1: *Child Maltreat. 2009 Jun 29. [Epub ahead of print]*

Kolko DJ, Hurlburt MS, Zhang J, Barth RP, Leslie LK, Burns BJ. University of Pittsburgh School of Medicine; Western Psychiatric Institute and Clinic.

This study examines the prevalence and correlates of heightened posttraumatic stress (PTS) symptoms in a nationally representative sample of 1,848 children and adolescents (ages 8-14) who were referred to child welfare for investigation of abuse or neglect based on the National Survey of Child and Adolescent Well-Being. The severity of current PTS symptoms was assessed using the PTS subscale of the Trauma Symptom Checklist for Children, a standardized child-report scale evaluating common symptoms associated with trauma. The overall prevalence of clinically significant PTS symptoms was 11.7% (overall mean T score = 49.5). The prevalence was higher for cases that were placed in out-of-home care (19.2%) than those maintained at home (10.7%). Multivariate hierarchical regression identified four contributors to heightened PTS symptoms: younger child age, abuse by a nonbiological parent, violence in the home, and child depression. The authors discuss the modest but still lower than expected prevalence of self-reported, clinically significant PTS symptoms and the variables associated with greater risk for heightened PTS symptoms found among cases referred to child welfare services.

PMID: 19564628 [PubMed - as supplied by publisher]

The Course of Posttraumatic Stress in Children: Examination of Recovery Trajectories Following Traumatic Injury.

Le Brocque RM, Hendrikz J, Kenardy JA. Centre of National Research on Disability and Rehabilitation Medicine, Mayne Medical School, University of Queensland.

OBJECTIVE: Group-based trajectory modeling was used to identify patterns of posttraumatic stress symptom (PTSS) in children 6-16 years following accidental injury. The aims were to: (a) identify probable groups of children following distinct trajectories, and (b) identify risk factors affecting the probability of group membership. METHOD: Children's Impact of Events Scale (n = 190) was used to assess PTSS up to 2 years post injury. Age, gender, type of injury, and preinjury behavior were assessed as risk factors. RESULTS: Three distinct trajectory groups were identified: resilient (57%), elevated stress symptoms which recovered quickly (33%), and chronic (10%). Younger children were more likely to be in the recovery group. Those with serious injuries were more likely to be in the chronic group. Preinjury child behavior problems were predictive of recovery and high chronic symptoms. CONCLUSION: Identification of distinct PTSS trajectory groups has implications for understanding the course and treatment of PTSS in children.

PMID: 19541598 [PubMed - as supplied by publisher]

A 6-month follow-up study of posttraumatic stress and anxiety/depressive symptoms
resembles a set of unconditioned responses, collectively known as Tonic Immobility (TI). This study examined TI among childhood sexual abuse (CSA) survivors and its relation to PTSD symptomatology. Participants were 131 female college undergraduates who completed questionnaires assessing sexual abuse history, TI, and PTSD symptom severity. Results showed that TI partially mediated the relation between peritraumatic fear and overall PTSD symptom severity and completely mediated the relation between fear and the PTSD reexperiencing symptoms. Although peritraumatic fear is associated with TI, the mediation findings provide evidence for the notion that these responses are separate from one another. These results suggest that TI during CSA may play an important role in the subsequent PTSD symptomatology in adulthood.

PMID: 19531633 [PubMed - as supplied by publisher]

Quality of early care and childhood trauma: a prospective study of developmental pathways to dissociation.

Dutra L, Bureau JF, Holmes B, Lyubchik A, Lyons-Ruth K.
Department of Psychology, Boston University, Boston, Massachusetts 02215, USA.
syriana_777@yahoo.com

Kihlstrom (2005) has recently called attention to the need for prospective longitudinal studies of dissociation. The present study assesses quality of early care and childhood trauma as predictors of dissociation in a sample of 56 low-income young adults followed from infancy to age 19. Dissociation was assessed with the Dissociative Experiences Scale; quality of early care was assessed by observer ratings of mother-infant interaction at home and in the laboratory; and childhood trauma was indexed by state-documented maltreatment, self-report, and interviewer ratings of participants' narratives. Regression analysis indicated that dissociation in young adulthood was significantly predicted by observed lack of parental responsiveness in infancy, while childhood verbal abuse was the only type of trauma that added to the prediction of dissociation. Implications are discussed in the context of previous prospective work also pointing to the important contribution of parental emotional unresponsiveness in the development of dissociation.

PMID: 19525736 [PubMed - indexed for MEDLINE]

Posttraumatic Stress Disorder (PTSD) and Disorders of Extreme Stress (DESNOS) Symptoms Following Prostitution and Childhood Abuse.

Choi H, Klein C, Shin MS, Lee HJ.
Seoul National University Hospital.

With the participation of 46 prostituted women in Korea, this study investigates the relationship between prostitution experiences, a history of childhood sexual abuse (CSA), and symptoms of posttraumatic stress disorder (PTSD) and disorders of extreme stress not otherwise specified (DESNOS). Prostituted women showed higher levels of PTSD and DESNOS symptoms compared to a control group. Women who had experienced both CSA by a significant other and prostitution showed the highest levels of traumatic stress. However, posttraumatic reexperiencing and avoidance and identity, relational, and affect regulation problems were significant for prostitution experiences even when the effects of CSA were controlled.
A comparison of posttraumatic stress disorder between combat casualties and civilians treated at a military burn center.

