

## February, 2013 PILOTS Topic Alert

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Alexander, M. (2012). "Managing patient stress in pediatric radiology." *Radiologic Technology* 83(6): 549-560.

**BACKGROUND:** Research has shown that short-and long-term effects can result from stressful or invasive medical procedures performed on children in the radiology department. Short-term effects for the pediatric patient include pain, anxiety, crying, and lack of cooperation. The patient's parents also may experience short-term effects, including elevated anxiety and increased heart rate and blood pressure. Potential long-term effects include post-traumatic stress syndrome; fear; changes in pain perception and coping effectiveness; avoidance of medical care; and trypanophobia. **OBJECTIVE:** To identify common sources of stress in pediatric radiology, investigate short-and long-term effects of stressful and invasive medical procedures in pediatric patients, and compare different strategies used in radiology departments to minimize stress in pediatric patients. **METHODS:** Searches were conducted using specific databases to locate literature related to stress in pediatric radiology. Articles were included that addressed at least 1 of the following topics: common sources of stress in the pediatric radiology department, the short-or long-term effects of a stressful and invasive medical procedure, or a stress-minimizing strategy used in a pediatric medical environment. **CONCLUSION:** Consistency of care can be improved among the different radiology modalities by providing similar and effective strategies to minimize stress, including interventions such as parental involvement, preprocedural preparation, distraction, sedation, use of a child-life specialist, hypnosis, protecting the child's privacy, and positive reinforcement. Future research is needed to identify additional ways to improve the consistency for care of pediatric patients in the radiology department and to investigate stress management in areas such as pediatric vascular interventional radiology, cardiac catheterization, emergency/trauma imaging, and gastrointestinal procedures. [Author Abstract]

Armour, C., S. R. Ghazali, et al. (2012). "PTSD's latent structure in Malaysian tsunami victims: assessing the newly proposed Dysphoric Arousal model." *Psychiatry Research*.

The underlying latent structure of PTSD is widely researched. However, despite a plethora of factor analytic studies, no single model has consistently been shown as superior to alternative models. The two most often supported models are the Emotional Numbing and the Dysphoria models. However, a recently proposed five factor Dysphoric Arousal model has been gathering support over and above existing models. Data for the current study were gathered from Malaysian Tsunami survivors (N = 250). Three competing models (Emotional Numbing/Dysphoria/Dysphoric Arousal) were specified and estimated using Confirmatory Factor Analysis (CFA). The Dysphoria model provided superior fit to the data compared to the Emotional Numbing model. However, using chi-square difference tests, the Dysphoric Arousal model proved superior fit compared to both the

Emotional Numbing and Dysphoria models. In conclusion, the current results suggest that the Dysphoric Arousal model better represents PTSD's latent structure and that items measuring sleeping difficulties, irritability/anger, and concentration difficulties form a separate, unique PTSD factor. These results are discussed in relation to the role of Hyperarousal with PTSD's on-going symptom maintenance and in relation to the DSM-5. [Author Abstract] KEY WORDS: PTSD; confirmatory factor analysis; five factor model; dysphoric arousal; anxious arousal; tsunami; natural disaster

Barrett-Becker, E. Predictors of disorganized states of mind with regard to trauma in mothers with maltreatment histories [dissertation]: 144-144.

Disorganization is understood as a lack of cognitive and emotional integration of traumatic experiences. Disorganized states of mind appear to be particularly salient to parenting outcomes and represent an important psychological construct for understanding the consequences of child maltreatment and may be particularly important during the postpartum period. Characteristics of child maltreatment and demographic characteristics have been linked to both disorganization and psychological symptoms of PTSD and depression. A small body of research supports the theory that symptoms of PTSD are linked to and possibly maintain disorganized states of mind. Experiencing depression has also been linked to disorganization, however this relationship is less well understood. The current study assessed the presence and frequency of indicators of disorganization and disorganized classification. This study also investigated associations between maltreatment characteristics, demographic risk, and the persistence of psychological symptoms (PTSD and depression) and disorganized states of mind with respect to maltreatment in a sample of new mothers. Indicators of disorganization were common and demonstrated adequate variability. 43% of the sample was classified as disorganized. Experiencing sexual abuse by a non-caregiver within one developmental period was associated with being classified as disorganized as well as the severity of disorganization scores. Demographic characteristics were not related to disorganization. Results also revealed that the persistence of symptoms of depression, but not PTSD, during the postpartum period predicted disorganized classification. The current study provides important information about the frequency of disorganized states of mind as well as links to maltreatment characteristics and symptoms of depression during the postpartum period. [Author Abstract]

Beeri, A. and R. Lev-Wiesel (2012). "Social rejection by peers: a risk factor for psychological distress." *Child and Adolescent Mental Health* 17(4): 216-221.

AIMS: The study examined the relationship between social rejection by peers, personal resources (potency and perceived social support), and psychological distress among Israeli adolescents. METHODS: 511 adolescents aged 12-17 (high-school students from two rural Israeli schools) completed self-report questionnaires consisting of the following measures: peer rejection (PR; ranged from having been ignored, cursed, assaulted, bullied, to having been physically attacked), posttraumatic symptoms (PTS), social avoidance, depression symptoms, potency, and perceived social support. RESULTS: 35% of the students reported experiencing some kind of social rejection (SR). One-way ANOVA and stepwise linear regression tests showed that those who

experienced SR had higher levels of depression, PTS symptoms, and social avoidance compared to those who had no such history. In addition, personal resources, potency in particular, was found to mediate the distress. CONCLUSIONS: Findings indicated that adolescents who reported experiencing peer rejection had higher levels of psychological distress. In addition, the lower the personal resources were, the higher the levels of psychological distress. Potency buffered the level of distress resulting from social rejection by peers. Compared to boys, rejected girls had lower potency levels. [Author Abstract] KEY WORDS: social rejection by peers; adolescence; potency; psychological distress; gender

Bender, K., S. J. Thompson, et al. (2012). "Substance use and victimization: street-involved youths' perspectives and service implications." *Children and Youth Services Review* 34(12): 2392-2399.

Homeless youths' use of substances is highly related to experiences of trauma and the development of posttraumatic stress symptoms. The current study approached homeless young people to elicit their perspectives regarding how their substance use and trauma experiences are interrelated. Recruited from a homeless youth service settings, youth (n = 50) participated in qualitative, semi-structured, face-to-face interviews that queried youth on two broad topics: how substances might place youth at risk for victimization and how substances may be used as a coping strategy. Youth identified several ways substance use placed them at further risk (e.g., decreasing awareness of potential danger, increasing physical risk through overdose or addiction, disconnecting them from support systems, and increasing risk for violence related to criminal behavior). They also described multiple ways in which substances temporarily helped them cope with past trauma (e.g., escaping difficult thoughts, improving negative moods, relaxing, and socializing with others). Many youth (68%) described using substances as a "temporary fix" or "band-aid" to cope with memories of past trauma that eventually placed them at higher risk for further victimization. Adaptations to existing prevention services that incorporate the interconnectedness between substance use and trauma are suggested. [Author Abstract] KEY WORDS: substance use; victimization; PTSD; homeless youth

Black, J. A. S. Intimate partner violence, developmental trauma, and impaired executive functioning in preschool-age children [dissertation]: 267-267.

The current research integrates Perry et al's traumatic stress theory, De Bellis et al's developmental trauma theory, and Blair's contextual stress and executive function theory to investigate why exposure to chronic traumatic events in early childhood is often related to deleterious social, emotional, and behavioral outcomes. Intimate partner violence (IPV) is considered a prototypic traumatic event for consideration in the present research due to IPV's chronic course and that young children are disproportionately exposed to IPV. The current study tested a novel model in which preschool-age children's executive functioning (EF) mediated the relationship between IPV exposure, dissociative and hypervigilant traumatic stress symptoms, and behavior problems. The study recruited 143 child-mother dyads from the local CACS Head Start preschools,

which provided a sample of high-risk preschool-age children. Maternal and teacher report measures of the children's executive functioning and behavior problems were administered. Additionally, the children's executive functioning was assessed using developmentally sensitive lab-based tasks. Several notable findings emerged in the present study. Preschool-age children's traumatic stress reactions were differentially related to maternal and teacher reported behavior problems, such that greater levels of hypervigilance predicted teacher reported externalizing behavior problems, whereas greater levels of dissociation predicted both maternal reported internalizing and externalizing behavior problems. Exploratory and confirmatory analyses were used to examine the underlying structure of the children's EF. Contrary to expectations, the children's EF was best explained by a single, global EF factor that was highly contextually dependent (i.e., at home, school, and in the lab), rather than the three hypothesized sub-components (i.e., attentional control, working memory, and inhibitory control). Dissociation predicted worse maternal reported EF, but no direct relationships between traumatic stress symptoms and either teacher reported EF or lab-assessed EF emerged. However, structural models testing whether EF mediated the relationship between IPV exposure, traumatic stress reactions, and behavior problems at home and schools revealed a more nuanced picture. Consistent with predictions, EF fully mediated the proposed relationships when EF and behavior problems were considered within a single context (e.g., at home or at school). Models evaluating the mediational relationship for EF and behavior problems measured across contexts (e.g., maternal reported EF and teacher reported behavior problems) offered mixed support for EF as a mediator. Results from the lab-assessed EF suggest that in novel environments, preschool-age children's hypervigilance may temporarily improve their EF performance on highly structured tasks, presumably due to increased physiological arousal. Overall, the pattern of results indicated that EF is an important mediating variable between exposure to IPV, traumatic stress symptoms, and preschool-age children's behavior problems reported at home and school. Clinical implications for the assessment of preschool-age children exposed to chronic family violence and future research directions are discussed. [Author Abstract]

Bowie, J. A. Long-term impact of foster care on romantic relationships in young adulthood: a quantitative study of attachment [dissertation]: 130-130.

This quantitative study explored the question: How does experience in foster care impact attachment organization in adulthood? Previous research has established that placement in the foster care system can significantly increase the risk for various psychological disorders and problems related to physical health, education, and behavior. Studies also suggest that foster care experiences make it more likely for insecure attachment patterns to develop, which in turn are correlated with decreased relationship satisfaction and stability, higher rates of infidelity, and an increased likelihood of intimate partner violence and psychological aggression. No studies to date, however, have explored the association between foster care and romantic attachment organization in adulthood, and this research was conducted to begin filling that gap. Based on data gathered by the Experiences in Close Relationships - Revised (ECR-R) questionnaire, the present study indicates that time spent in foster care predicts significantly high levels of adult attachment anxiety and attachment avoidance when compared to the general population. Findings suggest that the

experience of maltreatment as well as being older make it more likely that a foster child will develop a high level of attachment anxiety in young adulthood. Although the participation group also had a significantly high level of attachment avoidance, none of the independent variables under study were correlated with this outcome. Finally, mirroring the conclusions of similar studies, a significant correlation was found between foster care and reporting clinical levels of anxiety, depression, and symptomology related to PTSD. [Author Abstract]

Brosbe, M. S., J. Faust, et al. (2013). "Complex traumatic stress in the pediatric medical setting." *Journal of Trauma and Dissociation* 14(1): 97-112.

