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

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Journal of Consulting and Clinical Psychology, vol. 78, no. 6, pp. 781-793, December 2010

OBJECTIVE: This study addressed predictors of change in posttraumatic stress symptoms (PTSS) among youths who had experienced physical injuries. The influences of pretrauma internalizing and externalizing problems, prior stressor exposure, and gender were investigated. Additionally, gender was examined as a moderator of the associations between internalizing problems and PTSS, externalizing problems and PTSS, and prior stressor exposure and PTSS.

METHOD: Participants were 157 children and adolescents (75% male; age M = 13.30 years, SD = 3.60; 44% Caucasian, 39% African American, 13% Hispanic, and 4% other) admitted to 2 hospitals for physical injuries. Youths and their parents completed measures of PTSS (Child Posttraumatic Stress Reaction Index), internalizing and externalizing problems (Child Behavior Checklist), and prior stressor exposure (Coddington Life Events Scale, Child) during the hospital stay; youths completed up to 3 additional PTSS assessments targeted at 3, 6, and 12 months postinjury.

RESULTS: Multilevel regression analyses revealed a significant average decline in PTSS over time (p < .05) that
followed a curvilinear trajectory. Externalizing problems, prior stressor exposure, and female gender predicted higher initial PTSS levels (p < .05). Gender moderated the influence of internalizing problems, externalizing problems, and prior stressor exposure on decline in PTSS over time (p < .05). Patterns of recovery for those with high and low levels of each characteristic differed for girls and boys. CONCLUSIONS: Findings suggest targets for clinical consideration, both with respect to identifying subgroups of children and adolescents that may warrant early assessment and monitoring and timing of more directed PTSS treatment intervention.

**Record 2 of 47**

**TI:** Title
Disasters and youth: a meta-analytic examination of posttraumatic stress

**AU:** Author
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**SO:** Source
Journal of Consulting and Clinical Psychology, vol. 78, no. 6, pp. 765-780, December 2010

**AB:** Abstract
OBJECTIVE: Meta-analyze the literature on posttraumatic stress (PTS) symptoms in youths post-disaster. METHOD: Meta-analytic synthesis of the literature (k = 96 studies; N[subscript]total = 74,154) summarizing the magnitude of associations between disasters and youth PTS, and key factors associated with variations in the magnitude of these associations. We included peer-reviewed studies published prior to 1/1/2009 that quantitatively examined youth PTS (= 18 years at event) after a distinct and identifiable disaster. RESULTS: Despite variability across studies, disasters had a significant effect on youth PTS (small-to-medium magnitude; r[subscript]pooled = .19, SE[subscript]r = .03; d = 0.4). Female gender (r[subscript]pooled = .14), higher death toll (disasters of death toll = 25: r[subscript]pooled = .09; vs. disasters with = 1,000 deaths: r[subscript]pooled = .22), child proximity (r[subscript]pooled = .33), personal loss (r[subscript]pooled = .16), perceived threat (r[subscript]pooled = .34), and distress (r[subscript]pooled = .38) at time of event were each associated with increased PTS. Studies conducted within 1 year post-disaster, studies that used established measures, and studies that relied on child-report data identified a significant effect. CONCLUSION: Youths are vulnerable to appreciable PTS after disaster, with pre-existing child characteristics, aspects of the disaster experience, and study methodology each associated with variations in the effect magnitude. Findings underscore the importance of measurement considerations in post-disaster research. Areas in need of research include the long-term impact of disasters, disaster-related media exposure, prior trauma and psychopathology, social support, ethnicity/race, prejudice, parental psychopathology,
and the effects of disasters in developing regions of the world. Policy and clinical implications are discussed.

Record 3 of 47

TI: Title
Suppressor effects in coping research with African American adolescents from low-income communities

AU: Author
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SO: Source
Journal of Consulting and Clinical Psychology, vol. 78, no. 6, pp. 843-855, December 2010

AB: Abstract

OBJECTIVE: The purpose of the current study was to demonstrate the replicable nature of statistical suppressor effects in coping research through 2 examples with African American adolescents from low-income communities.

METHOD: Participants in the 1st example included 497 African American adolescents (mean age = 12.61 years, SD = 0.99; 57\% female) reporting on dispositional coping, and participants in the 2nd example included 268 African American adolescents (mean age = 12.90 years, SD = 1.27; 56\% female) reporting on situation-based coping. Participants in both samples completed self-report measures of coping strategies (Children's Coping Strategies Checklist and How I Coped Under Pressure Scale) and internalizing symptoms (Youth Self-Report, Children's Depression Inventory, and Revised Children's Manifest Anxiety Scale).

RESULTS: The results of structural equation modeling revealed significant suppressor effects, with active coping and support-seeking coping enhancing the association between avoidant coping and internalizing symptoms.

CONCLUSIONS: The demonstration of replicable suppressor effects helps to advance coping research and intervention by providing evidence of the interdependence of coping strategies, thus increasing understanding of how coping strategies work together to predict outcomes. The current study offers recommendations for understanding associations among coping strategies within the context of suppression effects.

Record 4 of 47

TI: Title
Hurricane-related exposure experiences and stressors, other life events, and social support: concurrent and prospective impact on children's persistent posttraumatic stress symptoms

