

## January, 2013 PILOTS Topic Alert

---

Ahmed, F., B. S. Spottiswoode, et al. (2012). "Relationship between neurocognition and regional brain volumes in traumatized adolescents with and without posttraumatic stress disorder." *Neuropsychobiology* 66(3): 174-184.

**OBJECTIVES:** Studies using convergent neurocognitive and structural imaging paradigms in adolescent PTSD are limited; in the current study we used both voxel-based morphometry (VBM) to obtain between-group volumetric differences, and Freesurfer to examine the relationship between cognition and regional brain volumes. **METHODS:** Participants were 21 traumatized adolescents with PTSD matched with 32 traumatized adolescents without PTSD. Magnetic resonance images were obtained on a 1.5-Tesla MAGNETOM Siemens Symphony scanner. VBM implemented on FSL was then used to compare between-group grey matter volumes, after which Freesurfer was used to obtain global volume and thickness measurements in different brain regions. **RESULTS:** Significant between-group neurocognitive differences were found for tests of attention, delayed recall, and visual reconstruction. On VBM, reduced grey matter was found in three regions in the PTSD group: left insula, right precuneus, and right cingulate gyrus, using uncorrected values ( $p < 0.001$ ), while no statistically significant between-group differences were found on the initial Freesurfer stream. Further Freesurfer analysis on Qdec revealed significant reductions in the insula for the PTSD group. In addition, volumetric changes in the corpus callosum and insula were significantly associated with deficits in logical memory and visual reproduction on Freesurfer analysis. **CONCLUSIONS:** Trauma exposure of itself may be sufficient to cause structural changes in adolescents regardless of PTSD development.

Allard, M.-A., M. Cyr, et al. (2011). "Impact psychologique sur des pères non-agresseurs du dévoilement d'une agression sexuelle par un enfant = The psychological impact of the disclosure of child sexual abuse on non-offending fathers." *Revue Francophone du Stress et du Trauma* 11(4): 239-250.

While many studies have stressed the importance of looking at the psychological consequences experienced by parents following the disclosure of their child's sexual abuse, the majority have focused exclusively on mothers. So, the present qualitative study intends to shed some light on the experience of non-offending fathers whose child has been the victim of sexual abuse. 17 fathers took part in individual semi-structured interviews. During these interviews, the emotional, cognitive, and behavioral reactions following disclosure of sexual abuse were addressed, in addition to intra and interpersonal consequences. Results indicate that fathers experience a diversity of psychological turmoil. In fact, 53% of fathers present symptoms associated with PTSD and more than 70% described reactions associated with depressive symptoms. They are confronted with the loss of

their child's naivety and innocence and they go through a mourning process made up of four stages: shock, anger, psychological distress, and appeasement. Clinical implications are discussed.

Bachman-DeSilva, M., A. Skalicky, et al. (2012). "Longitudinal evaluation of the psychosocial well-being of recent orphans compared with non-orphans in a school-attending cohort in KwaZulu-Natal, South Africa." *International Journal of Mental Health Promotion* 14(3): 162-182.

To assess differences in psychosocial well-being between recent orphans and non-orphans, we followed a cohort of 157 school-going orphans and 480 non-orphans ages 9-15 in a context of high HIV/AIDS mortality in South Africa from 2004 to 2007. Several findings were contrary to the published evidence to date, as we found no difference between orphans and non-orphans in anxiety/depression symptoms, oppositional behavior, self-esteem, or resilience. Female gender, self-reported poor health, and food insecurity were the most important predictors of children's psychosocial well-being. Notably, girls had greater odds of reporting anxiety/depression symptoms than boys, and scored lower on self-esteem and resilience scales. Food insecurity predicted greater anxiety/depression symptoms and lower resilience. Perceived social support was a protective factor, as it was associated with lower odds of anxiety/depression symptoms, lower oppositional scores, and greater self-esteem and resilience. Our findings suggest a need to identify and strengthen psychosocial supports for girls, and for all children in contexts of AIDS-affected and economic adversity.

Bahali, K., R. Akcan, et al. (2010). "Child sexual abuse: seven years in practice." *Journal of Forensic Sciences* 55(3): 633-636.

The purpose of this study was to determine the socio-demographic characteristics of sexually abused children. The records of 101 cases of child sexual abuse (CSA) were retrospectively evaluated. Socio-demographic characteristics of the victims, type of sexual abuse, and psychiatric diagnosis were studied. Of the victims, 56.4% (n = 57) were female and 43.6% (n = 44) were male. The mean age was  $9.57 \pm 3.5$ , with a range of 4-17 years. 93 (92.1%) of the victims had been admitted as part of the legal process. The majority (66.3%) of the victims had been abused by an acquaintance, while 33.7% had been abused by a stranger. Anal or vaginal penetration was reported in 48.5% of the cases. PTSD was the most common (54.5%) psychiatric diagnosis established after sexual abuse. Descriptive data related to the abused children and an understanding of the consequences of CSA will help authorities in planning prevention.

Baubet, T. (2011). "Enfants du Japon = [children of Japan] [editorial]." *Revue Francophone du Stress et du Trauma* 11(1): 3-4.

Blom, M. and R. Oberink (2012). "The validity of the DSM-IV PTSD criteria in children and adolescents: a review." *Clinical Child Psychology and Psychiatry* 17(4): 571-601.

OBJECTIVE: DSM-V is on its way and doubts have been raised regarding the validity of pediatric PTSD. It is the goal of the current review to critically review the empirical literature on PTSD in youth. METHOD: A search of PsycINFO, PubMed, and reference lists was conducted. Empirical

information considered relevant regarding the validity of the criteria was collected.

**RESULTS/CONCLUSIONS:** The validity of the symptom criteria and clusters varies, with the Avoidance/Numbing cluster outperforming the Re-experiencing – and Arousal cluster. Factor analytic findings suggest that Arousal criterion D4 should be placed within the Re-experiencing cluster, and that the Avoidance/Numbing cluster should be split up. Some non-DSM-IV PTSD symptoms, among which guilt, have considerable validity in trauma-exposed youth and their inclusion in DSM-V PTSD should be considered. As for preschool children, alternative criteria are recommended that are more developmentally sensitive.

Bonnet, G. (2010). "Le trauma par défaut = Trauma by default." *Revue Francophone du Stress et du Trauma* 10(3): 141-144.

The issue of trauma doesn't concern serious problems exclusively. It also occurs in common events, in everyday life and also when the child has been exposed to puzzling messages or explicitly sexual gestures, without benefiting from his family circle's support at the more destabilized as nobody is helping him cope with the situation. The author begins with considering the most easily decoded situation, i.e., the so-called home-accidents, which children are the victims of due to the parents' more or less obvious neglect, and he then considers a less obvious but finally much more serious case with what he calls "traumas by default" (due to lack of support) in which he refers to perversion clinics, to Sade, and to the main cultural creations surrounding the myth of Don Juan.

Boyes, M. E., L. D. Cluver, et al. (2012). "Psychometric properties of the Child PTSD Checklist in a community sample of South African children and adolescents." *PLoS ONE* 7(10): 1-e46905.

**OBJECTIVE:** The current study assessed the basic psychometric properties of the Child PTSD Checklist and examined the structure of symptoms of PTSD in a large sample of South African youth. **METHODOLOGY:** The checklist was completed by 1025 (540 male; 485 female) South African youth (aged between 10 and 19 years). The factor structure of the scale was assessed with a combination of confirmatory and exploratory techniques. Internal consistencies for the full scale and all subscales were evaluated with Cronbach's alpha and McDonald's omega. Validity was assessed by comparing PTSD scores obtained by children who had and had not experienced a traumatic event, and by examining associations between total PTSD scores and known correlates of PTSD. **RESULTS:** Scores on the Child PTSD Checklist clearly discriminated between youth who had experienced a traumatic event and those who had not. Internal consistencies for the full scale (and all subscales) were acceptable to good and hypothesized correlations between PTSD, depression, anxiety, somatic symptoms, and age were observed. Two of the reported fit statistics for the tripartite DSM-IV-TR model of PTSD did not meet traditional criteria and further exploratory analyses revealed a four-factor structure (broadly consistent with Simms and colleagues' Dysphoria Model of PTSD symptoms) which provided a better fit to the observed data. **CONCLUSION:** Given the continued use of the Child PTSD Checklist in South Africa, findings offer an important first step in establishing the reliability and validity of the checklist for use with South African youth. However, further evaluation of the checklist in South African samples is clearly required before conclusions regarding its use as diagnostic tool in this context can be made.

Brodsky, B. S., J. J. Mann, et al. (2008). "Familial transmission of suicidal behavior: factors mediating the relationship between childhood abuse and offspring suicide attempts." *Journal of Clinical Psychiatry* 69(4): 584-596.

**BACKGROUND:** Self-reported childhood sexual abuse is associated with major depression and with suicidal behavior. The current study investigates the relationship between reported childhood abuse and the familial transmission of suicidal behavior and other related risk factors. **METHOD:** 507 offspring of 271 parent probands with DSM-IV major depressive disorder were compared according to the reported childhood abuse history on demographic, diagnostic, and clinical variables related to risk for suicidal behavior. Both self-report and clinical interview measures assessed history of childhood physical and sexual abuse. The study was conducted from May 1997 to February 2004. **RESULTS:** Reported childhood sexual abuse, but not physical abuse, in the proband correlated with suicide attempts, PTSD, earlier onset of major depressive disorder, higher levels of impulsivity, and greater likelihood of childhood sexual abuse in the offspring and was rarely perpetrated by the affected parent. A reported history of childhood physical abuse was related to more lifetime aggression in the offspring. **CONCLUSIONS:** Reported childhood sexual abuse is a risk factor for suicidal behavior in parent and offspring. Transmission of suicide risk across generations is related to the familial transmission of sexual abuse and impulsivity. Sexual abuse is not directly transmitted by the victim to the next generation and may be related to family dynamics related to sexual abuse.

Carrión, V. G. and H. Kletter (2012). "Posttraumatic stress disorder: shifting toward a developmental framework." *Child and Adolescent Psychiatric Clinics of North America* 21(3): 573-591.

It has been proposed that PTSD should be conceptualized as a dimensional and continuous, rather than a categorical, clinical entity in youth. As a result of young children's limitations in their verbal capacity, they may use other means to express themselves such as being fussy or having temper tantrums, types of behavior often overlooked as symptoms of PTSD. Chronic periods of stress may impair the hypothalamic-pituitary-adrenal (HPA) axis resulting in dysregulation of cortisol secretion, which has been suggested as a marker for PTSD; though neuroendocrine studies have yielded mixed results regarding the relationship of cortisol and pediatric PTSD, the majority of studies report high levels of cortisol to be indicative of PTSD. Psychotherapeutic interventions have the potential to modulate negative effects of PTSD by providing new experiences that repair brain function and promote the growth of neural connections.

