September 2009 PILOTS Topic Alert

Record 1 of 40

 TI: Title
 Social and emotional outcomes of child sexual abuse: a clinical sample in Turkey

 AU: Author
 Ozbaran, Burcu; Erermis, Serpil; Bukusoglu, Nagehan; Bildik, Tezan; Tamar, Muge; Ercan, Eyyup Sabri; Aydin, Cahide; Cetin, Sanie Korkmaz

 AF: Affiliation
 Department of Child and Adolescent Psychiatry, School of Medicine, Ege University, Izmir, Turkey

 SO: Source
 Journal of Interpersonal Violence, vol. 24, no. 9, pp. 1478-1493, September 2009

 AB: Abstract
 Childhood sexual abuse is a traumatic life event that may cause psychiatric disorders such as PTSD and depression. During 2003-2004, 20 sexually abused children were referred to the Child and Adolescent Psychiatry Clinic of Ege University in Izmir, Turkey. Two years later, the psychological adjustment of these children (M age = 9.4 years, SD = 3.63 years, range = 5 to 16 years) is evaluated. Semistructured interviews, a form for the sociodemographic characteristics, are used for evaluations by a child psychiatrist who is blind to the first evaluation. It is determined that sexually abused children have more psychiatric disorders within the first year than 2 years later. However, some behavior problems occur at both short-term and long-term follow-ups.

Record 2 of 40

 TI: Title
 Impulsivity and clinical symptoms among adolescents with non-suicidal self-injury with or without attempted suicide

 AU: Author
 Dougherty, Donald M; Mathias, Charles W; Marsh-Richard, Dawn M; Prevette, Kristen N; Dawes, Michael A; Hatzis, Erin S; Palmes, Guy; Nouvion, Sylvain O

 AF: Affiliation
 Neurobehavioral Research Laboratory and Clinic, Department of Psychiatry, University of Texas Health Science Center, San Antonio TX, USA ; Wake Forest University Health Sciences, Winston-Salem NC, USA

 SO: Source

 AB: Abstract
 This study examined clinical characteristics and laboratory-measured impulsive behavior of adolescents engaging in either non-suicidal self-injury with (NSSI+SA; n = 25) or without (NSSI-Only; n = 31) suicide attempts. We hypothesized that adolescent with NSSI+SA would exhibit more severe clinical symptoms and higher levels of behavioral impulsivity compared to adolescents with NSSI-Only. Adolescents were recruited from an inpatient psychiatric hospital unit and the 2 groups were compared on demographic characteristics, psychopathology, self-reported clinical ratings, methods of non-suicidal self-injury, and 2 laboratory impulsivity measures. Primary evaluations were conducted during psychiatric hospitalization, and a subset of those tested during hospitalization was retested 4-6 weeks after discharge.
During hospitalization, NSSI+SA patients reported worse depression, hopelessness, and impulsivity on standard clinical measures, and demonstrated elevated impulsivity on a reward-directed laboratory measure compared to NSSI-Only patients. In the follow-up analyses, depression, hopelessness, suicidal ideation, and laboratory impulsivity were improved for both groups, but the NSSI+SA group still exhibited significantly more depressive symptoms, hopelessness, and impulsivity than the NSSI-Only group. Risk assessments for adolescents with NSSI+SA should include consideration not only of the severity of clinical symptoms but of the current level impulsivity as well.

Record 3 of 40

TI: Title
Reducing conduct problems among children exposed to intimate partner violence: a randomized clinical trial examining effects of Project Support

AU: Author
Jouriles, Ernest N; McDonald, Renee; Rosenfield, David; Stephens, Nanette; Corbitt-Shindler, Deborah; Miller, Pamela C

AF: Affiliation
Department of Psychology, Southern Methodist University, Dallas TX, USA ; School of Social Work, University of Texas, Austin TX, USA ; Department of Psychology, University of Houston, Houston TX, USA

SO: Source

AB: Abstract
This study was a randomized clinical trial of Project Support, an intervention designed to reduce conduct problems among children exposed to intimate partner violence. Participants were 66 families (mothers and children) with at least 1 child exhibiting clinical levels of conduct problems. Families were recruited from domestic violence shelters. The Project Support intervention involves (a) teaching mothers child management skills and (b) providing instrumental and emotional support to mothers. Families were randomly assigned to the Project Support intervention condition or to an existing services comparison condition. They were assessed on 6 occasions over 20 months, following their departure from the shelter. Children in families in the Project Support condition, compared with those in the comparison condition, exhibited greater reductions in conduct problems. Mothers in the Project Support condition, compared with those in the comparison condition, displayed greater reductions in inconsistent and harsh parenting behaviors and psychiatric symptoms. Changes in mothers' parenting and psychiatric symptoms accounted for a sizable proportion of Project Support's effects on child conduct problems at the end of treatment. Clinical and policy implications are discussed. [Author Abstract]

KEY WORDS: conduct problems; partner violence; treatment outcome; child interventions; parenting interventions

Record 4 of 40

TI: Title
Examining the relationship between a childhood history of sexual abuse and later dissociation, breast-feeding practices, and parenting anxiety

