

## March, 2013 Pilots Topic Alert

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Ackerman, G. African American family members of homicide victims: grief, time, relationship, and support [dissertation]: 205-205.

In the last decade, African Americans have lost relatives from homicide up to 10 times more than other ethnic groups. African American family members of homicide victims (AA FMHVs) are underserved by the criminal justice system and at high risk of extreme grief and posttraumatic stress syndrome. Despite study of various factors, additional research is needed. This nonexperimental quantitative cross-sectional regression and descriptive study used theoretical foundations of complicated grief, coping, and Africentricism with AA FMHVs to examine the relationship of grief and time since homicide, relationship to victim, length of support group attendance, and coping styles. The 149 participants (response rate 98.7%) were members of a FMHV support group in a U.S. southeastern high-crime urban community. Of the sample, 93.3% were women (mean age 45.6); 75.8% were single, and 40.3% had an income between \$20,001 and \$30,000. Time since relatives' death ranged between -1 to 16+ years (mean almost 4). One third had lost a child and almost one fourth a cousin to homicide. Length of group attendance varied from 1 to 6+ years (mean 2.6). Four research questions and null hypotheses were formulated: There is not a statistically significant influence on AA FMHVs' extent of grief of (a) time since the homicide, (b) relationship to victim, and (c) length of support group attendance. (d) None of the four coping strategies (cognitive-emotional, spiritual-centered, collective-centered, ritual-centered) will be used primarily by AA FMHVs. A demographic and homicide-specific questionnaire, the Africultural Coping Systems Inventory, and the Texas Revised Inventory of Grief were administered. All hypotheses were rejected. Significant influences were found on AA FMHVs' extent of grief of time since homicide, relationship to victim, and length of support group attendance ( $p < .01$ ). Participants used cognitive-emotional and spiritual-centered coping most frequently. Regression analyses indicated that the Hypotheses 1-3 variables predicted from 11.6%-19.5% and three additional homicide-specific variables predicted from 16.2% to 24.4% of the variance in participants' extent of grief. Findings should add to the literature, prompt further research, raise public awareness, and provide information toward more effective interventions by healthcare and criminal justice system professionals to help this underserved population. [Author Abstract]

Adams, R. S., M. J. Larson, et al. (2012). "Frequent binge drinking after combat-acquired traumatic brain injury among active duty military personnel with a past year combat deployment." *Journal of Head Trauma Rehabilitation* 27(5): 349-360.

**OBJECTIVE:** To determine whether combat-acquired traumatic brain injury (TBI) is associated with postdeployment frequent binge drinking among a random sample of active duty military personnel. **PARTICIPANTS:** Active duty military personnel who returned home within the past year

from deployment to a combat theater of operations and completed a survey health assessment (N = 7155). METHODS: Cross-sectional observational study with multivariate analysis of responses to the 2008 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel, an anonymous, random, population-based assessment of the armed forces. MAIN MEASURES: Frequent binge drinking: 5 or more drinks on the same occasion, at least once per week, in the past 30 days. TBI-AC: self-reported altered consciousness only; loss of consciousness (LOC) of less than 1 minute (TBI-LOC < 1); and LOC of 1 minute or greater (TBI-LOC 1+) after combat injury event exposure. RESULTS: Of active duty military personnel who had a past year combat deployment, 25.6% were frequent binge drinkers and 13.9% reported experiencing a TBI on the deployment, primarily TBI-AC (7.5%). In regression models adjusting for demographics and positive screen for PTSD, active duty military personnel with TBI had increased odds of frequent binge drinking compared with those with no injury exposure or without TBI: TBI-AC (adjusted odds ratio, 1.48; 95% confidence interval, 1.18-1.84); TBI-LOC 1+ (adjusted odds ratio, 1.67; 95% confidence interval, 1.00-2.79). CONCLUSIONS: Traumatic brain injury was significantly associated with past month frequent binge drinking after controlling for PTSD, combat exposure, and other covariates. [Author Abstract] KEY WORDS: binge drinking; combat; deployment; military personnel; PTSD, TBI

Ameringer, S., C. Munro, et al. (2012). "Assessing agreement between salivary alpha amylase levels collected by passive drool and eluted filter paper in adolescents with cancer." *Oncology Nursing Forum* 39(4): E317-E323.

PURPOSE/OBJECTIVES: To assess the validity of filter paper (FP) against the gold standard of passive drool (PD) for collecting salivary alpha amylase as a surrogate biomarker of psychological stress in adolescents with cancer. DESIGN: Part of a longitudinal, descriptive study of symptoms in adolescents with cancer during chemotherapy. SETTING: A pediatric hematology/oncology treatment center. SAMPLE: 33 saliva sample pairs from nine adolescents with cancer, aged 13-18 years. METHODS: Salivary alpha amylase was collected by PD and FP at four time points during a cycle of chemotherapy: days 1 (time 1) and 2 (time 2) of chemotherapy, day 7-10 (time 3), and day 1 of the next cycle (time 4). A random effects regression was used to assess the correlation between PD and FP values, and a Bland Altman analysis was conducted to assess agreement between the values. MAIN RESEARCH VARIABLES: Salivary alpha amylase. FINDINGS: The estimated correlation between PD and FP values was  $r = 0.91$ ,  $p < 0.001$ . Regression results were also used to rescale FP values to the levels of the PD values because the FP values were on a different scale than the PD values. The Bland Altman analysis revealed that the agreement between the rescaled FP values and PD values was not satisfactory. CONCLUSIONS: Eluted FP may not be a valid method for collecting salivary alpha amylase in adolescents with cancer. IMPLICATIONS FOR NURSING: Psychological stress in adolescents with cancer may be linked to negative outcomes, such as greater symptom severity and PTSD. Nurses need valid, efficient, biobehavioral measures to assess psychological stress in the clinical setting. [Author Abstract]

Anders, S. L., P. A. Frazier, et al. (2012). "Prevalence and effects of life event exposure among undergraduate and community college students." *Journal of Counseling Psychology* 59(3): 449-457.

The purposes of this study were to assess lifetime and recent exposure to various life events among undergraduate and community college students and to assess the relation between event exposure and a broad range of outcomes (i.e., mental and physical health, life satisfaction, grade point average). Undergraduate students from a midwestern university (N = 842) and a community college (N = 242) completed online measures of lifetime event exposure and outcomes at Time 1 and recent event exposure at Time 2 two months later. Life events assessed included events that did and did not meet the definition of a traumatic event (i.e., PTSD Criterion A1) in the DSM-IV-TR; as well as directly (e.g., own life-threatening illness) and indirectly (e.g., others' illness) experienced events. Students reported experiencing many lifetime and recent Criterion A1 and non-A1 events, and community college students reported more events than did university students. Generally, individuals who reported more lifetime events also reported poorer outcomes (e.g., poorer health). The number of non-Criterion A1 and directly experienced events tended to be more strongly correlated with negative outcomes than were the number of Criterion A1 and indirectly experienced events reported. These findings suggest that non-A1 events are important to assess and can be significantly related to outcomes for students. [Author Abstract] KEY WORDS: trauma; stress, criterion A1; undergraduate students; community college students

Anderson, C. (2011). "Construct validity of the Childbirth Trauma Index for adolescents." *Journal of Perinatal Education* 20(2): 78-90.