AU: Author
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OBJECTIVE: We investigated the influence of hurricane exposure, stressors occurring during the hurricane and recovery period, and social support on children's persistent posttraumatic stress (PTS). METHOD: Using a 2-wave, prospective design, we assessed 384 children (54% girls; mean age = 8.74 years) 9 months posthurricane, and we reassessed 245 children 21 months posthurricane. Children completed measures of exposure experiences, social support, hurricane-related stressors, life events, and PTS symptoms. RESULTS: At Time 1, 35% of the children reported moderate to very severe levels of PTS symptoms; at Time 2, this reduced to 29%. Hurricane-related stressors influenced children's persistent PTS symptoms and the occurrence of other life events, which in turn also influenced persistent PTS symptoms. The cascading effects of hurricane stressors and other life events disrupted children's social support over time, which further influenced persistent PTS symptoms. Social support from peers buffered the impact of disaster exposure on children's PTS symptoms. CONCLUSIONS: The effects of a destructive hurricane on children's PTS symptoms persisted almost 2 years after the storm. The factors contributing to PTS symptoms are interrelated in complex ways. The findings suggest a need to close the gap between interventions delivered in the immediate and short-term aftermath and those delivered 2 years or more postdisaster. Such interventions might focus on helping children manage disaster-related stressors and other life events as well as bolstering children's support systems.
minorities) and their parents were interviewed at the adolescent's intake into substance abuse treatment, 16 to 46 months postdisaster. Independent measures included hurricane impact variables (initial loss/disruption and perceived life threat); demographic and predisaster variables (family income, gender, predisaster adolescent substance use, predisaster trauma exposure, and parental substance abuse); postdisaster family factors (parental psychopathology, family cohesion, and parental monitoring); and postdisaster adolescent delinquency. RESULTS: Hierarchical multivariate regression analyses showed that adolescent substance involvement was associated with higher family income, lower parental monitoring (adolescent report), and more adolescent delinquency. Adolescent-reported PTS symptoms were associated with greater hurricane-related initial loss/disruption, lower family cohesion (adolescent report), and more adolescent delinquency, whereas parent-reported adolescent PTS symptoms were associated with greater parental psychopathology, lower parental monitoring (adolescent report), and lower family cohesion (parent report). CONCLUSIONS: The results suggest that hurricane impact was related only to adolescent-reported PTS. However, certain postdisaster family and individual risk factors (low family cohesion and parental monitoring, more adolescent delinquency) were associated both with adolescent substance involvement and with PTS symptoms. Identification of these factors suggests directions for future research as well as potential target areas for screening and intervention with substance-abusing adolescents after disasters.
Mediators (hope, coping, peer/emotional/play social support) and moderators (gender, age, family connectedness, household size, other forms of social support, exposure to political violence, and displacement) of treatment outcome on posttraumatic stress symptoms and function impairment were examined in parallel process latent growth curve models. RESULTS: Compared with the waitlist group, those receiving treatment showed maintained hope, increased positive coping, maintained peer social support, and increased play social support. Of these putative mediators, only play social support was found to mediate treatment effects, such that increases in play social support were associated with smaller reductions in PTSD symptoms. Furthermore, the authors identified a number of moderators: girls showed larger treatment benefits on PTSD symptoms; girls, children in smaller households, and children receiving social support from adults outside the household showed larger treatment benefits on function impairment. CONCLUSIONS: Findings provide limited evidence for an ecological resilience theoretical framework. On the basis of these findings, the authors recommend a stronger separation between universal prevention (e.g., resilience promotion through play) and selective/indicated prevention (e.g., interventions aimed at decreasing posttraumatic stress symptoms). Play-based interventions should be careful to exclude children with psychological distress. In addition, treatment effects may be augmented by selecting girls and socially vulnerable children.

Record 7 of 47

Ti: Title
Ongoing exposure versus intense periodic exposure to military conflict and terror attacks in Israel

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SO: Source
Journal of Traumatic Stress, vol. 23, no. 6, pp. 691-698, December 2010

AB: Abstract
The manifestation of PTSD symptoms in two clinical samples in Israel (N = 212) was examined. Individuals suffering ongoing exposure to shelling were compared with subjects exposed to intense periodic exposure. Elevated arousal and avoidance symptoms, but not intrusion were reported in the ongoing exposure group. When compared by age, young participants in the ongoing exposure group had significantly lower PTSD scores, whereas no differences were found between participants among the intense periodic exposure age groups. No gender differences in symptoms were found among participants from intense periodic exposure, whereas in the other ongoing group the difference was in avoidance. Results are discussed in light of past research on exposure to terrorism.
Record 8 of 47

Title
Implementation of CBT for youth affected by the World Trade Center disaster: matching need to treatment intensity and reducing trauma symptoms

Author
CATS Consortium

Source

Abstract
An implementation study of cognitive–behavioral therapies (CBT) was conducted for traumatized youth in a postdisaster context. Headed by the New York State Office of Mental Health, the study targeted youth (N = 306) ages 5-21 affected by the World Trade Center disaster. They received either trauma-specific CBT or brief CBT skills depending upon the severity of trauma symptoms. Clinicians were trained to deliver these interventions and received monthly consultation. A regression discontinuity design was used to assess optimal strategies for matching need to service intensity. At 6-months postbaseline, both groups had improved. Rate of change was similar despite differences in severity of need. The implications for the implementation of evidence-based treatments postdisaster are discussed.

Record 9 of 47

Title
Attention to process and clinical outcomes of implementing a rural school-based trauma treatment program

Author
Hansel, Tonya Cross; Osofsky, Howard J; Osofsky, Joy D; Costa, Richard N; Kronenberg, Mindy E; Selby, Marian L

Affiliation
Department of Psychiatry and Department of Paediatrics, Louisiana State University Health Sciences Center, New Orleans LA, USA

Source

Abstract
The Louisiana Rural Trauma Services Center was established to provide, improve, and enhance urgently needed assessment, treatment, crisis management, and consultation services for children and adolescents exposed to traumatic events in three rural southeastern Louisiana parishes. The purpose of this study is to describe the process of implementing the rural school-based trauma treatment program and to evaluate its effectiveness in 115 students. Through attention to process including the three-tiered approach of relationship building, trauma training, and trauma services, the school-based trauma treatment program proved effective in reducing trauma symptoms. This study is important to support the widespread implementation of school-based mental health services.
Record 10 of 47
TI: Title
Posttraumatic stress among young urban children exposed to family violence and other potentially traumatic events
AU: Author
Crusto, Cindy A; Whitson, Melissa L; Walling, Sherry Muterspaugh; Feinn, Richard; Friedman, Stacey R; Reynolds, Jesse; Amer, Mona; Kaufman, Joy S
AF: Affiliation
Division of Prevention and Community Research, Department of Psychiatry, School of Medicine, Yale University, New Haven CT, USA; Department of Psychology, Fresno Pacific University, Fresno CA, USA; Department of Psychiatry, University of Connecticut Health Sciences Center, Farmington CT, USA; Foundation for Advancement of International Medical Education and Research, Philadelphia PA, USA; Yale-Griffin Prevention Research Center, School of Medicine, Yale University, New Haven CT, USA; Department of Sociology, Anthropology, Psychology and Egyptology, American University of Cairo, Cairo, Egypt
SO: Source
Journal of Traumatic Stress, vol. 23, no. 6, pp. 716-724, December 2010
AB: Abstract
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.

