Peritraumatic reactions and posttraumatic stress symptoms in school-aged children victims of road traffic accident.

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OBJECTIVE: The purpose of this study is to investigate the power of self-reported peritraumatic distress and dissociation to predict the development of posttraumatic stress disorder (PTSD) symptoms in school-aged children. METHODS: School-aged children aged 8 to 15 years admitted to an emergency department after a road traffic accident were enrolled (n=103). Participants were assessed with the child versions of the Peritraumatic Distress Inventory and the Peritraumatic Dissociative Experiences Questionnaire within 1 week. Posttraumatic stress disorder symptoms were then assessed at 5 weeks. RESULTS: A significant association between peritraumatic variables and two measures of PTSD symptoms was demonstrated. However, in a multivariate analysis, peritraumatic distress was the only significant predictor of acute PTSD symptoms (beta=.33, p<.05). CONCLUSIONS: As has been found in adults, peritraumatic distress is a robust predictor of who will develop PTSD symptoms among school-aged children. Copyright 2010 Elsevier Inc. All rights reserved.

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The Child Stress Disorders Checklist-Short Form: a four-item scale of traumatic stress symptoms in children.

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OBJECTIVE: To develop a user-friendly scale that measures traumatic stress responses in injured children. Though injured youth are at high risk for traumatic stress reactions and negative sequelae, there are limited options available for assessing risk, particularly in acute settings. METHOD: Participants were children and adolescents (ages 6-18) hospitalized with burns or acute injuries (N=147). During hospitalization, parents and nurses completed the Child Stress Disorders Checklist (CSDC), a 36-item observer-report measure of traumatic stress symptoms. Other established measures of child traumatic stress were completed by parents and children during hospitalization and 3 months postinjury. A brief version of the CSDC was created using standard psychometric scale development techniques. The psychometric properties of the resultant scale were compared to those of the original CSDC. RESULTS: A four-item scale (CSDC-Short Form, CSDC-SF) emerged that demonstrated internal, interrater, and test-retest reliability and concurrent, discriminant, and predictive validity comparable to that of the full scale. CONCLUSIONS: The CSDC-SF assesses traumatic stress reactions in injured children. Because the measure is very short and does not require specialized training for administration or interpretation, it may be a useful tool for providers who treat injured youth to identify those at risk for traumatic stress reactions. Copyright 2010 Elsevier Inc. All rights reserved.


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

PMID: 20421202 [PubMed - as supplied by publisher]


Practice parameter for the assessment and treatment of children and adolescents with posttraumatic stress disorder.


This Practice Parameter reviews the evidence from research and clinical experience and highlights significant advances in the assessment and treatment of posttraumatic stress disorder since the previous Parameter was published in 1998. It highlights the importance of early identification of posttraumatic stress disorder, the importance of gathering information from parents and children, and the assessment and treatment of comorbid disorders. It presents evidence to support trauma-focused psychotherapy, medications, and a combination of interventions in a multimodal approach.

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Trauma, posttraumatic stress symptoms, and alcohol-use initiation in children.

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OBJECTIVE: This study examined initiation of alcohol use among adolescents, in relation to their earlier traumatic experiences and symptoms of posttraumatic stress disorder.
METHOD: Data were from a longitudinal study of children of Puerto Rican background living in New York City's South Bronx and in San Juan, Puerto Rico. The subsample (n = 1,119; 51.7% male) of those who were 10-13 years old and alcohol naive at baseline was used in the analyses. RESULTS: Alcohol-use initiation within 2 years after baseline was significantly more common among children reporting both trauma exposure and 5 or more of a maximum of 17 PTSD symptoms at baseline (adjusted odds ratio = 1.84, p < .05) than among those without trauma exposure, even when potentially shared correlates were controlled for. Children with trauma exposure but with fewer than five PTSD symptoms, however, did not differ significantly from those without trauma exposure, with regard to later alcohol use. CONCLUSIONS: PTSD symptoms in children 10-13 years old may be associated with early onset of alcohol use. It is important to identify and treat PTSD-related symptoms in pre-adolescent children.

PMCID: PMC2859783 [Available on 2011/5/1]
PMID: 20409425 [PubMed - in process]

Psychological Distress among Adolescents in Chengdu, Sichuan at 1 Month after the 2008 Sichuan Earthquake.

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A devastating earthquake occurred on May 12, 2008 in Sichuan, China. This study investigated the prevalence and factors in association with psychological problems among secondary school students living in Chengdu (90 km away from the disaster epicenter) in June 2008. In a cross-sectional survey, 3,324 secondary students self-administered a structured questionnaire in classroom setting. Validated scales were used in this study. Among all respondents, 22.3% reported post-traumatic stress disorder (PTSD); 22.6% were probable depression cases; 10.6% reported suicidal ideation; and 14.1% would like to receive psychological counseling. No gender differences were found. While social/emotional support from teachers or peers (OR from 0.40 to 0.78) and exposure to positive news reports (OR from 0.59 to 0.62) were found protective, prior experience of severe mental distress (OR from 1.60 to 2.68) and corporal punishment (OR from 1.31 to 1.58), worry about future aftershocks (OR from 1.64 to 3.11), absence from school when it was not closed (OR from 1.38 to 1.48), exposures to scary or sorrowful disaster media coverage (OR from 1.39 to 2.07), post-disaster visits to affected sites (OR from 1.51 to 1.59), separation from parents (OR = 1.61), etc., were risk factors predictive of some of the aforementioned psychological problems. Negative mental health impacts were prevalent among the respondents. Teachers, parents, and the mass media are all important in maintaining good mental health among adolescents that are indirectly affected by the severe earthquake. The results have important implications for earthquake preparedness and relief work in the future.