The potentially traumatic nature of childbirth for adult mothers has been confirmed in research; however, adolescent childbirth trauma is unexplored. This article presents research on the construct validity of the Childbirth Trauma Index by providing a conceptual analysis of psychological childbirth trauma, factor validity of the Childbirth Trauma Index, and discussion of testing the Childbirth Trauma Index via contrasted-groups approach. Childbirth trauma can result in an acute stress reaction or actual PTSD. Using subjective reports, the Impact of Event Scale, and the Childbirth Trauma Index, an appraisal of birth trauma, trauma impact, and indicators associated with childbirth trauma were revealed among 112 adolescents. Clinical implications and research recommendations are offered. [Author Abstract] KEY WORDS: psychological birth trauma; traumatic childbirth; adolescent childbirth; childbirth satisfaction

Ängarne-Lindberg, T. and M. Wadsby (2012). "Psychiatric and somatic health in relation to experience of parental divorce in childhood." *International Journal of Social Psychiatry* 58(1): 16-25.

BACKGROUND: The outcome of studies about the experience of parental divorce and its effects on mental and physical health differs, a result possibly caused by the use of different questionnaires and instruments, varying length of time since the divorce and divergent drop-out of participants. AIMS: To study the presence of psychiatric records and number of diagnosed somatic and mental healthcare visits in a group of young adults with childhood experience of parental divorce in comparison to a group without this experience. METHODS: The presence of records at public psychiatric clinics and 10 years of administrative healthcare data (somatic and mental) were checked for both groups. RESULTS: Significantly more persons from the divorce group appeared in child and adolescent psychiatric care; this was most pronounced in females. However, there were no

significant differences between the groups in the number of persons seeking adult psychiatry or in the number of psychiatric consultations. Experience of parental divorce was not found to be an indicator of larger somatic health problems. CONCLUSION: Experience of parental divorce in childhood is not an indicator of adult psychiatric or somatic need of care. [Author Abstract] KEY WORDS: somatic health; parental divorce; psychiatric records

Berger, R., M. Gelkopf, et al. (2012). "A teacher-delivered intervention for adolescents exposed to ongoing and intense traumatic war-related stress: a quasi-randomized controlled study." *Journal of Adolescent Health* 51(5): 453-461.

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 PTSD. 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. [Author Abstract] KEY WORDS: school-based interventions; teacher-delivered interventions; war; terrorism; PTSD; anxiety; somatization; trauma; community interventions

Bisek, A. M. and M. Luber (2013). "Letters to the editor [letter]." *Journal of EMDR Practice and Research* 7(1): 50-51.

Discusses the omission of the future template from an EMDR protocol for clients dealing with the murder of their children, and the propriety of time limits for EMDR treatment protocols. [FAL]

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. [Author Abstract]

Braun-Lewensohn, O. (2012). "Coping strategies as mediators of the relationship between chronic exposure to missile attacks and stress reactions." *Journal of Child and Adolescent Trauma* 5(4): 315-326.

The aim of this study was to investigate the role of coping strategies as mediators of the relationships between exposure and stress reactions after exposure to missile attacks. Data were gathered from 145 adolescents during several months in 2008, after seven years of ongoing missile attacks. Adolescents filled out self-reported questionnaires that included demographics, level of exposure to missile attacks, Adolescent Coping Scale, and stress reactions of state anxiety, state anger, and psychological distress. Results show that the different types of exposure as well as the coping strategies contributed 33% to the explained variance of stress reactions. Only emotional coping strategies mediated the relationships between objective and subjective exposure to missile attacks and stress reactions. [Author Abstract] KEY WORDS: adolescents; political violence; anxiety; anger; psychological distress

Busuttill, W. (2009). "Complex post-traumatic stress disorder: a useful diagnostic framework?" *Psychiatry* 8(8): 310-314.

The DSM and the International Statistical Classification of Diseases do not distinguish clearly between the clinical presentations resulting from exposure to single as opposed to multiple trauma. The developmental age of the victim is similarly not emphasized in symptom development and clinical presentation. Developmental trauma disorder and complex PTSD are emerging as useful diagnostic frameworks in children and adults. This article reviews the literature and highlights conceptual evolution and differences from simple PTSD, as well as discussing differential diagnoses and clinical management. [Author Abstract] KEY WORDS: complex; developmental trauma disorder; diagnostic framework; multiple traumatization; PTSD

Cluver, L. D., F. Gardner, et al. (2009). "Poverty and psychological health among AIDS-orphaned children in Cape Town, South Africa." *AIDS Care* 21(6): 732-741.

This study examined associations between AIDS-orphanhood status, poverty indicators, and psychological problems (depression, anxiety, post-traumatic stress, peer problems, delinquency, conduct problems) among children and adolescents in townships surrounding Cape Town, South Africa. 1,025 children and adolescents completed standardized and culturally sensitive cross-sectional surveys. Children orphaned by AIDS had more psychological problems including depression, peer problems, post-traumatic stress, and conduct problems. Specific poverty indicators including food security, access to social welfare grants, employment in the household, and access to school were associated with better psychological health. Poverty indicators mediated associations of AIDS-orphanhood with psychological problems. Food security showed the most consistent association with reduced psychological problems. Poverty alleviation measures have the potential to improve psychological health for AIDS-orphaned children in South African townships. [Author Abstract] KEY WORDS: poverty; psychological health; orphans; HIV/AIDS

Cobham, V. E., S. March, et al. (2012). "Involving parents in indicated early intervention for childhood PTSD following accidental injury." *Clinical Child and Family Psychology Review*.

Accidental injuries represent the most common type of traumatic event to which a youth is likely to be exposed. While the majority of youth who experience an accidental injury will recover spontaneously, a significant proportion will go on to develop PTSD. And yet, there is little published treatment outcome research in this area. This review focuses on two key issues within the child PTSD literature – namely the role of parents in treatment and the timing of intervention. The issue of parental involvement in the treatment of child PTSD is a question that is increasingly being recognized as important. In addition, the need to find a balance between providing early intervention to at risk youth while avoiding providing treatment to those youth who will recover spontaneously has yet to be addressed. This paper outlines the rationale for and the development of a trauma-focused CBT protocol with separate parent and child programs, for use with children and adolescents experiencing PTSD following an accidental injury. The protocol is embedded within an indicated intervention framework, allowing for the early identification of youth at risk within a medical setting. Two case studies are presented in order to illustrate key issues raised in the review, implementation of the interventions, and the challenges involved. [Author Abstract] KEY WORDS: PTSD; accidental injury; children

Collopy, K. T., S. Kivlehan, et al. (2012). "Are you under stress in EMS?: understanding the slippery slope of burnout and PTSD." *EMS World* 41(10): 47-50, 52-56.

