April, 2014 Medline Topic Alert

1. Anxiety Stress Coping. 2014 Apr 3. [Epub ahead of print]
Predicting adolescent posttraumatic stress in the aftermath of war: differential effects of coping strategies across trauma reminder, loss reminder, and family conflict domains.

Howell KH(1), Kaplow JB, Layne CM, Benson MA, Compas BE, Katalinski R, Pasalic H, Bosankic N, Pynoos R.
Author information:
(1)a Department of Psychology, University of Memphis, 38152, Memphis, TN, USA.

Abstract We examined factors theorized to predict adolescent long-term posttraumatic stress reactions in the aftermath of war in a sample of Bosnian adolescents (N = 555, aged 15-19 years). Regression analyses evaluated theorized differential relations between three types of post-war stressors-exposure to trauma reminders, loss reminders, and intrafamilial conflict-specific coping strategies, and posttraumatic stress symptom dimensions. Findings indicated that post-war exposure to trauma reminders, loss reminders, and family conflict, as well as engagement and disengagement coping strategies, predicted posttraumatic stress symptoms. Secondary control engagement coping responses to all three types of post-war stressors were inversely associated with posttraumatic stress symptoms, whereas primary control engagement coping responses to family conflict were inversely associated with hyperarousal symptoms. Disengagement responses to trauma reminders and family conflict were positively associated with re-experiencing symptoms. These findings shed light on ways in which trauma reminders, loss reminders, and family conflict may intersect with coping responses to influence adolescent postwar adjustment. We conclude by discussing implications for theory building, intervention, and policy.

Context and explicit threat cue modulation of the startle reflex: Preliminary evidence of distinctions between adolescents with principal fear disorders versus distress disorders.

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.
Anxiety and depression are prevalent, impairing disorders. High comorbidity has raised questions about how to define and classify them. Structural models emphasise distinctions between “fear” and “distress” disorders while other initiatives propose they be defined by neurobiological indicators that cut across disorders. This study examined startle reflex (SR) modulation in adolescents with principal fear disorders (specific phobia; social phobia) (n=20), distress disorders (unipolar depressive disorders, dysthymia, generalised anxiety disorder; post-traumatic stress disorder) (n=9), and controls (n=29) during (a) baseline conditions, (b) threat context conditions (presence of contraction pads over the biceps muscle), and (c) an explicit threat cue paradigm involving phases that signalled safety from aversive stimuli (early and late stages of safe phases; early stages of danger phases) and phases that signalled immediate danger of an aversive stimulus (late stages of danger phases). Adolescents with principal fear disorders showed larger SRs than other groups throughout safe phases and early stages of danger phases. SRs did not differ between groups during late danger phases. Adolescents with principal distress disorders showed attenuated SRs during baseline and context conditions compared to other groups. Preliminary findings support initiatives to redefine emotional disorders based on neurobiological functioning.

[Trauma History and Posttraumatic Stress Symptoms Among Children and Adolescents Attending a Mental Health Service.]
[Article in German]

Münzer A, Fegert JM, Goldbeck L.
Objective: Systematic exploration of potentially traumatic events and posttraumatic stress symptoms of patients attending a hospital for child and adolescent psychiatry and psychotherapy. Methods: The UCLA PTSD Reaction Index for DSM-IV was filled in by 413 children and adolescents and 403 caregivers at their first attendance at the clinic. Results: At least one traumatic event was reported by 46.9% of the children and adolescents and/or caregivers. Clinically relevant post-traumatic stress symptoms were reported in 22.9%. Conclusion: In the investigated sample routinely performed screening assessments can identify clinically relevant post-traumatic stress symptoms in almost one of four patients of child mental health services.

Stress Moderates the Effect of Childhood Trauma and Adversity on Recent Drinking in Treatment-Seeking Alcohol-Dependent Men.


Objective: This study sought to clarify the relationship between childhood trauma and adversity with later alcohol consumption and the moderating effects of adult psychosocial stress. Method: Seventy-seven recently abstinent alcohol-dependent men attending residential treatment programs were assessed. Childhood trauma/adversity was assessed with the Childhood Trauma Questionnaire (CTQ), drinks per drinking day (DDD) with the Timeline Follow Back, and chronic psychosocial stress with the UCLA Stress Interview. Drinking and stress were retrospectively assessed for 6 months prior to the present treatment episode. Direct associations between childhood trauma/adversity and alcohol consumption and the moderating effects of recent psychosocial stress were assessed. All measures were considered as continuous variables. Results: Pretreatment drinking severity (DDD) was associated with CTQ Total score (p = .009) and the Emotional Abuse (p < .001) and Physical Abuse (p < .01) subscales. UCLA Total Stress significantly moderated the effects of CTQ Total score on drinking severity (p = .04). Whereas higher CTQ scores were significantly associated with a greater amount of pretreatment drinking in participants with high UCLA stress scores (p = .01), CTQ scores were not associated with the amount of drinking in those with low UCLA stress scores (p = .63). Conclusions: Childhood trauma predicts drinking severity in alcohol-dependent men, and this effect is stronger in participants with ongoing stress in adult life. These findings suggest that early childhood trauma/adversity may sensitize stress-response systems.
Affiliation buffers stress: cumulative genetic risk in oxytocin-vasopressin genes combines with early caregiving to predict PTSD in war-exposed young children.

Feldman R(1), Vengrober A(2), Ebstein RP(3).
Author information:
(1) Department of Psychology, Bar-Ilan University, Ramat-Gan, Israel.
(2) Department of Gonda Brain Sciences Center, Bar-Ilan University, Ramat-Gan, Israel.
(3) Department of Psychology, National University of Singapore, Singapore.

Research indicates that risk for post-traumatic stress disorder (PTSD) is shaped by the interaction between genetic vulnerability and early caregiving experiences; yet, caregiving has typically been assessed by adult retrospective accounts. Here, we employed a prospective longitudinal design with real-time observations of early caregiving combined with assessment of genetic liability along the axis of vasopressin-oxytocin (OT) gene pathways to test G × E contributions to PTSD. Participants were 232 young Israeli children (1.5-5 years) and their parents, including 148 living in zones of continuous war and 84 controls. A cumulative genetic risk factor was computed for each family member by summing five risk alleles across three genes (OXTR, CD38 and AVPR1a) previously associated with psychopathology, sociality and caregiving. Child PTSD was diagnosed and mother-child interactions were observed in multiple contexts. In middle childhood (7-8 years), child psychopathology was re-evaluated. War exposure increased propensity to develop Axis-I disorder by threefold: 60% of exposed children displayed a psychiatric disorder by middle childhood and 62% of those showed several comorbid disorders. On the other hand, maternal sensitive support reduced risk for psychopathology. G × E effect was found for child genetic risk: in the context of war exposure, greater genetic risk on the vasopressin-OT pathway increased propensity for psychopathology. Among exposed children, chronicity of PTSD from early to middle childhood was related to higher child, maternal and paternal genetic risk, low maternal support and greater initial avoidance symptoms. Child avoidance was predicted by low maternal support and reduced mother-child reciprocity. These findings underscore the saliency of both genetic and behavioral facets of the human affiliation system in shaping vulnerability to PTSD as well as providing an underlying mechanism of post-traumatic resilience.

Cultural protection against traumatic stress: traditional support of children exposed to the ritual of female genital cutting.

Schultz JH, Lien IL.

Author information:
Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway.

This study explores the factors addressed in folk psychology in The Gambia for protecting the girl-child from the potential traumatic stress of female genital cutting (FGC). The type and quality of the psychological care was analyzed and compared with research on traumatic stress and principles for crisis and trauma intervention. Thirty-three qualitative indepth interviews were conducted with mothers who had supervised their daughters' FGC, women who had been circumcised, and professional circumcisers. The findings indicate that the girls have largely managed to handle the potentially traumatic event of FGC. The event is placed in a meaningful system of understanding, and the stress is dealt with in a traditional way that to a great extent follows empirically-based and evidence-based principles of crisis intervention. However, the approach tends to be culturally encoded, based on the local cultural belief system. This puts circumcised individuals in a potentially vulnerable position if they are living outside the homeland's supportive cultural context, with consequences for psychological and culturally competent FGC health care in exile.


Traumatic Severity and Trait Resilience as Predictors of Posttraumatic Stress Disorder and Depressive Symptoms among Adolescent Survivors of the Wenchuan Earthquake.

Ying L(1), Wu X(2), Lin C(3), Jiang L(4).

Author information:
(1)Department of Psychology, Zhejiang Sci-Tech University, Hangzhou, People's Republic of China ; Institute of Developmental Psychology, Beijing Normal University, Beijing, People's Republic of China.
(2)School of Psychology, Beijing Normal University, Beijing, People's Republic of China.
(3)Institute of Developmental Psychology, Beijing Normal University, Beijing, People's Republic of China.
(4)College of Humanities and Law, Hangzhou Dianzi University, Hangzhou, People's Republic of China.
PURPOSE: To examine the associations between trauma severity, trait resilience, and posttraumatic stress disorder (PTSD) and depressive symptoms among adolescent survivors of the Wenchuan earthquake, China.

METHODS: 788 participants were randomly selected from secondary schools in the counties of Wenchuan and Maoxian, the two areas most severely affected by the earthquake. Participants completed four main questionnaires including the Child PTSD Symptom Scale, the Center for Epidemiologic Studies Depression Scale for Children, the Connor and Davidson's Resilience Scale, and the Severity of Exposure to Earthquake Scale.

RESULTS: After adjusting for the effect of age and gender, four aspects of trauma severity (i.e., direct exposure, indirect exposure, worry about others, and house damage) were positively associated with the severity of PTSD and depressive symptoms, whereas trait resilience was negatively associated with PTSD and depressive symptoms and moderated the relationship between subjective experience (i.e., worry about others) and PTSD and depressive symptoms.

CONCLUSIONS: Several aspects (i.e., direct exposure, indirect exposure, worry about others, and house damage) of earthquake experiences may be important risk factors for the development and maintenance of PTSD and depression. Additionally, trait resilience exhibits the beneficial impact on PTSD and depressive symptoms and buffers the effect of subjective experience (i.e., worry about others) on PTSD and depressive symptoms.

Regional differences in post-traumatic stress symptoms among children after the 2011 tsunami in Higashi-Matsushima, Japan.


