Brief Report: Mothers' Long-term Posttraumatic Stress Symptoms Following a Burn Event of Their Child.

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OBJECTIVE: This prospective longitudinal study examines the course of posttraumatic stress symptoms (PTSS) in mothers of children with burns between 1 and 11 years after the burn event and the role of burn severity and feelings of guilt on this course. METHOD: Self-reported PTSS of 48 mothers were measured with the Impact of Event Scale. Guilt feelings were assessed during an in-depth interview 2 years after the burn event. Eleven years after the burn event, mothers marked their child's scars at the present time on a drawing. RESULTS: Over a period of 10 years, maternal PTSS decreased. Multiple regression analysis showed that the interaction between guilt and burn severity predicted the course of PTSS. CONCLUSIONS: Although PTSS substantially decreases through the years, a subset of mothers, in particular mothers who feel guilty about the burn event and whose children have more extensive permanent scarring seem at risk for longer term PTSS.

PMID: 19846581 [PubMed - as supplied by publisher]

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This study examined the unique effects of child sexual abuse simultaneously with post-traumatic stress disorder symptom clusters, problem drinking, and illicit drug use in relation to sexual revictimization in a community sample of female adult sexual assault victims. Participants (N=555) completed two surveys a year apart. Child sexual abuse predicted more post-traumatic stress disorder symptoms in adult sexual assault victims. Posttraumatic stress disorder numbing symptoms directly predicted revictimization, whereas other post-traumatic stress disorder symptoms (reexperiencing, avoidance, and arousal) were related to problem drinking, which in turn predicted revictimization. Thus, numbing symptoms and problem drinking may be independent risk factors for sexual revictimization in adult sexual assault victims, particularly for women with a history of childhood sexual abuse.

PMID: 19842535 [PubMed - in process]

Safe enough to sleep: sleep disruptions associated with trauma, posttraumatic stress, and anxiety in children and adolescents.
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Sleep disturbance is an essential symptom of posttraumatic stress disorder, and recent evidence suggests that disrupted sleep may play an important role in the development of posttraumatic stress disorder following traumatic stress. The authors review several aspects of sleep as it relates to posttraumatic stress disorder. First, there is an association between traumatic stress and different components of disrupted sleep in children and adolescents. Second, sleep disruption appears to be a core feature of other pediatric anxiety disorders, and the authors consider if this preexisting sleep vulnerability may explain in part why preexisting anxiety disorders are a risk factor for developing posttraumatic stress disorder following a traumatic event. Third, the authors consider attachment theory and the social context of trauma and sleep disruption. This article concludes with a consideration of the therapeutic implications of these findings.

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A preliminary investigation of 4 to 11-year-old children's knowledge and understanding of stress.

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OBJECTIVE: To examine children's knowledge, understanding and experience of stress from 4 to 11 years of age across four age groups (4-5, 6-7, 8-9, and 10-11 years old). METHODS: A semi-structured interview format was used to elicit information from 50 children about their understanding and experience of stress. RESULTS: Most children were able to define stress, with older children providing more complex responses. Many children had indirect and/or personal experience of stress. Younger children were more likely than older children to report that there was nothing people could do to stop stress; children reported using both adaptive and maladaptive coping strategies to deal with stress. CONCLUSION: Some young children have a basic understanding of stress and many have experience of stress; both understanding and experience develop with age. PRACTICE IMPLICATIONS: The research has potential implications for provider-patient communication, particularly within preventative health education and clinically within the field of childhood post-traumatic stress disorder (PTSD).

PMID: 19833473 [PubMed - as supplied by publisher]

A pilot study on peritraumatic dissociation and coping styles as risk factors for posttraumatic stress, anxiety and depression in parents after their child's unexpected admission to a Pediatric Intensive Care Unit.

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ABSTRACT: AIM: To study the prevalence of posttraumatic stress disorder (PTSD), anxiety and depression in parents three months after pediatric intensive care treatment of their child and examine if peritraumatic dissociation and coping styles are related to these mental health problems. METHODS: This is a prospective cohort study and included parents of children unexpectedly admitted to the Pediatric Intensive Care Unit (PICU) from January 2006 to March 2007. At three months follow-up parents completed PTSD (n = 115), anxiety and depression (n = 128) questionnaires. Immediately after discharge, parents completed peritraumatic dissociation and coping questionnaires. Linear regression models with generalized estimating equations examined risk factors for mental health problems. RESULTS: Over 10% of the parents were likely to meet criteria for PTSD and almost one quarter for subclinical PTSD. Respectively 15% to 23% of the parents reported clinically significant levels of depression and anxiety. Peritraumatic dissociation was most strongly associated with PTSD, anxiety as well as depression. Avoidance coping was primarily associated with PTSD. CONCLUSION: A significant number of parents have mental health problems three months after unexpected PICU treatment of their child. Improving detection and raise awareness of mental health problems is important to minimize the negative effect of these problems on parents' well-being.

