

January, 2014 PILOTS Topic Alert

Aguirre McLaughlin, A., S. M. Keller, et al. (2013). "Patterns of therapeutic alliance: rupture-repair episodes in prolonged exposure for posttraumatic stress disorder." *Journal of Consulting and Clinical Psychology*.

OBJECTIVE: To better understand the role of therapeutic alliance in PTSD treatment, we examined patterns of and shifts in alliance. First, we identified individuals with repaired ruptures, unrepaired ruptures, and no ruptures in alliance. Then, we explored group differences in these alliance events for clients with common clinical correlates (i.e., co-occurring depression and childhood abuse history) and whether or not the presence of these events influenced treatment outcome. **METHOD:** At pretreatment, clients (N = 116) – 76.1% female, 66% Caucasian, age M = 36.7 years (SD = 11.3) – completed measures assessing PTSD diagnosis and severity (PTSD Symptom Scale Interview and Self-Report), depression diagnosis and severity (Structured Clinical Interview for DSM-IV and Beck Depression Inventory), and trauma history. During 10 weeks of prolonged exposure therapy, alliance (California Psychotherapy Alliance Scale) measures were completed. At posttreatment, PTSD and depression were reassessed. **RESULTS:** Ruptures in alliance were quite common (46%). No significant differences emerged in the frequency of repaired ruptures, unrepaired ruptures, or no ruptures between those with and without co-occurring major depressive disorder, $\chi^2(2, N = 82) = 2.69, p = .26$, or those with and without a history of childhood abuse, $\chi^2(2, N = 81) = 0.57, p = .75$. Unrepaired ruptures predicted worse treatment outcome ($\beta = .44, p = .001$). **CONCLUSIONS:** The current study underscores the importance of attending to discontinuities in alliance throughout treatment.

Almli, L. M., K. B. Mercer, et al. (2013). "ADCYAP1R1 genotype associates with post-traumatic stress symptoms in highly traumatized African-American females." *American Journal of Medical Genetics Part B (Neuropsychiatric Genetics)* 162(3): 262-272.

Pituitary adenylate cyclase-activating polypeptide (PACAP) and its receptor (PAC1) play a critical role in biological processes that mediate stress response and have been implicated in psychological outcome following trauma. Our previous work demonstrated that a variant, rs2267735, in the gene encoding PAC1 (ADCYAP1R1) is associated with PTSD in a primarily African-American cohort of highly traumatized females. We sought to extend and replicate our previous finding in a similarly trauma-exposed, replicate sample of 1,160 African-American adult male and female patients. Self-reported psychiatric measures were collected, and DNA was obtained for genetic analysis. Using linear regression models to test for association with PTSD symptom severity under an additive (allelic) model, we found a genotype x trauma interaction in females ($P < 0.1$); however, there was no main effect of genotype as in our previous study. The observed interaction suggests a genetic association that increases with the degree of trauma exposure in females only.

This interaction remained significant in females, but not males, after controlling for age ($P < 0.1$), demonstrating the relative specificity of this variant for PTSD symptoms. A meta-analysis with the previously reported African-American samples revealed a strong association between PTSD symptom severity and the interaction between trauma and genotype in females ($N = 1424$, $P < 0.0001$).

Álvarez-Lister, M. S., N. Pereda, et al. (2013). "Polyvictimization and its relationship to symptoms of psychopathology in a southern European sample of adolescent outpatients." *Child Abuse and Neglect*.

This study examined the relationship between accumulated experiences of victimization and symptoms of psychopathology in 132 adolescent outpatients aged 12-17 years ($M = 14.27$; $SD = 1.42$). The Juvenile Victimization Questionnaire and the Youth Self-Report were used to analyze polyvictimization and symptoms of psychopathology, respectively. The interviews were conducted between December 2009 and May 2012. Cluster analysis identified a subgroup of polyvictimized patients ($n = 17$) whose general psychological impairment was significantly worse and who presented significantly more externalizing and internalizing symptoms in comparison to the rest of the sample. This difference remained significant when taking into account the clinical severity of these symptoms. These results should be taken into account when assessing and treating adolescent outpatients, for whom an adequate prognosis must be made in line with their experiences and distress. Both the self-report technique and the statistical procedure used have been shown to be suitable for identifying victimization experiences in outpatients, although this new evidence requires confirmation in future research.

Armour, C. and M. Shevlin (2013). "Assessing the specificity of posttraumatic stress disorder's dysphoric items with the dysphoria model." *Journal of Nervous and Mental Disease* 201(10): 907-914.

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

Bakker, A., P. G. M. Van der Heijden, et al. (2013). "Course of traumatic stress reactions in couples after a burn event to their young child." *Health Psychology* 32(10): 1076-1083.

OBJECTIVE: This study examines traumatic stress reactions in couples that were followed prospectively for 18 months after a burn event to their child. **METHOD:** The participants included 186 mothers and 159 fathers of 198 preschool children. Parents' self-reported traumatic stress reactions were measured with the Impact of Event Scale (IES). Predictors included parental emotions and the

perceived life-threatening character of the child's injury. RESULTS: Rates for clinically significant symptoms (IES \geq 26) decreased from 50% within the first month to 18% at 18 months postburn for mothers and from 27% to 6% for fathers. The decline in symptoms was not entirely linear. Mothers had higher scores than fathers, but the discrepancy in intrusion symptoms among couples diminished over the course of time. Early appraisal of life threat and emotions about the burn event were significant predictors. CONCLUSIONS: Both mothers and fathers are seriously affected by a burn event of their young child. Despite a general decrease over time, a subgroup of parents is at risk for chronic symptoms. The results call for the integration of prolonged parent support in family centered pediatric burn aftercare programs.

Barakat, L. P., A. E. Kazak, et al. (1997). "Families surviving childhood cancer: a comparison of posttraumatic stress symptoms with families of healthy children." *Journal of Pediatric Psychology* 22(6): 843-859.

Compared posttraumatic stress symptoms in 309 8- to 20- year-old survivors of childhood cancer and their parents with healthy children and their parents who responded to child-related stressors. The relationship of child demographic, cancer and treatment, and family and social support factors with posttraumatic stress symptoms was analyzed also. Results indicate that mothers and fathers of childhood cancer survivors showed significantly higher levels of posttraumatic stress symptoms than comparison parents. The survivors themselves did not differ from their healthy counterparts. Past perceived life threat and family and social support resources contributed to posttraumatic stress symptoms in survivors and their parents. Survivor mother and child and survivor father and child symptoms were associated. Implications for the long-term functioning of families of survivors and suggestions for preventive interventions are discussed. [Author Abstract] KEY WORDS: Posttraumatic stress; childhood cancer survivors; family functioning; social support

Beebe, B. (2011). "The mothers' experiences of the project." *Journal of Infant, Child, and Adolescent Psychotherapy* 10(2-3): 202-204.

In the Project for Mothers, Infants, and Young Children of September 11, 2001, mothers brought their children to the lab for a filmed play session. After having run the Project for several years, we began to ask the mothers at each lab visit to let us know how the Project might have helped them and how we might improve our Project. We have permission to reprint the following comments.

Beebe, B., P. Cohen, et al. (2011). "The therapist group: a transformational process." *Journal of Infant, Child, and Adolescent Psychotherapy* 10(2-3): 317-325.

The therapists of the Project for Mothers, Infants, and Young Children of September 11, 2001 have continued to meet every other week in a mutually supportive two-hour peer-supervision group since the inception of the Project. The development of a trusting and nurturing therapist group forum has proven to be the most important factor in our ability to do this work with the mothers and children. As we grew to know and trust each other more, and to talk deeply about the experiences of

the families we are working with, we became able to understand how our own histories influenced our investment in this Project. This article describes our credo and explores our histories in the context of the Project.

Beebe, B., P. Cohen, et al. (2012). *Mothers, infants and young children of September 11, 2001: a primary prevention project*, Routledge.

Bennett, S. E., H. M. Hughes, et al. (2000). "Heterogeneity in patterns of child sexual abuse, family functioning, and long-term adjustment." *Journal of Interpersonal Violence* 15(2): 134-157.

The present study examined the relationships between the family environment, childhood sexual abuse experiences, and long-term adjustment of women college students. Cluster analysis was used to classify 124 abuse survivors into 8 groups based on aspects of their abusive experiences (3 intrafamilial and 5 extrafamilial clusters). Analysis of variance revealed a significant relationship between perceptions of family psychological health and severity of abuse for the most extreme patterns of abuse (i.e., most and least severe abuse), with more severe abuse associated with poor familial emotional health. Current psychological distress appeared to be related to certain aspects of the abusive situations, such as the use of threat or force and duration of abuse, rather than overall severity of the abuse pattern. The diversity evident in these women's experiences of abuse and long-term adjustment supports the heterogeneity of the phenomenon of child sexual abuse and its consequences.

Ben-Zur, H. and N. Almog (2013). "Post-traumatic symptoms and future orientation among Israeli adolescents two years after the Second Lebanese war: the effects of war exposure, threat and coping appraisals." *Journal of Child and Adolescent Trauma* 6(3): 187-200.

The study aimed to assess the long term effects of exposure to the Second Lebanese War, personal and social resources, and cognitive appraisals, on post-traumatic stress symptoms and future orientation measures among 204 Israeli adolescents (M age = 15.45, SD = 1.19; 59.3% girls). The main findings showed that high war exposure was positively related to post-traumatic symptoms, future fears, and risk-taking behavior, while the appraisal of ability to cope showed the opposite pattern. High threat was positively related to post-traumatic symptoms and fears of the future while challenge was related to risk taking. High threat and low coping ability mediated the effects of war exposure on post-traumatic symptoms. The findings generally support [Lazarus and Folkman's] cognitive model of stress.

Blaisure, K. R., T. Saathoff-Wells, et al. (2012). *Serving military families in the 21st century*, Routledge.