Gaylord KM, Holcomb JB, Zolezzi ME.
United States Army Institute of Surgical Research, Fort Sam Houston, Texas 78234-6315, USA. Kathryn.gaylord@amedd.army.mil

BACKGROUND: Posttraumatic stress disorder (PTSD) has been identified in 12% to 20% of noninjured veterans and in 32% of combat casualties. Eight percent of the US general population experience PTSD symptoms, whereas 25.5% of civilians with major burns have PTSD. Known predictors of physical outcomes of patients with burn are age, total body surface area (TBSA) burned, and Injury Severity Score (ISS). The United States Army Institute of Surgical Research Burn Center provides burn care for combat casualties and civilians. We hypothesized that we would find no difference in PTSD incidence between these two populations and that age, TBSA, and ISS are associated with PTSD. METHOD: We retrospectively examined the clinical records of 1,792 patients admitted between October 2003 and May 2008. Records were stratified by PTSD, age, TBSA, and ISS. PTSD scores were compared. Descriptive analyses were used. RESULTS: Four hundred ninety-nine patients (372 military [74.5%]; 127 civilians [25.5%]) were assessed for PTSD using PTSD checklist military and civilian versions. PTSD was defined as >or=44 on the PTSD checklist instruments. We found no significant difference in PTSD between combat casualties and civilians (25% vs. 17.32%, p = 0.761). TBSA and ISS were significantly associated with PTSD; however, no association between age and PTSD was found. CONCLUSION: The incidence of PTSD is not significantly different in burned combat casualties and civilians treated at the same burn unit. These findings suggest that PTSD is related to the burn trauma and not to the circumstances surrounding the injury.

PMID: 19359965 [PubMed - indexed for MEDLINE]

The forgotten victims of posttraumatic stress disorder.

M cDermott J.

PMID: 19487618 [PubMed - indexed for MEDLINE]

Effect of maternal psychopathology on behavioral problems in preschool children exposed to terrorism: use of generalized estimating equations to integrate multiple informant reports.

Nomura Y, Chemtob CM.
Department of Psychiatry, Mount Sinai School of Medicine, 1 Gustave L. Levy Pl, Box 1230, New York, NY 10029, USA.

OBJECTIVE: To examine whether the number of maternal psychopathologies is associated with increased clinically significant behavioral problems in preschool
children exposed to disaster, using child behavior ratings from multiple informants. DESIGN: Cross-sectional study. SETTING: Lower Manhattan, New York, New York. PARTICIPANTS: One hundred two preschool child-mother dyads directly exposed to the World Trade Center attacks. EXPOSURES: Maternal disorders: 2 (posttraumatic stress disorder [PTSD] and depression), 1 (depression or PTSD), or none. MAIN OUTCOME MEASURES: Maternal depression and PTSD were self-reported. Child behavioral problems were rated by mothers and teachers using a standardized behavioral checklist. For each informant, we created separate dichotomous variables that indicated whether the child's behavioral problems were severe enough to be clinically significant. We then used an analytic technique (generalized estimating equations) that integrates the child behavioral problem ratings by the mother and teachers to derive a more reliable indicator of clinically significant child behavioral problems. RESULTS: The rate of clinically significant child behavioral problems increased linearly relative to the number of maternal psychopathologies. The number of maternal psychopathologies was associated with a linear increase in functional impairment. Compared with children of mothers without psychopathologies, children of mothers with depression and PTSD were at greater risk for several clinically significant problems, notably, aggressive behavior (relative risk, 13.0), emotionally reactive behavior (11.2), and somatic complaints (10.5). Boys were more likely to have clinically significant behavior problems than were girls. CONCLUSION: Concurrent maternal depression and PTSD was associated with dramatic increases in the rate of clinically significant behavioral problems in preschool children, particularly boys, 3 years after the World Trade Center attacks.

PMID: 19487609 [PubMed - indexed for MEDLINE]

Comment in:

Screening for traumatic exposure and posttraumatic stress symptoms in adolescents in the war-affected eastern Democratic Republic of Congo.

Mels C, DeLuyn I, Broekaert E, Rosseel Y.
Department of Orthopedagogics, Ghent University, Henri Dunantlaan, 2 B-9000 Ghent, Belgium. Cindy.Mels@UGent.be

OBJECTIVE: To explore adolescent mental health in the eastern Democratic Republic of Congo, scene of a complex emergency since 1996. DESIGN: Community cross-sectional data obtained using a cluster sample approach. SETTING: From November 5, 2007, through February 5, 2008, we assessed 13 secondary schools in 4 selected health zones in the Ituri district. PARTICIPANTS: One thousand forty-six adolescents and young adults aged 13 to 21 years completed a self-report questionnaire. MAIN EXPOSURES: War-related traumatic events, posttraumatic stress symptoms, and sociodemographic variables. MAIN OUTCOMES MEASURES: The Adolescent Complex Emergency Exposure Scale, specifically designed for this region, screened for exposure to potentially traumatic events, and the Impact of Event Scale-Revised measured symptoms of posttraumatic stress consistent with Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition) criteria. RESULTS: Among the 477 girls (45.6%) and 569 boys (54.4%) in the study, 95.0% reported at least 1 traumatic event. On average, adolescents were exposed to 4.71 traumatic events, with higher exposure rates reported in boys, older groups, rural and urban areas, and respondents whose mother or father was dead. Of 990 respondents, 52.2% met symptom criteria for posttraumatic stress disorder. Symptom scores were strongly related to cumulative trauma exposure; however, the
The strength of this relationship differed slightly across living area groups for girls. CONCLUSION: Adolescents in the eastern Democratic Republic of Congo are highly exposed to political violence, putting them at a considerable risk—mediated by living area and sex—to develop posttraumatic stress symptoms.

