

March, 2013 Medline Topic Alert

1. Pediatrics. 2013 Feb 11. [Epub ahead of print]

Prevention and Treatment of Traumatic Stress in Children: Few Answers, Many Questions.

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2. J Anxiety Disord. 2013 Jan;27(1):140-6. doi: 10.1016/j.janxdis.2012.11.003. Epub 2012 Dec 20.

Maternal depression and treatment gains following a cognitive behavioral intervention for posttraumatic stress in preschool children.

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The evidence base for cognitive behavioral therapy (CBT) to treat child emotional and behavioral symptoms following exposure to trauma in youth is compelling, but relatively few studies are available on preschool children and on moderators of treatment outcomes. This paper examines maternal and child characteristics as moderators of posttraumatic stress (PTS) treatment outcomes in preschool children. Outcome data from a previously published randomized trial in three to six year old preschool children with diagnostic interview data from participating mothers were used. Hypotheses were tested via hierarchical linear modeling. Maternal depression was associated with higher initial child posttraumatic stress disorder (PTSD) symptoms, and was associated with increasing PTSD symptom trends at follow up suggesting potential child PTSD symptom relapse. Maternal PTSD symptoms similarly predicted differential child separation anxiety symptom change but not child PTSD symptom change. Targeting dyads with child PTSD symptoms and maternal depression or PTSD symptoms with enhanced interventions may be a useful strategy to improve treatment maintenance.

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

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

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Introduction: Research is needed that prospectively characterizes the intergenerational pattern of effects of childhood maltreatment and lifetime posttraumatic stress disorder (PTSD) on women's mental health in pregnancy and on postpartum mental health and bonding outcomes. This prospective study included 566 nulliparous women in 3 cohorts: PTSD-positive, trauma-exposed resilient, and

not exposed to trauma. Methods: Trauma history, PTSD diagnosis, and depression diagnosis were ascertained using standardized telephone interviews with women who were pregnant at less than 28 gestational weeks. A 6-week-postpartum interview reassessed interim trauma, labor experience, PTSD, depression, and bonding outcomes. Results: Regression modeling indicates that posttraumatic stress in pregnancy, alone, or comorbid with depression is associated with postpartum depression ($R^2 = .204$; $P < .001$). Postpartum depression alone or comorbid with posttraumatic stress was associated with impaired bonding ($R^2 = .195$; $P < .001$). In both models, higher quality of life ratings in pregnancy were associated with better outcomes, while reported dissociation in labor was a risk for worse outcomes. The effect of a history of childhood maltreatment on both postpartum mental health and bonding outcomes was mediated by preexisting mental health status. Discussion: Pregnancy represents an opportune time to interrupt the pattern of intergenerational transmission of abuse and psychiatric vulnerability. Further dyadic research is warranted beyond 6 weeks postpartum. Trauma-informed interventions for women who enter care with abuse-related PTSD or depression should be developed and tested.

4. South Med J. 2013 Jan;106(1):115-9. doi: 10.1097/SMJ.0b013e31827cd091.
Mental health aspects of disasters.

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ABSTRACT: Disaster preparations and responses are incomplete without addressing the mental health aspects of disasters. Unpleasant mental states can be a natural and even adaptive human response following a disaster; however, disasters also can contribute to the development of mental illnesses and substance use disorders or exacerbate existing disorders for disaster survivors, response personnel, and even families and close contacts of survivors and responders. Disaster-related psychopathology can mimic or negatively affect other disaster-related illnesses and can impair health professionals and others who must respond to catastrophic events; however, disasters also can encourage tremendous human coping, perseverance, and resilience and can even enhance personal and collective feelings of purpose, connection, and meaning. Integrating mental health promotion and care into disaster planning and response has the potential to mitigate psychiatric and medical consequences of a disaster and may preserve the mission readiness of disaster response personnel and promote healing among communities traumatized by disaster.

5. Cochrane Database Syst Rev. 2012 Dec 12;12:CD006726. doi: 10.1002/14651858.CD006726.pub2.

Psychological therapies for the treatment of post-traumatic stress disorder in children and adolescents.

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BACKGROUND: Post-traumatic stress disorder (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: Fourteen 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 (three studies, $n = 80$, OR 4.21, 95% CI 1.12 to 15.85) and symptoms of PTSD (seven 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 (five 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: two 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: three studies, $n = 98$, SMD -1.34, 95% CI -1.79 to -0.89; up to one year: one study, $n = 36$, SMD -0.73, 95% CI -1.44 to -0.01), and depression scores were lower for up to a month (three 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.

6. Psychol Rep. 2012 Oct;111(2):641-51.

The Mini-IPIP Scale: psychometric features and relations with PTSD symptoms of Chinese earthquake survivors.

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The present purpose was to validate the Mini-IPIP scale, a short measure of the five-factor model personality traits, with a sample of Chinese earthquake survivors. A total of 1,563 participants, ages 16 to 85 years, completed the Mini-IPIP scale and a measure of posttraumatic stress disorder (PTSD) symptoms. Confirmatory factor analysis supported the five-factor structure of the Mini-IPIP with adequate values of various fit indices. This scale also showed values of internal consistency, Cronbach's alphas ranged from .79 to .84, and McDonald's omega ranged from .73 to .82 for scores on each subscale. Moreover, the five personality traits measured by the Mini-IPIP and those assessed by other big five measures had comparable patterns of relations with PTSD symptoms. Findings indicated that the Mini-IPIP is an adequate short-form of the Big-Five factors of personality, which is applicable with natural disaster survivors.

7. J Clin Psychiatry. 2012 Nov;73(11):e1365-71. doi: 10.4088/JCP.12m07946.

Childhood sexual abuse and psychiatric disorders in middle-aged and older adults: evidence from the 2007 Adult Psychiatric Morbidity Survey.