Record 11 of 47
TI: Title
Prevalence of exposure to potentially traumatic events in a healthy birth cohort of very young children in the northeastern United States
AU: Author
Briggs-Gowan, Margaret J; Ford, Julian D; Fraleigh, Lisa A; McCarthy, Kimberly; Carter, Alice S
AF: Affiliation
Department of Psychiatry, University of Connecticut Health Center, Farmington CT, USA; Department of Psychology, University of Massachusetts, Boston MA, USA
SO: Source
Prevalence estimates of very young children's exposure to potentially traumatic events (PTEs) are limited. The study objective was to estimate the lifetime prevalence and correlates of noninterpersonal PTEs and violence exposure in a representative healthy birth cohort (ages 1-3 years) from an urban–suburban region of the United States (37.8% minority, 20.2% poverty). Parents completed 2 surveys approximately 1-year apart. By 24-48 months of age, the prevalence of exposure was 26.3% (14.5% noninterpersonal, 13.8% violence). Exposure was common among children living in poverty (49.0% overall, 19.7% noninterpersonal, 33.7% violence). The most consistent factors associated with exposure were poverty, parental depressive symptoms, and single parenting. Findings underscore the potential for prevention and intervention in early childhood to advance public health and reduce morbidity.

Record 12 of 47

This study examined the association between family functioning and the development of posttraumatic stress symptoms (PTSS) in youth and parents following an unintentional traumatic injury of a child. 51 parent–child dyads completed questionnaires and a structured interview assessing PTSS and family functioning. Multiple regression analyses were applied to evaluate the contribution of family functioning to the development of PTSS after controlling for demographic characteristics and known predictors. Family functioning had both direct and moderating influences on the development of PTSS in parents. We were unable to demonstrate a systematic impact of family functioning on the development of PTSS in children from the same families.

Record 13 of 47

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Record 13 of 47

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A 4-factor structure of PTSD has been proposed for DSM-V based on empirical evidence that it is superior to the 3-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 = 4,023) and the NSA-Replication (NSA-R; N = 3,614). CFA revealed that all models provided very good fit to both samples (RMSEAs = .021-.039), though the 1-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.
gender differences in rates of life events that precede onset of depression is lacking, due in part to the common use of checklist assessments of stress that have been shown to possess poor validity. The present study reports on a combined sample of 375 individuals drawn from 4 studies in which all participants were diagnosed with major depressive disorder and assessed with the Life Events and Difficulties Schedule, a state-of-the-art contextual interview and life stress rating system. Women reported significantly more severe and nonsevere, independent and dependent, and other-focused and subject-focused life events prior to onset of depression than did men. Further, these relations were significantly moderated by age, such that gender differences in rates of most types of events were found primarily in young adulthood. These results are discussed in term of their implications for understanding the etiological role of stressful life events in depression.

Record 15 of 47
TI: Title
Psychiatric symptoms in bereaved versus nonbereaved youth and young adults: a longitudinal epidemiological study
AU: Author
Kaplow, Julie B; Saunders, Jessica; Angold, Adrian; Costello, E Jane
AF: Affiliation
School of Medicine, University of Michigan, Ann Arbor MI, USA; RAND Corporation, Santa Monica CA, USA; Duke University, Durham NC, USA
SO: Source
AB: Abstract
OBJECTIVE: To examine potential differences in psychiatric symptoms between parent-bereaved youth (N = 172), youth who experienced the death of another relative (N = 815), and nonbereaved youth (N = 235), aged 11 to 21 years, above and beyond antecedent environmental and individual risk factors. METHOD: Sociodemographics, family composition, and family functioning were assessed one interview wave before the death. Child psychiatric symptoms were assessed during the wave in which the death was reported and one wave before and after the death. A year was selected randomly for the nonbereaved group. RESULTS: The early loss of a parent was associated with poverty, previous substance abuse problems, and greater functional impairment before the loss. Both bereaved groups of children were more likely than nonbereaved children to show symptoms of separation anxiety and depression during the wave of the death, controlling for sociodemographic factors and prior psychiatric symptoms. One wave following the loss, bereaved children were more likely than nonbereaved children to exhibit symptoms of conduct disorder and substance abuse and to show greater functional impairment. CONCLUSIONS: The impact of parental death on children must be considered in the context of pre-existing risk factors. Even after controlling for antecedent risk factors, both parent-bereaved children as well as those who lost other relatives were at increased risk for psychological and behavioral health problems.
Record 16 of 47

TI: Title

Developmental relations between depressive symptoms, minor hassles, and major events from adolescence through age 30 years

AU: Author

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AF: Affiliation

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SO: Source

Journal of Abnormal Psychology, vol. 119, no. 4, pp. 811-824, November 2010

AB: Abstract

Stress generation and stress exposure models of the relations among depressive symptoms, minor hassles, and major event stress were investigated among 815 community-dwelling participants. Autoregressive latent trajectory models were constructed to examine latent growth patterns from ages 15 years to 30 years and to test 1-year lagged, reciprocal paths between depressive symptoms and stress constructs. Results indicated significant cross-sectional and longitudinal associations between depressive symptoms and both stress constructs at the latent level. At the manifest level, lagged paths from hassles at 1 year to depressive symptoms at the next year were significant between ages 17 years and 24 years. Significant cross-sectional paths between major events and depressive symptoms were found between ages 24 years and 28 years, and modest support was found for lagged paths from depressive symptoms to major events 1 year later. Findings generally suggest a high degree of covariation in depressive symptoms and stress concurrently and over time. 1-year lagged predictive effects net of the associations between individuals' latent trajectories appear to be weak, constrained to specific time periods, and most consistent with a stress exposure effect of hassles on depressive symptoms.

Record 17 of 47

TI: Title

Posttraumatic stress disorder in adolescents after Typhoon Morakot-associated mudslides

AU: Author

Yang, Pinchen; Yen, Cheng-Fang; Tang, Tze-Chun; Chen, Cheng-Sheng; Yang, Rei-Cheng; Huang, Ming-Shyan; Jong, Yuh-Jyh; Yu, Hsin-Su