Burnout and PTSD are closely linked and often underreported in EMS. EMS classrooms do little or nothing to prepare providers for the inherent emotional stresses of emergency response and the "thick skin" culture of EMS may make many providers apprehensive about sharing their true feelings. Burnout is triggered by many of the same stresses that lead to the symptoms of PTSD and providers experiencing burnout that doesn't resolve within a few weeks may actually be experiencing

PTSD. Be mindful of yourself and your fellow coworkers, particularly after a very traumatic response. And remember traumatic responses don't need to be as dramatic as Sept. 11, New Orleans after Hurricane Katrina, or the Aurora CO shootings to bother an EMS worker. In contrast, these are the calls where providers often receive the most attention. Instead, watch for the new father who just performed CPR on an infant the same age as his own, or the provider who just watched his or her friend die following a motor vehicle collision. Pay attention to yourself and colleagues, and be responsible and honest with yourself and others about when coping strategies are enough, and when they aren't. Finally, don't ever be afraid to seek help. [Adapted from Text]

DeJong, M. and S. Marriott (2013). "Stress and post-traumatic stress disorder." *Paediatrics and Child Health* 23(1): 30-34.

There is growing awareness and concern about the high prevalence of traumatic experience and its long-term impact on the physical and mental health of children. Professionals working in the field of child health have a crucial role in identifying children at risk and in providing support for resilience and recovery. This review provides a further update to an earlier article on current research and evidence-based treatment. [Author Abstract] KEY WORDS: acute stress disorder; disaster; PTSD; stress; trauma

Dooley, J. J., J. P. Wilson, et al. (2010). "Stress and depression of facing death: investigation of psychological symptoms in patients with mesothelioma." *Australian Journal of Psychology* 62(3): 160-168.

Cancer often results in psychological impairment, and lung cancer has been associated with greater morbidity and higher levels of psychological distress than any other form. Chronic exposure to asbestos is a significant risk factor for development of lung cancer, called mesothelioma. Few have studied the psychological consequences of chronic asbestos exposure and mesothelioma. This study investigated stress and depression symptoms in 49 men (M = 51.1 years, SD = 6.0) diagnosed with mesothelioma. Participants completed traumatic stress, depression, and general psychological health questionnaires. All participants reported significant levels of traumatic stress symptoms, which was associated with increased symptoms of depression, anxiety, somatic complaints, and social dysfunction. The results provide important suggestions for clinicians treating such terminally ill patients. [Author Abstract] KEY WORDS: death and dying; depression; health psychology; mesothelioma; post-traumatic stress; stress

Dunn, M. J. Posttraumatic stress symptoms, coping, emotion processes, and parenting in parents of children with cancer [dissertation]: 93-93.

Each year approximately 13,000 children under the age of 20-years are diagnosed with cancer in the U.S. Although survival rates for childhood cancer have increased substantially since the 1970s, approximately 2,200 children die from cancer each year, making the threat of death very real for children and their families. The diagnosis and treatment of childhood cancer present numerous challenges and sources of stress for children and their parents. Not only are these families faced with the fear and stress of a life-threatening illness, but the treatment itself can be extremely

stressful. Treatment of childhood cancer involves painful medical procedures, unpredictable hospital stays, frequent medical visits, difficult side effects of medication, financial burden, and significant changes to daily living. These parents also report feeling that they need to be a primary source of emotional support for their child, and that they are in an "executive" role of processing, managing, and conveying information from medical professionals to their children. In this paper, several relevant areas of the literature are reviewed briefly, including psychological distress in parents of children with cancer, parents' coping with the stress of their child's cancer, general emotion processes, and parenting behaviors. This brief review provides the background for two studies that examined parents' psychological distress and coping over time in relation to their child's cancer and how those constructs related to emotion processing and parenting behaviors. [Author Abstract]

Ebina, R. and Y. Yamazaki (2008). "Sense of coherence and coping in adolescents directly affected by the 1991–5 war in Croatia." *Promotion and Education* 15(4): 5-10.

This study was guided by the salutogenic model, and aimed to: (1) describe the social contexts of stronger and weaker SOC (sense of coherence) participants who were adolescents or entering adulthood in the war-affected regions in Croatia, and (2) identify how the levels of SOC related to their responses to the stressors in their social context. Qualitative longitudinal study design and methods were used for the analysis. In-depth semi-structured interviews, participant observations and SOC scale were carried out, and data were collected from 17 female participants twice during two years. The general social context of the participants was summarized with published materials on the similar subjects and analysis of the field-notes and the participants' narratives. In the analysis of the qualitative data, comparisons were made between the three SOC levels (low, middle, high levels categorized with SOC scores), relating to the participants' self-described social contexts. Childhood stability, acceptance of own ethnic identity, management of uncertainty, and the meanings of work emerged as the responses and resources that may influence SOC. How Ottawa Charter health promotion strategies can be adapted in the post-conflict regions is discussed and priorities of addressing strategies are suggested. The discussion points include: (1) the importance of re-orienting health services and creating supportive environments from the aspects of building the secure base of children and promoting health of the next generation; (2) the required personal skills that enabled adolescents to exercise control and make choices conducive to health in a social context of the a war-related turbulent society; (3) the needs for building healthy public policies to tackle unemployment and strengthening community action to rebuild social capital through work revenues. [Author Abstract] KEY WORDS: sense of coherence; adolescents; post-conflict; health promotion strategies

Fleming, J. (2013). "Efficacité de l'EMDR dans le traitement d'enfants et d'adolescents traumatisés = The effectiveness of eye movement desensitization and reprocessing in the treatment of traumatized children and youth." *Journal of EMDR Practice and Research* 7(1): 12E-23E.

This article provides a summary of all the studies that have investigated eye movement desensitization and reprocessing (EMDR) treatment of traumatized children and adolescents. The effectiveness of the treatment is revealed in more than 15 studies. This article considers the

differences between Type I and Type II traumas and specifically examines the effects of EMDR on traumatic stress experienced by children and youth following Type I and Type II traumas. There is a considerable body of research evaluating EMDR treatment of Type I traumas, showing strong evidence for its efficacy, but there are few studies that have specifically investigated EMDR treatment of Type II traumas. The effect of EMDR on various symptoms and problem areas is also examined. Recommendations are made for the clinical application of EMDR and for further research. [Author Abstract] KEY WORDS: children; trauma; PTSD; treatment; review; eye movement desensitization and reprocessing (EMDR)

Grissom, N. M. and S. Bhatnagar (2011). "The basolateral amygdala regulates adaptation to stress via [beta]-adrenergic receptor-mediated reductions in phosphorylated extracellular signal-regulated kinase." *Neuroscience* 178: 108-122.