There has been a recent increase in research focusing on child complex traumatic stress following prolonged or repeated trauma. These traumatic stress reactions often affect many aspects of the child's functioning, including psychological, behavioral, and physical health. In addition, complex traumatic stress experienced by youth with serious medical conditions may influence health issues such as medical adherence, emotional adjustment to illness, and pain management. This article reviews and delineates the current state of the literature on the impact of complex traumatic stress in childhood on mental and physical health as well as on these pediatric health-related issues. To date, few empirical studies have directly addressed this association. Several features associated with complex traumatic stress, such as emotion regulation difficulties, disruptive behavior, and family conflict, have indirectly been demonstrated to interfere with pediatric adherence, medical coping, and pain management. This demonstrates the need for more focused research in this area. [Author Abstract] KEY WORDS: child abuse; chronic illness; complex trauma; trauma-informed care; pediatric illness

Casey, P. R. and S. Bailey (2011). "Adjustment disorders: the state of the art." *World Psychiatry* 10(1): 11-18.

Adjustment disorders are common, yet under-researched mental disorders. The present classifications fail to provide specific diagnostic criteria and relegate them to sub-syndromal status. They also fail to provide guidance on distinguishing them from normal adaptive reactions to stress or from recognized mental disorders such as depressive episode or PTSD. These gaps run the risk of pathologizing normal emotional reactions to stressful events on the one hand and on the other of overdiagnosing depressive disorder with the consequent unnecessary prescription of antidepressant treatments. Few of the structured interview schedules used in epidemiological studies incorporate adjustment disorders. They are generally regarded as mild, notwithstanding their prominence as a diagnosis in those dying by suicide and their poor prognosis when diagnosed in adolescents. There are very few intervention studies. [Author Abstract] KEY WORDS: adjustment disorders; sub-threshold diagnosis; suicide; normal adaptive stress reactions; depressive disorder; classification

Chartrand, H., B. J. Cox, et al. (2011). "Social anxiety disorder subtypes and their mental health correlates in a nationally representative Canadian sample." *Canadian Journal of Behavioural Science* 43(2): 89-98.

The present study aimed to assess the merit of subtyping social anxiety disorder by validating the nongeneralised subtype, differentiating the generalised and nongeneralised subtypes, and determining the role of feared social situations. Data came from the Canadian Community Health Survey Cycle 1.2 (N = 36,984) of adults aged 15 years and older. Social anxiety disorder was assessed with the World Mental Health Composite International Diagnostic Interview. In accordance with DSM-IV criteria, generalised social anxiety disorder was defined as fearing at least 7 (i.e., most) of 13 feared social situations, whereas nongeneralised social anxiety disorder as fearing 6 or fewer. Results indicated that the nongeneralised subtype was associated with increased odds of comorbid mood, anxiety, and suicidality compared with non-socially anxious adults. Conversely, the generalised subtype was not associated with increased odds of comorbid mental disorders and suicide attempts compared with the nongeneralised subtype after controlling for sociodemographic factors and other comorbid Axis I disorders. Finally, as the number of feared social situations increased, so did the odds of suffering from comorbid mood and anxiety disorders and suicidality. The present study has important implications for the DSM-5. [Author Abstract] KEY WORDS: social anxiety disorder; subtypes; generalised and nongeneralised; Canadian Community Health Survey; epidemiology

Cisler, J. M., A. B. Amstadter, et al. (2011). "PTSD symptoms, potentially traumatic event exposure, and binge drinking: a prospective study with a national sample of adolescents." *Journal of Anxiety Disorders* 25(7): 978-987.

Research demonstrates substantial comorbidity between PTSD and alcohol use disorders. Evidence for functional relationships between PTSD and problematic alcohol use has not always been consistent, and there have been few investigations with adolescent samples. Further, research has not consistently controlled for cumulative potentially traumatic event (PTE) exposure when examining prospective relationships between PTSD and problematic alcohol use (i.e., binge drinking). This study examines the prospective relationships between PTSD symptoms, problematic alcohol use, and cumulative PTE exposure measured at three time points over approximately three years among a nationally representative sample of adolescents exposed to at least one PTE (n = 2,399 and age range = 12-17 at Wave 1). Results from parallel process latent growth curve models demonstrated that increases in cumulative PTE exposure over time positively predicted increases in both PTSD symptoms and binge drinking, whereas increases in PTSD symptoms and increases in binge drinking were not related when controlling for the effect of cumulative PTE exposure. Further analyses suggested that these relationships are specific to assaultive PTEs and are not found with non-assaultive PTEs. Theoretical implications are discussed. [Author Abstract] KEY WORDS: PTSD; trauma; assault; binge drinking; adolescents

Cohen-Mansfield, J., D. Shmotkin, et al. (2013). "Parental bereavement increases mortality in older persons." *Psychological Trauma: Theory, Research, Practice, and Policy* 5(1): 84-92.

Studies of the link between parental grief and subsequent morbidity and mortality risks have yielded inconclusive results. We aim to investigate whether the death of a child is related to increased mortality in older parents. Data were drawn from a national survey of a random sample of older Jewish persons in Israel, conducted during 1989-1992. Analyses included 1239 self-respondent community-dwelling and institutionalized participants ages 75-94 years ( $M = 83.1$ ,  $SD = 5.3$ ) from the Cross-Sectional and Longitudinal Aging Study (CALAS). Mortality data at 20-year follow-up were recorded from the Israeli National Population Registry. Bereaved parents were somewhat older, and were more likely than nonbereaved parents to be women, unmarried, less educated, living alone, and born in the Middle East or North Africa. Bereaved parents were more depressed and functionally limited than were nonbereaved parents, even after controlling for age and gender. The longitudinal analysis showed that parental bereavement was a significant predictor of mortality at 20-year follow-up. The effect of bereavement on mortality persisted after controlling for age, gender, origin, education, and widowhood status. It was more potent for women (mothers) than for men (fathers). Whereas parental bereavement due to war is most frequently discussed in the Israeli context, parental bereavement is mostly associated with disadvantageous socioeconomic situations and life conditions. Contrary to some previous findings, results highlight the hazardous long-term effect of bereavement on mortality. [Author Abstract] KEY WORDS: older persons; mortality; well-being; bereavement; Israel

Dragan, M., M. Lis-Turlejska, et al. (2012). "The validation of the Polish version of the Posttraumatic Diagnostic Scale and its factor structure." *European Journal of Psychotraumatology* 3: Article 18479.

**BACKGROUND:** Posttraumatic Diagnostic Scale (PDS) is a self-descriptive measure developed to provide information regarding PTSD diagnosis and symptom severity. **OBJECTIVES:** The aim of this article is to report on the validation of the Polish version of PDS and to test its factor structure with reference to two models: an original three-factor model (Reexperiencing, Avoidance, and Arousal) and alternative five-factor model (Reexperiencing, Avoidance, Numbing, Dysphoric Arousal, and Anxious Arousal). **METHOD:** The validation procedure included three studies conducted on samples of separate populations: university-level students ( $n = 507$ ), individuals who had experienced various traumas ( $n = 320$ ), and treatment-seeking survivors of motor vehicle accidents (MVA) ( $n = 302$ ). Various other measures of trauma-related psychopathology were administered to participants, as well as the PTSD module of the Structured Clinical Interview (SCID) in the case of MVA patients. **RESULTS:** PDS showed high internal consistency and test-retest reliability, good diagnostic agreement with SCID, good sensitivity but relatively low specificity. The satisfactory convergent validity was supported by a large number of significant correlations with other measures of trauma-related psychopathology. Confirmatory factor analysis (CFA) generally confirmed both the three-factor structure and the alternative five-factor structure of the questionnaire. **CONCLUSIONS:** The results show generally good psychometric properties of the Polish version of PDS. [Author Abstract] KEY WORDS: PTSD; PDS; questionnaire; validity; reliability; factor analysis

Dyer, K. F. W., M. J. Dorahy, et al. (2013). "Trauma typology as a risk factor for aggression and self-harm in a complex PTSD population: the mediating role of alterations in self-perception." *Journal of Trauma and Dissociation* 14(1): 56-68.

This study examined the role of prolonged, repeated traumatic experiences such as childhood and sectarian trauma in the development of posttraumatic aggression and self-harm. 44 adult participants attending therapy for complex trauma in Northern Ireland were obtained via convenience sampling. When social desirability was controlled, childhood emotional and physical neglect were significant correlates of posttraumatic hostility and history of self-harm. These relationships were mediated by alterations in self-perception (e.g., shame, guilt). Severity of sectarian-related experiences was not related to self-destructive behaviors. Moreover, none of the trauma factors were related to overt aggressive behavior. The findings have implications for understanding risk factors for posttraumatic aggression and self-harm, as well as their treatment. [Author Abstract] KEY WORDS: PTSD; complex; DESNOS; aggression; hostility; self-harm; social desirability; shame

Elklit, A. and S. Kurdahl (2013). "The psychological reactions after witnessing a killing in public in a Danish high school." *European Journal of Psychotraumatology* 4: Article 19826.

BACKGROUND: School killings attract immense media and public attention but psychological studies surrounding these events are rare. OBJECTIVE: To examine the prevalence of PTSD and possible risk factors of PTSD in 320 Danish high school students (mean age 18 years) 7 months after witnessing a young man killing his former girlfriend in front of a large audience. METHOD: The students answered the Harvard Trauma Questionnaire (HTQ), the Crisis Support Scale (CSS), and the Trauma Symptom Checklist (TSC). RESULTS: Prevalence of PTSD 7 months after the incident was 9.5%. Furthermore, 25% had PTSD at a subclinical level. Intimacy with the deceased girl; feeling fear, helplessness, or horror during the killing; lack of expressive ability; feeling let down by others; negative affectivity; and dissociation predicted 78% of the variance of the HTQ total scores. CONCLUSION: It is possible to identify students who are most likely to suffer from PTSD. This knowledge could be used to intervene early on to reduce adversities. [Author Abstract] KEY WORDS: witnessing school killing; PTSD; social support; risk factors

Ewart, H. B. (2012). *Soul rape: recovering personhood after abuse*, Loving Healing Press.