Celik, G. G., A. Y. Tahiroglu, et al. (2012). "Sexual abuse in a classroom of ten male students: a group victimization." *Journal of Child Sexual Abuse* 21(5): 543-552.

The term "professional perpetrator" is used to describe individuals who commit sexual abuse in the capacity of a position of trust such as a teacher, household member, or employer. There is an increasing body of evidence focusing on educator sexual abuse in the school environment. However, data are limited about this topic. The aim of this paper is to present the rare occurrence of the case of a male teacher in Turkey who sexually abused his students in an elementary school. Although it is

unknown which populations are most vulnerable to sexual abuse, in Turkey we think that the indigenous population is at risk. Abuse cases are not logged into the criminal justice system because the majority of abuse allegations are ignored or disbelieved by families.

Charles, G. (2011). "Une prise en charge psychologique en urgence et la question de l'adoption en situation "extra-ordinaire" = [Emergency psychological care and the question of adoption in an "extra-ordinary" situation]." *Revue Francophone du Stress et du Trauma* 11(3): 187-191.

On January 12, 2010 at 16:53, an earthquake of magnitude 7 devastated Haiti. The government sent some 400 children to Paris, where they benefited from a reception by the medical-psychological CUMP Ile-de- France. After evaluation, it seemed imperative to establish a new mechanism to promote this essential step in the adoption process: the matching. In February, a ministerial mission was conducted in Haiti with a child psychologist from Guadeloupe, and from their work was born the idea of creating a unit specific home for Haitian children adopted by French parents in Guade-loupe, allowing this development link.

Church, D., O. Piña, et al. (2012). "Single-session reduction of the intensity of traumatic memories in abused adolescents after EFT: a randomized controlled pilot study." *Traumatology* 18(3): 73-79.

The population for this study was drawn from an institution to which juveniles are sent by court order if they are found by a judge to be physically or psychologically abused at home. 16 males, aged 12-17, were randomized into two groups. They were assessed using subjective distress (SUD), and the Impact of Events Scale (IES), which measures two components of PTSD: intrusive memories and avoidance symptoms. The experimental group was treated with a single session of EFT (emotional freedom techniques), a brief and novel exposure therapy that has been found efficacious in reducing PTSD and co-occurring psychological symptoms in adults, but has not been subject to empirical assessment in juveniles. The wait list control group received no treatment. 30 days later, participants were reassessed. No improvement occurred in the wait list (IES total mean pre = 32 SD  $\pm$  4.82, post = 31 SD  $\pm$  3.84). Posttest scores for all experimental-group participants improved to the point where all were nonclinical on the total score, as well as the intrusive and avoidant symptom subscales, and SUD (IES total mean pre = 36 SD  $\pm$  4.74, post = 3 SD  $\pm$  2.60,  $p < .001$ ). These results are consistent with those found in adults, and indicates the utility of single-session EFT as a fast and effective intervention for reducing psychological trauma in juveniles.

Conner, J. O., M. J. Mason, et al. (2012). "Valuing but not liking school: revisiting the relationship between school attitudes and substance use among urban youth." *Education and Urban Society* 44(6): 672-687.

Research has found strong linkages between adolescent substance use and attitudes toward school. Few studies of this relationship, however, consider the different dimensions of students' school attitudes, separating perceptions of the importance of school from the quality of students' affective experiences therein. Using a sample of 301 urban adolescents, evenly divided into substance users and nonusers, this study examines the relationships between these two dimensions of school attitudes and substance use. Findings highlight a subset of adolescent substance users

who see school as the most important place in which they routinely spend time and who differ significantly from other users, but not from nonusers, in their expressed satisfaction with school. Results also call attention to the ubiquity of urban adolescents' dissatisfaction with their teachers, showing such dissatisfaction as unrelated to their rates of substance use. Implications for school reform, dropout prevention programs, and future research are discussed.

Craig, C. D. and G. Sprang (2007). "Trauma exposure and child abuse potential: investigating the cycle of violence." *American Journal of Orthopsychiatry* 77(2): 296-305.

This study was designed to ascertain the relationship between trauma exposure and child abuse potential, considering a number of demographic and trauma-specific factors. The sample consisted of 1,680 caregivers with open, substantiated cases of abuse or neglect who were evaluated at a university-based outpatient assessment and treatment center. As part of a larger battery of instruments, the participants completed the Child Abuse Potential Inventory (CAPI) and a trauma history screen. In partial support of the proposed hypotheses, univariate and multivariate analyses revealed important differences in CAPI scores between the no-trauma-exposure group and the child-only, adult-only, and child-adult exposure groups. In addition, the type of trauma, age, and gender proved to be powerful predictors of elevated CAPI scores. These findings advance understanding of the developmental and cumulative effects of trauma exposure and suggest a profile of individuals who may be at risk for developing characteristics similar to known physical abusers.

Currie, J. and C. S. Widom (2010). "Long-term consequences of child abuse and neglect on adult economic well-being." *Child Maltreatment* 15(2): 111-120.

Child abuse and neglect represent major threats to child health and well-being; however, little is known about consequences for adult economic outcomes. Using a prospective cohort design, court substantiated cases of childhood physical and sexual abuse and neglect during 1967-1971 were matched with nonabused and nonneglected children and followed into adulthood (mean age 41). Outcome measures of economic status and productivity were assessed in 2003–2004 (N = 807). Results indicate that adults with documented histories of childhood abuse and/or neglect have lower levels of education, employment, earnings, and fewer assets as adults, compared to matched control children. There is a 14% gap between individuals with histories of abuse/neglect and controls in the probability of employment in middle age, controlling for background characteristics. Maltreatment appears to affect men and women differently, with larger effects for women than men. These new findings demonstrate that abused and neglected children experience large and enduring economic consequences.

Dawson, A. S. (2012). "Histories and memories of the Indian boarding schools in Mexico, Canada, and the United States." *Latin American Perspectives* 39(5): 80-99.

Indigenismo can be found in almost every country in the Americas. Most indigenistas attempted to write the Indian into their national pasts and adopted similar modernizing projects. Still, what appears to be a common history can be deceiving. Examination of one indigenista project

in three distinct American contexts – the indigenous boarding schools in Mexico, Canada, and the United States – indicates considerable differences in practice. For one thing, while the boarding schools north of the border aimed to separate students from the deleterious influence of their communities and bring them into the cultural mainstream, in Mexico indigenous communities were essential to development strategies, and the internados, as an important element of these strategies, sought to cultivate rather than break down ethnic affiliations. These and other differences in the politics that emerged from these projects suggest that the study of indigenismo may require attention to the ways in which particular power arrangements give meaning to indigenous identities.

Dow, B. L., J. A. Kenardy, et al. (2012). "Children's post-traumatic stress and the role of memory following admission to intensive care: a review." *Clinical Psychologist* 16(1): 1-14.

Although our understanding of children's psychological outcomes following intensive care lags significantly behind advances in medicine, there is a growing awareness that intensive care admission impacts children beyond the boundaries of physical well-being. Intensive care presents a variety of disease-related, treatment-related, and environment-related stressors that may place children at risk of post-traumatic stress (PTS), particularly as children may have limited resources to understand and cope with aspects of the admission, its consequences, or treatment events. This article summarises the current literature on children's PTS responses following intensive care admission with emphasis on: (1) children's experience of intensive care; (2) the prevalence of PTS in children following intensive care admission; (c) factors associated with vulnerability to PTS; and (d) the role of memory and appraisal in the development of children's PTS. Existing research does have methodological limitations, and future studies utilising larger sample sizes and developmentally appropriate diagnostic measures are warranted. Furthermore, longitudinal studies investigating the aetiology and course of PTS following paediatric intensive care unit admission, particularly with further investigation of memory and cognitive factors, may lead to advances in screening, prevention, and early intervention strategies for children.

Dvir, O., A. Weiner, et al. (2012). "Children in residential group care with no family ties: facing existential aloneness." *Residential Treatment for Children and Youth* 29(4): 282-304.

The issue of children living in residential group care in Israel completely without family ties is studied in order to explore the feelings of staff and uncover possible characteristics of these children. Data were collected through focus groups, questionnaires, and life stories of children who left group care at 18 years of age. Results reveal that the children's aloneness is central in their lives and arouses painful and powerful emotions that staff members tend to avoid. Facing the future alone without support and guidance led to major crisis during adolescence. Those who had formed a long-term, significant relationship with an adult fared better.

Dyer, A., E. Borgmann, et al. (2012). "Body image in patients with posttraumatic stress disorder after childhood sexual abuse and co-occurring eating disorder." *Psychopathology*.

**BACKGROUND:** Body image is a multidimensional construct with cognitive-affective, behavioral, and perceptive components. Survivors of childhood sexual abuse report a disturbance of

the cognitive-affective component of their body image but not of the perceptive component. It has not yet been examined whether and how the behavioral component is affected. Also, it is still unknown whether the disturbances might be due to the influence of co-occurring eating disorders. **SAMPLING and METHODS:** The cognitive-affective and behavioral components of the body image of 84 female participants with PTSD after childhood sexual abuse (31 with a co-occurring eating disorder) and 53 healthy participants were assessed via the Dresden Body Image Inventory (Dresdner Körperbildfragebogen-35, DKB-35) and the Body Image Avoidance Questionnaire (BIAQ). **RESULTS:** PTSD patients reported significantly higher negative scores on all DKB-35 subscales ( $p < 0.001$ ) and the BIAQ ( $p = 0.002$ ;  $p < 0.001$ ). Results remained consistent after accounting for the influence of co-occurring eating disorders ( $p = 0.021$ ;  $p = 0.001$ ;  $p < 0.001$ ). **CONCLUSIONS:** Results show for the first time that the behavioral component of the body image is impaired in female patients with PTSD in addition to the cognitive-affective component. This is not solely due to a comorbid eating disorder. The effect of established treatments on the body image of PTSD patients should be evaluated and new treatment modules should be developed and tested, if necessary.

Elklit, A., L. H. Nielsen, et al. (2013). "A cartoon-based measure of PTSD symptomatology in children exposed to a disaster." *Journal of Loss and Trauma* 18(1): 54-63.

