

January, 2014 Medline Topic Alert

1. Int Migr Rev. 2013 Dec;47(4). doi: 10.1111/imre.12050.

Painful Passages: Traumatic Experiences and Post-Traumatic Stress among Immigrant Latino Adolescents and their Primary Caregivers.

Perreira KM(1), Ornelas I(2).

Author information:

(1)Department of Public Policy, University of North Carolina, Chapel Hill.

(2)Department of Health Services, University of Washington, Seattle.

Using data from a stratified random sample of 281 foreign-born adolescents and their parents, this study provides data on migration-related trauma exposures and examines how the migration process influences the risk of experiencing trauma and developing Post-Traumatic Stress Disorder (PTSD). We find that 29% of foreign-born adolescents and 34% of foreign-born parents experienced trauma during the migration process. Among those that experienced trauma, 9% of adolescents and 21% of their parents were at risk for PTSD. Pre-migration poverty combined with clandestine entry into the US increased the risk of trauma and the subsequent development of PTSD symptoms. Post-migration experiences of discrimination and neighborhood disorder further exacerbated this risk, while social support and familism mitigated it. Our results emphasize the importance of understanding how factors prior to, during, and after migration combine to influence the health of immigrants.

2. Eur J Psychotraumatol. 2013 Dec 20;4. doi: 10.3402/ejpt.v4i0.21357.

Posttraumatic stress disorder in early childhood: classification and diagnostic issues.

Simonelli A.

Author information:

Department of Developmental and Social Psychology, Padova University, Padua, Italy.

The 0-3 diagnostic classification of infant mental health, on the basis of DSM-IV-R, describes posttraumatic stress disorder (PTSD) as a pattern of symptoms

that may be shown by children who have experienced a single traumatic event, a series of connected traumatic events, or chronic, enduring stress situations. This definition, related to young children, needs the consideration of several factors to understand the child's symptoms, organize the diagnostic process, and realize clinical interventions. In this sense, the clinician must appreciate the classification criteria of PTSD in early childhood in the context of the child's age, temperament, and developmental level. This report presents a review of the research in the domain of the PTSD in early childhood with particular attention to the developmental considerations to define critical diagnostic criteria, specifically organized on the child characteristics, competences, and needs. Along this line, it will describe two proposed modifications of the diagnostic classification in childhood: the Post Traumatic Stress Disorder Alternative Algorithm (PTSD-AA) and the definition of developmental trauma disorder (DTD).

3. Addict Behav. 2013 Dec 10. pii: S0306-4603(13)00430-9. doi:

10.1016/j.addbeh.2013.12.006. [Epub ahead of print]

Patterns of drug and alcohol use associated with lifetime sexual revictimization and current posttraumatic stress disorder among three national samples of adolescent, college, and household-residing women.

Walsh K(1), Resnick HS(2), Danielson CK(2), McCauley JL(2), Saunders BE(2), Kilpatrick DG(2).

Author information:

(1)Department of Epidemiology, Columbia University, United States. Electronic address: klw2153@musc.edu.

(2)Department of Psychiatry & Behavioral Sciences, Medical University of South Carolina, United States.

Sexual revictimization (experiencing 2 or more rapes) is prevalent and associated with increased risk for posttraumatic stress disorder (PTSD) and substance use. However, no national epidemiologic studies have established the prevalence or relative odds of a range of types of substance use as a function of sexual victimization history and PTSD status. Using three national female samples, the current study examined associations between sexual revictimization, PTSD, and past-year substance use. Participants were 1763 adolescent girls, 2000 college women, and 3001 household-residing women. Rape history, PTSD, and use of alcohol, marijuana, other illicit drugs, and non-medical prescription drugs were assessed via structured telephone interviews of U.S. households and colleges in 2005-2006. Chi-square and logistic regression were used to estimate the prevalence and odds of past-year substance use. Relative to single and non-victims: Revictimized adolescents and household-residing women reported more other illicit and

non-medical prescription drug use; revictimized college women reported more other illicit drug use. Past 6-month PTSD was associated with increased odds of drug use for adolescents, non-medical prescription drug use for college women, and all substance use for household-residing women. Revictimization and PTSD were associated with more deviant substance use patterns across samples, which may reflect self-medication with substances. Findings also could be a function of high-risk environment or common underlying mechanisms. Screening and early intervention in pediatric, primary care, and college clinics may prevent subsequent rape, PTSD, and more severe substance use.

4. JAMA. 2013 Dec 25;310(24):2650-7. doi: 10.1001/jama.2013.282829.

Prolonged exposure vs supportive counseling for sexual abuse-related PTSD in adolescent girls: a randomized clinical trial.

Foa EB(1), McLean CP(1), Capaldi S(1), Rosenfield D(2).

Author information:

(1)Department of Psychiatry, University of Pennsylvania, Philadelphia.

(2)Department of Psychology, Southern Methodist University, Dallas, Texas.

Comment in

JAMA. 2013 Dec 25;310(24):2619-20.

IMPORTANCE: Evidence-based treatments for posttraumatic stress disorder (PTSD) have not been established for adolescents despite high prevalence of PTSD in this population.

OBJECTIVE: To examine the effects of counselor-delivered prolonged exposure therapy compared with supportive counseling for adolescents with PTSD.

DESIGN, SETTING, AND PARTICIPANTS: A single-blind, randomized clinical trial of 61 adolescent girls with PTSD using a permuted block design. Counselors previously naive to prolonged exposure therapy provided the treatments in a community mental health clinic. Data collection lasted from February 2006 through March 2012.

INTERVENTIONS: Participants received fourteen 60- to 90-minute sessions of prolonged exposure therapy (n = 31) or supportive counseling (n = 30).

MAIN OUTCOMES AND MEASURES: All outcomes were assessed before treatment, at mid-treatment, and after treatment and at 3-, 6-, and 12-month follow-up. The primary outcome, PTSD symptom severity, was assessed by the Child PTSD Symptom Scale-Interview (range, 0-51; higher scores indicate greater severity). Secondary outcomes were presence or absence of PTSD diagnosis assessed by the DSM-IV Schedule for Affective Disorders and Schizophrenia for School-Age Children and functioning assessed by the Children's Global Assessment Scale (range, 1-100;

higher scores indicate better functioning). Additional secondary measures, PTSD severity assessed by the Child PTSD Symptom Scale-Self-Report (range, 0-51; higher scores indicate greater severity) and depression severity assessed by the Children's Depression Inventory (range, 0-54; higher scores indicate greater severity), were also assessed weekly during treatment.

RESULTS: Data were analyzed as intent to treat. During treatment, participants receiving prolonged exposure demonstrated greater improvement on the PTSD symptom severity scale (difference between treatments in improvement, 7.5; 95% CI, 2.5-12.5; $P < .001$) and on all secondary outcomes (loss of PTSD diagnosis: difference, 29.3%, 95% CI, 20.2%-41.2%; $P = .01$; self-reported PTSD severity: difference, 6.2; 95% CI, 1.2-11.2; $P = .02$; depression: difference, 4.9; 95% CI, 1.6-8.2; $P = .008$; global functioning: difference, 10.1; 95% CI, 3.4-16.8; $P = .008$). These treatment differences were maintained through the 12-month follow-up: for interviewer-assessed PTSD (difference, 6.0; 95% CI, 1.6-10.4; $P = .02$), loss of PTSD diagnosis (difference, 31.1; 95% CI, 14.7-34.8; $P = .01$), self-reported PTSD (difference, 9.3; 95% CI, 1.2-16.5; $P = .02$), depression (difference, 7.2; 95% CI, 1.4-13.0; $P = .02$), and global functioning (difference, 11.2; 95% CI, 4.5-17.9; $P = .01$).

CONCLUSION AND RELEVANCE: Adolescents girls with sexual abuse-related PTSD experienced greater benefit from prolonged exposure therapy than from supportive counseling even when delivered by counselors who typically provide supportive counseling.

TRIAL REGISTRATION: clinicaltrials.gov Identifier: NCT00417300.

5. Midwifery. 2013 Dec 6. pii: S0266-6138(13)00346-X. doi:

10.1016/j.midw.2013.12.001. [Epub ahead of print]

Fear of childbirth, postnatal post-traumatic stress disorder and midwifery care.

Ayers S.

Author information:

Centre for Maternal and Child Health Research, School of Health Sciences, City University London, 20 Bartholomew Close, London EC1A 7QN, UK. Electronic address: Susan.Ayers.1@city.ac.uk.

6. J Anxiety Disord. 2013 Dec 1;28(1):51-56. doi: 10.1016/j.janxdis.2013.11.001.

[Epub ahead of print]

Diagnostic utility of CPSS vs. CAPS-CA for assessing posttraumatic stress symptoms in children and adolescents.

Hukkelberg S(1), Ormhaug SM(2), Holt T(2), Wentzel-Larsen T(3), Jensen TK(4).

Author information:

(1)Norwegian Centre for Violence and Traumatic Stress Studies, Kirkeveien 166, Building 48, 0450 Oslo, Norway; Norwegian Center for Child Behavioral Development, P.O. Box 7053 Majorstuen, 0306 Oslo, Norway. Electronic address: s.s.hukkelberg@atferdssenteret.no.

(2)Norwegian Centre for Violence and Traumatic Stress Studies, Kirkeveien 166, Building 48, 0450 Oslo, Norway.

(3)Norwegian Centre for Violence and Traumatic Stress Studies, Kirkeveien 166, Building 48, 0450 Oslo, Norway; Centre for Child and Adolescent Mental Health, Eastern and Southern Norway, Oslo, Norway.

(4)Norwegian Centre for Violence and Traumatic Stress Studies, Kirkeveien 166, Building 48, 0450 Oslo, Norway; Department of Psychology, University of Oslo, Postbox 1094 Blindern, 0317 Oslo, Norway.

OBJECTIVES: This study compared the diagnostic utility of the symptom part of the child PTSD symptom scale (CPSS) screening instrument with the clinician-administered PTSD scale for children and adolescents (CAPS-CA).

METHODS: The study included a clinical sample of traumatized children and adolescents (mean age 15.1, range 10-18) living in Norway, who were assessed for posttraumatic stress symptoms using the CPSS and the CAPS-CA. Diagnostic utility was investigated using receiver operating characteristic analyses.

RESULTS: The results showed that CPSS reached medium effect sizes (AUC from .63 to .76). The sensitivity was good (.80), but the specificity was relatively low (.56). Kappa between CPSS and CAPS-CA was low ($\kappa=.27$).

CONCLUSIONS: Findings suggests that CPSS is a good tool for screening purposes, but not as a diagnostic instrument in an early phase of assessment. Implications and limitations of the findings are discussed.

7. J Clin Psychol Med Settings. 2013 Dec 14. [Epub ahead of print]

Acute Stress, Depression, and Anxiety Symptoms Among English and Spanish Speaking Children with Recent Trauma Exposure.

Barber BA, Kohl KL, Kassam-Adams N, Gold JI.

Author information:

The USC University Center for Excellence in Developmental Disabilities at Children's Hospital Los Angeles, Los Angeles, CA, USA, bethvanguard@yahoo.com.

A growing literature suggests the clinical importance of acute stress disorder symptoms in youth following potentially traumatic events. A multisite sample of English and Spanish speaking children and adolescents (N = 479) between the ages of 8-17, along with their caregivers completed interviews and self-report

questionnaires between 2 days and 1 month following the event. The results indicate that children with greater total acute stress symptoms reported greater depressive ($r = .41, p < .01$) and anxiety symptoms ($r = .53, p < .01$). Examining specific acute stress subscales, reexperiencing was correlated with anxiety ($r = .47, p < .01$) and arousal was correlated with depression ($r = .50, p < .01$) and anxiety ($r = .55, p < .01$). Age was inversely associated with total acute stress symptoms ($r = -.24, p < .01$), reexperiencing ($r = -.17, p < .01$), avoidance ($r = -.27, p < .01$), and arousal ($r = -.19, p < .01$) and gender was related to total anxiety symptoms (Spearman's $\rho = .17, p < .01$). The current study supports the importance of screening acute stress symptoms and other mental health outcomes following a potentially traumatic event in children and adolescents. Early screening may enable clinicians to identify and acutely intervene to support children's psychological and physical recovery.

