

## May, 2013 Medline Topic Alert

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### **1. Proc Natl Acad Sci U S A. 2013 Apr 29. [Epub ahead of print]**

Childhood maltreatment is associated with distinct genomic and epigenetic profiles in posttraumatic stress disorder.

Mehta D, Klengel T, Conneely KN, Smith AK, Altmann A, Pace TW, Rex-Haffner M, Loeschner A, Gonik M, Mercer KB, Bradley B, Müller-Myhsok B, Ressler KJ, Binder EB.

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Childhood maltreatment is likely to influence fundamental biological processes and engrave long-lasting epigenetic marks, leading to adverse health outcomes in adulthood. We aimed to elucidate the impact of different early environment on disease-related genome-wide gene expression and DNA methylation in peripheral blood cells in patients with posttraumatic stress disorder (PTSD). Compared with the same trauma-exposed controls ( $n = 108$ ), gene-expression profiles of PTSD patients with similar clinical symptoms and matched adult trauma exposure but different childhood adverse events ( $n = 32$  and  $29$ ) were almost completely nonoverlapping (98%). These differences on the level of individual transcripts were paralleled by the enrichment of several distinct biological networks between the groups. Moreover, these gene-expression changes were accompanied and likely mediated by changes in DNA methylation in the same loci to a much larger proportion in the childhood abuse (69%) vs. the non-child abuse-only group (34%). This study is unique in providing genome-wide evidence of distinct biological modifications in PTSD in the presence or absence of exposure to childhood abuse. The findings that nonoverlapping biological pathways seem to be affected in the two PTSD groups and that changes in DNA methylation appear to have a much greater impact in the childhood-abuse group might reflect differences in the pathophysiology of PTSD, in dependence of exposure to childhood maltreatment. These results contribute to a better understanding of the extent of influence of differences in trauma exposure on pathophysiological processes in stress-related psychiatric disorders and may have implications for personalized medicine.

### **2. Eur J Psychotraumatol. 2013 Apr 24;4. doi: 10.3402/ejpt.v4i0.19825. Print 2013.**

Predicting criminality from child maltreatment typologies and posttraumatic stress symptoms.

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**BACKGROUND:** The associations between childhood abuse and subsequent criminality and posttraumatic stress disorder (PTSD) are well known. However, a major limitation of research related to childhood abuse and its effects is the focus on one particular type of abuse at the expense of others. Recent work has established that childhood abuse rarely occurs as a unidimensional phenomenon. Therefore, a number of studies have investigated the existence of abuse typologies.

**METHODS:** The study is based on a Danish stratified random probability survey including 2980 interviews of 24-year-old people. The sample was constructed to include an oversampling of child protection cases. Building on a previous latent class analysis of four types of childhood maltreatment, three maltreatment typologies were used in the current analyses. A criminality scale was constructed based on seven types of criminal behavior. PTSD symptoms were assessed by the PC-PTSD Screen.

**RESULTS:** Significant differences were found between the two genders with males reporting heightened rates of criminality. Furthermore, all three maltreatment typologies were associated with criminal behavior with odds ratios (ORs) from 2.90 to 5.32. Female gender had an OR of 0.53 and possible PTSD an OR of 1.84.

**CONCLUSION:** The independent association of participants at risk for PTSD and three types of maltreatment with criminality should be studied to determine if it can be replicated, and considered in social policy and prevention and rehabilitation interventions.

### **3. J Abnorm Child Psychol. 2013 Apr 24. [Epub ahead of print]**

Symptoms of Post-Traumatic Stress Disorder in Bereaved Children and Adolescents: Factor Structure and Correlates.

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This study investigated the factor structure and correlates of posttraumatic stress-disorder (PTSD) symptoms among children and adolescents confronted with the death of a loved one. Three hundred thirty-two bereaved children and adolescents (aged 8-18; 56.9 % girls) who all received some form of psychosocial support after their loss, completed self-report measures of PTSD, together with measures tapping demographic and loss-related variables, depression, prolonged

grief, and functional impairment. Parent-rated indices of impairment were also collected. We first evaluated the fit of six alternative models of the factor structure of PTSD symptoms, using confirmatory factor analyses. Outcomes showed that the 4-factor numbing model from King et al. (Psychological Assessment 10, 90-96, 1998), with distinct factors of reexperiencing, avoidance, emotional numbing, and hyperarousal fit the data best. Of all participants, 51.5 % met DSM-IV criteria for PTSD. PTSD-status and scores on the PTSD factors varied as a function of age and gender, but were unrelated to other demographic and loss-related variables. PTSD-status and scores on the PTSD factors were significantly associated symptom-levels of depression, prolonged grief, and functional impairment. Findings complement prior evidence that the DSM-IV model of the factor structure of PTSD symptoms may not represent the best conceptualization of these symptoms and highlight the importance of addressing PTSD symptoms in children and adolescents seeking help after bereavement.

#### **4. World J Biol Psychiatry. 2013 Apr 23. [Epub ahead of print]**

Is ADHD a risk for posttraumatic stress disorder (PTSD)? Results from a large longitudinal study of referred children with and without ADHD.

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**Objective.** Preclinical studies link prenatal nicotine exposure with the development of both ADHD-like phenotype in rodents and blockade of extinction learning in a fear conditioning paradigm, a preclinical model of posttraumatic stress disorder (PTSD). While these findings suggest that either ADHD, prenatal nicotine exposure, or both could be a risk factor for PTSD, such associations have not been investigated in humans. **Methods.** Subjects were ascertained from family-genetic, longitudinal studies of paediatrically and psychiatrically referred children with and without ADHD of both sexes and their siblings followed for 10 years from childhood into adulthood (n = 403 probands; n = 464 siblings; mean age at follow-up of probands and siblings = 22.0 years). All subjects were comprehensively evaluated with structured diagnostic interviews that included questions regarding prenatal use of cigarettes. **Results.** A total of 12% (104/867) of the sample had been exposed to maternal smoking during pregnancy. There was no interaction effect between maternal smoking during pregnancy and ADHD (z = 0.01, P = 0.99). Maternal smoking during pregnancy and ADHD were independent, significant risk factors for PTSD at the 10-year follow-up (odds ratio = 3.58 [1.35,9.48], z = 2.57, P = 0.01 and odds ratio = 2.23 [1.06,4.69], z = 2.11, P = 0.04, respectively). **Conclusions.** These results suggest that both maternal

smoking during pregnancy and ADHD are significant predictors of PTSD in humans.

