

December, 2013 Medline Topic Alert

1. J Nerv Ment Dis. 2013 Dec;201(12):1007-20. doi: 10.1097/NMD.0000000000000049.

The role of early life stress in adult psychiatric disorders: a systematic review according to childhood trauma subtypes.

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Early life stress (ELS; sexual abuse, physical abuse, emotional abuse, physical neglect, and emotional neglect) has been the focus of numerous studies. It has been associated with the onset and the severity of psychiatric disorders in adults. The objective of this study was to review the literature on ELS associated with psychiatric disorders in adulthood, seeking to identify whether there are independent effects between subtypes of early stress in triggering psychopathology in adults. We reviewed articles from 2001 to 2011 in four databases (PubMed, SciELO, LILACS, and PsycINFO), with the following key words: child abuse, maltreatment, early life stress, psychiatric disorders, mental disease, and psychopathology. Forty-four articles were selected, and most of these articles demonstrate that the subtypes of ELS are associated with several psychiatric disorders, more specifically: physical abuse, sexual abuse, and unspecified neglect with mood disorders and anxiety disorders; emotional abuse with personality disorders and schizophrenia; and physical neglect with personality disorders. Physical neglect had the weakest association between the subtypes. ELS subtypes in childhood and adolescence can predict the development of psychopathology in adults. Scientific evidence shows that ELS triggers, aggravates, maintains, and increases the recurrence of psychiatric disorders. These results demonstrate the importance of a deeper understanding about the unique effects of ELS subtypes, especially for mental health professionals.

2. Behav Modif. 2013 Nov 20. [Epub ahead of print]

Acceptance and Commitment Therapy for the Treatment of Posttraumatic Stress Among Adolescents.

Woidneck MR, Morrison KL, Twohig MP.

The number of individuals who meet diagnostic criteria for posttraumatic stress disorder (PTSD) is a small percentage of those exposed to trauma; many youth who do not meet criteria for PTSD continue to experience problematic posttraumatic stress (PTS) symptomology. Acceptance and commitment therapy (ACT) has shown preliminary effectiveness in the treatment of adult PTSD, but its effectiveness in treating PTS in youth is unknown. Using a multiple-baseline design, this study investigated the effectiveness of 10 weeks of ACT to treat PTS in youth. Four adolescents from a community sample and three adolescents from a residential sample participated. The Clinician Administered PTSD Scale for Children and Adolescents (CAPS-CA), Child PTSD Symptom Scale (CPSS), and Comprehensive Quality of Life Scale were completed at pretreatment, posttreatment, and 3-month follow-up. Individuals reported baseline data for 7 to 66 days. Symptom and process measures were completed at each session. Results revealed a decrease in PTS symptomology across both samples with mean reductions in self-reported PTS symptomology at posttreatment of 69% and 81% for the community and residential samples, respectively, and an overall 68% and 84% respective reduction at follow-up. Reductions in clinician rated measures of PTSD were observed for all participants with mean reductions of 57% and 61% in the community and residential samples at posttreatment, and 71% and 60% at follow-up, respectively. Results provide preliminary support for ACT as a treatment for adolescent PTS. Empirical and clinical implications as well as limitations and future directions are discussed.

3. Sex Abuse. 2013 Nov 20. [Epub ahead of print]

Secondary Traumatic Stress Among Internet Crimes Against Children Task Force Personnel: : Impact, Risk Factors, and Coping Strategies.

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Internet Crimes Against Children (ICAC) task force personnel face various forms of child exploitation on a daily basis; their jobs require them to view child pornography, participate in undercover chats, interact with offenders in person, and interview abuse survivors. Although exposure to child exploitation and sexual violence has been shown to cause secondary traumatic stress (STS) in certain professions, this is the first large-scale study to investigate risk for STS among ICAC personnel. We circulated an Internet-based survey to ICAC personnel throughout the country and more than 600 individuals responded. Results provide insight into how STS impacts personal and professional well-being. In addition, they highlight which coping mechanisms were inversely related to STS scores.

Implications and limitations of the results are discussed.

4. J Child Adolesc Psychopharmacol. 2013 Nov;23(9):614-9. doi: 10.1089/cap.2013.0044.

The diagnosis of posttraumatic stress disorder in school-aged children and adolescents following pediatric intensive care unit admission.