Author information:
(1)Department of Child Neuropsychiatry, Graduate School of Medicine, The University of Tokyo, Bunkyo-ku, Tokyo 113-8655, Japan. Electronic address: kuwabah-ty@umin.ac.jp.
(2)Department of Youth Mental Health, Graduate School of Medicine, The University of Tokyo, Bunkyo-ku, Tokyo 113-8655, Japan.
(3)Research Project for Mental Health Promotion, Department of Psychiatry & Behavioral Science, Tokyo Metropolitan Institute of Medical Science, Setagaya-ku, Tokyo 156-8506, Japan.
(4)Department of Psychiatry and Behavioral Science, Tokyo Metropolitan Institute of Medical Science, Setagaya-ku, Tokyo 156-8506, Japan.
(5)Department of Child Neuropsychiatry, Graduate School of Medicine, The University of Tokyo, Bunkyo-ku, Tokyo 113-8655, Japan.
Introduction: On 11 March 2011, a massive undersea earthquake, measuring 9.0 on the Richter scale, caused a tsunami that devastated the shoreline of east Japan. It is estimated that over 20,000 people lost their lives as a result. It is recommended that clinical effort after a tsunami disaster concentrate on a high-impact area rather than cover a large area. However, regional differences in post-traumatic stress symptoms among children after a tsunami disaster are not well clarified. Methods: This study evaluated post-traumatic stress symptoms and reported the findings of early-phase screening of 2259 students from Higashi-Matsushima City, Japan, 6 weeks after a tsunami hit the city. The sample was divided into two age groups: elementary school students (n=1102) and junior high school students (n=1157). Of these groups, 289 (26.2%) elementary school students and 123 (10.6%) junior high school students attended the four schools that were located in the area struck by the tsunami; the mortality rate of the area exceeded 4%. We referred to these students as the "high-impact group." The "lower-impact group" consisted of 813 (73.8%) elementary school students and 1034 (89.4%) junior high school students who attended the remaining ten schools. Results: The severity of post-traumatic stress symptoms did not significantly differ between areas with relatively high and low impact. However, among the junior high school students, those attending the school in the highly impacted area showed higher post-traumatic symptoms scores than did the students of the less-impacted area. Conclusion: When planning a mass intervention after a disaster, especially in the early phase when the resources for intervention are not sufficient, it might be useful to consider the degree of age-dependent impact effect.

Mental health outcomes at the Jersey Shore after Hurricane Sandy.

Boscarino JA(1), Hoffman SN(2), Kirchner HL(2), Erlich PM(2), Adams RE(3), Figley CR(4), Solhkhah R(5).

Author information:
(1)Department of Neurology, Geisinger Clinic, Dept. of Neurology, Temple Univ. School of Medicine, USA. jaboscarino@geisinger.edu
(2)Department of Neurology, Geisinger Clinic, Dept. of Neurology, Temple Univ. School of Medicine, USA.
(3)Department of Sociology, Kent State University, USA.
(4)Graduate School of Social Work, Tulane University, USA.
On October 29, 2012, Hurricane Sandy made landfall in the most densely populated region in the US. In New Jersey, thousands of families were made homeless and entire communities were destroyed in the worst disaster in the history of the state. The economic impact of Sandy was huge, comparable to Hurricane Katrina. The areas that sustained the most damage were the small- to medium-sized beach communities along New Jersey's Atlantic coastline. Six months following the hurricane, we conducted a random telephone survey of 200 adults residing in 18 beach communities located in Monmouth County. We found that 14.5% (95% CI = 9.9-20.2) of these residents screened positive for PTSD and 6.0% (95% CI = 3.1-10.2) met criteria for major depression. Altogether 13.5% (95% CI = 9.1-19.0) received mental health counseling and 20.5% (95% CI = 15.1-26.8) sought some type of mental health support in person or online, rates similar to those reported in New York after the World Trade Center disaster. In multivariate analyses, the best predictors of mental health status and service use were having high hurricane exposure levels, having physical health limitations, and having environmental health concerns. Research is needed to assess the mental health status and service use of Jersey Shore residents over time, to evaluate environmental health concerns, and to better understand the storm's impact among those with physical health limitations.

The impact of childhood maltreatment on PTSD symptoms among female survivors of intimate partner violence.

Gobin RL(1), Iverson KM(2), Mitchell K(2), Vaughn R(3), Resick PA(2).
Author information:
(1) VA Boston Healthcare System, USA. Robyn.Gobin@va.gov
(2) Women's Health Sciences Division of the National Center for PTSD, VA Boston Healthcare System, USA.
(3) VA Boston Healthcare System, USA.

OBJECTIVE: Intimate partner violence (IPV) survivors often report histories of childhood maltreatment, yet the unique contributions of childhood maltreatment on IPV survivors’ distinct posttraumatic stress disorder (PTSD) symptoms remain inadequately understood.

METHOD: Using interview and self-report measures, we examined IPV as a potential mediator of the association between childhood maltreatment and severity of PTSD symptom clusters (reexperiencing, avoidance, numbing, and hyperarousal) among a
sample of 425 women seeking help for recent IPV.
RESULTS: Structural equation modeling demonstrated that while both childhood maltreatment and IPV were both positively associated with PTSD symptom clusters, IPV did not mediate the association between childhood maltreatment and severity of PTSD symptom clusters among acute IPV survivors.
CONCLUSIONS: Childhood maltreatment has persistent effects on the PTSD symptoms of IPV survivors, suggesting that child maltreatment may need to be addressed in addition to IPV during PTSD treatment.

A pilot study of physiological reactivity in children and maternal figures who lost relatives in a terrorist attack.

Pfefferbaum B(1), Tucker P(2), Jeon-Slaughter H(2), Allen JR(2), Hammond DR(2), Whittlesey SW(2), Vinekar SS(2), Feng Y(2).
Author information:
(1)Department of Psychiatry and Behavioral Sciences, University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma 73126-0901, USA.
betty-pfefferbaum@ouhsc.edu
(2)Department of Psychiatry and Behavioral Sciences, University of Oklahoma Health Sciences Center, Oklahoma City, Oklahoma 73126-0901, USA.

Trauma is thought to interfere with normal grief by superimposing symptoms of posttraumatic stress disorder. This exploratory pilot study examined the association between traumatic grief and objectively measured physiological reactivity to a trauma interview in 73 children who lost relatives in the Oklahoma City bombing as well as a potential link between children and their maternal figures in physiological reactivity. Although the authors found no association between posttraumatic stress and objectively measured physiological reactivity among children, they found significant differences in objectively measured reactivity associated with loss and grief. Children who lost "close" relatives evidenced greater objectively measured reactivity than those who lost "distant" relatives. For the most part, children with higher levels of grief evidenced greater objectively measured reactivity than those with lower levels of grief. The most interesting of the findings was the parallel pattern in objectively measured physiological reactivity between children and their maternal figures along with a positive association between children's objectively measured physiological reactivity and maternal figures' self-reported physiological reactivity. Research using larger representative samples studied early and over time is indicated to determine the potential significance of these findings.


Author information:
(1)Department of Women's and Children's Health, Uppsala University, SE-751 85 Uppsala, Sweden. inger.wallin_lundell@kbh.uu.se.

BACKGROUND: Induced abortion is a common medical intervention. Whether psychological sequelae might follow induced abortion has long been a subject of concern among researchers and little is known about the relationship between posttraumatic stress disorder (PTSD) and induced abortion. Thus, the aim of the study was to assess the prevalence of PTSD and posttraumatic stress symptoms (PTSS) before and at three and six months after induced abortion, and to describe the characteristics of the women who developed PTSD or PTSS after the abortion.

METHODS: This multi-centre cohort study included six departments of Obstetrics and Gynaecology in Sweden. The study included 1457 women who requested an induced abortion, among whom 742 women responded at the three-month follow-up and 641 women at the six-month follow-up. The Screen Questionnaire-Posttraumatic Stress Disorder (SQ-PTSD) was used for research diagnoses of PTSD and PTSS, and anxiety and depressive symptoms were evaluated by the Hospital Anxiety and Depression Scale (HADS). Measurements were made at the first visit and at three and six months after the abortion. The 95% confidence intervals for the prevalence of lifetime or ongoing PTSD and PTSS were calculated using the normal approximation. The chi-square test and the Student's t-test were used to compare data between groups.

RESULTS: The prevalence of ongoing PTSD and PTSS before the abortion was 4.3% and 23.5%, respectively, concomitant with high levels of anxiety and depression. At three months the corresponding rates were 2.0% and 4.6%, at six months 1.9% and 6.1%, respectively. Dropouts had higher rates of PTSD and PTSS. Fifty-one women developed PTSD or PTSS during the observation period. They were young, less well educated, needed counselling, and had high levels of anxiety and depressive symptoms. During the observation period 57 women had trauma experiences, among whom 11 developed PTSD or PTSS and reported a traumatic experience in relation to the abortion.

CONCLUSION: Few women developed PTSD or PTSS after the abortion. The majority did so because of trauma experiences unrelated to the induced abortion. Concomitant symptoms of depression and anxiety call for clinical alertness and support.

Breyer BN(1), Cohen BE(2), Bertenthal D(3), Rosen RC(4), Neylan TC(5), Seal KH(2).

Author information:
(1)Department of Urology, University of California, San Francisco, San Francisco, CA. Electronic address: bbreyer@urology.ucsf.edu.
(2)Department of Medicine, University of California, San Francisco, San Francisco, CA; Department of Psychiatry, University of California, San Francisco, San Francisco, CA; San Francisco Veterans Affairs Medical Center, San Francisco, CA.
(3)San Francisco Veterans Affairs Medical Center, San Francisco, CA.
(4)New England Research Institutes, Watertown, MA.
(5)Department of Psychiatry, University of California, San Francisco, San Francisco, CA; San Francisco Veterans Affairs Medical Center, San Francisco, CA.

OBJECTIVE: To determine the prevalence and correlates of lower urinary tract symptoms (LUTS) among returned Iraq and Afghanistan veterans; in particular its association with mental health diagnoses and medication use.

METHODS: We performed a retrospective cohort study of Iraq and Afghanistan veterans who were new users of U.S. Department of Veterans Affairs health care. Mental health diagnoses were defined by International Classification of Disease, 9th Revision, Clinical Modification (ICD-9-CM) codes from medical records. LUTS was defined by ICD-9-CM code, use of prescription medication for LUTS, or procedure for LUTS. We determined the independent association of mental health diagnoses and LUTS after adjusting for sociodemographic and military service characteristics, comorbidities, and medications.

RESULTS: Of 519,189 veterans, 88% were men and the mean age was 31.8 years (standard deviation ± 9.3). The overall prevalence of LUTS was 2.2% (11,237/519,189). Veterans with post-traumatic stress disorder (PTSD) were significantly more likely to have a LUTS diagnosis, prescription, or related procedure (3.5%) compared with veterans with no mental health diagnoses (1.3%) or a mental health diagnosis other than PTSD (3.1%, P <.001). In adjusted models, LUTS was significantly more common in veterans with PTSD with and without other mental health disorders vs those without mental health disorders (adjusted relative risk [ARR] = 2.04, 95% confidence interval [CI] = 1.94-2.15) and in veterans prescribed opioids (ARR = 2.46, 95% CI = 2.36-2.56).

CONCLUSION: In this study of young returned veterans, mental health diagnoses and prescription for opioids were independently associated with increased risk of
receiving a diagnosis, treatment, or procedure for LUTS. Provider awareness may improve the detection and treatment of LUTS, and improve patient care and quality of life.

