Adolescents' and parents' agreement on posttraumatic stress disorder symptoms and functioning after adolescent injury.

Department of Psychiatry & Behavioral Sciences, Harborview Medical Center, University of Washington School of Medicine, Seattle, WA.

Few investigations have simultaneously assessed concordance between youth and parent ratings of posttraumatic stress disorder (PTSD) symptoms and functioning. Randomly sampled adolescent injury survivors ages 12-18 and their parents were assessed on the inpatient ward and again at 2, 5, and 12-months postinjury (N = 99). Adolescent PTSD symptoms and functioning were rated by both adolescents and parents. Parent PTSD was also assessed; 27% of parents endorsed symptoms consistent with a diagnosis of PTSD over the course of the year after adolescent injury. The PTSD positive parents demonstrated significantly greater discordance in ratings of adolescent PTSD symptoms, family cohesion, and mental health functioning. These findings suggest caution in clinical and policy applications of parental ratings of adolescent symptomatic and functional outcomes after injury.

PMID: 18956447 [PubMed - in process]

Toward assessing traumatic events and stress symptoms in preschool children from low-income families.

Department of Psychology, University of Michigan.

Traumatic events can seriously disrupt the development of preschool children. Yet few studies capture developmentally specific examples of traumas and the expression of distress for this age group. Mothers and teachers of 138 preschoolers from low-income families were interviewed about traumatic events and completed a new measure assessing their child's traumatic stress symptoms. They reported traumatic events as the death of a person, death of a pet, family violence, high conflict divorce, sudden family loss, accident or injury, and viewing the World Trade Center attack. Factor analysis of 17 trauma symptoms revealed three internally consistent and valid scales: Intrusions, Emotional Reactivity, and Fears, plus a Total omnibus score. Traumatic stress symptoms varied by the type of event. Scores were higher for traumatic events involving close family members than for distal events. (PsycINFO Database Record (c) 2008 APA, all rights reserved).

PMID: 18954185 [PubMed - in process]

The Relationship Between Type of Trauma Exposure and Posttraumatic Stress Disorder Among Urban Children and Adolescents.

Mount Sinai School of Medicine, New York.

This study examines the association between trauma exposure and posttraumatic stress disorder (PTSD) among 157 help-seeking children (aged 8-17). Structured clinical interviews are carried out, and linear and logistic regression analyses are conducted to examine the relationship between PTSD and type of trauma exposure controlling for age, gender, and ethnicity. Confrontation with traumatic news, witnessing domestic violence, physical abuse, and sexual abuse are each significantly associated with PTSD. Witnessing a crime, being the victim of a crime, and exposure to accidents, fire, or disaster are not associated with PTSD. These findings underscore the association between interpersonal violence and childhood PTSD.

PMID: 18945918 [PubMed - as supplied by publisher]

4: J Clin Psychiatry. 2009 Jan 17. pii: ej07m03828. [Epub ahead of print]
Treatment of Posttraumatic Stress Disorder in Postwar Kosovar Adolescents Using Mind-Body Skills Groups: A Randomized Controlled Trial.

Gordon JS, Staples JK, Byta A, Bytyqi M, Wilson AT.
From The Center for Mind-Body Medicine, Washington, D.C., USA. jgordon@cmbm.org.

OBJECTIVE: To determine whether participation in a mind-body skills group program based on psychological self-care, mind-body techniques, and self-expression decreases symptoms of posttraumatic stress disorder (PTSD). METHOD: Eighty-two adolescents meeting criteria for PTSD according to the Harvard Trauma Questionnaire (which corresponds with 16 of the 17 diagnostic criteria for PTSD in DSM-IV) were randomly assigned to a 12-session mind-body group program or a wait-list control group. The program was conducted by high school teachers in consultation with psychiatrists and psychologists and included meditation, guided imagery, and breathing techniques; self-expression through words, drawings, and movement; autogenic training and biofeedback; and genograms. Changes in PTSD symptoms were measured using the Harvard Trauma Questionnaire. The study was conducted from September 2004 to May 2005 by The Center for Mind-Body Medicine at a high school in the Suhareka region of Kosovo. RESULTS: Students in the immediate intervention group had significantly lower PTSD symptom scores following the intervention than those in the wait-list control group (F = 29.8, df = 1,76; p < .001). Preintervention and postintervention scores (mean [SD]) for the intervention group were 2.5 (0.3) and 2.0 (0.3), respectively, and for the control group, 2.5 (0.3) and 2.4 (0.4), respectively. The decreased PTSD symptom scores were maintained in the initial intervention group at 3-month follow-up. After the wait-list control group received the intervention, there was a significant decrease (p < .001) in PTSD symptom scores compared to the preintervention scores. CONCLUSIONS: Mind-body skills groups can reduce PTSD symptoms in war-traumatized high school students and can be effectively led by trained and supervised schoolteachers. TRIAL REGISTRATION: clinicaltrials.gov Identifier: NCT00136357.

PMID: 18945398 [PubMed - as supplied by publisher]

Meaning in life and personal growth among pediatric physicians and nurses.

Taubman-Ben-Ari O, Weintroub A.
School of Social Work, Bar Ilan University, Ramat Gan, 52900 Isreal.
taubman@mail.biu.ac.il
Studies examining medical teams indicate that exposure to the terminally ill often has detrimental effects on their physical and emotional well-being. However, recent theoretical developments suggest that this exposure might also have positive implications. The current study sought to examine 2 positive outcomes, meaning in life and personal growth, among physicians and nurses working with hospitalized children and exposed to different levels of patient mortality. In addition, the contribution of level of secondary traumatization and the personal resources of professional self-esteem and optimism were examined. The sample consisted of 58 physicians and 66 nurses working in pediatric hemato-oncology, pediatric intensive care units, and pediatric internal medicine wards in Israel. The findings indicate that a higher level of exposure to patient death, higher optimism, and professional self-esteem, and lower secondary traumatization predicted the sense of meaning in life, whereas occupation, as well as higher professional self-esteem and higher level of secondary traumatization, especially among lower professional self-esteem individuals, predicted a higher experience of personal growth. In addition, nurses reported higher levels of professional self-esteem, secondary traumatization, and personal growth than physicians. The theoretical and practical implications of the results are discussed.