PMID: 20405226 [PubMed - as supplied by publisher]

Traumatic stress symptoms and breast cancer: The role of childhood abuse.
OBJECTIVE: The present study investigated relations between reported childhood abuse and recent traumatic stress symptoms in women newly diagnosed with breast cancer (n=330). METHODS: As part of a larger ongoing study, patients from eight public and private hospitals were referred by their physicians and completed the Childhood Trauma Questionnaire (CTQ), and the Impact of Events Scale-breast cancer (IES), which measured breast cancer-related intrusive and avoidant symptoms. RESULTS: Emotional abuse, physical abuse, and sexual abuse were correlated with intrusive symptoms. Cancer-related avoidant symptoms approached significance in their relation to emotional and sexual abuse. Multivariate analysis, controlling for age and time since diagnosis, revealed that childhood emotional abuse was an independent predictor of breast cancer-related intrusive symptoms, but that childhood physical abuse and sexual abuse were not significant predictors. CONCLUSIONS: Childhood emotional, physical, and sexual abuse were associated with breast cancer-related intrusive symptoms. Emotional abuse uniquely predicted intrusive symptoms after controlling for other predictors. Results suggest that a cancer diagnosis may trigger cognitive and emotional responses that relate to patients' prior trauma experiences. PRACTICE IMPLICATIONS: Physicians and psychologists treating women with breast cancer should be aware that a history of childhood abuse may exacerbate patients' cancer-related intrusive symptoms. Interventions for women affected by both childhood abuse and breast cancer may be most effective when they address both stressors and associated emotional responses. Findings highlight the importance of additional research to explore links between prior trauma and distress following a cancer diagnosis stress. Copyright © 2010 Elsevier Ltd. All rights reserved.

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Interaction of FKBP5 with Childhood Adversity on Risk for Post-Traumatic Stress Disorder.

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FKBP5 regulates the cortisol-binding affinity and nuclear translocation of the glucocorticoid receptor. Polymorphisms at the FKBP5 locus have been associated with increased recurrence risk of depressive episodes and rapid response to antidepressant treatment. A recent study showed that FKBP5 genotypes moderated the risk of post-traumatic stress disorder (PTSD) symptoms associated with childhood maltreatment. One thousand one hundred forty-three European Americans (EAs) and 1284 African Americans (AAs) recruited for studies of the genetics of substance dependence were also screened for lifetime PTSD. Four single-nucleotide polymorphisms (SNPs) in FKBP5, rs3800373, rs9296158, rs1360780, and rs9470080, were genotyped on the complete sample. Logistic regression analyses were performed to explore the interactive effect of FKBP5 polymorphisms and childhood adversity on the risk for PTSD. After correction for multiple testing, childhood adversity significantly increased the risk for PTSD. FKBP5 genotypes were not associated with the development of the disorder. In AAs, one of the SNPs, rs9470080, moderated the risk of PTSD that was associated with childhood abuse.
Without childhood adverse experiences, participants with the TT genotype of this SNP had the lowest risk for PTSD, whereas they had the highest risk for PTSD after childhood adversity exposure. In addition, in EAs, alcohol dependence was observed to interact with childhood adverse experiences, and also FKBP5 polymorphisms, to increase the risk for PTSD. This study provides further evidence of a gene x environment effect of FKBP5 and childhood abuse on the risk for PTSD in AAs. Further study is required in other populations. Neuropharmacology advance online publication, 14 April 2010; doi:10.1038/npp.2010.37.

PMID: 20393453 [PubMed - as supplied by publisher]


Seitz DC, Besier T, Debatin KM, Grabow D, Dieluweit U, Hinz A, Kaatsch P, Goldbeck L. University Ulm, Department of Child and Adolescent Psychiatry/Psychotherapy, Steinhövelstrasse 5, D-89075 Ulm, Germany.

BACKGROUND: To determine the prevalence of posttraumatic stress, depression and anxiety in adults who have survived cancer (5 years) diagnosed in adolescence, as compared to healthy controls. PATIENTS AND METHODS: Survivors (n=820) of cancer during adolescence (age M=30.4 +/- 6.0 years; M=13.7 +/- 6.0 years since diagnosis) and 1027 matched controls without history of cancer (age M=31.5 +/- 6.9 years) completed standardised questionnaires measuring posttraumatic stress, depression and anxiety. Additionally, sub-groups of 202 survivors and 140 controls with elevated scores received structured interviews to ascertain DSM-IV-diagnoses.

RESULTS: A total of 22.4% of the survivors reported clinically relevant symptoms of posttraumatic stress, anxiety and/or depression compared to 14.0% of the controls (odds ratios [ORs] 1.77; 95% confidence interval [CI] 1.39-2.26). The odds of posttraumatic stress symptoms in male (OR 3.92, 95% CI 1.80-8.51) and female (OR 3.83, 95% CI 2.54-5.76) survivors were more than three times those in the controls. However, only female survivors reported symptoms of depression and anxiety significantly more often (respectively: OR 2.12, 95% CI 1.16-3.85; and OR 1.86, 95% CI 1.33-2.59) than the controls. A relevant subgroup of 24.3% of the survivors met DSM-IV criteria for at least one mental disorder compared to 15.3% of the controls. CONCLUSION: Survivors of cancer during adolescence show an elevated risk of presenting symptoms of posttraumatic stress, anxiety and/or depression during adulthood which is also reflected in a greater number of DSM-IV diagnoses when compared to controls. Comprehensive follow-up assessments should include the examination of possible psychological late effects of a cancer diagnosis in adolescence in order to identify survivors needing psychosocial interventions even years after the completion of successful medical treatment. Copyright © 2010 Elsevier Ltd. All rights reserved.

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Childhood sexual abuse severity and disclosure predict posttraumatic stress symptoms and biomarkers in ethnic minority women.


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OBJECTIVE: Adult posttraumatic stress symptoms and a biomarker index of current health risk in childhood sexual abuse (CSA) survivors were investigated in relation to CSA severity, disclosure, and other peri- and post-trauma factors.

METHOD: A community sample of 94 African American and Latina female CSA survivors was assessed. RESULTS: Severe CSA predicted posttraumatic stress symptoms overall, avoidance/numbing symptoms, and greater biomarker risk and was not mediated by post-trauma variables. Moderate CSA severity was mediated by post-trauma disclosure, predicted reexperiencing symptoms, but was unrelated to biomarker risk. No overall ethnic differences were found. CONCLUSION: Results suggest targets for interventions to improve the well-being of minority women CSA survivors.

PMID: 20373204 [PubMed - in process]

Psychiatric morbidity in pediatric critical illness survivors: a comprehensive review of the literature.