AU: Author
The purpose of this study is to compare Mexican American adolescent mothers with and without childhood sexual abuse (CSA) histories to examine the influence of CSA on dissociation, selection of infant feeding method, and intimate parenting anxiety. Participants are 78 English-speaking adolescents between 15 and 19 years of age and recruited from the southwestern United States. Nearly one third of the sample (n = 24, 30.77%) reports CSA histories. There is no correlation between CSA history and intimate parenting anxiety, no difference between breast-feeding and formula-feeding mothers in CSA severity, and intimate parenting anxiety does not predict dissociation. These findings are inconsistent with previous research. Supportive resources may explain the inconsistency and play a role in adolescent mothers' responses to CSA. Further research is necessary to explore these possibilities.
interventions. We still await a better understanding of why some individuals display positive changes after trauma, given evidence of resilience in the face of even the most severe stressor.

Record 6 of 40
TI: Title
Working with children who have trauma-related disorders
AU: Author
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AF: Affiliation
Traumatic Stress Clinic, Great Ormond Street Hospital for Children, London, England
SO: Source
Psychiatry, vol. 8, no. 8, pp. 319-321, August 2009
AB: Abstract
Trauma is a relatively common experience in childhood. It can have lasting detrimental effects on development and on physical and mental health in adulthood. Recovery from a single trauma can be rapid, but multiple traumatic experiences can cause lasting impairment in many domains of functioning. This article describes some key issues related to good practice in therapeutic work with children with both simple and complex trauma-related disorders.

Record 7 of 40
TI: Title
Examining the relationship between resilience and posttraumatic growth
AU: Author
Levine, Stephen Z; Laufer, Avital; Stein, Einat; Hamama-Raz, Yaira; Solomon, Zahava
AF: Affiliation
Renata Adler Research Center for Child Welfare and Protection, Bob Shapell School of Social Work, Tel-Aviv University, Tel-Aviv, Israel; Department of Criminology and Department of Psychology, Bar Ilan University, Bar Ilan, Israel; School of Behavioral Sciences, Netanya Academic College, Netanya, Israel; Ariel University Center, Ariel, Israel
SO: Source
AB: Abstract
To extend the literature the present study aims to examine the interrelationships between resilience (defined by a lack of PTSD following trauma) and posttraumatic growth. Two studies were conducted of Israeli: (a) adolescents exposed to terror (N = 2908), and (b) citizens and army personnel following the second Lebanon War (N = 588). Across studies the results showed that high levels of resilience were associated with the lowest posttraumatic growth scores. The results imply that although growth and resilience are both salutogenic constructs they are inversely related. The theoretical and clinical implications of these findings are discussed.

Record 8 of 40
TI: Title
Institutional rearing and psychiatric disorders in Romanian preschool children
OBJECTIVE: There is increasing interest in the relations between adverse early experiences and subsequent psychiatric disorders. Institutional rearing is considered an adverse caregiving environment, but few studies have systematically examined its effects. This study aimed to determine whether removing young children from institutional care and placing them with foster families would reduce psychiatric morbidity at 54 months of age.

METHOD: Young children living in institutions in Bucharest were enrolled when they were between 6 and 30 months of age. Following baseline assessment, 136 children were randomly assigned to care as usual (continued institutional care) or to removal and placement in foster care that was created as part of the study. Psychiatric disorders, symptoms, and comorbidity were examined by structured psychiatric interviews of caregivers of 52 children receiving care as usual and 59 children in foster care when the children were 54 months of age. Both groups were compared to 59 typically developing, never-institutionalized Romanian children recruited from pediatric clinics in Bucharest. Foster care was created and supported by social workers in Bucharest who received regular consultation from U.S. clinicians.

RESULTS: Children with any history of institutional rearing had more psychiatric disorders than children without such a history (53.2% versus 22.0%). Children removed from institutions and placed in foster families were less likely to have internalizing disorders than children who continued with care as usual (22.0% versus 44.2%). Boys were more symptomatic than girls regardless of their caregiving environment and, unlike girls, had no reduction in total psychiatric symptoms following foster placement.

CONCLUSIONS: Institutional rearing was associated with substantial psychiatric morbidity. Removing young children from institutions and placing them in foster families significantly reduced internalizing disorders, although girls were significantly more responsive to this intervention than boys.
This article provides the theoretical rationale and overview of a neurodevelopmentally-informed approach to therapeutic work with maltreated and traumatized children and youth. Rather than focusing on any specific therapeutic technique, the Neurosequential Model of Therapeutics (NMT) allows identification of the key systems and areas in the brain which have been impacted by adverse developmental experiences and helps target the selection and sequence of therapeutic, enrichment, and educational activities. In the preliminary applications of this approach in a variety of clinical settings, the outcomes have been positive. More in depth evaluation of this approach is warranted, and is underway.

