
BACKGROUND: Post-traumatic stress disorder (PTSD) among parents of neonates hospitalized in the Neonatal Intensive Care Units (NICU) stays an underestimated problem. We determined the incidence of PTSD in parents and pointed out medical and demographic risk factors for PTSD in neonates hospitalized in the NICU. SUBJECT AND METHODS: The study involved 39 mothers and 27 fathers of 42 infants aged 1 to 16 months who were hospitalized in the NICU of a Children's University Hospital during the neonatal period. As a measure of PTSD we used the Polish version of the Impact of Event Scale-Revised (IES-R). The current level of stress was measured using the Perceived Stress Scale (PSS-10). The author's questionnaire contained demographic and medical information on the infants hospitalized in the NICU and their parents. Data were statistically analyzed. RESULTS: The incidence of PTSD and levels of stress did not differ in the group of mothers and fathers. There was a statistically significant difference in the severity of PTSD symptoms in general (p=0.006) and the severity of symptoms of intrusion (p=0.009) and arousal (p=0.015), which were more pronounced in mothers of children hospitalized in the NICU than in their fathers. In the multivariate models perceived stress was the only predictor that significantly affected the rate of PTSD symptoms in parents. CONCLUSIONS: Since PTSD is a very common problem in parents of children hospitalized in the NICU and estimating the risk of its occurrence on the basis of collected data is not possible, the parents of all those children should be considered at high risk.


Anxiety sensitivity (AS) is composed of three lower-order dimensions, cognitive concerns, physical concerns, and social concerns. We examined the relations between AS dimensions using a more adequate assessment of subscales (ASI-3) than has previously been used, and measures of anxiety and mood disorders as well as suicidal ideation in a sample of 256 (M age = 37.10 years, SD = 16.40) treatment-seeking individuals using structural equation modeling. AS cognitive concerns was uniquely associated with generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), major depressive disorder (MDD), post-traumatic stress disorder (PTSD), and suicidal ideation. AS physical concerns was uniquely associated with OCD, social anxiety disorder (SAD), panic disorder (PD), and specific phobia. AS social concerns was uniquely associated with SAD, GAD, OCD, and MDD. These results highlight the importance of considering the lower-order AS dimensions when examining the relations between AS and psychopathology.

Adolescents exposed to trauma are more likely to engage in alcohol and marijuana use compared to their nontrauma-exposed counterparts; however, little is known about factors that may moderate these associations. This study examined the potential moderating effect of cognitions relevant to exposure to trauma (i.e., negative view of self, world, and future) in the association between posttraumatic stress disorder (PTSD) diagnosis and substance use among a psychiatric inpatient sample of 188 adolescents. Findings were that PTSD diagnosis was not significantly associated with substance-use diagnoses, but was associated with substance-use symptoms, accounting for 2.9% and 9.6% of the variance in alcohol and marijuana symptoms, respectively. The association between PTSD diagnosis and substance use symptoms, however, was moderated by negative cognitions, with PTSD and high negative cognitions (but not low negative cognitions) being significantly positively associated with substance use symptoms. The relevant cognitions differed for alcohol symptoms and marijuana symptoms. Children and adolescents who experience trauma and PTSD may benefit from early interventions that focus on cognitive processes as one potential moderator in the development of posttrauma substance use.


BACKGROUND: War experiences (WE) are frequently associated with mental health problems. Whether different types of WE vary in predicting which problem, or how severe, in former child soldiers (FCS) remains unknown. METHODS: Using data from the first wave of an on-going longitudinal cohort study (the WAYS study), we investigated relations between types of WE and symptoms of depression/anxiety among FCS in Northern Uganda (N = 539, baseline age = 22.39; SD = 2.03, range 18-25). Using robust Maximum Likelihood estimation in SEM, regression analyses were performed to relate binary indicators of types of WE to a single latent factor capturing symptoms of depression/anxiety. RESULTS: SEM results showed that "direct personal harm", "witnessing violence", "deaths", "threat to loved ones", "involvement in hostilities", and "sexual abuse" indicators were related to reported symptoms of depression/anxiety irrespective of gender and age. Multivariable models revealed independent associations of "witnessing violence" (beta = 0.29, SE = 0.09, p < 0.001) and "deaths" (beta = 0.14, SE = 0.05, p < 0.001) with symptoms of depression/anxiety in both sexes. "Sexual abuse" (beta = 0.32, SE = 0.16, p < 0.001) independently predicted symptoms of depression/anxiety for female but not male youths whilst "threat to loved ones" (beta = 0.13, SE = 0.07, p < 0.05) independently predicted symptoms of depression/anxiety in male but not female youths. CONCLUSIONS: Dimensions of WE predicted symptoms of depression/anxiety differently, but it is hard to establish their causal status. Our findings suggest that it might be fruitful to consider such exposure variations of WE when designing interventions to mitigate the symptoms of depression/anxiety on male and female FCS.

INTRODUCTION: Retrospective research suggests smokers with posttraumatic stress disorder (PTSD) lapse more quickly after their quit date. Ecological momentary assessment (EMA) research is needed to confirm the presence of early smoking lapse in PTSD and form conceptualizations that inform intervention. METHODS: Smokers with (n = 55) and without (n = 52) PTSD completed alarm-prompted EMA of situational and psychiatric variables the week before and after a quit date, and self-initiated EMA following smoking lapses. Blood samples at baseline and on the quit date allowed assessment of dehydroepiandrosterone (DHEA) and dehydroepiandrosterone sulfate (DHEA(S)). RESULTS: PTSD was related to shorter time to lapse (hazard ratio [HR] = 1.677, 95% CI: 1.106-2.544). Increased smoking abstinence self-efficacy was related to longer time to lapse (HR = 0.608, 95% CI: 0.430-0.860). Analyses of participants' real-time reports revealed that smokers with PTSD were more likely to attribute first-time lapses to negative affect ( = 5.412, p = .020), and trauma reminders (Fisher's exact p = .003**). Finally, the quit date decrease in DHEA(S) was related to shorter time to lapse (HR = 1.009, 95% CI: 1.000-1.018, p < .05). CONCLUSIONS: Results provide evidence of shorter time to first smoking lapse in PTSD, and add to evidence that early lapse occasions are more strongly related to trauma reminders, negative affect, and cravings in smokers with PTSD.


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


Disturbed sleep is a prominent feature of posttraumatic stress disorder (PTSD). PTSD and disrupted sleep have been independently linked to cognitive deficits; however, synergistic effects of PTSD and poor sleep on cognition have not been investigated. The purpose of this study was to examine the effects of PTSD symptoms and objectively measured disruptions to sleep on cognitive function. Forty-four young-adult African American urban residents comprised the study sample. The Clinician-Administered PTSD Scale (CAPS; Blake et al., 1995) was utilized to determine the severity of PTSD symptoms. Participants underwent 2 consecutive nights of polysomnography. The Automated Neuropsychological Assessment Metrics (Reeves, Winter, Bleiberg, & Kang, ) was utilized to assess sustained attention and the Rey Auditory Verbal Learning Test (Schmidt, ) was used to
evaluate verbal memory. PTSD symptom severity, \( r(42) = .40, p = .007 \), was significantly associated with omission errors on the sustained attention task, and sleep duration, \( r(42) = .41, p = .006 \), and rapid eye movement sleep, \( r(42) = .43, p = .003 \), were positively correlated with verbal memory. There was an interaction of PTSD symptom severity and sleep duration on omission errors such that more than 7 hours 12 minutes of sleep mitigated attentional lapses that were associated with PTSD.


Exposure to violence during adolescence is a highly prevalent phenomenon associated with a range of deleterious outcomes. Theoretical literature suggests that emotion dysregulation is one consequence of exposure to violence associated with the manifestation of posttraumatic stress symptoms (PTSS) and borderline personality (BP) pathology. Thus, the goal of the present study was to examine the mediating role of emotion dysregulation in the relation between exposure to violence and both PTSS and BP pathology in a sample of 144 adolescents (age 10- to 17-years; 51% male; 55% African American) admitted to a psychiatric residential treatment center. Exposure to violence was associated with greater emotion dysregulation, which, in turn, was associated with greater PTSS and BP pathology. Furthermore, emotion dysregulation mediated the associations between exposure to violence and both PTSS and BP pathology. Findings suggest the importance of assessing and treating emotion dysregulation among violence-exposed adolescents in psychiatric residential treatment.


This article explores why and how trauma theory and research are currently used in higher education in nonclinical courses such as literature, women's studies, film, education, anthropology, cultural studies, composition, and creative writing. In these contexts, traumatic material is presented not only indirectly in the form of texts and films that depict traumatic events but also directly in the form of what is most commonly referred to in nonclinical disciplines as trauma studies, cultural trauma studies, and critical trauma studies. Within these areas of study, some instructors promote potentially risky pedagogical practices involving trauma exposure or disclosure despite indications that these may be having deleterious effects. After examining the published rationales for such methods, we argue that given the high rates of trauma histories (66%-85%), posttraumatic stress disorder (9%-12%), and other past event-related distress among college students, student risk of retraumatization and secondary traumatization should be decreased rather than increased. To this end, we propose that a trauma-informed approach to pedagogy-one that recognizes these risks and prioritizes student emotional safety in learning-is essential, particularly in classes in which trauma theories or traumatic experiences are taught or disclosed.