PMID: 19487608 [PubMed - indexed for MEDLINE]

Anxiety and depression in mothers of preterm infants and psychological intervention during hospitalization in neonatal ICU.

Carvalho AE, Linhares MB, Padovani FH, Martinez FE.
Universidade de São Paulo, Brazil.

The objective of this study was to evaluate and compare symptoms of anxiety and depression before and after psychological intervention in mothers of babies born preterm with very low birth weight, hospitalized in the Neonatal Intensive Care Unit. Fifty nine mothers, without psychiatric antecedents, were distributed into two groups according to the type of psychological intervention received. Group G1 included 36 mothers who received routine psychological treatment associated with initial structured intake using support materials (video and guidance manual). Group G2 included 23 mothers who received routine psychological intervention without support material. The STAI and BDI, respectively, were used to evaluate maternal indicators of anxiety and depression. The results revealed that both groups showed a reduction in levels of state or trait anxiety and depression after psychological intervention and discharge of the baby from the hospital. In regard to the emotional symptoms at a clinical level, a statistically significant reduction in the level of state-anxiety was verified in G1. The findings confirmed the need for psychological support for mothers of preterm infants and the use of materials focusing on prematurity for reduction of the situational anxiety on a clinical level.

PMID: 19476229 [PubMed - indexed for MEDLINE]

Impact of exposure to trauma on posttraumatic stress disorder symptomatology in Swedish tourist tsunami survivors.

Johannesson KB, Michel PO, Hultman CM, Lindam A, Amberg F, Lundin T.
Department of Neuroscience, National Center for Disaster Psychiatry, Uppsala University, Emmy Rappes väg 10, Uppsala SE 750 17, Sweden.
kjerstin.bergh.johannesson@neuro.uu.se

The aim was to examine long-term mental health and posttraumatic stress symptomatology in a Swedish tourist population after exposure to the 2004 Southeast Asian tsunami. Data from 4822 returned questionnaires 14 months after the disaster were analyzed. Respondents were categorized into 3 subgroups: (1) danger-to-life exposure group (having been caught or chased by the waves), (2) nondanger-to-life exposure group (exposed to other disaster-related stressors), and (3) low exposure group. Main outcome measures were General Health Questionnaire-12 and Impact of Event Scale-22-Revised. Danger-to-life exposure was an important factor in causing more severe posttraumatic stress symptoms and in affecting mental health. Female gender, single status, and former trauma experiences were associated with greater distress. Other factors related to more severe symptoms were loss of relatives, physical injuries, viewing many dead bodies, experiencing life threat, and showing signs of cognitive confusion.
Disaster exposure has a substantial impact on survivors, which stresses the need for long-lasting support.

PMID: 19440104 [PubMed - indexed for MEDLINE]

Health-related quality of life and trauma history in adults with schizophrenia spectrum disorders.

Lysaker PH, LaRocco VA.
Roudebush VA Medical Center, 9116 H, 1481 West 10th Street, Indianapolis, IN 46202, USA. plysaker@iupui.edu

Many with schizophrenia report exposure to trauma which may reduce health-related quality of life (HRQOL). To explore whether different forms of trauma are linked to different domains of HRQOL, and whether multiple trauma experiences have a cumulative effect, trauma history was gathered along with a measure of HRQOL among 102 adults with schizophrenia spectrum disorders. Participants were divided into those with and without report of sexual trauma, assault trauma, and trauma related to harm to others. Analysis of variance revealed that participants endorsing sexual trauma had poorer levels of general health, vitality, emotional-related role function, and mental health. Participants endorsing trauma related to harm to others reported poorer physical-related role function, general health, social function, and emotional-related role function. No evidence was found linking assaulted-related trauma to HRQOL. Greater numbers of trauma were related to poorer HRQOL. Results suggest differing forms of trauma may individually and cumulatively impact HRQOL in schizophrenia.

PMID: 19440103 [PubMed - indexed for MEDLINE]

Posttraumatic stress and growth: the contribution of cognitive appraisal and sense of belonging to the country.

Dekel R, Nuttman-Shwartz O.
Louis and Gabi Weisfeld School of Social Work, Bar Ilan University, Ramat Gan, Israel. dekell@mail.biu.ac.il

The study has three aims: (1) to compare the effect of the Qassam attacks in two types of communities: development town and kibbutz; (2) to examine the relationship between posttraumatic stress (PTS) and posttraumatic growth (PTG); and (3) to examine the contribution that level of exposure, cognitive appraisal, and sense of belonging to the country make to PTS and PTG. The sample consisted of 134 residents, 67 living on two kibbutzim and 67 living in the development town of Sderot. Results revealed that the development town residents reported more PTS symptoms and more PTG than did the kibbutz residents, and the association between PTS and PTG was positive. In addition, the findings show that most of the predictors contribute to either PTS or PTG, or predicted them differently. The discussion examines the results in light of the current literature on PTS and PTG.

