1. Int Psychogeriatr. 2010 Sep 20;1-8. [Epub ahead of print]
Post-traumatic stress symptoms linked to hidden Holocaust trauma among adult Finnish evacuees separated from their parents as children in World War II, 1939-1945: a case-control study.

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ABSTRACT
Background: The aim of this study was to identify long-term effects of diagnostic criteria on the Post Traumatic Stress Disorder Checklist (PCL-C) for a test group of Finnish evacuees from World War II and compare the outcome effect with a control group of children who lived in Finland during the war in 1939-1945.

Methods: 152 participants were recruited by the local leader of the Finnish War Child Association in Sweden and Finland. The selected group answered questions on the Post Traumatic Stress Disorder Checklist (PCL-C) and the EMBU (Swedish acronym for "Own Memories of Parental Rearing").

Results: Evidence suggests a link between childhood parental separation and termination of the internalized attachment hierarchy of origin in a detachment process among Finnish evacuees. Based on the Post Traumatic Stress Disorder Total (PCL-C) diagnosis an extreme traumatization for 36.7% of the test group subjects was identified, including a hidden Holocaust trauma in the population of Finnish evacuees.

Conclusions: The study met the criteria for satisfying global evidence value. Sixty-five years after the end of World War II and in line with other studies on war children, the data show high levels of different trauma exposures from the war with 10.6 higher risk (odds ratio) for the exposed group of Finnish evacuees. Despite some limitations, the data highlight the need for further investigation into different parts of the detachment process among seriously traumatized groups to reveal resilience and other dimensions of importance in professional mental health creation.

Does post-traumatic stress disorder carry a higher risk of sexual dysfunctions?

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INTRODUCTION: Previous studies have shown that patients with post-traumatic stress disorder (PTSD) have a higher incidence of sexual dysfunction. However, such studies have not examined the influence of traumatic experience on sexual dysfunction. AIM: This study was conducted to compare various components of sexual functioning among five groups of males: (i) untreated patients with PTSD; (ii) patients with PTSD treated with selective serotonin reuptake inhibitors (SSRIs); (iii) untreated patients with subthreshold PTSD symptoms; (iv) patients with subthreshold PTSD symptoms treated with SSRIs; and (v) subjects who had suffered a traumatic experience but presented no mental disorder. METHODS: All participants were evaluated using the Clinician-Administered PTSD Scale, the Minnesota Multiphasic Personality Inventory, the Structured Clinical Interview, and the International Index of Erectile Function. MAIN OUTCOME MEASURES: Results on individual subscales of the International Index of Erectile Function in men
with PTSD symptoms and subthreshold PTSD symptoms, treated and untreated. RESULTS: Patients with PTSD did not differ from patients with subthreshold PTSD symptoms in any of the domains of sexual functioning. Differences were found between this group and subjects with no mental disorder only in the domain of sexual desire. Patients with subthreshold PTSD symptoms treated with SSRIs showed better results in all domains of sexual functioning in comparison with those treated with PTSD. CONCLUSIONS: The results show that patients who suffered a traumatic experience have the same level of sexual functioning (or the same incidence of sexual dysfunction) regardless of the severity of PTSD. Treatment with SSRIs helps reduce sexual problems in patients with subthreshold PTSD symptoms.

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The purpose of this study was to determine the socio-demographic characteristics of sexually abused children. The records of 101 cases of child sexual abuse (CSA) were retrospectively evaluated. Socio-demographic characteristics of the victims, type of sexual abuse, and psychiatric diagnosis were studied. Of the victims, 56.4% (n = 57) were female and 43.6% (n = 44) were male. The mean age was 9.57 +/- 3.5, with a range of 4-17 years. Ninety-three (92.1%) of the victims had been admitted as part of the legal process. The majority (66.3%) of the victims had been abused by an acquaintance, while 33.7% had been abused by a stranger. Anal or vaginal penetration was reported in 48.5% of the cases. Post-traumatic stress disorder was the most common (54.5%) psychiatric diagnosis established after sexual abuse. Descriptive data related to the abused children and an understanding of the consequences of CSA will help authorities in planning prevention.

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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.

OBJECTIVE: We aimed to replicate a recent finding of high prevalence of trauma history in patients at 'ultra-high risk' (UHR) of psychotic disorder and to investigate whether trauma predicts conversion to psychosis in this population.

