

August, 2012 PILOTS Topic Alert

Record 1 of 42

TI: Title

Intermittent explosive disorder in the National Comorbidity Survey
Replication Adolescent Supplement

AU: Author

McLaughlin, Katie A; Green, Jennifer Greif; Hwang, Irving; Sampson,
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SO: Source

Archives of General Psychiatry, Published online 2 July 2012.

AB: Abstract

CONTEXT: Epidemiologic studies of adults show that DSM-IV intermittent explosive disorder (IED) is a highly prevalent and seriously impairing disorder. Although retrospective reports in these studies suggest that IED typically begins in childhood, no previous epidemiologic research has directly examined the prevalence or correlates of IED among youth. **OBJECTIVE:** To present epidemiologic data on the prevalence and correlates of IED among US adolescents in the National Comorbidity Survey Replication Adolescent Supplement. **DESIGN:** United States survey of adolescent (age, 13-17 years) DSM-IV anxiety, mood, behavior, and substance disorders. **SETTING:** Dual-frame household-school samples. **PARTICIPANTS:** A total of 6483 adolescents (interviews) and parents (questionnaires). **MAIN OUTCOME MEASURES:** The DSM-IV disorders were assessed with the World Health Organization Composite International Diagnostic Interview (CIDI). **RESULTS:** Nearly two-thirds of adolescents (63.3%) reported lifetime anger attacks that involved destroying property, threatening violence, or engaging in violence. Of these, 7.8% met DSM-IV/CIDI criteria for lifetime IED. Intermittent explosive disorder had an early age at onset (mean age, 12.0 years) and was highly persistent, as indicated by 80.1% of lifetime cases (6.2% of all respondents) meeting 12-month criteria for IED. Injuries related

to IED requiring medical attention reportedly occurred 52.5 times per 100 lifetime cases. In addition, IED was significantly comorbid with a wide range of DSM-IV/CIDI mood, anxiety, and substance disorders, with 63.9% of lifetime cases meeting criteria for another such disorder [and 6.5% meeting criteria for PTSD.]. Although more than one-third (37.8%) of adolescents with 12-month IED received treatment for emotional problems in the year before the interview, only 6.5% of respondents with 12-month IED were treated specifically for anger. CONCLUSIONS: Intermittent explosive disorder is a highly prevalent, persistent, and seriously impairing adolescent mental disorder that is both understudied and undertreated. Research is needed to uncover risk and protective factors for the disorder, develop strategies for screening and early detection, and identify effective treatments.

RL: Resource Location

<http://dx.doi.org/10.1001/archgenpsychiatry.2012.592>

Record 2 of 42

TI: Title

Cannabinoid receptor genotype moderation of the effects of childhood physical abuse on anhedonia and depression

AU: Author

Agrawal, Arpana; Nelson, Elliot C; Littlefield, Andrew K; Bucholz, Kathleen Keenan; Degenhardt, Louisa; Henders, Anjali K; Madden, Pamela A F; Martin, Nicholas G; Montgomery, Grant W; Pergadia, Michele L; Sher, Kenneth J; Heath, Andrew C; Lynskey, Michael T

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SO: Source

Archives of General Psychiatry, vol. 69, no. 7, pp. 732-740, July 2012.

AB: Abstract

CONTEXT: The endocannabinoid system has been implicated in stress adaptation and the regulation of mood in rodent studies, but few human

association studies have examined these links and replications are limited. **OBJECTIVES:** To examine whether a synonymous polymorphism, rs1049353, in exon 4 of the gene encoding the human endocannabinoid receptor (CNR1) moderates the effect of self-reported childhood physical abuse on lifetime anhedonia and depression and to replicate this interaction in an independent sample. **DESIGN, SETTING, and PARTICIPANTS:** Genetic association study in 1041 young US women with replication in an independent Australian sample of 1428 heroin-dependent individuals as cases and 506 participants as neighborhood controls. **MAIN OUTCOME MEASURES:** Self-reported anhedonia and depression (with anhedonia). **RESULTS:** In both samples, individuals who experienced childhood physical abuse were considerably more likely to report lifetime anhedonia. However, in those with 1 or more copies of the minor allele of rs1049353, this pathogenic effect of childhood physical abuse was attenuated. Thus, in participants reporting childhood physical abuse, although 57.1% of those homozygous for the major allele reported anhedonia, only 28.6% of those who were carriers of the minor allele reported it ($P = .01$). The rs1049353 polymorphism also buffered the effects of childhood physical abuse on major depressive disorder; however, this influence was largely attributable to anhedonic depression. These effects were also noted in an independent sample, in which minor allele carriers were at decreased risk for anhedonia even when exposed to physical abuse. **CONCLUSIONS:** Consistent with preclinical findings, a synonymous CNR1 polymorphism, rs1049353, is linked to the effects of stress attributable to childhood physical abuse on anhedonia and anhedonic depression. This polymorphism reportedly resides in the neighborhood of an exon splice enhancer; hence, future studies should carefully examine its effect on expression and conformational variation in CNR1, particularly in relation to stress adaptation.

RL: Resource Location

<http://dx.doi.org/10.1001/archgenpsychiatry.2011.2273>

Record 3 of 42

TI: Title

Life history interviews with 11 boys diagnosed with attention-deficit/hyperactivity disorder who had sexually offended: a sad storyline

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SO: Source

Journal of Trauma and Dissociation, vol. 13, no. 4, pp. 421-434, July-September 2012.

AB: Abstract

Little is known of the possible relationship between a diagnosis of attention-deficit/hyperactivity disorder (ADHD) and sexually offensive behavior in adolescents. Our aim was to understand how adolescents with ADHD who had sexually offended described their childhood experiences and spoke about their diagnostic symptoms. The boys' early lives and relations were unpredictable, and emotional, physical, and sexual limits had been crossed. However, many boys saw themselves or their diagnosis, rather than their parents, school, or "society", as the underlying cause of their behavior. They used different strategies, for example repressing memories or regarding traumatic experiences as normal, to manage their lives. Most boys had difficulty with emotions and expressed sadness or frustration through anger. They spoke of being inattentive and restless in school and impulsive before and during their sexual offenses. The psychiatric assessment was described as a "messy" experience that strengthened their belief that something was wrong with them. Some had incorporated neuropsychiatric language into otherwise limited vocabularies and tended to use their diagnostic symptoms to excuse their offenses. The focus in the assessment on the boys themselves and their behaviors may darken their understandings of themselves, their experiences of abuse, and the offenses they have committed. Further research is needed into the possible consequences of a diagnosis of ADHD on adolescents' self-image and sense of self-control.

RL: Resource Location

<http://dx.doi.org/10.1080/15299732.2011.652344>

Record 4 of 42

TI: Title

Impact of multiple types of childhood trauma exposure on risk of psychiatric comorbidity among alcoholic inpatients

AU: Author

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SO: Source

Alcoholism: Clinical and Experimental Research, vol. 36, no. 6, pp. 1099-1107, June 2012.

AB: Abstract

BACKGROUND: This study examined the prevalence of single- and multiple-type childhood trauma exposure (CTE) among alcoholic patients undergoing inpatient detoxification and treatment. The relationships between various types of CTE and lifetime psychiatric comorbidities and suicide attempts were also explored. **METHODS:** A total of 196 alcoholic inpatients were assessed by Structured Clinical Interview for DSM-IV Axis I Disorders and Childhood Trauma Questionnaire (CTQ) for CTE history. **RESULTS:** The overall prevalence of CTE in the entire sample was high (55.1%). Specifically, the prevalence of emotional abuse was 21.4%, physical abuse 31.1%, sexual abuse 24.0%, emotional neglect 20.4%, and physical neglect 19.9%. Regarding multiple types of CTE, 31.7 and 18.9% reported at least 2 and at least 3 CTE types, respectively. Strikingly, among those with at least 1 positive CTQ category, more than half reported 2 or more CTE types. A history of emotional abuse increased the risk of mood disorder, in particular major depressive disorder, as well as PTSD. Physical abuse contributed to the prediction of suicide attempts, while sexual abuse was associated with a diagnosis of anxiety disorder, PTSD, and multiple comorbidities (e.g., anxiety and mood disorder). The number of reported CTE types or the total score of the CTQ predicted an increased risk of having single or multiple psychiatric comorbidities as well as suicide attempts. **CONCLUSIONS:** We observed high rates of a broad range of CTE types and a trend for CTE-specific enhancement of risk for various psychiatric outcomes among alcoholic inpatients. Of note, a dose-response relationship between number of CTE types and risk of psychiatric comorbidities as well as suicide attempts was found. We suggest a wide range of CTE should be included when exploring the effects of CTE or developing prevention and treatment strategies among alcoholic subjects.