The reactivity of physiological systems and behavior to psychological stress is reduced with increasing familiarity with a repeated stressor. This reduced reactivity, termed habituation, is a crucial adaptation limiting negative health consequences of stress and can be disrupted in psychopathology. We hypothesized that the ability to habituate physiologically and behaviorally to previously experienced stressors depends on [beta]-adrenergic receptor activation ([beta]-AR) in the basolateral amygdala (BLA), a specific neural substrate important for the consolidation of multiple types of memories. We observed that administration of the [beta]-AR antagonist propranolol into the BLA after each of four daily exposures to restraint stress prevented the normal development of neuroendocrine and behavioral habituation measured during the fifth restraint in adult male rats. In contrast, the [beta]-AR agonist clenbuterol administered into the BLA after each restraint on days 1-4 enhanced neuroendocrine habituation at the lowest dose but attenuated behavioral habituation at high doses. We then explored intracellular signaling mechanisms in the BLA that might be a target of [beta]-AR activation during stress. [beta]-AR activation post restraint is necessary for the alteration in basal phosphorylated ERK (pERK) levels, as daily post-stress [beta]-AR blockade on days 1-4 prevented repeated stress from leading to decreased pERK in the BLA on day 5. Finally, we examined the effect of blocking ERK phosphorylation in the BLA after each restraint on days 1-4 with the MEK (MAPK/ERK kinase) inhibitor U0126, and found that this was sufficient to both mimic neuroendocrine habituation in stress-naive animals and to enhance it in repeatedly stressed animals during restraint on day 5. Together, the results suggest that an individual's ability to habituate to repeated stress is regulated by activation of BLA [beta]-AR, which may have these effects by transducing subsequent reductions in pERK. Individual variations in [beta]-AR activation and intracellular signaling in the BLA may contribute significantly to adaptation to psychological stress and consequent resilience to stress-related psychopathology. [Author Abstract] KEY WORDS: habituation; stress; amygdala; HPA; ERK; norepinephrine

Grossman, L. E. What lies behind disruptive behaviors: an argument for the use of integrated dynamic intervention in the treatment of disruptive behavior symptoms [dissertation]: 63-63.

Disruptive behavior disorders including oppositional defiant disorder and conduct disorder have historically been treated with cognitive behavioral interventions, psychopharmacology and

parent training. These interventions are unquestionably helpful in reducing externalizing symptoms but these interventions also miss something important – the inner life of the child. This paper argues for the use of dynamic interventions to address disruptive behavior symptoms, looking specifically at a case example in which the work of object relations' theorist W. R. D. Fairbairn is applied to the treatment of a 5-year-old boy with a history of trauma displaying disruptive behavior symptoms. This case illustrates the application of psychodynamic theory to practice and how the use of play therapy allowed this child's symptoms to be addressed on deeper levels that led to both behavior improvements and qualitative adjustments in everyday relationships. The success of this integrated approach to treatment has significant implications for case formulation and intervention when working with children displaying disruptive behavior symptoms. [Author Abstract] KEY WORDS: disruptive behavior; treatment; children; PTSD; dynamic intervention

Gustafsson, P. E., D. K. Nilsson, et al. (2009). "Polytraumatization and psychological symptoms in children and adolescents." *European Child and Adolescent Psychiatry* 18(5): 274-283.

Previous research on the impact of traumatic experiences in children and adolescents has focused almost entirely on the effect of single trauma. Research on cumulative traumas has been lacking, but Finkelhor has recently directed the attention to the concept of polyvictimization. As an extension of this concept, this study examined the impact of polytraumatization, operationalized as the number of different potentially traumatic events. The study population comprised two cross-sectional samples of school-aged children (n = 270) and adolescents (n = 400). Information of lifetime incidence of traumatic events was collected by the Life[time] Incidence of Traumatic Events (LITE), and psychological symptoms by the parent version of the Strengths and Difficulties Questionnaire (SDQ) for the school children and the self-report Trauma Symptom Checklist for Children (TSCC) for the adolescents. We found that exposure to at least one traumatic event was common in both the samples (63% of the children and 89.5% of the adolescents). The number of different traumatic events, polytraumatization, was highly predictive of symptoms in both samples, and with a few exceptions surpassed the impact of specific events in exploratory analyses. We furthermore replicated previous findings of the important impact of interpersonal over non-interpersonal events on symptoms in both samples, and found an indication that this effect differed by gender in different manners in the two samples. This study emphasizes the significance of both the quantity of traumatic events, polytraumatization, as well as the quality, interpersonal events. [Author Abstract] KEY WORDS: child traumatization; symptomatology; multiple traumatization; gender differences

Holzman, T. F. and T. Holzman (2011). "Healing the invisible wounds: persistence of traumatic stress among former child soldiers in northern Uganda." *African Journal of Traumatic Stress* 2(2): 79-84.

This article presents observations, reflections, and interviews with former child soldiers, child mothers, abductees, orphans, other vulnerable children, and teachers at the "Friends of Orphans", an NGO, in Pader district, Northern Uganda. The brutal conflict fueled by Joseph Kony's Lord's Resistance Army (LRA) that began in the late 1980s and lasted for more than two decades, destroyed villages, farms, security, stability, hope, and countless human lives. The LRA rebels

abducted tens of thousands of children and forced them to be both the victims and the perpetrators of atrocities that included rape and other acts of sexual violence, murder, mutilation, brutality, and terror. The resulting damage, devastation, and communal trauma left deep, invisible wounds in the psyches of untold numbers of children and adults. A comprehensive holistic response that confronts the psychosocial, educational, and vocational deficits appears to be the recommended approach to help ease the trauma and restore personal calm. Friends of Orphans (FRO), a 12 year-old community-based NGO founded in 1999 by a charismatic former child-soldier, gives a viable model of this multi-pronged intervention strategy, one that might well be enhanced, if not replicated. [Author Abstract] KEY WORDS: healing; post traumatic stress; child soldier; rebels; war

Hoven, C. W., C. S. Duarte, et al. (2005). "Psychopathology among New York City public school children 6 months after September 11." *Archives of General Psychiatry* 62(5): 545-552.

CONTEXT: Children exposed to a traumatic event may be at higher risk for developing mental disorders. The prevalence of child psychopathology, however, has not been assessed in a population-based sample exposed to different levels of mass trauma or across a range of disorders. OBJECTIVE: To determine prevalence and correlates of probable mental disorders among New York City, NY, public school students 6 months following the September 11, 2001, World Trade Center attack. DESIGN: Survey. SETTING: New York City public schools. PARTICIPANTS: A citywide, random, representative sample of 8236 students in grades 4 through 12, including oversampling in closest proximity to the World Trade Center site (ground zero) and other high-risk areas. MAIN OUTCOME MEASURE: Children were screened for probable mental disorders with the Diagnostic Interview Schedule for Children Predictive Scales. RESULTS: 1 or more of 6 probable anxiety/depressive disorders were identified in 28.6% of all children. The most prevalent were probable agoraphobia (14.8%), probable separation anxiety (12.3%), and probable PTSD (10.6%). Higher levels of exposure correspond to higher prevalence for all probable anxiety/depressive disorders. Girls and children in grades 4 and 5 were the most affected. In logistic regression analyses, child's exposure (adjusted odds ratio, 1.62), exposure of a child's family member (adjusted odds ratio, 1.80), and the child's prior trauma (adjusted odds ratio, 2.01) were related to increased likelihood of probable anxiety/depressive disorders. Results were adjusted for different types of exposure, sociodemographic characteristics, and child mental health service use. CONCLUSIONS: A high proportion of New York City public school children had a probable mental disorder 6 months after September 11, 2001. The data suggest that there is a relationship between level of exposure to trauma and likelihood of child anxiety/depressive disorders in the community. The results support the need to apply wide-area epidemiological approaches to mental health assessment after any large-scale disaster. [Author Abstract]

Kerig, P. K. (2012). "Introduction to part II: Trauma and juvenile delinquency: new directions in interventions." *Journal of Child and Adolescent Trauma* 5(3): 187-190.

