November 2010 Medline Topic Alert

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1. Pain. 2010 Nov 1. [Epub ahead of print]
Post-traumatic stress disorder moderates the relation between documented childhood victimization and pain 30 years later.

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Cross-sectional designs and self-reports of maltreatment characterize nearly all the literature on childhood abuse or neglect and pain in adulthood, limiting potential for causal inference. The current study describes a prospective follow up of a large cohort of individuals with court-documented early childhood abuse or neglect (n=458) and a demographically matched control sample (n=349) into middle adulthood (mean age 41), nearly 30 years later, comparing the groups for risk of adult pain complaints. We examine whether Post-Traumatic Stress Disorder (PTSD) mediates or moderates risk of pain. Assessed prospectively across multiple pain measures, physically and sexually abused and neglected individuals generally showed a significant (p<.05) but notably small (η²=0.01) increased risk of pain symptoms in middle adulthood. Although PTSD was associated with both childhood victimization (p<.01) and risk of middle adulthood pain (p<.001), it did not appear to mediate the relationship between victimization and pain. However, across all pain outcomes other than medically unexplained pain, PTSD robustly interacted with documented childhood victimization to predict adult pain risk: individuals with both childhood abuse/neglect and PTSD were at significantly increased risk (p<.001, η² generally=0.05-0.06) of pain. After accounting for the combined effect of the two factors, neither childhood victimization nor PTSD alone predicted pain risk. Findings support a view that clinical pain assessments should focus on PTSD rather than make broad inquiries into past history of childhood abuse or neglect.

2. Depress Anxiety. 2010 Nov 3. [Epub ahead of print]
Substance use, childhood traumatic experience, and Posttraumatic Stress Disorder in an urban civilian population.

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Objective: Exposure to traumatic experiences, especially those occurring in childhood, has been linked to substance use disorders (SUDs), including abuse and dependence. SUDs are also highly comorbid with Posttraumatic Stress Disorder.
(PTSD) and other mood-related psychopathology. Most studies examining the relationship between PTSD and SUDs have examined veteran populations or patients in substance treatment programs. The present study further examines this relationship between childhood trauma, substance use, and PTSD in a sample of urban primary care patients. Method: There were 587 participants included in this study, all recruited from medical and OB/GYN clinic waiting rooms at Grady Memorial Hospital in Atlanta, GA. Data were collected through both screening interviews as well as follow-up interviews. Results: In this highly traumatized population, high rates of lifetime dependence on various substances were found (39% alcohol, 34.1% cocaine, 6.2% heroin/opiates, and 44.8% marijuana). The level of substance use, particularly cocaine, strongly correlated with levels of childhood physical, sexual, and emotional abuse as well as current PTSD symptoms. In particular, there was a significant additive effect of number of types of childhood trauma experienced with history of cocaine dependence in predicting current PTSD symptoms, and this effect was independent of exposure to adult trauma. Conclusions: These data show strong links between childhood traumatization and SUDs, and their joint associations with PTSD outcome. They suggest that enhanced awareness of PTSD and substance abuse comorbidity in high-risk, impoverished populations is critical to understanding the mechanisms of substance addiction as well as in improving prevention and treatment.

Enhanced mismatch negativity in adolescents with posttraumatic stress disorder (PTSD).

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The mismatch negativity (MMN) is observed following rare or unique sensory events, and reflects pre-attentional sensory processing of unexpected stimuli. The MMN is altered in several mental illnesses, including post-traumatic stress disorder (PTSD), but did not yield consistent results. We measured MMN in 27 survivors of the Wenchuan earthquake, including 13 who were diagnosed with PTSD, to determine if pre-attentive processing in the auditory cortex was altered by this disease. The amplitude of MMN was significantly greater in the PTSD group compared to the control group. In contrast, no significant group difference was found in the N1 potential, an event-related potential that reflects cortical transmission of sensory information. These results demonstrated an increased sensitivity to deviant stimuli in PTSD that may reflect a chronic state of hyperarousal and hypervigilance in trauma victims.

Gender differences in traumatic event exposure and mental health among veteran primary care patients.

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OBJECTIVE: This study evaluated gender differences in lifetime traumatic events, PTSD, and depression among VA primary care patients. METHOD: Participants were
865 adults attending primary care at one of four VA health centers (n = 681 males, 184 females). RESULTS: Mental health findings included: male PTSD 12.3% vs. female PTSD 9.2% (p > 0.05); male depression 15.9% vs. female depression 29.3% (p < 0.001). Men reported more war zone exposure (p < 0.001). Women reported more physical and sexual victimization (p < 0.001). Male logistic regression equations determined PTSD was associated with disability (OR = 3.42; 1.74-6.72, 95% CI) and war zone exposure (OR = 7.14; 3.82-13.30, 95% CI); depression was associated with war zone exposure (OR = 2.27; 1.40-3.68, 95% CI) and interpersonal violence (OR = 1.75; 1.10-2.79, 95% CI). Female PTSD was associated with sexual victimization (OR = 4.50; 1.20-16.80, 95% CI); depression was not predicted. CONCLUSIONS: We discuss findings in terms of the crucial need to improve identification and management of PTSD within VA primary care settings.

Dialectical Behavior Therapy for Posttraumatic Stress Disorder in Survivors of Childhood Sexual Abuse.

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So far, no specifically tailored and empirically evaluated psychological treatment program exists, which is tailored for adult survivors with posttraumatic stress disorder (PTSD) after childhood sexual abuse. At the Central Institute of Mental Health, Mannheim we developed Dialectical Behavioral Therapy for PTSD (DBT-PTSD) as a residential intensive program, which is specifically tailored to the needs of these patients and which is acceptable as well as tolerable for patients and therapists. The treatment program is mainly based on the principles and methods of Dialectical Behavior Therapy according to M. Linehan and integrates methods of trauma-focused cognitive-behavioral therapy. An overview is given on the treatment rational, the dynamic hierarchy of treatment focusses and the interventions used. In the internet version of this article treatment application is exemplified in a case study.

Suicidal behavior in adolescents with post-traumatic stress disorder.

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Recently, the prevalence of post-traumatic stress disorder (PTSD) in adolescence is higher than the prevalence of PTSD in adult populations. PTSD and suicidality are often found in populations of adolescents presenting with other emotional disorders (particularly mood disorders), traumatic grief, childhood abuse, and/or a family or peer history of suicide. The reasons and developments of the association between PTSD and suicidality in adolescence, however, remain unclear. Core psychobiological changes contributing to PTSD affect emotion, arousal, perception of the self and the world, irritability, impulsivity, anger, aggression and depression. There is evidence that the aforementioned factors, as well as alcohol and other drug use may act to moderate the influence of stressful
life events and lead to eventual suicidality. Both PTSD and suicidality in adolescents have also been hypothesized to be a result of exposure to violence and negative coping styles. There are many treatment challenges for these populations, yet the most promising preventions and treatments include suicide risk screenings, suicide education, Dialectical Behavioral Therapy, addressing associated coping mechanisms and prescribing anti-depressant and anti-anxiety medications. However, when prescribing medications, physicians do need to be careful to consider the weaknesses and strengths of each of the pharmacological options as they apply to adolescents presenting with PTSD and suicidality.

Hurricane-related exposure experiences and stressors, other life events, and social support: Concurrent and prospective impact on children's persistent posttraumatic stress symptoms.

La Greca AM, Silverman WK, Lai B, Jaccard J.