RL: Resource Location

<http://dx.doi.org/10.1111/j.1530-0277.2011.01695.x>

Record 5 of 42

TI: Title

Antidepressants may mitigate the effects of prenatal maternal anxiety on infant auditory sensory gating

AU: Author

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SO: Source

American Journal of Psychiatry, vol. 169, no. 6, pp. 616-624, June 2012.

AB: Abstract

OBJECTIVE: Prenatal maternal anxiety has detrimental effects on the offspring's neurocognitive development, including impaired attentional function. Antidepressants are commonly used during pregnancy, yet their impact on offspring attention and their interaction with maternal anxiety has not been assessed. The authors used P50 auditory sensory gating, a putative marker of early attentional processes measurable in young infants, to assess the impact of maternal anxiety and antidepressant use. **METHOD:** A total of 242 mother-infant dyads were classified relative to maternal history of anxiety and maternal prenatal antidepressant use. Infant P50 auditory sensory gating was recorded during active sleep at a mean age of 76 days (SD = 38). **RESULTS:** In the absence of prenatal antidepressant exposure, infants whose mothers had a history of anxiety diagnoses had diminished P50 sensory gating. Prenatal antidepressant exposure mitigated the effect of anxiety. The effect of maternal anxiety was limited to amplitude of response to the second stimulus, while antidepressant exposure had an impact on the amplitude of response to both the first and second stimulus. **CONCLUSIONS:** Maternal anxiety disorders are associated with less inhibition during infant sensory gating, a performance deficit mitigated by prenatal antidepressant exposure. This effect may be important in considering the risks and benefits of antidepressant use during pregnancy. Cholinergic mechanisms are hypothesized for both anxiety and antidepressant effects, although the cholinergic receptors involved are likely different for anxiety and antidepressant effects.

RL: Resource Location

<http://dx.doi.org/10.1176/appi.ajp.2012.11091365>

Record 6 of 42

TI: Title

Neuropsychological effects of posttraumatic stress disorder in children and adolescents

AU: Author

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SO: Source

Canadian Journal of School Psychology, vol. 27, no. 2, pp. 166-182, June 2012.

AB: Abstract

PTSD can affect people of all ages but the literature is lacking on children and adolescents who experience PTSD. The consequences of this disorder extend beyond the basic symptoms by which it is defined. Neuroanatomically, the brains of children with PTSD have been found to be abnormally symmetrical in several structures, resulting in abnormal functioning. Neuropsychological assessment reveals that children and adolescents with the PTSD syndrome have significant deficits in memory, attention, executive functioning, and in overall verbal intelligence that needs to be discriminated from other syndromes with similar deficits, for example, Attention Deficit Hyperactivity Disorder (ADHD). This review presents the research findings with regard to these deficits in learning and behaviour that school psychologists encounter with students who experience PTSD. Implications for the practice of school psychology and suggestions for future research are discussed.

RL: Resource Location

<http://dx.doi.org/10.1177/0829573512440420>

Record 7 of 42

TI: Title

Association between posttraumatic stress, depression, and functional impairments in adolescents 24 months after traumatic brain injury

AU: Author

O'Connor, Stephen S; Zatzick, Douglas F; Wang, Jin; Temkin, Nancy R; Koepsell, Thomas D; Jaffe, Kenneth M; Durbin, Dennis; Vavilala, Monica

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SO: Source

Journal of Traumatic Stress, vol. 25, no. 3, pp. 264-271, June 2012.

AB: Abstract

The degree to which postinjury PTSD and/or depressive symptoms in adolescents are associated with cognitive and functional impairments at 12 and 24 months after traumatic brain injury (TBI) is not yet known. The current study used a prospective cohort design, with baseline assessment and 3-, 12-, and 24-month followup, and recruited a cohort of 228 adolescents ages 14-17 years [from the the Child health After Injury (CHAI) study] who sustained either a TBI (n = 189) or an isolated arm injury (n = 39). Linear mixed-effects regression was used to assess differences in depressive and PTSD symptoms between TBI and arm-injured patients and to assess the association between 3-month PTSD and depressive symptoms and cognitive and functional outcomes. Results indicated that patients who sustained a mild TBI without intracranial hemorrhage reported significantly worse PTSD (Hedges $g = 0.49$, $p = .01$; Model R-square = .38) symptoms across time as compared to the arm injured control group. Greater levels of PTSD symptoms were associated with poorer school (eta-square = .07, $p = .03$; Model Model R-square = .36) and physical (eta-square = .11, $p = .01$; Model R-square = .23) functioning, whereas greater depressive symptoms were associated with poorer school (eta-square = .06, $p = .05$; Model R-square = .39) functioning.

RL: Resource Location

<http://dx.doi.org/10.1002/jts.21704>

Record 8 of 42

TI: Title

"Nothing really matters": emotional numbing as a link between trauma exposure and callousness in delinquent youth

AU: Author

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Department of Psychology, Miami University, Oxford OH, USA

SO: Source

Journal of Traumatic Stress, vol. 25, no. 3, pp. 272-279, June 2012.

AB: Abstract

This study investigated the interrelations among trauma exposure, emotional numbing, and callous-unemotional traits in a sample of 276 youth (68 girls and 208 boys) recruited from 2 juvenile detention centers. Youth completed interview measures of trauma exposure and betrayal trauma, as well as self-report measures of emotional numbing and callous-unemotional traits. Results of path analyses using nonparametric bootstrapping procedures indicated findings consistent with the hypothesis that the association between trauma exposure and callous-unemotional traits was mediated by the general numbing of emotions, $R\text{-square} = .40$, and also specifically by numbing of sadness, $R\text{-square} = .27$. In addition, further analyses indicated that numbing of fear, $R\text{-square} = .18$, and sadness, $R\text{-square} = .26$, statistically mediated the relations to callous-unemotional traits only for those traumatic experiences involving betrayal. Gender was not found to moderate these effects.

RL: Resource Location

<http://dx.doi.org/10.1002/jts.21700>

Record 9 of 42

TI: Title

Differences in posttraumatic stress reactions between witnesses and direct victims of motor vehicle accidents

AU: Author

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SO: Source

Journal of Traumatic Stress, vol. 25, no. 3, pp. 280-287, June 2012.

AB: Abstract

The present study describes posttraumatic stress reactions in young witnesses of motor vehicle accidents (MVAs). This study investigated (a) whether witnesses of MVAs report fewer trauma symptoms than direct victims, but more than adolescents who were never exposed to an MVA; and (b) whether individual differences in sex, negative appraisal, avoidant coping, and social support account for variability in trauma symptoms beyond status as a witness as compared to a victim. Self-report data came from a community-based sample of 3,007 adolescents with an average age of 14.6 years and comprising 53% boys. Compared to direct victims of an MVA in which someone was injured, witnesses of MVAs with injury reported significantly less internalizing symptoms, such as symptoms of posttraumatic stress ($d = 0.25$), fear ($d = 0.21$), and depression ($d = 0.17$). Compared to adolescents who were never exposed to an MVA with injury, witnesses reported significantly more externalizing symptoms ($d = 0.24$). In multiple regression analyses the significant difference between witnesses and victims disappeared when sex, other stressful events, appraisals, and coping were added to the model. These findings suggest that adolescent witnesses, as well as direct victims, may be at risk for posttraumatic reactions.

