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

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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 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.

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Child Behavior Checklist Juvenile Bipolar Disorder (CBCL-JBD) and CBCL Posttraumatic Stress Problems (CBCL-PTSP) scales are measures of a single dysregulatory syndrome.

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Background: The Child Behavior Checklist Juvenile Bipolar Disorder (CBCL-JBD) profile and Posttraumatic Stress Problems (CBCL-PTSP) scale have been used to assess juvenile bipolar disorder (JBD) and posttraumatic stress disorder (PTSD), respectively. However, their validity is questionable according to previous research. Both measures are associated with severe psychopathology often encompassing multiple DSM-IV diagnoses. Further, children who score highly on one of these scales often have elevated scores on the other, independent of PTSD or JBD diagnoses. We hypothesized that the two scales may be indicators of a single
syndrome related to dysregulated mood, attention, and behavior. We aimed to
describe and identify the overlap between the CBCL-JBD profile and CBCL-PTSP
scales. Method: Two thousand and twenty-nine (2029) children from a nationally
representative sample (1073 boys, 956 girls; mean age = 11.98; age range = 6-18)
were rated on emotional and behavior problems by their parents using the CBCL.
Comparative model testing via structural equation modeling was conducted to
determine whether the CBCL-JBD profile and CBCL-PTSP scale are best described as
measuring separate versus unitary constructs. Associations with suicidality and
competency scores were also examined. Results: The CBCL-JBD and CBCL-PTSP
demonstrated a high degree of overlap (r = .89) at the latent variable level. The
best fitting, most parsimonious model was one in which the CBCL-JBD and CBCL-PTSP
items identified a single latent construct, which was associated with higher
parental endorsement of child suicidal behavior, and lower functioning.
Conclusions: The CBCL-JBD profile and CBCL-PTSP scale overlap to a remarkable
degree, and may be best described as measures of a single syndrome. This syndrome
appears to be related to severe psychopathology, but may not conform to
traditional DSM-IV classification. These results contribute to the ongoing debate
about the utility of the CBCL-JBD and CBCL-PTSP profiles, and offer promising
methods of empirically based measurement of disordered self-regulation in youth.

PMID: 19486226 [PubMed - as supplied by publisher]

Posttraumatic stress symptoms in children after Hurricane Katrina: Predicting the
need for mental health services.

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The purpose of this study was to examine factors related to the development of
posttraumatic stress symptoms in children and adolescents after Hurricane
Katrina. It was hypothesized that a positive correlation would exist between
trauma exposure variables and symptoms indicating need for mental health services
experienced 2 years after Hurricane Katrina. Specifically, the authors
hypothesized that experiences associated with natural disaster including personal
loss, separation from family and/or community, and lack of community support as
well as previous loss or trauma would be related to increased symptomatology in
both children and adolescents. This study included 7,258 children and adolescents
from heavily affected Louisiana parishes. Measures included the Hurricane
Assessment and Referral Tool for Children and Adolescents developed by the
National Child Traumatic Stress Network (NCTSN, 2005). Results were generally
supportive of our hypotheses, and specific exposure and demographic variables
were found to be strongly related to posttraumatic stress symptoms in children
and adolescents. (PsycINFO Database Record (c) 2009 APA, all rights reserved).

PMID: 19485638 [PubMed - in process]

Posttraumatic stress disorder in parents of children with chronic illnesses: A
meta-analysis.

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Objective: To estimate PTSD prevalence in parents of children with chronic
illnesses or undergoing invasive procedures, and its association with higher risk
of PTSD among parents. Methods: Sixteen studies reporting prevalence of PTSD in parents of children with chronic illnesses were identified through a systematic review in Pubmed, Web of Science, Pilots and PsycINFO databases. Main Outcome Measures: Pooled current PTSD prevalence was calculated for parents from these studies. Pooled PTSD prevalence ratios were obtained by comparing parents of children with chronic diseases with parents of healthy children. Meta-regression was used to identify variables that could account for the lack of homogeneity.

Results: Pooled PTSD prevalence was 19.6% in mothers, 11.6% in fathers, and 22.8% in parents in general (p < .001). Pooled prevalence ratio for the four studies reporting on mothers and comparison healthy groups was 4.2 (p < .001).

Conclusions: The high prevalence of PTSD found in this population highlights the importance of promptly assessing and treating post-traumatic symptoms in parents of children with chronic diseases as a key step to prevent the negative consequences of PTSD and preserve their competency as caregivers. (PsycINFO Database Record (c) 2009 APA, all rights reserved).

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Prevalence of posttraumatic stress symptoms after childbirth: does ethnicity have an impact?

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The purpose of this descriptive, correlational study was to examine the prevalence of posttraumatic stress symptoms in mothers during the first 6 months after giving birth, as well as to investigate whether ethnicity has an impact on the occurrence of such symptoms. Twenty-two women completed the Perinatal Posttraumatic Stress Disorder (PTSD) Questionnaire at a community health center. Data analysis included descriptive statistics, correlations, and independent sample t-tests. Higher total Perinatal PTSD Questionnaire scores were related to higher numbers of both perinatal and postpartum complications. In addition, Hispanic women were found to be less likely to experience avoidance than Caucasian women. Although more research is needed, findings from this study demonstrate a preliminary relationship between the two variables, ethnicity and avoidance.

PMID: 19436418 [PubMed - in process]


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Children and adolescents experience high rates of potentially traumatic experiences. Many children subsequently develop mental health problems, including post-traumatic stress disorder (PTSD) symptoms. Accurately diagnosing PTSD in children is challenging. This paper reviews the following important issues: (i) the specificity of the PTSD diagnosis; (ii) children who are symptomatic and impaired but do not have enough symptoms for the diagnosis of PTSD; (iii) developmental considerations for preschool and school-age children; and (iv) a variety of assessment challenges that reflect the difficulty and complexity of interviewing children and caregivers about these symptoms. Despite these
challenges, PTSD remains the best construct for clinical and research work with trauma survivors. Pediatric PTSD criteria are valuable for identifying children at risk and in need of treatment, and can be even more helpful when developmentally modified in ways that are discussed.

PMID: 19432391 [PubMed - in process]

Posttraumatic stress disorder in women--experiences form the Psychiatric Clinic, University Hospital Center Zagreb, Croatia.