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Abstract Objectives: This study explored the diagnosis of posttraumatic stress disorder (PTSD) in children and adolescents following pediatric intensive care unit (PICU) admission. Specifically, the study aimed to describe the presentation and prevalence of PTSD symptoms 6 months postdischarge, explore the validity of the DSM-IV PTSD algorithm and alternative PTSD algorithm (PTSD-AA) in school-aged children and adolescents, and examine the diagnostic utility of Criterion C3 (inability to recall aspects of a trauma) in this cohort. **Methods:** Participants were 59 children aged 6-16, admitted to PICU for at least 8 hours. PTSD was assessed via diagnostic interview (Children's PTSD Inventory) 6 months following PICU discharge. **Results:** The PTSD-AA was found to provide the most valid measure of PTSD at 6 months. Removing Criterion C3 improved the validity of Criterion C. **Conclusions:** This study supports the use of the PTSD-AA excluding Criterion C3 for identifying highly traumatized children and adolescents following PICU admission.

5. J Affect Disord. 2013 Oct 30. pii: S0165-0327(13)00764-7. doi: 10.1016/j.jad.2013.10.022. [Epub ahead of print]

The role of adult attachment style, birth intervention and support in posttraumatic stress after childbirth: A prospective study.

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BACKGROUND: There is converging evidence that between 1% and 3% of women develop posttraumatic stress disorder (PTSD) after childbirth. Various vulnerability and risk factors have been identified, including mode of birth and support during birth. However, little research has looked at the role of adult attachment style in how women respond to events during birth. This study prospectively examined the interaction between attachment style, mode of birth, and support in determining PTSD symptoms after birth.

METHOD: A longitudinal study of women (n=57) from the last trimester of pregnancy to three months postpartum. Women completed questionnaire measures of attachment style in pregnancy and measures of PTSD, support during birth, and mode of birth at three months postpartum.

RESULTS: Avoidant attachment style, operative birth (assisted vaginal or caesarean section) and poor support during birth were all significantly correlated with postnatal PTSD symptoms. Regression analyses showed that avoidant attachment style moderated the relationship between operative birth and PTSD symptoms, where women with avoidant attachment style who had operative deliveries were most at risk of PTSD symptoms.

LIMITATIONS: The study was limited to white European, cohabiting, primiparous women. Future research is needed to see if these findings are replicated in larger samples and different sociodemographic groups.

CONCLUSIONS: This study suggests avoidant attachment style may be a vulnerability factor for postpartum PTSD, particularly for women who have operative births. If replicated, clinical implications include the potential to screen for attachment style during pregnancy and tailor care during birth accordingly.

6. Dev Psychopathol. 2013 Nov;25(4 Pt 1):943-55. doi: 10.1017/S0954579413000291.

Stress reactivity in war-exposed young children with and without posttraumatic stress disorder: Relations to maternal stress hormones, parenting, and child emotionality and regulation.

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The current study examined biomarkers of stress in war-exposed young children and addressed maternal and child factors that may correlate with children's stress response. Participants were 232 Israeli children aged 1.5-5 years, including 148 children exposed to continuous war. Similarly, 56 were diagnosed with posttraumatic stress disorder (PTSD) and 92 were defined as exposed-no-PTSD. Child cortisol (CT) and salivary alpha amylase (sAA), biomarkers of the hypothalamic-pituitary-adrenal and sympathetic-adrenal-medullary arms of the stress response, were measured at baseline, following challenge, and at recovery. Maternal CT and sAA, PTSD symptoms, and reciprocal parenting, and child negative emotionality and regulatory strategies were assessed. Differences between war-exposed children and controls emerged, but these were related to child PTSD status. Children with PTSD exhibited consistently low CT and sAA, exposed-no-PTSD displayed consistently high CT and sAA, and controls showed increase in CT following challenge and decrease at recovery and low sAA. Exposed children showed higher negative emotionality; however, whereas exposed-no-PTSD children employed

comfort-seeking strategies, children with PTSD used withdrawal. Predictors of child CT included maternal CT, PTSD symptoms, low reciprocity, and negative emotionality. Findings suggest that high physiological arousal combined with approach strategies may be associated with greater resilience in the context of early trauma.

7. J Health Psychol. 2013 Nov 11. [Epub ahead of print]

Brief report: Maternal posttraumatic stress symptoms are related to adherence to their child's diabetes treatment regimen.