In this book, you will find information and research about military families that you can use to build your knowledge base about military culture. You will learn about how much military families have in common with civilian families as well as issues specific to military families. This text is designed as a primary text for courses on military families and as a supplemental text for courses on family relationships, stress and coping, social work, family therapy, counseling, clinical and

counseling psychology, human development, sociology, nursing, and education. We believe that this text will provide readers, whether students or professionals in the field, with fundamental knowledge to appreciate the strengths of military families and respond with insight to support families with the challenges of military life. [Adapted from Preface] CONTENTS: An introduction to military culture and military families – An overview of military personnel and their families – Defining features of military family life – Children and youth in military families – Ways of thinking about family stress and resilience – Individual and family development in the military – The effects of war on service members – The effects of war on families – Military support for military families: military policies and programs – Civilian supports for military families – Supporting military families: recent and new programs – Supporting military families: applying theory and research to practice – Serving military families.

Blanco, C., Y. Xu, et al. (2013). "Comorbidity of posttraumatic stress disorder with alcohol dependence among US adults: results from National Epidemiological Survey on Alcohol and Related Conditions." *Drug and Alcohol Dependence* 132(3): 630-638.

BACKGROUND: Despite the high rates of comorbidity of PTSD and alcohol dependence (AD) in clinical and epidemiological samples, little is known about the prevalence, clinical presentation, course, risk factors, and patterns of treatment-seeking of co-occurring PTSD-AD among the general population. **METHODS:** The sample included respondents of the Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). Weighted means, frequencies and odds ratios (ORs) of sociodemographic correlates, prevalence of psychiatric disorders, and rates of treatment-seeking were computed. **RESULTS:** In the general population, the lifetime prevalence of PTSD only, AD only, and PTSD-AD was 4.83%, 13.66%, and 1.59%, respectively. Individuals with comorbid PTSD-AD were more likely than those with PTSD or AD only to have suffered childhood adversities and had higher rates of Axis I and II disorders and suicide attempts. They also met more PTSD diagnostic criteria, had earlier onset of PTSD, and were more likely to use drugs and alcohol to relieve their PTSD symptoms than those with PTSD only; they also met more AD diagnostic criteria than those with AD only and had greater disability. Individuals with PTSD-AD had higher rates of treatment seeking for AD than those with AD only, but similar rates than those with PTSD only. **CONCLUSION:** PTSD-AD is associated with high levels of severity across a broad range of domains even compared with individuals with PTSD or AD only, yet treatment-seeking rates are very low. There is a need to improve treatment access and outcomes for individuals with PTSD-AD.

Brunet, A., S. Sanche, et al. (2013). "Peritraumatic distress but not dissociation predicts posttraumatic stress disorder in the elderly." *International Psychogeriatrics* 25(6): 1007-1012.

BACKGROUND: PTSD is a severe anxiety disorder whose symptoms include re-experiencing, avoidance, and hyperarousal after a particularly intense event. In view of the aging of the population, increased clinical knowledge is required for better understanding of PTSD in the elderly. Extending previous research in this field in adults and children, the aim of our study was to assess the utility of peri-traumatic dissociation and distress as a predictor of PTSD in the elderly. **METHODS:** A prospective longitudinal study was conducted in a consecutive cohort of subjects aged 65 years and

over admitted to emergency departments after a physical assault or a road traffic accident. Peri-traumatic responses of distress and of dissociation were measured. 1, 6, and 12 months after trauma exposure, PTSD symptoms and diagnosis were assessed using both a dimensional and a semistructured interview. RESULTS: 39 male and female participants with an average age of 72.4 years were recruited. Mixed model regression analyses did not detect a significant effect of age, sex, nor time. Significant associations were detected between peri-traumatic distress and the self-report PTSD Checklist ($p = 0.008$), as well as the Clinician-Administered PTSD scale ($p = 0.03$). No association was detected between peri-traumatic dissociation and PTSD. CONCLUSIONS: Peri-traumatic distress predicts PTSD symptoms and diagnosis in the elderly, thereby suggesting its systematic evaluation at the emergency department would be a worthwhile thing to do.

Buell, J. (2006). *The emotional first aid manual*, Innovations Press.

Provides guidance to laypeople providing "compassionate listening" and "conversational trauma reduction" to friends and family members without a history of serious mental illness who have experienced an immediate loss or trauma.

Calvete, E. (2013). "Emotional abuse as a predictor of early maladaptive schemas in adolescents: contributions to the development of depressive and social anxiety symptoms." *Child Abuse and Neglect*.

The schema therapy model posits that maltreatment generates early maladaptive schemas (EMSs) that lead to the development of emotional disorders throughout the life span. The model also stipulates that temperament moderates the influence of maltreatment on EMSs. This study examines (a) whether emotional abuse perpetrated by parents and peers, both alone and interactively with temperament, predicts the worsening of EMSs; and (b) whether EMSs in turn predict an increase in depressive and social anxiety symptoms in adolescents. A total of 1,052 adolescents ($M[\text{subscript}]_{\text{age}} = 13.43$; $SD = 1.29$) were assessed at three time points, each of which was separated by 6 months. The subjects completed measures of emotional abuse by parents and peers, neuroticism, extraversion, EMSs, depressive symptoms, and social anxiety. The findings indicate that emotional bullying victimization and neuroticism predict a worsening of all schema domains over time. Contrary to expectations, there was no significant interaction between temperament dimensions and emotional abuse. The results confirmed the mediational hypothesis that changes in EMSs mediated the predictive association between bullying victimization and emotional symptoms. This study provides partial support for the schema therapy model by demonstrating the role of emotional abuse and temperament in the genesis of EMSs.

Cantón-Cortés, D., J. Cantón, et al. (2012). "The interactive effect of blame attribution with characteristics of child sexual abuse on posttraumatic stress disorder." *Journal of Nervous and Mental Disease* 200(4): 329-335.

The present study examined the role of attributions of blame for child sexual abuse (CSA) in PTSD symptoms. The interactive effects of attribution of blame with characteristics of abuse on PTSD were studied. A sample of 151 female victims of CSA participated in the study. Self-blame and family

blame were related to higher PTSD scores, whereas perpetrator blame was not related to PTSD. The strength of the relationship between blame and PTSD score was higher in cases of more severe, isolated, and extrafamilial abuse. The findings suggest that diminishing self-blame attributions may be particularly advantageous in cases of isolated and extrafamilial CSA, whereas diminishing family blame would be more advantageous in cases of severe abuse.

Choi, J. Y. and K. J. Oh (2013). "Cumulative childhood trauma and psychological maladjustment of sexually abused children in Korea: mediating effects of emotion regulation." *Child Abuse and Neglect*.

The purpose of the present study was to identify the mediating effects of emotion regulation on the association between cumulative childhood trauma and behavior problems in sexually abused children in Korea, using structural equation modeling (SEM). Data were collected on 171 children (ages 6-13 years) referred to a public counseling center for sexual abuse in Seoul, Korea. Cumulative childhood traumas were defined on the basis of number of traumas (physical abuse, witnessing domestic violence, neglect, traumatic separation from parent, and sexual abuse) and the severity and duration of traumas. Children were evaluated by their parents on emotion regulation using the Emotion Regulation Checklist and internalizing and externalizing behavior problems using the Korean - Child Behavior Checklist. SEM analyses confirmed the complete mediation model, in which emotion dysregulation fully mediates the relationship between cumulative childhood traumas and internalizing/externalizing behavior problems. These findings indicate that emotion regulation is an important mechanism that can explain the negative effects of cumulative childhood traumas and that there is a need to focus on emotion regulation in sexually abused children exposed to cumulative trauma.

Coates, A. A. and T. L. Messman-Moore (2013). "A structural model of mechanisms predicting depressive symptoms in women following childhood psychological maltreatment." *Child Abuse and Neglect*.

Two underlying mechanisms, emotion dysregulation and negative internalized beliefs, were examined as potential mediators of the association between childhood psychological maltreatment (PM) and depression in emerging adult women. PM was assessed as a multi-faceted construct including aspects of psychological abuse (e.g., corrupting) and psychological neglect (e.g., emotional unresponsiveness) that occurred by parents. Female undergraduates (n = 771) completed anonymous, retrospective, self-report surveys assessing childhood PM, current depressive symptoms, emotion dysregulation (lack of emotional clarity and regulation strategies), and negative internalized beliefs (mistrust, shame, and defectiveness). Psychological maltreatment was represented as four subtypes of psychological abuse or neglectful behavior: Emotional Non-Responsiveness, Spurning/Terrorizing, Corrupting, and Demanding/Rigid (i.e., controlling behavior). Both emotion dysregulation and negative internalized beliefs significantly mediated the link between childhood PM and depressive symptoms, accounting for approximately 68% of the variance in symptomatology. Findings suggest the importance of focusing intervention on development of emotion regulation capacity including emotional awareness and regulatory strategies, as well as a

focus on core negative beliefs including shame, defectiveness, and mistrust of others. Implications for future research are discussed.

Cohen, J., K. J. Kelleher, et al. (2008). "Identifying, treating, and referring traumatized children: the role of pediatric providers." *Archives of Pediatrics and Adolescent Medicine* 162(5): 447-452.

OBJECTIVES: To describe practical ways for pediatric providers to screen children for exposure to potentially traumatic events and trauma symptoms, provide brief office-based pediatric interventions for trauma-exposed children, engage families in mental health care referrals, and recognize elements of evidence-based practices for traumatized children. **MAIN EXPOSURE:** Many children exposed to potentially traumatic events develop severe and long-lasting negative somatic and psychological problems. Pediatric providers are often ideally situated to detect children with these symptoms, provide office-based interventions, and make referrals to optimal community treatment providers. **MAIN OUTCOME MEASURES:** Several comprehensive literature reviews of evidence-based treatments for traumatized children conducted by other organizations were evaluated and summarized for their relevance to primary care pediatricians. **RESULTS:** Optimal pediatric screening and office-based interventions for traumatized children are described. Evidence-based practices for traumatized children are summarized and their common treatment elements extracted. Suggestions for engaging families in mental health care referrals are included. **CONCLUSIONS:** Pediatric providers can identify and provide office-based interventions for traumatized children as well as play a critical role in referring children for optimal mental health treatments.

Cohen, J. and A. P. Mannarino (2010). "Psychotherapeutic options for traumatized children." *Current Opinion in Pediatrics* 22(5): 605-609.