Abuse and mental health concerns among HIV-infected Haitian women living in the United States.


This study describes the prevalence of abuse and mental health issues among a cohort of HIV-infected Haitian women living in the United States. We present data on 96 women, ages 19-73 years (M = 47.6, SD = 11.1), who were screened for mental health concerns between 2009 and 2012. Results demonstrated that 12.5% of the women reported a history of abuse. However, posttraumatic stress disorder (PTSD) secondary to HIV was reported by approximately 34% of women. Depression and anxiety were also highly reported, with rates of 49% and 43%, respectively. Women who reported a history of abuse were more likely to report anxiety, PTSD, and PTSD related to HIV symptoms than those without. Our findings suggest that Haitian HIV-infected women may underreport abuse and experience significant depression and anxiety. These preliminary results could be used to develop future studies and to design and implement culturally sensitive interventions for this underserved population.

Childhood trauma and psychosis.

Dvir Y(1), Denietolis B, Frazier JA.
Author information:
(1)Department of Psychiatry, University of Massachusetts Medical School, 55 Lake Avenue North, Worcester, MA 01655, USA. Electronic address: yael.dvir@umassmed.edu.

Childhood trauma is a common occurrence and has been associated with psychosis and suggested as a risk factor leading to psychosis and schizophrenia in adulthood. This article introduces the scope of the problem and discusses the evidence for causal relationships between childhood adversities and increased risk for psychosis. The relationship between specific types of trauma and their
association with specific psychotic symptoms is described, as well as the manifestations of co-occurring trauma effects and psychosis in adolescents. Clinical presentations and the use of diagnostic instruments, diagnostic comorbidities, and evidence-based psychotherapeutic interventions to treat effects of trauma in youth with psychotic illnesses are discussed.

Social ecology interventions for post-traumatic stress disorder: what can we learn from child soldiers?

Kohrt B.
Comment on

Research with child soldiers is crucial to improving mental health services after war. This research also can illuminate innovative approaches to treating post-traumatic stress disorder (PTSD) among adult soldiers, veterans and other trauma survivors in high-income countries. A key contribution is the role of

Epub 2013 Jul 3.
Holistic approach to community in crisis.

Shah S.
Author information:
Department of Psychiatry, SBKS MI&RC, Sumandeep Vidyapeeth, Vadodara 391760, India. researchdirectorsvu@gmail.com

This report emphasizes the belief that whatever the type and scale of disaster, the period of transition from relief to recovery is the most critical. Following the severe earthquake that struck Kachchh, Gurjarat, India on 26 January 2001, emotions spanned grief over the lives lost; anxiety over property and other economic losses; profound feelings of isolation, helplessness, and guilt; and panic in the face of problematic communications from authorities. In an attempt to manage this vast array of psychosocial problems, a large cadre of volunteers was rapidly trained and supervised by experts to work as grass-roots counselors for the community.

Epub 2013 Jul 3.
The perspective of psychosocial support a decade after Bam earthquake:
achievements and challenges.

Farhoudian A(1), Hajebi A, Bahramnejad A, Katz CL.
Author information:
(1)Substance Abuse and Dependence Research Center, University of Social Welfare and Rehabilitation Sciences, Tehran 1985713834, Iran.

The 2003 Bam earthquake was one of the most catastrophic disasters to have struck Iran. This article summarizes the short-term and long-term psychological, social, and economic impacts of the Bam earthquake on survivors across a decade since its occurrence. Identification and definition of capability as well as recognizing the nature and extent of personal and social capabilities in a community are priceless in preventing disasters and reducing their consequent destruction.


Rubin GJ(1), Wessely S.
Author information:
(1)King's College London, Department of Psychological Medicine, Weston Education Centre, Cutcombe Road, London SE5 9RJ, UK. gideon.rubin@kcl.ac.uk

The 7 July 2005 bombings in London caused heightened levels of distress among some in the general community. This distress was most notable in Muslims and members of ethnic minority groups. These effects were transient for most. An estimated 30% of those who were more affected by the attacks, including victims and witnesses, developed psychiatric disorders as a result. An outreach program was set up to screen those who were exposed to potentially traumatic events and to offer them evidence-based treatment. This article discusses what lessons might be learned from studies of the general community and the screen-and-treat approach.


Sasaki T, Hashimoto K, Okawada K, Tone J, Machizawa A, Tano A, Nakazato M, Iyo M.

Turner LR, Alderman K, Huang C, Tong S.

Post-traumatic stress symptoms among former child soldiers in Sierra Leone: follow-up study.

Betancourt TS(1), Newnham EA, McBain R, Brennan RT.
Author information:
(1)François-Xavier Bagnoud Center for Health and Human Rights, and Department of Global Health and Population, Harvard School of Public Health, Boston, MA, USA.

Comment in

BACKGROUND: Former child soldiers are at risk of developing post-traumatic stress disorder (PTSD); however, the trajectory of symptoms has yet to be examined.
AIMS: The risk and protective factors associated with PTSD symptom change among former child soldiers in Sierra Leone were investigated.
METHOD: Data from 243 former child soldiers (mean age 16.6 years, 30% female) were analysed.
RESULTS: Self-reported rates of possible PTSD using standard cut-off points declined from 32% to 16% 4 years later (P<0.05). Symptoms of PTSD at baseline were significantly associated with war experiences (P<0.01) and post-conflict family abuse (P<0.001). Reliable improvement in symptoms was reported by 30%. In growth models examining symptom change, worsening of symptoms was associated with death of a parent (P<0.05) and post-conflict stigma (P<0.001). Protective effects were observed for increases in family acceptance (P<0.001).
CONCLUSIONS: The findings indicated improvement in PTSD symptoms among former child soldiers despite limited access to care. Family and community support played a vital part in promoting psychological adjustment.

Neuropsychological findings in pediatric maltreatment: relationship of PTSD, dissociative symptoms, and abuse/neglect indices to neurocognitive outcomes.

De Bellis MD(1), Woolley DP, Hooper SR.
Author information:
(1)Department of Psychiatry and Behavioral Sciences, Duke University Medical School, Durham, NC, USA. debel002@mc.duke.edu
Maltreated \((n = 38)\), maltreated + posttraumatic stress disorder (PTSD; \(n = 60)\), and control youth \((n = 104)\) underwent comprehensive neuropsychological testing. The two maltreated groups performed significantly lower on IQ, academic achievement, and nearly all of the neurocognitive domains than controls. Maltreated + PTSD performed significantly worse than maltreated youth without PTSD on a task in the visuospatial domain that assessed higher order visuoconstructive abilities. No group differences were evident on the fine motor domain. PTSD diagnosis duration negatively correlated with the visuospatial, and dissociation negatively correlated with the attention domain. Cumulative lifetime maltreatment types experienced negatively correlated with academic achievement. Sexual abuse negatively correlated with language and memory functions after controlling for other maltreatment types. These data support the adverse effects of maltreatment on neuropsychological functions in youth and suggest that all child protective services identified youth should be comprehensively examined for the integrity of their neuropsychological functioning and academic skills, regardless of the presence or absence of mental health symptoms.

A theoretical model of continuity in anxiety and links to academic achievement in disaster-exposed school children.

Weems CF(1), Scott BG, Taylor LK, Cannon MF, Romano DM, Perry AM. Author information:
(1)University of New Orleans, New Orleans, LA, USA. cweems@uno.edu

This study tested a theoretical model of continuity in anxious emotion and its links to academic achievement in disaster-exposed youth. An urban school based sample of youths \((n = 191\); Grades 4-8) exposed to Hurricane Katrina were assessed at 24 months (Time 1) and then again at 30 months (Time 2) postdisaster. Academic achievement was assessed through end of the school year standardized test scores (~31 months after Katrina). The results suggest that the association of traumatic stress to academic achievement was indirect via linkages from earlier (Time 1) posttraumatic stress disorder symptoms that predicted later (Time 2) test anxiety. Time 2 test anxiety was then negatively associated with academic achievement. Age and gender invariance testing suggested strong consistency across gender and minor developmental variation in the age range examined. The model presented advances the developmental understanding of the expression of anxious emotion and its links to student achievement among disaster-exposed urban school children. The findings highlight the importance of identifying heterotypic continuity in anxiety and suggest potential applied and policy directions for
disaster-exposed youth. Avenues for future theoretical refinement are also discussed.


David D(1), Dobrean A. Author information:
(1)Department of Clinical Psychology and Psychotherapy, Babes-Bolyai University, Cluj-Napoca, Romania. daniel.david@ubbcluj.ro


Gillies D(1), Taylor F, Gray C, O’Brien L, D’Abrew N. Author information:
(1)Western Sydney and Nepean Blue Mountains Local Health Districts - Mental Health, Parramatta, Australia. Donna_Gillies@wsahs.nsw.gov.au

BACKGROUND: Post-traumatic stress disorder (PTSD) is highly prevalent in children and adolescents who have experienced trauma and has high personal and health costs. Although a wide range of psychological therapies have been used in the treatment of PTSD there are no systematic reviews of these therapies in children and adolescents.

OBJECTIVES: To examine the effectiveness of psychological therapies in treating children and adolescents who have been diagnosed with PTSD.

SEARCH METHODS: We searched the Cochrane Depression, Anxiety and Neurosis Review Group's Specialised Register (CCDANCTR) to December 2011. The CCDANCTR includes relevant randomised controlled trials from the following bibliographic databases: CENTRAL (the Cochrane Central Register of Controlled Trials) (all years), EMBASE (1974 -), MEDLINE (1950 -) and PsycINFO (1967 -). We also checked reference lists of relevant studies and reviews. We applied no date or language restrictions.

SELECTION CRITERIA: All randomised controlled trials of psychological therapies compared to a control, pharmacological therapy or other treatments in children or adolescents exposed to a traumatic event or diagnosed with PTSD.

DATA COLLECTION AND ANALYSIS: Two members of the review group independently extracted data. If differences were identified, they were resolved by consensus, or referral to the review team. We calculated the odds ratio (OR) for binary outcomes, the standardised mean difference (SMD) for continuous outcomes, and 95%
confidence intervals (CI) for both, using a fixed-effect model. If heterogeneity was found we used a random-effects model.