This article introduces the second part of a two-part special issue featuring new directions in research with traumatized youth involved in the juvenile justice system. The articles in this issue focus on cutting-edge evidence-based interventions designed to help youth to overcome the

sequelae associated with trauma exposure and to support them in returning to a prosocial developmental pathway. The interventions described vary in the targets of therapeutic change, ranging from parental internal working models of relationship alone, to relational functions in the larger family system, to traumagenic dynamics among delinquent girls and their therapeutic foster parents, to the empowerment of groups of youth through participation in musical theatre, to changes directed at the detention milieu itself to, at the policy level, the creation of a more trauma-informed juvenile justice system overall. However, what unites all these efforts is thoughtful attention to an underlying theory of change and consideration of principles of evidence-based and best practices in intervention implementation and research. [Author Abstract] KEY WORDS: trauma; delinquency; intervention; gender; posttraumatic stress; policy; juvenile justice

Kerig, P. K. and J. F. Alexander (2012). "Family matters: integrating trauma treatment into functional family therapy for traumatized delinquent youth." *Journal of Child and Adolescent Trauma* 5(3): 205-223.

This article describes an innovative family systems approach to the treatment of PTSD among traumatized youth involved with the juvenile justice system. The first section presents the rationale for taking a family systems approach to respond to this problem and describes the ways in which family processes and parent-child relationships reciprocally affect one another in the aftermath of traumatic events. The second section outlines the key features of Functional Family Therapy (FFT) and makes the case for why this evidence-based intervention provides a firm bedrock upon which to build a targeted trauma-focused adaptation. The third section of the article outlines the FFT-Trauma Focused model and describes the methods of its flexible and individualized implementation with families of traumatized delinquent youth. [Author Abstract] KEY WORDS: trauma; family; intervention; delinquency; PTSD

Khati, I., M. Hours, et al. (2013). "Quality of life one year after a road accident: results from the adult ESPARR cohort." *Journal of Trauma and Acute Care Surgery* 74(1): 301-311.

BACKGROUND: There are a few studies assessing repercussions in road accident victims, which reported their results in quality of life (QoL), on an epidemiologic point of view. METHODS: ESPARR (Etude et Suivi d'une Population d'Accidentés de la Route dans le Rhône [follow-up of victims of road accident in the Rhône]) is a prospective cohort study of 1,168 individuals (age  $\geq$  16 years) involved in road traffic accidents, having been admitted to one of the hospitals in the Rhône département (France). The World Health Organization Quality of Life Questionnaire-Brief Version (WHOQOL-Bref) was used to assess QoL at the 1-year follow-up. Chi-square analysis was performed to test differences between groups, logistic regression was performed to examine predictors of global QoL and health, and linear regression was performed to examine predictors of the four functioning domains of the WHOQOL-Bref. RESULTS: Lesion severity (New Injury Severity Index  $\geq$  16; odds ratio, 2.6; 95% confidence interval, 1.7-3.9) and presence of head lesions (odds ratio, 1.5; 95% confidence interval, 1.1-2.2) were predictive of unsatisfactory QoL. Female sex, educational level lower than school graduation, severe injury, intention to lodge a complaint, early postaccident medical complications were predictive of health dissatisfaction. Several factors seemed to be

associated to a poor QoL; notably, PTSD was associated with low scores in all four WHOQOL-Bref domains. Socioeconomic factors were also significant, notably financial problems. CONCLUSION: The strong points of the present study lie in the fact that it is based on a representative cohort of road accident victims in an area in which all those treated within the hospital system after a road accident have been registered. The present study shows the strong correlation between QoL and PTSD. LEVEL OF EVIDENCE: Prognostic study, level II. [Author Abstract] KEY WORDS: quality of life; cohort study; road victims; WHOQOL-Bref

Kizilhan, J. (2011). "Impact of psychological disorders after female genital mutilation among Kurdish girls in Northern Iraq." *European Journal of Psychiatry* 25(2): 92-100.

**BACKGROUND AND OBJECTIVES:** This study investigated the mental health status of young girls after genital mutilation in Northern Iraq. Although experts assume that circumcised girls are more prone to psychiatric illnesses than non-circumcised girls, little research has been conducted to confirm this claim. For the purpose of this study, it was assumed that female genital mutilation is connected with a high rate of PTSD. **METHODS:** The psychological impact of female genital mutilation was assessed in Northern Iraq with 79 circumcised Kurdish girls who were between 8 and 14 years of age. 30 uncircumcised girls from the above area and 31 uncircumcised girls from other areas of Iraq served as comparison subjects. A psychological interview and further questionnaires were used to assess traumatization and psychiatric illnesses. **RESULTS:** The circumcised girls showed a significantly higher prevalence of PTSD (44.3%), depression disorder (33.6%), anxiety disorder (45.6%), and somatic disturbance (36.7%) than the uncircumcised girls. We could not find any significant differences between the two control groups. **CONCLUSIONS:** Within the circumcised group, a mental health problem can be diagnosed that may constitute the first evidence for the severe psychological consequences of juvenile girls' genital mutilation. [Author Abstract] **KEY WORDS:** female genital mutilation (FGM); PTSD; mental health; Iraq

Klasen, F., G. Oettingen, et al. (2010). "Multiple trauma and mental health in former Ugandan child soldiers." *Journal of Traumatic Stress* 23(5): 573-581.

The present study examines the effect of war and domestic violence on the mental health of child soldiers in a sample consisting of 330 former Ugandan child soldiers (age: 11-17 years, female: 49%). All children had experienced at least 1 war-related event and 78% were additionally exposed to at least 1 incident of domestic violence. Prevalences of PTSD and major depressive disorder were 33%, and 36%, respectively. Behavioral and emotional problems above clinical cutoff were measured in 61%. No gender differences were found regarding mental health outcomes. War experience and domestic violence were significantly associated with all mental health outcomes. The authors' findings point to the detrimental effects of domestic violence in addition to traumatizing war experiences in child soldiers. [Author Abstract]

Klasen, F., G. Oettingen, et al. (2010). "Posttraumatic resilience in former Ugandan child soldiers." *Child Development* 81(4): 1096-1113.