BACKGROUND: Post-traumatic Stress Disorder (PTSD) has demonstrated gender-specific prevalence and expressions across the different DSM definitions, since its first introduction in DSM-III. The DSM-5 recently introduced important revisions to PTSD symptomatological criteria. Aim of the present study is to explore whether gender moderates rates of DSM-5 PTSD expression in a non-clinical sample of survivors to a massive earthquake in Italy. METHODS: 512 survivors of the L'Aquila 2009 earthquake, previously investigated for the presence DSM-IV-TR PTSD, were reassessed according to DSM-5 criteria in order to explore gender differences. All subjects completed the Trauma and Loss Spectrum-Self Report (TALS-SR). RESULTS: Females showed significantly higher DSM-5 PTSD rates and rates of endorsement of almost all DSM-5 PTSD criteria. Significant gender differences emerged in almost half of PTSD symptomatological criteria with women reporting higher rates in 8 of them, while men in only one (a new symptom in DSM-5: reckless or self-destructive behavior). Considering the impact of the three new DSM-5 symptoms on the diagnosis, significant gender differences emerged with these being crucial in almost half of the PTSD diagnoses in males but in about one-fourth in females. By using ROC curves, DSM-5 criteria E and D showed the highest AUC values in males (.876) and females (.837), respectively. LIMITATIONS: The use of self-report instrument; no information on comorbidity; homogeneity of study sample; lack of assessment on functional impairment. CONCLUSIONS: This study provides a contribution to the ongoing need for reassessment on how gender moderates rates of expression of particular disorders such as PTSD.


Smaller hippocampal volume has been reported in individuals with post-traumatic stress disorder (PTSD) and dissociative identity disorder (DID), but the regional specificity of hippocampal volume reductions and the association with severity of dissociative symptoms and/or childhood traumatization are still unclear. Brain structural magnetic resonance imaging scans were analyzed for 33 outpatients (17 with DID and 16 with PTSD only) and 28 healthy controls (HC), all matched for age, sex, and education. DID patients met criteria for PTSD (PTSD-DID). Hippocampal global and subfield volumes and shape measurements were extracted. We found that global hippocampal volume was significantly smaller in all 33 patients (left: 6.75%; right: 8.33%) compared with HC. PTSD-DID (left: 10.19%; right: 11.37%) and PTSD-only with a history of childhood traumatization (left: 7.11%; right: 7.31%) had significantly smaller global hippocampal volume relative to HC. PTSD-DID had abnormal shape and significantly smaller volume in the CA2-3, CA4-DG and (pre)subiculum compared with HC. In the patient groups, smaller global and subfield hippocampal volumes significantly correlated with higher severity of childhood traumatization and dissociative symptoms. These findings support a childhood trauma-related etiology for abnormal hippocampal morphology in both PTSD and DID and can further the understanding of neurobiological mechanisms involved in these disorders. Hum Brain Mapp, 2014. (c) 2014 Wiley Periodicals, Inc.

To investigate whether posttraumatic stress disorder (PTSD) from past trauma, alexithymia and suppression would impact on the experience of Posttraumatic Stress symptoms (PTSS) and psychological well-being following romantic relationship dissolution. One hundred and eighty-nine participants completed questionnaires measuring PTSD, alexithymia, suppression, PTSS and psychological well-being. The results showed that following relationship dissolution, higher levels of intrusion and avoidance (PTSS) and lower levels of psychological well-being were associated with PTSD from past trauma. Difficulty describing feelings was associated negatively with intrusion; difficulty identifying feelings was associated positively with psychological well-being. Suppression was associated negatively with avoidance. To conclude, PTSD from past traumas was related to PTSS symptoms and poor psychological well-being. Alexithymia and suppression were also related to the above outcomes but in a symptom-specific manner.


BACKGROUND: Post-traumatic stress disorder (PTSD) confers risk for suicidal ideation and suicide attempts but a link with suicide is not yet established. Prior analyses of users of the Veterans health administration (VHA) Health System suggest that other mental disorders strongly influence the association between PTSD and suicide in this population. We examined the association between PTSD and suicide in VHA users, with a focus on the influence of other mental disorders. METHODS: Data were based on linkage of VA National Patient Care Database records and the Centers for Disease Control and Preventions National Death Index, with data from fiscal year 2007-2008. Analyses were based on multivariate logistic regression and structural equation models. RESULTS: Among users of VHA services studied (N=5,913,648), 0.6% (N=3620) died by suicide, including 423 who had had been diagnosed with PTSD. In unadjusted analysis, PTSD was associated with increased risk for suicide, with odds ratio, OR (95% confidence interval, 95% CI)=1.34 (1.21, 1.48). Similar results were obtained after adjustment for demographic variables and veteran characteristics. After adjustment for multiple other mental disorder diagnoses, PTSD was associated with decreased risk for suicide, OR (95% CI)=0.77 (0.69, 0.86). Major depressive disorder (MDD) had the largest influence on the association between PTSD and suicide. LIMITATIONS: The analyses were cross-sectional. VHA users were studied, with unclear relevance to other populations. CONCLUSION: The findings suggest the importance of identifying and treating comorbid MDD and other mental disorders in VHA users diagnosed with PTSD in suicide prevention efforts.


Emotional memory consolidation has been associated with rapid eye movement (REM) sleep, and recent evidence suggests that increased electroencephalogram spectral power in the theta (4-8
Hz) frequency range indexes this activity. REM sleep has been implicated in posttraumatic stress disorder (PTSD) as well as in emotional adaption. In this cross-sectional study, thirty young healthy African American adults with trauma exposure were assessed for PTSD status using the Clinician Administered PTSD Scale. Two consecutive night polysomnographic (PSG) recordings were performed and data scored for sleep stages. Quantitative electroencephalographic spectral analysis was used to measure theta frequency components sampled from REM sleep periods of the second-night PSG recordings. Our objective was to compare relative theta power between trauma-exposed participants who were either resilient or had developed PTSD. Results indicated higher right prefrontal theta power during the first and last REM periods in resilient participants compared with participants with PTSD. Right hemisphere prefrontal theta power during REM sleep may serve as a biomarker of the capacity for adaptive emotional memory processing among trauma-exposed individuals.


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.


We investigated the relationship of gender to cognitive and affective processing in maltreated youth with posttraumatic stress disorder symptoms using functional magnetic resonance imaging. Maltreated (N = 29, 13 females, 16 males) and nonmaltreated participants (N = 45, 26 females, 19 males) performed an emotional oddball task that involved detection of targets with fear or scrambled face distractors. Results were moderated by gender. During the executive component
of this task, left precuneus/posterior middle cingulate hypoactivation to fear versus calm or scrambled face targets were seen in maltreated versus control males and may represent dysfunction and less resilience in attentional networks. Maltreated males also showed decreased activation in the inferior frontal gyrus compared to control males. No differences were found in females. Posterior cingulate activations positively correlated with posttraumatic stress disorder symptoms. While viewing fear faces, maltreated females exhibited decreased activity in the dorsomedial prefrontal cortex and cerebellum I-VI, whereas maltreated males exhibited increased activity in the left hippocampus, fusiform cortex, right cerebellar crus I, and visual cortex compared to their same-gender controls. Gender by maltreatment effects were not attributable to demographic, clinical, or maltreatment parameters. Maltreated girls and boys exhibited distinct patterns of neural activations during executive and affective processing, a new finding in the maltreatment literature.


OBJECTIVE: To examine potential predictors of lifetime suicidal behaviors (SBs) in adolescents with ADHD. METHOD: Participants were 101 adolescents with ADHD aged 11 to 18 years, evaluated for lifetime SB and psychopathology with semistructured interviews, and for lifetime trauma exposure, parent-child conflict, ADHD symptoms, and functional impairment with child, parent, and teacher ratings. RESULTS: Controlling for the effects of age, female sex, and comorbid depressive and other disorders, lifetime SB (n = 28) remained significantly associated (p = .001) with parent-child conflict, and to a lesser extent (p < .05) with impairment in nonacademic domains of function and breadth of exposure to victimization events. Measures related to past and current ADHD symptoms and signs were not associated with lifetime SB. CONCLUSION: Apart from depression, clinicians should pay particular attention to parent-child conflict, victimization trauma, and social impairment rather than levels of ADHD symptoms when weighing the likelihood of SB in youth with ADHD.


BACKGROUND: Genetic, neurobiological, environmental and psychosocial mechanisms have received considerable attention in exploring the mechanisms that underlie comorbid PTSD and SUD. PTSD and SUD are not necessarily linked by a causal relationship, as the self-medication hypothesis had supposed. They might, in fact, both be caused by a third factor that predisposes these subjects to develop the two disorders (so allowing a unitary perspective). METHODS: Using a conceptualization of the PTSD spectrum, we studied the PTSD-SUD unitary perspective by testing the correlation between severity of heroin addiction, dose of opioid medication and severity of PTSD spectrum in 82 methadone-treated, heroin-dependent patients. RESULTS: Canonical correlation analysis (Wilks Lambda=0.125F=1.41 p=0.014), univariate and multivariate comparisons between subgroups, identified on the basis of addiction severity, showed a highly positive correlation between
the PTSD spectrum and the severity of heroin addiction. In addition, negative correlations were found between PTSD spectrum severity and methadone dose ($r=0.225; p=0.042$). CONCLUSIONS: This strength and breadth of the correlations encourage us to move towards a unified vision of the two disorders.


BACKGROUND: Despite increasing evidence for a relation between posttraumatic stress disorder (PTSD) and self-injurious behaviors (SIB), limited research has examined the factors that may moderate the associations between PTSD and both nonsuicidal SIB (deliberate self-harm; DSH) and suicidal SIB (suicide attempts). Nonetheless, research suggests that characteristics of the traumatic event, co-occurring borderline personality disorder (BPD), and emotion dysregulation may influence the relations between PTSD and SIB. METHODS: Thus, the aim of this study was to examine the moderating role of these factors in the association between PTSD and SIB (including history and frequency of DSH and suicide attempts, and DSH versatility) among a sample of substance use disorder inpatients with ($n=116$) and without ($n=130$) a history of PTSD. RESULTS: Results from stepwise regression analyses indicate that sexual assault-related PTSD predicted suicide attempt frequency and DSH versatility among those with PTSD. Furthermore, results from hierarchical linear and logistic regression analyses suggest that co-occurring BPD moderates the relationship between PTSD and both DSH history and versatility and emotion dysregulation moderates the relationship between PTSD and DSH frequency. Specifically, the relations between PTSD and DSH outcomes were stronger among participants with co-occurring BPD and higher levels of emotion dysregulation. LIMITATIONS: This study is limited by its reliance on cross-sectional, self-report data. CONCLUSIONS: Despite limitations, findings suggest distinct risk factors for suicide attempts and DSH, and highlight the importance of examining characteristics of the trauma and associated BPD and emotion dysregulation in assessing risk for SIB in PTSD.