The degree to which early adverse experiences exert long term effects on development and how much early adversity may be overcome through subsequent experiences are important mental health questions. The clinical, research, and policy perspectives on these questions lead to different answers. From a clinical perspective, change is always possible, and it is never too late. From a research perspective, there are data indicating that there are sensitive periods in brain development, which may constrain subsequent adaptability. From a policy perspective, there is a growing consensus that early intervention is cost effective from the standpoint of child development, neuroscience, and economic research.

Loved, valued, and included: some implications of neurobiological, systems, and psychotherapeutic research for social welfare

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SO: Source

AB: Abstract
The authors of the primary articles in this special edition provide early and promising evidence that developmentally sensitive psychotherapeutic interventions and integrated care systems improve the lives of children who have been exposed to abuse or neglect. Why, then, do so many children in the social welfare system receive care that is not fostering their potential? This response highlights other perspectives about where we stand today in regard to the care of children that enter out of home placements, highlighting some of our grand achievements and our current failures. Even as the debates about government debt and fiscal responsibility mount, what is clearly required is the transcendence of our current system to one that is developmentally sensitive, integrated, evidence-based, and sustainable.

Record 12 of 40

TI: Title
Toward a neurobiology of child psychotherapy

AU: Author
Kay, Jerald

AF: Affiliation
Department of Psychiatry, Boonshoft School of Medicine, Wright State University, Dayton OH, USA

SO: Source

AB: Abstract
Brain imaging studies have demonstrated that psychotherapy alters brain structure and function. Learning and memory, both implicit and explicit, play central roles in this process through the creation of new genetic material that leads to increased synaptic efficiency through the creation of new neuronal connections. Although there is substantial evidence supporting some of the neurobiological effects of psychotherapy in adult patients, little exists on the impact of psychotherapy in children. Research has supported the enduring effects of early childhood trauma as represented by alterations in stress response, for example, which has important implications for early intervention through psychotherapy. Presently, the major questions facing the field of child and adolescent psychotherapy are identical to those in the study of adults. These can be reduced to four questions: what type of therapy, for what type of problem, in what type of child, and by what type of therapist. Areas needing further research are discussed.

Record 13 of 40

TI: Title
A new language for child psychotherapy: a response to Jerald Kay

AU: Author
Clark, James J; Borden, William

AF: Affiliation
Center for the Study of Violence Against Children, University of Kentucky, Lexington KY, USA ; College of Medicine, University of
Record 14 of 40
TI: Title
A response from the field: perspectives on translating neuroscience to clinical practice
AU: Author
Sprang, Ginny; Kaak, H Otto; Staton-Tindall, Michele; Clark, James J; Hubbard, Kay; Whitt-Woosley, Adrienne; Mau, Aimee; Combs, Angela; Risk, Heather
AF: Affiliation
Center for the Study of Violence Against Children, University of Kentucky, Lexington KY, USA; College of Social Work, University of Kentucky, Lexington KY, USA; Department of Psychiatry, College of Medicine, University of Kentucky, Lexington KY, USA; Comprehensive Assessment and Treatment Project, University of Kentucky, Lexington KY, USA; Child and Adolescent Trauma Treatment Institute, University of Kentucky, Lexington KY, USA
SO: Source
AB: Abstract
The scientific meeting "From Neuroscience to Social Practice: Translational Research on Violence Against Children" sparked a dialogue between clinicians, researchers, and policy makers about the applicability and relevance of neuroscientific discoveries regarding the impact of violence towards children on contemporary behavioral health care practice. In this article, scientist-practitioners from the University of Kentucky Center for the Study on Violence Against Children react to the empirical and conceptual information presented during the meeting to provide a translational perspective on the utility of the science to clinical practice and research. These perspectives are multidisciplinary and multidimensional in nature, representing diverse fields of practice and multiple domains of inquiry.

Record 15 of 40
TI: Title
Child Led Indicators: pilot testing a child participation tool for psychosocial support programmes for former child soldiers in Nepal
AU: Author
There is increasing attention given to participatory projects with marginalized children and young people, in the absence of child protection. In Nepal, a process was developed to provide a framework for more systematic participation of children in psychosocial programming, geared towards facilitating the reintegration for former child soldiers. The process development followed seven steps with the children, including culturally grounded concepts of psychosocial wellbeing and problems, desired outcomes, utilization of existing resources, responsive activities, and development of indicators in order to monitor project activities. The result was a series of Child Led Indicators (CLI), which represented markers of psychosocial wellbeing that children prioritized, recognized in others, and could monitor throughout a project cycle. Development and implementation of the CLI tool revealed a number of challenges to the implementation and effectiveness of participatory tools for children, which echo the growing critique of participatory programming. This paper will describe the framework as well as the results of a pilot CLI implementation.