PMID: 19832987 [PubMed - in process]

Childhood emotional neglect related to posttraumatic stress disorder symptoms and body mass index in adult women.

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The relationships among the severity of childhood abuse and neglect, posttraumatic stress disorder (PTSD), and adult obesity were investigated. 207 women (M age = 26.5 yr., SD = 6.7) completed the Childhood Trauma Questionnaire, Millon Clinician Multiaxial Inventory, and a demographic questionnaire. Analyses of variance indicated that women who reported moderate-to-extreme emotional neglect (n = 71) had significantly higher PTSD scores and increased BMI compared to women who reported low emotional neglect (n = 84). Women who reported severe sexual or emotional abuse also had higher PTSD scores, but no relationship was found with BMI when other factors were controlled. Although PTSD scores and self-reported severity of childhood emotional neglect were strongly correlated (r = .61, p < .001), PTSD was not found to be a mediating factor in obesity in women who reported childhood emotional neglect, although depression was.

PMID: 19810438 [PubMed - in process]

Family functioning and posttraumatic stress disorder in adolescent survivors of childhood cancer.

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This study investigated family functioning and relationships between family functioning and posttraumatic stress disorder (PTSD) in adolescent survivors of childhood cancer. To assess family functioning, 144 adolescent cancer survivors 1 to 12 years post-cancer treatment (M = 5.3 years) and their parents completed the Family Assessment Device (FAD). To assess PTSD, adolescents were administered a structured diagnostic interview. Nearly half (47%) of the adolescents, one fourth (25%) of mothers, and one third (30%) of fathers reported poor family functioning, exceeding the clinical cutoff on 4 or more FAD subscales. Families in which the cancer survivor had PTSD (8% of the sample) had poorer functioning than other families in the areas of problem solving, affective responsiveness, and affective involvement. Three fourths of the adolescents with PTSD came from families with categorically poor family functioning. A surprisingly high rate of poor family functioning was reported in these families of adolescent cancer survivors. Adolescents with PTSD were more than 5 times as likely to emerge from a poorly functioning family compared with a well-functioning one. This study provides evidence that family functioning is related to cancer-related posttraumatic reactions in adolescent survivors.

PMID: 19803607 [PubMed - in process]


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OBJECTIVE: To investigate the prevalence of symptoms of posttraumatic stress disorder (PTSD) and factors related to level of these in children who experienced a catastrophe as tourists and were therefore able to return to the safety of their homeland. DESIGN: Face-to-face semistructured interviews and assessments. SETTING: Children and adults were interviewed in their homes 10 months and 2(1/2) years after the tsunami. PARTICIPANTS: A volunteer sample of adults and children aged 6 to 17 years who were exposed to the 2004 tsunami (at 10 months, 133 children and 84 parents; at 2(1/2) years, 104 children and 68 parents). MAIN EXPOSURE The tsunami in Southeast Asia on December 26, 2004. OUTCOME MEASURES: University of California, Los Angeles (UCLA) PTSD Reaction Index. RESULTS: Two children had scores indicative of PTSD at 10 months. There was a significant decrease in symptoms after 2(1/2) years, and no children had scores exceeding the clinical cutoff at this time. Only the death of a family member and subjective distress were independently and significantly associated with PTSD scores at 10 months, whereas sex, need for professional mental health services prior to the tsunami, and parental sick leave owing to the tsunami were independent predictors of PTSD symptoms at follow-up. CONCLUSIONS: The children reported fewer symptoms of PTSD compared with children in other disaster studies. Predictor variables changed from disaster-related subjective distress to factors related to general mental health at follow-up. The findings indicate the importance of secondary adversities and pretrauma functioning in the maintenance of posttraumatic stress reactions.

PMID: 19736341 [PubMed - indexed for MEDLINE]

BACKGROUND: Individuals with posttraumatic stress disorder (PTSD) display reduced hippocampus size and impaired cognition. However, studies on individuals with borderline personality disorder (BPD) are rare, and studies on trauma-exposed patients with BPD but without PTSD are lacking. METHODS: Twenty-four trauma-exposed women with BPD (10 with PTSD and 14 without) and 25 healthy controls underwent 3-dimensional structural magnetic resonance imaging of the amygdala and hippocampus and a clinical and neuropsychological investigation. RESULTS: Compared with controls, patients with BPD and PTSD displayed significantly reduced amygdala (34%) and hippocampus (12%) size and significantly impaired cognition. Trauma-exposed patients with BPD but without PTSD also showed significantly reduced amygdala (22%) and hippocampus (11%) size but normal cognition. Amygdala and hippocampus size did not differ significantly between patients with and without PTSD. LIMITATIONS: The sample sizes of trauma-exposed groups are relatively small. A larger sample size may have revealed statistically significant differences in amygdala size between those with and without PTSD. CONCLUSION: Our results demonstrate strong amygdala size reduction in trauma-exposed patients with BPD with or without PTSD, much exceeding that reported for trauma-exposed individuals without BPD. Our data suggest that BPD is associated with small amygdala size. Furthermore, evidence is increasing that amygdala and hippocampus size reduction is not only due to PTSD, but also to traumatic exposure.

