

July 2010 PILOTS Topic Alert

Record 1 of 27

TI: Title

Child abuse and autonomic nervous system hyporesponsivity among psychiatrically impaired children

AU: Author

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AF: Affiliation

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SO: Source

Child Abuse and Neglect, vol. 34, no. 7, pp. 507-515, July 2010

AB: Abstract

OBJECTIVE: Sexually or physically abused children are at risk for neurobiological dysregulation as well as for internalizing and disruptive behavior disorders. Stress-related autonomic nervous system (ANS) down-regulation has been proposed as a sequela of abuse and was investigated in the present study.**METHODS:** Child Protective Services documented incidents of abuse were recorded for children in a sample of 262 pediatric psychiatric inpatients, as well as demographic, physical, and intellectual functioning, and diagnostic and medication prescription data. Before and after a mildly stressful blood draw, noninvasive assessments of ANS activity were obtained.**RESULTS:** Controlling for all other variables in logistic regression analyses, a history of physical abuse (45% overall prevalence) was associated with poststressor ANS hyporesponsivity (i.e., heart rate deceleration).**CONCLUSIONS:** Results suggest that a history of physical (but not sexual) abuse is associated with stressor-related ANS down-regulation in psychiatrically impaired children and adolescents.**PRACTICE IMPLICATIONS:** Stressor-related autonomic hyporesponsivity secondary to physical abuse may contribute to the impairment of severely emotionally disturbed children. Differential diagnosis of psychiatrically impaired children should include identification of those who have a history of physical abuse, and their treatment should address stressor-related hyporeactivity.

Record 2 of 27

TI: Title

A meta-analysis of the effects of psychotherapy with sexually abused children and adolescents

AU: Author

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SO: Source

Clinical Psychology Review, vol. 24, no. 5, pp. 517-535, July 2010

AB: Abstract

This paper presents a meta-analysis of the psychotherapy treatment outcome studies for sexually abused children and adolescents. There were 39 studies included, most of which aimed to treat the psychological effects of childhood sexual abuse. Separate

meta-analyses were conducted according to study design and outcome domain, in keeping with meta-analytic conventions. However, given heterogeneity across studies and the need for sufficient n in each category for meaningful moderator analyses, the study designs were pooled into a repeated measures meta-analysis. There were large effect sizes for global outcomes ($g = 1.37$) and PTSD/trauma outcomes ($g = 1.12$). More moderate effect sizes were evident for internalizing symptoms ($g = 0.74$), self-appraisal ($g = 0.63$), externalizing symptoms ($g = 0.52$), and sexualized behavior ($g = 0.49$), while small effects were found for measures of coping/functioning ($g = 0.44$), caregiver outcomes ($g = 0.43$), and social skills/competence ($g = 0.38$). Effects were maintained at follow-up more than 6 months after treatment for some outcome domains but not others. Studies represented diverse treatment approaches, and most treatments were effective in symptom reduction. Presence of probable moderators of treatment outcome varied across symptom domains, reflecting importance of targeting therapy to individual needs

Record 3 of 27

TI: Title

The differential effects of forms and settings of exposure to violence on adolescents' adjustment

AU: Author

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SO: Source

Journal of Interpersonal Violence, vol. 25, no. 7, pp. 1309-1337, July 2010

AB: Abstract

This study investigated the link between exposure to violence and psychosocial adjustment for 442 Chinese secondary school students in Form 1-3. The students completed an inventory assessing exposure to violence through witnessing and through direct victimization in different settings (community, school, and home). Multiple measures and informants (i.e., self-report, teacher report, and school report) were used to assess emotional, behavioral, and cognitive functioning in adolescents. The results of this study showed that overall exposure to violence was related to emotional and behavior problems. High rates of exposure to violence across multiple contexts were found in this sample. After controlling for the co-occurrence of risk factors (e.g., exposure to violence in other settings), both witnessing school violence and being victimized by domestic violence were associated with emotional problems, whereas being victimized by community violence was related to behavior problems. These results suggest that there are differential effects of risks associated with different forms and settings of exposure.