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Posttraumatic stress disorder (PTSD) is an anxiety disorder that develops after a severe traumatic event or experience. Lifetime prevalence rate in the European population is 1.9 % and it is higher for women (2.9%) then for men (0.9 %). The aim of this study was to examine rates and sociodemographic and clinical characteristics of women with PTSD who were hospitalized at the Psychiatric clinic of University Hospital Center in Croatia over the years 1990-2007. Data were gathered retrospectively from the medical charts. We found that 67 women were diagnosed with PTSD which is 0.58% of all admissions over these years. Majority suffered from comorbid depression (N = 51) and various somatic conditions, especially malignant gynecological tumors (N = 23). No significant differences were found in distribution of PTSD symptoms in relation to the combat vs. civilian trauma. We found that patients with combat trauma often suffer from comorbid depression, while those with civilian traumas more often reported somatic conditions, especially malignant gynecological tumors. Our institution is a specialty clinic at a tertiary care medical center which tends to accumulate patients with serious forms of the disorder, and therefore our results can not be generalized to other settings involved in working with women with PTSD. Our results indicate that psychiatrists' assessment of female patients should inevitably include lifetime traumatic experiences, and among those with PTSD, special attention should be paid to comorbid depression and malignant tumors.

PMID: 19408636 [PubMed - indexed for MEDLINE]

Psychosocial predictors of resilience after the September 11, 2001 terrorist attacks.

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The terrorist attacks of September 11, 2001 inflicted distress beyond those directly exposed, thereby providing an opportunity to examine the contributions of a range of factors (cognitive, emotional, social support, coping) to psychological resilience for those indirectly exposed. In an Internet convenience sample of 1281, indices of resilience (higher well-being, lower distress) at baseline (2.5-12 weeks post-attack) were each associated with less emotional suppression, denial and self-blame, and fewer negative worldview changes. After controlling for initial outcomes, baseline negative worldview changes and aspects of social support and coping all remained significant predictors of 6-month
outcomes, with worldview changes bearing the strongest relationship to each. These findings highlight the role of emotional, coping, social support, and particularly, cognitive variables in adjustment after terrorism.

PMID: 19363383 [PubMed - indexed for MEDLINE]

Trauma and posttraumatic stress disorder in South African adolescents: a case-control study of cognitive deficits.

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Despite the prominence of neuropsychological deficits in memory, attention and learning in adults exposed to trauma and those who develop posttraumatic stress disorder (PTSD), few studies have explored these cognitive deficits in adolescents. This study aimed to assess the impact of PTSD on various neurocognitive functions in South African adolescents. In a case-control study, 40 traumatized adolescents (20 with PTSD and 20 without) were evaluated for the presence of PTSD and were then referred for neuropsychological evaluation using a standardized neuropsychological test battery. The presence of PTSD itself, rather than trauma exposure, was associated with cognitive deficiencies in attention, visual memory and nonverbal concept formation. This study highlights the impact of PTSD itself and particularly current symptoms on the cognitive development of adolescents. As this effect appears to be stronger than the impact of trauma alone, more studies on the long-term consequences of PTSD on youth cognitive development are crucial.

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OBJECTIVES: This study examines whether deployment location and the duration of deployment affects the likelihood of being screened positive for PTSD. METHODS: Retrospective study of all sailors returning from an overseas deployment between 2002 and 2006 who have completed the Post-Deployment Health Assessment survey. The primary outcome is whether the sailor is screened positive for PTSD. Multivariate analysis is conducted using probit models. RESULTS: Deployment to Iraq and Afghanistan increases the probability of screening positive for PTSD by 6.3 and 1.6 percentage points compared to those who were deployed on ships. This probability is increased by 2.2 percentage points for those deployed longer than 180 days. The negative effect of longer deployments is exacerbated if the deployment is to Iraq or Afghanistan. CONCLUSIONS: Our results highlight the importance of providing adequate mental health care resources for those returning from hostile deployments and raise concerns about combat effectiveness of long deployments.

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The threat simulation theory in light of recent empirical evidence: a review.

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The recently proposed threat simulation theory (TST) states that dreaming about threatening events has a biological function. In the past few years, the TST has led to several dream content analysis studies that empirically test the theory. The predictions of the TST have been investigated mainly with a new content analysis system, the Dream Threat Scale (DTS), a method developed for identifying and classifying threatening events in dreams. In this article we review the studies that have tested the TST with the DTS. We summarize and reevaluate the results based on the dreams of Finnish and Swedish university students, traumatized and nontraumatized Kurdish, Palestinian, and Finnish children, and special dream samples, namely recurrent dreams and nightmares collected from Canadian participants. We sum up other recent research that has relevance for the TST and discuss the extent to which empirical evidence supports or conflicts with the TST. New evidence and new direct tests of the predictions of the TST yield strong support for the theory, and the TST's strengths seem to outweigh its weaknesses.

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Long-term effects of interparental violence and child physical maltreatment experiences on PTSD and behavior problems: a national survey of Taiwanese college students.

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OBJECTIVES: This study investigated the joint long-term impact of witnessing interparental violence and experiencing child physical maltreatment on young adults' trauma symptoms and behavior problems. It also explored Chinese traditional beliefs as a possible contributor to young adults' trauma and behavior. METHODS: This study used self-reporting measures to collect data from a national proportionate stratified sample of 1,924 college students in Taiwan. The sample was divided into four groups: no violence; interparental violence only; child physical maltreatment only and dual violence, to compare the combined effect of dual violence on long-term outcome with the no violence group and the one type of violence group. RESULTS: The results indicated a significant association of interparental violence and child physical maltreatment, and 11.3% of participants reported witnessing partner violence between parents and experiencing physical maltreatment during childhood. Participants experiencing dual violence reported more trauma symptoms and behavior problems than did those experiencing only one form of violence or none at all. Exposure to both interparental violence and child physical maltreatment during childhood is a significant predictor of young adults' trauma symptoms and behavior problems, after controlling for other potentially confounding risk factors. Cultural factors also play a significant role in predicting young adults' trauma symptoms and internalizing behavior problems, after accounting for control variables and violence-related variables. Moreover, cultural factors interact significantly with dual violence experiences in predicting young adults' externalizing behavior problems. CONCLUSIONS: This study extended Western co-occurrence study findings
with large Taiwanese community samples. The results demonstrated that dual violence experiences during childhood have long-term detrimental impact on young adults' trauma symptoms and behavior problems. Cultural beliefs and their interaction with dual violence experiences play a significant role in young adults' trauma symptoms and behavior problems as well. PRACTICE IMPLICATIONS: The present findings underscore the need for interventions for young adults exposed to childhood dual violence. Moreover, the findings highlight the need for culturally sensitive interventions to address the cultural factor impact on young adults' trauma symptoms and behavior problems.

