Record 1 of 35

Title: Posttraumatic stress disorder following traumatic injury: narratives as unconscious indicators of psychopathology
Authors: Hashemi, Bahar; Shaw, Richard J; Hong, David S; Hall, Rebecca; Nelson, Kristin L; Steiner, Hans
Affiliation: Division of Child and Adolescent Psychiatry, School of Medicine, Stanford University, Stanford CA, USA; Lucile Salter Packard Children's Hospital, Palo Alto CA, USA
Source: Bulletin of the Menninger Clinic, vol. 72, no. 3, pp. 179-190, Summer 2009
Abstract: Current conventional assessment methodologies used to diagnose PTSD rely heavily on symptom counts obtained from clinical interviews or self-report questionnaires. Such measures may underestimate the impact of traumatic events, particularly in individuals who deny or repress emotional distress. This case report illustrates the use of two methods of narrative analysis to assess unconscious representations of PTSD. Linguistic analysis and a computerized analysis of referential activity were able to capture unconscious aspects of the traumatic experience.

Record 2 of 35

Title: Stressful life events in a clinical sample of depressed children in Hungary
Authors: Mayer, L C; Lopez-Duran, Nestor L; Kovacs, Maria; George, Charles J; Baji, Ildikő; Kapornai, Krisztina; Kiss, Eniko; Vetrőgés, C
Affiliation: Department of Child and Adolescent Psychiatry, University of Szeged, Szeged, Hungary; Department of Psychiatry, Western Psychiatric Institute and Clinic, University of Pittsburgh, Pittsburgh PA, USA; Vadaskert Hospital, Budapest, Hungary
Abstract: Background: There is limited information on the characteristics of stressful life events in depressed pediatric clinical populations and the extent to which sex, age, and their interactions may influence the relations of life events and depression. Using a very large clinical sample of children and adolescents with major depressive disorder (MDD), we therefore examined life events in various ways, as well as their relations to age and sex. Methods: The study included a clinic-based sample of 434 children (ages 7-14) with a DSM-IV diagnosis of MDD and their mothers, and a school-based comparison sample of 724 children and their mothers. Life event information was obtained from the mothers. Results: Children with MDD had twice the number of lifetime stressful events than did the comparison group, with very high levels of stressors by the age of 7-9 that stabilized
the first 12 weeks of treatment. METHO: Depressed adolescents (N = 334) who had not responded to a previous trial with an SSRI antidepressant were randomized to a switch to either another SSRI or venlafaxine, with or without cognitive behavior therapy. Self-harm events, i.e., suicidal and non-suicidal self-injury adverse events, were assessed by spontaneous report for the first 181 participants, and by systematic weekly assessment for the last 153 participants.

RESULT: Higher rates of suicidal (20.8% vs. 8.8%) and nonsuicidal self-injury (17.6% vs. 2.2%), but not serious adverse events (8.4% vs. 7.3%), were detected with systematic monitoring. Median time to a suicidal event was 3 weeks, predicted by high baseline suicidal ideation, family conflict, and drug and alcohol use. Median time to nonsuicidal self-injury was 2 weeks, predicted by previous history of nonsuicidal self-injury. While there were no main effects of treatment, venlafaxine treatment was associated with a higher rate of self-harm adverse events in those with higher suicidal ideation. Adjunctive use of benzodiazepines, while in a small number of participants (N = 10) was associated with higher rate of both suicidal and nonsuicidal self-injury adverse events.

CONCLUSION: Since predictors of suicidal adverse events also predict poor response to treatment, and many of these events occurred early in treatment, improving the speed of response to depression, by targeting of family conflict, suicidal ideation, and drug use may help to reduce their incidence. The relationship of venlafaxine and of benzodiazepines to self-harm events requires further study and clinical caution.
oversampling. RESULTS: Good aggregate consistency was found between CIDI and K-SADS prevalence estimates, although CIDI estimates were meaningfully higher than K-SADS estimates for specific phobia (51.2%) and oppositional defiant disorder (38.7%). Estimated prevalence of any disorder, in comparison, was only slightly higher in the CIDI than K-SADS (8.3%). Strong individual-level CIDI versus K-SADS concordance was found for most diagnoses. Area under the receiver operating characteristic curve, a measure of classification accuracy not influenced by prevalence, was 0.88 for any anxiety disorder, 0.89 for any mood disorder, 0.84 for any disruptive behavior disorder, 0.94 for any substance disorder, and 0.87 for any disorder. Although area under the receiver operating characteristic curve was unacceptably low for alcohol dependence and bipolar I and II disorders, these problems were resolved by aggregation with alcohol abuse and bipolar I disorder, respectively. Logistic regression analysis documented that consideration of CIDI symptom-level data significantly improved prediction of some K-SADS diagnoses. CONCLUSIONS: These results document that the diagnoses made in the NCS-A based on the CIDI have generally good concordance with blinded clinical diagnoses.

