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Abstract

Objective: The aim of this study was to evaluate the safety and efficacy of sertraline in children and adolescents who met Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) criteria for posttraumatic stress disorder (PTSD). Method: Children and adolescents (6-17 years old) meeting DSM-IV criteria for PTSD were randomized to 10 weeks of double-blind treatment with sertraline (50-200 mg/day) or placebo. The primary efficacy measure was the University of California, Los Angeles Post-Traumatic Stress Disorder Index for DSM-IV (UCLA PTSD-I). Results: A total of 131 patients met entry criteria and were randomized to sertraline (n = 67; female, 59.7%; mean age, 10.8; mean UCLA PTSD-I score, 43.8 ± 8.5) or placebo (n = 62; female, 61.3%; mean age, 11.2; mean UCLA PTSD-I score, 42.1 ± 8.8). There was no difference between sertraline and placebo in least squares (LS) mean change in the UCLA PTSD-I score, either on a completer analysis (-20.4 ± 2.1 vs. -22.8 ± 2.1; p = 0.373) or on an last observation carried forward (LOCF) end point analysis (-17.7 ± 1.9 vs. -20.8 ± 2.1; p = 0.201). Attrition was higher on sertraline (29.9%) compared to placebo (17.7%). Discontinuation due to adverse events occurred in a 7.5% treated with sertraline and 3.2% treated with placebo. Conclusions: Sertraline was a generally safe treatment in children and adolescents with PTSD, but did not demonstrate efficacy when compared to placebo during 10 weeks of treatment.

ClinicalTrials.gov Identifier: NCT00150306.


Childhood traumatic stress and obesity in women: The intervening effects of PTSD and MDD.

Dedert EA, Becker ME, Fuemmeler BF, Braxton LE, Calhoun PS, Beckham JC.
In this study, symptoms of posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) were modeled as intervening variables in the relationship between childhood traumatic stress and weight outcomes in civilian women in the United States. Of the 148 participants, 72 had current PTSD, 64 had current MDD, and 32 had neither disorder. In separate single indirect effect models, there were significant indirect effects of both PTSD and depressive symptoms on body mass index and waist-hip ratio. When models included both PTSD and depressive symptoms, an indirect effect of PTSD symptoms was evident in the relationship between childhood traumatic stress and waist-hip ratio. Posttraumatic stress disorder may play a particularly important role in the development of central adiposity.

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

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

Trauma-focused cognitive-behavioral therapy for posttraumatic stress disorder in three through six year-old children: A randomized clinical trial.

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Background: The evidence base for trauma-focused cognitive behavioral therapy (TF-CBT) to treat posttraumatic stress disorder (PTSD) in youth is compelling, but the number of controlled trials in very young children is few and limited to sexual abuse victims. These considerations plus theoretical limitations have led to doubts about the feasibility of TF-CBT techniques in very young children. This study examined the efficacy and feasibility of TF-CBT for treating PTSD in three-through six-year-old children exposed to heterogeneous types of traumas.

Methods: Procedures and feasibilities of the protocol were refined in Phase 1 with 11 children. Then 64 children were randomly assigned in Phase 2 to either 12-session manualized TF-CBT or 12-weeks wait list. Results: In the randomized design the intervention group improved significantly more on symptoms of PTSD, but not on depression, separation anxiety, oppositional defiant, or attention deficit/hyperactivity disorders. After the waiting period, all participants were offered treatment. Effect sizes were large for PTSD, depression, separation anxiety, and oppositional defiant disorders, but not attention-deficit/hyperactivity disorder. At six-month follow-up, the effect size increased for PTSD, while remaining fairly constant for the comorbid disorders. The frequencies with which children were able to understand and complete specific techniques documented the feasibility of TF-CBT across this age span. The majority were minority race (Black/African-American) and without a biological father in the home, in contrast to most prior efficacy studies. Conclusions: These preliminary findings suggest that TF-CBT is feasible and more effective than a wait list condition for PTSD symptoms, and the effect appears lasting. There may also be benefits for reducing symptoms of several comorbid disorders. Multiple factors may explain the unusually high attrition, and future studies ought to oversample on these demographics to better understand this understudied population.
Childhood traumatic stress and obesity in women: The intervening effects of PTSD and MDD.

Dedert EA, Becker ME, Fuemmeler BF, Braxton LE, Calhoun PS, Beckham JC. Durham Veterans Affairs Medical Center and Duke University Medical Center.

In this study, symptoms of posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) were modeled as intervening variables in the relationship between childhood traumatic stress and weight outcomes in civilian women in the United States. Of the 148 participants, 72 had current PTSD, 64 had current MDD, and 32 had neither disorder. In separate single indirect effect models, there were significant indirect effects of both PTSD and depressive symptoms on body mass index and waist-hip ratio. When models included both PTSD and depressive symptoms, an indirect effect of PTSD symptoms was evident in the relationship between childhood traumatic stress and waist-hip ratio. Posttraumatic stress disorder may play a particularly important role in the development of central adiposity.

Perceived racial/ethnic discrimination, posttraumatic stress symptoms, and health risk behaviors among Mexican American adolescents.

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Utilizing the concept of race-based traumatic stress, this study tested whether posttraumatic stress symptoms explain the process by which perceived discrimination is related to health risk behaviors among Mexican American adolescents. One hundred ten participants were recruited from a large health maintenance organization in Northern California. Mediational analyses indicated that adolescents who perceived more discrimination reported worse posttraumatic stress symptoms, controlling for covariates. In turn, adolescents who experienced heightened posttraumatic stress symptoms reported more alcohol use, more other drug use, involvement in more fights, and more sexual partners. Perceived discrimination was also directly related to involvement in more fights. Results provide support for the notion of race-based traumatic stress, specifically, that perceived discrimination may be traumatizing for Mexican American adolescents. Counseling psychologists and counselors in schools and community settings should assess Mexican American adolescents for the effects of discrimination and provide
appropriate interventions to reduce its negative emotional impact.

The Role of Family Processes in Childhood Traumatic Stress Reactions for Youths Living in Urban Poverty.

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This article reports findings from a cross-sectional study exploring relationships between trauma exposure, childhood traumatic stress, and family functioning. Data were collected from a sample of 100 mostly African American, 6- to 9-year-old children and their caregivers who were living in low-income, urban neighborhoods and analyzed using hierarchical multiple regressions. The children experienced high levels of exposure and traumatic stress symptoms. Trauma exposure was correlated with reexperiencing, avoidance, and arousal and also with externalizing behavior problems. Reexperiencing and avoidance symptoms were related to lower ratings of the value of family routines reported by caregivers. Higher ratings of family structure, including both organization and support, were related to fewer internalizing and externalizing behavior problems.

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Adolescent posttraumatic stress disorder: An examination of factor structure reliability in two national samples.

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A four-factor structure of posttraumatic stress disorder (PTSD) has been proposed for DSM-V based on empirical evidence that it is superior to the three-factor DSM-IV structure. However, most studies reveal multiple structures fit the data well in adolescent samples, and high factor correlations have been reported. Within two national samples of adolescents, we tested eight PTSD factor structures, which have never been compared in a single study. Confirmatory factor analyses (CFA) of PTSD symptoms were conducted in two national samples of adolescents: the National Survey of Adolescents (NSA; N=4023) and the NSA-Replication (NSA-R; N=3614). CFA revealed that all models provided very good fit to both samples (RMSEAs=.021-.039), though the one-factor model can be rejected, and correlations between factors were high (rs=.80-1.0). Potential interpretations of these findings include: (1) the indicators (i.e., symptoms)
need refinement; or (2) relevant symptoms have yet to be identified.