Record 16 of 40

This report describes the psychosocial interventions of AVSI [Association of Volunteers in International Service, an international nongovernmental organization (INGO) operating in Uganda since 1984] in Kitgum District of northern Uganda. These interventions are part of the educational programmes aimed at supporting vulnerable youth through vocational training. Apart from the educational support, the beneficiaries of the programme are also offered psychosocial support. This support is meant to help youth who have undergone difficult, and at times, traumatic experiences during the insecurity that has lasted for two decades and affected almost all families in northern Uganda. For many of the youth, access to education cannot be the only means to empower them to overcome psychosocial problems; but in combination with counselling, they can be supported to gain self confidence and to redefine their roles as independent and important members of their communities.
INTRODUCTION: The increasing prevalence of disasters worldwide highlights the need for established and universal disaster preparedness plans. The devastating events of September 11 and Hurricane Katrina have spurred the development of some disaster response systems. These systems, however, are predominantly focused on medical needs and largely overlook mental health considerations. Negative outcomes of disasters include physical damage as well as psychological harm. Mental health needs should be considered throughout the entire disaster response process, especially when caring for children, adolescents, and their families.OBJECTIVE: To provide an overview and recommendations for the integration of mental health considerations into pediatric disaster preparedness and response in the medical setting.METHODS: Recommendations were developed by a panel of disaster preparedness and mental health experts during the Childrens Hospital Los Angeles Pediatric Disaster Resource and Training Center: Workshop on Family Reunification in Los Angeles, California, March 31-April 1, 2008. Experts discussed the inclusion of mental health-specific considerations and services at all stages of disaster preparedness and response. Recommendations involve the integration of mental health into triage and tracking, the adoption of a child ambassador model, environment, and developmentally appropriate interventions, education, communication, death notification, and family reunification.CONCLUSIONS: The inclusion of mental health concerns into pediatric disaster preparedness may help prevent further and unnecessary psychological harm to children and adolescent survivors following a disaster.
AB: Abstract
BACKGROUND: Negative trauma-related cognitions have been found to be a significant factor in the maintenance of PTSD in adults. Initial studies of such appraisals in trauma-exposed children and adolescents suggest that this is an important line of research in youth, yet empirically validated measures for use with younger populations are lacking. A measure of negative trauma-related cognitions for use with children and adolescents, the Child Post-Traumatic Cognitions Inventory (CPTCI), is presented. The measure was devised as an age-appropriate version of [Foa et al's] adult Post-Traumatic Cognitions Inventory.

METHODS: The CPTCI was developed and validated within a large (n = 570) sample, comprising community and trauma-exposed samples of children and adolescents aged 6-18 years.

RESULTS: Principal components analysis suggested a two-component structure. These components were labelled 'permanent and disturbing change' and 'fragile person in a scary world', and were each found to possess good internal consistency, test-retest reliability, convergent validity, and discriminative validity. The reliability and validity of these sub-scales was present regardless of whether the measure was completed in the acute phase or several months after a trauma. Scores on these sub-scales did not vary with age.

CONCLUSIONS: The CPTCI is a reliable and valid measure that is not specific to the type of trauma exposure, and shows considerable promise as a research and clinical tool. The structure of this measure suggests that appraisals concerning the more abstract consequences of a trauma, as well as physical threat and vulnerability, are pertinent factors in trauma-exposed children and adolescents, even prepubescent children.

Record 19 of 40

TI: Title
Prevalence and mental health correlates of witnessed parental and community violence in a national sample of adolescents

AU: Author
Zinzow, Heidi M; Ruggiero, Kenneth Joseph; Resnick, Heidi S; Hanson, Rochelle F; Smith, Daniel W; Saunders, Benjamin E; Kilpatrick, Dean G

AF: Affiliation
Department of Psychology, Clemson University, Clemson SC, USA ; National Crime Victims Research and Treatment Center, Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston SC, USA

SO: Source

AB: Abstract
BACKGROUND: Although research suggests that witnessed violence is linked to adverse mental health outcomes among adolescents, little is known about its prevalence or its significance in predicting psychiatric symptoms beyond the contribution of co-occurring risk factors. The purpose of this study was to identify the national prevalence of witnessed parental and community violence and to examine these life stressors as independent risk factors for PTSD and major depressive episode (MDE) among adolescents. A secondary aim was to determine which characteristics of witnessed violence were associated with mental health outcomes.

METHOD: Participants were 3,614 adolescents recruited from a 2005 US national household probability
sample [the 2005 National Survey of Adolescents - Replication study] who completed structured telephone interviews assessing witnessed violence and DSM-IV criteria for PTSD and MDE. RESULTS: National prevalence of witnessed parental violence and witnessed community violence was estimated to be 9% and 38%, respectively. Both forms of witnessed violence predicted PTSD and MDE beyond variance accounted for by age, gender, race/ethnicity, income, and other traumatic event history. Perceptions of threat, repeated violence exposure, location of the violence, and relationship to the victim were associated with psychiatric diagnoses. CONCLUSIONS: Findings suggest that witnessed violence represents a significant public health burden with implications for psychological assessment and prevention efforts.

