Record 1 of 53
TI: Title
Cognitive biases in childhood anxiety disorders: do interpretive and judgment biases distinguish anxious youth from their non-anxious peers?
AU: Author
Cannon, Melinda Fabian; Weems, Carl F
AF: Affiliation
Department of Psychology, University of New Orleans, New Orleans LA, USA
SO: Source
Journal of Anxiety Disorders, vol. 24, no. 7, pp. 751-758, October 2010
AB: Abstract
The purpose of this study was to compare interpretive biases (i.e., the tendency to interpret neutral stimuli in a negative way) and judgment biases (i.e., a lowered estimate of one's ability to cope with a threatening situation) in clinically anxious youth (n = 24) with a demographically matched group of non-referred youth (n = 48). Interpretive biases were assessed with the Children's Negative Cognitive Error Questionnaire (CNCEQ) and judgment biases were assessed with the Anxiety Control Questionnaire-child form (ACQ-C). Results indicated that (1) children in the clinic sample exhibited significantly more negative interpretive biases and less positive judgment biases relative to the control sample, (2) the ACQ-C demonstrated incremental validity over the CNCEQ in predicting diagnostic status, (3) the ACQ-C predicted diagnostic status while controlling for Generalized Anxiety Disorder symptoms and parent-reported internalizing and externalizing symptoms, (4) the relationship between the CNCEQ and diagnostic status was moderated by age and gender. Implications of the findings for theory and practice are discussed to highlight suggestions for future research and clinical practice.

Record 2 of 53
TI: Title
Which method of posttraumatic stress disorder classification best predicts psychosocial function in children with traumatic brain injury?
AU: Author
Iselin, Greg; Le Brocque, Robyne M; Kenardy, Justin A; Anderson, Vicki Anne; McKinlay, Lynne
AF: Affiliation
Centre of National Research on Disability and Rehabilitation Medicine (CONROD), School of Medicine, University of Queensland, Brisbane QLD, Australia; Murdoch Childrens Research Institute, Royal Children's Hospital, Parkville VIC, Australia; Queensland Paediatric Rehabilitation Service, Royal Children's Hospital, Herston QLD, Australia
SO: Source
Journal of Anxiety Disorders, vol. 24, no. 7, pp. 774-779, October 2010
Controversy surrounds the classification of PTSD, particularly in children and adolescents with traumatic brain injury (TBI). In these populations, it is difficult to differentiate TBI-related organic memory loss from dissociative amnesia. Several alternative PTSD classification algorithms have been proposed for use with children. This paper investigates DSM-IV-TR and alternative PTSD classification algorithms, including and excluding the dissociative amnesia item, in terms of their ability to predict psychosocial function following pediatric TBI. A sample of 184 children aged 6-14 years were recruited following emergency department presentation and/or hospital admission for TBI. PTSD was assessed via semi-structured clinical interview (CAPS-CA) with the child at 3 months post injury. Psychosocial function was assessed using the parent report CHQ-PF50. Two alternative classification algorithms, the PTSD-AA and 2 of 3 algorithms, reached statistical significance. While the inclusion of the dissociative amnesia item increased prevalence rates across algorithms, it generally resulted in weaker associations with psychosocial function. The PTSD-AA algorithm appears to have the strongest association with psychosocial function following TBI in children and adolescents. Removing the dissociative amnesia item from the diagnostic algorithm generally results in improved validity.
BACKGROUND: The G protein-coupled receptor neuropeptide S receptor 1 (NPSR1) and its ligand neuropeptide S (NPS) form a signaling system mainly implicated in susceptibility to asthma and inflammatory disorders in humans and regulation of anxiety and arousal in rodents. We addressed here the role of NPS and NPSR1 as susceptibility genes for human anxiety disorders. METHODS: We performed comprehensive association analysis of genetic variants in NPS and NPSR1 in 3 independent study samples. We first studied a population-based sample (Health 2000, Finland) of 321 anxiety disorder patients and 1,317 control subjects and subsequently a Spanish clinical panic disorder sample consisting of 188 cases and 315 control subjects. In addition, we examined a birth cohort of 2,020 children (BAMSE, Sweden). We then tested whether alleles of the most significantly associated single nucleotide polymorphisms alter DNA-protein complex formation in electrophoretic mobility shift assays. Finally, we compared acute stress responses on the gene expression level in wild-type and Npsr1(-/-) mice. RESULTS: We confirmed previously observed epidemiological association between anxiety and asthma in 2 population-based cohorts. Single nucleotide polymorphisms within NPS and NPSR1 associated with panic disorder diagnosis in the Finnish and Spanish samples and with parent-reported anxiety/depression in the BAMSE sample. Moreover, some of the implicated single nucleotide polymorphisms potentially affect transcription factor binding. Expression of neurotrophin-3, a neurotrophic factor connected to stress and panic reaction, was significantly downregulated in brain regions of stressed Npsr1(-/-) mice, whereas interleukin-1 beta, an active stress-related immunotransmitter, was upregulated. CONCLUSIONS: Our results suggest that NPS-NPSR1 signaling is likely involved in anxiety.
OBJECTIVE: This study investigates the relationship between exposure to armed conflict and terror events, and an array of mental and behavioral outcomes within a large cross-cultural scientifically representative sample of 24,935 Palestinian (7,430 West Bank and 7,217 Gaza) and Israeli (5,255 Jewish and 6,033 Arab) 11-, 13-, and 15-year-old school children [Health Behavior in School Aged Children in the Middle East (HBSC-ME)]. The children of the Middle East have been subjected to exposure from armed conflict and terrorism repeatedly with no adequate research or interventions aimed at shielding them from the hazards of such exposure to their mental and social well-being.

METHOD: This paper studies the relationship between a newly developed scale (STACE) measuring levels of subjective perceptions of threat/fear due to exposure to armed conflict events and its predicting association with six psychosocial and behavioral outcomes covering (1) poor mental health, (2) positive well-being, and (3) risk behaviors. It also examines the role of parental support in "buffering" the effects of exposure to armed conflict events within the four target populations.

RESULTS: Results showed that STACE has significant and strong effects on all six dependent variables representing (1) mental post trauma, (2) diminished well-being, and (3) elevated risk behaviors. STACE strongly affects all four populations with the greatest impact among the Jewish Israeli population and the least impact shown for the Arab Israeli youth. Parental support ("significant adult") has both a direct main effect on the outcomes of all six variables as well as a significant "buffering" effect on the impact of STACE on certain outcome variables (posttraumatic symptoms, life satisfaction, positive life perceptions, and tobacco use).

CONCLUSIONS AND PRACTICE IMPLICATIONS: Regardless of the type of armed conflict events, the perception of threat and fear that a child experiences has a universal significant negative impact on mental, social, and behavioral well-being. The importance of the existence of a supporting significant adult in exposed children's lives is also emphasized. The findings show major implications for the development of community-based interventions focusing on enhancing parental, and other adult support in the lives of children living in armed conflict regions of the world.

Record 5 of 53

TI: Title
Prevalence of intimate partner violence reported by homeless youth in Columbus, Ohio

AU: Author
Slesnick, Natasha; Erdem, Gizem; Collins, Jennifer; Patton, Rikki; Buettner, Cynthia

AF: Affiliation
Department of Human Development and Family Science, Ohio State University, Columbus OH, USA

SO: Source
Journal of Interpersonal Violence, vol. 25, no. 9, pp. 1579-1593, September 2010
AB: Abstract
No study to date has reported intimate partner violence (IPV) experiences among homeless youth. This study sought to uncover lifetime prevalence estimates of physical, sexual, and emotional IPV among a nonprobability sample of 180 homeless male and female youth in Columbus, Ohio. To that aim, self-reported IPV and the association between IPV and gender, race, age, and history of childhood abuse were examined. Results showed that physical violence and verbal abuse were the most commonly reported experiences of IPV in the current sample and ranged from 30.0% to 35.4%. Women and those with a history of childhood abuse were more likely to be victimized by their intimate partners. Specifically, multiple logistic regression analysis revealed that women were approximately twice as likely as men to be verbally and physically abused in intimate relationships. Moreover, youth who reported being victims of abuse in childhood were more than twice as likely to experience verbal abuse and physical violence in their relationships. Given the high lifetime occurrence of IPV among homeless youth, intervention efforts should target IPV to prevent future occurrence. Findings also suggest that intervention efforts should consider gender and history of childhood abuse.