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OBJECTIVE: This study aimed (1) to assess the relationship of childhood sexual abuse and revictimization with 6 common mental disorders, alcohol and drug dependence, posttraumatic stress disorder, eating disorders, and suicidal behavior; (2) to test whether gender moderates the relationship between childhood

sexual abuse and psychiatric comorbidity; and (3) to assess the association of childhood sexual abuse with health care service use among middle-aged and older adults.

METHOD: The author conducted secondary analyses of data from a population-based, nationally representative sample of 3,493 community-dwelling adults aged 50 years and above who were interviewed in England in 2006 and 2007 as part of the 2007 Adult Psychiatric Morbidity Survey. The survey assessed childhood sexual abuse (sexual touching and sexual intercourse), sexual abuse revictimization (experiencing both childhood and adult sexual abuse), demographics, health care service use, 6 common mental disorders according to ICD-10 diagnostic criteria (depressive episode, mixed anxiety and depression, generalized anxiety disorder, panic disorder, phobia, and obsessive-compulsive disorder), eating disorders, posttraumatic stress disorder, alcohol and drug dependence, and suicidal behavior.

RESULTS: After weighting, the prevalence of childhood sexual abuse was 8.0%, and the prevalence of revictimization was 1.9%. Multivariate analyses revealed that childhood sexual abuse was significantly associated with mixed anxiety and depression (adjusted odds ratio [AOR] = 1.69; 95% CI, 1.09-2.63), generalized anxiety disorder (AOR = 1.78; 95% CI, 1.01-3.11), eating disorders (AOR = 2.04; 95% CI, 1.12-3.75), posttraumatic stress disorder (AOR = 2.45; 95% CI, 1.20-4.99), and suicidal ideation (AOR = 2.32; 95% CI, 1.27-4.27).

Revictimization was significantly related to mixed anxiety and depression (AOR = 3.21; 95% CI, 1.63-6.32), generalized anxiety disorder (AOR = 2.60; 95% CI, 1.07-6.35), phobia (AOR = 4.07; 95% CI, 1.23-13.46), posttraumatic stress disorder (AOR = 8.88; 95% CI, 3.68-21.40), and suicidal ideation (AOR = 3.03; 95% CI, 1.08-8.51). Gender did not moderate the association of childhood sexual abuse or revictimization with psychiatric disorders. Finally, both childhood sexual abuse (AOR = 3.73; 95% CI, 2.03-6.86) and revictimization (AOR = 7.54; 95% CI, 3.09-17.42) were significantly associated with psychiatric hospitalization.

CONCLUSIONS: The prevalence of childhood sexual abuse in this sample was comparable to the prevalence rates identified in previous studies. The associations of childhood sexual abuse and revictimization with a wide range of psychiatric disorders raises further questions about the underlying mechanisms in the elderly. This study also supports the notion that childhood sexual abuse and revictimization are associated with a higher rate of utilization of mental health services.

8. Nat Neurosci. 2013 Jan;16(1):33-41. doi: 10.1038/nn.3275. Epub 2012 Dec 2. Allele-specific FKBP5 DNA demethylation mediates gene-childhood trauma interactions.

Klengel T, Mehta D, Anacker C, Rex-Haffner M, Pruessner JC, Pariante CM, Pace TW, Mercer KB, Mayberg HS, Bradley B, Nemeroff CB, Holsboer F, Heim CM, Ressler KJ, Rein T, Binder EB.

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Comment in

Nat Rev Neurosci. 2013 Feb;14(2):77.

Nat Rev Genet. 2013 Feb;14(2):77.

Nat Neurosci. 2013 Jan;16(1):2-4.

Although the fact that genetic predisposition and environmental exposures

interact to shape development and function of the human brain and, ultimately, the risk of psychiatric disorders has drawn wide interest, the corresponding molecular mechanisms have not yet been elucidated. We found that a functional polymorphism altering chromatin interaction between the transcription start site and long-range enhancers in the FK506 binding protein 5 (FKBP5) gene, an important regulator of the stress hormone system, increased the risk of developing stress-related psychiatric disorders in adulthood by allele-specific, childhood trauma-dependent DNA demethylation in functional glucocorticoid response elements of FKBP5. This demethylation was linked to increased stress-dependent gene transcription followed by a long-term dysregulation of the stress hormone system and a global effect on the function of immune cells and brain areas associated with stress regulation. This identification of molecular mechanisms of genotype-directed long-term environmental reactivity will be useful for designing more effective treatment strategies for stress-related disorders.

9. Ann Epidemiol. 2012 Dec;22(12):832-9. doi: 10.1016/j.annepidem.2012.09.008. Epub 2012 Oct 18.

Adverse childhood experiences and intimate partner violence: testing psychosocial mediational pathways among couples.

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PURPOSE: Adverse childhood experiences (ACEs) are associated with an increased likelihood of intimate partner violence (IPV) in adulthood. We tested whether psychosocial factors, such as depression, anxiety, impulsivity, and problem drinking, mediate associations between ACEs and IPV.

METHODS: Couple data from a cross-sectional sample of married/cohabiting couples residing in 50 medium-to-large California cities (n = 1861 couples) were used. Hypothesized relationships among male and female ACE, male-to-female partner violence (MFPV) and female-to-male partner violence (FMPV), frequency of intoxication, depression, impulsivity, and anxiety were tested with structural equation path models, and the significance of both individual direct paths and indirect associations was determined.

RESULTS: Male and female partners had positive direct associations between ACEs and depression, anxiety, and impulsivity. Males' anxiety and impulsivity and females' depression were positively related to MFPV. Males' depression and frequency of intoxication and females' depression, were positively related to FMPV. Indirect associations between male ACEs and MFPV via depression; male ACEs and FMPV via anxiety and impulsivity; and female ACEs and MFPV and FMPV via depression were all positive and significant.