Research on childhood PTSD is sparse. This is partly due to the limited availability of empirically validated measures for children who are insecure readers. The present study examined the reliability and validity of a cartoon-based measure of PTSD symptoms in children exposed to a disaster. Cartoons were generated on the basis of the literature and on the "Darryl" test, which was originally designed to assess community violence-related PTSD. Using a sample of 430 children, preliminary analyses demonstrated that the adapted version of the Darryl test had reasonable psychometric properties. Future validation of the measure as a screening tool is discussed.

Fajkic, A., O. Lepara, et al. (2010). "Child and adolescent suicides in Bosnia and Herzegovina before and after the war (1992-1995)." *Crisis* 31(3): 160-164.

**BACKGROUND:** Evidence on youth suicides from southeastern Europe is scarce. We are not aware of previous reports from Bosnia and Herzegovina, which experienced war from 1992 to 1995. Durkheim's theory of suicide predicts decreased suicide rates in wartime and increased rates afterward. **AIMS:** To compare child and adolescent suicides in Bosnia and Herzegovina before and after the war. **METHODS:** Data on youth suicide for prewar (1986-90) and postwar (2002-06) periods were analyzed with respect to prevalence, sex and age differences, and suicide methods. Suicide data from 1991 through 2001 were not available. **RESULTS:** Overall youth suicide rates were one-third lower in the postwar than in the prewar period. This effect was most pronounced for girls, whose postwar suicide rates almost halved, and for 15-19-year-old boys, whose rates decreased by about a one-fourth. Suicides increased among boys aged 14 or younger. Firearm suicides almost doubled proportionally and were the predominant postwar method, while the most common prewar method had been hanging. **CONCLUSIONS:** The findings from this study indicate the need for public education in Bosnia and Herzegovina on the role of firearm accessibility in youth suicide and for



instructions on safe storage in households. Moreover, raising societal awareness about suicide risk factors and suicide prevention is needed.

Forman-Hoffman, V. L., M. A. Mengeling, et al. (2012). "Eating disorders, post-traumatic stress, and sexual trauma in women veterans." *Military Medicine* 177(10): 1161-1168.

We examine lifetime eating disorders (EDOs) and associations with PTSD and sexual trauma during various stages of the life course (childhood, during military service, and lifetime) among women veterans. The sample included 1,004 women aged 20 to 52 years who had enrolled at 2 Midwestern Veterans Affairs Medical Centers or outlying clinics completed a retrospective telephone interview. Over 16% reported a lifetime EDO (4.7% had received a diagnosis, and an additional 11.5% self-reported suffering from an EDO). Associations were found between lifetime EDO, PTSD, and sexual trauma. Relationships maintained significance for both diagnosed and self-reported EDOs as well as lifetime completed rape and attempted sexual assaults. Sexual trauma during military service was more strongly associated with lifetime EDOs than childhood sexual trauma. The significant associations found between EDOs, PTSD, and sexual trauma indicate that EDO screening among women veterans with PTSD or histories of sexual trauma may be warranted.

Foulliaron, T. (2010). "Les nébuleuses des maltraitements = The abuse nebula." *Revue Francophone du Stress et du Trauma* 10(3): 135-139.

The psychotherapeutic care of the victims of abuse is often inadequate. We psychoanalysts at the Quand- Dire Association propose to approach the cure of victims of abuse beyond the problematic of trauma to address the logical steps specific to each subject (the step of the saying, of the understanding and of concluding). Our approach is about a clinic of the "after the fact", the "frozen symptom", and the "alienating jouissance". We work with the Lacanian concepts of RSI that allow us to differentiate between the traumas, to grasp them in relation with the "family romance" and the "lalangue"; the parental language in which the subject has been immersed from his birth and which he uses to speak himself and is spoken of. We attempt to invent, case-by-case, new processes of listening. In this way our patients develop a "know how" ("savoir y faire") to deal with their wounds as well as create viable and economic life solutions.

Frye, L. A. and C. R. Spates (2012). "Prolonged exposure, mindfulness, and emotion regulation for the treatment of PTSD." *Clinical Case Studies* 11(3): 184-200.

Although several studies have demonstrated the efficacy of prolonged exposure (PE) for the treatment of PTSD, there are concerns regarding its clinical applications. The exacerbation of symptoms during exposure, poor adherence to treatment, and early treatment dropout are suggested to occur because of an unwillingness for some PTSD clients to confront feared trauma-relevant stimuli and experience anxious arousal during exposure. The application of mindfulness and emotion regulation skills during PE may be a useful substitute for clients' attempts to escape, avoid, or control anxious arousal during treatment. Presented is the clinical case of a 19-year-old college student with severe PTSD resulting from a childhood sexual assault. The article discusses the client's success with the mindfulness, emotion regulation, and PE approach, in addition to reductions in

anxiety sensitivity over the course of treatment, as well as implications for practice and further research.

Gan, Y., M. Guo, et al. (2013). "Scale development of meaning-focused coping." *Journal of Loss and Trauma* 18(1): 10-26.

The authors tested the newly developed Meaning-Focused Coping Questionnaire using three samples of survivors of the Wenchuan Earthquake (2008). They conclude that the 26-item Meaning-Focused Coping Questionnaire exhibited adequate psychometric properties. [VB]

Gerson, R. and N. Rappaport (2012). "Traumatic stress and posttraumatic stress disorder in youth: recent research findings on clinical impact, assessment, and treatment." *Journal of Adolescent Health*.

Childhood trauma can have a profound effect on adolescent development, with a lifelong impact on physical and mental health and development. Through a review of current research on the impact of traumatic stress on adolescence, this article provides a framework for adolescent health professionals in pediatrics and primary care to understand and assess the sequelae of traumatic stress, as well as up-to-date recommendations for evidence-based treatment. We first review empirical evidence for critical windows of neurobiological impact of traumatic stress, and then we discuss the connection between these neurobiological effects and posttraumatic syndromes, including PTSD, depression, aggressive behavior, and psychosis. This article concludes by considering the implications of this current research for clinical assessment and treatment in pediatric and primary care settings.

Gheorghiev, C., A. Consoli, et al. (2010). "Sous le masque de la dangerosité, le trauma = Under the mask of dangerousness, the trauma." *Revue Francophone du Stress et du Trauma* 10(4): 241-248.

Delayed psychotraumatic manifestations may have various modalities of expression next to the repetition syndrome, in particular among teenagers. The behavioural repercussion is sometimes in the fore-ground, with a clinical symptomatology organized around the spectre of violence and aggressivity involving a potential dangerousness through the threat bearing on others. This resounding feature of the disorder should not block off its underlying determinants beyond the phenomenological description. A clinical observation is proposed in order to illustrate the place the trauma can hold behind the apparent dangerousness; its recognition was not that obvious in spite of its interest in the comprehension of troubles that cannot be amounted to a transgressive dimension alone; it required a clinical approach located at the nearest problematic of the subject. The relationships between PTSD and a certain form of dangerousness in a convergent literature are discussed in a second time.

Gillies, D., F. Taylor, et al. (2012). "Psychological therapies for the treatment of post-traumatic stress disorder in children and adolescents." *Cochrane Database of Systematic Reviews* 2012(12): Article CD006726.

**BACKGROUND:** PTSD is highly prevalent in children and adolescents who have experienced trauma and has high personal and health costs. Although a wide range of psychological therapies have been used in the treatment of PTSD there are no systematic reviews of these therapies in children and adolescents. **OBJECTIVES:** To examine the effectiveness of psychological therapies in treating children and adolescents who have been diagnosed with PTSD. **SEARCH METHODS:** We searched the Cochrane Depression, Anxiety and Neurosis Review Group's Specialised Register (CCDANCTR) to December 2011. The CCDANCTR includes relevant randomised controlled trials from the following bibliographic databases: CENTRAL (the Cochrane Central Register of Controlled Trials) (all years), EMBASE (1974-), MEDLINE (1950-) and PsycINFO (1967-). We also checked reference lists of relevant studies and reviews. We applied no date or language restrictions. **SELECTION CRITERIA:** All randomised controlled trials of psychological therapies compared to a control, pharmacological therapy or other treatments in children or adolescents exposed to a traumatic event or diagnosed with PTSD. **DATA COLLECTION AND ANALYSIS:** Two members of the review group independently extracted data. If differences were identified, they were resolved by consensus, or referral to the review team. We calculated the odds ratio (OR) for binary outcomes, the standardised mean difference (SMD) for continuous outcomes, and 95% confidence intervals (CI) for both, using a fixed-effect model. If heterogeneity was found we used a random-effects model. **MAIN RESULTS:** 14 studies including 758 participants were included in this review. The types of trauma participants had been exposed to included sexual abuse, civil violence, natural disaster, domestic violence and motor vehicle accidents. Most participants were clients of a trauma-related support service. The psychological therapies used in these studies were cognitive behavioural therapy (CBT), exposure-based, psychodynamic, narrative, supportive counselling, and eye movement desensitisation and reprocessing (EMDR). Most compared a psychological therapy to a control group. No study compared psychological therapies to pharmacological therapies alone or as an adjunct to a psychological therapy. Across all psychological therapies, improvement was significantly better (3 studies, n = 80, OR 4.21, 95% CI 1.12 to 15.85) and symptoms of PTSD (7 studies, n = 271, SMD -0.90, 95% CI -1.24 to -0.42), anxiety (three studies, n = 91, SMD -0.57, 95% CI -1.00 to -0.13) and depression (5 studies, n = 156, SMD -0.74, 95% CI -1.11 to -0.36) were significantly lower within a month of completing psychological therapy compared to a control group. The psychological therapy for which there was the best evidence of effectiveness was CBT. Improvement was significantly better for up to a year following treatment (up to one month: 2 studies, n = 49, OR 8.64, 95% CI 2.01 to 37.14; up to one year: one study, n = 25, OR 8.00, 95% CI 1.21 to 52.69). PTSD symptom scores were also significantly lower for up to one year (up to one month: 3 studies, n = 98, SMD -1.34, 95% CI -1.79 to -0.89; up to one year: 1 study, n = 36, SMD -0.73, 95% CI -1.44 to -0.01), and depression scores were lower for up to a month (3 studies, n = 98, SMD -0.80, 95% CI -1.47 to -0.13) in the CBT group compared to a control. No adverse effects were identified. No study was rated as a high risk for selection or detection bias but a minority were rated as a high risk for attrition, reporting and other bias. Most included studies were rated as an unclear risk for selection, detection and attrition bias. **AUTHORS' CONCLUSIONS:** There is evidence for the effectiveness of psychological therapies, particularly CBT, for treating PTSD in children and adolescents for up to a month following treatment. At this stage, there is no clear evidence for the effectiveness of one psychological therapy compared

to others. There is also not enough evidence to conclude that children and adolescents with particular types of trauma are more or less likely to respond to psychological therapies than others. The findings of this review are limited by the potential for methodological biases, and the small number and generally small size of identified studies. In addition, there was evidence of substantial heterogeneity in some analyses which could not be explained by subgroup or sensitivity analyses. More evidence is required for the effectiveness of all psychological therapies more than one month after treatment. Much more evidence is needed to demonstrate the relative effectiveness of different psychological therapies or the effectiveness of psychological therapies compared to other treatments. More details are required in future trials in regards to the types of trauma that preceded the diagnosis of PTSD and whether the traumas are single event or ongoing. Future studies should also aim to identify the most valid and reliable measures of PTSD symptoms and ensure that all scores, total and sub-scores, are consistently reported.