**5. Vojnosanit Pregl. 2013 Feb;70(2):149-54.**

A preview of the efficiency of systemic family therapy in treatment of children with posttraumatic stress disorder developed after car accident.

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**BACKGROUND/AIM:** Traumatic stress refers to physical and emotional reactions caused by events which represent a life threat or a disturbance of physical and psychological integrity of a child, as well as their parents or guardians. Car accidents are the main cause of posttraumatic stress disorder (PTSD) in children. The aim of this study was to preview clinical efficiency of systemic family therapy (SFT) as therapy intervention in treatment of children with posttraumatic stress disorder (PTSD) traumatized in car accident under identical circumstances of exposure. We pointed out the importance of specific family factors (family cohesion and adaptability, emotional reaction of the parents) on PTSD clinical outcome.

**METHODS:** The sample of this clinical observational study included 7-sixth grade pupils—5 boys and 2 girls, aged 13. All of the pupils were involved in car accident with one death. Two groups were formed—one group included three children who were involved in 8 SFT sessions together with their families. The second group included 4 children who received an antidepressant sertraline in the period of three months.

**RESULTS:** Two months after the car accident, before the beginning of the therapy, all of the children were the members of rigidly enmeshed family systems, considering the high average cohesion scores and the low average adaptability scores on the FACES III. Three months after the received therapy, having evaluated the results of the therapeutic approaches, we established that the adaptability scores of the families included in the SFT were higher than the scores of the families of the children who received pharmacotherapy with one boy still meeting the criteria for PTSD.

**CONCLUSION:** Systemic family therapy was efficient in the treatment of children with PTSD, traumatized in car accident. Therapy efficiency was higher when both parents and children were included in SFT than in the case when they were not included in the family therapy. The change in the functioning of the family systems was not accidental or simply time-dependant, but it depended on the therapy which was applied and the increased level of family adaptability as the main risk factor of retraumatization.

**6. J Child Sex Abus. 2013 Apr;22(3):277-96. doi: 10.1080/10538712.2013.743953.**

Post-traumatic stress disorder and quality of life in sexually abused Australian children.

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The study used publicly available data on post-traumatic stress disorder in a sample of the Australian population with a history of sexual abuse to demonstrate how this evidence can inform economic analyses. The 2007 Australian Mental Health Survey revealed that 8.3% of 993 adolescents experienced childhood sexual abuse, of which 40.2% were diagnosed with post-traumatic stress disorder. Post-traumatic stress disorder diagnosis corresponded to a significant loss of quality of life. Survival analysis was used to estimate the lifetime persistence of post-traumatic stress disorder symptoms. The average time between post-traumatic stress disorder onset and remission was 11.4 years. Results suggest that successful treatment of post-traumatic stress disorder will save 2.05 quality adjusted life years per child or adolescent with post-traumatic stress disorder.

**7. Proc Natl Acad Sci U S A. 2013 Apr 16;110(16):6589-94. doi:**

**10.1073/pnas.1219601110. Epub 2013 Apr 1.**

Temporal association of elevated cholecystokinergic tone and adolescent trauma is critical for posttraumatic stress disorder-like behavior in adult mice.

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Adolescent trauma (AT) is a common risk factor for adult-onset posttraumatic stress disorder (PTSD). However, the vulnerability to AT among different individuals varies dramatically, indicating that other cofactors are important. Despite extensive studies, the identification of those cofactors has had little success. Here, we found that after subjected to traumatic stress at postnatal day 25 (P25), a stage that is comparable to the human adolescent period, inducible/reversible forebrain-specific cholecystokinin receptor-2 transgenic (IF-CCKR-2 tg) mice exhibited a significantly higher level of PTSD-like behavior at a later life (adult) stage compared with their wild-type littermates. Moreover, in these traumatized IF-CCKR-2 tg mice, both the glucocorticoid negative feedback inhibition and spatial learning and memory were impaired. Interestingly, if the CCKR-2 transgene was specifically suppressed during the time of AT exposure, these observations were largely diminished, indicating that

a temporal association of the elevated CCKergic tone and AT is pathogenically critical. Treatment of traumatized IF-CCKR-2 tg mice with fluoxetine, a selective serotonin reuptake inhibitor, for a period of 4 wk significantly attenuated the PTSD-like behavior and the impaired glucocorticoid negative feedback inhibition, but not the memory deficit, implying that the memory deficit is an independent post-AT clinical entity and not a consequence of PTSD. Taken together, these results reveal a dynamic role of the CCKergic system in the development of post-AT psychopathologies and suggest that a timely antagonism of CCKR-2 activity during AT exposure is a potential preventive strategy for post-AT psychopathologies including PTSD and cognitive dysfunction.

**8. J Clin Psychiatry. 2013 Feb;74(2):e137-43. doi: 10.4088/JCP.12m08011.**

Disability after injury: the cumulative burden of physical and mental health.

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**CONTEXT:** Injury is one of the leading contributors to the global burden of disease. The factors that drive long-term disability after injury are poorly understood.

**OBJECTIVE:** The main aim of the study was to model the direct and indirect pathways to long-term disability after injury. Specifically, the relationships between 3 groups of variables and long-term disability were examined over time. These included physical factors (including injury characteristics and premorbid disability), pain severity (including pain at 1 week and 12 months), and psychiatric symptoms (including psychiatric history and posttraumatic stress, depression, and anxiety symptoms at 1 week and 12 months).

**DESIGN, SETTING, AND PARTICIPANTS:** A multisite, longitudinal cohort study of 715 randomly selected injury patients (from April 2004 to February 2006).

Participants were assessed just prior to discharge (mean = 7.0 days, SD = 7.8 days) and reassessed at 12 months postinjury. Injury patients who experienced moderate/severe traumatic brain injury and spinal cord injury were excluded from the study.

**MAIN OUTCOME MEASURE:** The World Health Organization Disability Assessment Schedule 2.0 was used to assess disability at 12 months after injury.