Record 20 of 40
TI: Title
Sleep disruption and domestic violence: exploring the interconnections between mothers and children
AU: Author
Humphreys, Cathy; Lowe, Pam; Williams, Simon
AF: Affiliation
University of Melbourne, Melbourne VIC, Australia; Aston University, Birmingham, England; University of Warwick, Coventry, England
SO: Source
AB: Abstract
This paper argues that sleep disruption is both a strategy and an effect of violence and abuse which profoundly affects the lives of women and children. This paper traces the interconnections between the patterns of sleeping (not sleeping) for women and children living with and recovering from the effects of violence and abuse. It highlights the threat to the emotional and physical well-being of children and women and provides a non-pathologizing route into an exploration of one of the symptoms of trauma. It is based on a pilot study which interviewed 17 women, 14 of whom were mothers to 28 children. Mothers reported that many of their children experienced nightmares, bed-wetting, night panics, and disrupted sleep patterns. Recovery of the ability to sleep was often slow and uneven with interactive effects between women and children slowing progress.

Record 21 of 40
TI: Title
‘Highly vulnerable’?: political violence and the social construction of traumatized children
AU: Author
Gilligan, Chris
AF: Affiliation
School of Social Sciences, University of the West of Scotland, Paisley, Scotland
SO: Source
AB: Abstract
Since the end of the Cold War, humanitarian interventions to provide psychological assistance to children exposed to political violence have become commonplace. Within the literature and the practices of organizations involved in interventions, there is a widespread
conception that children exposed to political violence are highly vulnerable to psychological trauma. This article challenges this claim. The article examines a number of methodological weaknesses in the existing literature and associated practices, including: problems of measurement; an inadequate conception of the aetiology of children's psychological responses; and a lack of due attention to the literature on child development. On the basis of this examination, we conclude that the evidence base does not support the conclusion that children are highly vulnerable. The article then suggests that two factors may help to explain the growth in interventions in the absence of a scientifically rigorous evidence base: cultural changes in Western society, which have led to an increasing focus on 'victimhood', which maps easily onto existing Western conceptions of childhood as a time of innocence; and changes in the international system at the end of the Cold War, which have provided a favourable environment for the significant growth of 'humanitarian' interventions. The article concludes with some suggestions for lines of inquiry for future research.

Record 22 of 40
TI: Title
Brief report: quality of life is impaired in pediatric burn survivors with posttraumatic stress disorder
AU: Author
Landolt, Markus A; Buehlmann, Claudia; Maag, Tanja; Schiestl, Clemens
AF: Affiliation
Department of Psychosomatics and Psychiatry, University Children's Hospital, Zurich, Switzerland; Department of Social and Health Psychology, Institute of Psychology, University of Zurich, Zurich, Switzerland; Pediatric Burn Center, Plastic and Reconstructive Surgery, University Children's Hospital, Zurich, Switzerland
SO: Source
AB: Abstract
OBJECTIVE: This study assessed health-related quality of life (HRQOL) and PTSD in pediatric burn survivors and examined associations between PTSD and HRQOL. METHODS: 43 burn survivors, ages 7-16 years, were interviewed at an average of 4.4 years after their accident using the Clinician-Administered PTSD Scale for Children and Adolescents and the TNO-AZL Child Quality of Life Questionnaire. RESULTS: 8 children (18.6%) met DSM-IV criteria for current PTSD. While most dimensions of HRQOL were within normal limits, social functioning was impaired. Severity of PTSD was significantly associated with physical, cognitive, and emotional dimensions of HRQOL. Children with PTSD reported an impaired overall HRQOL and limited physical (e.g., more bodily complaints) and emotional functioning (e.g., more feelings of sadness). CONCLUSIONS: This study provides tentative evidence for a considerably high prevalence of PTSD in pediatric burn survivors and for a negative association between PTSD and HRQOL.

Record 23 of 40
TI: Title
Commentary: adopting to a broad perspective on posttraumatic stress disorders, childhood medical illness and injury
AU: Author
Manne, Sharon L
AF: Affiliation
Fox Chase Cancer Center, Cheltenham PA, USA
SO: Source
Journal of Pediatric Psychology, vol. 34, no. 1, pp. 22-26,
January/February 2009
AB: Abstract
With the possible exception of severe pediatric burns, it is a subset
of children and parents who develop persistent PTSD after a childhood
illness or medical event. A more fruitful approach to understanding
PTSD among children who have undergone a serious medical event and
their family members will be to take a broad, cross-situational
perspective, rather than focus on debating the prevalence of PTSD.

Record 24 of 40
TI: Title
Commentary: life threat, risk, and resilience in pediatric medical
traumatic stress
AU: Author
Werba, Branlyn E; Kazak, Anne E
AF: Affiliation
Children's Hospital of Philadelphia, Philadelphia PA, USA; University
of Pennsylvania, Philadelphia PA, USA
SO: Source
Journal of Pediatric Psychology, vol. 34, no. 1, pp. 27-29,
January/February 2009
AB: Abstract
In this commentary, we link two papers -- one on parents of children
with cancer and the other on traumatic stress in burn survivors -- to
three concepts key to posttraumatic stress symptoms (PTSS): life
threat, risk, and resiliency. Both papers highlight the importance of
considering what circumstances place children and families at risk for
developing PTSS or are associated with resiliency and potentially
growth-enhancing aspects of traumatic events.