METHOD: A consecutive sample of UHR patients was assessed. History of trauma was accessed with the General Trauma Questionnaire. Cox regression models were used to explore relationship between conversion to psychosis and trauma. RESULTS: Of 92 UHR patients nearly 70% had experienced a traumatic event and 21.7% developed psychosis during follow-up (mean 615 days). Patients who had experienced a sexual trauma (36%) were significantly more likely to convert to first-episode psychosis (OR 2.96) after controlling for meeting multiple UHR intake groups. CONCLUSION: UHR patients have a high prevalence of history of trauma. Previous sexual trauma may be a predictor of onset of psychotic disorder in this population.

The Child and Family Traumatic Stress Intervention: Secondary prevention for youth at risk of developing PTSD.

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Objective: This pilot study evaluated the effectiveness of a four-session, caregiver-child Intervention, the Child and Family Traumatic Stress Intervention (CFTSI), to prevent the development of chronic posttraumatic stress disorder (PTSD) provided within 30 days of exposure to a potentially traumatic event (PTE). Method: One-hundred seventy-six 7 to 17-year-old youth were recruited through telephone screening based on report of one new distressing posttraumatic stress symptom after a PTE. Of those, 106 youth were randomly assigned to the Intervention (n = 53) or a four-session supportive Comparison condition (N = 53). Group differences in symptom severity were assessed using repeated measures with mixed effects models of intervention group, time, and the interaction of intervention and time. Logistic regression analyses were performed to assess treatment condition and any subsequent traumas experienced as predictors for full and partial PTSD diagnosis at 3-month follow-up. An exploratory chi-square analysis was performed to examine the differences in PTSD symptom criteria B, C, and D at follow-up. Results: At baseline, youth in both groups had similar demographics, past trauma exposures and symptom severity. At follow-up, the Intervention group demonstrated significantly fewer full and partial PTSD diagnoses than the Comparison group on a standardized diagnostic measure of PTSD. Also, there was a significant group by time interaction for Trauma Symptom Checklist for Children's Posttraumatic Stress and Anxiety Indices as the CFTSI group had significantly lower posttraumatic and anxiety scores than the Comparison group. Conclusions: The results suggest that a caregiver-youth, brief preventative early intervention for youth exposed to a PTE is a promising approach to preventing chronic PTSD.

Posttraumatic stress without trauma in children.

Copeland WE, Keeler G, Angold A, Costello EJ.
OBJECTIVE: It remains unclear to what degree children show signs of posttraumatic stress disorder (PTSD) after experiencing low-magnitude stressors, or stressors milder than those required for the DSM-IV extreme stressor criterion. METHOD: A representative community sample of 1,420 children, ages 9, 11, and 13 at intake, was followed annually through age 16. Low-magnitude and extreme stressors as well as subsequent posttraumatic stress symptoms were assessed with the Child and Adolescent Psychiatric Assessment. Two measures of posttraumatic stress symptoms were used: having painful recall, hyperarousal, and avoidance symptoms (subclinical PTSD) and having painful recall only. RESULTS: During any 3-month period, low-magnitude stressors occurred four times as often as extreme stressors (24.0% compared with 5.9%). Extreme stressors elicited painful recall in 8.7% of participants and subclinical PTSD in 3.1%, compared with 4.2% and 0.7%, respectively, for low-magnitude stressors. Because of their higher prevalence, however, low-magnitude stressors accounted for two-thirds of cases of painful recall and half of cases of subclinical PTSD. Moreover, exposure to low-magnitude stressors predicted symptoms even among youths with no prior lifetime exposure to an extreme stressor. CONCLUSIONS: Relative to low-magnitude stressors, extreme stressors place children at greater risk for posttraumatic stress symptoms. Nevertheless, a sizable proportion of children manifesting posttraumatic stress symptoms experienced only a low-magnitude stressor.

A randomized controlled trial of a web-based early intervention for children and their parents following unintentional injury.

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OBJECTIVE: The aim of this article was to evaluate the effectiveness of an information provision web-based early intervention via a randomized controlled trial for children and their parents following pediatric unintentional injury.