Record 4 of 27

TI: Title

Posttraumatic stress without trauma in children

AU: Author

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SO: Source

American Journal of Psychiatry, Published online 15 June 2010

AB: Abstract

OBJECTIVE: It remains unclear to what degree children show signs of PTSD after experiencing low-magnitude stressors, or stressors milder than those required for the DSM-IV extreme stressor criterion.**METHOD:** A representative community sample of 1,420 children, ages 9, 11, and 13 at intake, was followed annually through age 16. Low-magnitude and extreme stressors as well as subsequent posttraumatic stress symptoms were assessed with the Child and Adolescent Psychiatric Assessment. Two measures of posttraumatic stress symptoms were used: having painful recall, hyperarousal, and avoidance symptoms (subclinical PTSD) and having painful recall only.**RESULTS:** During any 3-month period, low-magnitude stressors occurred 4 times as often as extreme stressors (24.0% compared with 5.9%). Extreme stressors elicited painful recall in 8.7% of participants and subclinical PTSD in 3.1%, compared with 4.2% and 0.7%, respectively, for low-magnitude stressors. Because of their higher prevalence, however, low-magnitude stressors accounted for two-thirds of cases of painful recall and half of cases of subclinical PTSD. Moreover, exposure to low-magnitude stressors predicted symptoms even among youths with no prior lifetime exposure to an extreme stressor.**CONCLUSIONS:** Relative to low-magnitude stressors, extreme stressors place children at greater risk for posttraumatic stress symptoms. Nevertheless, a sizable proportion of children manifesting posttraumatic stress symptoms experienced only a low-magnitude stressor.

Record 5 of 27

TI: Title

Factor structure of the Youth Coping in Traumatic Times (YCITT) scale

AU: Author

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SO: Source

Psychiatry Research, Published online 7 June 2010

AB: Abstract

The objective of the present study is to determine if a brief measure of coping strategies administered to children and adolescents after a mass traumatic event -- Youth Coping In Traumatic Times (YCITT) -- has a factor structure similar to that of a lengthier, widely used scale, the How I Coped Under Pressure Scale (HICUPS). The YCITT was developed for the New York City-Board of Education WTC Study, conducted 6 months after 9/11. Confirmatory Factor Analyses (CFA) and Exploratory Factor Analysis (EFA) were performed in two randomly selected sub-samples of youth in grades 6-12 (sub-sample 1, n = 2,249; sub-sample 2, n =

2,315). In sub-sample 1, CFA indicated acceptable fit of a 4-factor solution based on the HICUPS (distraction, active coping, support seeking and avoidance) and EFA yielded a nearly identical solution. In sub-sample 2, CFA indicated that the fit of the HICUPS-based factor solution and the solution derived from the EFA in sub-sample 1 were very similar, with both indicating acceptable model fit. In conclusion, the brief YCITT has a factor structure, which is similar to that of the HICUPS. When used in large-scale assessments of future mass traumatic events, the measure can provide relevant information about youth coping strategies across 4 key coping domains.

Record 6 of 27

TI: Title

Validation of a mental health assessment in an African conflict population

AU: Author

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SO: Source

Psychological Assessment, vol. 22, no. 2, pp. 318-324, June 2010

AB: Abstract

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

Record 7 of 27

TI: Title

Associations between nonverbal behaviors and subsequent sexual attitudes and behaviors of sexually abused and comparison girls

AU: Author

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SO: Source

Child Maltreatment, vol. 15, no. 2, pp. 180-189, May 2010

AB: Abstract

This prospective, longitudinal study examined a sample of sexually abused and comparison girls to determine (a) whether there were patterns of behavior that differed between the groups and (b) whether nonverbal behaviors assessed at the initial visit ($n = 147$; $M = 11.11$ years; $SD = 3.02$) might predict sexual attitudes and behaviors at a later point in development ($n = 144$; $M = 18.52$ years; $SD = 3.52$). At the initial assessment, nonverbal behaviors during an interaction with an unknown male interviewer were factor analyzed revealing 3 factors: wary (e.g., pouting), affiliative (e.g., chin resting on hand), and coy (e.g., tongue show). Abused girls scored higher on the coy factor that was related to earlier age at first voluntary intercourse later in development (approximately 7 years later). High scores on the affiliative factor were related to higher sexual permissiveness and less negative attitudes toward sex. Results indicate that sexually abused girls showed early maladaptive patterns in interpersonal interactions, which were subsequently related to risky sexual attitudes and behaviors.