AF: Affiliation

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

Record 18 of 47

A family systems perspective to recovery from posttraumatic stress in children

Bernardon, Stephanie; Pernice-Duca, Francesca

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PTSD presents a number of symptoms and adjustment issues for individual children and adolescents, but it is also associated with a myriad of risks for the larger family system. An examination of PTSD from a systemic perspective is crucial to comprehending the development and maintenance of PTSD. For example, a close relationship with a supportive adult enables a child to separate from a traumatic event and successfully persevere in the future. This article reviews the need for a systemic family perspective, including a narrative therapy approach, when considering the development, maintenance, prevention, and resolution of PTSD in children and adolescents.
Record 19 of 47
TI: Title
Psychiatric morbidity among children in North Aceh district (Indonesia) exposed to the 26 December 2004 tsunami
AU: Author
Wiguna, Tjhin; Guerrero, Anthony P S; Kaligis, Fransiska; Khamelia, Malik
AF: Affiliation
Child and Adolescent Psychiatry Division, Department of Psychiatry, University of Indonesia, Jakarta, Indonesia; Department of Psychiatry, John A. Burns School of Medicine, University of Hawaii, Honolulu HI, USA
SO: Source
AB: Abstract
INTRODUCTION: The aim of the study was to ascertain, using available data from the Bio-psychosocial Program for children, psychiatric morbidity and specific diagnoses among youths in North Aceh in the year after the tsunami disaster.
METHODS: All youths (n = 2,135) who participated in the program were included in the study and screened in two phases. They were first administered the Strengths and Difficulties Questionnaire (SDQ); those with positive scores were then clinically interviewed by a psychiatrist, who then provided a diagnosis according to the DSM-IV.
RESULTS: Subjects ranged in age from 4 to 18 years. Female-to-male ratio was 1:1.5. 98.1% of subjects were directly exposed to the trauma. There were significantly higher percentages (P < 0.05) of abnormal total SDQ scores among trauma-exposed youths (52.3% among 4 to 10-year-olds and 46.5% among 11 to 18-year-olds, compared with youths in the non-trauma-exposed group (8% among 4 to 10-year-old children and 12% among 11 to 18-year-old adolescents). Clinical interviews revealed that 8.94% of the trauma-exposed youths met criteria for any mental disorder. Among youths with DSM-IV diagnoses, the most common diagnoses were PTSD (24.6% of total diagnoses among 4 to 10-year-olds and 35.6% among 11 to 18-year-olds), followed by depressive disorders.
DISCUSSION: Consistent with our hypotheses, youths directly exposed to the trauma demonstrated more psychiatric difficulties and higher rates of psychiatric diagnoses, most notably PTSD. Also, compared to younger children, adolescents and older children exposed to the trauma appeared to have higher rates of psychiatric disorders. In the face of disasters – natural or otherwise – further research is needed on optimal prevention of child and adolescent psychiatric morbidity.

Record 20 of 47
TI: Title
Violent victimization and perpetration: joint and distinctive implications for adolescent development
AU: Author
Logan-Greene, Patricia L; Nurius, Paula S; Herting, Jerald R; Walsh, Elaine; Thompson, Elaine A
AF: Affiliation
To date few reports have provided direct comparison of psychosocial vulnerability and resources among youth with victimization and perpetration histories. Within a racially diverse, high-risk adolescent sample (n = 849), this study undertakes MANCOVA tests on a multidimensional set of risk and protective factors contrasting youth with histories of (1) neither violent victimization nor perpetration, (2) victimization only, (3) perpetration only, and (4) both victimization and perpetration. All three violence-affected groups reported elevated risk and diminished protection, with perpetrating victims demonstrating the greatest psychosocial impairment. Detailed contrasts among the youth group profiles provide insights regarding overlapping and distinct developmental etiologies and implications for preventive and remedial intervention.

Record 21 of 47

Title: Profil psychopathologique des enfants associés au combat à l'ouest de la Côte d'Ivoire = Mental health profile of children soldiers involved in the war in western region of Côte d'Ivoire

Authors: Bissouma, A C; Te Bonle, D M; Yeo-Tenena, J M Y; Moke, B L; Kipre-Koiho, A

Affiliation: Centre de guidance infantile et dispensaire d'hygiène mentale, Institut de santé publique, Abidjan, Côte d'Ivoire ; Afrique secours et assistance, Abdijan, Côte d'Ivoire

Source: Neuropsychiatrie de l'Enfance et de l'Adolescence, vol. 58, no. 6-7, pp. 410-415, September 2010

Abstract: The general objective of this longitudinal study from June 2006 to September, 2007 was to identify the mental health profile from 345 children involved in the confrontations on the West of the Côte d'Ivoire, 4 years after the military and political crisis. In the term of the study, it emerges that the state of mental health of the subjects of the study had improved after the intervention of the medical psychological team and the diagnostic evaluation indicated that the states of PTSD passed from 53.38% to 2.9%, the depressive states passed from 20.29% to 1.45%. This study confirms the impact of armed conflict on mental health of these children soldiers and the importance of psychiatric, psychological and psychosocial interventions. Problem of the war added psychic disturbances in the usual psychological reorganizations of the puberty and the adolescence.
Record 22 of 47
TI: Title
Pediatric issues in disaster management, part 3: Special healthcare needs patients and mental health issues
AU: Author
Mace, Sharon E; Sharieff, Ghazala; Bern, Andrew; Benjamin, Lee; Burbuly, Dave; Johnson, Ramon; Schreiber, Merritt D
AF: Affiliation
Emergency Department, Cleveland Clinic, Cleveland OH, USA; Cleveland Clinic Lerner College of Medicine, Case Western Reserve University, Cleveland OH, USA; Emergency Department, University of California, San Diego CA, USA; Emergency Department, Rady Children's Hospital, San Diego CA, USA; Emergency Department, Delray Medical Center, Delray FL, USA; Emergency Department, Duke University Medical Center, Durham NC, USA; Department of Medicine, David Geffen School of Medicine, University of California, Los Angeles CA, USA; Emergency Department, Harbor/UCLA Medical Center, Torrance CA, USA; Emergency Department, Mission Hospital Regional Medical Center, Mission Viejo CA, USA; Center for Public Health and Disasters, University of California, Los Angeles CA, USA
SO: Source
American Journal of Disaster Medicine, vol. 5, no. 5, pp. 261-274, September/October 2010
AB: Abstract
Although children and infants are likely to be victims in a disaster and are more vulnerable in a disaster than adults, disaster planning and management has often overlooked the specific needs of pediatric patients. We discuss key components of disaster planning and management for pediatric patients including emergency medical services, hospital/facility issues, evacuation centers, family separation/reunification, children with special healthcare needs, mental health issues, and overcrowding/surge capacity. Specific policy recommendations and an appendix with detailed practical information and algorithms are included. The first part of this three part series on pediatric issues in disaster management addresses the emergency medical system from the field to the hospital and surge capacity including the impact of crowding. The second part addresses the appropriate set up and functioning of evacuation centers and family separation and reunification. The third part deals with special patient populations: the special healthcare needs patient and mental health issues.