The purpose of this book is to provide from real-life case histories a penetrating and hopefully unforgettable look at the murderous nature of child abuse. Vivid understanding of what abuse does to the soul must precede the development of effective treatment. Further, the intent is to show the destruction of the sense of self, which greatly limits the chances of a fulfilling life. Child abuse implants false messages about who one is. It is most difficult to live a successful life that is based on lies. When clinicians and others with the power to produce change really see what child abuse does, the adult ramifications of this phenomenon, including domestic violence, can be treated with greater success. [Text, p. xi]

Farrand, P. and J. Woodford (2013). "Impact of support on the effectiveness of written cognitive behavioural self-help: a systematic review and meta-analysis of randomised controlled trials." *Clinical Psychology Review* 33(1): 182-195.

Cognitive behavioural therapy self-help is an effective intervention for a range of common mental health difficulties. However the extent to which effectiveness may vary by type of support – guided, minimal contact, self-administered – has not been extensively considered. This review identifies the impact of support on the effectiveness of written cognitive behavioural self-help and further explores the extent to which effectiveness varies across mental health condition by type of support provided. Randomised controlled trials were identified by searching relevant bibliographic databases, clinical trials registers, conference proceedings, and expert contact. 38 studies were included in the meta-analysis yielding a statistically significant overall mean effect size (Hedges'  $g = -0.49$ ). Overall effect size did not significantly differ by type of support ( $Q = 0.85$ ,  $df = 2$ ,  $p = 0.65$ ) (guided: Hedges'  $g = -0.53$ ; minimal contact: Hedges'  $g = -0.55$ ; self-administered: Hedges'  $g = -0.42$ ). For guided and self-administered types of support, planned comparisons revealed a trend for effect size to vary by mental health condition and for guided CBT self-help the modality of support was significant ( $Q = 6.32$ ,  $df = 2$ ,  $p = 0.04$ ), with the largest effect size associated with telephone delivery (Hedges'  $g = -0.91$ ). Additional moderator analysis was undertaken for depression given the number of available studies. Regardless of higher baseline levels of severity the effect size for minimal contact was greater than for guided support. Greater consideration should be given to the potential that type of support may be related to the effectiveness of written cognitive behavioural self-help and that this may vary across mental health condition. Findings from this systematic review make several recommendations to inform future research. [Author Abstract] KEY WORDS: meta-analysis; cognitive-behavioural therapy; self-help; support; depression; anxiety

Forster, B. A. and K. E. Forster (2012). "Violating displaced persons' human rights and impairing the quality of human resources." *Journal of Applied Business Research* 28(2): 253-260.

Each year wars force several millions of people to leave their homes to join the ranks of displaced persons (DPs). Displaced women and children are particularly vulnerable to risks of physical abuses. The loss in current and future human resource quality caused by abuses suffered by DPs is an extreme version of the well-known brain drain phenomenon. The paper considers the psychological damage inflicted upon DPs, the possible effects of PTSD, and the consequent damage to human resource quality. [Author Abstract] KEY WORDS: displaced persons; UNHCR; UNRWA; protracted displacement; post traumatic stress syndrome (PTSD)

Guillaume, S., N. Perroud, et al. (2013). "HPA axis genes may modulate the effect of childhood adversities on decision-making in suicide attempters." *Journal of Psychiatric Research* 47(2): 259-265.

Decision-making impairment is found in several neuropsychiatric disorders, including suicidal behavior, and has been shown to be modulated by genes. On the other hand, early trauma have/has

been associated with poor mental health outcome in adulthood, in interaction with genetic factors, possibly through sustained alterations in the hypothalamic-pituitary-adrenal axis (HPA axis). Here, we aimed to investigate the effect of childhood trauma and its interaction with HPA-axis related genes on decision-making abilities in adulthood among a sample of suicide attempters. The Iowa Gambling Task (IGT) was used to assess decision-making in 218 patients with a history of suicide attempt. Participants fulfilled the Childhood Trauma Questionnaire to report traumatic childhood experiences. Patients were genotyped for single-nucleotide polymorphisms within CRHR1 and CRHR2 genes. Patients with a history of sexual abuse had significantly lower IGT scores than non-sexually abused individuals. Polymorphisms within CRHR1 and CRHR2 genes interacted with both childhood sexual abuse and emotional neglect to influence IGT performance. In conclusion, childhood sexual abuse and emotional neglect may have long-term effects on decision-making through an interaction with key HPA axis genes. Even if these results need to be replicated in other sample, impaired decision-making may thus be the dimension through which child maltreatment, in interaction with HPA axis related genes, may have a sustained negative impact on adult mental health. [Author Abstract] KEY WORDS: child abuse; gene environment interaction; stress; decision-making; attempted suicide

Hansen, C. Armour, et al. (2012). "Assessing a dysphoric arousal model of acute stress disorder symptoms in a clinical sample of rape and bank robbery victims." *European Journal of Psychotraumatology* 3: Article 18201.

**BACKGROUND:** Since the introduction of Acute Stress Disorder (ASD) into the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) research has focused on the ability of ASD to predict PTSD rather than focusing on addressing ASD's underlying latent structure. The few existing confirmatory factor analytic (CFA) studies of ASD have failed to reach a clear consensus regarding ASD's underlying dimensionality. Although the discrepancy in the results may be due to varying ASD prevalence rates, it remains possible that the model capturing the latent structure of ASD has not yet been put forward. One such model may be a replication of a new five-factor model of PTSD, which separates the arousal symptom cluster into Dysphoric and Anxious Arousal. Given the pending DSM-5, uncovering ASD's latent structure is more pertinent than ever. **OBJECTIVE:** Using CFA, four different models of the latent structure of ASD were specified and tested: the proposed DSM-5 model, the DSM-IV model, a three factor model, and a five factor model separating the arousal symptom cluster. **METHOD:** The analyses were based on a combined sample of rape and bank robbery victims, who all met the diagnostic criteria for ASD (N = 404) using the Acute Stress Disorder Scale. **RESULTS:** The results showed that the five factor model provided the best fit to the data. **CONCLUSIONS:** The results of the present study suggest that the dimensionality of ASD may be best characterized as a five factor structure which separates dysphoric and anxious arousal items into two separate factors, akin to recent research on PTSD's latent structure. Thus, the current study adds to the debate about how ASD should be conceptualized in the pending DSM-5. [Author Abstract] KEY WORDS: acute stress disorder; Acute Stress Disorder Scale; confirmatory factor analysis; bank robbery; rape; dysphoric arousal; anxious arousal; DSM-5

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**BACKGROUND:** Since the introduction of Acute Stress Disorder (ASD) into the DSM-IV, research has focused on the ability of ASD to predict PTSD rather than focusing on addressing ASD's underlying latent structure. The few existing confirmatory factor analytic (CFA) studies of ASD have failed to reach a clear consensus regarding ASD's underlying dimensionality. Although the discrepancy in the results may be due to varying ASD prevalence rates, it remains possible that the model capturing the latent structure of ASD has not yet been put forward. One such model may be a replication of a new five-factor model of PTSD, which separates the arousal symptom cluster into Dysphoric and Anxious Arousal. Given the pending DSM-5, uncovering ASD's latent structure is more pertinent than ever. **OBJECTIVE:** Using CFA, four different models of the latent structure of ASD were specified and tested: the proposed DSM-5 model, the DSM-IV model, a three factor model, and a five factor model separating the arousal symptom cluster. **METHOD:** The analyses were based on a combined sample of rape and bank robbery victims, who all met the diagnostic criteria for ASD (N = 404) using the Acute Stress Disorder Scale. **RESULTS:** The results showed that the five factor model provided the best fit to the data. **CONCLUSIONS:** The results of the present study suggest that the dimensionality of ASD may be best characterized as a five factor structure which separates dysphoric and anxious arousal items into two separate factors, akin to recent research on PTSD's latent structure. Thus, the current study adds to the debate about how ASD should be conceptualized in the pending DSM-5. [Author Abstract] **KEY WORDS:** acute stress disorder; Acute Stress Disorder Scale; confirmatory factor analysis; bank robbery; rape; dysphoric arousal; anxious arousal; DSM-5

Idsoe, T., A. Dyregrov, et al. (2012). "Bullying and PTSD symptoms." *Journal of Abnormal Child Psychology* 40(6): 901-911.

PTSD symptoms related to school bullying have rarely been investigated, and never in national samples. We used data from a national survey to investigate this among students from grades 8 and 9 (n = 963). The prevalence estimates of exposure to bullying were within the range of earlier research findings. Multinomial logistic regression showed that boys were 2.27 times more likely to be exposed to frequent bullying than girls. A latent variable second-order model demonstrated an association between frequency of bullying exposure and PTSD symptoms (beta = 0.49). This relationship was not moderated by gender. However, the average levels of PTSD symptoms as well as clinical range symptoms were higher for girls. For all bullied students, 27.6% of the boys and 40.5% of the girls had scores within the clinical range. A mimic model showed that youth who identify as being both a bully and a victim of bullying were more troubled than those who were victims only. Our findings support the idea that exposure to bullying is a potential risk factor for PTSD symptoms among students. Future research could investigate whether the same holds for PTSD through diagnostic procedures, but this will depend on whether or not bullying is decided to comply with the DSM-IV classification of trauma required for diagnosis. Results are discussed with

regard to their implications for school interventions. [Author Abstract] KEY WORDS: bullying; victimization; PTSD symptoms; school

Irvine, S. L. Posttraumatic stress prevalence for children orphaned by AIDS in rural sub-Saharan Africa [dissertation]: 122-122.

The acquired immune deficiency syndrome (AIDS) pandemic in sub-Saharan Africa has left millions of orphaned children. This study examined the prevalence of mental health issues, including anxiety, depression, and PTSD, for children who were orphaned through the AIDS pandemic in Uganda. The purpose of this research was to determine whether AIDS-orphaned children in rural Uganda presented higher levels of PTSD when compared to children from the same area and age group who were not orphaned or were orphaned due to other causes. The theoretical foundation for this research was childhood PTSD theory. Children orphaned by AIDS (271), orphaned by other causes (251), or not orphaned (237) completed the Trauma Symptoms Checklist for Children (TSCC). The data were analyzed through multivariate analysis of covariance by controlling for gender. PTSD symptomology in AIDS-orphaned children was significantly higher than among children orphaned from other causes and nonorphaned children. The implication for positive social change is an understanding of the prevalence of PTSD among children in rural Uganda; particularly children orphaned due to AIDS and potential development of treatment strategies that can result in improved mental health for these children. [Author Abstract]

Krill, W. E. (2011). *Gentling: a practical guide to treating PTSD in abused children* (2nd ed.), Loving Healing Press.