Goodkind, J. R., J. M. Hess, et al. (2012). "'We're still in a struggle': Diné resilience, survival, historical trauma, and healing." *Qualitative Health Research* 22(8): 1019-1036.

As part of a community/university collaborative effort to promote the mental health and well-being of Diné (Navajo) youth, we explored the relevance of addressing historical trauma and current structural stressors, and of building on individual and community strengths through healing and social transformation at multiple levels. Qualitative analyses of 74 ethnographic interviews with 37 Diné youth, parents, and grandparents suggested that a focus on historical trauma as a conceptual frame for behavioral health inequities, understood within the context of resilience and survival, is appropriate. Our findings also highlight the salience of current stressors such as poverty and violence exposure. We explore the fit of an historical trauma healing framework and present implications for intervention and transformation through revitalization of traditional knowledge, culturally based healing practices, intergenerational education, and social change strategies designed to eliminate social inequities.

Govindama, Y. (2010). "Une approche anthropologique et clinique des traumatismes sexuels = An anthropological and clinical approach to sexual abuse." *Revue Francophone du Stress et du Trauma* 10(3): 145-151.

This article deals with the traumatism of blood relation and symbolic incest using a universal approach to the repressive function present in cultures. However, the hypothesis demonstrated through clinical cases is that the treatment of modesty in maternal care precedes the integration of the incest taboo with the interdiction of access to the sensual body of the mother. And the failure of the repression of precocious sexual seduction linked to the absence of modesty exposes children to sexual aggression.

Govindama, Y. and R. Scelles (2011). "Les effets d'entrave à la parole au sein de la fratrie dans les situations traumatiques = The obstacles to speech and expression and its effects within siblingships in traumatic situations." *Revue Francophone du Stress et du Trauma* 11(3): 165-173.

Based on the clinical and research experience of two practitioners, this article addresses the trauma of incest with a comparison with the handicap's trauma. The authors seek to understand the underlying reasons behind the unsaid among children within a siblingship in such situations and also to highlight the effects on the victims and on the siblingship. The role of the unsaid as a defence mechanism, both for the victim and for witness siblingship, is explored from the individual, siblingship, and family perspectives on the case of Incest. In a second part, the paper presents the method aimed at facilitating communication within the siblingship with respect to the trauma in the case of incest, mindful of the defence mechanism in place, so as to make it possible to elaborate the different traumatic situations to which the children have been subjected. In the third time, a comparison of the unsaid with the effects in the case of incest and handicap is discussed.

Haller, M. and L. Chassin (2012). "The influence of PTSD symptoms on alcohol and drug problems: internalizing and externalizing pathways." *Psychological Trauma: Theory, Research, Practice, and Policy*.

The present study used longitudinal data from a community study of familial alcoholism to examine the extent to which the long-term influence of PTSD symptoms on future adult alcohol and drug problems was mediated by increases in early adult internalizing or externalizing symptoms. The subsample of participants included in this study were exposed to at least one traumatic event and had measures of both pre- and post-trauma functioning (n = 166; 62% men; 57% children of parents with an alcohol disorder; 68% non-Hispanic Caucasian, 26% Hispanic). The average age of participants was 13.1 years old at the pre-trauma assessment, 20.3 years old at the early adult post-trauma assessment, and 25.7 years old at the adult follow-up assessment. Results from path analyses indicated that PTSD symptoms directly influenced risk for adult drug problems, but PTSD symptoms only influenced risk for adult alcohol problems to the extent that PTSD symptoms increased early adult externalizing symptomatology. Early adult internalizing symptomatology did not significantly mediate the influence of PTSD on either adult alcohol or drug problems. These findings suggest that the association between PTSD and future drug problems may be best explained by a PTSD-specific self-medication mechanism, whereas the association between PTSD symptoms and future alcohol problems may be best explained by an increased propensity to engage in externalizing behaviors. This study is among the first prospective, community-based studies to examine the risk mechanisms that link PTSD symptoms to alcohol and drug problems.

Hopton, J. L. and V. Huta (2012). "Evaluation of an intervention designed for men who were abused in childhood and are experiencing symptoms of posttraumatic stress disorder." *Psychology of Men and Masculinity*.

This article presents an empirical evaluation of an open-trial intervention designed specifically for men who experienced childhood abuse (primarily sexual, but also physical and/or emotional). Clinical data are presented for 114 men who received treatment in a community-based, sequentially phased group therapy program in Ottawa, Canada between 2007 and 2011. The Men and Healing program (MH) is a theoretically driven treatment model with three phases (stabilization, processing and creation of a trauma narrative, and reintegration). It includes a focus on evidence-

based gender-specific issues, including an understanding of the impact of abuse on males in the context of traditional gender socialization. At baseline, participants were administered a semistructured interview, and completed the BDI-II and the Impact of Events Scale - Revised (IES-R). Participants then completed the BDI-II and the IES-R at 10-week intervals throughout the program. Symptom trajectories were analyzed using Hierarchical Linear Modeling (HLM). Results showed significant improvements in posttraumatic and depression symptoms over the course of the MH program. 20% to 38% of participants exhibited reliable improvement on symptoms of depression and posttraumatic stress.

Joscelyne, A., S. McLean, et al. (2012). "Fear of memories: the nature of panic in posttraumatic stress disorder." *European Journal of Psychotraumatology* 3: Article 19084.

**BACKGROUND:** Although there is increasing evidence that panic attacks are common in PTSD, little is known if posttraumatic panic is comparable to panic attacks observed in panic disorder (PD). **OBJECTIVE:** This study examined the cognitive responses to panic attacks in participants with PD and PTSD. **METHOD:** Participants with PD (n = 22) and PTSD (n = 18) were assessed on the Anxiety Disorder Interview Schedule for DSM-IV and subsequently administered the Agoraphobic Cognitions Questionnaire and a measure of fears related to trauma memories. **RESULTS:** Although participants did not differ in terms of catastrophic appraisals about somatic sensations, PTSD participants were more likely to experience fears about trauma memories and being harmed by trauma again during their panic attacks than PD participants. **CONCLUSIONS:** These findings suggest that although PTSD participants fear somatic outcomes during panic attacks, their panic attacks are distinguished by a marked fear of trauma memories.

Jovanovic, T., A. Smith, et al. (2011). "Physiological markers of anxiety are increased in children of abused mothers." *Journal of Child Psychology and Psychiatry* 52(8): 844-852.

**BACKGROUND:** A growing number of studies indicate that low income, African American men and women living in urban environments are at high risk for trauma exposure, which may have intergenerational effects. The current study employed psychophysiological methods to describe biomarkers of anxiety in children of traumatized mothers. **METHODS:** Study participants were recruited from a highly traumatized urban population, comprising mother-child pairs (n = 36) that included school-age children. Mothers were assessed for childhood abuse with the Childhood Trauma Questionnaire, as well as symptoms of depression and PTSD. The children were measured for dark-enhanced startle responses and heart-rate variability. **RESULTS:** Dark-enhanced startle was found to be higher in children whose mothers had high levels of childhood physical abuse, as compared to children whose mothers had low levels of physical abuse. During the habituation phase of the startle experiment, children whose mothers had high levels of childhood emotional abuse had higher sympathetic system activation compared to children of mothers with low emotional abuse. These effects remained significant after accounting for maternal symptoms of PTSD and depression, as well as for the child's trauma exposure. **CONCLUSION:** These results demonstrate that children of mothers who have history of childhood physical and emotional abuse have higher dark-enhanced startle as well as greater sympathetic nervous system activation than children of mothers who do not

report a history of childhood physical and emotional abuse, and emphasize the utility of physiological measures as pervasive biomarkers of psychopathology that can easily be measured in children.

Jung, K. and R. Steil (2012). "The feeling of being contaminated in adult survivors of childhood sexual abuse and its treatment via a two-session program of cognitive restructuring and imagery modification: a case study." *Behavior Modification* 36(1): 67-86.

Clinical experiences show that many survivors of childhood sexual abuse (CSA) suffer from a distressing feeling of being contaminated (FBC) even years or decades after the last experience of sexual violence. So far, this symptom has been neglected in research. The aim of this article is to illustrate this symptom and the necessity of a specialized treatment. Phenomenology, consequences, and possible concepts of explanation are described. The article presents a newly developed short-time treatment, cognitive restructuring and imagery modification, to reduce the FBC in adult survivors of CSA. Two case studies on women suffering from chronic CSA-related PTSD plus the FBC demonstrate the outcome of the two-session program that can easily be integrated in a whole treatment program. They show that the treatment results in a reduction of the FBC and PTSD symptoms after CSA.

Kalantari, M. and P. Vostanis (2010). "Behavioural and emotional problems in Iranian children four years after parental death in an earthquake." *International Journal of Social Psychiatry* 56(2): 158-167.

**BACKGROUND:** Although previous research has established a direct impact of natural disasters on child mental health, there is limited knowledge on the underpinning mechanisms, particularly when there has been the loss of a parent. **AIMS:** To establish: (a) the rates of behavioural and emotional problems of school-aged children who had lost their parents in the 2003 earthquake in Iran, compared with children from intact families who attended the same schools; (b) the relationship between the psychopathology of the surviving parents' and children's behavioural and emotional problems; and (c) whether this relationship was compounded by socioeconomic factors. **METHODS:** 86 children of 7-13 years who had lost a parent in the earthquake four years earlier were compared with 80 matched children from intact families. The teacher and parent versions of the Strengths and Difficulties Questionnaire (SDQ) were used as measures of behavioural and emotional problems. Parents' psychopathology was established by the Self Report Questionnaire (SRQ). **RESULTS:** Behavioural and emotional problems were significantly higher in children who had suffered parental loss than in the control group. There was a significant association between parent-rated SDQ and SRQ scores. Parental death was found to interact with socioeconomic variables in predicting children's behavioural and emotional problems and surviving parents' mental health problems. **CONCLUSIONS:** After natural disasters, bereaved children and their surviving parents are at risk of developing mental health problems, and social adversities increase this risk.