Record 6 of 53
TI: Title
PTSD in children and adolescents: toward an empirically based algorithm
AU: Author
Scheeringa, Michael S; Zeanah, Charles H; Cohen, Judith A
AF: Affiliation
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SO: Source
Depression and Anxiety, Published online 23 August 2010
AB: Abstract
In considering potential revisions for the DSM-V, describing developmental influences on symptomatic expression is a high priority. This review presents a number of options and preliminary recommendations to be considered for DSM-V. Research conducted in the past 15 years is reviewed that pertains to expressions of PTSD symptoms in preschool and school age children and in adolescents. This research has attempted to determine the usefulness of the DSM-IV criteria for PTSD in children and adolescents. Based on the studies of preschool children, evidence supports two sets of suggestions: first, we suggest that developmental manifestations are warranted in A-D criteria of PTSD; and second, we suggest that a developmental preschool PTSD subtype is warranted that lowers the C threshold from 3 to 1 symptom. For school-age children and young adolescents, the evidence is more limited. Nevertheless, there is also evidence suggesting that modifications in PTSD criteria A-D, including fewer Cluster C symptoms, may facilitate accurate diagnosis in this age group.
Record 7 of 53

TI: Title
Treatment research for children and youth exposed to traumatic events: moving beyond efficacy to amp up public health impact

AU: Author
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SO: Source
General Hospital Psychiatry, Published online 11 August 2010

AB: Abstract
OBJECTIVE: Population-based demands for trauma services have accelerated interest in the rapid deployment of efficacious interventions to address the diverse mental health consequences of traumatic experiences. However, optimal strategies for supporting either implementation or dissemination of trauma-focused interventions within healthcare or mental healthcare systems are underdeveloped. METHODS: This work offers suggestions for adapting treatment research parameters in order to advance the science on the implementable and practical use of trauma-focused interventions within a public health framework. To this end, we briefly examine the current status of research evidence in this area and discuss efficacy and effectiveness treatment research parameters with specific attention to the implications for developing the research base on the implementation and dissemination of effective trauma practices for children and adolescents. RESULTS: Examples from current studies are used to identify approaches for developing, testing, and enhancing strategies to roll out effective treatment practices in real-world settings. CONCLUSIONS: New approaches that reflect the contexts in which these practices are implemented may enhance the feasibility, acceptability, replicability, and sustainability of trauma treatments and services, and thus improve outcomes for a broader population of youth and families.

Record 8 of 53

TI: Title
Effects of a brief intervention for reducing violence and alcohol misuse among adolescents: a randomized controlled trial

AU: Author
Walton, Maureen A; Chermack, Stephen T; Shope, Jean T; Bingham, C Raymond; Zimmerman, Marc A; Blow, Frederic C; Cunningham, Rebecca M

AF: Affiliation
Department of Psychiatry, School of Medicine, University of Michigan, Ann Arbor MI, USA; School of Public Health, University of Michigan, Ann Arbor MI, USA; Transportation Research Institute, University of Michigan, Ann Arbor MI, USA; Injury Prevention Center, Department of Emergency Medicine, School of Medicine, University of Michigan, Ann Arbor MI, USA; Health Services Research and Development, Department of Veterans Affairs Medical Center, Ann Arbor MI, USA; Hurley Medical Center, Flint MI, USA

SO: Source
AB: Abstract

CONTEXT: Emergency department (ED) visits present an opportunity to deliver brief interventions to reduce violence and alcohol misuse among urban adolescents at risk of future injury. OBJECTIVE: To determine the efficacy of brief interventions addressing violence and alcohol use among adolescents presenting to an urban ED. DESIGN, SETTING, AND PARTICIPANTS: Between September 2006 and September 2009, 3,338 patients aged 14 to 18 years presenting to a level I ED in Flint, Michigan, between 12 pm and 11 pm 7 days a week completed a computerized survey (43.5% male; 55.9% African American). Adolescents reporting past-year alcohol use and aggression were enrolled in a randomized controlled trial (SafERteens). INTERVENTION: All patients underwent a computerized baseline assessment and were randomized to a control group that received a brochure (n = 235) or a 35-minute brief intervention delivered by either a computer (n = 237) or therapist (n = 254) in the ED, with follow-up assessments at 3 and 6 months. Combining motivational interviewing with skills training, the brief intervention for violence and alcohol included review of goals, tailored feedback, decisional balance exercise, role plays, and referrals. MAIN OUTCOME MEASURES: Self-report measures included peer aggression and violence, violence consequences, alcohol use, binge drinking, and alcohol consequences. RESULTS: About 25% (n = 829) of screened patients had positive results for both alcohol and violence; 726 were randomized. Compared with controls, participants in the therapist intervention showed self-reported reductions in the occurrence of peer aggression (therapist, -34.3%; control, -16.4%; relative risk [RR], 0.74; 95% confidence interval [CI], 0.61-0.90), experience of peer violence (therapist, -10.4%; control, +4.7%; RR, 0.70; 95% CI, 0.52-0.95), and violence consequences (therapist, -30.4%; control, -13.0%; RR, 0.76; 95% CI, 0.6-0.90) at 3 months. At 6 months, participants in the therapist intervention showed self-reported reductions in alcohol consequences (therapist, -32.2%; control, -17.7%; odds ratio, 0.56; 95% CI, 0.34-0.91) compared with controls; participants in the computer intervention also showed self-reported reductions in alcohol consequences (computer, -29.1%; control, -17.7%; odds ratio, 0.57; 95% CI, 0.34-0.95). CONCLUSION: Among adolescents identified in the ED with self-reported alcohol use and aggression, a brief intervention resulted in a decrease in the prevalence of self-reported aggression and alcohol consequences.

Record 9 of 53
TI: Title
Psychiatric disorders and sexual risk among adolescents in mental health treatment
AU: Author
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AF: Affiliation
Bradley/Hasbro Children's Research Center, Rhode Island Hospital, Providence RI, USA; Warren Alpert Medical School, Brown University, Providence RI, USA; Department of Psychiatry, University of Illinois, Chicago IL, USA; Department of Behavioral Sciences, Rollins School of Public Health, Emory University, Atlanta GA, USA
SO: Source
OBJECTIVE: To examine the relationship between psychiatric disorders and sexual behaviors among adolescents receiving mental health treatment. Adolescents in mental health treatment have been found to have higher rates of HIV risk behavior than their peers, but data concerning the relationship between psychopathology and risk are inconsistent and limited.

METHOD: 840 adolescents (56% female, 58% African American, mean age = 14.9 years) and their parents completed computerized assessments of psychiatric symptoms via the Computerized Diagnostic Interview Schedule for Children. Adolescents also reported on sexual risk behaviors (vaginal/anal sex, condom use at last sex) and completed urine screens for a sexually transmitted infection (STI).

RESULTS: Adolescents meeting criteria for mania, externalizing disorders (oppositional defiant, conduct, and attention-deficit/hyperactivity disorders), or comorbid for externalizing and internalizing disorders (major depressive, generalized anxiety, and PTSD) were significantly more likely to report a lifetime history of vaginal or anal sex than those who did not meet criteria for any psychiatric disorder (odds ratio [OR] = 2.0, 2.3, and 1.9, respectively). Adolescents meeting criteria for mania were significantly more likely to have 2 or more partners in the past 90 days (OR = 3.2) and to test positive for a STI (OR = 4.3) relative to adolescents who did not meet criteria for a psychiatric disorder.

CONCLUSIONS: The presence of internalizing and externalizing disorders, especially mania, suggests the need for careful screening and targeting of adolescent sexual behavior during psychiatric treatment.

Record 10 of 53

TI: Title
Family violence and risk of substance use among Mexican adolescents

AU: Author
Caballero, Miguel Ángel; Ramos, Luciana; González, Catalina; Saltijeral, María Teresa

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SO: Source
Child Abuse and Neglect, vol. 34, no. 8, pp. 576-584, August 2010

AB: Abstract
OBJECTIVE: Determine the relationship between psychological and physical violence, exerted by fathers and/or mothers, and inter- or extra-familiar sexual violence with risk for consuming tobacco, alcohol, and drugs among adolescents. METHODS: A cross-sectional study was carried out with students in two secondary schools in Mexico City. A total of 936 students participated: 54.3% males and 45.7% females, ranging between 12 and 16 years of age. A self-administered questionnaire was applied. This included Straus's Parent-Child Conflict Tactics Scales, as well as instruments to evaluate sexual violence and substance use, among other components. RESULTS: Over half of the adolescents reported psychological or physical violence exerted by their parents, and 1 in 10, sexual violence. The proportion of use of the 3 substances was similar in both sexes. Logistic regression analysis for males showed that psychological violence, exerted by either parent, implied twice the risk for the victims to use tobacco.
For males, having suffered sexual violence increased the risk of consuming drugs various times. For females, being a victim of multiple forms of violence within the family increased the risk of consuming tobacco, alcohol, and drugs notably, in comparison to non-victims. CONCLUSIONS: Treatment programs for young people who have suffered family violence should consider adolescence not only as a stage of vulnerability for substance use but also as a critical time to implement preventive measures. For these measures, a joint strategy for both parents and adolescents should be considered, not only to stop the violence but also warn the parents about the serious consequences of the same.

Record 11 of 53
TI: Title
Mental health referral and services for maltreated children and child protection evaluations of children with special needs: a national survey of hospital- and community-based medically oriented teams
AU: Author
Montoya, Louise A; Giardino, Angelo P; Leventhal, John M
AF: Affiliation
Center for Childhood Communication, Children's Hospital of Philadelphia, Philadelphia PA, USA; Texas Children's Health Plan, Houston TX, USA; College of Medicine, Baylor University, Houston TX, USA; School of Medicine, Yale University, New Haven CT, USA
SO: Source
Child Abuse and Neglect, vol. 34, no. 8, pp. 593-601, August 2010
AB: Abstract
OBJECTIVE: To survey the self-perceived capability of medically oriented child maltreatment teams in the US to provide mental health referrals and services when needed and to evaluate children with special health care needs (CSHCN). METHODS: Mailed questionnaire with 5 items related to mental health, 12 items on services for CSHCN, and 28 items on financial issues previously reported. RESULTS: Responses were received from 320 of 472 organizations (67.8%); 153 respondents had at least 1 physician or nurse practitioner and were included in the analysis; 91 were hospital-based teams (HBTs); and 62 were community-based teams (CBTs). CBTs were significantly more likely to offer mental health treatment (65.0% vs 35.6%). When mental health services were needed in another language, only half (50.7%) indicated that services were available in Spanish, less than a third (29.3%) could find services in sign language, and only 20.3% expected to find services for patients who used other languages. Of all children evaluated, 31.2% had special health care needs. CBTs reported seeing significantly more CSHCN than HBTs (38.3% vs 26.5%). Over two-thirds (67.7%) did not have a special program or specialized staff to serve CSHCN. Overall, teams had some training and experience with CSHCN. Children who were deaf were evaluated by 84.5% of teams, while only 50.5% reported using professionally trained sign language interpreters. Most teams (82.2%) indicated that more time was needed to evaluate CSHCN, and 69.1% found arranging for mental health treatment for CSHCN more difficult than children without special needs. CONCLUSIONS: Medically oriented child maltreatment teams are generally able to arrange for mental health services for the children served, and most feel capable of serving CSHCN. Significantly more mental health service providers are needed for children and families who communicate in languages other than English (e.g., Spanish,
American Sign Language [ASL]). PRACTICE IMPLICATIONS: Our results suggest that medically oriented child maltreatment teams and mental health services for maltreated children would improve gaps in services by: (1) recruiting and training bilingual professionals, (2) ensuring that children or family members who are deaf receive professional ASL services, and (3) ensuring that training is provided related to the needs of CSHCN.