This qualitative study examined applicability and need for tailoring of an evidence-based engagement intervention, combined with Trauma-Focused Cognitive Behavioral Therapy, for foster parents. Qualitative methods were used, including individual interviews with participating foster parents ($N=7$), review of interview findings with an independent group of foster parents ($N=5$), and review of the combined foster parent findings by child welfare caseworkers ($N=5$), an important stakeholder group. The engagement intervention, with its primary focus on perceptual barriers (e.g., past experiences with mental health), was relevant for the foster care population. However, the study identified areas for tailoring to better recognize and address the unique needs and situation of foster parents as substitute caregivers. Perceptually focused engagement interventions may have broad applicability to a range of populations, including foster parents, with the potential for improving caregiver participation in children's mental health services.

OBJECTIVE: To examine sustainability of symptom outcomes of a 1-year phase-based trauma-focused, multimodal, and multicomponent group therapy in a day treatment program for posttraumatic stress disorder (PTSD) over an average period of 7 years. METHOD: Iranian and Afghan patients (N = 69) were assessed with self-rated symptom checklists for PTSD, anxiety, and depression symptoms before (T1), after (T2), and up to 11 years upon completion of the treatment (T3). A series of mixed model regression analyses was applied to determine the course of the measured symptoms over time. RESULTS: At T2, all symptoms were reduced, but PTSD symptoms showed the strongest reduction. The trend of symptom reduction continued up to 5 years posttreatment and was similar for all the examined symptoms. After 5 years, all symptoms started to worsen, but remained under baseline levels at T3. CONCLUSIONS: The applied treatment appears to improve mental health of the studied sample on both the short and longer term.


Affect dysregulation, defined as the impaired ability to regulate or tolerate negative emotional states, has been associated with interpersonal trauma and posttraumatic stress. Affect-regulation difficulties play a role in many psychiatric conditions, including anxiety and mood disorders, and especially major depression in youth and bipolar disorder throughout the life span. Exposure to traumatic events and interpersonal trauma in childhood is associated with wide-ranging psychosocial, developmental, and medical impairments in children, adolescents, and adults, with emotional dysregulation being a core feature that may help to account for this heightened risk. In order to understand how the developmental effects of childhood maltreatment contribute to emotional dysregulation and psychiatric sequelae, we review emotional regulation and its developmental neurobiology, and examine the research evidence of associations between childhood trauma, emotional dysregulation, and psychiatric comorbidities in children, adolescents, and adults.


Alterations in the microarchitecture of the posterior cingulum (PC), a white matter tract proximal to the hippocampus that facilitates communication between the entorhinal and cingulate cortices, have been observed in individuals with psychiatric disorders, such as depression and posttraumatic stress disorder (PTSD). PC decrements may be a heritable source of vulnerability for the development of affective disorders; however, genetic substrates for these white matter abnormalities have not been identified. The FKBP5 gene product modulates glucocorticoid receptor function and has been previously associated with differential hippocampal structure, function, and affect disorder risk. Thus, FKBP5 is an attractive genetic target for investigations of PC integrity. We examined associations between PC integrity, measured through diffusion tensor imaging (DTI) and fractional anisotropy (FA; an index of white matter integrity), and polymorphisms in the FKBP5 SNP.
rs1360780 in a sample of 82 traumatized female civilians. Findings indicated that, compared with individuals without this allele, individuals who carried two 'risk' alleles for this FKBP5 SNP (T allele; previously associated with mood and anxiety disorder risk) demonstrated significantly lower FA in the left PC, even after statistically controlling for variance associated with age, trauma exposure, and PTSD symptoms. These data suggest that specific allelic variants for an FKBP5 polymorphism are associated with decrements in the left PC microarchitecture. These white matter abnormalities may be a heritable biological marker that indicates increased vulnerability for the development of psychiatric disorders, such as PTSD.

BACKGROUND: Although lung transplantation improves quality of life, most psychosocial research focuses on adverse psychological and social functioning outcomes. Positive effects, particularly in the late-term years as physical morbidities increase, have received little attention. We provide the first data on a psychological benefit - post-traumatic growth (PTG) - and we focused on long-term (>5 yr) survivors. METHODS: Among 178 patients from a prospective study of mental health during the first two yr post-transplant, we recontacted survivors 6-11 yr post-transplant. We assessed PTG (i.e., positive psychological change resulting from the transplant) and examined its relationship to other patient characteristics with multivariable regression analyses. RESULTS: Sixty-four patients (86% of survivors) were assessed (M = 8.1 yr post-transplant, SD = 1.2). Mean PTG exceeded the scale's midpoint (M = 38.6, SD = 10.0; scale midpoint = 25). Recipients experiencing greater PTG were female (p = 0.022), less educated (p = 0.014), and had a history of post-transplant panic disorder (p = 0.005), greater friend support (p = 0.048), and better perceived health (p = 0.032). Neither other pre- or post-transplant mood and anxiety disorders nor transplant-related morbidities (acute rejection, bronchiolitis obliterans syndrome) predicted PTG. CONCLUSIONS: PTG exceeded levels observed in other chronic disease populations, suggesting that lung transplantation may uniquely foster positive psychological change in long-term survivors. PTG occurs despite physical and psychiatric morbidities. Whether PTG promotes other positive post-transplant psychosocial outcomes deserves attention.

The purpose of this study was to investigate whether stress sensitivity mediates the relationship between traumatic life events and total attenuated positive psychotic symptoms, as well as the relationship between traumatic life events and endorsement of 8 or more attenuated positive psychotic symptoms as distressing (a threshold that has been associated with higher risk for psychosis in clinical groups). Participants (n = 671, aged 17-35, 29% male) were college students who were administered the Prodromal Questionnaire, the Perceived Stress Scale and the Life Events Checklist. Bootstrapping results indicated that stress sensitivity significantly mediated the relationships between traumatic life events and the number of attenuated positive psychotic
symptoms endorsed and between traumatic life events and those who endorsed 8 or more distressing attenuated positive psychotic symptoms. Stratified gender analyses indicated the findings were specific to females. Results suggest that stress sensitivity may represent a specific vulnerability factor for risk of attenuated psychotic symptoms in those previously exposed to traumatic life events and that this liability appears stronger in females.


Previous studies have found that mothers of very preterm infants often report symptoms of posttraumatic stress, which has been related to cortisol dysregulation. However, the exact nature of this association is not clear and can be different regarding the predominance of some specific symptoms of posttraumatic stress, as suggested by a recent model. The objective of the present study is to assess the association between diurnal salivary cortisol and posttraumatic stress symptoms in mothers of very preterm infants. Seventy-four mothers of very preterm infants were included in the study. Mothers' cortisol regulation and posttraumatic stress symptoms were evaluated 12 months after child theoretical term (40 weeks of gestation). Results showed an association between higher re-experiencing symptoms and flatter cortisol slopes. These results may help to understand differences found in studies assessing the relation between severity of posttraumatic stress and cortisol levels, by supporting the symptoms' theory.


Few epidemiological studies have investigated prolonged grief disorder (PGD) in the general population of Asian countries, including China. The aim of this study was to explore the rates and risks of PGD, and the association between PGD, post-traumatic stress disorder (PTSD), depression and anxiety in bereaved Chinese adults. The PG-13, PTSD Checklist-Civilian Version (PCL-C), Zung Self-Rating Depression Scale (SDS) and Zung Self-Rating Anxiety Scale (SAS) were administered to 445 subjects. Prevalence within the general population of China was 1.8% (i.e., 8/445). Among the eight subjects who met the PGD diagnosis, 75%, 87.5% and 75% scored above the cut-off point on the PCL-C, SDS and SAS, respectively, although a portion remained free from comorbidity. ANOVA, correlation analysis and stepwise multiple regression analysis demonstrated that kinship to deceased, age of the deceased, religion belief and cause of death were predictive of prolonged grief. A small proportion of bereaved persons may exhibit PGD. There is a substantial but far from complete overlap between PGD and the other three diagnoses. Bereaved parents and the widowed have high risk of PGD. These findings highlight the need for prevention, diagnosis and treatment for PGD patients.


Cognitive theories implicate information-processing biases in the etiology of anxiety disorders. Results of attention-bias studies in posttraumatic stress disorder (PTSD) have been
inconsistent, suggesting biases towards and away from threat. Within-subject variability of attention biases in posttraumatic patients may be a useful marker for attentional control impairment and the development of posttrauma symptoms. This study reports 2 experiments investigating threat-related attention biases, mood and anxiety symptoms, and attention-bias variability following trauma. Experiment 1 included 3 groups in a cross-sectional design: (a) PTSD, (b) trauma-exposed without PTSD, and (c) healthy controls with no trauma or Axis I diagnoses. Greater attention-bias variability was found in the PTSD group compared to the other 2 groups (eta(p)2=.23); attention-bias variability was significantly and positively correlated (r = .37) with PTSD symptoms. Experiment 2 evaluated combat-exposed and nonexposed soldiers before and during deployment. Attention-bias variability did not differentiate groups before deployment, but did differentiate groups during deployment (etap2=.16); increased variability was observed in groups with acute posttraumatic stress symptoms and acute depression symptoms only. Attention-bias variability could be a useful marker for attentional impairment related to threat cues associated with mood and anxiety symptoms after trauma exposure.