Record 8 of 27

TI: Title

Does physical abuse in early childhood predict substance use in adolescence and early adulthood?

AU: Author

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SO: Source

Child Maltreatment, vol. 15, no. 2, pp. 190-194, May 2010

AB: Abstract

Prospective longitudinal data from 585 families were used to examine parents' reports of child physical abuse in the first 5 years of life as a predictor of substance use at ages 12, 16, and 24. Path analyses revealed that physical abuse in the first 5 years of life predicted subsequent substance use for females but not males. We found a direct effect of early physical abuse on girls' substance use at age 12 and indirect effects on substance use at age 16 and age 24 through substance use at age 12. For boys, age 12 substance use predicted age 16 substance use, and age 16 substance use predicted age 24 substance use, but physical abuse in the first 5 years of life was unrelated to subsequent substance use. These findings suggest that for females, a mechanism of influence of early physical abuse on substance use into early adulthood appears to be through precocious initiation of substance use in early adolescence.

Record 9 of 27

TI: Title

Predictors of trauma-related symptoms among runaway adolescents

AU: Author

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AF: Affiliation

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SO: Source

Journal of Loss and Trauma, vol. 15, no. 3, pp. 212-227, May-June 2010

AB: Abstract

Little is known about trauma-related symptoms among runaway adolescents. Precocious departure from familial homes often exposes youth to traumatic victimization. This study examined the extent to which runaway adolescents present trauma symptomatology and assessed factors that predict trauma symptoms. Participants (N = 350) were 12-18 years of age and currently domiciled in youth emergency shelters. Results showed that trauma symptoms were not significantly greater than found among other youth norms. Multiple regression models indicated that being male, experiencing depression, sexual concerns, and problems in family functioning significantly predicted trauma-related symptoms of anxiety, posttraumatic stress, and dissociation. However, lack of peer support, depression, and substance abuse predicted the trauma-related symptom of anger. Findings suggest that effective services target the entire family unit and develop greater cohesion and support within the family.

Record 10 of 27

TI: Title

The relations between bullying exposures in middle childhood, anxiety, and adrenocortical activity

AU: Author

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SO: Source

Journal of School Violence, vol. 9, no. 2, pp. 194-211, April-June 2010

AB: Abstract

This exploratory study investigated how exposure to bullying at school in middle childhood is associated with student anxiety levels and adrenocortical activity at a time preceding lunch when anxiety about potential bullying would potentially be higher. 91 sixth-grade students (55 female and 36 male) reported being exposed one or more times to repetitive peer abuse as victims and/or bystanders, and the Multidimensional Anxiety Scale for Children (MASC) provided a measure of general anxiety levels. Students' degree of exposure to bullying and their anxiety levels were compared to salivary cortisol indicating a stress reaction of the body via hypothalamic-pituitary-adrenal (HPA) activity. Analysis confirmed the hypothesis that bullying exposure had

an influence on levels of cortisol, but only through its relationship with general anxiety. The amount of combined bullying exposure from victimization and bystanding was related to lower cortisol levels at a time when the potential for bullying was about to increase.

Record 11 of 27

TI: Title

Emotional victimization and sexual risk-taking behaviors among adolescent African American women

AU: Author

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AF: Affiliation

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SO: Source

Journal of Child and Adolescent Trauma, vol. 3, no. 2, pp. 79-94, April-June 2010

AB: Abstract

Previous research has demonstrated that a history of gender-based victimization is associated with higher rates of sexual risk-taking behaviors among adolescents. Victimization can occur in various forms. To date, no published studies have examined the relationship between the different forms of victimization and sexual risk-taking behaviors among African American adolescent women. This study explored the association between different forms of victimization and sexual risk behaviors using baseline data from participants (N = 715) with a mean age of 17.9 (SD = 1.7), who were enrolled in a larger intervention study. The results revealed that a history of any form of victimization was associated with some form of sexual risk behaviors.

Record 12 of 27

TI: Title

The role of social support for Israeli adolescents continually exposed to terrorism: protective or compensatory factors?