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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: Seventeen studies were eligible. The most commonly assessed psychiatric disorders were posttraumatic stress disorder and major depression. The point prevalence of clinically significant posttraumatic stress disorder 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 (eg, 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.

PMID: 20368492 [PubMed - indexed for MEDLINE]

Health, wartime stress, and unit cohesion: evidence from Union Army veterans.
We find that Union Army veterans of the American Civil War who faced greater wartime stress (as measured by higher battlefield mortality rates) experienced higher mortality rates at older ages, but that men who were from more cohesive companies were statistically significantly less likely to be affected by wartime stress. Our results hold for overall mortality, mortality from ischemic heart disease and stroke, and new diagnoses of arteriosclerosis. Our findings represent one of the first long-run health follow-ups of the interaction between stress and social networks in a human population in which both stress and social networks are arguably exogenous.

PMID: 20355683 [PubMed - indexed for MEDLINE]


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PMID: 20349573 [PubMed - indexed for MEDLINE]


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A sample of 248 enlisted active duty females married to civilian spouses completed a self-report survey that asked about their own and their spouse's violence. The survey also asked about their sex-role attitudes, marital satisfaction, alcohol use, childhood trauma, and depression. Results identified patterns of intimate partner violence and their relationship to the psychosocial risk factors. Females experiencing severe bidirectional violence were likely to be the most depressed and to have a history of child sexual abuse. Females experiencing minor bidirectional violence did not share any of the psychosocial risk factors found for severe bidirectional violence. Females perpetrating unilateral violence toward their spouses were found to be as satisfied in their marriages as nonviolent couples and less depressed than the females experiencing bidirectional violence.

PMID: 20229693 [PubMed - indexed for MEDLINE]


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Soldier suicide rates, unfortunately, continue to rise in our military services. It is well known that military personnel are highly vulnerable to multiple psychopathologies due to a lack of social support system, traumatizing life events and deprived sense of control. Serious psychopathologies such as post-traumatic stress disorders, other anxiety disorders (i.e., generalized anxiety disorder) and depression may increase the risk of suicide. In addition, malingering may be a serious problem that can affect valid treatment due to an intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentive such as avoiding military duty or obtaining financial compensation. Moreover, Hispanic soldiers may be at a higher risk for such psychopathologies due to extreme marginalization conditions by military peers, lack of bilingual language management and discrimination that can severely affect their quality of life. Thus, it is important to recognize those problems in order to prevent them. Literature demonstrate that Primary Preventive Interventions (PPI) can help to reduce the incidence of psychiatric disorders due to an early identification of the mental conditions associate to serious outcome, such as suicide. Taking the previous factors into consideration, the relevant literature pertaining suicidality in service members and the mental disorders associated with it is reviewed. Furthermore, emphasis is made in the importance to develop and validate a battery of screening instruments that address the previous conditions in the military personnel, especially in the Hispanic/Latino soldier and/or veteran as future plans of interventions. This implies the creation, adaptation and administration of a Psychological Battery that will be culturally sensitive for Hispanic/Latino soldiers in which the screening of the previously mentioned pathologies and conditions can be identified. This may help to prevent serious psychological situations and extreme irreversible damage, such as suicide.

PMID: 20120984 [PubMed - indexed for MEDLINE]

Creating bibliotherapeutic libraries for pediatric patients and their families: potential contributions of a cognitive theory of traumatic stress.

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PMID: 20117672 [PubMed - indexed for MEDLINE]

Attenuation of cortisol across development for victims of sexual abuse.

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Inconsistencies exist in literature examining hypothalamic-pituitary-adrenal (HPA) axis activity in children and adults who have experienced childhood abuse. Hence, the extent and manner to which childhood abuse may disrupt HPA axis development is largely unknown. To address these inconsistencies, the developmental course of nonstress cortisol in a long-term longitudinal study was assessed at six time points from childhood through adolescence and into young adulthood to determine whether childhood abuse results in disrupted cortisol activity. Nonstress, morning cortisol was measured in 84 females with confirmed familial sexual abuse and 89 nonabused, comparison females. Although dynamically controlling for co-occurring depression and anxiety, hierarchical linear modeling
(HLM) showed that relative to comparison females, the linear trend for abused females was significantly less steep when cortisol was examined across development from age 6 to age 30, \( t(1, 180) = -2.55, p < .01 \), indicating attenuation in cortisol activity starting in adolescence with significantly lower levels of cortisol by early adulthood, \( F(1, 162) = 4.78, p < .01 \). As a more direct test of the attenuation hypothesis, supplemental HLM analyses of data arrayed by time since the disclosure of abuse indicated that cortisol activity was initially significantly higher, \( t(1, 425) = 2.18, p < .05 \), and slopes were significantly less steep \( t(1, 205) = -2.66, p < .01 \), for abused females. These findings demonstrate how the experience of childhood abuse might disrupt the neurobiology of stress, providing some support for the attenuation hypothesis that victims of abuse may experience cortisol hyposecretion subsequent to a period of heightened secretion.

PMID: 20102654 [PubMed - indexed for MEDLINE]

Diurnal cortisol levels, psychiatric symptoms and sense of coherence in abused adolescents.

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BACKGROUND: The role of the hypothalamic-pituitary-adrenal (HPA) axis in psychiatric disorders following trauma is poorly studied and most studies have been done on adults. AIMS: To investigate the association of mental well-being and diurnal cortisol in abused adolescents. METHODS: The present cross-sectional study examined diurnal salivary cortisol (measured three times a day during three days) in relation to psychiatric symptoms (Trauma Symptoms Checklist for Children) and the salutogenic construct "sense of coherence", in 15 adolescents exposed to childhood abuse. RESULTS: Significant correlations were found between symptoms and sense of coherence versus early and late morning cortisol concentrations. The correlations were most consistent for internalizing and externalizing symptoms, and somewhat less for post-traumatic symptoms and sense of coherence. In contrast, evening cortisol did not correlate with any of the psychological measures. CONCLUSION: These results extend previous research findings by pointing towards a relation between symptoms and higher morning cortisol and accentuated diurnal cortisol variation in abused adolescent as opposed to lower basal cortisol and a flattening of the cortisol rhythm repeatedly observed in traumatized adults. CLINICAL IMPLICATIONS: The pathophysiology of the impact of trauma on youth, including the impact on biological stress systems, are important for an understanding of the consequences of trauma and may serve as a basis for the development of new treatment options.