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Pepper H, Agius M.
PMID: 19270627 [PubMed - indexed for MEDLINE]

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OBJECTIVE: Anxiety disorders such as posttraumatic stress disorder (PTSD) and substance use disorders (SUD) are increasingly recognized as comorbid disorders in children with bipolar disorder (BPD). This study explores the relationship between BPD, PTSD, and SUD in a cohort of BPD and non-BPD adolescents. METHODS: We studied 105 adolescents with BPD and 98 non-mood-disordered adolescent controls. Psychiatric assessments were made using the Kiddie Schedule for Affective Disorders and Schizophrenia-Epidemiologic Version (KSADS-E), or Structured Clinical Interview for DSM-IV (SCID) if 18 years or older. SUD was assessed by KSADS Substance Use module for subjects under 18 years, or SCID module for SUD if age 18 or older. RESULTS: Nine (8%) BPD subjects endorsed PTSD and nine (8%) BPD subjects endorsed subthreshold PTSD compared to one (1%) control subject endorsing full PTSD and two (2%) controls endorsing subthreshold PTSD. Within BPD subjects endorsing PTSD, seven (39%) met criteria for SUD. Significantly more SUD was reported with full PTSD than with subthreshold PTSD (chi(2) = 5.58, p = 0.02) or no PTSD (chi(2) = 6.45, p = 0.01). Within SUD, the order of onset was BPD, PTSD, and SUD in three cases, while in two cases the order was PTSD, BPD, SUD. The remaining two cases experienced coincident onset of BPD and SUD, which then led to trauma, after which they developed PTSD and worsening SUD. CONCLUSION: An increased rate of PTSD was found in adolescents with BPD. Subjects with both PTSD and BPD developed significantly more subsequent SUD, with BPD, PTSD, then SUD being the most common order of onset. Follow-up studies need to be conducted to elucidate the course and causal relationship of BPD, PTSD and SUD.

PMID: 19267702 [PubMed - indexed for MEDLINE]

OBJECTIVE: This study investigated the prevalence of posttraumatic stress among survivors of serious injury-producing car crashes. METHODS: This population-based prospective cohort study, conducted in New Zealand, recruited hospitalized car occupants (passengers and drivers) as well as nonhospitalized drivers after a crash in which at least one occupant was hospitalized. Fifty-nine hospitalized passengers (62%) and 209 drivers (72%) completed five- and 18-month interviews. The Impact of Event Scale assessed symptoms of posttraumatic stress. RESULTS: At five months 28% of hospitalized passengers, 24% of hospitalized drivers, and 24% of nonhospitalized drivers reported symptoms consistent with posttraumatic stress disorder. At 18 months, 23% of hospitalized passengers, 11% of hospitalized drivers, and 7% of nonhospitalized drivers reported significant levels of stress. CONCLUSIONS: Strategies to prevent disabling sequelae of crashes must address the needs of hospitalized and nonhospitalized survivors.
BACKGROUND: Internationally, a high number of refugees are in need of help as a consequence of post-traumatic stress or acculturation problems. AIMS: The present study investigated the gender-specific requirements for such interventions taking clinical symptoms as well as coping strategies into account. METHODS: Five psychometric instruments assessing anxiety, depression, posttraumatic stress, somatic symptoms, and social adaptation were administered and semi-structured interviews with n = 150 asylum seekers and refugees from Chechnya, Afghanistan, and West Africa were conducted. RESULTS: On the level of total test scores, women reported significantly more somatic symptoms than men but there were no further gender differences. On the item level of the questionnaires as well as with respect to the categories obtained from the interview data, marked gender differences were found. Women, as compared to men, reported more somatic symptoms, emotional outbursts, and loss of sexual interest, while men reported detachment. For women, typical coping strategies were concentrating on their children and various indoor activities, while men preferred looking for work and socializing. CONCLUSION: Social psychiatric interventions should take gender-specific symptoms and coping strategies into account. For asylum seekers and refugees, same gender client-therapist dyads and groups are highly recommended.

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Terrorism, post-traumatic stress, coping strategies, and spiritual outcomes.

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This mail survey measured post-traumatic stress symptoms, spiritual and non-spiritual coping strategies, and positive spiritual outcomes following the tragedies of 9/11/01 in a national, random sample of 1,056 Presbyterians. Respondents reported mild to moderate degrees of re-experiencing and hyper-arousal symptoms of post-traumatic stress, unrelated to location or knowing someone involved. People experiencing high stress used greater frequency and variety of both spiritual and non-spiritual types of coping strategies. Positive spiritual outcomes were remarkably related to positive spiritual coping strategies, in contrast to no association with negative coping. This study illustrates the significant degree of post-traumatic stress experienced with vicarious exposure and a wide spectrum of coping strategies used following the major terrorist attacks.

PMID: 19229625 [PubMed - indexed for MEDLINE]

Association of childhood trauma exposure and GABRA2 polymorphisms with risk of posttraumatic stress disorder in adults.


PMID: 19229201 [PubMed - indexed for MEDLINE]

Treating traumatized children after Hurricane Katrina: Project Fleur-de lis.
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Project Fleur-de-Lis (PFDL) was established to provide a tiered approach to triage and treat children experiencing trauma symptoms after Hurricane Katrina. PFDL provides school screening in schools in New Orleans and three tiers of evidence-based treatment (EBT) to disaster-exposed children utilizing a public health approach to meet the various needs of students referred to the program, some stemming from the disaster itself, some related to prior exposure to violence, and some relating to preexisting conditions and educational delays. The National Institute of Mental Health (NIMH) is funding a research project conducted in collaboration with PFDL, to examine two evidence-based practices for child PTSD in order to guide child treatment decisions after future disaster situations. This article describes the need for mental health services for children following disaster, the structure and purpose of PFDL, design of the NIMH project, two case descriptions of children treated within the project, and preliminary lessons learned.

PMID: 19224365 [PubMed - indexed for MEDLINE]

Risk factors in pregnancy for post-traumatic stress and depression after childbirth.

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OBJECTIVE: The objective of this study was to find risk factors in pregnancy for post-traumatic stress and depression 1 month after childbirth. Furthermore, the relation between post-traumatic stress and depression was explored. DESIGN: A prospective longitudinal study. SETTING: Pregnant women in Linköping and Kalmar, Sweden. POPULATION: A total of 1224 women were assessed in pregnancy, week 12-20 and 32, as well as 1 month postpartum. METHODS: Post-traumatic stress and depression after delivery were assessed 1 month postpartum. Potential risk factors were assessed in early and late pregnancy. Variables measured during pregnancy were trait anxiety, depression, fear of childbirth, childbirth-related traumatic stress, stress coping capacity, social support, parity, educational level, age, gestation week, parity, educational level, civil status, previous psychological/psychiatric counselling, and previous experience of any traumatic events. Delivery mode was assessed from the medical records. MAIN OUTCOME MEASURES: Prevalence of post-traumatic stress (criteria A, B, C, D, E, and F according to DSM-IV) and depression (Beck's depression inventory). RESULTS: One month postpartum, 12 (1.3%) women had post-traumatic stress (met symptom criteria B, C, and D for post-traumatic stress disorder according to Diagnostic and statistical manual of mental disorders, 4th edition [DSM-IV]). The most important risk factors in pregnancy were depression in early pregnancy (OR=16.3), severe fear of childbirth (OR=6.2), and 'pre'-traumatic stress (in view of the forthcoming delivery) in late pregnancy (OR=12.5). The prevalence of depression was 5.6%. Post-traumatic stress and depression were positively related 1 month postpartum and were predicted by mainly the same factors. CONCLUSIONS: Risk factors for post-traumatic stress and depression after childbirth can be assessed in early pregnancy. Post-traumatic stress and depression also seem to share the same underlying vulnerability factors.
Cumulative effect of multiple trauma on symptoms of posttraumatic stress disorder, anxiety, and depression in adolescents.