Gentling represents a new paradigm in the therapeutic approach to children who have experienced physical, emotional, and sexual abuse and have acquired PTSD as a result. This text redefines PTSD in child abuse survivors by identifying child-specific behavioral signs commonly seen, and offers a means to measure therapeutic outcomes through understanding each suffering profile. The practical and easily understood Gentling approaches and techniques can be easily learned by clinicians, parents, foster parents, teachers and all other care givers of these children to effect real and lasting healing. With this book, you will: Learn child-specific signs of PTSD in abused children; Learn how to manage the often intense reactivity seen in stress episodes; Gain the practical, gentle, and effective treatment tools that really help these children; Use the Child Stress Profile (CSP) to guide treatment and measure outcomes; Deploy handy 'Quick Teach Sheets' that can be copied and handed to foster parents, teachers, and social workers. [Adapted from Back Cover]

Laporte, L., J. Paris, et al. (2012). "Using a sibling design to compare childhood adversities in female patients with BPD and their sisters." *Child Maltreatment* 17(4): 318-329.

Abuse and neglect are well-established risk correlates of borderline personality disorder (BPD). The goal of this study was to examine whether BPD probands can be differentiated from their sisters with respect to a range of developmental adversity and maltreatment indicators, including retrospective self-reports of past experiences of childhood abuse and neglect, dysfunctional parent-child relationships, and peer victimization and dysfunctional peer relationships. A total of 53 patients

with BPD were compared to 53 sisters who were currently free of psychopathology on measures assessing childhood adversities. Both probands and sisters reported similar prevalence of intrafamilial abuse, although BPD patients reported more severe physical and emotional abuse. BPD patients reported higher prevalence of physical abuse by peers. These findings generally support the principle of multifinality, in which similar histories of adversities can be associated with a variety of outcomes, ranging from psychopathology to resilience. [Author Abstract] KEY WORDS: borderline personality disorder; siblings; childhood maltreatment; peer victimization; within-family design

Long, K. A. Developmental and family-level determinants of sibling adjustment to childhood cancer [dissertation]: 130-130.

Each year, 14,000 children and adolescents are diagnosed with cancer in the United States. Significant biomedical advances have led to survival rates exceeding 80%. However, prolonged, complicated, and intensive treatment regimens often challenge and disrupt the entire family system, with effects extending to siblings. The present study examined the role of family risk factors in predicting distress among 209 siblings (ages 8-18) of children with cancer. Findings showed that greater sibling distress is independently associated with higher levels of sibling-reported problems with family functioning and parental psychological control, lower levels of sibling-reported maternal acceptance, and lower levels of paternal self-reported acceptance, with a similar trend for higher levels of parental posttraumatic stress. When examined as a function of sibling age, findings indicated that effects of sibling-reported maternal psychological control on sibling distress are stronger for older siblings, while effects of mother-reported problems with family roles on sibling distress are stronger for younger siblings. When the family risk factors were considered in combination, results supported a quadratic model in which the association between family risk and sibling distress was stronger at higher levels of cumulative family risk. Finally, hypotheses that a more positive family environment would buffer the negative influence of parent PTSS on sibling distress were largely unsupported. Together, findings support a family systems model of sibling adjustment to a brother's or sister's cancer diagnosis in which elevated sibling distress is predicted by higher levels of family risk factors, alone and in combination. [Author Abstract]

Macdonald, G., J. P. T. Higgins, et al. (2012). "Cognitive-behavioural interventions for children who have been sexually abused." *Cochrane Database of Systematic Reviews* 2012(5): 1-70.

**BACKGROUND:** Despite differences in how it is defined, there is a general consensus amongst clinicians and researchers that the sexual abuse of children and adolescents ("child sexual abuse") is a substantial social problem worldwide. The effects of sexual abuse manifest in a wide range of symptoms, including fear, anxiety, PTSD, and various externalising and internalising behaviour problems, such as inappropriate sexual behaviours. Child sexual abuse is associated with increased risk of psychological problems in adulthood. Cognitive-behavioural approaches are used to help children and their non-offending or "safe" parent to manage the sequelae of childhood sexual abuse. This review updates the first Cochrane review of cognitive-behavioural approaches

interventions for children who have been sexually abused, which was first published in 2006.

**OBJECTIVES:** To assess the efficacy of cognitive-behavioural approaches (CBT) in addressing the immediate and longer-term sequelae of sexual abuse on children and young people up to 18 years of age. **SEARCH METHODS:** We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (2011 Issue 4); MEDLINE (1950 to November Week 3 2011); EMBASE (1980 to Week 47 2011); CINAHL (1937 to 2 December 2011); PsycINFO (1887 to November Week 5 2011); LILACS (1982 to 2 December 2011) and OpenGrey, previously OpenSIGLE (1980 to 2 December 2011). For this update we also searched ClinicalTrials.gov and the International Clinical Trials Registry Platform (ICTRP). **SELECTION CRITERIA:** We included randomised or quasi-randomised controlled trials of CBT used with children and adolescents up to age 18 years who had experienced being sexually abused, compared with treatment as usual, with or without placebo control. **DATA COLLECTION AND ANALYSIS:** At least two review authors independently assessed the eligibility of titles and abstracts identified in the search. Two review authors independently extracted data from included studies and entered these into Review Manager 5 software. We synthesised and presented data in both written and graphical form (forest plots). **MAIN RESULTS:** We included 10 trials, involving 847 participants. All studies examined CBT programmes provided to children or children and a non-offending parent. Control groups included wait list controls (n = 1) or treatment as usual (n = 9). Treatment as usual was, for the most part, supportive, unstructured psychotherapy. Generally the reporting of studies was poor. Only four studies were judged "low risk of bias" with regards to sequence generation and only one study was judged "low risk of bias" in relation to allocation concealment. All studies were judged "high risk of bias" in relation to the blinding of outcome assessors or personnel; most studies did not report on these, or other issues of bias. Most studies reported results for study completers rather than for those recruited. Depression, PTSD, anxiety, and child behaviour problems were the primary outcomes. Data suggest that CBT may have a positive impact on the sequelae of child sexual abuse, but most results were not statistically significant. Strongest evidence for positive effects of CBT appears to be in reducing PTSD and anxiety symptoms, but even in these areas effects tend to be "moderate" at best. Meta-analysis of data from 5 studies suggested an average decrease of 1.9 points on the Child Depression Inventory immediately after intervention (95% confidence interval (CI) decrease of 4.0 to increase of 0.4; I<sup>2</sup> = 53%; P value for heterogeneity = 0.08), representing a small to moderate effect size. Data from 6 studies yielded an average decrease of 0.44 standard deviations on a variety of child post-traumatic stress disorder scales (95% CI 0.16 to 0.73; I<sup>2</sup> = 46%; P value for heterogeneity = 0.10). Combined data from 5 studies yielded an average decrease of 0.23 standard deviations on various child anxiety scales (95% CI 0.3 to 0.4; I<sup>2</sup> = 0%; P value for heterogeneity = 0.84). No study reported adverse effects. **AUTHORS' CONCLUSIONS:** The conclusions of this updated review remain the same as those when it was first published. The review confirms the potential of CBT to address the adverse consequences of child sexual abuse, but highlights the limitations of the evidence base and the need for more carefully conducted and better reported trials. [Author Abstract]

Machtiger, E. L., T. C. Wilson, et al. (2012). "Psychological trauma and PTSD in HIV-positive women: a meta-analysis." *AIDS and Behavior* 16(8): 2091-2100.

Women bear an increasing burden of the HIV epidemic and face high rates of morbidity and mortality. Trauma has been increasingly associated with the high prevalence and poor outcomes of HIV in this population. This meta-analysis estimates rates of psychological trauma and PTSD in HIV-positive women from the United States. We reviewed 9,552 articles, of which 29 met our inclusion criteria, resulting in a sample of 5,930 individuals. The findings demonstrate highly disproportionate rates of trauma exposure and recent PTSD in HIV-positive women compared to the general population of women. For example, the estimated rate of recent PTSD among HIV-positive women is 30.0% (95% CI 18.8-42.7%), which is over five times the rate of recent PTSD reported in a national sample of women. The estimated rate of intimate partner violence is 55.3% (95% CI 36.1-73.8%), which is more than twice the national rate. Studies of trauma-prevention and trauma-recovery interventions in this population are greatly needed. [Author Abstract] KEY WORDS: HIV/AIDS; women; trauma; PTSD; meta-analysis

MacIntosh, H. B. (2013). "Dissociative identity disorder and the process of couple therapy." *Journal of Trauma and Dissociation* 14(1): 84-96.

Couple therapy in the context of dissociative identity disorder (DID) has been neglected as an area of exploration and development in the couple therapy and trauma literature. What little discussion exists focuses primarily on couple therapy as an adjunct to individual therapy rather than as a primary treatment for couple distress and trauma. Couple therapy researchers have begun to develop adaptations to provide effective support to couples dealing with the impact of childhood trauma in their relationships, but little attention has been paid to the specific and complex needs of DID patients in couple therapy. This review and case presentation explores the case of "Lisa", a woman diagnosed with DID, and "Don", her partner, and illustrates the themes of learning to communicate, handling conflicting needs, responding to child alters, and addressing sexuality and education through their therapy process. It is the hope of the author that this discussion will renew interest in the field of couple therapy in the context of DID, with the eventual goal of developing an empirically testable model of treatment for couples. [Author Abstract] KEY WORDS: dissociative identity disorder; trauma; couple therapy; marital therapy

Mackrell, S. V. M., E. M. Johnson, et al. (2013). "Negative life events and cognitive vulnerability to depression: informant effects and sex differences in the prediction of depressive symptoms in middle childhood." *Personality and Individual Differences* 54(4): 463-468.

While diathesis-stress models of cognitive vulnerability to depression (CVD) in childhood have been tested, few studies have included both parent- and child-reported negative life events, despite the fact that they provide unique information on events that may be relevant to depression risk in boys and girls. It was hypothesized that different types of stress may show moderation of CVD for boys and girls; specifically, we predicted that parent-reported stressors may moderate boys' CVD, and that self-reported stress may play a more critical moderating role for girls. A community sample of 182 eight-year-olds completed measures of CVD at baseline, and child- and parent-reported

measures of stress were collected at follow-up, one year later. Support for diathesis-stress models of CVD varied depending on child sex and the source of information on stress. Results highlight the importance of collecting multiple measures of stress in testing diathesis-stress models of CVD in middle childhood. [Author Abstract] KEY WORDS: diathesis-stress; cognitive vulnerability; stress; sex differences; depression; childhood

Matheson, S. L., A. M. Shepherd, et al. (2013). "Childhood adversity in schizophrenia: a systematic meta-analysis." *Psychological Medicine* 43(2): 225-238.