PMID: 19425338 [PubMed - indexed for MEDLINE]

Locating clinical boundaries in the World Wide Web.
Peritraumatic panic attacks and health outcomes two years after psychological trauma: implications for intervention and research.

Boscarino JA, Adams RE. Center for Health Research, Geisinger Clinic, Danville, PA 17822-4400, USA. jaboscarino@geisinger.edu

Several studies have suggested that experiencing a peritraumatic panic attack (PPA) during a traumatic event predicts future mental health status. Some investigators have suggested that this finding has psychotherapeutic significance. We assessed the hypothesis that PPA was not related to longer-term health status after event exposure, once background confounders were controlled.

In our study we assessed exposure to the World Trade Center disaster (WTCD) and other negative life events, demographic factors, social support, self-esteem, and panic attack onset in predicting health outcome among 1681 New York City residents 2 years after the attack. Initial bivariate results indicated that a PPA was related to a number of adverse outcomes 2 years after the WTCD, including posttraumatic stress disorder, depression, poor physical health, anxiety, binge drinking, and mental health treatment seeking. However, when multivariate (MV) models were estimated adjusting for potential confounders, most of these associations were either non-significant or substantially reduced. Contrary to previous predictions, these MV models revealed that recent negative life events and current self-esteem at follow-up were the best predictors of health outcomes, not PPA. Although post-trauma interventions may target individuals who experienced PPA after traumatic exposures, reducing the long-term health consequences following such exposures based on PPA alone may be problematic. Modifications of psychopathology constructs based on the reported correlation between PPA and post-trauma outcomes may be premature.

PMID: 19339055 [PubMed - indexed for MEDLINE]

Serum melatonin concentration in the child with non-organic failure to thrive: comparison with other types of stress.


Human beings must adapt both to novel, unfavourable conditions and to circumstances of physical or psychological isolation. The initial response to stress depends fundamentally on the activation of the HPA axis. In regaining homeostatic equilibrium, melatonin plays a role due to its synchronising and anti-stress properties. To study the role of melatonin and the pineal gland in the organic and/or behavioural response to acute or chronic stress, 311 children were divided into two large groups: 1) Control Group - 121 healthy children classified, in turn, into 4 control subgroups, one for each pathology being studied; 2) Problem Groups, classified as traumatic stress (n=58), surgical stress (n=38), psychic stress (n=64) and febrile stress (n=30), according to
pre-established clinical criteria. These groups were sub-classified according to the degree (low or high) and duration (acute or chronic) of the stress. This study used a case controlled, cross sectional design. Serum melatonin was measured by radioimmunoassay (RIA). In all the situations of acute stress, melatonin increased at a rate directly proportional to the severity and/or duration of the stress-causing stimulus. In contrast, in chronic stress, i.e. the Affective Deprivation Syndrome (or Psychological Dwarfism) with or without non-organic failure to thrive, resulted in the opposite response with a significant reduction of melatonin. In conclusion, in acute stress an increase in the bioavailability of melatonin could contribute to maintaining homeostatic balance. The lack of an appropriate response to acute stress could make some groups of patients (Affective deprivation syndrome with or without growth failure) predisposed to suffer depressive symptoms associated with a wide range of neurological, endocrinological or immunological consequences.

PMID: 19321042 [PubMed - indexed for MEDLINE]

Suicidal behavior in children and adolescents: does a history of trauma predict less severe suicidal attempts?

Koutek J, Kocourkova J, Hladikova M, Hrdlicka M.
Department of Paediatric Psychiatry, 2nd faculty of Medicine, Charles University, Prague, Czech Republic. jiri.koutek@ffmotol.cuni.cz

OBJECTIVES: The aim of this study was to identify risk factors and possible predictors of severity of suicidal behavior of children and adolescents. METHODS: Seventy-seven patients (15 boys and 62 girls) aged 15.5+/-1.6 years on average, hospitalized due to a suicidal attempt in the department of pediatric psychiatry, were examined. Structured interviews with patients and their parents were used to clinically assess circumstances of suicidal behavior, relevant risk factors and severity of suicidal behavior. RESULTS: The results indicated that patients with any previous traumatic experience tended to have somatically less severe suicidal attempts (p=0.050). Intensity of suicidal intent was associated with a history of depression (p=0.014) and anxiety disorders (p=0.004), and the current stress from a mental disorder (p=0.014). Somatic severity of suicidal behavior was significantly associated with intensity of suicidal intent (p=0.014). A history of any trauma (previous traumatic experience predicted less severe suicidal behavior, p=0.053) and the current stress from sexual problems (p=0.067) were identified as predictors of somatic severity of suicidality. These two predictors showed only a trend level of significance. The only significant predictor of intensity of suicidal intent was the current stress from a mental illness (p=0.017). CONCLUSIONS: Several risk factors of somatic severity of suicidal behavior and intensity of suicidal intent were described. The most important finding of the study was the association between a history of psychological trauma and a tendency to have less somatically severe suicidal behavior.