The present research examines posttraumatic resilience in extremely exposed children and adolescents based on interviews with 330 former Ugandan child soldiers (age = 11-17, female = 48.5%). Despite severe trauma exposure, 27.6% showed posttraumatic resilience as indicated by the absence of PTSD, depression, and clinically significant behavioral and emotional problems. Among these former child soldiers, posttraumatic resilience was associated with lower exposure to domestic violence, lower guilt cognitions, less motivation to seek revenge, better socioeconomic situation in the family, and more perceived spiritual support. Among the youth with significant psychopathology, many of them had symptoms extending beyond the criteria for PTSD, in keeping with the emerging concept of developmental trauma disorder. Implications for future research, intervention, and policy are discussed. [Author Abstract]

Lau, J. T. F., N. C. Y. Yeung, et al. (2013). "Validation of the Chinese version of the Children's Revised Impact of Event Scale (CRIES) among Chinese adolescents in the aftermath of the Sichuan earthquake in 2008." *Comprehensive Psychiatry* 54(1): 83-90.

**OBJECTIVE:** This study examined the psychometric properties of the 13-item Chinese version of the revised Impact of Event Scale for Children (CRIES) among 3160 high school students in Chengdu, China, 1 month after the Sichuan Earthquake in 2008. **METHODS:** Participants self-administered a structured questionnaire in classroom settings. Posttraumatic stress symptoms (using the Chinese version of the CRIES) and other psychological variables, including depression, anxiety, thoughts of physical threat, and earthquake-related experiences, were measured. Confirmatory factor analysis and Spearman correlation analyses were conducted to confirm the factor structure and examine the validity of the CRIES. **RESULTS:** As in previous Western studies, confirmatory factor analysis results indicated that the 3-factor structure of the CRIES (intrusion, avoidance, and hyperarousal) provided a significantly better fit than the single-factor model and the 2-factor model. The CRIES showed good reliability (Cronbach [alpha]s for the full scale and subscales ranged from .74 to .85). The CRIES total score was positively correlated with depression, anxiety, automatic thought of physical threat, earthquake-related worries, and postearthquake suicidal ideation. **CONCLUSIONS:** The CRIES has shown to be reliable and valid in assessing Chinese adolescents' symptoms of potential posttraumatic stress disorder. Our findings also support the 3-factor measurement model of posttraumatic stress symptoms, which is comparable with their Western studies. Further validation studies on other forms of traumatic experience among Chinese adolescents are warranted. [Author Abstract]

Liebling, H. and H. Slegh (2011). "I became a woman with a bad reputation in my society': gendered responses to women and girl's bearing a child from rape in Eastern Congo." *African Journal of Traumatic Stress* 2(2): 60-70.

Whilst rape as a "weapon of war" is now considered as a war crime, the national and international service responses for women and girls rape survivors bearing children in eastern Congo is extremely limited. Our research examined women and girl's experiences and the stigma associated with bearing children from rape as well as the health and justice responses. A total of 76 women survivors were interviewed. Each narrated their experiences of rape and bearing a child as well as

the service responses. 30 semi-structured interviews were also carried out with police, legal and health officials, and non-state providers. The findings were triangulated in discussion with key informants and survivors. Despite the "apparent" end of the conflict, sexual violence continues at very high levels in Eastern Congo. Young women described rape and gang rape by military personnel, rebels, and soldiers, some of whom had weapons, but the majority were raped by civilians, community, and family members. High levels of traumatic effects including stigma and shame, as related to unequal gender attitudes, were exacerbated by the complex emotion of bearing a child and social rejection by families, husbands, and communities. The ineffective justice responses and lack of health care exacerbates women's perceptions of having little value in society. In this paper we discuss how weak governance and the lack of appropriate health and justice services for survivors, exacerbates gender inequalities and seriously endangers their lives. We argue that in the context of a fragile state, the priority responses should focus on the health and psychosocial needs of survivors and their children as a form of restorative justice by tackling social rejection and promoting gender equality as well as family and community support that restores solidarity amongst communities.

[Author Abstract] KEY WORDS: child; conflict; Congo; gender; girls; health; justice; police; rape; women

Lilly, M. M. and C. E. Valdez (2012). "The unique relationship of emotion regulation and alexithymia in predicting somatization versus PTSD symptoms." *Journal of Aggression, Maltreatment and Trauma* 21(6): 609-625.

PTSD has received considerable attention in the field of trauma studies. Yet trauma survivors suffer from other psychological and physical symptoms including somatic complaints, or somatization. The extent to which the same emotional processes that predict PTSD are implicated in somatization has remained relatively unexamined. We contend that emotion regulation difficulties and alexithymia are also implicated in somatization, and the way in which these factors interact differentially place one at risk for somatization or PTSD. Regression analyses revealed that emotion regulation difficulties were more highly correlated with somatization for individuals who also reported greater alexithymia. This interaction was not observed for PTSD symptoms where both alexithymia and emotion regulation difficulties uniquely predicted PTSD symptoms. [Author Abstract] KEY WORDS: alexithymia; emotion regulation; PTSD; somatization; trauma

McGuire, J. M. (2012). "The incidence of and risk factors for emergence delirium in U.S. military combat veterans." *Journal of PeriAnesthesia Nursing* 27(4): 236-245.

The purpose of this research was to identify the incidence and potential risk factors for emergence delirium (ED) in a U.S. military combat veteran surgical population at Naval Hospital Camp Pendleton. ED is a postanesthetic phenomenon that occurs immediately after emergence from general anesthesia and is characterized by agitation, confusion, and violent behavior. Clinical evidence suggests that ED is increasingly seen among military personnel returning from the wars in Iraq and Afghanistan, and that the incidence of anxiety, depression, and PTSD are higher in this population than in noncombat troops or nonmilitary populations. The incidence of ED in this sample of 130 postoperative military personnel with combat exposure was 20% (n = 26). Those previously

diagnosed with a psychological disorder had a higher rate of ED (50%) than those who did not (17.5%), chi-square = 5.53,  $P < .05$ . There was a positive relationship between ED in veterans who reported greater amounts of anxiety, PTSD symptoms, and depression [state anxiety:  $r(128) = 0.40$ ,  $P < .001$ ; trait anxiety:  $r(128) = 0.40$ ,  $P < .001$ ; PTSD:  $r(128) = 0.35$ ,  $P < .001$ ; and depression:  $r(128) = 0.25$ ,  $P = .002$ ]. This study revealed the incidence of ED and identified anxiety, PTSD, and depression as risk factors. Regression modeling suggested that state-anxiety served as the best predictor. These findings increase clinicians' understanding of ED among combat veterans and give direction to future studies that should focus on preventive treatment. [Author Abstract] KEY WORDS: emergence delirium; postanesthesia care unit; U.S. military; postoperative complications; anxiety; depression; PTSD

Nock, M. K., J. G. Green, et al. (2013). "Prevalence, correlates, and treatment of lifetime suicidal behavior among adolescents: results from the National Comorbidity Survey Replication Adolescent Supplement." *JAMA Psychiatry*.