Record 12 of 53
TI: Title
Predictors of posttraumatic stress in children following injury: the influence of appraisals, heart rate, and morphine use
AU: Author
Nixon, Reginald D V; Nehmy, Thomas J; Ellis, Alicia A; Ball, Shelley-Anne; Menne, Annemarie; McKinnon, Anna C
AF: Affiliation
School of Psychology, Flinders University of South Australia, Bedford Park SA, Australia
SO: Source
Behaviour Research and Therapy, vol. 48, no. 8, pp. 810-815, August 2010
AB: Abstract
Prospective studies of PTSD in children that investigate simultaneously both cognitive and biological or psychophysiological predictors are rare. The present research reports on the impact of cognitive factors (trauma-related appraisals) and biological indicators (heart rate, morphine use) in predicting PTSD and depression symptoms following single-incident trauma. Children and adolescents (N = 48) were assessed within 4 weeks of an injury that led to hospital treatment and followed up 6-months later. While morphine did not predict initial PTSD severity, it was associated with lower levels of PTSD at follow-up. Reductions in PTSD symptoms (change scores) between assessments were similarly associated with morphine dosage. Trauma-related appraisals also contributed to PTSD and depression symptom severity. While slightly different patterns of results were obtained depending on whether static or change scores were examined, as a whole the study adds to a growing literature that morphine has the potential to reduce PTSD symptoms severity. Likewise the relationship between unhelpful trauma appraisals and posttrauma psychopathology was replicated.

Record 13 of 53
TI: Title
Self-esteem in pure bullies and bully/victims: a longitudinal analysis
AU: Author
Pollastri, Alisha R; Cardemil, Esteban V; O'Donnell, Ellen H
AF: Affiliation
Frances L. Hiatt School of Psychology, Clark University, Worcester MA, USA
SO: Source
Journal of Interpersonal Violence, vol. 25, no. 8, pp. 1489-1502,
AB: Abstract
Past research on the self-esteem of bullies has produced equivocal results. Recent studies have suggested that the inconsistent findings may be due, in part, to the failure to account for bully/victims:
those children who both bully and are victims of bullying. In this longitudinal study, we examined the distinctions among pure bullies, pure victims, bully/victims, and noninvolved children in a sample of 307 middle school students. Analyses of cross-sectional and longitudinal results supported the importance of distinguishing between pure bullies and bully/victims. In addition, results revealed some interesting sex differences: girls in the pure bully and bully/victim groups reported significant increases in self-esteem over time, with girls in the pure bully group reporting the greatest increase, whereas boys in these groups reported no significant changes in self-esteem over time.

Record 14 of 53
TI: Title
Outcomes of parental use of psychological aggression on children: a structural model from Sri Lanka
AU: Author
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SO: Source
Journal of Interpersonal Violence, vol. 25, no. 8, pp. 1542-1560, August 2010

Record 15 of 53
TI: Title
Sexual coercion experience and sexually coercive behavior: a population study of Swedish and Norwegian male youth
AU: Author
Seto, Michael C; Kjellgren, Cecilia; Pribe, Gisela; Mossige, Svein; Svedin, Carl Göran; Långström, Niklas
AF: Affiliation
Royal Ottawa Health Care Group, Ottawa ON, Canada ; Lund University, Lund, Sweden ; Norwegian Social Research, Oslo, Norway ; Karolinska Institutet, Stockholm, Sweden
SO: Source
Child Maltreatment, vol. 15, no. 3, pp. 219-228, August 2010
IS: ISSN
1077-5595
DE: Descriptors
Adolescents; Criminal Behavior; Etiology; High School Students; Males; Norwegians; Rape; Sexual Behavior; Survivors; Swedes
AB: Abstract
The authors tested the hypothesis that experiencing sexual coercion and engaging in sexually coercive behavior are positively associated in a representative sample totaling almost 4,000 Swedish or Norwegian male high school students (estimated response rate 80%). In both surveys, youths who had experienced sexual coercion were approximately three times more likely to engage in sexually coercive behavior than those without such experience (10%-12% vs. 4%). The association between sexual coercion experience and sexually coercive behavior was attenuated but remained significant and moderately strong in both surveys when controlling for nonsexual antisocial behavior, substance use, and noncoercive sexual behavior in multivariate logistic
regression models. The population attributable fraction (proportion of sexually coercive behavior that can be explained by sexual coercion experience) was 18%-25%. The findings support a robust link between having been sexually coerced and engaging in coercive sexual behavior in the general population.

Record 16 of 53
TI: Title
Making meaning of traumatic events: youths' strategies for processing childhood sexual abuse are associated with psychosocial adjustment
AU: Author
Simon, Valerie A; Feiring, Candice; McElroy, Sarah Kobielski
AF: Affiliation
Merrill Palmer Skillman Institute, Wayne State University, Detroit MI, USA ; College of New Jersey, Ewing NJ, USA ; Virginia Treatment Center for Children, Richmond VA, USA
SO: Source
AB: Abstract
The need to make meaning of childhood sexual abuse (CSA) is common and often persists long after the abuse ends. Although believed to be essential for healthy recovery, there is a paucity of research on how youth process their CSA experiences. The current study identified individual differences in the ways youth process their CSA and examined associations with psychosocial adjustment. A sample of 108 youth with confirmed abuse histories enrolled in the study within 8 weeks of abuse discovery, when they were between 8 and 15 years old. Six years later, they participated in interviews about their CSA experiences, reactions, and perceived effects. Using a coding system developed for this study, youths' CSA narratives were reliably classified with one of three processing strategies: Constructive (13.9%), Absorbed (50%), or Avoidant (36.1%). Absorbed youth reported the highest levels of psychopathological symptoms, sexual problems, and abuse-specific stigmatization, whereas Constructive youth tended to report the fewest problems. Avoidant youth showed significantly more problems than Constructive youth in some but not all areas. Interventions that build healthy processing skills may promote positive recovery by providing tools for constructing adaptive meanings of the abuse, both in its immediate aftermath and over time.

Record 17 of 53
TI: Title
Risk reduction for substance use and trauma-related psychopathology in adolescent sexual assault victims: findings from an open trial
AU: Author
Danielson, Carla Kmett; McCart, Michael R; De Arellano, Michael A; Macdonald, Alexandra; Doherty, Lauren S; Resnick, Heidi S
AF: Affiliation
National Crime Victims Research and Treatment Center, Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston SC, USA ; Family Services Research Center, Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston SC, USA ; Oklahoma State University, Stillwater OK, USA
SO: Source
DE: Descriptors
Adolescents; Americans; Cognitive Therapy; Depressive Disorders; Drug Abuse; Family Therapy; Females; Longitudinal Study; Manual-Based Treatments; Prevention; PTSD (DSM-IV); Rape; Survivors; Treatment Effectiveness

AB: Abstract
Limited attention has been paid to the development and evaluation of interventions that reduce risk for substance use, while also targeting trauma-related psychopathology among maltreated adolescents. Risk Reduction through Family Therapy (RRFT) is a multicomponent treatment that integrates principles and interventions from existing empirically supported treatments. The purpose of the current study was to evaluate the feasibility of implementation and initial efficacy of RRFT through an open pilot trial involving a small sample (N = 10) of female adolescents (aged 13-17 years) who had experienced at least one memorable sexual assault in their lifetime. Measures of substance use and substance use risk factors (e.g., family functioning), PTSD, and depression symptoms were assessed pre- and posttreatment as well as at 3-month and 6-month posttreatment follow-up assessments. Results demonstrated reductions in multiple areas, including substance use and related risk factors, PTSD, and depression symptoms, which were maintained through follow-up. Clinical implications and future directions with this line of research are discussed.

Record 18 of 53
TI: Title
Narrative exposure therapy for 7- to 16-year-olds: a randomized controlled trial with traumatized refugee children
AU: Author
Ruf, Martina; Schauer, Margarete; Neuner, Frank; Catani, Claudia; Schauer, Elisabeth; Elbert, Thomas
AF: Affiliation
Department of Psychology, University of Konstanz, Konstanz, Germany; Vivo, Allensbach, Germany; Department of Psychology, University of Bielefeld, bielefeld, Germany
SO: Source
AB: Abstract
The authors examined the effectiveness of narrative exposure therapy for children (KIDNET) in treating PTSD in refugee children living in exile. 26 children traumatized by organized violence were randomly assigned to KIDNET or to a waiting list. Significant treatment by time interactions on all PTSD-relevant variables indicated that the KIDNET group, but not the controls, showed a clinically significant improvement in symptoms and functioning. Success of the KIDNET group remained stable at 12-month follow-up. This study confirms previous findings that, if left untreated, PTSD in children may persist for an extended period. However, it also shows that it is possible to effectively treat chronic PTSD and restore functioning in traumatized refugee children in only 8 treatment sessions.

