Refining posttraumatic stress disorder diagnosis: evaluation of symptom criteria with the national survey of adolescents.

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OBJECTIVE: To compare the prevalence estimates, comorbidity rates, and structural validity of a revised symptom criteria set for the diagnosis of posttraumatic stress disorder (PTSD) with those of the DSM-IV criteria in a representative community sample of adolescents. METHOD: Cross-sectional data from the National Survey of Adolescents, a 1995 household probability sample of 4,023 adolescents aged 12-17 years, were examined. DSM-IV PTSD symptoms were assessed with a modification of the National Women's Study PTSD module. Three- and 4-factor DSM-IV models were compared to a 2-factor PTSD model that deleted symptoms potentially overlapping with depression or other anxiety disorders. Comorbidity was assessed using DSM-IV criteria for major depressive episodes and substance use disorders. RESULTS: PTSD prevalence varied across models (ie, 5.2%-8.8%, lifetime; 3.2%-5.7%, past 6 months). When the 2-factor model was used with a proportionate symptom threshold, lifetime PTSD prevalence was comparable to that with the 3-factor DSM-IV model, and major depressive episode comorbidity was reduced by 9%-14%. Comorbidity with substance use disorders was comparable across models. Structural validity, tested with confirmatory factor analyses, showed that the 2-factor model and a 4-factor DSM-IV model were superior to the DSM-IV 3-factor model. CONCLUSIONS: Compared to the DSM-IV 3-factor PTSD model, a 2-factor model that removed depression and anxiety symptoms and used a proportionate symptom threshold may produce comparable lifetime PTSD prevalence estimates, reduced PTSD-depression comorbidity, and superior structural validity (comparable to a 4-factor PTSD model) when applied to community samples of adolescents. Further research on PTSD structure and diagnosis with adolescents is warranted. © Copyright 2009 Physicians Postgraduate Press, Inc.

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Children's Perception of Research Participation: Examining Trauma Exposure and Distress.

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USING THE REACTIONS TO RESEARCH Participation Questionnaire for Children (RRPQ-C), this study examined perceptions of research participation among 181 school-aged children with and without trauma histories. As part of two larger studies, children completed non-trauma related tasks to assess emotion understanding and cognitive ability. Parents (and not children) reported on children's interpersonal (e.g., sexual abuse, physical abuse, witnessing domestic violence, witnessing community violence) and non-interpersonal (e.g., motor vehicle accidents, medical traumas, natural disasters) trauma exposure. Children's perceptions of costs and benefits of research participation and understanding of informed consent did not vary as a function of trauma exposure. The number of traumatic events experienced was unrelated to children's
perceptions. Furthermore, children across trauma-exposure groups generally reported a positive cost-benefit ratio, and understanding of the consent information. Implications of these data are discussed.

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3: Psychol Med. 2009 Apr 20;1-10. [Epub ahead of print]
Diagnostic alterations for post-traumatic stress disorder: examining data from the National Comorbidity Survey Replication and National Survey of Adolescents.

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BACKGROUND: Two alternative models of post-traumatic stress disorder (PTSD) appear to represent the disorder's latent structure better than the traditional Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) three-factor PTSD model. The present study examines the impact of using these structural models for the diagnosis of lifetime PTSD while retaining the DSM-IV PTSD's six-symptom diagnostic requirement. Method Data were gathered from large-scale, epidemiological datasets collected with adults (National Comorbidity Survey Replication) and adolescents (National Survey of Adolescents). Two alternative, empirically supported four-factor models of PTSD were compared with the DSM-IV three-factor PTSD diagnostic model. Results indicated that the diagnostic alterations resulted in substantially improved structural validity, downward adjustments of PTSD's lifetime prevalence (roughly 1 percentage point decreases in adults, 1-2.5 percentage point decreases in adolescents), and equivalent psychiatric co-morbidity and sociodemographic associations. CONCLUSIONS: Implications for modifying PTSD diagnostic criteria in future editions of DSM are discussed.