CONTEXT: Although suicide is the third leading cause of death among US adolescents, little is known about the prevalence, correlates, or treatment of its immediate precursors, adolescent suicidal behaviors (i.e., suicide ideation, plans, and attempts). OBJECTIVES: To estimate the lifetime prevalence of suicidal behaviors among US adolescents and the associations of retrospectively reported, temporally primary DSM-IV disorders with the subsequent onset of suicidal behaviors. DESIGN: Dual-frame national sample of adolescents from the National Comorbidity Survey Replication Adolescent Supplement. SETTING: Face-to-face household interviews with adolescents and questionnaires for parents. PARTICIPANTS: A total of 6483 adolescents 13 to 18 years of age and their parents. MAIN OUTCOME MEASURES: Lifetime suicide ideation, plans, and attempts. RESULTS: The estimated lifetime prevalences of suicide ideation, plans, and attempts among the respondents are 12.1%, 4.0%, and 4.1%, respectively. The vast majority of adolescents with these behaviors meet lifetime criteria for at least one DSM-IV mental disorder assessed in the survey. Most temporally primary (based on retrospective age-of-onset reports) fear/anger, distress, disruptive behavior, and substance disorders significantly predict elevated odds of subsequent suicidal behaviors in bivariate models. The most consistently significant associations of these disorders are with suicide ideation, although a number of disorders are also predictors of plans and both planned and unplanned attempts among ideators. Most suicidal adolescents (> 80%) receive some form of mental health treatment. In most cases (> 55%), treatment starts prior to onset of suicidal behaviors but fails to prevent these behaviors from occurring. CONCLUSIONS: Suicidal behaviors are common among US adolescents, with rates that approach those of adults. The vast majority of youth with suicidal behaviors have preexisting mental disorders. The disorders most powerfully predicting ideation, though, are different from those most powerfully predicting conditional transitions from ideation to plans and attempts. These differences suggest that distinct prediction and prevention strategies are needed for ideation, plans among ideators, planned attempts, and unplanned attempts. [Author Abstract]

Norberg, A. L. and K. K. Boman (2013). "Mothers and fathers of children with cancer: loss of control during treatment and posttraumatic stress at later follow-up." *Psycho-Oncology* 22(2): 324-329.

**BACKGROUND:** A child's cancer can lead to changes in parental role functioning, including loss of control. We studied the extent to which parental perceived loss of control during a child's cancer treatment predicted posttraumatic stress symptoms (PTSS) after completion of treatment. **METHOD AND PARTICIPANTS:** The sample of this longitudinal study included 62 parents (36 mothers and 26 fathers) of children currently in treatment for malignant disease (T1) and after completion of treatment (T2). Loss of control was assessed at T1 using a self-report measure, that is the loss of control module of the Parental Psychosocial Distress-Cancer questionnaire. PTSS were assessed at T2 using the Impact of Event Scale-Revised. Main analyses were carried out for mothers and fathers separately. **RESULTS:** The majority of the parents, 55% (n = 34), reported loss of control on more than half of the assessed domains. Only 5% (n = 3) reported no loss of control whatsoever. At T2, some degree of PTSS was reported by 89% (n = 55). These outcomes were similar for mothers and fathers. Loss of control at T1 predicted stronger PTSS at T2 primarily among mothers. **CONCLUSION:** The experience of loss of control during cancer treatment is a salient risk factor for later PTSS in mothers. The situational threat to the regular parental role is discussed as an explanation to this observation. Interventions should address informational needs, parent participation in care, and professional support to maintain a sense of control and functioning in their parental role. [Author Abstract] **KEY WORDS:** childhood cancer; paediatric oncology; parents; PTSD; psychology

Oe, M., U. Schnyder, et al. (2012). "Lower plasma dehydroepiandrosterone concentration in the long term after severe accidental injury." *Psychotherapy and Psychosomatics* 81(2): 121-123.

The aim of our study was to test chronic/long-term dehydroepiandrosterone (sulfate) DHEA(S) changes in participants who had developed PTSD after severe accidental injury. In order to disentangle the influence of manifest PTSD symptoms on the plasma DHEA(S) concentrations, we tested only participants with remitted PTSD. In addition, we included a comparison group of survivors of severe accidental injury who had not developed PTSD (trauma controls), and a group of age- and gender-matched nontraumatized healthy subjects (no-trauma controls). [Text, p. 121]

Ostrowski, S. A., J. A. Ciesla, et al. (2011). "The impact of caregiver distress on the longitudinal development of child acute post-traumatic stress disorder symptoms in pediatric injury victims." *Journal of Pediatric Psychology* 36(7): 806-815.

**OBJECTIVE:** The present study prospectively examined the development of child PTSD symptoms (PTSS) and the impact of caregiver PTSS on child PTSS following injury. **METHODS:** 118 ED patients and their caregivers were interviewed in-hospital and 2- and 6-weeks posttrauma. Structural equation modeling and hierarchical linear regressions examined the development of PTSS. **RESULTS:** A model combining child and caregiver 2-week PTSS into one latent family PTSS variable provided the best fit to the data. Child in-hospital avoidance symptoms predicted higher levels of 2-week family PTSS. Two-week family PTSS predicted child 6-week PTSS. Post hoc analyses revealed an interaction between in-hospital caregiver avoidance symptoms and child reexperiencing symptoms in predicting 6-week child PTSS. **CONCLUSIONS:** Results highlight the dynamic

development of child PTSS. Different symptom clusters may be related to higher PTSS at differing times posttrauma and may inform the development of time-sensitive methods of assessment and intervention for injury victims. [Author Abstract] KEY WORDS: children; pediatric injury; PTSD

Schroeder, J. M. and M. A. Polusny (2004). "Risk factors for adolescent alcohol use following a natural disaster." *Prehospital and Disaster Medicine* 19(1): 122-127.

**INTRODUCTION:** On 29 March 1998, a series of category F-3 and F-4 tornadoes caused widespread destruction in four rural southern Minnesota counties in the United States. Extensive research has examined the impact of disaster exposure on adults' psychological functioning, including alcohol use. However, there has been little research on potential risk factors for adolescents' alcohol use following disaster exposure. **HYPOTHESIS:** It was hypothesized that demographic variables such as age and gender, prior drinking involvement, extent of prior trauma history, level of disaster exposure, and current disaster-related PTSD symptomatology would predict alcohol use among adolescents. **METHODS:** Six months following a natural disaster, survey data were collected from 256 adolescents assessing these factors. Risk factors for adolescents' alcohol use were identified using hierarchical, multiple regression and logistic regression analyses. **RESULTS:** Greater age, prior drinking involvement, and the extent of prior trauma history were significantly associated with higher levels of binge drinking. Prior trauma history and current levels of disaster-related PTSD symptomatology were significant risk factors for adolescents' report of increases in their alcohol consumption since the tornado. **CONCLUSION:** In general, the extent of trauma exposure was associated with greater binge drinking among adolescents. Similar to adults, post-traumatic stress symptoms experienced in the aftermath of a disaster can lead to increased alcohol consumption among adolescents. [Author Abstract] KEY WORDS: adolescents; alcohol use; natural disaster; post-traumatic stress; risk factors

Smith, R. C., R. S. Chun, et al. (2013). "Operation BRAVE Families: a preventive approach to lessening the impact of war on military families through preclinical engagement." *Military Medicine* 178(2): 174-179.