Record 10 of 35

TI: Title
The role of parental psychopathology and family environment for social phobia in the first three decades of life

AU: Author
Knappe, Susanne; Lieb, Roselind; Beesdo, Katja; Fehm, Lydia; Low, Nancy Chooi Ping; Gloster, Andrew T; Wittchen, Hans-Ulrich

AF: Affiliation
Institute of Clinical Psychology and Psychotherapy, Technische Universität Dresden, Dresden, Germany; Epidemiology and Health Psychology, University of Basel, Basel, Switzerland; Clinical Psychology and Epidemiology, Max Planck Institute of Psychiatry, Munich, Germany; Department of Psychology, Humboldt University, Berlin, Germany; Department of Psychiatry, McGill University, Montreal QC, Canada

SO: Source
Depression and Anxiety, vol. 26, no. 4, pp. 363-370, April 2009

AB: Abstract
BACKGROUND: To examine the role of parental psychopathology and family environment for the risk of social phobia (SP) in offspring from childhood to early adulthood, encompassing the high risk period for SP. METHODS: A community sample (Early Developmental Stages of Psychopathology (EDSP) Study) of 1,395 adolescents was prospectively followed up over 10 years. Offspring and parental psychopathology were assessed according to the DSM-IV using the Munich Composite International Diagnostic Interview (M-CIDI), and direct diagnostic interviews in parents were supplemented by family history reports. Parental rearing was assessed by the Questionnaire of Recalled Rearing Behavior administered to offspring. Family functioning was assessed by the McMaster Family Assessment Device administered to parents. RESULTS: Parental SP was associated with offspring's risk to develop SP (OR = 3.3, 95% CI: 1.4-8.0). Other parental anxiety disorders (OR = 2.9, 95% CI: 1.4-6.1), depression (OR = 2.6, 95% CI: 1.2-5.4), and alcohol use disorders (OR = 2.8, 95% CI: 1.3-6.1) were also associated with offspring SP. Parental rearing styles of overprotection, rejection, and lack of emotional warmth were associated with offspring SP. Family
functioning measures were not associated with offspring SP. Analyses of interaction of parental psychopathology and parental rearing indicated combined effects on the risk for offspring SP. CONCLUSIONS: Parental psychopathology and rearing were associated with offspring SP, independently as well as in their interaction. Further delineation of these associations is warranted as malleable components of these risk factors may provide potential targets for prevention programs. In addition, parent-to-offspring transmission of other internalizing disorders should be considered to examine the degree of diagnostic specificity.

Record 11 of 35
TI: Title
Mental health implications of detaining asylum seekers: systematic review
AU: Author
Robjant, Katy; Hassan, Rita; Katona, Cornelius
AF: Affiliation
Central and North West London Mental Health Trust, London, England; Canterbury Christ Church University, Canterbury, England; University of Kent, Canterbury, England
SO: Source
AB: Abstract
BACKGROUND: The number of asylum seekers, refugees, and internally displaced people worldwide is rising. Western countries are using increasingly restrictive policies, including the detention of asylum seekers, and there is concern that this is harmful. AIMS: To investigate mental health outcomes among adult, child, and adolescent immigration detainees. METHOD: A systematic review was conducted of studies investigating the impact of immigration detention on the mental health of children, adolescents, and adults, identified by a systematic search of databases and a supplementary manual search of references. RESULTS: 10 studies were identified. All reported high levels of mental health problems in detainees. Anxiety, depression, and PTSD were commonly reported, as were self-harm and suicidal ideation. Time in detention was positively associated with severity of distress. There is evidence for an initial improvement in mental health occurring subsequent to release, although longitudinal results have shown that the negative impact of detention persists. CONCLUSIONS: This area of research is in its infancy and studies are limited by methodological constraints. Findings consistently report high levels of mental health problems among detainees. There is some evidence to suggest an independent adverse effect of detention on mental health.

