

December, 2012 Medline Topic Alert

**1. Child Adolesc Psychiatr Clin N Am. 2013 Jan;22(1):119-39. doi:
10.1016/j.chc.2012.08.007.**

Psychodynamic approaches to medically ill children and their traumatically stressed parents.

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This article describes the authors' clinical experience of integrating psychodynamic therapeutic approaches in the care of medically ill children and their families. A case report of a boy with severe, chronic liver disease requiring a double organ transplant is described as an illustration of how such approaches cannot only improve quality of life and functioning but may also be life saving. The authors describe original research investigating how parents' traumatic stress and related interference with children's emotional regulation can compromise their ability to make meaning of their experience, thus posing a risk for adherence to the prescribed medical regimen.

**2. Psychiatry Res. 2012 Nov 12. pii: S0925-4927(12)00208-9. doi:
10.1016/j.psychresns.2012.08.006. [Epub ahead of print]**

Neural functional and structural correlates of childhood maltreatment in women with intimate-partner violence-related posttraumatic stress disorder.

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Childhood maltreatment (CM) is a strong risk factor for development of posttraumatic stress disorder (PTSD) upon adult exposure to extreme adverse events. However, the neural underpinnings of this relationship are not well understood. Here, we test the hypothesis that severity of CM history is

positively correlated with emotion-processing limbic and prefrontal brain activation/connectivity and negatively correlated with prefrontal gray matter volumes in women with PTSD due to intimate-partner violence (IPV-PTSD). Thirty-three women with IPV-PTSD underwent structural and functional magnetic resonance imaging while completing a facial emotion processing task. Multivariate regressions examined the relationship of CM to patterns of activation, connectivity, and gray matter volumes. CM severity was: (a) positively correlated with ventral ACC activation while processing angry faces; (b) negatively correlated with dorsal ACC and insula activation while processing fear and angry faces, arising from positive correlations with the shape-matching baseline; (c) positively correlated with limbic-prefrontal connectivity while processing fear faces but negatively correlated with amygdalo-insular connectivity while processing fear and angry; and (d) negatively correlated with prefrontal gray matter volumes. These results suggest CM exposure may account for variability in limbic/prefrontal brain function and prefrontal structure in adulthood PTSD and offer one potential mechanism through which CM confers risk to future development of PTSD.

3. Health Psychol. 2012 Nov;31(6):v. doi: 10.1037/a0030311.

"Posttraumatic stress symptoms in parents of children with cancer within six months of diagnosis": Correction to Dunn et al. (2012).

Dunn MJ, Rodriguez EM, Barnwell AS, Grossenbacher JC, Vannatta K, Gerhardt CA, Compas BE.

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Reports an error in "Posttraumatic stress symptoms in parents of children with cancer within six months of diagnosis" by Madeleine J. Dunn, Erin M. Rodriguez, Anna S. Barnwell, Julie C. Grossenbacher, Kathryn Vannatta, Cynthia A. Gerhardt and Bruce E. Compas (Health Psychology, 2012[Mar], Vol 31[2], 176-185). The authors have reported an error in their data that impacts the results and discussion sections of this published paper. The authors detected that they miscalculated the cut-off score on the Impact of Events Scale-Revised (IES-R). They reported that 66% of mothers and 60% of fathers met the modified diagnostic criteria for Posttraumatic Stress Disorder. Using the correct scoring, 11% of mothers and 9% of fathers met criteria. A corrected Table 2 is provided in the erratum. The erratum also provides corrections to: the note for Table 3; the first sentences of the second and third paragraphs of the Results section; and the second paragraph of the Discussion section. (The following abstract of the original article appeared in record 2011-21630-001.) Objective: To investigate levels and correlates of posttraumatic stress symptoms (PTSS) in mothers and

fathers of children and youth with cancer. Methods: Mothers (n = 191) and fathers (n = 95), representing 195 families of children and youth with cancer, completed measures of PTSS (Impact of Event Scale-Revised), depression (Beck Depression Inventory-II), and anxiety (Beck Anxiety Inventory) between 2 and 22 weeks after their child's cancer diagnosis or recurrence of initial diagnosis. Results: Substantial subgroups of mothers (41%) and fathers (30%) reported levels of PTSS that exceeded cut-offs for elevated symptoms, and these subgroups of parents were characterized by heightened symptoms of depression and anxiety. Fathers of children and youth treated for relapse reported higher rates of elevated PTSS than fathers of children and youth treated for first-time diagnosis, but mothers' rates were similar. Mothers and fathers reported comparable mean levels of PTSS that were strongly positively correlated with symptoms of anxiety and depression. PTSS and other symptoms of distress were negatively related to education level for fathers. Conclusion: These findings provide additional evidence that mothers and fathers experience substantial PTSS near the time of their child or adolescent's cancer diagnosis during the first 6 months of treatment. Results suggest that PTSS may be part of a broader pattern of emotional distress and that a substantial portion of both mothers and fathers of children and youth with cancer may be in need of supportive mental health services within the first 6 months of their child's diagnosis. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

4. Psychooncology. 2012 Nov 8. doi: 10.1002/pon.3217. [Epub ahead of print]
Prevalence and predictors of post-traumatic stress symptoms in adolescent and young adult cancer survivors: a 1-year follow-up study.