Objective: We investigated the influence of hurricane exposure, stressors occurring during the hurricane and recovery period, and social support on children's persistent posttraumatic stress (PTS). Method: Using a 2-wave, prospective design, we assessed 384 children (54% girls; mean age = 8.74 years) 9 months posthurricane, and we reassessed 245 children 21 months posthurricane. Children completed measures of exposure experiences, social support, hurricane-related stressors, life events, and PTS symptoms. Results: At Time 1, 35% of the children reported moderate to very severe levels of PTS symptoms; at Time 2, this reduced to 29%. Hurricane-related stressors influenced children's persistent PTS symptoms and the occurrence of other life events, which in turn also influenced persistent PTS symptoms. The cascading effects of hurricane stressors and other life events disrupted children's social support over time, which further influenced persistent PTS symptoms. Social support from peers buffered the impact of disaster exposure on children's PTS symptoms. Conclusions: The effects of a destructive hurricane on children's PTS symptoms persisted almost 2 years after the storm. The factors contributing to PTS symptoms are interrelated in complex ways. The findings suggest a need to close the gap between interventions delivered in the immediate and short-term aftermath and those delivered 2 years or more postdisaster. Such interventions might focus on helping children manage disaster-related stressors and other life events as well as bolstering children's support systems. (PsycINFO Database Record (c) 2010 APA, all rights reserved).

Childhood sexual abuse, post-traumatic stress disorder, and use of heroin among female clients in Israeli methadone maintenance treatment programs (MMTPS).

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This study investigated association between post-traumatic stress disorder (PTSD) and a 1-year follow-up heroin use among female clients in methadone clinics in Israel. Participants were 104 Israeli female clients from four methadone clinics.
(Mean age = 39.09, SD = 8.61) who reported victimization to childhood sexual abuse. We tested traces in urine of these female clients for heroin a year preceding and a year following the assessment of their PTSD. Results show that 54.2% reported symptoms that accede the DSM-IV criteria for PTSD. We found that among childhood victimized women PTSD is associated with more frequent use of heroin at a 1-year follow-up even after controlling for duration of the stay at the clinic, background, other traumatic experiences and heroin use a year prior the assessment of their PTSD. This study shows the potential long-run negative consequences of childhood sexual abuse. Not only are these sexually abused women trapped into drug dependence and addiction, they cannot break the vicious cycle of continuing the use of illicit drugs even when treated for their addiction. One major practice implication is that treatment for PTSD proven efficacious will be provided in the methadone and other drug treatment services.

The effects of perpetrator age and abuse disclosure on the relationship between feelings provoked by child sexual abuse and posttraumatic stress.

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The present study examined the relationship between feelings provoked by child sexual abuse (CSA) and posttraumatic stress disorder (PTSD) symptom scores in a sample of 163 female survivors of CSA. Finkelhor and Browne's traumagenic dynamics model was applied. The interactive effects of provoked feelings with perpetrator age and the existence of abuse disclosure were also studied. Results showed an overall relationship between feelings provoked by CSA and PTSD symptom scores. Feelings of stigma, betrayal, and powerlessness as a result of CSA were associated with PTSD symptom score when the entire group of CSA victims was analyzed. The role of traumatic sexualization was relevant only when analyzed in interaction with the age of the perpetrator and disclosure. The relationship between traumatic sexualization and PTSD symptom scores was only significant when the abuse was committed by an adult perpetrator and when a disclosure was made during the time of abuse, or a short time after the abuse had occurred.

Predicting posttraumatic stress symptoms in children following Hurricane Katrina: A prospective analysis of the effect of parental distress and parenting practices.

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Research exhibits a robust relation between child hurricane exposure, parent distress, and child posttraumatic stress disorder (PTSD). This study explored parenting practices that could further explicate this association. Participants were 381 mothers and their children exposed to Hurricane Katrina. It was hypothesized that 3-7 months (T1) and 14-17 months (T2) post-Katrina: (a) hurricane exposure would predict child PTSD symptoms after controlling for history of violence exposure and (b) hurricane exposure would predict parent
distress and negative parenting practices, which, in turn, would predict increased child PTSD symptoms. Hypotheses were partially supported. Hurricane exposure directly predicted child PTSD at T1 and indirectly at T2. Additionally, several significant paths emerged from hurricane exposure to parent distress and parenting practices, which were predictive of child PTSD.

Traumatic events, posttraumatic stress disorder, attachment style, and working alliance in a sample of people with psychosis.

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There is a high incidence of trauma and posttraumatic stress disorder (PTSD) in people with a diagnosis of psychosis. Sequelae of trauma may affect the ability to engage in both attachment and therapeutic relationships. This study investigated associations between trauma histories, PTSD, attachment styles, and working alliance in a sample of 110 individuals with psychosis and substance misuse. Anxious attachment was associated with number of interpersonal traumas and PTSD reported, but there were no associations between trauma and alliance. There were discrepancies in number of traumatic events reported by care coordinators and patients. The findings of this study highlight the potential use of attachment theory in working with trauma and PTSD in psychosis.

HADStress screen for posttraumatic stress: replication in ethiopian refugees.

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Purpose was to assess whether a 4-symptom somatic screen, shown to correlate with current post-traumatic stress symptoms in 1 refugee group, could function as a screening instrument in another group of refugees. Sample consisted of 512 community-dwelling refugees from Ethiopia. Data collection included demography, types of torture and nontorture trauma experienced a decade earlier in Africa, and current posttraumatic stress symptoms. Somatic symptoms included headaches (H), appetite change (A), dizziness and faintness (D), and sleep problems (S), added with equal weighting into the HADStress Screen, ranging from 0 to 4. Results showed that age, gender, torture, and other trauma experiences from a decade ago, and current posttraumatic stress symptoms predicted current somatic symptoms on univariate analyses. On a negative binomial regression model, current posttraumatic stress symptoms, male gender, and number of torture types predicted a high HADStress score. Post hoc tests supported cut-off levels at 3 and at 4 symptoms. Conclusion is that the HADStress Screen can serve as an efficient, nontthreatening screen for posttraumatic stress symptoms among refugees.
Knowledge of and stigma associated with mental disorders in a South African community sample.

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The aim of this study was to assess the awareness of, attitudes toward, and stigma associated with psychiatric disorders among South Africans. A convenience sample of 1081 members of the general public participated in the study. One of 10 vignettes portraying different psychiatric disorders with subtle or obvious symptoms was presented to each respondent. Schizophrenia was reported as being the most representative of a psychiatric disorder and post-traumatic stress disorder as the least representative. Psychosocial stress was reported more frequently than medical etiologies as a possible cause of mental disorders. Seeking help from a health professional in the form of psychotherapy was often endorsed as an effective treatment option, whereas taking medication was rarely endorsed. Respondents held more stigmatizing attitudes toward patients with substance abuse and schizophrenia, whereas post-traumatic stress disorder was stigmatized significantly less than the other conditions. Further effort is required to educate the public about the psychobiological underpinnings of psychiatric disorders and about the value of effective treatments.

The impact of deployment on the psychological health status, level of alcohol consumption, and use of psychological health resources of postdeployed U.S. Army Reserve soldiers.

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This study was conducted to investigate the impact of deployment on the psychological health status, level of alcohol consumption, and use of psychological health resources of postdeployed Army Reserve (AR) soldiers. Data were collected from 51,078 postdeployed AR soldiers via DD Form 2900 to detect existing psychological and medical issues. As predicted, findings indicate that AR soldiers screened 7 or more months post redeployment are significantly more likely than those screened 3 to 6 months post redeployment to screen positive for moderate (chi2 (1, N = 44,319) = 15.75, p < 0.001) and severe (chi2 (1, N = 44,319) = 7.82, p < 0.05) functional impairment and PTSD (chi2 (1, N = 51,017) = 14.43, p < 0.001). Present findings are consistent with previous research, suggesting that adverse psychological health issues can be detected during their mild stages and resolved to prevent further degradation when screenings are performed according to military policy.

Enhancing national capacity to conduct child and family disaster mental health research.
A substantial number of children and families experience emotional difficulties in the aftermath of disasters and terrorist events. Only recently has training in disaster preparedness and response been systematically incorporated into the curricula of mental health disciplines. The goal of the Child & Family Disaster Research Training & Education Program is to enhance the nation's capacity and infrastructure needed to conduct rigorous disaster mental health research on children and families. This article describes the creation and training of 10 specialized research teams, curriculum development, implementation of the program, and progress to date as well as lessons learned and challenges to sustainability.