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Although research suggests that posttraumatic stress disorder symptoms in relation to physical health diagnoses may be related to poor adherence to treatment regimens, so far, whether parental posttraumatic stress disorder symptoms have an impact on their child's adherence to insulin-dependent diabetes mellitus treatment has not been investigated. Using self-report questionnaires, the present study found that children of mothers who have posttraumatic stress disorder symptoms in relation to their child's diagnosis of type I diabetes showed poorer adherence to treatment than the children of mothers without posttraumatic stress disorder. However, this was only the case for younger children (aged 0-8 years) where mothers played a more active role in their child's treatment.

8. Compr Psychiatry. 2013 Oct 8. pii: S0010-440X(13)00271-X. doi: 10.1016/j.comppsy.2013.08.014. [Epub ahead of print]

Research methodology used in studies of child disaster mental health interventions for posttraumatic stress.

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OBJECTIVE: In the last decade, the development of community-based and clinical interventions to assist children and adolescents after a disaster has become an international priority. Clinicians and researchers have begun to scientifically evaluate these interventions despite challenging conditions. The objective of this study was to conduct a systematic review of the research methodology used in

studies of child disaster mental health interventions for posttraumatic stress.

METHOD: This scientifically rigorous analysis used standards for methodological rigor of psychosocial treatments for posttraumatic stress disorder (PTSD) to examine 29 intervention studies.

RESULTS: This analysis revealed that further refinement of methodology is needed to determine if certain intervention approaches are superior to other approaches and if they provide benefit beyond natural recovery. Most studies (93.1%) clearly described the interventions being tested or used manuals to guide application and most (89.7%) used standardized instruments to measure outcomes, and many used random assignment (69.0%) and provided assessor training (65.5%). Fewer studies used blinded assessment (44.8%) or measured treatment adherence (48.3%), and sample size in most studies (82.8%) was not adequate to detect small effects generally expected when comparing two active interventions. Moreover, it is unclear what constitutes meaningful change in relation to treatment especially for the numerous interventions administered to children in the general population.

CONCLUSIONS: Overall, the results are inconclusive about which children, what settings, and what approaches are most likely to be beneficial.

9. Anxiety Stress Coping. 2013 Nov 5. [Epub ahead of print]

The effect of persistent posttraumatic stress disorder symptoms on executive functions in preadolescent children witnessing a single incident of death.

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We compared executive functions (EFs) of traumatized preadolescent children with and without marked posttraumatic stress disorder (PTSD) symptoms to the performance of a nontraumatized control group, and examined the relationships between EF deficits and functional status in traumatized preadolescent children. Fifty-one preadolescent children who had witnessed a death at school 30 months prior (26 with marked PTSD symptoms and 25 without) and 30 healthy controls who had not been traumatized participated. EFs were examined using the Comprehensive Attention Test (CAT). The functional state of traumatized children was measured by the Parent Report Form-Children's Health and Illness Profile-Children's Edition (PRF-CHIP-CE). The traumatized children, regardless of status of PTSD symptomatology, showed poorer working memory performance than nontraumatized healthy controls. The traumatized children with marked PTSD symptoms performed more poorly on measures of interference control compared to those children

without marked PTSD symptoms. Lower levels of EFs were associated with lower risk avoidance and diminished academic achievement in traumatized children. These results indicate that an inhibitory control deficit is specifically associated with the current PTSD symptoms but not with trauma exposure per se.

10. J Nerv Ment Dis. 2013 Oct;201(10):907-14. doi: 10.1097/NMD.0b013e3182a5b943.

Assessing the specificity of posttraumatic stress disorder's dysphoric items within the dysphoria model.

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The factor structure of posttraumatic stress disorder (PTSD) currently used by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), has received limited support. A four-factor dysphoria model is widely supported. However, the dysphoria factor of this model has been hailed as a nonspecific factor of PTSD. The present study investigated the specificity of the dysphoria factor within the dysphoria model by conducting a confirmatory factor analysis while statistically controlling for the variance attributable to depression. The sample consisted of 429 individuals who met the diagnostic criteria for PTSD in the National Comorbidity Survey. The results concluded that there was no significant attenuation in any of the PTSD items. This finding is pertinent given several proposals for the removal of dysphoric items from the diagnostic criteria set of PTSD in the upcoming DSM-5.

11. J Nerv Ment Dis. 2013 Oct;201(10):841-7. doi: 10.1097/NMD.0b013e3182a430a0.

Unique and related predictors of major depressive disorder, posttraumatic stress disorder, and their comorbidity after Hurricane Katrina.