AU: Author

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SO: Source

Journal of Child and Adolescent Trauma, vol. 3, no. 2, pp. 95-108, April-June 2010

AB: Abstract

This study investigated the role that social support plays in posttraumatic stress (PTS) and depressive symptoms among Israeli adolescents with high or low exposure to terrorist acts. Participants were 585 Jewish students (221 girls and 364 boys) in grades 7 to 12 from areas extensively versus slightly exposed to terrorist attacks. Results found that PTS levels and depressive symptoms were higher among adolescents residing in areas highly exposed to terrorism. Adolescents in high exposure areas reported lower perceived levels of support than adolescents in low exposure areas when gender, age, and religiosity were controlled. Social support was found to be a significant predictor for PTS and depressive symptoms, but no evidence for a buffering role of social support was obtained. We conclude that

social support has a positive effect on a person's mental health regardless of the type and level of the stressor the individual is exposed to.

Record 13 of 27

TI: Title

Psychological maltreatment and adolescents' suicidal behavior: a nationwide sample of 1,055 children at risk

AU: Author

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AF: Affiliation

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SO: Source

Journal of Child and Adolescent Trauma, vol. 3, no. 2, pp. 109-124, April-June 2010

AB: Abstract

The purpose of this article is to shed light on the questions: Do children who are exposed to psychological maltreatment have an increased risk for suicide attempts or contemplation? Will children's suicidal behavior diminish when psychological maltreatment is reduced? Suicidal behavior as well as child abuse and neglect were analyzed on the basis of standardized questionnaires addressed to caseworkers assigned to these cases (N = 1,055). Half of the children were exposed to abuse and neglect. More than one third of the children were exposed to psychological maltreatment. Children exposed to psychological maltreatment showed higher rates of suicidal tendencies compared to those children who were not exposed to psychological maltreatment.

Record 14 of 27

TI: Title

Effectiveness of MASTR/EMDR therapy for traumatized adolescents

AU: Author

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AF: Affiliation

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SO: Source

Journal of Child and Adolescent Trauma, vol. 3, no. 2, pp. 125-142, April-June 2010

AB: Abstract

This study examined MASTR/EMDR, a trauma-focused treatment for traumatized youth taken in charge by youth protective services. Participants were 40 adolescents who were exhibiting conduct problems and internalizing and externalizing behaviors and who had been exposed to maltreatment. Participants were randomly assigned to MASTR/EMDR treatment or to a routine care condition. Self-report questionnaires and semistructured interviews were administered to participants and one of their parents/caregivers at three points in time: pretreatment, post treatment (12 weeks), and follow-up (12 weeks). Repeated measures analyses of covariance showed that participants in the experimental group had significant improvements in their trauma symptoms and behavioral problems compared with the control group at the posttreatment evaluation. These effects were maintained at a 3-month follow-up. Results support the effectiveness of MASTR/EMDR.

Record 15 of 27

TI: Title

Effects of a psychoeducational group intervention for children victims of sexual abuse

AU: Author

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SO: Source

Journal of Child and Adolescent Trauma, vol. 3, no. 2, pp. 143-160, April-June 2010

AB: Abstract

This study evaluated the effects of a group intervention for child (6-12 years old) victims of sexual abuse. A sample of 51 children involved in a group psychoeducational intervention offered by a community center were contrasted to a sample of 39 children from a comparison group. Participants in the group intervention reported fewer anxiety and posttraumatic symptoms and relied less on avoidance coping to deal with the sexual abuse than children in the comparison group. The intervention was associated with fewer parent-reported behavior problems. Marginal effects were highlighted for depression and dissociation. Gender of the child, age group, and the type of abuse were not linked to outcomes. Children dropping out of treatment were perceived by parents as presenting higher behavioral problems at initial evaluation and were more likely to live in foster families.