RL: Resource Location

<http://dx.doi.org/10.1002/jts.21692>

Record 10 of 42

TI: Title

Intervention effectiveness among war-affected children: a cluster randomized controlled trial on improving mental health

AU: Author

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AF: Affiliation

Department of Psychology, Islamic University Gaza, Gaza City, Palestine; School of Social Sciences and Humanities/Psychology, University of Tampere, Tampere, Finland; Department of Public Relations, Gaza Community Mental Health Programme, Gaza City, Palestine; Helsinki Collegium for Advanced studies, University of Helsinki, Helsinki, Finland

SO: Source

Journal of Traumatic Stress, vol. 25, no. 3, pp. 288-298, June 2012.

AB: Abstract

We examined the effectiveness of a psychosocial intervention in reducing mental health symptoms among war-affected children, and the role of peritraumatic dissociation in moderating the intervention impact on posttraumatic stress symptoms (PTSS). School classes were randomized into intervention (n = 242) and waitlist control (n = 240) conditions in Gaza, Palestine. The intervention group participated in 16 extracurriculum sessions of teaching recovery techniques (TRT) and the controls received normal school-provided support. Participants were 10- to 13-year-old Palestinian girls (49.4%) and boys (50.6%). Data on PTSS, depressive symptoms, and psychological distress were collected at baseline (T1), postintervention (T2), and 6-month follow-up (T3). Peritraumatic dissociation was assessed only at baseline. Regression analyses that took regression to the mean and cluster sampling into account were applied. The results on intervention effectiveness were specific to gender and peritraumatic dissociation. At T2, the intervention significantly reduced the proportion of clinical PTSS among boys, and both the symptom level (R-square = .24), and proportion of clinical PTSS among girls who had a low level of peritraumatic dissociation. The results have implications for risk-specific tailoring of psychosocial interventions in war conditions.

RL: Resource Location

<http://dx.doi.org/10.1002/jts.21707>

Record 11 of 42

TI: Title

Toward the way forward: the national children's disaster mental health concept of operations

AU: Author

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AF: Affiliation

Center for Disaster Medical Sciences, Department of Emergency Medicine, School of Medicine, University of California Irvine, Orange CA, USA; Department of Psychiatry, University of Oklahoma Health Sciences Center, Oklahoma City OK, USA; Office of the Command Surgeon, North American Aerospace Defense Command - US Northern Command, Colorado Springs CO, USA

SO: Source

Disaster Medicine and Public Health Preparedness, vol. 6, no. 2, pp. 174-181, June 2012.

AB: Abstract

Although increasing evidence suggests that children are at particular risk from disasters and evidence-based practices have been developed to triage and treat them effectively, no strategy or concept of operations linking best practices for disaster response is currently in place. To our knowledge, this report describes the first effort to address this critical gap and outlines a triage-driven children's disaster mental health incident response strategy for seamless preparedness, response, and recovery elements that can be used now. The national children's disaster mental health concept of operations (NCDMH CONOPS) details the essential elements needed for an interoperable, coordinated response for the mental health needs of children by local communities, counties, regions, and states to better meet the needs of children affected by disasters and terrorism incidents. This CONOPS for children proposes the use of an evidence-based, rapid triage system to provide a common data metric to incident response and recovery action and to rationally align limited resources to those at greater need in a population-based approach.

RL: Resource Location

<http://dx.doi.org/10.1001/dmp.2012.22>

Record 12 of 42

TI: Title

'Grief that has no vent in tears, makes other organs weep.': seeking refuge from trauma in the medical setting

AU: Author

Martin, Paddy

SO: Source

Journal of Child Psychotherapy, vol. 38, no. 1, pp. 3-21, April 2012.

AB: Abstract

This paper will look at work carried out with asylum-seeking families and children within a hospital paediatric setting, exploring theories that can help us to understand how highly traumatic experiences, emotionally and cognitively unprocessed, may become expressed bodily. The case examples will show how these shattered and dislocated patients experience a range of physical symptoms from symbolic conversion manifestations to foreclosure of unthinkable and terrorising experiences displaced into the body. In the latter cases, there are particularly powerful and intergenerational effects upon the family as a whole, as the family becomes organised around physical symptomatology that covers "holes" created by the trauma in their

sense of "going on being" as both individuals and as a family. These families can become over invested or hypercathect the physical fragility of children born into this matrix of trauma. The aim of this paper will be to draw upon psychoanalytic ideas in relation to psychosomatic symptoms, including Freud, Winnicott, and Joyce McDougall amongst others and to try and integrate these ideas to some extent with both neurobiological understanding of the bodily aspects of feeling and emotion, as well as important anthropological understanding of identity in a cultural context.

RL: Resource Location

<http://dx.doi.org/10.1080/0075417X.2011.651839>

Record 13 of 42

TI: Title

Can projective drawings detect if a child experienced sexual or physical abuse?

AU: Author

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SO: Source

Trauma, Violence, and Abuse: A Review Journal, vol. 13, no. 2, pp. 97-111, April 2012.

AB: Abstract

Clinical observations have suggested that children who experience physical or sexual abuse may provide indicators in their drawings that can distinguish them from nonabused children. Some have even suggested that a child's drawings and the interpretive testimony of a trained mental health clinician should be admissible in court as evidence of a child's abuse status. Many of these comments, however, may reflect a limited consideration of the available research. The current article provides a comprehensive literature review of the controlled research to determine whether any graphic indicators (e.g., genitalia, omission of body parts) or predefined scoring system can reliability and validly discriminate abused from nonabused children. Results indicate that, although individual studies have found support for various indicators or scoring systems, these results are rarely replicated, many times studies finding significant results suffer from serious methodological flaws and alternative explanations for findings (e.g., mental illness) are often present. No graphic indicator or scoring

system possessed sufficient empirical evidence to support its use for identifying sexual or physical abuse. A discussion of the legal ramifications of these results is provided.

RL: Resource Location

<http://dx.doi.org/10.1177/1524838012440339>

Record 14 of 42

TI: Title

The longitudinal impact of exposure to violence on cortisol reactivity in adolescents

AU: Author

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AF: Affiliation

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SO: Source

Journal of Adolescent Health, Published online 22 March 2012.

AB: Abstract

PURPOSE: The purpose of this report is to examine the effect of exposure to violence (ETV) on cortisol reactivity (CR) in children with no identified serious mental health problems or reports of maltreatment. ETV was hypothesized to influence development of the stress system in this sample of youth as has been demonstrated in maltreated youth. **METHODS:** The sample consisted of 124 adolescents aged 8-13 years. Data were collected at two waves of measurement 12 months apart. ETV was operationalized as the number of different violent events each child was exposed to as a witness or victim. CR was evaluated in relation to the Trier Social Stress Test for Children. **RESULTS:** ETV occurring during the 12 months before the first assessment was predictive of CR 12 months later in boys, even after controlling for age and Time 1 symptoms of psychopathology, CR, and lifetime ETV. Lifetime ETV at Time 1 was positively correlated with symptoms of major depressive disorder and generalized anxiety disorder in both sexes. **CONCLUSIONS:** The unique aspect of the current findings is that typically research studying the effects of ETV is conducted with a clinical or maltreated sample. The findings show that recent ETV has an effect on reactions to a laboratory stressor and has longer-term negative mental health consequences. Further study is needed to determine whether these effects are enduring or a shorter-term adaptive response to ETV.

RL: Resource Location

<http://dx.doi.org/10.1016/j.jadohealth.2012.01.005>

Record 15 of 42

TI: Title

Protective factors and predictors of vulnerability to chronic stress: a comparative study of 4 communities after 7 years of continuous rocket fire

AU: Author

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AF: Affiliation

Natal - The Israel Trauma Center for Victims of War and Terror, Tel Aviv, Israel; Department of Community Mental Health, University of Haifa, Haifa, Israel; Ben-Gurion University of the Negev, Beer Sheva, Israel; Sackler Faculty of Medicine, Tel Aviv University, Ramat Aviv, Israel; Lev Hasharon Mental Health Center, Pardessia, Israel; Department of Psychology and Social Behavior, University of California, Irvine CA, USA

SO: Source

Social Science and Medicine, vol. 74, no. 5, pp. 757-766, March 2012.