Record 19 of 53
TI: Title
Implementation of a screen and treat program for child posttraumatic stress disorder in a school setting after a school suicide
AU: Author
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AF: Affiliation
Trauma and Resilience Research Program, Department of Child and Adolescent Psychiatry, New York University Medical Center, New York NY, USA; Department of Psychiatry, Nathan S. Kline Institute for Psychiatric Research, Orangeburg NY, USA; Department of Psychology, Bard College, Annandale-on-Hudson NY, USA
SO: Source
Journal of Traumatic Stress, vol. 23, no. 4, pp. 500-503, August 2010
AB: Abstract
To provide effective treatments for childhood PTSD children with PTSD must first be identified. The authors implemented a "screen and treat" program following a widely witnessed school suicide. Three months after the suicide, exposed students received the Child Trauma Symptom Questionnaire at school. Parents received the questionnaire to rate their children's PTSD symptoms. Children with scores = 5 received follow-up interviews and those diagnosed with PTSD were referred for treatment. 96% of exposed students were screened, 14% screened positive, and 6% had PTSD. Child and parent agreement was generally poor. All children with PTSD were successfully referred to treatment. Screen and treat programs using existing clinical instruments are efficient and acceptable for use in school settings following trauma.

Record 20 of 53
TI: Title
The combined effect of gender and age on post traumatic stress disorder: do men and women show differences in the lifespan distribution of the disorder?
AU: Author
Ditlevsen, Daniel N; Elklit, Ask
AF: Affiliation
Department of Psychology and Multidisciplinary Chronic Pain Clinic, Odense University Hospital, Odense, Denmark; National Centre for Psychotraumatology, University of Southern Denmark, Odense, Denmark
SO: Source
AB: Abstract
BACKGROUND: The aim of the study was to examine the combined effect of gender and age on PTSD in order to describe a possible gender difference in the lifespan distribution of PTSD.METHODS: Data were collected from previous Danish and Nordic studies of PTSD or trauma. The final sample was composed of 6,548 participants, 2,768 (42.3%) men and 3,780 (57.7%) women. PTSD was measured based on the Harvard Trauma Questionnaire, part IV (HTQ-IV).RESULTS: Men and women differed in lifespan distribution of PTSD. The highest prevalence of PTSD was seen in the early 40s for men and in the early 50s for women, while the lowest prevalence for both genders was in the early 70s. Women had an overall twofold higher PTSD prevalence than men. However, at some ages the female to male ratio was nearly 3:1. The highest female to male ratio was found for the 21 to 25 year-olds.CONCLUSIONS: The lifespan gender differences indicate the importance of including reproductive factors and social responsibilities in the understanding of the development of PTSD.
Record 21 of 53
TI: Title
Prevalence and impact of childhood maltreatment in incarcerated youth
AU: Author
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SO: Source
American Journal of Orthopsychiatry, vol. 80, no. 3, pp. 343-349, July 2010
IS: ISSN
0002-9432
DE: Descriptors
Child Abuse; incest; Rape; Battery; Survivors; Prison Inmates; Psychiatric Disorders; Adolescents; Americans; Drug Abuse; Alcohol Abuse; Anxiety Disorders; Depressive Disorders; African Americans; European Americans
AB: Abstract
The prevalence of childhood maltreatment and the magnitude of the association of maltreatment with internalizing mental health symptoms were examined in 398 incarcerated youth. The prevalence of abuse greatly exceeded general population rates. The proportion of variance in mental health symptoms accounted for by maltreatment was small but developmentally significant. Sexual abuse is a markedly stronger predictor of internalizing mental health problems in incarcerated youth than physical abuse. Consistent with a bio-psychological model of trauma, dissociation at the time of sexual abuse was the strongest nondemographic predictor of mental health symptoms. Physical abuse was associated with more internalizing mental health problems for children from families with mental health problems and families with lower socioeconomic status. Implications for practice and research are discussed.

Record 22 of 53
TI: Title
The impact of peer aggression and victimization on substance use in rural adolescents
AU: Author
Wiens, Brenda A; Haden, Sara Chiara; Dean, Kristen L; Sivinski, Jennifer
AF: Affiliation
Department of Clinical and Health Psychology, University of Florida, Gainesville FL, USA; Department of Psychology, Long Island University, Brooklyn NY, USA; University of Tennessee-Cherokee Health Systems Center of Excellence, Knoxville TN, USA
SO: Source
IS: ISSN
0002-9432
DE: Descriptors
Child Abuse; incest; Rape; Battery; Survivors; Prison Inmates; Psychiatric Disorders; Adolescents; Americans; Drug Abuse; Alcohol Abuse; Anxiety Disorders; Depressive Disorders; African Americans; European Americans
AB: Abstract
Prior research has shown relations between peer victimization, aggression, and adolescent substance use. However, there is a need for further research in this area, especially among rural populations, as rural youth have high rates of substance use but less access to mental health resources in their communities. The present study examined relations between peer victimization, aggression, and substance use in a rural sample of 6th-12th graders. Older, nonminority students who
endorsed aggression were more likely to have used alcohol only and alcohol plus marijuana, and also had the highest rates of alcohol use. Results highlight the need for multifaceted intervention and prevention programs and further research into the causal relations between peer aggression and substance use.

**Record 23 of 53**

**TI:** Title
Psychiatric and cognitive functioning in adolescent inpatients with histories of dating violence victimization

**AU:** Author
Rizzo, Christie J; Esposito-Smythers, Christianne; Spirito, Anthony; Thompson, Ariel

**AF:** Affiliation
Rhode Island Hospital, Providence RI, USA; George Mason University, Fairfax VA, USA; Warren Alpert Medical School, Brown University, Providence RI, USA

**SO:** Source
Journal of Aggression, Maltreatment and Trauma, vol. 19, no. 5, pp. 565-583, July-August 2010

**AB:** Abstract
The presence of dating violence victimization as well as its relation to psychiatric diagnosis and cognitive processes was examined in a sample of 155 adolescents hospitalized in a psychiatric facility. Participants and their parents completed semistructured diagnostic interviews. Participants also completed self-report measures of dating violence victimization and cognitive functioning. 77% of adolescents who had initiated dating reported psychological, physical, sexual abuse, or some combination by a dating partner over the past year. Victims of psychological abuse alone as well as physical or sexual violence endorsed higher rates of major depressive disorder compared to nonvictims. Physical and sexual dating violence victims also endorsed significantly higher rates of PTSD and alcohol use disorders, more frequent cooccurrence of externalizing and internalizing disorders, and more frequent negative cognitive biases, relative to nonvictimized adolescents. Findings suggest that psychiatrically hospitalized adolescents with dating violence histories represent a subgroup of adolescent inpatients with a particularly serious clinical picture.

**Record 24 of 53**

**TI:** Title
Psychometric properties of the Adolescent Dissociative Experiences Scale (A-DES) in Japanese adolescents from a community sample

**AU:** Author
Yoshizumi, Takahiro; Hamada, Shoko; Kaida, Ako; Gotow, Kazufumi; Murase, Satomi

**AF:** Affiliation
Department of Psychology, Chubu University, Kasugai-shi, Aichi, Japan; Graduate School of Education and Human Development, Nagoya University, Nagoya, Aichi, Japan; Department of Human Sciences, Aichi Mizuho College, Toyota, Aichi, Japan

**SO:** Source
Journal of Trauma and Dissociation, vol. 11, no. 3, pp. 322-336, July-September 2010
The purpose of this study was to examine the psychometric properties of the Adolescent Dissociative Experiences Scale (A-DES) applied to Japanese adolescents in school. A large sample of normal adolescents (N = 2,272) aged 11 to 18 years completed the A-DES, and the factor structure, frequency, and differences by gender and age were examined. The scores of Japanese adolescents were comparable to the results of similarly aged adolescents in the United States, England, and Turkey but much higher than those recorded in The Netherlands, Finland, and Sweden. In particular, adolescents aged 11 to 12 seemed to have more dissociative experiences than older adolescents. Out of 1-, 2-, 3-, and 4-factor structures that exploratory factor analyses regarded as competing models, confirmatory factor analyses seemed to support a 3-factor structure: depersonalization, disintegration of conscious control, and amnesia. The future implications of these results for clinicians and professionals who assess dissociative tendency in adolescents are described.
AB: Abstract
PTSD in children and adolescents differs from the adult disease. Therapeutic approaches involve both psychotherapy and psychopharmacotherapy. OBJECTIVES: The current paper aims at reviewing studies on psychopharmacological treatment of childhood and adolescent PTSD. Additionally, developmental frameworks for PTSD diagnosis and research along with an experimental model of quenching and kindling in the context of stress exposure are presented. We conducted an extensive literature search of reviews on psychopharmacotherapy as well as studies on psychopharmacological treatment for PTSD among children and adolescents. We used the database PubMed and focused on the time period of the last 10 years up to January 2009. Pertinent earlier papers were also included. There are a limited number of studies specifically assessing the psychopharmacological treatment of PTSD in children and adolescents. The vast majority of them lack verification in RCTs. Only the use of imipramine, divalproex sodium, and sertraline were already evaluated in RCTs. Future studies should take into account developmental approaches to the diagnosis and treatment of PTSD in children and adolescents. In this context, different underlying neurobiological patterns, which are reflected in distinct clinical symptomatology, require a precise investigation and a symptom-orientated psychopharmacological approach.

