

## August, 2012 Medline Topic Alert

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### 1. *J Nerv Ment Dis.* 2012 Aug;200(8):692-8.

The child posttraumatic stress disorder checklist in a sample of South african youth: establishing factorial validity.

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**ABSTRACT:** To address the diverse health effects of posttraumatic stress disorder (PTSD) in youth, reliable and valid screening and diagnostic instruments that can be adapted to the specific context in which they are used, are required. Here, we assessed the psychometric properties (factorial validity, concurrent validity, and internal consistency) of the Child PTSD Checklist in treatment-seeking youth using secondary data. The scale demonstrated high internal consistency (Cronbach  $\alpha = 0.93$ ). Exploratory factor analysis revealed a three-factor structure (anxiety and avoidance, anger and dissociation, and depressive symptoms) that accounted for 41.9% of the total variance. Concurrent validity was fair between the Child PTSD Checklist and the diagnostic Kiddie Schedule for Affective Disorders and Schizophrenia, Present and Lifetime version when assessing for PTSD. The Child PTSD Checklist seems to be a promising tool for assessing PTSD in trauma-exposed youth in clinic settings. However, further studies are needed to address the checklist's broader utility.

### 2. *Eur Child Adolesc Psychiatry.* 2012 Jul 12. [Epub ahead of print]

Distinctiveness of symptoms of prolonged grief, depression, and post-traumatic stress in bereaved children and adolescents.

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Studies among adults have shown that symptoms of prolonged grief disorder (PGD) are distinct from those of bereavement-related depression and post-traumatic stress-disorder (PTSD). This study was an attempt to replicate this finding in

two distinct samples of bereaved children (N = 197; aged 8-12 years) and adolescents (N = 135; 13-18 years), confronted with the death of a parent, sibling or other close relative. Using confirmatory factor analyses, we compared the fit of a one-factor model with the fit of a three-factor model in which symptoms formed three distinct, correlated factors. In both samples, findings showed that the model in which symptoms of PGD, depression, and PTSD loaded on separate factors was superior to a one-factor model and displayed excellent model fit. Summed scores on the PGD, depression, and PTSD items were significantly associated with functional impairment, attesting to the concurrent validity of the PGD, depression, and PTSD factors. The current findings complement prior evidence from adult samples that PGD is a distinct syndrome and suggest that PGD symptoms should be addressed in the assessment and treatment of bereaved children and adolescent seeking help following their loss.

**3. Psychooncology. 2012 Jul 9. doi: 10.1002/pon.3132. [Epub ahead of print]**

Post-traumatic stress symptoms among mothers of children with leukemia undergoing treatment: a longitudinal study.

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**OBJECTIVE:** To assess post-traumatic stress symptoms (PTSS) in mothers of children over 2 years of leukemia treatment, to identify possible early family and child predictors of this symptomatology and to indicate the temporal trajectory of PTSS. **METHODS:** Participants were 76 Italian mothers (mean age = 37.30 years; SD = 6.07) of children receiving treatment for acute lymphoblastic (n = 69) or myeloid (n = 7) leukemia. Mothers had 12.05 years of education (SD = 3.87), and their incomes were average (52.1%), high (26%) and low (21.9%) for Italian norms, never in poverty. The pediatric patients with leukemia were equally distributed by gender with their mean age of 7.10 years (SD = 4.18). Post-traumatic stress symptoms were measured by a 17-item checklist. Scales assessing anxiety, depression, physical (Brief Symptom Inventory 18) and cognitive functioning (Problem Scale), and life evaluation were also used. There were five assessment points: 1 week (T1), 1 month (T2), 6 months (T3), 12 months (T4) and 24 months post-diagnosis (T5). **RESULTS:** The main results indicated moderate presence of clinical PTSS ( $\geq 9$  symptoms: 24% at T2, 18% at T3, 16% at T4 and 19% at T5) that remained stable across time points, whereas Brief Symptom Inventory 18 Global score decreased and life evaluation improved. A series of hierarchical regression models identified cognitive functioning early after the diagnosis as the best predictive factor of PTSS across time points. **CONCLUSION:** Specific psychological interventions could be devised for mothers at risk for short and long-term PTSS just after the diagnosis. Copyright © 2012 John Wiley & Sons, Ltd.

#### **4. Epidemiol Psychiatr Sci. 2012 Mar;21(1):35-45.**

The importance of secondary trauma exposure for post-disaster mental disorder.

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**BACKGROUND:** Interventions to treat mental disorders after natural disasters are important both for humanitarian reasons and also for successful post-disaster physical reconstruction that depends on the psychological functioning of the affected population. A major difficulty in developing such interventions, however, is that large between-disaster variation exists in the prevalence of post-disaster mental disorders, making it difficult to estimate need for services in designing interventions without carrying out a post-disaster mental health needs assessment survey. One of the daunting methodological challenges in implementing such surveys is that secondary stressors unique to the disaster often need to be discovered to understand the magnitude, type, and population segments most affected by post-disaster mental disorders. **METHODS:** This problem is examined in the current commentary by analyzing data from the WHO World Mental Health (WMH) Surveys. We analyze the extent to which people exposed to natural disasters throughout the world also experienced secondary stressors and the extent to which the mental disorders associated with disasters were more proximally due to these secondary stressors than to the disasters themselves. **RESULTS.** Lifetime exposure to natural disasters was found to be high across countries (4.4-7.5%). 10.7-11.4% of those exposed to natural disasters reported the occurrence of other related stressors (e.g. death of a loved one and destruction of property). A monotonic relationship was found between the number of additional stressors and the subsequent onset of mental disorders **CONCLUSIONS.** These results document the importance of secondary stressors in accounting for the effects of natural disasters on mental disorders. Implications for intervention planning are discussed.

#### **5. Epidemiol Psychiatr Sci. 2012 Mar;21(1):13-21.**

The narrative epidemiology of L'Aquila 2009 earthquake.