**MAIN RESULTS:** Fourteen studies including 758 participants were included in this review. The types of trauma participants had been exposed to included sexual abuse, civil violence, natural disaster, domestic violence and motor vehicle accidents. Most participants were clients of a trauma-related support service. The psychological therapies used in these studies were cognitive behavioural therapy (CBT), exposure-based, psychodynamic, narrative, supportive counselling, and eye movement desensitisation and reprocessing (EMDR). Most compared a psychological therapy to a control group. No study compared psychological therapies to pharmacological therapies alone or as an adjunct to a psychological therapy. Across all psychological therapies, improvement was significantly better (three studies, n = 80, OR 4.21, 95% CI 1.12 to 15.85) and symptoms of PTSD (seven studies, n = 271, SMD -0.90, 95% CI -1.24 to -0.42), anxiety (three studies, n = 91, SMD -0.57, 95% CI -1.00 to -0.13) and depression (five studies, n = 156, SMD -0.74, 95% CI -1.11 to -0.36) were significantly lower within a month of completing psychological therapy compared to a control group. The psychological therapy for which there was the best evidence of effectiveness was CBT. Improvement was significantly better for up to a year following treatment (up to one month: two studies, n = 49, OR 8.64, 95% CI 2.01 to 37.14; up to one year: one study, n = 25, OR 8.00, 95% CI 1.21 to 52.69). PTSD symptom scores were also significantly lower for up to one year (up to one month: three studies, n = 98, SMD -1.34, 95% CI -1.79 to -0.89; up to one year: one study, n = 36, SMD -0.73, 95% CI -1.44 to -0.01), and depression scores were lower for up to a month (three studies, n = 98, SMD -0.80, 95% CI -1.47 to -0.13) in the CBT group compared to a control. No adverse effects were identified. No study was rated as a high risk for selection or detection bias but a minority were rated as a high risk for attrition, reporting and other bias. Most included studies were rated as an unclear risk for selection, detection and attrition bias.

**AUTHORS’ CONCLUSIONS:** There is evidence for the effectiveness of psychological therapies, particularly CBT, for treating PTSD in children and adolescents for up to a month following treatment. At this stage, there is no clear evidence for the effectiveness of one psychological therapy compared to others. There is also not enough evidence to conclude that children and adolescents with particular types of trauma are more or less likely to respond to psychological therapies than others. The findings of this review are limited by the potential for methodological biases, and the small number and generally small size of identified studies. In addition, there was evidence of substantial heterogeneity in some analyses which could not be explained by subgroup or sensitivity analyses. More evidence is required for the effectiveness of all psychological therapies more than one month after treatment. Much more evidence is needed to
demonstrate the relative effectiveness of different psychological therapies or the effectiveness of psychological therapies compared to other treatments. More details are required in future trials in regards to the types of trauma that preceded the diagnosis of PTSD and whether the traumas are single event or ongoing. Future studies should also aim to identify the most valid and reliable measures of PTSD symptoms and ensure that all scores, total and sub-scores, are consistently reported.

Disrupted amygdala-prefrontal functional connectivity in civilian women with posttraumatic stress disorder.

Stevens JS(1), Jovanovic T, Fani N, Ely TD, Glover EM, Bradley B, Ressler KJ.
Author information:
(1)Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, GA 30329, USA. jswils4@emory.edu

Many features of posttraumatic stress disorder (PTSD) can be linked to exaggerated and dysregulated emotional responses. Central to the neurocircuitry regulating emotion are functional interactions between the amygdala and the ventromedial prefrontal cortex (vmPFC). Findings from human and animal studies suggest that disruption of this circuit predicts individual differences in emotion regulation. However, only a few studies have examined amygdala-vmPFC connectivity in the context of emotional processing in PTSD. The aim of the present research was to investigate the hypothesis that PTSD is associated with disrupted functional connectivity of the amygdala and vmPFC in response to emotional stimuli, extending previous findings by demonstrating such links in an understudied, highly traumatized, civilian population. 40 African-American women with civilian trauma (20 with PTSD and 20 non-PTSD controls) were recruited from a large urban hospital. Participants viewed fearful and neutral face stimuli during functional magnetic resonance imaging (fMRI). Relative to controls, participants with PTSD showed an increased right amygdala response to fearful stimuli (p corr < .05). Right amygdala activation correlated positively with the severity of hyperarousal symptoms in the PTSD group. Participants with PTSD showed decreased functional connectivity between the right amygdala and left vmPFC (p corr < .05). The findings are consistent with previous findings showing PTSD is associated with an exaggerated response of amygdala-mediated emotional arousal systems. This is the first study to show that the amygdala response may be accompanied by disruption of an amygdala-vmPFC functional circuit that is hypothesized to be involved in prefrontal cortical regulation of amygdala responsiveness.
From the editor: How can psychiatric nurses respond to the global pandemic of sex trafficking?

Thomas SP.
PMID: 23805922 [PubMed - indexed for MEDLINE]

Cancer-related traumatic stress reactions in siblings of children with cancer.

Kaplan LM(1), Kaal KJ, Bradley L, Alderfer MA.
Author information:
(1)Division of Oncology, Children's Hospital of Philadelphia, Philadelphia, PA 19104, USA.

The purpose of this study was to explore cancer-related posttraumatic stress (PTS) reactions in siblings of children with cancer including prevalence, common symptoms, comorbidity with anxiety and depression, and gender- and age-related patterns. A total of 125 children (63 girls) between the ages of 8 and 17 (M = 12.4; SD = 2.9 years) with a brother or sister with cancer, diagnosed 4 to 38 months prior to the study (M = 1.3 years; SD = 6.7 months), completed the Child PTSD Symptom Scale (CPSS), Revised Children's Manifest Anxiety Scale, and Child Depression Inventory-Short Form. Over half of the sample (60%) scored in the moderate to severe range for PTS and 22% fulfilled full criteria for PTSD based upon CPSS responses. Nearly 75% reported "Feeling upset when you think about or hear about the cancer," and "Trying not to think about, talk about, or have feelings about the cancer." Over 60% reported arousal symptoms. PTS symptoms reportedly interfered with functioning for 75% of the sample and co-occurred with anxiety and depressive symptoms. Gender and age-related patterns were not found. Siblings of children with cancer experience cancer-related PTS reactions and greater attention should be paid to ameliorating their cancer-related distress with empirically based treatments.

A right hemisphere safety backup at work: hypotheses for deep hypnosis, post-traumatic stress disorder, and dissociation identity disorder.

Burnand G.
Author information:
New University of Buckinghamshire, High Wycombe, Buckinghamshire, United Kingdom.
Problem theory points to an a priori relation between six key problems of living, to which people have adapted through evolution. Children are guided through the problems one by one, learning to switch between them automatically and unawares. The first problem of raising hope of certainty (about the environment), is dealt with in the right hemisphere (RH). The second of raising hope of freedom (or power to control), is dealt with in the left hemisphere (LH). Here adventurousness and ignoring the goodness of outcomes potentially create recklessness. When uncertainty rises the RH activates a backup with an override that substitutes immobility, takes over sensory inputs, but allows obedience to parental commands, and a cut-out that stops new work on the freedom problem. Support for the use of the backup by infants is found in the immobility that precedes the crying in strange conditions, and in childhood EEGs. The hypothesis that the backup is active in deep hypnosis imposes accord on findings that appear contradictory. For example it accounts for why observations during deep hypnosis emphasize the activity of the RH, but observations of responsive people not under hypnosis emphasize the activity of the LH. The hypothesis that the backup is active in post-traumatic stress disorder (PTSD) is supported by (a) fMRI observations that could reflect the cut-out, in that part of the precuneus has low metabolism, (b) the recall of motionlessness at the time of the trauma, (c) an argument that playing dead as a defence against predators is illogical, (d) the ease of hypnosis. With dissociative identity disorder (DID), the theory is consistent with up to six alters that have executive control and one trauma identity state where childhood traumas are re-experienced. Support for the cut-out affecting the trauma identity state comes from suppression of part of the precuneus and other parts of the parietal lobe when the trauma identity state is salient and a general script about a trauma is listened to. Support also comes from the ease of hypnosis. The cut-out acts independently of the override. It is linked to low metabolism at the same point in the left precuneus by evidence from all three conditions, hypnosis, PTSD and DID. The concept of dissociation is not required with any of the hypotheses.

PTSD and marital satisfaction in military service members: examining the simultaneous roles of childhood sexual abuse and combat exposure.

Miller AB(1), Schaefer KE, Renshaw KD, Blais RK.
Author information:
(1)Department of Psychology, George Mason University, 4400 University Drive MS 3F5,
Childhood sexual abuse (CSA) is relatively common and is associated with a multitude of negative outcomes in adulthood, including posttraumatic stress disorder (PTSD) and lower marital satisfaction. However, CSA has been understudied in military samples. The purpose of the present study was to examine the relative contributions of CSA and combat exposure to PTSD and marital satisfaction. Two hundred eighteen National Guard/Reserve veterans who deployed overseas between 2001 and 2008 completed self-report measures of CSA, marital satisfaction, combat exposure, and PTSD symptom severity. Data were analyzed using linear regression and path analysis to evaluate a comprehensive model including all variables. CSA accounted for unique variance in PTSD symptom severity independent of combat exposure. CSA also had a negative direct association with marital satisfaction, independent of combat exposure and PTSD symptom severity. In contrast, combat exposure had only a negative indirect association with marital satisfaction via PTSD when all variables were examined simultaneously. CSA accounted for unique variance in both PTSD symptom severity and marital satisfaction in this sample of combat veterans. Clinically, results suggest that assessment and treatment of CSA is indicated for military veterans suffering from PTSD. Further, treatment of CSA may improve marital satisfaction, which may positively affect psychological functioning in the veteran.

Childhood maltreatment history, posttraumatic relational sequelae, and prenatal care utilization.

Bell SA(1), Seng J.
Author information:
(1)University of Michigan, School of Nursing, 204 South State Street, Ann Arbor, MI 48109, USA.

OBJECTIVE: To test the hypothesis that childhood maltreatment history would be associated with inadequate prenatal care utilization.
SETTING: Recruitment took place via prenatal clinics from three academic health systems in southeast Michigan.
PARTICIPANTS: This analysis included 467 diverse, nulliparous, English-speaking adult women expecting their first infants.
METHODS: Data were gathered from structured telephone interviews at two time
points in pregnancy and from prenatal medical records.
RESULTS: Contrary to our hypothesis, history of childhood maltreatment was associated with better likelihood of using adequate prenatal care. Risk for inadequate prenatal care occurred in association with the posttraumatic stress and interpersonal sensitivity that can result from maltreatment, with low alliance with the maternity care provider, and with public insurance coverage. Prior mental health treatment was associated with using adequate prenatal care.
CONCLUSION: When childhood maltreatment survivors were resilient or had used mental health treatment, they were more likely to utilize adequate prenatal care. The maternity care relationship or service delivery model (e.g., no continuity of care) as well as structural factors may adversely affect utilization among PTSD-affected survivors. Since inadequate care was associated with adverse outcomes, further studies of these modifiable factors are warranted.

Traumatic events, post-migration living difficulties and post-traumatic symptoms in first generation immigrants: a primary care study.

Aragona M(1), Pucci D, Mazzetti M, Maisano B, Geraci S.
Author information:
(1)Caritas Health Service Network, Via Marsala 97, Rome, Italy.