**RESULTS:** Disability at 12 months was up to 4 times greater than community norms, across all age groups. The development and maintenance of long-term disability occurred through a complex interaction of physical factors, pain severity across time, and psychiatric symptoms across time. While both physical factors and pain

severity contributed significantly to 12-month disability (pain at 1 week: total effect [TE] = 0.2, standard error [SE] < 0.1; pain at 12 months: TE = 0.3, SE < 0.1; injury characteristics: TE = 0.3, SE < 0.1), the total effects of psychiatric symptoms were substantial (psychiatric symptoms 1 week: TE = 0.30, SE < 0.1; psychiatric symptoms 12 months: TE = 0.71, SE < 0.1). Taken together, psychiatric symptoms accounted for the largest proportion of the variance in disability at 12 months.

**CONCLUSIONS:** While the physical and pain consequences of injury contribute significantly to enduring disability after injury, psychiatric symptoms play a greater role. Early interventions targeting psychiatric symptoms may play an important role in improving functional outcomes after injury.

**9. Lancet. 2013 Feb 23;381(9867):600. doi: 10.1016/S0140-6736(13)60328-1.**

How and when to help children cope with trauma?

[No authors listed]

**10. J Clin Psychiatry. 2013 Jan;74(1):67-74. doi: 10.4088/JCP.12m07872.**

Sleep problems among adolescent survivors following the 2008 Wenchuan earthquake in China: a cohort study.

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**OBJECTIVE:** To examine sleep problems and associated risk factors among adolescent survivors following the 2008 Wenchuan earthquake, the deadliest earthquake to strike China in 30 years.

**METHOD:** A cohort of students (N = 1,573) in the 7th and 10th grades from Dujiangyan City, 21 kilometers from the epicenter, was followed up periodically for 2 years. Participants were assessed at 12 months (n = 1,398; May 18-22, 2009), 18 months (n = 1,288; November 23-27, 2009), 24 months (n = 1,313; May 17-21, 2010), and 30 months (n = 1,038; November 22-26, 2010) after the earthquake. Adolescents were asked to complete the Pittsburgh Sleep Quality Index (PSQI; cutoff for sleep problems: total score of  $\geq 8$ ), Post-Traumatic Stress Disorder Self-Rating Scale (cutoff for probable posttraumatic stress disorder:  $\geq 50$ ), Depression Self-Rating Scale for Children (cutoff for depressive disorder:  $\geq 15$ ), Screen for Child Anxiety Related Emotional Disorders (cutoff for clinical anxiety:  $\geq 25$ ), Social Support Rate Scale, and Adolescent Self-Rating Life Events Checklist and provide demographic information. Trajectory analysis was used to examine sleep disturbance changes and associated risk factors.

**RESULTS:** Twelve months after the earthquake, 48.90% of participants reported sleeping less than 7 hours per night, 27.68% disclosed difficulties initiating sleep, 8.82% experienced problems staying sleep, 22.60% felt their sleep quality was poor, and 40.01% had difficulties functioning during daytime hours. Overall sleep problems, as assessed by the PSQI global scale, were stable from 18 months to 30 months following the earthquake, and the prevalence rates were between 28.79% and 30.18%. The risk of sleep issues was significantly increased in senior high school students (OR = 2.29) and in those who witnessed the tragic events directly (OR = 1.21). Depression (OR = 1.69), anxiety (OR = 1.57), poor social support (OR = 1.83), and negative life events (OR = 2.62) were also associated with increased risk and persistence of sleep problems.

**CONCLUSIONS:** Sleep disturbances are common and persistent in adolescent earthquake survivors. Multiple demographic, psychosocial, and earthquake-related factors are associated with the increased risk of sleep difficulties.

**11. J Nerv Ment Dis. 2013 Mar;201(3):208-15. doi: 10.1097/NMD.0b013e3182845cea.**

Impact of adverse life events on individuals with low and high schizotypy in a nonpatient sample.

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The aims of this study were to gain a better understanding of adverse life events connected with the development of schizotypal personality traits and, also, to examine whether subclinical schizotypy has a relationship with vulnerability to traumatic intrusions and avoidance. In a cross-sectional design, 198 undergraduate students completed the Oxford-Liverpool Inventory of Feelings and Experiences (O-LIFE), the Impact of Event Scale (IES), and Paykel's Life Events Scale, together with other relevant scales. The number of adverse life events was significantly related to overall schizotypy measured by O-LIFE scores and positive schizotypy measured by the Unusual Experiences (UnEx) subscale. The subjective severity of life events was significantly related to Cognitive Disorganization (CogDis). Measures of positive schizotypy (UnEx and CogDis) were significantly related to the scores on the IES and on the intrusion and avoidance subscales, too. Adverse life events are associated with schizotypal personality traits, which contribute to a tendency for traumatic intrusions, even in a nonpatient sample.

**12. J Nerv Ment Dis. 2013 Mar;201(3):244-50. doi: 10.1097/NMD.0b013e3182848d1e.**

The prevalence of full and partial posttraumatic stress disorder among people

with severe mental illness in Israel.

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Research has shown higher rates of trauma exposure and posttraumatic stress disorder (PTSD) among persons with severe mental illness (SMI). The aim of this study was to assess the prevalence of traumatic events and full and partial PTSD among people with SMI and their associations with trauma-related cognitions and depressive symptoms. A total of 122 persons with SMI were assessed for trauma exposure and PTSD. A subsample of 40 participants, 20 with PTSD and 20 without PTSD, were randomly selected, and their posttraumatic cognitions and depressive symptoms were assessed. The prevalence of traumatic events was 90%, and 19% met full diagnostic criteria for PTSD, and 20% had partial PTSD. The people with PTSD had more depressive symptoms and negative cognitions. PTSD in SMI is highly prevalent and underdiagnosed.

**13. Pediatrics. 2013 Mar;131(3):526-39. doi: 10.1542/peds.2012-3846. Epub 2013 Feb 11.**

Comparative effectiveness of interventions for children exposed to nonrelational traumatic events.

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Comment in

Pediatrics. 2013 Mar;131(3):591-2.

**OBJECTIVES:** To assess the effectiveness of interventions targeting traumatic stress among children exposed to nonrelational traumatic events (eg, accidents, natural disasters, war).