PMCID: 2732745
PMID: 19721849 [PubMed - indexed for MEDLINE]

Routes to psychotic symptoms: trauma, anxiety and psychosis-like experiences.

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A social factor that has gained recent attention in understanding psychosis is trauma. In the current study the association of a history of trauma with persecutory ideation and verbal hallucinations was tested in the general public. Further, putative mediation variables including anxiety, depression and illicit drug use were examined. In a cross-sectional study, 200 members of the UK general public completed self-report questionnaires. A history of trauma was significantly associated with both persecutory ideation and hallucinations. Severe childhood sexual abuse and non-victimization events were particularly associated with psychotic-like experiences. The association of trauma and paranoia was explained by levels of anxiety. The association of trauma and hallucinations was not explained by the mediational variables. The study indicates that trauma may impact non-specifically on delusions via affect but that adverse events may work via a different route in the occurrence of hallucinatory experience. These ideas require tests in longitudinal designs.

PMCID: 2748122
PMID: 19700201 [PubMed - indexed for MEDLINE]
Posttraumatic stress as a mediator of the relationship between trauma and mental health problems among juvenile delinquents.

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This study investigated the interrelationships among trauma exposure, PTSD, and mental health problems in a sample of 289 adolescents (199 male, 90 female) detained in a juvenile correctional facility. Mean differences were found in that females scored higher than males on measures of interpersonal trauma exposure and symptoms of both simple and complex PTSD. Females also endorsed more mental health problems in the areas of depression/anxiety, somatic complaints, and suicidal ideation. For all youth, trauma exposure, PTSD, and mental health problems were correlated. Results of structural equation modeling were consistent with the hypothesis that PTSD mediates the relationship between interpersonal trauma and mental health problems for all youth, although the results were stronger for females.

PMID: 19669901 [PubMed - indexed for MEDLINE]

Cross-national analysis of the associations among mental disorders and suicidal behavior: findings from the WHO World Mental Health Surveys.

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BACKGROUND: Suicide is a leading cause of death worldwide. Mental disorders are among the strongest predictors of suicide; however, little is known about which disorders are uniquely predictive of suicidal behavior, the extent to which disorders predict suicide attempts beyond their association with suicidal thoughts, and whether these associations are similar across developed and developing countries. This study was designed to test each of these questions with a focus on nonfatal suicide attempts. METHODS AND FINDINGS: Data on the lifetime presence and age-of-onset of Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV) mental disorders and nonfatal suicidal behaviors were collected via structured face-to-face interviews with 108,664 respondents from 21 countries participating in the WHO World Mental Health Surveys. The results show that each lifetime disorder examined significantly predicts the subsequent first onset of suicide attempt (odds ratios [ORs] = 2.9-8.9). After controlling for comorbidity, these associations decreased substantially (ORs = 1.5-5.6) but remained significant in most cases. Overall, mental disorders were equally predictive in developed and developing countries, with a key difference being that the strongest predictors of suicide attempts in developed countries were mood disorders, whereas in developing countries impulse-control, substance use, and post-traumatic stress disorders were most predictive. Disaggregation of the associations between mental disorders and nonfatal suicide attempts showed that these associations are largely due to disorders predicting the onset of suicidal thoughts rather than predicting progression from thoughts to attempts. In the few instances where mental disorders predicted the transition from suicidal thoughts to attempts, the significant disorders are characterized by
anxiety and poor impulse-control. The limitations of this study include the use of retrospective self-reports of lifetime occurrence and age-of-onset of mental disorders and suicidal behaviors, as well as the narrow focus on mental disorders as predictors of nonfatal suicidal behaviors, each of which must be addressed in future studies. CONCLUSIONS: This study found that a wide range of mental disorders increased the odds of experiencing suicide ideation. However, after controlling for psychiatric comorbidity, only disorders characterized by anxiety and poor impulse-control predict which people with suicide ideation act on such thoughts. These findings provide a more fine-grained understanding of the associations between mental disorders and subsequent suicidal behavior than previously available and indicate that mental disorders predict suicidal behaviors similarly in both developed and developing countries. Future research is needed to delineate the mechanisms through which people come to think about suicide and subsequently progress from ideation to attempts.

PMCID: 2717212
PMID: 19668361 [PubMed - indexed for MEDLINE]

A brief Web-based screening questionnaire for common mental disorders: development and validation.