OBJECTIVES: To study potentially traumatic events (PTE), post-traumatic stress disorder (PTSD), anxiety, depression, somatization and post-migration living difficulties (PMLD) in primary care immigrants.
DESIGN: Patients self-rated transculturally validated questionnaires. Those with and without PTSD were compared on all variables. The influence of the number of PTE and of PMLD on PTSD was measured.
RESULTS: 391 patients completed the questionnaires. Prevalence of PTSD was 10.2%. PTE and PMLD were frequent in the whole sample but more common in PTSD subjects. Either the number of PTE and of PMLD significantly increased the likelihood to have a PTSD.
CONCLUSIONS: PTE, PMLD, PTSD and related conditions (anxiety, depression and somatization) are frequent among immigrants in primary care, and either PTE and PMLD significantly influence resulting psychopathology. The implications in clinical practice are discussed.

Intergenerational effects of war trauma among Palestinian families mediated via psychological maltreatment.
We tested the hypothesis that intergenerational effects of parents' war trauma on offspring's attachment and mental health are mediated by psychological maltreatment. Two hundred and forty children and their parents were sampled from a war-prone area, Gaza, Palestine. The parents reported the number and type of traumatic experiences of war they had had during their lifetime before the child's birth and during a current war when the child was 10-12 years old. The children reported their war traumas, experiences of psychological maltreatment, attachment security, and symptoms of posttraumatic stress (PTSS), depression, and aggression. The direct and indirect intergenerational effects of war trauma were tested in structural equation models. The hypotheses were confirmed for father's past war exposure, and disconfirmed for mother's war exposure. The father's past war trauma had a negative association with attachment security and positive association with the child's mental health problems mediated by increased psychological maltreatment. In contrast, the mother's past war trauma had a negative association with the child's depression via decreased psychological maltreatment. The mother's current war trauma had a negative association with the child's depression and aggression via decreased psychological maltreatment. Among fathers, past war exposure should be considered as a risk factor for psychological maltreatment of children and the associated attachment insecurity and mental health problems. Among mothers, war exposure as such could be given less clinical attention than PTSS in the prevention of psychological maltreatment of children.

A prospective study on the association between caregiver psychological symptomatology and symptom clusters of pediatric posttraumatic stress disorder.

This study investigated the influence of caregiver psychological symptoms on posttraumatic stress disorder (PTSD) symptoms in traumatized children. One-hundred eleven children and caretakers were assessed in this study. Children (N = 59) with a history of exposure to interpersonal violence were evaluated for reexperiencing, avoidance/numbing, and hyperarousal symptom clusters using the
Clinician-Administered PTSD Scale for Children and Adolescents (CAPS-CA). The 52 primary caregivers were evaluated using the Symptom Checklist-90-Revised (SCL-90-R) on 9 domains of psychological symptomatology: anxiety, depression, hostility, interpersonal sensitivity, obsessive-compulsive disorder, paranoid ideation, phobic anxiety, psychoticism, and somatization. At 14-month follow-up, 45 of the children were re-evaluated with the CAPS-CA. Caregiver psychological symptoms in the domains of anxiety, depression, interpersonal sensitivity, obsessive-compulsive disorder, and paranoid ideation were associated with less improvement in total pediatric PTSD symptoms. Analysis of PTSD symptoms by cluster showed that greater caregiver symptomatology in the domains of anxiety, depression, interpersonal sensitivity, and obsessive-compulsive disorder were associated with less improvement in the hyperarousal symptom cluster. These results suggest caregiver symptomatology may be specifically associated with hyperarousal symptoms in pediatric trauma.

Emotion regulation difficulties mediate associations between betrayal trauma and symptoms of posttraumatic stress, depression, and anxiety.

Goldsmith RE(1), Chesney SA, Heath NM, Barlow MR.
Author information:
(1)Mount Sinai School of Medicine, Department of Oncological Sciences, New York, NY 10029, USA. Rachel.Goldsmith@mssm.edu

Emotion regulation difficulties following trauma exposure have received increasing attention among researchers and clinicians. Previous work highlights the role of emotion regulation difficulties in multiple forms of psychological distress and identifies emotion regulation capacities as especially compromised among survivors of betrayal trauma: physical, sexual, or emotional maltreatment perpetrated by someone to whom the victim is close, such as a parent or partner. It is unknown, however, whether links between emotion regulation difficulties and psychological symptoms differ following exposure to betrayal trauma as compared with other trauma types. In the present study, 593 male and female university undergraduates completed the Difficulties with Emotion Regulation Scale (Gratz & Roemer, 2004), the Brief Betrayal Trauma Scale (Goldberg & Freyd, 2006), the Impact of Event Scale (Horowitz, Wilner, & Alvarez, 1979), and the Trauma Symptom Checklist (Elliott & Briere, 1992). A path analytic model demonstrated that betrayal trauma indirectly impacted symptoms of intrusion (β = .11), avoidance (β = .13), depression (β = .17), and anxiety (β = .14) via emotion regulation difficulties, an effect consistent with mediation. Emotion regulation difficulties did not mediate the relationship between other trauma exposure and
psychological symptoms. Results may inform treatment-matching efforts, and suggest that emotion regulation difficulties may constitute a key therapeutic target following betrayal trauma.

Relationship of locus of control, psychological distress, and trauma exposure in groups impacted by intense political conflict in Egypt.

Papanikolaou V(1), Gadallah M, Leon GR, Massou E, Prodromitis G, Skembris A, Levett J.
Author information:
(1)1 Department of Health Service Management, National School of Public Health, Athens, Greece.

INTRODUCTION: Social and political instability have become common situations in many parts of the world. Exposure to different types of traumatic circumstances may differentially affect psychological status.
OBJECTIVE: The aim of this study was to compare the relationship between personal perceptions of control over the events happening in one's life and psychological distress in two groups who experienced physical trauma but differed as to whether the trauma was a result of political upheaval and violence. Views on the extent to which the state was interested in the individual were also assessed.
METHODS: The sample consisted of 120 patients who were injured in the Cairo epicenter and 120 matched controls from the greater Cairo area whose injuries were from other causes. The Brown Locus of Control Scale and the Symptom Checklist-90-Revised (SCL 90-R) were administered approximately three months after the January 2011 start of the demonstrations and subsequent overthrow of the government.
RESULTS: The groups did not differ on locus of control. For both groups, externality was associated with greater distress, suggesting a relationship between perceived helplessness in controlling one's life and distress. The Cairo group scored significantly higher than the control group on the SCL 90-R Global Severity Index (GSI) and Positive Symptom Total (PST). Perceptions of state interest in the population were low; overall, 78% viewed the state as having little or no interest in them. Discussion The relationship between exposure intensity and psychological distress is examined. In addition, differences in findings in populations experiencing political chaos compared with other types of disasters are considered.
CONCLUSION: Beliefs regarding personal control over one's life circumstances are more closely associated with psychological distress than the circumstances in
which the trauma occurred.

Dialectical behaviour therapy for post-traumatic stress disorder after childhood sexual abuse in patients with and without borderline personality disorder: a randomised controlled trial.

Author information:
(1)Department of Psychosomatic Medicine and Psychotherapy, Central Institute of Mental Health, Medical Faculty Mannheim/Heidelberg University, Mannheim, Germany. martin.bohus @ zi-mannheim.de

BACKGROUND: Post-traumatic stress disorder (PTSD) with co-occurring severe psychopathology such as borderline personality disorder (BPD) is a frequent sequel of childhood sexual abuse (CSA). CSA-related PTSD has been effectively treated through cognitive-behavioural treatments, but it remains unclear whether success can be achieved in patients with co-occurring BPD. The aim of the present study was to determine the efficacy of a newly developed modular treatment programme (DBT-PTSD) that combines principles of dialectical behaviour therapy (DBT) and trauma-focused interventions.

METHODS: Female patients (n = 74) with CSA-related PTSD were randomised to either a 12-week residential DBT-PTSD programme or a treatment-as-usual wait list. About half of the participants met the criteria for co-occurring BPD. Individuals with ongoing self-harm were not excluded. The primary outcomes were reduction of PTSD symptoms as assessed by the Clinician-Administered PTSD Scale (CAPS) and by the Posttraumatic Stress Diagnostic Scale (PDS). Hierarchical linear models were used to compare improvements across treatment groups. Assessments were carried out by blinded raters at admission, at end of treatment, and at 6 and 12 weeks post-treatment.

RESULTS: Under DBT-PTSD the mean change was significantly greater than in the control group on both the CAPS (33.16 vs. 2.08) and the PDS (0.70 vs. 0.14). Between-group effect sizes were large and highly significant. Neither a diagnosis of BPD nor the severity or the number of BPD symptoms was significantly related to treatment outcome. Safety analyses indicated no increase in dysfunctional behaviours during the trial.

CONCLUSION: DBT-PTSD is an efficacious treatment of CSA-related PTSD, even in the presence of severe co-occurring psychopathology such as BPD.
A randomized controlled trial on cognitive restructuring and imagery modification to reduce the feeling of being contaminated in adult survivors of childhood sexual abuse suffering from posttraumatic stress disorder.

Jung K(1), Steil R.

Author information:
(1)Department of Clinical Psychology and Psychotherapy, Institute of Psychology, Goethe University Frankfurt, Frankfurt Main, Germany. k.jung@psych.uni-frankfurt.de

BACKGROUND: The feeling of being contaminated (FBC) is a common phenomenon in survivors of childhood sexual abuse (CSA) suffering from posttraumatic stress disorder (PTSD). Thus far, this symptom has been neglected in research and therapy. For this reason, we developed Cognitive Restructuring and Imagery Modification (CRIM), a two-session treatment (lasting 90 and 50 min) that specifically targets the FBC. The present study examined the efficacy of the treatment.

METHODS: Thirty-four women with CSA-related PTSD (mean age = 37 years) were randomized to either the CRIM group or a waitlist control group. Primary outcomes were intensity, vividness, and uncontrollability of the FBC, associated distress, and PTSD symptoms, which were assessed using the Clinician-Administered PTSD Scale and the Posttraumatic Diagnostic Scale. Outcomes were measured pre- and posttreatment, and at the 4-week follow-up. (M)ANOVAs were used to compare improvements across conditions.

RESULTS: All FBC scores yielded a greater reduction in the CRIM group than the waitlist control (WL) group. Between-group effect sizes at follow-up were large and highly significant (intensity: d = 1.52, p < 0.001; vividness: d = 1.28, p < 0.001; uncontrollability: d = 1.77, p < 0.001; distress: d = 1.80, p < 0.001). PTSD symptoms also yielded a greater reduction in the CRIM group than the WL group, with large between-group effect sizes (Clinician-Administered PTSD Scale: d = 0.93, p < 0.001).

CONCLUSIONS: Our findings support the efficacy of the newly developed CRIM in reducing the FBC and PTSD symptoms in adult survivors of CSA.

Trauma and posttraumatic stress disorder among transition-age youth with serious mental health conditions.