**METHODS:** We assessed research on psychological and pharmacological therapy as part of an Agency for Healthcare Research and Quality-commissioned comparative effectiveness review. We conducted focused searches of Medline, Cochrane Library, Embase, PsycINFO, Cumulative Index to Nursing and Allied Health Literature, International Pharmaceutical Abstracts, and Web of Science. Two trained reviewers independently selected, extracted data from, and rated the risk of bias of relevant trials and systematic reviews. We used qualitative rather than quantitative analysis methods because of statistical heterogeneity, insufficient

numbers of similar studies, and variation in outcome reporting.

**RESULTS:** We found a total of 21 trials and 1 cohort study of medium or low risk of bias from our review of 6647 unduplicated abstracts. We generally did not find studies that attempted to replicate findings of effective interventions. In the short term, no pharmacotherapy intervention demonstrated efficacy, and only a few psychological treatments (each with elements of cognitive behavioral therapy) showed benefit. The body of evidence provides little insight into how interventions to treat children exposed to trauma might influence healthy long-term development.

**CONCLUSIONS:** Our findings serve as a call to action: Psychotherapeutic intervention may be beneficial relative to no treatment in children exposed to traumatic events. Definitive guidance, however, requires far more research on the comparative effectiveness of interventions targeting children exposed to nonrelational traumatic events.

**14. Pediatrics. 2013 Mar;131(3):591-2. doi: 10.1542/peds.2012-4020. Epub 2013 Feb 11.**  
Prevention and treatment of traumatic stress in children: few answers, many questions.

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Comment on

Pediatrics. 2013 Mar;131(3):526-39.

**15. BMC Public Health. 2013 Feb 5;13:104. doi: 10.1186/1471-2458-13-104.**  
Traumatic experiences and mental health consequences among child survivors of the 2008 Sichuan earthquake: a community-based follow-up study.

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**BACKGROUND:** The study was implemented to examine the relationship between traumatic experiences and longitudinal development of mental health for children and adolescents who survived the 2008 Sichuan earthquake.

**METHODS:** Using the method of multistage systematic sampling, 596 children aged between 8 and 16 years were randomly selected from severely affected areas of the earthquake. These children were interviewed with standardized instruments of posttraumatic stress disorder (PTSD) and depression at the 15th month after the

earthquake, and re-interviewed at the 36th month.

**RESULTS:** From the initial to the follow-up assessments, there were no significant changes in both PTSD and depression scores. In addition, no significant change was found on the overall prevalence rates of the symptoms: from 12.4% to 10.7% for PTSD, from 13.9% to 13.5% for depression, and from 4.2% to 4.7% for their co-occurrence. The study also indicated that the earthquake might have a delayed impact on the psychosocial functioning of children and adolescents who were not directly affected by the disaster.

**CONCLUSIONS:** For child and adolescent survivors of the earthquake, symptoms of PTSD and depression seemed to persist over time. The finding that children reduced their use of mental health services raised great concerns over how to fulfill the unmet psychological needs of these children. More mental health interventions should be allocated to children who had elevated risk for developing persistent course of the symptoms.

**16. J Psychosoc Oncol. 2013;31(1):13-29. doi: 10.1080/07347332.2012.741095.**

Guided self-help as intervention for traumatic stress in parents of children with cancer: conceptualization, intervention strategies, and a case study.

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Being a parent of a child diagnosed with cancer poses an enormous stressor. Indeed, several parents have difficulties adjusting to such a situation and react with symptoms of traumatic stress, depression, and reduced quality of life. However, there is little conceptual work on behavioral mechanisms that contribute to suboptimal adaptation in these parents. The authors present a conceptualization in which experiential avoidance and rumination are suggested to contribute to increased levels of traumatic stress and suboptimal adaptation. Based on this conceptualization, a recently developed intervention for parents of children with cancer, in the form of guided self-help, is presented. Finally, the authors present a successful case study as an example of the application of this intervention. Clinical implications and suggestions for future research are discussed.

**17. Psychiatr Danub. 2012 Sep;24 Suppl 1:S106-8.**

Childrens mental health and civil society in the Gaza strip.

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The Gaza Strip, with a population of 1.7 million, over half of whom are under 18 years old, has existed in a state of ongoing conflict and containment for years, most notably since its closure in 2007. There is much concern for the mental health of the vast young generation who have little memory of other circumstances of existence, and even less exposure to the outside world. Their society forms the site of direct conflict and social destruction pertaining to untreated stress among the adults. However, leaving the social realm for the institutional for mental health treatment carries strong taboo, especially for adults. Civil society expert organisations offering a range of mental health work primarily pertaining to childrens social development can bypass some of this taboo and can also intervene at their schools and in their families, and may be most strategically located as social rather than institutional actors. Empowering the youth and seeking to strengthen Gazan society through them and for them causes some friction with the local government. However, despite the cultural and political challenges of mental health treatment for children within the Gaza Strip, the wider fact remains that however treated and psychosocially rehabilitated, society is predictably the site of renewed trauma in the short term and foreseeable future, enmeshing the mental health of its future generation inseparably with the international politics it inhabits.

**18. Child Adolesc Psychiatr Clin N Am. 2013 Jan;22(1):119-39. doi: 10.1016/j.chc.2012.08.007.**

Psychodynamic approaches to medically ill children and their traumatically stressed parents.

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This article describes the authors' clinical experience of integrating psychodynamic therapeutic approaches in the care of medically ill children and their families. A case report of a boy with severe, chronic liver disease requiring a double organ transplant is described as an illustration of how such approaches cannot only improve quality of life and functioning but may also be life saving. The authors describe original research investigating how parents' traumatic stress and related interference with children's emotional regulation can compromise their ability to make meaning of their experience, thus posing a risk for adherence to the prescribed medical regimen.

**19. Child Adolesc Psychiatr Clin N Am. 2013 Jan;22(1):51-66. doi: 10.1016/j.chc.2012.08.003.**

Treating childhood trauma.

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This review begins with the question "What is childhood trauma?" Diagnosis is discussed next, and then the article focuses on treatment, using 3 basic principles-abreaction, context, and correction. Treatment modalities and complications are discussed, with case vignettes presented throughout to illustrate. Suggestions are provided for the psychiatrist to manage countertransference as trauma therapy proceeds.

**20. Ann Clin Psychiatry. 2012 Nov;24(4):261-70.**

Characteristics of children with juvenile bipolar disorder or disruptive behavior disorders and negative mood: can they be distinguished in the clinical setting?