Kaplow, J. B., C. M. Layne, et al. (2012). "DSM-V diagnostic criteria for bereavement-related disorders in children and adolescents: developmental considerations." *Psychiatry* 75(3): 243-266.

Two bereavement-related disorders are proposed for the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V): Adjustment Disorder Related to Bereavement, to be located in the main body of the text as an official diagnostic entity; and Bereavement-Related Disorder, including a Traumatic Death Specifier, to be located in the Appendix as an invitation for further research. These diagnoses currently do not include developmentally informed criteria, despite the importance of developmental processes in the ways children and adolescents grieve. In this article, we draw upon a selective review of the empirical literature and expert clinical knowledge to recommend developmentally informed modifications and specifiers of the proposed criteria for both bereavement disorders and strategies to improve future research. This article is derived from an invited report submitted to the DSM-V Posttraumatic Stress Disorder, Trauma, and Dissociative Disorders Sub-Work Group, and suggested modifications have received preliminary approval to be incorporated into the DSM-V at the time of this writing. Adoption of these proposals will have far-reaching consequences, given that DSM-V criteria will influence both critical treatment choices for bereaved youth and the next generation of research studies.

Kechid, G., J.-L. Goeb, et al. (2010). "Le traumatisme psychique de l'enfant, itinéraire d'une clinique réactualisée = The psychological traumatism of the child, route of an updated private hospital." *Revue Francophone du Stress et du Trauma* 10(3): 177-186.

If the concept of child and adolescent psycho-trauma only appeared lately in international classifications, it has been for long an object of clinical reflection within the Freudian and post Freudian theories. Since Freud, his successors, among whom Ferenczi, Anna Freud, Winni-cott, and other more contemporary authors, have repeatedly discussed the concept of Psycho-trauma. The clinics of child's psycho-trauma show a symptomatology considered today to be very specific, yet rich and complex because of its great variability. There is much research concerning risk factors and protective factors to child psycho-trauma, in order to offer the best care possible in terms of prevention and therapeutics. Political and social reality does not allow us to deny anymore the existence of child and adolescent psycho-trauma disorders, which must be faced today by the different child psychiatry networks.

Lacelle, C., M. Hébert, et al. (2012). "Child sexual abuse and women's sexual health: the contribution of CSA severity and exposure to multiple forms of childhood victimization." *Journal of Child Sexual Abuse* 21(5): 571-592.

Research studies have provided increasing evidence for the potential adverse impact of child sexual abuse on women's sexual health. The present study examined the association between child sexual abuse and sexual health while controlling for various forms of childhood victimization. Self-report questionnaires were administered to 889 young women from the province of Quebec. Results suggest that child sexual abuse survivors were more likely to report having experienced other forms of childhood victimization than were women without child sexual abuse. Women with a history of both child sexual abuse and multiple forms of victimization were at greater risk of experiencing more adverse outcomes, including risky sexual behaviors, sexual problems, and negative sexual self-concept. Regression analyses revealed that child sexual abuse was significantly related to indicators



of sexual health outcomes even when controlling for the effect of single forms of victimization. Clinically, interventions optimizing sexual health may be particularly helpful for a subgroup of child sexual abuse survivors.

Lara, C., J. A. Fayyad, et al. (2009). "Childhood predictors of adult attention-deficit/hyperactivity disorder: results from the World Health Organization World Mental Health Survey initiative." *Biological Psychiatry* 65(1): 46-54.

**BACKGROUND:** Although it is known that childhood attention-deficit/hyperactivity disorder (ADHD) often persists into adulthood, childhood predictors of this persistence have not been widely studied. **METHODS:** Childhood history of ADHD and adult ADHD were assessed in 10 countries in the World Health Organization World Mental Health Surveys. Logistic regression analysis was used to study associations of retrospectively reported childhood risk factors with adult persistence among the 629 adult respondents with childhood ADHD. Risk factors included age; sex; childhood ADHD symptom profiles, severity, and treatment; comorbid child/adolescent DSM-IV disorders; childhood family adversities; and child/adolescent exposure to traumatic events. **RESULTS:** An average of 50% of children with ADHD (range: 32.8%-84.1% across countries) continued to meet DSM-IV criteria for ADHD as adults. Persistence was strongly related to childhood ADHD symptom profile (highest persistence associated with the attentional plus impulsive-hyperactive type, odds ratio [OR] = 12.4, compared with the lowest associated with the impulsive-hyperactive type), symptom severity (OR = 2.0), comorbid major depressive disorder (MDD; OR = 2.2), high comorbidity ( $\geq 3$  child/adolescent disorders in addition to ADHD; OR = 1.7), paternal (but not maternal) anxiety mood disorder (OR = 2.4), and parental antisocial personality disorder (OR = 2.2). A multivariate risk profile of these variables significantly predicts persistence of ADHD into adulthood (area under the receiving operator characteristic curve = .76). **CONCLUSIONS:** A substantial proportion of children with ADHD continue to meet full criteria for ADHD as adults. A multivariate risk index comprising variables that can be assessed in adolescence predicts persistence with good accuracy.

Le Gal, F. (2010). "Chaos sacrés = [Sacred chaos] [editorial]." *Revue Francophone du Stress et du Trauma* 10(2): 63-64.

Two recent events in the international news – the huge humanitarian catastrophe in Haiti and the unfolding scandal of child sexual abuse by men of the Roman Catholic Church – inspire us to open this issue of journal with a question: What is the link between the sacred and trauma? Between faith and psychic suffering?

Lee, E. A. D. and S. A. Theus (2012). "Lower heart rate variability associated with military sexual trauma rape and posttraumatic stress disorder." *Biological Research for Nursing* 14(4): 412-418.

Low heart rate variability (HRV) can occur with psychological disorders such as PTSD. The purpose of this study was to examine the association between PTSD by trauma type and decreased HRV measures in female veterans with cardiac symptoms. This secondary analysis utilized data from a previous study of female veterans (n = 125) examined for cardiac symptoms by Holter and electrocardiogram recordings at a Veterans Affairs medical center. The mean HRV measure from

three 10-second data segments with spontaneous respirations was obtained for each subject. PTSD diagnosis and type of trauma exposure were collected from mental health consult notes. Chi-square was used for frequency of subject characteristics; independent t tests and one-way analysis of variance (ANOVA) compared means of HRV measures between trauma types. Statistical significance was set at  $p < .05$  a priori. By ANOVA, significantly lower log-transformed standard deviation of all normal sinus rhythm R-R intervals (SDNN) and log-transformed square root of the mean of the sum of the squares of differences between adjacent normal sinus rhythm R-R intervals (RMSSD) were found in the PTSD group with documented rape military sexual trauma (MST) compared to other groups including no PTSD, PTSD following MST with rape not specified, combat exposure, and nonmilitary-related trauma; lower HRV measures were not found with other PTSD types of trauma. This study suggests rape MST with concomitant PTSD may be a risk factor for decreased HRV in female veterans examined for cardiac symptoms.

Martini, J., S. Knappe, et al. (2010). "Anxiety disorders before birth and self-perceived distress during pregnancy: associations with maternal depression and obstetric, neonatal and early childhood outcomes." *Early Human Development* 86(5): 305-310.

**BACKGROUND:** Maternal perinatal mental health has been shown to be associated with adverse consequences for the mother and the child. However, studies considering the effect of DSM-IV anxiety disorders beyond maternal self-perceived distress during pregnancy and its timing are lacking. **AIMS:** To examine the role of maternal anxiety disorders with an onset before birth and self-perceived distress during pregnancy for unfavourable maternal, obstetric, neonatal, and childhood outcomes. **STUDY DESIGN:** DSM-IV mental disorders and self-perceived distress of 992 mothers as well as obstetric, neonatal, and childhood outcomes of their offspring were assessed in a cohort sampled from the community using the Munich - Composite International Diagnostic Interview. Logistic regression analyses revealed associations (odds ratios) between maternal anxiety disorders and self-perceived distress during pregnancy with maternal depression after birth and a range of obstetric, neonatal, and childhood psychopathological outcomes. **RESULTS:** Lifetime maternal anxiety disorders were related to offspring anxiety disorders, but not to offspring externalizing disorders. Analyses focussing on maternal DSM-IV anxiety disorders before birth yielded associations with incident depression after birth. In addition, self-perceived distress during pregnancy was associated with maternal depression after birth, preterm delivery, caesarean section, separation anxiety disorder, ADHD, and conduct disorder in offspring. **CONCLUSION:** Findings confirm the transmission of anxiety disorders from mother to offspring. Apart from maternal anxiety, self-perceived distress during pregnancy also emerged as a putative risk factor for adverse outcomes. The finding that maternal anxiety disorders before birth yielded less consistent associations, suggests that self-perceived distress during pregnancy might be seen as a putative moderator/mediator in the familial transmission of anxiety.

McLaughlin, K. A., J. Breslau, et al. (2011). "Childhood socio-economic status and the onset, persistence, and severity of DSM-IV mental disorders in a US national sample." *Social Science and Medicine* 73(7): 1088-1096.

Although significant associations between childhood socio-economic status (SES) and adult mental disorders have been widely documented, SES has been defined using several different indicators often considered alone. Little research has examined the relative importance of these different indicators in accounting for the overall associations of childhood SES with adult outcomes. Nor has previous research distinguished associations of childhood SES with first onsets of mental disorders in childhood, adolescence, and adulthood from those with persistence of these disorders into adulthood in accounting for the overall associations between childhood SES and adult mental disorders. Disaggregated data of this sort are presented here for the associations of childhood SES with a wide range of adult DSM-IV mental disorders in the US National Comorbidity Survey Replication (NCS-R), a nationally-representative sample of 5692 adults. Childhood SES was assessed retrospectively with information about parental education and occupation and childhood family financial adversity. Associations of these indicators with first onset of 20 DSM-IV disorders that included anxiety, mood, behavioral, and substance disorders at different life-course stages (childhood, adolescence, early adulthood, and mid-later adulthood) and the persistence/severity of these disorders were examined using discrete-time survival analysis. Lifetime disorders and their ages-of-onset were assessed retrospectively with the WHO Composite International Diagnostic Interview. Different aspects of childhood SES predicted onset, persistence, and severity of mental disorders. Childhood financial hardship predicted onset of all classes of disorders at every life-course stage with odds-ratios (ORs) of 1.7-2.3. Childhood financial hardship was unrelated, in comparison, to disorder persistence or severity. Low parental education, although unrelated to disorder onset, significantly predicted disorder persistence and severity, whereas parental occupation was unrelated to onset, persistence, or severity. Some, but not all, of these associations were explained by other co-occurring childhood adversities. These specifications have important implications for mental health interventions targeting low-SES children.