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BACKGROUND: Exposure to community violence and trauma, stress, and childhood abuse and neglect have been identified as risk factors for the development of posttraumatic stress disorder (PTSD) symptoms among adolescents. Although evidence suggests that resilience may moderate the relationship between some of these risk factors and PTSD symptoms, no studies to date have examined these risk factors collectively. AIMS: Our first aim was to examine the relationship between exposure to community violence, childhood abuse and neglect, perceived stress, and PTSD symptoms. Our second aim was to examine the extent to which resilience moderated the relationship between risk factors and PTSD symptoms. METHOD: A convenience sample of 787 participants was drawn from 5 public secondary schools in the Cape Town metropole of South Africa. The participants were invited to complete a battery of questionnaires on a single occasion. RESULTS: Of the participants, 48.3% were Black, 58.6% were female, and 31.6% were in grade 8. After controlling for covariates, we found that exposure to community violence, perceived stress, and childhood abuse and neglect together accounted for 33.4% of
the variance in PTSD symptoms ($F(8,778) = 71.06, P < .001$). Nevertheless, resilience moderated the relationship between childhood abuse and symptoms of PTSD ($\beta = .09, t(786) = 2.88, P < .001$), where the independent effect of childhood abuse and neglect on PTSD symptoms was significantly reduced with increasing resilience. Resilience did not, however, interact with exposure to community violence or perceived levels of stress to influence PTSD symptoms.

**CONCLUSION:** High levels of exposure to community violence, perceived stress, and childhood abuse and neglect may contribute to the development of PTSD symptoms in South African adolescents. However, high levels of resilience may buffer the negative effects of childhood abuse and neglect.

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**5: J Affect Disord. 2009 Apr 13. [Epub ahead of print]**

Posttraumatic stress disorder after childbirth: Analysis of symptom presentation and sampling.

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**BACKGROUND:** There is converging evidence that approximately 2% of women fulfill PTSD criteria following childbirth. This study examined the presentation and symptom structure of PTSD after birth and key risk factors in women from internet and community samples. **METHODS:** PTSD was measured in 1423 women after birth recruited via the community (n=502) or internet (n=921). Demographic, obstetric, and trauma history variables were also measured. **RESULTS:** Full PTSD diagnostic criteria were endorsed by 2.5% of women from the community and 21% of women on the internet. Many more endorsed individual PTSD symptom criteria, suggesting this might be inflated by postnatal factors. Samples differed on demographic and obstetric characteristics. Factor analysis found two PTSD symptom clusters of re-experiencing and avoidance (RA) and numbing and arousal (NA). PTSD cases were predicted by parity, delivery type, NA and RA symptoms, and the interaction between sexual trauma and delivery type. This correctly identified 60% of PTSD cases. **LIMITATIONS:** Questionnaire measurement of PTSD means prevalence rates may be over-estimated. Differences between samples suggest that internet samples over represent symptomatic women. **CONCLUSIONS:** Results emphasise the importance of measuring full diagnostic criteria in postnatal samples, as reports of symptoms may be inflated. In addition a few risk factors are identified that could be used to screen for women at risk.

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**6: Lancet. 2009 Apr 11;373(9671):1239-40.**

Reviving health care in Liberia.

Cheng MH.

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**7: J Rehabil Med. 2009 Apr;41(5):360-6.**

Functional status after intensive care: a challenge for rehabilitation professionals to improve outcome.

