas City MO, USA
SO: Source
AB: Abstract
We examine the historical development and use of the diagnosis of PTSD that has been primarily applied to war veterans. We explore how study of this population and refinement of this diagnosis were influenced by changing paradigms and the emergence of new theory. From this context, we then explore similarities and differences between the symptoms, stressors, and social supports of war veterans with those of youth living in violent, impoverished communities. Based upon this analysis,
we conclude with implications for researchers, education, mental health, and social service policy-makers and service providers.

**Record 23 of 44**

**TI:** Title
Ambiguous loss and posttraumatic stress in school-age children of prisoners

**AU:** Author
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**AF:** Affiliation
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**SO:** Source

**AB:** Abstract
We describe a sample of school-age children of incarcerated parents enrolled in a federally funded mentoring program. A mixed methods approach was applied to discern key themes related to caregiver incarceration. Results demonstrated a high prevalence of posttraumatic stress as well as high rates of internalizing and externalizing behaviors. Descriptions of children's stress and coping behaviors in response to the ambiguous loss associated with parental incarceration are presented. Further, implications for similar mentoring programs are discussed.

**Record 24 of 44**

**TI:** Title
Violence exposure and PTSD: the role of English language fluency in Latino youth

**AU:** Author
Kataoka, Sheryl H; Langley, Audra Kae; Stein, Bradley D; Jaycox, Lisa H; Zhang, Lily; Sanchez, Norma; Wong, Marleen

**AF:** Affiliation
Department of Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine, University of California, Los Angeles CA, USA; RAND Corporation, Santa Monica CA, USA; School of Medicine, University of Pittsburgh, Pittsburgh PA, USA; School of Social Work, University of Southern California, Los Angeles CA, USA

**SO:** Source

**AB:** Abstract
Although Latinos have been a rapidly growing population in the US, little is known about how mental health symptoms may present in Latino children especially in the context of those living in poverty and exposed to violence. We explored the level of violence exposure and trauma symptoms in Latino youth and the relationship of these factors with English language fluency. During 2000-2002, 1,601 Latino students from seven middle schools participated in a school-based screening to identify students with exposure to community violence and symptoms of
PTSD. The students completed a self-report instrument, in either Spanish or English, that combined a modified version of the Life Events Scale and the Child PTSD Symptom Scale (CPSS). Bivariate analyses and multivariate regression models showed that youth with higher English language fluency reported greater violence exposure and PTSD symptoms than those with lower fluency. No difference was found in functioning by English language fluency. English language fluency appears to be related to violence exposure and PTSD symptoms in these Latino youth. We discuss the importance of school-based programs especially designed to serve Latino students of varying English language fluency. Adapted from the source document.