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**BACKGROUND:** Because of continuing controversy over distinguishing juvenile bipolar disorder (JBD) from disruptive behavior disorders (DBDs) in the clinical setting, we investigated whether referred children with a DBD and a negative mood component could be differentiated from those diagnosed with JBD. The distinction is important because treatments differ.

**METHODS:** In this single-site sample, 96 children with non-attention-deficit/hyperactivity DBD and depression were compared with 27 JBD children and 187 psychiatric comparison children on measures assessing behavior, functional impairment, symptom severity, psychopathology, and comorbid psychiatric diagnosis.

**RESULTS:** Few differences were found between children with DBD and depression and those with JBD on measures of conduct problems, oppositionality, aggression, hostility, and psychopathology. More functional impairment was found in the JBD group who also had higher rates of comorbid posttraumatic stress disorder (PTSD), substance use disorders, and suicidality than the other groups.

**CONCLUSIONS:** These results do not support the specificity of aggression as a defining criterion for JBD and clinicians assessing such patients also should consider complex DBDs with an associated depressive component in the differential diagnosis. Children with JBD must be specifically assessed for comorbid developmental trauma, substance abuse, and suicidality. The association between JBD and PTSD needs further investigation in clinical research.

**21. Torture. 2012;22(1):11-23.**

Social support, coping and posttraumatic stress symptoms in young refugees.

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Young refugees from the former Yugoslavia commonly testify to having been exposed to multiple, traumatic experiences, which may contribute to the development of serious mental health problems such as posttraumatic stress disorder (PTSD), anxiety, and depression. Using self-report scales the present study investigated the prevalence of PTSD as well as factors associated with PTSD in a group of 119 Bosnian refugee youths (mean age 18.5). The group was special in that they had no right to seek asylum in the host country for the first couple of years of their stay. It is suspected that this circumstance had an effect on their wellbeing. Between 35-43% of the youth were found to be in the clinical range for a PTSD diagnosis. Female gender, problem-focused, and avoidant coping strategies, were significant predictors of PTSD. The protective effects of social support were, however, not observed for this group. There is a need for more studies, which address the factors that mediate and moderate effects of social support and effectiveness of different coping strategies in refugee youth dealing with different circumstances of the refugee experience.

**22. J Child Adolesc Psychopharmacol. 2012 Oct;22(5):399-402. doi: 10.1089/cap.2012.0035.**

Prazosin treatment of nightmares and sleep disturbances associated with posttraumatic stress disorder: two adolescent cases.

Oluwabusi OO, Sedky K, Bennett DS.

**23. J Trauma Stress. 2012 Oct;25(5):543-50. doi: 10.1002/jts.21731.**

Pharmacological secondary prevention of PTSD in youth: challenges and opportunities for advancement.

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Child and adolescent posttraumatic stress disorder (PTSD) is associated with an increased risk for a number of deleterious mental and physical health outcomes that if untreated may persist throughout the life course. Efficacious interventions applied soon after trauma exposure have the potential to reduce or prevent the development of PTSD symptoms and their associated impact on behavior and physical health. We review extant research related to treatment-modifiable peritraumatic predictors of pediatric PTSD, which have informed an emerging field of pharmacologic secondary prevention (i.e., occurring shortly following trauma exposure) of PTSD. Challenges and opportunities for early posttrauma PTSD prevention are described. Finally, we offer new models for biologically informed integration of pharmacologic and psychosocial secondary prevention intervention strategies for children and adolescents.

**24. J Trauma Stress. 2012 Oct;25(5):535-42. doi: 10.1002/jts.21737.**

Treatment improves symptoms shared by PTSD and disordered eating.

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Eating disorders and posttraumatic stress disorder (PTSD) are debilitating conditions that frequently co-occur. Although the two disorders have different clinical presentations, they share associated features, including cognitive disturbances, emotion dysregulation, dissociation, and impulsivity. We hypothesized that reductions in PTSD symptoms following cognitive processing therapy (CPT) and its treatment components (CPT without the written account or the written account only) would be associated with improvements in symptoms common to PTSD and eating disorders. Participants in the current investigation included women with PTSD (N = 65) who reported a history of rape or physical assault, were in a randomized dismantling study of CPT, and completed the Eating Disorder Inventory-2 (EDI-2) at pre- and posttreatment. Latent growth modeling results indicated that decreases in PTSD symptom scores were significantly associated with reductions in the Impulse Regulation, Interoceptive Awareness, Interpersonal Distrust, Ineffectiveness, and Maturity Fears subscales of the EDI-2. Thus, PTSD treatment affected symptoms shared by PTSD and eating disorders. Currently, there are no clear guidelines for treatment of comorbid PTSD and eating disorders. Traditional CPT may impact symptoms common to both,

but additional therapy may be needed for specific disordered eating attitudes and behaviors.

Published 2012. This article is a US Government work and is in the public domain in the USA.

**25. Rural Remote Health. 2012 Oct;12(4):1667. Epub 2012 Oct 12.**

Exposure to traumatic events, prevalence of posttraumatic stress disorder and alcohol abuse in Aboriginal communities.

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**INTRODUCTION:** Generations of Aboriginal people have been exposed to strings of traumatic events with devastating psychosocial health consequences, including psychiatric morbidities and mortalities, and medical complications. Posttraumatic Stress Disorder (PTSD) is a psychiatric morbidity directly linked to traumatic events. Despite research findings indicating traumatic exposure and resultant PTSD in Indigenous communities, little attention has been given to this condition in mental healthcare delivery. Consequently, clinical and psychosocial interventions are misguided and failed to deliver positive outcomes. The objective of this study is to explore the relationship between exposure to traumatic events, prevalence of PTSD and alcohol abuse in remote Aboriginal communities in Western Australia.

**METHODS:** A combination of structured clinical interview and multiple survey questionnaires - Composite International Diagnostic Interview (CIDI), and Impact of Events Scale (IES), Alcohol Use Disorder Identification Test (AUDIT) and Indigenous Trauma Profile (ITP) - were administered to 221 Indigenous participants aged 18 to 65 years.