Record 12 of 35
TI: Title
Trauma and posttraumatic stress disorder in South African adolescents: a case-control study of cognitive deficits
AU: Author
Schoeman, Renata; Carey, Paul D; Seedat, Soraya
AF: Affiliation
Department of Psychiatry, University of Stellenbosch, Matieland, South Africa
SO: Source
ABSTRACT
Despite the prominence of neuropsychological deficits in memory, attention, and learning in adults exposed to trauma and those who develop 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.

Record 13 of 35
TI: Title
Posttraumatic stress in AIDS-orphaned children exposed to high levels of trauma: the protective role of perceived social support
AU: Author
Cluver, Lucie; Fincham, Dylan S; Seedat, Soraya
AF: Affiliation
Department of Social Policy and Social Work, University of Oxford, England; Cape Town Child Welfare Society, Cape Town, South Africa; MRC Unit on Anxiety and Stress Disorders, Department of Psychiatry, University of Stellenbosch, Cape Town, South Africa
SO: Source
ABSTRACT
Poor urban children in South Africa are exposed to multiple community traumas, but AIDS-orphaned children are at particular risk for posttraumatic stress. This study examined the hypothesis that social support may moderate the relationship between trauma exposure and posttraumatic stress for this group. 425 AIDS-orphaned children were interviewed using standardized measures of psychopathology. Compared to participants with low perceived social support, those with high perceived social support demonstrated significantly lower levels of PTSD symptoms after both low and high levels of trauma exposure. This suggests that strong perception of social support from carers, school staff, and friends may lessen deleterious effects of exposure to trauma, and could be a focus of intervention efforts to improve psychological outcomes for AIDS-orphaned children.

Record 14 of 35
TI: Title
The latent structure of posttraumatic stress disorder among adolescents
AU: Author
Broman-Fulks, Joshua J; Ruggiero, Kenneth Joseph; Green, Bradley A;
Debate has arisen over whether PTSD is most accurately conceptualized as representing a discrete clinical syndrome or an extreme reaction to traumatic life events. Recent taxometric research using predominately adult samples appears to support a dimensional model of PTSD, raising questions about the utility of current psychiatric nosology which depicts PTSD as a distinct entity. The present study sought to use taxometric procedures to examine the latent structure of posttraumatic stress reactions among a national epidemiologic sample of 2,885 adolescents. Results were consistent with previous taxometric studies in supporting a dimensional model of posttraumatic stress reactions. The implications of these findings for public policy, as well as the etiology and assessment of posttraumatic stress reactions, are discussed.
used to assess the influence of posttraumatic stress symptoms on cortisol expression, examined as diurnal slope and area under the curve (AUC), calculated across the day, adjusting for socio-demographics. RESULTS: In adjusted analyses, higher scores on total traumatic stress symptoms (CCDS) were associated with both greater cortisol AUC and with a flatter cortisol waking to bedtime rhythm. The associations were primarily attributable to differences on the intrusion, arousal, and avoidance CCDS subscales. CONCLUSION: Posttraumatic stress symptomatology reported in response to community violence exposure was associated with diurnal cortisol disruption in these community-dwelling urban children.

Record 16 of 35

TI: Title
Treating traumatized children after Hurricane Katrina: Project Fleur-de-Lis

AU: Author
Cohen, Judith A; Jaycox, Lisa H; Walker, Douglas W; Mannarino, Anthony P; Langley, Auda Kae; Duclos, Jennifer L

AF: Affiliation
Center for Traumatic Stress in Children and Adolescents, Allegheny General Hospital, Drexel University College of Medicine, Pittsburgh PA, USA; RAND Corporation, Arlington VA, USA; Mercy Family Center, Metairie LA, USA; Semel Institute for Neuroscience and Human Behavior, University of California, Los Angeles CA, USA; Graduate School of Education, Harvard University, Cambridge MA, USA

SO: Source
Clinical Child and Family Psychology Review, vol. 12, no. 1, pp. 55-64, March 2009

AB: Abstract
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.