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The current study examined demographic and psychosocial factors that predict major depressive disorder (MDD) and comorbid MDD/posttraumatic stress disorder (MDD/PTSD) diagnostic status after Hurricane Katrina, one of the deadliest and costliest hurricanes in the history of the United States. This study expanded on the findings published in the article by Galea, Tracy, Norris, and Coffey (J

Trauma Stress 21:357-368, 2008), which examined the same predictors for PTSD, to better understand related and unique predictors of MDD, PTSD, and MDD/PTSD comorbidity. A total of 810 individuals representative of adult residents living in the 23 southernmost counties of Mississippi before Hurricane Katrina were interviewed. Ongoing hurricane-related stressors, low social support, and hurricane-related financial loss were common predictors of MDD, PTSD, and MDD/PTSD, whereas educational and marital status emerged as unique predictors of MDD. Implications for postdisaster relief efforts that address the risk for both MDD and PTSD are discussed.

12. Afr J Psychiatry (Johannesbg). 2013 Sep;16(5):349-55. doi: <http://dx.doi.org/10.4314/ajpsy.v16i5.47>.

Assessment of the needs of vulnerable youth populations in post-conflict Liberia.

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OBJECTIVE: The study examined key informants' perceptions of the emotional impact of traumatic events, major problems, functional limitations and appropriate treatment settings for children, adolescents, and young adults in post-conflict Liberia.

METHOD: This research is based on cross-sectional survey conducted between March 30, 2009 and April 30, 2009 in Liberia with 171 local key Liberian informants. Analysis was conducted using mixed methods. The findings we will report were collected in the qualitative portion of the survey.

RESULTS: We found that while different interventions were preferred for different types of young people, some interventions were mentioned for all youth and by all age and gender groups of key informants. These included counseling, education, and skills training. Also frequently chosen were housing, community reintegration, recreation, and medical care. In general, key informants reported similar concerns regardless of their ages or genders. Notable exceptions to this were in interventions for youth who joined fighting forces. Men over 50 were the only ones to recommend apology and reparations. Similarly, in recommendations for criminals and violent youth, a number of men mentioned prison, whereas the women did not.

CONCLUSION: Our findings suggest that the needs of post-conflict Liberian youth span a variety of domains, including physical, emotional, medical, psychological, and educational. These findings can be used to guide the development of treatment programs for these young people.

13. Am Fam Physician. 2013 Sep 1;88(5):328-30.

Undetected childhood sexual trauma and its health effects in adults.

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14. Am J Psychiatry. 2013 Oct 1;170(10):1114-33. doi: 10.1176/appi.ajp.2013.12070957.

Childhood maltreatment and psychopathology: A case for ecophenotypic variants as clinically and neurobiologically distinct subtypes.

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OBJECTIVE: Childhood maltreatment increases risk for psychopathology. For some highly prevalent disorders (major depression, substance abuse, anxiety disorders, and posttraumatic stress disorder) a substantial subset of individuals have a history of maltreatment and a substantial subset do not. The authors examined the evidence to assess whether those with a history of maltreatment represent a clinically and biologically distinct subtype.

METHOD: The authors reviewed the literature on maltreatment as a risk factor for these disorders and on the clinical differences between individuals with and without a history of maltreatment who share the same diagnoses. Neurobiological findings in maltreated individuals were reviewed and compared with findings reported for these disorders.

RESULTS: Maltreated individuals with depressive, anxiety, and substance use disorders have an earlier age at onset, greater symptom severity, more comorbidity, a greater risk for suicide, and poorer treatment response than nonmaltreated individuals with the same diagnoses. Imaging findings associated with these disorders, such as reduced hippocampal volume and amygdala hyperreactivity, are more consistently observed in maltreated individuals and may represent a maltreatment-related risk factor. Maltreated individuals also differ from others as a result of epigenetic modifications and genetic polymorphisms that interact with experience to increase risk for psychopathology.

CONCLUSIONS: Phenotypic expression of psychopathology may be strongly influenced by exposure to maltreatment, leading to a constellation of ecophenotypes. While these ecophenotypes fit within conventional diagnostic boundaries, they likely represent distinct subtypes. Recognition of this distinction may be essential in determining the biological bases of these disorders. Treatment guidelines and algorithms may be enhanced if maltreated and nonmaltreated individuals with the same diagnostic labels are differentiated.