CONCLUSIONS: Adverse childhood experiences impact IPV partially through psychosocial characteristics. Interventions targeted at reducing ACEs and subsequent psychosocial outcomes may help reduce adult IPV.

10. J Adolesc Health. 2012 Nov;51(5):453-61. doi: 10.1016/j.jadohealth.2012.02.011. Epub 2012 Apr 14.

A teacher-delivered intervention for adolescents exposed to ongoing and intense traumatic war-related stress: a quasi-randomized controlled study.

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PURPOSE: For the past 8 years, the residents of Sderot-a town in southern Israel-have been exposed to ongoing and intense war-related threat due to daily rocket attacks and mortar shelling from the adjacent Gaza region. This study first evaluates the prevalence of posttraumatic symptomatology in a sample of seventh- and eighth-grade students, and then assesses the efficacy of a universal teacher-delivered skill-oriented and present-focused intervention in preventing and reducing adolescents' posttraumatic stress-related symptoms.

METHOD: In a quasi-randomized controlled trial, 154 seventh- and eighth-grade students with significant levels of war-related exposure were assigned to participate in either a manualized active 16-session intervention (Extended Enhancing Resiliency Amongst Students Experiencing Stress, ERASE-Stress) or a waiting-list control group. They were assessed using self-report measures before and after the intervention on posttraumatic stress-related symptoms, somatic complaints, functional impairment, and anxiety.

RESULTS: At baseline, 43.5% were found to have a likely diagnosis of posttraumatic stress disorder. A month after the intervention ended, students in the active intervention showed statistically significant reduction on all outcome measures compared with those in the waiting-list control group.

CONCLUSIONS: Extended ERASE-Stress-a universal teacher-delivered skill-oriented program not targeting traumatic memories and involving trained and supervised homeroom teachers-may help students suffering from significant war-related posttraumatic symptoms reduce their level of symptomatology and can serve as an important and effective component of a community mental health policy for communities affected by chronic trauma, such as war and terrorism.

11. J Pers Disord. 2012 Oct;26(5):804-14.

The course of anxiety disorders other than PTSD in patients with borderline personality disorder and Axis II comparison subjects: a 10-year follow-up study.

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The objectives of this study were to assess the rates of comorbid anxiety disorders other than PTSD in patients with borderline personality disorder (BPD) and Axis II comparison subjects over ten years of prospective follow-up and to determine time-to-remission, recurrence, and new onset of these disorders. The SCID I was administered to 290 borderline patients and 72 Axis II comparison subjects at baseline and at five contiguous 2-year follow-up waves. The rates of anxiety disorders for those in both groups declined significantly over time, although they remained significantly higher among borderline patients. By 10-year follow-up, the rates of remission for borderline patients who met criteria for these disorders at baseline were high, while the rates of recurrences and new onsets were moderate. These results suggest that anxiety disorders are very common over time among borderline patients. They also suggest that these disorders have an intermittent course among those with BPD.

12. J Child Sex Abus. 2012 Sep;21(5):543-52.

Sexual abuse in a classroom of ten male students: a group victimization.
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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.

13. AIDS Patient Care STDS. 2012 Oct;26(10):589-96. doi: 10.1089/apc.2012.0089. Epub 2012 Sep 18.

Depression and posttraumatic stress disorder among HIV-infected Gambians on antiretroviral therapy.

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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 posttraumatic stress disorder, 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.

14. Neuropsychobiology. 2012;66(3):174-84. doi: 10.1159/000339558. Epub 2012 Aug 29.

Relationship between neurocognition and regional brain volumes in traumatized adolescents with and without posttraumatic stress disorder.

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OBJECTIVES: Studies using convergent neurocognitive and structural imaging paradigms in adolescent posttraumatic stress disorder (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.

15. J Forensic Nurs. 2012 Sep;8(3):122-30. doi: 10.1111/j.1939-3938.2012.01134.x. Epub 2012 Mar 5.

The influence of emergency contraception on post-traumatic stress symptoms following sexual assault.

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Conservative estimates indicate that 18-25% of women in the United States will be exposed to some form of sexual assault in their lifetime. A great number of these women will develop post-traumatic stress disorder (PTSD). The current study explores the relationship between emergency contraception (EC) administration and subsequent post-traumatic stress symptoms in female sexual assault (SA) survivors. In a study population of 111 participants, post-traumatic stress symptoms were assessed approximately six months after the SA. Women who were already taking hormonal contraception (HC) at the time of the SA and those who declined EC were compared to women who took either Ogestrel or Plan B following the SA. While the administration of traditional HC and both types of EC were associated with fewer intrusive symptoms, women who took Ogestrel reported significantly lower post-traumatic stress total symptom levels than did those who took Plan B or those who declined EC. The results suggest that the manipulation of sex hormone levels with HC and EC in the immediate aftermath of trauma may influence subsequent post-traumatic stress symptoms. The current results may be

useful in guiding the choice of EC.

16. PLoS One. 2012;7(7):e41665. doi: 10.1371/journal.pone.0041665. Epub 2012 Jul 23.
Prevalence of PTSD and depression among junior middle school students in a rural town far from the epicenter of the Wenchuan earthquake in China.

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CONTEXT: On May 12(th) 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 posttraumatic stress disorder (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, ten 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, ten 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.

17. PLoS One. 2012;7(7):e41532. doi: 10.1371/journal.pone.0041532. Epub 2012 Jul 24.
Posttraumatic stress symptoms after exposure to two fire disasters: comparative study.