Record 17 of 35

TI: Title
Measuring child exposure to violence and mental health reactions in epidemiological studies: challenges and current issues

AU: Author
Duarte, Cristiane Seixas; Bordin, Isabel Altenfelder Santos; Green, Genevieve Rachel; Hoven, Christina W

AF: Affiliation
Division of Child and Adolescent Psychiatry, College of Physicians and
This paper examines challenges and current issues involved in measuring exposure to different types of violence which are associated with mental health problems in children and adolescents. Standardized measures suitable for epidemiological studies, selected based on their relevance in the current literature, are briefly described and commented. The assessment of child's exposure to violence may focus on a specific event (e.g., kidnapping), a specific context (e.g., war), or even of a certain type of exposure (e.g., intrafamilial physical violence). The assessment of child mental health after exposure to violence has traditionally focused on PTSD -- most frequently measured through non-diagnostic scales. However, other mental health reactions may be present and screening as well as diagnostic instruments which may be used to assess these reactions are also described. Two issues of emerging importance -- the assessment of impairment and of traumatic grief in children -- are also presented. Availability of culturally appropriate instruments is a crucial step towards proper identification of child mental health problems after exposure to violence.

Record 18 of 35

**Title:** Posttraumatic stress disorder and substance use disorder in adolescent bipolar disorder

**Authors:** Steinbuchel, Petra H; Wilens, Timothy E; Adamson, Joel J; Sgambati, Stephanie

**Affiliation:** Department of Psychiatry, Children's Hospital and Research Center, Oakland CA, USA; Department of Child and Adolescent Psychiatry, Massachusetts General Hospital, Boston MA, USA

**Source:** Bipolar Disorders, vol. 11, no. 2, pp. 198-204, March 2009

**Abstract:**
OBJECTIVE: Anxiety disorders such as 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 (K-SADS-E), or Structured Clinical Interview for DSM-IV (SCID) if 18 years or older. SUD was assessed by K-SADS Substance Use module for subjects under 18 years, or SCID module for SUD if age 18 or older. RESULTS: 9 (8%) BPD subjects endorsed PTSD and 9 (8%) BPD subjects endorsed subthreshold PTSD compared to 1 (1%) control subject endorsing full PTSD and 2 (2%) controls endorsing subthreshold PTSD. Within BPD subjects endorsing PTSD, 7 (39%) met criteria for SUD. Significantly more SUD was reported with full PTSD than with subthreshold PTSD (chi-squared = 5.58, p = 0.02) or no PTSD (chi-squared = 6.45, p = 0.01). Within SUD, the order of onset was
BPD, PTSD, and SUD in 3 cases, while in 2 cases the order was PTSD, BPD, SUD. The remaining 2 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.

Record 19 of 35
TI: Title
The intergenerational effects of trauma from terror: a real possibility
AU: Author
Kaitz, Marsha; Levy, Mindy; Ebstein, Richard P; Faraone, Stephen V; Mankuta, David
AF: Affiliation
Hebrew University-Hadassah Medical School, Jerusalem, Israel; Agoola Birth Center, Israel; State University of New York Health Science Center, Syracuse NY, USA; Hadassah University Hospital, Jerusalem, Israel
SO: Source
AB: Abstract
The goals of this article are to discuss the potential risk of children whose parents were traumatized by terror, to present literature on parenting in the context of terror, and to consider factors that may mediate the transmission of trauma-effects from parents to children. Mediators considered are parents' traumatic distress, disturbed parent-child interactions, trauma-related disturbances in parents' thinking, and effects of stress on children's neural functioning. Also discussed are genetic and environmental factors that may moderate the transmission of intergenerational effects and promote children's risk and resilience. Points raised during the discussion are illustrated with segments from interviews of women who were pregnant or gave birth some time after direct exposure to a terror attack. The authors conclude that empirical studies are needed to learn more about the intergenerational transmission of trauma-effects and processes that underlie it. The authors join others in the call to improve evaluation, treatment, and support of trauma victims and their children to stymie the transmission of problems from one generation to the next.