PURPOSE OF REVIEW: This review addresses two issues. First, it updates readers on new treatments for traumatized children. Second, it examines the breadth of target problems that current evidence-based treatments for child PTSD effectively address in the context of current diagnostic uncertainty. Specifically, changes have been proposed to the DSM-IV diagnostic criteria for PTSD and a proposal has been submitted to add a new developmental trauma disorder to optimally describe the range of outcomes experienced by traumatized children. **RECENT FINDINGS:** Three recently completed treatment studies are described. A review of five established child trauma treatments for PTSD (child-parent psychotherapy, cognitive behavioral interventions for trauma in schools, cognitive behavioral therapy for PTSD, structured psychotherapy for adolescents responding to chronic stress, and trauma-focused cognitive behavioral therapy) documents that these treatments effectively resolve problems in multiple domains beyond the current PTSD diagnostic criteria. These domains include affective dysregulation, behavioral dysregulation, cognitive dysregulation, and relational dysregulation. **SUMMARY:** New treatments for children are promising for treating PTSD and some other symptoms. Current evidence-based child trauma treatments address a broad array of trauma-related difficulties.

Cohen, J., A. P. Mannarino, et al. (2011). "Community treatment of posttraumatic stress disorder for children exposed to intimate partner violence: a randomized controlled trial." *Archives of Pediatrics and Adolescent Medicine* 165(1): 16-21.

OBJECTIVE: To evaluate community-provided trauma-focused cognitive behavior therapy (TF-CBT) compared with usual community treatment for children with intimate partner violence (IPV)-related PTSD symptoms. **DESIGN:** Randomized controlled trial conducted using blinded evaluators. **SETTING:** Recruitment, screening, and treatment were conducted at a community IPV center between September 1, 2004, and June 30, 2009. **PARTICIPANTS:** Of 140 consecutively referred 7- to 14-year-old children, 124 participated. **INTERVENTIONS:** Children and mothers were randomly assigned to receive 8 sessions of TF-CBT or usual care (child-centered therapy). **MAIN OUTCOME MEASURES:** Total child PTSD symptoms assessed using child and parent structured interview (Kiddie Schedule for Affective Disorders and Schizophrenia, Present and Lifetime Version [K-SADS-PL]) and self-report (University of California at Los Angeles PTSD Reaction Index [RI]). Secondary child outcomes were scores on the K-SADS-PL (PTSD symptom clusters), Screen for Child Anxiety Related Emotional Disorders (SCARED) (anxiety), Children's Depression Inventory (depression), Kaufman Brief Intelligence Test (cognitive functioning), and Child Behavior Checklist (total behavior problems). **RESULTS:** Intent-to-treat analysis using last observation carried forward showed superior outcomes for TF-CBT on the total K-SADS-PL (mean difference, 1.63; 95% confidence interval [CI], 0.44-2.82), RI (mean difference, 5.5; 95% CI, 1.37-9.63), K-SADS-PL hyperarousal (mean difference, 0.71; 95% CI, 0.22-1.20), K-SADS-PL avoidance (0.55; 0.07-1.03), and SCARED (mean difference, 5.13; 95% CI, 1.31-8.96). Multiple imputation analyses confirmed most of these findings. The TF-CBT completers experienced significantly greater PTSD diagnostic remission (chi-squared = 4.67, $P = .03$) and had significantly fewer serious adverse events. **CONCLUSIONS:** Community TF-CBT effectively improves children's IPV-related PTSD and anxiety.

Cristofaro, S. L., S. D. Cleary, et al. (2013). "Measuring trauma and stressful events in childhood and adolescence among patients with first-episode psychosis: initial factor structure, reliability, and validity of the Trauma Experiences Checklist." *Psychiatry Research* 210(2): 618-625.

Past trauma and stressful events, especially in childhood and adolescence, are common among individuals with serious mental illnesses like schizophrenia. Traumatic experiences are thought to be a socio-environmental risk factor not only for poorer outcomes, but also potentially for the onset of these disorders. Because improved measurement tools are needed, we developed and studied, among 205 first-episode psychosis patients, the factor structure, internal consistency reliability, and initial validity of the Trauma Experiences Checklist (TEC), our measure of trauma and stressful events during childhood/adolescence. We assessed validity of subscales using correlations with Childhood Trauma Questionnaire-Short Form, Parental Harsh Discipline, Violence Exposure, and TEC-Informant Version scores. Exploratory factor analysis resulted in two internally consistent subscales (Cronbach's alpha = 0.79 and 0.80, respectively), interpersonal abuse and family stress, and violence, death, and legal involvement. Scores from the former subscale were substantially associated with CTQ-SF physical, emotional, and sexual abuse ($r = 0.42-0.57$, all $p < 0.001$) and Violence Exposure ($r = 0.49$, $p < 0.001$). On the other hand, violence, death, and legal involvement

scores were most highly correlated with Violence Exposure ($r = 0.49$, $p < 0.001$), and not with most CTQ-SF subscales. The TEC is a potentially useful tool in assessing diverse traumatic life events across various social contexts during childhood and adolescence.

De Groot, M. and B. J. Kollen (2013). "Course of bereavement over 8-10 years in first degree relatives and spouses of people who committed suicide: longitudinal community based cohort study." *British Medical Journal* 347.

OBJECTIVE: To identify factors predicting the long term course of complicated grief, depression, and suicide ideation in a community based sample of relatives bereaved through suicide. **DESIGN:** Longitudinal cohort study. Included in the multilevel regression models were sociodemographic and personality features, mental health history, records of received help, long term complicated grief, depression, and suicide ideation. **SETTING:** Community based sample located in the northern part of the Netherlands. **PARTICIPANTS:** 153 first degree relatives and spouses of 74 people who had committed suicide. **MAIN OUTCOME MEASURES:** Complicated grief, depression, and suicide ideation assessed at 2.5 months, 13 months and 96-120 months (8-10 years) by means of self report questionnaires. **RESULTS:** Complicated grief, depression, and suicide ideation were mutually associated in relatives and spouses of people who had committed suicide. A history of attempted suicide was associated with long term suicide ideation (odds ratio 5.5, 95% confidence interval 1.8 to 16.7; $P = 0.003$). Depression was more likely to be predicted by female sex and low mastery, whereas complicated grief was more likely to be predicted by the trauma of losing a child. The risk of both complicated grief and depression decreased over time; for complicated grief the change corresponded with a Cohen's d effect size of 0.36 at 13 months and 0.89 at 96-120 months; for depression these figures were 0.28 at 13 months and 0.94 at 96-120 months. The long term course of bereavement was not affected by family based cognitive behavioural therapy, support from a general practitioner, and/or mental healthcare. Mutual support was associated with an increased risk of complicated grief: B regression coefficient=6.4 (95% confidence interval 1.8 to 11.0; $P = 0.006$). Throughout this long term study, selection bias might have affected some outcomes. **CONCLUSION:** In relatives bereaved by suicide, suicide ideation is associated with an increased risk of long term complicated grief and depression. The risk of complicated grief and depression decreases over time. Although mutual support is associated with an increased risk of complicated grief, we could not draw conclusions about a causal relation.

Doherty, G. W. (2013). *Crisis in the American heartland – disasters and mental health in rural environments: challenges of returning veterans (volume 2)*, Rocky Mountain Region Disaster Mental Health Institute Press.

Beginning with a brief scenario of a more gentle view of rural life, the book moves through learned information about families, children, and our returning National Guard and Reserve civilian military members. Return experiences will necessarily be different in rural and frontier settings than they are in suburban and urban environments. Our rural and frontier areas, especially in Western states with more isolated communities, less developed communication and limited access to medical, psychological, and social services remain an important concern. This book helps provide

some informed direction in working toward improving these as a general guide for mental health professionals working with Guard and Reserve members and families in rural/frontier settings. An appendix provides an in-depth list of online references for Traumatic Brain Injury (TBI). Specific areas of concern include: Morale, deployment abroad, and stress factors; Effects of terrorism on children and families at home; Understanding survivor guilt; PTSD and suicide; Preventing secondary traumatization; Resiliency among refugee populations and military families; Adjustment and re-integration following the Iraq and Afghanistan Wars; Vicarious trauma and its effects on children and adults; How rural and remote communities differ from more urban ones following war experiences in readjusting military members; Characteristics important in therapists/counselors working with returning military.

Drury, S. S., Z. H. Brett, et al. (2013). "The association of a novel haplotype in the dopamine transporter with preschool age posttraumatic stress disorder." *Journal of Child and Adolescent Psychopharmacology* 23(4): 236-243.

OBJECTIVE: Significant evidence supports a genetic contribution to the development of PTSD. 3 previous studies have demonstrated an association between PTSD and the 9 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 1 or 2 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.

Easton, S. D. (2013). "Masculine norms, disclosure, and childhood adversities predict long-term mental distress among men with histories of child sexual abuse." *Child Abuse and Neglect*.

Child sexual abuse (CSA) can have a profound effect on the long-term mental health of boys/men. However, not all men with histories of CSA experience psychopathology. To improve

prevention and intervention services, more research is needed to understand why some male survivors experience mental health problems and others do not. The purpose of this study was to examine factors related to mental distress among a large, non-clinical sample of men with histories of CSA (N = 487). Using a cross-sectional design with purposive sampling from three national survivor organizations, data were collected through an anonymous Internet-based survey. Multivariate analyses found that only one of the four CSA severity variables – use of physical force by the abuser – was related to mental distress. Additional factors that were related to mental distress included the number of other childhood adversities, years until disclosure, overall response to disclosure, and conformity to masculine norms. Overall, the final model predicted 36% of the variance in the number of mental health symptoms. Mental health practitioners should include masculine norms, disclosure history, and childhood adversities in assessments and intervention planning with male survivors. To more fully explicate risk factors for psychopathology in this population, future studies with probability samples of men that focus on mediational processes and use longitudinal designs are needed.

Easton, S. D., C. Cooney, et al. (2013). "Posttraumatic growth among men with histories of child sexual abuse." *Child Maltreatment* 18(4): 211-220.

Despite an increased risk of long-term mental health problems, many survivors of child sexual abuse (CSA) experience positive changes in areas such as appreciation for life, personal strength, and interpersonal relationships. Drawing on life course theory, this study examined factors related to posttraumatic growth among a sample of men with CSA histories (N = 487). Using multiple linear regression (i.e., ordinary least squares), we found that men who had a better understanding of the sexual abuse experience, who ascribed to less traditional masculine norms, and who experienced a turning point reported greater growth. To promote growth, practitioners can help survivors understand the meaning and impact of the abuse on their lives and deconstruct rigid gender norms. More research on growth is needed with male survivors, especially on the nature of turning points in the recovery process.