AB: Abstract

Many communities across the world are chronically exposed to extreme violence. Responses of residents from a city and rural community in Southern Israel, both exposed to 7 years of daily mortar fire, were compared to residents from demographically, socio-economically, and geographically comparable non-exposed control samples to examine protective factors and predictors of vulnerability to chronic war-related attacks. Samples from a highly exposed city (Sderot) and a highly exposed rural community region (Otef Aza), along with a demographically comparable comparison non-exposed city (Ofakim) and non-exposed rural community region (Hevel Lachish), were obtained in 2007 using Random Digit Dialing. In total, 740 individuals (81.8% participation rate) were interviewed about trauma exposure, mental health, functioning, and health care utilization. In the highly exposed city of Sderot, 97.8% of residents had been in close proximity to falling rockets; in the highly exposed rural community region of Otef Aza, 95.5% were similarly exposed. Despite exposure to chronic rocket attacks, residents of Otef Aza evidenced little symptomatology: only one person (1.5%) reported symptoms consistent with probable PTSD and functioning levels did not differ from those of non-exposed communities. In contrast, posttraumatic stress (PTS), distress,

functional impairment, and health care utilization were substantially higher in the highly exposed city of Sderot than the other three communities. Lack of resources was associated with increased vulnerability among city residents; predictors of PTS across all samples included being female, older, directly exposed to rockets, history of trauma, suffering economic loss, and lacking social support. Increased community solidarity, sense of belonging, and confidence in authorities may have served a protective function for residents of rural communities, despite the chronic attacks to which they were exposed.

RL: Resource Location

<http://dx.doi.org/10.1016/j.socscimed.2011.10.022>

Record 16 of 42

TI: Title

Using community outreach and evidenced-based treatment to address domestic violence issues

AU: Author

Puccia, Ellen; Redding, Terry M; Brown, Rebecca S; Gwynne, Patricia A; Hirsh, Allegra B; Hoffmann Frances, Rebecca J; Morrison, Betsy

AF: Affiliation

Beta Research Associates Inc., Palmetto FL, USA; Community Counseling Center, Portland ME, USA

SO: Source

Social Work in Mental Health, vol. 10, no. 2, pp. 104-126, March 2012.

AB: Abstract

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is one evidence-based treatment for post-traumatic stress (PTS) that has shown great promise. The Children's Initiative has used this treatment model successfully to alleviate symptoms of PTS as a result of witnessing domestic violence. When this treatment model is used within a cohesive community structure with maximum inclusion of all local agencies and coordinated referral efforts, it is highly effective as a response to domestic violence.

RL: Resource Location

<http://dx.doi.org/10.1080/15332985.2011.601704>

Record 17 of 42

TI: Title

Child maltreatment: the Lebanese children's experiences

AU: Author

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SO: Source

Child: Care, Health and Development, Published online 13 February 2012.

AB: Abstract

BACKGROUND: This study examined the prevalence, risk factors, and consequences associated with child maltreatment in the home. **METHODS:** The sample was 1028 (556 boys; 472 girls) Lebanese children aged 8-17 years ($M = 11.89$; $SD = 1.67$). Children were administered an interview questionnaire that included the International Child Abuse Screening Tool, the Trauma Symptom Checklist, and the Family Functioning in Adolescence Questionnaire. **RESULTS:** Approximately 30% of the children reported at least one incident of witnessing violence, 65% reported at least one incident of psychological abuse, and 54% reported at least one incident of physical abuse over a 1-year period. The results showed an overlap between children's reports of witnessing violence in their homes and physical and psychological abuse that were associated with adolescents' trauma symptoms. Family-related variables significantly predicted three forms of child maltreatment. **CONCLUSION:** These results highlight the importance of examining children's multiple experiences of violence in their homes in research designs, prevention efforts, and policy mandates. However, it should be noted that estimates of prevalence (as opposed to estimates of the relation between variables which is relatively more robust to selection bias) are open to error because of the nature of our sample.

RL: Resource Location

<http://dx.doi.org/10.1111/j.1365-2214.2011.01359.x>

Record 18 of 42

TI: Title

Using the cultural formulation to resolve uncertainty in diagnoses of psychosis among ethnoculturally diverse patients

AU: Author

Adeponle, Ademola B; Thombs, Brett D; Groleau, Danielle; Jarvis, Eric; Kirmayer, Laurence J

AF: Affiliation

Department of Psychiatry, University of Manitoba, Winnipeg MB, Canada;
Department of Psychiatry, McGill University, Montreal QC, Canada;
Institute of Community and Family Psychiatry, Jewish General Hospital,
Montreal QC, Canada

SO: Source

Psychiatric Services, vol. 63, no. 2, pp. 147-153, February 2012.

AB: Abstract

OBJECTIVE: The aim of the study was to assess the impact of systematic use of the DSM-IV-TR cultural formulation on diagnoses of psychotic disorders among patients of ethnic minority and immigrant backgrounds referred to a cultural consultation service (CCS) in Canada. **METHODS:** The study entailed a review of medical records and case conference transcripts of 323 patients seen in a ten-year period at the CCS to determine factors associated with change in the diagnosis of psychotic disorders by the CCS. Logistic regression analysis was used to identify variables associated with changes in diagnosis. **RESULTS:** A total of 34 (49%) of the 70 cases with an intake (referral) diagnosis of a psychotic disorder were rediagnosed as nonpsychotic disorders, whereas only 12 (5%) of the 253 cases with an intake diagnosis of a nonpsychotic disorder were rediagnosed as a psychotic disorder ($p < .001$). Major depression, PTSD, adjustment disorder, and bipolar affective disorder were the common disorders diagnosed with use of the cultural formulation. Rediagnosis of a psychotic disorder as a nonpsychotic disorder was significantly associated with being a recent arrival in Canada (odds ratio [OR] = 6.05, 95% confidence interval [CI] = 1.56-23.46, $p = .009$), being nonblack (OR = 3.72, CI = 1.03-13.41, $p = .045$), and being referred to the CCS by nonmedical routes (such as social work or occupational therapy) (OR = 3.23, CI = 1.03-10.13, $p = .044$). **CONCLUSIONS:** Misdiagnosis of psychotic disorders occurred with patients of all ethnocultural backgrounds. PTSD and adjustment disorder were misidentified as psychosis among immigrants and refugees from South Asia. Studies are needed that compare clinical outcomes of use of cultural consultation with outcomes from use of other cultural competence models.

RL: Resource Location

<http://dx.doi.org/10.1176/appi.ps.201100280>

Record 19 of 42

TI: Title

The impact of malnutrition and post traumatic stress disorder on the

performance of working memory in children [working paper]

AU: Author

De Neubourg, Elise; De Neubourg, Chris

AF: Affiliation

Economic Policy Research Institute (EPRI), Cape Town, South Africa;
Innocenti Research Centre, UNICEF, Florence, Italy

SO: Source

Maastricht, The Netherlands: United Nations University - Maastricht
Economic and Social Research Institute on Innovation and Technology
(UNU-MERIT) and Maastricht University Graduate School of Governance,
January 2012. 24 pp.

AB: Abstract

Malnutrition is accepted to have a negative impact on the school performance of children and adolescents. Malnutrition also has a negative impact on cognitive development and a potentially lasting effect on (some) cognitive functions. This paper focuses on the effects of malnutrition and PTSD on short-term-working-memory on children. These effects are important since defective working memory capacities limit the learning ability of young children and thus the success of investment in human capital. The study is based on an empirical study among 80 children (boys and girls) aged between 9 and 13 years old in Banda Aceh, Indonesia, conducted in 2010 in cooperation with UNICEF. The study involved testing the children on a number of working memory tests (Digit Span, Coding and Bourb [i.e., d] on-Vos) and the Raven SPM intelligence test. Malnutrition was measured as stunting. The population of children living in Banda Aceh had been exposed to severe stress during the tsunami of December 2004 and its aftermath, and during the long-lasting violent conflict in the region. The study measured the degree of PTSD using the Child PTSD Symptoms Scale (CPSS). PTSD is proved to have similar effects on brain development as malnutrition and thus the effects of malnutrition on the working memory of children have to be controlled for the potential effects of PTSD. According to the results of the study, malnutrition is associated with a decrease in performance on the working memory tasks. On the contrary, intelligence measured by Raven's SPM was not associated with the decrease in performance on the working memory tasks, while it was found that a high score on the CPSS was indeed associated with a decrease in the performance on the three working memory tests. The study concludes with a discussion of the policy relevance of the results and sets out an agenda for further research.