EEG alpha asymmetry in schizophrenia, depression, PTSD, panic disorder, ADHD and conduct disorder.

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Models of laterality infer distinct aspects of EEG alpha asymmetry in clinical disorders, which has been replicated for over three decades. This biomarker now requires a more fine-grained assessment of its clinical utility as a diagnostic and treatment predictive marker. Here, within the same study we assessed resting brain laterality across six clinical disorders, for which deviant laterality has been implicated as core dysfunction. These disorders were evaluated in comparison to a large normative dataset (approximately 1,900) from the Brain Resource International Database. EEG alpha asymmetry was assessed in the frontocentral region, for resting Eyes Closed and Eyes Open conditions. Schizophrenia was characterized by significantly greater left lateralized alpha power than controls, indicating a deficit in left frontal activity at rest, which may relate to "disconnections" across wider fronto-temporal networks. The depression group showed a trend-level tendency towards the opposite pattern of greater right-lateralized activity than controls. The remaining anxiety and behavioral disorders did not show any significant deviance in alpha asymmetry from the normative control group. However, at a non-significant level laterality for these groups was generally consistent with expected directions, suggesting a propensity towards a particular lateralization but still remaining within the normative range. Overall, the results of the current study indicate that EEG alpha asymmetry may show the most clinical utility as a biomarker for schizophrenia and depression in comparison to other clinical disorders.

Complex posttraumatic stress disorder in men with serious mental illness: a reconceptualization.

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This paper proposes a reconceptualization of serious mental illness (SMI) utilizing the concept of Complex-Posttraumatic Stress Disorder (C-PTSD). While the effects of trauma in men have recently received increased attention, the
The relationship of chronic exposure to interpersonal trauma during childhood remains under assessed and under recognized. This holds true particularly for men diagnosed with SMI. The study of two clinical case vignettes of men who have been psychiatrically hospitalized for many years illustrates the necessity of trauma assessments and trauma-focused treatments within this population.

The relationship of trauma to mental disorders among trafficked and sexually exploited girls and women.

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OBJECTIVES: We explored the association between traumatic events and mental health among girls and women trafficked for sexual exploitation.
METHODS: We used subscales of the Brief Symptom Inventory and Harvard Trauma Questionnaire to interview 204 trafficked girls and women in 7 posttrafficking service settings. Multivariate logistic regression models based on interview data were fitted for depression, anxiety, and posttraumatic stress disorder (PTSD) separately and adjusted for pretrafficking abuse to determine impact of trafficking-related trauma exposures.
RESULTS: Injuries and sexual violence during trafficking were associated with higher levels of PTSD, depression, and anxiety. Sexual violence was associated with higher levels of PTSD (adjusted odds ratio [AOR] = 5.6; 95% confidence interval [CI] = 1.3, 25.4). More time in trafficking was associated with higher levels of depression and anxiety (AOR = 2.2; 95% CI = 1.1, 4.5). More time since trafficking was associated with lower levels of depression and anxiety but not of PTSD.
CONCLUSIONS: Our findings inform the emerging field of mental health care for trafficked persons by highlighting the importance of assessing severity and duration of trafficking-related abuses and need for adequate recovery time. Therapies for anxiety, PTSD, and mood disorders in low-resource settings should be evaluated.

The relationship of two types of trauma exposure to current physical and psychological symptom distress in a community sample of Colombian women: why interpersonal violence deserves more attention.

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Our purpose in this study was to examine the relationship between interpersonal violence and background traumas and symptom distress in a community sample of Colombian women (N = 217). We utilized the Life Stressor Checklist-Revised (LSC-R) to measure lifetime interpersonal violence (IPV) and background trauma exposure and the Brief Symptom Inventory (BSI) to measure current symptom distress. Although both exposures were common in this sample, IPV was strongly correlated with current symptom distress; background traumas made no unique contribution to the variance in current symptom distress. Based on our findings, it is suggested that interpersonal events may be particularly distressing.

A school-based assessment of secondary stressors and adolescent mental health 18 months post-Katrina.

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Erratum in:

The goals of the current study were to examine the prevalence of secondary stressors related to Hurricane Katrina and to determine their impact on posttraumatic stress disorder (PTSD) symptoms among a sample of high school students. In addition, the moderating role of problem substance use was examined to determine whether it increased the risk of PTSD symptoms in the face of secondary stressors. A total of 271 ethnically and socioeconomically diverse adolescents completed an anonymous survey. Results indicated that problem substance use potentiated the positive relation between secondary stressors and PTSD symptoms, specifically symptoms of re-experiencing. The findings highlight the need for school-based assessment of and interventions for the long-term psychological effects of disasters.

Analysis of cases of sexual assault presenting at a medical center in Taipei.

Hwa HL, Chen SC, Wu MZ, Shun CT, Liu SK, Lee JC, Chen YC.
OBJECTIVE: Sexual assault is a form of interpersonal violence with significant consequential health problems. The purpose of this study was to describe the characteristics of the victims, assaults, and associated physical and psychologic trauma of sexual assault cases in Taipei.

MATERIALS AND METHODS: Data were retrospectively collected from the medical records of sexual assault victims who visited the emergency department of a medical center in Taipei from 1991 to 2003. The characteristics of the victims, assaults, and factors associated with general body and genital trauma were analyzed.

RESULTS: There were 114 sexual assault victims, including 107 females and seven males, aged from 3 to 49 years (mean, 17.9 years). Overall, 72.3% of victims had evidence of physical trauma. Genital/anal injuries (53.3%) occurred more often than general body trauma (41.0%). The presence of general body injuries was positively associated with physical examination within 72 hours, and negatively associated with a victim age younger than 18 years. Genital/anal lesions were significantly more common in victims without prior sexual intercourse.

CONCLUSION: The results of physical examination in sexual assault victims were related to early examination, age, and sexual experience.

Implementing trauma-focused CBT with fidelity and flexibility: a family case study.

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Effective approaches for the treatment of childhood posttraumatic stress disorder and traumatic grief are needed given the prevalence of trauma and its impact on children's lives. To effectively treat posttraumatic stress disorder in children, evidence-based practices should be implemented with flexibility and responsiveness to culture, developmental level, and the specific needs of the family. This case study illustrates flexibility with fidelity in the use of a manualized treatment, describing the implementation of Trauma Focused-Cognitive Behavior Therapy with three traumatized family members-a caregiver and two children. Particular attention is paid to the use of creative strategies to tailor interventions to the individual clients while maintaining fidelity to the principles and components of this evidence-based treatment.
Implementation of a screen and treat program for child posttraumatic stress disorder in a school setting after a school suicide.

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To provide effective treatments for childhood posttraumatic stress disorder (PTSD) children with PTSD must first be identified. The authors implemented a "screen and treat" program following a widely witnessed school suicide. Three months after the suicide, exposed students received the Child Trauma Symptom Questionnaire at school. Parents received the questionnaire to rate their children's PTSD symptoms. Children with scores > or =5 received follow-up interviews and those diagnosed with PTSD were referred for treatment. Ninety-six percent of exposed students were screened, 14% screened positive, and 6% had PTSD. Child and parent agreement was generally poor. All children with PTSD were successfully referred to treatment. Screen and treat programs using existing clinical instruments are efficient and acceptable for use in school settings following trauma.