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OBJECTIVE: To examine restrictions in daily functioning from a rehabilitation perspective in patients one year after discharge from the intensive care unit, and to identify prognostic factors for functional status. DESIGN: Cross-sectional design. PATIENTS: Consecutive patients who were admitted to the intensive care unit for more than 48 h (n = 255). METHODS: One year after intensive care, functional status (Sickness Impact Profile) as primary outcome, and Quality of Life (SF-36), anxiety and depression (Hospital Anxiety Depression Scale), and post-traumatic stress disorder (Impact of Events Scale) were evaluated. RESULTS: Fifty-four percent of the patients had restrictions in daily functioning. Walking and social activities were most frequently restricted (30-60% of the patients). Quality of life was lower than the general Dutch population. Symptoms of anxiety and depression were found in 14%, and post-traumatic stress disorder in 18%. Severity of illness at admission and length of stay in the intensive care unit were identified as prognostic factors, although they explained only 10% of functional status. CONCLUSION: The high prevalence of long-lasting restrictions in physical, social and psychological functioning among patients who stayed in the intensive care unit for at least 2 days implies that these patients are a potential target population for rehabilitation medicine. Multidisciplinary therapies need to be developed and evaluated in order to improve outcome.

PMID: 19363570 [PubMed - indexed for MEDLINE]

8: J Nerv Ment Dis. 2009 Apr;197(4):244-50.
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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Post traumatic stress disorder among former child soldiers attending a rehabilitative service and primary school education in northern Uganda.

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BACKGROUND: This study was prompted by the psychiatric hospitalization of 12 former child soldiers of the Lord's Resistance Army (LRA) at a rehabilitation school in northern Uganda with a case of mass psychotic behavior. OBJECTIVES: To report the prevalence of post-traumatic stress disorder, depressed mood, and associated risk factors. METHODS: Data on post-traumatic stress disorder, depressed mood, physical disabilities, socio-demographic variables, and the children's war experiences were collected in face-to-face interviews using the Harvard Trauma Questionnaire (HTQ), a modified Hopkins Symptoms Check-List (HSCL), and a 15-item War Trauma Experience Check-list (WTECL-15). Data was analyzed with SPSS version 11.0. RESULTS: There were 58 girls and 44 boys. Eighty nine children (87.3%) reported having experienced ten or more war-related traumatic psychological events; 55.9% of the children suffered from symptoms of post-traumatic stress disorder, 88.2%, symptoms of depressed mood and 21.6% had various forms of physical disability. Nearly half of the children (42.2%) reported a positive family history of severe mental illness; 10.8%, a family history of suicide; 22.5%, a family history of suicide attempt; and 45.1%, a family history of alcohol abuse. Children who experienced 10 or more traumatic war events were more likely than the rest to experience depressed mood. Return through a reception center or through a cleansing ritual did not protect against depression. DISCUSSION: Post-traumatic stress disorder among former LRA child soldiers at a rehabilitation centre in northern Uganda is presented. The report highlights the huge unmet need for psychological services among former child soldiers of the LRA.

PMID: 19357739 [PubMed - indexed for MEDLINE]

Psychological typhoon eye in the 2008 Wenchuan earthquake.

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BACKGROUND: On May 12, 2008, an earthquake measuring 8.0 on the Richter scale jolted Wenchuan, China, leading to 69,227 deaths and 374,643 injured, with 17,923 listed as missing as of Sept. 25, 2008, and shook the whole nation. We assessed the devastating effects on people's post-earthquake concern about safety and health. METHODOLOGY/PRINCIPAL FINDINGS: From June 4 to July 15, 2008, we surveyed a convenience sample of 2,262 adults on their post-earthquake concern about safety and health. Residents in non-devastated areas (Fujian and Hunan Provinces, and Beijing) and devastated areas (Sichuan and Gansu Provinces) responded to a questionnaire of 5 questions regarding safety measures, epidemic disease, medical workers, psychological workers, and medication. The ANOVAs showed a significant effect of residential devastation level on the estimated number of safety measures needed, the estimated probability of the outbreak of an epidemic, and the estimated number of medical and psychological workers needed (Ps<0.001). The post-earthquake concern decreased significantly as the level of residential devastation increased. Because of the similarity with the meteorological phenomenon of the eye of a typhoon, we dubbed these findings a "Psychological Typhoon Eye": the closer to the center of the devastated areas, the less the concern about safety and health a resident felt. CONCLUSIONS/SIGNIFICANCE: Contrary to common perception and ripple effect that the impact of an unfortunate event decays gradually as ripples spread outward from a center, a "Psychological Typhoon Eye" effect was observed where the post-earthquake concern was at its lowest level in the extremely devastated areas. The resultant findings may have implications for Chinese governmental strategies for putting "psychological comfort" into effect.
Suicidal ideation and behavior and some psychological correlates in physically
disabled motor-vehicle accident survivors.