**RESULTS:** The overwhelming majority, 97.3% (n=215) of participants were exposed to traumatic events. Analysis of CIDI results using DSM-IV diagnostic criteria shows a life time prevalence of 55.2% (n=122) for PTSD, 20% (n=44) for major depression (recurrent) and 2.3% (n=5) for a single episode. A total of 96% (n=212) participants reported consuming a drink containing alcohol and 73.8% (n=163) met diagnostic criteria for alcohol use related disorders, abuse and dependence. Of participants who met the PTSD diagnostic criteria, 91% (n=111) met diagnostic criteria for alcohol use related disorders. Other impacts of trauma such as other anxiety disorders, dysthymic disorder and substances abuses were also identified.

**CONCLUSION:** The rate of exposure to traumatic events and prevalence of PTSD are disproportionately higher in the communities studied than the national average

and one of the highest recorded in survivors of specific traumatic events in the world. A very high rate of alcohol abuse and dependence in participants who met diagnostic criteria for PTSD demonstrates correlation between alcohol abuse and PTSD. It also suggests that alcohol is used as self-medication.

**26. J Trauma Stress. 2012 Oct;25(5):551-7. doi: 10.1002/jts.21740. Epub 2012 Oct 15.**  
PTSD in asylum-seeking male adolescents from Afghanistan.

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This study concerned the mental health of Afghan unaccompanied asylum-seeking children in the United Kingdom (UK). Afghans are the largest group of children seeking asylum in the UK, yet evidence concerning their mental health is limited. This study presents an estimate of probable posttraumatic stress disorder (PTSD) within this group and describes its associations with the cumulative effect of premigration traumatic events, immigration/asylum status, and social care living arrangements. Male adolescents (N = 222) aged 13-18 years completed validated self-report screening measures for traumatic experiences and likely PTSD. One-third (34.3%) scored above a selected cutoff, suggesting that they are likely to have PTSD. A higher incidence of premigration traumatic events was associated with greater PTSD symptomatology. Children living in semi-independent care arrangements were more likely to report increased PTSD symptoms when compared to their peers in foster care. A substantial majority in this study did not score above the cutoff, raising the possibility of notable levels of resilience. Future research should consider approaching mental health issues from a resilience perspective to further the understanding of protective mechanisms for this at-risk population.

**27. J Trauma Stress. 2012 Oct;25(5):558-66. doi: 10.1002/jts.21745. Epub 2012 Oct 10.**  
Predictors of acute and posttraumatic stress symptoms in parents following their child's cancer diagnosis.

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This longitudinal study aimed to examine acute and posttraumatic stress symptoms and predictors of traumatic stress symptoms in parents of children recently

diagnosed with cancer. The sample comprised 220 parents of 143 children who completed questionnaires at diagnosis (T1) focused on acute stress disorder (ASD); of these, 145 parents of 97 children completed questionnaires 6-8 months later (T2) focused on posttraumatic stress disorder (PTSD). Demographic, psychosocial, and treatment and illness variables were predictors. Results were that 63% of mothers and 60% of fathers met criteria for ASD at T1. At T2, 21% of mothers and 16% of fathers met criteria for PTSD, with 40% of parents reporting significant subthreshold symptoms. Predictors of ASD symptoms were female gender, presence of psychosocial risk factors, trait anxiety, family functioning, and central nervous system tumor diagnosis. Risk factors for PTSD symptoms were younger maternal age, severity of ASD symptoms, and trait anxiety at T1, and parent-reported quality of life of the child at T2. The results suggest that screening for ASD may help identify parents at increased risk of persistent traumatic stress symptoms who could benefit from preventative, evidence-based psychosocial interventions.

**28. J Trauma Stress. 2012 Oct;25(5):598-601. doi: 10.1002/jts.21744. Epub 2012 Oct 9.**  
Family functioning and mental health in runaway youth: association with posttraumatic stress symptoms.

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This study examined the direct effects of physical and sexual abuse, neglect, poor family communication and worries concerning family relationships, depression, anxiety, and dissociation on posttraumatic stress symptoms. Runaway youth were recruited from emergency youth shelters in New York and Texas. Interviews were completed with 350 youth who averaged 15 years of age. Structural equation modeling was used to examine family functioning, maltreatment, depression, dissociation, and anxiety in relation to posttraumatic stress symptoms. Results indicated that direct effects of family relationship worry to dissociation,  $\beta = .77$ ,  $p < .001$ ; depression,  $\beta = .85$ ,  $p < .001$ ; and anxiety,  $\beta = .90$ ,  $p < .001$  were significant, as were relationships between family communication and youth dissociation,  $\beta = .42$ ,  $p < .001$ ; depression,  $\beta = .46$ ,  $p < .001$ ; and anxiety,  $\beta = .32$ ,  $p < .001$ . No significant effects of physical/sexual abuse or neglect were found. Higher levels of dissociation,  $\beta = .21$ ,  $p < .001$  and anxiety symptoms,  $\beta = .34$ ,  $p = .01$  were positively and significantly associated with posttraumatic stress symptoms, but depression was not. Findings underscore the critical role of family relationships in mental health symptoms experienced by runaway adolescents.

**29. J Trauma Stress. 2012 Oct;25(5):602-5. doi: 10.1002/jts.21742. Epub 2012 Oct 9.**

The utility of the Children's Revised Impact of Event Scale in screening for concurrent PTSD following admission to intensive care.

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Although there is some information available regarding the utility of the Children's Revised Impact of Event Scale (CRIES) in screening for posttraumatic stress disorder (PTSD), data are scarce and limited to studies sampling children predominantly injured in road traffic accidents. This study investigated the utility of 2 versions, the CRIES-8 and CRIES-13, in identifying those children meeting criteria for PTSD following admission to a pediatric intensive care unit (PICU). The Children's PTSD Inventory (CPTSDI), a diagnostic interview, and the CRIES-13 were administered to 55 children, aged 6-16 years, 6 months following admission to the PICU. Of the 55, 14 (25%) met criteria on the CPTSDI. Cutoff scores of 14.5 on the CRIES-8 and 22.5 on the CRIES-13 maximized sensitivity and specificity and correctly classified 78%-86% of children. Both cutoff scores were lower than those reported in other samples. The CRIES-13 appeared to offer greater utility than the CRIES-8, also in contrast to previous findings. Methodological or sampling differences may account for the discrepancy with prior studies. The proposed cutoffs are recommended specifically for use with PICU patients and replication and further validation of the CRIES with other samples is warranted.