RL: Resource Location

<http://www.merit.unu.edu/publications/wppdf/2012/wp2012-005.pdf>

Record 20 of 42

TI: Title

The missing link between juvenile delinquency and pediatric posttraumatic stress disorder: an attachment theory lens

AU: Author

Amatya, Pooja L; Barzman, Drew H

AF: Affiliation

Division of Child and Adolescent Psychiatry, Cincinnati Children's Hospital, Cincinnati OH, USA

SO: Source

ISRN Pediatrics, vol. 2012, pp. Article 134541, 2012.

AB: Abstract

The present paper reviews pediatric PTSD, emphasizing the relational basis of the disorder and highlighting the missing link between juvenile delinquency and trauma. The first part of the paper defines trauma and the diagnostic criteria for PTSD, noting child-specific features. The second part reviews the literature emphasizing the relational and attachment relevant nature of trauma. The third part explores psychological mechanisms for how attachment relations could affect trauma responses. Attachment relations (1) shape core schemas of the world, others, and the self and (2) foster emotional engagement or disengagement, both of which have been associated with traumatic responses. The most empirically supported pediatric trauma treatment, trauma-focused cognitive behavioral therapy (TF-CBT), acknowledges the attachment figure's influence and includes treating and training the parent and conjoint child-parent discussion. The next section reviews the noteworthy link between juvenile delinquency and trauma history. More awareness of trauma and PTSD in children and adolescents is recommended to effectively address juvenile delinquency. The review ends with a few helpful points for practicing pediatricians regarding childhood trauma.

RL: Resource Location

<http://dx.doi.org/10.5402/2012/134541>

Record 21 of 42

TI: Title

"The Lost Giggle": a children's book addressing community violence [dissertation]

AU: Author

Armstrong, Andrea C Mettler

SO: Source

Chicago School of Professional Psychology, 2012. 217 pp.

AB: Abstract

Community violence negatively impacts the lives of young children on a daily basis in the United States. Children exposed to violence often act out aggressively and develop depressive symptoms or symptoms associated with PTSD. This dissertation developed a creative therapeutic tool as a potential intervention for children between the ages of five and eight who have been exposed to community violence. A children's book, using the characters of Bozo the Bug and Fertie the Fly, was created as the intervention. The book can be a useful tool in bibliotherapy and incorporates elements of play and relationship play therapy as defined by Clark Moustakas. The book reflects the character's experience of developing PTSD symptoms, the growth he experiences through a therapeutic relationship, and the benefits of play and coping skills. Themes and aspects of community violence, PTSD, play, relationship play therapy, and coping skills are used throughout the story, and a description of each page was provided to identify the elements communicated. A prototype of the story and a feedback form were sent to key informants. The participants provided feedback and indicated that the book was interesting, reflected the experience of children exposed to community violence, and had the potential to be used as a therapeutic tool. [Author Abstract]

PB: Publisher

Chicago School of Professional Psychology

Record 22 of 42

TI: Title

Predictors of treatment engagement in ethnically diverse, urban children receiving treatment for trauma exposure [dissertation]

AU: Author

Fraynt, Rebecca Jacqueline

SO: Source

AB: Abstract

Keeping children and their families engaged in the treatment process is a major problem for mental health clinics. The following study used data collected for the National Childhood Traumatic Stress Network's Core Data Set to examine whether racial/ethnic disparities in treatment engagement exist in children seeking treatment for trauma

exposure, as well as whether disparities persist after accounting for other variables correlated with length of treatment and premature termination. The sample consisted of 562 children receiving services from a child abuse treatment and prevention agency in Los Angeles County. Our results indicated that African American children were consistently less engaged in treatment than Spanish-speaking Latino children. These disparities persisted even after controlling for other variables associated with treatment engagement outcomes. Child age, functional impairment, and receipt of group and field services were also consistent predictors of treatment engagement. [Author Abstract]

PB: Publisher

University of California, Los Angeles

RL: Resource Location

<http://search.proquest.com/docview/1018692810?accountid=10422>

Record 23 of 42

TI: Title

Feasibility and effectiveness of an adapted group treatment for traumatized youth [Author Abstract]

AU: Author

Knoverek, Angel M

SO: Source

Regent University, 2012. 100 pp.

AB: Abstract

The life-long sequelae of childhood trauma can impact emotional, social, behavioral, and psychological development. Providing effective trauma-informed interventions is paramount. This study evaluated treatment outcomes using an adapted evidence-informed group therapy with 44 children ages 9-11 who had experienced at least one traumatic event. Participants provided a trauma history; pre- and posttreatment self-report surveys measured trauma-related symptoms. Results of regression analyses indicated baseline scores of posttraumatic stress (PTS) was a significant predictor of response to treatment; age, gender, and number of trauma exposures were not significant predictors. Paired samples t tests indicated no significant decrease in PTS symptoms following treatment; however, significant differences were noted in PTS, reexperiencing, and overt dissociation for youth who reported moderate to severe PTS symptoms pretreatment. There were significant differences in impairments to functioning (i.e., problems with academics, attachment, behaviors at home, behaviors in school and community, and other medical problems/disabilities) posttreatment.

PB: Publisher

Regent University

RL: Resource Location

<http://search.proquest.com/docview/1020327938?accountid=10422>

Record 24 of 42

TI: Title

The impact of a trauma-based yoga intervention on posttraumatic symptoms in JSOs [dissertation]

AU: Author

Lee-Kin, Regan S

SO: Source

Chestnut Hill College, 2012. 98 pp.

AB: Abstract

Juvenile Sex Offenders are an underrepresented group in psychology's empirical literature. The literature suggests that this population has a high prevalence of childhood abuse and neglect, leaving them vulnerable to posttraumatic symptomatology. Treatment often fails to recognize and address these youths' trauma symptoms. There is a preponderance of literature support documenting physiological and somatic effects of posttraumatic stress. Traditional therapies for trauma do not typically address these symptoms directly. This study endeavored to address the need for a holistic, adjunctive treatment for posttraumatic stress symptoms in this underrepresented population. 11 juvenile sex offenders completed two sessions per week for five weeks of a trauma sensitive yoga intervention. Their trauma symptom and functioning scores were assessed with the Child PTSD Symptom Scale at baseline and after the final session. Paired t-test analysis showed significant decreases in trauma symptoms from pre-test to post-test. Daily functioning scores, however, did not demonstrate a significant change from baseline. [Author Abstract]

PB: Publisher

Chestnut Hill College

RL: Resource Location

<http://search.proquest.com/docview/1017885777?accountid=10422>

Record 25 of 42

TI: Title

Transforming learners through brain-based therapeutic techniques [dissertation]

AU: Author

McKearney, Carolyn

SO: Source

Northeastern University, 2012. 98 pp.

AB: Abstract

Throughout the country, school districts are dealing with the increase in violence, bullying, and/ or crimes in our schools. In attempt to make schools safer, zero tolerance policies were established and enacted. Suspension and expulsion policies operate on the supposition that the removal of disruptive students will bring order to the school environment. Ultimately, these measures have had devastating repercussions for students diagnosed with social-emotional and behavioral disabilities. Reactionary policies have resulted in a significant increase in the number of in-house suspensions, suspensions and expulsions for these students. These reactionary measures, which only respond to incidents, have done little to prevent episodes from occurring. This research explores the case of an 8-year-old elementary student, who is diagnosed with PTSD. After several unsuccessful school placements, the student now attends an alternative educational day program. The program offers a brain-based therapeutic component, which focuses on a preventative approach to behavioral intervention. This single-case quasi-experiment investigates if the implementation of positive visual imagery will result in improved behavioral outcomes. This quantitative single-case experiment examines and compares behavioral outcomes at baseline, during the implementation of positive visual imagery, and at return to baseline phases to determine if a positive effect is evident.