Record 27 of 53
TI: Title
A study on the relationship between posttraumatic stress disorder in flood victim parents and children in Hunan, China
AU: Author
Li, Xinhua; Huang, Xin; Tan, Hongzhuan; Liu, Aizhong; Zhou, Jia; Yang, Tubao
AF: Affiliation
Department of Epidemiology and Health Statistics, Central South University, Changsha, Hunan, China
SO: Source
Australian and New Zealand Journal of Psychiatry, vol. 44, no. 6, pp. 543-550, June 2010
AB: Abstract
OBJECTIVE: To explore the relationship between PTSD in flood victim parents and children in Hunan, China. METHODS: Using the method of multistage cluster random sampling, we conducted a retrospective investigation on 3,698 families in Hunan, China who suffered from flooding in 1998. Investigators held face-to-face interviews with the parents and children of the families. The diagnosis of PTSD was made according to the criteria of DSM-IV. The comparison of rate of PTSD positive in the groups of children with different characteristics was done by chi-square test. In the evaluation of the impact of parent PTSD on PTSD in their children, we used a multivariable logistic regression model to re-estimate the adjusted Odds Ratio and its confidence interval. We did this after the possible confounding variables were adjusted for. Additionally, the Odds Ratio and its confidence interval were estimated under the condition of a single variable. RESULTS: A total of 4,327 children and the parents of 3,292 families were included for analysis; 203 (4.7%) of 4,327 children and 740 (11.2%) of 6,584 parents were diagnosed with PTSD. We found that the PTSD positive rate is significantly higher in the children with disaster-related experience. The rate of beating their children in
PTSD positive fathers (54.9%) was higher than that of PTSD negative fathers (51.2%). No correlation was found between mothers' PTSD and beating their children. The risk of developing PTSD is higher for children living in the families with PTSD parents. CONCLUSION: The rate of PTSD in 7-14-year-old children is 4.7% in areas in Hunan, China, who suffered from flooding in 1998. The possibility for children to develop PTSD is increased in families with PTSD parents.

Record 28 of 53
TI: Title
Aripiprazole augmentation for the treatment of an adolescent with posttraumatic stress disorder [letter]
AU: Author
Yeh, Chiung-Chi; Chou, Jen-Yu; Hsieh, Ming-Hong; Chen, Vincent C H
AF: Affiliation
Department of Psychiatry, Chung Shan Medical University Hospital, Taichung, Taiwan; Department of Psychiatry, Taichung Hospital, Department of Health, Taichung, Taiwan; School of Medicine, Chung Shan Medical University, Taichung, Taiwan; Graduate Institute of Humanities in Medicine, Taipei Medical University, Taipei, Taiwan
SO: Source
Progress in Neuro-Psychopharmacology and Biological Psychiatry, vol. 34, no. 4, pp. 722-723, 30 May 2010
AB: Abstract
We showed the efficacy and safety of low-dose aripiprazole as an augmentation to low-dose escitalopram for the treatment of an adolescent patient with PTSD.

Record 29 of 53
TI: Title
Comorbidity of substance use disorders among community-based and high-risk adolescents
AU: Author
Essau, Cecilia A
AF: Affiliation
Center for Applied Research and Assessment in Child and Adolescent Wellbeing (CARACAW), Department of Psychology, Roehampton University, London, England
SO: Source
Psychiatry Research, Published online 23 May 2010
AB: Abstract
The aim of this article was to examine the frequency and comorbidity of substance use disorders (SUD) among community-based adolescents and high-risk adolescents, using the same methodology. Adolescents from the community (N = 1,035) were recruited from 36 schools. High-risk adolescents (N = 374) comprised those whose parent(s) have the diagnosis of SUD and who were undergoing a treatment for their SUD. Adolescents were interviewed using the computerized Munich version of the Composite International Diagnostic Interview to access the presence of SUD and other major DSM-IV psychiatric disorders. The lifetime rate of SUD was significantly lower in the community-based (12.3%) than the high-risk (38.3%) groups of adolescents. In both settings, SUD co-occurred highly with other psychiatric disorders. About 52.7% and 62.2% of the community-based and high-risk adolescents with SUD, respectively, had at least one additional disorder. Adolescents with SUD and comorbid disorders were significantly more
psychologically distressed, compared to adolescents with SUD only. Adolescents with SUD had significantly lower perceived attachment to parents, but significantly higher attachment to peers compared to adolescents without any psychiatric disorders. The implications of the present findings were discussed in terms of the need to design prevention program especially for high-risk children, and also stressed the importance of conducting comprehensive assessment among adolescents referred for the treatment of SUD.

Record 30 of 53

TI: Title
Bullying: a review of the literature and implications for family therapists

AU: Author
Powell, Melissa D; Ladd, Linda D

AF: Affiliation
Texas Woman's University, Dallas TX, USA

SO: Source

AB: Abstract
This article reviews the current literature regarding childhood bullying and the implications for family therapists in the treatment of bullying and victimizing behaviors. The purpose of the following paper is threefold: (a) to review the current literature regarding bullying behavior and its systemic origins through the view of social learning and attachment theories; (b) to investigate the appropriateness and success of family therapy as a treatment model for this issue, focusing specifically on solution-focused and strategic/structural family therapies; and (c) to discuss implications and dire need for more research on the topic of bullying in family therapy.

Record 31 of 53

TI: Title
Post-traumatic stress symptoms and trauma exposure in youth with first episode bipolar disorder

AU: Author
Strawn, Jeffrey R; Adler, Caleb M; Fleck, David E; Hanseman, Dennis; Maue, Danielle K; Bitter, Samantha; Kraft, Elizabeth M; Geraciotti, Thomas D; Strakowski, Stephen M; DelBello, Melissa P

AF: Affiliation
Department of Psychiatry, College of Medicine, University of Cincinnati, Cincinnati OH, USA; Division of Child and Adolescent Psychiatry, Department of Pediatrics, Children's Hospital Medical Center, Cincinnati OH, USA

SO: Source

AB: Abstract
AIMS: To examine the prevalence of trauma exposure as well as the rates and effects of 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: 76 adolescents (14.9 ± 1.7 years) completed the TSCC and 66% (50 individuals) reported exposure to traumatic events. 2 (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.

Record 32 of 53
TI: Title
Psychiatric morbidity in pediatric critical illness survivors: a comprehensive review of the literature
AU: Author
Davydow, Dimitry S; Richardson, Laura P; Zatzick, Douglas F; Katon, Wayne J
AF: Affiliation
Department of Psychiatry and Behavioral Sciences and Department of Pediatrics, School of Medicine, University of Washington, Seattle WA, USA; Harborview Injury Prevention and Research Centers, Seattle WA, USA
SO: Source
Archives of Pediatrics and Adolescent Medicine, vol. 164, no. 4, pp. 377-385, April 2010
AB: Abstract
OBJECTIVES: To review the prevalence of psychiatric syndromes in pediatric critical illness survivors as well as to summarize data on vulnerabilities and pediatric intensive care unit exposures that may increase risk of developing these syndromes. DATA SOURCES: MEDLINE (1966-2009), the Cochrane Library (2009, issue 3), and PsycINFO (1967-2009) as of August 9, 2009. STUDY SELECTION: Case-control, cross-sectional, prospective cohort, and retrospective cohort studies as well as randomized controlled trials. MAIN EXPOSURES: Hospitalization for the treatment of a critical illness. MAIN OUTCOME MEASURES: Assessments of psychiatric symptoms/disorders at least once after discharge. RESULTS: 17 studies were eligible. The most commonly assessed psychiatric disorders were PTSD and major depression. The point prevalence of clinically significant PTSD symptoms ranged from 10% to 28% (5 studies). The point prevalence of clinically significant depressive symptoms ranged from 7% to 13% (2 studies). Preillness psychiatric and/or developmental problems and parental psychopathology were associated with vulnerability to psychiatric morbidity. Neither age nor sex of a child consistently increased vulnerability to postillness psychopathology. Exposure to increased severity of medical illness and pediatric intensive care unit service-delivery characteristics (e.g., invasive procedures) were predictors of
psychiatric illness in some but not all studies. Early postillness psychiatric symptoms were predictors of later psychiatric morbidity. CONCLUSIONS: Psychiatric morbidity appears to be a substantial problem for pediatric critical illness survivors. Future research should include more in-depth assessment of post-critical illness depressive, anxiety, and psychotic symptoms, validate existing psychiatric instruments, and clarify how vulnerability factors, pediatric intensive care unit service-delivery characteristics, and severity of critical illnesses are associated with subsequent psychopathology.