Birth outcomes among offspring of women exposed to the September 11, 2001, terrorist attacks.

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OBJECTIVE: To evaluate the effects of the September 11, 2001, World Trade Center attacks on birth outcomes. METHODS: Live singleton births between September 11, 2001, and October 31, 2002, to women enrolled in a World Trade Center Health Registry (the Registry, n=446) were compared with births to women residing more than 5 miles from the World Trade Center (n=49,616). Birth weight, gestational age, low birth weight, and preterm delivery were evaluated using linear and logistic regression. Births before September 11, 2001, were analyzed to assess possible seasonal biases of associations with pregnancy trimester on September 11. Associations of birth outcomes with September 11-related psychologic stress and physical exposures were assessed among births to women within the Registry (n=499). RESULTS: Birth weight and gestational age distributions were similar for births to women enrolled in the Registry and comparison births. Although mean gestational age and birth weight varied with trimester on September 11, a similar association was found among births in previous years, consistent with a seasonal effect not related to exposure. Registry-linked births to mothers with probable posttraumatic stress disorder (n=61) had a higher odds of low birth weight (adjusted odds ratio [OR] 2.49, 95% confidence interval [CI] 1.02-6.08) and preterm delivery (adjusted OR 2.48, 95% CI 1.05-5.84) compared with births to women without posttraumatic stress disorder. CONCLUSION: Women who lived, worked, or were near the World Trade Center on or soon after September 11 had pregnancy outcomes similar to women residing more than 5 miles away. However, among exposed women, probable posttraumatic stress disorder was associated with low birth weight and preterm delivery. LEVEL OF EVIDENCE: II.

Treatment of PTSD in Rwandan child genocide survivors using thought field therapy.
Thought Field Therapy (TFT), which utilizes the self-tapping of specific acupuncture points while recalling a traumatic event or cue, was applied with 50 orphaned adolescents who had been suffering with symptoms of PTSD since the Rwandan genocide 12 years earlier. Following a single TFT session, scores on a PTSD checklist completed by caretakers and on a self-rated PTSD checklist had significantly decreased (p < .0001 on both measures). The number of participants exceeding the PTSD cutoffs decreased from 100% to 6% on the caregiver ratings and from 72% to 18% on the self-ratings. The findings were corroborated by informal interviews with the adolescents and the caregivers, which indicated dramatic reductions of PTSD symptoms such as flashbacks, nightmares, bedwetting, depression, isolation, difficulty concentrating, jumpiness, and aggression. Following the study, the use of TFT on a self-applied and peer-utilized basis became part of the culture at the orphanage, and on one-year follow-up the initial improvements had been maintained as shown on both checklists.


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Comment in:

OBJECTIVE: The authors examined the impact of co-occurring posttraumatic stress disorder (PTSD) on women with borderline personality disorder who had attempted suicide in the preceding year. METHOD: Female borderline personality disorder outpatients (N=94) either with (N=53, 56.4%) or without PTSD (N=41, 43.6%) and with recent and repeated suicidal or self-injurious behavior were compared in nine areas of functioning. RESULTS: Borderline personality disorder patients with and without PTSD differed in the lethality, intent, and triggers for intentional self-injury, trauma history, emotion regulation, and axis I comorbidity. The two groups did not differ in borderline personality disorder severity, axis II comorbidity, psychosocial functioning, or mental health or medical treatment utilization. CONCLUSIONS: The results indicate greater impairment among individuals with both disorders and suggest that there are some unique features associated with co-occurring borderline personality disorder and PTSD that require further attention in assessment and treatment.


Hayatbakhsh MR, Najman JM, Clavarino A, Bor W, Williams GM, O'Callaghan MJ.
OBJECTIVE: To examine the association between psychiatric disorders, asthma, and lung function in young adults. STUDY DESIGN: Data were from the Mater-University of Queensland Study of Pregnancy (MUSP). The study was based on 2443 young adults (1193 male and 1250 female) for whom data were available on psychiatric disorders, asthma, and respiratory function. Life time and last 12 months' generalized anxiety, panic, posttraumatic stress disorder (PTSD), and depressive disorders were assessed using a computerised version of the Composite International Diagnostic Interview (CIDI-Auto). A Spirobank G spirometer system was used to measure forced vital capacity (FVC), forced expiratory volume in one second (FEV(1)), and forced expiratory flow between 25% and 75% of forced vital capacity (FEF(25-75%)). RESULTS: Participants with mental health disorders were more likely to have experienced asthma before or to use asthma medication at 21 years. However, for both males and females, life time and last 12 months' experience of generalized anxiety, panic, PTSD, and depressive disorders were not statistically significantly associated with FVC, FEV(1), and FEF(25-75%), except a modest association with major depressive disorders for males. CONCLUSION: There is an association between mental health and asthma, but the relationship between mental health and lung function appeared to be confounded by the respondent's gender. More narrowly based prospective studies are required to determine the causal pathway between mental disorders and asthma.


Preserved subcortical volumes and cortical thickness in women with sexual abuse-related PTSD.


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Posttraumatic stress disorder (PTSD) has been frequently associated with volumetric reductions of grey matter structures (e.g. hippocampus and anterior cingulate), but these results remain controversial, especially in female non-combat-related samples. The present study aimed at exploring whole-brain structures in women with sexual abuse-related PTSD on the basis of cortical and subcortical structure comparisons to a matched pair sample that was well-controlled. Seventeen young women who had experienced sexual abuse and who had a diagnosis of chronic PTSD based on the Clinician Administered PTSD Scale for DSM-IV and 17 healthy controls individually matched for age and years of education were consecutively recruited. Both groups underwent structural magnetic resonance imaging and psychiatric assessment of the main disorders according to Axis I of DSM-IV. The resulting scans were analyzed using automated cortical and subcortical volumetric quantifications. Compared with controls, PTSD subjects displayed normal global and regional brain volumes and cortical thicknesses. Our results indicate preserved subcortical volumes and cortical thickness in a sample of female survivors of sexual abuse with PTSD. The authors discuss potential differences between neural mechanisms of sexual abuse-related PTSD and
war-related PTSD.

Assessing sexual abuse/attack histories with bariatric surgery patients.

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This study assessed sexual abuse/attack histories in 537 bariatric surgery patients using the PsyBari. The prevalence rates found were lower (15.5%, 19.3% of women, 5.2% of men) than other studies that used bariatric surgery patients but consistent with studies that used nonbariatric obese subjects. Furthermore, bariatric surgery patients who disclosed sexual abuse/attack were more likely to disclose physical abuse, psychological problems, psychological treatment, psychiatric medication, and psychiatric hospitalization. Among bariatric surgery patients who disclosed sexual abuse/attack, females were more likely to disclose suicidal ideation. A logistic regression found that for females, physical abuse and suicidal ideation reliably predicted abuse/attack status. For males, psychological problems, psychiatric medications, hospitalization, and suicidal ideation, reliably predicted abuse/attack status.

Exploring the overlap in male juvenile sexual offending and general delinquency: trauma, alcohol use, and masculine beliefs.

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Despite Burton and Meezan's (2004) finding that sexually aggressive youth are three to four times more likely to recidivate nonsexually than sexually, there is little to no research to date that explores this overlap in criminality. With a sample of 290 male sexually violent adjudicated and incarcerated youth, this study was able to successfully predict those who are exclusively sexually violent from those who are both nonsexually and sexually violent with each of the following factors: childhood trauma, masculine beliefs, and alcohol use. While alcohol use accounted for the greatest variance between the groups, masculine beliefs offered the greatest basis for the discussion and future projects for the authors of the study. Treatment and research implications are offered.

Educator sexual abuse: two case reports.