BACKGROUND: Prolonged Exposure (PE) therapy is an efficacious treatment for PTSD; despite this, many clinicians do not utilize it due to concerns it could cause patient decompensation. METHOD: Data were pooled from four published well-controlled studies of female assault survivors with chronic PTSD (n = 361) who were randomly assigned to PE, waitlist (WL), or another psychotherapy, including cognitive processing therapy (CPT), Eye Movement and Desensitization Reprocessing (EMDR), or the combination of PE plus stress inoculation training (SIT) or PE plus cognitive restructuring. PTSD and depression severity scores were converted to categorical outcomes to evaluate the proportion of participants who showed reliable symptom change (both reliable worsening and reliable improvement). RESULTS: The majority of participants completing one of the active treatments showed reliable improvement on both PTSD and depression compared to WL. Among treatment participants in general, as well as those who received PE, reliable PTSD worsening was nonexistent and the rate of reliable worsening of depression was low. There were no differences on any outcome measures among treatments. By comparison, participants in WL had higher rates of reliable symptom worsening for both PTSD and depression. Potential alternative explanations were also evaluated. CONCLUSIONS: PE and a number of other empirically supported therapies are efficacious and safe treatments for PTSD, reducing the frequency of which symptom worsening occurs in the absence of treatment.


The aim of the present study was to investigate neuropsychological performance in an untried trauma sample of older adults displaced during childhood at the end of World War II (WWII).
with and without posttraumatic stress disorder (PTSD) as well as transgenerational effects of trauma and PTSD on their offspring. Displaced older adults with (n=20) and without PTSD (n=24) and nondisplaced healthy individuals (n=11) as well as one of their respective offspring were assessed with a large battery of cognitive tests (primarily targeting memory functioning). No evidence for deficits in neuropsychological performance was found in the aging group of displaced people with PTSD. Moreover, no group difference emerged in the offspring groups. Findings may be interpreted as first evidence for a rather resilient PTSD group of older adults that is available for assessment 60 years after displacement.


Prospective studies of children exposed to war have not investigated disorders other than posttraumatic stress disorder (PTSD) and have methodological limitations. From a stratified random sample of 386 children and adolescents who had been interviewed 3 weeks after war exposure (Phase 1) a random subsample (N = 143) was interviewed a year later (Phase 2). PTSD, major depressive disorder (MDD), separation anxiety disorder (SAD), overanxious disorder (OAD), and psychosocial stressors were assessed using structured interviews administered to both children and adolescents and their parents. The prevalence of disorders among the 143 at Phase 1 was MDD 25.9%, SAD 16.1%, OAD 28.0%, and PTSD 26.0%, with 44.1% having any disorder. At Phase 2 the prevalence was MDD, 5.6%; SAD, 4.2%; OAD, 0%; and PTSD, 1.4%, with 9.2% having any disorder. Occurrence of disorders at Phase 1 was associated with older age, prewar disorders, financial problems, fear of being beaten, and witnessing any war event (ORs ranged from 2.5 to 28.6). Persistence of disorders to Phase 2 was associated with prewar disorders (OR = 6.0) and witnessing any war event (OR = 14.3). There are implications for detection of at-risk cases following wars by screening for adolescents exposed to family violence, those with prewar disorders, and those who directly witnessed war events to target them for specific interventions.


The purpose of the study was to report the prevalence of trauma exposure and PTSD, conditional risk of PTSD associated with each trauma exposure in the community population in Japan. An interview survey was conducted of a random sample of adult residents in 11 communities of Japan. Among 4134 respondents (response rate, 55%), data from those who completed the part 2 interview (n = 1682) were analyzed with a weight for this subsample. Lifetime experiences of 27 trauma events and PTSD were assessed using the WHO-Composite International Diagnostic Interview version 3.0. Sixty percent of the part 2 sample reported exposure to at least one lifetime traumatic event. Lifetime and 12-month PTSD prevalences were 1.3% and 0.7%, respectively. Percentage of all months lived with PTSD in the population was predominantly accounted for by physical/sexual assaults and having a child with serious illness, and unexpected death of loved one. Ten percent of respondents reported "private events", for which respondents did not have to describe the content, which accounted for 19% of months with PTSD. The lower prevalence of PTSD
in Japan seems attributable to lower conditional risks of PTSD following these events, as well as different distributions of the events. The greater impact of events that occurred to loved ones rather than to oneself and "private events" on PTSD in Japan warrants further research of cross-cultural assessment of trauma exposure and cultural heterogeneity in the trauma-PTSD relationship.


This article reviews the evidence for the treatment of children and adolescents with posttraumatic stress disorder (PTSD). Treatment strategies are discussed along with clinically relevant considerations with regard to choosing a modality, working with parents, and adaptations for specific populations. Current data suggest the efficacy of trauma-focused psychotherapies for the treatment of pediatric PTSD. Limited data from psychopharmacologic trials suggest that several classes of medications may have efficacy in youth with PTSD. The extant treatment studies in pediatric patients with PTSD and consensus recommendations suggest that treatment should be based on the individual child's most distressing and functionally impairing symptoms.


Assessment is a critical part of understanding and addressing the needs of children and adolescents exposed to trauma. A comprehensive approach to assessment that measures a range of traumatic exposures and domains of impact and uses multiple informants and techniques over time is needed to best capture the complexity of needs and presentations of traumatized youth. This approach provides a pathway to effective treatment planning. The purpose of this article is to offer a comprehensive overview of the assessment of childhood trauma, with a focus on specific tools and techniques, and the use of assessment information in practice settings.


Complex trauma refers to traumatic events that are chronic, interpersonal, and occur within the context of caregiving relationships; the term also describes the pattern of symptoms associated with such experiences. This article explores the prevalence, causes, and phenomenology of complex trauma in children and adolescents. The investigators also describe family-related and system-related issues, assessment strategies, diagnostic challenges, and clinical intervention options.


The present paper describes the development of the National Stressful Events Survey for PTSD-Short Scale (NSESSS-PTSD), a new self-report scale for PTSD that is brief (9 items), free of copyright restrictions, and consistent with DSM-5 diagnostic criteria. Study 1 describes the development of the NSESSS-PTSD scale items, which were reduced from a larger pool of items that
were administered to a subsample of individuals with probable DSM-5 PTSD diagnoses from a large national sample. The resultant scale included items from each criterion and demonstrated high internal consistency. Study 2 evaluates the psychometric properties of the NSESSS-PTSD in a trauma-exposed non-clinical sample. Strong psychometric properties were observed in the sample, including convergent validity (through comparison to the DSM-IV Posttraumatic Stress Disorder Checklist), internal consistency, and the presence of a single dominant factor. Limitations of the present studies are discussed and specific recommendations for the next steps in the validation process are provided.


IMPORTANCE: Posttraumatic stress disorder (PTSD), while highly prevalent (7.6% over a lifetime), develops only in a subset of trauma-exposed individuals. Genetic risk factors in interaction with trauma exposure have been implicated in PTSD vulnerability. OBJECTIVE: To examine the association of 3755 candidate gene single-nucleotide polymorphisms with PTSD development in interaction with a history of childhood trauma. DESIGN, SETTING, AND PARTICIPANTS: Genetic association study in an Ohio National Guard longitudinal cohort (n = 810) of predominantly male soldiers of European ancestry, with replication in an independent Grady Trauma Project (Atlanta, Georgia) cohort (n = 2083) of predominantly female African American civilians. MAIN OUTCOMES AND MEASURES: Continuous measures of PTSD severity, with a modified (interview) PTSD checklist in the discovery cohort and the PTSD Symptom Scale in the replication cohort. RESULTS: Controlling for the level of lifetime adult trauma exposure, we identified the novel association of a single-nucleotide polymorphism within the promoter region of the ADRB2 (Online Mendelian Inheritance in Man 109690) gene with PTSD symptoms in interaction with childhood trauma (rs2400707, P = 1.02 x 10-5, significant after correction for multiple comparisons). The rs2400707 A allele was associated with relative resilience to childhood adversity. An rs2400707 x childhood trauma interaction predicting adult PTSD symptoms was replicated in the independent predominantly female African American cohort. CONCLUSIONS AND RELEVANCE: Altered adrenergic and noradrenergic function has been long believed to have a key etiologic role in PTSD development; however, direct evidence of this link has been missing. The rs2400707 polymorphism has been linked to function of the adrenergic system, but, to our knowledge, this is the first study to date linking the ADRB2 gene to PTSD or any psychiatric disorders. These findings have important implications for PTSD etiology, chronic pain, and stress-related comorbidity, as well as for both primary prevention and treatment strategies.


INTRODUCTION: This study aimed to examine the prevalence rates of both post-traumatic stress disorder (PTSD) and major depression at 12 months in workers experiencing different types of occupational injury in Taiwan. Demographic and injury-related risk factors for psychological
symptoms were also evaluated. METHODS: Our study candidates were injured workers in Taiwan who were hospitalized for 3 days or longer and received hospitalization benefits from the Labor Insurance program. A two-staged survey study was conducted. A self-reported questionnaire including the Brief Symptom Rating Scale and Post-traumatic Symptom Checklist was sent to workers at 12 months after injury. Those who met the criteria were recruited for the second-stage phone interview with a psychiatrist using the Mini-international Neuropsychiatric Interview (MINI). RESULTS: A total of 1,233 workers completed the questionnaire (response rate 28.0%). Among them, 167 (13.5%) fulfilled the criteria for the MINI interview and were invited. A total of 106 (63.5%) completed the phone interview. The estimated rate of either PTSD/PPTSD or major depression was 5.2%. The risk factors for psychological symptoms were female gender, lower education level, loss of consciousness after occupational injury, injury affecting physical appearance, occupational injury experience before this event, life experience before and after this injury, length of hospital stay, self-rated injury severity, and percentage of income to the family. CONCLUSIONS: These results showed that occupational injury can cause long-term psychological impact in workers. Key demographic and injury characteristics may enhance the identification of at-risk occupational injured workers who would benefit from targeted screening and early intervention efforts.