PMID: 19300381 [PubMed - indexed for MEDLINE]


Fazel M, Doll H, Stein A.
Oxford University, UK. mina.fazel@psych.ox.ac.uk
This report describes an exploratory study of a school-based mental health service developed to address the psychological needs of refugee children. The service was made available in three schools and followed a consultative framework. Refugee children were discussed with the mental health team and children at greatest risk were seen. A questionnaire of psychological functioning was completed by teachers before and after the intervention. Data were collected on 47 refugee children and two control groups (ethnic minority and indigenous white children). Subgroup analyses compared children who were seen directly by the service with those for whom only consultation was provided. Refugee children had poorer overall adjustment at baseline particularly in the emotional and peer problem domains. The greatest improvements following the intervention were seen in hyperactivity for the refugee group and in peer problems for the refugees directly seen by the service. While further studies are necessary to assess its efficacy, this exploratory study indicates that an intervention which involves collaboration with teachers and parents, in an environment where children spend much of their time, can benefit vulnerable children.

PMID: 19293324 [PubMed - indexed for MEDLINE]

Psychological needs, service utilization and provision of care in a specialist mental health clinic for young refugees: a comparative study.

Michelson D, Sclare I.
King's College London, U.K. daniel.michelson@iop.kcl.ac.uk

This study addressed psychological needs, patterns of service utilization and provision of care in a specialist mental health service for young refugees and asylum seekers in London. Comparisons were made between two groups with different levels of postulated mental health need: unaccompanied minors (UAMs; n = 49) and children accompanied to the UK by one or more primary caregivers (n = 29). Significant differences were observed in referral pathways, with UAMs more likely to be referred by social services and less likely to be referred from medical agencies. UAMs also attended fewer sessions during treatment, and missed a greater proportion of scheduled appointments. Contrary to prediction, group comparisons revealed similar levels of post-migration stress and overall psychological morbidity. However, UAMs experienced significantly more traumatic events prior to resettlement, and were more likely to exhibit symptoms of post-traumatic stress disorder (PTSD) than their accompanied peers. Despite their elevated risk of PTSD, UAMs were less likely than accompanied children to have received trauma-focused interventions. UAMs were also significantly less likely to have been treated using cognitive therapy, anxiety management and parent/carer training, as well as receiving fewer types of practical assistance with basic social needs. The clinical and service implications of these findings are discussed.

PMID: 19293323 [PubMed - indexed for MEDLINE]

Gender differences in associations between lifetime alcohol, depression, panic disorder, and posttraumatic stress disorder and tobacco withdrawal.

Weinberger AH, Maciejewski PK, McKee SA, Reutenauer EL, Mazure CM.
Substance Abuse Center, Department of Psychiatry, Yale University School of Medicine, New Haven, Connecticut 06519, USA. andrea.weinberger@yale.edu
This study examined the interaction of gender and lifetime psychiatric status on the experience of nicotine withdrawal using retrospective data from the National Comorbidity Survey (NCS; N = 816). Multiple regression analyses were performed to examine the main and interactive effects of gender and major depression, alcohol abuse/dependence, panic disorder, and PTSD on indices of withdrawal. Major depression and alcohol abuse/dependence were associated with longer duration of withdrawal symptoms in women. Women also showed stronger associations between major depression and recurrent withdrawal symptoms and PTSD and smoking relapse to alleviate withdrawal. Men showed a stronger association between alcohol abuse/dependence and smoking relapse to alleviate withdrawal. When developing and providing smoking cessation interventions, it is important to consider the gender-specific effects of lifetime psychiatric status on withdrawal.

PMID: 19283566 [PubMed - indexed for MEDLINE]


Li X, Fang X, Stanton B, Zhao G, Lin X, Zhao J, Zhang L, Hong Y, Chen X.

Carman and Ann Adams Department of Pediatrics Prevention Research Center, Wayne State University School of Medicine, Detroit, MI, USA. xiaoli@med.wayne.edu

The current study, utilizing the baseline data from a longitudinal assessment of psychosocial needs of children orphaned by HIV/AIDS or living with HIV-infected parents in China, was designed to assess the psychometric properties of the Trauma Symptoms Checklist for Children (TSCC) among children affected by HIV/AIDS in China. The psychometric properties assessed in this study include internal consistency, convergent and discriminant validity, and construct validity. The sample in the current study include 296 double orphans, 459 single orphans, and 466 children living with HIV-infected parents in central China where many residents had been infected with HIV through unhygienic blood collection. The results demonstrate adequate reliability and validity of the TSCC among study population. Children who experienced more traumatic events scored significantly higher on all TSCC clinical scales and subscales than those children who experienced less such events. The Chinese version of the TSCC should provide mental health researchers and practitioners with a reliable and valid assessment instrument in studying posttraumatic distress and related psychological symptomology among children affected by HIV/AIDS in China.

PMID: 19280403 [PubMed - indexed for MEDLINE]

Vividness of mental imagery in Posttraumatic Stress Disorder (PTSD): the role of depression.