METHOD: Participants were randomly assigned to an intervention (n = 29) or a control group (n = 27) following baseline measurements. Further assessment was taken at 4-6 weeks and 6 months post-trauma event. RESULTS: Analyses revealed that children within the intervention group reported improved anxiety, in comparison to a worsening of symptoms for children in the control group. Furthermore, children who had higher baseline trauma scores reported the intervention to be helpful. CONCLUSIONS: The intervention showed promising results in its ability to aid child recovery.

Suicidal behavior and suicide among children and adolescents-risk factors and epidemiological characteristics.

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In last decade suicide attempts and suicides among youngsters are increasing greatly and are one of the leading causes of mortality in this age group. Epidemiological data are pointing on more frequent trend of self-destructive
behavior among youngsters in the world as well as in our country. Risk factors which influence on increasing number of suicide attempts and suicides in this age are different in etiology: interference of genetic influences, family dynamics and external environment (school, friends, social environment, peers, television, video, and internet). Croatia as a country in transition is also following trends in the world according to epidemiological data, what is for sure great challenge for all who participate in dealing with youngsters, especially psychiatric services. In the planning of treatment is very important to include family with intention to accomplish optimal therapeutic effect. Also, it is very important to warn parents on their part of responsibility in upbringing and developing of their adolescent.

Posttraumatic stress disorder among bereaved relatives of cancer patients.

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The aim of this study was to assess post-traumatic stress disorder (PTSD) and predictors of PTSD in individuals who experienced the loss of a close relative to cancer. A total of 251 bereaved relatives ages 14 to 76 (M = 41.3, SD = 16.8) were recruited at a counseling service for cancer patients and their relatives. The prevalence of current probable PTSD was 40% in the bereaved sample. A hierarchical logistic regression analysis indicated that full-time employment, perceived control, and a secure attachment style moderated the risk for PTSD. Moreover, a long period of caretaking, high levels of somatization, and dissociation were all associated with an increased risk of PTSD.

Pre-Traumatic Vaccination Intervention: can dissociative symptoms be reduced?

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The Pre-Traumatic Vaccination Intervention (PTV) has been developed in an attempt to help rescue personnel cope with anticipated and non-anticipated disasters, and to prevent trauma-related mental disorders during and after a traumatogenic exposure. Contrary to the generally accepted approach of treating trauma after it has occurred, the PTV has been designed to be administered prior to the potentially traumatic event. Based on empirical findings, the PTV training techniques were designed to prepare the participants for distressful situations. Trainees were gradually exposed to increasingly severe sights using cognitive-behavioral techniques along with foreseen situations relating to their profession. Various interventions were aimed at normalizing using personal resources and implementing relaxation techniques. The PTV was administrated as part of the Israeli Defense Forces rescue personnel’s and military police training courses. The results of an uncontrolled, preliminary study suggest that the intervention reduced the level of dissociation leading to more awareness to the traumatic event’s details, less suffering, lower probability of making mistakes, and increased likelihood of returning to normal functioning. Lower dissociation may suggest a lower probability to be diagnosed with post-traumatic stress disorder among rescue personnel.
Poly-victimization and risk of posttraumatic, depressive, and substance use disorders and involvement in delinquency in a national sample of adolescents.

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PURPOSE: Adolescents exposed to multiple forms of psychological trauma ("poly-victimization," Finkelhor et al. Child Abuse Negl 2007;31:7-26) may be at high risk for psychiatric and behavioral problems. This study empirically identifies trauma profiles in a national sample of adolescents to ascertain correlates of poly-victimization. METHODS: Latent Class analyses and logistic regression analyses were used with data from the National Survey of Adolescents to identify trauma profiles and each profile's risk of posttraumatic stress disorder, major depressive disorder, substance use disorders, and delinquency involvement and deviant peer group relationships. Poly-victimization classes were also compared to classes with trauma exposure of lesser complexity. RESULTS: Six mutually exclusive trauma profiles (latent classes) were identified. Four classes were characterized by high likelihood of poly-victimization, including abuse victims (8%), physical assault victims (9%), and community violence victims (15.5%). Poly-victimization class members, especially abuse and assault victims, were more likely than do youth traumatized by witnessing violence or exposure to disaster/accident trauma to have psychiatric diagnosis and (independent of psychiatric diagnoses or demographics) to be involved in delinquency with delinquent peers. CONCLUSIONS: Poly-victimization is prevalent among adolescents and places youth at high risk for psychiatric impairment and for delinquency. Moreover, poly-victimized youths’ risk of delinquency cannot be fully accounted for by posttraumatic stress disorder, depression, or substance use problems, suggesting that adolescent healthcare providers should consider poly-victimization as a risk for behavioral and legal problems even when PTSD, depression, or addiction symptoms are not clinically significant.