PMID: 20092377 [PubMed - indexed for MEDLINE]

Trauma and the adolescent brain.

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PMID: 20092376 [PubMed - indexed for MEDLINE]
An exploratory analysis of voice hearing in chronic PTSD: potential associated mechanisms.

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This research investigated auditory hallucinations (AH) in a sample with chronic posttraumatic stress disorder (PTSD) and examined dissociation and thought suppression as potential associated mechanisms. In all, 40 individuals with PTSD were assessed on the hallucinations subscale of the Positive and Negative Syndrome Scale and on measures of dissociation and thought suppression. Half of the sample reported AH (n = 20, 50%). Those reporting AH had higher general and pathological dissociation scores but did not differ on thought suppression or PTSD symptom severity. Results suggest that (a) AH in chronic PTSD is not a rare phenomenon, (b) dissociation is significantly related to AH, and (c) dissociation may be a potential mediating mechanism for AH in PTSD.

PMID: 20063251 [PubMed - indexed for MEDLINE]

Using the MMPI to assess reported cognitive disturbances and somatization as a core feature of complex PTSD.

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Minnesota Multiphasic Personality Inventory (MMPI) clinical scales as well as 4 sets of MMPI items known to be sensitive to neurological dysfunction (closed head injury, cerebrovascular disorder) were administered to survivors of childhood physical and/or sexual abuse and to non-abused adults. As predicted, relative to the comparison group of psychiatric patients, the abused participants scored significantly higher on Scale 8 (Schizophrenia) and on all 4 sets of items associated with neurological dysfunction. The results suggest that early abuse/trauma is associated with cognitive disturbances and somatization. Findings appear to support the conceptualization of these psychophysical experiences as a central part of what is often called "complex posttraumatic stress disorder." Limitations and suggestions for further study are discussed.

PMID: 20063248 [PubMed - indexed for MEDLINE]

Does language of retrieval affect the remembering of trauma?

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Semantic and episodic bilingual memory has been extensively researched. Research has also been conducted in the area of autobiographical memory. This study investigated traumatic bilingual memories. This study was a preliminary exploration of possible differences in the reporting of the intensity of 3 clusters of posttraumatic stress disorder symptoms and 5 specific characteristics of traumatic memory in the first versus second languages of bilingual
We examined posttraumatic stress symptoms and the memory retrieval process in 2 groups of adult survivors of childhood sexual abuse: 29 participants who reported having memories of their abuse prior to entering therapy (PM) and 13 who reported no memories of abuse prior to therapy (NPM). Participants were asked to indicate on checklists symptoms of constriction, hyperarousal, and intrusion experienced (a) prior to entering therapy and (b) during the surfacing of a memory while in therapy. Overall, the findings indicate that for both groups the same cluster of posttraumatic stress symptoms occurred prior to therapy and during therapy and that there was a continuity of symptoms over time. Participants were also asked to fully describe details of their traumatic memories as these details emerged prior to and/or during therapy. We determined that (a) there were striking similarities in the detailed recall of trauma memories for both groups; (b) memories of abuse emerged in substantial perceptual, somatic, and emotional detail over time before developing into a narrative; (c) the amount of detail remembered increased in the PM group during therapy; (d) members of the NPM group were more kinesthetic than visual in their orientation to the world and may not have had access to the visual information that would associate their symptoms to their abuse; and (e) triggers of traumatic memories were largely the result of internal rather than external stimuli, and these triggers happened primarily outside of therapy sessions.

PMID: 20063246 [PubMed - indexed for MEDLINE]

[Short-term crisis psychotherapy in children with posttraumatic stress disorder in the frames of the "Dobryakov-Nikol'skaya" rehabilitation model]

Peculiarities of the model of medical-psychological help elaborated by the authors are presented on the example of the psychotherapeutic work with children,
victims of the terror act in Beslan. A complex of methods which includes "debriefing", and using of tails and games in the combination with the technique of serial drawings and stories was applied in accordance to rules of crisis psychotherapy. Results demonstrate that the methods described allow to get into contact to the child, discover and remove his/her emotional experience related to the traumatic situation.

PMID: 20037517 [PubMed - indexed for MEDLINE]

Does comorbid posttraumatic stress disorder affect the severity and course of psychotic major depressive disorder?

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BACKGROUND: Major depressive disorder (MDD) and posttraumatic stress disorder (PTSD) are commonly comorbid conditions that result in greater severity, chronicity, and impairment compared with either disorder alone. However, previous research has not systematically explored the potential effects of the psychotic subtyping of MDD and comorbid PTSD. METHOD: The sample in this retrospective case-control study conducted from December 1995 to August 2006 consisted of psychiatric outpatients with DSM-IV-diagnosed psychotic MDD with PTSD, psychotic MDD without PTSD, or nonpsychotic MDD with PTSD presenting for clinic intake. Clinical indices of severity, impairment, and history of illness were assessed by trained diagnosticians using the Structured Clinical Interview for DSM-IV Axis I Disorders supplemented by items from the Schedule for Affective Disorders and Schizophrenia. RESULTS: In terms of current severity and impairment, the psychotic MDD with PTSD (n = 34) and psychotic MDD only (n = 26) groups were similar to each other, and both tended to be more severe than the nonpsychotic MDD with PTSD group (n = 263). In terms of history of illness, the psychotic MDD with PTSD group tended to show greater severity and impairment relative to either the psychotic MDD only or nonpsychotic MDD with PTSD groups. Furthermore, the psychotic MDD with PTSD patients had an earlier time to depression onset than patients with either psychotic MDD alone or nonpsychotic MDD with PTSD, which appeared to contribute to the poorer history of illness demonstrated in the former group. CONCLUSIONS: Future research should explore the possibility of a subtype of psychotic depression that is associated with PTSD, resulting in a poorer course of illness. The current findings highlight the need for pharmacologic and psychotherapeutic approaches that can be better tailored to psychotic MDD patients with PTSD comorbidity. Copyright 2010 Physicians Postgraduate Press, Inc.