Record 23 of 47
TI: Title
Impact of a mentoring and skills group program on mental health outcomes for maltreated children in foster care
AU: Author
Taussig, Heather Nicole; Culhane, Sara E
AF: Affiliation
Kempe Center for the Prevention and Treatment of Child Abuse and Neglect, Department of Pediatrics, School of Medicine, University of
OBJECTIVE: To evaluate the efficacy of the Fostering Healthy Futures program in reducing mental health problems and associated problems. DESIGN: Randomized controlled trial. SETTING: Denver metropolitan area. PARTICIPANTS: Children aged 9 to 11 years who were maltreated and placed in foster care. Intervention Children in the control group (n = 77) received an assessment of their cognitive, educational, and mental health functioning. Children in the intervention group (n = 79) received the assessment and participated in a 9-month mentoring and skills group program. MAIN OUTCOME MEASURES: Children and caregivers were interviewed at baseline prior to randomization, immediately following the intervention, and 6 months after the intervention. Teachers were interviewed 2 times after baseline. Measures included a multi-informant index of mental health problems, youth-reported symptoms of posttraumatic stress, dissociation, and quality of life, and caregiver- and youth-reported use of mental health services and psychotropic medications. RESULTS: After adjusting for covariates, intent-to-treat analyses demonstrated that the treatment group had fewer mental health problems on a multi-informant factor 6 months after the intervention (mean difference, -0.51; 95% confidence interval, -0.84 to -0.19), reported fewer symptoms of dissociation 6 months after the intervention (mean difference, -3.66; 95% confidence interval, -6.58 to -0.74), and reported better quality of life immediately following the intervention (mean difference, 0.11; 95% confidence interval, 0.03 to 0.19). Fewer youths in the intervention group than in the control group had received recent mental health therapy 6 months after the intervention according to youth report (53% vs 71%, respectively; relative risk = 0.75; 95% confidence interval, 0.57 to 0.98). CONCLUSIONS: A 9-month mentoring and skills group intervention for children in foster care can be implemented with fidelity and high uptake rates, resulting in improved mental health outcomes.
This review is to outline recent research in health-related quality of life (HRQOL) in pediatric trauma, with an emphasis on identification of predictors of outcome that will impact interventions and allocation of resources to optimize recovery. RECENT FINDINGS: Studies of HRQOL in pediatric trauma use a variety of generic measurement tools that have now been validated in this patient population. Most children experience rapid recovery of physical and psychological functioning after injury, but children with traumatic brain injury continue to demonstrate long-term impairments. Decrease in HRQOL of children after trauma contributes to increase in caregiver stress and family burden of injury. There is increasing recognition of PTSD in pediatric trauma, correlating with and impacting HRQOL. SUMMARY: Evaluation of HRQOL in children after trauma should become incorporated into standards of care, with development of family-centered interventions and evidence-based allocation of resources for high-risk children and families to optimize long-term outcomes.
the reported international range. Given the increase in the incidents of CSA during the war and the significant findings for family-related risk factors, there is an urgent need to provide multi-component culturally appropriate interventions that target the child and the family system in times of peace and conflict.

Record 26 of 47
TI: Title
The relationship between peer victimization and post-traumatic stress symptomatology in a rural sample
AU: Author
Crosby, James William; Oehler, Judy; Capaccioli, Kristen
AF: Affiliation
Department of Psychology and Philosophy, Sam Houston State University, Huntsville TX, USA; Oklahoma State University, Stillwater OK, USA
SO: Source
Psychology in the Schools, vol. 47, no. 3, pp. 297-310, March 2010
AB: Abstract
Peer victimization (PV) has been associated with a number of negative psychological sequelae. Few studies, however, have examined the relationship between PV and the symptomatology of PTSD, and no studies to date have examined this relationship in a rural sample. Adapted versions of the SEQ-SR and the TSCC were used to assess the relationship between PV and post-traumatic stress symptomatology in a sample of 244 rural youths (ages 10-14) in two school districts in a south-central area of the United States. In addition to a positive relationship between PV and post-traumatic stress symptomatology, the results indicated relatively high rates of adult presence and peer bystanding during PV experiences. Limitations and implications for practice are discussed.

Record 27 of 47
TI: Title
Preventive interventions among children exposed to trauma of armed conflict: a literature review
AU: Author
Peltonen, Kirsi; Punamäki, Raija-Leena
AF: Affiliation
Department of Psychology, University of Tampere, Tampere, Finland
SO: Source
AB: Abstract
Increasing research is available on the preconditions for child mental health and optimal development in traumatic conditions, whereas less is known how to translate the findings into effective interventions to help traumatized children. This literature review analyses the effectiveness of psychosocial preventive interventions and treatments and their theoretical bases among children traumatized in the context of armed conflicts (war, military violence, terrorism, and refugee). The first aim is to evaluate the effectiveness of preventive interventions in preventing emotional distress and impairment and
promoting optimal emotional-cognitive and social development. The second task is to analyze the nature of the underlying mechanisms for the success of preventive interventions, and the theoretical premises of the choice of intervention techniques, procedures, and tools. We found 16 relevant published studies, but an examination of them revealed that only four of them had experimental designs strong enough that they could be included in the meta-analysis. While the subjective reports of the researchers suggested that systematic preventive interventions were effective in decreasing PTSD and depressive symptoms among children traumatized due to armed conflict, the more objective results of the meta-analysis and the weaknesses in designs uncovered during the meta-analysis undermine such a conclusion. Additionally, a majority of the reported preventive interventions focused only on children's biased cognitive processes and negative emotions, while only a few aimed at influencing multiple domains of child development and improving developmental functioning on emotional, social, and psychophysiological levels. It is concluded that substantial additional work needs to be done in developing effective preventive interventions and treatments for children traumatized by exposure to war and violence.

**Record 28 of 47**

**Ti:** Title  
The role of exercise in reducing childhood and adolescent PTSD, anxiety, and depression  
**AU:** Author  
Motta, Robert W; Kuligowski, Jenna M; Marino, Dawn M  
**AF:** Affiliation  
Department of Psychology, Hofstra University, Hempstead NY, USA  
**SO:** Source  
Communiqué, vol. 38, no. 6, pp. 24-26, March/April 2010  
**AB:** Abstract  
A great many interventions for PTSD in adults have been described in the literature. These include, but are not limited to, cognitive-behavioral therapy, psychodynamic therapy, psychopharmacology, exposure therapy, anxiety management training, stress management techniques, eye movement desensitization and reprocessing, and physical exercise. In contrast, there is limited research and empirical support for evaluating treatment interventions for children diagnosed with PTSD. This article focuses specifically on the role of exercise in reducing not only PTSD but also the major components that are associated with PTSD, such as anxiety and depression. It emphasizes that exercise fits in naturally with the ecological framework of children and with their educational curricula.