Long-term course of probable PTSD after the 9/11 attacks: a study in urban primary care.

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Although the short- and midterm psychological effects of the attacks on September 11, 2001 (9/11) have been well described, less is known about the long-term effects. This study examines the course of probable posttraumatic stress disorder (PTSD), its predictors and clinical consequences in a cohort of 455 primary care patients in New York City, interviewed approximately 1 and 4 years after 9/11. The rate of PTSD decreased from 9.6% to 4.1%. Pre-9/11 major depressive disorder emerged as the strongest predictor of PTSD, particularly late-PTSD. At follow-up,
late-PTSD was associated with major depressive and anxiety disorders, and PTSD regardless of timing was associated with impaired functioning. Findings highlight the importance of ongoing evaluation of mental health needs in primary care settings in the aftermath of disasters.

Narrative exposure therapy for 7- to 16-year-olds: a randomized controlled trial with traumatized refugee children.

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The authors examined the effectiveness of narrative exposure therapy for children (KIDNET) in treating posttraumatic stress disorder (PTSD) in refugee children living in exile. Twenty-six children traumatized by organized violence were randomly assigned to KIDNET or to a waiting list. Significant treatment by time interactions on all PTSD-relevant variables indicated that the KIDNET group, but not the controls, showed a clinically significant improvement in symptoms and functioning. Success of the KIDNET group remained stable at 12-month follow-up. This study confirms previous findings that, if left untreated, PTSD in children may persist for an extended period. However, it also shows that it is possible to effectively treat chronic PTSD and restore functioning in traumatized refugee children in only 8 treatment sessions.

Fear of anxiety as a partial mediator of the relation between trauma severity and PTSD symptoms.

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Fear of anxiety has previously been found to be a predictor of overall symptoms of posttraumatic stress disorder (PTSD). The current exploratory study examines the relationship between fear of anxiety and symptoms of PTSD in a sample of adults exposed to Hurricane Katrina. Fear of anxiety was found to partially mediate the relationship between the severity of trauma and the severity of PTSD. Further, this mediation was found to operate differently by gender, with the mediation holding true for men but not for women. For both men and women, fear of anxiety was positively correlated with PTSD symptoms.
Psychiatric disorders and sexual risk among adolescents in mental health treatment.

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OBJECTIVE: To examine the relationship between psychiatric disorders and sexual behaviors among adolescents receiving mental health treatment. Adolescents in mental health treatment have been found to have higher rates of HIV risk behavior than their peers, but data concerning the relationship between psychopathology and risk are inconsistent and limited.

METHOD: Eight hundred and forty adolescents (56% female, 58% African American, mean age = 14.9 years) and their parents completed computerized assessments of psychiatric symptoms via the Computerized Diagnostic Interview Schedule for Children (Shaffer, 2000a, 2000b). Adolescents also reported on sexual risk behaviors (vaginal/anal sex, condom use at last sex) and completed urine screens for a sexually transmitted infection (STI).

RESULTS: Adolescents meeting criteria for mania, externalizing disorders (oppositional defiant, conduct, and attention-deficit/hyperactivity disorders), or comorbid for externalizing and internalizing disorders (major depressive, generalized anxiety, and posttraumatic stress disorders) were significantly more likely to report a lifetime history of vaginal or anal sex than those who did not meet criteria for any psychiatric disorder (odds ratio [OR] = 2.0, 2.3, and 1.9, respectively). Adolescents meeting criteria for mania were significantly more likely to have 2 or more partners in the past 90 days (OR = 3.2) and to test positive for a STI (OR = 4.3) relative to adolescents who did not meet criteria for a psychiatric disorder.

CONCLUSIONS: The presence of internalizing and externalizing disorders, especially mania, suggests the need for careful screening and targeting of adolescent sexual behavior during psychiatric treatment.

Future directions in studies of trauma among ethnoracial and sexual minority
OBJECTIVE: Studies examining psychological trauma or posttraumatic stress disorder (PTSD) in ethnoracial or sexual minority groups are relatively few. The Journal of Consulting and Clinical Psychology recently published 4 articles (Balsam, Lehavot, Beadnall, & Circo, 2010; Harrington, Crowther, & Shipherd, 2010; Lester, Resick, Young-Xu, & Arzt, 2010; Marshall, Schell, & Miles, 2009) that examine trauma exposure and posttraumatic outcomes in ethnoracial and sexual minority samples. This commentary focuses on the overlap between traumatic stress and diversity studies in order to consider future areas in need of development.

METHOD: Within the framework of a generalized overview of current trends in the study of traumatic stress, an assessment of the strengths and limitations of these 4 articles is provided. Populations and syndromes covered by the articles include ethnoracial differences in child maltreatment and adverse mental health outcomes among sexual minority participants, PTSD symptom elevations among Hispanic Americans, binge eating and the strong Black woman schema, and retention of African American female participants in cognitive behavioral psychotherapy trials for PTSD.

RESULTS: Recommendations to enhance culturally competent traumatic stress studies include increasing the examination of within-group cultural variability and key social, contextual, and cultural variables and constructs; examining the temporal sequencing of traumatic events and key transitions in sexual and ethnic minority identity development; and conducting prevention and treatment studies for those sexual minority children most at risk for maltreatment.

CONCLUSIONS: By following these recommendations, the next generation of studies of traumatic stress studies will be enhanced.

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Comment in:

OBJECTIVE: The present study investigated the influence of race on posttraumatic stress disorder (PTSD) treatment among 94 African American and 214 Caucasian female victims of interpersonal violence participating in 2 studies of cognitive-behavioral treatment for PTSD that were conducted sequentially and continuously.

METHOD: In each study, participants were randomized into 1 of 3 conditions. The first study compared cognitive processing therapy with prolonged exposure and a delayed treatment condition. In the second study, cognitive processing therapy was compared with its constituent components: cognitive therapy only and written accounts. Participants were assessed with the Clinician Administered PTSD Scale and the Structured Clinical Interview for DSM-IV, as well as through self-report measures of PTSD.

RESULTS: Analyses revealed that African Americans were significantly less likely to complete treatment compared with Caucasians (45% vs. 73%, respectively, p < .001) and that the differences held even after controlling for education and income. Despite racial differences in treatment completion status, analyses with the intent-to-treat sample indicated no racial differences in outcomes on PTSD measures.

CONCLUSIONS: The lack of difference in treatment outcomes despite racial differences in dropout may be explained by greater symptom improvement of African Americans who dropped out compared with Caucasians who dropped out. Implications of these findings and practical approaches to addressing sociocultural barriers to care are explored.

Trauma, binge eating, and the "strong Black woman".

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Comment in:
OBJECTIVE: The primary goal of this study was to test a culturally specific model of binge eating in African American female trauma survivors, investigating potential mechanisms through which trauma exposure and distress were related to binge eating symptomatology.

METHOD: Participants were 179 African American female trauma survivors who completed questionnaires about traumatic experiences; emotional inhibition/regulation difficulties; self-silencing (prioritizing others' needs and adopting external self-evaluation standards); eating for psychological reasons; binge eating; and internalization of "Strong Black Woman" (SBW) ideology, an important cultural symbol emphasizing strength and self-sufficiency.

RESULTS: Structural path analysis supported the proposed model in which SBW ideology, emotional inhibition/regulation difficulties, and eating for psychological reasons mediated the relationship between trauma exposure/distress and binge eating. The proposed model provided better fit to the data than several competing models.