DO: DOI
10.1007/s10826-008-9235-9
Children and adolescents experience high rates of potentially traumatic experiences. Many children subsequently develop mental health problems, including PTSD symptoms. Accurately diagnosing PTSD in children is challenging. This paper reviews the following important issues: (i) the specificity of the PTSD diagnosis; (ii) children who are symptomatic and impaired but do not have enough symptoms for the diagnosis of PTSD; (iii) developmental considerations for preschool and school-age children; and (iv) a variety of assessment challenges that reflect the difficulty and complexity of interviewing children and caregivers about these symptoms. Despite these challenges, PTSD remains the best construct for clinical and research work with trauma survivors. Pediatric PTSD criteria are valuable for identifying children at risk and in need of treatment, and can be even more helpful when developmentally modified in ways that are discussed.
This study assessed the outcome of a brief rumination-focused cognitive and behavioral intervention in treating PTSD symptoms among Rwandan adolescent survivors of the 1994 genocide. All participants (54.5% female, N = 22) aged between 15 and 18 years (M = 16.55, SD = 0.96) met criteria for PTSD as assessed by the PTSD self-rating scale (UCLA PTSD index). Measures included questionnaires assessing PTSD, depression, and somatization. Data were obtained at four points: (1) 11 years after the genocide (baseline), (2) 13 years after the genocide (pretreatment), (3) posttreatment (2 weeks after the treatment), and (4) follow-up (2 months after the treatment). PTSD symptoms increased between baseline and pretreatment. The intervention was associated with a reduction in PTSD symptoms, with gains maintained at follow-up.
This book is concerned with how the effects of child sexual abuse are understood and how this affects the treatment and representation of abused women and girls. The different ways we understand child sexual abuse give rise to competing versions of reality that have markedly different effects on the lives of abused women and girls. My aim throughout this book is to detail some of these different ways of understanding in order to develop practical strategies that enable, rather than condemn, abused women and girls, and which offer hope, rather than despair. Hence, although this book covers a wide range of concerns in relation to women, girls, and child sexual abuse, all these chapters are united by a sustained focus on the relationship between understanding and practice, and by the desire to develop ways of working that are both useful and ethical. The book is organized into three sections: theory, research, and practice. In the first section of the book I begin by outlining the theoretical traditions within feminism and post-structuralism that I draw on to develop my approach in thinking through practices regarding women, girls, and child sexual abuse. My aim is to make transparent my own ways of understanding. I then use this framework to critically interrogate the ways in which child sexual abuse is made sense of in mainstream mental health services, by the mass media, and by radical political activists in feminism and mental health. The aim is to make visible the wider cultural and political arenas that contextualize practices around child sexual abuse, and women and girls across the age span, in contemporary culture. These chapters are not only about theory, in terms how child sexual abuse is understood by different sections of society. They also address how these different understandings are implicated in contrasting approaches to intervention. In Part 2, I focus my concern on sexually abused women in secure mental health care. Women in such services around the world too often face misunderstanding, mistreatment, neglect, and further abuse and, hence, such services need major revision. Drawing on original research conducted in two British maximum-security mental hospitals, I explore how service provision may be reconfigured for such women by displacing medical diagnosis as a central organizing principle and through adopting more psychosocial recovery-orientated practices. The research presented here reflects my ongoing commitment to illuminating the specific needs of this group of marginalized and abused women. It also
provides an evidence base for the development of wider practices regarding women, girls, and child sexual abuse. In Part 3, I draw on my experience of working in a variety of service contexts in order to provide examples of how to apply feminism and post-structuralism to a range of practice issues. These include sexual abuse psychotherapy with women and girls; child protection systems regarding sexually abused girls and domestically abused mothers; and abused women and girls in secure care contexts. Thus, Part 3 provides 'practice-based' evidence for the approach developed throughout the book. My aim is to illustrate the utility of adopting a social recovery model of intervention that challenges the despair that haunts many traditional approaches to working with abused women and girls. A brief epilogue draws the book to a close.

Record 32 of 44
TI: Title
Mental health and emerging adulthood among homeless young people
AU: Author
Whitbeck, Les B
AF: Affiliation
Department of Sociology, University of Nebraska, Lincoln NE, USA
SO: Source
AB: Abstract
As far as we know this is the first study to follow homeless and runaway adolescents into early adulthood. The book focuses on the highest-risk population of adolescents in the country. Part 1 sets the stage by defining and enumerating homeless adolescents and homeless young adults. It also reviews what we know about homeless young people and presents theoretical perspectives that guide the work of researchers such as Jeffrey Arnett on emerging adulthood and the work of Terrie Moffitt and others on the origins and persistence of maladaptive behaviors. Chapter 2 gives a detailed overview of the study, the sample, attrition rates across time, measurement, and procedures. The focus of Part 2 is the mental health of adolescents. We review findings regarding each of the psychiatric diagnoses screened in the study including conduct disorder, major depressive episode, PTSD, and the substance use disorders at two time points: late adolescence and early adulthood. In these chapters we address the emergence and persistence of the disorders across time. Part 3 is the core of the book. It details the risk factors associated with homelessness including victimization, revictimization, and self injury. We believe that these experiences will shape the psychology and worldviews of the adolescents into their adult years. In Part 4, we focus on preparation for and adjustment to emerging adulthood by discussing protective factors such as social network support, establishment of intimate relationships, education, and employment. This section also includes a discussion of adaptation and participation in the street economy. The final section of the book, Part 5, reconsiders the usefulness of psychiatric diagnosis in the context of street life and addresses the question of overdiagnosing the adolescents. We conclude with a chapter summarizing where the young people were in their transition to adulthood at the end of the study. Each chapter begins with a thorough literature review that brings the reader up to date on the topic area as it applies to homeless and runaway youth, followed by the presentation of the study.
findings interspersed with excerpts of the subjects' experiences in their own words. This research is meant to be translated into policy. Each chapter concludes with separate sections discussing the theoretical and policy implications of the findings that provide real-world insights and applications of the research findings.