Record 25 of 40
TI: Title
Critical elements in a residential treatment program curriculum for
adolescents experiencing trauma symptoms and/or posttraumatic stress
disorder [thesis]
AU: Author
Gestrin, Deidre N
SO: Source
AB: Abstract
This study identifies the critical elements in a curriculum for
utilizing equine assisted therapy with traumatized adolescents and
involving their families. The study examines the effective counseling
methods associated with trauma resolution in adolescents and their
families. The study considers how normal adolescent development, as
well as trauma, impacts the therapeutic process. These focus areas
help identify what must be included in each component of a curriculum;
specifically, methods, resources, activities, and outcome measures
should be utilized. This study implements surveys to investigate these
focus areas. The student researches current programs that work with
adolescents and equines through an Internet search and makes direct
contact with professionals in the fields of counseling and equine assisted mental health. The outcome of this study results in identifying the key elements of a curriculum for a residential equine assisted therapy treatment program for adolescents experiencing trauma symptoms and/or PTSD and their families.

Record 26 of 40

TI: Title
Le jeu chez l'enfant victime d'événements traumatiques = How children victims of traumatic events play

AU: Author
Romano, HC; Baubet, Thierry; Moro, Marie Rose; Sturm, G

AF: Affiliation
CUMP 94/SAMU 94, Hôpital H.-Mondor, Créteil, France ; Département de psychopathologie clinique de lb 93/SAMU 93, Hôpital Avicenne, Bobigny, France

SO: Source
Annales Médico-Psychologiques, vol. 166, no. 9, pp. 702-710, November 2008

AB: Abstract
The authors' work lies within the framework of medicopsychological emergency activities and of specialized consultation, the vocation of which is to insure the care of victims of traumatic events, be they of a deliberate (violence, wars) or non-deliberate nature (natural disasters, accidents). Interventions led close to the events with adult victims are well organized nowadays whereas the specific coverage of children is still not envisaged in immediate interventions. Nevertheless, children may be affected as much as the adults by the trauma and can present disorders, which must be noted, evaluated, and taken care of. We propose a reflection on a reexperiencing symptom susceptible to be expressed by child victims of traumatic events: the post-traumatic game. We suggest envisaging the post-traumatic game as a clinical entity testifying of a reexperiencing symptom, which can express itself at three levels: The traumatic game, the abreactive game, and the re-enactment.

Record 27 of 40

TI: Title
Symptom patterns among youth exposed to intimate partner violence

AU: Author
Lang, Jason M; Stover, Carla Smith

AF: Affiliation
National Center for Children Exposed to Violence, Child Study Center, School of Medicine, Yale University, New Haven CT, USA ; Connecticut Center for Effective Practice, Farmington CT, USA

SO: Source

AB: Abstract
Children and adolescents exposed to intimate partner violence display a broad range of symptoms. We sought to differentiate symptom patterns and predictors of these patterns using a person-oriented approach. Previous cluster analysis research of exposed youth was extended to include youth PTSD symptoms and trauma history. Participants were 74 mothers who had received a police call for domestic violence, and who had a child between 2 and 17 years old. Cluster analysis was used to identify four symptom patterns among exposed youth: Typical, Asymptomatic, General Distress, and Acute PTSD. These patterns were
replicated in separate cluster analyses with younger and older participants. Symptom patterns were differentiated by maternal distress, maternal aggression, and youth trauma history, but not by male partner aggression. Implications for assessment and treatment of youth exposed to intimate partner violence, and suggestions for further research, are discussed.

Record 28 of 40
TI: Title
The authentic warmth dimension of professional childcare
AU: Author
Cameron, R J SeC!n; Maginn, C
AF: Affiliation
Department of Educational Psychology, University College, London, England ; Ingelside Children's Home, Sanderstead, England
SO: Source
AB: Abstract
The emotional, social, and academic problems of children and young people in public care have long been documented and many researchers have named the chief culprits as a deeply flawed corporate care system and an unsympathetic education establishment. While the need for major improvements to both corporate care and education is recognized, in this paper a perspective which links early childhood experiences with restricted life outcomes is presented, and it is argued that it is parental rejection (often accompanied by abuse and neglect) which is a major mediating factor in the often restricted life outcomes for many of these children. The approach described here is designed to empower residential staff and foster-carers to provide not only high-quality parenting, but also the sensitive support which can enable children and young people in care to cope with parental rejection, abuse, and neglect. It is also argued that these two tasks (good parenting and appropriate emotional support) are key factors in promoting the successful emotional, social, and academic development of children in public care.

Record 29 of 40
TI: Title
A solution-focused intervention with a youth in a domestic violence situation: longitudinal evidence
AU: Author
Georgiades, Savvas Daniel
AF: Affiliation
School of Social Work, Saint Ambrose University, Davenport IA, USA
SO: Source
Contemporary Family Therapy, vol. 30, no. 3, pp. 141-151, September 2008
AB: Abstract
This article reports on a 4-year therapeutic intervention combining in-person and email communication with a 13-year-old Greek-Cypriot teenager who witnessed and later was the victim of severe domestic violence. The intervention is based on an empowerment philosophy and solution-focused strategies, and its usefulness is evaluated by three standardized measures at five time points between the years 1999 and 2003. Pertinent cultural and ethical dynamics of the interventional
context are highlighted. The intervention may have helped to produce better perpetrator-youth relations, remission of the client's depression and post-traumatic stress symptoms, and improvement in his academic performance. Implications and limitations are discussed.