CONCLUSIONS: These findings suggest that among African American trauma survivors, trauma exposure and distress predict greater internalization of SBW ideology, which is associated with emotional inhibition/regulation difficulties, eating for psychological reasons, and ultimately binge eating. Implications of these findings for assessment, treatment, and prevention efforts are discussed.

Suicidal, abused African American women's response to a culturally informed intervention.

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OBJECTIVE: This study examined (a) the efficacy of a manualized, culturally informed, empowerment-focused psychoeducational group intervention (Nia) designed in accord with the theory of triadic influence or treatment as usual (TAU) for reducing psychological symptomatology (suicidal ideation, depressive symptoms, posttraumatic stress symptoms, general psychological distress), and (b) the effect of Nia versus TAU on the relation between exposure to intimate partner violence (IPV) and psychological symptomatology in these women.

METHOD: Two hundred eight low-socioeconomic-status African American women with a recent history of IPV and a suicide attempt were randomized to Nia or TAU and assessed at baseline, postintervention, and 6- and 12-month follow-up. They were
assessed on their levels of IPV (Index of Spouse Abuse), suicidal ideation (Beck Scale for Suicidal Ideation), depressive symptoms (Beck Depression Inventory-II), posttraumatic stress symptoms, and general psychological distress (Brief Symptom Inventory).

RESULTS: Hierarchical linear modeling found that women receiving the culturally informed Nia intervention showed more rapid reductions in depressive symptoms and general distress initially, and the between-group difference in depressive symptoms persisted at follow-up. Following intervention, compared with women randomized to TAU, women in Nia exhibited less severe suicidal ideation when exposed to physical and nonphysical IPV.

CONCLUSIONS: Findings highlight the value of incorporating Nia as an adjunctive intervention for abused, suicidal, low-income women. They underscore the ways the intervention needs to be bolstered to address more directly more mediating and moderating constructs, as well as the need to target more effectively the key outcomes.

Management of post traumatic stress disorder after childbirth: a review.

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Prevalence and risk factors for the development of post traumatic stress disorder (PTSD) after childbirth is well described in the literature. However, its management and treatment has only begun to be investigated. The aim of this article is to describe the studies that examine the effects of interventions on PTSD after childbirth. MedLine, PILOTS, CINAHL and ISI Web of Science databases were systematically searched for randomised controlled trials, pilot studies and case studies using key words related to PTSD, childbirth, treatment and intervention. The reference lists of the retrieved articles were also used to supplement the search. A total of nine studies were retrieved. Seven studies that examined debriefing or counselling were identified; six randomised controlled trials and one pilot study. Also found were one case report describing the effects of cognitive behavioural therapy (CBT) on two women, and one pilot study of eye movement desensitisation and reprocessing (EMDR). Overall, there is limited evidence concerning the management of women with PTSD after childbirth. The results agree with the findings from the non-childbirth related literature: debriefing and counselling are inconclusively effective while CBT and EMDR may improve PTSD status but require investigation in controlled trials before conclusions could be drawn.
Child sexual abuse: is it a risk factor for pregnancy?

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AIM: This paper is a report of a study of the relationship of post-traumatic stress symptoms, depression, and health status to high risk pregnancy status in survivors of childhood sexual abuse.

BACKGROUND: Studies examining the long-term effects of childhood sexual abuse have delineated diverse psychological, cognitive, and social difficulties in adult survivors that often manifest somatically.

METHODS: A random sample of 1835 mid-pregnant Jewish women was recruited in Israel over an 18-month period in 2005-2007. Participants were divided into three sub-groups consisting of the different combinations between pregnancy at risk (yes/no), childhood sexual abuse (yes/no), other than childhood sexual abuse trauma (yes/no), and no trauma (yes/no). They completed a self-administered questionnaire consisting of five scales: a demographic variables scale, the Post-traumatic Stress Disorder Symptom Scale, Center for Epidemiologic Studies Depression Scale, Traumatic Events Questionnaire, and Childhood Sexual Experiences Scale.

FINDINGS: Pregnant survivors of childhood sexual abuse suffered higher distress levels which heightened poor health, hence increasing the probability of high risk pregnancy compared to women who had had other than sexual abuse trauma or reported no trauma. Post traumatic stress symptoms and avoidance (a sub-category) were found to explain chronic illnesses, whereas depression was found to explain gynecological problems in pregnant sexually-abused survivors.

CONCLUSION: Healthcare workers need to recognize and address the psychological state of pregnant child sexual abuse survivors. Screening of pregnant women for child sexual abuse is needed to assess survivors' psychological well-being and recognize their unique concerns during pregnancy monitoring.

Perceptions of psychological first aid among providers responding to Hurricanes Gustav and Ike.

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Psychological First Aid (PFA), developed by the National Child Traumatic Stress Network and the Department of Veterans Affairs National Center for Posttraumatic Stress Disorder, has been widely disseminated both nationally and internationally, and adopted and used by a number of disaster response organizations and agencies after major catastrophic events across the United States. This study represents a first examination of the perceptions of providers who utilized PFA in response to a disaster. Study participants included 50 individuals who utilized PFA in their response to Hurricane Gustav or Ike. Findings indicated that participation in PFA training was perceived to increase confidence in working with adults and children. PFA was not seen as harmful to survivors, and was perceived as an appropriate intervention for responding in the aftermath of hurricanes.

Associations among disaster exposure, intimate relationship adjustment, and PTSD symptoms: can disaster exposure enhance a relationship?

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This study examined associations among disaster characteristics, relationship adjustment, and posttraumatic stress disorder (PTSD) symptomatology 9 months postdisaster in 205 women exposed to extensive flooding. Bivariately, threat/harm and loss exposure dimensions were related to each other but differentially related to relationship adjustment and PTSD symptoms. Results from structural equation modeling revealed a positive and significant direct association between threat/harm and PTSD symptoms. Conversely, loss was not significantly associated with PTSD symptoms, but was positively and significantly associated with relationship adjustment. Relationship adjustment was negatively and significantly related to PTSD symptoms. These data suggest that some aspects of disaster exposure can have a mobilizing and positive effect on intimate relationships. In turn, positive intimate relationships may buffer individuals against PTSD symptoms.

The role of rape tactics in risk for posttraumatic stress disorder and major depression: results from a national sample of college women.

Zinzow HM, Resnick HS, McCauley JL, Amstadter AB, Ruggiero KJ, Kilpatrick DG.
BACKGROUND: College women are at high risk for substance-involved rape. However, most studies have focused on forcible rape and have not differentiated these tactics from tactics that involve drug or alcohol intoxication. The purpose of this study was to determine the effects of lifetime exposure to forcible rape (FR), incapacitated rape (IR), and drug-alcohol facilitated rape (DAFR) tactics on risk for PTSD and depression. A secondary purpose was to examine the role of different incident characteristics, including relationship to the perpetrator, fear, injury, force, memory, and acknowledgement.

METHODS: A national sample of 2,000 college women completed structured telephone interviews assessing demographics, psychiatric diagnoses, and rape experiences.

RESULTS: Multivariate logistic regression analyses including demographic variables, multiple rape history, and rape tactics indicated that all three tactics were associated with increased risk for PTSD and depression. Correlational analyses revealed that rape tactics differed in relation to incident characteristics. Multivariate logistic regression analyses showed that only physical injury was positively associated with depression and no characteristics were related to PTSD.