Record 16 of 27

TI: Title

Anxious solitude and clinical disorder in middle childhood: bridging developmental and clinical approaches to childhood social anxiety

AU: Author

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AF: Affiliation

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SO: Source

Journal of Abnormal Child Psychology, vol. 38, no. 1, pp. 1-17, January 2010

AB: Abstract

It was hypothesized that children identified by their peers at school as anxious solitary would report more symptoms of social anxiety disorder on a self report questionnaire and, on the basis of child and parent clinical interviews, receive more diagnoses of social anxiety disorder and additional anxiety and mood disorders. Participants were 192 children drawn from a community sample of 688 children attending public elementary schools. Half of these children were selected because they were identified as anxious solitary by peers and the other half were demographically-matched controls. 192 children provided self reports of social anxiety disorder symptoms on a questionnaire, and 76 of these children and their parent participated in clinical interviews. Results indicate that children identified by their peers as anxious solitary in the fall of 4th grade, compared to control children, were significantly more likely to receive diagnoses of social anxiety disorder, specific phobia, and selective mutism based on parent clinical interviews. Additionally, there was a tendency for these children to be diagnosed with generalized anxiety

disorder and PTSD based on parent clinical interviews. Furthermore, children who had been identified as anxious solitary at any time in the 3rd or 4th grades were more likely than control children to report symptoms of social anxiety disorder that fell in the clinical range and to receive diagnoses of social anxiety disorder and dysthymia (both trends) and major depression (a significant effect) according to parental clinical interview.

Record 17 of 27

TI: Title

Assessing resilience in preschool children exposed to intimate partner violence

AU: Author

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AF: Affiliation

Department of Psychology, University of Michigan, Ann Arbor MI, USA

SO: Source

Violence and Victims, vol. 25, no. 2, pp. 150-164, 2010

AB: Abstract

This study examined why some preschool-age children exposed to intimate partner violence (IPV) showed deleterious outcomes and others appeared more resilient. Resilience, conceptualized as strengths in emotion regulation and prosocial skills, was evaluated using the Social Competence Scale developed by the Conduct Problem Prevention Research Group. The sample consisted of 56 mothers and their 4- to 6-year-old children exposed to IPV within the past 2 years. After controlling for relevant demographic factors, hierarchical regression analyses indicated that better parenting performance, fewer maternal mental health problems, and less severe violence exposure predicted better emotion regulation and prosocial skill scores, which in turn were negatively correlated with maladaptive child behaviors. These findings can be used to inform and enhance clinical services for children exposed to IPV.

Record 18 of 27

TI: Title

Children's exposure to intimate partner violence: relations between parent-child concordance and children's adjustment

AU: Author

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AF: Affiliation

University of North Carolina, Wilmington NC, USA

SO: Source

Violence and Victims, vol. 25, no. 2, pp. 185-201, 2010

AB: Abstract

The current study examined the extent to which 75 5- to 13-year-old children and their mothers agreed about whether children had been exposed to intimate partner violence (IPV) and the association between parent-child agreement and children's psychological adjustment. One type of disagreement (i.e., parents failed to report IPV exposure that children reported) was associated with children's perceptions of less positive family relationships. Parents of these children, however, reported fewer child adjustment problems than did parents who agreed with their children about children's IPV exposure. The findings suggest the importance of obtaining children's reports of their own

exposure to IPV in addition to parental reports. Moreover, parent-child concordance with respect to children's IPV exposure may be an important variable to examine in understanding variations in children's adjustment.

Record 19 of 27

TI: Title

Terrorism-related perceived stress, adolescent depression, and social support from friends

AU: Author

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AF: Affiliation

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SO: Source

Pediatrics, vol. 124, no. 2, pp. e235-e240, August 2009

AB: Abstract

BACKGROUND: Terrorism leads to adolescent depression, but little is known about protective factors. We investigated 90 adolescents (in grades 7-9) residing in Dimona, Israel, before and after their exposure to a suicide bombing.**OBJECTIVE:** To examine the prospective effect of social support from friends, parents, and school personnel on the link between bombing-related perceived stress and adolescent depression.**METHODS:** Seven months prior to the suicide bombing, adolescents completed questionnaires as part of an ongoing investigation of youth risk/resilience under stress. The focus of the present study was on the Perceived Social Support Scale. One month subsequent to the suicide bombing, participants were interviewed by telephone about their bombing-related perceived stress (a 1-item measure) and depression (the Center for Epidemiologic Studies Child Depression Scale).**RESULTS:** Bombing-related perceived stress was associated with an increase in continuous levels of depression from before to after the bombing ($\beta = .29$; $P = .006$). Prebombing social support from friends buffered against this effect ($\beta = -.29$; $P = .010$). Adolescents reporting high bombing-related perceived stress evinced an increase in depression if they reported low levels of friends' support ($\beta = .61$; $P < .001$) but not high levels of friends' support ($\beta = .00$; $P = .98$). In addition, social support from friends predicted an increase in adolescent depression over time when bombing-related perceived stress was low ($\beta = .34$; $P = .026$).**CONCLUSION:** In adolescence, social support from friends might protect against the depressogenic effect of terrorism-related perceived stress.