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BACKGROUND: Previous research has shown some maladaptive psychological reactions
and even increased incidence of various mental disorders in patients with spinal
cord injury during their rehabilitation. Self-concept and suicidal risk in
particular have not been studied often in these samples. AIMS: Our principal goal
was to explore suicidal ideation and behavior, self-concept, posttraumatic stress
disorder (PTSD) symptoms, and correlations among these traits, in subjects after
a motor vehicle accident (MVA) resulting in permanent physical disability.
METHODS: Our sample consisted of 50 individuals with paraplegia, tetraplegia, or
significant amputation, of whom eight had a family history of suicidal behavior.
The following assessment instruments were used: an anamnestic data questionnaire;
the Tennessee Self-Concept Scale; the Impact of Event Scale-Revised; and the
Suicidal Ideations and Behaviour Questionnaire. RESULTS: Rehabilitating patients
with spinal cord injury were characterized by low total self-concept, presence of
PTSD symptoms, and suicidal ideation and behavior. PTSD symptoms were correlated
with low self-concept and suicidal tendencies. CONCLUSIONS: While limited by
small sample size, our study results support the need to further explore suicide
risk and psychological correlates in patients with permanent physical disability.

Pathways to intrusive memories in a trauma analogue paradigm: a structural
equation model.

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BACKGROUND: Structural equation modeling was used to develop and test an
integrated model of how emotional and cognitive factors contribute to the
development of intrusive memories after a distressing event. METHODS: The
emotional constructs included preexisting emotion and emotional reactivity to the
distressing event. Cognitive constructs included peritraumatic cognitive
processing and maladaptive coping strategies. RESULTS: Using a prospective
design, 148 undergraduate students viewed a distressing film and recorded their
film-related intrusive memories over the following week. RESULTS: The results
indicated that emotional reactivity and, to a lesser extent, preexisting emotion,
predicted peritraumatic cognitive processing during the film, which in turn
predicted the use of maladaptive coping strategies (i.e., rumination, thought
suppression, and safety behaviors). Furthermore, emotional reactivity and
maladaptive coping strategies directly predicted intrusive memories. CONCLUSIONS:
The observed model supported the importance of cognitive variables central to
cognitive models, placing them in a broader context. (c) 2009 Wiley-Liss, Inc.
Acute posttraumatic stress symptoms among urban mothers with newborns in the neonatal intensive care unit: a preliminary study.

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OBJECTIVES: Traumatic stress symptoms from multiple causes are endemic among impoverished women who are also at high risk for delivering infants requiring neonatal intensive care unit (NICU) care, but whether this event itself constitutes a distinct traumatic stress trigger is unknown. Previous research does suggest having an infant in the NICU generates traumatic stress among white middle-class mothers, stress that can impact their infant's behavior and development. This study evaluated the prevalence of acute posttraumatic stress symptoms among low-income mothers of infants admitted to the NICU compared with similar mothers with infants in the well baby nursery (WBN).

METHODS: A total of 59 NICU and 60 WBN mothers were recruited from the Boston Medical Center. Within the first week after birth, all participants were assessed for postpartum acute posttraumatic stress and depression symptoms and asked about lifetime traumatic events before the birth of their baby. The acute posttraumatic stress symptoms were analyzed as a continuous variable and whether they reached the categorical severity criteria for acute stress disorder.

RESULTS: NICU mothers show increased symptoms of acute posttraumatic stress and depression. Twenty-three percent of NICU and 3% of WBN reached severity criteria for acute stress disorder. When controlling for relevant covariates, having a newborn in the NICU had a significant association with the number of mothers' acute posttraumatic stress symptoms not fully explained by their symptoms of depression or prior lifetime history of traumatic events. CONCLUSIONS: Addressing acute posttraumatic stress symptoms may enhance interventions to help urban families of NICU infants.