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This study investigated traumatic stress symptoms in severely burned survivors of two fire disasters and two comparison groups of patients with "non-disaster" burn injuries, as well as risk factors associated with acute and chronic stress symptoms. Patients were admitted to one out of eight burn centers in The

Netherlands or Belgium. The Impact of Event Scale (IES) was administered to 61 and 33 survivors respectively of two fire disasters and 54 and 57 patients with "non-disaster" burn etiologies at 2 weeks, 3, 6, 12 and 24 months after the event. We used latent growth modeling (LGM) analyses to investigate the stress trajectories and predictors in the two disaster and two comparison groups. The results showed that initial traumatic stress reactions in disaster survivors with severe burns are more intense and prolonged during several months relative to survivors of "non-disaster" burn injuries. Excluding the industrial fire group, all participants' symptoms on average decreased over the two year period. Burn severity, peritraumatic anxiety and dissociation predicted the long-term negative outcomes only in the industrial fire group. In conclusion, fire disaster survivors appear to experience higher levels of traumatic stress symptoms on the short term, but the long-term outcome appears dependent on factors different from the first response. Likely, the younger age, and several beneficial post-disaster factors such as psychosocial aftercare and social support, along with swift judicial procedures, contributed to the positive outcome in one disaster cohort.

18. J Trauma Stress. 2012 Aug;25(4):446-53. doi: 10.1002/jts.21728.

Mental health 15 years after the killings in Rwanda: imprisoned perpetrators of the genocide against the Tutsi versus a community sample of survivors.

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Objectives of this study were to compare rates of mental health disorders in Rwandan genocide perpetrators with those of genocide survivors and to investigate potential predictors of symptoms of posttraumatic stress disorder (PTSD) and depression for both groups. We expected high rates of mental disorders in both study groups and hypothesized that symptom severity would be predicted by female gender, older age, lower level of education, higher level of trauma exposure, lower level of agreement to reconciliation, and the participation in killing. Structured clinical interviews were carried out with 269 imprisoned perpetrators (66% men) and 114 survivors (64% women). Significantly more survivors than perpetrators met symptom criteria for PTSD (46% vs. 14%) and suffered from anxiety symptoms (59% vs. 36%). A substantial proportion of both groups suffered from clinically significant depression (46% vs. 41%). PTSD severity in perpetrators was associated with trauma exposure, high levels of agreement to reconciliation, and no participation in killing; the severity of depression was associated with trauma exposure and no participation in killing. In the survivor sample, the severity of PTSD and depression were both correlated with female gender, trauma exposure, and low levels of agreement to reconciliation. Results suggest that both groups exhibit considerable psychiatric morbidity.

19. J Pediatr Adolesc Gynecol. 2012 Aug;25(4):241-7. doi: 10.1016/j.jpag.2011.12.072.

Psychological problems sequelae in adolescents after artificial abortion.

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STUDY AND OBJECTIVES: Controversy exists over psychological risks associated with unwanted pregnancy and consecutive abortion. The aim of this study was to assess the psychological health of female adolescents following artificial abortion up to 12(th) week of pregnancy.**DESIGN:** The control case study.

SETTING: The study was carried out in the Department of Gynecology and Obstetrics, University Clinical Center Tuzla, in Bosnia-Herzegovina.

PARTICIPANTS: We assessed 120 female adolescents. The mean (SD) age of the patients was 17.7 (1.5) years experiencing sexual intercourse in the age of 14-19 years for trauma experiences, presence of posttraumatic stress symptoms, depression and anxiety as state, and anxiety as trait. Sixty adolescents had intentional artificial abortion and 60 had sexual intercourse but did not become pregnant.

MAIN OUTCOME MEASURES: We used the PTSD Questionnaire, the Beck Depression Inventory, and the Spielberger State Trait Anxiety Inventory (Form Y) for assessment of anxiety in adolescents. Basic socio-demographic data were also collected.

RESULTS: PTSD presented significantly more often in adolescents who aborted pregnancy (30%), than in adolescents who did not abort (13.3%) (odds ratio = 4.91 (95%CI 0.142-0.907) P = 0.03). Anxiety as state and as trait were significantly higher in the abortion group, as the mean (SD) anxiety score of patients was 59.8 (8.9), 57.9 (9.7) respectively, than in non-abortion group 49.5 (8.8), 47.3 (9.9) respectively (t = 6.392, P < 0.001; t = 5.914, P < 0.001, respectively).

Adolescents who aborted pregnancy had significantly higher depression symptoms severity 29.2 (5.6) than controls 15.2 (3.3) (t = 8.322, P < 0.001), and they presented significantly more often depression (75%), than adolescents who did not abort (10%) (χ^2) = 53.279, P < 0.001). Logistic regression showed that only experience of life threatening(s) and injury of other person(s) reliably predicted PTSD, whereas abortion and experience of life threatening(s) reliably predicted depression.

CONCLUSION: Adolescents who aborted pregnancy presented significantly greater prevalence of PTSD and depression, and significantly greater depression severity and anxiety as state and trait than those who did not abort. Abortion predicted depression only, and did not predict PTSD.

20. J Trauma Stress. 2012 Aug;25(4):465-8. doi: 10.1002/jts.21726. Epub 2012 Jul 25.

PTSD and depression following armed robbery: patterns of appearance and impact on absenteeism and use of health care services.