15. JAMA Psychiatry. 2013 Aug;70(8):839-46. doi: 10.1001/jamapsychiatry.2013.1137.

A multisite analysis of the fluctuating course of posttraumatic stress disorder.

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IMPORTANCE: Delayed-onset posttraumatic stress disorder (PTSD) accounts for approximately 25% of PTSD cases. Current models do not adequately explain the delayed increases in PTSD symptoms after trauma exposure.

OBJECTIVE: To test the roles of initial psychiatric reactions, mild traumatic brain injury (MTBI), and ongoing stressors on delayed-onset PTSD.

DESIGN, SETTING, AND PARTICIPANTS: In this prospective cohort study, patients were selected from recent admissions to 4 major trauma hospitals across Australia. A total of 1084 traumatically injured patients were assessed during hospital admission from April 1, 2004, through February 28, 2006, and 785 (72.4%) were followed up at 3, 12, and 24 months after injury.

MAIN OUTCOME AND MEASURE: Severity of PTSD was determined at each assessment with the Clinician-Administered PTSD Scale.

RESULTS: Of those who met PTSD criteria at 24 months, 44.1% reported no PTSD at 3 months and 55.9% had subsyndromal or full PTSD. In those who displayed subsyndromal or full PTSD at 3 months, PTSD severity at 24 months was predicted by prior psychiatric disorder, initial PTSD symptom severity, and type of injury. In those who displayed no PTSD at 3 months, PTSD severity at 24 months was predicted by initial PTSD symptom severity, MTBI, length of hospitalization, and the number of stressful events experienced between 3 and 24 months.

CONCLUSIONS AND RELEVANCE: These data highlight the complex trajectories of PTSD symptoms over time. This study also points to the roles of ongoing stress and MTBI in delayed cases of PTSD and suggests the potential of ongoing stress to compound initial stress reactions and lead to a delayed increase in PTSD symptom severity. This study also provides initial evidence that MTBI increases the risk of delayed PTSD symptoms, particularly in those with no acute symptoms.

16. Arch Suicide Res. 2013;17(2):106-22. doi: 10.1080/13811118.2013.776445.

Exploration of the influence of childhood trauma, combat exposure, and the resilience construct on depression and suicidal ideation among U.S.

Iraq/Afghanistan era military personnel and veterans.

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This study evaluated the effect of childhood trauma exposure and the role of resilience on both depressive symptoms and suicidal ideation. The study evaluated 1,488 military personnel and veterans, who served after September 2001, for depressive, suicidal, and PTSD symptoms, combat exposure, childhood trauma exposure, and resiliency. Participants were enrolled as part of an ongoing multicenter study. Outcome measures were depressive symptoms and suicidal ideation. After controlling for the effects of combat exposure and PTSD, results revealed that childhood trauma exposures were significantly associated with depressive symptoms and suicidal ideation. In addition, resilience was negatively associated with depressive symptoms and suicidal ideation, suggesting a potential protective effect. These findings suggest that evaluation of childhood trauma is important in the clinical assessment and treatment of depressive symptoms and suicidal ideation among military personnel and veterans.

17. Headache. 2013 May;53(5):775-86. doi: 10.1111/head.12063. Epub 2013 Mar 6. Trauma exposure versus posttraumatic stress disorder: relative associations with migraine.

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BACKGROUND: Recent research has uncovered associations between migraine and experiencing traumatic events, the latter of which in some cases eventuates in the development of posttraumatic stress disorder (PTSD). However, existing studies have not attempted to explore the relative associations with migraine between experiencing trauma and suffering from PTSD.

OBJECTIVES: The aim of this cross-sectional study was to assess the predictive utility of trauma exposure vs PTSD in predicting migraine status and headache frequency, severity, and disability.

METHODS: One thousand fifty-one young adults (mean age = 18.9 years [SD = 1.4]; 63.1% female; 20.6% non-Caucasian) without secondary causes of headache provided data from measures of headache symptomatology and disability, trauma and PTSD symptomatology, and depression and anxiety. Three hundred met diagnostic criteria

for migraine and were compared on trauma exposure and PTSD prevalence with 751 participants without migraine.