**Record 29 of 47**

**Ti:** Title  
The association of drug use and post-traumatic stress reactions due to Hurricane Ike among Fifth Ward Houstonian youth  
**AU:** Author  
Peters, Ronald J; Meshack, Angela; Amos, Charles; Scott-Gurnell,
This study shows the important link between higher drug use and self-medication among youth with higher reported posttraumatic stress reactions after natural disasters. The study offers secondary analysis of cross-sectional data collected on 170 predominately African American males through the Fifth Ward Enrichment program (FWEP) in Houston, Texas, between November and December 2009. Men who stated that in the last week they tried to keep from thinking or talking about the hurricane or things that remind them of what happen were significantly more likely to use alcohol (p < .05), marijuana (p < .01), codeine cough syrup (p < .00), anti-energy drinks (p < .00), crystal methamphetamines (p < .00), and Viagra (p < .00). Unadjusted logistic regression showed that they also experienced over twice the odds of reporting past 30 day use of alcohol (OR = 2.57, 95% CI = .98, 6.8), marijuana (OR = 4.31, 95% CI = 1.2, 15.3), codeine cough syrup (OR = 5.22, 95% CI = 1.4, 19.5), and anti-energy drinks (OR = 3.27, 95% CI = 1.0, 1.4). Adjusted logistic regression revealed that male youth post-traumatic stress reaction is a significant predictor of marijuana use (OR = 4.1, 95% CI = 1.0, 16.5). This study shows the important link of higher drug use and self-medication among youth with higher reported posttraumatic stress reactions after natural disasters.
Adolescents; N = 4,023) and 2005 (National Survey of Adolescents-Replication; N = 3,614). Participants in both samples completed a telephone survey that assessed major depressive episode (MDE), PTSD, suicidal ideation and attempts, violence exposure, and substance use. Results demonstrated that the lifetime prevalence of suicidal ideation among adolescents was lower in 2005 than 1995, whereas the prevalence of suicide attempts remained stable. MDE was the strongest predictor of suicidality in both samples. In addition, several demographic, substance use, and violence exposure variables were significantly associated with increased risk of suicidal ideation and attempts in both samples, with female gender, nonexperimental drug use, and direct violence exposure being consistent risk factors in both samples.

Record 31 of 47
Ti: Title
Prise en charge de la douleur chez les enfants brûlés = Pain management in burned children
AU: Author
Richard, Patrick; Bach, C; Constant, I
AF: Affiliation
Unité de Réanimation des Brûlés, Centre de traitement des brûlures, AP-HP, Hôpital d'enfants Armand-Trousseau, Paris, France ; Unité de chirurgies des brûlés, Centre de traitement des brûlures, AP-HP, Hôpital d'enfants Armand-Trousseau, Paris, France ; Université et UFR de médecine Pierre-et-Marie-Curie, Paris-6, Paris, France
SO: Source
Archives de Pédiatrie, vol. 17, no. 6, pp. 879-880, 2010
AB: Abstract
Burns in children are frequent, and have the potential to be a source of physical and psychological sequelae. The management of pain from burns has evolved from the immediate relief of pain, in the short term, to an approach that aims to prevent behavioral disorders, depression, phobias, and posttraumatic stress.

Record 32 of 47
Ti: Title
L’état de stress post-traumatique en pédopsychiatrie: diagnostic clinique et abords thérapeutiques = The post-traumatic stress disorder – PTSD – in psychiatry by children and teenagers: diagnostic and treatments
AU: Author
Thoua, Vero; François, A
AF: Affiliation
Service de Pédopsychiatrie, H.U.D.E.R.F., Brussels, Belgium
SO: Source
AB: Abstract
News confronts us daily with various traumatic events, like armed conflict, terrorist attacks, natural disasters, not to mention the cases
of abuse and incest. The impact of these traumas on the psychological development of children is often very important and we can observe among them symptoms of severe mental traumatisms immediately and sometimes deferred. The purpose of this paper is to highlight the existence of this disorder in children, to develop its symptoms and its possible developments, and to address the different therapeutic approaches.
Record 34 of 47

Ti: Title
EMDR for childhood PTSD after road traffic accidents: Attentional, memory, and attributional processes

AU: Author
Ribchester, Tracy; Yule, William; Duncan, Adam

AF: Affiliation
Institute of Psychiatry, King's College London, London, England

SO: Source
Journal of EMDR Practice and Research, vol. 4, no. 4, pp. 138-147, 2010

AB: Abstract
Eye movement desensitization and reprocessing (EMDR) was used with 11 children who developed PTSD after road traffic accidents. All improved such that none met criteria for PTSD on standardized assessments after an average of only 2.4 sessions. Significant improvements in PTSD, anxiety, and depression were found both immediately after treatment and at follow-up. Attentional, memory, and attributional processes associated with PTSD were assessed and their relationship to therapeutic change examined. Treatment was associated with a significant trauma-specific reduction in attentional bias on the modified Stroop task, with results apparent both immediately after therapy and at follow-up.

Record 35 of 47

Ti: Title
Avoidance strategies in school-age children who have witnessed domestic violence and their pattern of narrative report over time: implications for the development of posttraumatic stress disorder [dissertation]

AU: Author
Figueroa, Fabiola

SO: Source

AB: Abstract
The present study was designed to assess children's memory for a recent domestic violence incident over time, as well as the relationship between memory, level of violence exposure, and symptoms of PTSD and dissociation. 32 school-age children (ages 8-12) who had witnessed domestic violence were asked to provide four narratives across three time periods. One of the narratives centered on a witnessed episode of domestic violence, while the other three were neutral and happy stories. For all children, individual difference data was gathered on general memory ability. The Trauma Symptom Checklist for Children was completed by children and mothers at Time 1 and Time 3. Children also were administered the Child Memory Scales. Results indicated that mothers and children were reporting differently across time on clinical symptoms, with children reporting more symptoms than mothers observed. Despite difference in level of symptoms, PTSD and dissociation correlated at each time point for
mother and child respondents. Dissociation was correlated with number of dissociative narrative themes in the child's domestic violence account. The children's accounts of domestic violence showed more dissociative themes and lost more detail over time than did other stories. The children who mentioned the most fear-related detail in their domestic violence story dropped the most detail in these stories over time. Children with the highest level of dissociation at Time 1 showed the most negative emotion in their trauma narratives at Time 3. Results were discussed for their implications in the use of multiple respondents for child assessments, and for their theoretical implications relating to dissociation and child trauma.