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BACKGROUND: The advent of Internet-based self-help systems for common mental disorders has generated a need for quick ways to triage would-be users to systems appropriate for their disorders. This need can be met by using brief online screening questionnaires, which can also be quickly used to screen patients prior to consultation with a GP. OBJECTIVE: To test and enhance the validity of the Web Screening Questionnaire (WSQ) to screen for: depressive disorder, alcohol abuse/dependence, GAD, PTSD, social phobia, panic disorder, agoraphobia, specific phobia, and OCD. METHODS: A total of 502 subjects (aged 18 - 80) answered the WSQ and 9 other questionnaires on the Internet. Of these 502, 157 were assessed for DSM-IV-disorders by phone in a WHO Composite International Diagnostic Interview with a CIDI-trained interviewer. RESULTS: Positive WSQ "diagnosis" had significantly (P < .001) higher means on the corresponding validating questionnaire than negative WSQ "diagnosis". WSQ sensitivity was 0.72 - 1.00 and specificity was 0.44 - 0.77 after replacing three items (GAD, OCD, and panic) and adding one question for specific phobia. The Areas Under the Curve (AUCs) of the WSQ's items with scaled responses were comparable to AUCs of longer questionnaires. CONCLUSIONS: The WSQ screens appropriately for common mental disorders. While the WSQ screens out negatives well, it also yields a high number of false positives.

PMCID: 2763401
PMID: 19632977 [PubMed - indexed for MEDLINE]

The experience of secondary traumatic stress upon care providers working within a children's hospital.

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This study examined the impact of routine occupational exposure to traumatic aspects of child illness, injury, and medical treatment upon care providers working within a children's hospital. Three hundred fourteen providers completed a demographic data sheet and four questionnaires. Results suggested overall that the level of Compassion Fatigue in this sample was similar to a trauma worker comparison group. In addition, 39% of the sample was at moderately to extremely high risk for Compassion Fatigue, and 21% was at moderate to high risk for Burnout. Burnout and Compassion Fatigue were related to type of profession and length of employment. Various dimensions of empathy were related to both Burnout and Compassion Fatigue. Regression analyses indicated that years in direct care and greater blurring of caregiver boundaries were predictive of greater Burnout and Compassion Fatigue. There is a need to further refine the assessment of occupational exposure to potential traumatic aspects of care within pediatric hospital settings and link assessment to prevention and intervention efforts.

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OBJECTIVE: There is little knowledge on health-related quality of life (HRQOL) of injured children and adolescents after road traffic accidents (RTA). Although findings in injured adults suggest that post-traumatic stress symptoms (PTSS) may be important predictors of HRQOL, this issue has never been prospectively examined in children. The aim of the present study was therefore to prospectively assess HRQOL in children after RTA and specifically examine the impact of PTSS on HRQOL. METHOD: Sixty-eight children (aged 6.5-14.5 years) were interviewed 1 month and 1 year after an RTA using the Child PTSD Reaction Index and the Toegepast Natuurwetenschappelijk Onderzoek-Academisch Ziekenhuis Leiden (TNO-AZL) Questionnaire for Children's Health-Related Quality of Life. Parents and physicians were assessed with questionnaires. RESULTS: Eleven children (16.2%) showed moderate to severe post-traumatic stress reactions at 1 month, and 12 children (17.6%) at 1 year. At 1 month, patients reported reduced motor functioning and autonomy and impairments in some parts of emotional functioning compared to a community sample. At 1 year all dimensions of HRQOL were within or above normal ranges. Multivariate analysis indicated that PTSS at 1 month significantly predicted HRQOL at 1 year. CONCLUSIONS: This prospective study provides evidence for a long-term negative influence of early PTSS on HRQOL in injured children. The return of injured children to pre-injury HRQOL may therefore not only depend on optimal medical care but also on awareness and timely interventions regarding PTSS.

PMID: 19629796 [PubMed - indexed for MEDLINE]

Psychoanalytic perspectives on early trauma: interviews with thirty analysts who treated an adult victim of a circumscribed trauma in early childhood.
Information on the long-term effects of early trauma and how such effects are manifested in treatment was obtained through interviews with thirty analysts who had treated an adult patient with a circumscribed trauma in the first four years of life. Childhood traumas fell into four categories: medical/accidental; separation/loss; witnessing a traumatic event; and physical/sexual abuse. Traumatic carryover was recorded in terms of explicit memories, implicit memories (somatic reliving, traumatic dreams, affective memories, behavioral reenactments, and transference phenomena), and global carryover effects (generalized traumatic affective states, defensive styles, patterns of object relating, and developmental disruptions). Linkages between the early trauma and adult symptomatology could be posited in almost every case, yet the clinical data supporting such linkages was often fragmented and ambiguous. Elements of patients' traumas appeared to be dispersed along variable avenues of expression and did not appear amenable to holistic, regressive reworking in treatment. The data did not support linear models of traumatic carryover or the idea that early traumatic experiences will be directly accessible in the course of an analysis. Factors that we believe help explain why traumatic aftereffects in our sample were so heterogeneous and difficult to track over the long term are discussed.

PMID: 19625455 [PubMed - indexed for MEDLINE]

Explosive anger as a response to human rights violations in post-conflict Timor-Leste.