PMID: 18924291 [PubMed - indexed for MEDLINE]


van der Hal-Van Raalte EA, Bakermans-Kranenburg MJ, van Ijzendoorn MH. AMCHA-the National Israel Center for Psycho-Social Support of Survivors of the Holocaust and Second Generation, Israel.

OBJECTIVES: Late-life implications of early traumatic stress for the adreno-cortical system were examined in a sample of 133 child survivors of the Holocaust, who were subjected to Nazi persecution during infancy. METHOD: In a non-convenience sample of child survivors, born between 1935 and 1944, basal circadian cortisol release and cortisol reactivity to a stressor were assessed. RESULTS: Age, parental loss during the Holocaust, current depression, post-traumatic stress disorder (PTSD) and physical illness were not associated with differences in basal diurnal cortisol levels. Neuro-endocrine effects, however, were found in stress reactivity through elevated cortisol levels in male respondents in the youngest age group (born 1941-1945), and in male respondents suffering from PTSD-related functional impairment. CONCLUSION: The youngest survivors of Nazi persecution show late-life effects of traumatic stress during early childhood, evidenced by the early onset of differential neuroendocrine pathways to stress-regulating strategies.

PMID: 18855179 [PubMed - in process]


Ahmad A, von Knorring AL, Sundelin-Wahlsten V. Department of Neuroscience, Uppsala University, Uppsala, Sweden.

The prevalence and correlates of post-traumatic stress disorder (PTSD) were assessed in random samples of school-aged Kurdistanian children and their parents.
in homeland and exile. Of the 376 eligible children at the two sites, 312 children and their parents (293 mothers and 248 fathers) completed the Harvard-Uppsala Trauma Questionnaire and Posttraumatic Stress Symptom interviews for children, and Harvard Trauma Questionnaire for parents. Unlike their children, fathers showed significantly higher PTSD frequencies in exile than in the homeland. The fathers' PTSD negatively correlated with the living standard and fathers' education, while child PTSD mostly correlated with maternal education and living in exile. Living in exile seems to have a negative impact on fathers' post-traumatic reactions, despite its positive influence on children. High drop-outs in exile limit the conclusions.

PMID: 18836928 [PubMed - as supplied by publisher]

Validation of the Short Posttraumatic Stress Disorder Rating Interview (expanded version, Sprint-E) as a measure of postdisaster distress and treatment need.

Norris FH, Hamblen JL, Brown LM, Schinka JA.
Department of Psychiatry, Dartmouth Medical School, National Center for Disaster Mental Health Research, Department of Veterans Affairs National Center for PTSD, White River Junction, Vermont, USA.

OBJECTIVE: Professionals and paraprofessionals working in disaster settings need tools to identify persons with mental health needs. To validate the Sprint-E as a measure of postdisaster distress and treatment need, the authors tested (1) the concurrent validity of the measure compared with other measures of distress, (2) the sensitivity and specificity of a "3/7 rule" on the Sprint-E relative to probable PTSD diagnosis, and (3) the hypothesis that Sprint-E scores would be stable in the absence of treatment but would improve in its presence. METHOD: In Study 1, data were collected at the point of enrollment from 165 adults participating in a Florida treatment program implemented in response to the 2004 hurricanes. In Study 2, data were collected at points of referral, pretreatment, and intermediate treatment from 128 adults participating in a Baton Rouge Louisiana treatment program implemented in response to the 2005 hurricanes, Katrina and Rita. RESULTS: The utility of a 3/7 rule for the Sprint-E, with 3 suggesting possible and 7 suggesting probable treatment needs, was supported in Study 1. Tested against the PTSD Checklist, the Sprint-E performed well in ROC analyses (area under the curve = 0.87); a score of 7 achieved sensitivity of 78 percent and specificity of 79 percent. In Study 2, Sprint-E scores evidenced little change between referral and pretreatment but substantial change between pretreatment and intermediate treatment. CONCLUSION: The Sprint-E is useful as an assessment and referral tool in situations where more in-depth assessment is not feasible and mental health services are available.

PMID: 18822839 [PubMed - indexed for MEDLINE]

Medical tales from the "good war".

Rosenberg MA.

PMID: 18798387 [PubMed - indexed for MEDLINE]

The relationship between explanatory style and posttraumatic growth after bereavement in a non-clinical sample.
Ho SM, Chu KW, Yiu J.
Department of Psychology, University of Hong Kong, Pokfulam Road, Hong Kong.
munyin@hkucc.hku.hk

The relationship between explanatory style and self-perceived posttraumatic growth was examined among 105 undergraduates in Hong Kong who had experienced bereavement in the past 6 years. Individuals who tended to attribute positive events to internal, global, and stable factors reported more posttraumatic growth than individuals who tended to attribute positive events to external, specific, and unstable factors. The explanatory style for positive events might affect later cognitive processing, such as meaning making after bereavement, which will affect self-perceived posttraumatic growth. One's explanatory style for negative events is not related to posttraumatic growth after bereavement. Directions for future study are described.

PMID: 18767238 [PubMed - indexed for MEDLINE]

The role of rumination in the coexistence of distress and posttraumatic growth among bereaved Japanese university students.

Taku K, Calhoun LG, Cann A, Tedeschi RG.
Department of Psychology, University of North Carolina at Charlotte, 9201 University City Boulevard, Charlotte, North Carolina 28223, USA. ktaku@uncc.edu

This study examined the relationships between rumination, distress and posttraumatic growth (PTG). Seventy-one bereaved Japanese university students completed the PTG Inventory, the Impact of Event Scale-Revised, and a rumination scale. Three models, with variables including intrusive rumination, deliberate rumination, distress, and PTG, were tested using structural equation modeling. Results indicated that 1 model, which depicted recent intrusive rumination leading to distress and deliberate rumination soon after the event leading to PTG, with distress and PTG coexisting, was shown to best fit the data. Present findings offer implications for future research on PTG.