8. BMJ Open. 2013 Dec 10;3(12):e003638. doi: 10.1136/bmjopen-2013-003638.

Maternal post-traumatic stress disorder, depression and alcohol dependence and child behaviour outcomes in mother-child dyads infected with HIV: a longitudinal study.

Nöthling J, Martin CL, Laughton B, Cotton MF, Seedat S.

Author information:

Department of Psychiatry, Stellenbosch University, Cape Town, South Africa.

OBJECTIVES: HIV and psychiatric disorders are prevalent and often concurrent. Childbearing women are at an increased risk for both HIV and psychiatric disorders, specifically depression and post-traumatic stress disorder (PTSD). Poor mental health in the peripartum period has adverse effects on infant development and behaviour. Few studies have investigated the relationship between maternal PTSD and child behaviour outcomes in an HIV vertically infected sample. The aim of this study was to investigate whether maternal postpartum trauma exposure and PTSD were risk factors for child behaviour problems. In addition, maternal depression, alcohol abuse and functional disability were explored as cofactors.

SETTING: The study was conducted in Cape Town, South Africa.

PARTICIPANTS: 70 mother-child dyads infected with HIV were selected from a group of participants recruited from community health centres.

DESIGN: The study followed a longitudinal design. Five measures were used to assess maternal trauma exposure, PTSD, depression, alcohol abuse and functional disability at 12 months postpartum: Life Events Checklist (LEC), Harvard Trauma Scale (HTS), Alcohol Use Disorders Identification Test (AUDIT), Center for Epidemiological Studies Depression (CESD) Scale and the Sheehan Disability Scale

(SDS). Child behaviour was assessed at 42 months with the Child Behaviour Checklist (CBCL).

RESULTS: The rate of maternal disorder was high with 50% scoring above the cut-off for depression, 22.9% for PTSD and 7% for alcohol abuse. Half of the children scored within the clinical range for problematic behaviour. Children of mothers with depression were significantly more likely to display total behaviour problems than children of mothers without depression. Maternal PTSD had the greatest explanatory power for child behaviour problems, although it did not significantly predict child outcomes.

CONCLUSIONS: This study highlights the importance of identifying and managing maternal PTSD and depression in mothers of children infected with HIV. The relationship between maternal PTSD and child behaviour warrants further investigation.

9. Appetite. 2013 Dec 8;74C:86-91. doi: 10.1016/j.appet.2013.12.002. [Epub ahead of print]

Unhealthy food in relation to posttraumatic stress symptoms among adolescents.

Vilija M(1), Romualdas M(2).

Author information:

(1)Lithuanian Sports University, Department of Health, Physical and Social Education, Sporto 6, 44221 Kaunas, Lithuania; Lithuanian University of Health Sciences, Academy of Medicine, Department of Occupational and Environmental Medicine, Eiveniu 2, 50009 Kaunas, Lithuania. Electronic address:

Vilija.Malinauskiene@gmail.com.

(2)Lithuanian Sports University, Department of Health, Physical and Social Education, Sporto 6, 44221 Kaunas, Lithuania.

The linkage between mood states and unhealthy food consumption has been under investigation in the recent years. This study aimed to evaluate the associations between posttraumatic stress (PTS) symptoms after lifetime traumatic experiences and daily unhealthy food consumption among adolescents, taking into account the possible effects of physical inactivity, smoking, and a sense of coherence. A self-administered questionnaire measured symptoms of PTS, lifetime traumatic experiences, food frequency scale, sense of coherence scale in a representative sample of eighth grade pupils of the Kaunas, Lithuania, secondary schools (N=1747; 49.3% girls and 50.7% boys). In the logistic regression models, all lifetime traumatic events were associated with PTS symptoms, as well as were unhealthy foods, (including light alcoholic drinks, spirits, soft and energy drinks, flavored milk, coffee, fast food, chips and salty snacks, frozen processed foods; excluding sweet snacks, biscuits and pastries) and sense of

coherence weakened the strength of the associations. However, physical inactivity and smoking showed no mediating effect for the majority of unhealthy foods. In conclusion, we found that intervention and preventive programs on PTS symptoms may be beneficial while dealing with behavioral problems (unhealthy diet, smoking, alcohol, physical inactivity) among adolescents.

10. J Interpers Violence. 2013 Dec 8. [Epub ahead of print]

Child Abuse in the Context of Intimate Partner Violence Against Women: The Impact of Women's Depressive and Posttraumatic Stress Symptoms on Maternal Behavior.

Boeckel MG, Blasco-Ros C, Grassi-Oliveira R, Martínez M.

Intimate male partner violence against women has been recognized as an important public health problem, with a high impact on women's mental health, including depressive and posttraumatic stress disorder (PTSD) symptoms. However, fathers who have been involved in intimate partner violence (IPV) have an increased probability of being violent toward their children. The aim of this study was to assess the relation between the mental health status of abused women, their partner's violence toward the children, and their maternal behavior.

11. JAMA Pediatr. 2013 Dec 1;167(12):1176. doi: 10.1001/jamapediatrics.2013.4238.
Posttraumatic stress in children.

Moreno MA.

12. J Nerv Ment Dis. 2013 Nov;201(11):941-7. doi: 10.1097/NMD.0000000000000033.
Testing a model of the relationship between childhood sexual abuse and psychosis in a first-episode psychosis group: the role of hallucinations and delusions, posttraumatic intrusions, and selective attention.

Bendall S, Hulbert CA, Alvarez-Jimenez M, Allott K, McGorry PD, Jackson HJ.

Author information:

*Orygen Youth Health Research Centre and Centre for Youth Mental Health, and

†Psychological Sciences, The University of Melbourne, Melbourne, Victoria, Australia.

Several theories suggest that posttraumatic intrusive symptoms are central to the relationship between childhood trauma (CT) and hallucinations and delusions in psychosis. Biased selective attention has been implicated as a cognitive process underlying posttraumatic intrusions. The current study sought to test theories of the relationship between childhood sexual abuse (CSA), hallucinations and

delusions, posttraumatic intrusions, and selective attention in first-episode psychosis (FEP). Twenty-eight people with FEP and 21 nonclinical controls were assessed for CT and psychotic and posttraumatic stress symptoms and completed an emotional Stroop test using CSA-related and other words. Those with FEP and CSA had more severe hallucinations and delusions than those with FEP and without CSA. They also reported posttraumatic intrusions at clinical levels and showed selective attention to CSA-related words. The results are consistent with the posttraumatic intrusions account of hallucinations and delusions in those with CSA and psychosis.

13. Med J Aust. 2013 Oct 21;199(8):552-5.

Summer of sorrow: measuring exposure to and impacts of trauma after Queensland's natural disasters of 2010-2011.

Clemens SL, Berry HL, McDermott BM, Harper CM.

Author information:

Department of Health, Queensland Government, Brisbane, QLD, Australia.

Susan_Clemens@health.qld.gov.au.

OBJECTIVES: To assess the population prevalence of property, income and emotional impacts of the 2010-2011 Queensland floods and cyclones.

DESIGN, SETTING AND PARTICIPANTS: Cross-sectional telephone-based survey using a brief trauma exposure and impact screening instrument, conducted between 11 March and 6 June 2011, of 6104 adults who answered natural disaster and mental health questions.

MAIN OUTCOME MEASURES: Natural disaster property damage exposure and emotional wellbeing impacts.

RESULTS: Two-thirds of respondents (62%) reported being affected by the disasters, with property damage exposure ranging from 37.2% (suburb or local area) to 9.2% (own home, with 2.1% living elsewhere at least temporarily). Income was reduced for 17.0% of respondents and 11.7% of income-producing property owners reported damage to those properties. Trauma impacts ranged from 14.3% of respondents feeling "terrified, helpless or hopeless" to 3.9% thinking they might be "badly injured or die". Up to 5 months after the disasters, 7.1% of respondents were "still distressed" and 8.6% were "worried about how they would manage". Adults of working age and residents of regional and remote areas and of socioeconomically disadvantaged areas were disproportionately likely to report exposure to damage and emotional impacts.

CONCLUSIONS: Weather-related disasters exact a large toll on the population through property damage and resultant emotional effects. Vulnerable subpopulations are more severely affected. There is a need for realistic,

cost-effective and rapid-deployment mass interventions in the event of weather disasters.

14. J Clin Psychiatry. 2013 Sep;74(9):880-6. doi: 10.4088/JCP.13m08428.

Distinguishing bipolar II depression from major depressive disorder with comorbid borderline personality disorder: demographic, clinical, and family history differences.

Zimmerman M, Martinez JH, Morgan TA, Young D, Chelminski I, Dalrymple K.

Author information:

146 West River St, Providence, RI 02904 mzimmerman@lifespan.org.

OBJECTIVE: Because of the potential treatment implications, it is clinically important to distinguish between bipolar II depression and major depressive disorder with comorbid borderline personality disorder. The high frequency of diagnostic co-occurrence and resemblance of phenomenological features has led some authors to suggest that borderline personality disorder is part of the bipolar spectrum. Few studies have directly compared patients with bipolar disorder and borderline personality disorder. In the present study from the Rhode Island Methods to Improve Diagnostic Assessment and Services project, we compared these 2 groups of patients on demographic, clinical, and family history variables.

METHOD: From December 1995 to May 2012, 3,600 psychiatric patients presenting to the outpatient practice at Rhode Island Hospital (Providence, Rhode Island) were evaluated with semistructured diagnostic interviews for DSM-IV Axis I and Axis II disorders. The focus of the present study is the 206 patients with DSM-IV major depressive disorder and borderline personality disorder (MDD-BPD) and 62 patients with DSM-IV bipolar II depression without borderline personality disorder.

RESULTS: The patients with MDD-BPD were significantly more often diagnosed with posttraumatic stress disorder ($P < .001$), a current substance use disorder ($P < .01$), somatoform disorder ($P < .05$), and other nonborderline personality disorder ($P < .05$). Clinical ratings of anger, anxiety, paranoid ideation, and somatization were significantly higher in the MDD-BPD group (all $P < .01$). The MDD-BPD patients were rated significantly lower on the Global Assessment of Functioning ($P < .001$), their current social functioning was poorer ($P < .01$), and they made significantly more suicide attempts ($P < .01$). The patients with bipolar II depression had a significantly higher morbid risk for bipolar disorder in their first-degree relatives than the MDD-BPD patients ($P < .05$).

CONCLUSIONS: Patients diagnosed with bipolar II depression and major depressive disorder with comorbid borderline personality disorder differed on a number of clinical and family history variables, thereby supporting the validity of this distinction.

15. Pediatrics. 2013 Oct;132(4):e945-51. doi: 10.1542/peds.2013-0713. Epub 2013 Sep 23.

Evaluation of an early risk screener for PTSD in preschool children after accidental injury.

Kramer DN, Hertli MB, Landolt MA.

Author information:

Department of Psychosomatics and Psychiatry, University Children's Hospital Zurich, Steinwiesstrasse 75, CH-8032 Zurich, Switzerland.

markus.landolt@kisp.uzh.ch.

OBJECTIVES: To evaluate the effectiveness and most powerful selection of predictors of an early screening tool for posttraumatic stress disorder (PTSD) in a sample of 87 children ages 2 to 6 years after unintentional injury.

METHODS: The examined screener was administered within 6 to 13 days post accident and consisted of an adapted version of the Pediatric Emotional Distress Scale (PEDS), the PEDS-ES (PEDS Early Screener), and questions on 5 additional risk factors (preexisting child behavioral problems, parental preexisting chronic mental or physical illness, pretraumatic life events in the family, parental feelings of guilt, parental posttraumatic stress). The PTSD Semi-structured Interview and Observational Record for Infants and Young Children served as criterion measure 6 months after the accident. A case was deemed positive when meeting criteria for full or partial PTSD.