RESULTS: Seven hundred twenty-eight participants (69.3%) reported experiencing at least 1 traumatic event consistent with Criterion A for PTSD, of whom 184 also met diagnostic criteria for PTSD. Migraineurs were almost twice as likely as controls to meet criteria for PTSD (25.7% vs 14.2%, $P < .0001$) and reported a higher number of traumatic event types that happened to them personally (3.0 vs 2.4, $P < .0001$). However, experiencing a Criterion A event only was not a significant predictor of migraine either alone (odds ratio [OR] = 1.17, $P =$ nonsignificant) or after adjustment for covariates. By comparison, the OR of migraine for those with a PTSD diagnosis (vs no Criterion A event) was 2.30 ($P < .0001$), which remained significant after controlling for relevant covariates (OR = 1.75, $P = .009$). When using continuous variables of trauma and PTSD symptomatology, PTSD was again most strongly associated with migraine. Numerous sensitivity analyses confirmed these findings. PTSD symptomatology, but not the number of traumas, was modestly but significantly associated with headache frequency, severity, and disability in univariate analyses.

CONCLUSIONS: Consistently across analyses, PTSD was a robust predictor of migraine, whereas trauma exposure alone was not. These data support the notion that it is not exposure to trauma itself that is principally associated with migraine, but rather the development and severity of PTSD symptoms resulting from such exposure.

18. Appl Ergon. 2013 Sep;44(5):748-55. doi: 10.1016/j.apergo.2013.01.004. Epub 2013 Feb 4.

Psychosocial work environment and mental health among construction workers.

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We assessed psychosocial work environment, the prevalence of mental health complaints and the association between these two among bricklayers and construction supervisors. For this cross-sectional study a total of 1500 bricklayers and supervisors were selected. Psychosocial work characteristics were measured using the Dutch Questionnaire on the Experience and Evaluation of Work and compared to the general Dutch working population. Mental health effects were measured with scales to assess fatigue during work, need for recovery after work, symptoms of distress, depression and post-traumatic stress disorder. The prevalence of self-reported mental health complaints was determined using the

cut-off values. Associations between psychosocial work characteristics and self-reported mental health complaints were analysed using logistic regression. Total response rate was 43%. Compared to the general working population, bricklayers experienced statistically significant worse job control, learning opportunities and future perspectives; supervisors experienced statistically significant higher psychological demands and need for recovery. Prevalence of self-reported mental health effects among bricklayers and supervisors, respectively, were as follows: high need for recovery after work (14%; 25%), distress (5%, 7%), depression (18%, 20%) and post-traumatic stress disorder (11%, 7%). Among both occupations, high work speed and quantity were associated with symptoms of depression. Further, among construction supervisors, low participation in decision making and low social support of the direct supervisor was associated with symptoms of depression. The findings in the present study indicate psychosocial risk factors for bricklayers and supervisors. In each occupation a considerable proportion of workers was positively screened for symptoms of common mental disorders.

19. J Matern Fetal Neonatal Med. 2013 Jul;26(10):973-7. doi: 10.3109/14767058.2013.766696. Epub 2013 Mar 6.

The association between prenatal maternal objective stress, perceived stress, preterm birth and low birthweight.

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OBJECTIVE: To evaluate the association between prenatal maternal stress, preterm birth (PTB) and low birthweight (LBW).

METHODS: Forty-seven women exposed to life-threatening rocket attacks during pregnancy were compared to 78 unexposed women. Women were interviewed within 9 months of delivery regarding socio-demographic background, smoking and perceived level of stress prenatally. Clinical data was obtained from hospital records and information regarding rocket attacks was obtained from official local authorities.

RESULTS: Women exposed to rocket attacks during the second trimester of pregnancy were more likely to deliver LBW infants than were unexposed women (14.9% versus 3.3%, $p = 0.03$). No association was found between stress exposure and PTB. A multivariate logistic regression revealed that every 100 alarm increment increased the risk of LBW by 1.97 (adj. OR = 1.97, 95%CI 1.05-3.7). Perceived stress was not associated with LBW.

CONCLUSIONS: Exposure to rocket attacks during the second trimester of pregnancy

was associated with LBW. Objective stress can be used as an indicator of stress. Further studies are required to understand the underlying mechanism.

20. Community Ment Health J. 2013 Jun;49(3):354-67. doi: 10.1007/s10597-013-9591-9. Epub 2013 Jan 18.

Treatment processes of counseling for children in South Sudan: a multiple n=1 design.