CONTENTS: "No one knows what happens to these kids": interrupted adolescence and emerging adulthood -- The Midwest Longitudinal Study of Homeless and Runaway Adolescents / with Kurt D. Johnson et al. -- From conduct disorder to antisocial personality disorder: disruptive behaviors from adolescence to early adulthood / with Devan M. Crawford -- Adolescent major depressive episodes and emerging adulthood / with Devan M. Crawford -- Traumatic histories and adult transitions / with Devan M. Crawford -- Substance abuse patterns among homeless and runaway adolescents across time / with Devan M. Crawford -- Dissociative symptoms: prevalence, correlates, and association with other mental disorders and problem behaviors / with Katherine A. Johnson -- Victimization and revictimization among homeless and runaway adolescents / with Devan M. Crawford -- Self-mutilating behaviors from adolescence to young adulthood / with Katherine A. Johnson -- Suicide ideation and attempts / with Katherine A. Johnson -- Health and services utilization / with Devan M. Crawford -- Social networks: friends and families at home and on the streets / with Trina Rose and Kurt D. Johnson -- Sexuality, romantic relationships, and pregnancy / with Devan M. Crawford -- Survival strategies, hunger, education, and housing / with Devan M. Crawford and Katherine A. Johnson -- Continuities of mental disorders and problem behaviors -- "No one knows what happens to these kids": from runaways to young adults.

Record 33 of 44
TI: Title
Assessing the psychometric properties of a supplementary PK Scale embedded in the Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A) in detecting post-traumatic stress disorder (PTSD) [dissertation]
AU: Author
Pernod, Nicole C
SO: Source
AB: Abstract
This study explored the validity of the Minnesota Multiphasic Personality Inventory-Adolescent PK Scale to assess symptoms of PTSD within an inpatient adolescent sample. The present research sought to expand upon the Cashel et al. study by assessing the predictive and comparative validity of the MMPI-A PK Scale. Information was gathered from the archival data of 631 adolescents who were referred to the assessment service of Four Winds Hospital. Adolescents were 13-18 years old and predominantly female (57.9%). The MMPI-A PK Scale significantly related to the following self-reported traumas measured by the Children's Trauma Questionnaire (CTQ): emotional abuse ($r = .31$, $p < .01$), sexual abuse ($r = .14$, $p < .01$) and physical abuse ($r = .08$, $p < .05$), respectively. Significant negative relationships between emotional neglect ($r = .23$, $p < .01$) and physical neglect ($r = .09$, $p < .05$) were also found. The MMPI-A PK Scale significantly related to the Trauma Content Index (TC/R), which
was applied to Rorschach protocols \((r = .14, p < .01)\) scored using Exner's Comprehensive System (CS). The relationships between the MMPI-A PK Scale and features associated with the presence of trauma, as measured by the Trauma Symptom Checklist for Children (TSCC), were explored. The MMPI-A PK Scale correlated highest with the Depression (DEP) clinical scale of the TSCC \((r = .69, p < .01)\). The relationship between the MMPI-A PK Scale and the Posttraumatic Stress (PTS) clinical scale of the TSCC \((r = .59, p < .01)\) was also significant and indicative of a moderate correlation. As a measure of PTSD symptoms, the MMPI-A PK Scale evidenced low to typical predictive validity \((AUC = .696)\) when compared to the PTS scale. Other significant relationships between the MMPI-A PK Scale and the clinical scales of the TSCC were discussed. The MMPI-A PK Scale, as a diagnostic measure, performed similarly to the PTS scale. ROC analyses compared both the MMPI-A PK Scale and the PTS to discharge chart diagnosis. Both measures evidenced low to typical predictive validity \((AUC = .613 \text{ and } AUC = .621, \text{ respectively})\). The sensitivity and specificity of the MMPI-A PK Scale was also reviewed and compared to the sensitivity and specificity of the other measures. Implications, limitations and additional directions for future research were discussed.