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BACKGROUND: Recent literature has indicated that exposure to multiple traumatic events in adults is associated with high levels of posttraumatic stress disorder (PTSD), anxiety, and depression. Against the backdrop of stressful life events and childhood abuse and neglect, we investigated the cumulative effect of multiple trauma exposure on PTSD, anxiety, and depression in an adolescent sample. METHOD: One thousand one hundred forty 10th-grade learners from 9 Cape Town (South Africa) schools completed questionnaires on stressful life experiences; trauma exposure; and symptoms of anxiety, depression, and PTSD. Our population of interest for this study was adolescents between the ages of 14 and 18 years who had been exposed to serious, Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, qualifying traumatic events. The final sample size was thus 922. RESULTS: Rates of trauma exposure, PTSD, depression, and anxiety were high. Controlling for sex, stressful life experiences in the past year, and childhood adversity, we found an effect of cumulative trauma exposure effect on PTSD and depression, with an increase in the number of traumas linearly associated with an increase in symptoms of PTSD ($F(4,912) = 7.60, P < .001$) and depression ($F(4,912) = 2.77, P < .05$). We did not find a cumulative effect on anxiety. CONCLUSION: Our findings indicate that adolescents exposed to multiple traumas are more likely to experience more severe symptoms of PTSD and depression than those who experience a single event, with this effect independent of childhood adversity and everyday stressful life experiences. Exposure to multiple trauma, however, does not seem to be associated with more severe anxiety symptoms.

TOPIC: Dissociation is believed to be one of the most common underlying psychological processes among children and adolescents receiving mental health treatment, but most of the dissemination of information about dissociation has occurred among psychiatrists and psychologists. PURPOSE: Modes of treatment for dissociation as it affects children and adolescents are described. SOURCES USED: Current research and practice scholarly articles on treatment of children and adolescents for dissociation and dissociative symptom disorders were accessed and critically reviewed. CONCLUSIONS: Prognosis in children and adolescents can vary widely among patients and between the specific types of dissociation disorder; however, expert clinicians and researchers agree that early, intense treatment offers the greatest possibility of full recovery.
OBJECTIVE: For child protective services (CPS) youth who may have experienced more than one form of maltreatment, the unique contribution of emotional abuse may be over-looked when other forms are more salient and more clearly outside of accepted social norms for parenting. This study considers the unique predictive value of childhood emotional abuse for understanding adolescent post-traumatic stress disorder (PTSD) symptomatology and dating violence. Further, PTSD symptomatology is assessed as an explanatory bridge in the emotional abuse-teen dating violence link. METHODS: A random sample of 402 youth from the active caseload of a large urban CPS catchment area participated as part of a larger longitudinal study on adolescent health behaviors. Mid-adolescent youth across types of CPS status were targeted. CPS youth reported on lifetime maltreatment experiences, PTSD symptomatology, and past year dating experiences, using published scales. RESULTS: Over 85% of CPS youth had begun dating. For dating youth, some level of dating violence was common: over half of females (63-67%) and nearly half of males (44-49%). Taking into account other forms of maltreatment, emotional abuse emerged as a significant predictor of both PTSD symptomatology and dating violence among males and females. PTSD symptomatology was a significant mediator of the male emotional abuse-perpetration and the female emotional/physical abuse-victimization links, indicating a gendered patterning to findings. CONCLUSIONS: These results indicate that: (1) CPS youth are a high priority group for dating violence and PTSD-linked intervention; and (2) CPS youth continue to experience the unique negative impact of childhood emotional abuse in their adolescent adjustment. All CPS children should be evaluated for emotional abuse incurred, and appropriate intervention attention be given as to how it specifically impacts on the child's approach to relating to themselves and to others. PRACTICE IMPLICATIONS: The present study directs practice implications in regards to: (1) the problem of teen dating violence, (2) the salience of childhood emotional abuse; and (3) the importance of targeting PTSD symptomatology among CPS youth. A substantial number of CPS youth report early engagement in violent romantic relationships and require support towards attaining the non-coercive relationship experiences of their non-CPS-involved age mates. The topic of dating, healthy dating relationships, and dating violence may need to be part of the regular casework, with a view towards supporting youths' conceptualization of and skill set for healthy, close relationships. Further, this knowledge needs to be translated to foster parents and group home staff. With regard to the impact of childhood emotional abuse, CPS workers need to be
sensitive to its potential for long-term, unique impact impairing relationship development. Emotional abuse is (a) unique among genders (i.e., for females, it clusters with physical abuse) and (b) uniquely predictive of PTSD symptoms and dating violence. Finally, as is consistent with theory and biopsychosocial evidence, PTSD symptomatology is a key causal candidate for understanding maltreatment-related impairment. Attention to targeting PTSD symptoms may be preventative for dating violence; attention to targeting emotional abuse experiences may be preventative for PTSD symptoms. CPS youth are an important population to involve in research, as their inclusion adds to the evidence-base to achieve evidence-informed practice and policy within child welfare.

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Community violence: a meta-analysis on the effect of exposure and mental health outcomes of children and adolescents.

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Meta-analytic techniques were used to estimate the effects of exposure to community violence on mental health outcomes across 114 studies. Community violence had its strongest effects on posttraumatic stress disorder (PTSD) and externalizing problems and smallest impact on other internalizing symptoms. Victimization by community violence most predicted symptomatology compared to witnessing or hearing about community violence. Witnessing community violence had a greater effect than hearing about violence on externalizing problems, but both types of exposure had an equal impact on other internalizing problems. PTSD symptoms were equally predicted by victimization, witnessing, or hearing about community violence. Compared to children, adolescents reported a stronger relationship between externalizing behaviors and exposure, whereas children exhibited greater internalizing problems than did adolescents.

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Intimate partner violence and comorbid mental health conditions among urban male patients.