RESULTS: Use of the PEDS-ES without the additional risk factors performed best, with good sensitivity (85%) and moderate specificity (63%) for full or partial PTSD.

CONCLUSIONS: The PEDS-ES allows for successful early screening of preschool-aged children after single accidental trauma. It may be used within a stepped-care model for early identification of individuals designated for possible secondary preventative interventions.

16. Am J Orthopsychiatry. 2013 Apr-Jul;83(2 Pt 3):413-21. doi: 10.1111/ajop.12016.

Children's adjustment following Hurricane Katrina: the role of primary caregivers.

Gil-Rivas V, Kilmer RP.

Author information:

Department of Psychology, University of North Carolina at Charlotte, 9201 University City Blvd., Charlotte, NC 28223-0001, USA. vgilriva@uncc.edu

Hurricane Katrina severely disrupted the lives of many children and families in

the central Gulf Coast of the United States. Face-to-face interviews with child-caregiver dyads were conducted at approximately 1 year posthurricane (T1) and 6-10 months later (T2). The contribution of several factors-caregiver's self-reported symptomatology and coping advice and child perceptions of caregiver distress, unavailability, warmth, and caregiver-child conflict-to child-reported posttraumatic stress symptoms (PTSS) and depressive symptoms was examined. Findings provide partial support for the importance of the caregiving context to children's adjustment. Specifically, higher levels of caregiver-child conflict at T1 were associated with more PTSS at T2, controlling for baseline symptoms. In contrast, higher levels of caregiver education were negatively related to child PTSS at T2. After adjusting for objective hurricane exposure and symptoms at T1, none of the caregiving variables was related to child-reported depressive symptoms at T2. The implications of these findings for efforts to promote children's adjustment after disaster are discussed.

17. J Adolesc. 2013 Aug;36(4):717-25. doi: 10.1016/j.adolescence.2013.05.008. Epub 2013 Jun 22.

Latent structure of posttraumatic stress disorder symptoms in an adolescent sample one month after an earthquake.

Wang R, Wang L, Li Z, Cao C, Shi Z, Zhang J.

Author information:

Key Laboratory of Mental Health, Institute of Psychology, Chinese Academy of Sciences, 16 Lincui Road, Beijing 100101, China.

Increasing empirical studies suggest that the tripartite posttraumatic stress disorder (PTSD) model described in the DSM-IV does not accurately account for the underlying PTSD factor structure, and several alternative models have been proposed. The present study investigated a newly refined, five-factor model of PTSD symptoms in a sample of Chinese adolescent survivors of an earthquake. A total of 1198 middle school students (653 females, 526 males) with a mean age of 14.4 years (SD = 1.1, range: 11-18) participated in this study one month after an earthquake. The novel five-factor model comprised of intrusion, avoidance, numbing, dysphoric arousal, and anxious arousal demonstrated significantly better fit than two alternative four-factor models. Further analyses revealed differentiable relations between the PTSD factors and external measures of anxiety and depression. These findings provide empirical support for the robustness of five-factor model, and carry implications for further reorganization of PTSD criteria.

18. J R Soc Med. 2013 Nov;106(11):447-55. doi: 10.1177/0141076813491085. Epub 2013Jul3

An evaluation of the psychological impact of operational rest and recuperation in United Kingdom Armed Forces personnel: a post-intervention survey.

Jones N, Fertout M, Parsloe L, Greenberg N.

Author information:

King's College London, Weston Education Centre, London, SE5 9RJ, UK.

OBJECTIVE: Rest and Recuperation (R&R) is a period of home leave taken during an operational deployment; we sought to examine the relationship between taking R&R and mental health.

DESIGN: A survey-based post-intervention evaluation.

SETTING: UK **PARTICIPANTS:** 232 members of the UK Armed Forces; 42 of which completed pre and post R&R surveys.

MAIN OUTCOME MEASURES: Alcohol use, Post Traumatic Stress Disorder, Common Mental Disorder Symptoms and R&R experiences.

RESULTS: 12.1% of respondents (n=27) reported symptoms of common mental disorder and 3.7% (n=8) reported probable PTSD. 50.0% (n=110) reported hazardous use of alcohol during R&R. In the pre- and post-assessed sample, mental health status and alcohol use levels were similar at both survey points. Using principal component analysis, five components of R&R were identified; mentally switching off from deployment, travel experience, physical recovery, relaxation, rest and social support. R&R was extremely popular and although it did not improve mental health overall, the ability to engage with or derive satisfaction from aspects of the five components was significantly associated with better mental health and less alcohol use at the end of R&R.

CONCLUSION: Operational commanders should advise personnel about the best way to actively engage with R&R before they leave theatre and be aware of the significant detrimental impact of disrupted travel arrangements upon the ability to benefit from R&R.

19. Int J Environ Res Public Health. 2013 May 29;10(6):2185-97. doi: 10.3390/ijerph10062185.

Tobacco use and nicotine dependence among conflict-affected men in the Republic of Georgia.

Roberts B, Chikovani I, Makhashvili N, Patel V, McKee M.

Author information:

European Centre on Health of Societies in Transition, London School of Hygiene and Tropical Medicine, 15-17 Tavistock Place, London, UK.

bayard.roberts@lshtm.ac.uk

BACKGROUND: There is very little evidence globally on tobacco use and nicotine dependence among civilian populations affected by armed conflict, despite key vulnerability factors related to elevated mental disorders and socio-economic stressors. The study aim was to describe patterns of smoking and nicotine dependence among conflict-affected civilian men in the Republic of Georgia and associations with mental disorders.

METHODS: A cross-sectional household survey using multistage random sampling was conducted in late 2011 among conflict-affected populations in Georgia.

Respondents included in this paper were 1,248 men aged ≥ 18 years who were internally displaced persons (IDPs) and former IDPs who had returned in their home areas. Outcomes of current tobacco use, heavy use (≥ 20 cigarettes per day), and nicotine dependence (using the Fagerström Test for Nicotine Dependence) were used. PTSD, depression, anxiety and hazardous alcohol use were also measured, along with exposure to traumatic events and a range of demographic and socio-economic characteristics.

RESULTS: Of 1,248 men, 592 (47.4%) smoked and 70.9% of current smokers were heavy smokers. The mean nicotine dependence score was 5.0 and the proportion with high nicotine dependence (≥ 6) was 41.4%. In multivariate regression analyses, nicotine dependence was significantly associated with PTSD (β 0.74) and depression (β 0.85), along with older age (except 65+ years), and being a returnee (compared to IDPs).

CONCLUSIONS: The study reveals very high levels of heavy smoking and nicotine dependence among conflict-affected persons in Georgia. The associations between nicotine dependence, PTSD and depression suggest interventions could yield synergistic benefits.

20. J Plast Reconstr Aesthet Surg. 2013 Oct;66(10):1316-21. doi: 10.1016/j.bjps.2013.05.017. Epub 2013 Jun 10.

Early posttraumatic psychological stress following peripheral nerve injury: a prospective study.

Ultee J, Hundepool CA, Nijhuis TH, van Baar AL, Hovius SE.

Author information:

Department of Plastic Reconstructive and Hand Surgery, Erasmus MC, University Medical Center, Rotterdam, The Netherlands.

BACKGROUND: Psychological symptoms frequently accompany severe injuries of the upper extremities and are described to influence functional outcome. As yet, little knowledge is available about the occurrence of posttraumatic psychological stress and the predictive characteristics of peripheral nerve injuries of the upper extremity for such psychological symptoms. In this prospective study, the

incidence of different aspects of early posttraumatic stress in patients with peripheral nerve injury of the forearm is studied as well as the risk factors for the occurrence of early psychological stress.

METHODS: In a prospective study design, patients with a median, ulnar or combined median-ulnar nerve injury were monitored for posttraumatic psychological stress symptoms with the Impact of Event Scale (IES) questionnaire up to 3 months postoperatively.

RESULTS: Psychological stress within the first month after surgery occurred in 91.8% of the population (IES mean=22.0, standard deviation (SD)=17.3). Three months postoperatively, 83.3% (IES mean=13.3, SD=14.1) experienced psychological stress. One month postoperatively 24.6% and 3 months postoperatively 13.3% of the patients had IES scores indicating for the need for psychological treatment.

Female gender, adult age and combined nerve injuries were related to the occurrence of psychological stress symptoms 1 month postoperatively.

CONCLUSIONS: In the majority of these patients, peripheral nerve injury of the forearm is accompanied by early posttraumatic psychological stress, especially in female adults who suffered from combined nerve injuries.

21. *Australas Psychiatry*. 2013 Jun;21(3):281. doi: 10.1177/1039856212475331.

Patients with posttraumatic stress disorder in private practice.

Wearne D, Laugharne J.

PMID: 23720472 [PubMed - indexed for MEDLINE]

22. *Transl Psychiatry*. 2013 May 21;3:e258. doi: 10.1038/tp.2013.34.

Sniffing around oxytocin: review and meta-analyses of trials in healthy and clinical groups with implications for pharmacotherapy.

Bakermans-Kranenburg MJ, van IJzendoorn MH.

Author information:

Centre for Child and Family Studies, Rommert Casimir Institute for Developmental Psychopathology, Leiden University, Leiden, The Netherlands.

bakermans@fsw.leidenuniv.nl

The popularity of oxytocin (OT) has grown exponentially during the past decade, and so has the number of OT trials in healthy and clinical groups. We take stock of the evidence from these studies to explore potentials and limitations of pharmacotherapeutic applications. In healthy participants, intranasally administered OT leads to better emotion recognition and more trust in conspecifics, but the effects appear to be moderated by context (perceived threat of the 'out-group'), personality and childhood experiences. In individuals with

untoward childhood experiences, positive behavioral or neurobiological effects seem lowered or absent. In 19 clinical trials, covering autism, social anxiety, postnatal depression, obsessive-compulsive problems, schizophrenia, borderline personality disorder and post-traumatic stress, the effects of OT administration were tested, with doses ranging from 15 IU to more than 7000 IU. The combined effect size was $d=0.32$ ($N=304$; 95% confidence interval (CI): 0.18-0.47; $P<0.01$). However, of all disorders, only studies on autism spectrum disorder showed a significant combined effect size ($d=0.57$; $N=68$; 95% CI: 0.15-0.99; $P<0.01$). We hypothesize that for some of the other disorders, etiological factors rooted in negative childhood experiences may also have a role in the diminished effectiveness of treatment with OT.

23. Am J Prev Med. 2013 Jun;44(6):635-50. doi: 10.1016/j.amepre.2013.02.013.
Interventions to prevent post-traumatic stress disorder: a systematic review.

Forneris CA, Gartlehner G, Brownley KA, Gaynes BN, Sonis J, Coker-Schwimmer E, Jonas DE, Greenblatt A, Wilkins TM, Woodell CL, Lohr KN.

Author information:

Department of Psychiatry, University of North Carolina, Chapel Hill, North Carolina 27599-7160, USA. Catherine_Forneris@med.unc.edu

Comment in

Am J Prev Med. 2013 Jun;44(6):692-3.

CONTEXT: Traumatic events are prevalent worldwide; trauma victims seek help in numerous clinical and emergency settings. Using effective interventions to prevent post-traumatic stress disorder (PTSD) is increasingly important. This review assessed the efficacy, comparative effectiveness, and harms of psychological, pharmacologic, and emerging interventions to prevent PTSD.

EVIDENCE ACQUISITION: The following sources were searched for research on interventions to be included in the review: MEDLINE; Cochrane Library; CINAHL; EMBASE; PILOTS (Published International Literature on Traumatic Stress); International Pharmaceutical Abstracts; PsycINFO; Web of Science; reference lists of published literature; and unpublished literature (January 1, 1980 to July 30, 2012). Two reviewers independently selected studies, extracted data or checked accuracy, assessed study risk of bias, and graded strength of evidence. All data synthesis occurred between January and September 2012.