PMID: 20021993 [PubMed - indexed for MEDLINE]

Benefit finding in survivors of childhood cancer and their parents: further empirical support for the Benefit Finding Scale for Children.

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BACKGROUND: Diagnosis of a life-threatening condition has been linked to post-traumatic stress. However, only recently has it been acknowledged that positive outcomes including post-traumatic growth or benefit finding may also occur. The aim of our study was to extend previous work describing benefit finding among survivors of childhood cancer, by determining the contribution of demographic and medical variables and associations between child benefit finding and parent post-traumatic growth. METHODS: Survivors of any child cancer (leukaemia, central nervous system or solid tumour; age 12-15 years; completed treatment >2 years) were recruited from routine follow-up clinics and asked to complete questionnaires [Benefit Finding Scale for Children (BFSC), quality of life (QOL), post-traumatic stress (PTS), illness perception and optimism]. Parents completed parallel measures to describe their own post-traumatic growth (PTG), QOL, PTS and illness perception. RESULTS: Forty-eight survivors and parents completed questionnaires (response rate: 81%). The BFSC showed good internal reliability (alpha = 0.91). Diagnosis of leukaemia, greater optimism and reports that the illness still affects their life today were associated with higher scores on the BFSC among survivors themselves. For parents, perceptions of how much the illness still affects them emotionally was associated with PTG. There was no association between children's benefit finding and parents' PTG. CONCLUSIONS: The BFSC is a useful and reliable instrument to assess positive outcomes after cancer in children. The extent to which survivors are optimistic and perceive on-going effects of the illness on their daily lives is significantly associated with the ability to find benefit after end of treatment.

PMID: 19961498 [PubMed - indexed for MEDLINE]

Diagnostic practices for traumatized youths: do clinicians incorporate symptom scale results?

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Clinician generated diagnoses are subject to heuristic biases, and structured diagnostic interviews are useful but costly diagnostic aids. Because dimensional rating scales may hold potential to improve diagnostic practices in community mental health settings, we examined how community clinicians incorporate the results of the Trauma Symptom Checklist for Children (TSCC; Briere 1996) into their diagnostic practices. Results suggest clinicians may attend to the TSCC anxiety and depression scores, but most scales agreed poorly with diagnoses assigned. While dimensional rating scales do hold potential as diagnostic aids, additional work on how to increase their utility to clinicians is needed.

PMID: 19957106 [PubMed - indexed for MEDLINE]

The risk of posttraumatic stress disorder after trauma depends on traumatic load and the catechol-o-methyltransferase Val(158)Met polymorphism.

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Comment in:
BACKGROUND: The risk for posttraumatic stress disorder (PTSD) depends on the number of traumatic event types experienced in a dose-response relationship, but genetic factors are known to also influence the risk of PTSD. The catechol-O-methyltransferase (COMT) Val158Met polymorphism has been found to affect fear extinction and might play a role in the etiology of anxiety disorders. METHODS: Traumatic load and lifetime and current diagnosis of PTSD and COMT genotype were assessed in a sample of 424 survivors of the Rwandan Genocide living in the Nakivale refugee camp in southwestern Uganda. RESULTS: Higher numbers of different lifetime traumatic event types led to a higher prevalence of lifetime PTSD in a dose-response relationship. However, this effect was modulated by the COMT genotype: whereas Val allele carriers showed the typical dose-response relationship, Met/Met homozygotes exhibited a high risk for PTSD independently of the severity of traumatic load. CONCLUSIONS: The present findings indicate a gene-environment interaction between the human COMT Val158Met polymorphism and the number of traumatic event types experienced in the risk of developing PTSD. 2010 Society of Biological Psychiatry. Published by Elsevier Inc. All rights reserved.

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Parental combat injury and early child development: a conceptual model for differentiating effects of visible and invisible injuries.

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The injuries (physical and emotional) sustained by service members during combat influence all members of a family system. This review used a systemic framework to conceptualize the direct and indirect effects of a service member's injury on family functioning, with a specific focus on young children. Using a meta-ethnographic approach to synthesize the health research literature from a variety of disciplines, this review makes relevant linkages to health care professionals working with injured veterans. Studies were included that examined how family functioning (psychological and physical) is impacted by parental illness; parental injury; and posttraumatic stress disorder. The synthesis of literature led to the development of a heuristic model that illustrates both direct and indirect effects of parental injury on family functioning and the development of young children. It further illustrates the contextual factors or moderating variables that buffer detrimental effects and promote family resilience. This model can be a foundation for future research, intervention, and policy.

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The trauma of psychosis: posttraumatic stress disorder and recent onset psychosis.

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Clinical investigators have argued that the experience of a recent onset of psychosis is an event of such severity that it can lead to posttraumatic stress
disorder (PTSD), or at least to PTSD symptoms. The traumagenic elements of the psychotic experience may relate to the distressing nature of psychotic symptoms, components of treatment, or both. However, this hypotheses has not been fully empirically evaluated. In particular, the importance of the DSM-IV A1 (perception of threat) and A2 (negative emotion at time of event) criteria for a traumatic event due to a psychotic episode has not been assessed. To address this question, 38 clients in treatment for recent onset of psychosis were interviewed to identify distressing experiences related to the episode, with PTSD assessed (including A1/A2 criteria) related to those events. More than one-half of the participants reported intense distress related to psychotic symptoms or treatment experiences, with 66% meeting symptom criteria for the PTSD syndrome (regardless of A1/A2), and 39% meeting full diagnostic criteria for PTSD (including A1/A2). Both participants with the PTSD syndrome and full PTSD reported more problems in daily functioning and more severe symptoms than those without PTSD. Participants with the PTSD syndrome were also more likely to have an integrative rather than sealing over coping style compared to those without the PTSD syndrome. The results suggest that individuals with PTSD symptoms related to a recent onset of psychosis may benefit from intervention designed to help them integrate their experience into their lives and address potentially stigmatizing beliefs that could contribute to distress and impaired functioning. 2009 Elsevier B.V. All rights reserved.

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Risky behaviors and depression in conjunction with--or in the absence of--lifetime history of PTSD among sexually abused adolescents.