PMID: 18767236 [PubMed - indexed for MEDLINE]

Effects of trauma and religiosity on self-esteem.

Reiland S, Lauterbach D.
Eastern Michigan University, USA.

Self-esteem is often lower among persons who have experienced trauma, but religiosity may ameliorate these psychological effects. The purpose of this paper was to examine the relationships among religiosity, self-esteem, and childhood exposure to trauma, utilizing data from the National Comorbidity Survey, a large (N = 8,098) nationally representative population survey in the 48 contiguous states of the USA that assessed religious practices, self-esteem, and exposure to trauma. Exposure to trauma in childhood was assessed through self-report of presence or absence of childhood physical abuse, sexual abuse, or neglect. Religiosity was assessed as the sum of responses to 4 self-report items (religious service attendance, use of religion for comfort and guidance, and importance of religion). Self-esteem was assessed on 9 self-report items adapted from the Rosenberg Self-Esteem Scale. Analysis of variance compared scores for persons who reported exposure to childhood abuse and differed in the value they
placed on various religious practices on self-esteem. Persons who reported physical abuse, sexual abuse, or neglect in childhood had significantly lower mean self-esteem than those who did not report these events. There was also a main effect for religiosity in a comparison of persons who reported childhood sexual abuse with those who reported none. The High Religiosity group had higher mean self-esteem than the Medium and Low Religiosity groups. There was a significant interaction as those who reported childhood sexual abuse had lower mean self-esteem than peers who reported none in the Low and Medium Religiosity groups. Mean self-esteem for those who reported childhood sexual abuse was comparable to that of those who reported none in the High Religiosity group.

PMID: 18763449 [PubMed - indexed for MEDLINE]

Suicide among discharged psychiatric inpatients in the Department of Veterans Affairs.

Desai RA, Dausey D, Rosenheck RA.
Northeast Program Evaluation Center, VA Connecticut Healthcare System, Department of Psychiatry and Epidemiology and Public Health, School of Medicine, Yale University, New Haven, CT 06510, USA.

OBJECTIVE: The objective of this study was to explore correlates of the use of firearms to commit suicide. METHODS: A national sample of psychiatric patients discharged from Department of Veterans Affairs medical centers was followed from the time of discharge until December 1999. The study explores state-level measures as correlates of overall suicide and suicide by firearm, controlling for individual sociodemographic characteristics and psychiatric diagnosis. The outcomes of interest were completed suicide and suicide by firearm. RESULTS: Patients who were male, Caucasian, and who had a diagnosis of substance abuse or post-traumatic stress disorder were significantly more likely to use a firearm than another means to commit suicide. Multivariable models indicated that veterans living in states with lower rates of gun ownership, more restrictive gun laws, and higher social capital were less likely to commit suicide with a firearm. CONCLUSIONS: Gun ownership rates, legislation, and levels of community cohesiveness are significantly associated with the likelihood of psychiatric patients committing suicide with a gun.

PMID: 18751586 [PubMed - indexed for MEDLINE]

Family-of-origin maltreatment, posttraumatic stress disorder symptoms, social information processing deficits, and relationship abuse perpetration.

Taft CT, Schumm JA, Marshall AD, Panuzio J, Holtzworth-Munroe A.
National Center for Posttraumatic Stress Disorder, Veterans Affairs Boston Healthcare System, Boston University School of Medicine, Boston, MA 02130, USA. casey.taft@va.gov

In this study, the authors examined the interrelations among family-of-origin maltreatment variables, posttraumatic stress disorder (PTSD) symptoms, social information processing deficits, and male-to-female psychological and physical intimate relationship abuse perpetration in adulthood among a community sample of 164 men and their partners. In bivariate analyses, higher family-of-origin childhood parental rejection was associated with the perpetration of psychological and physical abuse in adulthood, and childhood exposure to
interparental violence was also associated with adult psychological abuse perpetration. Structural equation modeling analyses indicated that when childhood variables and other study variables were considered together, only childhood parental rejection was associated with the abuse perpetration outcomes, and these effects were indirect through PTSD symptoms and social information processing deficits. Results indicate a need for further investigation into the mechanisms accounting for the impact of early maltreatment on the development of abusive intimate relationship behavior. Copyright (c) 2008 APA, all rights reserved.

PMID: 18729615 [PubMed - indexed for MEDLINE]

Psychological trauma and schizotypal personality disorder.

Berenbaum H, Thompson RJ, Milanek ME, Boden MT, Bredemeier K.
Department of Psychology, University of Illinois at Urbana-Champaign, Champaign, IL 61820, USA. hberenba@uiuc.edu

Two studies examined the relation between psychological trauma and schizotypal symptoms. In Study 1, in which 1,510 adults completed telephone interviews, both childhood maltreatment and the experience of an injury or life-threatening event were significantly associated with schizotypal symptoms. In Study 2, in which 303 adults (oversampled for having elevated levels of schizotypal symptoms) completed extensive in-person assessments, both childhood maltreatment and meeting posttraumatic stress disorder (PTSD) Criterion A were significantly associated with schizotypal symptoms. The links between schizotypal symptoms and at least some forms of psychological trauma could not be fully accounted for by shared variance with antisocial and borderline personality disorders, absorption/dissociation, PTSD symptom severity, family history of psychotic disorder, or signs of neurodevelopmental disturbance (as indexed by minor physical anomalies and inconsistent hand use). Schizotypal symptoms were more strongly associated with childhood maltreatment among men than among women, whereas schizotypal symptoms were more strongly associated with PTSD Criterion A among women than among men. Finally, among men, the association between childhood maltreatment and schizotypal symptoms was moderated by signs of neurodevelopmental disturbance. Copyright (c) 2008 APA, all rights reserved.

PMID: 18729605 [PubMed - indexed for MEDLINE]

TV coverage of tragedies: what is the impact on children?