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Child maltreatment has been associated with different psychiatric disorders. Studies on both animals and humans have suggested that some brain areas would be directly affected by severe psychological trauma. The pathophysiology of post-traumatic stress disorder (PTSD) appears to be related to a complex interaction involving genetic and environmental factors. Advanced neuroimaging techniques have been used to investigate neurofunctional and neurostructural abnormalities in children, adolescents, and adults with PTSD. This review examined structural brain imaging studies that were performed in abused and traumatized children, and discusses the possible biological mechanisms involved in the pathophysiology of PTSD, the implications and future directions for magnetic resonance imaging (MRI) studies. Published reports in refereed journals were reviewed by searching Medline and examining references of the articles related to structural neuroimaging of PTSD. Structural MRI studies have been performed in adults and children to evaluate the volumetric brain alterations in
the PTSD population. In contrast with studies involving adults, in which hippocampus volumetric reduction was the most consistent finding, studies involving children and adolescents with PTSD have demonstrated smaller medial and posterior portions of the corpus callosum.

PMID: 19154207 [PubMed - indexed for MEDLINE]

Changes in long term neural connectivity following psychological trauma.

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OBJECTIVE: Neural connectivity differences between adults reporting childhood, adulthood or no history of trauma were examined. METHODS: A total of 39 participants completed the Post-traumatic Stress Diagnostic Scale (PDS; Foa EB. Post-traumatic Stress Diagnostic Scale (PDS) Manual. Minneapolis, MN: National Computer Systems, 1995), a Word Memory Task (WMT; [McNally RJ, Metzger LJ, Lasko NB, Clancy SA, Pitman RK. Directed forgetting of trauma cues in adult survivors of childhood sexual abuse with and without post-traumatic stress disorder. J Abnorm Psychol 1998;107:596-601]) and EEG analysis. Intelligence was not assessed during the study. RESULTS: As predicted, those with childhood trauma had significantly higher EEG coherence than those with either adulthood trauma or no past trauma. CONCLUSIONS: Significant differences were observed over frontal, central, temporal and parietal areas. Evidence was found suggesting that childhood psychological trauma may have a lasting impact on neuronal connectivity. SIGNIFICANCE: This is the first study to demonstrate the suspected long term effect of trauma over central, temporal and parietal areas. Long term neural correlates of childhood and adult trauma appear to suggest information processing differences--differences that may, eventually, lead to better interventions following trauma.

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Past traumatic events: are they a risk factor for high-risk pregnancy, delivery complications, and postpartum posttraumatic symptoms?

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BACKGROUND: This study aimed to examine the association among past traumatic events, high-risk pregnancy, delivery complications, and postpartum posttraumatic stress (PTS) symptoms. METHODS: The final convenience sample consisted of 1071 Jewish women at midpregnancy. Data were gathered at three time points (during pregnancy and 1 month and 6 months after childbirth) through self-report questionnaires. RESULTS: There was a higher percentage of high-risk pregnancy among those who reported a history of traumatic events. Although the total score of PTS symptoms did not correspond with high-risk pregnancy, the intrusion and avoidance subscales did. Furthermore, a history of traumatic events as well as prenatal PTS symptoms, prenatal depression, and the subjective pain and distress during delivery accounted for postpartum PTS symptoms. Prenatal depression was found to account for delivery complications. CONCLUSIONS: Findings indicate that a history of trauma should be considered a risk factor for high-risk pregnancy and for postpartum PTS symptoms.