Record 20 of 27

TI: Title

Posttraumatic stress symptoms and trajectories in child sexual abuse victims: an analysis of sex differences using the National Survey of Child and Adolescent Well-Being

AU: Author

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AF: Affiliation

Department of Psychology, University of Pennsylvania, Philadelphia PA, USA ; Department of Society, Human Development and Health and

Department of Epidemiology, School of Public Health, Harvard University, Boston MA, USA ; Institute of Psychiatry, King's College London, London, England

SO: Source

Journal of Abnormal Child Psychology, vol. 37, no. 5, pp. 727-737, July 2009

AB: Abstract

Very few studies have prospectively examined sex differences in posttraumatic stress symptoms and symptom trajectories in youth victimized by childhood sexual abuse. This study addresses that question in a relatively large sample of children, drawn from the National Survey of Child and Adolescent Well-Being, who were between the ages of 8-16 years and who were reported to Child Protective Services for alleged sexual abuse. Sex differences were examined using t tests, logistic regression, and latent trajectory modeling. Results revealed that there were not sex differences in victims' posttraumatic stress symptoms or trajectories. Whereas caseworkers substantiated girls' abuse at higher rates than boys' abuse and rated girls significantly higher than boys on level of harm, there were not sex differences in three more objective measures of abuse severity characteristics. Overall, higher caseworker ratings of harm predicted higher initial posttraumatic stress symptom levels, and substantiation status predicted shallower decreases in trauma symptoms over time. Implications for theory and intervention are discussed.

Record 21 of 27

TI: Title

Adolescent vulnerability to PTSD and effects of community-based intervention: longitudinal study among adolescent survivors of the Ehime Maru sea accident

AU: Author

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AF: Affiliation

Department of Neuropsychiatry, School of Medicine, Kurume University, Kurume, Japan ; Hyogo Institute for Traumatic Stress, Kobe, Japan

SO: Source

Psychiatry and Clinical Neurosciences, vol. 63, no. 6, pp. 747-753, 2009

AB: Abstract

AIMS: The aim of the present study was to examine the psychological impact on adolescent survivors of a maritime disaster that resulted in the deaths of 9 people, including 4 high school students, and the effects of psychiatric intervention for the survivors.**METHODS:** Long-term multidimensional intervention consisting of psychoeducation, hospital treatment, family support, and day care, was provided for 9 adolescent survivors. To evaluate these effects, the survivors were also assessed using self-rating scales (Impact of Event Scale, General Health Questionnaire, and Self-rating Depression Scale) and psychiatric structured interviews (Clinician-Administered PTSD Scale) at 2, 8, 14, 26, and 38 months after the accident.**RESULTS:** Prevalence of PTSD among adolescent survivors was much higher than in adult survivors at the 2-month examination (78% vs 12%, respectively). Although the observed prevalence remained high until the 14-month examination, remarkable improvement occurred thereafter and none was diagnosed with PTSD at the 38-month examination.**CONCLUSION:** Adolescents may have a specific vulnerability to PTSD and

community-based intervention is effective for adolescents with serious symptoms of PTSD.

Record 22 of 27

TI: Title

The effects of Motivation-Adaptive Skills-Trauma Resolution (MASTR) - Eye Movement Desensitization and Reprocessing (EMDR) on traumatized adolescents with conduct problems [dissertation]

AU: Author

Farkas, Leechen

SO: Source

Université de Montréal (Canada), 2009. 135 pp.