Parental adjustment, family functioning, and posttraumatic growth among Norwegian children and adolescents following a natural disaster.

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This study investigated the degree to which parental symptomatology and characteristics of the family environment related to posttraumatic growth (PTG) among children and adolescents who had been directly exposed to the 2004 tsunami in Thailand. One hundred five 6- to 17-year-olds (M = 11.9 years, SD = 3.3) and their parents (N = 67) were interviewed approximately 10 months and 2 years 5 months after the tsunami. The parents' self-reported PTG was a significant predictor of PTG in their children, suggesting that social processes play a role in the development of PTG in youth. Parental self-reported posttraumatic stress symptoms did not predict PTG in their children nor did youth's ratings of family cohesion, but parental tsunami-related sick leave related to lower levels of PTG reported by their children. Overall, these findings imply that elements of parents' functioning can affect children's positive adaptation after a disaster and highlight the need to assess potential parental influences and those of other sources of support in the child's environment after trauma. Attending to such factors holds salience for efforts to promote adaptation and facilitate PTG.
Association of psychiatric disorders, asthma and lung function in early adulthood.

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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.

Attention to novel and target stimuli in trauma survivors.

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Trauma and its consequences can have lasting biological and cognitive effects on those who experience them. This study investigated the extent to which trauma, posttraumatic stress disorder (PTSD), and dissociation influenced attention to basic auditory stimuli in a sample of military cadets. After filling out a series of psychometric questionnaires, 27 male military cadets varying in their trauma history participated in the "novelty" oddball task in which participants were asked to count high-pitched tones while ignoring other auditory stimuli. Electroencephalogram (EEG) was continually recorded in order to assess P300 responses, an event-related potential (ERP) associated with attention and memory processes. Trauma history only, and not dissociation or PTSD scores, predicted smaller P300 amplitudes to target tones. To distracting novel sounds, only trauma history and dissociation predicted unique variance in P300 amplitudes. The findings suggest that PTSD may not be central to the attentional disturbances found in traumatized samples, while trauma history and dissociation may play a more important role. Future studies investigating attentional processes post trauma should utilize dissociation scales and a non-trauma sample.

Prospective analysis of psychiatric risk factors in marines sent to war.
The objective of this longitudinal study was to identify risk factors for combat-related psychiatric disorders. The sample consisted of 6442 enlisted U.S. Marines who completed a questionnaire during basic training, deployed to a combat zone with no prior psychiatric diagnoses, and completed a postdeployment assessment form. Cox proportional hazards regression was used to determine associations between predeployment and postdeployment self-reports and subsequent mental health outcomes. During the observation period, 6.8% of the sample were diagnosed with a psychiatric disorder. The strongest predictors of postdeployment psychiatric disorders were, in order of importance, low paygrade, hospitalization during deployment, low education, preservice smoking, and post-traumatic stress disorder symptoms at deployment's end. The impact of war zone variables was smaller than expected. It was recommended that the combat experience section of the military's postdeployment assessment form be expanded to enhance the military's ability to identify and refer personnel who may be at risk for psychiatric disorders.

Parental response to child injury: examination of parental posttraumatic stress symptom trajectories following child accidental injury.

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OBJECTIVE: Trajectory analyses were used to empirically differentiate patterns of posttraumatic stress symptoms in parents following child accidental injury and explore the relationship between parent and child recovery patterns. METHOD: Parent (n = 189) self-reported symptoms from acute to 2 years post accident were examined to (1) identify distinct parent symptom trajectories; (2) identify risk factors; and (3) explore the patterns of children and parents together. RESULTS: Analysis revealed three distinct symptom trajectory groups for parents: resilient (78%); clinical level acute symptoms that declined to below clinical level by 6 months (recovery 8%); and chronic subclinical (14%). Children of resilient parents were most likely to be resilient. Half of the children of parents with chronic subclinical trajectories were likely to have chronic trajectories. CONCLUSION: Clinicians cannot rely only on clinical level symptoms in parents to identify high risk families but include families where the parent has subclinical level symptoms.