EVIDENCE SYNTHESIS: Nineteen studies covered various populations, traumas, and interventions. In meta-analyses of three trials (from the same team) for people with acute stress disorder, brief trauma-focused cognitive behavioral therapy was more effective than supportive counseling in reducing the severity of PTSD

symptoms (moderate-strength); these two interventions had similar results for incidence of PTSD (low-strength); depression severity (low-strength); and anxiety severity (moderate-strength). PTSD symptom severity after injury decreased more with collaborative care than usual care (single study; low-strength). Debriefing did not reduce incidence or severity of PTSD or psychological symptoms in civilian traumas (low-strength). Evidence about relevant outcomes was unavailable for many interventions or was insufficient owing to methodologic shortcomings. CONCLUSIONS: Evidence is very limited regarding best practices to treat trauma-exposed individuals. Brief cognitive behavioral therapy may reduce PTSD symptom severity in people with acute stress disorder; collaborative care may help decrease symptom severity post-injury.

24. J Child Adolesc Psychopharmacol. 2013 May;23(4):244-51. doi: 10.1089/cap.2012.0119.

An open-label study of guanfacine extended release for traumatic stress related symptoms in children and adolescents.

Connor DF, Grasso DJ, Slivinsky MD, Pearson GS, Banga A.

Author information:

Department of Psychiatry, University of Connecticut Medical School , Farmington, CT 06030, USA. dconnor@uchc.edu

OBJECTIVE: The purpose of this open-label pilot study was to investigate the effectiveness and tolerability of guanfacine extended release (GXR) 1-4 mg given in the evening, on the symptoms of traumatic stress (reexperiencing, avoidance, overarousal), generalized anxiety, and functional impairment in children and adolescents with a history of traumatic stress with or without posttraumatic stress disorder (PTSD). As many of our sample had associated attention-deficit/hyperactivity disorder (ADHD) symptoms, we also assessed whether the presence of traumatic stress symptoms impaired the effectiveness of GXR in the treatment of comorbid ADHD symptoms.

METHODS: Participants were 19 children and adolescents 6-18 years of age, with current traumatic stress symptoms. In an 8 week open-label design, each patient's scores on parent-, child-, and clinician-reported symptom rating scales assessing traumatic stress symptoms, generalized anxiety, ADHD symptoms, functional impairment, and global symptom severity and improvement (n=17) were evaluated off and on GXR using χ^2 goodness-of-fit tests, paired t tests, and repeated measures analyses of variance (ANOVAs). To examine patterns of change in outcome measures across treatment, MPlus software was used to conduct linear growth curves modeled with individual-varying times of observation (i.e., random slopes).

RESULTS: Using an average GXR daily dose of 1.19 mg±0.35 mg and an average weight-adjusted daily dose of 0.03 mg/kg±0.01 mg/kg, significant differences were found on all symptom severity measures. Parent reported UCLA Reaction Index scores assessing cluster B (reexperiencing), C (avoidant), and D (overarousal) symptoms significantly improved. In the presence of PTSD symptoms, children with ADHD experienced significantly improved ADHD symptom scores, suggesting that comorbidity does not attenuate an ADHD symptom response to GXR therapy. Medication was generally well tolerated.

CONCLUSIONS: Within the limits of an open-label, hypothesis-generating pilot study, our results suggest that the α 2A-adrenoceptor agonist GXR may have therapeutic effects in the treatment of PTSD symptoms in traumatically stressed children and adolescents. The effective dose may be lower than that found for ADHD. Our pilot study supports the need for further controlled research on the effects of GXR and other α 2A-adrenoceptor agonists in pediatric disorders of traumatic stress.

25. J Child Adolesc Psychopharmacol. 2013 May;23(4):236-43. doi: 10.1089/cap.2012.0072. Epub 2013 May 6.

The association of a novel haplotype in the dopamine transporter with preschool age posttraumatic stress disorder.

Drury SS, Brett ZH, Henry C, Scheeringa M.

Author information:

Department of Psychiatry and Behavioral Sciences, Tulane University School of Medicine, New Orleans, LA 70112, USA. sdrury@tulane.edu

OBJECTIVE: Significant evidence supports a genetic contribution to the development of posttraumatic stress disorder (PTSD). Three previous studies have demonstrated an association between PTSD and the nine repeat allele of the 3' untranslated region (3'UTR) variable number tandem repeat (VNTR) in the dopamine transporter (DAT, rs28363170). Recently a novel, functionally significant C/T single-nucleotide polymorphism (SNP) in the 3'UTR (rs27072) with putative interactions with the 3'VNTR, has been identified. To provide enhanced support for the role of DAT and striatal dopamine regulation in the development of PTSD, this study examined the impact of a haplotype defined by the C allele of rs27072 and the nine repeat allele of the 3'VNTR on PTSD diagnosis in young trauma-exposed children.

METHODS: DAT haplotypes were determined in 150 trauma-exposed 3-6 year-old children. PTSD was assessed with a semistructured interview. After excluding double heterozygotes, analysis was performed on 143 total subjects. Haplotype was examined in relation to categorical and continuous measures of PTSD, controlling

for trauma type and race. Additional analysis within the two largest race categories was performed, as other means of controlling for ethnic stratification were not available.

RESULTS: The number of haplotypes (0, 1, or 2) defined by the presence of the nine repeat allele of rs28363170 (VNTR in the 3'UTR) and the C allele of rs27072 (SNP in the 3'UTR) was significantly associated with both the diagnosis of PTSD and total PTSD symptoms. Specifically, children with one or two copies of the haplotype had significantly more PTSD symptoms and were more likely to be diagnosed with PTSD than were children without this haplotype.

CONCLUSIONS: These findings extend previous findings associating genetic variation in the DAT with PTSD. The association of a haplotype in DAT with PTSD provides incremental traction for a model of genetic vulnerability to PTSD, a specific underlying mechanism implicating striatal dopamine regulation, and insight into potential future personalized interventions.

26. *Depress Anxiety*. 2013 May;30(5):425-31. doi: 10.1002/da.22121.

Posttraumatic stress disorder among preschoolers exposed to ongoing missile attacks in the Gaza war.

Kaufman-Shriqui V, Werbeloff N, Faroy M, Meiri G, Shahar DR, Fraser D, Novack Y, Bilenko N, Vardi H, Elhadad N, Pietrzak RH, Harpaz-Rotem I.

Author information:

Faculty of Health Sciences, Department of Epidemiology and Health Services Evaluation, Ben-Gurion University of the Negev, Beer-Sheva, Israel.

BACKGROUND: The prevalence and manifestation of posttraumatic stress symptoms in young children may differ from that observed in adults. This study examined sociodemographic, familial, and psychosomatic correlates of posttraumatic stress disorder (PTSD) among preschool children and their mothers who had been exposed to ongoing missile attacks in the Gaza war.

METHODS: One hundred and sixty-seven mothers of preschoolers (aged 4.0-6.5 years) were interviewed regarding PTSD and psychosomatic symptomatology of their children, as well as their own reactions to trauma.

RESULTS: Fourteen mothers (8.4%) and 35 children (21.0%) screened positive for PTSD. Sociodemographic characteristics were not associated with PTSD among mothers or children. Among children, the only significant risk factor was having a mother with PTSD (OR = 12.22, 95% CI 2.75-54.28). Compared to children who did not screen positive for PTSD, those who did screen positive displayed significantly higher rates of psychosomatic reactions to trauma, most notably constipation or diarrhea (OR = 4.36, 95% CI 1.64-11.60) and headaches (OR = 2.91, 95% CI 1.07-7.94).

CONCLUSIONS: Results of this study add to the burgeoning literature on child PTSD, emphasizing the important role of maternal anxiety and the psychosomatic reactions associated with exposure to ongoing traumatic experiences in young children.

27. J Abnorm Child Psychol. 2013 Oct;41(7):1097-108. doi: 10.1007/s10802-013-9748-6.

Symptoms of post-traumatic stress disorder in bereaved children and adolescents: factor structure and correlates.

Boelen PA, Spuij M.

Author information:

Department of Clinical and Health Psychology, Utrecht University, PO Box 80140, 3508, TC, Utrecht, The Netherlands. P.A.Boelen@uu.nl

This study investigated the factor structure and correlates of posttraumatic stress-disorder (PTSD) symptoms among children and adolescents confronted with the death of a loved one. Three hundred thirty-two bereaved children and adolescents (aged 8-18; 56.9 % girls) who all received some form of psychosocial support after their loss, completed self-report measures of PTSD, together with measures tapping demographic and loss-related variables, depression, prolonged grief, and functional impairment. Parent-rated indices of impairment were also collected. We first evaluated the fit of six alternative models of the factor structure of PTSD symptoms, using confirmatory factor analyses. Outcomes showed that the 4-factor numbing model from King et al. (*Psychological Assessment* 10, 90-96, 1998), with distinct factors of reexperiencing, avoidance, emotional numbing, and hyperarousal fit the data best. Of all participants, 51.5 % met DSM-IV criteria for PTSD. PTSD-status and scores on the PTSD factors varied as a function of age and gender, but were unrelated to other demographic and loss-related variables. PTSD-status and scores on the PTSD factors were significantly associated symptom-levels of depression, prolonged grief, and functional impairment. Findings complement prior evidence that the DSM-IV model of the factor structure of PTSD symptoms may not represent the best conceptualization of these symptoms and highlight the importance of addressing PTSD symptoms in children and adolescents seeking help after bereavement.

28. Einstein (Sao Paulo). 2013 Jan-Mar;11(1):11-4.

Psychological distress in survivors of the 2010 Haiti earthquake.

[Article in English, Portuguese]

Guimaro MS, Steinman M, Kernkraut AM, Santos OF, Lacerda SS.

Author information:

Hospital Israelita Albert Einstein, São Paulo, SP, Brasil.

OBJECTIVE: To investigate the presence of depression and anxiety symptoms in survivors of the Haiti earthquake who were assisted by a healthcare team from the Hospital Israelita Albert Einstein, and to evaluate the impact that losing a family member during this catastrophe could have on the development of these symptoms.

METHODS: Forty survivors of the Haiti earthquake who were assisted by the healthcare team between February and March of 2010 were included in this study. All subjects underwent a semi-structured interview. The group was divided into Group A (individuals who had some death in the family due to the disaster) and Group B (those who did not lose any family member).

RESULTS: A total of 55% of the subjects had depression symptoms whereas 40% had anxiety symptoms. The individuals who lost a family member were five times more likely to develop anxiety and depression symptoms than those who did not.

CONCLUSION: Catastrophe victims who lost at least one family member due to the disaster were more likely to develop anxiety and depression symptoms. To these individuals, as well as others showing psychological distress, should be offered early mental health care to help them cope with the great emotional distress inherent in these situations.

29. J Clin Psychol. 2013 May;69(5):497-509. doi: 10.1002/jclp.21990. Epub 2013 Apr 5.

Complex trauma in children and adolescents: evidence-based practice in clinical settings.

Lawson DM, Quinn J.

Author information:

Department of Human Services, Stephen F. Austin State University, Nacogdoches, TX 75962-3019, USA. lawsondm@sfasu.edu

Complex trauma (CT) results from exposure to severe stressors that occur within the caregiver system or with another presumably responsible adult, are repetitive, and begin in childhood or adolescence. As a result, many of these children and adolescents experience lifelong difficulties related to self-regulation, relationships, psychological symptoms, alterations in attention and consciousness, self-injury, identity, and cognitive distortions. The aims of this article include the following: (a) to examine several representative approaches identified as treatments for children and adolescents exposed to CT with respect to similarities and differences; (b) to examine representative evidence of model effectiveness; (c) to discuss how these approaches are and/or

could be implemented in clinical practice; and (d) to suggest research designs that would facilitate greater translation of effective treatment into clinical settings.

30. Child Abuse Negl. 2013 May;37(5):331-42. doi: 10.1016/j.chiabu.2013.02.007. Epub 2013 Mar 30.

Exploring self-perceived growth in a clinical sample of severely traumatized youth.

Glad KA, Jensen TK, Holt T, Ormhaug SM.

Author information:

Norwegian Centre for Violence and Traumatic Stress Studies, Oslo, Norway.