Karatzias T, Power K, Brown K, McGoldrick T.
Faculty of Health, Life & Social Sciences, Edinburgh Napier University, Comely Bank Campus, Scotland, UK. t.karatzias@napier.ac.uk

The present study aimed to investigate demographics, trauma variables, PTSD symptomatology, co-morbid psychopathology, dissociation and personality variables as correlates of vividness of imagery (i.e. general ability to imagine objects) in people with PTSD. Participants were 98 outpatients with PTSD who completed a number of self- and assessor-rated measures. Vividness of imagery was assessed
using the Betts' Questionnaire Upon Imagery (QMI). Regression analysis showed that the only statistically significant predictor of mental imagery was depression, as measured by the Montgomery Asberg Depression Rating Scale (MADRS). The implications of these results for the management of depression in people with PTSD are discussed.

PMID: 19261264 [PubMed - indexed for MEDLINE]

Posttraumatic stress disorder and depression negatively impact general health status after hand injury.

Williams AE, Newman JT, Ozer K, Juarros A, Morgan SJ, Smith WR. Department of Orthopaedic Surgery, Denver Health Medical Center, University of Colorado School of Medicine, Denver, CO 80204, USA.

PURPOSE: To estimate the prevalence of posttraumatic stress disorder (PTSD) and depression among hand-injured patients and assess the impact of these disorders on general health status. METHODS: A total of 106 adult hand-injured patients (40 women, 66 men) with a mean age of 42 years (range, 18-79 years) participated. Patients with a chronic mental illness or cognitive impairment were excluded. Psychological status was assessed using the Revised Civilian Mississippi Scale for PTSD and the Beck Depression Inventory. General health status was evaluated with the Short Form-36 health survey (SF-36). We obtained demographics and injury characteristics from the patient medical records. RESULTS: Prominent mechanisms of injury included a fall (n = 38), traffic-related injuries (n = 14), machine versus operator (n = 8), gunshot wounds (n = 6), and assault (n = 6). Using the screening questionnaires, 32 persons qualified for PTSD and 19 for depression. Sixteen patients met the criteria for both PTSD and depression. The association between PTSD and depression was significant (p < .01). Patients with PTSD had significantly lower scores than those who did not endorse items consistent with PTSD or depression on the SF-36 subscales of role-emotional (p < .01), body pain (p = .013), social function (p = .028), and mental health (p < .01). We found no significant differences between groups for the subscales of role-physical (p = .289), general health (p = .147), vitality (p = .496), and physical functioning (p = .476). Patients who had concurrent PTSD and depression had significantly lower scores than patients who had neither PTSD nor depression on all subscales (p < .05 for all) except role-physical (p = .135). We found significant negative correlations between Beck Depression Inventory scores and all of the SF-36 subscales (p < .05 for all). CONCLUSIONS: In this study, nearly one third of hand-injured patients met diagnostic criteria for PTSD, depression, or both, according to the thresholds of the instruments used to measure these psychological aspects of illness. PTSD and depression had a negative effect on general health status after hand injury. It may be important to consider psychological status when caring for patients with hand injuries.

PMID: 19258151 [PubMed - indexed for MEDLINE]

Comment on:

Mental disorders among adolescents in juvenile detention and correctional facilities: posttraumatic stress disorder is overlooked.

Guchereau M, Jourkiv O, Zametkin A.
When parenting becomes unthinkable: intervening with traumatized parents and their toddlers.

Schechter DS, Willheim E. Division of Child and Adolescent Psychiatry, University of Geneva Hospitals, Switzerland. daniel.schechter@hcuge.ch

Losing a loved one to homicide: prevalence and mental health correlates in a national sample of young adults.

Zinzow HM, Rheingold AA, Hawkins AO, Saunders BE, Kilpatrick DG. Department of Psychology, Clemson University, Clemson, SC 29634, USA. hzinzow@clemson.edu

The present study examined the prevalence, demographic distribution, and mental health correlates of losing a loved one to homicide. A national sample of 1,753 young adults completed structured telephone interviews measuring violence exposure, mental health diagnoses, and loss of a family member or close friend to a drunk driving accident (vehicular homicide) or murder (criminal homicide). The prevalence of homicide survivorship was 15%. African Americans were more highly represented among criminal homicide survivors. Logistic regression analyses found that homicide survivors were at risk for past year posttraumatic stress disorder (OR = 1.88), major depressive episode (OR = 1.64), and drug abuse/dependence (OR = 1.77). These findings highlight the significant mental health needs of homicide survivors.

Trauma, dissociation, and substance dependence in an adolescent male.

Jaffee WB, Chu JA, Woody GE. Department of Psychiatry, Harvard Medical School, McLean Hospital, Belmont, MA 02478, USA. wjaffee@mclean.harvard.edu

Childhood trauma and adulthood physical health in Mexico.

Baker CK, Norris FH, Jones EC, Murphy AD. Department of Psychology, University of Hawaii, 2430 Campus Road, Gartley 110, Honolulu, HI 96822, USA. bakercha@hawaii.edu

BACKGROUND: The present study examined the effect of childhood trauma on adulthood physical health among a randomly selected sample of adults (N = 2,177) in urban Mexico. METHODS: Adults were interviewed about their experiences of trauma, post-traumatic stress disorder, depression, and physical health symptoms
using Module K of the Composite International Diagnostic Interview, the Center for Epidemiologic Studies Depression Scale, and the Physical Symptoms Checklist.