Joshi PT, Parr AF, Efron LA.
Department of Psychiatry and Behavioral Sciences, Childrens National Medical Center, George Washington University School of Medicine, Washington DC 20010-2970, USA. pjoshi@cnmc.org

PMID: 18723904 [PubMed - indexed for MEDLINE]

Financial and social circumstances and the incidence and course of PTSD in Mississippi during the first two years after Hurricane Katrina.

Galea S, Tracy M, Norris F, Coffey SF.
Department of Epidemiology, School of Public Health, University of Michigan, Ann
Hurricane Katrina was the most devastating natural disaster to hit the United States in the past 75 years. The authors conducted interviews of 810 persons who were representative of adult residents living in the 23 southernmost counties of Mississippi before Hurricane Katrina. The prevalence of posttraumatic stress disorder (PTSD) since Hurricane Katrina was 22.5%. The determinants of PTSD were female gender, experience of hurricane-related financial loss, postdisaster stressors, low social support, and postdisaster traumatic events. Kaplan-Meier survival curves suggest that exposure to both hurricane-related traumatic events and to financial and social stressors influenced the duration of PTSD symptoms. Postdisaster interventions that aim to improve manipulable stressors after these events may influence the onset and course of PTSD.

PMID: 18720399 [PubMed - indexed for MEDLINE]

Corroborating evidence of posttraumatic growth.

Shakespeare-Finch J, Enders T.
School of Psychology and Counselling, Queensland University of Technology, Brisbane, Australia. j.shakespeare-finch@qut.edu.au

Over the last decade, a healthy shift in the trauma literature has meant that published theory and research in the posttraumatic growth (PTG) domain has burgeoned, but the validity of the self-report questionnaires used to measure PTG has recently been criticized. Corroboration of these subjective reports by an observer would provide convergent validity. Therefore, this study's aim was to validate the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996). Sixty-one trauma survivors and 61 paired significant others completed the PTGI. A significant correlation was reported between the total PTGI scores of the trauma survivors and the corroborating significant others, supporting the use of the PTGI as an appropriate measure of positive posttrauma changes.

PMID: 18720398 [PubMed - indexed for MEDLINE]

Spanish and English versions of the PTSD Checklist-Civilian version (PCL-C): testing for differential item functioning.

Miles JN, Marshall GN, Schell TL.
RAND Corporation, Santa Monica, CA 90407-2138, USA. jmiles@rand.org

Interpretation of ethnic differences in PTSD is predicated on demonstration that differences are not due to measurement bias. This is difficult when multiple languages are used in the assessment. This study used confirmatory factor analysis to examine possible differential item functioning (DIF) across English and Spanish versions of the PTSD Checklist-Civilian Version (PCL-C). Data were derived from two assessments of Hispanics (Ns = 304, 213), who were hospitalized with physical injuries. After correction for multiple testing, univariate tests revealed no statistically significant DIF effects; multivariate tests revealed some indication of DIF at the initial assessment only. This bias was inconsistent across waves and unlikely to be substantively consequential, indicating that the two versions of the PCL-C were generally equivalent.

PMID: 18720394 [PubMed - indexed for MEDLINE]
Trauma history characteristics and subsequent PTSD symptoms in motor vehicle accident victims.

Irish L, Ostrowski SA, Fallon W, Spoonster E, Dulmen M, Sledjeski EM, Delahanty DL.
Department of Psychology, Kent State University, Kent, OH 44242, USA.

The present study examined the relationship between trauma history characteristics (number and type of traumas, age at first trauma, and subjective responses to prior traumas) and the development of posttraumatic stress disorder (PTSD) symptoms following a motor vehicle accident (MVA). One hundred eighty-eight adult MVA victims provided information about prior traumatization and were evaluated for PTSD symptoms 6 weeks and one year following the MVA. Results indicated that after controlling for demographics and depression, prior trauma history characteristics accounted for a small, but significant amount of the variance in PTSD symptoms. Distress from prior trauma and number of types of prior traumas were the most meaningful trauma history predictors. Results encourage further evaluation of trauma history as a multifaceted construct.

PMID: 18720390 [PubMed - indexed for MEDLINE]

Comorbidity in posttraumatic stress disorder: a structural equation modelling approach.

Wittmann L, Moergeli H, Martin-Soelch C, Znoj H, Schnyder U.
Department of Psychiatry, University Hospital, CH-8091 Zurich, Switzerland.
lutz.wittmann@usz.ch

OBJECTIVE: Posttraumatic stress disorder (PTSD) is associated with high rates of psychiatric comorbidity. Existing theories consider comorbidity as a consequence of PTSD (model 1), PTSD and comorbidity as a consequence of shared factors of vulnerability (model 2), and comorbidity as a consequence of trauma-type specific mechanisms (model 3). METHOD: To compare the explanatory value of these models, we assessed PTSD (model 1), sense of coherence (model 2) and satisfaction with health (model 3) and symptoms of anxiety and depression as indicators of comorbidity 5 days (t1) and 6 months (t2) postaccident in 225 injured accident survivors. Structural equation models representing models 1 to 3 were tested separately and combined. RESULTS: Combined, models 1 and 3 explained 82% of the variance of comorbid symptoms at t2. Posttraumatic stress disorder and satisfaction with health (t2) exerted strong influences on comorbid symptoms. CONCLUSION: Comorbidity besides PTSD is best described by an integration of competing explanatory models.

PMID: 18702929 [PubMed - indexed for MEDLINE]

Service and science in times of crisis: developing, planning, and implementing a clinical research program for children traumatically bereaved after 9/11.

Goodman RF, Brown EJ.
St. John's University, Queens New York and Allegheny General Hospital, Pittsburgh, Pennsylvania, USA. drrobingoodman@aol.com
September 11, 2001 was a tragedy unparalleled in the United States, resulting in the largest number of parentally bereaved children from a single terrorist incident. The event necessitated swift and sensitive development of programs to meet the needs of bereaved children and their families, and it offered a rare opportunity to investigate the symptoms of, and intervention for, traumatic bereavement. Progress is being made in evaluating assessment and treatment services for traumatically bereaved children and their caregivers. However, attention must be paid to how programs are created in order to carry out the work. This article reports on the methods used to develop and deliver a clinical research program in the aftermath of 9/11. The specific challenges following a crisis, the decision-making process and lessons learned are highlighted, and future program development recommendations are presented.