Internalizing versus externalizing comorbidity: neural circuit hypothesis.

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The aim of the present study was to review and update historical controversies in relation to the limbic system in light of advances in the neuroanatomy and neurobiology of cortico-striatal-thalamic-cortical (CSTC) neural circuits. It is hypothesized that observed comorbidities between internalizing and externalizing childhood syndromes may be better understood in terms of excess communication
between subcortical brain circuits. A neuroanatomical understanding of reciprocal and non-reciprocal connections between modular circuits provides a basis for understanding previously puzzling aspects of internalizing, externalizing comorbidity. Function depends on the degree of cooperative integration of goal orientation, Pavlovian stimulus response, and operant processing in cortical-subcortical circuits, and interventions may be targeted at any of these functions.

Support for the mutual maintenance of pain and post-traumatic stress disorder symptoms.

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BACKGROUND: Pain and post-traumatic stress disorder (PTSD) are frequently co-morbid in the aftermath of a traumatic event. Although several models attempt to explain the relationship between these two disorders, the mechanisms underlying the relationship remain unclear. The aim of this study was to investigate the relationship between each PTSD symptom cluster and pain over the course of post-traumatic adjustment. METHOD: In a longitudinal study, injury patients (n=824) were assessed within 1 week post-injury, and then at 3 and 12 months. Pain was measured using a 100-mm Visual Analogue Scale (VAS). PTSD symptoms were assessed using the Clinician-Administered PTSD Scale (CAPS). Structural equation modelling (SEM) was used to identify causal relationships between pain and PTSD. RESULTS: In a saturated model we found that the relationship between acute pain and 12-month pain was mediated by arousal symptoms at 3 months. We also found that the relationship between baseline arousal and re-experiencing symptoms, and later 12-month arousal and re-experiencing symptoms, was mediated by 3-month pain levels. The final model showed a good fit [chi2=16.97, df=12, p>0.05, Comparative Fit Index (CFI)=0.999, root mean square error of approximation (RMSEA)=0.022]. CONCLUSIONS: These findings provide evidence of mutual maintenance between pain and PTSD.

One-year follow-up study of post-traumatic stress disorder among adolescents following the Wen-Chuan earthquake in China.

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Post-traumatic stress disorder (PTSD) is the most common psychological disorder among victims of natural disasters. PTSD prevalence and risk factors among adolescents remain unidentified among victims of the Wen-Chuan earthquake. This study screened survivors to determine the prevalence of PTSD and examined risk factors for PTSD among adolescents at three Wen-Chuan secondary schools. PTSD screening was done using the PTSD Checklist-Civilian version (PCL-C). A generalized estimating equation approach was used to control for repeated measurements in the same individuals and to predict risk factors for PTSD. The study included 1,474 students in grades 7, 8, 10 and 11 from three Wen-Chuan secondary schools at 4, 6, 9, and 12 months after the earthquake. The average age of students was 15.0 (13.0, 16.0) both at the first and the second time point, and 16.0 (14.0, 17.0) at the third and the fourth time point. The screened prevalence of PTSD was 11.2%, 8.8%, 6.8% and 5.7% at 4, 6, 9, and 12 months after the earthquake, respectively. Risk factors for PTSD were: time duration, school
location (the proximity of epicenter), grade, nationality, parent injury, and severe property damage. In conclusion, PTSD risk factors are in accordance with previous studies; however, the role of nationality and time duration in post-traumatic stress disorder merits further research.

The USS Cole bombing: analysis of pre-existing factors as predictors for development of post-traumatic stress or depressive disorders.

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OBJECTIVE: To determine if pre-existing demographic factors (e.g., age, marital status, military rank) forecasted predisposition or resilience to the development of post-traumatic stress or depressive symptoms in the crew of the USS Cole following the suicide bombing in 2000. METHOD: The Zung Self-Rating Depression Scale and the Impact of Event Scale-Revised (IES-R) were administered to the crew. Demographic data were also collected and analyzed to discover to what extent, if any, pre-existing demographic factors had on the mean scores of the Zung and IES-R. RESULTS: The results revealed that higher rank, older age, and male gender were protective factors against developing symptoms of posttraumatic stress; whereas lower rank, younger age, female gender, and having been injured or having had a friend injured or killed were associated with the development of symptoms. Other pre-existing factors examined did not demonstrate any predictive value. CONCLUSIONS: These findings increase our understanding of which pre-existing demographic factors might portend susceptibility to the development of post-traumatic stress and depressive symptoms, knowledge that we hope can contribute to the U.S. military's ongoing efforts to develop therapeutic interventions better targeted to individual needs.