Elbogen, E. B., S. C. Johnson, et al. (2013). "Self-report and longitudinal predictors of violence in Iraq and Afghanistan War era veterans." *Journal of Nervous and Mental Disease* 201(10): 872-876.

This study, using a longitudinal design, attempted to identify whether self-reported problems with violence were empirically associated with future violent behavior among Iraq and Afghanistan war veterans and whether and how collateral informant interviews enhanced the risk assessment process. Data were gathered from N = 300 participants (n = 150 dyads of Iraq and Afghanistan war veterans and family/friends). The veterans completed baseline and follow-up interviews 3 years later on average, and family/friends provided collateral data on dependent measures at follow-up. Analyses showed that aggression toward others at follow-up was associated with younger age, PTSD, combat exposure, and a history of having witnessed parental violence growing up. Self-reported problems controlling violence at baseline had robust statistical power in predicting aggression toward others at follow-up. Collateral report enhanced detection of dependent variables: 20% of cases positive for violence toward others would have been missed relying only on self-report. The

results identify a subset of Iraq and Afghanistan war veterans at higher risk for problematic postdeployment adjustment and indicate that the veterans' self-report of violence was useful in predicting future aggression. Underreporting of violence was not evidenced by most veterans but could be improved upon by obtaining collateral information.

Godbout, N., J. N. Briere, et al. (2013). "Child sexual abuse and subsequent relational and personal functioning: the role of parental support." *Child Abuse and Neglect*.

This study examined the role of nonoffending parental support in the relationship between child sexual abuse (CSA) and later romantic attachment, psychiatric symptoms, and couple adjustment. Of 348 adults engaged in stable romantic relationship, 59 (17%) reported sexual abuse. In this subgroup, 14% (n = 8) reported parental intervention after the abuse was disclosed (i.e., support), 15% (n = 9) reported a lack of parental intervention after abuse disclosure (i.e., nonsupport), and 71% (n = 42) reported that their nonabusive parent(s) was(were) unaware of their abuse. Results indicated that, compared to other groups, CSA survivors with nonsupportive parents reported higher levels of anxious attachment, psychological symptoms, and dyadic maladjustment. In contrast, CSA survivors with supportive parent(s) expressed psychological and couple adjustment equivalent to non-abused participants, and lower attachment avoidance, relative to all other groups. Path analysis revealed that insecure attachment completely mediated the relationship between perceived parental support after CSA and later psychosocial outcomes. An actor-partner interdependence model showed different patterns for men and women and highlighted the importance of considering relational dynamics in dyads of CSA survivors. Overall, the results suggest that perceived parental support serves as a protective factor among those exposed to CSA.

Goelitz, A. and A. Stewart-Kahn (2013). *From trauma to healing: a social worker's guide to working with survivors*, Routledge.

As experienced social workers in the trauma field, we remember questions and feelings that arose when we encountered trauma issues. This was true as we began our paths in social work and as new trauma-related issues emerged later in our careers. We remember often having no idea where to begin. "From Trauma to Healing: A Social Worker's Guide to Working with Survivors" addresses this, integrating theoretical principles and practice guidance, and responding to questions we often had such as: What is trauma? What types of trauma exist and how do they affect people differently? Where should I begin treatment? How do social workers specifically approach trauma? Where can I find case examples from other clinicians? Where can I learn more? What should I do with the feelings that come up in me as I work with trauma survivors? The target audience for this book is manifold: new social workers, students, recent graduates, social workers and supervisors in agencies and mental health settings, school social workers, professors teaching courses in social work and related fields, and social workers in private practice. The book is written with pride for social workers and is meant to be a support as they care for one of the most vulnerable populations we encounter. Other health and mental health practitioners who work with trauma will also find it useful. [Text, p. xv, xvii] CONTENTS: First things first: safety after trauma (The importance of safety -- Building safe relationships) -- Important considerations (You can be affected too: secondary trauma --

Vulnerable populations – Cultural factors) – Tools for surviving trauma (Crisis management, assessment, and referral for aid – Coping skills and self care) – The survivor's experience (Witnessing trauma – Experiencing trauma directly) – Potentially traumatic events (Life threatening illness – Intimate partner violence – Child abuse and neglect) – Direct interventions for social workers (Individual, couples, and family therapy – Group therapy – Other trauma interventions) – Working in the community (Program development – Advocating for survivors – Prevention and community organizing).

Green, B. and E. C. Griffiths (2014). "Birth order and post-traumatic stress disorder." *Psychology, Health and Medicine* 19(1): 24-32.

OBJECTIVE: To compare the birth order of patients with PTSD and adjustment disorder (AD) with population norms. **METHOD:** 83 PTSD patients and 104 AD control patients from a psychiatric trauma clinic were diagnosed according to DCR-10 guidelines. A family history was taken as to number of siblings, and their birth order. We compared the distribution of birth order for each patient group against birth order distributions expected by chance for the same years of birth using UK population-level birth order from the Office for National Statistics. **RESULTS:** Psychiatric patients with PTSD were more likely to be from a large family, specifically to be the fifth child or later (OR 4.78, $p < .001$) and less likely to be the eldest child (OR .65, $p < .001$) than the general population in England and Wales. There were no differences for birth order between AD patients and the general population. **CONCLUSION:** People with PTSD are more likely to be the youngest children from large families than expected from a random sample of people born in the same years. This association with birth order was not found for another psychiatric diagnosis AD from the same clinic. We discuss possible psychosocial and biological causes, and implications for further research.

Güler, A. S., N. P. Fis, et al. (2011). "X-linked adrenoleukodystrophy in a 7-year-old boy presenting with psychiatric symptoms [letter]." *European Child and Adolescent Psychiatry* 20(5): 275-276.

A case report of a 7-year old boy presenting with new-onset psychiatric symptoms. The authors caution to include neuroimaging in diagnosis for atypical presentation of a child or adolescent; unusual psychiatric symptoms will often accompany metabolic disease.

Harte, C. B., L. D. Hamilton, et al. (2013). "Predictors of attrition from an expressive writing intervention for sexual abuse survivors." *Journal of Child Sexual Abuse* 22(7): 842-857.

This study examined predictors of attrition from a clinical trial examining the effects of an expressive writing intervention for sexual problems among female survivors of child sexual abuse. Participants were 124 women all reporting sexual difficulties, who were randomized to a trauma-focused condition ($n = 45$), an experimental sexual schema-focused condition ($n = 37$), or a control condition ($n = 42$). 35 women (28%) dropped out before completing posttreatment assessments. Younger age, less education, and increased use of positive coping strategies were each independently associated with dropout. Results have implications for both researchers and clinicians working with this population, and it is hoped that these data can help bolster retention of those who are more likely to discontinue treatment.

Hashimoto, K., T. Sasaki, et al. (2013). "Old drug ifenprodil, new hope for PTSD with a history of childhood abuse [letter]." *Psychopharmacology* 227(2): 375-376.

Reexperiencing trauma ("flashbacks") is a hallmark symptom of PTSD, but the precise mechanisms for flashbacks are currently unknown. Several lines of evidence suggest that the glutamatergic system plays a significant role in the pathogenesis of PTSD. However, there are currently no standard therapeutic agents for treating flashbacks associated with PTSD. Very recently, we reported that ifenprodil was effective in the treatment of flashbacks in 3 female PTSD patients with a history of childhood sexual abuse. Subsequently, we reported that ifenprodil was also effective in 3 female adolescent PTSD patients with a history of childhood abuse. The authors propose that ifenprodil therapy could be an alternative treatment for flashbacks in adult and adolescent PTSD patients with a childhood abuse.

Hinkelmann, K., C. Muhtz, et al. (2013). "Association between childhood trauma and low hair cortisol in depressed patients and healthy control subjects [letter]." *Biological Psychiatry* 74(9): e15-e17.

A letter to the editor outlines a study completed by the authors which measured salivary and hair cortisol from adult subjects. They find evidence that childhood trauma has a profound and lasting effect on the HPA axis, independent of current psychopathology.

Jelinek, L., C. E. Wittekind, et al. (2013). "(Meta)cognitive beliefs in posttraumatic stress disorder following forced displacement at the end of the Second World War in older adults and their offspring." *Cognitive Neuropsychiatry* 18(5): 452-462.

INTRODUCTION: The aim of the present study was to investigate (meta)cognitive beliefs related to PTSD in a sample of individuals displaced as children at the end of the Second World War as well as transgenerational effects of trauma and PTSD on the offspring. **METHODS:** Displaced individuals with (n = 20) and without PTSD (n = 24) and nondisplaced healthy controls (n = 11), as well as one of their adult offspring, were assessed with the Metacognitions Questionnaire (MCQ-30). Older adults, formerly displaced in childhood, were additionally assessed with the Posttraumatic Cognitions Inventory (PTCI). **RESULTS:** Dysfunctional beliefs (MCQ-30, PTCI) were particularly pronounced in formerly displaced individuals with PTSD, but not in the offspring generation. **CONCLUSIONS:** The findings suggest that in an aging group of displaced individuals with PTSD dysfunctional beliefs are associated with the disorder. Bias modification may help to attenuate symptomatology. No evidence was found for a transgenerational effect.

Katz, C. (2013). "The narratives of abused children who have survived attempted filicide." *Child Abuse and Neglect* 37(10): 762-770.

Child abuse is a social problem that receives much attention from policy makers, practitioners, and researchers. This alarming phenomenon generates many consequences for children, their families, and society as a whole; one tragic consequence of child abuse is filicide. Because of the unfortunate circumstances surrounding such events, children are hushed by their perpetrators, whether abusers or killers, and we are thus denied the opportunity to hear their voices

and to promote understanding of the phenomenon. The aim of the current study is to explore in depth the patterns and themes that can be found in the narratives of children who survived a murder attempt by one of their parents. Content analysis was performed on seven investigative interviews with children using thematic analysis. Five key categories were determined based on the children's narratives: (a) many bad things have happened to me, (b) this was not the first time I was abused by my parent, (c) I am concerned about my parent, (d) I am alive thanks to my siblings, and (e) it is hard to remember what exactly happened. This study contributes to the understanding of child physical abuse and filicide. The discussion integrated conclusions for policy makers and practitioners who seek methods of addressing child abuse as well as determining whether and how filicide can be prevented.