Dispositional and situational coping and mental health among Palestinian political ex-prisoners.

Punamaki RL, Salo J, Komproe I, Qouta S, El-Masri M, De Jong JT.
Department of Psychology, University of Tampere, Finland.
raija-leena.punamaki@uta.fi

We examined, first, differences in dispositional and situational coping, and psychological distress between political ex-prisoners and their matched controls, and second, coping effectiveness in protecting mental health from impacts of imprisonment and military trauma. Thirdly, we tested the hypothesis that compatibility ("goodness of fit") between dispositional and situational coping would predict low psychological distress. Participants were 184 men recruited from a Palestinian community sample, 92 were former political prisoners and 92 non-prisoners. The dispositional coping was assessed as a general response style to hypothetical stressors and situational coping as responses to their own traumatic experiences. Psychological distress was measured by SCL-90-R, and posttraumatic stress disorder, depression and somatoform symptoms by scales based on CIDI 2.1 diagnostic interview. The results showed that, compared to non-prisoners, the political ex-prisoners employed less avoidant, denying, and emotion-focused coping strategies. Military trauma was associated with avoidant and denying coping only among non-prisoners. The ex-prisoners showed more mental health and medical problems, especially when exposed to military trauma. None of the coping styles or strategies were effective in protecting the mental health in general or in either groups. However, main effect results revealed that the high level of active and constructive and low level of emotion-focused coping were associated with low levels of psychiatric symptoms and psychological distress.

PMID: 18686054 [PubMed - indexed for MEDLINE]

Parental support, family conflict, and overprotectiveness: predicting PTSD symptom levels of adolescents 28 months after a natural disaster.

Bokszczanin A.
Department of Psychology, Opole University, Poland. Anna.Bokszczanin@uni.opole.pl

The purpose of this study was to evaluate the role of family factors as predictors of posttraumatic stress disorder (PTSD) symptoms among adolescents, a substantial period of time after a natural disaster. It was hypothesized that a lack of parental support, family conflict, and overprotectiveness are all risk factors with regard to levels of PTSD symptoms. A group of 533 schoolchildren and
high-school students was investigated 28 months after a huge flood, which was one of the most devastating disasters in Poland. The results of a hierarchical regression analysis indicate that the extent of traumatic exposure, parental support, family conflict, and overprotectiveness, all predicted levels of PTSD symptoms in the group investigated. Furthermore, parental overprotectiveness moderated the effect of trauma, thus augmenting the impact of stress experienced during the disaster on the level of PTSD symptoms. The findings suggest that excessive parental control and infantilization of children for a long time after a disaster are harmful for adolescents' health and could be an obstacle in the recovery process. The results highlight the importance of studying parental ways of coping in order to predict how adolescents cope with a traumatic event.

PMID: 18686053 [PubMed - indexed for MEDLINE]

From efficacy to effectiveness: the trajectory of the treatment literature for children with PTSD.

Nikulina V, Hergenrother JM, Brown EJ, Doyle ME, Filton BJ, Carson GS.
Department of Psychology, Marillac Hall, Rm 409, 8000 Utopia Parkway, Jamaica, NY 11439, USA. vnikulina@hotmail.com

This review summarizes efficacious treatments for preschoolers, children and adolescents with post-traumatic stress disorder, with a focus on the advances made within the last 5 years. There is considerable support for the use of trauma-specific cognitive-behavioral interventions, in both individual and group formats. The research on psychopharmacological treatments lags behind that of psychotherapy and is currently inconclusive. Limitations of the studies are discussed and treatments that warrant further consideration are reviewed. The authors also review current advances in effectiveness and suggest future directions that are important in generalizing the interventions to underserved and hard to reach populations. The article concludes with the authors' projections for the evolution of the field within the upcoming 5 years.

PMID: 18671667 [PubMed - indexed for MEDLINE]

Unwanted intrusive thoughts and cognitive functioning in kindergarten and young elementary school-age children following Hurricane Katrina.

Sprung M.
Department of Psychology, University of Southern Mississippi, USA.
Manuel.Sprung@uibk.ac.at

Seven months after Hurricane Katrina, 183 five- to eight-year-old children were surveyed about their own intrusive thoughts and tested on their level of cognitive functioning (knowledge about the mind and the mind's operations). Basic developmental research suggests that children who lack sufficient knowledge about the mind should have difficulties answering questions about intrusive thoughts. Hurricane-affected children reported relatively more intrusive thoughts with negative content than nonaffected children reported. An association between children's level of understanding of the mind and their ability to report on their own intrusive thoughts supports this hypothesis. Results point to a funneling of intrusive thoughts toward negative content following a traumatic event and highlight the importance of considering children's level of understanding of the mind when investigating intrusive thoughts in young
This study examined the influence of aspects of the post-Hurricane Katrina recovery environment (i.e., discrimination, social support) and coping behaviors on children's posttraumatic stress reactions (symptoms of posttraumatic stress disorder [PTSD], anxiety, and depression). Data corresponding to 46 youth (M = 11.43 years; 39% girls; 33% African American, 67% European American) revealed that greater helpfulness from extrafamilial sources of social support predicted lower levels of child-rated symptoms of PTSD, anxiety, and depression. A positive predictive relation was found between helpfulness from professional support sources and PTSD, perhaps suggesting that parents whose children were experiencing higher PTSD symptom levels sought professional support and reported it to be helpful. Youths' avoidant coping behaviors predicted both PTSD and anxiety symptoms. Discrimination, active coping, and familial support did not predict any of the posttraumatic stress reactions assessed in this study.

PMID: 18645747 [PubMed - indexed for MEDLINE]

The moderating effects of maternal psychopathology on children's adjustment post-Hurricane Katrina.