Messo, I. N. (2012). "Prevalence of post-traumatic stress disorder in children: the case of the Mbagala bomb blasts in Tanzania." *Journal of Health Psychology*.

In April 2009, military bombs stockpiled in Mbagala, Dar es Salaam, exploded uncontrollably, landing in the neighbourhood killing 26 people, injuring about 600 and destroying 9049 homes. This must have been a terrible experience, with psychological consequences. The purpose of this study was to investigate the prevalence of PTSD among the children involved in the bomb blasts. It was hypothesized that children would not exhibit PTSD symptoms, as well as not showing sex differences in exhibiting PTSD symptoms. The study findings show 93% of children bomb survivors had PTSD symptoms, with no sex differences in the PTSD reported.

Montefiore, D., L. Mallet, et al. (2007). "Pseudo-démence conversive et état de stress post-traumatique = Pseudo-dementia conversion and post-traumatic stress disorder." *Encéphale* 33(3 (part 1)): 352-355.

**BACKGROUND:** PTSD is often associated with other psychiatric syndromes. However, studies exploring conversion and PTSD comorbidity are scarce. **CASE-REPORT:** This paper reports the case of a 45-year-old patient without medical or psychiatric history. In 2003, he suddenly started suffering

from amnesia and symptoms of delirium: he was at his office with a cup of coffee but he did not remember why. Aphasia, trembling, behavioural disorders appeared over the next hours and days. Numerous neurological examinations and laboratory tests (including cerebral imagery) were performed without evidence of any physical disease. Three psychiatric examinations were also negative, even if a possible psychogenic origin was hypothesized. Neurological or psychiatric diagnoses were discussed but without definitive conclusion. One year later, the symptoms were unchanged until the patient watched a movie ("Mystic River") that described the story of a man with sexual abuse in childhood. He suddenly remembered that he lived the same experience when he was 8 years old. At the end of the movie, his wife surprisingly noticed that he was walking and speaking normally. All the neurological symptoms disappeared. Unfortunately, symptoms of a severe PTSD appeared, as well as a major depressive disorder. The patient and his parents remembered that he had been more irritable, depressed and anxious at school and during the night, between 8 and 13 years of age, with a possible PTSD during this period. He always refused to talk with his parents about the traumatic event. When he was 13, the family moved house, the patient seemed to forget everything and the symptoms disappeared. About thirty years later, the symptoms were similar with the reexperiencing of the traumatic event through unwanted recollections, distressing images, nightmares, or flashbacks. He had also symptoms of hyperarousal with physiological manifestations, such as irritability, insomnia, impaired concentration, hypervigilance, and increased startle reactions. Hospitalisation became necessary because of a severe depressive disorder with suicidal ideation and suicidal attempt by hanging. After two failed treatments with SSRI antidepressants, the administration of clomipramine (200 mg/day) and a combined therapy with Eye Movement Desensitization and Reprocessing (EMDR) led to a significant improvement of PTSD and depression symptoms. DISCUSSION: Even if PTSD and conversion may share common dissociative mechanisms, the links between both syndromes have not yet been sufficiently explored. Our clinical case raises specifically the question of the initial manifestations of pseudo-dementia (why this type of symptoms, and why at this particular moment of his life, without any targeting events). Moreover, the case of this patient is particularly interesting because of the very long amnesia period between the traumatic event and the onset of PTSD. CONCLUSION: The different phases of this case warrant more precise exploration of the links between PTSD and conversion, with clinical, epidemiological, and cerebral imagery perspectives.

Nemeroff, C. B., J. D. Bremner, et al. (2009). "Posttraumatic stress disorder: a state-of-the-science review [reprinted article]." *Focus: The Journal of Lifelong Learning in Psychiatry* 7(2): 254-273.

This article reviews the state-of-the-art research in PTSD from several perspectives: (1) Sex differences: PTSD is more frequent among women, who tend to have different types of precipitating traumas and higher rates of comorbid panic disorder and agoraphobia than do men. (2) Risk and resilience: The presence of Group C symptoms after exposure to a disaster or act of terrorism may predict the development of PTSD as well as comorbid diagnoses. (3) Impact of trauma in early life: Persistent increases in CRF concentration are associated with early life trauma and PTSD, and may be reversed with paroxetine treatment. (4) Imaging studies: Intriguing findings in treated and untreated depressed patients may serve as a paradigm of failed brain adaptation to chronic

emotional stress and anxiety disorders. (5) Neural circuits and memory: Hippocampal volume appears to be selectively decreased and hippocampal function impaired among PTSD patients. (6) Cognitive behavioral approaches: Prolonged exposure therapy, a readily disseminated treatment modality, is effective in modifying the negative cognitions that are frequent among PTSD patients. In the future, it would be useful to assess the validity of the PTSD construct, elucidate genetic and experiential contributing factors (and their complex interrelationships), clarify the mechanisms of action for different treatments used in PTSD, discover ways to predict which treatments (or treatment combinations) will be successful for a given individual, develop an operational definition of remission in PTSD, and explore ways to disseminate effective evidence-based treatments for this condition.

Nilsson, D. K., P. A. Gustafsson, et al. (2012). "Lifetime polytraumatization in adolescence and being a victim of bullying." *Journal of Nervous and Mental Disease* 200(11): 954-961.

The purposes of this study were to examine the mental health consequences of having been a victim of bullying and to investigate whether the impact of bullying was dependent on the co-occurrence of other potentially traumatic events, noninterpersonal traumas, interpersonal traumas, as well as adverse childhood circumstances. A community sample of participants ( $n = 462$ ; 216 males and 246 females) aged 15 to 20 years completed the self-administered Linköping Youth Life Experience Scale about lifetime exposure to a range of traumatic and other adverse events and circumstances and the Trauma Symptom Checklist for Children (TSCC). The results showed that those who reported being a victim of bullying reported significantly higher scores on all TSCC clinical scales as well as significantly more other traumatic and adverse family exposures. Multiple linear regression analyses indicated that the impact of bullying on mental health was explained, to a considerable degree, by the accumulation of other adverse and traumatic exposures, particularly in the females.

Nilsson, D. K. and C. G. Svedin (2006). "Dissociation among Swedish adolescents and the connection to trauma: an evaluation of the Swedish version of Adolescent Dissociative Experience Scale." *Journal of Nervous and Mental Disease* 194(9): 684-689.

The purpose of this study was to investigate the psychometric properties of the Swedish version of Adolescent Dissociative Experience Scale (A-DES), dissociative symptoms among Swedish adolescents, and dissociative symptoms connected to trauma and sexual and physical abuse. A normative group of 400 adolescents aged 12 to 19 years and a clinical group of 20 adolescents with known experienced trauma were given A-DES. A test-retest procedure was conducted with 90 subjects from the normative group. The results showed good reliability, internal consistency, and test-retest. Factor analysis in the normative sample ( $N = 400$ ) resulted in a one factor solution. Correlation between A-DES and other measures of dissociation was high ( $r = .86$ ). Significant differences for the total sum of A-DES were found in the normative group between adolescents with and without self-reported trauma and between the normative group and the clinical group with known experienced trauma. The Swedish version of A-DES was shown to be a screening instrument

with satisfactory psychometric qualities and the capability of capturing dissociative symptoms in adolescents with self-reported trauma as well as clinical cases with identified trauma.

Nilsson, D. K. and M. Wadsby (2010). "Symbol drama, a psychotherapeutic method for adolescents with dissociative and PTSD symptoms: a pilot study." *Journal of Trauma and Dissociation* 11(3): 308-321.

A total of 15 clinically referred adolescents who had been sexually or physically abused participated in this pilot study of the use of symbol drama psychotherapy. Symbol drama is a psychotherapeutic method that uses imagery as the major psychotherapeutic tool. All adolescents reported to be suffering from a high level of dissociative symptoms and other symptoms such as anxiety, depression, posttraumatic stress, and anger after their traumas. The objective of the study was to test the hypothesis that symbol drama psychotherapy in addition to psycho-education of the non-offending parent would significantly reduce the reported symptoms. Before treatment, the participants answered three questionnaires: (a) the Life Incidence of Traumatic Events Scale, (b) the Trauma Symptom Checklist for Children, and (c) the Dissociation Questionnaire-Swedish version. After treatment, the participants once again filled out the Trauma Symptom Checklist for Children and the Dissociation Questionnaire-Swedish version. The scores from before and after treatment were compared, and the results showed that the symptoms had been statistically significantly reduced.

Nilsson, D. K., M. Wadsby, et al. (2008). "The psychometric properties of the Trauma Symptom Checklist For Children (TSCC) in a sample of Swedish children." *Child Abuse and Neglect* 32(6): 627-636.

**OBJECTIVE:** To evaluate the psychometric properties of the Swedish version of the Trauma Symptom Checklist for Children (TSCC) and to study traumatic symptoms in a normative group of Swedish children and adolescents. **METHOD:** A normative group of 728 children and adolescents age 10-17 and a clinical group of 91 children and adolescents known to have experienced sexual abuse participated in the study. A test-retest procedure was conducted with 79 participants from the normative group. **RESULTS:** Good reliability such as internal consistency (Cronbach's alpha) for the total scale .94 (ranging in the clinical scales .78-.83) and test-retest for the total scale  $r = .81$  (ranging in the clinical scales .67-.81) were found. The confirmatory 6-factor analysis explained 50.7% of the variance. Other validity measures such as concurrent validity and criterion related validity were also shown to be satisfactory. The normative sample of Swedish children and adolescents showed lower means on the subscales than has been reported in previous studies from a number of other countries. **CONCLUSION:** The Swedish version of TSCC has been shown to be a screening instrument with satisfactory psychometric qualities that is capable to identify trauma symptoms among children and adolescents who have themselves self-reported experiencing trauma or for whom clinicians have identified traumatic experiences.