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Armed robbery is a sudden, life-threatening event affecting the victims' mental health. Posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) in this population have rarely been studied. The objectives of the study were to assess the occurrence of PTSD and MDD in victims of armed robbery, and to evaluate occupational functioning and use of health care services. Eighty-six convenience store employees, victims of armed robbery, were evaluated within days after the robbery, and 1 and 3 months after. A validated diagnostic interview (SCID-I) was used. Data about sick leave, absenteeism, and use of health care

services were collected. The total number of individuals who had PTSD, MDD, or both at any time during the 3 months following the robbery was 1 (2%), 4 (6%), and 5 (8%), respectively, showing that comorbid PTSD-MDD is as frequent as or even more frequent than either disorder in isolation. Individuals with PTSD (with or without comorbid MDD) reported more absenteeism ($\eta(2)$ (p) = .25) and more medical visits ($\eta(2)$ (p) = .12) following the robbery. Clinicians and management resources personnel must be alert to the possibility that both PTSD and MDD, either alone or comorbid, can develop in victims of armed robbery.

21. J Trauma Stress. 2012 Aug;25(4):401-7. doi: 10.1002/jts.21725. Epub 2012 Jul 25. Peritraumatic and persistent dissociation as predictors of PTSD symptoms in a female cohort.

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Recent research has investigated peritraumatic and persistent dissociation as a possible predictive factor for posttraumatic stress disorder (PTSD). The current study aimed to add to this literature by examining dissociative responses in female assault survivors ($N = 92$ at initial assessment; $n = 62$ at follow-up). Dissociative symptoms experienced at 3 time points were assessed: peritraumatic dissociation (PD), persistent dissociation-initial ($M = 28.2$ days posttrauma) and follow-up ($M = 224.9$ days posttrauma), as well as initial and follow-up PTSD symptoms. We hypothesized that PD and persistent dissociative symptoms would predict chronic PTSD symptoms at the follow-up assessment with initial PTSD symptoms and assault type in the model. Hierarchical regression resulted in a significant model predicting 39% of the variance in follow-up PTSD symptom scores ($p < .001$). Both peritraumatic and follow-up persistent dissociative symptoms significantly and uniquely added to the variance explained in follow-up PTSD symptom score contributing 4% ($p = .05$) and 8% ($p = .008$) of the variance, respectively. Results support the predictive value of peritraumatic and persistent dissociative symptoms, and the findings suggest that persistent dissociation may contribute to the development and continuation of PTSD symptoms. We discuss the implications for assessment and possible treatment of PTSD as well as future directions.

22. J Trauma Stress. 2012 Aug;25(4):393-400. doi: 10.1002/jts.21724. Epub 2012 Jul 25.

The impact of intimate partner violence and additional traumatic events on trauma symptoms and PTSD in preschool-aged children.

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Children exposed to intimate partner violence (IPV) are at increased risk for developing traumatic stress symptoms and posttraumatic stress disorder (PTSD). Unfortunately, children who witness IPV are often exposed to additional traumatic events. Previous research has indicated that approximately one third of children experience 2 or more direct victimizations each year, and that exposure to one

type of victimization places children at risk for exposure to additional types of victimization. Yet little is known about the impact of these additional traumas on children's functioning. For a sample of 120 preschool children (age 4-6 years) exposed to IPV in the past 2 years, 38% were exposed to additional traumatic events, including sexual assaults by family members, physical assaults, serious accidents, and/or life-threatening illnesses. Those exposed to both IPV and additional traumatic events had higher rates of PTSD diagnoses, traumatic stress symptoms ($d = 0.96$), and internalizing ($d = 0.86$) and externalizing behavior ($d = 0.47$) problems, than those exposed to IPV alone. We also compared DSM-IV diagnostic criteria to proposed criteria for evaluating traumatic stress in preschool-aged children. Results revealed the importance of conducting a complete assessment of traumatic events prior to treating children exposed to IPV.

23. J Trauma Stress. 2012 Aug;25(4):408-15. doi: 10.1002/jts.21727. Epub 2012 Jul 20. Association of life threat and betrayal with posttraumatic stress disorder symptom severity.

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The Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association [APA], 2000) emphasizes life threat as the defining feature of psychological trauma. Recent theoretical and empirical work, however, indicates the need to identify and evaluate other key aspects of trauma. Betrayal has been proposed as a pertinent, distinct, and complementary factor that can explain effects of trauma not accounted for by life threat alone. This study examined the relationship between injury, perceived life threat (PLT), and betrayal with posttraumatic stress disorder (PTSD) symptom severity. Trauma-exposed college students ($N = 185$) completed self-report measures of trauma exposure and PTSD, as well as items regarding life threat, betrayal, and level of medical care received. In hierarchical regressions incorporating injury, PLT, and betrayal, betrayal was associated with all PTSD symptom clusters and PTSD total severity ($f(2) = .08$), whereas PLT was associated with hyperarousal ($f(2) = .05$) and PTSD total ($f(2) = .03$), and injury had no association with PTSD symptoms. In a revised model with trauma type as an additional variable, betrayal was associated with avoidance ($f(2) = .03$), numbing ($f(2) = .04$), and PTSD total ($f(2) = .03$), whereas PLT was associated with reexperiencing ($f(2) = .04$), hyperarousal ($f(2) = .04$), and PTSD total ($f(2) = .03$), and injury was associated with avoidance ($f(2) = .03$). These findings support the idea that betrayal is a core dimension of psychological trauma that may play an important role in the etiology of PTSD.

24. J Trauma Stress. 2012 Aug;25(4):440-5. doi: 10.1002/jts.21712. Epub 2012 Jul 20. Development, reliability, and validity of the Posttraumatic Stress Disorder Interview for Vietnamese refugees: a diagnostic instrument for Vietnamese refugees.