Frounfelker R(1), Klodnick VV, Mueser KT, Todd S.
There is little information on trauma, posttraumatic stress disorder (PTSD), and associated risk factors in transition-age youth with mental health conditions. This study aimed at understanding the correlates and predictors of PTSD in 84 transition-age youth, between 16 and 21 years old, residing in supported community housing. Chi-square analyses and t tests were used to compare youth with a diagnosis of PTSD to those without a PTSD diagnosis. Stepwise logistic regression analyses were performed to identify unique predictors of PTSD. Of the 84 individuals, 79 (94%) reported a history of trauma, of whom 30 (36%) had PTSD. Sexual abuse was significantly associated with a PTSD diagnosis ($r = .47$) and the only unique predictor of PTSD (Cox $r(2) = .20$). Transition-age youth in supported community housing had higher rates of trauma exposure and PTSD than the general adolescent population, suggesting the need for routine assessment and treatment of PTSD in this population.

PTSD symptomatology and hazardous drinking as risk factors for sexual assault revictimization: examination in European American and African American women.

Littleton H(1), Ullman SE.
Author information:
(1)Department of Psychology, East Carolina University, Greenville, NC 27858-4353, USA. littletonh@ecu.edu

A sexual victimization history is a risk factor for experiencing further sexual victimization. Posttraumatic stress disorder (PTSD) symptoms have been posited as predictors of revictimization through multiple pathways, including through their association with risk recognition and alcohol use. There is, however, limited longitudinal research examining these revictimization risk factors, including the extent to which they predict risk for forcible rape (rape involving threat or force) and incapacitated rape (rape of a victim incapacitated by substances). Additionally, there is no research evaluating ethnic differences in revictimization risk pathways. The current study examined PTSD symptoms and hazardous drinking as predictors of new forcible and incapacitated rape over 1 year in a community sample of European American ($n = 217$) and African American ($n = 272$) sexual assault victims ($M = 34$ years; 84% high school education or above). We hypothesized that PTSD symptoms would predict both types of revictimization and hazardous drinking would predict incapacitated rape. Results supported that
PTSD symptoms predicted both types of rape (forcible rape, $\beta = .34$; incapacitated rape, $\beta = .20$), and hazardous drinking predicted incapacitated rape ($\beta = .24$). PTSD symptoms predicted hazardous drinking in African American women only ($\beta = .20$). Thus, there is a need to evaluate risk pathways for specific types of victimization among diverse samples.

Posttraumatic growth as experienced by childhood cancer survivors and their families: a narrative synthesis of qualitative and quantitative research.

Duran B.
Author information:
Medical Oncology Multispecialty Outpatient Clinic, Yale Cancer Center, New Haven, CT 06520, USA. beyhan.duran@yale.edu

Confronting with a life-threatening illness may serve as an opportunity for self-renewal and spiritual and personal growth. Posttraumatic growth refers to the experience of positive change resulting from the struggle and/or cognitive engagement with the existential challenges of life events. The more stressful a life situation is, the more potential it provides for personal growth. This article is a report of a narrative synthesis of empirical research reporting the positive effects of cancer perceived by the childhood cancer survivors and their families. A total of 35 studies included 20 quantitative, 12 qualitative, and 3 mixed studies (involving 2087 childhood cancer survivors, 1115 parents, and 159 healthy siblings). They were published between 1975 and 2010 and conducted in 9 countries. Five themes were identified: (1) meaning-making, (2) appreciation of life, (3) self-awareness, (4) closeness and family togetherness, and (5) a desire to pay back society. The findings suggest that illness becomes our best teacher to get to know ourselves at a deeper level and the world in a new dimension with new meaning. Working through an illness brings out our best, teaching us what life is all about.

Role of emotion dysregulation in the relationship between childhood abuse and probable PTSD in a sample of substance abusers.

Weiss NH(1), Tull MT, Lavender J, Gratz KL.
Author information:
(1)Jackson State University, 1400 J.R. Lynch Street, Jackson, MS 39217, USA;
This study examined associations among childhood abuse, emotion dysregulation, and probable posttraumatic stress disorder (PTSD) within a sample of 93 substance use disorder (SUD) patients in residential treatment. SUD patients with probable PTSD (vs. non-PTSD) reported (a) greater severity of childhood sexual, physical, and emotional abuse and (b) significantly higher levels of overall emotion dysregulation and the specific dimensions of difficulties engaging in goal-directed behavior when upset, difficulties controlling impulsive behaviors when distressed, limited access to effective emotion regulation strategies, and lack of emotional clarity. Additionally, significant positive associations were found between both childhood physical and emotional (but not sexual) abuse on the one hand and dimensions of emotion dysregulation on the other. Further analyses indicated that difficulties controlling impulsive behaviors when distressed accounted for the associations of both childhood physical and emotional abuse with probable PTSD status. Findings of the present study highlight a potential mechanism underlying the relationships between both childhood emotional and physical abuse and PTSD in SUD patients.

A prospective study of the onset of PTSD symptoms in the first month after trauma exposure.

Whitman JB(1), North CS, Downs DL, Spitznagel EL.

Author information:
(1)Department of Psychiatry/Division of Crisis and Disaster Psychiatry, University of Texas Southwestern Medical Center, Dallas, TX, USA.
Jeannie.Whitman@UTSouthwestern.edu

BACKGROUND: The course of posttraumatic stress disorder (PTSD) symptoms in the month after trauma exposure has not been determined adequately. Symptom group C (avoidance/numbing) has been identified retrospectively as a marker for PTSD, but prospective studies are needed to determine whether these symptoms can provide substantially earlier identification of those who will have PTSD 1 month after trauma exposure.

METHODS: We evaluated 42 patients hospitalized for traumatic injuries over the first post-injury month to track development of posttraumatic symptoms.

RESULTS: Symptoms emerged rapidly, with group B (intrusion) and group D (hyperarousal) symptoms occurring earlier than group C symptoms. At 1 week, group
C criteria accurately predicted who would develop PTSD by 1 month, and by 2 weeks, group C criteria also predicted who would not develop PTSD by 1 month. CONCLUSIONS: The findings, if replicated, may permit earlier identification of PTSD and more timely, appropriate treatment.

A dyadic analysis of the influence of trauma exposure and posttraumatic stress disorder severity on intimate partner aggression.

Wolf EJ(1), Harrington KM, Reardon AF, Castillo D, Taft CT, Miller MW.
Author information:
(1)National Center for PTSD at VA Boston Healthcare System, Boston, MA 02130, USA.

This study used structural equation modeling to evaluate a mediation model of the relationship between trauma exposure, posttraumatic stress disorder (PTSD) symptoms, and perpetration of intimate partner physical and psychological aggression in trauma-exposed veterans and their cohabitating spouses (n = 286 couples; 88% male veteran and female spouse, 80.8% White, non-Hispanic). Dyadic data analyses were used to simultaneously evaluate actor and partner effects using the actor-partner interdependence model (Kashy & Kenny, 2000). The primary hypothesis was that PTSD would mediate the association between trauma exposure and intimate partner physical and psychological aggression with these effects evident both within and across members of a couple (i.e., actor and partner effects). The best-fitting model included (a) equivalent actor and partner direct effects of trauma on veterans' acts of psychological aggression (β = .17 to .20, p = .001), and (b) equivalent actor and partner indirect effects via PTSD on veterans' acts of physical aggression (β = .08 to .10, p < .001). There were no direct or indirect effects predicting the spouses' aggression. Results suggest it is important to consider the trauma histories and possible presence of PTSD in both partners as this may be a point of intervention when treating distressed couples.

Psychological birth trauma in adolescents experiencing an early birth.

Anderson C(1), McCarley M.
Author information:
(1)College of Nursing, University of Texas at Arlington, Arlington, TX, USA.
c.anderson@uta.edu
PURPOSE: To explore and compare associations among demographics, childbirth-related stressors, depressive symptoms, gestational age, and psychological birth trauma (PBT) among adolescents.

STUDY DESIGN AND METHODS: This cross-sectional, descriptive, comparative study compared two groups of adolescents for PBT. From a larger study dataset, we identified all adolescents delivering prior to 38 weeks (n = 30) and randomly selected 30 adolescents delivering between 38 and 42 weeks gestation for comparison. PBT was defined via birth appraisal, assessed by a one-item rating scale, and trauma impact, assessed via the Impact of Event Scale. Surveys, including the Center for Epidemiological Studies-Depression Scale, were completed within 72 hours of birth. We used frequencies and percentages to describe the sample and Chi square, Spearman Rank-Order Correlation, and Pearson's Product Moment Correlation to determine relationships between variables. Chi square and ANOVA statistical tests determined group differences.

RESULTS: Adolescents were primarily Latina, single, primigravidas, and over 16 years of age. Adolescents delivering before 38 weeks experiencing cesarean births reported symptoms of depression and were highest risk for PBT. Additionally adolescents delivering before 38 weeks reported lack of pain control and unsupportive caregivers in labor.

CLINICAL IMPLICATIONS: Healthcare professionals cognizant of the potential risk factors for PBT can help vulnerable adolescents through caregiver support, adequate pain control in labor, education, and screening and treatment of depressive symptoms. Follow-up postdischarge, especially for high-risk adolescents, should be arranged to monitor for continued, delayed, or remitting symptoms of depression and PBT.

Translation and psychometric evaluation of Persian versions of Burn Specific Pain Anxiety Scale and Impact of Event Scale.

Ghezeljeh TN(1), Ardehili FM, Rafii F, Hagani H.
Author information:
(1)The Nursing & Midwifery Care Research Center, Faculty of Nursing and Midwifery, Tehran University of Medical Sciences, East Nosrat St., Tohid Square, 6459, Tehran, Iran. najafi_t@tums.ac.ir

BACKGROUND: Burn as a traumatic life incident manifests severe pain and psychological problems. Specific instruments are needed to evaluate burn patients' psychological issues related to the injury. The aim of this study was to translate and evaluate the reliability and validity of the Persian versions of
Impact of Burn Specific Pain Anxiety scale (BSPAS) and Impact of Event Scale (IES).

METHODS: In this cross-sectional study, convenience sampling method was utilized to select 55 Iranian hospitalized burn patients. Combined translation was utilized for translating scales. Alpha cronbach, item-total correlation, convergent and discriminative validity were evaluated.

RESULTS: The Cronbach's α for both BSPAS- and IES-Persian version was 0.96. Item-total correlation coefficients ranged from 0.70 to 0.90. Convergent construct validity was confirmed by indicating high correlation between the scales designed to measure the same concepts. The mean score of BSPAS- and IES-Persian version was lower for individuals with a lower TBSA burn percentage which assessed discriminative construct validity of scales.

CONCLUSIONS: BSPAS- and IES-Persian version showed high internal consistency and good validity for the assessment of burn psychological outcome in hospitalized burn patients. Future studies are needed to determine repeatability, factor structure, sensitivity and specificity of the scales.

A comparative effectiveness review of parenting and trauma-focused interventions for children exposed to maltreatment.

Fraser JG(1), Lloyd S, Murphy R, Crowson M, Zolotor AJ, Coker-Schwimmer E, Viswanathan M.