Record 34 of 44

TI: Title
   Investigating the sensitivity of the MAYSI-2 for detecting PTSD among female and male delinquents [thesis]

AU: Author
   Arnzen Moeddel, Melissa

AB: Abstract
   Rising arrest rates for adolescent females have prompted researchers to examine the risk factors underlying female delinquency, particularly factors related to PTSD. This study sought to examine the sensitivity of the most widely used instrument for mental health screening in juvenile detention, the MAYSI-2, to predict PTSD in delinquent youth. Regression analyses revealed that for males and females, the MAYSI-2 scales measuring Anger/Irritability, Depression/Anxiety, and Trauma Experiences contributed to the prediction of simple PTSD. Whereas the same linear combination of MAYSI-2 scores also contributed to the prediction of complex PTSD for males, only Anger/Irritability and Depression/Anxiety contributed for females. Additionally, the ROC curves technique revealed that the MAYSI-2 Traumatic Experiences scale is a moderately accurate predictor of simple PTSD in female and male delinquents. These results suggest that future research is needed to determine whether the Traumatic Experiences scale is sensitive to females' complex trauma histories.

Record 35 of 44

TI: Title
   Development of child posttraumatic stress disorder in pediatric trauma victims: the impact of initial child and caregiver PTSD symptoms on the development of subsequent child PTSD [dissertation]

AU: Author
   Ostrowski, Sarah Anne

SO: Source
   Kent State University, 2008. 142 pp.

DE: Descriptors
Following a child's traumatic injury, both the child and his/her parents often report significant levels of PTSD symptoms. Although many studies have identified predictors of PTSD at varying times post-trauma, few have longitudinally examined mechanisms through which child PTSD symptoms (PTSS) develop over time. Additionally, there is limited research on the interaction between caregiver and child PTSS. Determination of initial acute responses in both the caregiver and child that predict increased risk for persistent child PTSD will allow for greater specificity in identifying at-risk families and will inform the design of novel family-focused interventions. 118 child traumatic injury victims aged 8-18 years and their primary caregivers were interviewed in-hospital and at 2- and 6-weeks post-trauma to assess the development and maintenance of child PTSS. At each time point, depressive and PTSD symptomatology of both the child and caregiver were measured. Results revealed that child in-hospital levels of hyperarousal predicted child 2-week PTSS; however, child in-hospital levels of avoidance were found to predict child PTSS at 6-weeks post-trauma. Furthermore, post-hoc analyses revealed that high levels of caregiver in-hospital re-experiencing symptoms and high levels of caregiver in-hospital avoidance symptoms significantly interacted to predict child 6-week PTSS, particularly in girls. The results of the current study underscore the importance of examining specific symptoms of PTSD and focus on the impact of familial distress on child post-traumatic adjustment.
area of managing students with PTSD symptoms. Among mostly supportive results for the hypothesized problem and need for training, 98.6% of respondents believed they knew students with a history of trauma exposure who failed to meet their academic goals, and 85.9% acknowledged that they wanted training to help students with posttraumatic stress symptoms. A four-hour training program for educational and residential staff members was designed according to Maher's program planning and design model. The program content included increased identification of posttraumatic stress symptoms and practical interventions for the management of affected students. Limitations of the needs assessment and training program are discussed and program evaluation methods are recommended.