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OBJECTIVES: Post-traumatic stress symptoms (PTSS) have been identified as a meaningful indicator of distress in cancer survivors. Distinct from young adult survivors of childhood cancer, young people diagnosed with cancer as adolescents and young adults (AYAs) face unique psychosocial issues; however, there is little published research of PTSS in the AYA population. This study examines prevalence and predictors of PTSS among AYAs with cancer. **METHODS:** As part of a longitudinal study of AYAs with cancer, 151 patients aged 15-39 years completed mailed surveys at 6 and 12 months post-diagnosis. Severity of PTSS was estimated at 6 and 12 months post-diagnosis. Multiple regression analyses were conducted to investigate the predictive effects of socio-demographic and clinical

characteristics on changes in PTSS over time. RESULTS: At 6 and 12 months, respectively, 39% and 44% of participants reported moderate to severe levels of PTSS; 29% had PTSS levels suggestive of post-traumatic stress disorder. No significant differences in severity of PTSS between 6 and 12 months were observed. Regression analyses suggested that a greater number of side effects were associated with higher levels of PTSS at 6 months. Currently receiving treatment, having surgical treatment, diagnosis of a cancer type with a 90-100% survival rate, remaining unemployed/not in school, and greater PTSS at 6 months were associated with higher levels of PTSS at 12 months. CONCLUSIONS: Post-traumatic stress symptoms were observed as early as 6 months following diagnosis and remained stable at 12-month follow-up. The development of early interventions for reducing distress among AYA patients in treatment is recommended. Copyright © 2012 John Wiley & Sons, Ltd.

5. J Trauma Stress. 2012 Nov 5. doi: 10.1002/jts.21751. [Epub ahead of print]
A Test of Adolescent Internalizing and Externalizing Symptoms as Prospective Predictors of Type of Trauma Exposure and Posttraumatic Stress Disorder.

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The present study utilized longitudinal data from a high-risk community sample (N = 377; 166 trauma-exposed; 202 males; 175 females; 73% non-Hispanic Caucasian) to test pretrauma measures of adolescent internalizing and externalizing symptoms as unique prospective predictors of type of trauma exposure and PTSD over and above the influence of correlated family adversity (a composite of family conflict, stress, and parental psychopathology). Data were analyzed with logistic and multinomial logistic regressions. Results indicated that females, but not males, with higher levels of internalizing (OR = 2.91) and externalizing (OR = 2.37) symptoms during adolescence were significantly more likely to be exposed to assaultive violence (over and above family adversity). In fact, males with higher levels of internalizing symptoms were significantly less likely to be exposed to assaultive violence (OR = 0.54). Neither internalizing nor externalizing symptoms uniquely predicted exposure to traumatic events that did not involve assaultive violence. Among trauma-exposed participants, the unique association between internalizing symptoms and later PTSD yielded an odds ratio of 1.79 ($p = .07$) over and above the influences of family adversity, type of trauma exposure, and gender. Assaultive violence exposure fully mediated the association between females' externalizing symptoms and future PTSD. Findings may help inform the prevention of both assaultive violence exposure and PTSD.

6. J Burn Care Res. 2012 Nov 6. [Epub ahead of print]

Prevalence and Correlates of Posttraumatic Stress in Parents of Young Children Postburn.

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This study examined the prevalence and correlates of posttraumatic stress symptoms (PTSS) in the parents of very young children who sustained a minor to moderate size burn injury. Although prior research has explored this relationship in families of children with major burns, only minimal research has focused on children with minor to moderate injuries. Forty-five parents of young children (<6 years) with a burn injury (mean TBSA = 2.67%, SD = 2.40) completed questionnaires regarding PTSS and demographics at an outpatient burn clinic. Injury-related information was collected from medical records. Parents reported clinically significant levels of PTSS, although in most cases, full diagnostic criteria for posttraumatic stress disorder were not met. The amount of distress was related to the age of the child at burn, child PTSS, and the source of burn. Variables such as size of burn, days spent as inpatient, or parental presence at the time of burn were not found to be related to parental distress. Assessment of PTSS should occur for all parents of young children experiencing a burn injury, regardless of size and severity of burn or parental presence at the time of burn.