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Studies into treatment processes in low-income settings are grossly lacking, which contributes to the scarcity of evidence-based psychosocial treatment. We conducted multiple n=1 studies, with quantitative outcome indicators (depression-, PTSD- and anxiety- symptoms, hope) and qualitative process indicators (treatment- perceptions, content and progress) measured before, during and after counseling. We aimed to explore commonalities in treatment processes associated with change profiles within and between cases. The study was conducted in South Sudan with children aged between 10 and 15 years. Change profiles were associated with the quality of the counselor-client relationship (instilling trust and hope through self-disclosure, supportive listening and advice giving), level of client activation, and the ability of the counselor to match treatment strategies to the client's problem presentation (trauma- and emotional processing, problem solving, cognitive strategies). With limited time, due to restricted resources in low-income settings, training courses can now be better focused on key treatment processes.

21. J Affect Disord. 2013 May 15;148(1):123-8. doi: 10.1016/j.jad.2012.11.003. Epub 2012 Nov 24.

Examining the relation between the serotonin transporter 5-HTTLPR genotype x trauma exposure interaction on a contemporary phenotypic model of posttraumatic stress symptomatology: a pilot study.

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BACKGROUND: Little is known about the specificity of the interaction of serotonin transporter 5-HTTLPR genotype x trauma exposure in relation to contemporary

structural models of PTSD symptomatology, which suggest that 4- or 5-factor models provide a better representation of the phenotypic expression of this disorder.

METHODS: One hundred forty-nine respondents of a representative sample of adults affected by Hurricane Ike were interviewed 2-5 months after this 2008 disaster.

RESULTS: After adjustment for age, sex, and ancestral proportion scores, the interaction of 5-HTTLPR genotype x trauma exposure was significantly associated with both severity ($\beta=.40$, $p<.001$) and probable diagnosis (Wald=4.55, $p=.033$; odds ratio=3.81, 95% CI=1.11-13.03) of Ike-related PTSD. Respondents with the low-expression variant of the 5-HTTLPR polymorphism (S allele carriers) who were highly exposed to Hurricane Ike reported significantly greater severity of PTSD symptoms and were more likely to screen positive for PTSD than respondents homozygous for the L allele who were highly exposed to Hurricane Ike.

Confirmatory factor analyses revealed that a 5-factor model of intercorrelated re-experiencing, avoidance, numbing, dysphoric arousal, and anxious arousal symptoms provided the best structural representation of PTSD symptomatology. The 5-HTTLPR genotype x exposure interaction was significant only for anxious arousal ($\beta=.44$, $p<.001$) and re-experiencing ($\beta=.35$, $p<.001$) symptoms, but not avoidance, numbing, or dysphoric arousal symptoms (all $\beta s \leq .20$, all $p s > .13$).

LIMITATIONS: The small sample size and employment of self-report measures may limit generalizability of these findings.

CONCLUSIONS: Results of this pilot study suggest that the low-expression variant of the 5-HTTLPR polymorphism modifies risk for PTSD, but that this effect may be specific to anxious arousal and re-experiencing symptoms.

22. J Perinat Neonatal Nurs. 2012 Oct-Dec;26(4):319-26. doi: 10.1097/JPN.0b013e318252dd9a.

The perinatal self-care index: development of an evidence-based assessment tool for use with child sexual abuse survivors.

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Every ninth woman presenting for prenatal care reports having experienced childhood sexual abuse. Many develop mental health disorders, including posttraumatic stress disorder (PTSD). In response to PTSD, pregnant women survivors of childhood sexual abuse engage in negative perinatal self-care behaviors that can lead to adverse perinatal outcomes. Currently, promotion of perinatal self-care does not consider childhood sexual abuse or PTSD. This study aimed to develop a Perinatal Self-Care Index, determine sensitivity of the index

to differences in behaviors of childhood sexual abuse survivors (PTSD-affected and PTSD-resilient), and validate usefulness in relation to birth weight. Secondary analysis was conducted using data from a prospective cohort study of the effects of PTSD on pregnancy outcomes. The index explained 6.5% of variance in birth weight. Prediction improved to 9.4% once PTSD and socioeconomic status were considered. The index is sensitive to differences in PTSD-affected versus PTSD-resilient survivors of childhood sexual abuse and a useful predictor of birth weight in this analysis.

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Is T.V. traumatic for all youths? The role of preexisting posttraumatic-stress symptoms in the link between disaster coverage and stress.