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Over several decades, clinicians have documented a pattern of explosive anger amongst survivors of gross human rights violations. Yet there is a dearth of epidemiological research investigating explosive anger in post-conflict countries. In the present study undertaken in Timor-Leste between March and November 2004, we identified an indigenous descriptor for explosive anger, including this index in the East Timor Mental Health Epidemiological Needs Study, a small area total population survey of 1544 adults living in an urban and a rural area. Other measures included indices of past trauma events, post-traumatic stress and general psychological distress, and socio-demographic variables. We found that 38% of the population reached the defined threshold of one attack of explosive anger a month (average=1 episode every 2-3 days). Only a minority of persons with explosive anger reached threshold scores for post-traumatic stress and general psychological distress. High levels of trauma exposure represented the strongest predictor of explosive anger. Latent class analysis identified three sub-groups with explosive anger: young trauma-affected adults living in the capital city who were unemployed; an older group, predominantly men, who had experienced extensive violence, including combat, assault and torture; and a less well characterized group of women. The findings offer support for a sequential model of explosive anger in which experiences of past persecution are compounded by frustrations in the post-conflict environment. The data provide a foundation for exploring further the role of trauma-induced anger in the cycles of violence that are prevalent in post-conflict countries.

PMID: 19616880 [PubMed - indexed for MEDLINE]
OBJECTIVES: To determine whether exposure to war-related trauma during childhood predicted posttraumatic stress, self-reported health, sleep, and obesity in adulthood, and whether psychological distress mediated the relationships.

METHODS: We assessed 151 Kuwaiti boys and girls aged 9 to 12 years in 1993 to determine their level of exposure to war-related trauma during the Iraqi occupation and Gulf war, health complaints, and psychological distress. In 2003, 120 (79%) of the initial participants reported on their posttraumatic stress, general health, body mass index (BMI), and sleep quality. We tested a structural model where exposure to war-related trauma predicted psychological distress and health complaints 2 years after the war, and posttraumatic stress, self-reported health, BMI, and sleep quality and duration 10 years later, controlling for intermediary life events. We also tested effects of exposure to war-related trauma on self-reported health and sleep factors mediated by psychological distress. RESULTS: Results indicated a direct effect of exposure on poor sleep quality and BMI. Exposure also predicted poor sleep quality through its association with concurrent posttraumatic stress. The effect of exposure on self-reported health was mediated by health complaints and psychological distress, which included symptoms of depression, anxiety, and posttraumatic stress. CONCLUSION: Exposure to war-related events during childhood is associated with posttraumatic stress, poor sleep quality, high BMI, and poor self-reported health in adulthood.

PMID: 19592513 [PubMed - indexed for MEDLINE]


The relationship between fatalism, dissociation, and trauma symptoms in Latinos.

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Numerous studies have documented an overrepresentation of posttraumatic stress disorder in the Latino population. However, the contributing factors to trauma symptomatology among Latinos are not fully understood. The present study examined 112 low-income, Latino outpatients in a mental health clinic to identify culturally relevant variables that predict trauma symptomatology. Fatalism, peritraumatic dissociation, acculturation, and demographic variables were analyzed. Peritraumatic dissociation was found to account for a significant percentage of the variance in trauma symptoms (21%) as measured by the Peritraumatic Dissociative Experiences Questionnaire-Modified and the Trauma Symptom Inventory. Fatalism measured by the Multiphasic Assessment of Cultural Constructs was not found to be significantly associated with symptom severity. Also, acculturation variables did not predict peritraumatic dissociation. Implications of the findings for trauma research and practice are discussed.

PMID: 19585340 [PubMed - indexed for MEDLINE]

Exposure to physical and sexual violence and adverse health behaviours in African children: results from the Global School-based Student Health Survey.

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OBJECTIVE: To examine associations between exposure to physical violence (PV) or sexual violence (SV) and adverse health behaviours among a sample of children in five African countries. METHODS: In a cross-sectional analysis of data from Namibia, Swaziland, Uganda, Zambia and Zimbabwe - countries that participated in the Global School-based Student Health Survey in 2003 or 2004 - we compared the relative frequency of several adverse health behaviours among children (primarily students 13-15 years of age) who did and who did not report exposure to PV or SV. We estimated odds ratios (ORs) for such behaviours and their 95% confidence intervals (CIs) after adjusting for age and sex. FINDINGS: Exposure to PV during the 12 months preceding the survey was reported by 27-50% (average: 42%) of the children studied in the five countries, and lifetime exposure to SV was reported by 9-33% (average: 23%). Moderate to strong associations were observed between exposure to PV or SV and measures of mental health, suicidal ideation, current cigarette use, current alcohol use, lifetime drug use, multiple sex partners and a history of sexually transmitted infection (P < 0.05 for all associations). For example, the odds of being a current cigarette smoker were higher in children involved in one fight (OR: 2.20; 95% CI: 1.77-2.75), 2-5 fights (OR: 3.43; 95% CI: 2.54-4.63), or 6 fights or more (OR: 5.95; 95% CI: 4.37-8.11) (P for trend < 0.001) during the 12 months preceding the survey than in children unexposed to PV. CONCLUSION: Childhood exposure to PV and SV is common among African children in some countries and is associated with multiple adverse health behaviours. In developing countries, increased awareness of the frequency of exposure to violence among children and its potential health consequences may lead to heightened attention to the need for health promotion and preventive programmes that address the problem.