7. J Nerv Ment Dis. 2012 Sep;200(9):749-57. doi: 10.1097/NMD.0b013e318266b7e7.

Anxiety and depression in Marines sent to war in Iraq and Afghanistan.

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Although the effects of combat deployment on posttraumatic stress disorder have been extensively studied, little is known about the effects of combat deployment on depression and anxiety. This study examined the factors associated with anxiety and depression in a sample of 1560 US Marines who were deployed to Iraq and Afghanistan. Eleven demographic and psychosocial factors were studied in relation to depression and anxiety. Five factors emerged as significant in relation to depression: deployment-related stressors, combat exposure, attitudes toward leadership, mild traumatic brain injury symptoms, and marital status. The same factors, with the exception of marital status, emerged as significant in

relation to anxiety. Deployment-related stressors had a stronger association with both depression and anxiety than any other variable, including combat exposure. This finding is important because deployment-related stressors are potentially modifiable by the military.

8. Sleep. 2012 Jul 1;35(7):957-65. doi: 10.5665/sleep.1960.

Subjectively and objectively measured sleep with and without posttraumatic stress disorder and trauma exposure.

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Comment in

Sleep. 2012 Jul 1;35(7):897-8.

STUDY OBJECTIVES: Although reports of sleep disturbances are common among individuals with posttraumatic stress disorder (PTSD), results of polysomnographic (PSG) studies have inconsistently documented abnormalities and have therefore suggested "sleep state misperception." The authors' study objectives were to compare sleep parameters measured objectively and subjectively in the laboratory and at home in civilians with and without trauma exposure and PTSD.

DESIGN: Cross-sectional study.

SETTING: PSG recordings in a sleep laboratory and actigraphic recordings in participants' homes.

PARTICIPANTS: One hundred three urban-residing African Americans with and without trauma exposure and PTSD who participated in a larger study.

INTERVENTIONS: N/A.

MEASUREMENTS: Sleep parameters (total sleep time [TST], sleep onset latency [SOL], and wake after sleep onset [WASO]) were assessed using laboratory PSG and home actigraphy. A sleep diary was completed in the morning after PSG and actigraphy recordings. Habitual TST, SOL, and WASO were assessed using a sleep questionnaire. The Clinician Administered PTSD Scale was administered to assess participants' trauma exposure and PTSD diagnostic status.

RESULTS: Participants, regardless of their trauma exposure/PTSD status, underestimated WASO in the diary and questionnaire relative to actigraphy and overestimated SOL in the diary relative to PSG. Among participants with current PTSD, TST diary estimates did not differ from the actigraphy measure in contrast with those without current PTSD who overestimated TST. No other significant group differences in discrepancies between subjective and objective sleep measures were found.

CONCLUSIONS: Discrepancies between subjectively and objectively measured sleep parameters were not associated with trauma exposure or PTSD. This challenges prior assertions that individuals with PTSD overreport their sleep disturbances.

9. Ann Ist Super Sanita. 2012;48(2):132-7.DOI: 10.4415/ANN_12_02_05.

Mental health in L'Aquila after the earthquake.

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INTRODUCTION: In the present work we describe the mental health condition of L'Aquila population in the aftermath of the earthquake in terms of structural, process and outcome perspectives.

METHOD: Literature revision of the published reports on the L'Aquila earthquake has been performed.

RESULTS: Although important psychological distress has been reported by the population, capacity of resilience can be observed. However if resilient mechanisms intervened in immediate aftermath of the earthquake, important dangers are conceivable in the current medium-long-term perspective due to the long-lasting alterations of day-to-day life and the disruption of social networks that can be well associated with mental health problems.

CONCLUSIONS: In a condition such as an earthquake, the immediate physical, medical, and emergency rescue needs must be addressed initially. However training first responders to identify psychological distress symptoms would be important for mental health triage in the field.

10. Soc Sci Med. 2012 Oct;75(7):1321-8. doi: 10.1016/j.socscimed.2012.05.010. Epub 2012 Jun 7.

High school students' posttraumatic symptoms, substance abuse and involvement in violence in the aftermath of war.