Krausz, M., V. Strehlau, et al. (2013). "Frühe Traumatisierung bei Menschen in Wohnungslosigkeit und Armut: Ergebnisse aus einer kanadischen Studie = Early traumas among individuals living in homelessness and poverty: results of a Canadian study." *Trauma und Gewalt* 7(4): 290-300.

The considerable mental stress associated with homelessness is well substantiated, although diagnostic quality often fails to live up to modern standards. Despite their frequency, traumatic experiences have seldom been assessed in a standardized way. The present study investigated the connections between various childhood traumas and two relevant factors reflecting increased vulnerability at different times in the lives of the participants: (1) the age at which the participants became homeless and (2) their present suicide risk. For this purpose, 500 homeless persons from three Canadian towns were assessed in terms of psychopathology (MINI-Plus) and early childhood trauma (Childhood Trauma Questionnaire). Various forms of child abuse and neglect plus cumulative species of childhood maltreatment were significantly associated with early homelessness and present suicidal tendencies. This suggests that the homeless persons in the study were traumatized at an early stage, which may have had serious repercussions on the further course of their lives. Intensive, integrated, trauma-related treatment in the framework of a housing-first intervention may help to improve the situation of homeless people.

Langley, A. K., J. Cohen, et al. (2013). "Trauma exposure and mental health problems among school children 15 months post-Hurricane Katrina." *Journal of Child and Adolescent Trauma* 6(3): 143-156.

The purpose of this study was to examine prevalence, correlates, and predictors of mental health in children in New Orleans 15 months post-Hurricane Katrina. Analyses were conducted on 195 children who completed self-reports of hurricane and lifetime trauma exposure, social support, PTSD symptoms, and depression. Teachers completed the Strengths and Difficulties Questionnaire. Children reported high incidence of PTSD symptoms: 36.9% moderate to severe and 23.6% mild. In multiple regression analyses, gender, social support, and lifetime trauma exposure, but not hurricane exposure, significantly predicted PTSD. Age, social support, and lifetime trauma exposure, but not hurricane exposure, significantly predicted child depressive symptoms. Teachers reported lower levels of problems and no significant predictors of teacher reports other than age and school. PTSD and depression were significant problems for children 15 months post-Hurricane Katrina.

Lifetime trauma exposure was the strongest predictor of both PTSD and depression. Effective and accessible treatment is needed for such children.

Li, X., Z. Wang, et al. (2013). "Effects of childhood trauma on personality in a sample of Chinese adolescents." *Child Abuse and Neglect*.

Childhood trauma is a major public health problem which has an impact on personality development, yet no studies have examined the association between exposure to trauma and personality in a sample of Chinese adolescents. 485 students completed the Childhood Trauma Questionnaire - Short Form (CTQ-SF) and the Eysenck Personality Questionnaire (EPQ). The CTQ-SF cut-off scores for exposure were used to calculate the prevalence of trauma. The possible associations between specific types of trauma and the EPQ subscale scores were examined. The rates of emotional abuse (EA), physical abuse (PA), sexual abuse (SA), emotional neglect (EN), and physical neglect (PN) were 18.76%, 11.13%, 27.01%, 49.48%, and 68.66%, respectively. Individuals subjected to EA, PA, and SA had significantly higher neuroticism (EPQ-N) and psychoticism (EPQ-P) scores on the EPQ compared with those who had not experienced EA, PA, or SA (all p values < 0.05). Significant positive correlations existed between CTQ-SF subscale scores for EA, SA, CTQ-SF total scores, and EPQ-N, EPQ-P scores (all p values < 0.05). Significant number of subjects in this adolescent sample reported experience of childhood abuse and neglect. Exposure to childhood trauma is associated with personality development in Chinese adolescents.

Loy, M. and A. Boelk (2014). *Losing a parent to suicide: using lived experiences to inform bereavement counseling*, Routledge.

The study informing this book examined factors that helped and hindered recovery following the suicide of a parent during childhood. We asked 22 adult participants to tell us about their experiences as children following the suicide of their parent, and to describe how the experience shaped them. We aimed to discover what was helpful and what was not, learn participants' impressions of various interventions, gain insights to build on existing knowledge, and use information gained to inform professional practice. The information, insights, and stories shared in this book will help counselors better understand the experience of children who have had a parent die of suicide, allowing them to more effectively assist in the recovery process. In this first chapter we provide background on the underlying study used to inform the book, introduce the survivors whose stories will unfold, and through a brief review of the child and adolescent bereavement literature, place the book in context among other books written about suicide and its effects on survivors. Chapters 2 through 5 reveal the challenges, supports, coping mechanisms, and growth perceived by the survivors of parental suicide interviewed for our study. Within each chapter you will find a brief discussion of relevant literature, an elucidation of themes generated through our analysis of interview transcripts, and quotes from survivors in support of each theme. Implications for professionals are discussed in Chapter 6, giving credence to the experiences of survivors as valuable to our understanding of "best practices." Between chapters are interspersed the stories of 16 of the 22 parental suicide survivors that we interviewed. Each survivor reflects on his or her own particular experience and shares the story behind his or her grief.

Mannarino, A. P. and J. Cohen (2011). "Traumatic loss in children and adolescents." *Journal of Child and Adolescent Trauma* 4(1): 22-33.

Although different types of childhood trauma have many common characteristics and mental health outcomes, traumatic loss in children and adolescents has a number of distinctive features. Most importantly, youth who experience a traumatic loss may develop childhood traumatic grief (CTG), which is the encroachment of trauma symptoms on the grieving process and prevents the child from negotiating the typical steps associated with normal bereavement. This article discusses the distinctive features of CTG, how it is different from normal bereavement, how this condition is assessed, and promising treatments for children who experience a traumatic loss.

Mels, C., I. Derluyn, et al. (2013). "Coping behaviours and post-traumatic stress in war-affected eastern Congolese adolescents." *Stress and Health*.

This study explores coping strategies used by war-affected eastern Congolese adolescents across age and sex, and the association between post-traumatic stress symptoms and engagement and disengagement coping. Cross-sectional data were collected in 11 secondary schools across four areas in the Ituri province, Democratic Republic of Congo. A total of 952 pupils (45.3% girls, 54.7% boys) aged 13-21 years ($M = 15.83$, standard deviation = 1.81) participated in self-report assessment, using instruments that were either specifically developed (Adolescent Complex Emergency Exposure Scale, assessing traumatic exposure), validated (Impact of Event Scale - Revised, assessing post-traumatic stress symptoms) or reviewed (Kidcope, assessing coping strategies) for the study population. Reported coping strategies varied with age, and boys more frequently reported problem solving and resignation as compared with girls. Disengagement coping was associated with lower symptom scores in younger adolescent girls, as was the interaction effect between engagement and disengagement coping. We conclude that disengagement coping is not necessarily a maladaptive reaction to stressful events in war-affected situations and that future research should aim to better understand the heterogeneous patterns of stress and coping responses, including the role of factors such as the nature and appraisal of stressors, available resources for coping and cultural preferences.

Meston, C. M., T. A. Lorenz, et al. (2013). "Effects of expressive writing on sexual dysfunction, depression, and PTSD in women with a history of childhood sexual abuse: results from a randomized clinical trial." *Journal of Sexual Medicine* 10(9): 2177-2189.

INTRODUCTION: Women with a history of childhood sexual abuse (CSA) have high rates of depression, PTSD, and sexual problems in adulthood. **AIM:** We tested an expressive writing-based intervention for its effects on psychopathology, sexual function, satisfaction, and distress in women who have a history of CSA. **METHODS:** 70 women with CSA histories completed 5 30-minute sessions of expressive writing, either with a trauma focus or a sexual schema focus. **MAIN OUTCOME MEASURES:** Validated self-report measures of psychopathology and sexual function were conducted at posttreatment: 2 weeks, 1 month, and 6 months. **RESULTS:** Women in both writing interventions exhibited improved symptoms of depression and PTSD. Women who were instructed to write about

the impact of the abuse on their sexual schema were significantly more likely to recover from sexual dysfunction. CONCLUSIONS: Expressive writing may improve depressive and PTSD symptoms in women with CSA histories. Sexual schema-focused expressive writing in particular appears to improve sexual problems, especially for depressed women with CSA histories. Both treatments are accessible, cost-effective, and acceptable to patients.

Murphy, A., M. Steele, et al. (2013). "Adverse Childhood Experiences (ACEs) Questionnaire and Adult Attachment Interview (AAI): implications for parent child relationships." *Child Abuse and Neglect*.

Although Adverse Childhood Experiences (ACEs) are linked to increased health problems and risk behaviors in adulthood, there are no studies on the association between ACEs and adults' states of mind regarding their early childhood attachments, loss, and trauma experiences. To validate the ACEs questions, we analyzed the association between ACEs and emotional support indicators and Adult Attachment Interview (AAI) classifications in terms of unresolved mourning regarding past loss or trauma and discordant states of mind in cannot classify (U/CC) interviews. 75 urban women (41 clinical and 34 community) completed a questionnaire on ACEs, which included 10 categories of abuse, neglect, and household dysfunction, in addition to emotional support. Internal psychological processes or states of mind concerning attachment were assessed using the AAI. ACE responses were internally consistent (Cronbach's alpha = .88). In the clinical sample, 84% reported ≥ 4 ACEs compared to 27% among the community sample. AAls judged U/CC occurred in 76% of the clinical sample compared to 9% in the community sample. When ACEs were ≥ 4 , 65% of AAls were classified U/CC. Absence of emotional support in the ACEs questionnaire was associated with 72% of AAls being classified U/CC. As the number of ACEs and the lack of emotional support increases so too does the probability of AAls being classified as U/CC. Findings provide rationale for including ACEs questions in pediatric screening protocols to identify and offer treatment reducing the intergenerational transmission of risk associated with problematic parenting.

Murray, C. E. and K. N. Graves (2013). *Responding to family violence: a comprehensive, research-based guide for therapists*, Routledge.