Record 20 of 35
TI: Title
Companion recovery model to reduce the effects of profound catastrophic trauma for former child soldiers
AU: Author
Gregory, Jenifer L; Embrey, David G
AF: Affiliation
World Change for Children, Bellevue WA, USA; Division of Rehabilitation, University of Washington, Seattle WA, USA
SO: Source
Traumatology, vol. 15, no. 1, pp. 40-51, March 2009
AB: Abstract
This article describes a companion recovery model designed to reduce the symptoms of PTSD in 130 former child soldiers in Ganta, Liberia. Male and female participants were conscripted by force between 6 and 13 years of age. The article discusses a model applied to a two-weeks group training and one-on-one companion intervention. The model teaches nine conceptual modules (overwhelming events, encapsulation, somatization, recognition, release, resilience, integration, new-self, and rebuilding) and a commencement ceremony to help reintegrate participants into their communities. Two case studies involving male and female participants highlight the application of this model. The study findings reveal that the participants showed significant (p < .001) recovery from profound catastrophic trauma (PCT).

Record 21 of 35
TI: Title
Reducing the effects of profound catastrophic trauma for former child soldiers: companion recovery model
AU: Author
Gregory, Jenifer L; Embrey, David G
AF: Affiliation
Western State Hospital, Tacoma WA, USA; Division of Rehabilitation, University of Washington, Seattle WA, USA
SO: Source
Traumatology, vol. 15, no. 1, pp. 52-62, March 2009
AB: Abstract
This pilot study evaluated the ability of a companion recovery model to decrease the effects of profound catastrophic trauma in 130 male and female former child soldiers in Liberia, West Africa. This 2-week intervention model was field-tested to determine its ability to reduce the symptoms of PTSD. Clinical Assessment of PTSD Scale [i.e., Clinician Administered PTSD Scale] was used to evaluate pretreatment and posttreatment symptoms of PTSD. Results showed a significant reduction (p < .001) in PTSD symptoms by 33%. Early findings suggest that the model may be helpful in reducing the symptoms of trauma in former child soldiers.

Record 22 of 35
TI: Title
Male juveniles with sexual behavior problems: are there differences among racial groups?
AU: Author
Ikomi, Philip A; Rodney, H Elaine; McCoy, Tana
AF: Affiliation
Texas Juvenile Crime Prevention Center, Prairie View A&M University, Prairie View TX, USA
SO: Source
AB: Abstract
This study used archival data on a sample of 186,492 referrals from a southwestern state Juvenile Probation Commission to compare the characteristics of 5,439 male Black, Hispanic, and White juveniles with sexual behavior problems on the five most common sexual offenses in the data set. The characteristics of 181,053 juveniles of the three races without sexual behavior problems were also compared on the basis of the seven most common nonssexual offenses. The bases of comparison
were the seven variables: reported incidence of sexual offenses, the primary caregivers or living arrangements, age, suspected sexual abuse, suspected emotional abuse, suspected physical abuse, and special education status, on which racial differences were found. Prevention and treatment implications of findings are discussed.

Record 23 of 35
TI: Title
Profiles of school adaptation: social, behavioral and academic functioning in sexually abused girls
AU: Author
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SO: Source
AB: Abstract
OBJECTIVES: The short-term outcomes of child sexual abuse (CSA) on academic, behavioral, and social adaptation at school were examined in order to: (1) document the proportion of sexually abused (SA) girls struggling in school and define the nature of their difficulties, (2) explore whether different profiles of school adaptation could be identified, and (3) examine the different constellations of contextual, personal, and familial correlates of abuse for each profile.
METHOD: The sample consisted of 100 French-speaking mother-daughter dyads. Girls (aged 7-12, M = 8.64) were administered cognitive functioning tests and completed self-report measures to assess symptomatology, perception of abuse, and support provided. Mothers and teachers completed questionnaires to assess child's emotional, social, behavioral, and academic functioning in school.
RESULTS: Descriptive analyses showed that a substantial number of girls (54%) presented clinical school adaptation difficulties in at least 1 of the 3 domains evaluated. Cluster analysis revealed 4 distinctive school functioning profiles: (1) academic-specific, (2) acting out/withdrawn, (3) polyclinical, and (4) resilient. These were distinguished by degree of school functioning difficulties and number of domains affected. The profiles were further discriminated by elements of the CSA experience and contextual, familial, and personal factors. The number of spheres of functioning affected was proportional to the number of risk factors to which girls were exposed.
DISCUSSION: Results suggest the need for a systematic and thorough assessment of SA child functioning at school and may guide mental health professionals in providing differential treatment on the basis of the emerged typology.
PRACTICE IMPLICATIONS: Sexually abused children demonstrate a wide variability of responses, rendering the elaboration of a "one size fits all" treatment rather difficult. The emerged typology underscores the complex heterogeneity of school adjustment profiles and suggest that secondary effects of abuse on child's level of school functioning require specific assessment and close monitoring. This study raises practical questions as to whether such secondary effects could best be addressed as a primary treatment objective, or in addition to a trauma-focused approach, or as the sole treatment objective.
Record 24 of 35
TI: Title
Trauma, dissociation, and substance dependence in an adolescent male
AU: Author
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AF: Affiliation
Department of Psychiatry, Harvard Medical School, Boston MA, USA; McLean Hospital, Belmont MA, USA; Department of Psychiatry, University of Pennsylvania, Philadelphia PA, USA; Treatment Research Institute, University of Pennsylvania, Philadelphia PA, USA
SO: Source
AB: Abstract
The case study of an adolescent young man with PTSD and dissociative symptoms illustrated several important common features found in such clinical situations. PTSD often has a delayed onset following severe trauma. The patient often experiences, in addition to PTSD, posttrauma symptoms in a numbers of domains, including affective dysregulation, behavioral dyscontrol, dissociation, and substance abuse. The timing and the specifics concerning treatment for PTSD is highly individualized, and active work concerning the traumatic event must be carefully titrated.