**OBJECTIVES:** Operation Building Resilience and Valuing Empowered Families (OBF) is a preventive, preclinical program that was developed by the Walter Reed National Military Medical Center's Child and Adolescent Psychiatry Service to form a working partnership with families of wounded warrior parents from the war in Iraq and Afghanistan. The OBF staff helps to identify the families' needs and collaborates with many organizations at Walter Reed National Military Medical Center to provide assistance. This article describes OBF, offers a case description, reviews current preventive programs for children exposed to trauma and disaster, and compares and contrasts OBF to these programs. **METHODS:** A literature review was performed, searching Ovid MEDLINE for keywords, such as post-traumatic stress disorder, child and adolescent, family, prevention, and disaster. **RESULTS:** There are an increasing number of preventive programs for children and adolescents throughout the country, especially over the past 10 years. These programs build upon past prevention models. There are few services that offer primary prevention. **CONCLUSIONS:** OBF is a military treatment facility-focused preventive program that can serve as a program model for other

military treatment facilities and civilian hospitals with the mandate to care for the family members and children of parents who are trauma victims and require long-term care. [Author Abstract]

Spuij, M., E. Reitz, et al. (2012). "Distinctiveness of symptoms of prolonged grief, depression, and post-traumatic stress in bereaved children and adolescents." *European Child and Adolescent Psychiatry* 21(12): 673-679.

Studies among adults have shown that symptoms of prolonged grief disorder (PGD) are distinct from those of bereavement-related depression and PTSD. This study was an attempt to replicate this finding in two distinct samples of bereaved children (N = 197; aged 8-12 years) and adolescents (N = 135; 13-18 years), confronted with the death of a parent, sibling, or other close relative. Using confirmatory factor analyses, we compared the fit of a one-factor model with the fit of a three-factor model in which symptoms formed three distinct, correlated factors. In both samples, findings showed that the model in which symptoms of PGD, depression, and PTSD loaded on separate factors was superior to a one-factor model and displayed excellent model fit. Summed scores on the PGD, depression, and PTSD items were significantly associated with functional impairment, attesting to the concurrent validity of the PGD, depression, and PTSD factors. The current findings complement prior evidence from adult samples that PGD is a distinct syndrome and suggest that PGD symptoms should be addressed in the assessment and treatment of bereaved children and adolescent seeking help following their loss. [Author Abstract] KEY WORDS: prolonged grief disorder; complicated grief; depression; PTSD; children; adolescents

Stewart, D. E., A. J. Gagnon, et al. (2012). "Risk factors and health profiles of recent migrant women who experienced violence associated with pregnancy." *Journal of Women's Health* 21(10): 1100-1106.

**BACKGROUND:** Violence associated with pregnancy is a major public health concern, but little is known about it in recent migrant women. This study looked at (1) risk factors for violence associated with pregnancy among newly arrived migrant women in Canada and (2) if those who experienced violence associated with pregnancy had a different health profile or use of healthcare services for themselves or their infants during pregnancy and up to 4 months postpartum compared to other childbearing migrant women. **METHODS:** Pregnant migrant women in Canada < 5 years were recruited in 12 hospitals in 3 large cities between 2006 and 2009 and followed to 4 months postpartum. Data were collected on maternal background, migration history, violence associated with pregnancy, maternal and infant physical and mental health, and services used. **RESULTS:** Of a total of 774 pregnant migrant women, 59 (7.6%) women reported violence associated with pregnancy. Migrant women who experienced violence, compared to those who did not, were at increased risk of violence if they lived without a partner, were asylum seekers, migrated < 2 years ago, or had less than high school education. Women who reported violence were less likely to have up-to-date vaccinations, take folic acid before pregnancy, more likely to commence prenatal care after 3 months gestation and to not use contraceptives after birth. They were also more likely to have a history of miscarriage and report more postpartum pain and increased bleeding. They were also more likely to have inadequate social support and report more depression, anxiety, somatization,

and PTSD on standardized tests. No differences were found in the health status of the infants of women who experienced violence compared to those who did not. CONCLUSIONS: Clinicians should sensitively ask recent migrant women (asylum seekers, refugees, and nonrefugee immigrants) about violence associated with pregnancy and appropriately assess, treat, and refer them. [Author Abstract]

Sugarman, A. (2010). "Losing a father all over again: the termination of an analysis of an adolescent boy suffering from father loss." *Journal of the American Psychoanalytic Association* 58(4): 667-690.

Criteria for beginning and conducting the termination phase of psychoanalysis have provoked debate and confusion from the early days of psychoanalysis. Gabbard has recently pointed to the field's tendency to cling to idealized versions of these criteria as a way to deal with disagreements. The situation becomes more complicated for child and adolescent psychoanalysts because their patients are in the midst of a developmental process at the very time they are engaged in a psychoanalytic process. The termination phase of an adolescent male suffering from father loss is presented in depth in order to provide clinical data toward further consideration of the vexing questions surrounding termination in psychoanalysis. His termination is used to examine the relative importance of losing the analyst as a transference object as against a developmental object; the meaning of action during termination; the complicating role of trauma vis-à-vis termination; and the importance of the post-termination phase of analysis. It is suggested that his termination phase demonstrates that a "good enough" termination involves the development of a self-analyzing capacity that continues to evolve and develop after termination. [Author Abstract]

Wagner, K. D. (2012). "Associated symptoms of attention-deficit/hyperactivity disorder and posttraumatic stress disorder." *Journal of Clinical Psychiatry* 73(5): 709-710.

An introduction to a section in this issue of the *Journal of Clinical Psychiatry* entitled "Focus on Childhood and Adolescent Mental Health". [Adapted from Introduction]

Woidneck, M. R. Acceptance and commitment therapy for the treatment of posttraumatic stress among adolescents [dissertation]: 141-141.

The prevalence of exposure to traumatic events among youth in the United States is alarmingly high. Trauma exposure has been linked to numerous negative outcomes, including the development of PTSD and problematic posttraumatic stress symptomology. Effective trauma-focused treatments for children and adolescents have been identified; however, these treatments also possess various limitations, including a substantial number of individuals who do not respond, show minimal responsiveness, or drop out before completing treatment. Such limitations indicate that investigation into alternative treatment modalities is warranted. In collaboration with Utah State University (USU), a psychology professor, Dr. Michael Twohig, and a USU doctoral student, Michelle Woidneck, conducted a study examining the utility of Acceptance and Commitment Therapy (ACT) as a treatment for adolescents with posttraumatic stress. The project's main purpose was to explore the effectiveness of a 10-week ACT protocol to treat posttraumatic stress among adolescents from two samples. Another important aim was to evaluate the treatment acceptability of the selected

intervention. Findings from the project showed a decrease in posttraumatic stress symptomology on multiple measures. Positive changes on measures of depression, general distress, and quality of life were also observed. The overall treatment acceptability among participants was high. Taken together, these results provide preliminary support for ACT as an effective treatment for adolescent posttraumatic stress. [Author Abstract]