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The authors describe their experience working and living in L'Aquila, where at 3.32 a.m., early in the morning of 6 April 2009, a 6.3 Richter magnitude earthquake caused serious damages to this 13th century town (with a population of

72 000 and a health district of 103 788), in the mountainous Abruzzo region and to several medieval hill villages in the surrounding areas: 309 residents were killed, over 1600 were injured, 66 000 residents were displaced, and, the centre of L'Aquila, the main historical and artistic centre of Abruzzo, was totally destroyed. Here is described the work done at the Psychiatric Unit of the General Hospital of L'Aquila and in the University. The Authors report the incidence rate of Acute Stress Disorder (ASD) in help-seekers (full ASD 4.9%, and partial ASD 39.3%), and of post-traumatic stress disorder (PTSD) found in different samples of population (range 12-37.5). The authors express their consideration about which real-world variables can reflect the population distress and the naturalistic process of recovery in such natural disasters. After the earthquake they hypothesize that a lot of residents had found their way to recover through 'writing, telling the story', by analogy with what narrative medicine asserts, thus estimating the positive effect of 'emotional disclosure' on health. A large number of materials (books, web-blogs, videos) were produced by residents and a database of memories was implemented. The suffering and struggle to recover in the aftermaths of a traumatic experience often yields remarkable transformations and positive growth. From this point of view, the authors underline the increased virtual relationships of residents through Facebook, to cope with the loss of previous social relationships, to get information about recreational opportunities, or to get organized for public events, despite their displacement. Many collective demonstrations were organized and showed the will to actively participate to the processes of reconstruction of the civil and scientific life of the town. The authors stress the need to prevent natural disasters, instead of preventing mental disorders following natural disasters, reporting that seven Italian seismologists and scientists are on trial for manslaughter, accused to have failed to evaluate the true risks of L'Aquila earthquake.

**6. Mil Med. 2012 May;177(5):501-6.**

Mental health care use by soldiers conducting counterinsurgency operations.

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Counterinsurgency (COIN) has become the cornerstone of the military's strategy to combat terrorist threats. COIN operations are complex and often expose soldiers to unfamiliar stressors as they fight the enemy while developing and maintaining rapport with the local populace. Utilizing a retrospective record review protocol, we examined 282 mental health files of soldiers assigned to a brigade combat team that operated from a large forward operating base in Iraq during the counterinsurgency campaign. Most reported sleep disturbance, depression, anxiety, irritability, and conflict with supervisors related to either operational stress, exposure to direct combat, or home front concerns. Most received brief individual supportive therapy or attended solution-focused group counseling emphasizing life

skills training, post-traumatic stress treatment, women's support, or relationship skills. Psychopharmacologic treatment was an essential adjunct to the counseling program. Results indicate that supporting a COIN deployment requires a comprehensive mental health program that can respond to a wide range of mental health problems.

**7. Child Dev. 2012 May-Jun;83(3):821-30. doi: 10.1111/j.1467-8624.2012.01752.x. Epub 2012 Mar 30.**

Does dampened physiological reactivity protect youth in aggressive family environments?

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Is an attenuated physiological response to family conflict, seen in some youth exposed to early adversity, protective or problematic? A longitudinal study including 54 youth (average age 15.2 years) found that those with higher cumulative family aggression exposure showed lower cortisol output during a laboratory-based conflict discussion with their parents, and were less likely to show the normative pattern of increased cortisol reactivity to a discussion they rated as more conflictual. Family aggression interacted with cortisol reactivity in predicting youth adjustment: Adolescents from more aggressive homes who were also more reactive to the discussion reported more posttraumatic stress symptoms and more antisocial behavior. These results suggest that attenuated reactivity may protect youth from the negative consequences associated with aggressive family environments.

**8. Behav Res Ther. 2012 Jun;50(6):381-6. Epub 2012 Mar 11.**

Treating PTSD in suicidal and self-injuring women with borderline personality disorder: development and preliminary evaluation of a Dialectical Behavior Therapy Prolonged Exposure Protocol.

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This study focused on the development and pilot testing of a protocol based on Prolonged Exposure (PE) that can be added to Dialectical Behavior Therapy (DBT) to treat PTSD in suicidal and self-injuring individuals with borderline personality disorder (BPD). Women with BPD, PTSD, and recent and/or imminent serious intentional self-injury (n = 13) received one year of DBT with the DBT PE Protocol, plus three months of follow-up assessment. The treatment was associated with significant reductions in PTSD, with the majority of patients no longer meeting criteria for PTSD at post-treatment (71.4% of DBT PE Protocol completers,

60.0% of the intent-to-treat sample). A minority of patients (27.3%) engaged in intentional self-injury during the study. Improvements were also found for suicidal ideation, dissociation, trauma-related guilt cognitions, shame, anxiety, depression, and social adjustment. There was no evidence that the DBT PE Protocol led to exacerbations of intentional self-injury urges or behaviors, PTSD, treatment dropout, or crisis service use. Overall, the results indicate that this integrated BPD and PTSD treatment is feasible to implement within one year of treatment, highly acceptable to patients and therapists, safe to administer, and shows promise as an effective intervention for PTSD in this complex and high-risk patient population.

**9. Am J Mens Health. 2012 May;6(3):218-28. doi: 10.1177/1557988311429194.**  
Male dating violence victimization and adjustment: the moderating role of coping.

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Dating violence is a prevalent problem. Research demonstrates that males and females are victimized at comparable rates in their dating relationships and experience a number of mental health and relationship problems. Less research has examined male dating violence victimization, its association to mental health and relationship satisfaction, and whether coping styles influence mental health symptoms and relationship satisfaction among victims. The current study examined physical and psychological aggression victimization, adjustment (posttraumatic stress disorder symptoms and relationship satisfaction), and problem-focused and emotion-focused coping among heterosexual college males in a current dating relationship (n = 184). Results identified that psychological victimization was associated with posttraumatic stress and relationship discord above and beyond physical victimization. Interaction findings identified that psychological victimization was associated with increased posttraumatic stress disorder symptoms at high levels of problem-focused coping, whereas psychological victimization was associated with less relationship satisfaction at low levels of emotion-focused coping. Implications of these findings for future research are discussed.