Maternal health after the birth of a medically complex infant: setting the context for evaluation of co-occupational performance.

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OBJECTIVE: Physical and psychological health indicators of mothers who gave birth to medically complex infants were examined to explore potential risk factors for the development of chronic conditions and to develop a scholarly base that supports the inclusion of maternal health in the scope of early intervention practice. METHOD: Ten mothers completed the Perinatal Posttraumatic Stress Disorder Questionnaire and the State Trait Anxiety Form Y-1. Nine women completed 24-h Holter recording. Frequency of symptoms of posttraumatic stress disorder (PTSD) and anxiety were determined. High frequency heart rate variability was examined for indicators of autonomic dysregulation. RESULTS: Nine of 10 women reported symptoms associated with PTSD, and 2 of these women reported more severe symptoms. Two women demonstrated indicators of autonomic dysregulation. CONCLUSION: Further research examining psychological and physical characteristics in mothers of infants at high risk is important to determine whether these women are at greater risk for chronic health conditions.
Case study of six-year follow-up of Navy survivors of a multiple fatality fire at sea
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This case study reports on the mental health of survivors of a multiple fatality fire at sea in an Australian Navy ship. Survivors were screened on three occasions after the fire with the Impact of Events Scale-Revised (IES-R) or Post-Traumatic Check List-Civilian version (PCL-C), and once with the General Health Questionnaire, 28-Item version (GHQ-28), and the Alcohol Use Disorders Identification Test (AUDIT). Rates of possible disorders are discussed, along with comparisons with similar samples, and stability of possible post-traumatic stress disorder (PTSD) over time. While limited in size, the sample of this study contributes to the relatively small body of literature regarding the course of posttraumatic mental health in military personnel exposed to noncombat trauma.

The influence of clinicians' previous trauma exposure on their assessment of child abuse risk.
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Research has identified high levels of trauma exposure and PTSD in professionals responsible for assessing children at risk for abuse. An important question arising is the influence of stress and trauma on professional judgment. This study examined the association between critical incident exposure, PTSD and workers' judgments of child risk. Ninety-six child protection workers participated in 2 simulated clinical interviews and subsequently completed standardized risk assessment measures. Workers reported high levels of exposure to critical events in the workplace and high levels of traumatic stress symptoms. Number of prior critical events encountered was negatively associated with assessment of risk. Level of traumatic stress symptoms was negatively associated with risk on one, but not other measures of risk. It is concluded that standardized measures for assessing a child's risk of abuse may be influenced by previous exposure to critical workplace events and levels of traumatic stress in workers.

Autobiographical memory for shame or guilt provoking events: association with psychological symptoms.
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The diagnostic criteria for posttraumatic stress disorder (PTSD) specify that a qualifying traumatic stressor must incite extreme peritraumatic fear, horror, or helplessness. However, research suggests that events inciting guilt or shame may be associated with PTSD. We devised a web-based survey in which non-clinical participants identified an event associated with shame or guilt and completed questionnaire measures of shame, guilt, PTSD, and depression. In addition, we assessed characteristics of memory for the event, including visual perspective and the centrality of the memory to the participant's autobiographical narrative (CES). Shame predicted depression and PTSD symptoms. There was no association between guilt and psychological symptoms after controlling statistically for the
effects of shame. CES predicted the severity of depression and PTSD symptoms. In addition, CES mediated the moderating effect of visual perspective on the relationship between emotional intensity and PTSD symptoms. Our results suggest shame is capable of eliciting the intrusive and distressing memories characteristic of PTSD. Furthermore, our results suggest aversive emotional events are associated with psychological distress when memory for those events becomes central to one’s identity and autobiographical narrative.

Interaction of FKBP5, a stress-related gene, with childhood trauma increases the risk for attempting suicide.