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In youths, watching T.V. coverage of a disaster is associated with traumatic-stress symptoms. However, the role of predisaster symptoms in this link has not been addressed. In this study, urban-school youths who had experienced both Hurricanes Katrina and Gustav (N = 141; grades 4-8) were assessed 12 months and 6 months before Gustav and then 1 month after Gustav. The amount of T.V. viewing was associated with post-Gustav stress symptoms, controlling for pre-Gustav symptoms. However, pre-Gustav stress symptoms interacted with T.V. viewing in predicting post-Gustav symptoms such that for youths with higher preexisting symptoms, there was a stronger association between T.V. viewing and level of post-Gustav symptoms. The results advance the literature on the role of media coverage in stress reactions by showing that preexisting symptoms can be an important component of identifying which children are likely to be most negatively affected by TV coverage.

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Involving parents in indicated early intervention for childhood PTSD following accidental injury.

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Accidental injuries represent the most common type of traumatic event to which a youth is likely to be exposed. While the majority of youth who experience an

accidental injury will recover spontaneously, a significant proportion will go on to develop Post-Traumatic Stress Disorder (PTSD). And yet, there is little published treatment outcome research in this area. This review focuses on two key issues within the child PTSD literature—namely the role of parents in treatment and the timing of intervention. The issue of parental involvement in the treatment of child PTSD is a question that is increasingly being recognized as important. In addition, the need to find a balance between providing early intervention to at risk youth while avoiding providing treatment to those youth who will recover spontaneously has yet to be addressed. This paper outlines the rationale for and the development of a trauma-focused CBT protocol with separate parent and child programs, for use with children and adolescents experiencing PTSD following an accidental injury. The protocol is embedded within an indicated intervention framework, allowing for the early identification of youth at risk within a medical setting. Two case studies are presented in order to illustrate key issues raised in the review, implementation of the interventions, and the challenges involved.

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A lifespan perspective on terrorism: age differences in trajectories of response to 9/11.

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A terrorist attack is an adverse event characterized by both an event-specific stressor and concern about future threats. Little is known about age differences in responses to terrorism. This longitudinal study examined generalized distress, posttraumatic stress responses, and fear of future attacks following the September 11, 2001 (9/11) terrorist attacks among a large U.S. national sample of adults (N = 2,240) aged 18-101 years. Individuals completed Web-based surveys up to 6 times over 3 years post 9/11. Multilevel models revealed different age-related patterns for distress, posttraumatic stress, and ongoing fear of future attacks. Specifically, older age was associated with lower overall levels of general distress, a steeper decline in posttraumatic stress over time, and less change in fear of future terrorist attacks over the 3 years. Understanding age differences in response to the stress of terrorism adds to the growing body of work on age differences in reactions to adversity.

26. Adm Policy Ment Health. 2013 May;40(3):240-54. doi: 10.1007/s10488-012-0410-3. Building a consumer base for trauma-focused cognitive behavioral therapy in a state system of care.

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This paper documents the scope and limitations of an outreach effort to build a consumer base for Trauma-focused cognitive behavioral therapy in a state public mental health system for children. Three key aspects are discussed: the fostering of an informed referral network, the development of screening and identification services, and the engagement of families. Referral, screening and engagement are each examined against the backdrop of existing literature on implementation and dissemination. Each aspect of the implementation plan is described in detail-as are the barriers encountered and lessons learned during the course of execution. We provide several recommendations to assist other efforts to implement Evidence-Based Treatments into state systems of care.

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Comparing the validity of the K6 when assessing depression, anxiety, and PTSD among male and female jail detainees.

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A lack of a consistent and valid approach to screening within the jail often hinders identification and treatment. Furthermore, screening instruments developed for jail populations are often inadequate in detecting serious depression and anxiety disorders in women. While the remedy thus far has been the use of separate screening instruments for men and women, others have suggested that the K6, a six-item measure validated in large epidemiologic studies, may hold promise. Building on prior research, this study assesses the validity of the K6 in detecting depression, posttraumatic stress disorder, and anxiety disorders among 494 male and 515 female jail detainees. The authors found that 15% of males and 36% of females meet criteria for serious mental illness on the K6, with receiver operating characteristics--area under the curve scores of .84 and .93, respectively. This study not only establishes the validity and efficiency of using the K6 for screening within jails but also suggests a need for adjusting scale cut points.