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Sexual abuse by educators has become an increasingly noted type of sexual abuse, especially among adolescents, for two reasons. First, there is a potential for these cases to be silent and prolonged and second, when disclosed, the forensic implications usually include both criminal and/or civil sanctions. For forensic
case evaluations, developmental traumatology, or the intersection of the traumatic event(s) at a particular age of the student, is often the evaluating framework. We report on two forensic cases of a female student and a male student to emphasize the dynamics of adolescent sexual victimization, its impact on adolescent development, and evidence-based practice for symptom identification and treatment.

Children of Katrina: lessons learned about postdisaster symptoms and recovery patterns.

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Trauma symptoms, recovery patterns, and life stressors of children between the ages of 9 and 18 (n = 387) following Hurricane Katrina were assessed using an adapted version of the National Child Traumatic Stress Network Hurricane Assessment and Referral Tool for Children and Adolescents (National Child Traumatic Stress Network, 2005). Based on assessments 2 and 3 years after the hurricane, most children showed a decrease in posttraumatic stress and depression symptoms over time. Students were also classified into outcome trajectories of stress resistant, normal response and recovery, delayed breakdown, and breakdown without recovery (A. S. Masten & J. Obradovic, 2008). Age, gender, and life stressors were related to these recovery patterns. Overall, the findings highlight the importance of building and maintaining supportive relationships following disasters.

Exploring posttraumatic growth in children impacted by Hurricane Katrina: correlates of the phenomenon and developmental considerations.

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This study explored posttraumatic growth (PTG), positive change resulting from struggling with trauma, among 7- to 10-year-olds impacted by Hurricane Katrina. Analyses focused on child self-system functioning and cognitive processes, and the caregiving context, in predicting PTG at 2 time points (Time 1 n = 66, Time 2 n = 51). Findings suggest that rumination, both negative, distressing thoughts and constructive, repetitive thinking, plays an important role in PTG. Hypotheses regarding future expectations and perceived competence were not fully supported, and, unexpectedly, coping competency beliefs, realistic control attributions, and perceived caregiver warmth did not contribute to PTG models. With 1 exception (positive reframing coping advice), caregiver-reported variables did not relate to PTG; no caregiver variable reached significance in final models. Relevant theory, developmental considerations, and future directions are discussed.
Growing pains: the impact of disaster-related and daily stressors on the psychological and psychosocial functioning of youth in Sri Lanka.

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Daily stressors may mediate the relation between exposure to disaster-related stressors and psychological and psychosocial distress among youth in disaster-affected countries. A sample of 427 Sri Lankan Sinhalese, Tamil, and Muslim youth (mean age = 14.5) completed a survey with measures of exposure to disaster-related stressors and daily stressors, psychological distress (posttraumatic stress, depression, and anxiety), and psychosocial distress. The results indicated that daily stressors significantly mediated relations between war- and tsunami-related stressors and psychological and psychosocial distress. Some daily stressors not directly related to disaster also predicted functioning. These results point to the need for policies and interventions that focus on reducing proximal daily stressors that are salient to Sri Lankan youth exposed to disasters.

Tsunami, war, and cumulative risk in the lives of Sri Lankan schoolchildren.

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This study examines the impact of children's exposure to natural disaster against the backdrop of exposure to other traumatic events and psychosocial risks. One thousand three hundred ninety-eight Sri Lankan children aged 9-15 years were interviewed in 4 cross-sectional studies about exposure to traumatic life events related to the war, the tsunami experience, and family violence. Symptoms of posttraumatic stress disorder, somatic complaints, psychosocial functioning, and teacher reports of school grades served as outcome measures. A global outcome variable of “positive adaptation” was created from a combination of these measures. Data showed extensive exposure to adversity and traumatic events among children in Sri Lanka. Findings of regression analyses indicated that all 3 event types—tsunami and disaster, war, and family violence—significantly contributed to poorer child adaptation.

The effects of the 1999 Turkish earthquake on young children: analyzing traumatized children's completion of short stories.

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The purpose of this exploratory study was to determine whether projective techniques could identify long-term consequences among children stemming from
exposure to a traumatic event. The first group of children (n = 53; 26 female, 27 male) experienced 2 major earthquakes at age 7, 3 months apart, in Turkey, while a similarly matched control group (n = 50; 25 female, 25 male) did not. Both groups of children (current age: 9) completed a series of short stories related to disastrous events. Results indicated that the traumatized group evinced a range of trauma-related symptoms 2 years after experiencing the earthquakes.

Exposure to 9/11 among youth and their mothers in New York City: enduring associations with mental health and sociopolitical attitudes.

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The enduring impact of exposure to the 9/11 terrorist attacks on mental health and sociopolitical attitudes was examined in a sample of 427 adolescents (M = 16.20 years) and their mothers residing in New York City. Direct exposure to the terrorist attack was associated with youth depression symptoms and with mothers' posttraumatic stress disorder symptoms. There was no evidence of reciprocal effects of mother exposure on youth or of youth exposure on mothers. Although mothers reported engaging in more emotional processing coping assistance with their children, coping assistance was not associated with youth's symptomatology. Media exposure was found to be a strong predictor of youth's and mothers' sociopolitical attitudes about issues such as prejudice toward immigrants, social mistrust, and current events.

Impact of maternal posttraumatic stress disorder and depression following exposure to the September 11 attacks on preschool children's behavior.

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To evaluate whether conjoined maternal posttraumatic stress disorder (PTSD) and depression are associated with increased behavioral problems among terrorism-exposed preschool children (N = 116; 18-54 months), this study compared clinically significant child behavioral problem rates among the preschool children of mothers with PTSD and depression, depression alone, and neither disorder. Behavioral problems were independently rated by mothers and preschool teachers. Maternal depression and PTSD, relative to maternal depression alone, and to neither disorder, were associated with substantially increased child problems. Notably, maternal depression and PTSD were associated with increased emotional reactivity (relative risk [RR] = 5.9 by mother's and 3.4 by teacher's reports) and aggressive behavior problems (RR = 11.0 by mother's and RR = 5.9 by teacher's reports). This was corroborated by teacher ratings. Implications for intervening with terrorism-exposed preschool children are discussed.

Posttraumatic resilience in former Ugandan child soldiers.
The present research examines posttraumatic resilience in extremely exposed children and adolescents based on interviews with 330 former Ugandan child soldiers (age = 11-17, female = 48.5%). Despite severe trauma exposure, 27.6% showed posttraumatic resilience as indicated by the absence of posttraumatic stress disorder, depression, and clinically significant behavioral and emotional problems. Among these former child soldiers, posttraumatic resilience was associated with lower exposure to domestic violence, lower guilt cognitions, less motivation to seek revenge, better socioeconomic situation in the family, and more perceived spiritual support. Among the youth with significant psychopathology, many of them had symptoms extending beyond the criteria for posttraumatic stress disorder, in keeping with the emerging concept of developmental trauma disorder. Implications for future research, intervention, and policy are discussed.

Unpacking trauma exposure risk factors and differential pathways of influence: predicting postwar mental distress in Bosnian adolescents.

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Methods are needed for quantifying the potency and differential effects of risk factors to identify at-risk groups for theory building and intervention. Traditional methods for constructing war exposure measures are poorly suited to "unpack" differential relations between specific types of exposure and specific outcomes. This study of 881 Bosnian adolescents compared both common factor-effect indicator (using exploratory factor analysis) versus composite causal-indicator methods for "unpacking" dimensions of war exposure and their respective paths to postwar adjustment outcomes. The composite method better supported theory building and most intervention applications, showing how multitiered interventions can enhance treatment effectiveness and efficiency in war settings. Used together, the methods may unpack the elements and differential effects of "caravans" of risk and promotive factors that co-occur across development.

Disasters, victimization, and children's mental health.