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Comment in:

Childhood trauma is associated with hypothalamic-pituitary-adrenal (HPA) axis dysregulation and is a known risk factor for suicidal behavior. In this study we sought to determine whether the impact of childhood trauma on suicide risk might be modified by FKBP5, an HPA-axis regulating gene. Sixteen FKBP5 haplotype-tagging single nucleotide polymorphisms (SNPs) were genotyped in a sample of African Americans: 398 treatment-seeking patients with substance dependence (90% men; 120 suicide attempters) and 432 nonsubstance-dependent individuals (40% men; 21 suicide attempters). In all, 474 participants (112 suicide attempters) also completed the Childhood Trauma Questionnaire (CTQ). Primary haplotype analyses were conducted with the four SNPs implicated in earlier studies: rs3800373, rs9296158, rs1360780, and rs9470080. We found that childhood trauma was associated with suicide attempt (P<0.0001). Although there was no main effect of the two major yin yang haplotypes in the four SNP haplotype blocks, there was a haplotype influence on suicide risk (p=0.006) only in individuals exposed to high levels of childhood trauma. In this group, 51% with two copies of the risk haplotype, 36% with one copy, and 20% with no copies had attempted suicide. The total logistic regression model accounted for 13% of the variance in attempted suicide. Analyses of the 16 SNPs showed significant main effects on suicide attempt of rs3777747, rs4713902, and rs9470080 and interactive effects of rs3800373, rs9296158, and rs1360780 with CTQ score on suicide attempt. These data suggest that childhood trauma and variants of the FKBP5 gene may interact to increase the risk for attempting suicide.

X. Conclusions: overview of findings from the era study, inferences, and research implications.

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In this monograph, we have brought the findings of the English and Romanian Adoptee (ERA) study up to age 15 years and, in so doing, have focused especially on the question of whether there are deprivation-specific psychological patterns (DSPs) that differ meaningfully from other forms of psychopathology. For this purpose, our main analytic strategy was to compare the subgroup of young people who had received institutional care in Romania that persisted up to at least the age of 6 months and a pooled comparison group that comprised the remainder of the sample. In chapter II, we presented the evidence that there were no significant
variations among the three subgroups that made up the pooled comparison group. A large proportion of this pooled comparison group came from the 52 individuals adopted before the age of 6 months from within the United Kingdom, who had not experienced institutional care or other major deprivation experiences. In addition, there were 45 children who had experienced institutional care that had ceased before the age of 6 months. Finally, there was a small group of 21 Romanian individuals who had come from a severely deprived background but who had not experienced institutional care. In the young people who experienced institutional deprivation, we found that a cut-off at 6 months marked the division between those without appreciable sequelae and those with a substantial proportion of persisting deficits. Because we found that the rate of deficits in the group who had experienced institutional care for 46 months did not vary according to the duration of institutional care, we pooled the entire group of individuals experiencing institutional care up to at least the age of 6 months. We found that these two pooled groups differed substantially and significantly in the rate of maladaptive outcomes. The details of the evidence justifying this pooling and a two-way comparison are provided in chapter II. Because of our interest in exploring the possibility of DSPs, our main subdivision within the above 6-month group was between those individuals showing the putative DSPs and those showing other forms of psychopathology or not showing deficits at all.

Children and fighting forces: 10 years on from Cape Town.

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It is 10 years since the adoption of the Cape Town Principles and Best Practices on the Prevention of Recruitment of Children into the Armed Forces and on Demobilization and Social Reintegration of Child Soldiers in Africa. The field of programming for the reintegration of children associated with armed forces and armed groups has made significant strides in this period. However, important gaps in the knowledge base remain. This paper examines empirical evidence that supports lessons learned from work with children formerly connected with fighting forces. It evaluates what is known, where promising practice exists, and lacunae in five programming areas: psychosocial support and care; community acceptance; education, training and livelihoods; inclusive programming for all war-affected children; and follow-up and monitoring. While the 2007 Paris Commitments to Protect Children from Unlawful Recruitment or Use by Armed Forces or Groups mark an emerging consensus on many issues, there is still a critical need for more systematic studies to develop the evidence base supporting intervention in this area.

Post-traumatic stress symptoms and trauma exposure in youth with first episode bipolar disorder.