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The Posttraumatic Stress Disorder Interview for Vietnamese Refugees (PTSD-IVR) was created specifically to assess for the presence of current and lifetime history of premigration, migration, encampment, and postmigration traumas in Vietnamese refugees. The purpose of the present study was to describe the development of and investigate the interrater and test-retest reliability of the PTSD-IVR and its validity in relation to the diagnoses obtained from the Longitudinal, Expert, and All Data (LEAD; Spitzer, 1983) standard. Clinicians conducted the diagnosis process with 127 Vietnamese refugees using the LEAD standard and the PTSD-IVR. Assessment of the reliability and validity of the PTSD-IVR yielded good to excellent AUC (area under the receiver operating characteristic curve; .86, .87) and κ values (.66, .74) indicating the reliability of the PTSD-IVR and the agreement between the LEAD procedure and the PTSD-IVR. The results of the present study suggest that the PTSD-IVR performs successfully as a diagnostic instrument specifically created for Vietnamese refugees in their native language.

25. J Trauma Stress. 2012 Aug;25(4):469-74. doi: 10.1002/jts.21718. Epub 2012 Jul 13.
Trajectories of PTSD symptoms following sexual assault: is resilience the modal outcome?

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Theoretical frameworks positing qualitatively distinct trajectories of posttrauma outcome have received initial empirical support, but have not been investigated in cases of severe interpersonal trauma. To address this limitation, we conducted latent class growth analysis with longitudinal data collected from 119 female sexual assault survivors at 1-, 2-, 3-, and 4-months postassault. Participants' mean age was 33 years; 63% were White. We hypothesized that given the severity of exposure associated with sexual assault, resilience would not be the modal course of adaptation. Four distinct PTSD growth trajectories, representing unique latent classes of participants, best fit the data: a high chronic trajectory, a moderate chronic trajectory, a moderate recovery trajectory, and a marked recovery trajectory. Contrary to previous studies and recent theoretical models, resilience and resistance trajectories were not observed, as high levels of distress were evident in nearly all participants at 1-month postassault. These results suggest that theoretical models of posttrauma response positing resilience as the modal outcome may not generalize to cases of sexual assault.

26. J Trauma Stress. 2012 Aug;25(4):359-67. doi: 10.1002/jts.21723. Epub 2012 Jul 17.
Diagnosing PTSD in early childhood: an empirical assessment of four approaches.

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Prior studies have argued that the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria were insensitive for diagnosing posttraumatic stress disorder (PTSD) in young children. Four diagnostic criteria

sets were examined in 284 3- to 6-year-old trauma-exposed children. The DSM-IV criteria resulted in significantly fewer cases (13%) compared to an alternative algorithm for young children (PTSD-AA, 45%), the proposed DSM-5 posttraumatic stress in preschool children (44%), and the DSM-5 criteria with 2 symptoms that are under consideration by the committee (DSM-5-UC, 49%). Using DSM-IV as the standard, the misclassification rate was 32% for PTSD-AA, 32% for DSM-5, and 37% for DSM-5-UC. The proposed criteria sets showed high agreement on the presence (100%), but low agreement on the absence (58-64%) of diagnoses. The misclassified cases were highly symptomatic, $M = 7$ or more symptoms, and functionally impaired, median = 2 domains impaired. The additional symptoms had little impact. Evidence for convergent validation for the proposed diagnoses was shown with elevations on comorbid disorders and Child Behavior Checklist Total scores compared to a control group ($n = 46$). When stratified by age (3-4 years and 5-6 years), diagnoses were still significantly elevated compared to controls. These findings lend support to a developmental subtype for PTSD.

27. J Trauma Stress. 2012 Aug;25(4):384-92. doi: 10.1002/jts.21719. Epub 2012 Jul 16.
Child physical abuse and adult mental health: a national study.

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This study characterizes adults who report being physically abused during childhood, and examines associations of reported type and frequency of abuse with adult mental health. Data were derived from the 2000-2001 and 2004-2005 National Epidemiologic Survey on Alcohol and Related Conditions, a large cross-sectional survey of a representative sample ($N = 43,093$) of the U.S. population. Weighted means, frequencies, and odds ratios of sociodemographic correlates and prevalence of psychiatric disorders were computed. Logistic regression models were used to examine the strength of associations between child physical abuse and adult psychiatric disorders adjusted for sociodemographic characteristics, other childhood adversities, and comorbid psychiatric disorders. Child physical abuse was reported by 8% of the sample and was frequently accompanied by other childhood adversities. Child physical abuse was associated with significantly increased adjusted odds ratios (AORs) of a broad range of DSM-IV psychiatric disorders (AOR = 1.16-2.28), especially attention-deficit hyperactivity disorder, posttraumatic stress disorder, and bipolar disorder. A dose-response relationship was observed between frequency of abuse and several adult psychiatric disorder groups; higher frequencies of assault were significantly associated with increasing adjusted odds. The long-lasting deleterious effects of child physical abuse underscore the urgency of developing public health policies aimed at early recognition and prevention.

28. Child Maltreat. 2012 Aug;17(3):231-41. doi: 10.1177/1077559512451787. Epub 2012 Jul 3.

Trauma-focused cognitive-behavioral therapy for children: sustained impact of treatment 6 and 12 months later.

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This study presents the findings from 6- and 12-month follow-up assessments of 158 children ages 4-11 years who had experienced sexual abuse and who had been treated with Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) with or without the inclusion of the trauma narrative (TN) treatment module and in 8 or 16 treatment sessions. Follow-up results indicated that the overall significant improvements across 14 outcome measures that had been reported at posttreatment were sustained 6 and 12 months after treatment and on two of these measures (child self-reported anxiety and parental emotional distress) there were additional improvements at the 12-month follow-up. Higher levels of child internalizing and depressive symptoms at pretreatment were predictive of the small minority of children who continued to meet full criteria for posttraumatic stress disorder at the 12-month follow-up. These results are discussed in the context of the extant TF-CBT treatment literature.

29. J Abnorm Psychol. 2012 Aug;121(3):610-5. doi: 10.1037/a0028591. Epub 2012 Jun 11.
The latent structure of posttraumatic stress disorder: different models or different populations?