Record 30 of 40
TI: Title
Cognitive behavioural therapy for children and adolescents
AU: Author
Muñoz-Solomando, Antonio; Kendall, Tim; Whittington, Craig J
AF: Affiliation
Child and Family Centre, Tonteg, Wales; National Collaborating Centre for Mental Health, Royal College of Psychiatrists Research Unit, London, England; University College London, London, England
SO: Source
Current Opinion in Psychiatry, vol. 21, no. 4, pp. 332-337, July 2008
AB: Abstract
PURPOSE OF REVIEW: The aim is to summarize recent evidence from the National Institute for Health and Clinical Excellence clinical guidelines and high-quality systematic reviews for the use of cognitive behavioural therapy to treat children and adolescents with mental health problems. RECENT FINDINGS: Data from meta-analyses of randomized controlled trials suggest that the best evidence for the potential of cognitive behavioural therapy is in the treatment of children and adolescents with generalized anxiety disorder, depression, obsessive compulsive disorder, and PTSD. More limited evidence suggests that attention deficit hyperactivity disorder and behavioural problems may also respond to cognitive behavioural therapy. We found no or insufficient evidence to determine whether cognitive behavioural therapy is useful for the treatment of antisocial behaviour, psychotic and related disorders, eating disorders, substance misuse, and self-harm behaviour. SUMMARY: Clinical guidelines and recent systematic reviews establish that cognitive behavioural therapy has a potentially important role in improving the mental health of children and adolescents.

Record 31 of 40
TI: Title
Risk indicators and psychopathology in traumatised children and adolescents with a history of sexual abuse
AU: Author
Carey, Paul D; Walker, Jennifer L; Rossouw, Wendy; Seedat, Soraya; Stein, Daniel J
AF: Affiliation
MRC Research Unit for Anxiety and Stress Disorders, Department of Psychiatry, University of Stellenbosch, Tygerberg, South Africa
SO: Source
AB: Abstract
PURPOSE: Childhood sexual abuse (CSA) is widespread amongst South African (SA) children, yet data on risk factors and psychiatric consequences are limited and mixed. METHODS: Traumatised children and adolescents referred to our Youth Stress Clinic were interviewed to obtain demographic, sexual abuse, lifetime trauma, and psychiatric histories. RESULTS: Data for 94 participants (59 female, 35 male; mean
age 14.25 [8.25-19] years) exposed to at least one lifetime trauma were analysed. Sexual abuse was reported in 53% of participants (42.56% females, 10.63% males) with 64% of violations committed by perpetrators known to them. Multinomial logistic regression analysis revealed female gender (P = 0.002) and single-parent families (P = 0.01) to be significant predictors of CSA (62.5%). CSA did not predict exposure to other traumas. Sexually abused children had significantly higher physical and emotional abuse subscale scores and total CTQ scores than non-abused children. Depression (33%, chi-squared = 10.89, P = 0.001) and PTSD (63.8%, chi-squared = 4.79, P = 0.034) were the most prevalent psychological consequences of trauma and both were significantly associated with CSA.

CONCLUSIONS: High rates of CSA predicted high rates of PTSD in this traumatised sample. Associations we found appear consistent with international studies of CSA and, should be used to focus future social awareness, prevention and treatment strategies in developing countries.

Record 32 of 40
TI: Title
Prevalence of poor psychological morbidity following a minor road traffic accident (RTA): the clinical implications of a prospective longitudinal study
AU: Author
Smith, Ben; Mackenzie-Ross, Sarah; Scragg, Peter
AF: Affiliation
Department of Mental Health Sciences, University College London, London, England; North East London Mental Health Trust, London, England; Sub-Department of Clinical Health Psychology, University College London, London, England
SO: Source
Counselling Psychology Quarterly, vol. 20, no. 2, pp. 149-155, June 2007
AB: Abstract
Few Road Traffic Accident (RTA) victims have their psychological needs attended to in hospital or afterwards. We conducted a small-scale preliminary investigation exclusively focussing on the prevalence of poor psychological morbidity following minor road traffic accidents (RTAs). Participants (N = 50) completed assessments one-month after their minor RTA and (N = 39) at 4-months follow-up. The identification of clinically significant anxiety, depression, and PTSD in this minor RTA sample supports both evidence reported elsewhere and our specific predictions. 7 (14%) participants at baseline and 5 (12.8%) at follow-up met diagnostic criteria for PTSD. The clinical implications for identifying and meeting the psychological needs of minor RTA victims are discussed in the context of cognitive behavioural conceptualizations of mental disorder.