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AIMS: To examine the prevalence of trauma exposure as well as the rates and effects of post-traumatic stress disorder (PTSD) in adolescents with bipolar
disorder following a first manic episode. METHODS: Adolescents (12-18 years) with DSM-IV bipolar I disorder and experiencing their first manic or mixed episode were recruited. Participants underwent structured diagnostic interviews, completed the Trauma Symptom Checklist for Children (TSCC), and were prospectively evaluated using diagnostic, symptomatic and functional assessments over the course of 12 months. RESULTS: Seventy-six adolescents (14.9 +/- 1.7 years) completed the TSCC and 66% (50 individuals) reported exposure to traumatic events. Two (3%) subjects met DSM-IV criteria for PTSD, 11 (14%) had post-traumatic stress t-scores >= 65, the threshold for clinically significant symptoms. Subjects with and without post-traumatic stress t-scores >= 65 did not differ in demographic characteristics. When compared by t-score, TSCC subscores of the first episode bipolar adolescents were similar to normative data. Regression models incorporating TSCC subcomponents, did not predict syndromic recovery or recurrence or symptomatic recovery. CONCLUSIONS: Rates of PTSD were lower in this sample of bipolar adolescents at the time of their first hospitalization compared with rates in samples of bipolar adults. These differences coupled with the low incidence of PTSD and trauma symptoms in this young sample suggests that bipolar disorder may be a risk factor for the development of PTSD later in the course of illness or following recurrent affective episodes.

Remolding child: process of nursing practice for sexually abused children.

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OBJECTIVE: To explore and understand the nursing practice processes of psychiatric nurses for school-aged sexually abused children admitted to psychiatric wards. MATERIAL AND METHOD: Grounded theory approach. Twelve psychiatric nurses, aged between 35-59 years old, experienced with sexually abused child patients, participated in the present study Data was collected by using in-depth interview that were tape-recorded and transcribed verbatim, line by line. It was then analyzed using grounded theory method. RESULTS: "Remolding child" was the basic social process by which psychiatric nurses provided nursing care for school-aged sexually abused children admitted to psychiatric wards. It was composed of three stages happening continuously in sequence. Each stage consisted of sub-stages that had no sequence in their occurrence and were simultaneous and reciprocal. The first stage started with establishing trust, arranging effective communication, and providing physical care. The second stage was fostering socialization, building will-power; and arranging a safe and supportive environment. The final stage was assisting living in society. Two other important characteristics of this remolding child process were working as a team and self-development. CONCLUSION: The substantive theory derived from the study recommends new understanding in the holistic nursing practice process for school-aged sexually abused children admitted to psychiatric wards in Thailand. It can be used as a guideline to develop interventions to prevent residual effects of chronic psychiatric problems occurring in later years.

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[The post-traumatic stress disorder--PTSD--in psychiatry by children and teenagers: diagnostic and treatments]
News confronts us daily with various traumatic events, like armed conflict, terrorist attacks, natural disasters, not to mention the cases of abuse and incest. The impact of these traumas on the psychological development of children is often very important and we can observe among them, symptoms of severe mental traumatisms immediately and sometimes deferred. The purpose of this paper is to highlight the existence of this disorder by children, to develop its symptoms and its possible developments, and to address the different therapeutic approaches.

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OBJECTIVE: Little is known about the effects of disaster exposure and intensity on the development of mental disorders among pregnant women. The aim of this study was to examine the effect of exposure to Hurricane Katrina on mental health in pregnant women. DESIGN: Prospective cohort epidemiological study. SETTING: Tertiary hospitals in New Orleans and Baton Rouge, U.S.A. PARTICIPANTS: Women who were pregnant during Hurricane Katrina or became pregnant immediately after the hurricane. MAIN OUTCOME MEASURES: Post-traumatic stress disorder (PTSD) and depression. RESULTS: The frequency of PTSD was higher in women with high hurricane exposure (13.8 percent) than women without high hurricane exposure (1.3 percent), with an adjusted odds ratio (aOR) of 16.8 (95% confidence interval: 2.6-106.6) after adjustment for maternal race, age, education, smoking and alcohol use, family income, parity, and other confounders. The frequency of depression was higher in women with high hurricane exposure (32.3 percent) than women without high hurricane exposure (12.3 percent), with an aOR of 3.3 (1.6-7.1). Moreover, the risk of PTSD and depression increased with an increasing number of severe experiences of the hurricane. CONCLUSIONS: Pregnant women who had severe hurricane experiences were at a significantly increased risk for PTSD and depression. This information should be useful for screening pregnant women who are at higher risk of developing mental disorders after a disaster.