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This study examined one-year after effects of exposure to war events on adolescents' Posttraumatic Stress Symptoms (PTS) and risk behaviors (substance use and involvement in school violence). In addition, it addressed two potential vulnerability factors: at the micro level, it examined whether childhood trauma raised the vulnerability of Israeli adolescents to PTS and risk behaviors when

exposed to war events. At the macro level, we explored whether ethnicity, i.e., being an Israeli Arab, is a vulnerability factor to PTS and risk behaviors. We used a representative sample of 7th to 11th grade students from the north of Israel that included 4151 students: 1800 Jewish (54.4% boys) and 2351 Arab (41.5% boys). We assessed exposure to war events and childhood traumatic events, PTS and PTSD, substance use (alcohol, cannabis, Ecstasy) and involvement in school violence. The findings revealed extensive exposure to war events among both Jewish and Arab students. A year after the war, its effects on adolescents were still manifested in PTS, and involvement in school violence and substance use. Exposure to child physical abuse was associated with higher levels of PTS symptoms, substance use and involvement in violence. Exposure to other traumatic events was also associated with greater PTS symptoms and involvement in violence but not with greater substance use. Arab students were a more vulnerable population. They reported higher PTS symptoms, more cannabis use and greater involvement in school violence than Jewish students. However, exposure to war events had similar effects on both Arab and Jewish students. We conclude that war effects include a broad range of psychological distress and risk behaviors that last long after the war ends, especially among youth who have experienced childhood trauma and high exposure to war-related stressors.

11. Int J Methods Psychiatr Res. 2012 Jun;21(2):98-116. doi: 10.1002/mpr.1356. Epub 2012 May 18.

Prevalence, incidence and determinants of PTSD and other mental disorders: design and methods of the PID-PTSD+3 study.

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Investigation of the prevalence, incidence, and determinants of post-traumatic stress disorders (PTSD) and other mental disorders associated with military deployment in international missions poses several methodological and procedural challenges. This paper describes the design and sampling strategies, instruments, and experimental procedures applied in a study programme aimed to examine military deployment-related mental health and disorders (prevalence and trajectories) and to identify vulnerability and risk factors (e.g. age, gender, type of mission, rank, and duration of deployment and a wide range of neurobiological, psychological, social, and behavioural factors). The study comprised two components. The first component, a cross-sectional study, included 1483 deployed and 889 non-deployed German soldiers (response rate, 93%) who

served during the 2009 International Security Assistance Force (ISAF) mission. A standardized diagnostic instrument (Composite International Diagnostic Interview, CIDI) coupled with established questionnaires was administered to detect and diagnose PTSD and a broad spectrum of mental disorders and mental health problems. The second component, a prospective-longitudinal study, included 621 soldiers examined before (2011) and after return (2012) from the ISAF mission. In addition to the CIDI and questionnaires, several experimental behavioural tests and biological markers were implemented to probe for incident mental disorders, mental health problems and risk factors. Our methods are expected to provide greater precision than previous studies for estimating the risk for incident deployment-related and non-deployment-related disorders and their risk factors. We expect the findings to advance our understanding of a wide spectrum of adverse mental health outcomes beyond PTSD.

12. Arch Gen Psychiatry. 2012 Sep;69(9):935-42.

National prevalence of posttraumatic stress disorder among sexually revictimized adolescent, college, and adult household-residing women.

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CONTEXT: Despite empirical links between sexual revictimization (ie, experiencing 2 or more sexual assaults) and posttraumatic stress disorder (PTSD), to our knowledge, no epidemiological studies document the prevalence of sexual revictimization and PTSD. Establishing estimates is essential to determine the scope, public health impact, and psychiatric sequelae of sexual revictimization.

OBJECTIVE: To estimate the prevalence of sexual revictimization and PTSD among 3 national female samples (adolescent, college, and adult household probability).

DESIGN: Surveys were used to collect data from the National Women's Study-Replication (2006; college) as well as household probability samples from the National Survey of Adolescents-Replication (2005) and the National Women's Study-Replication (2006; household probability).

SETTING: Households and college campuses across the United States.

PARTICIPANTS: One thousand seven hundred sixty-three adolescent girls, 2000 college women, and 3001 household-residing adult women.

MAIN OUTCOME MEASURES: Behaviorally specific questions assessed unwanted sexual acts occurring over the life span owing to the use of force, threat of force, or incapacitation via drug or alcohol use. Posttraumatic stress disorder was assessed with a module validated against the criterion standard Structured Clinical Interview for DSM-IV.

RESULTS: About 53% of victimized adolescents, 50% of victimized college women, and 58.8% of victimized household-residing women reported sexual revictimization. Current PTSD was reported by 20% of revictimized adolescents, 40% of revictimized college women, and 27.2% of revictimized household-residing women. Compared with nonvictims, odds of meeting past 6-month PTSD were 4.3 to 8.2 times higher for revictimized respondents and 2.4 to 3.5 times higher for single victims.

CONCLUSIONS: Population prevalence estimates suggest that 769 000 adolescent girls, 625 000 college women, and 13.4 million women in US households reported sexual revictimization. Further, 154 000 sexually revictimized adolescents, 250 000 sexually revictimized college women, and 3.6 million sexually revictimized household women met criteria for past 6-month PTSD. Findings highlight the importance of screening for sexual revictimization and PTSD in pediatric, college, and primary care settings.