Record 25 of 35
TI: Title
Children's adjustment problems in families characterized by men's severe violence toward women: does other family violence matter?
AU: Author
McDonald, Renee; Jouriles, Ernest N; Tart, Candyce D; Minze, Laura C
AF: Affiliation
Department of Psychology, Southern Methodist University, Dallas TX, USA
SO: Source
Child Abuse and Neglect, vol. 33, no. 2, pp. 94-101, February 2009
AB: Abstract
OBJECTIVE: This research examined whether additional forms of family violence (partner-child aggression, mother-child aggression, and women's intimate partner violence [IPV]) contribute to children's adjustment problems in families characterized by men's severe violence toward women.
METHODS: Participants were 258 children and their mothers recruited from domestic violence shelters. Mothers and children completed measures of men's IPV, women's IPV, partner-child aggression, and mother-child aggression. Mothers provided reports of children's internalizing and externalizing behavior problems; children provided reports of their appraisals of threat in relation to interparent conflict.
RESULTS: After controlling for sociodemographics and men's IPV: (1) each of the additional forms of family violence (partner-child aggression, mother-child aggression, and women's IPV) was associated with children's externalizing problems; (2) partner-child aggression was associated with internalizing problems; and (3) partner-child aggression was associated with children's threat appraisals. The relation of mother-child aggression to externalizing problems was stronger for boys than for girls; gender differences were not observed for internalizing problems or threat appraisals.
CONCLUSIONS: Men's severe IPV seldom occurs in the absence
of other forms of family violence, and these other forms appear to contribute to children's adjustment problems. Parent-child aggression, and partner-child aggression in particular, are especially important. Systematic efforts to identify shelter children who are victims of parental violence seem warranted.

PRACTICE IMPLICATIONS: Men's severe IPV seldom occurs in the absence of other forms of family violence (partner-child aggression, mother-child aggression, and women's IPV), and these different forms of family violence all contribute to children's adjustment problems. Treatment programs for children who come to domestic violence shelters should address these different forms of family violence, especially parent-child aggression.
shows that PTSD often takes place before the dependence on a psychoactive substance (PAS), essentially alcohol. According to the American study ECA (Epidemiologic catchment area of Saint Louis), the probability for a person suffering of a PTSD to develop dependence on a PAS is 5 times more important for men and 1.4 times more important for women. Nevertheless, PTSD worsens the use of PAS more than it initiates it. As for illicit PAS misuse, it would facilitate the occurrence of PTSD because the exposure to risk is increased. From this same study, Cottler et al. show that in a population consuming opiates and cocaine, compared with a non consuming population, the probability to be exposed to a traumatic event is 5.06 times higher and the one to develop a PTSD is 3.62 times more important. The type of traumatic event plays a decisive role. Women are more likely to be victims of sexual attacks and vulnerable to acts of terrorism, so they are more susceptible to PTSD. Therapeutic modalities insist on taking care of both pathologies at the same time, as their association interferes with the prognosis of each of them.