**10. Psychiatr Serv. 2012 Apr;63(4):390-4.**

Rates of trauma-informed counseling at substance abuse treatment facilities: reports from over 10,000 programs.

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**OBJECTIVE:** Trauma-informed treatment increasingly is recognized as an important component of service delivery. This study examined differences in

treatment-related characteristics of facilities that offer moderate or high levels of trauma-informed counseling versus those that offer no or low levels of such counseling.

**METHODS:** Responses from 13,223 substance abuse treatment facilities surveyed in 2009 by the National Survey of Substance Abuse Treatment Services (NSSATS) were used.

**RESULTS:** A majority (66.6%) of facilities reported using trauma counseling sometimes or always or often. Facilities that provided moderate or high levels of trauma counseling were more likely to provide additional treatment services, such as disease testing and specialized group therapy, as well as child care, employment counseling, and other ancillary services.

**CONCLUSIONS:** A majority of facilities reported provision of trauma counseling. Additional training and resources may be needed for programs that reported low rates of trauma counseling.

**11. Psychiatr Serv. 2012 Apr;63(4):386-9.**

Does a study focused on trauma encourage patients with psychotic symptoms to seek treatment?

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**OBJECTIVE:** This study explored, in a randomized trial of psychotherapies for posttraumatic stress disorder (PTSD), why a surprisingly high percentage of study applicants presented with psychotic symptoms and what clinical implications this finding might prompt.

**METHODS:** Raters reviewed the records of applicants who completed an initial psychiatric interview and compared those who had psychotic symptoms with all other study-eligible participants and with those who ultimately were enrolled in the study.

**RESULTS:** Of 223 consecutively evaluated individuals who applied for study entry, 38 (17%) were found ineligible because of psychotic symptoms. These individuals were more likely to be male and to have suffered child abuse, and they had taken a greater number of lifetime medications than study-eligible applicants. Most individuals with psychotic symptoms met DSM-IV criteria for PTSD.

**CONCLUSIONS:** A trauma-informed framework might be a helpful part of a comprehensive treatment plan for some individuals with psychotic symptoms, possibly leading to greater treatment engagement and more positive outcomes.

**12. Behav Ther. 2012 Jun;43(2):407-15. Epub 2011 Oct 1.**

Adaptive disclosure: an open trial of a novel exposure-based intervention for service members with combat-related psychological stress injuries.

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We evaluated the preliminary effectiveness of a novel intervention that was developed to address combat stress injuries in active-duty military personnel. Adaptive disclosure (AD) is relatively brief to accommodate the busy schedules of active-duty service members while training for future deployments. Further, AD takes into account unique aspects of the phenomenology of military service in war in order to address difficulties such as moral injury and traumatic loss that may not receive adequate and explicit attention by conventional treatments that primarily address fear-inducing life-threatening experiences and sequelae. In this program development and evaluation open trial, 44 marines received AD while in garrison. It was well tolerated and, despite the brief treatment duration, promoted significant reductions in PTSD, depression, negative posttraumatic appraisals, and was also associated with increases in posttraumatic growth.

**13. J Pediatr Oncol Nurs. 2012 Mar-Apr;29(2):70-9. doi: 10.1177/1043454212439472. Epub 2012 Mar 14.**

Posttraumatic growth, coping strategies, and psychological distress in adolescent survivors of cancer.

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Only recently have researchers begun to empirically examine positive outcomes such as posttraumatic growth in adolescent cancer. This article examines associations between posttraumatic growth, coping strategies, and psychological distress in adolescent cancer survivors. Adolescents who finished cancer treatment 2 to 10 years prior (N = 31) completed self-report measures of posttraumatic growth, coping, symptomatology, and disease-related characteristics. Younger age at diagnosis and less use of avoidant coping strategies predicted lower levels of psychological distress. Adolescents' beliefs that they were more likely to relapse and the use of more acceptance coping strategies predicted higher levels of posttraumatic growth. Adolescent cancer survivors may be capable of experiencing posttraumatic growth. Those who believe they are more prone to relapse and use more acceptance coping strategies are likely to have higher levels of posttraumatic growth. As health care professionals encourage adolescent cancer survivors to use fewer avoidant coping strategies, they can also encourage survivors to use more acceptance coping strategies.

**14. Violence Against Women. 2011 Dec;17(12):1601-18.**

Surviving the storm: the role of social support and religious coping in sexual assault recovery of African American women.

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African American women are at high risk for sexual assault. In addition, many African American women endorse the use of social support and religiosity to cope with trauma. The current study investigates the relationship between these two coping strategies and posttrauma symptoms in a sample of 413 African American female sexual assault survivors using confirmatory factor analysis and structural equation modeling. Findings indicated that survivors with greater social support were less likely to endorse the symptoms of depression and PTSD. Conversely, increased use of religious coping was related to greater endorsement of depression and PTSD symptoms. Counseling and research implications are explored.

**15. Psychol Bull. 2012 May;138(3):550-88. Epub 2012 Mar 12.**

Evaluation of the evidence for the trauma and fantasy models of dissociation.

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The relationship between a reported history of trauma and dissociative symptoms has been explained in 2 conflicting ways. Pathological dissociation has been conceptualized as a response to antecedent traumatic stress and/or severe psychological adversity. Others have proposed that dissociation makes individuals prone to fantasy, thereby engendering confabulated memories of trauma. We examine data related to a series of 8 contrasting predictions based on the trauma model and the fantasy model of dissociation. In keeping with the trauma model, the relationship between trauma and dissociation was consistent and moderate in strength, and remained significant when objective measures of trauma were used. Dissociation was temporally related to trauma and trauma treatment, and was predictive of trauma history when fantasy proneness was controlled. Dissociation was not reliably associated with suggestibility, nor was there evidence for the fantasy model prediction of greater inaccuracy of recovered memory. Instead, dissociation was positively related to a history of trauma memory recovery and negatively related to the more general measures of narrative cohesion. Research also supports the trauma theory of dissociation as a regulatory response to fear or other extreme emotion with measurable biological correlates. We conclude, on the basis of evidence related to these 8 predictions, that there is strong empirical support for the hypothesis that trauma causes dissociation, and that dissociation remains related to trauma history when fantasy proneness is controlled. We find little support for the hypothesis that the dissociation-trauma relationship is due to fantasy proneness or confabulated memories of trauma.