In addition to lacking formal training and education in family violence issues, there has been a lack of accessible sources to guide therapists in their clinical practice. Although numerous high quality books on family violence exist, our observations have been that, to date, most of the existing books focus either only on some forms of family violence, primarily on general background information (and not clinical applications) about family violence, and/or are not grounded on the most current research-based information found within the scholarly literature on family violence. As such, therapists seeking information on family violence have lacked the availability of a comprehensive, in-depth clinical consideration of these issues, and especially such a consideration that is grounded in research. Our aim in writing this book was to develop such a resource for practicing therapists and therapists-in-training. This book is designed to familiarize readers with the dynamics of multiple forms of family violence – including intimate partner violence (IPV), child maltreatment, and abuse in special populations such as elders and individuals with disabilities. Beyond the "basics" of these dynamics, clinical guidelines are presented for assessment and

intervention. In order to address these questions, this book is laid out in four parts. Part 1 addresses IPV. In addition to describing general background information about IPV, clinical assessment and treatment of the major types of IPV (i.e., intimate terrorism and situational couple violence) will be reviewed. Part 2 addresses the treatment of various forms of childhood maltreatment – including physical abuse, sexual abuse, emotional abuse, and neglect, including a discussion of working with adults who survived childhood maltreatment. Part 3 includes a chapter on addressing the abuse of vulnerable populations, including the elderly and individuals with disabilities. Part 4 provides in-depth coverage of several specific clinical challenges faced by therapists addressing family violence issues such as substance abuse and cultural issues. Other issues explored in Part 4 include prevention, outreach, advocacy, and self-care strategies to help therapists avoid burnout. [Text, pp. 2, 10] CONTENTS: Overview of a research-informed approach to responding to family violence – Intimate partner violence: background and overview of response systems – Guidelines for the assessment of intimate partner violence – Treatment for battering – Conjoint treatment for couples who have experienced IPV – Child maltreatment: background and overview of response systems – Guidelines for the assessment of child maltreatment – Therapy to address child maltreatment – Treatment of adult survivors of childhood maltreatment – Abuse of vulnerable populations – Family violence and co-occurring substance abuse – Family violence and cultural issues – Family violence prevention – Self-care for therapists working with clients impacted by family violence – Conclusion: The role of mental health professionals in responding to family violence.

Odar, C., K. J. Brown Kirschman, et al. (2013). "Prevalence and correlates of posttraumatic stress in parents of young children postburn." *Journal of Burn Care and Research* 34(3): 299-306.

This study examined the prevalence and correlates of posttraumatic stress symptoms (PTSS) in the parents of very young children who sustained a minor to moderate size burn injury. Although prior research has explored this relationship in families of children with major burns, only minimal research has focused on children with minor to moderate injuries. 45 parents of young children (< 6 years) with a burn injury (mean TBSA = 2.67%, SD = 2.40) completed questionnaires regarding PTSS and demographics at an outpatient burn clinic. Injury-related information was collected from medical records. Parents reported clinically significant levels of PTSS, although in most cases, full diagnostic criteria for PTSD were not met. The amount of distress was related to the age of the child at burn, child PTSS, and the source of burn. Variables such as size of burn, days spent as inpatient, or parental presence at the time of burn were not found to be related to parental distress. PTSS assessment should be made mandatory for all parents of young children experiencing a burn injury, regardless of size and severity of burn or parental presence at the time of burn.

Parnell, L. (2013). *Attachment-focused EMDR: healing relational trauma*, Norton.

I wrote "Attachment-Focused EMDR: Healing Relational Trauma" for EMDR therapists to present a new model of EMDR that I have developed over a period of 22 years that integrates the latest in attachment theory and research into the use of EMDR with clients who have relational traumas and attachment deficits. Clients who have experienced childhood traumas that have impacted their sense of safety and capacity to form close emotional relationships in adulthood

require adjustments to the EMDR phases and procedural steps. These relational traumas can include childhood physical or sexual abuse, neglect, early losses, birth trauma, medical trauma, parental drug or alcohol abuse, caregiver misattunement, vicarious trauma or traumas that the child took into his or her neuro networks¹ from the parent's traumas. These traumas also include the narcissistic injuries to the development of a "true self", as described by Miller. These clients were not allowed to experience their true feelings and to know themselves. In order to be loved, they adapted to the needs of their parents or caretakers, developing what Winnicott described as a "false self". These clients often present in therapy as depressed, with relationship difficulties or problems at work. They don't feel fully alive. In order for EMDR therapists to work most successfully with this population, it is important to incorporate an attachment-repair orientation to all phases of EMDR work. The focus of this book is on how to integrate an attachment-repair orientation into EMDR with adult clients who have attachment wounds and relational trauma. Though principles of this orientation should also be used with children, the information and cases described here involve adult clients and a few adolescents. This book is divided into four parts. Part I, "Overview of Attachment-Focused EMDR", lays the groundwork and outlines the five basic principles that guide and define the work. Part II, "Healing Resources", provides information and many ideas for attachment-repair resources. This section can be used by therapists who are not trained in EMDR. Part III, "Using EMDR", teaches therapists how to use EMDR specifically with an attachment-repair orientation, including client preparation, target development, modifications of the standard EMDR protocol, desensitization, and using interweaves. Case material is used throughout. Part IV, "Cases", includes the presentation of three cases from different EMDR therapists who used attachment-focused EMDR with their clients. These cases illustrate information from the previous chapters, bringing it all together so that you can see what this looks like in clinical practice.

Perez, D. L., P. Hunt, et al. (2013). "A case of dual dissociative and re-experiencing/hyperarousal subtypes in childhood PTSD: a neuropsychiatric formulation [letter]." *Journal of Neuropsychiatry and Clinical Neurosciences* 25(1): E24-E25.

A team of Boston psychiatrists report on the case of an adolescent boy exhibiting both dual dissociative and nondissociative PTSD symptomatology.

Radford, L., S. Corral, et al. (2013). "The prevalence and impact of child maltreatment and other types of victimization in the UK: findings from a population survey of caregivers, children and young people and young adults." *Child Abuse and Neglect* 37(10): 801-813.

OBJECTIVES: To measure the prevalence of maltreatment and other types of victimization among children, young people, and young adults in the UK; to explore the risks of other types of victimization among maltreated children and young people at different ages; using standardized scores from self-report measures, to assess the emotional wellbeing of maltreated children, young people, and young adults taking into account other types of childhood victimization, different perpetrators, non-victimization adversities and variables known to influence mental health.

METHODS: A random UK representative sample of 2,160 parents and caregivers, 2,275 children and young people, and 1,761 young adults completed computer-assisted self-interviews. Interviews

included assessment of a wide range of childhood victimization experiences and measures of impact on mental health. RESULTS: 2.5% of children aged under 11 years and 6% of young people aged 11-17 years had 1 or more experiences of physical, sexual, or emotional abuse, or neglect by a parent or caregiver in the past year, and 8.9% of children under 11 years, 21.9% of young people aged 11-17 years, and 24.5% of young adults had experienced this at least once during childhood. High rates of sexual victimization were also found; 7.2% of females aged 11-17 and 18.6% of females aged 18-24 reported childhood experiences of sexual victimization by any adult or peer that involved physical contact (from sexual touching to rape). Victimization experiences accumulated with age and overlapped. Children who experienced maltreatment from a parent or caregiver were more likely than those not maltreated to be exposed to other forms of victimization, to experience non-victimization adversity, a high level of polyvictimization, and to have higher levels of trauma symptoms. CONCLUSIONS: The past year maltreatment rates for children under age 18 were 7-17 times greater than official rates of substantiated child maltreatment in the UK. Professionals working with children and young people in all settings should be alert to the overlapping and age-related differences in experiences of childhood victimization to better identify child maltreatment and prevent the accumulative impact of different victimizations upon children's mental health.

Reiswig, R. (2011). "Creating space for mourning a lost father and husband after September 11: a therapist's reflections." *Journal of Infant, Child, and Adolescent Psychotherapy* 10(2-3): 238-241.

This article describes how a mother, shortly after the loss of her husband on September 11, 2001, keeps the father in mind, conveying his essence to her children and to the therapists and mothers' group, in the Project for Mothers, Infants, and Young Children of September 11, 2001. A particular bird, a cardinal, that appeared and disappeared from her yard, became a symbol that gave shape and meaning to her mourning for her and for her children. Over time, as one of the therapists, I came to know the lost husband through the accounts of the mother. I gradually held a place in the discourse for him and his point of view. In this way I helped to facilitate the process of incremental mourning, filling a similar role to that of the cardinal, a fleeting symbol of the lost husband and father.

Reiswig, R. (2011). "Support group II: maternal representation of the lost father." *Journal of Infant, Child, and Adolescent Psychotherapy* 10(2-3): 224-228.

In the Project for Mothers, Infants, and Young Children of September 11, 2001, we conducted a support group for women who were pregnant when their husbands died on that date. The trauma of their husbands' death triggered complex and contradictory needs in these pregnant women who would soon be new mothers. This article explores ways in which the women with their babies used the therapy group to understand and grieve their loss. It documents how the therapeutic process, including the therapists' participation, represented the lost father/husband based on the understanding of him as conveyed by each mother. The article also describes how the group and the therapists supported the concurrent needs to grieve while at the same time to nurture a new baby.

Rieder, H. and T. Elbert (2013). "The relationship between organized violence, family violence and mental health: findings from a community-based survey in Muhanga, Southern Rwanda." *European Journal of Psychotraumatology* 4.

BACKGROUND: The relationship between organized violence and family violence, and their cumulative effect on mental health in post-conflict regions remains poorly understood. **OBJECTIVE:** The aim of the present study was to establish prevalence rates and predictors of family violence in post-conflict Rwanda. And to examine whether higher levels of war-related violence and its socio-economic consequences would result in higher levels of violence within families and whether this would be related to an increase of psychological distress in descendants. **METHOD:** 188 parent-child pairs from four sectors of the district Muhanga, Southern Province of Rwanda, were randomly selected for participation in the study. Trained local psychologists administered structured diagnostic interviews. A PTSD diagnosis was established using the PTSD Symptom Scale Interview (PSS-I) and child maltreatment was assessed by means of the Childhood Trauma Questionnaire (CTQ). Additionally, the Hopkins Symptom Checklist (HSCL-25) assessed symptoms of depression and anxiety in descendants. **RESULTS:** Prevalence rates of child abuse and neglect among descendants were below 10%. Ordinal regression analyses revealed that the level of child maltreatment in descendants was predicted by female sex, poverty, loss of the mother, exposure to war and genocide, as well as parents' level of PTSD and reported child maltreatment. Poor physical health, exposure to war and genocide, parental PTSD symptoms, and reported childhood trauma were significantly associated with depressive and anxious symptoms, while only exposure to war and genocide and poor physical health predicted the level of PTSD. **CONCLUSION:** The results indicate that cumulative stress such as exposure to organized violence and family violence in Rwandan descendants poses a risk factor for the development of depressive and anxious symptoms. Besides the support for families to cope with stress, awareness-raising initiatives challenging the current discourse of discipline toward children in schools or at home need to be fostered.