Louisiana State University, Lafayette, LA 70508, USA. aspell@bellsouth.net

This study investigated the role of maternal psychopathology in predicting children's psychological distress in a disaster-exposed sample. Participants consisted of 260 children (ages 8-16) recruited from public schools and their mothers. These families were displaced from New Orleans because of Hurricane Katrina in 2005. Assessment took place 3 to 7 months postdisaster. Hierarchical regression analyses revealed that global maternal psychological distress and maternal posttraumatic stress disorder moderated the relation between child hurricane exposure and mother-reported child internalizing and externalizing symptoms.

PMID: 18645746 [PubMed - indexed for MEDLINE]

PTSD symptoms and somatic complaints following Hurricane Katrina: the roles of trait anxiety and anxiety sensitivity.

Hensley L, Varela RE.
Tulane University, New Orleans, LA 70118, USA.
This study examined the relationships between trait anxiety and anxiety sensitivity and the outcome variables posttraumatic stress disorder (PTSD) symptoms and somatic complaints following a major hurricane. Sixth and seventh graders in the New Orleans area (N = 302) were surveyed 5 to 8 months following Hurricane Katrina. As expected, hurricane exposure was a significant predictor of PTSD symptoms and somatic symptoms. Also as hypothesized, certain factors of anxiety sensitivity interacted with trait anxiety to predict PTSD symptoms and somatic symptoms. Clinical implications of potential linkages among trait anxiety, dimensions of anxiety sensitivity and PTSD, and somatic symptoms are discussed.

PMID: 18645745 [PubMed - indexed for MEDLINE]

Reactive aggression and posttraumatic stress in adolescents affected by Hurricane Katrina.

Marsee MA.
Department of Psychology, University of New Orleans, New Orleans, LA 70148, USA.
marsee@uno.edu

The current study tests a theoretical model illustrating a potential pathway to reactive aggression through exposure to a traumatic event (Hurricane Katrina) in 166 adolescents (61% female, 63% Caucasian) recruited from high schools on the Gulf Coast of Mississippi. Results support an association between exposure to Hurricane Katrina and reactive aggression via posttraumatic stress disorder (PTSD) symptoms and poorly regulated emotion. The proposed model fits well for both boys and girls; however, results suggest that minority youth in this sample were more likely to experience emotional dysregulation in relation to posttraumatic stress than Caucasian youth. Further, results indicate that hurricane exposure, PTSD symptoms, and poorly regulated emotion are associated with reactive aggression even after controlling for proactive aggression. These findings have implications for postdisaster mental health services. Researchers examining mental health problems in youth after a significant disaster have traditionally focused on the presence of internalizing problems such as anxiety, depression, and posttraumatic stress disorder (PTSD) symptoms, with very little empirical attention paid to the incidence of post-disaster externalizing problems such as aggression. Specific types of aggressive responses, particularly those that involve poorly regulated emotion (i.e., reactive aggression), have been shown to be associated with a history of trauma and thus may be especially common following a traumatic event such as a hurricane.

PMID: 18645743 [PubMed - indexed for MEDLINE]

Reconsideration of harm's way: onsets and comorbidity patterns of disorders in preschool children and their caregivers following Hurricane Katrina.

Scheeringa MS, Zeanah CH.
Department of Psychiatry and Neurology, Institute of Infant and Early Childhood Mental Health, Tulane University, New Orleans, Louisiana 70005, USA.
scheeringa@tulane.edu

This study examined posttraumatic stress disorder (PTSD) and comorbid disorders in 70 preschool children (ages 3-6) and their caregivers following Hurricane Katrina. Children's rate of PTSD was 50.0% using age-modified criteria. The rate
of PTSD was 62.5% for those who stayed in the city and 43.5% in those who evacuated. Of those with PTSD, 88.6% had at least one comorbid disorder, with oppositional defiant disorder and separation anxiety disorder being most common. Caregivers' rate of PTSD was 35.6%, of which 47.6% was new post-Katrina. No children and only 2 caregivers developed new non-PTSD disorders in the absence of new PTSD symptoms. Differences by race and gender were largely nonsignificant. Children's new PTSD symptoms correlated more strongly to caregivers with new symptoms compared to caregivers with old or no symptoms.

PMID: 18645742 [PubMed - indexed for MEDLINE]

Evaluation of individual and group grief and trauma interventions for children post disaster.

Salloum A, Overstreet S.
University of South Florida, School of Social Work, 4202 E. Fowler Avenue, MGY 134, Tampa, FL 33620, USA. asalloum@cas.usf.edu

This study evaluated a community-based grief and trauma intervention for children conducted postdisaster. Fifty six children (7 to 12 years old) who reported moderate to severe levels of symptoms of posttraumatic stress were randomly assigned to group or individual treatment. Treatment consisted of a manualized 10-session grief- and trauma-focused intervention and a parent meeting. Measures of disaster-related exposure, posttraumatic stress symptoms, depression, traumatic grief, and distress were administered at preintervention, postintervention, and 3 weeks postintervention. There was a significant decrease in all outcome measures over time, and there were no differences in outcomes between children who participated in group intervention and those who participated in individual intervention. Results suggest that this intervention using either treatment modality may be effective for addressing childhood grief and trauma postdisaster.

PMID: 18645741 [PubMed - indexed for MEDLINE]

Child and adolescent mental health research in the context of Hurricane Katrina: an ecological needs-based perspective and introduction to the special section.

Weems CF, Overstreet S.
Department of Psychology, University of New Orleans, New Orleans, LA 70148, USA. cweems@uno.edu

This article introduces the special section on child and adolescent mental health research in the context of Hurricane Katrina. We outline the purpose and intent of the special section and present an integrative perspective based on broad contextual theories of human development with which to think about the impact of disasters like Katrina. The perspective emphasizes multiple levels of influence on mental health and normal development through the impairment of multiple human needs. The perspective helps show the interconnections among the diverse theoretical and methodological paradigms that are utilized to understand the impact of disasters on youth and may help to guide future research.