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PURPOSE: We wanted to explore the associations between intimate partner violence (IPV) and comorbid health conditions, which have received little attention in male patients. METHODS: Using a computer-based self-assessment health questionnaire, we screened sequential emergency department patients who were urban, male, and aged 18 to 55 years. We then examined associations between types of IPV disclosures, co-occurring mental health symptoms, and adverse health behaviors. RESULTS: Of 1,669 men seeking nonurgent health care, 1,122 (67.2%) consented to be screened, and 1,026 (91%) completed the screening; 712 (63%) were in a relationship in the past year. Of these men, 261 (37%) disclosed IPV: 20% (n = 144) disclosed victimization only, 6% (n = 40) disclosed perpetration only, and 11% (n= 77) disclosed bidirectional IPV (defined as both victimization and
perpetration in their relationships). Men disclosing both victimization and perpetration had the highest frequencies and levels of adverse mental health symptoms. Rates of smoking, alcohol abuse, and drug use were likewise higher in IPV-involved men. CONCLUSIONS: A cumulative risk of poor mental health and adverse health behaviors was associated with IPV disclosures. Self-disclosure by men seeking acute health care provides the potential for developing tools to assess level of risk and to guide tailored interventions and referrals based on the sex of the patient.

PMID: 19139449 [PubMed - indexed for MEDLINE]

A model linking uncertainty, post-traumatic stress, and health behaviors in childhood cancer survivors.

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PURPOSE/OBJECTIVES: To consolidate the literature and provide a model to explain the links among uncertainty, post-traumatic stress syndrome, and health behaviors in adolescent and young adult childhood cancer survivors. DATA SOURCES: A systemic review of related literature and theory was used for the proposed model. The literature pertaining to the Uncertainty in Illness Theory, childhood cancer late effects, post-traumatic stress, and health behaviors was reviewed and critiqued from three data sets from 1979-2007: MEDLINE, PsycInfo, and CINAHL. Key words used for the search were uncertainty and post-traumatic stress as well as health behaviors, including smoking, alcohol use, unsafe sex, sunscreen use, and physical inactivity. DATA SYNTHESIS: Childhood cancer survivors living with chronic uncertainty may develop a new view of life and, as a result, adopt more health-promotion behaviors and engage in less health-risk behaviors. However, survivors living with chronic uncertainty may generate symptoms similar to post-traumatic stress disorder and, therefore, adopt fewer health-promotion behaviors and engage in more health-risk behaviors. CONCLUSIONS: The uncertainty that pervades the childhood cancer experience can lead to the development of symptoms that resemble those of post-traumatic stress. The symptoms can interfere with the adoption of healthy lifestyle behaviors and avoidance of health-risk behaviors. IMPLICATIONS FOR NURSING: The theoretically derived model outlined in this article can be used to guide clinical interventions and additional research into the health behaviors of childhood cancer survivors.

PMID: 19136328 [PubMed - indexed for MEDLINE]

A predictive screening index for posttraumatic stress disorder and depression following traumatic injury.

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Posttraumatic stress disorder (PTSD) and major depressive episode (MDE) are frequent and disabling consequences of surviving severe injury. The majority of those who develop these problems are not identified or treated. The aim of this study was to develop and validate a screening instrument that identifies, during
hospitalization, adults at high risk for developing PTSD and/or MDE. Hospitalized injury patients (n = 527) completed a pool of questions that represented 13 constructs of vulnerability. They were followed up at 12 months and assessed for PTSD and MDE. The resulting database was split into 2 subsamples. A principal-axis factor analysis and then a confirmatory factor analysis were conducted on the 1st subsample, resulting in a 5-factor solution. Two questions were selected from each factor, resulting in a 10-item scale. The final model was cross-validated with the 2nd subsample. Receiver-operating characteristic curves were then created. The resulting Posttraumatic Adjustment Scale had a sensitivity of .82 and a specificity of .84 when predicting PTSD and a sensitivity of .72 and a specificity of .75 in predicting posttraumatic MDE. This 10-item screening index represents a clinically useful instrument to identify trauma survivors at risk for the later development of PTSD and/or MDE.

PMID: 19045961 [PubMed - indexed for MEDLINE]

Demographic and mental health factors associated with pathological dissociation in a Portuguese sample.

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Pathological dissociation has been extensively studied in many countries; however, little is known about it in Portugal. This research examined the role of demographic variables and mental health on dissociation in Portugal. We assessed 505 participants from 6 samples consisting of dissociative patients (n = 37), conversive patients (n = 26), somaticizing patients (n = 59), posttraumatic stress disorder patients (n = 50), other psychiatric patients (n = 174), and nonclinical subjects (n = 159). Dissociation was measured by Portuguese versions of the Dissociative Experiences Scale and Somatoform Dissociation Questionnaire; the LEAD procedure and subscales of the Brief Symptom Inventory indicated mental health. Pathological psychological dissociation was significantly more frequent in women, in the youngest of the participants, and in those with less education. Multiple logistic regression revealed that psychoticism, paranoid ideation, and depression symptoms made both men and women more vulnerable to psychological dissociation. Furthermore, psychological dissociation was more probable in men having symptoms of obsession and paranoid ideation and in women having symptoms of psychoticism and paranoid ideation. Pathological somatoform dissociation was significantly more probable in women with less education. Moreover, somatoform dissociation was more likely in women with somatization symptoms and more likely in men with symptoms of somatization and psychoticism. Even though significant associations were found, causal relations could not be established because the study was cross-sectional.

PMID: 19042784 [PubMed - indexed for MEDLINE]

Somatoform dissociation in depersonalization disorder.

Simeon D, Smith RJ, Knutelska M, Smith LM.
Along with psychoform dissociation, somatoform dissociation has been put forth as a core aspect of dissociative states, possibly as reliable as psychoform dissociation in the screening for dissociative disorders. The goal of this study was to investigate the prominence and correlates of somatoform dissociation in
one of the major Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.) dissociative disorders, depersonalization disorder (DPD). A total of 54 adults with DPD and 47 healthy control participants free of lifetime Axis I and II disorders were administered the 20-item Somatoform Dissociation Questionnaire (SDQ) as well as the Dissociative Experiences Scale, the Cambridge Depersonalization Scale, and the Childhood Trauma Questionnaire-Short Form. Somatoform dissociation scores were statistically significantly, but clinically only modestly, elevated in the DPD as compared to the healthy control group. SDQ items significantly elevated in the DPD group were mostly perceptual in nature. Depersonalization scores were significantly correlated with somatoform dissociation in the DPD group, whereas absorption and amnesia scores were not. With respect to childhood interpersonal trauma, although emotional abuse was significantly associated with depersonalization severity, none of the 5 categories of trauma were significantly associated with somatoform dissociation in the DPD group. In conclusion, somatoform dissociation is modest in DPD, and the SDQ is a weak instrument for the screening of dissociation in this disorder, detecting only one third of the sample when using the traditional SDQ cutoff score of 30.

PMID: 19042782 [PubMed - indexed for MEDLINE]


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The conceptual framework and treatment rationale of contextual therapy are described. Contextual therapy was specifically fashioned for survivors of prolonged child abuse (PCA). It is grounded in the observation that contexts beyond abuse trauma, especially restrictions in psychological development stemming from growing up in an ineffective family environment, appreciably impact the adjustment of many PCA survivors. Contextual therapy proposes that remediation of developmental gaps commonly manifested by PCA survivors is essential to equip them to (a) benefit from rather than be debilitated by trauma processing and (b) move beyond symptom reduction to the attainment of adequate social and occupational functioning.