AB: Abstract

OBJECTIVE: This dissertation explored the effectiveness of a treatment package, Motivation-Adaptive Skills-Trauma Resolution (MASTR) in combination with Eye Movement Desensitization and Reprocessing (EMDR). This intervention was assessed in a sample of traumatized adolescents manifesting conduct problems (CPs) admitted to youth protective services. CP adolescents have been found to be particularly treatment-resistant and the treatments used with them often neglect to target the trauma that many of these youths have faced. Therefore, it seemed promising to implement a trauma-focused treatment with these youths that accounts for their resistance to treatment. MASTR-EMDR was studied with this population due to the favorable findings in the few studies assessing its use with high-risk populations. In addition to examining the effects of this treatment with CP youth exposed to various types of trauma, a particular focus was given to victims of sexual abuse (SA). This type of trauma seemed particularly suited for EMDR due to its circumscribed nature, which may be more easily worked through in this treatment that targets one trauma at a time.**METHOD:** Participants in the first study were 40 adolescents (ages 13-17) exhibiting CPs and exposed to trauma in youth protective services. A subsample (n = 30), consisting of victims of SA, was included in the second study. Participants in both studies were randomly assigned to MASTR-EMDR treatment or to a wait list condition where they were offered routine care. Self-report questionnaires and semi-structured interviews were administered to participants and one of their parents or caregivers by independent evaluators at three points in time: pre-treatment, post-treatment (12 weeks later), and follow-up (12 weeks after post-treatment). These measures evaluated trauma history, trauma-related sequelae, CPs, social competence and internalizing problems. The MASTR-EMDR sessions were administered once a week over a 12 week period, with each session lasting a maximum of 1.5 hours.**RESULTS:** ANCOVAs and repeated measures ANCOVAs were used to assess treatment effects and the maintenance of gains at a 3-month follow-up. As predicted, MASTR-EMDR led to significant gains in outcome measures compared to routine treatment with both samples. In addition, gains were maintained at follow-up.**CONCLUSIONS:** This dissertation supports the use of MASTR-EMDR in populations exposed to general trauma and SA who exhibit CPs. This research was innovative in its implementation of a novel treatment-approach in youth protective services, where empirically-supported treatments are necessary and sometimes lacking. Therefore, the results have both clinical and scientific value and can help pave the way toward more trauma-focused treatments for CP youth, more evidence-based practices in youth protective services, as well as enrich current understanding of the

effects of this treatment approach.

Record 23 of 27

TI: Title

Medical anthropology against war

AU: Author

Inhorn, Marcia C

AF: Affiliation

Department of Anthropology and MacMillan Center for International and Area Studies, Yale University, New Haven CT, USA

SO: Source

Medical Anthropology Quarterly, vol. 22, no. 4, pp. 416-424, December 2008

AB: Abstract

In her 2007 presidential address the outgoing president of the Society for Medical Anthropology shares "my ruminations over the deeply troubling, violent state of world affairs, as well as my chagrin over medical anthropology's relative apathy in the face of so much danger."

Record 24 of 27

TI: Title

Ecological salivary cortisol specimen collection -- part 1: methodological consideration of yield, error, and effects of sampling decisions in a perinatal mental health study

AU: Author

Seng, Julia Schwartz; King, Anthony P; Gabriel, Cynthia; Reed, Caroline D; Sperlich, Mickey; Dunbar, Sara; Fraker, Emily; Ronis, David L

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SO: Source

Journal of the American Psychiatric Nurses Association, vol. 14, no. 4, pp. 273-284, 2008

AB: Abstract

BACKGROUND: Current health research strives to integrate biological, psychological, and social factors consistent with ecological models. Home-based biomarker specimens are consistent with an ecological approach, but deviations from laboratory norms could affect validity of results.**OBJECTIVE:** This article uses salivary cortisol specimens collected early in a perinatal mental health study to describe (a) return rate and returner characteristics, (b) adherence to procedures, (c) sources of laboratory error, (d) effects of deleting specimens with "nuisance" factors, and (e) effects that selection bias could have on cortisol concentration distribution.**STUDY DESIGN:** This includes methodological analysis of collection, assay, and preanalysis decision components.**RESULTS:** Rates of return do not differ by participants' sociodemographic, perinatal, or psychiatric characteristics. Excluding smokers affects representativeness. Selection bias in favor of more or less disadvantaged participants affects cortisol distribution.**CONCLUSIONS:** The large yield of useable specimens permits multivariate modeling of cortisol level in association with health outcomes, potentially enhancing ecological validity.