**16. Biol Psychol. 2012 Apr;90(1):88-96. doi: 10.1016/j.biopsycho.2012.02.015. Epub 2012 Mar 2.**

Electrophysiological responses to threat in youth with and without Posttraumatic Stress Disorder.

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The current study was designed to examine event-related brain potentials and autonomic responses to pictures indicating threat, relative to non-threat, and acoustic startle reflexes in traumatized youth diagnosed with PTSD, relative to non-exposed children, before and after receiving psychotherapy. Children in the control group were individually yoked and demographically matched to the PTSD group. Both groups displayed enhanced late positive potentials and more prolonged heart rate deceleration to pictures indicating threat, relative to non-threat, and larger skin conductance responses to pictures indicating threat, relative to non-threat, at time one. At time two, controls appeared to habituate, as reflected by an overall attenuated skin conductance response, whereas the PTSD group showed little change. Across time points the PTSD group exhibited greater acoustic startle reflexes than the control group. Psychotherapy and symptom reduction was not associated with electrophysiology. Drawing from the adult literature, this study was an attempt to address the scarcity of research examining electrophysiological irregularities in childhood PTSD. The overall results suggest that children and adolescents allocate more attention to threat-related stimuli regardless of PTSD status, and exaggerated startle and a possible failure to habituate skin conductance responses to threat-related stimuli in youth with versus without PTSD.

**17. Child Abuse Negl. 2012 Feb;36(2):118-26. Epub 2012 Mar 6.**

Experiential avoidance and the relationship between child maltreatment and PTSD symptoms: preliminary evidence.

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**OBJECTIVE:** Not every adolescent exposed to child maltreatment develops symptoms of post-traumatic stress disorder (PTSD), emphasizing the need to identify variables that explain how some maltreated children come to develop these symptoms. This study tested whether a set of variables, respiratory sinus arrhythmia (RSA) and cortisol reactivity as well as experiential avoidance, explained the relationship between child maltreatment and PTSD symptoms.

**METHODS:** Adolescent females (N=110; n=51 maltreated) 14-19 years of age completed interviews, questionnaires, and a stressor paradigm. A multiple mediator model

was used to assess the effect for the set of variables while identifying specific indirect effects for each variable.

**RESULTS:** Results indicated that the set of variables mediated the relationship between child maltreatment and PTSD symptoms. However, only experiential avoidance contributed significantly to this effect when simultaneously estimating all other variables. The indirect effect for experiential avoidance was also significantly stronger than the effects of RSA and cortisol reactivity.

**CONCLUSIONS:** Data support the examination of experiential avoidance in understanding how adolescents who have been maltreated develop PTSD symptoms with implications for prevention and intervention.

**18. *Attach Hum Dev.* 2012;14(2):119-43.**

The reporting of maltreatment experiences during the Adult Attachment Interview in a sample of pregnant adolescents.

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This present student examines maltreatment experiences reported by 55 high-risk pregnant adolescents in response to a slightly adapted version of the Adult Attachment Interview (AAI; George, Kaplan, & Main, 1996 ). Previous research has suggested that the rates of unresolved states of mind regarding trauma in response to the AAI may be underestimated due to the lack of direct questions and associated probes regarding physical, sexual, and emotional abuse. We address this concern by including behaviorally phrased questions and probes regarding maltreatment experiences into the original format of the AAI and examine the concordance between reports of maltreatment experiences in response to the AAI and the Childhood Trauma Questionnaire (CTQ). Maltreatment experiences in response to the AAI were evaluated using the Maltreatment Classification Scale developed by Barnett, Manly, and Cicchetti (1993). We also examine the association between unresolved states of mind and dissociation using the Adolescent Dissociative Experience Scale. Results revealed a significant concordance between reports of maltreatment in response to the AAI and CTQ measures. Reports of maltreatment were prevalent in this sample: across the AAI and CTQ measures, 96% of pregnant adolescents reported some form of emotional abuse, 84% physical abuse, 59% sexual abuse, and 88% reported neglect. Sexual abuse history uniquely predicted unresolved status in response to the AAI. Self-reports of dissociation were significantly associated with unresolved states of mind. Results suggest that the inclusion of behaviorally focused questions and probes regarding maltreatment in the AAI protocol can further contribute to the clinical and theoretical value of this tool.

**19. *J Trauma Dissociation.* 2012;13(2):209-25.**

Attachment and coping as facilitators of posttraumatic growth in Turkish university students experiencing traumatic events.

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This study was designed to explore the role of attachment and coping as facilitators of posttraumatic growth (PTG) in a sample of Turkish university students who experienced traumatic life events. Participants who reported a traumatic event from a list were asked to choose the most distressing one; to answer questions related to the impact of the trauma; and to fill out measures of attachment styles, ways of coping, and PTG. PTG was regressed on gender, trauma-related factors, attachment styles, and coping styles in order to examine the associations with PTG. Felt helplessness and horror, fatalistic coping, and optimistic coping were significant predictors of PTG. Fatalistic coping partially mediated the relationship between attachment anxiety and PTG.

**20. J Trauma Dissociation. 2012;13(2):152-74.**

Partner preferences among survivors of betrayal trauma.

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Betrayal trauma theory suggests that social and cognitive development may be affected by early trauma such that individuals develop survival strategies, particularly dissociation and lack of betrayal awareness, that may place them at risk for further victimization. Several experiences of victimization in the context of relationships predicated on trust and dependence may contribute to the development of relational schema whereby abuse is perceived as normal. The current exploratory study investigates interpersonal trauma as an early experience that might impact the traits that are desired in potential romantic partners. Participants in the current study were asked to rate the desirability of several characteristics in potential romantic partners. Although loyalty was desirable to most participants regardless of their trauma history, those who reported experiences of high betrayal trauma rated loyalty less desirable than those who reported experiences of traumas that were low and medium in betrayal. Participants who reported experiences of revictimization (defined as the experience of trauma perpetrated by a close other during 2 different developmental periods) differed from participants who only reported 1 experience of high betrayal trauma in their self-reported desire for a romantic partner who possessed the traits of sincerity and trustworthiness. Preference for a partner who uses the tactic of verbal aggression was also associated with revictimization status. These preliminary findings suggest that victimization perpetrated by close others may affect partner preferences.