OBJECTIVE: The aims of this study were threefold: (1) examine the prevalence of Posttraumatic Growth (PTG) among severely traumatized youth, (2) systematically describe the PTG reported, and (3) study the course of PTG from pre- to post-treatment.

METHOD: The sample consisted of 148 severely traumatized Norwegian youth (M age=15, SD=2.2, 79.1% girls) receiving treatment in child mental health clinics. The Clinician Administered PTSD Scale for Children (CAPS) was used to assess level of posttraumatic stress symptoms (PTSS) pre- and post-treatment. One of the questions in CAPS: "How do you think (traumatic event) has affected your life?" formed the basis for our analysis of PTG. Words and phrases indicative of PTG were identified using the Consensual Qualitative Research method.

RESULTS: Pre-treatment, the prevalence rate of PTG was low compared to previous findings, and reports of PTG were not related to levels of PTSS. The main PTG themes identified were: personal growth, relational growth, and changed philosophy of life. A sub-theme of personal growth; greater maturity/wisdom, was the most salient theme identified both pre- and post-treatment. Age was significantly related to reports of PTG; older participants reported more growth. Reports of PTG increased significantly from pre- to post-treatment, but were not related to decrease in PTSS.

CONCLUSIONS: The findings suggest that PTG is not only possible for youth, but quite similar to that observed among adults. However, we need to carefully consider whether reports of self-perceived positive change among traumatized youth actually are indicative of growth, or simply indicative of increased vulnerability.

31. J Affect Disord. 2013 Jul;149(1-3):313-8. doi: 10.1016/j.jad.2013.01.045. Epub 2013 Mar 16.

Exposure to interpersonal trauma, attachment insecurity, and depression severity.

Fowler JC, Allen JG, Oldham JM, Frueh BC.

Author information:

The Menninger, Houston, TX 77035, USA. cfowler@menninger.edu

BACKGROUND: Exposure to traumatic events is a nonspecific risk factor for psychiatric symptoms including depression. The trauma-depression link finds support in numerous studies; however, explanatory mechanisms linking past trauma to current depressive symptoms are poorly understood. This study examines the role that attachment insecurity plays in mediating the relationship between prior exposure to trauma and current expression of depression severity.

METHODS: Past trauma and attachment anxiety and avoidance were assessed at baseline in a large cohort (N=705) of adults admitted to a specialized adult psychiatric hospital with typical lengths of stay ranging from 6 to 8 weeks. Depression severity was assessed at day 14 of treatment using the Beck Depression Inventory-II.

RESULTS: Interpersonal trauma (e.g., assaults, abuse) was correlated with depression severity, whereas exposure to impersonal trauma (e.g., natural disasters, accidents) was not. Adult attachment partially mediated the relationship between past interpersonal trauma and depression severity at day 14 among psychiatric inpatients.

LIMITATIONS: Measure of trauma exposure did not systematically differentiate the age of exposure or relationship to the perpetrator. Individuals scoring high on the self-report attachment measure may be prone to over-report interpersonal traumas.

CONCLUSIONS: Treatment of depression in traumatized patients should include an assessment of attachment insecurity and may be fruitful target for intervention.

32. Depress Anxiety. 2013 May;30(5):461-8. doi: 10.1002/da.22096. Epub 2013 Mar 14.

Pretyphoon panic attack history moderates the relationship between degree of typhoon exposure and posttyphoon PTSD and depression in a Vietnamese sample.

Berenz EC, Trapp SK, Acierno R, Richardson L, Kilpatrick DG, Tran TL, Trung LT, Tam NT, Tuan T, Buoi LT, Ha TT, Thach TD, Gaboury M, Amstadter AB.

Author information:

Virginia Institute for Psychiatric and Behavioral Genetics, Virginia Commonwealth University, Richmond, VA 23298-0126, USA. eberenz@vcu.edu

BACKGROUND: Predisaster risk factors are related to postdisaster psychopathology even at relatively low levels of disaster exposure. A history of panic attacks

(PA) may convey risk for postdisaster psychopathology and has been linked to a wide range of psychiatric disorders in Western and non-Western samples. The present study examined the main and interactive effects of pretyphoon PA and level of typhoon exposure in the onset of posttyphoon posttraumatic stress disorder (PTSD), major depression (MDD), and generalized anxiety disorder (GAD) in a Vietnamese sample of typhoon survivors.

METHODS: Typhoon Xangsane interrupted a Vietnamese epidemiological mental health needs assessment, providing a rare opportunity for preand posttyphoon assessments. Hierarchical logistic regression analyses evaluated whether the main and interactive effects of typhoon exposure severity and PA history were significantly related to posttyphoon diagnoses, above and beyond age, health status, pretyphoon psychiatric screening results, and history of potentially traumatic events.

RESULTS: PA history moderated the relationship between severity of typhoon exposure and posttyphoon PTSD and MDD, but not GAD. Specifically, greater degree of exposure to the typhoon was significantly related to increased likelihood of postdisaster PTSD and MDD among individuals without a history of PA, above and beyond variance accounted for by pretyphoon psychiatric screening results. Individuals with a history of PA evidenced greater risk for postdisaster PTSD and MDD regardless of severity of typhoon exposure.

CONCLUSIONS: Preexisting PA may affect the nature of the relationship between disaster characteristics and prevalence of postdisaster PTSD and MDD within Vietnamese samples.

33. J Affect Disord. 2013 Jul;149(1-3):209-16. doi: 10.1016/j.jad.2013.01.026. Epub 2013 Mar 9.

Co-occurring posttraumatic stress and depression symptoms after sexual assault: a latent profile analysis.

Au TM, Dickstein BD, Comer JS, Salters-Pedneault K, Litz BT.

Author information:

Department of Psychology, Boston University, MA 02215, USA. tau@bu.edu

BACKGROUND: Symptoms of posttraumatic stress disorder (PTSD) and depression frequently co-occur, but their distinctiveness following trauma remains unclear. We examined patterns of PTSD and depression symptoms after sexual assault to evaluate the extent to which assault survivors primarily reported symptoms of both disorders or whether there were meaningfully distinct subgroups with discordant PTSD and depression symptoms.

METHODS: Latent profile analysis was used to examine self-reported PTSD and depression symptoms among 119 female sexual assault survivors at 1-, 2-, 3-, and

4-months post-assault.

RESULTS: At all time points, a 4-class solution fit the data best, revealing four subgroups with low, low-moderate, high-moderate, and severe levels of both PTSD and depression symptoms. Within each subgroup, PTSD symptom severity co-occurred with comparable depression symptom severity. At no time point were there reliable subgroups with discordant PTSD and depression symptom severities. Emotional numbing, hyperarousal, and overall PTSD symptom severity reliably distinguished each class from the others. Class membership at 1-month post-assault predicted subsequent class membership and functional impairment.

LIMITATIONS: Additional research is needed to evaluate predictors of class membership, temporal stability of classes, and generalizability to other trauma populations.

CONCLUSIONS: Co-occurring and comparably severe PTSD and depression symptoms are pervasive among female sexual assault survivors. The absence of a distinct subset of individuals with only PTSD or depression symptoms suggests that PTSD and depression may be manifestations of a general posttraumatic stress response rather than distinct disorders after trauma. Integrated treatments targeting both PTSD and depression symptoms may therefore prove more efficient and effective.

34. PLoS One. 2013;8(3):e58351. doi: 10.1371/journal.pone.0058351. Epub 2013 Mar 5.

Shorter telomere length - A potential susceptibility factor for HIV-associated neurocognitive impairments in South African women [corrected].

Malan-Müller S, Hemmings SM, Spies G, Kidd M, Fennema-Notestine C, Seedat S.

Author information:

Department of Psychiatry, Faculty of Medicine and Health Sciences, Stellenbosch University, Cape Town, South Africa. smalan@sun.ac.za

Erratum in

PLoS One. 2013;8(4). doi:10.1371/annotation/53ec3c1c-3247-452d-85c7-576fb35bdbe3.

The neuropathogenesis of the human immunodeficiency virus (HIV) may manifest as various neurocognitive impairments (NCI). HIV-positive individuals also have significantly shorter telomere length (TL) in peripheral blood mononuclear cells (PBMCs) and CD8+ T cells compared to HIV-negative individuals. Additionally, reduced TL has been found to be associated with chronic psychological stress. This study focused on the effects of HIV-infection and chronic stress associated with childhood trauma on telomere length, and investigated whether leukocyte TL (LTL), in particular, represents a risk factor for NCI. Eighty-three HIV-positive and 45 HIV-negative women were assessed for childhood trauma and were subjected to detailed neurocognitive testing. Blood from each participant was used to

extract Deoxyribonucleic acid (DNA). Relative LTL were determined by performing real time quantitative PCR reactions as described by Cawthon et al. (2002). As expected, relative LTL in the HIV-positive individuals was significantly shorter than that of HIV-negative individuals ($F = 51.56$, $p = <0.01$). Notably, a significant positive correlation was evident between relative LTL and learning performance in the HIV-positive group. In addition, a significant negative correlation was observed between relative LTL and verbal fluency, but this association was only evident in HIV-positive individuals who had experienced trauma. Our results suggest that reduced LTL is associated with worse learning performance in HIV-positive individuals, indicating that TL could act as a susceptibility factor in increasing neurocognitive decline in HIV-infected individuals.

35. Violence Against Women. 2013 Feb;19(2):187-201. doi: 10.1177/1077801213476458. Epub 2013 Feb 17.

PTSD symptoms in young children exposed to intimate partner violence.

Levendosky AA, Bogat GA, Martinez-Torteya C.

Author information:

Department of Psychology, Michigan State University, East Lansing, MI 48824, USA.
levendo1@msu.edu

Intimate partner violence (IPV) places infants and young children at risk for development of trauma symptoms. However, this is an understudied consequence of IPV because young children pose particular difficulties for assessment of trauma symptoms. The authors collected maternal reports on mothers' and children's posttraumatic stress disorder (PTSD) symptoms and IPV yearly, from ages 1 to 7. Approximately half of the children exposed to IPV at each time period developed some trauma symptoms, and frequency of IPV witnessed was associated with PTSD symptoms. Maternal and child PTSD symptoms were correlated, suggesting that young children may be particularly vulnerable to relational PTSD due to their close physical and emotional relationship with their parents.

36. J Midwifery Womens Health. 2013 Jan-Feb;58(1):57-68. doi: 10.1111/j.1542-2011.2012.00237.x.

Childhood abuse history, posttraumatic stress disorder, postpartum mental health, and bonding: a prospective cohort study.

Seng JS, Sperlich M, Low LK, Ronis DL, Muzik M, Liberzon I.

Author information:

Institute for Research on Women and Gender, University of Michigan, Ann Arbor,
Michigan 48109-1290, USA. jseng@umich.edu

INTRODUCTION: Research is needed that prospectively characterizes the intergenerational pattern of effects of childhood maltreatment and lifetime posttraumatic stress disorder (PTSD) on women's mental health in pregnancy and on postpartum mental health and bonding outcomes. This prospective study included 566 nulliparous women in 3 cohorts: PTSD-positive, trauma-exposed resilient, and not exposed to trauma.

METHODS: Trauma history, PTSD diagnosis, and depression diagnosis were ascertained using standardized telephone interviews with women who were pregnant at less than 28 gestational weeks. A 6-week-postpartum interview reassessed interim trauma, labor experience, PTSD, depression, and bonding outcomes.

RESULTS: Regression modeling indicates that posttraumatic stress in pregnancy, alone, or comorbid with depression is associated with postpartum depression ($R(2) = .204$; $P < .001$). Postpartum depression alone or comorbid with posttraumatic stress was associated with impaired bonding ($R(2) = .195$; $P < .001$). In both models, higher quality of life ratings in pregnancy were associated with better outcomes, while reported dissociation in labor was a risk for worse outcomes. The effect of a history of childhood maltreatment on both postpartum mental health and bonding outcomes was mediated by preexisting mental health status.