Record 33 of 53
TI: Title
Vulnerability factors for disaster-induced child post-traumatic stress disorder: the case for low family resilience and previous mental illness
AU: Author
McDermott, Brett M C; Cobham, Vanessa E; Berry, Helen; Stallman, Helen M
AF: Affiliation
Kids in Mind Research: Mater Center for Service Research in Mental Health, South Brisbane QLD, Australia; Department of Paediatrics and Department of Psychology, University of Queensland, Brisbane QLD, Australia; National Centre for Epidemiology and Population Health, Australian National University, Canberra ACT, Australia; Department of Psychology, Queensland University of Technology, Brisbane QLD, Australia
SO: Source
AB: Abstract
OBJECTIVE: The aim of the present study was to investigate whether parent report of family resilience predicted children's disaster-induced PTSD and general emotional symptoms, independent of a broad range of variables including event-related factors, previous child mental illness and social connectedness. METHODS: A total of 568 children (mean age = 10.2 years, SD = 1.3) who attended public primary schools, were screened 3 months after Cyclone Larry devastated the Innisfail region of North Queensland. Measures included parent report on the Family Resilience Measure and Strengths and Difficulties Questionnaire (SDQ)-emotional subscale and child report on the PTSD Reaction Index, measures of event exposure and social connectedness. RESULTS: 64 students (11.3%) were in the severe-very severe PTSD category and 53 families (28.6%) scored in the poor family resilience range. A lower family resilience score was associated with child emotional problems on the SDQ and longer duration of previous child mental health difficulties, but not disaster-induced child PTSD or child threat perception on either bivariate analysis, or as a main or moderator variable on multivariate analysis (main effect: adjusted odds ratio (OR(adj)) = 0.57, 95% confidence interval (CI) = 0.13-2.44). Similarly, previous mental illness was not a significant predictor of child PTSD in the multivariate model (OR(adj) = 0.75, 95% CI = 0.16-3.61). CONCLUSION: In this post-disaster sample children with existing mental health problems and those of low-resilience families were not at elevated risk of PTSD. The possibility that the aetiological model of disaster-induced child PTSD may differ from
usual child and adolescent conceptualizations is discussed.

Record 34 of 53

TI: Title
Effectiveness of a single-session early psychological intervention for children after road traffic accidents: a randomised controlled trial

AU: Author
Zehnder, Daniel; Meuli, Martin; Landolt, Markus A

AF: Affiliation
Department of Psychosomatics and Psychiatry and Department of Surgery, University Children's Hospital Zurich, Zurich, Switzerland

SO: Source
Child and Adolescent Psychiatry and Mental Health, vol. 4, pp. Article 7, 8 February 2010

AB: Abstract
BACKGROUND: Road traffic accidents (RTAs) are the leading health threat to children in Europe, resulting in 355,000 injuries annually. Because children can suffer significant and long-term mental health problems following RTAs, there is considerable interest in the development of early psychological interventions. To date, the research in this field is scarce, and currently no evidence-based recommendations can be made.

METHODS: To evaluate the effectiveness of a single-session early psychological intervention, 99 children age 7-16 were randomly assigned to an intervention or control group. The manualised intervention was provided to the child and at least one parent around 10 days after the child's involvement in an RTA. It included reconstruction of the accident using drawings and accident-related toys, and psychoeducation. All of the children were interviewed at 10 days, 2 months, and 6 months after the accident. Parents filled in questionnaires. Standardised instruments were used to assess acute stress disorder (ASD), PTSD, depressive symptoms, and behavioural problems.

RESULTS: The children of the 2 study groups showed no significant differences concerning posttraumatic symptoms and other outcome variables at 2 or at 6 months. Interestingly, analyses showed a significant intervention x age-group effect, indicating that for preadolescent children the intervention was effective in decreasing depressive symptoms and behavioural problems.

CONCLUSIONS: This study is the first to show a beneficial effect of a single-session early psychological intervention after RTA in preadolescent children. Therefore, an age-specific approach in an early stage after RTAs may be a promising way for further research. Younger children can benefit from the intervention evaluated here. However, these results have to be interpreted with caution, because of small subgroup sizes. Future studies are needed to examine specific approaches for children and adolescents. Also, the intervention evaluated here needs to be studied in other groups of traumatised children.

Record 35 of 53

TI: Title
Follow-up study of female delinquent adolescents in a detention centre: effectiveness of psychiatric intervention as a mental health service

AU: Author
Ariga, Michio; Uehara, Toru; Takeuchi, Kazou; Ishige, Yoko; Nakano, Reiko; Mikuni, Masahiko
AF: Affiliation
Department of Psychiatry, Nozominosono, National Center for Persons with Severe Intellectual Disabilities, Takasaki, Japan ; General Health Support Centre, Gunma University, Maebashi, Japan ; Takasaki University of Health and Welfare, Takasaki, Japan ; Department of Psychiatry and Human Behaviour, Graduate School of Medicine, Gunma University, Maebashi, Japan ; Haruna Joshi Gakuen (Female Reformatory School), Gunma, Japan

SO: Source

AB: Abstract
BACKGROUND: Results of previous studies suggest that many female offenders have co-morbid psychiatric disorders, which require mental health services. However, few longitudinal studies examined subjects during incarceration or detention. This study compares depressive symptoms, abnormal eating behaviour, and impulsivity before release from a detention centre and after incarceration, thereby indicating the effectiveness of psychiatric intervention in a Japanese detention centre.METHOD: Of 64 young women, 36 were followed up. Self-report measures were used to assess depression, eating behaviour, and impulsivity after incarceration and one month before release.RESULTS: Of the 36 participants, 9 were diagnosed using the MINI-kids as needing mental health services. Those who received psychiatric intervention were diagnosed as having major depression and/or PTSD. Significant main effects of intervention and effects of time were shown in the DSD. The EAT-26 score demonstrated the significance of the effects of time and interaction. In the BIS-11 scores, neither intervention nor time showed significant effects.CONCLUSIONS: Results of this study showed that the time course and psychiatric intervention contributed to recovery of depression and therapeutic intervention. The time course might reduce eating problems. Psychiatric intervention might be necessary for female juvenile detainees, which presents an important issue for future studies.

Record 36 of 53
TI: Title
Past horrors, present struggles: the role of stigma in the association between war experiences and psychosocial adjustment among former child soldiers in Sierra Leone

AU: Author
Betancourt, Theresa Stichick; Agnew-Blais, Jessica; Gilman, Stephen E; Williams, David R; Ellis, B Heidi

AF: Affiliation
Department of Global Health and Population, Department of Maternal and Child Health, and Department of Society, Human Development, and Health, School of Public Health, Harvard University, Boston MA, USA ; Department of Psychiatry, Children's Hospital Boston, Boston MA, USA ; Department of Psychiatry, Harvard Medical School, Boston MA, USA

SO: Source
Social Science and Medicine, vol. 70, no. 1, pp. 17-26, January 2010

AB: Abstract
Upon returning to their communities, children formerly associated with armed forces and armed groups -- commonly referred to as child soldiers -- often confront significant community stigma. Much research on the reintegration and rehabilitation of child soldiers has focused
on exposure to past war-related violence and mental health outcomes, yet no empirical work has yet examined the role that post-conflict stigma plays in shaping long-term psychosocial adjustment. Two waves of data are used in this paper from the first prospective study of male and female former child soldiers in Sierra Leone. We examined the role of stigma (manifest in discrimination as well as lower levels of community and family acceptance) in the relationship between war-related experiences and psychosocial adjustment (depression, anxiety, hostility, and adaptive behaviors). Former child soldiers differ from one another with regard to their post-war experiences, and these differences profoundly shape their psychosocial adjustment over time. Consistent with social stress theory, we observed that post-conflict factors such as stigma can play an important role in shaping psychosocial adjustment in former child soldiers. We found that discrimination was inversely associated with family and community acceptance. Additionally, higher levels of family acceptance were associated with decreased hostility, while improvements in community acceptance were associated with adaptive attitudes and behaviors. We found that post-conflict experiences of discrimination largely explained the relationship between past involvement in wounding/killing others and subsequent increases in hostility. Stigma similarly mediated the relationship between surviving rape and depression. However, surviving rape continued to demonstrate independent effects on increases in anxiety, hostility and adaptive/prosocial behaviors after adjusting for other variables. These findings point to the complexity of psychosocial adjustment and community reintegration in these youth and have a number of programmatic and policy implications.

Record 37 of 53

TI: Title
Effects of early exposure and lifetime exposure to intimate partner violence (IPV) on child adjustment
AU: Author
Graham-Bermann, Sandra; Perkins, Suzanne
AF: Affiliation
Department of Psychology, University of Michigan, Ann Arbor MI, USA
SO: Source
Violence and Victims, vol. 25, no. 4, pp. 427-439, 2010
AB: Abstract
Children exposed to overwhelming and potentially traumatic events early in their lives are considered at-risk for problems in adjustment. Yet it is not known whether it is the age of first exposure (AFE) to violence or the amount of violence that the child witnessed in their lifetime that has the greatest impact on adjustment. For a sample of 190 children ages 6 to 12 exposed to intimate partner violence, their mothers reported that the average length of their abusive relationship was 10 years. The majority of children were first exposed to family violence as infants (64%), with only 12% first exposed when school-aged. Both the AFE and an estimate of the cumulative amount of violence were significantly and negatively related to children's behavioral problems. However, in regression analyses controlling for child sex, ethnicity, age, and family environment variables, cumulative violence exposure accounted for greater variance in adjustment than did AFE. Furthermore, cumulative violence exposure mediated the relationship between AFE and
externalizing behavior problems, indicating that the cumulative exposure to IPV outweighed the AFE in its effect on child adjustment.