**21. J Trauma Dissociation. 2012;13(2):134-51.**

Beyond Criterion A1: the effects of relational and non-relational traumatic events.

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Trauma research has historically focused on Criterion A1 traumas, neglecting many other negative interpersonal events that have been shown to lead to posttraumatic stress disorder (PTSD; S. L. Anders, P. A. Frazier, & S. Frankfurt, 2011 ). Trauma research has also focused primarily on PTSD and neglected other important outcomes, such as relationship functioning. This study aimed to assess a broader range of events, including many Criterion A1 interpersonal events; assess the cumulative impact of event exposure; and examine the relation between event exposure and a broad range of outcomes, including relationship functioning. A sample of 181 undergraduate students completed measures assessing exposure to a broad range of events, their worst lifetime event, and current psychological (e.g., psychological distress) and relationship (e.g., partner trust) functioning. Results suggested that non-Criterion A1 relational events were very common in our sample. The number of lifetime relational events experienced, whether Criterion A1 or non-Criterion A1, was strongly and consistently associated with all outcomes. The number of lifetime Criterion A1 non-relational events experienced was significantly associated with current PTSD symptoms but was not associated with other mental health and relationship outcomes. No differences were found between Criterion A1 relational, non-Criterion A1 relational, and Criterion A1 non-relational worst events on any of the mental health or relationship measures. Implications for further research and interventions are discussed.

**22. J Anxiety Disord. 2012 Apr;26(3):453-8. Epub 2012 Feb 6.**

Impulsive behaviors as an emotion regulation strategy: examining associations between PTSD, emotion dysregulation, and impulsive behaviors among substance dependent inpatients.

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Recent investigations have demonstrated that posttraumatic stress disorder (PTSD) is associated with a range of impulsive behaviors (e.g., risky sexual behavior and antisocial behavior). The purpose of the present study was to extend extant research by exploring whether emotion dysregulation explains the association between PTSD and impulsive behaviors. Participants were an ethnically diverse sample of 206 substance use disorder (SUD) patients in residential substance abuse treatment. Results demonstrated an association between PTSD and impulsive

behaviors, with SUD patients with PTSD reporting significantly more impulsive behaviors than SUD patients without PTSD (in general and when controlling for relevant covariates). Further, emotion dysregulation was found to fully mediate the relationship between PTSD and impulsive behaviors. Results highlight the relevance of emotion dysregulation to impulsive behaviors and suggest that treatments targeting emotion dysregulation may be useful in reducing impulsive behaviors among SUD patients with PTSD.

**23. Psychosomatics. 2012 May;53(3):250-7. Epub 2012 Jan 31.**

The comorbidity of self-reported chronic fatigue syndrome, post-traumatic stress disorder, and traumatic symptoms.

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**BACKGROUND:** Data from primary care and community samples suggest higher rates of post-traumatic stress disorder (PTSD) among individuals with chronic fatigue syndrome (CFS).

**OBJECTIVE:** This study investigated the co-occurrence of CFS, PTSD, and trauma symptoms and assessed the contribution of familial factors to the association of CFS with lifetime PTSD and current traumatic symptoms.

**METHOD:** Data on lifetime CFS and PTSD, as measured by self-report of a doctor's diagnosis of the disorder, and standardized questionnaire data on traumatic symptoms, using the Impact of Events Scale (IES), were obtained from 8544 female and male twins from the community-based University of Washington Twin Registry.

**RESULTS:** Lifetime prevalence of CFS was 2% and lifetime prevalence of PTSD was 4%. Participants who reported a history of PTSD were over eight times more likely to report a history of CFS. Participants with scores  $\geq 26$  on the IES were over four times more likely to report CFS than those who had scores  $\leq 25$ . These associations were attenuated but remained significant after adjusting for familial factors through within-twin pair analyses.

**CONCLUSION:** These results support similar findings that a lifetime diagnosis of CFS is strongly associated with both lifetime PTSD and current traumatic symptoms, although familial factors, such as shared genetic and environmental contributions, played a limited role in the relationship between CFS, PTSD, and traumatic symptoms. These findings suggest that future research should investigate both the familial and the unique environmental factors that may give rise to both CFS and PTSD.

**24. Child Abuse Negl. 2012 Feb;36(2):166-79. Epub 2012 Jan 26.**

Adverse childhood experiences of referred children exposed to intimate partner violence: consequences for their wellbeing.

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**OBJECTIVE:** This study investigated the relationships among Adverse Childhood Experiences (ACEs) in a high risk clinical sample of Dutch children whose mothers were abused by an intimate partner, and the severity of behavioral and emotional problems and trauma symptoms.

**METHODS:** The study population comprised 208 children (M=7.81 years, SD=2.39, range 2-12) who were referred to mental health and welfare institutions after reported Intimate Partner Violence (IPV). At intake, caregivers, children, and teachers completed questionnaires on Adverse Childhood Experiences, behavior and emotional problems, and trauma symptoms.

**RESULTS:** The results showed that child witnesses of IPV were also exposed to other adverse experiences, such as abuse, household dysfunction and neglect. The mean number of ACEs was 5.08 (range 2-9). Twenty percent of the children in this sample experienced seven ACEs or more. The number of ACEs children were exposed to was unrelated to the level of emotional and behavioral problems, except for trauma related symptoms reported by parents.

**CONCLUSIONS:** This study shows that children who witnessed Intimate Partner Violence were also exposed to other adverse experiences. The results of this study may imply that in this high-risk clinical sample of children exposed to IPV, additional adverse experiences have a limited relationship to psychological outcomes.

**PRACTICE IMPLICATIONS:** A thorough assessment and inclusion of all Adverse Childhood Experiences is necessary for a comprehensive treatment program.