Record 37 of 44
TI: Title
Psychiatric disorders among war-abducted and non-abducted adolescents in Gulu district, Uganda: a comparative study
AU: Author
Okello, J; Onen, T S; Musisi, Seggane
AF: Affiliation
Gulu University, Gulu, Uganda; School of Medicine, Makerere University, Kampala, Uganda; Butabika National Referral Mental Hospital, Kampala, Uganda
SO: Source
AB: Abstract
OBJECTIVE: We aimed to assess the nature and patterns of psychiatric disorders among adolescents who had been war-abducted in the war in northern Uganda, compared to non-abducted adolescents living in Gulu district, Uganda.METHOD: A cross-sectional study that used an unmatched case-control design compared 82 abducted and 71 non-abducted adolescents for scores on measures of psychological distress and for selected psychiatric diagnoses using the Strength and Difficulties Questionnaire (SDQ) and the Mini International Neuropsychiatric Interview for Children and Adolescents English version 2.0 (M.I.N.I-KID).RESULTS: More than 90% of adolescents reported exposure to severe trauma, either through direct or indirect experiences. Significantly more war abducted adolescents reported PTSD (26.8% v. 12.7%) (p = 0.03) major depression (19.5% v. 4.2%) (p = 0.004), and generalised anxiety disorder (13.4 v. 4.2%) (p = 0.049) than non abducted adolescents. By contrast, non-abducted adolescents reported more past suicidality (p = 0.004, chi-squared = 8.2) than adolescents who were abducted. However, despite high rates of psychiatric disorder, these adolescents had good psychosocial adjustment.CONCLUSION: Adolescents in war affected areas, whether war-abducted or not, have varied and clinically significant emotional responses to different kinds of traumatic exposure. In a war-affected area, the development of a sustainable service for adolescents that tries to address the full range of mental health problems may be more appropriate than a psychological trauma service that focuses on one diagnosis.

Record 38 of 44
TI: Title
Intimate partner violence: the relationship of the perpetrator to the
There is ample research concerning the ways that witnessing domestic violence affects children, but fewer studies investigate how children's relationship to the perpetrator influences their overall functioning. This research investigates the hypothesis that violence perpetrated by children's biological fathers will result in higher levels of PTSD and behavior problems than will violence perpetrated by a non-biological father. It also examines whether children who witness repeated intimate partner violence (IPV) perpetrated by both their biological father and a successive father figure will have the highest levels of PTSD and behavioral symptoms. 80 mothers who experienced a domestic incident reported on the symptoms and behavior of their children aged 2-18 using the Child Behavior Checklist (CBCL) and the UCLA Posttraumatic Stress Disorder Rating Index-Parent Report Version (PSTD-RI). The Brief Symptom Inventory (BSI) was utilized to assess mothers' overall levels of psychological functioning. A MANCOVA demonstrated that children who had multiple violent father figures had significantly more symptoms on the CBCL than children in the other two research groups, even after controlling for the child's age and the severity of the mother's symptoms. There were no significant differences between the biological and non-biological father groups, or among the three groups on the PSTD-RI.
associations with a series of symptoms including symptoms other than those of PTSD (r[subscript-s] ranging from 0.25 to 0.44, p < 0.001). Thus it does not seem sufficient to focus solely on PTSD symptomatology when assessing the mental health needs of refugee children.

Record 40 of 44

TI: Title
Preparing play therapists for disaster response: principles and practices

AU: Author
Baggerly, Jennifer

AF: Affiliation
Department of Psychological and Social Foundations, University of South Florida, Tampa FL, USA

SO: Source

AB: Abstract
In the wake of numerous recent natural disasters such as the 2004 tsunami and 2005 hurricanes, play therapists have been asked to provide disaster response. However, the role of disaster response interventionists is vastly different from the typical role of play therapists. In order for play therapists to be prepared for disaster response, an explanation of disaster response principles and procedures is needed. This article will help educate play therapists about how to use their play therapy skills and knowledge in a disaster response environment. Specifically, this article will (a) explain basic principles such as following the Incident Command Structure; (b) discuss the play therapist's role in disaster response in light of the phase of disaster; and (c) recommend disaster response procedures. Examples from APT members' response to the tsunami and Hurricane Katrina are provided.