**Record 38 of 53**

**TI:** Title
The effectiveness of parent-child interaction therapy for victims of interparental violence

**AU:** Author
Timmer, Susan G; Ware, Lisa M; Urquiza, Anthony J; Zebell, Nancy M

**AF:** Affiliation
University of California at Davis Children's Hospital, Sacramento CA, USA

**SO:** Source
Violence and Victims, vol. 25, no. 4, pp. 486-503, 2010

**AB:** Abstract
This study compares the effectiveness of Parent-Child Interaction Therapy (PCIT) in reducing behavior problems (e.g., aggression, defiance, anxiety) of 62 clinic-referred, 2- to 7-year-old, maltreated children exposed to interparental violence (IPV) with a group of similar children with no exposure to IPV (N = 67). Preliminary analyses showed that IPV-exposed dyads were no more likely to terminate treatment prematurely than non IPV-exposed dyads. Results of repeated-measures MANCOVAs showed significant decreases in child behavior problems and caregivers' psychological distress from pre- to posttreatment for IPV-exposed and IPV nonexposed groups, and no significant variation by exposure to IPV. Stress in the parent role related to children's difficult behaviors and the parent-child relationship decreased from pre- to posttreatment, but parental distress did not decrease significantly over the course of PCIT. Results of an analysis testing the benefits of a full course of treatment over the first phase of treatment showed that dyads completing the full course of treatment reported significantly greater improvements in children's behavior problems than those receiving only the first phase of treatment.

**Record 39 of 53**

**TI:** Title
Treatment of PTSD in Rwandan child genocide survivors using thought field therapy

**AU:** Author
Sakai, Caroline E; Connolly, Suzanne M; Oas, Paul

**SO:** Source

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

Record 40 of 53
TI: Title
How are we measuring resilience following childhood maltreatment?: is the research adequate and consistent? what is the impact on research, practice, and policy?
AU: Author
Walsh, Wendy A; Dawson, Jean; Mattingly, Marybeth J
AF: Affiliation
Crimes Against Children Research Center, University of New Hampshire, Durham NH, USA ; Department of Criminal Justice, Franklin Pierce University, Rindge NH, USA ; Family Research Laboratory, University of New Hampshire, Durham NH, USA
SO: Source
Trauma, Violence, and Abuse: A Review Journal, vol. 11, no. 1, pp. 27-41, January 2010
AB: Abstract
The authors review the literature on resilience following childhood maltreatment and describe how variation in the measurement of outcomes at various developmental stages affects research findings, practice implications, and policy recommendations. Although the 21 studies reviewed considered competent functioning in similar domains as evidence of resilience following maltreatment, few provided prevalence estimates for specific indicators or across domains of functioning. Using the National Survey of Child and Adolescent Well-Being (NSCAW), the authors explored different ways of operationalizing resilience. The number of children demonstrating competence following maltreatment varied greatly by the indicators used; furthermore, competence in one domain (behavioral, emotional, or educational) did not guarantee competence in another. About one in five children were functioning poorly in all three domains. Because findings vary according to the operational definition of resilience, researchers must use caution in conceptualizing their analytic variables and interpreting findings. Furthermore, given the lack of cross-domain competence, services to maltreated children and their families should be comprehensive.

Record 41 of 53
TI: Title
Disasters and youth: a meta-analytic examination of posttraumatic stress [dissertation]
AU: Author
Furr, Jami M
SO: Source
AB: Abstract
OBJECTIVE: A sizable body of literature has now examined posttraumatic stress (PTS) symptoms in youth in the aftermath of disaster. Meta-analysis is the preferred tool with which to inform funding decisions, service delivery, and public policy. METHOD: The present meta-analysis quantitatively synthesized this literature (k = 96 studies; Total N = 74,154), summarizing the magnitude of overall
associations between disasters and youth PTS, and identifying child, disaster, and study method factors associated with variations in the magnitude of these associations. RESULTS: Despite variability across studies, disasters had a significant effect on youth PTS symptoms, falling in the small-to-medium range of magnitude. Aspects related to pre-existing child characteristics, the disaster and the child's disaster exposure, and study methodology are significantly associated with variations in the magnitude of disaster effects on youth PTS symptoms. Specifically, female gender, higher death toll, closer proximity, personal loss, and perceived threat and distress at the time of the event were each associated with increased post-disaster PTS in youth. Regarding methodological factors, studies conducted within the first year post-disaster, studies that used established PTS measures, and studies that relied on child-report data identified a significant effect on youth PTS, whereas studies conducted after the first year, studies relying on non-established measures, and studies relying on parent-report data did not. CONCLUSION: In the aftermath of disasters, governmental funding agencies and private foundations provide substantial resources for child services following disasters. The present meta-analytic findings can help to inform optimal allocation of these resources and targeted intervention efforts, as well as the development and refinement of new interventions for youth suffering in the aftermath of disasters.

Record 42 of 53
TI: Title
Cognitive biases in childhood anxiety disorders: Do interpretive and judgment biases distinguish anxious youth from their non-anxious peers? [dissertation]
AU: Author
Cannon, Melinda Fabian
SO: Source
AB: Abstract
The purpose of this study was to examine cognitive biases in clinically anxious children compared to normal children and to determine if cognitive biases could discriminate anxious youth from non-anxious youth. Two specific cognitive biases were the focus of the present study -- interpretive biases (i.e., the tendency to interpret neutral stimuli in a negative way) and judgment biases (i.e., a lowered estimate of one's ability to cope with a threatening situation). 24 youth comprised the anxiety disordered sample and were each matched to two normal youth on four demographic variables (gender, age, ethnicity, and family income level), thus the matched comparison sample consisted of 48 youth (ages 7 to 17). Interpretive biases were assessed with the Children's Negative Cognitive Error Questionnaire (CNCEQ) and judgment biases were assessed with the Anxiety Control Questionnaire - child form (ACQ-C). In addition, self-reported symptoms of anxiety and depression and parent-reported internalizing and externalizing symptoms were measured. Results indicated that (1) children in the clinic sample exhibited significantly more interpretive biases and judgment biases relative to the control sample, and scored significantly higher on measures of anxiety, depression, and parent-reported internalizing and externalizing symptoms relative to the control sample, (2) the ACQ-C demonstrated incremental validity over the CNCEQ in predicting
diagnostic status, (3) the ACQ-C predicted diagnostic status while controlling for Generalized Anxiety Disorder symptoms and parent-reported internalizing and externalizing symptoms, but not while controlling for RCMAS (anxiety) and CDI (depression) scores, and (4) the relationship between the CNCEQ and diagnostic status was moderated by age and gender. This study adds to the research literature by demonstrating elevated CNCEQ scores among youth with anxiety disorders compared to non-anxious youth and extends findings with the ACQ-C by showing its incremental validity beyond the CNCEQ. The results also add to the understanding of the assessment of negative cognitive errors by highlighting developmental and sex differences in their association with anxiety disorder status in youth. Implications of the positive findings for theory and practice are noted and theoretical and methodological reasons for the negative results are discussed to highlight suggestions for future work in this area.

Record 43 of 53
TI: Title
Psychosocial assistance to students with posttraumatic stress disorder in primary and secondary schools in post-war Bosnia Herzegovina
AU: Author
Hasanovic, Mevludin; Srabovic, Sehaveta; Rasidovic, Munevera; Sehovic, Mirela; Hasanbasic, Emir; Husanovic, Jasminka; Hodzic, Renata
AF: Affiliation
Department of Psychiatry and Department of Neurology, University Clinical Centre Tuzla, Tuzla, Bosnia and Herzegovina; Humanitarian Association of "Prijateljice", Tuzla, Bosnia and Herzegovina
SO: Source
Psychiatria Danubina, vol. 21, no. 4, pp. 463-473, December 2009
AB: Abstract
BACKGROUND: The 1992-1995 war in Bosnia and Herzegovina (BH) has had a tremendous impact on civilians; thousands of inhabitants were left with numerous traumatic experiences. Many children suffered or witnessed horrifying acts of violence and aggression. Although young trauma victims are often resilient, many experience mental health difficulties, including PTSD. The aim of the study was to estimate whether psychosocial support given by the School Project of Humanitarian Association of "Prijateljice" reduced posttraumatic consequences in students in primary and secondary schools in Bosnia and Herzegovina after 1992-1995 war.

SUBJECTS AND METHODS: A stratified sample of 336 students in primary and secondary schools located in two entities of North-East Bosnia and Herzegovina, involved in psychosocial support, was compared with 72 voluntarily selected same-age students from the same schools who were not involved in this project. Data were collected on two occasions, beginning of December 2005 and end of May 2006, by using a self-evaluation survey method for measuring symptoms of PTSD according to DSM IV. The Index of Children Post-traumatic reactions were used.

RESULTS: The severity of PTSD symptoms among students involved in the School Project decreased from (mean ± standard deviation = 35.3 ± 10.2 to 26.7 ± 8.7) (t = 13.1, P < 0.001, Paired sample test), whereas in the group with no psychosocial assistance this reduction was from (29.7 ± 10.9 to 28.1 ± 11.8) (t = 0.9, P = 0.396, Paired sample test).

CONCLUSION: This study suggests that work with students by giving them psychosocial support within the School Project resulted in
significant reduction of PTSD symptoms' severity.

Record 44 of 53
TI: Title
Assessing the effects of maternal symptoms and homelessness on the mental health problems in their children
AU: Author
Harpaz-Rotem, Ilan; Rosenheck, Robert A; Desai, Rani A
AF: Affiliation
Department of Psychiatry, School of Medicine, Yale University, New Haven CT, USA
SO: Source
AB: Abstract
OBJECTIVE: This study examines the longitudinal association between measures of child well being and maternal posttraumatic stress disorder symptoms, homelessness, substance abuse, and other psychiatric conditions.METHOD: A sample of 142 mothers who were veterans of the US armed forces were assessed at program entry and every three months thereafter for one year. A repeated-measures with mixed-effects analytic strategy was used to assess the association of children's mental health, school enrolment and attendance with measures of maternal psychiatric symptoms and homelessness.RESULTS: Significant associations between mothers' psychiatric symptoms and child well-being were identified. However, the multivariable mixed-models suggest that increased depression and anxiety symptoms among children were associated primarily with mothers' PTSD, and not depression, symptoms.CONCLUSIONS: These findings provide evidence of an association between maternal and child mental health and may suggest that treating maternal PTSD symptoms may also benefit children, regardless of whether the child was also exposed to the traumatic experience.