Exposure to traumatic events places children at risk for developing distressing, significant emotional reactions such as posttraumatic stress symptoms (PTSS). These reactions also affect long-term functional outcomes. Research on identified and potential risk factors for the development of significant, persistent PTSS is under way. Evidence for preventive interventions is in its infancy but progressing. Family-centered interventions comprising education about emotional reactions to traumatic events and focusing on communication between children and parents show promising results. Only morphine has shown sufficient evidence as a pharmacologic intervention in children. Additional research is necessary to support the establishment of gold-standard preventive practices.


Early biobehavioral regulation, a major influence of later adaptation, develops through dyadic interactions with caregivers. Thus, identification of maternal characteristics that can ameliorate or exacerbate infants’ innate vulnerabilities is key for infant well-being and long-term healthy development. The present study evaluated the influence of maternal parenting, postpartum psychopathology, history of childhood maltreatment, and demographic risk on infant behavioral and physiological (i.e., salivary cortisol) regulation using the still-face paradigm. Our sample included 153 women with high rates of childhood maltreatment experiences. Mother-infant dyads completed a multimethod assessment at 7 months of age. Structural equation modeling showed that maternal positive (i.e., sensitive, warm, engaged, and joyful) and negative (i.e., overcontrolling and hostile) behaviors during interactions were associated with concurrent maternal depressive symptoms,
single parent status, and low family income. In turn, positive parenting predicted improved infant behavioral regulation (i.e., positive affect and social behaviors following the stressor) and decreased cortisol reactivity (i.e., posttask levels that were similar to or lower than baseline cortisol). These findings suggest increased risk for those women experiencing high levels of depressive symptoms postpartum and highlight the importance of maternal positive interactive behaviors during the first year for children's neurodevelopment.


The current definition of a traumatic event in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5; American Psychiatric Association, 2013) may be too narrow to describe the myriad of difficult childhood experiences. Furthermore, youth may develop a distinct pattern of symptoms in relation to complex or multiple childhood trauma experiences, the proposed developmental trauma disorder (DTD; B. A. van der Kolk, 2005) We developed and utilized a new measure, the Potentially Traumatic Experiences Questionnaire (PTEQ), to assess patterns in childhood trauma exposure. We used 2 item formats (open ended vs. closed ended) in order to explore potential differences in reporting. Furthermore, we assessed for symptoms associated with DTD following exposure to complex childhood trauma in a sample of adolescents. Participants were 186 adolescents ages 18 and 19 years old who were asked to report retrospectively on their difficult childhood experiences. The results showed that participants reported multiple events that would not be considered traumatic according to DSM-5 Posttraumatic Stress Disorder Criterion A, and those who completed the PTEQ with closed-ended items reported more differentiated trauma types than participants who completed the open-ended questionnaire. Also, participants who reported multiple or chronic events were more likely to endorse symptoms associated with DTD. This study has implications for the diagnosis and treatment of complex trauma experiences in youth.


BACKGROUND: The impact of childhood sexual abuse on birth experiences was highlighted 20 years ago in Birth. Subsequent accounts in the midwifery press testify to the emotional trauma that women who were sexually abused as children may suffer during childbirth and the potential for caregivers to make the situation worse. This study synthesizes research on the maternity care experiences of women who were sexually abused in childhood to answer the questions: what do women need during their childbearing experiences and what can health care practitioners do about it? METHODS: A metasynthesis was conducted to integrate the findings of several qualitative studies. The eight eligible studies identified by database searches were closely read, recurring themes were extracted and compared across studies, and core themes were identified by means of an interpretative process of synthesis. RESULTS: The key themes identified were control, remembering, vulnerability, dissociation, disclosure, and healing. If women were able to retain control and forge positive, trusting relationships with health care professionals, they felt safe and might experience healing in the process. "Safety" requires that women are not reminded of abusive situations. In the
absence of control and trusting relationships, maternity care can be experienced as a re-enactment of abuse. CONCLUSIONS: During their maternity care experience women who were sexually abused in childhood need to "feel safe." Health care professionals can help them achieve this feeling by seeking to ensure that those experiences do not re-enact abuse.


Early exposure to a traumatic event may produce lasting effects throughout the lifespan. Traumatic stress during adolescence may deliver a distinct developmental insult compared with more-often studied neonatal or juvenile traumatic stress paradigms. The present study describes the lasting effects of adolescent traumatic stress upon adulthood fear conditioning. Adolescent rats were exposed to a traumatic stressor (underwater trauma, UWT), then underwent fear conditioning during adulthood. Fear extinction was tested over five conditioned suppression extinction sessions three weeks later. The efficacies of two potential extinction-enhancing compounds, endocannabinoid reuptake inhibitor AM404 (10mg/kg) and M1 muscarinic positive allosteric modulator BQCA (10mg/kg), were also assessed. Finally, post-extinction fear responses were examined using a fear cue (light) as a prepulse stimulus. Rats traumatically stressed during adolescence showed blunted conditioned suppression on day 1 of extinction training, and AM404 reversed this effect. Post-extinction startle testing showed that fear conditioning eliminates prepulse inhibition to the light cue. Startle potentiation was observed only in rats without adolescent UWT exposure. AM404 and BQCA both ameliorated this startle potentiation, while BQCA increased startle in the UWT group. These results suggest that exposure to a traumatic stressor during adolescence alters developmental outcomes related to stress response and fear extinction compared to rats without adolescent traumatic stress exposure, blunting the adulthood fear response and reducing residual post-extinction fear expression. Efficacy of pharmacological interventions may also vary as a factor of developmental traumatic stress exposure.


Posttraumatic stress disorder (PTSD) is associated with a reduced ratio of naive cytotoxic T lymphocytes, an increased ratio of memory cytotoxic T lymphocytes, and a reduced proportion of FoxP3(+) regulatory T lymphocytes. This study investigated whether these immunological alterations are reversible through an evidence-based psychotherapeutic treatment. Therefore, 34 individuals with PTSD were randomly assigned to either a treatment condition of 12 sessions narrative exposure therapy (NET) or a waitlist control (WLC) group. PTSD symptoms were significantly reduced in the NET group, but not in the WLC group, four months post-therapy (effect size: Hedges’ g = -1.61). One year after therapy, PTSD symptoms were improved even further in the NET group compared to baseline (Hedges’ g = -1.96). This symptom improvement was mirrored in an increase in the originally reduced proportion of regulatory T cells (Tregs) in the NET group at the one-year follow-up, when comparing
subgroups matched for baseline Treg numbers. However, no changes were found for the initially reduced proportion of CD45RA(+)CCR7(+) naive T lymphocytes. In conclusion, NET was effective in reducing trauma-related PTSD symptoms and had a positive effect on the proportion of Tregs cells, thus demonstrating an effect of psychotherapy on an immunological level. Yet, the shift in the proportion of naive and memory T lymphocytes in individuals with PTSD, discussed in the literature as a correlate of premature immunosenescence, was not reversible and thus might render these patients permanently more susceptible to infectious diseases.


OBJECTIVES: This study examined in- and post-treatment mediation effects of a 12-session dose of Seeking Safety (SS)-an integrative cognitive behavioral treatment for comorbid PTSD and SUDs-on alcohol and cocaine outcomes in comparison to Women's Health Education (WHE) in a seven-site randomized controlled effectiveness trial. METHODS: Women (n = 353) enrolled in outpatient substance abuse treatment, who had experienced multiple traumas in childhood and/or adulthood and who had comorbid PTSD, were randomly assigned to receive SS or WHE delivered in open enrollment groups for 12 sessions in 6 weeks (unlike the full 25-topic SS protocol). Data were analyzed under two forms of longitudinal mediation analysis, each accounting for changes over time in group membership and group context, respectively. RESULTS: Women in SS, compared to WHE, showed significantly steeper decreases in PTSD frequency and severity, which in turn, showed significant impact in reducing both cocaine and alcohol use. This pattern was strongest for those who completed most of the treatment sessions, which was the majority of patients in the trial; these patterns only emerged during the in-treatment phase. CONCLUSIONS: Use of an integrated approach to PTSD/SUD such as SS can be helpful to more rapidly reduce PTSD, which consequently reduce SUD symptoms, particularly for those who attend most of the available treatment sessions. SCIENTIFIC SIGNIFICANCE: This is one of the first studies to illustrate such effects in treating comorbid PTSD and SUD in the context of a highly impaired population delivered by community-based providers. (Am J Addict 2014;23:218-225).


This study examined Zambian counselors, children, and caregivers' perceptions of an evidence-based treatment (EBT) for trauma (Trauma-Focused Cognitive Behavioral Therapy [TF-CBT]) utilized in Zambia to address mental health problems in children. Semistructured interviews were conducted with local counselors trained in TF-CBT (N = 19; 90% of those trained; 12 female) and children/caregivers who had received TF-CBT in a small feasibility study (N = 18; 86% of the children and N = 16; 76% of the caregivers) who completed TF-CBT (total completed; N = 21). Each client was asked six open-ended questions, and domain analysis was used to explore the data. Counselors were positive about the program, liked the structure and flexibility, reported positive changes in their clients, and discussed the cultural adaptation around activities and language. Counselors stated the
training was too short, and the supervision was necessary. Challenges included client engagement and attendance, availability of location, funding, and a lack of community understanding of "therapy." Children and caregivers stated multiple positive changes they attributed to TF-CBT, such as better family communication, reduction of problem behaviors, and ability to speak about the trauma. They recommended continuing the program. This study brings a critical examination of providers' and clients' perspectives of the implementation of an EBT for children in a low-resource setting. Clinical implications include changing implementation methods based on responses. Research implications include future study directions such as an effectiveness trial of TF-CBT and an examination of implementation factors.