PMID: 18645740 [PubMed - indexed for MEDLINE]
This study compares clinician appraisal of Bosnian refugee children with independent parent, child and teacher reports. From whom and by what means can children "at risk" be reasonably identified? Forty-eight Bosnian refugee children (aged 7-20), resettled in Sweden 1994-95, were assessed clinically by means of a semi-structured interview. Thereafter, standardized mental health questionnaires were administered to parents (Achenbach's Child Behavior Checklist), children (Achenbach's Youth Self-Report and Macksoud's Posttraumatic Stress Reaction Checklist) and teachers (clinician designed School Competence Scale and Achenbach's Teacher's Report Form). On clinician interview, nearly half of the children (48%) were identified with one or more mental health problem "demanding further attention". Depressiveness was the single most prevalent symptom (31%); followed by post-traumatic stress (23%), and anxiety-regressiveness (15%). At the same time, 75% of the children were rated by teachers as "quite competent" in school. Parent, child and clinician appraisals of primary school children showed broad similarities. Teachers reported a similar prevalence of child distress, but identified different symptoms and different children demanding attention. Evaluation of teenage youths showed greater disparity: teenagers labeled their own symptoms more often as post-traumatic stress reactions and teachers identified few youths in need of attention. Inter-relatedness among parent, child and clinician appraisals supports the robustness of our semi-structured interview. At the same time, apartness of teacher report underscores the need to incorporate an outside-world vantage point in the process of risk assessment. Also, a more concrete presentation of post-traumatic stress reactions and a higher "further attention" threshold for inward emotional problems seem called for.

PMID: 18622884 [PubMed - indexed for MEDLINE]

A latent class analysis of adolescent adverse life events based on a Danish national youth probability sample.

Shevlin M, Elklit A.
School of Psychology, University of Ulster at Magee, Northern Ireland.

The aim of this study was to determine if there are meaningful clusters of individuals with similar experiences of adverse life events in a nationally representative sample of Danish adolescents. Latent class analysis (LCA) was used to identify such clusters or latent classes. In addition, the relationships between the latent classes and living arrangements and diagnosis of post-traumatic stress disorder (PTSD) were estimated. A four-class solution was found to be the best description of multiple adverse life events, and the classes were labelled "Low Risk", "Intermediate Risk", "Pregnancy" and "High Risk". Compared with the Low Risk class, the other classes were found to be significantly more likely to have a diagnosis PTSD and live with only one parent. This paper demonstrated how trauma research can focus on the individual as the unit of analysis rather than traumatic events.
Factors associated with traumatic symptoms and internalizing problems among adolescents who experienced a traumatic event.

Maja Deković, Koning IM, Stams GJ, Buist KL.
Department of Child and Adolescent Studies, Utrecht University, The Netherlands.
M.Dekovic@fss.uu.nl

The aim of the present study was to identify factors that are related to the traumatic symptoms and problem behavior among adolescents who experienced the New Years fire in 2001 in Volendam, The Netherlands. Three groups of factors were considered: pre-trauma (personality and coping), trauma-related (physical and emotional proximity to disaster), and post-trauma factors (received social support). Forty-five adolescents completed the questionnaire. Two years after the disaster, these adolescents experienced significant traumatic stress reaction (70% within the clinical range) and showed clinically significant levels of internalizing problems (37%). Pre-trauma, individual factors were identified as the most important predictors of distress, followed by received social support. The indicators of physical and emotional proximity to disaster explained little variance in distress.

Treating family relational trauma: a recursive process using a decision dialogue.

Sheinberg M, True F.
Training and Clinical Services, Ackerman Institute for the Family, 149 E. 78 St., New York, NY 10075, USA. msheinberg@ackerman.org

This article describes a therapeutic process that combines individual and family sessions to maximize therapeutic opportunities to bring forward, understand, validate, and empower children's experience as equal participants in family therapy. The aim is to strengthen relational bonds within the family. Drawing from earlier work with families where incest had occurred, the authors present a recursive process that utilizes a "decision dialogue" to link individual and family sessions. Clinical examples are provided.

The link between childhood trauma and depression: insights from HPA axis studies in humans.

Heim C, Newport DJ, Mletzko T, Miller AH, Nemeroff CB.
Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, 101 Woodruff Circle, WMRB, Suite 4311, Atlanta, GA 30322, USA. cmheim@emory.edu

Childhood trauma is a potent risk factor for developing depression in adulthood, particularly in response to additional stress. We here summarize results from a series of clinical studies suggesting that childhood trauma in humans is associated with sensitization of the neuroendocrine stress response,
glucocorticoid resistance, increased central corticotropin-releasing factor (CRF) activity, immune activation, and reduced hippocampal volume, closely paralleling several of the neuroendocrine features of depression. Neuroendocrine changes secondary to early-life stress likely reflect risk to develop depression in response to stress, potentially due to failure of a connected neural circuitry implicated in emotional, neuroendocrine and autonomic control to compensate in response to challenge. However, not all of depression is related to childhood trauma and our results suggest the existence of biologically distinguishable subtypes of depression as a function of childhood trauma that are also responsive to differential treatment. Other risk factors, such as female gender and genetic dispositions, interfere with components of the stress response and further increase vulnerability for depression. Similar associations apply to a spectrum of other psychiatric and medical disorders that frequently coincide with depression and are aggravated by stress. Taken together, this line of evidence demonstrates that psychoneuroendocrine research may ultimately promote optimized clinical care and help prevent the adverse outcomes of childhood trauma.

PMID: 18602762 [PubMed - indexed for MEDLINE]


Peterson AL, Baker MT, McCarthy KR. Department of Psychiatry, University of Texas Health Science Center, San Antonio, and Center for Clinical Health Psychology Research, Wilford Hall Medical Center, San Antonio, TX, USA. petersona3@uthscsa.edu

TOPIC: Exposure to combat-related trauma is a leading cause of posttraumatic stress disorder. Deployed military mental health practitioners serve important roles in the assessment, diagnosis, and aeromedical evacuation of psychiatric patients from the combat zone. PURPOSE: To review the role of military mental health professionals working with psychiatric patients at a combat hospital and aeromedical staging facility in Iraq. SOURCE OF INFORMATION: Military operating instructions, existing theoretical and research literature, and personal experiences of the authors while deployed to Iraq. CONCLUSIONS: Psychiatric screening can help reduce risk in potentially unstable mental health patients prior to aeromedical evacuation. Civilian nurse psychotherapists and advanced practice psychiatric nurses will be needed to provide psychiatric follow-up care for the large number of military veterans returning from combat.