**30. Clin Psychol Rev. 2012 Dec;32(8):677-89. doi: 10.1016/j.cpr.2012.08.002. Epub 2012 Sep 6.**

Intimate partner abuse and suicidality: a systematic review.

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Research has demonstrated an association between intimate partner abuse and suicidality, presenting a serious mental health issue. However, studies have differed widely in the samples and methods employed, and in the depth of the investigation. Given the level of heterogeneity in the literature, this

systematic review examines, for the first time, the nature of the relationship between intimate partner abuse and suicidality. The three main psychological and medical databases (PsychInfo 1887-March 2011; Medline, 1966-March 2011; Web of Knowledge 1981-March 2011) were searched. Thirty-seven papers on the topic of intimate partner abuse and suicidality were found. With only one exception, all of the studies found a strong and consistent association between intimate partner abuse and suicidality. Significantly, this relationship held irrespective of study design, sample and measurement of abuse and suicidality, thus demonstrating a consistently strong relationship between intimate partner abuse and suicidality. This review highlights that intimate partner abuse is a significant risk factor for suicidal thoughts and behaviours, which has important clinical implications.

**31. Curr Psychiatry Rep. 2012 Dec;14(6):599-607. doi: 10.1007/s11920-012-0316-5. Treatment of childhood sexual abuse: an updated review.**

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Childhood sexual abuse (CSA) involves multiple complex factors that make the evaluation of therapeutic interventions especially complicated. PTSD prevalence rates of CSA are approximately 37 % -53 %. Several other psychiatric sequelae of CSA exist. CSA appears to disrupt brain and body physiology. One co-located service delivery model reported a 52 % linkage rate of CSA survivors with mental health treatment. This article reviews current literature on the treatment of CSA, including psychosocial interventions, pharmacotherapy, and early preventative interventions. It also provides an update on the short- and long-term sequelae of CSA and implications for future research directions. A literature search of papers published in the last 3 years was conducted using the keywords treatment, sexual abuse, childhood, epigenetics, resilience and review, and searching the following databases: PsycInfo, PubMed, Substance Abuse and Mental Health Services Administration, and Centers for Disease Control.

**32. J Addict Med. 2012 Dec;6(4):297-303. doi: 10.1097/ADM.0b013e3182664d80.**

Perceived discrimination is a potential contributing factor to substance use and mental health problems among primary care patients in Chile.

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**OBJECTIVES:** Perceived discrimination is a prevalent problem that has been linked to negative health outcomes for victims. The goal of this research was to examine whether perceived discrimination within the past 6 months was related to 6-month prevalence of problem drinking, illicit drug use, major depressive disorder (MDD), and posttraumatic stress disorder (PTSD) in a sample of primary care patients in Chile.

**METHODS:** Structured diagnostic assessments were administered to assess for MDD and PTSD using the Composite International Diagnostic Interview. The Alcohol Use Disorders Identification Test assessed hazardous alcohol use. Additional measures captured illegal drug use and discrimination in the past 6 months. Measures were administered to 2839 participants between the ages of 15 to 98 in primary care centers in the Chilean cities of Concepcion and Talcahuano.

**RESULTS:** Controlling for demographic variables and previous trauma victimization, patients who reported discrimination in the past 6 months were significantly more likely to engage in hazardous alcohol use, illegal drug use, be diagnosed with MDD, and PTSD within this same time period than patients not reporting discrimination.

**CONCLUSIONS:** This study highlights the importance of considering discrimination as a potential contributing factor to substance use and mental health problems in a Latin American sample.

**33. Eur Child Adolesc Psychiatry. 2012 Nov;21(11):645-53. doi: 10.1007/s00787-012-0301-x. Epub 2012 Sep 4.**

Effects of poly-victimization on self-esteem and post-traumatic stress symptoms in Spanish adolescents.

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This study aims to provide evidence concerning the effects of experiencing multiple forms of victimization (poly-victimization) on self-esteem and post-traumatic stress symptoms in Spanish adolescents. A total of 722 adolescents were recruited from seven secondary schools in Catalonia, Spain. The Rosenberg Self-Esteem Scale, the Youth Self Report and the Juvenile Victimization Questionnaire were employed to assess self-esteem, post-traumatic stress symptoms and victimization, respectively. Participants were divided into three groups (non-victim, victim and poly-victim groups) according to the total number of different kinds of victimization experienced. Results showed that 88.4 % of adolescents had been exposed to at least one kind of victimization. Poly-victimization was associated with a higher number of post-traumatic stress

symptoms in both boys and girls. Also, self-liking was significantly lower in the poly-victim group, whereas self-competence was equivalent across the three victimization groups. Girls were approximately twice as likely to report child maltreatment (OR = 1.92) and sexual victimization (OR = 2.41) as boys. In conclusion, the present study adds evidence on the importance of taking account of the full burden of victimizations suffered when studying victimization correlates. Also, it highlights the importance of prevention policies to focus particularly on preserving adolescents' sense of social worth.

**34. PLoS One. 2012;7(8):e41741. doi: 10.1371/journal.pone.0041741. Epub 2012 Aug 24.**

Structure of the Children's Revised Impact of Event Scale (CRIES) with children and adolescents exposed to debris flood.

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**AIM:** PTSD symptoms were pervasive among children and adolescents after experiencing or exposure to traumatic events. Screening and diagnosis of PTSD symptoms is crucial in trauma-related research and practice. The 13-item Children's Revised Impact of Event Scale (CRIES) has been demonstrated to be a valid and reliable tool to achieve this goal. This study was designed to examine the psychometric properties of the 13-item CRIES in a sample of Chinese debris flood victims.

**METHODS:** A total of 268 participants (145 girls, 123 boys) aged 8-18 years were recruited from an integral part of a service oriented project, supported by the Institute of Psychology, Chinese Academy of Sciences following the debris flood. The participants were given the 13-item CRIES 3 months after the debris flood.

**RESULTS:** The results of confirmatory factor analysis indicated that a two-factor structure (intrusion+arousal vs avoidance) emerged as the model best fit in total sample, boys and girls subsamples, respectively. The scale was also demonstrated to have good internal consistency (Cronbach's alpha = 0.83).