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Posttraumatic stress disorder (PTSD) is often considered the primary problematic outcome of child sexual abuse (CSA). However, a number of other, relatively understudied negative sequelae appear to be prevalent as well. Data from 269 adolescents with a CSA history from the National Survey of Adolescents-Replication Study were therefore used to examine the prevalence of risky behaviors (i.e., problematic alcohol and drug use, delinquent behavior) and depression in this sample. The frequencies of these problems in youth with and without a history of PTSD also were examined. Results indicated that risky behaviors and depression were reported as or more frequently than PTSD. Among youth with a history of PTSD, depression and delinquent behavior were more common than among those without a history of PTSD. However, there were no differences between adolescents with and without a history of PTSD in reported problematic substance use. Findings highlight the need for comprehensive trauma-informed interventions for CSA-exposed adolescents.

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PMID: 19926627 [PubMed - indexed for MEDLINE]

The psychological impact of an adenoidectomy and adenotonsillectomy on young children.
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OBJECTIVE: Children react differently to surgeries. The purpose of this study is to examine the stress response in young children after an adenoidectomy and adenotonsillectomy, and whether child characteristics of behavioural and neurophysiological nature can predict this stress response. METHODS: In this prospective cohort study 43 children, aged 2-7 years, scheduled for adenoidectomy or adenotonsillectomy (response rate 43%) were recruited from the Ear, Nose and Throat Department of the Academic Medical Centre in Amsterdam, the Netherlands. Parents completed questionnaires about temperament 4 weeks before surgery, about behaviour and sleeping problems 4 weeks before and 6 weeks after surgery, and about posttraumatic stress symptoms 6 weeks after surgery. Neurophysiological measurements (cortisol and Respiratory Sinus Arrhythmia) were performed 4 weeks before, directly after and 6 weeks after surgery. Results were compared with a control group of healthy children. The data was analysed with paired t-tests and one-way repeated ANOVA. RESULTS: Most children with an indication for an adenoidectomy and adenotonsillectomy had more behavioural and emotional problems before surgery than the control group. After surgery there was an improvement in behaviour and sleep, in respectively 75% and 68% of the children, especially in boys. Posttraumatic stress symptoms were rare. Emotional temperament was associated with more behavioural problems before surgery (r=0.53, P=0.02), after surgery (r=0.38, P<0.000), lower cortisol directly after surgery (r=-0.49, P=0.05) and lower Respiratory Sinus Arrhythmia at follow-up (r=-0.33, P=0.06). Other temperament styles and pre-surgery levels of Respiratory Sinus Arrhythmia and cortisol did not show associations with any behavioural or neurophysiological measures. CONCLUSIONS: An adenoidectomy and adenotonsillectomy appear not to be stressful, but rather seems helpful for reducing pre-existing behavioural and emotional problems, possibly associated with the indication for surgery. For those children with an increase of behavioural and sleeping problems after surgery, this can only be partly explained by emotional temperament. There are indications that boys and girls react differently; boys tend to show a better behavioural and emotional improvement after an adenoidectomy and adenotonsillectomy. Other behavioural or neurophysiological child characteristics do not have a predictive value on the outcome. Copyright (c) 2009 Elsevier Ireland Ltd. All rights reserved.

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A decade later, how much of Rwanda's musculoskeletal impairment is caused by the war in 1994 and by related violence?

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BACKGROUND: In 1994 there was a horrific genocide in Rwanda following years of tension, resulting in the murder of at least 800,000 people. Although many people were injured in addition to those killed, no attempt has been made to assess the lasting burden of physical injuries related to these events. The aim of this study was to estimate the current burden of musculoskeletal impairment (MSI) attributable to the 1994 war and related violence. METHODOLOGY/PRINCIPAL FINDINGS: A national cross-sectional survey of MSI was conducted in Rwanda. 105
clusters of 80 people were selected through probability proportionate to size sampling. Households within clusters were selected through compact segment sampling. Enumerated people answered a seven-question screening test to assess whether they might have an MSI. Those who were classed as potential cases in the screening test were examined and interviewed by a physiotherapist, using a standard protocol that recorded the site, nature, cause, and severity of the MSI. People with MSI due to trauma were asked whether this trauma occurred during the 1990-1994 war or during the episodes that preceded or followed this war. Out of 8,368 people enumerated, 6,757 were available for screening and examination (80.8%). 352 people were diagnosed with an MSI (prevalence=5.2%, 95% CI=4.5-5.9%). 106 cases of MSI (30.6%) were classified as resulting from trauma, based on self-report and the physiotherapist's assessment. Of these, 14 people (13.2%) reported that their trauma-related MSI occurred during the 1990-1994 war, and a further 7 (6.6%) that their trauma-related MSI occurred during the violent episodes that preceded and followed the war, giving an overall prevalence of trauma-related MSI related to the 1990-1994 war of 0.3% (95% CI=0.2-0.4%).

CONCLUSIONS/SIGNIFICANCE: A decade on, the overall prevalence of MSI was relatively high in Rwanda but few cases appeared to be the result of the 1994 war or related violence.

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Self-reported potentially traumatic life events and symptoms of post-traumatic stress and dissociation.

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OBJECTIVE: To investigate single potentially traumatic events and cumulative effects of these events based on the reported symptoms of post-traumatic stress and dissociation. An additional goal was to evaluate the psychometric properties of Life Incidence of Traumatic Events-Student scale (LITE-S). METHODS: 400 adolescents from the normative population answered the questionnaire Life Incidence of Traumatic Experiences (LITE-S) together with Trauma Symptom Checklist for Children (TSCC), Dissociation-Questionnaire-Sweden (Dis-Q-Sweden) and Adolescent-Dissociative Experience Scale (A-DES). The single self-reported traumas, and the cumulative self-reported traumas and their effects on post-traumatic stress disorder and dissociative symptoms scales were examined. The psychometric properties of LITE-S were first investigated through calculating, test-retest reliability by Pearson correlation for the total scale and by Cohen's kappa item per item. RESULTS: Self-reported symptoms were related to both the cumulative traumas and exposure to some single traumas, such as seeing somebody get hurt, having parents destroy things or hurting each other, being whipped or hit, or even being made to carry out some kind of sexual act. Interpersonal events were consistently more strongly related to symptoms across the TSCC clinical scales. Finally, test-retest reliability as found to be for the total scale r=0.76 and kappa item per item ranging between k=0.33 and 0.86.