BACKGROUND: Childhood adversity is a putative risk factor for schizophrenia, although evidence supporting this suggestion is inconsistent and controversial. The aim of this review was to pool and quality assess the current evidence pertaining to childhood adversity in people with schizophrenia compared to other psychiatric disorders and to non-psychiatric controls. METHOD: Included were case-control, cohort, and cross-sectional studies. Medline, EMBASE, and PsycINFO databases were searched. Study reporting was assessed using the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) checklist and pooled evidence quality was assessed by the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) approach. RESULTS: 25 studies met inclusion criteria. Moderate to high quality evidence suggests increased rates of childhood adversity in schizophrenia compared to controls [odds ratio (OR) 3.60,  $p < 0.00001$ ]. Increased childhood adversity was also reported in schizophrenia compared to anxiety disorders (OR 2.54,  $p = 0.007$ ), although the effect was not significant in the subgroup analysis of five studies assessing only sexual abuse. No differences in rates of childhood adversity were found between schizophrenia and affective psychosis, depression, and personality disorders whereas decreased rates of childhood adversity were found in schizophrenia relative to dissociative disorders and PTSD (OR 0.03,  $p < 0.0001$ ). CONCLUSIONS: This is the first meta-analysis to report a medium to large effect of childhood adversity in people with schizophrenia and to assess specificity for schizophrenia. Further research is required that incorporates longitudinal design and other potentially causal variables to assess additive and/or interactive effects. [Author Abstract] KEY WORDS: aetiology; childhood adversity; psychosis; schizophrenia; trauma

McKinnon, M. (2011). REPAIR for toddlers: a children's program for recovery from incest and childhood sexual abuse, Loving Healing Press.

R.E.P.A.I.R is a Six-Stage Program for abuse survivors: Recognize and accept your adult problems stemming from childhood sexual abuse. Enter into a commitment to transform your life. Process your issues with tools and techniques that will enable you to become healthy. Awareness to discover reality as you gather and assemble the pieces of the broken puzzle your life became. Insight into the complete picture helps you begin to return to what you were prior to being sexually violated. Rhythm recovers the natural rhythm you had before the incest happened, the blueprint that is the essence of your true nature, becoming who you really are. [Adapted from Back Cover]

McKinnon, M. (2011). REPAIR your life workbook: supporting a program for recovery from incest and childhood sexual abuse, Loving Healing Press.

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McKinnon, M. (2012). REPAIR for teens: a program for recovery from incest and childhood sexual abuse, Loving Healing Press.

R.E.P.A.I.R is a Six-Stage Program for abuse survivors: Recognize and accept your adult problems stemming from childhood sexual abuse. Enter into a commitment to transform your life. Process your issues with tools and techniques that will enable you to become healthy. Awareness to discover reality as you gather and assemble the pieces of the broken puzzle your life became. Insight into the complete picture helps you begin to return to what you were prior to being sexually violated. Rhythm recovers the natural rhythm you had before the incest happened, the blueprint that is the essence of your true nature, becoming who you really are. [Adapted from Back Cover]

Miller, S., J. F. Hallmayer, et al. (2013). "Brain-derived neurotrophic factor val66met genotype and early life stress effects upon bipolar course." *Journal of Psychiatric Research* 47(2): 252-258.

**BACKGROUND:** Gene-environment interactions may contribute to bipolar disorder (BD) clinical course variability. We examined effects of brain-derived neurotrophic factor (BDNF) val66met genotype and early life stress (ELS) upon illness severity and chronicity in adult BD patients. **METHODS:** 80 patients (43 BD I, 33 BD II, 4 BD not otherwise specified, mean  $\pm$  SD age  $46.4 \pm 14.0$  years, 63.7% female) receiving open evidence-based and measurement-based care in the Stanford Bipolar Disorders Clinic for at least 12 months underwent BDNF val66met genotyping and completed the Childhood Trauma Questionnaire. BDNF met allele carrier genotype and history of childhood sexual and physical abuse were evaluated in relation to mean prior-year Clinical Global Impressions - Bipolar Version - Overall Severity of Illness (MPY-CGI-BP-OS) score and clinical and demographic characteristics. **RESULTS:** BDNF met allele carriers (but not non-met allele carriers) with compared to without childhood sexual abuse had 21% higher MPY-CGI-BP-OS scores ( $3.5 \pm 0.7$  versus  $2.9 \pm 0.7$ , respectively,  $t = -2.4$ ,  $df = 28$ ,  $p = 0.025$ ) and 35% earlier BD onset age ( $14.6 \pm 5.7$  versus  $22.8 \pm 7.9$  years, respectively,  $t = 3.0$ ,  $df = 27$ ,  $p = 0.006$ ). Regression analysis, however, was non-significant for a BDNF-childhood sexual abuse interaction. **LIMITATIONS:** Small sample of predominantly female Caucasian insured outpatients taking complex medication regimens; only one gene polymorphism considered. **CONCLUSIONS:** Between group comparisons suggested BDNF met allele carrier genotype might amplify negative effects of ELS upon BD illness severity/chronicity, although with regression analysis, there was not a significant gene-environment interaction. Further studies with larger samples are warranted to assess whether BDNF met allele carriers with ELS are

at risk for more severe/chronic BD illness course. [Author Abstract] KEY WORDS: bipolar disorder; brain-derived neurotrophic factor childhood abuse; early life stress; illness course; gene-environment interaction

Moore, M. M. Posttraumatic growth among parent survivors of suicide [dissertation]: 96-96.

Despite the burden of suicide in the United States and anecdotal clinical opinion that this cause of death creates a unique form of grief among those left behind, there is a dearth of research on those who are bereaved by suicide. There is some limited evidence that "suicide survivors" may be at higher risk for PTSD or prolonged grief. Growing theory in the positive psychology literature suggests that trauma, such as suicide bereavement, may also promote growth within the confines of distress, referred to as posttraumatic growth. Posttraumatic growth is a construct of positive psychological change that occurs over five domains: relating to others, new possibilities, personal strength, spiritual change, and appreciation of life. Previous research has suggested that reflective rumination predicts posttraumatic growth and that it occurs closer to the traumatic event than farther away. However, posttraumatic growth and variables that may contribute to or undermine it, such as demographic variables, rumination subtypes, prolonged grief, resilience, personality factors, and mood states have not been previously studied in survivors of suicide. The present study investigated posttraumatic growth and these variables among a convenience sample of 154 parents bereaved by the suicide death of their child within two years. Multiple regression analyses revealed that resilience inversely predicted posttraumatic growth scores. Resilience also inversely predicted posttraumatic growth factors of relating to others and new possibilities. Contrary to predictions, neither reflective rumination nor prolonged grief predicted higher posttraumatic growth scores. Additionally, posttraumatic growth did not correlate with any of the variables assessed. Additionally, there were not any significant differences in posttraumatic growth scores for those who met criteria for prolonged grief and those who did not. The overall posttraumatic growth scores of the parents in the present study are also low compared to parents bereaved by other causes of death, suggesting that posttraumatic growth may occur later in the course of suicide bereavement. Implications for future research are discussed. [Author Abstract]

Morris, M. C. and U. Rao (2013). "Psychobiology of PTSD in the acute aftermath of trauma: integrating research on coping, HPA function and sympathetic nervous system activity." *Asian Journal of Psychiatry*.

Research on the psychobiological sequelae of trauma has typically focused on long-term alterations in individuals with chronic PTSD. Far less is known about the nature and course of psychobiological risk factors for PTSD during the acute aftermath of trauma. In this review, we summarize data from prospective studies focusing on the relationships among sympathetic nervous system activity, hypothalamic-pituitary-adrenal function, coping strategies, and PTSD symptoms during the early recovery (or non-recovery) phase. Findings from pertinent studies are integrated to inform psychobiological profiles of PTSD-risk in children and adults in the context of existing models of PTSD-onset and maintenance. Data regarding bidirectional relations between coping strategies and stress hormones is reviewed. Limitations of existing literature and recommendations for future

research are discussed. [Author Abstract] KEY WORDS: trauma; PTSD; coping; hypothalamic-pituitary-adrenal axis; sympathetic nervous system

Nijdam, M. J., M. M. Van Der Pol, et al. (2013). "Treatment of sexual trauma dissolves contamination fear: case report." *European Journal of Psychotraumatology* 4: Article 19157.

**BACKGROUND:** In patients with co-morbid obsessive-compulsive disorder (OCD) and PTSD, repetitive behavior patterns, rituals, and compulsions may ward off anxiety and often function as a coping strategy to control reminders of traumatic events. Therefore, addressing the traumatic event may be crucial for successful treatment of these symptoms. **OBJECTIVE:** In this case report, we describe a patient with comorbid OCD and PTSD who underwent pharmacotherapy and psychotherapy. **METHODS:** Case Report. A 49-year-old Dutch man was treated for severe PTSD and moderately severe OCD resulting from anal rape in his youth by an unknown adult man. **RESULTS:** The patient was treated with paroxetine (60 mg), followed by 9 psychotherapy sessions in which eye movement desensitization and reprocessing (EMDR) and exposure and response prevention (ERP) techniques were applied. During psychotherapy, remission of the PTSD symptoms preceded remission of the OCD symptoms. **CONCLUSIONS:** This study supports the idea of a functional connection between PTSD and OCD. Successfully processing the trauma results in diminished anxiety associated with trauma reminders and subsequently decreases the need for obsessive-compulsive symptoms. [Author Abstract] KEY WORDS: obsessive-compulsive disorder; PTSD; comorbidity; combined treatment; psychotherapy; Eye Movement Desensitization and Reprocessing; pharmacological treatment

Nilsson, D. K., P. E. Gustafsson, et al. (2012). "The psychometric properties of the Trauma Symptom Checklist for Young Children in a sample of Swedish children." *European Journal of Psychotraumatology* 3: Article 18505.