PMCID: 2686210
PMID: 19565123 [PubMed - indexed for MEDLINE]


Rebuilding lives, healing minds.

Gavlak D, Jamjoum L.

PMCID: 2686209
PMID: 19565114 [PubMed - indexed for MEDLINE]


Posttraumatic Stress Disorder (PTSD) and Disorders of Extreme Stress (DESNOS) symptoms following prostitution and childhood abuse.

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With the participation of 46 prostituted women in Korea, this study investigates the relationship between prostitution experiences, a history of childhood sexual abuse (CSA), and symptoms of posttraumatic stress disorder (PTSD) and disorders of extreme stress not otherwise specified (DESNOS). Prostituted women showed higher levels of PTSD and DESNOS symptoms compared to a control group. Women who
had experienced both CSA by a significant other and prostitution showed the highest levels of traumatic stress. However, posttraumatic reexperiencing and avoidance and identity, relational, and affect regulation problems were significant for prostitution experiences even when the effects of CSA were controlled.

PMID: 19515944 [PubMed - indexed for MEDLINE]


The effect of cognitive processing therapy on cognitions: impact statement coding.

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This study compared the cognitions of 37 female rape survivors before and after completing cognitive processing therapy (CPT). It was hypothesized that CPT would be associated with reductions in posttraumatic stress disorder (PTSD) symptoms and problematic (i.e., assimilated and overaccommodated) thoughts as well as increases in the number of realistic (i.e., accommodated) cognitions. Cognitions were assessed via coding and analyses of participants' written impact statements at the beginning and end of treatment. Posttraumatic stress disorder symptoms were assessed with the Clinician-Administered PTSD Scale and PTSD Symptom Scale. As predicted, there were significant increases in accommodated statements and significant decreases in overaccommodated and assimilated statements. The hypothesis that cognitive changes would be related to symptom reduction was partially supported.

PMCID: 2756751
PMID: 19479979 [PubMed - indexed for MEDLINE]


Screening for generalized anxiety disorder symptoms in the wake of terrorist attacks: a study in primary care.

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Little is known about the mental health impact of terrorism beyond posttraumatic stress disorder (PTSD) and depression. The associations between exposure to the September 11, 2001 (9/11) attacks in New York City and generalized anxiety disorder (GAD) symptoms were examined in a sample of 929 primary care patients. After controlling for PTSD, depression, panic and substance use disorders, and pre-9/11 trauma, patients who screened positive (vs. negative) for GAD symptoms were roughly twice as likely to report having a loved one at the 9/11 disaster site, twice as likely to know someone who was killed by the attacks, and twice as likely to know someone who was involved with the rescue/recovery efforts after the disaster. Implications for treatment and future research are discussed.

PMID: 19475656 [PubMed - indexed for MEDLINE]


War trauma, child labor, and family violence: life adversities and PTSD in a sample of school children in Kabul.
The extent of cumulative adverse childhood experiences such as war, family violence, child labor, and poverty were assessed in a sample of school children (122 girls, 165 boys) in Kabul, Afghanistan. Strong gender differences were found with respect to both the frequency of such experiences and the association of different types of stressors with posttraumatic stress disorder (PTSD) symptoms. Boys reported higher overall amounts of traumatic events, specifically experiences of violence at home. This was reflected in a 26% prevalence of probable PTSD in boys compared to 14% in girls. Child labor emerged as a common phenomenon in the examined sample and was furthermore associated with an increased likelihood of experiencing family violence for girls. The results suggest that the interplay of multilevel stressors in Afghan children contributes to a higher vulnerability for the development of PTSD.

PMID: 19462436 [PubMed - indexed for MEDLINE]

Posttyphoon prevalence of posttraumatic stress disorder, major depressive disorder, panic disorder, and generalized anxiety disorder in a Vietnamese sample.

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In 2006, typhoon Xangsane disrupted a multiagency health needs study of 4,982 individuals in Vietnam. Following this disaster, 798 of the original participants were reinterviewed to determine prevalence and risk factors associated with posttraumatic stress disorder (PTSD), major depressive disorder (MDD), panic disorder (PD), and generalized anxiety disorder (GAD). Posttyphoon prevalences were PTSD 2.6%, MDD 5.9%, PD 9.3%, and GAD 2.2%. Of those meeting criteria for a disorder, 70% reported only one disorder, 15% had two, 14% had three, and 1% met criteria for all four disorders. Risk factors for posttyphoon psychopathology differed among disorders, but generally were related to high typhoon exposure, prior trauma exposure, and in contrast to Western populations, higher age, but not gender.