CONCLUSION: The cumulative effects of potentially traumatic events on adolescents are significant, and interpersonal traumas results in more self-reported symptoms of post-traumatic stress and dissociation than non-interpersonal. LITE has satisfactory psychometric properties concerning reliability. Clinical implications: The results underline the importance in clinical practice of taking into consideration how many potentially traumatic events an adolescent has
experienced before, seeking help on specific occasion. This knowledge can help the clinician to understand better the breadth of feelings their client is experiencing and thus can help the clinician better to be able to suggest appropriate treatment.

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Sexual revictimization in a clinical sample of women reporting childhood sexual abuse.

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BACKGROUND: Child and adolescent sexual abuse (CSA) increases the risk for adult sexual assault (ASA), and psychological vulnerability as well as aspects of CSA and upbringing might influence the risk. AIMS: The aims of this study were to investigate whether women who reported both CSA and ASA: 1) have been exposed to more severe CSA and 2) have greater psychological distress and vulnerability than women who were not revictimized. METHODS: The study was a cross-sectional study of 161 adult women with a reported history of intrafamilial CSA. Thirty-six per cent of the women stated they had been exposed to ASA. The severity of CSA, psychological distress (Symptoms Checklist-90-R) and Cognitive Distortion were assessed. Five factors of Cognitive Distortion (fearful, scared, shy, mistrust and vulnerable) were identified by factor analysis of Symptoms Checklist-90-R sub-scale. RESULTS: The CSA was significantly more severe (penetration: 77%/60%; multiple offenders: 67%/25%) in women exposed to ASA compared with their counterparts, as was the rate of suicide attempts (47%/30%). Also, the psychological distress and the factors: fearful, scared, shy and mistrust were significant higher. CONCLUSION: The results showed an increased psychological vulnerability among women with ASA, but whether the results are cause or effect of sexual revictimization or can be generalized to other clinical samples are not clear. Interventions targeting the increased risk of ASA should be developed, implemented and tested in prevention as well treatment programmes.

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Aversive imagery in posttraumatic stress disorder: trauma recurrence, comorbidity, and physiological reactivity.

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BACKGROUND: Posttraumatic stress disorder (PTSD) is characterized as a disorder of exaggerated defensive physiological arousal. The novel aim of the present research was to investigate within PTSD a potential dose-response relationship between past trauma recurrence and current comorbidity and intensity of physiological reactions to imagery of trauma and other aversive scenarios. METHODS: A community sample of principal PTSD (n = 49; 22 single-trauma exposed, 27 multiple-trauma exposed) and control (n = 76; 46 never-trauma exposed, 30 trauma exposed) participants imagined threatening and neutral events while acoustic startle probes were presented and the eye-blink response (orbicularis oculi) was recorded. Changes in heart rate, skin conductance level, and facial
RESULTS: Overall, PTSD patients exceeded control participants in startle reflex, autonomic responding, and facial expressivity during idiographic trauma imagery and, though less pronounced, showed heightened reactivity to standard anger, panic, and physical danger imagery. Concerning subgroups, control participants with and without trauma exposure showed isomorphic patterns. Within PTSD, only the single-trauma patients evinced robust startle and autonomic responses, exceeding both control participants and multiple-trauma PTSD. Despite greater reported arousal, the multiple-trauma relative to single-trauma PTSD group showed blunted defensive reactivity associated with more chronic and severe PTSD, greater mood and anxiety disorder comorbidity, and more pervasive dimensional dysphoria (e.g., depression, trait anxiety). CONCLUSIONS: Whereas PTSD patients generally show marked physiological arousal during aversive imagery, concordant with self-reported distress, the most symptomatic patients with histories of severe, cumulative traumatization show discordant physiological hyporeactivity, perhaps attributable to sustained high stress and an egregious, persistent negative affectivity that ultimately compromises defensive responding. 2010 Society of Biological Psychiatry. All rights reserved.

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Patients' memory and psychological distress after ICU stay compared with expectations of the relatives.

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PURPOSE: To compare patients' psychological distress and memories from intensive care unit (ICU) treatment 4-6 weeks after ICU discharge with expectations of their relatives. Further, to explore the relationship between personality traits and ICU memories with psychological distress. METHODS: A cross-sectional study of 255 patients and 298 relatives. The questionnaire included: hospital anxiety and depression scale (HADS), impact of event scale (IES), life orientation test, ICU memory tool and memory of ICU; technical procedures, pain, lack of control and inability to express needs. Relatives were assessed for their expectations of the patients' memories and psychological distress. RESULTS: Twenty-five percent of the patients reported severe posttraumatic stress symptoms, IES-total \( \geq 35 \). The levels of anxiety and depression were significantly higher than in the general population, mean anxiety was 5.6 versus 4.2 (p < 0.001), and mean depression was 4.8 versus 3.5 (p < 0.001). Relatives expected more psychological distress and the relatives thought the patient was less able to express needs than the patients reported (p < 0.001). Higher age, unemployment, respirator treatment, pessimism, memory of pain, lack of control and inability to express needs were independent predictors of posttraumatic stress symptoms (p < 0.01). CONCLUSIONS: Psychological distress symptoms were frequent among ICU survivors. Relatives expected the patients to be more distressed after ICU treatment than the patients reported. The strongest predictors of posttraumatic stress symptoms from the ICU were memories about pain, lack of control and inability to express needs. Pessimism may be a reason for psychological distress and should be addressed during follow up, as pessimistic patients may need more motivation and support.

PMID: 19756511 [PubMed - indexed for MEDLINE]
This study examined the stability of post traumatic stress disorder (PTSD) symptoms in a predominantly ethnic minority sample of youth exposed to Hurricane Katrina. Youth (n = 191 grades 4th thru 8th) were screened for exposure to traumatic experiences and PTSD symptoms at 24 months (Time 1) and then again at 30 months (Time 2) post-disaster. PTSD symptoms did not significantly decline over time and were higher than rates reported at earlier time points for more ethnically diverse samples. Younger age, female sex, and continued disrepair to the child's home predicted stable elevated PTSD symptoms. Findings are consistent with predictions from contextual theories of disaster exposure and with epidemiological data from adult samples suggesting that the incidence of PTSD post Katrina is showing an atypical pattern of remittance. Theoretical, applied, and policy implications are discussed.