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Factor analytic studies of the structure of self-reported posttraumatic stress disorder (PTSD) symptoms have consistently supported two 4-factor models; the "Dysphoria" and the "Emotional Numbing" model. The fit of both models has been satisfactory; however, it has been difficult to unequivocally determine which model is best. This study aimed to test the hypothesis that there is no single "correct" model, but rather that the models represent different subpopulations. A confirmatory factor 2-class mixture model was specified with the Dysphoria model in one class and the Emotional Numbing model in the other. This model was tested using data from participants from 4 trauma groups. This model fitted the data better than 1 and 2-class models of the Dysphoria, Emotional Numbing, and cross-factor loading model. It was concluded that the search for the "correct" model of PTSD based on the assumption of a single homogenous population may not be a worthwhile research endeavor.

30. Psychoneuroendocrinology. 2012 Nov;37(11):1837-44. doi: 10.1016/j.psyneuen.2012.03.017. Epub 2012 Apr 11.

Glucocorticoid receptor number predicts increase in amygdala activity after severe stress.

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INTRODUCTION: Individuals who are exposed to a traumatic event are at increased risk of developing psychiatric disorders such as posttraumatic stress disorder (PTSD). Studies have shown that increased amygdala activity is frequently found in patients with PTSD. In addition, pre-trauma glucocorticoid receptor (GR) number in peripheral blood mononuclear cells (PBMCs) has been found to be a

significant predictor for the development of PTSD symptoms. Research in rodents has shown that the response of basolateral amygdala neurons to corticosterone is mediated by GR. However, to the best of our knowledge, no previous study has investigated GR number in PBMCs and amygdala function in humans.

METHODS: To investigate whether peripheral GR number is related to amygdala functioning, we assessed GR number in PBMCs of healthy soldiers before their deployment to Afghanistan. Amygdala functioning was assessed with fMRI before and after deployment.

RESULTS: We found that pre-deployment GR number was significantly negatively correlated to pre-deployment amygdala activity. More importantly, pre-deployment GR number predicted the increase in amygdala activity by deployment.

DISCUSSION: Our results demonstrate that peripheral GR number is associated with amygdala functioning and predicts the increase in amygdala activity following military deployment in healthy individuals who did not develop PTSD. It is uncertain how this relationship is mediated mechanistically, but future studies should examine the relation of GR and amygdala activity to determine whether this is part of a common pathway leading to increased vulnerability to stress-related disorders.

31. J Subst Abuse Treat. 2012 Oct;43(3):366-76. doi: 10.1016/j.jsat.2012.01.005. Epub 2012 Mar 22.

Childhood sexual abuse characteristics, intimate partner violence exposure, and psychological distress among women in methadone treatment.

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Traumatic experiences and their biopsychosocial sequelae present complex challenges in substance use treatment. For women with substance use problems, childhood sexual abuse (CSA), intimate partner violence exposure (IPV), posttraumatic stress disorder (PTSD), and overall psychological distress are often co-occurring concerns. To address gaps in knowledge and to strengthen practice regarding these critical issues in substance use treatment, we drew upon cross-sectional and longitudinal data from baseline and 12-month interviews with a random sample of 416 women in methadone treatment to examine relationships between CSA characteristics, particularly the presence of force and involvement of family, IPV, and mental health concerns. Although CSA involving force and family was not associated with IPV as hypothesized, it was associated with increased risk of PTSD and overall psychological distress. The multivariate findings underscore the psychological vulnerabilities associated with CSA involving force and family and suggest that drug use and financial circumstances may be important targets to reduce IPV risk.

32. Child Psychiatry Hum Dev. 2012 Oct;43(5):661-73. doi: 10.1007/s10578-012-0289-y. Somatic symptoms in traumatized children and adolescents.

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Childhood exposure to trauma has been associated with increased rates of somatic

symptoms (SS), which may contribute to diminished daily functioning. One hundred and sixty-one children residing at a residential treatment home who had experienced neglect and/or abuse were administered the Trauma Symptom Checklist for Children (TSCC), the Multidimensional Anxiety Scale for Children, and the Children's Depression Inventory (CDI). Primary caregivers completed the Child Behavior Checklist. Two composite measures of SS were formed to represent both child- and caregiver-rated SS. Over 95% of children endorsed at least one SS on the child-rated measure. Children who had experienced sexual abuse had higher rates of SS relative to children who had not. Child-rated SS were highly correlated with the CDI total score and the TSCC subscales of anxiety, depression, posttraumatic stress, dissociation, and anger. The TSCC anxiety subscale mediated the relationship between sexual abuse and child-rated SS.

33. Psychol Assess. 2012 Sep;24(3):661-75. doi: 10.1037/a0026636. Epub 2012 Jan 16.
Anger and postcombat mental health: validation of a brief anger measure with U.S. soldiers postdeployed from Iraq and Afghanistan.

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The involvement of anger in the psychological adjustment of current war veterans, particularly in conjunction with combat-related posttraumatic stress disorder (PTSD), warrants greater research focus than it has received. The present study concerns a brief anger measure, Dimensions of Anger Reactions (DAR), intended for use in large sample studies and as a screening tool. The concurrent validity, discriminant validity, and incremental validity of the instrument were examined in conjunction with behavioral health data for 3,528 treatment-seeking soldiers who had been in combat in Iraq and Afghanistan. Criterion indices included multiple self-rated measures of psychological distress (including PTSD, depression, and anxiety), functional difficulties (relationships, daily activities, work problems, and substance use), and violence risk. Concurrent validity was established by strong correlations with single anger items on 4 other scales, and discriminant validity was found against anxiety and depression measures. Pertinent to the construct of anger, the DAR was significantly associated with psychosocial functional difficulties and with several indices of harm to self and to others. Hierarchical regression performed on a self/others harm index found incremental validity for the DAR, controlling for age, education, military component, officer rank, combat exposure, PTSD, and depression. The ability to efficiently assess anger in at-risk military populations can provide an indicator of many undesirable behavioral health outcomes.