PMCID: 2720525
PMID: 19455707 [PubMed - indexed for MEDLINE]

Predictive factors for acute stress disorder and posttraumatic stress disorder after motor vehicle accidents.

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BACKGROUND: Since traffic accidents are more common in developing countries than in developed countries, we aimed to investigate the association of several factors with the development and persistence of posttraumatic stress disorder (PTSD) after traffic accidents. SAMPLING AND METHODS: In the study, 95
participants with injuries from traffic accidents were evaluated at 4 different times: in the beginning, and after 3, 6 and 12 months. RESULTS: During the first evaluation, 41.1% (39) of our participants had acute stress disorder (ASD). It was found that lower perceived social support (OR = 0.0908, 95% CI = 0.834-0.989, p = 0.027) and higher peritraumatic dissociative experience scores (OR = 1.332, 95% CI = 1.170-1.516, p < 0.001) were significant predictors of ASD. In the evaluations after 3, 6 and 12 months after the accident, we found PTSD affected 29.8, 23.1 and 17.9% of the participants, respectively. Although limitations at work and in social life after a traffic accident were not related to PTSD at 3 months (OR = 122.43, 95% CI = 0.000, p = 0.999) or at 6 months (OR = 63.438, 95% CI = 0.529-76.059, p = 0.089), limitations at work and in social life were predictors of PTSD at 12 months (OR = 155.514, 95% CI = 2.321-104.22, p = 0.019). CONCLUSIONS: The persistence of PTSD at the 12-month evaluation is related to ASD, limitations in work and social life, and lower social support scores. In developing countries like Turkey, long-term PTSD is commonly seen after traffic accidents. 2009 S. Karger AG, Basel.

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A comparison of PTSD symptom patterns in three types of civilian trauma.

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Posttraumatic stress disorder (PTSD) is assumed to be an equivalent syndrome regardless of the type of traumatic event that precipitated it. However, the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV; American Psychiatric Association, 1994) and previous research suggest that the clinical presentation of PTSD varies by trauma type. This study compared PTSD symptom profiles in three types of civilian trauma: sexual assault (n = 86), motor vehicle accident (n = 162), and sudden loss of a loved one (n = 185). Groups differed in overall PTSD severity and displayed distinct PTSD symptom patterns. Results suggest that different trauma types lead to unique variants of the PTSD syndrome, which may result from different etiological factors and may require different treatment approaches.

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Comorbidity/overlapping between ADHD and PTSD in relation to IQ among children of traumatized/non-traumatized parents.

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OBJECTIVE: This study explores the comorbidity between symptoms of ADHD and PTSD in relation to IQ among refugee children of traumatized parents (TP) and non-traumatized parents (NTP). METHOD: The study compares 80 refugee children, 40 with TP with 40 with NTP. ADHD and PTSD are assessed using DICA. Children's cognitive functions are measured by WISC. Teacher ratings of YCI and SDQ are performed. RESULTS: Overlapping between ADHD and PTSD symptoms are represented among children with TP. Cognitive functions, related to ADHD and PTSD, reveal associations between low IQ (<84) and having both ADHD and PTSD among children with TP. CONCLUSIONS: Concerns are raised about how ADHD and PTSD symptoms in a
child are to be interpreted. Some overlapping exists between the two syndromes, but further studies should determine whether true comorbidity exists between ADHD and PTSD symptoms to better understand how to correctly diagnose and treat refugee children with TP.

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Women with posttraumatic stress disorder have larger decreases in heart rate variability during stress tasks.

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The relationship between posttraumatic stress disorder (PTSD) and high frequency heart rate variability (HF-HRV) was investigated during a resting baseline period and two 4-minute laboratory speech tasks. Participants were 20 women with PTSD and 20 age- and gender-matched controls. Parasympathetic nervous system (PNS) cardiac control was measured as HF-HRV (0.12-0.40 Hz) using power spectrum analysis. Participants with PTSD had significantly greater reductions in HF-HRV during two speech tasks (trauma recall and mental arithmetic) than control. These results suggest that PTSD is related to the magnitude of decrease in parasympathetic cardiac control during stress in women. Health implications of altered PNS activity associated with PTSD deserve further study.

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PTSD onset and course following the World Trade Center disaster: findings and implications for future research.