This study investigated the effect of bereavement (father death due to war in Afghanistan) on autobiographical memory specificity in Afghan adolescents living in Iran. Participants consisted of bereaved (n=70) and non-bereaved (n=33) Afghan adolescents. The measures included Farsi versions of the Autobiographical Memory Test, Mood and Feeling Questionnaire, Revised Children's Manifest Anxiety Scale, and Impact of Event Scale. Results indicated that the bereaved group retrieved a significantly lower proportion of specific memories and a significantly greater proportion of extended and categoric memories than the non-bereaved group. Additionally, depression symptoms and reduced autobiographical memory specificity were significantly correlated. These findings suggest that bereaved adolescents have impaired autobiographical memory specificity.


PURPOSE: Risk factors for children's development are multifarious and co-occur, having cumulative as well as individual impacts. Yet common configurations of early childhood risks remain little understood. The current study aimed to identify patterns of early risk exposure and to examine their relationship with diverse outcomes in middle childhood. METHODS: Using latent class analysis in a large, community-based, UK sample (N = 13,699), we examined 13 putative risk factors to identify patterns of exposure. RESULTS: Four risk configurations were identified: low (65 %), socio-demographic (14 %), family dysfunction (12 %), and multiple (9 %) risk classes. As expected, children in the low risk group fared best on all outcome measures, and those with multiple risk, worst. Importantly, specificity in associations with outcomes emerged, such that cognitive outcomes were predominantly linked with socio-demographic adversities, emotional difficulties with family dysfunction, and conduct problems increased across risk classes. CONCLUSIONS: Better understanding of configurations of childhood risk exposures may help to target resources for children in need.

BACKGROUND: In humanitarian settings, family-level drivers of mental health are insufficiently documented; we examined the strength of caregiver-child associations with two-wave, family-level Afghan data. METHODS: We recruited a gender-balanced sample of 681 caregiver-child dyads (n = 1,362 respondents) using stratified random-sampling in government schools in Kabul (364 dyads) and refugee schools in Peshawar (317 dyads). One year after baseline, we re-interviewed 64% of Kabul and 31% of Peshawar cohorts (n = 331 dyads, 662 respondents), retaining fewer Peshawar families due to refugee repatriation. In multivariable analyses adjusted for baseline, we assessed the extent to which caregiver mental health (Self-Report Questionnaire, SRQ-20) was associated with child symptom scores of post-traumatic stress (Child Revised Impact of Events Scale, CRIES), depression (Depression Self-Rating Scale, DSRS), psychiatric difficulties, impact, and prosocial strength (Strength and Difficulties Questionnaire, SDQ). RESULTS: Caregiver mental health was prospectively associated with all eight measures of child mental health at follow-up, adjusted for baseline. For post-traumatic stress, caregiver mental health had a predictive impact comparable to the child experiencing one or two lifetime trauma events. For depression, caregiver mental health approached the predictive impact of female gender. Thus a one SD change in caregiver SRQ-20 was associated with a 1.04 point change on CRIES and a 0.65 point change in DSRS. For multi-informant SDQ data, caregiver-child associations were strongest for caregiver ratings. For child-rated outcomes, associations were moderated by maternal literacy, a marker of family-level dynamics. Both adults and children identified domestic violence and quality of home life as independent risk and protective factors. CONCLUSIONS: In the context of violence and displacement, efforts to improve child mental health require a thoughtful consideration of the mental health cascade across generations and the cluster of adversities that impact family wellbeing. We identify culturally meaningful leverage points for building family-level resilience, relevant to the prevention and intervention agenda in global mental health.


We compared executive functions (EFs) of traumatized preadolescent children with and without marked posttraumatic stress disorder (PTSD) symptoms to the performance of a nontraumatized control group, and examined the relationships between EF deficits and functional status in traumatized preadolescent children. Fifty-one preadolescent children who had witnessed a death at school 30 months prior (26 with marked PTSD symptoms and 25 without) and 30 healthy controls who had not been traumatized participated. EFs were examined using the Comprehensive Attention Test (CAT). The functional state of traumatized children was measured by the Parent Report Form-Children's Health and Illness Profile-Children's Edition (PRF-CHIP-CE). The traumatized children, regardless of status of PTSD symptomatology, showed poorer working memory performance than nontraumatized healthy controls. The traumatized children with marked PTSD symptoms performed more poorly on measures of interference control compared to those children without marked PTSD symptoms. Lower levels of EFs were associated with lower risk avoidance and diminished academic
achievement in traumatized children. These results indicate that an inhibitory control deficit is specifically associated with the current PTSD symptoms but not with trauma exposure per se.


Disasters can have wide-ranging effects on individuals and their communities. Loss of specific resources (e.g., household contents, job) following a disaster has not been well studied, despite the implications for preparedness efforts and postdisaster interventions. OBJECTIVE: To provide information about the effects of loss on postdisaster distress, the present study assessed associations between disaster-related variables, including the loss of specific resources, and postdisaster distress. METHOD: Random-digit dialing methodology was used to recruit hurricane-affected adults from Galveston and Chambers, TX, counties one year after Hurricane Ike. Data from 1,249 survivors were analyzed to identify predictors of distress. RESULTS: Variables that were significantly associated with posttraumatic stress disorder symptoms included sustained losses, hurricane exposure, and sociodemographic characteristics; similar results were obtained for depressive symptoms. CONCLUSIONS: Together, these findings suggest risk factors that may be associated with the development of posthurricane distress that can inform preparedness efforts and posthurricane interventions.


BACKGROUND: Bipolar disorder is a highly heritable illness, with a positive family history robustly predictive of its onset. It follows that studying biological children of parents with bipolar disorder may provide information about developmental pathways to the disorder. Moreover, such studies may serve as a useful test of theories that attribute a causal role in the development of mood disorders to psychological processes. METHOD: Psychological style (including self-esteem, coping style with depression, domain-specific risk-taking, sensation-seeking, sensitivity to reward and punishment, and hypomanic personality and cognition) was assessed in 30 offspring of bipolar parents and 30 children of well parents. Parents of both child groups completed identical assessments. RESULTS: Although expected differences between parents with bipolar disorder and well parents were detected (such as low self-esteem, increased rumination, high sensitivity to reward and punishment), offspring of bipolar parents were, as a group, not significantly different from well offspring, apart from a modest trend towards lower adaptive coping. When divided into affected and non-affected subgroups, both groups of index children showed lower novelty-seeking. Only affected index children showed lower self-esteem, increased rumination, sensitivity to punishment, and hypomanic cognitions. Notably, these processes were associated with symptoms of depression. CONCLUSION: Psychological abnormalities in index offspring were associated with having met diagnostic criteria for psychiatric illnesses and the presence of mood symptoms, rather than preceding them. Implications of the present findings for our understanding of the development of bipolar disorder, as well as for informing early interventions, are discussed.
Sexual assault survivors receive various positive and negative social reactions to assault disclosures, yet little is known about mechanisms linking these social reactions to posttraumatic stress disorder (PTSD) symptoms and problem drinking. Data from a large, diverse sample of women who had experienced adult sexual assault were analyzed with structural equation modeling to test a theoretical model of the relationships between specific negative social reactions (e.g., controlling, infantilizing) and positive reactions (e.g., tangible support), perceived control over recovery, PTSD, and drinking outcomes (N = 1,863). A model disaggregating controlling reactions from infantilizing reactions showed that infantilizing reactions in particular related to less perceived control, which in turn was related to more PTSD and problem drinking, whereas controlling reactions were not related to perceived control, PTSD, or problem drinking. Tangible support was related to increased perceived control over recovery, yet it was not protective against PTSD or problem drinking. Finally, PTSD and drinking to cope fully mediated the effect of perceived control on problem drinking. Implications for practice and suggestions for future research are discussed.


This review addresses universal disaster and terrorism services and preventive interventions delivered to children before and after an event. The article describes the organization and structure of services used to meet the needs of children in the general population (practice applications), examines screening and intervention approaches (tools for practice), and suggests future directions for the field. A literature search identified 17 empirical studies that were analyzed to examine the timing and setting of intervention delivery, providers, conditions addressed and outcomes, and intervention approaches and components.


Posttraumatic Stress Disorder (PTSD) and Major Depressive Disorder (MDD) are two highly comorbid and debilitating disorders experienced by more than half of intimate partner violence victims (IPV). Hypothalamic-pituitary-adrenal (HPA) abnormalities are common in both disorders, though the direction of abnormalities often differs. The present study examined the relationship between comorbid PTSD and MDD, and the (salivary) cortisol waking response in 104 recently abused IPV victims. Waking cortisol levels, area under the waking curve with respect to ground (AUCg), and AUC with respect to increase (AUCi) were examined to determine the relation of HPA dynamics to comorbidity for basal versus more dynamic measures. Prior to accounting for comorbidity, women with PTSD or MDD showed significantly greater AUCi than women without the respective disorder. Accounting for comorbidity, PTSD only did not differ from other groups, while MDD only and PTSD + MDD showed greater AUCi than women with neither disorder. Results were
nonsignificant for waking cortisol levels or AUCg. Results suggest that MDD drives elevated waking cortisol response, but not basal cortisol activity in recently abused IPV victims. Results demonstrate the importance of examining comorbid diagnoses and HPA activity from a dynamic perspective. Therapeutic implications are discussed.