Record 25 of 27

TI: Title

Suicidality, psychopathology, and gender in incarcerated adolescents in Austria

AU: Author

Plattner, Belinda; The, Steve S L; Kraemer, Helena C; Williams, Ryan P; Bauer, Susanne M; Kindler, Jochen; Feucht, Martha; Friedrich, Max H; Steiner, Hans

AF: Affiliation

Department of Child and Adolescent Neuropsychiatry, Department of General Psychiatry, and Department of Pediatrics, Medical University of Vienna, Vienna, Austria ; Department of Psychiatry and Behavioral Sciences, School of Medicine, Stanford University, Stanford CA, USA ; Department of Psychiatry, Free University Medical Center, Amsterdam, The Netherlands

SO: Source

Journal of Clinical Psychiatry, vol. 68, no. 10, pp. 1593-1600, October 2007

AB: Abstract

OBJECTIVE: Delinquent juveniles are at extreme risk for suicide with death rates 4 times higher than in the general population. Whereas psychopathologic risk factors for suicidal behavior in nonforensic adolescent populations are well defined, psychopathologies associated with suicidality in delinquent juveniles are not yet clear. The objective of this study was to determine gender-specific psychopathologic profiles associated with suicidality in detained juveniles.**METHOD:** The Massachusetts Youth Screening Instrument - Second Version, the Youth Self-Report, and the Mini-International Neuropsychiatric Interview for children and adolescents were used to investigate juveniles in an Austrian pretrial detention facility. The study sample consisted of all juveniles entering the system between March 2003 and January 2005. Of the 370 eligible participants, 319 completed the study (53 girls and 266 boys; age range, 14 to 21 years; mean = 16.67, SD = 1.45 years).**RESULTS:** We found significantly higher prevalence rates of both current ($p < .01$) and lifetime ($p < .001$) suicidality in girls than in boys. Suicidal boys exhibited more psychopathology and a wider range of psychopathology compared to nonsuicidal boys. For suicidal girls, psychopathologies appeared more circumscribed (all relevant p values $< .04$). Using signal detection methods, major depressive disorder, attention-deficit/hyperactivity disorder, and social phobia identified boys at highest risk of suicidality, while a diagnosis of PTSD identified girls at highest risk.**CONCLUSIONS:** Suicidality levels are high in delinquent adolescents, especially in girls. Psychopathologic risk factors seem to be gender specific in this population. Not only depression, but also psychopathologies that usually do not arouse strong suspicion for an association with suicidal behavior, i.e., social phobia and ADHD in boys and PTSD in girls, might increase suicide risk. Further research in other countries is needed to replicate our results with respect to sociocultural influences.

Record 26 of 27

TI: Title

Psychiatric symptoms and service utilization among refugee children referred to a child psychiatry department: a retrospective comparative case note study

AU: Author

Vaage, Aina Basilier; Garløv, Ida; Hauff, Edvard; Thomsen, Per Hove
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SO: Source

Transcultural Psychiatr, vol. 44, no. 3, pp. 440-458, September 2007

AB: Abstract

Refugee children may encounter barriers to accessing mental health services. We conducted a case-control study based on a systematic review of clinic records to compare psychopathology and service utilization in refugee and Norwegian children referred to a child psychiatry department in a county in southern Norway. 61 refugee children were compared with 61 Norwegian-born children matched for gender, age, and time of referral to the clinic. There was no significant difference in rates of referral or level of service utilization, which were proportional to the population. Compared with Norwegian children, refugee children were diagnosed more frequently with PTSD and other affective and emotional disorders, and less often with pervasive developmental disorders and attention deficit hyperactivity disorder. The results are discussed in terms of referral pathways and the need for culturally competent care for refugee children.

Record 27 of 27

TI: Title

Mental health experts work to help youth recover from war's psychic toll

AU: Author

Lamberg, Lynne

SO: Source

Journal of the American Medical Association, vol. 298, no. 5, pp. 501-503, August 1, 2007

AB: Abstract

Describes presentations on the impact of war and terrorism on children and families at the 2007 annual meeting of the American Psychiatric Association.