RL: Resource Location

<http://search.proquest.com/docview/1017708278?accountid=10422>

Record 26 of 42

TI: Title

Complex trauma experience in children and adolescents: an assessment of the effects of trauma type and role of interpersonal proximity [thesis]

AU: Author

Price, Maggie

SO: Source

University of Hawai'i at Hilo, 2012. 72 pp.

AB: Abstract

The symptomatic sequelae associated with childhood experience(s) of

trauma is complex and distinguishable from that of adult trauma exposure. Categories of impairment associated with experiences of early trauma include internalizing and externalizing emotional and behavioral problems, posttraumatic stress symptomology, and dissociation. The present study assessed the relationship between the type of trauma experience (i.e., non-interpersonal or interpersonal) and the manifestation of complex trauma symptomology using prospective longitudinal and multi-informant data from a community sample of ethnically diverse children and adolescents (N = 1676; ages 4-18). Specifically, the study examined the relationship between different types of trauma experiences (e.g., direct, vicarious, interpersonal) and levels of various symptom domains (e.g., anxiety, PTSD, conduct problems). The study also assessed a number of factors that have been indicated in the literature as relevant to the relationship between early trauma experience and subsequent impairment including temperament, socioeconomic status, sex, and age. The results indicated that interpersonal traumas involving significant interpersonal proximity are associated with externalizing problems (i.e., attention-deficit, oppositional defiant, and conduct problems), posttraumatic stress problems, and affective problems according to parent-report measures. According to youth-report, interpersonal traumas involving moderate levels of interpersonal proximity (e.g., traumas involving close friends) significantly predicted levels of somatic and anxiety problems. Direct trauma experience and emotionality were positively associated with almost all symptom domains in both parent- and youth-report data. Implications for the validity of proposed complex trauma diagnoses for inclusion in the DSM-V as well as broader understandings of the relationship between trauma and developmental psychopathology are discussed.

PB: Publisher

University of Hawai'i at Hilo

RL: Resource Location

<http://search.proquest.com/docview/1021192082?accountid=10422>

Record 27 of 42

TI: Title

Predictors of running away from state custody: a longitudinal study of youth in the Illinois Department of Children and Family Services
[dissertation]

AU: Author

Taylor, Victoria

SO: Source

Northwestern University, 2012. 119 pp.

AB: Abstract

OBJECTIVE: The purpose of this study is to identify variables that predict running away among youth in the child welfare system who have experienced placement instability. **METHODS:** We examined rates of running away among youth who received a Child & Adolescent Needs and Strengths (CANS) assessment as part of a Child and Youth Investment Team (CAYIT) designed to identify a stable placement for youth needing a higher level of care. Participants included 1,951 Illinois Department of Children and Family Services (IDCFS) wards who were in the child welfare system for at least one year before and after their first CAYIT. **RESULTS:** The prevalence of runaway episodes and number of days run significantly increased following a child's first CAYIT. Predictive effects differed for the subsample of youth who ran in the year before the CAYIT versus the subsample of youth who did not. The following variables increased the odds that youth with a runaway history ran within one year after the CAYIT: being younger, African American (versus Caucasian), and having more severe risk behaviors. Run days among these youth were increased by: being younger, male, African American (versus Caucasian), Hispanic or 'Other' (versus African American), having more severe trauma histories, risk behaviors, and/or fewer strengths. More severe traumatic stress symptoms, greater mental health needs, and impaired life domain functioning each predicted fewer run days. Among youth without a runaway history, the following variables increased the odds of running away: being older, African American (versus Caucasian), having more severe mental health needs, and having fewer risk behaviors. Predictors of increased run days among these "new runners" included being older, female, African American (versus Caucasian), Hispanic or 'Other' (versus African American), more severe trauma experiences, more mental health needs, fewer strengths, and poorer life domain functioning. Greater traumatic stress symptoms predicted fewer run days. **DISCUSSION:** Findings demonstrate the substantial prevalence of running away among youth requiring placement changes in the child welfare system, and identify demographic and clinical risk factors that can help caregivers and case workers better predict which children are at the highest risk for running.

PB: Publisher

Northwestern University

RL: Resource Location

<http://search.proquest.com/docview/1018402999?accountid=10422>

Record 28 of 42

TI: Title

Social rejection by peers: a risk factor for psychological distress

AU: Author

Beeri, Anat; Lev-Wiesel, Rachel

AF: Affiliation

School of Social Work, University of Haifa, Haifa, Israel; Graduate School of Creative Art Therapies, University of Haifa, Haifa, Israel

SO: Source

Child and Adolescent Mental Health, Published online 23 November 2011.

AB: Abstract

AIMS: The study examined the relationship between social rejection by peers, personal resources (potency and perceived social support), and psychological distress among Israeli adolescents. METHODS: 511 adolescents aged 12-17 (high-school students from two rural Israeli schools) completed self-report questionnaires consisting of the following measures: peer rejection (PR; ranged from having been ignored, cursed, assaulted, bullied, to having been physically attacked), posttraumatic symptoms (PTS), social avoidance, depression symptoms, potency, and perceived social support. RESULTS: 35% of the students reported experiencing some kind of social rejection (SR). One-way ANOVA and stepwise linear regression tests showed that those who experienced SR had higher levels of depression, PTS symptoms, and social avoidance compared to those who had no such history. In addition, personal resources, potency in particular, was found to mediate the distress. CONCLUSIONS: Findings indicated that adolescents who reported experiencing peer rejection had higher levels of psychological distress. In addition, the lower the personal resources were, the higher the levels of psychological distress. Potency buffered the level of distress resulting from social rejection by peers. Compared to boys, rejected girls had lower potency levels.

RL: Resource Location

<http://dx.doi.org/10.1111/j.1475-3588.2011.00637.x>

Record 29 of 42

TI: Title

Posttrauma numbing of fear, detachment, and arousal predict delinquent

behaviors in early adolescence

AU: Author

Allwood, Maureen A; Bell, Debora J; Horan, Jacqueline

AF: Affiliation

Department of Psychology, John Jay College of Criminal Justice, City University of New York, New York NY, USA; Department of Psychological Sciences, University of Missouri, Columbia MO, USA; Psychology Department, Fordham University, Bronx NY, USA

SO: Source

Journal of Clinical Child and Adolescent Psychology, vol. 40, no. 5, pp. 659-667, September 2011.

AB: Abstract

This study elaborated on associations between youth's trauma-related emotional numbing across multiple affective domains (e.g., fear, sadness, happiness, anger) and delinquent behaviors. The study also examined whether the effects of posttrauma emotional numbing varied by the occurrence of posttrauma arousal symptoms. Participants were 123 middle school boys and girls from working-class, urban communities. Emotional numbing, particularly diminished fear, was related to both home and community violence exposure. Numbing of fearful emotions was associated with all types of delinquent behaviors examined. In addition, numbing of sadness was associated with aggression. Interactions between numbing of fear and hyperarousal suggested a complex pattern of emotional processing following exposure to traumatic events in which numbing related to delinquent behavior only in the context of high posttrauma arousal. These patterns may coalesce to place youth at risk for early involvement in delinquent behaviors.

RL: Resource Location

<http://dx.doi.org/10.1080/15374416.2011.597081>

Record 30 of 42

TI: Title

World Trade Center tragedy: concomitant healing in traumatic grief through art therapy with children

AU: Author

DiSunno, Rebecca; Linton, Kristin; Bowes, Elissa

AF: Affiliation

New York University, New York NY, USA

SO: Source

Traumatology, vol. 17, no. 3, pp. 47-52, September 2011.

AB: Abstract

Two graduate students and a professor/clinical supervisor from the art therapy department at New York University discuss their experiences in the wake of September 11, 2001. The authors describe their personal experiences in working soon after the World Trade Center attacks along with their roles as art therapists at a grief camp for traumatically bereaved children. Clinical work with child victims of the attacks is discussed as well as grief experiences of other children. The article addresses how the language of imagery offers an alternative to words in the expression of pain and loss and a glimpse at the resilience of children when allowed a safe haven for grief work, the emergence of universal symbols after a national tragedy, and the unexpected concomitant healing of the trauma experienced by both therapists and children through symbolic imagery.