Record 28 of 35
TI: Title
L’ESPT incomplet: concept utile ou futile? = Incomplete posttraumatic stress disorder: a useful or a useless concept?
AU: Author
Mylle, Jacques
AF: Affiliation
(De)partement des sciences du comportement, (Co)cole royale militaire, Brussels, Belgium
SO: Source
Revue Francophone du Stress et du Trauma, vol. 8, no. 3, pp. 177-184, August 2008
AB: Abstract
The dichotomy of presence versus absence of a disorder often creates problems because the objectives of the nosography are not reached if the subject does not meet all the criteria of the given disorder. In this article, the problem of incomplete PTSD is discussed. In a lot of cases, there is no specific positive diagnostic possible, nor a completely negative diagnostic. A treatment, which is based on a complete diagnostic of PTSD (i.e. when all the DSM-IV criteria are met), as it is usually practised in most Anglo-Saxon countries, may pose a serious problem too. Without a complete diagnostic, the subject does not receive an official status at the medical, social, or legal level. Hence, there are a lot of clinical and theoretical implications linked with the use of a (so-called) incomplete diagnostic of PTSD. First, the different concepts used in the literature will be discussed. A second part will focus on the prevalence of the different kinds of incomplete PTSD.

Record 29 of 35
TI: Title
Folgen von Gewalt am Kind = Consequences of violence to children
AU: Author
Thun-Hohenstein, L
AF: Affiliation
Universitätssklinik fC<r Psychiatrie I, Kinder- und Jugendpsychiatrie, Paracelsus Medizinische Privatuniversität, Christian Doppler Klinik, Salzburg, Austria
Violence to children has consequences -- not for all victimized children, but for many. Such consequences occur independently of genetic, family, personal, and social factors. Starting with the living situation, immediate results of such trauma develop that often can be compensated and mastered through good coping strategies and social support. If symptoms persist, however, results such as PTSD can develop in more than 30% of affected children. Long-term results occur on physical, psychic, and social levels and have dramatic effects on personal and professional life. These effects can also include situations which shorten life. Therefore the prompt diagnosis of trauma results and their correct and early treatment are the keys to hindering the described effects. However, not all people develop disorders in response to abusive treatment: a number of genetic, social, and personal resilience factors can protect and to some extent be used therapeutically.

In recent years, the definitions of trauma and individual criteria of posttraumatic disorders as defined in ICD-10 and DSM-IV have been critically discussed. The category of acute stress disorder is questioned due to an over-emphasis on dissociative symptoms and a pathologizing of normal reactions after trauma. The criteria for PTSD, especially those with regard to childhood and adolescence, need revision. Scheeringa and co-workers have since defined PTSD-criteria that are more suitable and specific for posttraumatic reactions and disorders in toddlers and children. Moreover, the "Complex Trauma Taskforce" of the National Child Traumatic Stress Network proposes a diagnosis called "Developmental Trauma Disorder" to better capture the problems of children suffering from early and complex traumata.
The present study sought to modify Exposure, Relaxation, and Rescripting Therapy, an empirically supported treatment for chronic nightmares in adults, (1) to make it developmentally appropriate for children, (2) to incorporate a parent component, and (3) to examine the effect of this modified treatment, referred to as ERRT-C, on the frequency and severity of chronic nightmares, nightmare distress, behavioral problems, sleep quality, and quantity, as well as symptoms of PTSD, anxiety, and depression with children experiencing chronic nightmares. It was hypothesized that improvements in these areas would be experienced by the 4 children involved in this study following ERRT-C. Results obtained from this study offer some preliminary evidence in support of ERRT-C in the reduction of nightmares, sleep disturbances, and behavior problems in this specific sample of children.

Record 32 of 35

Title
Post-traumatic stress disorder, depression and generalised anxiety disorder in adolescents after a natural disaster: a study of comorbidity

Author
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Affiliation
Corner House Resource Centre, Wolverhampton, England ; SDM College of Medical Sciences, Sattur, Dharwad, Karnataka, India

Source
Clinical Practice and Epidemiology in Mental Health, vol. 2, pp. Article 17, 26 July 2006