CONCLUSIONS: The strong association between IR/DAFR and psychiatric diagnoses suggests that the definition of rape experiences be expanded to include substance-involved tactics. Differing incident characteristics imply that IR/DAFR experiences are associated with different pathways to psychiatric symptoms in comparison to FR experiences.

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PRIMARY OBJECTIVE: Comparison of healthcare costs for youth with mild traumatic brain injuries (TBIs) to costs in a matched cohort of children without TBI in the 3 years following injury.

RESEARCH DESIGN: This study used a prospective cohort design with 3-year follow-up. Costs were examined using the well-established two-step model and controlling for potential confounding variables.
METHODS AND PROCEDURES: Four-hundred and ninety subjects from a large health maintenance organization, 14 years old or younger, who sustained a mild TBI in 1993, were identified using computerized records. For each youth with mild TBI, three control subjects were selected (n = 1470), matched on age, sex and enrolment at the time of injury.

EXPERIMENTAL INTERVENTIONS: Not applicable. Main outcomes and results: TBI exposure was associated with an increase in the proportion of subjects who had non-zero medical costs in all categories examined and a 75% increase in mean total costs. Presence of psychological distress was also associated with increased proportion of subjects with costs in all categories examined and was associated with an approximate doubling of mean total costs.

CONCLUSIONS: Mild TBI and psychological distress were each associated with significant increases in healthcare costs in an HMO setting.

Decreased prefrontal cortical volume associated with increased bedtime cortisol in traumatized youth.

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BACKGROUND: The purpose of this study was to investigate prefrontal cortex (PFC) volumes in youth with posttraumatic stress symptoms (PTSS) and explore the relationship between cortisol secretion and PFC volumes.

METHODS: Total brain tissue volumes, segmented areas of the PFC, and diurnal cortisol secretion were examined in a sample of 33 youth aged 10 to 16 years. Cerebral volumes were available for 45 subjects (30 PTSS and 15 control subjects).

RESULTS: Youth with PTSS had significantly decreased total brain tissue and total cerebral gray volumes in comparison with healthy control subjects. While controlling for total cerebral gray volume, the PTSS group demonstrated decreased left ventral and left inferior prefrontal gray volumes. A significant negative association was found between prebedtime cortisol levels and left ventral PFC gray volumes for the full sample.

CONCLUSIONS: Findings suggest associations between posttraumatic stress and PFC neurodevelopment. Findings also suggest a link between PFC development and cortisol secretion.

Previous experience of spontaneous or elective abortion and risk for
posttraumatic stress and depression during subsequent pregnancy.

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BACKGROUND: Few studies have considered whether elective and/or spontaneous abortion (EAB/SAB) may be risk factors for mental health sequelae in subsequent pregnancy. This paper examines the impact of EAB/SAB on mental health during subsequent pregnancy in a sample of women involved in a larger prospective study of posttraumatic stress disorder (PTSD) across the childbearing year (n=1,581).

METHODS: Women expecting their first baby completed standardized telephone assessments including demographics, trauma history, PTSD, depression, and pregnancy wantedness, and religiosity.

RESULTS: Fourteen percent (n=221) experienced a prior elective abortion (EAB), 13.1% (n=206) experienced a prior spontaneous abortion (SAB), and 1.4% (n=22) experienced both. Of those women who experienced either an EAB or SAB, 13.9% (n=220) appraised the EAB or SAB experience as having been "a hard time" (i.e., potentially traumatic) and 32.6% (n=132) rated it as their index trauma (i.e., their worst or second worst lifetime exposure). Among the subset of 405 women with prior EAB or SAB, the rate of PTSD during the subsequent pregnancy was 12.6% (n=51), the rate of depression was 16.8% (n=68), and 5.4% (n=22) met criteria for both disorders.

CONCLUSIONS: History of sexual trauma predicted appraising the experience of EAB or SAB as "a hard time." Wanting to be pregnant sooner was predictive of appraising the experience of EAB or SAB as the worst or second worst (index) trauma. EAB or SAB was appraised as less traumatic than sexual or medical trauma exposures and conveyed relatively lower risk for PTSD. The patterns of predictors for depression were similar.


Which method of posttraumatic stress disorder classification best predicts psychosocial function in children with traumatic brain injury?

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Controversy surrounds the classification of posttraumatic stress disorder (PTSD), particularly in children and adolescents with traumatic brain injury (TBI). In these populations, it is difficult to differentiate TBI-related organic memory
loss from dissociative amnesia. Several alternative PTSD classification algorithms have been proposed for use with children. This paper investigates DSM-IV-TR and alternative PTSD classification algorithms, including and excluding the dissociative amnesia item, in terms of their ability to predict psychosocial function following pediatric TBI. A sample of 184 children aged 6-14 years were recruited following emergency department presentation and/or hospital admission for TBI. PTSD was assessed via semi-structured clinical interview (CAPS-CA) with the child at 3 months post-injury. Psychosocial function was assessed using the parent report CHQ-PF50. Two alternative classification algorithms, the PTSD-AA and 2 of 3 algorithms, reached statistical significance. While the inclusion of the dissociative amnesia item increased prevalence rates across algorithms, it generally resulted in weaker associations with psychosocial function. The PTSD-AA algorithm appears to have the strongest association with psychosocial function following TBI in children and adolescents. Removing the dissociative amnesia item from the diagnostic algorithm generally results in improved validity.

Predictors of posttraumatic stress in children following injury: The influence of appraisals, heart rate, and morphine use.

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Prospective studies of posttraumatic stress disorder (PTSD) in children that investigate simultaneously both cognitive and biological or psychophysiological predictors are rare. The present research reports on the impact of cognitive factors (trauma-related appraisals) and biological indicators (heart rate, morphine use) in predicting PTSD and depression symptoms following single-incident trauma. Children and adolescents (N=48) were assessed within 4 weeks of an injury that led to hospital treatment and followed up 6-months later. While morphine did not predict initial PTSD severity, it was associated with lower levels of PTSD at follow-up. Reductions in PTSD symptoms (change scores) between assessments were similarly associated with morphine dosage. Trauma-related appraisals also contributed to PTSD and depression symptom severity. While slightly different patterns of results were obtained depending on whether static or change scores were examined, as a whole the study adds to a growing literature that morphine has the potential to reduce PTSD symptoms severity. Likewise the relationship between unhelpful trauma appraisals and posttrauma psychopathology was replicated.
Validation of a mental health assessment in an African conflict population.

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We studied the validity of the assessment of posttraumatic stress disorder (PTSD) and depression within the context of an epidemiological mental health survey among war-affected adolescents and young adults in northern Uganda. Local language versions of the Posttraumatic Diagnostic Scale (PDS) and the Depression section of the Hopkins Symptom Checklist (DHSCCL) were administered by trained local interviewers. Correlations with probable predictor variables (i.e., trauma exposure), outcomes (e.g., impaired functioning), and local idioms of distress (i.e., spirit possession) were determined to estimate criterion-related construct validity. To assess convergent validity, expert clinicians reinterviewed a subsample using structured interviews (the Clinician Administered PTSD Scale [CAPS] and the Mini International Neuropsychiatric Interview [MINI]). Depression and PTSD symptoms as assessed by the local interviewers correlated with the context variables as predicted. After optimizing the scoring algorithm, we found good agreement between the PDS-based diagnoses and expert diagnoses. However, the concordance for depression diagnoses was not satisfactory. Results show that mental health assessments in African languages can produce reliable and valid data but that caution is warranted in the unevaluated transfer of cutoff scores and scoring algorithms.