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In a representative sample of 2,030 U.S. children aged 2-17, 13.9% report
lifetime exposure to disaster, and 4.1% report experiencing a disaster in the past year. Disaster exposure was associated with some forms of victimization and adversity. Victimization was associated with depression among 2- to 9-year-old disaster survivors, and with depression and aggression among 10- to 17-year-old disaster survivors. Children exposed to either victimization only or both disaster and victimization had worse mental health compared to those who experienced neither. More research into the prevalence and effects of disasters and other stressful events among children is needed to better understand the interactive risks for and effects of multiple forms of trauma.

Disasters and their impact on child development: introduction to the special section.

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A polymorphism in the dysbindin gene (DTNBP1) associated with multiple psychiatric disorders including schizophrenia.

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BACKGROUND: A number of studies have found associations between dysbindin (DTNBP1) polymorphisms and schizophrenia. Recently we identified a DTNBP1 SNP (rs9370822) that is strongly associated with schizophrenia. Individuals diagnosed with schizophrenia were nearly three times as likely to carry the CC genotype compared to the AA genotype. METHODS: To investigate the importance of this SNP in the function of DTNBP1, a number of psychiatric conditions including addictive behaviours and anxiety disorders were analysed for association with rs9370822. RESULTS: The DTNBP1 polymorphism was significantly associated with post-traumatic stress disorder (PTSD) as well as nicotine and opiate dependence but not alcohol dependence. Individuals suffering PTSD were more than three times as likely to carry the CC genotype compared to the AA genotype. Individuals with nicotine or opiate dependence were more than twice as likely to carry the CC genotype compared to the AA genotype. CONCLUSIONS: This study provides further support for the importance of DTNBP1 in psychiatric conditions and suggests that there is a common underlying molecular defect involving DTNBP1 that contributes to the development of several anxiety and addictive disorders that are generally recognised as separate clinical conditions. These disorders may actually be different expressions of a single metabolic pathway perturbation. As our participant numbers are limited our observations should be viewed with caution until they are independently replicated.

The validity and reliability of the German version of the Somatoform Dissociation Questionnaire (SDQ-20).

Mueller-Pfeiffer C, Schumacher S, Martin-Soelch C, Pazhenkottil AP, Wirtz G,
The present study investigated the validity of the German version of the Somatoform Dissociation Questionnaire (SDQ-20), a scale designed to measure somatoform dissociative symptoms. Somatoform dissociation involves physical manifestations of a dissociation of the personality and is considered a unique entity in the phenomenological spectrum of dissociation. The validity and reliability of the German version of the SDQ-20 was examined using a sample of 225 patients with (n = 39) and without dissociative disorders who were recruited from several in- and outpatient psychiatric clinics. Patients were assessed using structured diagnostic interviews; diagnostic checklists; and self-rating scales for dissociation, and posttraumatic stress. Patients with dissociative disorders reported significantly more (p < .001) somatoform dissociative symptoms than patients without dissociative disorders (criterion validity). Significant correlations (p < .001) were found between scores of somatoform dissociation, psychoform dissociation, posttraumatic stress symptoms, and traumatic childhood experiences (construct validity). Reliability was corroborated by a Cronbach's alpha coefficient of .91 and a test-retest correlation of .89. A component factor analysis suggested unidimensionality of the SDQ-20. In conclusion, the psychometric properties and cross-cultural validity of the German version of the SDQ-20 are excellent. Our results form the basis for the further study of somatoform dissociation in German-speaking populations.

Symboldrama, a psychotherapeutic method for adolescents with dissociative and PTSD symptoms: a pilot study.

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A total of 15 clinically referred adolescents who had been sexually or physically abused participated in this pilot study of the use of symboldrama psychotherapy. Symboldrama is a psychotherapeutic method that uses imagery as the major psychotherapeutic tool. All adolescents reported to be suffering from a high level of dissociative symptoms and other symptoms such as anxiety, depression, posttraumatic stress, and anger after their traumas. The objective of the study was to test the hypothesis that symboldrama psychotherapy in addition to psycho-education of the non-offending parent would significantly reduce the reported symptoms. Before treatment, the participants answered three questionnaires: (a) the Life Incidence of Traumatic Events Scale, (b) the Trauma Symptom Checklist for Children, and (c) the Dissociation Questionnaire-Swedish version. After treatment, the participants once again filled out the Trauma Symptom Checklist for Children and the Dissociation Questionnaire-Swedish version. The scores from before and after treatment were compared, and the results showed that the symptoms had been statistically significantly reduced.

Adult attachment as a predictor of posttraumatic stress and dissociation.
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This study examined whether K. Bartholomew’s (1990) self-report dimensions of adult attachment (secure, dismissing, preoccupied, and fearful) mediate or moderate links from victimization/abuse to posttraumatic stress and dissociation. Participants were 199 college women with and without a history of childhood physical abuse, childhood sexual victimization, and adolescent/adult sexual victimization. Path analysis revealed no significant mediation effects for attachment; however, hierarchical multiple linear regression indicated that dismissing attachment moderated the link between victimization/abuse and posttraumatic stress (i.e., the relationship was strongest for women with high dismissing scores). All 4 attachment dimensions uniquely predicted posttraumatic stress, whereas only fearful attachment uniquely predicted dissociation.

The role of peripartum dissociation as a predictor of posttraumatic stress symptoms following childbirth in Israeli Jewish women.

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OBJECTIVE: This study aimed to assess the role of peripartum dissociation in the development of childbirth-related posttraumatic stress (PTS) symptoms. Furthermore, it examined the relation between life-traumatizing events, in particular childhood sexual abuse (CSA), dissociation tendencies, prenatal PTS, prenatal depression, peripartum dissociation, and postnatal PTS symptoms. METHOD: A self-report questionnaire was administered to 1,003 Israeli Jewish women (sample after attrition) at mid-pregnancy (18-28 weeks) and at 2 months postnataally. RESULTS: Women with a history of CSA scored higher on all variables during pregnancy and postpartum. Prenatal PTS symptoms, depression, and dissociation tendencies coincided with higher levels of peripartum dissociation. CONCLUSION: Screening pregnant women, especially CSA victims, and implementing models of prevention and intervention can assist these women in acquiring better coping strategies during childbirth. Such practices are likely to decrease peripartum dissociation, which may in turn lessen postpartum PTS symptoms.

A three-year follow-up study of the psychosocial predictors of delayed and unresolved post-traumatic stress disorder in Taiwan Chi-Chi earthquake survivors.

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AIMS: To predict the longitudinal course of post-traumatic stress disorder (PTSD) in survivors three years following a catastrophic earthquake using multivariate data presented six months after the earthquake. METHODS: Trained assistants and psychiatrists used the Disaster-related Psychological Screening Test (DRPST) to
interview earthquake survivors 16 years and older and to assess current and incidental psychopathology. A total of 1756 respondents were surveyed over the three-year follow-up period. RESULTS: A total of 38 (9.1%) of the original 418 PTSD subjects and 40 of the original 1338 (3.0%) non-PTSD subjects were identified as having PTSD at the 3-year post-earthquake follow up. Younger age, significant financial loss, and memory/attention impairment were predictive factors of unresolved PTSD and delayed PTSD. CONCLUSIONS: The longitudinal course of PTSD three years after the earthquake could be predicted as early as six months after the earthquake on the basis of demographic data, PTSD-related factors, and putative factors for PTSD.


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Three screening methods to predict posttraumatic stress disorder (PTSD) and depression symptoms in children following single-incident trauma were tested. Children and adolescents (N = 90; aged 7-17 years) were assessed within 4 weeks of an injury that led to hospital treatment and followed up 3 and 6 months later. Screening methods were adapted from existing instruments and examined (a) an Australian version of the Screening Tool for Predictors of PTSD (STEPP-AUS), (b) an abbreviated measure of initial PTSD severity, and (c) an abbreviated measure of initial maladaptive trauma-specific beliefs. The STEPP-AUS correctly identified 89% of the children who developed PTSD at 6-month follow-up and the 69% of children who were non-PTSD. Predictive performance of the others instruments was generally poor, and no instrument consistently predicted subclinical levels of depression.