Noffsinger, M. A., B. J. Pfefferbaum, et al. (2012). "The burden of disaster: part 1, Challenges and opportunities within a child's social ecology." *International Journal of Emergency Mental Health* 14(1): 3-13.

Child development and adaptation are best understood as biological and psychological individual processes occurring within the context of interconnecting groups, systems, and communities which, along with family, constitute the child's social ecology. This first of two articles describes the challenges and opportunities within a child's social ecology, consisting of Micro-, Meso-, Exo-, and Macrosystems. The parent-child relationship, the most salient Microsystem influence in children's lives, plays an influential role in children's reactions to and recovery from disasters. Children, parents, and other adults participate in Mesosystem activities at schools and faith-based organizations. The Exosystem—including workplaces, social agencies, neighborhood, and mass media—directly affects important adults in children's lives. The Macrosystem affects disaster response and recovery indirectly through intangible cultural, social, economic, and political structures and processes. Children's responses to adversity occur in the context of these dynamically interconnected and interdependent nested environments, all of which endure the burden of disaster. Increased understanding of the influences of and the relationships between key components contributes to recovery and rebuilding efforts, limiting disruption to the child and his or her social ecology. A companion article describes interventions across the child's social ecology.

Omidian, P. A. (2012). "Developing culturally relevant psychosocial training for Afghan teachers." *Intervention* 10(3): 237-248.

Afghanistan has been in a constant state of war for over 30 years, with no end in sight. Few Afghans today remember life before the war. This has implications for programmes designed to reduce war trauma and rebuild community connections, in order to foster peace and reconciliation. This paper describes efforts, rooted in local culture, to impact community mental health through promoting positive coping strategies for the prevention of, and care for, psychosocial problems. In 2002, the author, in collaboration with teacher trainers in the International Rescue Committee's Female Education Programme, developed a project for psychosocial wellness training for teachers at schools in Pakistan, for Afghan refugee girls. The project targeted psychosocial distress and trauma recovery for the teachers, their families and their students, using a community approach adapted from a positive deviance model. This model allows that local solutions may exist, but be unrecognised. Four modules were found to be particularly helpful to participants: (1) exploring resiliency; (2) focusing; (3) what is normal; and (4) the balance of blessings. The project was well received and proved helpful when it was adapted for use in Afghanistan.

Peterson, K., T. Togun, et al. (2012). "Depression and posttraumatic stress disorder among HIV-infected Gambians on antiretroviral therapy." *AIDS Patient Care and STDs* 26(10): 589-596.

Mood disorders are more frequent among people with HIV infection than among non-HIV-infected individuals of the same age, socioeconomic status, and HIV risks. They have been associated with worse adherence and clinical outcomes, yet remain underdiagnosed and undertreated in sub-Saharan Africa. We explored the relationship between mood disorders using the

10-item depression scale of the Centers for Epidemiological Studies (CES-D10) and the 22-item Impact of Events Scale - Revised (IES-R) for PTSD, and a range of demographic and HIV-related variables among 252 consecutive subjects on antiretroviral therapy (ART). The study was conducted in the Genito-Urinary Medicine Clinic of the Medical Research Council's Gambia Unit. These screening tests were positive in 7% and 30%, respectively, of the patients, with higher scores (more depression or more post-traumatic stress) associated with female gender, more advanced WHO clinical stage, and lower Karnofsky Performance Scale rating. Higher CES-D10 scores were also seen among those on their second ART regimen. No relationship was seen with age, time on ART, viral load, or CD4 cell count. Compared to an earlier study at the same site in subjects prior to starting ART, the prevalence of depression in those stabilized on ART was dramatically reduced (by 34%, from 41%) while that of PTSD dropped less (by 13%, from 43%). Integrating the CES-D10 or a similar instrument into patient preparation for ART is recommended in order to identify those who may benefit from further mental health investigations, specific therapy, or closer follow-up during early ART.

Simmel, C., J. L. Postmus, et al. (2012). "Sexual revictimization in adult women: examining factors associated with their childhood and adulthood experiences." *Journal of Child Sexual Abuse* 21(5): 593-611.

Using data collected from a sample of adult women (n = 234), this study examined the relationship between the experience and disclosure of childhood sexual abuse and subsequent adult sexual violence. Multivariate analyses revealed that physical force during the childhood sexual abuse experience was significant in both children's decisions to disclose as well as in adult revictimization experiences. Furthermore, childhood disclosures were significantly associated with adulthood disclosures about revictimization, but only when there was no action following the childhood disclosure. The implications for enhancing training and education about understanding and responding to children and women's disclosures about sexual violence are discussed.

Skovdal, M. (2012). "Pathologising healthy children?: a review of the literature exploring the mental health of HIV-affected children in sub-Saharan Africa." *Transcultural Psychiatry* 49(3-4): 461-491.

This article reviews the expanding body of literature that examines the mental health of HIV-affected children in sub-Saharan Africa. Focusing on primary research across disciplines and methodologies, the review examines the use of universalistic assumptions about childhood adversity and mental health in driving forward this body of research. Of the 31 articles identified for this review, 23 had a focus on the psychological distress experienced by HIV-affected children, while only 8 explored social psychological pathways to improved mental health, resilience, and coping. The article argues that this preoccupation with pathology reflects global assemblages of definitions, understandings, and practices that constitute the global mental health framework. While such a focus is useful for policy interventions and the mobilisation of resources to support children living in HIV-affected communities, it overshadows more culturally relevant and strengths-based conceptualisations of how mental health is understood and can be achieved in different parts of Africa. Furthermore, a continued focus on the psychological distress experienced by HIV-affected



children runs the risk of medicalising their social experiences, which in turn may transform the social landscape in which children give meaning to loss and difficult experiences. The article concludes that mental health professionals and researchers need to take heed of the biopolitical implications of their work, and argues for more community-oriented and resilience-enhancing research that brings forward the voices of local people to inform interventions tackling the psychosocial challenges inevitably experienced by many children in sub-Saharan Africa.

Spermon, D., Y. Darlington, et al. (2013). "Complex posttraumatic stress disorder: voices of healing." *Qualitative Health Research* 23(1): 43-53.

In this article, we report on a phenomenological study of experiences of recovery of 7 women with histories of childhood maltreatment. We propose a model that recalls the Anglo-Franc etymological origins of "rekeverer": to regain consciousness, health, or strength. Dimensions include development of a selfhood; tasks of connection and separation; regulation of overwhelming emotions; management of choices; and internalization of therapeutic relational dynamics. Based on the findings, we suggest that theory and research need to extend concepts of healing, add methodologies privileging victim/survivor voices, and revisit concepts such as neutrality and resistance as they apply to dissociative disorders. Practitioners should have specific training in trauma models, although they need to hold these theories lightly because therapeutic goals and pathways of change might well differ for each client. Integrated whole-of-government initiatives need to identify those at risk of abuse as early as possible, and provide response funding beyond assessment services.

Steele, H. and L. J. Siever (2010). "An attachment perspective on borderline personality disorder: advances in gene-environment considerations." *Current Psychiatry Reports* 12(1): 61-67.

Accumulating evidence points to severe relationship dysfunction as the core epigenetic expression of borderline personality disorder (BPD). In adulthood, BPD is typified by disorganization within and across interpersonal domains of functioning. When interacting with their infants, mothers with BPD show marked withdrawal and frightening or frightened behavior, leading to disorganized infant-mother attachments. Linked to both infant disorganization and BPD is a maternal state of mind typified by unresolved mourning regarding past loss or trauma. Early risk factors for BPD in adulthood include maternal withdrawal in infancy and separation of 1 month or more from mother in the first 5 years of life. Likely contributing biological factors include genes linked to dopamine, serotonin, the hypothalamic-pituitary-adrenal axis, and neuropeptides. The complex gene-environment picture emerging confers risk or protection against BPD pathology in ways consistent with infants varying biological sensitivity to context. This line of research may refine early risk assessment and preventive mental health services.

Steuwe, C., J. Daniels, et al. (2012). "Effect of direct eye contact in PTSD related to interpersonal trauma: an fMRI study of activation of an innate alarm system." *Social Cognitive and Affective Neuroscience*.

In healthy individuals, direct eye contact initially leads to activation of a fast subcortical pathway, which then modulates a cortical route eliciting social cognitive processes. The aim of this study was to gain insight into the neurobiological effects of direct eye-to-eye contact using a virtual reality paradigm in individuals with PTSD related to prolonged childhood abuse. We examined 16 healthy comparison subjects and 16 patients with a primary diagnosis of PTSD using a virtual reality fMRI paradigm involving direct versus averted gaze (happy, sad, neutral) as developed by Schrammel et al. in 2009. Irrespective of the displayed emotion, controls exhibited an increased blood oxygenation level-dependent response during direct vs averted gaze within the dorsomedial prefrontal cortex, left temporoparietal junction, and right temporal pole. Under the same conditions, individuals with PTSD showed increased activation within the superior colliculus (SC)/periaqueductal gray (PAG) and locus coeruleus. Our findings suggest that healthy controls react to the exposure of direct gaze with an activation of a cortical route which enhances evaluative "top-down" processes underlying social interactions. In individuals with PTSD, however, direct gaze leads to a sustained activation of a subcortical route of eye contact processing, an innate alarm system involving the SC and underlying circuits of the PAG.

Takhokhova, T. V. and T. L. Chshieva (2012). "School based psychosocial work with children affected by terrorism and other violence: examples from a local organisation in North Ossetia, Russia." *Intervention* 10(3): 249-255.

This field report describes the activities of a local, nongovernmental organisation [Dostizhenia] attempting to strengthen the system of psychosocial support available in schools in North Ossetia, Russia. This semi autonomous republic in the Russian Federation has been plagued by terrorism and the influx of internally displaced and refugee children. The activities described aim to address the mental health needs of the children, their families, and caregivers, and foster healthy psychosocial development within the school system.

Tarrant, R. (2011). "Leadership through a school tragedy: a case study (Part 2 - The next two years)." *Australasian Journal of Disaster and Trauma Studies* 2011(3): 77-87.

Part Two of the present study continues an investigation of a school principal's leadership through a crisis in a New Zealand school where six Year-12 students and a teacher lost their lives in a river canyoning tragedy; the students were attending an outdoor education camp in the central North Island. There is a long aftermath to a tragedy, and the ongoing demands on the leader require considerable physical, mental, and emotional energy. Part 2 covers the principal's leadership concerning the tragedy in the two years following the event. Part 2 covers: support for the school; support for grieving students, staff, and families; tributes and memorials; issues of safety; and looking after the leader. Part 2 should be read in association with Part 1 (which covered, essentially, the first week of the tragedy). Background material for Part 2, and an outline of the Method, are contained in Part 1.