Record 33 of 40
TI: Title
Homicide: helping children in the aftermath
AU: Author
Salloum, Alison
AF: Affiliation
Children's Bureau of New Orleans, New Orleans LA, USA
SO: Source
National Center for PTSD Clinical Quarterly, vol. 11, no. 4, pp.
Every year in the United States thousands of children and their families cope with the aftermath of homicide. Such a violent death and the consequences of unresponsive and/or unsupportive systems may cause severe psychological and social challenges among these survivors. Group treatment approaches for adolescent survivors have shown promising results, but studies regarding individual and family treatment for children remain scarce, although theoretical and practice approaches have been described. While the bereavement literature offers a foundation for working with children, factors due to the homicide must be considered. Key issues to consider when working with children after homicide include the context, the facts surrounding the death, family strengths and social supports, the family's grief process, grief and trauma reactions, and issues of revenge. These key issues will be explored using research and literature regarding child survivors/witnesses of homicide, bereavement, and trauma, as well as the author's practice experience with low-income families who have had loved ones murdered.

Record 34 of 40
TI: Title
Lessons learned from 9/11: considerations in the development of school-based interventions following large scale violence
AU: Author
Cloitre, Marylene
AF: Affiliation
Institute for the Study of Trauma Recovery, Child Study Center, New York University, New York NY, USA
SO: Source
AB: Abstract
Suggests that an intervention developed for schoolchildren following Hurricane Iniki in Hawaii represents a prototype of the key features of any effective treatment for traumatized children, and thus would be useful in the aftermath of the September 11 terrorist attacks. The model uses two specific interventions shared by all trauma therapies: psycho-education and normalization of the psychological and functional consequences of trauma, and age-appropriate "emotional processing" of core fears (via talk, expressive art or play).

Record 35 of 40
TI: Title
Treatment of children and adolescents exposed to community violence
AU: Author
Raia, Jacqueline Anne
AF: Affiliation
William Paterson University, Wayne NJ, USA
SO: Source
National Center for PTSD Clinical Quarterly, vol. 8, no. 4, pp. 56, 58-60, Fall 1999
AB: Abstract
Many American children and adolescents are exposed to multiple acts of community violence before reaching adulthood. The purposes of this article are: (a) to alert the clinician to the phenomenon of community
violence exposure in youth; (b) to present the symptom response picture for children and adolescents who have been exposed; and (c) to highlight critical components of treatment for victimized youth, paying particular attention to developmental concerns of this patient population.

Record 36 of 40
TI: Title
How can we prevent emotional disturbances in youth exposed to violence in schools?
AU: Author
Jaycox, Lisa H; Stein, Bradley D
AF: Affiliation
RAND Corporation, Santa Monica CA, USA
SO: Source
National Center for PTSD Clinical Quarterly, vol. 8, no. 4, pp. 61-62, Fall 1999
AB: Abstract
Given the research summarized [in this article], a program that combines trauma-focused exposure and CBT skills to prevent depression and anxiety might be quite effective in reducing a wide array of trauma-related symptoms and associated dysfunction.

Record 37 of 40
TI: Title
Guns, gangs, and gin: recognizing adolescents at risk for perpetrating community violence
AU: Author
Foy, David W
AF: Affiliation
Graduate School of Education, Pepperdine University, Culver City CA, USA
SO: Source
National Center for PTSD Clinical Quarterly, vol. 8, no. 4, pp. 67, Fall 1999
AB: Abstract
School and mental health professionals now must be prepared for providing crisis services when community disasters occur, as well as taking necessary steps to prevent predictable human perpetrated acts of violence.

Record 38 of 40
TI: Title
Secondary prevention with high risk children in elementary school
AU: Author
Hiley-Young, Bruce; Giles, Steven L
AF: Affiliation
Clinical Laboratory and Education Division, National Center for PTSD, Veterans Affairs Medical Center, Palo Alto CA, USA
SO: Source
National Center for PTSD Clinical Newsletter, vol. 2, no. 1, pp. 4-5, 8, 13, Fall 1991
AB: Abstract
Describes a program for children identified by school staff as being at risk due to the cumulative stress of the Loma Prieta earthquake and
problems with family disruption and/or dysfunction.

**Record 39 of 40**
| TI: Title   | Fault lines |
| AU: Author | Speidel, David; Lash, Crystal; Jordan, Josephine; Record, Chris |
| AF: Affiliation | Gault Elementary School, Santa Cruz CA, USA |
| SO: Source | National Center for PTSD Clinical Newsletter, vol. 2, no. 1, pp. 6-7, Fall 1991 |
| AB: Abstract | The earthquake and its aftershocks had a profound effect upon children living in Santa Cruz. These selected thoughts are from poems written by the children of Gault Elementary School. Committed to the belief that writing can be a process of empowerment, the school turned to their "poet in residence," to help their students find and give voice to their inner experience of the quake and its aftermath. |

**Record 40 of 40**
| TI: Title   | The effect of combat-related PTSD on children |
| AU: Author | Harkness, Laurie Leydic |
| AF: Affiliation | Department of Psychiatry, Veterans Administration Medical Center, West Haven CT, USA |
| AB: Abstract | The transgenerational effects of combat-related PTSD have critical implications for a veteran's interpersonal and family life and may be a factor in his children's development of low self-esteem, poor reality testing, hyperactivity, and aggressive behavior. |