13. J Womens Health (Larchmt). 2012 Jul;21(7):783-91. doi: 10.1089/jwh.2011.2886. Epub 2012 Apr 18.

Smoking and behavioral health of women.
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BACKGROUND: Using data from a study of reliability and validity of a screening tool for co-occurring substance abuse and mental health problems, our objective was to compare behavioral health issues of female smokers and nonsmokers and explore correlates of smoking.

METHODS: Using a convenience sample (n=1021), we recruited participants to complete an online survey conducted in substance abuse treatment, primary care, mental health services, senior, and public settings. The survey included demographic questions, smoking status, the co-occurring disorders screening tool, the Global Appraisal of Individual Needs-Short Screener (GAIN-SS) and the Posttraumatic Stress Disorder Checklist (PCL)-Civilian.

RESULTS: One third of participants self-identified as smokers, and African American, American Indian, and bisexual women reported the highest rates of smoking. Seventy-two percent of women reported at least one mental health problem in the past year; 29% had a past year substance abuse problem, and 26% reported a past year co-occurring disorder of both. Smokers had significantly higher rates of posttraumatic stress disorder (PTSD), past year depression and anxiety, suicidality, past year substance abuse, and co-occurring disorders. Smokers also

had significantly higher rates of lifetime intimate partner violence (IPV) and childhood abuse.

CONCLUSIONS: Smoking in women was associated with significantly higher rates of mental health and substance abuse problems. Substance abuse, being in a treatment setting, IPV, African American and mixed ethnicity, Medicaid insurance status, reduced income, and no home ownership were identified as predictors of smoking. Screening and evaluation of smoking status, mental health, substance use disorders, and the presence and impact of violence are essential for women's health.

14. Biol Psychiatry. 2012 Jul 1;72(1):19-24. doi: 10.1016/j.biopsych.2012.02.031. Epub 2012 Apr 12.

Estrogen levels are associated with extinction deficits in women with posttraumatic stress disorder.

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Comment in

Biol Psychiatry. 2012 Jul 1;72(1):6-7.

BACKGROUND: Women are twice as likely to develop posttraumatic stress disorder (PTSD) than men. As shown in our previous work, the inability to suppress fear responses in safe conditions may be a biomarker for PTSD. Low estrogen in naturally cycling women is associated with deficits in fear extinction. On the basis of these findings, we have now examined the influence of estrogen levels on fear extinction in women with and without PTSD.

METHODS: We measured fear-potentiated startle during fear conditioning and extinction in women. The study sample (N = 81) was recruited from an urban, highly traumatized civilian population at Grady Memorial Hospital in Atlanta, Georgia. We assayed serum estrogen levels and used a median split to divide the sample into high and low estradiol (E(2)) groups. Seventeen of 41 women (41.5%) in the low E(2) group and 15 of 40 women (37.5%) met criteria for PTSD in the high E(2) group.

RESULTS: The results showed that all groups had equivalent levels of fear conditioning. However, we found significant interaction effects between high versus low E(2) groups and PTSD diagnosis [$F(1,71) = 4.55, p < .05$] on extinction. Among women with low estrogen levels, fear-potentiated startle was higher during extinction in the PTSD group compared with traumatized control women [$F(1,38) = 5.04, p < .05$]. This effect was absent in the High E(2) group.

CONCLUSION: This study suggests that low estrogen may be a vulnerability factor for development of PTSD in women with trauma histories. Research on the role of estrogen in fear regulation may provide insight into novel treatment strategies for PTSD.

15. Rev Bras Psiquiatr. 2012 Mar;34(1):60-5.

Peritraumatic tonic immobility is associated with posttraumatic stress symptoms in undergraduate Brazilian students.

Portugal LC, Pereira MG, Alves Rde C, Tavares G, Lobo I, Rocha-Rego V, Marques-Portella C, Mendlowicz MV, Coutinho ES, Fiszman A, Volchan E, Figueira I, Oliveira Ld.

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OBJECTIVE: Tonic immobility is a defensive reaction occurring under extreme life threats. Patients with posttraumatic stress disorder (PTSD) reporting peritraumatic tonic immobility show the most severe symptoms and a poorer response to treatment. This study investigated the predictive value of tonic immobility for posttraumatic stress symptoms in a non-clinical sample.

METHODS: One hundred and ninety-eight college students exposed to various life threatening events were selected to participate. The Posttraumatic Stress Disorder Checklist - Civilian Version (PCL-C) and tonic immobility questions were used. Linear regression models were fitted to investigate the association between peritraumatic tonic immobility and PCL-C scores. Peritraumatic dissociation, peritraumatic panic reactions, negative affect, gender, type of trauma, and time since trauma were considered as confounding variables.