PMID: 18577121 [PubMed - indexed for MEDLINE]


Hodes M, Jagdev D, Chandra N, Cunniff A. Academic Unit of Child and Adolescent Psychiatry, Imperial College, London, UK. m.hodes@imperial.ac.uk

BACKGROUND: To investigate the level of posttraumatic stress and depressive symptoms, and background risk and protective factors that might increase or ameliorate this distress amongst unaccompanied asylum-seeking children and adolescents (UASC). METHODS: Cross-sectional survey carried out in London. Participants were 78 UASC aged 13-18 years, predominantly from the Balkans and
Africa, compared with 35 accompanied refugee children. Measures included self-report questionnaires of war trauma, posttraumatic stress and depressive symptoms. RESULTS: UASC had experienced high levels of losses and war trauma, and posttraumatic stress symptoms. Predictors of high posttraumatic symptoms included low-support living arrangements, female gender and trauma events, and increasing age only amongst the UASC. High depressive scores were associated with female gender, and region of origin amongst the UASC. CONCLUSION: UASC might have less psychological distress if offered high-support living arrangements and general support as they approach the age of 18 years, but prospective studies are required to investigate the range of risk and protective factors.

PMID: 18492037 [PubMed - indexed for MEDLINE]

Exposure to war trauma and PTSD among parents and children in the Gaza strip.

Thabet AA, Abu Tawahina A, El Sarraj E, Vostanis P.
Gaza Community Mental Health Programme, El Rasheed Street, P.O Box 1049, Gaza, Palestine, Israel.

OBJECTIVE: Exposure to war trauma has been independently associated with posttraumatic stress (PTSD) and other emotional disorders in children and adults. The aim of this study was to establish the relationship between ongoing war traumatic experiences, PTSD and anxiety symptoms in children, accounting for their parents' equivalent mental health responses. METHODS: The study was conducted in the Gaza Strip, in areas under ongoing shelling and other acts of military violence. The sample included 100 families, with 200 parents and 197 children aged 9-18 years. Parents and children completed measures of experience of traumatic events (Gaza Traumatic Checklist), PTSD (Children's Revised Impact of Events Scale, PTSD Checklist for parents), and anxiety (Revised Children's Manifest Anxiety Scale, and Taylor Manifest Anxiety Scale for parents). RESULTS: Both children and parents reported a high number of experienced traumatic events, and high rates of PTSD and anxiety scores above previously established cut-offs. Among children, trauma exposure was significantly associated with total and subscales PTSD scores, and with anxiety scores. In contrast, trauma exposure was significantly associated with PTSD intrusion symptoms in parents. Both war trauma and parents' emotional responses were significantly associated with children's PTSD and anxiety symptoms. CONCLUSIONS: Exposure to war trauma impacts on both parents' and children's mental health, whose emotional responses are inter-related. Both universal and targeted interventions should preferably involve families. These could be provided by non-governmental organizations in the first instance.

PMID: 18365135 [PubMed - indexed for MEDLINE]

Trauma and post-traumatic stress symptoms in former German child soldiers of World War II.

Kuwert P, Spitzer C, Rosenthal J, Freyberger HJ.
Department of Psychiatry and Psychotherapy, Ernst-Moritz-Arndt University Greifswald, Germany. kuwert@uni-greifswald.de

BACKGROUND: The aim of the study was to determine the amount of trauma impact and significant post-traumatic stress symptoms, which can indicate a possible post-traumatic stress disorder (PTSD), in a sample of former German child
soldiers of World War II. METHODS: 103 participants were recruited through the press, then administered a modified Post-traumatic Diagnostic Scale (PDS). RESULTS: Subjects reported a high degree of trauma exposure, with 4.9% reporting significant post-traumatic stress symptoms after WW II, and 1.9% reporting that these symptoms persist to the present. CONCLUSION: In line with other studies on child soldiers in actual conflict settings, our data document a high degree of trauma exposure during war. Surprisingly, the prevalence of significant post-traumatic stress symptoms indicating a possible PTSD was low compared to other groups of aging, long-term survivors of war trauma. Despite some limitations our data highlight the need for further studies to identify resilience and coping factors in traumatized child soldiers.

PMID: 18341750 [PubMed - indexed for MEDLINE]


Collimore KC, McCabe RE, Carleton RN, Asmundson GJ. Anxiety and Illness Behaviour Laboratory and Department of Psychology, University of Regina, Regina, SK, Canada.

The present investigation examined the impact of anxiety sensitivity (AS) and media exposure on posttraumatic stress disorder (PTSD) symptoms. Reactions from 143 undergraduate students in Hamilton, Ontario were assessed in the Fall of 2003 to gather information on anxiety, media coverage, and PTSD symptoms related to exposure to a remote traumatic event (September 11th). Regression analyses revealed that the Anxiety Sensitivity Index (ASI; [Peterson, R. A., & Reiss, S. (1992). Anxiety Sensitivity Index manual, 2nd ed. Worthington, Ohio: International Diagnostic Systems]) and State-Trait Anxiety Inventory trait form (STAI-T; [Spielberger, C. D., Gorsuch, R. L., & Lushene, R. E. (1970). State-trait anxiety inventory. Palo Alto, California: Consulting Psychologists Press]) total scores were significant predictors of PTSD symptoms in general. The ASI total score was also a significant predictor of hyperarousal and avoidance symptoms. Subsequent analyses further demonstrated differential relationships based on subscales and symptom clusters. Specifically, media exposure and trait anxiety predicted hyperarousal and re-experiencing symptoms, whereas the ASI fear of somatic sensations subscale significantly predicted avoidance and overall PTSD symptoms. Implications and directions for future research are discussed.

PMID: 18093798 [PubMed - indexed for MEDLINE]