RL: Resource Location

<http://dx.doi.org/10.1177/1534765611421964>

Record 31 of 42

TI: Title

Experiences with children in lower Manhattan in the wake of 9/11: a professional and personal narrative

AU: Author

Cosentino, Clare E

AF: Affiliation

New York University, New York NY, USA

SO: Source

Traumatology, vol. 17, no. 3, pp. 53-58, September 2011.

AB: Abstract

On September 11, 2001, the author, a clinical assistant professor of child and adolescent psychiatry at New York University Medical Center, worked as a psychologist in private practice in close proximity to New York University and the twin towers. She and her young children directly witnessed the attack. She was actively involved in postattack responding to children's and their parents' needs through private practice and disaster relief work. The essay is a narrative that describes her experience of the attacks, professionally and personally, and lessons learned as a result.

RL: Resource Location

<http://dx.doi.org/10.1177/1534765610396724>

Record 32 of 42

TI: Title

"Beauty and terror, just keep on going" (Rilke)

AU: Author

Aiello, Theresa

AF: Affiliation

New York University, New York NY, USA

SO: Source

Traumatology, vol. 17, no. 3, pp. 59-61, September 2011.

AB: Abstract

This paper describes the influence of the events of 9/11 on the author's scholarship and research, with specific reference to the sense of community and of place. The author explores the gradual erosion of her own community and home with the losses of 9/11. In particular, the author's experience of 9/11 left her to contemplate how children experienced 9/11 in the narratives of the event in psychotherapy. The author continued to focus on children's narratives of nature and home and community and beauty in subsequent scholarship.

RL: Resource Location

<http://dx.doi.org/10.1177/1534765610395628>

Record 33 of 42

TI: Title

Do you remember: a letter to my son

AU: Author

Mills, Linda G

AF: Affiliation

Public Policy and Law, Silver School of Social Work, New York University, New York NY, USA

SO: Source

Traumatology, vol. 17, no. 3, pp. 62-66, September 2011.

AB: Abstract

A letter, dated one year after the September 11, 2001, terrorist attack on New York City, in which the author recounts to her son the events of that day and their responses to them.

RL: Resource Location

<http://dx.doi.org/10.1177/1534765611421812>

Record 34 of 42

TI: Title

Trauma and sexual risk among sexual minority African American

HIV-positive young adults

AU: Author

Radcliffe, Jerilynn; Beidas, Rinad; Hawkins, Linda A; Doty, Nathan

AF: Affiliation

Children's Hospital of Philadelphia, Philadelphia PA, USA; University of Pennsylvania, Philadelphia PA, USA; Temple University, Philadelphia PA, USA

SO: Source

Traumatology, vol. 17, no. 2, pp. 24-33, June 2011.

AB: Abstract

African American young men who have sex with men (YMSM) have shown alarming rates of human immunodeficiency virus (HIV) infection in recent surveys. Targeting factors related to risky sexual behaviors is essential for HIV prevention efforts. This study examined links between lifetime experiences of trauma, trauma-related symptoms, depressive symptoms, sexual health risk behaviors, and health status within a sample of 40 African American YMSM, aged 16 to 24 years, recruited from an adolescent HIV medical program. Results suggest that HIV-positive African American YMSM experience both a high number of traumatic events and higher rates of trauma-related symptoms than normative comparison groups. Additionally, trauma-related symptoms were found to be associated with increased depressive symptoms and sexual health risk behaviors (e.g., condom use) but not with physical health indices. Clinical implications and recommendations for the treatment of in HIV-positive African American YMSM are offered.

RL: Resource Location

<http://dx.doi.org/10.1177/1534765610365911>

Record 35 of 42

TI: Title

Trauma among lesbians and bisexual girls in the juvenile justice system

AU: Author

Graziano, Juliette Noel; Wagner, Eric F

AF: Affiliation

Florida International University, Miami FL, USA

SO: Source

Traumatology, vol. 17, no. 2, pp. 45-55, June 2011.

AB: Abstract

Lesbian, gay, bisexual, transgender, queer, and/or questioning (LGBTQ) youth are at particularly pronounced risk for experiencing trauma, and

trauma appears to increase the risk for juvenile justice system involvement. While it is well documented that LGBTQ youth experience significantly higher rates of trauma and sexual orientation violence than do their heterosexual counterparts, the interconnectedness of trauma, delinquency, and sexual-minority status among teenage girls has not been well studied. In addition, the juvenile justice system is ill equipped to deal with LGBTQ youth, underequipped for addressing issues related to trauma, and may inflict further trauma through homophobia among staff and sexual majority peers. Given (a) the pronounced trauma-related treatment need among juvenile offending girls, and (b) the lack of research focused on sexual-minority girls in the justice system, this review will focus on recent trauma research involving juvenile justice system-involved and lesbian and bisexual girls. The authors review current trends and practices and make recommendations for how to improve services and treatment for justice system-involved girls.

RL: Resource Location

<http://dx.doi.org/10.1177/1534765610391817>

Record 36 of 42

TI: Title

Juvenile incarceration and the pains of imprisonment

AU: Author

Fagan, Jeffrey A; Kupchik, Aaron *

AF: Affiliation

Center for Crime, community and Law, School of Law, Columbia University, New York NY, USA; Department of Sociology and Criminal Justice, University of Delaware, Newark DE, USA

SO: Source

Duke Forum for Law and Social Change, vol. 3, pp. 29-61, 2011.

AB: Abstract

After legislatures criminalized a major portion of juvenile delinquency in the 1980s and 1990s, large numbers of incarcerated youth began serving their sentences in adult correctional facilities. To understand the ramifications of this practice, prior research studies compared the correctional experiences of youth in juvenile and adult facilities. Yet this research often minimized the pains of imprisonment for youth in juvenile facilities, based on the contrast to adult facilities and the toxic conditions of confinement within them. In this article, we contribute to this literature by analyzing data from interviews with 188 young men incarcerated in juvenile and

adult facilities across two states. Surprisingly, our results show that although inmates in adult facilities give higher ratings of services and social climates than youth in juvenile facilities (including criminal activity and victimization), they fare much worse on other measures of social and psychological well-being. Importantly, the inmates in adult facilities report substantially and significantly greater rates of PTSD and symptoms of mental illness, and are much more likely to be afraid for their safety, compared to those in juvenile facilities. Based on these results, we argue that incarceration should be used only as a last resort for juveniles, regardless of institutional auspice, but that when it is deemed necessary, juvenile correctional facilities represent the lesser of two evils.

Record 37 of 42

TI: Title

Predictors of posttraumatic stress in children and adolescents

AU: Author

Hizli, Feride Gokben; Taskintuna, Nilgun; Isikli, Sedat; Kiliç, Cengiz; Zileli, Leyla

AF: Affiliation

Istanbul Hospital, Istanbul, Turkey; Department of Psychiatry, Faculty of Medicine, Baskent University, Ankara, Turkey; Department of Psychology, Faculty of Letters, Hacettepe University, Ankara, Turkey; Department of Psychiatry, Faculty of Medicine, Hacettepe University, Ankara, Turkey

SO: Source

Children and Youth Services Review, vol. 31, no. 3, pp. 349-354, March 2009.

AB: Abstract

We investigated the association between PTSD symptom levels and sociodemographic characteristics, earthquake survival, and related losses, and post-earthquake life events 4 years after two major earthquakes in Turkey in a sample of children and adolescents who emigrated from the devastated area. The study subjects consisted of 1999 earthquake survivors who moved to Ankara, Turkey, at the time of the study. The inclusion criteria included age ranging from 8 to 18 years and the absence of a serious cognitive or mental disorder that would interfere with response to self-report questionnaires. Regarding the earthquake experiences, unexpectedly, the findings indicate a significant association between posttraumatic stress, depression, fear

and avoidance symptoms, and only one of five subscales of Earthquake Experiences Scale, namely Functionality, even after controlling for the post-earthquake life events. Impact of earthquake was not found to predict psychological symptoms. Children and adolescents' subjective perception of the earthquake was an associated factor with higher posttraumatic stress and depression scores. Impact of earthquake was not found to predict psychological symptoms. We conclude that the level of PTSD symptoms in children and adolescents who survived a major earthquake is determined by the negative impact of the trauma on functionality and the degree of subjective negative perception about earthquake. Additional studies of PTSD in survivors of other types of major trauma are required to provide the interventions most effective for those individuals.