RESULTS: We found significant association between peritraumatic tonic immobility and PTSD symptoms in a non-clinical sample exposed to various traumas, even after regression controlled for confounding variables ($\beta = 1.99$, $p = 0.017$).

CONCLUSIONS: This automatic reaction under extreme life threatening stress, although adaptive for defense, may have pathological consequences as implied by its association with PTSD symptoms.

16. Biol Psychiatry. 2012 Jul 1;72(1):65-9. doi: 10.1016/j.biopsych.2011.12.020. Epub 2012 Feb 1.

Hair cortisol level as a biomarker for altered hypothalamic-pituitary-adrenal activity in female adolescents with posttraumatic stress disorder after the 2008 Wenchuan earthquake.

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BACKGROUND: The present study evaluated the accumulated changes in hair cortisol levels of patients with posttraumatic stress disorder (PTSD) attributed to the 2008 Wenchuan earthquake in China.

METHODS: Sixty-four female adolescents from two townships who experienced the earthquake were recruited 7 months after the disaster, including 32 subjects with PTSD (PTSD group) and 32 subjects without PTSD (non-PTSD group). Twenty matched adolescents were recruited from an area that was not affected significantly by the earthquake as the control group. Hair cortisol concentrations were measured by the electrochemiluminescence immunoassay in each 3-cm segment of hair sample from the scalp.

RESULTS: There was no significant difference at the baseline hair cortisol level in the three groups before the traumatic event ($p > .6$). Hair cortisol levels changed over time and differed among groups ($p = .0042$). The hair cortisol levels among the PTSD and non-PTSD subjects were elevated, suggesting increasing levels in response to stress. However, these two groups differed in their response. The non-PTSD subjects showed a significantly higher cortisol level than the PTSD group between month 2 and month 4 ($p = .0137$) and also between month 5 and month 7 ($p = .0438$) after the traumatic event.

CONCLUSIONS: This study revealed a blunted response curve to the disaster among PTSD subjects compared with subjects without PTSD. These findings suggest that hair cortisol level could be used to assess the integrated hypothalamic-pituitary-adrenal activity over a period of months after traumatic events and be used to serve as a biomarker in patients with PTSD.

17. Soc Psychiatry Psychiatr Epidemiol. 2012 Sep;47(9):1489-98. doi: 10.1007/s00127-011-0454-9. Epub 2011 Nov 24.

Screening for traumatic exposure and psychological distress among war-affected adolescents in post-conflict northern Uganda.

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BACKGROUND: The war in northern Uganda has had a debilitating effect on the mental health of children and adolescents in the population. This study measures the prevalence and considers the aetiology of psychological distress in war-affected adolescents 4 years after the end of the conflict.

METHODS: This is a cross-sectional study of 205 adolescents, aged 12-19, from a boarding primary school in Gulu, northern Uganda. A war experiences checklist was developed with the assistance of local professionals. The Impact of Event Scale-Revised (IES-R) measured post-traumatic stress symptoms. Finally, the Acholi Psychosocial Assessment Instrument (APAI) was used to measure locally described mental health constructs similar to the Western concepts of depression and anxiety.

RESULTS: Four years after the end of the war, 57% of the students were still found to have clinically significant levels of post-traumatic stress symptoms using a similar cut-off score to previous studies among the same population. Both components of traumatic exposure: (i) the number of types of traumatic event experienced; and (ii) whether the adolescent was abducted were significantly associated with psychological distress. There was a strong correlation between post-traumatic stress symptoms and internalising symptoms.

CONCLUSION: War-affected adolescents may continue to suffer from significant psychological stress in the years following the cessation of conflict. Multiple exposure to a number of different types of traumatic event may directly increase the likelihood of psychological distress especially for those exposed to the most extreme violence. The feasibility of employing a locally developed and validated screening instrument is demonstrated. Implications for future research and intervention in post-conflict areas are considered.

18. Soc Psychiatry Psychiatr Epidemiol. 2012 Aug;47(8):1353-8. doi: 10.1007/s00127-011-0443-z. Epub 2011 Oct 29.

Impact of pre-enlistment antisocial behaviour on behavioural outcomes among U.K. military personnel.

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PURPOSE: Concern has been raised over alleged increases in antisocial behaviour by military personnel returning from the deployment in Iraq and Afghanistan. U.S.-based research has shown that post-deployment violence is related not only to combat experience, but also to pre-enlistment antisocial behaviour (ASB). This study aimed to examine the association between pre-enlistment ASB and later behavioural outcomes, including aggression, in a large randomly selected U.K. military cohort.

METHODS: Baseline data from a cohort study of 10,272 U.K. military personnel in service at the time of the Iraq war in 2003 were analysed. The associations

between pre-enlistment ASB and a range of socio-demographic and military variables were examined as potential confounders. Logistic regression analyses were performed to examine the relationship between pre-enlistment ASB and military behavioural outcomes such as severe alcohol use, violence/aggression and risk-taking behaviour, controlling for confounders.