Author information:
(1)Division of Developmental and Behavioral Pediatrics, Department of Pediatrics, Boston, MA 02118, USA. jenifer.goldmanfraser@bmc.org

OBJECTIVE: To systematically review the comparative effectiveness evidence for interventions to ameliorate the negative sequelae of maltreatment exposure in children ages birth to 14 years.

METHODS: We assessed the research on pharmacological and psychosocial interventions (parent-mediated approaches or trauma-focused treatments) reporting mental and behavioral health, caregiver-child relationship, and developmental and/or school functioning outcomes. We conducted focused searches of MEDLINE (through PubMed), Social Sciences Citation Index, PsycINFO, and the Cochrane Library (1990-2012). Reviewer pairs independently evaluated the studies for eligibility using predetermined inclusion/exclusion criteria, evaluated studies for risk of bias, extracted data, and graded the strength of evidence (SOE) for each comparison and each outcome based on predetermined criteria.

RESULTS: Based on our review of 6282 unduplicated citations, we found 17 trials eligible for inclusion. Although several interventions show promising comparative
benefit for child well-being outcomes, the SOE for all but one of these interventions was low. The results highlight numerous substantive and methodological gaps to address in the future research.

CONCLUSIONS: It is too early to make strong treatment recommendations, as comparative research remains relatively nascent in the child maltreatment arena. These gaps reflect, in large part, the Herculean demands on researchers involved in conducting high-quality clinical studies with this highly vulnerable population. The National Child Traumatic Stress Network and the Developmental-Behavioral Pediatrics Research Network (DBPNet) are two potentially powerful platforms to conduct large rigorous trials needed to move the field forward. More broadly, a paradigm shift among researchers and funders alike is needed to galvanize the commitment and resources necessary for conducting collaborative clinical trials with this highly vulnerable population.

Psychopathological correlates of child sexual abuse: the case of female students in Jimma zone, South West Ethiopia.

Haileye A.
Author information:
Department of psychology, College Social Science and Law, Jimma University.

BACKGROUND: Arguably, the sexual abuse of children raises a number of important questions for researchers at different times. Thus, the present study was aimed to examine psychopathological correlates of child sexual abuse.

METHODS: This cross-sectional survey study compared the degree of vulnerability to psychopathological variables among respondents with a history of sexual abuse and their unabused counter parts in Jimma Zone. To this end, 400 female students were selected from five high schools as the sample population using multi-stage sampling procedure. Data were gathered using Reynold's Adolescent Depression Scale (RADS), Adolescent Panic Anxiety Scale, and Posttraumatic stress disorder test. The collected data via self-administered questionnaire were analyzed through the two sample t-test statistical procedure.

RESULTS: The study revealed a result of $t=3.83$ for depression, $t=2.46$ for panic episode, and $t=4.23$ for PTSD score, whereas, the critical value of all the three psychopathological variables showed $t(52)=1.676$ at $P=0.05$. Results illustrate the presence of statistically significant differences in the mean scores of the above mentioned psychopathologies between females with history of sexual abuse and females who were not victims of this sexual attack at $df=52$ and $P=0.05$.

CONCLUSION: The findings of the present study indicate that history of childhood sexual abuse has adverse consequences on the future psychological wellbeing of
females. Specifically, females with experience of sexual abuse were found to be more susceptible to develop depression, panic anxiety, and post-traumatic stress disorders than unabused females. Thus, parents, and teachers should give the necessary care and protection to female children. Primary bio-psychosocial care services need to be established in the school system, and both the Ministry of Health and the Ministry of Education should work together against sexual exploitation of female children.

Prevalence and predictors of posttraumatic stress disorder and depressive symptoms among child survivors 1 year following the Wenchuan earthquake in China.

Ying LH(1), Wu XC, Lin CD, Chen C.
Author information:
(1)Institute of Developmental Psychology, Beijing Normal University, 19 Xinjiekouwai Street, Beijing, 100875, People's Republic of China.

The purpose of this study was to estimate the prevalence rates of probable posttraumatic stress disorder (PTSD) and depression and to explore potential risk factors among child and adolescent survivors 1 year following the 2008 Wenchuan earthquake. 3052 participants were administered the Child PTSD Symptom Scale, the Center for Epidemiologic Studies Depression Scale for Children, and the earthquake experience scale. Results indicated that the prevalence rates of probable PTSD and depression were 8.6 and 42.5%, respectively. Demographic variables (i.e., age and gender) and most aspects of earthquake experiences (i.e., direct exposure, close ones' exposure, fear for the safety of close ones, prior exposure to trauma, living location, and house damage, with the exception of type of housing) made unique contributions to PTSD and depressive symptoms. In addition, the moderating effect of gender on the relationships between age and PTSD and depressive symptoms was significant. In conclusion, depression was a more common psychological response than was PTSD among child survivors 1 year following the Wenchuan earthquake. Age and gender were risk factors for both PTSD and depressive symptoms. Furthermore, older female survivors exhibit more severe PTSD and depressive symptoms. Additionally, several aspects of earthquake experiences (i.e., direct exposure, close ones' exposure, fear for the safety of close ones, prior exposure to trauma, living location, and house damage) was also important for the development and maintenance of PTSD and depressive symptoms.

Paediatric medical trauma: The impact on parents of burn survivors.
McGarry S(1), Girdler S, McDonald A, Valentine J, Wood F, Elliott C.

Author information:
(1)Princess Margaret Hospital, Burns Total Care Unit, Australia; School of Exercise and Health Sciences, Edith Cowan University, Australia.
sarah.mcgarry@health.wa.gov.au

In order to identify parents at risk of developing ongoing psychological distress after their child has sustained a burn a greater understanding of paediatric medical trauma is required. AIM: To investigate the impact of exposure to paediatric trauma on parents of children with a burn and to identify risk factors and relationships between psychological distress and resilience.

METHODS: Sixty-three parents were recruited. Parents completed standardised assessments measuring symptoms of posttraumatic stress disorder (PTSD), depression, anxiety, stress, and resilience within one week of the burn occurring. Statistical analysis included t-tests, Kruskal-Wallis one way ANOVA and Spearman's Roe.

RESULTS: Parents experienced significantly more symptoms of PTSD (p=0.001) than a comparative community population. Factors including having a daughter, witnessing the event, feeling helpless or having past traumatic experiences significantly influenced symptoms of psychological distress and resilience (p=0.05).

CONCLUSION: Parents of burn survivors experience significant psychological distress with low levels of resilience. As part of standard routine care health professionals should screen parents to identify those at greatest risk and provide effective evidence based interventions aimed at improving resilience and reducing stress.

Multimodal assessment of emotional reactivity in borderline personality pathology: the moderating role of posttraumatic stress disorder symptoms.

Dixon-Gordon KL(1), Gratz KL, Tull MT.

Author information:
(1)Department of Psychiatry and Human Behavior, University of Mississippi Medical Center, Jackson, Mississippi, MS 39216, USA. kdixongordon@umc.edu

Emotional reactivity has been theorized to play a central role in borderline personality (BP) pathology. Although growing research provides evidence for subjective emotional reactivity in BP pathology, research on physiological or biological reactivity among people with BP pathology is less conclusive. With
regard to biological reactivity in particular, research on cortisol reactivity (a neurobiological marker of emotional reactivity) in response to stressors among individuals with BP pathology has produced contradictory results and highlighted the potential moderating role of PTSD-related pathology. Thus, this study sought to examine the moderating role of PTSD symptoms in the relation between BP pathology and both subjective (self-report) and biological (cortisol) emotional reactivity to a laboratory stressor. Participants were 171 patients in a residential substance use disorder treatment center. Consistent with hypotheses, results revealed a significant main effect of BP pathology on subjective emotional reactivity to the laboratory stressor. Furthermore, results revealed a significant interaction between BP pathology and PTSD symptoms in the prediction of cortisol reactivity, such that BP pathology was associated with heightened cortisol reactivity only among participants with low levels of PTSD symptoms. Similar findings were obtained when examining the interaction between BP pathology and the reexperiencing and avoidance/numbing symptoms of PTSD specifically. Results highlight the moderating role of PTSD symptoms in the BP-reactivity relation.

A comparison of adolescents engaging in self-injurious behaviors with and without suicidal intent: self-reported experiences of adverse life events and trauma symptoms.

Zetterqvist M(1), Lundh LG, Svedin CG.
Author information:
(1)Department of Clinical and Experimental Medicine, Child and Adolescent Psychiatry, Linköping University, 581 85, Linköping, Sweden.
maria.zetterqvist@liu.se

Research comparing adolescents engaging in suicidal and non-suicidal self-injury (NSSI), both separately and in combination, is still at an early stage. The purpose of the present study was to examine overlapping and distinguishable features in groups with different types of self-injurious behaviors, using a large community sample of 2,964 (50.6% female) Swedish adolescents aged 15-17 years. Adolescents were grouped into six categories based on self-reported lifetime prevalence of self-injurious behaviors. Of the total sample, 1,651 (55.7%) adolescents reported no self-injurious behavior, 630 (21.2%) reported NSSI 1-4 times, 177 (6.0%) reported NSSI 5-10 times, 311 (10.5%) reported NSSI ≥ 11 times, 26 (0.9%) reported lifetime prevalence of suicide attempt and 169 (5.7%) adolescents reported both NSSI and suicide attempt. After controlling for
gender, parental occupation and living conditions, there were significant differences between groups. Pairwise comparisons showed that adolescents with both NSSI and suicide attempt reported significantly more adverse life events and trauma symptoms than adolescents with only NSSI, regardless of NSSI frequency. The largest differences (effect sizes) were found for interpersonal negative events and for symptoms of depression and posttraumatic stress. Adolescents with frequent NSSI reported more adversities and trauma symptoms than those with less frequent NSSI. There were also significant differences between all the NSSI groups and adolescents without any self-injurious behavior. These findings draw attention to the importance of considering the cumulative exposure of different types of adversities and trauma symptoms when describing self-injurious behaviors, with and without suicidal intent.


Alexithymia and posttraumatic stress disorder following asthma attack.

Chung MC(1), Wall N.

Author information:
(1) Natural Science and Public Health, Zayed University, PO Box 144534, Abu Dhabi, UAE. man.chung@zu.ac.ae

This study examined the levels of posttraumatic stress disorder (PTSD) following asthma attack (post-asthma attack PTSD) and psychiatric co-morbidity among college students. It also investigated the association between these variables and alexithymia. One hundred and six college students participated in the study and completed an on-line survey comprising the Asthma Symptom Checklist, PTSD Checklist, General Health Questionnaire-28 and Toronto Alexithymia Scale. Ninety-one students without asthma and major illness formed the control group. 2 % met the diagnostic criteria for full-PTSD, while 42 and 56 % met the partial and no-PTSD criteria respectively. Compared with the control, the asthma group reported significantly more somatic problems, social dysfunction and depression and was five times more likely to have an elevated risk of developing a general psychiatric disorder. After adjusting age, marital status, asthma experience and symptoms, alexithymia did not predict PTSD, while difficulty identifying feelings predicted psychiatric co-morbidity. Mediational analyses showed that asthma symptoms partially mediated the link between difficulty identifying feelings and psychiatric co-morbidity. People can develop PTSD symptoms and other psychological difficulties following asthma attack. Alexithymia influenced general psychological difficulties independently of PTSD symptoms.
Alexithymia and posttraumatic stress disorder following epileptic seizure.