DISCUSSION: Pregnancy represents an opportune time to interrupt the pattern of intergenerational transmission of abuse and psychiatric vulnerability. Further dyadic research is warranted beyond 6 weeks postpartum. Trauma-informed interventions for women who enter care with abuse-related PTSD or depression should be developed and tested.

37. Issues Ment Health Nurs. 2013 Feb;34(2):75-81. doi: 10.3109/01612840.2012.723300.

Trauma and its aftermath for commercially sexually exploited women as told by front-line service providers.

Hom KA, Woods SJ.

Author information:

Consortium of Eastern Ohio Master of Public Health and The University of Akron,
OH 44325, USA.

Commercial sexual exploitation of women and girls through forced prostitution and sex-trafficking is a human rights and public health issue, with survivors facing complex mental health problems from trauma and violence. An international and domestic problem, the average age of recruitment into sex-trafficking is between 11 and 14 years old. Given its secrecy and brutality, such exploitation remains

difficult to study, which results in a lack of knowledge related to trauma and how best to develop specific services that effectively engage and meet the unique needs of survivors. This qualitative research, using thematic analysis, explored the stories of trauma and its aftermath for commercially sexually exploited women as told by front-line service providers. Three themes emerged regarding the experience of sex-trafficking and its outcomes-Pimp Enculturation, Aftermath, and Healing the Wound-along with seven subthemes. These have important implications for all service and healthcare providers.

38. J Evid Based Soc Work. 2013;10(1):25-32. doi: 10.1080/15433714.2013.751230.

Themes of coping in the spectrum of domestic violence abuse: a review of the literature.

Haeseler LA.

Author information:

Community Outreach Consultant, Leadership Headquarters, Angola, New York 14226, USA. Lisa1019437@cs.com

Women's coping experiences in the spectrum of domestic violence abuse are complex and multifaceted. The spectrum stages of abuse include when a woman is in, out, or returning to the abuse situation. In this article the author discusses the obstacles with which women cope and the service delivery initiatives to better serve women. The themes of women's coping in the spectrum of abuse for this research review include psycho-physiological, economic, education, family, and childcare factors. Service practitioners must fully recognize the factors with which women of abuse cope. Included are suggestions for service professionals aiding women to improve services as women utilize multiple services simultaneously.

39. Child Abuse Negl. 2013 May;37(5):320-30. doi: 10.1016/j.chiabu.2012.12.011. Epub 2013 Jan 26.

Gender patterns in the contribution of different types of violence to posttraumatic stress symptoms among South African urban youth.

Kaminer D, Hardy A, Heath K, Mosdell J, Bawa U.

Author information:

Department of Psychology, University of Cape Town, Private Bag X3, Rondebosch 7701, South Africa.

OBJECTIVE: Identifying the comparative contributions of different forms of violence exposure to trauma sequelae can help to prioritize interventions for

polyvictimized youth living in contexts of limited mental health resources. This study aimed to establish gender patterns in the independent and comparative contributions of five types of violence exposure to the severity of posttraumatic stress symptoms among Xhosa-speaking South African adolescents.

METHOD: Xhosa-speaking adolescents (n=230) attending a high school in a low-income urban community in South Africa completed measures of violence exposure and posttraumatic stress symptoms.

RESULTS: While witnessing of community violence was by far the most common form of violence exposure, for the sample as a whole only sexual victimization and being a direct victim of community violence, together with gender, contributed independently to the severity of posttraumatic stress symptoms. When the contribution of different forms of violence was examined separately for each gender, only increased exposure to community and sexual victimization were associated with symptom severity among girls, while increased exposure to direct victimization in both the community and domestic settings were associated with greater symptom severity in boys.

CONCLUSIONS: The findings provide some preliminary motivation for focusing trauma intervention initiatives in this community on girls who have experienced sexual abuse compounded by victimization in the community, and boys who have been direct victims of either domestic or community violence. Further research is required to establish whether the risk factors for posttraumatic stress symptoms identified among adolescents in this study are consistent across different communities in South Africa, as well as across other resource-constrained contexts.

40. Soc Psychiatry Psychiatr Epidemiol. 2013 Sep;48(9):1431-7. doi: 10.1007/s00127-013-0653-7. Epub 2013 Jan 24.

Mood instability, mental illness and suicidal ideas: results from a household survey.

Marwaha S, Parsons N, Broome M.

Author information:

Division of Mental Health and Wellbeing, Warwick Medical School, Warwick University, Gibbet Hill Campus, Coventry, CV47AL, UK. s.marwaha@warwick.ac.uk

PURPOSE: There is weak and inconsistent evidence that mood instability (MI) is associated with depression, post traumatic stress disorder (PTSD) and suicidality although the basis of this is unclear. Our objectives were first to test whether there is an association between depression and PTSD, and MI and secondly whether MI exerts an independent effect on suicidal thinking over and above that explained by common mental disorders.

METHODS: We used data from the Adult Psychiatric Morbidity Survey 2007 (N =

7,131). Chi-square tests were used to examine associations between depression and PTSD, and MI, followed by regression modelling to examine associations between MI and depression, and with PTSD. Multiple logistic regression analyses were used to assess the independent effect of MI on suicidal thinking, after adjustment for demographic factors and the effects of common mental disorder diagnoses.

RESULTS: There are high rates of MI in depression and PTSD and the presence of MI increases the odds of depression by 10.66 [95% confidence interval (CI) 7.51-15.13] and PTSD by 8.69 (95% CI 5.90-12.79), respectively, after adjusting for other factors. Mood instability independently explained suicidal thinking, multiplying the odds by nearly five (odds ratio 4.82; 95% CI 3.39-6.85), and was individually by some way the most important single factor in explaining suicidal thoughts.

CONCLUSIONS: MI is strongly associated with depression and PTSD. In people with common mental disorders MI is clinically significant as it acts as an additional factor exacerbating the risk of suicidal thinking. It is important to enquire about MI as part of clinical assessment and treatment studies are required.

41. Issues Ment Health Nurs. 2013 Jan;34(1):2-16. doi: 10.3109/01612840.2012.709916.

The association of pain severity and pain interference levels with abuse experiences and mental health symptoms among 300 mothers: baseline data analysis for a 7-year prospective study.

Symes L, McFarlane J, Nava A, Gilroy H, Maddoux J.

Author information:

Texas Woman's University, College of Nursing, Houston, Texas 77030, USA.

LSymes@twu.edu

Women who experience interpersonal violence are at increased risk for anxiety, depression, posttraumatic stress symptoms, and chronic pain and other physical disorders. Although the effects of mental health disorders on women's functioning and well-being are well established, less is known about the effects of pain. We examined participants' (n = 300 mothers) experiences of pain severity and pain interference. Higher levels of pain severity and pain interference were significantly associated with anxiety, PTSD, and depression symptoms. Mental health symptoms compounded by pain, may leave abused women less able to access resources or practice safety behaviors to protect themselves and their children.

42. Depress Anxiety. 2013 May;30(5):489-96. doi: 10.1002/da.22048. Epub 2012 Dec 28.

Patterns of lifetime PTSD comorbidity: a latent class analysis.

Galatzer-Levy IR, Nickerson A, Litz BT, Marmar CR.

Author information:

New York University School of Medicine, New York, NY, USA.

Isaac.Galatzer-Levy@nyumc.org

BACKGROUND: Posttraumatic stress disorder (PTSD) is associated with high rates of psychiatric comorbidity, most notably substance use disorders, major depression, and other anxiety disorders. However, little is known about how these disorders cluster together among people with PTSD, if disorder clusters have distinct etiologies in terms of trauma type, and if they confer greater burden over and above PTSD alone.

METHOD: Utilizing Latent Class Analysis, we tested for discrete patterns of lifetime comorbidity with PTSD following trauma exposure (n = 409). Diagnoses were based on the Structured Clinical Interview for DSM-IV (SCID). Next, we examined if gender, trauma type, symptom frequency, severity, and interference with everyday life were associated with the latent classes.

RESULTS: Three patterns of lifetime comorbidity with PTSD emerged: a class characterized by predominantly comorbid mood and anxiety disorders; a class characterized by predominantly comorbid mood, anxiety, and substance dependence; and a relatively pure low-comorbidity PTSD class. Individuals in both high comorbid classes had nearly two and a half times the rates of suicidal ideation, endorsed more PTSD symptom severity, and demonstrated a greater likelihood of intimate partner abuse compared to the low comorbidity class. Men were most likely to fall into the substance dependent class.

CONCLUSION: PTSD comorbidity clusters into a small number of common patterns. These patterns may represent an important area of study, as they confer distinct differences in risk and possibly etiology. Implications for research and treatment are discussed.

43. J Midwifery Womens Health. 2013 Mar-Apr;58(2):167-74. doi:

10.1111/j.1542-2011.2012.00197.x. Epub 2012 Dec 27.

Maternal stress exposures, reactions, and priorities for stress reduction among low-income, urban women.

Bloom T, Glass N, Curry MA, Hernandez R, Houck G.

Author information:

Sinclair School of Nursing, Columbia, MO 65211, USA. bloomt@missouri.edu

INTRODUCTION: Maternal psychosocial stress has been associated with adverse maternal-child outcomes. Vulnerable women's experiences with stressors during pregnancy and their desires and priorities for appropriate and useful stress reduction interventions are not well understood.

METHODS: Qualitative interviews with low-income, urban women explored their stress exposures and reactions during pregnancy, ways that stressors overlapped and interacted, and their priorities for stress reduction. Quantitative measures (Perceived Stress Scale; My Exposure to Violence Instrument Danger Assessment; Center for Epidemiologic Studies of Depression Scale, Revised; and Posttraumatic Stress Disorder Checklist-Civilian) supplemented qualitative descriptions of women's stress exposures and reactions. Analyses explored relationships between stressors and women's priorities for stress intervention. Lay advisors from the sample population reviewed qualitative interview guides for appropriateness, completeness, and language prior to interviews and reviewed study findings for validity. Study findings were returned to the community in newsletter form.

RESULTS: Twenty-four low-income, urban women participated in interviews. Women in the sample reported high stress, lifetime violence exposure, depression, and posttraumatic stress disorder symptoms. The most common stressors reported were financial strain, violence exposure, and feelings of intense isolation and loneliness. Few participants reported having discussed psychosocial stressors with prenatal care providers. Participants in this study described connections with other women as desirable to relieve their stress and provided input on ways health care providers could facilitate such connections.

DISCUSSION: Clinical and research implications of findings are discussed, including approaches that health care providers may find useful to facilitate connections among vulnerable pregnant women.

44. Eur Child Adolesc Psychiatry. 2013 May;22(5):269-83. doi: 10.1007/s00787-012-0367-5. Epub 2012 Dec 25.

Evidence-based treatments for children with trauma-related psychopathology as a result of childhood maltreatment: a systematic review.

Leenarts LE, Diehle J, Doreleijers TA, Jansma EP, Lindauer RJ.

Author information:

Department of Child and Adolescent Psychiatry, VU University Medical Center, De Bascule, Duivendrecht, P.O. Box 303, 1115 ZG, Amsterdam, The Netherlands.

I.leenarts@debascule.com

This is a systematic review of evidence-based treatments for children exposed to childhood maltreatment. Because exposure to childhood maltreatment has been associated with a broad range of trauma-related psychopathology (e.g., PTSD, anxiety, suicidal ideation, substance abuse) and with aggressive and violent behavior, this review describes psychotherapeutic treatments which focus on former broad range of psychopathological outcomes. A total of 26 randomized controlled clinical trials and seven non-randomized controlled clinical trials

published between 2000 and 2012 satisfied the inclusionary criteria and were included. These studies dealt with various kinds of samples, from sexually abused and maltreated children in child psychiatric outpatient clinics or in foster care to traumatized incarcerated boys. A total of 27 studies evaluated psychotherapeutic treatments which used trauma-focused cognitive, behavioral or cognitive-behavioral techniques; only two studies evaluated trauma-specific treatments for children and adolescents with comorbid aggressive or violent behavior; and four studies evaluated psychotherapeutic treatments that predominantly focused on other mental health problems than PTSD and used non-trauma focused cognitive, behavioral or cognitive-behavioral techniques. The results of this review suggest that trauma-focused cognitive-behavioral therapy (TF-CBT) is the best-supported treatment for children following childhood maltreatment. However, in line with increased interest in the diagnosis of complex PTSD and given the likely relationship between childhood maltreatment and aggressive and violent behavior, the authors suggest that clinical practice should address a phase-oriented approach. This review concludes with a discussion of future research directions and limitations.