Record 41 of 44

TI: Title
Development of the Trauma Play Scale: an observation-based assessment of the impact of trauma on the play therapy behaviors of young children

AU: Author
Findling, Jennifer H; Bratton, Sue C; Henson, Robin K

AF: Affiliation
University of North Texas, Denton TX, USA ; Center for Play Therapy, Denton TX, USA

SO: Source

AB: Abstract
The purpose of this study was to develop an instrument designed to detect differences in the play therapy behaviors of children with a history of trauma versus children with no known history of trauma. The scale was designed so that raters could rate a child's behavior, via videotaped play therapy sessions, at five minute intervals. The scale
consisted of the following domains: Intense Play, Repetitive Play, Play Disruptions, Avoidant Play Behavior, and Negative Affect. The scale was evaluated in terms of inter- and intrarater reliability and known-group discriminant validity. Subjects were 12 children; 6 had a history of trauma and 6 had no known trauma history. Eight consecutive videotaped play therapy sessions were blind rated for each participant by trained raters. One way analysis of variance, including effect sizes, was used to detect differences between the groups. Percentage agreement and correlational estimates of interrater reliability suggested that raters are able to achieve consensus and consistency in their ratings. Statistical analyses indicated that the Trauma Play Scale has a high degree of discriminant validity.

Record 42 of 44
TI: Title
Mode Deactivation Therapy (MDT): a theoretical case analysis on a suicidal adolescent
AU: Author
Apsche, Jack A; Siv, Alexander M
AF: Affiliation
Apsche Center for Evidence Based Psychotherapy, Yardley PA, USA; Brightside for Families and Children, West Springfield MA, USA
SO: Source
International Journal of Behavioral Consultation and Therapy, vol. 1, no. 2, pp. 130-144, Spring 2005
AB: Abstract
This case study presents a case study of the effectiveness of Mode deactivation therapy (MDT) with an adolescent male, with reactive conduct disorder, PTSD, and 8 lethal suicide attempts. The youngster was hospitalized four times for suicide attempts, three previous placements in residential treatment centers. MDT is a form of cognitive behavioral therapy (CBT) that combines the balance of dialectical behavior therapy (DBT), the importance of perception from functional analytic psychotherapy (FAP), and A.T. Beck's mode theory with a methodology to address the adolescents' belief system. MDT has been shown to be effective in a descriptive study with CBT. The analysis of this case will illustrate the potential effectiveness of MDT as applied an actively suicidal adolescent.

Record 43 of 44
TI: Title
Psychosocial concepts in humanitarian work with children: a review of the concepts and related literature
AU: Author
Loughrey, Maryanne; Eyber, Carola
AF: Affiliation
Refugee Studies Centre, University of Oxford, Oxford, England; Centre for International Health Studies, Queen Margaret University College, Edinburgh, Scotland
SO: Source
AB: Abstract
In recent years, many humanitarian agencies have come to address psychological and social factors in their programmatic responses to
conflict, natural disasters, and displacement. These programs have been termed "psychosocial" programs. At the same time, there has been very little consensus as to how the term should be defined and what elements are essential in a psychosocial program. This lack of consensus has arisen because of the disagreements around the psychological consequences of conflict and displacement. These consequences are frequently conceptualized as trauma, PTSD, stress, and mental illness and are based on the assumption that conflict and displacement have negative effects on the mental health of refugees. The diverse expressions of psychosocial work among humanitarian workers and their agencies have resulted in the term's eliciting diverse interpretations as well as common expectations that psychosocial programs are concerned with counseling, psychiatric symptoms, and therapy. This report is concerned with reviewing psychosocial concepts in research related to humanitarian work, with particular emphasis on research related to children affected by prolonged violence and armed conflict.

Record 44 of 44
TI: Title
Negative effects of a school suicide postvention program --- a case example
AU: Author
Callahan, Jay
AF: Affiliation
Jane Addams School of Social Work, University of Illinois, Chicago IL, USA
SO: Source
AB: Abstract
In recent years, a general consensus has emerged regarding postvention activities in schools following completed suicides of teenagers. In this case study, standard postvention activities were carried out in a middle school after two youths from the same neighborhood committed suicide 3 months apart. Soon thereafter, a substantial increase in suicidal talk, threats, and attempts took place. Inadvertently, some of the postvention activities appeared to contribute to the romanticization and glorification of the deaths. Changes in postvention practices were made in order to defuse the atmosphere of "romantic tragedy," which in turn led to a decrease in suicidal behavior