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OBJECTIVE: To examine the factor structure of posttraumatic stress disorder (PTSD) symptoms in children and adolescents who have experienced an acute single-incident trauma, associations between PTSD symptom clusters and functional impairment, and the specificity of PTSD symptoms in relation to depression and general distress.
METHOD: Examined PTSD symptom structure in two samples of children (8 to 17 years of age) assessed an average of 6 months after unintentional injury: (1) a combined dataset of 479 children assessed with a PTSD symptom checklist, and (2) a sample of 204 children assessed via a standardized clinical interview. We evaluated the fit of six alternative models for the factor structure of PTSD symptoms, and the association of PTS symptom clusters with indicators of functional impairment. We then evaluated three models for the structure of PTSD and depression symptoms jointly, to examine specificity of PTSD versus general distress or mood symptoms.

RESULTS: In both samples, the DSM-IV 3-factor model fit the data reasonably well. Two alternative four-factor models fit the data very well: one that separates effortful avoidance from emotional numbing, and one that separates PTSD-specific symptoms from general emotional distress. Effortful avoidance and dysphoria symptoms were most consistently associated with impairment. The best-fitting model for PTSD and depression symptom clusters had three factors: PTSD-specific, depression-specific, and general dysphoria symptoms.

CONCLUSIONS: The DSM-IV model for PTSD symptom categories was a reasonable fit for these child data, but several alternative models fit equally well or better, and suggest potential improvements to the current diagnostic criteria for PTSD in children.

Sierra Leone's former child soldiers: a longitudinal study of risk, protective factors, and mental health.

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OBJECTIVE: To investigate the longitudinal course of internalizing and externalizing problems and adaptive/prosocial behaviors among Sierra Leonean former child soldiers and whether postconflict factors contribute to adverse or resilient mental health outcomes.

METHOD: Male and female former child soldiers (N = 260, aged 10 to 17 years at baseline) were recruited from the roster of an non-governmental organization (NGO)-run Interim Care Center in Kono District and interviewed in 2002, 2004, and 2008. The retention rate was 69%. Linear growth models were used to investigate trends related to war and postconflict experiences.

RESULTS: The long-term mental health of former child soldiers was associated with war experiences and postconflict risk factors, which were partly mitigated by postconflict protective factors. Increases in externalizing behavior were
associated with killing/injuring others during the war and postconflict stigma, whereas increased community acceptance was associated with decreases in externalizing problems ($b = -1.09$). High baseline levels of internalizing problems were associated with being raped, whereas increases were associated with younger involvement in armed groups and social and economic hardships. Improvements in internalizing problems were associated with higher levels of community acceptance and increases in community acceptance ($b = -0.86$). Decreases in adaptive/prosocial behaviors were associated with killing/injuring others during the war and postconflict stigma, but partially mitigated by social support, being in school and increased community acceptance ($b = 1.93$).

CONCLUSIONS: Psychosocial interventions for former child soldiers may be more effective if they account for postconflict factors in addition to war exposures. Youth with accumulated risk factors, lack of protective factors, and persistent distress should be identified. Sustainable services to promote community acceptance, reduce stigma, and expand social supports and educational access are recommended.

The course of symptoms for whiplash-associated disorders in Sweden: 6-month followup study.

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OBJECTIVE: To describe symptom patterns and the course for recovery in persons with whiplash-associated disorders (WAD) over 6 months after a car collision, and to investigate associated gender differences.

METHODS: The study population was based on insurance claimants, 18-74 years of age, who reported WAD after a collision, between January 2004 and January 2005. At baseline and again 6 months later they were asked to complete a questionnaire that included questions about presence and severity of pain and other possible WAD symptoms. It also included measurements of posttraumatic stress as well as anxiety and depression.

RESULTS: A total of 1105 persons were studied. The most common symptoms at baseline after neck pain were reduced cervical range of motion (in 83.9% of men, 82.2% of women), headache (61.0% and 69.3%, respectively), and low back pain (35.9% and 36.1%). Some symptoms were already transient at baseline and symptoms such as neck pain, reduced cervical range of motion, headache, and low back pain decreased further over the 6 months. Baseline prevalence of depression was around 5% in both women and men, whereas posttraumatic stress and anxiety were more common in women (19.7% and 11.7%, respectively) compared to men (13.2% and 8.6%).
The majority of all reported associated symptoms were mild at both baseline and followup.

CONCLUSION: Our findings support that the symptom pattern of WAD and the prevalence for many of the symptoms decreased over a 6-month period.

Pervasive trauma exposure among US sexual orientation minority adults and risk of posttraumatic stress disorder.

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OBJECTIVES: We assessed sexual orientation disparities in exposure to violence and other potentially traumatic events and onset of posttraumatic stress disorder (PTSD) in a representative US sample.

METHODS: We used data from 34 653 noninstitutionalized adult US residents from the 2004 to 2005 wave of the National Epidemiologic Survey on Alcohol and Related Conditions.

RESULTS: Lesbians and gay men, bisexuals, and heterosexuals who reported any same-sex sexual partners over their lifetime had greater risk of childhood maltreatment, interpersonal violence, trauma to a close friend or relative, and unexpected death of someone close than did heterosexuals with no same-sex attractions or partners. Risk of onset of PTSD was higher among lesbians and gays (adjusted odds ratio [AOR] = 2.03; 95% confidence interval [CI] = 1.34, 3.06), bisexuals (AOR = 2.13; 95% CI = 1.38, 3.29), and heterosexuals with any same-sex partners (AOR = 2.06; 95% CI = 1.54, 2.74) than it was among the heterosexual reference group. This higher risk was largely accounted for by sexual orientation minorities' greater exposure to violence, exposure to more potentially traumatic events, and earlier age of trauma exposure.

CONCLUSIONS: Profound sexual orientation disparities exist in risk of PTSD and in violence exposure, beginning in childhood. Our findings suggest there is an urgent need for public health interventions aimed at preventing violence against individuals with minority sexual orientations and providing follow-up care to cope with the sequelae of violent victimization.

Autobiographical memory specificity among people with recovered memories of childhood sexual abuse.

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Individuals who report to have recovered memories of childhood sexual abuse (CSA) almost by definition believe that these memories were previously inaccessible for them. We examined whether poor autobiographical memory specificity for all kinds of events (i.e., events not necessarily related to CSA) may underlie such impressions of amnesia. Thus, we examined whether people who report recovered memories of CSA (n=44) would exhibit more difficulty retrieving specific autobiographical memories compared to people who never forgot their abuse experiences (continuous memory group; n=42) and people without a history of abuse (controls; n=26). The standard Autobiographical Memory Test (AMT) was administered to these 3 groups along with measures of depression and posttraumatic stress disorder symptomatology. Controls were significantly better at retrieving specific autobiographical memories relative to individuals with continuous and recovered CSA memories, who did not differ from each other. Thus, reduced autobiographical memory specificity was not particularly pronounced in people with recovered memories of CSA. Poor autobiographical memory specificity is unlikely to explain the impression of amnesia reported by this group.

Compensation claim lodgement and health outcome developmental trajectories following whiplash injury: A prospective study.