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**BACKGROUND:** Little is known about the effectiveness of treatment for torture survivors in low-income settings. Multi-disciplinary treatment is an often used approach for this target group. **AIMS:** This study was aimed at examining the effectiveness of brief multi-disciplinary treatment for torture survivors in Nepal. **METHODS:** A naturalistic comparative design with help-seeking torture survivors and internally displaced persons assigned to a treatment and a comparison group respectively (n = 192; treatment group n = 111, comparison group n = 81), with baseline measurements on psychiatric symptomatology, disability, and functioning and a five-month follow-up (n = 107; treatment group n = 62; comparison group n = 45), was employed. Intervention consisted of brief psychosocial services, minimal medical services and/or legal assistance. **RESULTS:** Study groups were generally comparable and non-completers did not significantly differ from completers. The treatment group improved more than the comparison group on somatic symptoms, subjective well-being, disability and functioning, with mostly moderate effect sizes. **CONCLUSION:** Treatment was moderately effective, with regards to reducing the nonspecific mental health consequences of torture, but disability scores remained high. For clients presenting with more severe mental health problems, other treatments that are realistic in the resource-poor Nepali context need to be sought.

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**18: J Womens Health (Larchmt). 2009 Jan-Feb;18(1):57-63.**

Lifetime interpersonal violence and self-reported chlamydia trachomatis diagnosis among California women.


**OBJECTIVE:** To examine the relationship between cumulative exposure to various types of interpersonal violence throughout the life span and self-reported history of Chlamydia trachomatis (CT) diagnosis in a population-based sample of California women. **METHODS:** This was a cross-sectional analysis of a population-based survey of California women aged 18-44 years (n = 3521). Participants reported their experience of multiple types of interpersonal violence: physical or sexual abuse in childhood or adulthood and intimate partner violence (IPV) in the past 12 months. Current posttraumatic stress disorder (PTSD) and depressive symptoms were also reported. Separate logistic regression models assessed the association between experiencing each type of interpersonal violence, as well as women's cumulative exposure to violence, and past CT diagnosis, adjusting for age, race/ethnicity, and poverty, as well as mental health problems. **RESULTS:** Six percent of women reported a past diagnosis of CT, and 40.8% reported experiencing at least one type of interpersonal violence in their lifetime. All types of violence were significantly associated with higher...
odds of having a past CT diagnosis even after controlling for sociodemographics. Women who reported experiencing four or more types of violence experiences had over five times the odds of reporting a lifetime CT diagnosis compared with women who never experienced interpersonal violence (adjusted odds ratio = 5.71, 95% CI 3.27-9.58). Current PTSD and depressive symptoms did not significantly affect the relationship between a woman's cumulative experience of violence and her risk of past CT diagnosis. CONCLUSIONS: There is a robust association between experiencing multiple forms of violence and having been diagnosed with CT. Women who seek treatment for sexually transmitted diseases (STDs), such as CT, should be assessed for their lifetime history of violence, especially violence in their current intimate relationships. Sexual risk reduction counseling may also be important for women who have a history of risky sexual behaviors and who are likely to be reinfected.

PMID: 19105689 [PubMed - indexed for MEDLINE]

Psychometric properties of the Trauma Assessment for Adults.

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BACKGROUND: The Trauma Assessment for Adults (TAA) was developed to facilitate the assessment of exposure to traumatic events that could result in posttraumatic stress disorder (PTSD). The TAA inquires about numerous potentially traumatic events that an individual may have experienced. Although the TAA has been used extensively for clinical and research purposes, its psychometric properties have never been formally evaluated. The objective of the present investigation was to evaluate the psychometric properties of this frequently used measure. METHODS: The studies reported here describe the performance of the TAA in two samples—college undergraduates (N=142) and community mental health center clients (N=67). Among undergraduates, 1-week temporal stability was evaluated and, in both samples, item- and scale-level convergence of the TAA with an established trauma exposure measure was assessed. Convergence of the TAA with clinically related constructs was also evaluated. RESULTS: The TAA exhibited adequate temporal stability (r=.80) and satisfactory item-level convergence with existing measures of trauma history among college students. In the clinical sample, the TAA again converged well with an established measure of trauma exposure (r=.65). It was not as strongly predictive, in either sample, of trauma-related distress relative to an alternate trauma exposure measure. CONCLUSION: Although it performs satisfactorily, the TAA does not appear to be superior to other existing measures of trauma exposure.