PMID: 19042778 [PubMed - indexed for MEDLINE]


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In this study we examined reactions to 3 news events (September 11 terrorist attacks, Summer 2002 kidnappings, and Fall 2002 sniper shootings) in a national, representative sample of children aged 2 to 17. Media exposure was related to increased worry and changes in activities, with September 11 creating the most concern and shootings the least. More signs of stress were apparent among 10- to 13-year-olds, minority children and those of low socioeconomic status, children with prior adversities, and children who lived in close geographical proximity. Girls aged 10 to 17 had more reaction to the kidnappings, suggesting that other
features of target similarity may heighten a sense of risk. The results support moderating exposure for both younger and older youth.

PMID: 19042776 [PubMed - indexed for MEDLINE]

Stroop performance, dissociation, and trauma exposure in a community sample of children.

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Extending previous research with adults, the current study examined Stroop task performance under selective and divided attention demands in a community sample of school-age children (N = 97). Stroop interference scores in both attention conditions were calculated. Higher levels of child-reported dissociation were associated with better interference control under divided attention conditions and worse control under selective attention conditions; lower levels of dissociation were associated with the opposite pattern. Both family violence exposure and Stroop interaction scores explained unique variance in dissociation scores. Although research with adults has generally assumed or implied that cognitive correlates of dissociation are a consequence of dissociation, the current findings with school-age children suggest that future research should evaluate executive function performance (in this case, interference control) as a possible risk factor for dissociation.

PMID: 19042775 [PubMed - indexed for MEDLINE]


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Although the association between posttraumatic stress symptoms and asthma severity among children has been hypothesized, it has yet to be explored rigorously. This study sought to describe the posttraumatic stress symptoms of children with asthma and explore the relationship between asthma severity and posttraumatic stress symptoms in an inner city sample with high rates of traumatic exposures. Children aged 7 to 17 years, with a clinician-defined asthma diagnosis, were recruited from an inner city outpatient asthma clinic. Caregivers completed measures assessing the child's asthma and posttraumatic stress symptoms and health care utilization. Children also completed measures of asthma, posttraumatic stress symptoms, and asthma-related quality of life. In all, 24 children-caregiver dyads were enrolled. The sample was 79% male and 83% African American, and the mean age was 11 years. Overall the sample had severe asthma, with 33% having been hospitalized over the past year. In addition, 25% of the sample met Diagnostic and Statistical Manual of Mental Disorders (4th ed.) criteria for the diagnosis of posttraumatic stress disorder, and 74% of the sample experienced a traumatic event. Posttraumatic stress disorder symptoms were found to be significantly related to asthma severity, quality of life, and health care utilization. Assessing for and treating posttraumatic stress symptoms among children with severe asthma may help to improve their asthma course and quality of life. Further research should explore this relationship and related treatment implications.
This study replicated the Child Behavior Checklist factor structure of traumatic sequelae in maltreated children that was established by A. C. Hulette and colleagues (in press; see also A. Cholankeril et al., 2007). The factors represent dissociation and posttraumatic stress disorder symptomatology. The present study also examined the extent to which these 2 factor scores varied depending on specific maltreatment experiences. Results indicated that children who experienced both physical and sexual abuse in addition to neglect had significantly higher levels of dissociation than children who experienced (a) sexual abuse alone or with neglect, (b) physical abuse alone or with neglect, or (c) only neglect. The current study provides evidence that children who experience multiple forms of maltreatment are more likely to be dissociative, perhaps due to a greater need for a coping mechanism to manage the distress of that maltreatment.

Coping with life-threatening events was associated with better self-perceived health in a naval cross-sectional study.

OBJECTIVE: We studied the relationship between experiencing and coping with life-threatening events and self-perceived health in navy personnel operating mainly under peaceful circumstances. METHODS: The data were collected in a cross-sectional study from a questionnaire sent by mail at the end of 2002 to all employees in the Royal Norwegian Navy (N=3878) as part of a general health study. Both military and civilian personnel with different types of work on ships and ashore participated in the study. Logistic regression analyses were performed to study the relationship between the number of life-threatening events, occupational status, sex, age, and the extent of putting these events behind. The possible trends between the degree of putting the events behind and each of the eight SF-36 scales were calculated by bivariate correlations. RESULTS: Military personnel had experienced life-threatening events more often than civilians, but the military personnel appeared 5.5 times more likely to have put such events behind themselves than the civilians. The extent of having put life-threatening events behind oneself was clearly correlated to self-perceived health as measured by the SF-36 subscales bodily pain, general health, vitality, social functioning, role-emotional, and mental health. These associations had linear appearances. CONCLUSION: Navy personnel who have experienced a life-threatening event and have not been able to put this event behind them are more likely to report a reduced
self-perceived health.

PMID: 19027452 [PubMed - indexed for MEDLINE]

Comment in:

Prevalence of psychopathology in childhood epilepsy: categorical and dimensional measures.

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Few studies have utilized both categorical and dimensional measures of psychopathology in children with epilepsy. We evaluated 173 children (88 males, 85 females; mean age 11.7y [SD 1.8]; range 9-14y) who had epilepsy (generalized 36%, partial 61%) for at least 6 months. The primary caregiver completed a dimensional measure, the Child Behavior Checklist (CBCL), and a categorical measure, either the Child Symptom Inventory (CSI) or the Adolescent Symptom Inventory (ASI). Correlation coefficients were computed between the CBCL scores and CSI/ASI symptom scores. For all children, diagnostic risk was higher than norms on CSI/ASI for attention-deficit-hyperactivity disorder (ADHD) inattentive type, ADHD combined type, oppositional defiant disorder, and dysthymic disorder. For children between 9 and 12 years, elevated scores were found on CBCL, total, internalizing, and attention problems, and on CSI, diagnostic risk for conduct disorder and Asperger syndrome. For children of 13 and 14 years, ASI diagnostic risk was higher for specific phobia, obsessions, posttraumatic stress disorder, motor tics, antisocial personality, panic attack, somatization disorder, and enuresis. CBCL and symptom scores on the CSI/ASI were significantly correlated. The conclusion was that children with epilepsy have high rates of behavioral difficulties on both dimensional and categorical measures. Concurrent validity for the CSI/ASI was supported.

PMID: 19018836 [PubMed - indexed for MEDLINE]

Distorted maternal mental representations and atypical behavior in a clinical sample of violence-exposed mothers and their toddlers.

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OBJECTIVE: To determine whether maternal violence-related posttraumatic stress disorder (PTSD), reflective functioning (RF), and/or quality of mental representations of her child predict maternal behavior within a referred sample of interpersonal violence-exposed mothers and their children (ages 8-50 months).