Roos, L. E., J. Distasio, et al. (2013). "A history in-care predicts unique characteristics in a homeless population with mental illness." *Child Abuse and Neglect*.

Multiple studies of homeless persons report an increased prevalence of a history in-care, but there is a dearth of information on associated outcomes or relevant demographic profiles. This information is critical to understanding if certain individuals are at elevated risk or might benefit from specific intervention. Here, we investigate how a history in-care relates to demographics and multiple outcome measures in a homeless population with mental illness. Using the Mini International Neuropsychiatric Interview (MINI), the Short-Form 12, and a trauma questionnaire, we investigated baseline differences in demographics and length of homelessness in the At Home/Chez Soi Trial (N = 504) Winnipeg homeless population with and without a history in-care. Approximately 50% of the homeless sample reported a history in-care. This group was significantly more likely to be young, female, married or cohabitating, of Aboriginal heritage, have less education, and have longer lifetime homelessness. Individuals of Aboriginal heritage with a history in-care were significantly more likely to report a familial history of residential school. Individuals with a history in-care experienced different prevalence rates of Axis 1 mental disorders. Those with a history in-care also reported

significantly more traumatic events (particularly interpersonal). A distinctive high-risk profile emerged for individuals with a history in-care. Sociocultural factors of colonization and intergenerational transmission of trauma appear to be particularly relevant in the trajectories for individuals of Aboriginal heritage. Given the high prevalence of a history in-care, interventions and policy should reflect the specific vulnerability of this population, particularly in regards to trauma-informed services.

Runyon, M. K., E. Deblinger, et al. (2013). "PTSD symptom cluster profiles of youth who have experienced sexual or physical abuse." *Child Abuse and Neglect*.

The research examined whether youth (6-17 years old) who were referred for treatment due to sexual, physical, or both types of abuse presented with distinct profiles of PTSD DSM-IV-TR symptom clusters. When examining data for the 749 youth participants, five PTSD symptom cluster profiles were identified with each profile representing approximately 20% of the youth. The five profiles were also differentiated with respect to being referred for physical or sexual abuse, age, parental ratings of internalizing symptoms, and self-reported depression. The youth referred for treatment in the aftermath of child sexual, physical, or both sexual and physical abuse presented with different profiles of PTSD symptom clusters thereby suggesting a need for individualized tailoring of evidenced-based treatments. Two cognitive behavioral approaches, designed for traumatized children and either their nonoffending or offending parents, were described for treating youth with the distinct PTSD profiles.

Saile, R., V. Ertl, et al. (2013). "Does war contribute to family violence against children?: findings from two-generational multi-informant study in Northern Uganda." *Child Abuse and Neglect*.

After 20 years of civil war in Northern Uganda, the continuity of violence within the family constitutes a major challenge to children's healthy development in the post-conflict era. Previous exposure to trauma and ongoing psychopathology in guardians potentially contribute to parental perpetration against children and dysfunctional interactions in the child's family ecology that increase children's risk of maltreatment. In order to investigate distal and proximal risk factors of child victimization, we first aimed to identify factors leading to more self-reported perpetration in guardians. Second, we examined factors in the child's family environment that promote child-reported experiences of maltreatment. Using a two-generational design we interviewed 368 children, 365 female guardians, and 304 male guardians from seven war-affected rural communities in Northern Uganda on the basis of standardized questionnaires. We found that the strongest predictors of self-reported aggressive parenting behaviors toward the child were guardians' own experiences of childhood maltreatment, followed by female guardians' victimization experiences in their intimate relationship and male guardians' PTSD symptoms and alcohol-related problems. Regarding children's self-report of victimization in the family, proximal factors including violence between adults in the household and male guardians' PTSD symptom severity level predicted higher levels of maltreatment. Distal variables such as female guardians' history of childhood victimization and female guardians' exposure to traumatic war events also increased children's report of maltreatment. The current findings suggest that in the context of organized violence, an

intergenerational cycle of violence persists that is exacerbated by female guardians' re-victimization experiences and male guardians' psychopathological symptoms.

Scheeringa, M. S., C. F. Weems, et al. (2011). "Trauma-focused cognitive-behavioral therapy for posttraumatic stress disorder in three- through six year-old children: a randomized clinical trial." *Journal of Child Psychology and Psychiatry* 52(8): 853-860.

BACKGROUND: The evidence base for trauma-focused cognitive behavioral therapy (TF-CBT) to treat PTSD in youth is compelling, but the number of controlled trials in very young children is few and limited to sexual abuse victims. These considerations plus theoretical limitations have led to doubts about the feasibility of TF-CBT techniques in very young children. This study examined the efficacy and feasibility of TF-CBT for treating PTSD in 3- through 6-year-old children exposed to heterogeneous types of traumas. **METHODS:** Procedures and feasibilities of the protocol were refined in Phase 1 with 11 children. Then 64 children were randomly assigned in Phase 2 to either 12-session manualized TF-CBT or 12-weeks wait list. **RESULTS:** In the randomized design the intervention group improved significantly more on symptoms of PTSD, but not on depression, separation anxiety, oppositional defiant, or attention deficit/hyperactivity disorders. After the waiting period, all participants were offered treatment. Effect sizes were large for PTSD, depression, separation anxiety, and oppositional defiant disorders, but not attention-deficit/hyperactivity disorder. At six-month follow-up, the effect size increased for PTSD, while remaining fairly constant for the comorbid disorders. The frequencies with which children were able to understand and complete specific techniques documented the feasibility of TF-CBT across this age span. The majority were minority race (Black/African-American) and without a biological father in the home, in contrast to most prior efficacy studies. **CONCLUSIONS:** These preliminary findings suggest that TF-CBT is feasible and more effective than a wait list condition for PTSD symptoms, and the effect appears lasting. There may also be benefits for reducing symptoms of several comorbid disorders. Multiple factors may explain the unusually high attrition, and future studies ought to oversample on these demographics to better understand this understudied population.

Scott, B. G., N. J. Burke, et al. (2013). "The interrelation of adverse childhood experiences within an at-risk pediatric sample." *Journal of Child and Adolescent Trauma* 6(3): 217-229.

Past research has linked adverse childhood experiences (ACEs) to physical and mental health problems. Theoretical models imply that ACE exposure is not entirely random but that one type of ACE exposure (e.g., parental incarceration) may be related to increased risk for another type of ACE exposure (e.g., physical abuse); however, the empirical nature of ACE co-occurrence remains unclear. The aim of this study was to examine ACE co-occurrence in a pediatric sample (n = 672). Results indicated that certain types of ACEs do co-occur more often than other types and that a 3-factor solution best fit the data (Abuse, Household Dysfunction, and Mixed). The findings add to the understanding of ACEs and highlight the need to identify underlying common risk factors among specific adverse experiences.

Shipherd, J. C., G. A. Clum, et al. (2013). "Treatment-related reductions in PTSD and changes in physical health symptoms in women." *Journal of Behavioral Medicine*.

This study examined the relationship between change in PTSD symptoms over the course of PTSD treatment and the association with changes in general physical health symptoms. Both positive health habits (e.g., exercise) and negative (e.g., smoking), were examined to determine if they accounted for the association between changes in PTSD severity over time and changes in physical health. Participants were 150 women seeking treatment for PTSD. Latent growth curve modeling indicated a substantial relationship ($R^2 = 34\%$) between changes in PTSD and changes in physical health that occurred during and shortly following treatment for PTSD. However, there was no evidence to suggest that changes in health behaviors accounted for this relationship. Thus, PTSD treatment can have beneficial effects on self-reported physical health symptoms, even without direct treatment focus on health per se, and is not accounted for by shifts in health behavior.

Sikkema, K. J., M. H. Watt, et al. (2011). "Mental health and HIV sexual risk behavior among patrons of alcohol serving venues in Cape Town, South Africa." *Journal of Acquired Immune Deficiency Syndromes* 57(3): 230-237.

BACKGROUND: Alcohol-serving venues in South Africa provide a location for HIV prevention interventions due to risk factors of patrons in these establishments. Understanding the association between mental health and risk behaviors in these settings may inform interventions that address alcohol use and HIV prevention. **METHODS:** Participants ($n = 738$) were surveyed in 6 alcohol-serving venues in Cape Town to assess PTSD and depression symptoms, traumatic experiences, sexual behavior, and substance use. Logistic regression models examined whether traumatic experiences predicted PTSD and depression. Generalized linear models examined whether substance use, PTSD, and depressive symptoms predicted unprotected sexual intercourse. Men and women were analyzed separately. **RESULTS:** Participants exhibited high rates of traumatic experiences, PTSD, depression, alcohol consumption, and HIV risk behaviors. For men, PTSD was associated with being hit by a sex partner, physical child abuse, sexual child abuse and HIV diagnosis; depression was associated with being hit by a sex partner, forced sex and physical child abuse. For women, both PTSD and depression were associated with being hit by a sex partner, forced sex, and physical child abuse. Unprotected sexual intercourse was associated with age, frequency and quantity of alcohol use, drug use, and PTSD for men and frequency and quantity of alcohol use, depression, and PTSD for women. **CONCLUSION:** Mental health in this setting was poor and was associated with sexual risk behavior. Treating mental health and substance-use problems may aid in reducing HIV infection. Sexual assault prevention and treatment after sexual assault may strengthen HIV prevention efforts.

Slone, M. and I. Roziner (2013). "Does self-complexity moderate the effects of exposure to political violence for adolescents?" *Anxiety, Stress, and Coping* 26(6): 659-673.