Abstract
BACKGROUND: Information on mental health sequel in adolescents following natural disasters from developing countries is scant. METHOD: Around one year after a super-cyclone, proportion of adolescents exhibiting posttraumatic psychiatric symptoms, prevalence of PTSD, major depression and generalized anxiety disorder, comorbidity, and impairment of performance in school were studied in Orissa, India. Mini International Neuropsychiatric Interview for children and adolescents was used for evaluation and diagnosis. The criteria for diagnoses were based on DSM-IV. RESULTS: Post-disaster psychiatric presentation in adolescents was a conglomeration of PTSD, depression, and anxiety symptoms. The prevalences of PTSD, major depressive disorder, and generalised anxiety disorder were 26.9%, 17.6% and 12.0% respectively. Proportion of adolescents with any diagnosis was 37.9%. Comorbidity was found in 39.0% of adolescents with a psychiatric diagnosis. Adolescents from middle socioeconomic status were more affected. There were gender differences in the presentation of the symptoms rather than on the prevalence of diagnoses. Prolonged periods of helplessness and lack of adequate post-disaster psychological support were perceived as probable influencing factors, as well as the severity of the disaster. CONCLUSION: The findings of the study highlight the continuing need for identification and intervention for post-disaster psychiatric morbidities in adolescent victims in developing countries.
Exposure to violence and mental health in inner-city children: concurrent, longitudinal, and process outcomes [dissertation]

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Previous studies have highlighted numerous relationships between violence exposure and negative outcomes within low income, inner-city areas. The current study adds to this literature by examining associations between violence exposure and mental health outcomes from a developmental contextual perspective. In order to increase knowledge about the consequences of violence exposure, the study looked at multiple domains as rated by multiple informants across two time points, factoring in other possible explanatory variables including general life stress, and exploring potential mediated relationships. Data were drawn from a sample of predominantly African American elementary school aged children and their parents who lived in a low socioeconomic (SES) inner-city area of Philadelphia. An assessment utilizing a semi-structured interview for PTSD resulted in diagnosis for 7% of the sample. Of those who identified a Criterion A trauma (N = 53), 15% were diagnosed. However, when assessing PTSD symptomatology by checklist, 34% received an "approximate diagnosis" by meeting criteria for all three major symptom clusters, with 49% of the children who identified a Criterion A trauma meeting "diagnosis". Regression analyses indicated that both child-reported life stress and violence exposure uniquely predicted child-reported internalizing symptomatology including PTSD and depression, but that a large proportion of the variance accounted for in these variables was shared by violence and life stress. Similar results emerged when the relationship between parent reported violence and parent reported externalizing problems [sic]. Mediational analyses utilizing a composite outcome created from violence and life stress scores indicated that self-esteem partially mediated the relationship between Violence/Stress and PTSD symptomatology and that PTSD partially mediated the relationship between Violence/Stress and depression. Substantial amounts of variance were accounted for between the Violence/Stress - PTSD relationship when self-esteem and previous emotional distress were accounted for (44%). Additionally, substantial amounts of variance were accounted for between the Violence/Stress - depression relationship when PTSD symptomatology and previous emotional distress were accounted for (44%). Future studies should continue to longitudinally evaluate multiple contributors of mental health status across different populations and geographical environments where violence is prevalent. Clinical and policy implications are discussed.

Play therapy for children exposed to violence: individual, family, and community interventions

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AB: Abstract
Children who have been exposed to violence are at risk for developing PTSD, long-lasting emotional and behavioral difficulties, or even of becoming violent themselves someday. Treatment as soon as possible after the trauma helps prevent negative outcomes, and play therapy is often the safest and most developmentally appropriate means of helping children. Ensuring children's physical and emotional safety at home and in their community ensures greater likelihood of posttraumatic adjustment. This article has outlined interventions that have been used successfully at individual, family, and community levels and provides ideas for what play therapists can do to help with this growing national problem. [Text, pp. 40-41]

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TI: Title
Six-year longitudinal predictors of posttraumatic growth in parentally bereaved adolescents and young adults
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AB: Abstract
Using the Posttraumatic Growth Inventory, we examined posttraumatic growth in a sample of 50 adolescents and young adults who had experienced parental death in childhood or adolescence. Longitudinal relations were examined between baseline measures of contextual and intraindividual factors and scores on the posttraumatic growth subscales (i.e., New Possibilities, Relating to Others, Personal Strengths, Spiritual Changes, and Appreciation of Life) six years later. Controlling for time since death, threat appraisals, active coping, avoidant coping, seeking support from parents or guardians, seeking support from other adults, internalizing problems, and externalizing problems were significant predictors of posttraumatic growth. The implications of these findings for research and clinical practice are discussed.