**25. Am J Ind Med. 2012 Apr;55(4):297-312. doi: 10.1002/ajim.22000. Epub 2011 Dec 27.**

Longitudinal mental health impact among police responders to the 9/11 terrorist attack.

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**BACKGROUND:** Among police responders enrolled in the World Trade Center Health Registry (WTCHR), Post-traumatic Stress Disorder (PTSD) was almost twice as prevalent among women as men 2-3 years after the 9/11 attacks.

**METHODS:** Police participants in the WTCHR Wave 1 survey 2-3 years after 9/11/01, were reassessed for probable PTSD at Wave 2, 5-6 years after 9/11/01, using PCL DSM-IV criteria.

**RESULTS:** Police participants in the Wave 2 survey included 2,527 men, 413 women. The prevalence of "Probable PTSD" was 7.8% at Wave 1 and 16.5% at Wave 2. Mean PCL scores increased from 25.1 to 29.9 for men and 28.6 to 32.2 for women.

Prevalence of PTSD was higher for women than for men at Wave 1 ( $\chi^2 = 10.882$ ,

P = 0.002), but not Wave 2 ( $\chi^2 = 2.416$ , P = 0.133). Other risk factors included losing one's job after 9/11 and being disabled.

**CONCLUSIONS:** Prevalence of probable PTSD among police doubled between 2003-2004 and 2006-2007. After the 2-year time span, the gender difference was no longer significant; prevalence of PTSD symptoms increased and there was a substantial amount of co-morbidity with other mental health problems. Further development of prevention and intervention strategies for police responders with symptoms of PTSD is needed. The observed upward trend in PCL scores over time in police officers with PCL scores less than 44, suggests that PTSD prevention and intervention strategies should be applied to all police affected by the 9/11 attacks, not limited just to those with PTSD symptoms.

**26. J Clin Psychiatry. 2012 Apr;73(4):431-6. Epub 2011 Nov 1.**

Emotional numbing in posttraumatic stress disorder: a functional magnetic resonance imaging study.

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**OBJECTIVE:** To explore the functional neural correlates of emotional numbing symptoms in individuals with posttraumatic stress disorder (PTSD).

**METHOD:** The study was conducted between September 2006 and June 2008 at the University of Western Ontario. Women with (n = 14) and without (n = 16) PTSD (based on DSM-IV criteria) completed a standardized emotional imagery task while undergoing functional magnetic resonance imaging, in addition to an assessment for emotional numbing symptoms. The study design was correlational, with primary outcome measures being blood oxygenation level-dependent (BOLD) response to emotional imagery task and self-reported severity of emotional numbing symptoms. Women without PTSD were not trauma exposed.

**RESULTS:** In women with PTSD, emotional numbing symptoms predicted less positive affect in response to positive-valence scripts (P < .05) and less BOLD response within the dorsomedial prefrontal cortex during imagery of positive and negative scripts that were explicitly socially relevant (P < .001). In contrast, in women without PTSD, emotional numbing symptoms, while unrelated to subjective emotional responses, predicted greater response within the ventromedial prefrontal cortex during positive and negative scripts, in addition to scripts that elicited fear anxiety by nonsocial means (all P values < .001). The findings could not be attributed to dysphoria.

**CONCLUSIONS:** These findings are consistent with previous research regarding emotional numbing and emotional awareness. Less response within the medial prefrontal cortex during emotional imagery in individuals with high emotional numbing may indicate deficient conscious and reflective emotional processing. Further study is required to elucidate associations between state and trait

emotional numbing and the neural correlates of psychological treatments specific to emotional numbing.

**27. Int J Methods Psychiatr Res. 2012 Mar;21(1):41-51. doi: 10.1002/mpr.357. Epub 2011 Nov 15.**

Validation of diagnoses of distress disorders in the US National Comorbidity Survey Replication Adolescent Supplement (NCS-A).

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Research diagnostic interviews need to discriminate between closely related disorders in order to allow comorbidity among mental disorders to be studied reliably. Yet conventional studies of diagnostic validity generally focus on single disorders and do not examine discriminant validity. The current study examines the validity of fully-structured diagnoses of closely-related distress disorders (generalized anxiety disorder, post-traumatic stress disorder, major depressive episode, and dysthymic disorder) in the lay-administered Composite International Diagnostic Interview Version 3.0 (CIDI) with independent clinical diagnoses based on the Schedule for Affective Disorders and Schizophrenia for School-Age Children (K-SADS) in the US National Comorbidity Survey Replication Adolescent Supplement (NCS-A). The NCS-A is a national survey of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) among 10,148 adolescents. A probability sub-sample of 347 of these adolescents and their parents were administered blinded follow-up K-SADS interviews. Good concordance [area under the receiver operating characteristic curve (AUC)] was found between diagnoses based on the CIDI and the K-SADS for generalized anxiety disorder (AUC = 0.78), post-traumatic stress disorder (AUC = 0.79), and major depressive episode/dysthymic disorder (AUC = 0.86). Further, the CIDI was able to effectively discriminate among different types of distress disorders in the sub-sample of respondents with any distress disorder.

**28. *Depress Anxiety*. 2012 Feb;29(2):123-30. doi: 10.1002/da.20913. Epub 2011 Nov 7.**

Attachment and alliance in the treatment of depressed, sexually abused women.

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**BACKGROUND:** Depression among women with sexual abuse histories is less treatment responsive than in general adult samples. One contributor to poorer treatment outcomes may be abused women's difficulties in forming and maintaining secure relationships, as reflected in insecure attachment styles, which could also impede the development of a positive therapeutic alliance. The current study

examines how attachment orientation (i.e. anxiety and avoidance) and development of the working alliance are associated with treatment outcomes among depressed women with histories of childhood sexual abuse.

**METHOD:** Seventy women seeking treatment in a community mental health center who had Major Depressive Disorder and a childhood sexual abuse history were randomized to Interpersonal Psychotherapy or treatment as usual.