**Record 36 of 47**

**TI:** Title  
Evidence-based treatments for trauma among culturally diverse foster care youth: treatment retention and outcomes

**AU:** Author  
Weiner, Dana A; Schneider, Alison; Lyons, John S

**AF:** Affiliation  
Northwestern University, Evanston IL, USA; University of Ottawa, Ottawa ON, Canada

**SO:** Source  
Children and Youth Services Review, vol. 31, no. 11, pp. 1199-1205, November 2009

**AB:** Abstract  
This study describes the implementation of three evidence-based treatments addressing traumatic stress symptoms within a wraparound foster care program in Illinois. Child-Parent Psychotherapy (CPP), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) were implemented with a racially diverse sample of youth ages 3-18 at six agencies. Culturally sensitive adaptations were made to treatment approaches to improve client retention and outcomes. Data analyses revealed no racial differences in retention in the program and no differences in outcomes between minority youth exposed to the intervention and other participants. All three evidence-based treatments were effective in reducing symptoms and improving functioning among minority youth. Implementation issues, including challenges and culturally competent accommodations, are discussed.

**Record 37 of 47**

**TI:** Title  
Brief psychoeducational group treatment with re-traumatized refugees and asylum seekers

**AU:** Author  
Akinsulure-Smith, Adeyinka M

**AF:** Affiliation  
Department of Psychology, City College of New York, New York NY, USA; Bellevue/NYU Program for Survivors of Torture, School of Medicine, New York University, New York NY, USA

**SO:** Source
AB: Abstract
This article describes the implementation of a psychoeducational group treatment with students with a history of refugee trauma, war, and human rights abuses who were further traumatized by the 9/11 attacks in New York City. The rationale for group intervention and specific techniques utilized to promote emotional and behavioral stabilization and relief, including trauma education and stress management, are discussed. In addition, group-related issues, themes, and challenges are considered. This psychoeducational treatment modality provides an example of the usefulness of group intervention with a re-traumatized population.

Record 38 of 47
Ti: Title
The influence of hurricane exposure and anxiety sensitivity on panic symptoms
AU: Author
Hensley-Maloney, Lauren; Varela, R Enrique
AF: Affiliation
Tulane University, New Orleans LA, USA
SO: Source
Child and Youth Care Forum, vol. 38, no. 3, pp. 135-149, June 2009
AB: Abstract
Trauma exposure has been associated with panic symptoms in adult samples, but little is known about the relationship between trauma and panic in children. Anxiety sensitivity (AS), or the fear of anxiety-related bodily sensations, may help explain the relationship between trauma and panic. To examine relationships among trauma, anxiety sensitivity, and panic symptoms, data were collected from youth in the New Orleans area 5-8 months after Hurricane Katrina (N = 302) and again 17-18 months after the hurricane (N = 110). At time one (T1), AS predicted panic symptoms beyond hurricane exposure. At time two (T2), AS measured at time two (T2) predicted panic symptoms beyond AS measured at T1. Clinical implications of the present findings are discussed.

Record 39 of 47
Ti: Title
Support for students exposed to trauma: a pilot study
AU: Author
Jaycox, Lisa H; Langley, Audra Kae; Stein, Bradley D; Wong, Marleen; Sharma, Priya; Scott, Molly; Schonlau, Matthias
AF: Affiliation
RAND Corporation, Arlington VA, USA ; Semel Institute for Neuroscience and Human Behavior, University of California, Los Angeles CA, USA ; RAND Corporation, Pittsburgh PA, USA ; Los Angeles Unified School District, Los Angeles CA, USA
SO: Source
School Mental Health, vol. 1, no. 2, pp. 49-60, June 2009
AB: Abstract
With high rates of trauma exposure among students, the need for intervention programs is clear. Delivery of such programs in the school setting eliminates key barriers to access, but there are few programs that demonstrate efficacy in this setting. Programs to date have been designed for delivery by clinicians, who are a scarce resource in many schools. This study describes preliminary data from a pilot study of a new program, Support for Students Exposed to Trauma (SSET), adapted from the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program. Because of its "pilot" nature, all results from the study should be viewed as preliminary. Results show that the program can be implemented successfully by teachers and school counselors, with good satisfaction among students and parents. Pilot data show small reductions in symptoms among the students in the SSET program, suggesting that this program shows promise that warrants a full evaluation of effectiveness.

Record 40 of 47
TI: Title
Does typography of substance abuse and dependence differ as a function of exposure to child maltreatment?
AU: Author
Danielson, Carla Kmett; Amstadter, Ananda Beth; Dangelmaier, Ruth E; Resnick, Heidi S; Saunders, Benjamin E; Kilpatrick, Dean G
AF: Affiliation
National Crime Victims Research and Treatment Center, Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston SC, USA; Auburn University, Auburn AL, USA; University of Puget Sound, Tacoma WA, USA
SO: Source
Journal of Child and Adolescent Substance Abuse, vol. 18, no. 4, pp. 323-342, 2009
AB: Abstract
We investigated the link between child maltreatment, including child sexual assault (CSA) and child physical assault (CPA), and addiction-related symptomatology in a subsample of adolescents from the National Survey of Adolescents, all of whom met DSM-IV criteria for substance abuse or dependence (N = 281). More than 60% of the sample reported a history of CSA and/or CPA. Results indicated significant differences in typography of substance abuse and dependence symptoms and rates of comorbid lifetime PTSD based on assault history, specific assault incident characteristics, and sex. Clinical implications for substance-abusing youths with maltreatment histories are discussed.

Record 41 of 47
TI: Title
Trauma and posttraumatic stress disorders in vulnerable populations
AU: Author
Mueser, Kim T; Rosenberg, Stanley D; Rosenberg, Harriet J
AF: Affiliation
This chapter provides a broad historical, conceptual, and scientific overview of trauma and of posttraumatic disorders (including PTSD) and their treatment. This overview underlies the development and rationale of the Cognitive Restructuring (CR) for PTSD treatment program for special populations. First, we discuss the definition of trauma and describe its correlates. We then demonstrate the increased vulnerability of special populations to trauma. Next, we discuss the evolving conceptualization of posttraumatic disorders, from the earliest recorded Western literature, through medical and psychiatric concepts from the U.S. Civil War era, through modern times, culminating in the definitions and current theories and research on PTSD found in DSM-IV and the ICD. The two most common treatments for PTSD -- exposure and CR -- are then compared, with research supporting a preference for CR. Finally, we discuss the development of the CR for PTSD program. Several clinical trials of the program have demonstrated its effectiveness and feasibility, and we summarize these trials at the end of the chapter.