PURPOSE: Supportive social networks are important to the post-traumatic response process. However, the effects of social network structure may be distinct from the perceived function of those networks. The present study examined the relative importance of role diversity and perceived strength of social support in mitigating post-traumatic stress disorder (PTSD). METHODS: Data were drawn from respondents who report lifetime potentially traumatic events in the National Epidemiologic Survey on Alcohol and Related Conditions (N = 31,650). The Social Network Index (SNI) was used to measure the diversity of social connections. The Interpersonal Support Evaluation List (ISEL-12) was used to measure the perceived availability of social support within the network. Odds of current PTSD were compared among individuals representing four dichotomous types of social support: high diversity/high perceived strength, high diversity/low perceived strength, low diversity/high perceived strength, and low diversity/low perceived strength to examine which type of support is more protective against PTSD. RESULTS: Unadjusted odds of PTSD were 1.59 (95 % CI 1.39-1.82) for those with low versus high perceived support strength, and 1.10 (0.94-1.28) among those with non-diverse versus diverse social networks. Compared to the reference group (high diversity/high perceived strength), the adjusted odds of current PTSD were higher for two groups: low diversity/low perceived strength (OR = 1.62; 1.33-1.99), and low diversity/high perceived strength (OR = 1.57; 1.3-1.91). The high diversity/low perceived strength group had no greater odds of PTSD (OR = 1.02; 0.81-1.28). CONCLUSION: The diversity of a social network is potentially more protective against PTSD than the perception of strong social support. This suggests that programs, which engage individuals in social groups and activities may effectively attenuate the risk of PTSD. A better understanding of how these networks operate with respect to PTSD prevention and mitigation holds promise for improving psychiatric health.


INTRODUCTION: Prior studies have addressed sexual abuse and sexual function in adult women. No studies have focused on the effect of adolescence rape on sexual functioning. AIM: To investigate the effect of rape on sexual problems and on pelvic floor problems, as well as the mediating role of pelvic floor problems on sexual problems, in a homogenous group of victims of adolescence rape without a history of childhood sexual, physical, and/or emotional abuse. MAIN OUTCOME MEASURES: Sexual functioning and pelvic floor functioning were assessed using self-report questionnaires. METHODS: In this cross-sectional study, a group of 89 young women aged 18-25 years who were victimized by rape in adolescence was compared with a group of 114 nonvictimized controls. The rape victims were treated for posttraumatic stress disorder (PTSD)
years prior to participation in the study. RESULTS: Three years posttreatment, rape victims were 2.4 times more likely to have a sexual dysfunction (lubrication problems and pain) and 2.7 times more likely to have pelvic floor dysfunction (symptoms of provoked vulvodynia, general stress, lower urinary tract, and irritable bowel syndrome) than nonvictimized controls. The relationship between rape and sexual problems was partially mediated by the presence of pelvic floor problems. Rape victims and controls did not differ with regard to sexual activities. CONCLUSIONS: Rape victims suffer significantly more from sexual dysfunction and pelvic floor dysfunction when compared with nontraumatized controls, despite the provision of treatment for PTSD. Possibly, physical manifestations of PTSD have been left unaddressed in treatment. Future treatment protocols should consider incorporating (physical or psychological) treatment strategies for sexual dysfunction and/or pelvic floor dysfunction into trauma exposure treatments.


Studies reporting a link between child maltreatment and addiction have typically focused on physical and sexual abuse. In contrast, emotional maltreatment has rarely been studied in substance-abusing samples although it is associated with a wide range of dysfunction. The current study aimed to determine the specific impact of different types of maltreatment and peer victimization on alcohol dependence and to examine the potentially mediating role of psychopathology. A sample of treatment seeking adults with alcohol dependence (N=72) underwent an extensive clinical examination including both a standardized interview and self-report measures. Child maltreatment, peer victimization, severity of alcohol dependence, and general psychopathology were assessed. Regression analyses revealed that emotional maltreatment was the strongest predictor of alcohol dependence severity whereas a unique contribution of peer victimization was not found. Our findings suggest that emotional maltreatment might have a major role in the etiology of AD that seems to exceed the contribution of other abuse and victimization experiences. Thereby, the study underscores the need for considering child maltreatment experiences in the prevention and treatment of AD.


BACKGROUND: Trauma care systems aim to reduce both death and disability, yet there is little data on post-trauma health status and functional outcome. OBJECTIVES: To evaluate baseline, discharge, six month and 12 month post-trauma quality of life, functional outcome and predictors of quality of life in Hong Kong. METHODS: Multicentre, prospective cohort study using data from the trauma registries of three regional trauma centres in Hong Kong. Trauma patients with an ISS>/=9 and aged>/=18 years were included. The main outcome measures were the physical component summary (PCS) score and mental component summary (MCS) scores of the Short-Form 36 (SF36) for health status, and the extended Glasgow Outcome Scale (GOSE) for functional outcome. RESULTS: Between 1 January 2010 and 31 September 2010, 400 patients (mean age 53.3 years;
range 18-106; 69.5% male) were recruited to the study. There were no statistically significant differences in baseline characteristics between responders (N=177) and surviving non-responders (N=163). However, there were significant differences between these groups and the group of patients who died (N=60). Only 16/400 (4%) cases reported a GOSE//=7. 62/400 (15.5%) responders reached the HK population norm for PCS. 125/400 (31%) responders reached the HK population norm for MCS. If non-responders had similar outcomes to responders, then the percentages for GOSE//7 would rise from 4% to 8%, for PCS from 15.5% to 30%, and for MCS from 31% to 60%. Univariate analysis showed that 12-month poor quality of life was significantly associated with age>65 years (OR 4.77), male gender (OR 0.44), pre-injury health problems (OR 2.30), admission to ICU (OR 2.15), ISS score 26-40 (OR 3.72), baseline PCS (OR 0.89), one-month PCS (OR 0.89), one-month MCS (OR 0.97), 6-month PCS (OR 0.76) and 6-month MCS (OR 0.97).

CONCLUSION: For patients sustaining moderate or major trauma in Hong Kong at 12 months after injury 1 in 10 patients had an excellent recovery, </=3 in 10 reached a physical health status score //=Hong Kong norm, although as many as 6 in 10 patients had a mental health status score which is //=Hong Kong norm.


BACKGROUND: Suicide rates have risen considerably in the United States Army in the past decade. Suicide risk is highest among those with past suicidality (suicidal ideation or attempts). The incidence of posttraumatic stress disorder (PTSD) and depressive illnesses has risen concurrently in the U.S. Army. We examined the relationship of PTSD and depression, independently and in combination, and rates of past-year suicidality in a representative sample of U.S. Army soldiers.

METHODS: This study used the DoD Survey of Health Related Behaviors Among Active Duty Military Personnel (DoD HRB) (N=5927). Probable PTSD and depression were assessed with the PTSD Checklist (PCL) and the 10-item short form of the Center for Epidemiologic Studies Depression Scale (CES-D), respectively. Past-year suicidality was assessed via self-report. RESULTS: Six percent of Army service members reported suicidality within the past year. PTSD and MDD were each independently associated with past-year suicidality. Soldiers with both disorders were almost three times more likely to report suicidality within the past year than those with either diagnosis alone. Population-attributable risk proportions for PTSD, depression, and both disorders together were 24%, 29%, and 45%, respectively. LIMITATIONS: The current study is subject to the limitations of a cross-sectional survey design and the self-report nature of the instruments used. CONCLUSIONS: PTSD and depression are each associated with suicidality independently and in combination in the active duty component of the U.S. Army. Soldiers presenting with either but especially both disorders may require additional outreach and screening to decrease suicidal ideation and attempts.


Those who have experienced abuse may be prone to engaging in risky sexual behavior and risky drug use. The relationship between sexual abuse and risky behavior has been well established.
in the literature, but the association between physical abuse and risky drug use has been equivocal. We hypothesize that the experience of PTSD symptoms following physical abuse leads to risky drug use. Therefore, we examined the associations among physical abuse history, PTSD symptoms, and HIV-related drug risk in a sample of 121 opioid-dependent persons to determine whether PTSD symptoms mediated the relationship between physical abuse history and drug risk. Participants were recruited during an acute care hospital inpatient stay. Physical abuse history was associated with increased drug risk, and PTSD symptoms were associated with increased drug risk. However, PTSD symptoms were not found to be a mediator of the association between physical abuse history and HIV-related drug risk. These findings highlight the importance of assessing abuse history in high-risk samples of opioid users.


This study examines variables associated with posttraumatic stress symptoms (PTS) and posttraumatic growth among 2 independent samples of survivors following the Indian Ocean tsunami in Khao Lak, Thailand. Participants were exposed to unprecedented horror and loss of life and property. At 3 months participants (N = 248) were living in temporary shelters, and at 15 months a second sample (N = 255) was living in homes built after the tsunami. Prior traumatic experiences, life threat, loss of personal characteristic resources and condition resources, somatic problems, and social support accounted for close to half of the variance in PTS in each sample. At 3 months, emotion-focused coping and concerns about government favoritism also contributed to PTS. At 15 months, lack of prior disaster experience and loss of energy resources also contributed to PTS. Distress was higher among participants surveyed at 3 months than among those surveyed at 15 months. Posttraumatic growth was positively associated with social support and problem-focused coping in both samples. The findings support conservation of resources stress theory (Hobfoll, 2012) and underscore how systemic issues affect mental health. The implications of the findings are discussed, as is the educational International Tsunami Museum designed by the first author to address systemic stressors.