**RESULTS:** Greater attachment avoidance and weaker working alliance were each related to worse depression symptom outcomes; these effects were independent of the presence of comorbid Borderline Personality Disorder and Post-Traumatic Stress Disorder. The effect of avoidant attachment on outcomes was not mediated by the working alliance. Further, working alliance had a stronger effect on depression outcomes in the Interpersonal Psychotherapy group.

**CONCLUSION:** Understanding the influence of attachment style and the working alliance on treatment outcomes can inform efforts to improve the treatments for depressed women with a history of childhood sexual abuse.

**29. Behav Ther. 2011 Dec;42(4):740-50. Epub 2011 May 6.**

Exploring negative emotion in women experiencing intimate partner violence: shame, guilt, and PTSD.

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This study explored the association of shame and guilt with PTSD among women who had experienced intimate partner violence (IPV). Sixty-three women were assessed by a research clinic serving the mental health needs of women IPV survivors. Results indicated that shame, guilt-related distress, and guilt-related cognitions showed significant associations with PTSD but global guilt did not. When shame and guilt were examined in the context of specific forms of psychological abuse, moderation analyses indicated that high levels of both emotional/verbal abuse and dominance/isolation interacted with high levels of shame in their association with PTSD. Neither guilt-related distress nor guilt-related cognitions were moderated by specific forms of psychological abuse in their association with PTSD. These data support the conceptualization of shame, guilt distress, and guilt cognitions as relevant features of PTSD. Results are discussed in light of proposed changes to diagnostic criteria for PTSD.

**30. Behav Ther. 2011 Dec;42(4):560-78. Epub 2011 Apr 16.**

A randomized clinical trial comparing affect regulation and social problem-solving psychotherapies for mothers with victimization-related PTSD.

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Addressing affect dysregulation may provide a complementary alternative or adjunctive approach to the empirically supported trauma memory processing models of cognitive behavior therapy (CBT) for posttraumatic stress disorder (PTSD). A CBT designed to enhance affect regulation without trauma memory processing—trauma affect regulation: guide for education and therapy (TARGET)—was compared to present centered therapy (PCT) and wait-list (WL) conditions in a randomized clinical trial with 146 primarily low-income and ethnoracial minority mothers with PTSD. TARGET achieved statistically and clinically significant improvement on PTSD and affect regulation measures compared to WL, with more consistent and sustained (over a 6-month follow-up period) evidence of improvement than PCT. Drop-out rates (~25%) were comparable in TARGET and PCT, similar to those previously reported for trauma memory processing CBTs. Symptom worsening was rare (2-8%) and transient. Affect regulation-based CBT without trauma memory processing warrants further research as a potentially efficacious therapy for victimization-related PTSD.

**31. Int J Eat Disord. 2012 Apr;45(3):307-15. doi: 10.1002/eat.20965. Epub 2011 Oct 19.**

Comorbidity of partial and subthreshold ptsd among men and women with eating disorders in the national comorbidity survey-replication study.

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**OBJECTIVE:** The comorbidity of posttraumatic stress disorder (PTSD) and eating disorders (EDs) is high among women but has been understudied in men. Little is known about the association between partial or subthreshold PTSD and EDs among women or men.

**METHOD:** This study included PTSD and ED data from male (n = 2,382) and female (n = 3,310) National Comorbidity Survey-Replication study participants.

**RESULTS:** The vast majority of women and men with anorexia nervosa, bulimia nervosa (BN), and binge eating disorder (BED) reported a history of interpersonal trauma. Rates of PTSD were significantly higher among women and men with BN and BED. Subthreshold PTSD was more prevalent than threshold PTSD among women with BN and women and men with BED.

**DISCUSSION:** Interpersonal forms of trauma, PTSD, and subthreshold/partial PTSD, were prevalent among men and women with EDs. Findings highlight the importance of assessing for trauma and PTSD in ED patients.

**32. J Interpers Violence. 2012 Mar;27(4):623-43. doi: 10.1177/0886260511423241. Epub 2011 Oct 10.**

Housing instability is as strong a predictor of poor health outcomes as level of danger in an abusive relationship: findings from the SHARE Study.

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Advocates, clinicians, policy makers, and survivors frequently cite intimate partner violence (IPV) as an immediate cause of or precursor to housing problems. Research has indicated an association between homelessness and IPV, yet few studies examine IPV and housing instability. Housing instability differs from homelessness, in that someone experiencing housing instability may currently have a place to live but faces difficulties with maintaining the residence. We present baseline findings from a longitudinal cohort study of 278 female IPV survivors with housing as a primary concern. Our analysis indicates the greater the number of housing instability risk factors (e.g., eviction notice, problems with landlord, moving multiple times), the more likely the abused woman reported symptoms consistent with PTSD ( $p < .001$ ), depression ( $p < .001$ ), reduced quality of life ( $p < .001$ ), increased work/school absence (OR = 1.28,  $p < .004$ ), and increased hospital/emergency department use (OR = 1.22,  $p < .001$ ). These outcomes persist even when controlling for the level of danger in the abusive relationship and for survivors' drug and alcohol use. Importantly, both housing instability and danger level had stronger associations with negative health outcomes than other factors such as age, alcohol, and drug use; both make unique contributions to negative health outcomes and could contribute in different ways. Housing instability is an important and understudied social determinant of health for IPV survivors. These findings begin to address the literature gap on the relationship between housing instability, IPV, and survivors' health, employment, and utilization of medical care services.

**33. Clin Pediatr (Phila). 2012 Mar;51(3):274-82. Epub 2011 Sep 23.**

Supporting children after single- incident trauma: parents' views.

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**OBJECTIVE:** To strengthen trauma-informed health care by exploring parents' experiences of assisting their child after single-incident trauma (eg, violence, accidents, and sudden loss).

**METHOD:** Semistructured interviews with parents (N = 33) of 25 exposed children (8-12 years).

**RESULTS:** Responsive parenting after trauma emerged as a core theme, consisting of (a) being aware of a child's needs and (b) acting on these needs. The authors identified 14 strategies, such as comparing behavior with siblings' behavior and providing opportunities to talk. Parents felt that their capacity to be responsive was influenced by their own level of distress.