RESULTS: Trauma was prevalent, with 35% reporting a traumatic event in childhood. In general, men reported more childhood trauma than women, with the exception of childhood sexual violence where women reported more exposure. For men, childhood sexual violence was related to total and all physical health symptom subscales. For women, childhood sexual violence was related to total, muscular-skeletal, and gastrointestinal-urinary symptoms; hazards/accidents in childhood were related to total, muscular-skeletal, cardio-pulmonary, and nose-throat symptom subscales. Depression mediated the relationship between childhood sexual violence and physical health symptoms for men and women. Among women only, PTSD mediated the relationship between childhood sexual violence and total, muscular-skeletal, and gastrointestinal-urinary symptoms. Hazards/accidents in childhood were related to total, muscular-skeletal, cardio-pulmonary, and nose-throat symptoms. CONCLUSION: These findings can be used to increase awareness among general practitioners, as well as community stakeholders, about the prevalence of childhood trauma in Mexican communities and its impact on subsequent physical health outcomes. With this awareness, screening practices could be developed to identify those with trauma histories in order to increase positive health outcomes among trauma survivors.

PMID: 19184392 [PubMed - indexed for MEDLINE]

Childhood trauma and prodromal symptoms among individuals at clinical high risk for psychosis.

Columbia University, Department of Psychiatry, 1051 Riverside Drive, New York, NY 10032, USA. jt2358@columbia.edu

INTRODUCTION: Numerous studies point to an association between childhood trauma and the later development of psychotic illness. However, little is known about the prevalence of childhood trauma and its relationship to attenuated positive and other symptoms in individuals at heightened clinical risk for psychosis.

METHOD: Thirty clinical high-risk patients (83% male, 43% Caucasian, and with a mean age of 19) were ascertained from the New York metropolitan area and evaluated for prodromal and affective symptoms, and queried regarding experiences of childhood trauma and abuse. RESULTS: Ninety-seven percent endorsed at least one general trauma experience, 83% reported physical abuse, 67% emotional abuse, and 27% sexual abuse. As hypothesized, total trauma exposure was positively associated with severity of attenuated positive symptoms (in particular grandiosity), an effect primarily accounted for by ethnic minority participants, who reported greater exposure to trauma. Trauma exposure was related to affective symptoms only in the Caucasian subgroup. CONCLUSIONS: Childhood trauma was commonly self-reported, especially among clinical high-risk patients from ethnic minorities, for whom trauma was related to positive symptoms. Future areas of research include an evaluation of potential mechanisms for this relationship, including neuroendocrine and subcortical dopaminergic function.

PMID: 19174322 [PubMed - indexed for MEDLINE]

BACKGROUND: There is a wide range of mental and behavioral sequel in children following disasters, which can last long. This review discusses the nature and extent of the psychiatric problems, their management options and process to organize the psychological interventions for affected children. DATA SOURCES: Literatures were searched through PubMed with the words "children, disaster, psychiatry, and mental health" and relevant cross references were included in the review. RESULTS: Proportions of children having posttraumatic symptoms or syndromal diagnoses vary in different studies depending on various factors like nature and severity of disaster, diagnostic criteria used, cultural issues regarding meaning of trauma, support available, etc. Common psychiatric manifestations among children include acute stress reactions, adjustment disorder, depression, panic disorder, post-traumatic stress disorder, anxiety disorders specific to childhood and psychotic disorders. Comorbidities and sub-clinical syndromes are also common. Most of the post-disaster mental health interventions can be provided in the community by the local disaster workers. Supportive counselling, cognitive behavior therapy, brief trauma/grief-focused psychotherapy, and play therapy are the commonly utilized methods of psychological intervention, which can be given in groups. Information about the efficacy of medications is still emerging, while many are being used and found useful. CONCLUSIONS: Following disaster, systematic screening for psychological problems in children is suggested. An integrated approach using psycho-socio-educational and clinical interventions is expected to be effective.

PMID: 19172325 [PubMed - indexed for MEDLINE]

The relationship of sexual abuse, early initiation of substance use, and adolescent trauma to PTSD.

Kingston S, Raghavan C.
Department of Child and Adolescent Psychiatry, New York University Child Study Center, New York, NY 10016, USA. sharon.kingston@med.nyu.edu

This study explores relationships among childhood sexual abuse (CSA), age of substance use initiation, additional traumatic events, and posttraumatic stress disorder (PTSD) in a sample of adolescents. A history of CSA that preceded substance use was not related to an earlier age of substance use initiation. Early initiation of substance use predicted exposure to additional traumatic experiences. This relationship was partially mediated by engagement in risky behavior while under the influence of substances. Posttraumatic stress disorder was related to CSA, additional traumatic experiences and engagement in risky behavior while under the influence of substances.

PMID: 19145642 [PubMed - indexed for MEDLINE]

Substance use behaviors as a mediator between posttraumatic stress disorder and physical health in trauma-exposed college students.

Flood AM, McDevitt-Murphy ME, Weathers FW, Eakin DE, Benson TA.
Department of Psychology, Auburn University, Auburn, AL, USA.
Amanda.Flood@med.navy.mil
INTRODUCTION: Research within the field of traumatic stress has documented a strong link between posttraumatic stress disorder (PTSD) and adverse physical health outcomes, although the mechanisms contributing to this relationship are unclear. METHOD: The current study examined substance use behaviors as one such mediator in a mixed civilian trauma population. Participants were 136 undergraduates exposed to a variety of civilian traumas. They completed measures assessing trauma exposure, substance use behaviors, and physical health outcomes. RESULTS: Moderate correlations were found between PTSD symptom severity, substance use, and adverse health outcomes. Meditational analyses indicated that substance use behaviors, especially alcohol and drug use, mediated the relationship between PTSD and health outcomes.