**OBJECTIVE:** To evaluate the psychometric properties of the Swedish version of Trauma Symptom Checklist for Young Children (TSCYC). **METHOD:** The study was composed of a total of 629 children – 296 girls and 333 boys – aged 3-11, from a non-clinical population who were rated by their caretakers (26 of whom performed a re-test after 2 weeks), in addition to 59 children from a clinical population with known experience of sexual and/or physical abuse. The caretakers from the normal population completed the TSCYC and Lifetime Incidence of Traumatic Events Scale - parent scale (LITE-P) and the clinical-sample caretakers completed TSCYC. The psychometric properties of the TSCYC were examined, including reliability and validity. **RESULTS:** The reliability (Cronbach's alpha) of the TSCYC, total scale, was  $[\alpha] = 0.93$  (normative group) and  $[\alpha] = 0.96$  (clinical group). For the clinical scales, this ranged between  $[\alpha] = 0.55-0.88$  and  $0.77-0.93$ , respectively. Test-retest for the total scale was  $r = 0.77$ . Regarding criterion-related validity, the clinical groups scored significantly higher than the normative group, and within the normative group significant relationships were found between exposure to traumatic events and TSCYC scores. Confirmatory factor analysis testing of the construction of the TSCYC indicated significant loadings on the original

scales. CONCLUSION: The Swedish version of TSCYC appears to be a screening instrument with satisfactory psychometric qualities for identifying symptoms after trauma in young children. The instrument can also be recommended to clinicians for screening purposes in a European context. [Author Abstract] KEY WORDS: PTSD; young children; assessment; trauma; TSCYC

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O'Donnell, M. L., T. Varker, et al. (2013). "Exploration of delayed-onset posttraumatic stress disorder after severe injury." *Psychosomatic Medicine* 75(1): 68-75.

OBJECTIVE: The first aim of this work was to conduct a rigorous longitudinal study to identify rates of delayed-onset PTSD in a sample of patients with severe injury. The second aim was to determine what variables differentiated delayed-onset PTSD from chronic PTSD. METHODS: Randomly selected patients with injury who were admitted to four hospitals around Australia were recruited to the study ( $N = 834$ ) and assessed in the acute care hospital, at 3 months, and at 12 months. A structured clinical interview was used to assess PTSD at each time point. RESULTS: 73 patients (9%;  $n = 73$ ) had PTSD at 12 months. Of these, 39 (53%) were classified as having delayed-onset PTSD. Furthermore, 22 (56%) patients with delayed-onset PTSD had minimal PTSD symptoms at 3 months (i.e., they did not have partial/subsyndromal PTSD at 3 months). The variables that differentiated delayed-onset PTSD from chronic PTSD were greater injury severity (odds ratio [OR] = 1.13; 95% confidence interval [CI] = 1.02-1.26), lower anxiety severity at 3 months (OR = 0.73; 95% CI = 0.61-0.87), and greater pain severity at 3 months (OR = 1.39; 95% CI = 1.06-1.84).

CONCLUSIONS: Delayed-onset PTSD occurred frequently in this sample. Approximately half of the patients with delayed-onset PTSD had minimal PTSD symptoms at 3 months; therefore, their delayed-onset PTSD could not be accounted for by a small number of fluctuating symptoms. As we move toward DSM-V, it is important that research continues to explore the factors that underpin the development of delayed-onset PTSD. [Author Abstract] KEY WORDS: delayed-onset; PTSD; subsyndromal PTSD; partial PTSD; prediction

Palo, A. D. The relationship between perceptions of response to disclosure and later psychological and physical outcomes among individuals with a history of childhood sexual abuse [thesis]: 129-129.

This study attempted to determine whether perceptions of reactions to disclosure are related to psychological and physical outcomes among individuals with a history of youth sexual abuse (YSA). It was expected that receiving more hurtful responses overall would be related to higher levels of internalizing, somatic, and PTSD symptoms. It was also predicted that perceptions of response to disclosure would predict psychological and physical outcomes beyond the influence of relevant abuse characteristics. 86 female undergraduates recruited from a large Midwestern university completed a series of questionnaires assessing YSA, non-sexual trauma, depression, anxiety, PTSD, somatic symptoms, disclosure, and social reactions to disclosure. Results indicated that those who reported experiencing YSA had higher levels of psychological and physical symptoms than those who reported a non-sexual traumatic event. Also, those who reported receiving more hurtful responses to disclosure overall had higher levels of PTSD and internalizing and physical symptoms. However, this relationship was only true for survivors of YSA. In addition, response to disclosure predicted internalizing and physical symptoms beyond the influence of the duration of abuse, accounting for 23% of the variance. These findings suggest that many survivors of YSA may need psychological services, and that an important focus of treatment may be assessing and strengthening social support. [Author Abstract]

Paris, J. (2012). "The rise and fall of dissociative identity disorder." *Journal of Nervous and Mental Disease* 200(12): 1076-1079.

Dissociative identity disorder (DID), once considered rare, was frequently diagnosed during the 1980s and 1990s, after which interest declined. This is the trajectory of a medical fad. DID was based on poorly conceived theories and used potentially damaging treatment methods. The problem continues, given that the DSM-5 includes DID and accords dissociative disorders a separate chapter in its manual. [Author Abstract] KEY WORDS: history of psychiatry; dissociative identity disorder; multiple personality disorder

Rademaker, A. R., A. Van Minnen, et al. (2012). "Symptom structure of PTSD: support for a hierarchical model of separating core PTSD symptoms from dysphoria." *European Journal of Psychotraumatology* 3: Article 17580.

**BACKGROUND:** As of yet, no collective agreement has been reached regarding the precise factor structure of PTSD. Several alternative factor-models have been proposed in the last decades. **OBJECTIVE:** The current study examined the fit of a hierarchical adaptation of the Simms et al dysphoria model and compared it to the fit of the PTSD model as depicted in the DSM-IV, a correlated four-factor emotional numbing, and a correlated four-factor dysphoria model. **METHODS:** Data were collected using the Clinician-Administered PTSD Scale in a mixed-trauma sample of treatment-seeking PTSD patients (N = 276). **RESULTS:** All examined models provided superior fit to the three-factor model of DSM-IV. The hierarchical four-factor solution provided a better fit than competing models. **CONCLUSION:** The present study provides empirical support for a conceptualization of PTSD that includes a higher-order PTSD factor that encompasses re-experiencing, arousal, and effortful avoidance sub-factors and a dysphoria factor. [Author Abstract] **KEY WORDS:** PTSD; confirmatory factor analysis; trauma; distress disorders; dysphoria

Rajalin, M., T. Hirvikoski, et al. (2012). "Family history of suicide and exposure to interpersonal violence in childhood predict suicide in male suicide attempters." *Journal of Affective Disorders*.

**BACKGROUND:** Family studies, including twin and adoption designs, have shown familial transmission of suicidal behaviors. Early environmental risk factors have an important role in the etiology of suicidal behavior. The aim of the present study was to assess the impact of family history of suicide and childhood trauma on suicide risk and on severity of suicide attempt in suicide attempters. **METHODS:** A total of 181 suicide attempters were included. Family history of suicide was assessed with the Karolinska Suicide History Interview or through patient records. Childhood trauma was assessed with the Karolinska Interpersonal Violence Scale (KIVS) measuring exposure to violence and expressed violent behavior in childhood (between 6 and 14 years of age) and during adult life (15 years or older). Suicide intent was measured with the Freeman scale. **RESULTS:** Male suicide attempters with a positive family history of suicide made more serious and well planned suicide attempts and had a significantly higher suicide risk. In logistic regression, family history of suicide and exposure to interpersonal violence as a child were independent predictors of suicide in male suicide attempters. **LIMITATIONS:** The information about family history of suicide and exposure to interpersonal violence as a child derives from the patients only. In the first part of the inclusion period the information was collected from patient records. **CONCLUSIONS:** The results of this study imply that suicides among those at biological risk might be prevented with the early recognition of environmental risks. [Author Abstract] **KEY WORDS:** suicide; suicide attempters; family history of suicide; interpersonal violence; KIVS; Freeman scale

Roenholt, S., N. N. Beck, et al. (2012). "Post-traumatic stress symptoms and childhood abuse categories in a national representative sample for a specific age group: associations to body mass index." *European Journal of Psychotraumatology* 3: Article 17188.

**BACKGROUND:** Studies of specific groups such as military veterans have found that PTSD is linked to adverse health outcomes including unhealthy weight. The aim of this study was to examine the relationship between PTSD symptoms, experiences of childhood trauma, and weight in a community sample. **METHODS:** A stratified random probability survey was conducted in Denmark by

the Danish National Centre for Social Research between 2008 and 2009 with 2,981 participants born in 1984, achieving a response rate of 67%. The participants were interviewed with a structured interview with questions pertaining [to] PTSD symptomatology, exposure to childhood abuse, exposure to potentially traumatizing events, height, and weight. Underweight was defined by a body mass index (BMI) < 18.5, overweight was defined by a BMI  $\geq$  25 and < 30 and obesity was defined by a BMI  $\geq$  30. RESULTS: PTSD symptomatology and childhood abuse were significantly associated with both underweight and overweight/obesity. Childhood emotional abuse was especially associated with underweight, whereas sexual abuse and overall abuse were particularly associated with overweight/obesity. CONCLUSION: These findings indicate that health care professionals may benefit from assessing PTSD and childhood abuse in the treatment of both overweight and underweight individuals. [Author Abstract] KEY WORDS: PTSD; childhood abuse; eating disorders; weight

Santiago, C. D., S. I. Kaltman, et al. (2013). "Poverty and mental health: how do low-income adults and children fare in psychotherapy?" *Journal of Clinical Psychology* 69(2): 115-126.

Poverty is associated with an increased risk for psychological problems. Even with this increased risk for mental health problems and need for care, many low-income adults and families do not receive treatment because of logistical, attitudinal, and systemic barriers. Despite significant barriers to obtaining care, research suggests that low-income individuals show significant benefit from evidence-based mental healthcare. In this article, we review the link between poverty and mental health, common barriers to obtaining mental health services, and treatment studies that have been conducted with low-income groups. Finally, we discuss the implications of the research reviewed and offer recommendations for clinicians working with low-income children or adults, highlighting the importance of evidence-based care, extensive outreach, and empathic respect. [Author Abstract] KEY WORDS: poverty; psychotherapy; treatment; barriers; endangerment

Sassi, R. B. (2013). "Abstract thinking: focusing on resilience." *Journal of the American Academy of Child and Adolescent Psychiatry* 52(1): 2-2.

Focusing on resilience discusses the negative impact of trauma, stress, and adversity on children. Recent studies have started to focus on the underlying biology of resilience and strategies that could foster it among vulnerable populations. [Adapted from Text]

Seng, J. S., J. Miller, et al. (2013). "Exploring dissociation and oxytocin as pathways between trauma exposure and trauma-related hyperemesis gravidarum: a test-of-concept pilot." *Journal of Trauma and Dissociation* 14(1): 40-55.