34. Psychol Assess. 2012 Sep;24(3):640-6. doi: 10.1037/a0026510. Epub 2011 Dec 12.
The factor structure of the Autobiographical Memory Test in recent trauma survivors.

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The objective of this study was to examine the psychometric properties of the

Autobiographical Memory Test (AMT), which is widely used to measure overgeneral autobiographical memory in individuals with depression and a trauma history. Its factor structure and internal consistency have not been explored in a clinical sample. This study examined the psychometric properties of the AMT in a sample of recent trauma survivors (N = 194), who completed the AMT 2 weeks after a trauma. Participants were also assessed with structured clinical interviews for current acute stress disorder and current and past major depressive disorder. Confirmatory factor analysis and item response theory were used to analyze the AMT in the whole sample. The factor structure of the AMT was also compared for (a) individuals with and without lifetime major depressive disorder and (b) individuals with current (posttrauma) major depressive disorder and/or acute stress disorder versus those with neither disorder. In all of these analyses, the AMT with cues of positive and negative valence had a 1-factor structure, which replicates work in nonclinical samples. Based on analyses of the whole sample, scores from the AMT had a reliability estimate of .72, and standard error of measurement was lowest for people who scored low on memory specificity. In conclusion, the AMT measures 1 factor of memory specificity in a clinical sample and can yield reliable scores for memory specificity. More psychometric studies of the AMT are needed to replicate these results with similar and other clinical populations.

35. Community Ment Health J. 2012 Dec;48(6):729-40. doi: 10.1007/s10597-011-9446-1. Epub 2011 Oct 30.

A qualitative analysis of barriers, challenges, and successes in meeting the needs of Hurricane Katrina evacuee families.

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Hurricane Katrina caused many individuals to evacuate to towns and cities throughout the United States. Psychological First Aid (PFA) is a treatment program designed to help clinicians and other disaster relief workers address the needs of adults, youth, and families immediately following disasters. We conducted focus groups with disaster relief and evacuee service providers in the Kansas City Metro Area as an exploratory study to identify their perceptions of the needs of evacuees. Participants identified a number of mental health needs, as well as displacement-related challenges, including loss of social support, material loss, unemployment, and other stressful life events that were secondary to the hurricane. Many of these needs are consistent with principles presented in the PFA manual. We also found that service providers faced unique challenges when attempting to assist evacuees. We discuss implications of these findings for treatment programs and provide suggestions for addressing barriers to care.

36. Int J Behav Med. 2012 Sep;19(3):243-51. doi: 10.1007/s12529-011-9184-3.
Kobe earthquake and post-traumatic stress in school-aged children.

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BACKGROUND: The psychological reactions to catastrophic events are not known well

in children.

PURPOSE: The present study was performed to quantify the core features of post-traumatic stress reactions in schoolchildren after the Kobe earthquake.

METHODS: Children's psychological reactions to the Kobe earthquake were examined in a total of 8,800 schoolchildren attending the third, fifth, or eighth grade in the disaster areas. The control subjects were 1,886 schoolchildren in the same grades in distant areas minimally affected by the earthquake. A self-report questionnaire was developed with reference to the Diagnostic and Statistical Manual of Mental Disorders-IV and the post-traumatic stress disorder reaction index and was used to score psychological reactions rating them from 1 to 4 depending on the frequency of the symptom. The survey was conducted four times, from 4 months to 2 years after the earthquake.

RESULTS: Three factors were consistently extracted by factor analysis on the results of each study. Factor 1 was interpreted as relating to direct fear of the disaster and general anxiety, factor 2 as relating to depression and physical symptoms, and factor 3 as social responsibility such as feelings of sympathy for those who are suffering more severely and guilt for surviving. Young schoolchildren displayed particularly high scores on these factors. Furthermore, these factors were significantly associated with injuries of the children themselves, fatalities/injuries of family members, and the experience of being rescued or staying in shelters.

CONCLUSIONS: Psychological and comprehensive interventions should be directed at the most vulnerable populations of young children after future earthquakes.

37. Indian J Pediatr. 2012 Jan;79 Suppl 1:S52-9. doi: 10.1007/s12098-011-0437-6. Epub 2011 Jun 1.

Psychopathology, traumatic life events, and coping skills among patients attending a primary-care adolescent clinic.

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OBJECTIVE: To compare the type of life events experienced and coping styles used by adolescents with and without psychopathology, attending a primary-care adolescent clinic.

METHODS: One hundred adolescents with and without psychopathology attending a drop-in adolescent clinic in a tertiary-care teaching hospital were recruited.

Face-to-face interview used Child Behaviour Checklist, Life Event Scale, Coddington's life event scale, Impact of Event Scale and Modified Jalowiec coping scale as measures after getting written, informed consent from the primary care-giver and verbal assent from the adolescents. Bivariate and multivariate comparisons were done between the groups appropriately.

RESULTS: Adolescents with psychopathology had experienced more parental fights, increased arguments with parents, increased arguments between parents, serious illness requiring hospitalization of the adolescent. The intrusive symptoms of PTSD were noted more than avoidant symptoms among those adolescents with life events. Confrontative, emotive and optimistic coping styles were most often used in adolescent with psychopathology.

CONCLUSIONS: In India, adolescents with psychopathology attending a primary care clinic have significant life events and different coping styles. Therefore,

adolescents with psychopathology in this setting should be screened for life events as well as dysfunctional coping styles and given appropriate intervention.