PMID: 19139987 [PubMed - indexed for MEDLINE]

Currier JM, Jobe-Shields LE, Phipps S. St. Jude Children’s Research Hospital and Department of Psychology, University of Memphis, Memphis, TN, USA.

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

PMID: 19117041 [PubMed - indexed for MEDLINE]

Maercker A, Mohiyeddini C, Müller M, Xie W, Hui Yang Z, Wang J, Müller J. Department of Psychology, University of Zurich, Zurich, Switzerland.

OBJECTIVES: The influence of cultural factors on mental health is not disputed in general - but elaborated research approaches are still lacking. We investigate cultural influences not only by nationality but also by value orientation (modern vs. traditional). A cross-cultural comparison with Chinese and German crime victims included an assessment of value orientation according to Schwartz's theory (Schwartz, 1994) of personal values. DESIGN: Chinese and German adult crime victims were assessed. By means of structural equation multi-sample analysis, data of the two groups were compared. METHOD: Traditional (conformity, benevolence, customs orientation) and modern values (achievement, hedonism, stimulation), traumatic exposure, posttraumatic stress (PTS), and two self-perceived interpersonal mediator processes (disclosure intentions, social acknowledgement as a victim) were assessed by self-report measures in 130 Chinese
and 151 German crime victims. RESULTS: The two patterns of prediction for PTS differed between the countries: In the German sample both value types but in the Chinese sample only traditional values were directly or indirectly predictive of PTS. Traditional values inhibited social acknowledgement as a victim in China and Germany. In Germany, traditional values were related to increased PTS severity. Modern values predicted social acknowledgement as well as lower symptoms in Germany, but not in China. CONCLUSIONS: The study shows cultural and interpersonal factors that may contribute to the development of PTSD that are under-researched in contemporary psychology and psychotherapy.

PMID: 19040793 [PubMed - indexed for MEDLINE]

Individual differences in experiencing intrusive memories: the role of the ability to resist proactive interference.

Verwoerd J, Wessel I, de Jong PJ.
Department of Clinical and Developmental Psychology, University of Groningen, Groningen, The Netherlands. j.r.l.verwoerd@rug.nl

This study explored whether a relatively poor ability to resist or inhibit interference from irrelevant information in working memory is associated with experiencing undesirable intrusive memories. Non-selected participants (N=91) completed a self-report measure of intrusive memories, and carried out experimental tasks intended to measure two different types of inhibition: resistance to proactive interference and response inhibition (i.e., the ability to prevent automatically triggered responses). The results showed a significant relationship between inhibition at the cognitive level (i.e., resistance to proactive interference) and the frequency of intrusive memories (especially in the group of female participants) whereas no such relationship with measures of response inhibition emerged. These findings are consistent with the idea that deficient inhibitory control reflects a vulnerability factor for experiencing intrusive memories. Implications for research investigating risk factors for the development of posttraumatic stress disorder (PTSD) are discussed.

PMID: 18929357 [PubMed - indexed for MEDLINE]

Psychiatric diagnosis as a risk marker for victimization in a national sample of children.

Cuevas CA, Finkelhor D, Ormrod R, Turner H.
Northeastern University.

Research examining childhood abuse has shown an association between victimization and psychiatric diagnoses (e.g., posttraumatic stress disorder, depression). Historically, psychiatric diagnoses have been emphasized as a consequence of victimization, with less research examining if it also functions as a risk factor for further victimization, perhaps making diagnoses a general victimization risk marker. In addition, much of this research has emphasized particular types of victimization such as childhood physical or sexual abuse. Researchers have given less attention to other forms of victimization (e.g., peer victimization, witnessed violence) or a diverse victimization history. Using the Juvenile Victimization Questionnaire (JVQ) we surveyed parents and children between the ages of 2 and 17 using a random digit dial (RDD) methodology. We examined the
relationship between a number of different forms of victimization (termed poly-victimization) in the preceding year and parent-reported lifetime psychiatric diagnosis. Results show that children with a psychiatric diagnosis have significantly higher rates of victimization than children without a psychiatric diagnosis. In addition, using logistic regression models, we find that psychiatric diagnosis was associated with increased risk for poly-victimization, conventional crime victimization, maltreatment, peer or sibling victimization, and witnessing violence, but not sexual abuse. The results highlight the need to consider psychiatric diagnoses as a risk marker for past and possible future victimization. In addition, the importance of obtaining a comprehensive and more diverse victimization history when working with children is highlighted.

PMID: 18445831 [PubMed - indexed for MEDLINE]

Jewish children hidden in France during World War II who stayed in France since Liberation: psychology and psychopathology study.

Feldman M.

PMID: 19439836 [PubMed - indexed for MEDLINE]

Stolen generations testimony: trauma, historiography, and the question of "truth".

Kennedy R.

PMID: 19514152 [PubMed - indexed for MEDLINE]