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In the aftermath of disasters, understanding relationships between disaster-related life disruption and children's functioning is key to informing future postdisaster intervention efforts. The present study examined attack-related life disruptions and psychopathology in a representative sample (N = 8,236) of New York City public schoolchildren (Grades 4-12) surveyed 6 months after September 11, 2001. One in 5 youth reported a family member lost their job because of the attacks, and 1 in 3 reported their parents restricted their postattack travel. These forms of disruption were, in turn, associated with elevated rates of probable posttraumatic stress disorder and other anxiety disorders (and major depressive disorder in the case of restricted travel).
Results indicate that adverse disaster-related experiences extend beyond traumatic exposure and include the prolonged ripple of postdisaster life disruption and economic hardship. Future postdisaster efforts must, in addition to ensuring the availability of mental health services for proximally exposed youth, maintain a focus on youth burdened by disaster-related life disruption.

Parenting and temperament prior to September 11, 2001, and parenting specific to 9/11 as predictors of children's posttraumatic stress symptoms following 9/11.

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Parenting is related to children's adjustment, but little research has examined the role of parenting in children's responses to disasters. This study describes parenting responses specific to the 9/11 terrorist attacks and examines pre-9/11 parenting, child temperament, and 9/11-specific parenting as predictors of children's posttraumatic stress (PTS) symptoms among children geographically distant from the attack locations. A community sample of children and parents (n = 137, ages 9-13 years) participating in an ongoing study were interviewed 1 month following 9/11. Parents reported engaging in a number of parenting responses following 9/11. Pre-9/11 acceptance and 9/11-specific, self-focused parental responses predicted PTS symptoms. Pre-9/11 parenting and temperament interacted to predict PTS symptoms, suggesting that parenting and temperament are important prospective predictors of children's responses to indirect exposure to disasters.

Parenting behaviors and posttraumatic symptoms in relation to children's symptomatology following a traumatic event.

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Child- and caregiver-report about parenting behaviors, and caregiver-report of their own symptoms were examined in relation to children's symptomatology following a potentially traumatic event (PTE) among 91 youth. Child-report of hostile and coercive parenting was a salient predictor of child posttraumatic stress disorder (PTSD), internalizing symptoms, and personal adjustment. Caregivers' own trauma symptoms predicted caregiver-report of child PTSD, internalizing and externalizing symptoms, but not child-reported child symptoms. Implications for assessment and intervention following exposure to a PTE are emphasized.

Sense of coherence and its association with exposure to traumatic events, posttraumatic stress disorder, and depression in eastern Democratic Republic of Congo.
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The Democratic Republic of Congo is the scene of some of the worst atrocities in recent history. However, in the face of traumatic experience, only a minority of people develops symptoms that impair their functioning. The sense of coherence proposed by Antonovsky (1987) is a theoretical construct reflecting an individual's overall wellbeing and ability to cope with stress. This study explores the relationships between sense of coherence, exposure to traumatic events, symptoms of posttraumatic stress disorder (PTSD), and depression. Results suggest an association between a high sense of coherence and high education levels, high income, and positive social relationships. Furthermore, the study found that sense of coherence is inversely correlated with cumulative exposure to violence and symptoms of PTSD and depression.


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American Indians and Alaska Natives are vulnerable populations with significant levels of trauma exposure. The Indian Country Child Trauma Center developed an American Indian and Alaska Native (AI/AN) adaptation of the evidence-based child trauma treatment, trauma-focused cognitive-behavioral therapy. Honoring Children, Mending the Circle (HC-MC) guides the therapeutic process through a blending of AI/AN traditional teachings with cognitive-behavioral methods. The authors introduced the HC-MC treatment and illustrated its therapeutic tools by way of a case illustration.


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Two decades of research demonstrate the efficacy of exposure therapy for posttraumatic stress disorder (PTSD). The efficacy of prolonged exposure (PE), a specific exposure therapy program for PTSD that has been disseminated throughout the world, has been established in many controlled studies using different trauma populations. However, a meta-analysis of the effectiveness of PE for PTSD has not been conducted to date. The purpose of the current paper is to estimate the overall efficacy of PE for PTSD relative to adequate controls. We included all published randomized controlled trials of PE vs. control (wait-list or psychological placebo) for the treatment of PTSD in adolescents or adults. Treatments were classified as PE if they included multiple sessions of imaginal
and in vivo exposure and were based on the manualized treatment developed by Foa, Rothbaum, Riggs, and Murdock (1991). Thirteen studies with a total sample size of 675 participants met the final inclusion criteria. The primary analyses showed a large effect for PE versus control on both primary (Hedges's g=1.08) and secondary (Hedges's g=0.77) outcome measures. Analyses also revealed medium to large effect sizes for PE at follow-up, both for primary (Hedges's g=0.68) and secondary (Hedges's g=0.41) outcome measures. There was no significant difference between PE and other active treatments (CPT, EMDR, CT, and SIT). Effect sizes were not moderated by time since trauma, publication year, dose, study quality, or type of trauma. The average PE-treated patient fared better than 86% of patients in control conditions at post-treatment on PTSD measures. PE is a highly effective treatment for PTSD, resulting in substantial treatment gains that are maintained over time.

Developmental differences in children's and adolescents' post-disaster reactions.

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Disaster literature suggests that children's and adolescents' post-disaster reactions vary according to their developmental levels. Preschool children show less psychological problems as compared to older children and adolescents, but they have a higher incidence of trauma-specific fears and behavioral problems (e.g., dependency, clinging). School-age children's disaster responses include sleep and eating disturbances, behavioral problems, and poor school performance. Adolescents tend to exhibit symptoms such as posttraumatic stress disorder, depression, anxiety, belligerence, and pessimistic views about the future (Korol, Green, & Gleser, 1999).

Sexual abuse and posttraumatic stress disorder in adult women with severe mental illness: a pilot study.

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Research indicates that women with serious mental illness (SMI) are vulnerable to sexual abuse, resulting in adverse health outcomes such as posttraumatic stress disorder (PTSD). The purpose of this pilot study was to examine the prevalence of undiagnosed PTSD among a cohort of 20 women with SMI and reporting past sexual abuse. Furthermore, the researcher sought to identify specific symptom manifestations of PTSD among women with SMI and sexual abuse histories. Finally, the feasibility of using specific data collection tools was examined. Results indicated that PTSD was not previously diagnosed or recognized in the study sample, in spite of the presence of a sexual trauma history. The screening tools were effective in identifying depression, guilt, emotional withdrawal, blunted affect, decreased psychomotor activity, suicidal ideations, sexual dysfunction, and substance abuse. Additionally, the data collection tools provided a framework for discussing sensitive issues related to sexual abuse. Implications of this
pilot study suggest the need to evaluate all women with SMI and history of sexual abuse for PTSD.

Communal violence and child psychosocial well-being: qualitative findings from Poso, Indonesia.

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This exploratory study examined the health care system in relation to communal violence-related psychosocial wellbeing in Poso, Indonesia, as preparation for conducting a cluster randomized trial of a psychosocial intervention. We employed focus groups with children (N = 9), parents (N = 11), and teachers (N = 8), as well as semi-structured interviews with families affected by communal violence (N = 42), and key informants (N = 33). An interrelated set of problems was found that included poverty, an indigenized trauma construct, morally inappropriate behavior, inter-religious tensions, and somatic problems. Participants emphasized social-ecological interactions between concerns at different systemic levels, although problems were mainly addressed through informal care by families. The programmatic and research implications of these findings are discussed.

Child sexual abuse in Lebanon during war and peace.

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PURPOSE: Child sexual abuse (CSA) is rarely addressed in the Arab world. This study examined the prevalence, risk factors and consequences associated with CSA in Lebanese children before, during and after the 2006 Hezbollah-Israeli war.