METHOD: Forty-one dyads completed two videotaped visits including measures of maternal mental representations and behavior. RESULTS: Negative and distorted maternal mental representations predicted atypical behavior (Cohen's d>1.0). While maternal PTSD and RF impacted mental representations, no significant relationships were found between PTSD, RF, and overall atypical caregiving behavior. Severity of maternal PTSD was however positively correlated with the
avoidant caregiving behavior subscale. CONCLUSIONS: Maternal mental representations of her child are useful risk-indicators that mark dysregulation of trauma-associated emotions in the caregiver.

PMID: 18985165 [PubMed - indexed for MEDLINE]

Childhood trauma and psychosis: evidence, pathways, and implications.

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There is currently a growing body of research examining environmental factors in the etiology of psychosis. Much recent interest has focused on the relationship between childhood trauma and the risk of developing psychotic experiences later in life. Numerous studies of psychiatric patients where the majority are diagnosed psychotic indicate that the prevalence of traumatic experiences in this group is high. This body of research now includes many large-scale population-based studies controlling for possible mediating variables, which together provide persuasive evidence of a dose-response association and are indicative of a causal relationship. Several psychological and biological models have been proposed which offer credible accounts of the processes by which trauma may increase risk of psychotic experience. Clinically it is imperative to routinely inquire about traumatic experiences, to respond appropriately and to offer psychosocial treatments to those who report traumatic life events in the context of psychotic experiences.

PMID: 18953148 [PubMed - indexed for MEDLINE]


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To examine the role of rumination in the aftermath of traumatic/stressful events, posttraumatic growth (PTG) and the four types of rumination (i.e., intrusive rumination soon after the event, intrusive rumination recently, deliberate rumination soon after the event, and deliberate rumination recently) were assessed retrospectively for participants from the USA (N=224) and Japan (N=431). The results from a hierarchical regression analysis revealed that the hypothesized relationships among the four types of rumination and PTG were largely supported. Intrusive rumination soon after the event was positively related to PTG but recent deliberate rumination most strongly predicted the current levels of PTG for both samples. Some evidence for cultural differences in the role of rumination in PTG was also observed. In the US sample, deliberate rumination recently was more important than the deliberate rumination in the immediate aftermath of the traumatic/stressful event, whereas in the Japanese sample, deliberate rumination both soon after and recently were positively related to PTG. The results illustrate the importance of considering rumination as multidimensional and as varying across time in its impact on PTG. Future directions and clinical implications were discussed.

PMID: 18937084 [PubMed - indexed for MEDLINE]
Depression and PTSD symptoms among bereaved adolescents 6(1/2) years after the 1988 Spitak earthquake.

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OBJECTIVE: To compare depression and PTSD symptoms of parentally bereaved adolescents and a comparison group after a catastrophic natural disaster. METHOD: Six and a half years after the Spitak earthquake, 48 parentally bereaved adolescents and a comparison group of 44 subjects with no parental loss were evaluated using the Depression Self - Rating Scale (DSRS) and Child Posttraumatic Stress Disorder Reaction Index (CPTSD-RI). RESULTS: Orphans scored significantly higher on depression than those who lost a father (Mean DSRS scores: 20.2+/-.3.3 vs. 16.6+/-.5.2; p<0.001), who in turn scored significantly higher than those who lost a mother (Mean DSRS scores: 16.6+/-.5.2 vs. 12.7+/-.4.1; p<0.002). Depression scores for orphans fell above the cut-off for clinical depression, while those who lost a father scored slightly below. PTSD scores within each group fell in the moderate range of severity, with girls scoring higher than boys (Mean CPTSD-RI scores: 35.9+/-.11.3 vs. 29.3+/-.10.1; p<0.04). LIMITATION: As self-report instruments were used, responses may have been over- or under- reported. Participants belonged to the same ethnic group and therefore the results may not be generalizable to other populations. CONCLUSION: Loss of both parents and, to a lesser degree, loss of a father is a significant risk factor for depression, but not for PTSD. This study extends prior findings documenting post-disaster chronicity of depression and PTSD among bereaved adolescents, and underscores the need for post-disaster mental health and social programs, especially for those who suffer the loss of both parents.

PMID: 18547646 [PubMed - indexed for MEDLINE]

Prevalence and correlates of physical and sexual abuse in children and adolescents with bipolar disorder.

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OBJECTIVE: Adult bipolar disorder (BP) has been associated with lifetime history of physical and sexual abuse. However, there are no reports of the prevalence of abuse in BP youth. The objective of this study was to examine the prevalence and correlates of physical and/or sexual abuse among youth with BP spectrum disorders. METHODS: Four hundred forty-six youths, ages 7 to 17 years (12.7+/-.3.2), meeting DSM-IV criteria for BP-I (n=260), BP-II (n=32) or operationalized definition of BP-NOS (n=154) were assessed using the Schedule for Affective Disorders and Schizophrenia for School Age Children-Present and Lifetime version (K-SADS-PL). Abuse was ascertained using the K-SADS. RESULTS: Twenty percent of the sample experienced physical and/or sexual abuse. The most robust correlates of any abuse history were living with a non-intact family (OR=2.6), lifetime history of posttraumatic stress disorder (PTSD) (OR=8.8), psychosis (OR=2.1), conduct disorder (CD) (OR=2.3), and first-degree family
history of mood disorder (OR=2.2). After adjusting for confounding demographic factors, physical abuse was associated with longer duration of BP illness, non-intact family, PTSD, psychosis, and first-degree family history of mood disorder. Sexual abuse was associated with PTSD. Subjects with both types of abuse were older, with longer illness duration, non-intact family, and greater prevalence of PTSD and CD as compared with the non-abused group. LIMITATIONS: Retrospective data. Also, since this is a cross-sectional study, no inferences regarding causality can be made. CONCLUSION: Sexual and/or physical abuse is common in youth with BP particularly in subjects with comorbid PTSD, psychosis, or CD. Prompt identification and treatment of these youth is warranted.

PMID: 18538857 [PubMed - indexed for MEDLINE]

Complex PTSD, interpersonal trauma and relational consequences: findings from a treatment-receiving Northern Irish sample.