PTSD is associated with gastrointestinal and genitourinary comorbidities. These map onto the somatization disorder symptoms in the DSM-IV and the dissociative (conversion) disorders symptoms in the International Classification of Diseases taxonomy. Hyperemesis gravidarum (HG) is one of these symptoms and a gastrointestinal comorbidity of PTSD occurring in pregnancy. It is an

idiopathic condition defined as severe vomiting with dehydration, metabolic imbalance, wasting, and hospital care seeking. HG is more severe than the normative phenomenon of nausea and vomiting of pregnancy. This test-of-concept pilot (N = 25) explored the hypothesis that there is a trauma-related subtype of HG characterized by (a) high levels of dissociative symptoms and (b) altered plasma concentrations of oxytocin. This hypothesis is informed by a theory of posttraumatic oxytocin dysregulation that posits altered oxytocin function as a mechanism of gut smooth muscle peristalsis dysfunction. A 4-group analysis compared controls with nausea and vomiting of pregnancy (NV only) and cases with HG only, NV and PTSD, or HG and PTSD. Oxytocin was correlated with the nausea and vomiting symptom severity score ( $r = .464$ ,  $p = .019$ ) and with the dissociation symptom score ( $r = .570$ ,  $p = .003$ ). Women in the group with both PTSD and HG (the trauma-related HG subtype) had the highest levels of dissociation and the highest levels of oxytocin. A linear regression model indicated that the independent association of the trauma-related HG subtype with oxytocin level was mediated by high levels of dissociative symptoms. [Author Abstract] KEY WORDS: oxytocin; dissociative disorder; hyperemesis gravidarum; posttraumatic stress

Silberg, J. L. (2013). *The child survivor: healing developmental trauma and dissociation*, Routledge.

Understanding the child as an adaptive survivor provides the necessary key for unlocking tools that promote healing. A simple solution emerges: Provide for them a world where remembering what happened, trusting your caregivers, distinguishing the past from the present, and regulating emotions is adaptive. As a therapist, your own office becomes that new resource-rich habitat, and with your guidance, leaving their survival symptoms behind becomes both possible and worthwhile. In this book, guided by the knowledge of the child survivor's resourcefulness and adaptive potential, we will look at each of the many symptoms that severely traumatized and dissociative children and teens may display. The techniques discussed promote healing and encourage new ways to cope with the stresses of their lives. This book introduces a set of therapy interventions called Dissociation-Focused Interventions (DFI). Dissociation~Focused Interventions uniquely address the needs of children and adolescents who have dissociative symptoms that are resistant to more conventional approaches to treatment. The approach described in this book can be used alone, or combined with many of the new and developing practices that have shown promise in remediation of the symptoms of traumatized children. [Adapted from Preface] CONTENTS: Trauma and Its Effects. An Integrative Developmental Model of Dissociation. Diagnostic Considerations. Assessing Dissociative Processes. Beginning the Treatment Journey. Educate and Motivate: Introducing The EDUCATE Model. Bridging the Selves: Healing Through Connections to What's Hidden. "I Try to Forget to Remember": Reversing Amnesia. Befriending the Body: Somatic Considerations for the Child Survivor. Staying Awake: Reversing Dissociative Shut Down. Building Attachment Across States: Affect Regulation in the Context of Relationships. Child-Centered Family Therapy: Family Treatment as Adjunct to Dissociation-Focused Interventions. Rewriting the Script: Processing Traumatic Memories and Resolving Flashbacks. Interfacing With Systems: The Therapist as Activist. Integration of Self: Towards a Healing Future. References. Appendices.

Smith, K. J., M. Béland, et al. (2013). "Association of diabetes with anxiety: a systematic review and meta-analysis." *Journal of Psychosomatic Research* 72(2): 89-99.

**OBJECTIVES:** Anxiety has been shown to be associated with poor outcomes in people with diabetes. However, there has been little research which has specifically examined whether diabetes mellitus is associated with an increased likelihood of co-morbid anxiety. The aim of this systematic review and meta-analysis was to determine whether people with diabetes are more likely to have anxiety disorders or elevated anxiety symptoms than people who do not have diabetes. **METHODS:** A systematic review was performed by three independent reviewers who searched for articles that examined the association between anxiety and diabetes in adults 16 or older. Those studies that met eligibility criteria were put forward for meta-analysis using a random-effects model. **RESULTS:** A total of 12 studies with data for 12,626 people with diabetes were eligible for inclusion in the systematic review and meta-analysis. Significant and positive associations were found for diabetes with both anxiety disorders, 1.20 (1.10-1.31), and elevated anxiety symptoms, 1.48 (1.02-1.93). The pooled OR for all studies that assessed anxiety was 1.25 (1.10-1.39). **CONCLUSIONS:** Results from this meta-analysis provide support that diabetes is associated with an increased likelihood of having anxiety disorders and elevated anxiety symptoms. [Author Abstract] **KEY WORDS:** diabetes mellitus; anxiety symptoms; anxiety disorders; systematic review; meta-analysis

Spuij, M., P. Prinzie, et al. (2012). "Psychometric properties of the Dutch inventories of prolonged grief for children and adolescents." *Clinical Psychology and Psychotherapy* 19(6): 540-551.

A significant minority of bereaved adults develops prolonged grief disorder (PGD), a syndrome encompassing debilitating symptoms of grief distinct from depression and anxiety. Few studies have examined the phenomenology and correlates of PGD among children and adolescents. In part, this is due to the lack of a psychometrically sound questionnaire to assess PGD symptoms in these groups. Based on an adult measure of PGD, we developed two questionnaires of PGD symptoms for children and adolescents named the Inventory of Prolonged Grief for Children (IPG-C) and Inventory of Prolonged Grief for Adolescents (IPG-A), respectively. Psychometric properties of these measures were examined in three samples, including mostly parentally bereaved children (aged 8-12 years, total sample n = 169) and adolescents (aged 13-18 years, total sample n = 153). First, findings showed that items of the IPG-C and IPG-A represented one underlying dimension. Second, the internal consistency and temporal stability of both questionnaires were adequate. Third, findings supported the concurrent validity (e.g., significant correlations with measures of depression and PTSD), convergent and divergent validity (stronger correlations with similar questionnaires of "traumatic grief" than with two dissimilar questionnaires of "ongoing presence" and "positive memories") and incremental validity (significant correlations with an index of functional impairment, even when controlling for concomitant depression and PTSD) of the IPG-C and IPG-A. This report provides further evidence of the clinical significance of PGD symptoms among children and adolescents and promising psychometric properties of questionnaires that can be used to assess these symptoms. [Author Abstract] **KEY PRACTITIONER MESSAGE:** The Inventory of Prolonged Grief

for Children (IPG-C) and Inventory of Prolonged Grief for Adolescents (IPG-A) were developed to be able to assess symptoms of Prolonged Grief Disorder (PGD) among children and adolescents. In different samples, the internal consistency, temporal stability, and concurrent and construct validity of these questionnaires were found to be adequate. The IPG-C and the IPG-A can be used in research examining causes and consequences of PGD, and the effectiveness of bereavement interventions for children and adolescents. This study provides further evidence of the existence and clinical significance of PGD symptoms among children and adolescents and supports the inclusion of a new category for bereavement-related disorders in DSM-5. KEY WORDS: prolonged grief disorder; children; adolescents; assessment

Stronach, E. P. Preventive interventions and sustained attachment security in maltreated children: a 12-month follow-up of a randomized controlled trial [dissertation]: 115-115.

The stability of attachment security and behavior problems among maltreated children was investigated through a 12-month follow-up of a randomized preventive intervention trial. One-year-old maltreated infants (n = 137) and their mothers were randomly assigned to one of three intervention conditions (a) child-parent psychotherapy (CPP), (b) psychoeducational parenting intervention (PPI), and (c) community standard (CS). A fourth group of nonmaltreated infants (n = 52) and their mothers served as a low-income normative comparison (NC) group. At baseline (Time 1), infants in the maltreatment groups had significantly higher rates of disorganized attachment than did infants in the NC group. Mothers in the maltreatment groups reported experiencing more traumatic events and were more likely to meet criteria for PTSD, mood disorders, and substance abuse and/or dependence than were mothers in the NC group. At post-intervention (Time 2), when the children were age 26 months, children in the CPP and PPI groups demonstrated substantial increases in secure attachment, whereas this change was not found in the CS and NC groups. At the 12-month follow-up assessment (Time 3), when the children were age 38 months, children in the CPP group had higher rates of secure attachment and lower rates of disorganized attachment than did children in the PPI or CS groups. Maternal history of childhood maltreatment predicted children's disorganized attachment at Time 2 and Time 3 and maternal PTSD predicted insecure attachment at Time 2. Neither maternal trauma history nor maternal psychopathology influenced attachment when accounting for treatment effects at Time 2 or Time 3. Receipt of intervention had an indirect effect on maternal report of children's behavior problems at Time 3 through the fostering of secure attachment at post-intervention. [Author Abstract]

Strosahl, K., P. Robinson, et al. (2012). Big like swallow: FACT with a sexually abused child. Brief interventions for radical change: principles and practice of focused acceptance and commitment therapy. K. Strosahl, P. Robinson and T. Gustavsson, New Harbinger Publications: 129-153.

Most treatment approaches for childhood trauma involve three stages, and these largely correspond to the three core processes, or pillars of flexibility, we've been discussing: awareness, openness, and engagement. The first stage involves helping children become aware of present-moment experience, both inside the skin (for example, painful emotions) and outside the skin (for example, triggers for distressing emotional experiences, such as being alone in a dark room). The

second stage involves supporting them in becoming more open to their reactions to the traumatic experience. This usually consists of both developing and telling a story about their trauma to a nurturing adult. This fosters the ability to view the trauma from a larger perspective, where it is only one part of their life, rather than something that determines their overall identity (for example, a bad boy or damaged goods). The third stage involves supporting their reentry into age-appropriate social, learning, and creative activities. In this stage, they must learn new skills that support stepping back from painful memories and thoughts and engaging in valued directions in life, such as success in schoolwork, development of healthy relationships, and participation in restorative recreational activities. For victims of child abuse, awareness is often a gateway to helping both child and caregivers move beyond unrecognized patterns of avoidance to build a platform for healthy development. [Text, pp. 130-131]

Strosahl, K., P. Robinson, et al. (2012). *Playing it safe: FACT with an adult survivor of sexual abuse. Brief interventions for radical change: principles and practice of focused acceptance and commitment therapy.* K. Strosahl, P. Robinson and T. Gustavsson, New Harbinger Publications: 179-202.