METHOD: A total of 1028 Lebanese children (556 boys; 472 girls) were administered an interview questionnaire that included the International Child Abuse Screening Tool, the Trauma Symptom Checklist and the Family Functioning in Adolescence Questionnaire. RESULTS: In total, 249 (24%) children reported at least one incident of CSA; 110 (11%) occurred before the war, 90 (8%) took place in the 1-year period after the war to the time of the data collection and 49 (5%) occurred during the 33-day war. There were no gender differences in CSA reports before or after the war, but boys reported more incidents during the war than did girls. Girls who reported CSA had higher trauma-related symptoms for sleep disturbance, somatization, Post Traumatic Stress Disorder (PTSD) and anxiety than did boys. There were geographic differences in the reports of abuse that may be associated with poverty and living standards. Logistic regression analyses correctly classified 89.9% of the cases and indicated that children's age, family size, fathers' education level and family functioning significantly predicted CSA during the period following the war. CONCLUSIONS: The prevalence of CSA in the current study is within the reported international range. Given the increase in the incidents of CSA during the war and the significant findings for family-related risk factors, there is an urgent need to provide multi-component culturally appropriate interventions that target the child and the family system.
in times of peace and conflict.

Childhood life events and psychological symptoms in adult survivors of the 2004 tsunami.

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BACKGROUND: Negative life events in childhood have an adverse influence on adult psychological health, and increase vulnerability to subsequent potential traumas. It remains unclear whether this is also true in the case of disasters. AIM: This study investigates whether the experience of negative life events in childhood and adolescence was associated with psychological symptoms in groups of Swedish survivors with different types of exposure to the tsunami. METHODS: 1505 survivors from Stockholm responded to a questionnaire on psychological distress, which was sent by post 14 months after the 2004 Indian Ocean tsunami. Psychological distress was measured by General Health Questionnaire-12 and suicidal ideation, and post-traumatic stress was measured by Impact of Event Scale-Revised. Life events prior to age 16 were collected and categorized under the indices accident, violence, loss and interpersonal events. Exposure to the tsunami was categorized in different types, and controlled for in the analyses. RESULTS: With the adjustment for confounders, significant odds ratios were found for all indices on at least one outcome measure, despite the powerful effect of the tsunami. We could not discern any distinct difference in the distribution of the tendency to report the different outcomes depending on types of prior life events. CONCLUSIONS: The implication of the study is that, for adult survivors of disaster, the reporting of adverse life events from childhood may influence future decisions regarding therapy.

Trauma and resilience in young refugees: a 9-year follow-up study.

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The aim of the present study was to assess and understand the long-term trajectory of psychological problems among young Middle Eastern refugees in Denmark. Participants were 131 young refugees from the Middle East (76 girls, 55 boys; mean age = 15.3 years) from 67 families. They were assessed first on arrival in Denmark in 1992-1993 and again 8-9 years later. The high prevalence of psychological problems at arrival was considerably reduced by the time of follow-up, but it was still somewhat higher than what has been found in most community studies using the same assessment tools. Groups of children differed in showing low levels of symptoms at arrival that were stable (spared) or increased (reacting) and high levels at arrival that persisted (traumatized) or decreased (adapted). The number of types of traumatic experiences before arrival distinguished the spared and the traumatized young refugees and the number of types of stressful events after arrival the adapted and the traumatized, also
after corrections for age, sex, specific traumatic events, parents' education and health, and the social situation of the young refugees. The study emphasizes the importance of environmental factors for healthy long-term adaptation after traumatic experiences related to war and other organized violence.


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BACKGROUND: To determine the prevalence of posttraumatic stress, depression and anxiety in adults who have survived cancer (5 years) diagnosed in adolescence, as compared to healthy controls. PATIENTS AND METHODS: Survivors (n=820) of cancer during adolescence (age M=30.4+/-6.0 years; M=13.7+/-6.0 years since diagnosis) and 1027 matched controls without history of cancer (age M=31.5+/-6.9 years) completed standardised questionnaires measuring posttraumatic stress, depression and anxiety. Additionally, sub-groups of 202 survivors and 140 controls with elevated scores received structured interviews to ascertain DSM-IV-diagnoses. RESULTS: A total of 22.4% of the survivors reported clinically relevant symptoms of posttraumatic stress, anxiety and/or depression compared to 14.0% of the controls (odds ratios [ORs] 1.77; 95% confidence interval [CI] 1.39-2.26). The odds of posttraumatic stress symptoms in male (OR 3.92, 95% CI 1.80-8.51) and female (OR 3.83, 95% CI 2.54-5.76) survivors were more than three times those in the controls. However, only female survivors reported symptoms of depression and anxiety significantly more often (respectively: OR 2.12, 95% CI 1.16-3.85; and OR 1.86, 95% CI 1.33-2.59) than the controls. A relevant subgroup of 24.3% of the survivors met DSM-IV criteria for at least one mental disorder compared to 15.3% of the controls. CONCLUSION: Survivors of cancer during adolescence show an elevated risk of presenting symptoms of posttraumatic stress, anxiety and/or depression during adulthood which is also reflected in a greater number of DSM-IV diagnoses when compared to controls. Comprehensive follow-up assessments should include the examination of possible psychological late effects of a cancer diagnosis in adolescence in order to identify survivors needing psychosocial interventions even years after the completion of successful medical treatment.

Commentary: Childhood abuse: new insights into its association with posttraumatic stress, suicidal ideation, and aggression.

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The mental health of detained asylum seeking children.

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European Union policy is to restrict the entry into the EU of asylum seekers. This has resulted in the detention of many thousands of asylum seekers including children and adolescents in prison-like environments. The available evidence suggests this practice is associated with high levels of psychological distress, anxiety, affective and posttraumatic stress disorder, and deliberate self-harm. Significant numbers of detained asylum seekers are released and some would benefit from contact with child mental health professionals. It is suggested that in keeping with EU policy aims alternatives to detention should be sought.

ASD and PTSD in rape victims.

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In recent years, a number of studies have investigated the prediction of posttraumatic stress disorder (PTSD) through the presence of acute stress disorder (ASD). The predictive power of ASD on PTSD was examined in a population of 148 female rape victims who visited a center for rape victims shortly after the rape or attempted rape. The PTSD diagnosis based solely on the three core symptom clusters was best identified by a subclinical ASD diagnosis based on all ASD criteria except dissociation. However, a full PTSD diagnosis including the A(2) and F criteria was best identified by classifying victims according to a full ASD diagnosis. Regardless of whether cases were classified according to full PTSD status or according to meeting the criteria for the three PTSD core symptom clusters, the classification was correct only in approximately two thirds of the cases. A regression analysis based on ASD severity and sexual problems following the rape accounted for only 28% of the PTSD severity variance. In conclusion, the ASD diagnosis is not an optimal method for identifying those most at risk for PTSD. It remains to be seen whether a better way can be found.

Depressed affect and historical loss among North American Indigenous adolescents.

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This study reports on the prevalence and correlates of perceived historical loss among 459 North American Indigenous adolescents aged 11-13 years from the northern Midwest of the United States and central Canada. The adolescents reported daily or more thoughts of historical loss at rates similar to their female caretakers. Confirmatory factor analysis indicated that our measure of perceived historical loss and the Center for Epidemiologic Studies Depression scale were separate but related constructs. Regression analysis indicated that, even when controlling for family factors, perceived discrimination, and proximal negative life events, perceived historical loss had independent effects on
adolescents' depressive symptoms. The construct of historical loss is discussed in terms of Indigenous ethnic cleansing and life course theory.

Children draw with rulers: a symbolic sign of post-conflict adjustment?

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Symptoms of traumatic stress in mothers of children victims of a motor vehicle accident.