Chung MC(1), Allen RD.
Author information:
(1)Natural Science and Public Health, Zayed University, PO Box 144534, Abu Dhabi, UAE. man.chung@zu.ac.ae

This study investigated (1) the incidence of posttraumatic stress disorder following epileptic seizure (post-epileptic seizure PTSD) and psychiatric co-morbidity and (2) the extent to which alexithymia traits related to the severity of the preceding outcomes. Seventy-one people with epilepsy participated in the study and completed the Posttraumatic Stress Diagnostic Scale, Hospital Anxiety and Depression Scale (HADS), and Toronto Alexithymia Scale. The control group comprised 71 people without epilepsy who completed the HADS. Fifty-one percent met the diagnostic criteria for full-PTSD; 30 % for partial-PTSD and 19 % for no-PTSD. The epilepsy group reported significantly more anxiety and depression than the control with demographic variables controlled for. Difficulty identifying feelings predicted post-epileptic seizure PTSD, anxiety and depression. It was positively correlated with post-epileptic seizure PTSD and depression, while it was negatively correlated with anxiety. People can develop PTSD and psychiatric co-morbid symptoms following epileptic seizures. The severity of these symptoms was related to difficulty in identifying internal feelings and emotions.

A pilot randomized controlled trial of a brief early intervention for reducing posttraumatic stress disorder, anxiety and depressive symptoms in newly diagnosed head and neck cancer patients.

Kangas M(1), Milross C, Taylor A, Bryant RA.
Author information:
(1)Centre for Emotional Health, Department of Psychology, Macquarie University, Australia. maria.kangas@mq.edu.au

OBJECTIVE: Head and neck cancer (HNC) patients have a high incidence of cancer-related posttraumatic stress disorder (PTSD) and other anxiety and depressive disorders. We report the results from the first pilot randomized controlled trial in which the efficacy of an early cognitive-behavioral therapy (CBT) program was compared with a non-directive supportive counseling (SC) intervention in reducing PTSD, general anxiety and depressive symptoms, and
improving perceived quality of life in newly diagnosed, distressed HNC patients undergoing radiotherapy.

PATIENTS AND METHODS: Thirty-five HNC patients (mean age=54.8 years; 80% males) with elevated levels of PTSD, depression or anxiety were randomized to seven individual sessions of a multi-modal CBT or non-directive SC, concurrent with patients' radiotherapy. The SC intervention provided non-directive counseling support. PTSD, anxiety and depressive symptoms (primary outcomes), and cancer-related appraisals and quality of life (secondary outcomes) were assessed pre-intervention (baseline), 1 month, 6 months and 12 months post-intervention by diagnostic clinical interviews and validated self-report questionnaires.

RESULTS: The CBT and SC interventions were found to be equal in their effects in reducing PTSD and anxiety symptoms both in the short and longer term. However, up to 67% of patients in the CBT program no longer met clinical or sub-clinical PTSD, anxiety and/or depression by 12 months post-treatment compared with 25% of patients who received SC.

CONCLUSION: Findings indicate that the early provision of psychotherapy has utility in reducing PTSD, anxiety and depressive symptoms, and preventing chronic psychopathology in distressed HNC patients.


Body image in patients with posttraumatic stress disorder after childhood sexual abuse and co-occurring eating disorder.

Dyer A(1), Borgmann E, Kleindienst N, Feldmann RE Jr, Vocks S, Bohus M.

Author information:
(1)Department of Clinical and Biological Psychology, University of Mannheim, Mannheim, Germany. dyer@uni-mannheim.de

BACKGROUND: Body image is a multidimensional construct with cognitive-affective, behavioral and perceptive components. Survivors of childhood sexual abuse report a disturbance of the cognitive-affective component of their body image but not of the perceptive component. It has not yet been examined whether and how the behavioral component is affected. Also, it is still unknown whether the disturbances might be due to the influence of co-occurring eating disorders.

SAMPLING AND METHODS: The cognitive-affective and behavioral components of the body image of 84 female participants with posttraumatic stress disorder (PTSD) after childhood sexual abuse (31 with a co-occurring eating disorder) and 53 healthy participants were assessed via the Dresden Body Image Inventory (Dresdner Körperbildfragebogen-35, DKB-35) and the Body Image Avoidance Questionnaire (BI AQ).

RESULTS: PTSD patients reported significantly higher negative scores on all
DKB-35 subscales (p < 0.001) and the BIAQ (p = 0.002; p < 0.001). Results remained consistent after accounting for the influence of co-occurring eating disorders (p = 0.021; p = 0.001; p < 0.001).

CONCLUSIONS: Results show for the first time that the behavioral component of the body image is impaired in female patients with PTSD in addition to the cognitive-affective component. This is not solely due to a comorbid eating disorder. The effect of established treatments on the body image of PTSD patients should be evaluated and new treatment modules should be developed and tested, if necessary.

Posttraumatic stress in infants and preschoolers with cancer.

Graf A(1), Bergstraesser E, Landolt MA.
Author information:
(1)Department of Psychosomatics and Psychiatry, University Children's Hospital Zurich, Zurich, Switzerland. graf@kispi.uzh.ch

OBJECTIVE: This study is the first to assess posttraumatic stress disorder (PTSD) in young children with cancer and to examine individual, medical, and parent-related determinants.

METHODS: Forty-eight patients with cancer, ages 8-48 months, were assessed in an average of 15 months after their diagnosis, using mothers as informants to complete the Posttraumatic Stress Disorder Semi-Structured Interview and Observational Record for Infants and Young Children. Additionally, mothers and the attending pediatric oncologist completed questionnaires on various determinants of child PTSD.

RESULTS: Nine children (18.8%) met the age-appropriate criteria for full PTSD proposed by Scheeringa et al., and 20 children (41.7%) met criteria for partial PTSD. Multivariate logistic regression analysis revealed that higher child age at diagnosis (odds ratio=1.11) and maternal PTSD severity (odds ratio=1.14) increased the risk of full or partial PTSD in children.

CONCLUSIONS: This study provides evidence for a substantial prevalence of PTSD in young children with cancer and identifies important risk factors.

Salivary cortisol and dehydroepiandrosterone sulfate in adolescent rape victims with post traumatic stress disorder.

Bicanic IA(1), Postma RM, Sinnema G, De Roos C, Olff M, Van Wesel F, Van de Putte
BACKGROUND: In chronic sexual abuse victims with post traumatic stress disorder (PTSD), the hypothalamic pituitary adrenal (HPA) axis can be dysregulated. In single rape victims, PTSD symptoms are hypothesized to function as a chronic stressor leading to similar HPA-axis dysregulation. The objective of the current study was to assess HPA-axis functioning in female adolescents with rape-related PTSD, but no prior sexual trauma, in comparison to non-victimized controls.

METHOD: Salivary cortisol and dehydroepiandrosterone sulfate (DHEAS) were measured in 52 female adolescent rape victims with PTSD and 37 healthy adolescents at 0, 15, 30, 45 and 60 min after awakening, both under basal conditions and after 0.5 mg dexamethasone administration.

RESULTS: Compared to age-matched controls, adolescent rape victims with PTSD showed significantly reduced cortisol and DHEAS levels. No group differences for the effect of dexamethasone suppression were found. Both the event of rape and PTSD diagnosis, and not factors such as sleep duration, smoking, education or oral contraceptives, accounted for the neuroendocrine differences between rape victims and controls.

CONCLUSIONS: The results show evidence for a dysregulated HPA-axis in female adolescent victims of single sexual trauma with PTSD. The finding of hypocortisolism is consistent with endocrine dysfunctioning in chronic sexual abuse victims and may have clinical implications with regard to treatment possibilities.

Associations between prolonged grief disorder, depression, posttraumatic stress disorder, and anxiety in Rwandan genocide survivors.

Schaal S(1), Dusingizemungu JP(2), Jacob N(3), Neuner F(4), Elbert T(3).

Author information:
(1)Department of Psychology, University of Konstanz, Konstanz, Germany. Susanne.Schaal@uni-konstanz.de
(2)Department of Psychology, University of Butare, Butare, Rwanda.
(3)Department of Psychology, University of Konstanz, Konstanz, Germany.
(4)Department of Psychology, University of Bielefeld, Bielefeld, Germany.

A number of studies have demonstrated that symptoms of prolonged grief disorder (PGD) represent a symptom cluster distinct from bereavement-related depression,
anxiety, and posttraumatic stress disorder (PTSD). The aim of the present study was to confirm and extend these findings using the most recent criteria defining PGD. The authors interviewed a total of 400 orphaned or widowed survivors of the Rwandan genocide. The syndromes were strongly linked to each other with a high comorbidity. Principal axis factoring resulted in the emergence of 4 different factors. The symptoms of depression, along with the cognitive, emotional, and behavioral symptoms of PGD, loaded on the first factor, symptoms of anxiety on the second factor, symptoms of PTSD on the third factor, and the separation distress symptoms of PGD on the fourth factor. This indicates that the concept of PGD includes symptoms that are conceptually related to depression. However, the symptom cluster of separation distress presents a grief-specific dimension that may surface unrelated to depressive symptoms.

Posttraumatic symptoms in Japanese bereaved family members with special regard to suicide and homicide cases.

Ogata K(1), Ishikawa T(2), Michiue T(2), Nishi Y(2), Maeda H(2).
Author information:
(1)Department of Legal Medicine, Osaka City University Medical School, Osaka, Japan. koh-ske@sakai.zaq.ne.jp
(2)Department of Legal Medicine, Osaka City University Medical School, Osaka, Japan.

The authors investigated posttraumatic stress disorder (PTSD) symptoms in Japanese bereaved family members using a questionnaire. Participants were bereaved as a result of suicide and homicide (n = 51 and 49, respectively), with natural death (n = 56) as a control; and their relationships to the deceased were parent-child (n = 79), conjugal (n = 42), and others (n = 35). With regard to the 3 main PTSD-related criteria, (a) re-experiencing symptoms were not dependent on the manner of death or the relationship to the deceased; (b) avoidance behaviors were more highly related to homicide than natural death for relatives other than parent-child and conjugal relationships; and (c) hyperarousal and maladaptation symptoms were more serious for conjugal loss. These findings suggest that avoidance behaviors in homicidal cases are more closely associated with a distant family relationship, whereas conjugal loss is traumatic, irrespective of the manner of death, often causing hyperarousal and maladaptation symptoms.