RESULTS: 18.1% were defined as having displayed pre-enlistment ASB.

Pre-enlistment ASB was significantly associated with factors such as younger age, low educational achievement, male gender, non-officer rank, Army personnel, being a regular, increasing time spent on the deployment and having a combat role.

Pre-enlistment ASB was associated with increased risk of negative behavioural outcomes (severe alcohol misuse, outbursts of anger or irritability, fighting or assaultative behaviour and risk-taking behaviour), after controlling for confounders, suggesting that such background information may identify individuals who are more vulnerable to subsequent behavioural disturbance.

CONCLUSION: The results of this study suggest that those already demonstrating ASB prior to joining the military are more likely to continue on this trajectory, thus emphasising the importance of considering pre-enlistment behaviour when exploring the aetiology of aggression in military personnel.

19. Compr Psychiatry. 2012 Jul;53(5):616-22. doi: 10.1016/j.comppsy.2011.08.007.

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Evaluation of the psychometric properties of the Chinese version of the Resilience Scale in Wenchuan earthquake survivors.

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OBJECTIVES: Resilience refers to the ability to effectively cope and positively adapt after adversity or trauma. This study investigated the factor structure and psychometric properties of the Chinese version of the Resilience Scale (RS) for college students with Wenchuan earthquake exposure.

METHODS: A total of 888 Chinese college students with Wenchuan earthquake exposure completed a set of scales, including the RS, the Post-traumatic Stress Disorder Self-rating Scale, the Zung Self-rating Depression Scale, the Zung Self-rating Anxiety Scale, and the Eysenck Personality Questionnaire Short Scale for Chinese. The internal consistency and concurrent validity were investigated. Sex and regional differences were also examined.

RESULTS: The results of exploratory factor analysis and confirmatory factor analysis showed that the 4-factor structure was suitable for both Chinese samples 1 and 2. The Cronbach α coefficient was .94 ($P < .01$), split-half reliability coefficient was .92 ($P < .01$), and the test-retest reliability coefficient was

.82 ($P < .01$). The total resilience score was correlated negatively with posttraumatic stress disorder ($r = -0.21$; $P < .01$), depression ($r = -0.45$; $P < .01$), anxiety ($r = -0.34$; $P < .01$), and neuroticism ($r = -0.23$; $P < .01$), and correlated positively with extraversion ($r = 0.23$; $P < .01$). Men showed higher resilience scores than women, and people living in the high earthquake-exposure areas reported higher level of resilience than those from low earthquake-exposure areas.

CONCLUSIONS: The Chinese version of the RS was demonstrated to be a reliable and valid measurement in assessing resilience for Wenchuan earthquake survivors.

20. Emotion. 2012 Aug;12(4):778-84. doi: 10.1037/a0024992. Epub 2011 Aug 22.
Ameliorating intrusive memories of distressing experiences using computerized reappraisal training.

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The types of appraisals that follow traumatic experiences have been linked to the emergence of posttraumatic stress disorder (PTSD). Could changing reappraisals following a stressful event reduce the emergence of PTSD symptoms? The present proof-of-principle study examined whether a nonexplicit, systematic computerized training in reappraisal style following a stressful event (a highly distressing film) could reduce intrusive memories of the film, and symptoms associated with posttraumatic distress over the subsequent week. Participants were trained to adopt a generally positive or negative poststressor appraisal style using a series of scripted vignettes after having been exposed to highly distressing film clips. The training targeted self-efficacy beliefs and reappraisals of secondary emotions (emotions in response to the emotional reactions elicited by the film). Successful appraisal induction was verified using novel vignettes and via change scores on the post traumatic cognitions inventory. Compared with those trained negatively, those trained positively reported in a diary fewer intrusive memories of the film during the subsequent week, and lower scores on the Impact of Event Scale (a widely used measure of posttraumatic stress symptoms). Results support the use of computerized, nonexplicit, reappraisal training after a stressful event has occurred and provide a platform for future translational studies with clinical populations that have experienced significant real-world stress or trauma.

21. J Trauma Stress. 2009 Apr;22(2):153-7. doi: 10.1002/jts.20414.
The latent structure of the Peritraumatic Dissociative Experiences Questionnaire.