Valls, P. (2011). "L'invitation au jeu dans les soins aux enfants affectés par la guerre au Guatemala = The offer of play in caring of children hurt by the war in Guatemala." *Revue Francophone du Stress et du Trauma* 11(1): 55-64.

In the early eighties, the French NGO Enfants Réfugiés du Monde opened a playground for children in a refugee camp where Maya peasants survived in utmost deprivation after fleeing mass killings in Guatemala. 20 years later, we collected their testimonies. Based on Marcos's story, one of these children, we identified some of the protection factors which enabled him to cope with the traumatic effects of violence and exile, with special attention to his playing experience.

Wang, W., W. Fu, et al. (2012). "Prevalence of PTSD and depression among junior middle school students in a rural town far from the epicenter of the Wenchuan Earthquake in China." *PLoS ONE* 7(7): 1-e41665.

**CONTEXT:** On May 12th 2008, a devastating earthquake measuring 8.0 on the Richter scale struck Wenchuan county and surrounding areas in China. The prevalence of mental illness among children and adolescents in a rural town far from the earthquake epicenter is unknown. **OBJECTIVE:** To assess the prevalence of PTSD and depression among junior middle school students in a rural town Ningqiang county, 327 km from the earthquake epicenter. **DESIGN, SETTING, and PARTICIPANTS:** A population-based mental health survey was conducted in March, 2009. **MAIN OUTCOME MEASURE:** Survey Self-designed General Condition Survey Scale, Children's Revised Impact of Event Scale (CRIES-13), and the Depression Self-rating Scale for Children (DSRSC) were used to sample 1,841 junior middle school students in Ningqiang county, 10 months after the Wenchuan earthquake. **RESULTS:** The prevalence rate of a high-risk for PTSD was 28.4%, with 32.7% among females, 23.8% among males (female vs. male,  $p < 0.001$ ), 38.6% in the severe exposure group, and 24.3% in the mild exposure group (severe vs. mild exposure,  $p < 0.001$ ). For depressive symptoms, the overall prevalence was 19.5%, with 24.0% among females, 14.7% among males, 24.5% in the severe exposure group, and 17.5% in the mild exposure group (female vs. male,  $p < 0.001$ ; severe vs. mild exposure,  $p < 0.001$ , respectively). In multivariate analysis, factors such as "having felt despair", or "danger" and "having own house destroyed or damaged" were significantly associated with PTSD symptoms. Female gender and delayed evacuation in females, and earthquake related experiences in males, were significantly associated with depression. **CONCLUSION:** Traumatic events experienced during the earthquake were significantly associated with symptoms of PTSD and depression in children and adolescents, 10 months after the Wenchuan earthquake. These data highlight a need for mental health services for children and adolescents in rural areas, far from earthquake epicenters.

Weems, C. F., B. G. Scott, et al. (2012). "Is TV traumatic for all youths?: the role of preexisting posttraumatic-stress symptoms in the link between disaster coverage and stress." *Psychological Science* 23(11): 1293-1297.

In youths, watching TV coverage of a disaster is associated with traumatic-stress symptoms. However, the role of predisaster symptoms in this link has not been addressed. In this study, urban-school youths who had experienced both Hurricanes Katrina and Gustav ( $N = 141$ ; grades 4-8) were

assessed 12 months and 6 months before Gustav and then 1 month after Gustav. The amount of TV viewing was associated with post-Gustav stress symptoms, controlling for pre-Gustav symptoms. However, pre-Gustav stress symptoms interacted with TV viewing in predicting post-Gustav symptoms such that for youths with higher preexisting symptoms, there was a stronger association between TV viewing and level of post-Gustav symptoms. The results advance the literature on the role of media coverage in stress reactions by showing that preexisting symptoms can be an important component of identifying which children are likely to be most negatively affected by TV coverage.

Wethington, H. R., R. A. Hahn, et al. (2008). "The effectiveness of interventions to reduce psychological harm from traumatic events among children and adolescents: a systematic review." *American Journal of Preventive Medicine* 35(3): 287-313.

Children and adolescents in the U.S. and worldwide are commonly exposed to traumatic events, yet practitioners treating these young people to reduce subsequent psychological harm may not be aware of – or use – interventions based on the best available evidence. This systematic review evaluated interventions commonly used to reduce psychological harm among children and adolescents exposed to traumatic events. Guide to Community Preventive Services (Community Guide) criteria were used to assess study design and execution. Meta-analyses were conducted, stratifying by traumatic exposures. Evaluated interventions were conducted in high-income economies, published up to March 2007. Subjects in studies were  $\leq$  21 years of age, exposed to individual/mass, intentional/unintentional, or manmade/natural traumatic events. The 7 evaluated interventions were individual cognitive-behavioral therapy, group cognitive behavioral therapy, play therapy, art therapy, psychodynamic therapy, and pharmacologic therapy for symptomatic children and adolescents, and psychological debriefing, regardless of symptoms. The main outcome measures were indices of depressive disorders, anxiety disorder and PTSD, internalizing and externalizing disorders, and suicidal behavior. Strong evidence (according to Community Guide rules) showed that individual and group cognitive-behavioral therapy can decrease psychological harm among symptomatic children and adolescents exposed to trauma. Evidence was insufficient to determine the effectiveness of play therapy, art therapy, pharmacologic therapy, psychodynamic therapy, or psychological debriefing in reducing psychological harm. Personnel treating children and adolescents exposed to traumatic events should use interventions for which evidence of effectiveness is available, such as individual and group cognitive-behavior therapy. Interventions should be adapted for use in diverse populations and settings. Research should be pursued on the effectiveness of interventions for which evidence is currently insufficient.

Bar-Halpern, M. *Becoming a superhero: the development of a book for children who have been exposed to terrorist attacks* [dissertation]: 214-214.

In recent years, the fears of war and terrorist attacks have become common among children across all cultures. Acts of terrorism convey specific kinds of fears: that the world is unsafe, that even a caregiver cannot protect the child, and that people whom the child has never met want to target and hurt him. Young children, such as preschoolers, rely on caregivers as their support system

to mediate their posttraumatic symptoms after a traumatic event. Because the threat of terror affects the family as a whole, the importance of the attachment relationship between the parent and the child can play an important role in building resiliency. The goal of this dissertation was to provide information about posttraumatic stress symptoms in children, and the effect such symptoms have on children's development. It also focused on the attachment relationship as a key factor in building resilience and helping the child overcome his symptoms. Other topics that were reviewed included evidence-based interventions for traumatized children that are found to be the most beneficial for this population. Further, bibliotherapy as an effective intervention for young children was discussed and, finally, in order to gain a better understanding of the available resources for younger children, books in the field of trauma were evaluated. Due to the lack of children's books that deal with the fear of terrorist attacks, and the important role of the caregiver and the attachment relationship for the child's recovery from this potentially traumatic event, an interactive parent-child book was created. The book incorporates evidence-based components from various cognitive-behavioral approaches that are found to be most helpful in reducing the posttraumatic symptoms of this population, as well as activities for both the parent and the child that will enhance the parent-child relationship. It is hoped that this therapeutic book can be a source for the parent and the child to refer to in times of everyday stress and fear of terror, as well as a tool to reduce symptoms in the aftermath of terrorist acts.

Elklit, A., L. H. Nielsen, et al. (2013). "A cartoon-based measure of PTSD symptomatology in children exposed to a disaster." *Journal of Loss and Trauma* 18(1): 54-63.

Research on childhood PTSD is sparse. This is partly due to the limited availability of empirically validated measures for children who are insecure readers. The present study examined the reliability and validity of a cartoon-based measure of PTSD symptoms in children exposed to a disaster. Cartoons were generated on the basis of the literature and on the "Darryl" test, which was originally designed to assess community violence-related PTSD. Using a sample of 430 children, preliminary analyses demonstrated that the adapted version of the Darryl test had reasonable psychometric properties. Future validation of the measure as a screening tool is discussed.

Gan, Y., M. Guo, et al. (2013). "Scale development of meaning-focused coping." *Journal of Loss and Trauma* 18(1): 10-26.

The authors tested the newly developed Meaning-Focused Coping Questionnaire using three samples of survivors of the Wenchuan Earthquake (2008). They conclude that the 26-item Meaning-Focused Coping Questionnaire exhibited adequate psychometric properties.

Scott, B. G. and C. F. Weems (2013). "Natural disasters and existential concerns: a test of Tillich's theory of existential anxiety." *Journal of Humanistic Psychology* 53(1): 114-128.

Existential anxiety is hypothesized to be a core human issue in a great deal of theoretical and philosophical writing. Fostering the empirical understanding of the expression of these concerns may be a valuable addition to the psychological literature on exposure to trauma. The purpose of this study was to test theoretical predictions about the association between different facets of existential

anxiety and psychological symptoms (PTSD symptoms, suicidal ideation) among individuals following a natural disaster. A sample of 386 Gulf Coast residents completed the Existential Anxiety Questionnaire, a PTSD symptom checklist, and a measure of psychological symptoms that included an item on suicidal ideation in the months following Hurricane Katrina. The results suggested that existential concerns were prevalent in the sample and that the various facets of existential anxiety were differentially associated with psychological symptoms. These findings provide preliminary evidence for existential concerns as an important correlate of psychological distress following exposure to natural disasters and increment empirical understanding of the concept of existential anxiety.

Spermon, D., Y. Darlington, et al. (2013). "Complex posttraumatic stress disorder: voices of healing." *Qualitative Health Research* 23(1): 43-53.

In this article, we report on a phenomenological study of experiences of recovery of 7 women with histories of childhood maltreatment. We propose a model that recalls the Anglo-Franc etymological origins of "rekeverer": to regain consciousness, health, or strength. Dimensions include development of a selfhood; tasks of connection and separation; regulation of overwhelming emotions; management of choices; and internalization of therapeutic relational dynamics. Based on the findings, we suggest that theory and research need to extend concepts of healing, add methodologies privileging victim/survivor voices, and revisit concepts such as neutrality and resistance as they apply to dissociative disorders. Practitioners should have specific training in trauma models, although they need to hold these theories lightly because therapeutic goals and pathways of change might well differ for each client. Integrated whole-of-government initiatives need to identify those at risk of abuse as early as possible, and provide response funding beyond assessment services.