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This study aimed to identify distinctive trajectories for pain/disability and posttraumatic stress disorder (PTSD) symptoms following whiplash injury and to examine the effect of injury compensation claim lodgement on the trajectories. In a prospective study, 155 individuals with whiplash were assessed at <1month, 3, 6 and 12months post injury. Outcomes at each time point were Neck Disability Index (NDI) and the Posttraumatic Stress Diagnostic Scale (PDS). Group-based trajectory analytical techniques were used to identify outcome profiles. The analyses were then repeated after including third party compensation claim lodgment as a binary time-changing covariate. Three distinct NDI trajectories were determined: (1) Mild: mild or negligible pain/disability for the entire 12 months (45%), (2) Moderate: initial moderate pain/disability that decreased to mild levels by 3
months (39%) and (3) Chronic-severe: severe pain/disability persisting at moderate/severe levels for 12 months (16%). Three distinct PTSD trajectories were also identified: (1) Resilient: mild symptoms throughout (40%), (2) Recovering: initial moderate symptoms declining to mild levels by 3 months (43%) and (3) Chronic moderate-severe: persistent moderate/severe symptoms throughout 12 months (17%). Claim submission had a detrimental effect on all trajectories (p<0.001) except for the Chronic-severe NDI trajectory (p=0.098). Following whiplash injury, there are distinct pathways of recovery for pain/disability and PTSD symptoms. Management of whiplash should consider the detrimental association of compensation claim with psychological recovery and recovery of those with mild to moderate pain/disability levels. However, claim lodgement has no significant association with a more severe pain and disability trajectory.

Acute effects of alcohol on intrusive memory development and viewpoint dependence in spatial memory support a dual representation model.

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BACKGROUND: A dual representation model of intrusive memory proposes that personally experienced events give rise to two types of representation: an image-based, egocentric representation based on sensory-perceptual features; and a more abstract, allocentric representation that incorporates spatiotemporal context. The model proposes that intrusions reflect involuntary reactivation of egocentric representations in the absence of a corresponding allocentric representation. We tested the model by investigating the effect of alcohol on intrusive memories and, concurrently, on egocentric and allocentric spatial memory.

METHODS: With a double-blind independent group design participants were administered alcohol (.4 or .8 g/kg) or placebo. A virtual environment was used to present objects and test recognition memory from the same viewpoint as presentation (tapping egocentric memory) or a shifted viewpoint (tapping allocentric memory). Participants were also exposed to a trauma video and required to detail intrusive memories for 7 days, after which explicit memory was assessed.

RESULTS: There was a selective impairment of shifted-view recognition after the low dose of alcohol, whereas the high dose induced a global impairment in same-view and shifted-view conditions. Alcohol showed a dose-dependent inverted "U"-shaped effect on intrusions, with only the low dose increasing the number of
intrusions, replicating previous work. When same-view recognition was intact, decrements in shifted-view recognition were associated with increases in intrusions.

CONCLUSIONS: The differential effect of alcohol on intrusive memories and on same/shifted-view recognition support a dual representation model in which intrusions might reflect an imbalance between two types of memory representation. These findings highlight important clinical implications, given alcohol's involvement in real-life trauma.

Psychological and behavioural impacts of the 2008 China earthquake on blood donors.

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BACKGROUND AND OBJECTIVES: On May 12, 2008, a severe earthquake hit Sichuan province in China. A post-earthquake survey was conducted to study the earthquake's effect on blood donor behaviour and stress at three blood centres at varying distances from the epicentre.

MATERIALS AND METHODS: A questionnaire was developed to assess donor post-traumatic stress disorders (PTSD) and attitudes toward giving blood. Responses were compared by centre and donor characteristics using multivariate logistic regression techniques.

RESULTS: Of all 17,456 donors, the overall prevalence of PTSD was 13.2%. Donors who knew someone killed or injured by the earthquake were 2.1 times more likely to have PTSD than others (95% CI: 1.8-2.4). 85.2% of donors cited the earthquake as their reason for donating. 16.1% of donors felt it acceptable to be less honest about one's health history in an emergency. After adjusting for PTSD, geographic and demographic characteristics, the donors knowing someone killed or injured by the earthquake were 1.4 times (95% CI: 1.2-1.7) more likely to cite the earthquake as reason for donating, and 1.8 times (95% CI: 1.5-2.1) more likely to accept being less honest about one's health history in case of national emergency.

CONCLUSIONS: The psychological and behavioural impacts of the earthquake on blood donors extended far from the epicentre. After a disaster, it is important to emphasize that donors must be truthful on the donor questionnaire as some donors appear willing to be less than honest when they perceive an increased need for blood products.
44. **Depress Anxiety. 2010 Aug;27(8):768-74.**
Psychological resilience and neurocognitive performance in a traumatized community sample.

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BACKGROUND: Whether psychological resilience correlates with neurocognitive performance is largely unknown. Therefore, we assessed association between neurocognitive performance and resilience in individuals with a history of childhood abuse or trauma exposure.

METHODS: In this cross-sectional study of 226 highly traumatized civilians, we assessed neurocognitive performance, history of childhood abuse and other trauma exposure, and current depressive and PTSD symptoms. Resilience was defined as having > or =1 trauma and no current depressive or PTSD symptoms; non-resilience as having > or =1 trauma and current moderate/severe depressive or PTSD symptoms.

RESULTS: The non-resilient group had a higher percentage of unemployment (P=.006) and previous suicide attempts (P<.0001) than the resilient group. Both groups had comparable education and performance on verbal reasoning, nonverbal reasoning, and verbal memory. However, the resilient group performed better on nonverbal memory (P=.016) with an effect size of .35. Additionally, more severe childhood abuse or other trauma exposure was significantly associated with non-resilience. Better nonverbal memory was significantly associated with resilience even after adjusting for severity of childhood abuse, other trauma exposure, sex, and race using multiple logistic regression (adjusted OR=1.2; P=.017).

CONCLUSIONS: We examined resilience as absence of psychopathology despite trauma exposure in a highly traumatized, low socioeconomic, urban population. Resilience was significantly associated with better nonverbal memory, a measure of ability to code, store, and visually recognize concrete and abstract pictorial stimuli. Nonverbal memory may be a proxy for emotional learning, which is often dysregulated in stress-related psychopathology, and may contribute to our understanding of resilience.


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BACKGROUND: In situations of ongoing violence, childhood psychosocial and mental health problems require care. However, resources and evidence for adequate interventions are scarce for children in low- and middle-income countries. This study evaluated a school-based psychosocial intervention in conflict-affected, rural Nepal.

METHODS: A cluster randomized controlled trial was used to evaluate changes on a range of indicators, including psychiatric symptoms (depression, anxiety, posttraumatic stress disorder), psychological difficulties, resilience indicators (hope, prosocial behavior) and function impairment. Children (n = 325) (mean age = 12.7, SD = 1.04, range 11-14 years) with elevated psychosocial distress were allocated to a treatment or waitlist group.

RESULTS: Comparisons of crude change scores showed significant between-group differences on several outcome indicators, with moderate effect sizes (Cohen d = .41 to .58). After correcting for nested variance within schools, no evidence for treatment effects was found on any outcome variable. Additional analyses showed gender effects for treatment on prosocial behavior (mean change difference: 2.70; 95% CI, .97 to 4.44), psychological difficulties (-2.19; 95% CI, -3.82 to -.56), and aggression (-4.42; 95% CI, -6.16 to -2.67). An age effect for treatment was found for hope (.90; 95% CI, -.1.54 to -.26).