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This paper has been retracted due to a publisher's error: the order of the authors was incorrect. The Editor and Publisher of the Journal of Traumatic Stress apologize to the authors and our readership. The Peritraumatic Dissociative Experiences Questionnaire (PDEQ) is a widely used measure of peritraumatic dissociation, and is presumably a unidimensional construct. Two hundred forty-seven individuals admitted to five hospitals after traumatic injury were administered the Clinician Administered PTSD Scale, the Hospital Anxiety and Depression Scale, and the PDEQ. Factor analysis indicated that the PDEQ involved two factors containing four items each: one factor (altered awareness) indexes alterations in awareness and the other (derealization) reflects distortions in perceptions of the self and the world. Only the derealization factor was associated with acute stress, anxiety, and depression symptoms. Cross-validation with independent data provided only partial support for the 2-factor structure model. These data indicate that peritraumatic dissociation may involve two distinct constructs.

22. J Trauma Stress. 2009 Apr;22(2):139-45. doi: 10.1002/jts.20401.

The relationship between PTSD symptom factors and emotion.

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The relationship between posttraumatic stress disorder (PTSD) symptom factors and two facets of emotion were examined. Emotional congruence effects were examined using an affective priming word pronunciation (naming) task, and negative affect was measured using self-report. Current PTSD symptoms were assessed using the Clinician-Administered PTSD Scale in 95 adults with trauma histories. Two alternative PTSD symptom factor structures were examined, one of which included an emotional numbing factor, and one of which included a dysphoria factor. Emotional congruence effects were significantly associated with an emotional numbing factor, but not with any other PTSD factors. Negative affect was significantly associated with a dysphoria factor, but not with any other PTSD factors.

23. J Trauma Stress. 2009 Apr;22(2):146-52. doi: 10.1002/jts.20399.

The latent structure of posttraumatic stress disorder among adolescents.

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Debate has arisen over whether posttraumatic stress disorder (PTSD) is most accurately conceptualized as representing a discrete clinical syndrome or an extreme reaction to traumatic life events. Recent taxometric research using predominantly adult samples appears to support a dimensional model of PTSD, raising questions about the utility of current psychiatric nosology which depicts PTSD as a distinct entity. The present study sought to use taxometric procedures to examine the latent structure of posttraumatic stress reactions among a national epidemiologic sample of 2,885 adolescents. Results were consistent with previous taxometric studies in supporting a dimensional model of posttraumatic stress reactions. The implications of these findings for public policy, as well as the etiology and assessment of posttraumatic stress reactions, are discussed.

24. J Trauma Stress. 2009 Apr;22(2):106-12. doi: 10.1002/jts.20396.

Posttraumatic stress in AIDS-orphaned children exposed to high levels of trauma: the protective role of perceived social support.

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Poor urban children in South Africa are exposed to multiple community traumas, but AIDS-orphaned children are at particular risk for posttraumatic stress. This study examined the hypothesis that social support may moderate the relationship between trauma exposure and posttraumatic stress for this group. Four hundred twenty-five AIDS-orphaned children were interviewed using standardized measures of psychopathology. Compared to participants with low perceived social support, those with high perceived social support demonstrated significantly lower levels of PTSD symptoms after both low and high levels of trauma exposure. This suggests that strong perception of social support from carers, school staff, and friends may lessen deleterious effects of exposure to trauma, and could be a focus of intervention efforts to improve psychological outcomes for AIDS-orphaned children.

25. J Trauma Stress. 2009 Apr;22(2):131-8. doi: 10.1002/jts.20397.

Anxiety sensitivity and aspects of alexithymia are independently and uniquely associated with posttraumatic distress.

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Using a sample of adult survivors of physical trauma requiring hospitalization (N = 677), we examined the relationship of aspects of alexithymia and anxiety sensitivity to symptoms of posttraumatic distress (PTD). At the bivariate level, both aspects of alexithymia and anxiety sensitivity were positively associated with acute PTD symptomatology, but anxiety sensitivity was more strongly related to PTD symptoms. At the multivariate level, both anxiety sensitivity and aspects of alexithymia made unique and independent contributions to both total PTD symptoms and the majority of PTD symptom clusters. At the facet level, anxiety sensitivity-physical concerns and anxiety sensitivity-psychological concerns, and the alexithymic dimension of difficulty identifying feelings, were uniquely associated with acute PTD symptoms. Findings are discussed in terms of potential clinical implications.

26. J Trauma Stress. 2009 Apr;22(2):158-61. doi: 10.1002/jts.20392.

Posttraumatic anger in crime victims: directed at the perpetrator and at the self.

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This study investigated the targets of anger that are most strongly involved in posttraumatic anger. Using a sample of 218 crime victims, the authors assessed the levels of anger at potential targets (perpetrator, criminal justice system, third persons, and the self) and their association with severity of posttraumatic stress disorder (PTSD) symptoms. The results revealed that anger was most strongly directed at the perpetrator and at the self, and that anger at other targets was low. Moreover, anger at the perpetrator and at the self showed strong associations with PTSD symptoms, whereas the associations of anger at other targets with PTSD symptoms were low.