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OBJECTIVE: We sought to identify common risk factors associated with posttraumatic stress disorder (PTSD) onset and course, including delayed, persistent, and remitted PTSD following a major traumatic exposure. METHOD: Based on a prospective study of New York City adults following the World Trade Center disaster (WTCD), we conducted baseline interviews with 2,368 persons one year after this event and then at follow-up 1 year later to evaluate changes in current PTSD status based on DSM-IV criteria. RESULTS: Baseline analysis suggested that current PTSD, defined as present if this occurred in the past 12 months, was associated with females, younger adults, those with lower self-esteem, lower social support, higher WTCD exposure, more lifetime traumatic events, and those with a history of pre-WTCD depression. At follow-up, current PTSD was associated with Latinos, non-native born persons, those with lower self-esteem, more negative life events, more lifetime traumatic events, and those with mixed handedness. Classifying respondents at follow-up into resilient (no PTSD time 1 or 2), remitted (PTSD time 1, not 2), delayed (no PTSD time 1, but PTSD time 2), and persistent (PTSD both time 1 and 2) PTSD, revealed the following: compared to resilient cases, remitted ones were more likely to be female, have more negative life events, have greater lifetime traumatic events, and have pre-WTCD depression. Delayed cases were more likely to be Latino, be non-native born, have lower self-esteem, have more negative life events, have
greater lifetime traumas, and have mixed handedness. Persistent cases had a
similar profile as delayed, but were the only cases associated with greater WTCD
exposures. They were also likely to have had a pre-WTCD depression diagnosis.
Examination of WTCD-related PTSD at follow-up, more specifically, revealed a
similar risk profile, except that handedness was no longer significant and WTCD
exposure was now significant for both remitted and persistent cases. CONCLUSION:
PTSD onset and course is complex and appears to be related to trauma exposure,
individual predispositions, and external factors not directly related to the
original traumatic event. This diagnostic classification may benefit from
additional conceptualization and research as this relates to changes in PTSD
status over time.

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A school-based, teacher-mediated prevention program (ERASE-Stress) for reducing
terror-related traumatic reactions in Israeli youth: a quasi-randomized
controlled trial.

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BACKGROUND: Since September 2000 Israeli children have been exposed to a large
number of terrorist attacks. A universal, school-based intervention for dealing
with the threat of terrorism as well as with terror-related symptoms,
ERASE-Stress (ES), was evaluated in a male religious middle school in southern
Israel. The program was administered by the homeroom teachers as part of the
school curriculum. It consists of 12 classroom sessions each lasting 90 minutes,
and included psycho-educational material, skill training and resiliency
strategies delivered to the students by homeroom teachers. METHODS: One hundred
and fourteen 7th and 8th grade students were randomly assigned to the ES
intervention or were part of a waiting list (WL). They were assessed on measures
of posttraumatic symptomatology, depression, somatic symptoms and functional
problems before and 3 months after the intervention or the WL period. RESULTS:
Three months after the program ended, students in the experimental group showed
significant reduction in all measures compared to the waiting-list control group.
CONCLUSIONS: The ERASE-Stress program may help students suffering from
terror-related posttraumatic symptoms and mitigate the negative effects of future
traumatic experiences. Furthermore, a school-based universal program such as the
ERASE-Stress may potentially serve as an important and effective component of a
community mental health policy for communities affected by terrorism.

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Early childhood behavior trajectories and the likelihood of experiencing a
traumatic event and PTSD by young adulthood.

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This study modeled children's trajectories of teacher rated aggressive-disruptive behavior problems assessed at six time points between the ages of 6 and 11 and explored the likelihood of being exposed to DSM-IV qualifying traumatic events and posttraumatic stress disorder (PTSD) in 837 urban first graders (71% African American) followed-up for 15 years. Childhood trajectories of chronic high or increasing aggressive-disruptive behavior distinguished males more likely to be exposed to an assaultive violence event as compared to males with a constant course of low behavior problems (OR(chronic high) = 2.8, 95% CI = 1.3, 6.1 and OR(increasing) = 4.5, 95% CI = 2.3, 9.1, respectively). Among females, exposure to traumatic events and vulnerability to PTSD did not vary by behavioral trajectory. The findings illustrate that repeated assessments of disruptive classroom behavior during early school years identifies more fully males at increased risk for PTSD-level traumatic events, than a single measure at school entry does.

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Posttraumatic stress disorder six months after an earthquake: findings from a community sample in a rural region in Italy.

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BACKGROUND AND AIMS: Various studies assessed rates of post-traumatic stress disorder (PTSD) following natural disasters including earthquakes. Yet, samples were often non-representative or small or both. This study aims to assess the prevalence of PTSD and predictors of PTSD 6 months after an earthquake in a rural region of Italy. METHODS: A questionnaire was handed out to a representative sample of approximate 3,000 people in the region of Molise in Italy 6 months after an earthquake in October/November 2002. The questionnaire assessed socio-demographic characteristics, aspects of the event, the experience of symptoms immediately after the earthquake, and symptoms of PTSD. RESULTS: Questionnaires of 2,148 people were returned, representing a response rate of 73.7%. The final analysis was based on 1,680 people. The screening tool provided a PTSD prevalence rate of 14.5%. Male gender, age under 55 years, and better school education predicted lower rates of PTSD. More variance was explained when psychological symptoms of immediately after the event were also included as predictors. CONCLUSION: The findings on predictors are consistent with the literature. Whilst personal characteristics explain only a small variance of PTSD six months after the event, early psychological distress allows a better prediction of who is likely to have PTSD 6 months later.

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