FACT is an excellent approach for adult survivors of abuse because it doesn't take the position that a "bad" history inevitably means clients are fated to live dysfunctional lives. However, among clients with a history of trauma, the residual elements of traumatic events (memories, thoughts, emotions, and physical sensations) are understandably part of their present-moment experience. These experiences can be painful and provocative, as violations of trust, lack of safety, and misuse of power are almost impossible for an abused child to integrate or understand. Abused children quickly learn that emotional and behavioral avoidance strategies can reduce fear, anxiety, and possibly the potential for more victimization. In early adolescence, many abused children convert to more adult avoidance strategies, such as drug and alcohol use and sexual promiscuity. These numbing strategies help control trauma-related anxiety but come with the cost of behavioral problems, such as addiction or unplanned pregnancies. [Text, p. 180]

Sundermann, J. M., A. T. Chu, et al. (2013). "Cumulative violence exposure, emotional nonacceptance, and mental health symptoms in a community sample of women." *Journal of Trauma and Dissociation* 14(1): 69-83.

Women exposed to more types of violence (e.g., emotional, physical, or sexual violence) – referred to here as cumulative violence exposure – are at risk for more severe mental health symptoms compared to women who are exposed to a single type of violence or no violence. Women exposed to violence may also experience greater emotional nonacceptance compared to women with no exposure to violence. Emotional nonacceptance refers to an unwillingness to experience emotional states, including cognitive and behavioral attempts to avoid experiences of emotion. Given the links between cumulative violence exposure, emotional nonacceptance, and mental health symptoms among female victims of violence, the current study tested victims' emotional

nonacceptance as a partial mediator between cumulative violence exposure and the severity of 3 types of symptoms central to complex trauma responses: depression, dissociation, and PTSD symptoms. A non-treatment-seeking community sample of women (N = 89; M age = 30.70 years) completed self-report questionnaires and interviews. Bootstrap procedures were then used to test 3 mediation models for the separate predictions of depression, dissociation, and PTSD symptoms. Results supported our hypotheses that emotional nonacceptance would mediate the relationship between women's cumulative violence exposure and severity for all symptom types. The current findings highlight the role that emotional nonacceptance may play in the development of mental health symptoms for chronically victimized women and point to the need for longitudinal research in such populations. [Author Abstract] KEY WORDS: depression; dissociation; emotional nonacceptance; cumulative violence; PTSD

Thoresen, S., H. F. Aakvaag, et al. (2012). "The day Norway cried: proximity and distress in Norwegian citizens following the 22nd July 2011 terrorist attacks in Oslo and on Utoya Island." *European Journal of Psychotraumatology* 3: Article 19709.

**BACKGROUND:** Terrorism may create fear and stress reactions not only in the direct victims, but also in the general population. **OBJECTIVE:** This study investigated emotional responses in the Norwegian population following the 22nd July 2011 terrorist attacks. We hypothesized that Oslo residents would report a higher level of fear responses compared with people living outside Oslo and that proximity would be associated with early distress and later post-traumatic stress reactions. **METHOD:** Representative samples were drawn from the Norwegian Population Registry. Telephone interviews were conducted 4-5 months after the attacks. The response rate for the Oslo sample (N = 465) was 24% of the total sample, and 43% of those who were actually reached by phone and asked to participate. Corresponding figures for the sample living outside Oslo (N = 716) were 19% and 30%. **RESULTS:** Our results show strong immediate emotional responses, particularly sadness and a feeling of unreality, in both samples. Jumpiness and other fear responses were significantly higher among Oslo residents. Current level of risk perception was low 4-5 months after the attacks; however, a significant minority reported to feel less safe than before. Geographical and psychological proximity were associated with early emotional responses. Psychological proximity was significantly associated with post-traumatic stress reactions, while measures of geographical proximity were not. Immediate emotional responses, first-week reactions, and first-week jumpiness were uniquely and significantly associated with post-traumatic stress reactions. Post-traumatic stress reactions were elevated in ethnic minorities. **CONCLUSIONS:** The terrorist attacks seem to have had a significant effect on the Norwegian population, creating sadness and insecurity, at least in the short term. Proximity to the terrorist attacks was strongly associated with distress in the population, and early distress was strongly related to later post-traumatic stress reactions. Our results indicate that psychological proximity is more strongly associated with post-traumatic stress reactions than geographical proximity, and underline the importance of differentiated measurements of various aspects of early distress. [Author Abstract] KEY WORDS: terrorism; PTSD; emotions; safety; epidemiology

Van Dijke, A. (2012). "Dysfunctional affect regulation in borderline personality disorder and in somatoform disorder." *European Journal of Psychotraumatology* 3: Article 19566.

**BACKGROUND:** Although affect dysregulation is considered a core component of borderline personality disorder (BPD) and somatoform disorders (SoD), remarkably little research has focused on the prevalence and nature of affect dysregulation in these disorders. Also, despite apparent similarities, little is known about how dysfunctional under- and overregulation of affect and positive and negative somatoform and psychoform dissociative experiences inter-relate. Prior studies suggest a clear relationship between early childhood psychological trauma and affect dysregulation, especially when the caretaker is emotionally, sexually, or physically abusing the child, but how these relate to under- and overregulation while differentiating for developmental epochs is not clear. Although an elevated risk of childhood trauma exposure or complex PTSD (CPTSD) symptoms has been reported in BPD and SoD, trauma histories, dysfunctional affect regulation, dissociation, PTSD, and CPTSD were never assessed in unison in BPD and/or SoD. **METHOD:** BPD and/or SoD diagnoses were confirmed or ruled out in 472 psychiatric inpatients using clinical interviews. Dysfunctional under- and overregulation of affect and somatoform and psychoform dissociation, childhood trauma-by-primary-caretaker (TPC), PTSD, and CPTSD were all measured using self reports. **RESULTS:** No disorder-specific form of dysfunctional affect regulation was found. Although both BPD and SoD can involve affect dysregulation and dissociation, there is a wide range of intensity of dysfunctional regulation phenomena in patients with these diagnoses. Evidence was found for the existence of three qualitatively different forms of experiencing states: inhibitory experiencing states (overregulation of affect and negative psychoform dissociation) most commonly found in SoD, excitatory experiencing states (underregulation of affect and positive psychoform dissociation) most commonly found in BPD, and combination of inhibitory and excitatory experiencing states commonly occurring in comorbid BPD+SoD. Almost two-thirds of participants reported having experienced childhood TPC. Underregulation of affect was associated with emotional TPC and TPC occurring in developmental epoch, 0-6 years of age. Overregulation of affect was associated with physical TPC. Almost a quarter of all participants met the criteria for CPTSD. BPD+SoD patients had the most extensive childhood trauma histories and were most likely to meet CPTSD criteria, followed by BPD, psychiatric comparison (PC), and SoD. The BPD+SoD and BPD reported significantly higher levels of CPTSD than the SoD or PC groups but did not differ from each other except for greater severity of CPTSD somatic symptoms by the BPD+SoD group. **CONCLUSION:** Three qualitatively different forms of dysfunctional regulation were identified: inhibitory, excitatory, and combined inhibitory and excitatory states. Distinguishing inhibitory versus excitatory states of experiencing may help to clarify differences in dissociation and affect dysregulation between and within BPD and SoD patients. Specific interventions addressing overregulation in BPD, or underregulation in SoD, should be added to disorder-specific evidence-based treatments. CPT is particularly prevalent in BPD and BPD+SoD and is differentially associated with under- and overregulation of affect depending on the type of traumatic exposure. CPTSD warrants further investigation as a potential independent syndrome or as a marker identifying a sub-group of affectively, or both affectively and somatically, dysregulated

patients diagnosed with BPD who have childhood trauma histories. [Author Abstract] KEY WORDS: traumatic event; childhood; BPD; somatoform disorders; complex PTSD; affect regulation; dissociation

Wang, Y.-W. and P. P. Heppner (2011). "A qualitative study of childhood sexual abuse survivors in Taiwan: toward a transactional and ecological model of coping." *Journal of Counseling Psychology* 58(3): 393-409.

In this study, we aimed to explore the experiences of 10 female Taiwanese childhood sexual abuse (CSA) survivors (age range = 20-39 years) to broaden our understanding of the post-abuse coping process in a Chinese sociocultural context. This investigation was grounded on a feminist paradigm, and the consensual qualitative research method was utilized as the strategy of inquiry. The transactional and ecological model of coping that emerged from the data describes the dynamic interplay among (a) intrapersonal, interpersonal, and sociocultural factors and (b) the coping process and outcomes of CSA survivors. Implications for research on CSA recovery and culturally appropriate interventions in a collectivistic sociocultural context are discussed. [Author Abstract] KEY WORDS: child sexual abuse; a transactional and ecological model of coping; help seeking; social support; Taiwan

Wanklyn, S. G., D. M. Day, et al. (2012). "Cumulative childhood maltreatment and depression among incarcerated youth: impulsivity and hopelessness as potential intervening variables." *Child Maltreatment* 17(4): 306-317.

Youth involved in the juvenile justice system are at high risk for mental health problems, particularly depression. Furthermore, these youth often present with a history of childhood maltreatment. Despite research consistently demonstrating a link between childhood maltreatment and depression, our understanding of intervening factors of this relationship remains limited. This study examined impulsivity, hopelessness, and substance use as potential explanatory variables in the relationship between cumulative childhood maltreatment and depression severity among 110 incarcerated youth. The data were analyzed using path analysis. As hypothesized, cumulative maltreatment maintained a strong direct relation with depression severity in the context of the additional variables in the final model. Cumulative maltreatment also had an indirect relation with depression severity through both impulsivity and hopelessness. Contrary to expectation, substance use was not an explanatory variable in the model. These findings suggest that impulsivity and hopelessness might be important factors to consider in future studies on the relation between childhood maltreatment and depression symptoms among incarcerated youth. [Author Abstract] KEY WORDS: childhood maltreatment; depression; incarcerated youth; adolescent offenders

Yule, W., A. Dyregrov, et al. (2013). "Children and war: the work of the Children and War Foundation." *European Journal of Psychotraumatology* 4: Article 18424.

The Children and War Foundation was established after the authors' experiences following the civil war in former Yugoslavia in the mid-1990s. Many organizations tried to mitigate the effects of the war on children but few interventions were based on evidence and fewer were properly

evaluated. The Foundation was established in Norway with the aim of promoting better evidence-based interventions to help children after wars and natural disasters. The Foundation has developed a number of empirically grounded manuals that aim to help children learn strategies that will lessen the stress reactions that they have developed. The manuals are designed to be delivered by personnel who are not necessarily very experienced in child mental health. They are aimed at groups of children using a public health approach to reach large numbers in a short space of time. The strategies are not intended as individual therapy. The Teaching Recovery Techniques manual has been used following a number of earthquakes and other natural disasters and data from a number of these will be discussed. A Writing for Recovery manual is aimed at helping adolescents and is based on the seminal work of James Pennebaker. It is currently being evaluated in three separate studies. A group-based manual to help children bereaved by war or disaster has recently been developed. [Author Abstract] KEY WORDS: children; war; disasters; evidence-based interventions