This study examined the moderating role of self-complexity (SC) on well-being (WB) and psychopathology among Israeli adolescents exposed to the Second Lebanon War (2006). Adolescents ($N = 584$, mean age 16.41) completed a SC measure, Political and Negative Life Events (NLE) scales, Brief Symptom Inventory and Satisfaction with Life Scale. The theoretical model

analyzed the function of SC as a moderator of exposure effects to political life events (PLE), while controlling for general NLE. Results corroborated the model with SC moderating the effects of the war-related PLE. Adolescents with low SC are at risk for damaged WB and psychiatric consequences from political violence exposure. This opens a diagnostic avenue for identification of at-risk adolescents in this socio-political context toward whom clinical programs should be directed.

Sossin, K. M. (2011). "Introduction to the support groups." *Journal of Infant, Child, and Adolescent Psychotherapy* 10(2-3): 205-206.

Briefly describes the multiple groups formed in New Jersey, Long Island, and Manhattan to help mothers and their children cope with their bereavement and its consequences.

Thatte, S., J. A. Makinen, et al. (2013). "Partial hospitalization for youth with psychiatric disorders: treatment outcomes and 3-month follow-up." *Journal of Nervous and Mental Disease* 201(5): 429-434.

A partial hospitalization program was developed for youth with moderate to severe psychiatric disorders. The objectives of this study were to prospectively assess changes from admission to discharge in the participants' clinical symptoms and psychosocial functioning, as well as the maintenance of any treatment gains at 3-month follow-up. In this naturalistic treatment study, 55 youth completed both the youth partial hospitalization program and the study. Diagnosis at admission was established by a psychiatrist based on a clinical assessment and a structured diagnostic interview. Clinician-rated and self-report measures of symptoms and psychosocial functioning were administered at admission, discharge, and follow-up to track changes over time. Clinically and statistically significant improvements were found in both symptoms and psychosocial functioning from admission to discharge on all study measures. Furthermore, these gains were maintained at 3-month follow-up. The results suggest that partial hospitalization programs can be an effective modality in treating youth with moderate to severe psychiatric disorders.

Venger, A. L. and E. I. Morozova (2011). "Post-traumatic regression in children (data from psychological work in Beslan, 2004-2006)." *Neuroscience and Behavioral Physiology* 41(2): 177-182.

Results of studies and psychological treatment work with children who suffered during the terrorist act in Beslan (2004) are used to describe the characteristics of one of the typical sequelae of psychological trauma in children – regression, i.e., reversion to types of behavior typical of earlier age periods. The stages in provision of psychological support to these children during the post-traumatic period (over two years) using play-based approaches, various pedagogic approaches, including restoration of lost skills, are discussed. The authors regard the cultural aspect as being of particular importance for all approaches.

Wager, N. M. (2013). "Sexual revictimization: double betrayal and the risk associated with dissociative amnesia." *Journal of Child Sexual Abuse* 22(7): 878-899.

This study aimed to identify new treatment targets in order to develop more empirically informed initiatives to prevent sexual revictimization. A retrospective Web-based survey employing a mixed-methods design attracted a self-selecting sample of 481 community respondents, 183 of whom indicated a history of childhood sexual abuse. 74% were females whose ages ranged from 16 to 69 years (mean = 31.2 years). Betrayal trauma referred to CSA committed by a trusted perpetrator (often caregivers). Disclosure experiences in childhood were reported through open-dialogue boxes. Double betrayal referred to high-betrayal trauma being combined with a negative response to a disclosure. This was associated with both higher incidences of prior psychogenic amnesia for CSA and sexual revictimization in later life. The findings have implications for educating the guardians of children about the prevalence and implications of CSA as well as the importance of early recognition and appropriate responding.

Wang, L., C. Cao, et al. (2013). "PAC1 receptor (ADCYAP1R1) genotype is associated with PTSD's emotional numbing symptoms in Chinese earthquake survivors." *Journal of Affective Disorders* 150(1): 156-159.

BACKGROUND: Genetic factors are important in the development of PTSD following exposure to traumatic events. However, the molecular genetic underpinnings of this disorder remain largely unresolved. The present study investigated the association between ADCYAP1R1 rs2267735 genotype and PTSD symptoms in a highly traumatized sample of Chinese adults. **METHODS:** Participants included 326 victims who experienced the 2008 Wenchuan earthquake and lost their children during the disaster. PTSD symptoms were assessed with the PTSD Checklist (PCL). The ADCYAP1R1 rs2267735 SNP was genotyped with the Sequenom iPLEX chemistries and the MassARRAY system. **RESULTS:** The results indicated that although the rs2267735 'CC' genotype was not associated with total PTSD symptoms, it could significantly predict severity of PTSD's emotional numbing symptoms in women. **LIMITATIONS:** A relatively small sample exposed to specific traumatic events was used, and PTSD was assessed using a self-reported instrument. **CONCLUSIONS:** The findings suggest that the PACAP-PAC1 receptor pathway may play an important role in female human responses to traumatic stress, and carry implications for better understanding and treating of posttraumatic psychopathology.

Wherry, J. N., K. Corson, et al. (2013). "A short form of the Trauma Symptom Checklist for Young Children." *Journal of Child Sexual Abuse* 22(7): 796-821.

A short form of the Trauma Symptom Checklist for Young Children was derived from the original 90 items. An exploratory factor analysis of each factor identified the 4 items from each of the original factors with the highest eigenvalues. These items were subjected to confirmatory factor analysis. The best fit was obtained for an 8-factor, 32-item model. The short form evidenced good convergent validity with parent ratings obtained from the Child Behavior Checklist, the Child Sexual Behavior Inventory, and the University of California at Los Angeles PTSD Reaction Index (UCLA PTSD RI). Norms (t-scores and percentiles based on raw scores) were calculated by age and by gender. The short form has promise as a screening measure with parents in settings like a child advocacy center.

Xie, P., H. R. Kranzler, et al. (2012). "Serotonin transporter 5-HTTLPR genotype moderates the effects of childhood adversity on posttraumatic stress disorder risk: a replication study." *American Journal of Medical Genetics Part B (Neuropsychiatric Genetics)* 159B(6): 644-652.

We reported that the 5-HTTLPR polymorphism in the promoter region of the serotonin transporter gene (SLC6A4) moderates the effect of childhood adversity on PTSD risk. In the present study, we considered 5,178 subjects (a group with generally high substance dependence comorbidity, as for our previous study) using similar methodology to replicate our previous results. We used logistic regression analyses to explore the interaction effect of 5-HTTLPR genotype and childhood adversity on PTSD risk. We found that, as reported in our previous study, in individuals with childhood adversity, the presence of one or two copies of the S allele of 5-HTTLPR increased the risk to develop PTSD. This gene-environment interaction effect was present in European Americans (EAs), but not in African Americans (AAs; EAs, OR = 1.49, 95% CI = 1.07-2.08, P = 0.019; AAs, OR = 0.90, 95% CI = 0.60-1.35, P = 0.62). The statistical power to detect this interaction effect was increased when data were combined with those from our previous study. The findings reported here replicate those from our previous work, adding to a growing body of research demonstrating that the 5-HTTLPR genotype moderates risk for anxiety and depression phenotypes in the context of stress and adverse events.

Ying, L.-h., X. Wu, et al. (2013). "Prevalence and predictors of posttraumatic stress disorder and depressive symptoms among child survivors 1 year following the Wenchuan earthquake in China." *European Child and Adolescent Psychiatry* 22(9): 567-575.

The purpose of this study was to estimate the prevalence rates of probable PTSD and depression and to explore potential risk factors among child and adolescent survivors 1 year following the 2008 Wenchuan earthquake. 3052 participants were administered the Child PTSD Symptom Scale, the Center for Epidemiologic Studies Depression Scale for Children, and the Earthquake Experience Scale. Results indicated that the prevalence rates of probable PTSD and depression were 8.6% and 42.5%, respectively. Demographic variables (i.e., age and gender) and most aspects of earthquake experiences (i.e., direct exposure, close ones' exposure, fear for the safety of close ones, prior exposure to trauma, living location, and house damage, with the exception of type of housing) made unique contributions to PTSD and depressive symptoms. In addition, the moderating effect of gender on the relationships between age and PTSD and depressive symptoms was significant. In conclusion, depression was a more common psychological response than was PTSD among child survivors 1 year following the Wenchuan earthquake. Age and gender were risk factors for both PTSD and depressive symptoms. Furthermore, older female survivors exhibit more severe PTSD and depressive symptoms. Additionally, several aspects of earthquake experiences (i.e., direct exposure, close ones' exposure, fear for the safety of close ones, prior exposure to trauma, living location, and house damage) was also important for the development and maintenance of PTSD and depressive symptoms.

Zaidan, H., M. Leshem, et al. (2013). "Prereproductive stress to female rats alters corticotropin releasing factor type 1 expression in ova and behavior and brain corticotropin releasing factor type 1 expression in offspring." *Biological Psychiatry* 74(9): 680-687.

BACKGROUND: Human and animal studies indicate that vulnerability to stress may be heritable and that changes in germline may mediate some transgenerational effects. Corticotropin releasing factor type 1 (CRF1) is a key component in the stress response. We investigated changes in CRF1 expression in brain and ova of stressed female rats and in the brain of their neonate and adult offspring. Behavioral changes in adulthood were also assessed. **METHODS:** Adult female rats underwent chronic unpredictable stress. We extracted mature oocytes and brain regions from a subset of rats and mated the rest 2 weeks following the stress procedure. CRF1 expression was assessed using quantitative reverse-transcription polymerase chain reaction. Tests of anxiety and aversive learning were used to examine behavior of offspring in adulthood. **RESULTS:** We show that chronic unpredictable stress leads to an increase in CRF1 messenger RNA expression in frontal cortex and mature oocytes. Neonatal offspring of stressed female rats show an increase in brain CRF1 expression. In adulthood, offspring of stressed female rats show sex differences in both CRF1 messenger RNA expression and behavior. Moreover, CRF1 expression patterns in frontal cortex of female offspring depend upon both maternal and individual adverse experience. **CONCLUSIONS:** Our findings demonstrate that stress affects CRF1 expression in brain but also in ova, pointing to a possible mechanism of transgenerational transmission. In offspring, stress-induced changes are evident at birth and are thus unlikely to result from altered maternal nurturance. Finally, brain CRF1 expression in offspring depends upon gender and upon maternal and individual exposure to adverse environment.