**CONCLUSION:** The authors propose a model of Relational PTSD (posttraumatic stress disorder) and Recovery to assist health care professionals working with children exposed to trauma. The results also point to the need to recognize the challenge that parents face when supporting a child after traumatic exposure and to align more with parents about procedures that may cause the child to be reminded of the event.

**34. Psychol Addict Behav. 2012 Mar;26(1):89-98. Epub 2011 Jun 20.**

Associations between posttraumatic stress disorder symptom clusters and cigarette smoking.

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Understanding the relationship between Posttraumatic stress disorder (PTSD) and cigarette smoking has been difficult because of PTSD's symptomatic heterogeneity. This study examined common and unique lifetime cross-sectional relationships between PTSD symptom clusters [Re-experiencing (intrusive thoughts and nightmares about the trauma), Avoidance (avoidance of trauma-associated memories or stimuli), Emotional Numbing (loss of interest, interpersonal detachment, restricted positive affect), and Hyperarousal (irritability, difficulty concentrating, hypervigilance, insomnia)] and three indicators of smoking behavior: (1) smoking status; (2) cigarettes per day; and (3) nicotine dependence. Participants were adult respondents in the National Epidemiologic Survey of Alcohol and Related Conditions with a trauma history (n = 23,635). All four symptom clusters associated with each smoking outcome in single-predictor models (ps < .0001). In multivariate models including all of the symptom clusters as simultaneous predictors, Emotional Numbing was the only cluster to retain a significant association with lifetime smoking over and above the other clusters, demographics, and Axis-I comorbidity (OR = 1.30, p < .01). While Avoidance uniquely associated with smoking status and nicotine dependence in multivariate models, these relations fell below significance after adjusting for demographics and comorbidity. No clusters uniquely associated with cigarettes per day. Hyperarousal uniquely related with nicotine dependence over and above the other clusters, demographics, and Axis-I comorbidity (OR = 1.51, p < .001). These results suggest the following: (a) common variance across PTSD symptom clusters contribute to PTSD's linkage with smoking in the American population; and (b) certain PTSD symptom clusters may uniquely associate with particular indicators of smoking behavior. These findings may clarify the underpinnings of PTSD-smoking comorbidity and inform smoking interventions for trauma-exposed individuals.

**35. Psychol Health. 2012;27(3):362-77. Epub 2011 Jul 8.**

Posttraumatic growth after childbirth: a prospective study.

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A growing body of research has examined the potential for positive change following challenging and traumatic events, this is known as posttraumatic growth (PTG). Childbirth is a valuable opportunity to extend previous work on PTG as it allows the role of different variables to be considered prospectively. The aim of this study was to prospectively examine correlates of PTG after birth, including sociodemographic and obstetric variables, social support and psychological distress, using a prospective, longitudinal design. A total of 125 women completed questionnaires during their third trimester of pregnancy and 8 weeks after birth. At least a small degree of positive change following childbirth was reported by 47.9% of women; however, average levels of growth were lower than generally reported in other studies. A regression model of age, type of delivery, posttraumatic stress symptoms during pregnancy and general distress after birth significantly predicted 32% of the variance in growth after childbirth. The strongest predictors of growth were operative delivery ( $\beta$  0.23-0.30) and posttraumatic stress symptoms in pregnancy ( $\beta$  0.32). These findings emphasise the importance of assessing pre-event characteristics when considering the development of PTG after a challenging event.

**36. Adm Policy Ment Health. 2012 May;39(3):187-99. doi: 10.1007/s10488-011-0347-y.**

Use of the breakthrough series collaborative to support broad and sustained use of evidence-based trauma treatment for children in community practice settings.

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Empirically supported treatments for posttraumatic stress reactions in children are not widely available. This observational study evaluates the feasibility and utility of adapting the Institute for Healthcare's Breakthrough Series Collaborative (BSC) to support the broad implementation and sustained use of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) in community practice settings. Study findings indicated that agency staff in diverse roles viewed the BSC methodology as a valuable and practicable approach for facilitating skillful delivery of TF-CBT with fidelity. Use of TF-CBT increased over the course of the collaborative and findings from a survey conducted one year later indicated that participating agencies were able to sustain and spread the practice.

**37. Int J Emerg Ment Health. 2011;13(3):173-87.**

Longitudinal Stroop Score changes in adolescent females with PTSD.

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This study is a preliminary investigation that analyzed whether or not the Emotional Stroop procedure would be able to detect the changes in PTSD levels of individuals as they undergo treatment for that disorder. This repeated measures, small n study utilized 8 in-patient adolescent females with a history of sexual abuse and an Axis I diagnosis of PTSD. Individuals were given the Emotional Stroop procedure and two standardized, self-report measures of PTSD every two weeks over the course of five months. In addition, daily point sheets of adaptive behavior were also collected. The individual's change on the standardized measures was compared against their change in reaction time on the Emotional Stroop procedure, and changes in the percentage of time the individual earned privileges based on the behavioral management system. The results provided some promising information that suggests that these measures do co-vary and that the Emotional Stroop does indeed reflect variations in levels of PTSD. This is the first study to show that therapeutic changes in PTSD are reflected in changing reaction times on the Emotional Stroop.

**38. Int J Emerg Ment Health. 2011;13(3):161-72.**

Brief trauma intervention with Rwandan genocide-survivors using thought field therapy.

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This randomized waitlist control study examined the efficacy of Thought Field Therapy (TFT) in reducing Posttraumatic Stress Disorder symptoms in survivors of the 1994 genocide in Rwanda. Participants included 145 adult genocide survivors randomly assigned to an immediate TFT treatment group or a waitlist control group. Group differences adjusted for pretest scores and repeated measures anovas were statistically significant at  $p < .001$  for 9 of 10 TSI trauma subscales and for both severity and frequency on the MPSS, with moderate to large effect sizes. Reduced trauma symptoms for the group receiving TFT were found for all scales. Reductions in trauma symptoms were sustained at a 2-year follow-up assessment. Limitations, clinical implications, and future research are discussed.