CONCLUSIONS: A school-based psychosocial intervention demonstrated moderate short-term beneficial effects for improving social-behavioral and resilience indicators among subgroups of children exposed to armed conflict. The intervention reduced psychological difficulties and aggression among boys, increased prosocial behavior among girls, and increased hope for older children. The intervention did not result in reduction of psychiatric symptoms.

Childhood adversity, adult stressful life events, and risk of past-year psychiatric disorder: a test of the stress sensitization hypothesis in a population-based sample of adults.

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BACKGROUND: Childhood adversity (CA) is associated with adult mental disorders, but the mechanisms underlying this association remain inadequately understood. Stress sensitization, whereby CA increases vulnerability to mental disorders following adult stressful life events, has been proposed as a potential...
mechanism. We provide a test of the stress sensitization hypothesis in a national sample.

METHOD: We investigated whether the association between past-year stressful life events and the 12-month prevalence of major depression, post-traumatic stress disorder (PTSD), other anxiety disorders, and perceived stress varies according to exposure to CA. We used data from the National Epidemiological Survey of Alcohol and Related Conditions (NESARC) (n=34,653).

RESULTS: Past-year stressful life events were associated with an increased risk of major depression, PTSD, anxiety disorders, and perceived stress. However, the magnitude of the increased risk varied according to respondents' history of CA. For example, past-year major stressors were associated with a 27.3% increase in the 12-month risk of depression among individuals with 3 CAs and a 14.8% increased risk among individuals without CAs. Stress sensitization effects were present for depression, PTSD, and other anxiety disorders in women and men, although gender differences were found in the threshold of past-year stress needed to trigger such effects. Stress sensitization was most evident among individuals with 3 CAs.

CONCLUSIONS: CA is associated with increased vulnerability to the deleterious mental health effects of adult stressors in both men and women. High levels of CA may represent a general diathesis for multiple types of psychopathology that persists throughout the life course.

Psychosocial adjustment of siblings of children with cancer: a systematic review.

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OBJECTIVES: To promote a broader understanding of the psychosocial impact of childhood cancer on siblings, a systematic review was undertaken. Directions for future research are proposed and clinical strategies are suggested for addressing the needs of these children.

METHODS: Searches of Medline, PsycINFO and CINAHL revealed 65 relevant qualitative, quantitative, or mixed methods' papers published between 1997 and 2008. These papers were rated for scientific merit and findings were extracted for summary.

RESULTS: Siblings of children with cancer do not experience elevated mean rates of psychiatric disorders, but a significant subset experiences post-traumatic stress symptoms, negative emotional reactions (e.g. shock, fear, worry, sadness, helplessness, anger, and guilt), and poor quality of life in emotional, family,
and social domains. In general, distress is greater closer to time of diagnosis. School difficulties are also evident within 2 years of diagnosis. Qualitative studies reveal family-level themes such as loss of attention and status as well as positive outcomes including increased sibling maturity and empathy.

CONCLUSIONS: Research regarding siblings of children with cancer continues to be methodologically limited. The conclusions of qualitative and quantitative studies differ considerably. We propose a research agenda to propel this field forward including greater attention to alterations in normative development (as opposed to psychiatric conditions), development of more appropriate quantitative measures, examination of potential moderators of adaptation, and use of prospective longitudinal designs. Siblings of children with cancer are a psychosocially at-risk group and should be provided with appropriate supportive services.

Childhood trauma and health outcomes in adults with comorbid substance abuse and mental health disorders.

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This study describes the prevalence of childhood traumatic events (CTEs) among adults with comorbid substance use disorders (SUDs) and mental health problems (MHPs) and assesses the relation between cumulative CTEs and adult health outcomes. Adults with SUDs/MHPs (N=402) were recruited from residential treatment programs and interviewed at treatment admission. Exposures to 9 types of adverse childhood experiences were summed and categorized into 6 ordinal levels of exposure. Descriptive analyses were conducted to assess the prevalence and range of exposure to CTEs in comparison with a sample from primary health care. Logistic regression analyses were conducted to examine the association between the cumulative exposure to CTEs and adverse health outcomes. Most of the sample reported exposure to CTEs, with higher exposure rates among the study sample compared with the primary health care sample. Greater exposure to CTEs significantly increased the odds of several adverse adult outcomes, including PTSD, alcohol dependence, injection drug use, tobacco use, sex work, medical problems, and poor quality of life. Study findings support the importance of early prevention and intervention and provision of trauma treatment for individuals with SUDs/MHPs.

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INTRODUCTION: Trauma is a universal phenomenon. Violence is a type of trauma and war is one of the ways in which violence is expressed. The "Neuroevolutionary Time-depth Principle" of innate fears, based on prevalence data, suggests that high rates of posttraumatic stress disorder (PTSD) after combat exposure can be due to the fact that this fear-stress response appeared as a reaction to inter-group male-to-male and intra-group killings after the rising of population densities in the Neolithic period.

MATERIAL AND METHODS: Studies of PTSD prevalence available in MEDLINE, Institute for Scientific Information Databases (Science Citation Index Expanded, Social Sciences Citation Index, and Arts and Humanities Citation Index), EMBASE, and Cochrane Library were identified and reviewed.

RESULTS: Prevalence data of PTSD deeply vary from one country to another, even in groups exposed to similar stressors. Moreover, war is not a uniform and unchanged phenomenon and not all war stressors are similar because some of them are known to lead to PTSD more than others.

DISCUSSION: We argue that psychosocial narratives deeply influence our biological response to trauma and violence, shaping the genotypical response to trauma. Great differences in prevalence may be in part due to this fact. We also suggest that personal preconceptions and socio-cultural interests may also be playing a critical role in the theories developed to explain the nature of our response to violence.

CONCLUSION: A comprehensive model for war-related PTSD should integrate both genotypical and phenotypical findings.

Social problem solving, autobiographical memory, trauma, and depression in women with borderline personality disorder and a history of suicide attempts.

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OBJECTIVES: The primary aim of this study was to compare the retrieval of autobiographical memory and the social problem-solving performance of individuals with borderline personality disorder (BPD) and a history of suicide attempts, with and without concurrent diagnoses of depression and/or post-traumatic stress disorder (PTSD), to that of controls. Additionally, the relationships between autobiographical memory, social problem-solving skills, and various clinical characteristics were examined in the BPD group.

DESIGN: Individuals with BPD who had made at least two suicide attempts were compared to controls with regard to specificity of autobiographical memory and social problem-solving skills. Autobiographical memory specificity and social problem-solving skills were further studied in the BPD group by comparing depressed participants to non-depressed participants; and autobiographical memory specificity was also studied by comparing participants with and without PTSD.

METHOD: A total of 47 women with a diagnosis of BPD and 30 controls completed the Autobiographical Memory Test, assessing memory specificity, and the means-end problem solving-procedure, measuring social problem-solving skills. The prevalence of suicidal/self-injurious behaviour, and the exposure to violence, was also assessed in the BPD group.

RESULTS: Compared to controls, participants with BPD showed reduced specificity of autobiographical memory, irrespective of either concurrent depression, previous depression, or concurrent PTSD. The depressed BPD group displayed poor problem-solving skills. Further, an association between unspecific memory and poor problem-solving was displayed in the BPD group.

CONCLUSION: Our results confirmed that reduced specificity of autobiographical memory is an important characteristic of BPD individuals with a history of suicide attempt, independent of depression, or PTSD. Reduced specificity of autobiographical memory was further related to poor social problem-solving capacity in the BPD group.