PMID: 19031486 [PubMed - indexed for MEDLINE]

Cognitive Behavioral Intervention for Trauma in Schools (CBITS): school-based treatment on a rural American Indian reservation.

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This study examines a pilot school-based treatment program for American Indian adolescents residing on a reservation who presented with symptoms of Posttraumatic Stress Disorder (PTSD) and symptoms of depression. This is the first study directed at treating American Indian children with trauma; seven case studies demonstrate our findings that a manualized cognitive behavior therapy intervention delivered in group format for 10 weeks has potential for helping some children who experience PTSD symptoms and depression. The findings generally replicate previous research conducted with groups of non-Indian adolescents in urban settings. PTSD and depressive symptoms decreased for three of the four students who completed treatment. Directions for future research include the need to understand and control attrition and to address cultural influences, including making adaptations in the cognitive behavioral formulations and techniques regarding feelings as operant behaviors. Results contribute to knowledge of feasibility and acceptability of cultural adaptations of CBT for trauma in an under-served population.

PMID: 18835478 [PubMed - indexed for MEDLINE]

The self-concept of traumatized children and adolescents with or without PTSD.

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This study compared the Piers-Harris 2 scores of youth with PTSD (n=30) to the scores of traumatized youth without PTSD (n=60) and a non-traumatized comparison group (n=39). In the absence of major comorbid disorders, youth with PTSD evidenced significantly lower scores than the traumatized PTSD negatives and controls on five of six Piers-Harris 2 scales. With the exception of scores on an index of perceived parental acceptance of child behavior, trauma exposure in the absence of PTSD was not associated with lower Piers-Harris 2 scores.

PMID: 18707677 [PubMed - indexed for MEDLINE]


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Practitioners from numerous agencies who sought training in Trauma-Focused Cognitive-Behavioral Therapy in several regional sites under the auspices of the National Child Traumatic Stress Network completed a baseline survey to describe their backgrounds, settings, practices, attitudes, and perceived outcomes with sexually abused children and youth. The results documented a range of experiences and common treatment practices, and identified contributors to practitioners' use of gradual exposure and perceived levels of positive treatment outcome. The results were not accounted for by geographic region or agency. The findings support recommendations to optimize research and training related to the dissemination of evidence-based treatments in the child abuse field.

PMID: 18568396 [PubMed - indexed for MEDLINE]

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Studies showed that earthquake-related posttraumatic stress disorder could be reduced by a single session of therapist instructions for self-exposure to fear cues. Eight single-case experimental studies examined whether such instructions were as effective when delivered through a self-help manual after an initial assessment. After two baseline assessments conducted at the participants homes, the manual was delivered to the participants, who were then assessed at week 10 (post-treatment) and at 1-, 3-, and 6-month post-treatment. After minimal improvement during the baseline, treatment achieved marked improvement in seven survivors, leading to effect sizes comparable to those obtained by therapist-delivered treatment. Self-help appears to be a promising approach in cost-effective survivor care.

PMID: 18554573 [PubMed - indexed for MEDLINE]

The stressor Criterion-A1 and PTSD: a matter of opinion?

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Considerable controversy exists with regard to the interpretation and definition of the stressor "A1" criterion for Post Traumatic Stress Disorder (PTSD). At present, classifying an event as either traumatic (satisfying DSM-IV Criterion-A1 for PTSD), or non-traumatic (life event) is determined by the rater's subjective interpretation of the diagnostic criteria. This has implications in research and clinical practice. Utilizing a sample of 860 Australian adults, this study is the first to provide a detailed examination of the impact of event categorization on the prevalence of trauma and PTSD. Overall, events classified as non-traumatic were associated with higher rates of PTSD. Unanimous agreement between raters occurred for 683 (79.4%) events. As predicted, the categorization method employed (single rater, multiple rater-majority, multiple rater-unanimous) substantially altered the prevalence of Criterion-A1 events and PTSD, raising doubts about the functionality of PTSD diagnostic criteria. Factors impacting on the categorization process and suggestions for minimizing discrepancies in future research are discussed.