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BACKGROUND: The relationship between PTSD and complex PTSD remains unclear. As well as further addressing this issue, the current study aimed to assess the degree to which DESNOS (complex PTSD) was related to interpersonal trauma and had relational consequences. METHODS: Eighty one treatment-receiving participants with a history of exposure to the 'Troubles' in Northern Ireland, were assessed on various forms of interpersonal trauma, including exposure to the Troubles, and measures of interpersonal and community connectedness. RESULTS: DESNOS symptom severity was related to childhood sexual abuse and perceived psychological impact of Troubles-related exposure. A lifetime diagnosis of DESNOS was related to childhood Troubles-related experiences, while a current diagnosis of DESNOS was associated with childhood emotional neglect. PTSD avoidance predicted current DESNOS diagnosis and severity. Feeling emotionally disconnected from family and friends (i.e., interpersonal disconnectedness) was related to all three indices of DESNOS (i.e., lifetime diagnosis, current diagnosis and current symptom severity). LIMITATIONS: Sample characteristics (i.e., treatment-receiving) and size may limit the generalizability of findings. CONCLUSIONS: Complex PTSD is associated with PTSD but when present should be considered a superordinate diagnosis.

PMID: 18511130 [PubMed - indexed for MEDLINE]

Comment on:

Commentary: life threat, risk, and resilience in pediatric medical traumatic stress.

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PMID: 18487631 [PubMed - indexed for MEDLINE]
The development of a sexual abuse severity score: characteristics of childhood sexual abuse associated with trauma symptomatology, somatization, and alcohol abuse.

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Childhood sexual abuse (CSA) is common and is associated with both mental and physical health problems in adulthood. Using data from an age- and sex-stratified population survey of 600 Olmsted County, Minnesota, residents, a Sexual Abuse Severity Score was developed. The abuse characteristics of 156 CSA respondents were associated with self-reported trauma, somatization, and alcohol use. Characteristics included age of first sexual abuse, more than one perpetrator, degree of coercion, severity of abuse (i.e., attempted intercourse is more severe than fondling), and the number of occurrences. This is one of the few reports to develop a risk summary that quantifies the severity of CSA.

PMID: 18451098 [PubMed - indexed for MEDLINE]

Comment on:

Commentary: adopting to a broad perspective on posttraumatic stress disorders, childhood medical illness and injury.

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PMID: 18441007 [PubMed - indexed for MEDLINE]

Prevalence of traumatic events and posttraumatic stress symptoms in a student sample in Poland.

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The study investigated the prevalence of traumatic events and posttraumatic symptoms among university level students in Poland. Data was collected from 475 students: 69% women and 30% men, mean age 22.9. The measures included SLESQ, Mississippi-C Scale, IES and BDI. At least one traumatic event (according to DSM-IV) was reported by 75.6% of the studied group. Prevalence of traumatic events was higher for men than for women. Life threatening accidents, child physical abuse, traumatic bereavement, witnessing death/assault and adult physical assault/abuse were the most commonly experienced events in the whole group. There were differences in prevalence rates of specific types of traumatic events between men and women. The level of posttraumatic events between groups with different levels of exposure to trauma was analysed, as well as between the group of persons who experienced particular types of traumatic events as compared with the group of subjects with no exposure to this type of trauma.

PMID: 19289878 [PubMed - indexed for MEDLINE]
**50: Torture. 2008;18(1):2-11.**
Exposure to traumatic events among adolescents in four nations.

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BACKGROUND: Although studies indicate that adolescents, like adults, might develop posttraumatic stress disorder after exposure to traumatic events, the research on this age group is still sparse. METHOD: In three national representative samples and one national total sample of 1,206 8th and 9th-grade students with a mean age of 14.5 years, the prevalence of 19 potential traumatizing and distressing events were reported, along with the psychological impact of these events. FINDINGS: Ninety percent of the adolescents had been exposed to at least one event. The most common events were the death of a family member, threat of violence, bullying, near-drowning, and traffic accidents. Gender was associated with specific events. The estimated lifetime prevalence of posttraumatic stress disorder (PTSD) in the total sample was 14.6 percent, whereas another 13 percent reached a subclinical level of PTSD. Following exposure, females suffered from PTSD two and a half times more often than males. The relative risk for PTSD given a specific event is described. Being exposed to multiple traumatic events was associated with an increase in PTSD. Cultural differences were found in prevalence of PTSD, exposure to specific events and in the female male ratio in PTSD. CONCLUSION: The findings indicate substantial mental health problems in adolescents that are associated with various types of victimization.

PMID: 19289877 [PubMed - indexed for MEDLINE]

Comment in:

Symptoms of posttraumatic stress in parents of children with cancer: are they elevated relative to parents of healthy children?

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OBJECTIVE: To examine posttraumatic stress symptoms (PTSS) in parents of children with cancer as a function of time since diagnosis, treatment status, and relapse history, and as compared to parents of healthy children. METHOD: Participants included parents of 199 children with cancer, comprising a cross-sectional sample of diagnoses and treatment phases, ranging from currently on therapy to long-term survivors, and 108 parents of healthy children obtained via acquaintance control methods. Parents completed a standardized self-report measure of PTSS. RESULTS: Within the cancer group, parental report of PTSS differed as a function of treatment status and time since diagnosis. Parents of children on active treatment endorsed similar levels of PTSS as control parents, whereas parents of children off treatment reported significantly lower levels of PTSS than did controls. Similarly, parents of long-term survivors reported significantly lower levels of PTSS than did controls, while parents of recently diagnosed children did not differ from controls on PTSS. In contrast, parents of children who had suffered a relapse reported significantly higher levels of PTSS, and were much more likely to be identified as a posttraumatic stress disorder (PTSD) case. CONCLUSIONS: As a group, parents of children with cancer did not demonstrate any
evidence of increased PTSS relative to parents of healthy children. Time since 
diagnosis, child treatment status, and relapse history are significant 
determinants of parent PTSS. Only parents of children who experienced a relapse 
appear to be at increased risk of PTSD. The current results appear discrepant 
from the existing literature, and possible explanations for these discrepancies 
are examined.

PMID: 18073235 [PubMed - indexed for MEDLINE]

Comment in: 

Brief report: quality of life is impaired in pediatric burn survivors with 
posttraumatic stress disorder.

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OBJECTIVE: This study assessed health-related quality of life (HRQOL) and 
posttraumatic stress disorder (PTSD) in pediatric burn survivors and examined 
associations between PTSD and HRQOL. METHODS: Forty-three burn survivors, ages 
7-16 years, were interviewed at an average of 4.4 years after their accident 
using the Clinician-Administered PTSD Scale for Children and Adolescents and the 
TNO-AZL Child Quality of Life Questionnaire. RESULTS: Eight children (18.6%) met 
DSM-IV criteria for current PTSD. While most dimensions of HRQOL were within 
normal limits, social functioning was impaired. Severity of PTSD was 
significantly associated with physical, cognitive, and emotional dimensions of 
HRQOL. Children with PTSD reported an impaired overall HRQOL and limited physical 
(e.g., more bodily complaints) and emotional functioning (e.g., more feelings of 
sadness). CONCLUSIONS: This study provides tentative evidence for a considerably 
high prevalence of PTSD in pediatric burn survivors and for a negative 
association between PTSD and HRQOL.

PMID: 17890286 [PubMed - indexed for MEDLINE]