PMID: 19707864 [PubMed - indexed for MEDLINE]

INTRODUCTION: Patients suffering from a Borderline Personality Disorder (BPD) display altered sexual behavior, such as sexual avoidance or sexual impulsivity, which has repeatedly been linked to the sexual traumatization that occurs in a high percentage of BPD patients. Until now, no empirical data exists on whether these patients concomitantly suffer from sexual dysfunction. AIM: This study investigates sexual function and the impact of sexual traumatization on this issue in women with BPD as compared to healthy women. MAIN OUTCOME MEASURES: Sexual function was measured using the Female Sexual Function Index. Additionally, diagnoses were made with SCID II Interviews for Axis II and with the Mini International Neuropsychiatric Interview for Axis I disorders. The Post-traumatic Stress Diagnostic Scale for trauma evaluation was used. Sexual orientation was assessed by self-evaluation. METHODS: Forty-five women with BPD as diagnosed according to DSM-IV criteria and 30 healthy women completed questionnaires on sexual function and sexual abuse history, as well as interviews on axis I and II disorders and psychotropic medication. RESULTS: The BPD group showed a significantly higher prevalence of sexual dysfunction. Subgroup analyses revealed that BPD with concomitant sexual traumatization, and not BPD alone, best explains impaired sexual function. Sexual inactivity was mainly related to current major depression or use of SSRI medication. In sexually active participants, medication and symptoms of depression had no significant impact on sexual function. CONCLUSIONS: Not BPD alone, but concomitant sexual traumatization, predicts significantly impaired sexual function. This may have a therapeutic impact on BPD patients reporting sexual traumatization.
The role of traumatic event history in non-medical use of prescription drugs among a nationally representative sample of US adolescents.

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BACKGROUND: Building on previous research with adolescents that examined demographic variables and other forms of substance abuse in relation to non-medical use of prescription drugs (NMUPD), the current study examined potentially traumatic events, depression, posttraumatic stress disorder (PTSD), other substance use, and delinquent behavior as potential correlates of past-year non-medical use of prescription drugs. METHOD: A nationally representative sample of 3,614 non-institutionalized, civilian, English-speaking adolescents (aged 12-17 years) residing in households with a telephone was selected. Demographic characteristics, traumatic event history, mental health, and substance abuse variables were assessed. NMUPD was assessed by asking if, in the past year, participants had used a prescription drug in a non-medical manner. Multivariable logistic regressions were conducted for each theoretically derived predictor set. Significant predictors from each set were then entered into a final multivariable logistic regression to determine significant predictors of past-year NMUPD. RESULTS: NMUPD was endorsed by 6.7% of the sample (n = 242). The final multivariable model showed that lifetime history of delinquent behavior, other forms of substance use/abuse, history of witnessed violence, and lifetime history of PTSD were significantly associated with increased likelihood of NMUPD. CONCLUSIONS: Risk reduction efforts targeting NMUPD among adolescents who have witnessed significant violence, endorsed abuse of other substances and delinquent behavior, and/or endorsed PTSD are warranted. Interventions for adolescents with history of violence exposure or PTSD, or those adjudicated for delinquent behavior, should include treatment or prevention modules that specifically address NMUPD.

CONCLUSION: Risk reduction efforts targeting NMUPD among adolescents who have witnessed significant violence, endorsed abuse of other substances and delinquent behavior, and/or endorsed PTSD are warranted. Interventions for adolescents with history of violence exposure or PTSD, or those adjudicated for delinquent behavior, should include treatment or prevention modules that specifically address NMUPD.

This study examines the prevalence and correlates of heightened posttraumatic stress (PTS) symptoms in children and adolescents referred for child welfare investigation. A national sample of in-home and out-of-home care.

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This study examines the prevalence and correlates of heightened posttraumatic stress (PTS) symptoms in a nationally representative sample of 1,848 children and adolescents (ages 8-14) who were referred to child welfare for investigation of abuse or neglect based on the National Survey of Child and Adolescent Well-Being. The severity of current PTS symptoms was assessed using the PTS subscale of the Trauma Symptom Checklist for Children, a standardized child-report scale evaluating common symptoms associated with trauma. The overall prevalence of clinically significant PTS symptoms was 11.7% (overall mean T score = 49.5). The
prevalence was higher for cases that were placed in out-of-home care (19.2%) than those maintained at home (10.7%). Multivariate hierarchical regression identified four contributors to heightened PTS symptoms: younger child age, abuse by a nonbiological parent, violence in the home, and child depression. The authors discuss the modest but still lower than expected prevalence of self-reported, clinically significant PTS symptoms and the variables associated with greater risk for heightened PTS symptoms found among cases referred to child welfare services.

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Secondary traumatization in pediatric healthcare providers: compassion fatigue, burnout, and secondary traumatic stress.

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The primary aim for this research was to explore the overlap and differences between the concepts related to secondary traumatization: posttraumatic stress disorder (PTSD), secondary traumatic stress (STS), compassion fatigue (CF), and burnout (BRN). A secondary aim for this research was to examine the impact of secondary traumatization and some of the personal and professional elements that affect how pediatric healthcare providers experience PTSD, STS, CF, and BRN. An online survey was sent via e-mail to numerous list serves for healthcare providers who had worked on PICU, NICU, or PEDS units within the last year. The analyses revealed that a significant overlap existed between the terms of STS, PTSD, BRN, CS, and CF for PICU, NICU, and PEDS providers. However, a hierarchical linear regression revealed a significant amount of unique contributions to the variance in CF based on each of the measured concepts. Despite previous literature that indicates that the terms STS and CF can be used interchangeably, the two most prominent measures utilized in the assessment of CF and STS are actually capturing at least some unique elements. Given these results, future researchers should examine and conceptualize the difference in etiology, prevalence, symptoms, and treatment efficacy for CF and STS as separate but related entities and then return their focus to understanding secondary traumatization in healthcare providers.

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