PMID: 18511232 [PubMed - indexed for MEDLINE]

The report of posttraumatic growth in Malaysian cancer patients: relationships with psychological distress and coping strategies.

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OBJECTIVE: The challenge of a cancer diagnosis may eventually lead to the experience of positive psychological changes, also referred to as posttraumatic growth. As most research on posttraumatic growth in cancer patients has been conducted in Western countries, little is known about the experience of such positive psychological changes in non-Western countries. Therefore, the purpose of this cross-sectional study was to investigate the prevalence of posttraumatic growth in a Malaysian sample of cancer patients. Secondly, we examined the association of posttraumatic growth with patients' report of psychological distress and their use of coping strategies. METHODS: The study was conducted in 113 cancer patients. Posttraumatic growth was measured by the Posttraumatic Growth Inventory, coping strategies by the brief COPE, and psychological distress by the Symptom Check List (SCL-90-R). RESULTS: Results showed that many patients reported posttraumatic growth, mostly in the domain of appreciation of life. As hypothesized, the experience of posttraumatic growth was not significantly related to the level of psychological distress. Findings indicated that greater use of the coping strategies instrumental support, positive reframing, and humor was associated with more posttraumatic growth. CONCLUSION: Overall, this study suggests that posttraumatic growth is not only a Western phenomenon. Malaysian cancer patients show similar trends in the report of growth as well as in its correlates as their Western counterparts. (c) 2008 John Wiley & Sons, Ltd.

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Female genital mutilation and its prevention: a challenge for paediatricians.

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Female genital mutilation (FGM) is defined as an injury of the external female genitalia for cultural or non-therapeutic reasons. FGM is mainly performed in sub-Saharan and Eastern Africa. The western health care systems are confronted with migrants from this cultural background. The aim is to offer information on how to approach this subject. The degree of FGM can vary from excision of the prepuce and clitoris to infibulation. Infections, urinary retention, pain, lesions of neighbouring organs, bleeding, psychological trauma and even death are possible acute complications. The different long-term complications include the risk of reduced fertility and difficulties during labour, which are key arguments against FGM in the migrant community. Paediatricians often have questions on how to approach the subject. With an open, neutral approach and basic knowledge, discussions with parents are constructive. Talking about the newborn, delivery or traditions may be a good starting point. Once they feel accepted, they speak surprisingly openly. FGM is performed out of love for their daughters. We have to be aware of their arguments and fears, but we should also stress the parents' responsibility in taking a health risk for their daughters. It is important to know the family's opinion on FGM. Some may need support, especially against community pressure. As FGM is often performed on newborns or at 4-9 years of age, paediatricians should have an active role in the prevention of FGM, especially as they have repeated close contact with those concerned and medical consequences are the main arguments against FGM.

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This study tested whether improvement in sleep by an integrative, behavioral sleep intervention was associated with improvement in traumatic stress (TS) symptoms in a sample of 20 adolescents who were recently treated for substance abuse. Sleep was measured throughout the intervention via daily sleep diaries, and traumatic stress symptoms were assessed by the Global Appraisal of Individual Needs (GAIN) at baseline, post-intervention, 3-months post-intervention, and 12-months post-intervention. Individuals with more time in bed and more total sleep time at the beginning of the intervention had more improvement in TS symptom trajectories across the intervention and at the 12-month follow-up assessment. Interaction trends also emerged indicating that adolescents who, throughout the sleep intervention, went to bed later and fell asleep faster had greater improvements in TS symptoms over time. Overall, these results indicate that stimulus control, a therapy that encourages patients to attempt sleep only when they are sleepy, may be particularly helpful for adolescents with TS symptoms, sleep disturbances, and substance abuse histories.

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