Trauma and posttraumatic reactions are common problems for adolescents, with PTSD frequently comorbid with other psychiatric disorders, substance use disorders, and other problems (e.g., runaway-homelessness, involvement in the juvenile justice system). Adolescents present a number of challenges to treatment providers because of their intermediate developmental stage between childhood and adulthood, the importance of establishing dual relationships with the youth and guardians, and the often chaotic family lives and multiple stresses they face. However, despite the high rate of PTSD in adolescents and their vulnerability to forces beyond their control, limited work has been done to develop treatments tailored to their special needs, with extant programs most commonly relying on exposure therapy techniques. Relatively minor adaptations were made to the CR
for PTSD program for adolescents. A pilot study with 12 adolescents was conducted. The results of the pilot indicated a high rate of retention and completion of the program. Furthermore, the adolescents demonstrated significant improvement in PTSD symptoms and depression, with 44% no longer meeting diagnostic criteria for PTSD at posttreatment, and 75% not meeting criteria at the 3-month follow-up. The results support the feasibility of the CR for PTSD program in adolescents and suggest that it may be a viable non-exposure-based intervention for PTSD in this vulnerable population.

Record 43 of 47

TI: Title
The genetic basis of anxiety disorders

AU: Author
Eley, Thalia C

AF: Affiliation
Social, Genetic, and Developmental Psychiatry Centre, Institute of Psychiatry, King's College London, London, England

SO: Source

AB: Abstract
In this overview I summarize behavioral genetic work on anxiety disorders and related symptoms in children and adolescents. In particular, my aim is to go beyond simply identifying the level of genetic influence to asking more interesting questions. Specifically, I first consider whether there are distinct patterns of genetic and environmental influences on different types of anxiety in young people. Second, by considering multivariate genetic analyses, I examine the extent to which the same genetic and environmental factors influence different types of anxiety. Third, I summarize extremes analyses, which consider the roles of genes and environment on high scores for symptoms, and how these compare with findings for the full range. Fourth, I look at what we have learned with respect to two areas of genetic-environmental interplay: gene-environment correlations and gene-environment interactions. Finally, I examine the roles of cognitive processing and biased cognitions as possible mediators of genetic and environmental influences on the development of anxiety in childhood.

Record 44 of 47

TI: Title
The three pillars of trauma-informed care

AU: Author
Bath, Howard

AF: Affiliation
Office of the Children's Commissioner, Darwin NT, Australia

SO: Source
Reclaiming Children and Youth, vol. 17, no. 3, pp. 17-21, Fall 2008
AB: Abstract
All who interact with traumatized children in home, school, and community can make important contributions to healing and growth. This care involves actions to strengthen three pillars: safety, connections, and managing emotional impulses.

Record 45 of 47
TI: Title
Integrating EMDR and ego state treatment for clients with trauma disorders
AU: Author
Forgash, Carol; Knipe, James
AF: Affiliation
Private Practice, Smithtown NY, USA
SO: Source
Forgash, Carol; Copeley, Margaret (ed.). Healing the heart of trauma and dissociation with EMDR and ego state therapy, (pp 1-59) New York: Springer, 2008.
AB: Abstract
In this chapter, we will introduce what we have termed the "cross-training model", an approach that integrates several lines of psychotherapy theory, practice, and research in order to assist clients with complex presentations. This model consists of EMDR (Eye Movement Desensitization and Reprocessing), ego state therapy, and dissociative disorder treatment methods. We believe that this model will enable therapists to extend the scope of treatment beyond trauma resolution to include the extensive life issues often faced by clients with complex disorders and to have the opportunity to develop mastery and competence in treating these challenging clients.

Record 46 of 47
TI: Title
Eye movement desensitization and reprocessing for adolescent depression
AU: Author
Bae, Hwallip; Kim, Daeho; Park, Yong Chon
AF: Affiliation
Department of Neuropsychiatry, Hanyang University Guri Hospital, Guri, Korea
SO: Source
AB: Abstract
While cognitive behavior therapy is considered to be the first-line therapy for adolescent depression, there are limited data on whether other psychotherapeutic techniques are also effective in treating adolescents with depression. This report suggests the potential application of eye movement desensitization and reprocessing (EMDR) for treatment of depressive disorder related, not to trauma, but to stressful life events. At present, EMDR has only been empirically validated for only trauma-related disorders such as PTSD. Two teenagers with major depressive disorder (MDD) underwent three and
seven sessions of EMDR aimed at memories of stressful life events. After treatment, their depressive symptoms decreased to the level of full remission, and the therapeutic gains were maintained after two and three months of follow up. The effectiveness of EMDR for depression is explained by the model of adaptive information processing. Given the powerful effects observed within a brief period of time, the authors suggest that further investigation of EMDR for depressive disorders is warranted. [Author Abstract]KEY WORDS: adolescent; depression; major depressive disorder; eye movement desensitization and reprocessing; psychotherapy

Record 47 of 47
TI: Title
  Growth through loss and adversity in close relationships
AU: Author
  Harvey, John H
AF: Affiliation
  Department of Psychology, University of Iowa, Iowa City IA, USA
SO: Source
AB: Abstract
  In this chapter, I review evidence and case studies of persons who have experienced growth through adversity and loss in their close relationships. Two specific groups are targeted in this analysis. One is children of divorce. We know from an extensive literature that many children of divorce are adversely affected by their parents' divorce. However, as documented by Harvey and Fine, many other young persons also grow, mature, and become stronger in their outreach to others based on their experiences in a divorcing family. In this chapter, I address some of those growth experiences and provide narrative illustrations from young persons' reports of how their parents' divorce affected them. A second focus of this chapter is on persons who have lost parents. Narrative evidence also is presented for persons who have experienced such losses. Like the children of divorce, people who have lost parents may experience major impacts such as anger, depression, difficulties in relationships and work life, and changes in how they see themselves and their merits and meaning as human beings. The final part of this chapter deals with how this evidence might be useful to practitioners and to others coping with their own losses in similar situations.