Record 45 of 53
TI: Title
Victimization and PTSD in a Lithuanian national youth probability sample
AU: Author
Domanskaité-Gota, Vejune; Elklit, Ask; Christiansen, Dorte M
AF: Affiliation
Department of Clinical and Organizational Psychology, University of Vilnius, Vilnius, Lithuania ; Danish National Centre for Psychotraumatology, University of Southern Denmark, Odense, Denmark ; Department of Psychology, University of Aarhus, Aarhus, Denmark
SO: Source
Nordic Psychology, vol. 61, no. 3, pp. 66-81, October 2009
AB: Abstract
21 potentially traumatizing and distressing events, and the impact of these events, were described in a representative sample of 183 9th grade Lithuanian adolescents (M = 15.1 years). The participants had been directly exposed to a mean of 1.9 events, and indirectly exposed to a mean of 2.4 events. The estimated lifetime prevalence of PTSD was 6.1%. Subclinical levels of PTSD reached 12.2%. Results are generally comparable to other European youth studies. Variables pertaining to female gender, living with a single parent, direct and indirect
exposure to traumatic events, number of traumatic events, and the temporal proximity of trauma events predicted higher PTSD levels. Both direct and indirect exposure to traumatic events may lead to subsequent mental health problems and PTSD in adolescents.

Record 46 of 53
TI: Title
School-based intervention for the treatment of tsunami-related distress in children: a quasi-randomized controlled trial
AU: Author
Berger, Rony; Gelkopf, Marc
AF: Affiliation
Department of Emergency Medicine, Faculty of Health Sciences, Ben Gurion University, Be’er Sheba, Israel; Department of Community Mental Health, Faculty of Social Welfare and Health Sciences, University of Haifa, Haifa, Israel; NATAL, Israel Center for the Victims of Trauma and War, Tel Aviv, Israel; Lev Hasharon Mental Health Center, Pardessia, Israel
SO: Source
Psychotherapy and Psychosomatics, vol. 78, no. 6, pp. 364-371, September 2009
AB: Abstract
BACKGROUND: On December 26, 2004, a tsunami hit the southern coast of Sri Lanka, leaving thousands dead and injured. Previous research has found significant mental health problems among children exposed to major disasters. School-based universal interventions have shown promise in alleviating distress and posttraumatic symptomatology in children and adolescents. This study evaluated the efficacy of a school-based intervention in reducing stress-related symptomatology among Sri Lankan children exposed to the tsunami.METHODS: In a quasi-randomized controlled trial 166 elementary school students (ages 9-15) with significant levels of tsunami exposure and previous traumatic background were randomly assigned to a 12-session structured program ‘ERASE Stress Sri Lanka’ (ES-SL) or to a waiting list (WL) religious class control group. Students were assessed 1 week prior and 3 months after the intervention on measures of posttraumatic symptomatology [including PTSD and severity of posttraumatic symptomatology], depression, functional problems, somatic problems and hope.RESULTS: This study shows a significant reduction on all outcome variables. PTSD severity, functional problems, somatic complaints, depression, and hope scores were all significantly improved in the ES-SL group compared to the WL group. No new cases of PTSD were observed in the experimental group.CONCLUSION: This study adds to the growing body of evidence suggesting the efficacy of school-based universal approaches in helping children in regions touched by war, terror, and disaster and suggests the need to adopt a two-stage approach toward dealing with trauma-exposed students, namely, starting with a universal intervention followed by targeted specialized interventions for those still suffering from posttraumatic distress.

Record 47 of 53
TI: Title
Adolescents’ mental health outcomes according to different types of exposure to ongoing terror attacks
AU: Author
Braun-Lewensohn, Orna; Celestin-Westreich, Smadar; Celestin,
This study investigates the impact of several types of exposure to terror attacks on adolescents' psychological outcomes in the context of ongoing terror. A total of 913 adolescents (51% girls) aged 12 to 18 years (12-13.6 = 33%; 13.7-15.6 = 38%; 15.7-18 = 28%) took part in the study. Detailed data were collected concerning objective, subjective, and "mixed" types of exposure to terror, as well as demographics, post-traumatic stress symptoms (PTSS), emotional and behavioral problems, and overall psychological and psychiatric difficulties. Subjective exposure was found to be the most important contributor to adolescents' post-traumatic stress and other mental health problems in this context. Gender also had important effects. The effects of objective and mixed types of exposure, as well as age, were less prominent. We did find, however, that the more adolescents consulted media, the less they experienced behavioral and emotional problems. Given that subjective experiences appear to be the best factor in explaining mental health outcomes when adolescents are confronted with persistent terror, the cognitive and emotional dynamics along with the coping behavior linked to such experiences merit further investigation.
scores showed substantial reduction in stress scores. The girl reported no more flashbacks of the injury, sleeping difficulties, or recurrent and distressing memories. CONCLUSION: This case study illustrates the potential efficacy of a combination of TF-CBT and EMDR for patients with acute stress reactions. Future studies should examine the efficacy of this treatment package in a large sample of children.

Record 49 of 53
TI: Title
Bullying prevention and the drama therapist in schools: a comparison of four drama therapy prevention models [thesis]
AU: Author
Rae, Kalie
DE: Descriptors
Drama Therapy; Peer Abuse; Perpetrators; School Age Children
AB: Abstract
This study provides a survey of bullying research throughout childhood and adolescence, and analyzes 4 bullying prevention models developed by drama therapists: ActingOut, Kathryn Boyd's The Shape of a Girl, ENACT, and STOP-GAP. Each model follows a common format utilizing core drama therapy processes designed to expand social-emotional competencies through "rehearsals for living". This investigation also highlights interviews with 5 drama therapists who share successes and challenges when working in the school setting. Although drama therapy is perceived as an intervention service, this author advocates for broader applications that would promote drama therapy as prevention. Recommendations for future anti-bullying programs include greater focus on empowering the bystander, assessing underlying causes of maladapted behaviors (including PTSD), and developing whole school approaches that offer ongoing workshops. This research underscores the need for early intervention to help children at-risk develop language and communication skills, as deficits in these areas are linked to increased bullying behaviors throughout the school-age years.

Record 50 of 53
TI: Title
The relationship between sense of hope, family support and post-traumatic stress disorder among children: the case of young victims of rocket attacks in Israel
AU: Author
Kasler, Jonathan; Dahan, Jessica; Elias, Maurice J
AF: Affiliation
Department of Education, Tel Hai College, Upper Galilee, Israel; Department of Psychology, Rutgers University, New Brunswick NJ, USA
SO: Source
AB: Abstract
PTSD is diagnosed commonly in Israeli children following violent episodes of the ongoing Arab-Israeli conflict. Research has suggested that as many as 70% of war-affected children present symptoms of PTSD. This study examined two factors that may contribute to resiliency: perceived social support and sense of hope. The research participants (n = 311) were children who experienced the rocket attacks during Israel's Second Lebanon War and a control group of Israeli children
from a town that was not affected directly by the 2006 war. It was hypothesized that a complex relationship would be demonstrated between presentation of symptoms of PTSD and perceived social support. It was hypothesized further that an inverse relationship would be measured between sense of hope and presentation of symptoms of PTSD in the children who experienced the rocket attacks and that those in the control group would show less symptoms of PTSD than those in the experimental group. Finally, females were expected to show more symptoms of PTSD than males. The results showed a negative correlation between sense of hope and PTSD, while family support was correlated positively with PTSD.

Record 51 of 53
TI: Title
Children exposed to political conflict: implications for health policy
AU: Author
Thabet, Abdel Aziz Mousa; Tawahina, Ahmad Abu; El Sarraj, Eyad; Vostanis, Panos
AF: Affiliation
Gaza Community Mental Health, Programme, Gaza, Palestine ; Greenwood Institute of Child Health, University of Leicester, Leicester, England
SO: Source
AB: Abstract
Children living in zones of war and political conflict are exposed to a variety of traumas. This has been found to affect their mental health and well-being, and can have long-lasting consequences, even after the termination of the conflict. This paper presents the findings of a study with 409 children and young people aged 9-18 years in the Gaza Strip during a period of continuing exposure to political trauma. Children reported high rates of post-traumatic and anxiety reactions. Trauma exposure was significantly associated with post-traumatic symptoms. This paper discusses the implications of children's trauma for health policy, and calls upon existing structures and culturally appropriate programs to intervene in war zones to provide aid, to reconstitute communities, and to provide health and therapeutic interventions.

Record 52 of 53
TI: Title
Research to reality: applying findings to practice
AU: Author
Kolar, Kathryn
AF: Affiliation
School of Nursing, University of Mississippi Medical Center, Jackson MS, USA ; Johnson Elementary School-Based Health Center, Jackson MS, USA
SO: Source
AB: Abstract
Urges school nurses to provide mental health interventions for students experiencing the effects of violence exposure.
Record 53 of 53
TI: Title
Adolescent post-traumatic stress disorder
AU: Author
Yule, William
AF: Affiliation
Institute of Psychiatry, University of London, London, England
SO: Source
Prevention Researcher, vol. 10, no. 2, pp. 1, 3-4, April 2003
AB: Abstract
A brief overview of PTSD in adolescents, including manifestations of stress reactions, incidence and prevalence of PTSD, and dose-response relationships.