45. Eur Child Adolesc Psychiatry. 2013 May;22(5):285-94. doi: 10.1007/s00787-012-0344-z. Epub 2012 Nov 16.

Emotional and behavioural problems amongst Afghan unaccompanied asylum-seeking children: results from a large-scale cross-sectional study.

Bronstein I, Montgomery P, Ott E.

Author information:

Department of Social Policy and Intervention, Centre for Evidence Based Intervention, University of Oxford, Oxford, UK. raeli.bronstein@gmail.com

Unaccompanied asylum-seeking children (UASC) are considered at high risk for mental health problems, yet few studies focus on single ethnic populations. This study presents results from the largest Afghan UASC mental health survey in the U.K. Specifically, the study aims to estimate the prevalence of emotional and behavioural problems and to investigate the associations of these problems with demographic variables, cumulative traumatic events, and care and migration variables. A census sample of 222 Afghan UASC was interviewed using validated self-report screening measures. Emotional and behavioural problems were screened using the Hopkins Symptoms Checklist 37A (HSCL-37A). Pre-migration stressful life events were screened using the Stressful Life Events Questionnaire.

Administrative data on care and asylum were provided by the local authority social services and the UK Border Agency. Approximately one-third (31.4%) scored above cut-offs for emotional and behavioural problems, 34.6% for anxiety and

23.4% for depression. Ordinary least squares regression indicated a significant dose-response relationship between total pre-migration traumatic events and distress as well as between increased time in the country and greater behavioural problems. Compound traumatic events in the pre-migration stages of forced migration have a deleterious association with UASC well-being. Increased time in country suggests a possible peer effect for these children. Consistent with other studies on refugee children, it should be stressed that the majority of UASC scored below suggested cut-offs, thus displaying a marked resilience despite the experience of adverse events.

46. Depress Anxiety. 2013 May;30(5):475-82. doi: 10.1002/da.22034. Epub 2012 Dec 5.

An examination of PTSD symptoms as a mediator of the relationship between trauma history characteristics and physical health following a motor vehicle accident.

Irish LA, Gabert-Quillen CA, Ciesla JA, Pacella ML, Sledjeski EM, Delahanty DL.

Author information:

Department of Psychiatry, University of Pittsburgh School of Medicine, Pittsburgh, PA, USA.

BACKGROUND: It has been suggested that a history of trauma exposure is associated with increased vulnerability to the physical health consequences of subsequent trauma exposure, and that posttraumatic stress symptoms (PTSS) may serve as a key pathway in this vulnerability. However, few studies have modeled these relationships using mediation, and most have failed to consider whether specific characteristics of the prior trauma exposure have a differential impact on physical and mental health outcomes.

METHODS: The present study examined 180 victims of a serious motor vehicle accident (MVA) who reported prior exposure to traumatic events. PTSS were assessed by clinical interview 6 weeks post-MVA, and physical health was assessed 6 months post-MVA. Using structural equation modeling, the present study examined the extent to which event (age at first trauma, number, and types of trauma) and response (perceptions of life threat, physical injury, and distress) characteristics of prior trauma were related to physical health outcomes following a serious MVA, and whether these relationships were mediated by PTSS.

RESULTS: Results revealed that both event and response characteristics of prior trauma history were associated with poorer physical health, and that PTSS served as a mechanism through which response characteristics, but not event characteristics, led to poorer physical health.

CONCLUSIONS: These results highlight the enduring impact of trauma exposure on physical health outcomes, and underscore the importance of considering multiple mechanisms through which different aspects of prior trauma exposure may impact

physical health.

47. Issues Ment Health Nurs. 2012 Dec;33(12):871-81. doi: 10.3109/01612840.2012.731135.

Testing two global models to prevent violence against women and children: methods and baseline data analysis of a seven-year prospective study.

McFarlane J, Nava A, Gilroy H, Paulson R, Maddoux J.

Author information:

Texas Woman's University, College of Nursing, Houston, TX 77030, USA.

jmcfarlane@twu.edu

Worldwide, two models of care are offered most often to abused women-safe shelter and justice services. No evidence exists on the differential effectiveness of the models. To provide evidence for best practice and policy, 300 abused women, 150 first-time users of a shelter and 150 first time-applicants for a protection order, participated in a seven-year study. Safety, abuse, and the emotional and physical functioning of the women and their children were measured. The procedural logistics, sampling process, metrics, and baseline descriptors for these 300 women and 300 children is presented along with implications for practice and policy.

48. J Affect Disord. 2013 May;147(1-3):198-204. doi: 10.1016/j.jad.2012.11.002. Epub 2012 Dec 1.

Posttraumatic stress disorder symptom trajectories in Hurricane Katrina affected youth.

Self-Brown S, Lai BS, Thompson JE, McGill T, Kelley ML.

Author information:

Georgia State University, Atlanta, GA 30303, United States. sselfbrown@gsu.edu

OBJECTIVE: This study examined trajectories of posttraumatic stress disorder symptoms in Hurricane Katrina affected youth.

METHOD: A total of 426 youth (51% female; 8-16 years old; mean age=11 years; 75% minorities) completed assessments at 4 time points post-disaster. Measures included Hurricane impact variables (initial loss/disruption and perceived life threat); history of family and community violence exposure, parent and peer social support, and post-disaster posttraumatic stress symptoms.

RESULTS: Latent class growth analysis demonstrated that there were three distinct trajectories of posttraumatic stress disorder symptoms identified for this sample of youth (resilient, recovering, and chronic, respectively). Youth trajectories

were associated with Hurricane-related initial loss/disruption, community violence, and peer social support.

CONCLUSIONS: The results suggest that youth exposed to Hurricane Katrina have variable posttraumatic stress disorder symptom trajectories. Significant risk and protective factors were identified. Specifically, youth Hurricane and community violence exposure increased risk for a more problematic posttraumatic stress disorder symptom trajectory, while peer social support served as a protective factor for these youth. Identification of these factors suggests directions for future research as well as potential target areas for screening and intervention with disaster exposed youth. **Limitations:** The convenience sample limits the external validity of the findings to other disaster exposed youth, and the self-report data is susceptible to response bias.

49. Eur Child Adolesc Psychiatry. 2013 May;22(5):295-9. doi: 10.1007/s00787-012-0348-8. Epub 2012 Nov 26.

Does a non-destructive earthquake cause posttraumatic stress disorder? A cross-sectional study.

Gökçen C, Sahingöz M, Annagür BB.

Author information:

Department of Child and Adolescent Psychiatry, Medical Faculty of Gaziantep University, Gaziantep, Turkey. drcem78@hotmail.com

This study evaluated the prevalence and symptoms of posttraumatic stress disorder (PTSD) among adolescents who experienced non-destructive, moderate magnitude earthquake. Four hundred and fifty students (214 girls and 236 boys between the ages of 12-14) were selected from secondary schools located within Konya province in Turkey, 6 months after the earthquake. They were chosen to participate in this cross-sectional study by simple random sampling. The students were evaluated by the child posttraumatic stress reaction index. Of all the students, we found that 3.5% had very severe, 20.8% had severe, 28.4% had moderate and 20% had mild symptoms of PTSD and that 24.3% had probable PTSD diagnoses. The most common PTSD symptoms were trauma-related fears, social avoidance, emotional detachment and the concentration difficulty. Limitations and implications for research studies are included in the discussion.

50. Psychiatry Res. 2013 Jun 30;212(3):237-44. doi: 10.1016/j.psychresns.2012.04.009. Epub 2012 Nov 11.

More vulnerability of left than right hippocampal damage in right-handed patients with post-traumatic stress disorder.

Shu XJ, Xue L, Liu W, Chen FY, Zhu C, Sun XH, Wang XP, Liu ZC, Zhao H.

Author information:

Department of Pathology and Pathophysiology, Medical School, Jiangnan University, Wuhan 430056, Hubei, China.

Previous studies have shown hippocampal abnormalities in people with post-traumatic stress disorder (PTSD), but findings of diminished volume in shortages in the hippocampus have been inconsistent. In this study, we investigated changes in hippocampal volume and neuronal metabolites in right-handed PTSD patients to determine their possible relationship(s) with PTSD severity. We performed a case-control study of 11 right-handed PTSD patients and 11 healthy controls using magnetic resonance imaging (MRI) and proton magnetic resonance spectroscopy ((1)H MRS). Hippocampal volume and metabolite ratios of N-acetylaspartate (NAA) to creatine (Cr) (NAA/Cr) and choline compounds (Cho) to Cr (Cho/Cr) were calculated. The severity of PTSD was evaluated by the Clinician-Administered PTSD Scale (CAPS). Significantly decreased left and total normalized hippocampal volumes were found in PTSD patients compared with controls (6.6% for the left hippocampus, 5.5% for total hippocampus). Also, the bilateral hippocampal NAA/Cr ratio of PTSD patients was significantly reduced compared with controls. The volume of the left hippocampus was negatively correlated to the CAPS total and CPAS-C scores. The left hippocampal NAA/Cr ratio was negatively correlated to the CAPS-total, CAPS-B, CAPS-C, and CAPS-D scores. The CAPS total and the CAPS-B scores were positively correlated to the Cho/Cr ratio of the right hippocampus. Our results indicate that hippocampal dysfunction is asymmetric in right-handed PTSD patients, with the left side affected more than the right.

51. Depress Anxiety. 2013 May;30(5):413-24. doi: 10.1002/da.22007. Epub 2012 Nov 1. Psychopathology in the aftermath of the Haiti earthquake: a population-based study of posttraumatic stress disorder and major depression.

Cerdá M, Paczkowski M, Galea S, Nemethy K, Péan C, Desvarieux M.

Author information:

Department of Epidemiology, Mailman School of Public Health, Columbia University, New York, NY 10032, USA. mc3226@columbia.edu

BACKGROUND: In the first population-based study of psychopathology conducted in Haiti, we documented earthquake-related experiences associated with risk for posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) 2-4 months following the 2010 Haiti earthquake.

METHODS: A population-based survey was conducted of 1,323 survivors randomly selected from the general nondisplaced community, internally displaced persons

camps, and a community clinic. Respondents were from the Nazon area of Port-au-Prince, ~20 miles from the epicenter.

RESULTS: Respondents (90.5%) reported at least one relative/close friend injured/killed, 93% saw dead bodies, and 20.9% lost their job post-earthquake. The prevalence of PTSD (24.6%) and MDD (28.3%) was high. History of violent trauma was associated with risk of PTSD and MDD (adjusted odds ratio [AOR] 1.4, 95% confidence interval [CI], 1.0-1.9; AOR, 1.7, 95% CI 1.3, 2.2, respectively). Low social support (AOR, 1.7, 95% CI 1.2, 2.3; AOR 1.4, 95% CI 1.0, 1.9, respectively) increased risk of PTSD and MDD among women. Suffering damage to the home increased risk of MDD in males (AOR 2.8, 95% CI 1.5, 5.5). Associations between being trapped in rubble, major damage to house, job loss, and PTSD; and participation in rescue/recovery, friends/family injured/killed, and MDD varied based on prior history of violent trauma.

CONCLUSIONS: Addressing mental health in a post-earthquake setting such as Haiti will require focusing resources on screening and treatment of identified vulnerable groups while targeting improvement of post-earthquake living conditions. Investment in sources of social support for women may help mitigate the vulnerability of women to PTSD and MDD.

52. Behav Res Ther. 2012 Dec;50(12):805-13. doi: 10.1016/j.brat.2012.09.007. Epub 2012 Oct 5.

The effects of positive patient testimonials on PTSD treatment choice.