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BACKGROUND: Motor vehicle accidents (MVs) are the main cause of Posttraumatic stress disorder (PTSD) in industrialized countries. This includes the frequently occurring but understudied situation of parents learning that their children were injured. However, unlike in other types of trauma survivors, little is known about the predictors of PTSD symptoms in mothers whose child has suffered an MVA.

METHODS: A group of 72 mothers and 28 fathers were prospectively assessed for peritraumatic distress, peritraumatic dissociation, and PTSD symptoms 1 and 5 weeks after their child had suffered an MVA.

RESULTS: Levels of peritraumatic distress and dissociation were comparable to other trauma victims, 18% of the mothers were considered to be suffering from probable PTSD. In mothers, significant positive correlations were found between PTSD symptoms and peritraumatic distress ($r=.34$) and dissociation ($r=.37$), whereas mothers' PTSD symptoms were associated with decreased peritraumatic dissociation in fathers ($r=-.37$). Even after controlling for covictim/witness status, peritraumatic distress was a predictor of mothers' PTSD symptoms, explaining 14% of the variance.

CONCLUSIONS: Peritraumatic response and PTSD symptoms should be routinely assessed among parents whose child has experienced a traumatic event.

Demographic, maltreatment, and neurobiological correlates of PTSD symptoms in children and adolescents.

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OBJECTIVE: To examine the relationships of demographic, maltreatment, neurostructural and neuropsychological measures with total posttraumatic stress disorder (PTSD) symptoms.

METHODS: Participants included 216 children with maltreatment histories ($N = 49$), maltreatment and PTSD ($N = 49$), or no maltreatment ($N = 118$). Participants received diagnostic interviews, brain imaging, and neuropsychological evaluations.

RESULTS: We examined a hierarchical
regression model comprised of independent variables including demographics, trauma and maltreatment-related variables, and hippocampal volumes and neuropsychological measures to model PTSD symptoms. Important independent contributors to this model were SES, and General Maltreatment and Sexual Abuse Factors. Although hippocampal volumes were not significant, Visual Memory was a significant contributor to this model. CONCLUSIONS: Similar to adult PTSD, pediatric PTSD symptoms are associated with lower Visual Memory performance. It is an important correlate of PTSD beyond established predictors of PTSD symptoms. These results support models of developmental traumatology and suggest that treatments which enhance visual memory may decrease symptoms of PTSD.


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OBJECTIVE: Youth who experience interpersonal trauma and have posttraumatic stress symptoms (PTSS) develop cognitive deficits that impact their development. Our goal is to investigate the function of the hippocampus in adolescents with PTSS during a memory processing task. METHODS: Twenty-seven adolescents between the ages of 10-17 years (16 with PTSS and 11 healthy controls) encoded and retrieved visually presented nouns (Verbal Declarative Memory Task) while undergoing fMRI scanning. RESULTS: The PTSS group demonstrated reduced activation of the right hippocampus during the retrieval component of the task. Further, severity of symptoms of avoidance and numbing correlated with reduced left hippocampal activation during retrieval. CONCLUSIONS: Decreased activity of the hippocampus during a verbal memory task may be a neurofunctional marker of PTSS in youth with history of interpersonal trauma. The results of this study may facilitate the development of focused treatments and may be of utility when assessing treatment outcome for PTSS.


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BACKGROUND: This study explores the premise that shame episodes can have the properties of traumatic memories, involving intrusions, flashbacks, strong emotional avoidance, hyper arousal, fragmented states of mind and dissociation. METHOD: A battery of self-report questionnaires was used to assess shame, shame traumatic memory and depression in 811 participants from general population (481 undergraduate students and 330 subjects from normal population). RESULTS: Results show that early shame experiences do indeed reveal traumatic memory characteristics. Moreover, these experiences are associated with current feelings of internal and external shame in adulthood. We also found that current shame and depression are significantly related. Key to our findings is that those
individuals whose shame memories display more traumatic characteristics show more depressive symptoms. A moderator analysis suggested an effect of shame traumatic memory on the relationship between shame and depression. LIMITATIONS: The transversal nature of our study design, the use of self-reports questionnaires, the possibility of selective memories in participants' retrospective reports and the use of a general community sample, are some methodological limitations that should be considered in our investigation. CONCLUSION: Our study presents novel perspectives on the nature of shame and its relation to psychopathology, empirically supporting the proposal that shame memories have traumatic memory characteristics, that not only affect shame in adulthood but also seem to moderate the impact of shame on depression. Therefore, these considerations emphasize the importance of assessing and intervening on shame memories in a therapeutic context.


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BACKGROUND: This study aims at providing qualitative and quantitative evidence on the relevance of two broadly used mental health self-report measures--Impact of Event Scale Revised (IES-R) and Hopkins Symptom Checklist 37 for Adolescents (HSCL-37A)--for use in Eastern Democratic of Congo, as no psychological assessment instruments were available for this region. We therefore describe an apt procedure to adapt and translate standard screening instruments in close collaboration with the local community, feasible under challenging conditions in emergency settings. METHOD: Focus groups and interviews with community key figures in psychosocial care were employed to ensure local validity of the adaptation and translation process. Consequently, the questionnaires' internal consistency (Cronbach's alpha) and construct validity (principal component analysis, testing of theoretical assumptions) were assessed based on a clustered school-based community survey among 1,046 adolescents (13-21 years) involving 13 secondary schools in the Ituri district in Eastern Democratic Republic of Congo. RESULTS: Key-informant qualitative data confirmed face and construct validity of all IES-R and all HSCL-37A anxiety items. Additional culture-specific symptoms of adolescent mental ill-health were added to enhance local relevance of the HSCL-37A depression and externalizing subscales. Quantitative analysis of the survey data revealed adequate internal consistency and construct validity of both adapted measures, yet weaker results for the externalizing scale. Furthermore, it confirmed the internalizing/externalizing factor structure of the HSCL-37A and the theoretically deviating intrusion/arousal versus active avoidance factor structure for the IES-R. CONCLUSIONS: Community-based adaptation can extend the validity and local relevance of mental health screening in emergency and low-income settings. The availability of adequate Swahili and Congolese French adaptations of the IES-R and HSCL-37A could stimulate the assessment of psychosocial needs in war-exposed Eastern Congolese adolescents.
Hurricane Katrina-related maternal stress, maternal mental health, and early infant temperament.

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To investigate temperament in infants whose mothers were exposed to Hurricane Katrina and its aftermath, and to determine if high hurricane exposure is associated with difficult infant temperament. A prospective cohort study of women giving birth in New Orleans and Baton Rouge, LA (n = 288) in 2006-2007 was conducted. Questionnaires and interviews assessed the mother's experiences during the hurricane, living conditions, and psychological symptoms, 2 months and 12 months postpartum. Infant temperament characteristics were reported by the mother using the activity, adaptability, approach, intensity, and mood scales of the Early Infant and Toddler Temperament Questionnaires, and "difficult temperament" was defined as scoring in the top quartile for three or more of the scales. Logistic regression was used to examine the association between hurricane experience, mental health, and infant temperament. Serious experiences of the hurricane did not strongly increase the risk of difficult infant temperament (association with three or more serious experiences of the hurricane: adjusted odds ratio (aOR) 1.50, 95% confidence interval (CI) 0.63-3.58 at 2 months; 0.58, 0.15-2.28 at 12 months). Maternal mental health was associated with report of difficult infant temperament, with women more likely to report having a difficult infant temperament at 1 year if they had screened positive for PTSD (aOR 1.82, 95% confidence interval (CI) 0.61-5.41), depression, (aOR 3.16, 95% CI 1.22-8.20) or hostility (aOR 2.17, 95% CI 0.81-5.82) at 2 months. Large associations between maternal stress due to a natural disaster and infant temperament were not seen, but maternal mental health was associated with reporting difficult temperament. Further research is needed to determine the effects of maternal exposure to disasters on child temperament, but in order to help babies born in the aftermath of disaster, the focus may need to be on the mother's mental health.

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