Extensive evidence exists for an association between attentional bias (AB; attentional vigilance or avoidance) and anxiety. Recent studies in healthy participants suggest that attentional control (AC) may facilitate inhibition of automatic attentional processes associated with anxiety. To investigate relationships among AC, trauma-related AB, symptom severity and trait anxiety in patients with Posttraumatic Stress Disorder (PTSD), participants (N = 91) completed self-report measures of AC, posttraumatic stress symptoms (PTSS) and trait anxiety. AB was measured with a pictorial version of the Dot Probe Test. AC moderated the relationship between PTSS and AB (threat avoidance). Patients high in PTSS and low in AC showed attentional avoidance. No association between PTSS and AB in patients with medium or high levels of AC was found. A similar pattern of
results was observed for the relationship between trait anxiety, AC and AB. These results suggest that a low ability to control attention is a risk factor for AB in PTSD. This first clinical study corroborates the accumulating evidence from analog studies that individual differences in top-down attentional control are of considerable importance in the expression of AB in anxious psychopathology.


INTRODUCTION: Traumatic event exposure is common among cigarette smokers, and elevated posttraumatic stress symptoms (PTSS) are associated with increased smoking levels. As such, the current study examined factors that may contribute to elevated PTSS among trauma-exposed smokers. Insomnia and emotion dysregulation may be particularly relevant among smokers, and are each associated with PTSS. However, it remains unclear whether these factors are associated with PTSS after accounting for the effects of dispositional factors and each other, and whether they may interact to predict PTSS. Thus, the current study sought to test whether insomnia and emotion dysregulation are independently associated with PTSS after accounting for negative affectivity and number of traumas experienced, and to investigate the potential interactive influence of these factors on PTSS.

METHOD: Hypotheses were tested cross-sectionally among a community sample of trauma-exposed individuals who presented for smoking cessation treatment (n=349).

RESULTS: Results demonstrated that insomnia and emotion dysregulation each predicted elevated PTSS after controlling for the other, negative affectivity and number of traumas experienced. In addition, the interaction between insomnia and emotion dysregulation was significant, such that higher levels of insomnia and emotion dysregulation were associated with the most severe PTSS.

LIMITATIONS: Future research should examine these factors among a clinical sample of individuals with PTSD, as well as utilize prospective designs.

CONCLUSIONS: Findings highlight the roles of insomnia and emotion dysregulation in contributing to elevated PTSS among trauma-exposed smokers, and the potential importance of targeting these factors in the context of PTSD treatment.


It is important to define subpopulations with mental health and psychosocial reactions in the medium-term following conflict to ensure that an appropriate array of services are provided to meet the diversity of needs. We conducted a latent class analysis (LCA) on epidemiological data drawn from an urban and rural sample of 1221 adults (581 men and 640 women, response 82%) in post-conflict Timor Leste 4 years after the cessation of violence. The prevalence of PTSD was 4.9%; severe distress 4.8%; anger attacks 38.3%; and paranoid-like symptoms 10.9%. The best fitting LCA
yielded three classes comprising those with no or minimal symptoms (86%), a class with anger-paranoia (13%) and a comorbid mental disorder class (1.5%) characterized by PTSD (100%) and severe distress (98%). The comorbid mental disorder class had an over-representation of men, the unemployed, residents in the urban area and persons with the greatest exposure to human rights trauma, murder and health stress. The anger-paranoia class experienced moderate levels of trauma and had an over-representation of urban dwellers, women, and those with higher levels of education. The analysis assists in clarifying the populations with mental disorder and adverse psychosocial reactions in need of intervention in the medium-term following conflict.


There is a great need to recognize, prevent, reduce, or treat the immediate and long-term effects of childhood trauma. Most children affected by trauma will not develop long-term posttraumatic sequelae due to their resilience, but comorbid psychopathological outcomes occur and are more common after exposure to severe traumatic events. Factors influencing posttraumatic outcomes are numerous. Young dependent children tend to be more susceptible than older children; children with pain or injury are also more susceptible. Psychopathological effects may not be evident until adulthood. Awareness of the range of adverse outcomes underscores the importance of preventive interventions, accurate assessment, diagnosis and where possible, treatment. Advocacy and public policy initiatives are essential to improving outcomes.


PURPOSE: A substantial proportion of adults experience traumatic events each year, yet little is known about the effects of different types of traumatic events on depression severity over time. We prospectively assessed the effects of traumatic event exposure during a 1-year period on changes in depression severity during that period among a representative sample of adults living in Detroit, Michigan in the United States. METHODS: We used data from 1,054 participants in the first two waves of the Detroit Neighborhood Health Study (2008-2010). Depression severity was measured with the Patient Health Questionnaire-9 (PHQ-9). Negative binomial regression was used to estimate the effect of traumatic event exposure on depression severity at Wave 2, adjusting for Wave 1 PHQ-9 score and potential confounders. RESULTS: The mean depression severity score at Wave 2 among those exposed to at least one traumatic event during follow-up was 1.71 times higher than among those with no traumatic event exposure [95 % confidence interval (CI) 1.27-2.29]. Also positively associated with depression severity at Wave 2 (vs. no traumatic events) were assaultive violence (mean ratio 2.49, 95 % CI 1.41-4.38), injuries and other directly experienced shocking events (mean ratio 2.59, 95 % CI 1.62-3.82), and three or more traumatic events (mean ratio 2.58,
95% CI 1.62-4.09). CONCLUSIONS: Violence, injuries, and other directly experienced traumatic events increase depression severity and may be useful targets for interventions to alleviate the burden of depression in urban areas.


Background Rape trauma contributes significantly to the mental burden of disease, affecting resilience and vulnerabilities at every developmental life stage. Appropriate resilience-promoting strategies could potentially buffer or protect trauma-exposed individuals from psychopathology. Aim This study aimed to assess and compare (using validated measuring instruments) resilience, post-traumatic stress disorder (PTSD) and other variables in the acute aftermath of rape, between adolescent and adult females and to assess associations with these variables. Method We conducted a comparative analysis of resilience, PTSD, prior trauma, demographic variables and psychiatric morbidity in 41 adolescent and 47 adult female rape survivors six weeks post-rape. We assessed the relationship of resilience to PTSD, demographic variables and prior trauma and investigated if resilience levels predicted PTSD after adjusting for prior trauma. Results We found no significant differences in resilience levels between the groups, but the adolescent PTSD rate (40%) was double that in adults (20%). In adults, a significant negative correlation was evident between resilience and PTSD symptoms scores. Conclusion More knowledge of resilience versus stress susceptibility for PTSD throughout the lifespan is needed and can inform the development of more effective clinical assessment and resilience-promoting strategies.


BACKGROUND: Prior studies have found that the 5-HTTLPR polymorphism in the promoter region of the serotonin transporter gene (SLC6A4) interacts with stressful life events to increase general risk for PTSD, but this association has not extended to African American samples. Further, little is known about the effects of this interaction on specific PTSD symptom clusters, despite indications that clusters may have different biological substrates. The current study examined the interaction between exposure to childhood emotional abuse and 5-HTTLPR genotype on risk for PTSD symptom severity and severity of specific PTSD symptom clusters in two African American samples. METHODS: Participants were 136 African American household residents from Detroit, MI and 546 African American patients recruited from waiting rooms in primary care clinics in Atlanta, GA. Participants reported emotional abuse exposure and PTSD symptom severity, and provided DNA for triallelic 5-HTTLPR genotyping. Analysis of covariance (ANCOVA) was used to examine main effects and interactions. RESULTS: In both African American samples, 5-HTTLPR genotype modified the effect of emotional abuse on PTSD symptom severity. Participants with the low-expression SS genotype who were exposed to emotional abuse had significantly lower reexperiencing and arousal symptom severity scores. LIMITATIONS: The DNHS genetic sample size was small, and abuse data
were assessed retrospectively. CONCLUSIONS: The SS variant of 5-HTTLPR appears to buffer against developing the reexperiencing and arousal symptoms of PTSD in two independent African American samples exposed to childhood emotional abuse. Findings also highlight the importance of considering emotional abuse experiences in patients with suspected PTSD.


Anxiety and depression are prevalent, impairing disorders. High comorbidity has raised questions about how to define and classify them. Structural models emphasise distinctions between "fear" and "distress" disorders while other initiatives propose they be defined by neurobiological indicators that cut across disorders. This study examined startle reflex (SR) modulation in adolescents with principal fear disorders (specific phobia; social phobia) (n=20), distress disorders (unipolar depressive disorders, dysthymia, generalised anxiety disorder; post-traumatic stress disorder) (n=9), and controls (n=29) during (a) baseline conditions, (b) threat context conditions (presence of contraction pads over the biceps muscle), and (c) an explicit threat cue paradigm involving phases that signalled safety from aversive stimuli (early and late stages of safe phases; early stages of danger phases) and phases that signalled immediate danger of an aversive stimulus (late stages of danger phases). Adolescents with principal fear disorders showed larger SRs than other groups throughout safe phases and early stages of danger phases. SRs did not differ between groups during late danger phases. Adolescents with principal distress disorders showed attenuated SRs during baseline and context conditions compared to other groups. Preliminary findings support initiatives to redefine emotional disorders based on neurobiological functioning.


This is the first case review to explicate perceptual hypnotic principles such as differentiation, characteristics of an adequate personality, and the need for adequacy, as utilized in clinical hypnosis in a complex case that altered the distorted perceptions and personal meanings of an eleven-year-old girl who believed that she had Bipolar Disorder and her body and mind were damaged. This qualitative case study examines aspects of hypnosis during therapy from a perceptual point of view to illustrate frustrations in difficult cases and identify some of the causes and origins of alleged clinical pathology in adverse environments. Some moments of effective self-healing through supporting internally controlled changes in perception during hypnotic experiencing are highlighted rather than externally focusing on observed thoughts and behavior. Factors relevant to social psychological research, such as family dynamics, poverty, and interactions with social service agencies and institutions, creating learned pathology, are pointed out for future research.