Pruitt LD, Zoellner LA, Feeny NC, Caldwell D, Hanson R.

Author information:

Department of Psychology, University of Washington, Seattle, WA 98195-1525, USA.
Ldpruitt@uw.edu

Despite the existence of effective treatment options for PTSD, these treatments are failing to reach those that stand to benefit from PTSD treatment. Understanding the processes underlying an individual's treatment seeking behavior holds the potential for reducing treatment-seeking barriers. The current study investigates the effects that positive treatment testimonials have on decisions regarding PTSD treatment. An undergraduate (N = 439) and a trauma-exposed community (N = 203) sample were provided with videotaped treatment rationales for prolonged exposure (PE) and sertraline treatments of PTSD. Half of each sample also viewed testimonials, detailing a fictional patient's treatment experience. All participants then chose among treatment options and rated the credibility of - and personal reactions toward - those options. Among treatment naïve undergraduates, testimonials increased the proportion choosing PE alone; and among treatment naïve members of the trauma-exposed community sample,

testimonials increased the proportion choosing a combined PE plus sertraline treatment. These effects were not observed for those with prior history of either psychotherapeutic or pharmacological treatment. Major barriers exist that prevent individuals with PTSD from seeking treatment. For a critical unreached treatment sample, those who are treatment naïve, positive patient testimonials offer a mechanism in which to make effective treatments more appealing and accessible.

53. J Health Psychol. 2013 Jul;18(7):939-49. doi: 10.1177/1359105312458332. Epub 2012 Oct 1.

A non-randomised trial of an art therapy intervention for patients with haematological malignancies to support post-traumatic growth.

Singer S, Götze H, Buttstädt M, Ziegler C, Richter R, Brown A, Niederwieser D, Dorst J, Jäkel N, Geue K.

Author information:

Institute of Medical Biostatistics, Epidemiology, and Informatics, University of Mainz, Germany. susanne.singer@unimedizin-mainz.de

The aim of this study was to determine the effect of art therapy on post-traumatic growth in patients with haematological malignancies in a non-randomised trial (n = 36, intervention group; n = 129, control group). Art therapy was administered over a period of 22 weeks in small groups. Post-traumatic growth was measured with the Stress-Related Growth Scale. After controlling for the effect of potential confounders, no difference in post-traumatic growth was observed between the intervention and control groups after 22 weeks. There was no evidence for an effect of weekly group sessions with art therapy on post-traumatic growth in patients with haematological malignancies.

54. J Pediatr Health Care. 2013 May-Jun;27(3):e29-38. doi: 10.1016/j.pedhc.2012.07.020. Epub 2012 Sep 27.

Posttraumatic stress disorder.

Hornor G.

Author information:

NationwideChildren's Hospital, Center for Family Safety and Healing, Columbus, OH 43205, USA. g.hornor@nationwidechildrens.org

Children are exposed to a variety of traumatic experiences, and each child is unique in his or her response to that trauma. The most common psychiatric disorder that develops after exposure to trauma is posttraumatic stress disorder

(PTSD). This article will help pediatric nurse practitioners understand PTSD in terms of diagnosis, epidemiology, risk factors, comorbidity, and treatment. DSM-IV diagnostic criteria will be discussed, along with modifications to consider when evaluating very young children for PTSD. Implications for practice will be discussed along with suggested questions to ask parents and children to assess for exposure to trauma.

55. J Pediatr Psychol. 2013 Jan-Feb;38(1):94-103. doi: 10.1093/jpepsy/jss101. Epub 2012 Sep 23.

Early life trauma exposure and stress sensitivity in young children.

Grasso DJ, Ford JD, Briggs-Gowan MJ.

Author information:

Department of Psychiatry, University of Connecticut School of Medicine,
Farmington, CT 06030, USA. mbriggsgowan@uchc.edu

OBJECTIVE: The current study replicates and extends work with adults that highlights the relationship between trauma exposure and distress in response to subsequent, nontraumatic life stressors.

METHODS: The sample included 213 2-4-year-old children in which 64.3% had a history of potential trauma exposure. Children were categorized into 4 groups based on trauma history and current life stress.

RESULTS: In a multivariate analysis of variance, trauma-exposed children with current life stressors had elevated internalizing and externalizing problems compared with trauma-exposed children without current stress and nontrauma-exposed children with and without current stressors. The trauma-exposed groups with or without current stressors did not differ on posttraumatic stress disorder symptom severity. Accounting for number of traumatic events did not change these results.

CONCLUSIONS: These findings suggest that early life trauma exposure may sensitize young children and place them at risk for internalizing or externalizing problems when exposed to subsequent, nontraumatic life stressors.

56. J Consult Clin Psychol. 2013 Feb;81(1):129-40. doi: 10.1037/a0029844. Epub 2012 Aug 27.

Multi-tier mental health program for refugee youth.

Ellis BH, Miller AB, Abdi S, Barrett C, Blood EA, Betancourt TS.

Author information:

Department of Psychiatry, Children's Hospital Boston, Boston, MA 02115, USA.

heidi.ellis@childrens.harvard.edu

OBJECTIVE: We sought to establish that refugee youths who receive a multi-tiered approach to services, Project SHIFA, would show high levels of engagement in treatment appropriate to their level of mental health distress, improvements in mental health symptoms, and a decrease in resource hardships.

METHOD: Study participants were 30 Somali and Somali Bantu refugee youths in the English language learner classroom in a middle school in New England. Project SHIFA is a multi-tiered program including prevention and community resilience building for the community at large, school-based early intervention groups for at-risk students, and direct intervention using an established trauma model (trauma systems therapy) for those with significant psychological distress. Data were collected from students at time of enrollment, 6-month follow-up, and 12-month follow-up. Measures used were the War Trauma Screening Scale, Adolescent Post-War Adversities Scale-Somali version, UCLA PTSD Reaction Index for DSM-IV (Revision 1), and the Depression Self-Rating Scale.

RESULTS: Students across all tiers of the program demonstrated improvements in mental health and resources. Resource hardships were significantly associated with symptoms of posttraumatic stress disorder over time, and the stabilization of resource hardships coincided with significant improvements in symptoms of depression and posttraumatic stress disorder for the top tier of participants.

CONCLUSIONS: Project SHIFA is a promising model of treatment for young refugees.

57. Child Psychiatry Hum Dev. 2013 Feb;44(1):39-50. doi: 10.1007/s10578-012-0308-z.

Personality and psychopathology in African unaccompanied refugee minors: repression, resilience and vulnerability.

Huemer J, Völkl-Kernstock S, Karnik N, Denny KG, Granditsch E, Mitterer M, Humphreys K, Plattner B, Friedrich M, Shaw RJ, Steiner H.

Author information:

Department of Child and Adolescent Psychiatry, Medical University of Vienna, Waehringer Guertel 18-20, 1090, Vienna, Austria. julia.huemer@meduniwien.ac.at

Examining personality and psychopathological symptoms among unaccompanied refugee minors (URMs), we measured intra-individual dimensions (repression and correlates thereof) usually associated with resilience. Forty-one URMs completed the Weinberger Adjustment Inventory (WAI), assessing personality, and the Youth Self-Report (YSR), describing current symptoms. URMs endorsed high levels of Repressive Defensiveness, Denial of Distress, and Restraint; unexpectedly, URMs reported high Distress and reduced Happiness (WAI, p 's < 0.05). Although YSR symptoms were below clinical cut points, there were notable correlations between

Distress and Attention Problems, Self-destructive, and Aggressive Behavior (all on the YSR), correcting for multiple comparisons (p 's < 0.004). URMs exposed to non-normative stressors reported non-symptomatic outcomes, and high levels of personality dimensions correlating with resilience. However, URMs also endorsed high Distress and low Happiness, calling their resilience into question. Positive correlations between WAI Distress and YSR symptom subscales suggest that URMs harbor vulnerabilities of clinical and forensic significance.

58. J Clin Psychol. 2012 Jul;68(7):843-59. doi: 10.1002/jclp.21874. Epub 2012 May 15.

The role of posttraumatic stress and problem alcohol involvement in university academic performance.

Bachrach RL, Read JP.

Author information:

State University of New York at Buffalo, USA. bachrach@buffalo.edu

OBJECTIVE: The present study examines how Posttraumatic Stress Disorder (PTSD) during the first year of university affects academic performance and whether alcohol behavior mediates the relationship between PTSD and poor academic outcomes.

METHOD: University students ($N = 1,002$; 65% female; Mage = 18.11) completed a baseline web survey, and 5 subsequent surveys throughout freshman year assessing variables of interest.

RESULTS: Mediation analyses were not significant; however, students who developed PTSD had a lower grade point average and experienced more alcohol consequences by the end of freshman year. Unremitted PTSD and alcohol consequences were associated with leaving university by year's end.

CONCLUSIONS: Findings suggest that assessment of trauma-related symptoms and alcohol behavior might benefit interventions aimed at students with academic difficulties.

59. J Clin Psychol. 2012 Jul;68(7):782-800. doi: 10.1002/jclp.21864. Epub 2012 May 9.

Alcohol problems, aggression, and other externalizing behaviors after return from deployment: understanding the role of combat exposure, internalizing symptoms, and social environment.

Wright KM, Foran HM, Wood MD, Eckford RD, McGurk D.

Author information:

U.S. Army Medical Research Unit-Europe, Walter Reed Army Institute of Research, Heidelberg, Germany. kathleen.wright@us.army.mil

OBJECTIVES: The study examined whether elevated rates of externalizing behaviors following deployment could be explained by internalizing symptoms (depression, anxiety, and PTSD symptoms), and health of the social environment (unit leadership, organizational support, and stigma/barriers to care).

DESIGN: A model of combat exposure, social environment, internalizing symptoms, and externalizing behaviors was tested in a military unit following a fifteen-month deployment to Iraq. The sample included 1,397 soldiers assessed four months post-deployment; 589 of these soldiers were assessed again nine months post-deployment.

RESULTS: Externalizing behaviors were highly stable over the five-month post-deployment period. Both social environment and internalizing symptoms were significantly associated with level of externalizing behaviors at four months and nine months post-deployment, but combat exposure alone significantly predicted change in externalizing behaviors over the follow-up period.

CONCLUSIONS: Results suggest the need to broaden the scope of interventions targeted to combat veterans and have implications for care providers and military leaders.

60. Psychol Addict Behav. 2012 Dec;26(4):734-46. doi: 10.1037/a0027584. Epub 2012 Mar 5.

Application of the stressor vulnerability model to understanding posttraumatic stress disorder (PTSD) and alcohol-related problems in an undergraduate population.

Hruska B, Delahanty DL.

Author information:

Department of Psychology, Kent State University, Kent, OH 44242, USA.

Research examining the comorbidity of posttraumatic stress disorder (PTSD) and alcohol-use disorder (AUD) suggests that individuals experiencing PTSD symptoms (PTSS) often drink alcohol as a means to self-medicate their trauma symptoms; however, little attention has been given to moderating variables that may make this association more likely. The stressor vulnerability model proposes that being male, relying on maladaptive forms of coping, and holding positive alcohol-outcome expectancies predispose individuals to engage in alcohol use when experiencing psychological distress. In the current study, sex, avoidance coping (AVC), tension-reduction expectancies (TRE), and emotional-relief drinking-refusal self-efficacy (ERDRSE) were examined as moderators of the relationship between PTSS and alcohol-related problems in a sample of 144 undergraduates. Results indicated that males reporting high levels of TRE

exhibited a stronger positive relationship between PTSS and alcohol-related problems than was present for males reporting low levels of TRE and for females reporting either high or low levels of TRE. In addition, a significant positive relationship between PTSS and alcohol-related problems was observed for individuals reporting high levels of TRE and low levels of ERDRSE, but not for individuals reporting high levels of TRE and high levels of ERDRSE, low TRE-low ERDRSE, or low TRE-high ERDRSE. Assessment of these vulnerability factors in traumatized youth and young adults may serve as a useful means of identifying individuals at risk for the development of alcohol-related problems.