RL: Resource Location

<http://dx.doi.org/10.1016/j.chilyouth.2008.08.008>

Record 38 of 42

TI: Title

The Cedar Project: historical trauma, sexual abuse and HIV risk among young Aboriginal people who use injection and non-injection drugs in two Canadian cities

AU: Author

Cedar Project Partnership; Pearce, Margo E; Christian, Wayne M; Patterson, Katharina; Norris, Kat; Moniruzzaman, Akm; Craib, Kevin J P; Schechter, Martin T; Spittal, Patricia M

AF: Affiliation

Prince George Native Friendship Centre, Prince George BC, Canada; Carrier Sekani Family Services, Canada; Positive Living North, Canada; Red Road Aboriginal AIDS Network, Canada; Central Interior Native Health, Canada; Vancouver Native Health, Vancouver BC, Canada; Healing Our Spirit, Canada; Q'wemtsin Health Society, Canada; Splots'in/Secwepemc Nation, Enderby BC, Canada; Center for Health Evaluation and Outcome Sciences, Vancouver BC, Canada; Cedar Project, Victoria, BC, Canada; Cedar Project, Vancouver BC, Canada; Department of Health Care and Epidemiology, University of British Columbia, Vancouver BC, Canada

SO: Source

Social Science and Medicine, vol. 66, no. 11, pp. 2185-2194, June 2008.

AB: Abstract

Recent Indigenist scholarship has situated high rates of traumatic

life experiences, including sexual abuse, among Indigenous peoples of North America within the larger context of their status as colonized peoples. Sexual abuse has been linked to many negative health outcomes including mental, sexual, and drug-related vulnerabilities. There is a paucity of research in Canada addressing the relationship between antecedent sexual abuse and negative health outcomes among Aboriginal people including elevated risk of HIV infection. The primary objectives of this study were to determine factors associated with sexual abuse among participants of the Cedar Project, a cohort of young Aboriginal people between the ages of 14 and 30 years who use injection and non-injection drugs in two urban centres in British Columbia, Canada; and to locate findings through a lens of historical and intergenerational trauma. We utilized post-colonial perspectives in research design, problem formulation, and the interpretation of results. Multivariate modeling was used to determine the extent to which a history of sexual abuse was predictive of negative health outcomes and vulnerability to HIV infection. Of the 543 eligible participants, 48% reported ever having experienced sexual abuse; 69% of sexually abused participants were female. The median age of first sexual abuse was 6 years for both female and male participants. After adjusting for sociodemographic variables and factors of historical trauma, sexually abused participants were more likely to have ever been on the streets for more than three nights, to have ever self-harmed, to have suicide ideation, to have attempted suicide, to have a diagnosis of mental illness, to have been in the emergency department within the previous 6 months, to have had over 20 lifetime sexual partners, to have ever been paid for sex, and to have ever overdosed. The prevalence and consequences of sexual abuse among Cedar Project participants are of grave concern. Sexual trauma will continue to impact individuals, families, and communities until unresolved historical trauma is meaningfully addressed in client-driven, culturally safe programming.

RL: Resource Location

Record 39 of 42

TI: Title

Family context of mental health risk in tsunami-exposed adolescents: findings from a pilot study in Sri Lanka

AU: Author

Wickrama, K A S; Kaspar, Violet

AF: Affiliation

Iowa State University, Ames IA, USA; Department of Psychiatry,
University of Toronto, Toronto ON, Canada

SO: Source

Social Science and Medicine, vol. 64, no. 3, pp. 713-723, February
2007.

AB: Abstract

Using survey data from 325 tsunami-exposed adolescents and mothers from two villages in southern Sri Lanka, this pilot study investigated influences of tsunami exposure and subsequent psychosocial losses on adolescent depressive and PTSD symptoms. Findings generally support the study hypotheses: disaster exposure (for example experiences of property destruction and deaths of close others) contributes to depressive and PTSD symptoms in adolescents. Findings also show that psychosocial losses associated with tsunami exposure, such as prolonged displacement, social losses, family losses, and mental health impairment among mothers, contribute to depressive and PTSD symptoms in adolescents. Results suggest that the influence of tsunami exposure on adolescent mental health operates partially through tsunami-related psychosocial losses. As expected, positive mother-child relationships provide a compensatory influence on both depressive and PTSD symptoms of adolescents. In addition, high levels of depressive symptoms among mothers increases the detrimental influence of other tsunami-related psychosocial losses on adolescent mental health. These preliminary findings suggest ways to improve ongoing recovery and reconstruction programs and assist in formulating new programs for families exposed to both the tsunami and other natural disasters. More importantly, findings from this pilot study emphasize the urgent need for larger systematic studies focusing on mental health following disaster exposure.

RL: Resource Location

<http://dx.doi.org/10.1016/j.socscimed.2007.11.012>

Record 40 of 42

TI: Title

Karenni refugees living in Thai-Burmese border camps: traumatic experiences, mental health outcomes, and social functioning

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SO: Source

Social Science and Medicine, vol. 58, no. 12, pp. 2637-2644, June 2004.

AB: Abstract

In June 2001, we assessed mental health problems among Karenni refugees residing in camps in Mae Hong Son, Thailand, to determine the prevalence of mental illness, identify risk factors, and develop a culturally appropriate intervention program. A systematic random sample was used with stratification for the three camps; 495 people aged 15 years or older from 317 households participated. We constructed a questionnaire that included demographic characteristics, culture-specific symptoms of mental illness, the Hopkins Symptoms Checklist-25, the Harvard Trauma Questionnaire, and selected questions from the SF-36 Health Survey. Mental health outcome scores indicated elevated levels of depression and anxiety symptoms; PTSD scores were comparable to scores in other communities affected by war and persecution. Psychosocial risk factors for poorer mental health and social functioning outcomes were insufficient food, higher number of trauma events, previous mental illness, and landmine injuries. Modifications in refugee policy may improve social functioning, and innovative mental health and psychosocial programs need to be implemented, monitored, and evaluated for efficacy.

RL: Resource Location

<http://dx.doi.org/10.1016/j.socscimed.2003.09.024>

Record 41 of 42

TI: Title

Where researchers fear to tread: interpretive differences among testifying experts in child sexual abuse cases

MT: Monograph Title

Expert witnesses in child abuse cases: what can and should be said in court

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SO: Source

Ceci, Stephen J; Hembrooke, Helene (ed.). Expert witnesses in child abuse cases: what can and should be said in court, Washington: American Psychological Association, 1998. 249-263 pp.

AB: Abstract

In this chapter, we address two areas of disagreement among researcher, involving the two most widely discussed areas of expert testimony in child sexual abuse cases: behavioral symptoms and the suggestibility of children.

RL: Resource Location

<http://dx.doi.org/10.1037/10272-012>

Record 42 of 42

TI: Title

The battered child syndrome

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SO: Source

Journal of the American Medical Association, vol. 181, no. 1, pp. 17-24, July 7, 1962.

AB: Abstract

The battered-child syndrome, a clinical condition in young children who have received serious physical abuse, is a frequent cause of permanent injury or death. The syndrome should be considered in any child exhibiting evidence of fracture of any bone, subdural hematoma, failure to thrive, soft tissue swellings or skin bruising, in any child who dies suddenly, or where the degree and type of injury is at variance with the history given regarding the occurrence of the trauma. Psychiatric factors are probably of prime importance in the pathogenesis of the disorder, but knowledge of these factors is limited. Physicians have a duty and responsibility to the child to require a full evaluation of the problem and to guarantee that no

expected repetition of trauma will be permitted to occur. [Author Abstract] [This article does not deal with psychiatric or psychological consequences of child physical abuse.]

For a commentary on this article, see: John M. Leventhal and Richard D. Krugman: "'The battered-child syndrome' 50 years later: much accomplished, much left to do", *Journal of the American Medical Association* 308(1): 35-36 (July 4, 2012) [38932].

RL: Resource Location

<http://dx.doi.org/10.1001/jama.1962.03050270019004>