**CONCLUSION:** The study confirmed the good psychometric properties of the CRIES and its' applicability to Chinese children and adolescents. Moreover, these findings imply that the CRIES factor structure is stable across age, gender, and different types of trauma.

**35. Memory. 2012;20(8):915-22. doi: 10.1080/09658211.2012.710432. Epub 2012 Aug 20.**

Short report: Influence of culture and trauma history on autobiographical memory specificity.

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This study investigated the influence of culture and trauma history on autobiographical memory specificity. Chinese international and British undergraduate university students (N=64) completed the autobiographical memory test, Hopkins symptom checklist-25, twenty statements test, trauma history questionnaire, and impact of events scale-revised. The results indicated that the British group provided significantly more specific memories than the Chinese group. The high trauma exposure group provided significantly fewer specific autobiographical memories than the low trauma exposure group. The interaction was not significant. The findings suggest that even in cultures where specificity is not as evident in autobiographical remembering style, trauma exposure appears to exert similar influence on autobiographical memory specificity.

**36. J Interpers Violence. 2012 Nov;27(17):3425-41. doi: 10.1177/0886260512445379. Epub 2012 Jul 18.**

Negative social reactions to assault disclosure as a mediator between self-blame and posttraumatic stress symptoms among survivors of interpersonal assault.

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The type of causal attributions offered for traumatic life events has been documented as a potential vulnerability factor for posttraumatic stress disorder (PTSD). However, few investigations have sought to identify the mechanisms by which such explanations are associated with greater posttraumatic distress. One possible factor that may account for the relationship between maladaptive attributional tendencies and PTSD symptoms is the quality of social reactions received from one's social network upon disclosure. The aim of the present study was to examine the relationship between self-blaming attributions provided for traumatic events, negative social reactions, and PTSD symptom severity. Undergraduate psychology students (N = 68), who reported previously experiencing interpersonal assault, completed measures assessing their attributions for their assault and the quality of reactions received from members of their social network upon disclosure. Results from a statistical mediational analysis suggest that a self-blame may be associated with poorer psychological adjustment by virtue of negative social reactions. Results of this study further our understanding of risk and resilience among assault survivors and may have significant implications for treatment interventions for individuals with PTSD.

**37. Retina. 2013 Jan;33(1):111-9. doi: 10.1097/IAE.0b013e31825d7ea4.**

Diagnosis of posttraumatic stress disorder after surgery for primary rhegmatogenous retinal detachment.

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**PURPOSES:** To investigate the prevalence of posttraumatic stress disorder (PTSD) in patients who underwent surgery for primary rhegmatogenous retinal detachment and to explore variables associated with the disorder.

**METHODS:** Subjects eligible for the study were patients aged 18 years or older, who underwent surgery for primary rhegmatogenous retinal detachment at the Goldschleger Eye Institute, from January 1, 2004, to December 31, 2009, and were followed for at least 1 month. Study patients were screened for the existence of PTSD symptoms via a telephone survey, and positively identified patients were asked to undergo a structured psychiatric interview. Posttraumatic stress disorder was assessed by the Clinician Administered PTSD Scale, and the 25-item National Eye Institute visual function questionnaire (NEI-VFQ-25) was used as a measure of vision-related quality of life. Objective clinical measures were obtained from the patient's medical records. Clinical variables were compared between PTSD-diagnosed patients, patients who were screened for PTSD but were found to be PTSD negative in the interview (false-positive group), and patients who were found negative for PTSD in the screening survey.

**RESULTS:** Of the 547 eligible patients, 366 were enrolled in the study. Nine patients (2.5%) met the criteria for PTSD diagnosis. Posttraumatic stress disorder patients reported significantly more traumatic events in their past ( $P = 0.015$ ), and for these patients, NEI-VFQ-25 composite score was significantly lower ( $P < 0.001$ ). Clinical measures were not found as independent risk factors for PTSD prediction.

**CONCLUSION:** Posttraumatic stress disorder may develop in the aftermath of primary rhegmatogenous retinal detachment. Previous traumatic events and NEI-VFQ-25 scores were found as independent risk factors for PTSD prediction.

**38. Biol Psychiatry. 2012 Dec 1;72(11):957-63. doi: 10.1016/j.biopsych.2012.06.002. Epub 2012 Jul 4.**

Early intervention may prevent the development of posttraumatic stress disorder: a randomized pilot civilian study with modified prolonged exposure.

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**BACKGROUND:** Posttraumatic stress disorder (PTSD) is a major public health concern with long-term sequelae. There are no accepted interventions delivered in the immediate aftermath of trauma. This study tested an early intervention aimed at modifying the memory to prevent the development of PTSD before memory consolidation.

**METHODS:** Patients (n = 137) were randomly assigned to receive three sessions of an early intervention beginning in the emergency department compared with an assessment only control group. Posttraumatic stress reactions (PTSR) were assessed at 4 and 12 weeks postinjury and depression at baseline and week 4. The intervention consisted of modified prolonged exposure including imaginal exposure to the trauma memory, processing of traumatic material, and in vivo and imaginal exposure homework.

**RESULTS:** Patients were assessed an average of 11.79 hours posttrauma. Intervention participants reported significantly lower PTSR than the assessment group at 4 weeks postinjury,  $p < .01$ , and at 12 weeks postinjury,  $p < .05$ , and significantly lower depressive symptoms at week 4 than the assessment group,  $p < .05$ . In a subgroup analysis, the intervention was the most effective at reducing PTSD in rape victims at week 4 ( $p = .004$ ) and week 12 ( $p = .05$ ).

**CONCLUSIONS:** These findings suggest that the modified prolonged exposure intervention initiated within hours of the trauma in the emergency department is successful at reducing PTSR and depression symptoms 1 and 3 months after trauma exposure and is safe and feasible. This is the first behavioral intervention delivered immediately posttrauma that has been shown to be effective at reducing PTSR.

**39. Am J Med Genet B Neuropsychiatr Genet. 2012 Sep;159B(6):644-52. doi: 10.1002/ajmg.b.32068. Epub 2012 Jun 12.**

Serotonin transporter 5-HTTLPR genotype moderates the effects of childhood adversity on posttraumatic stress disorder risk: a replication study.

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We reported that the 5-HTTLPR polymorphism in the promoter region of the serotonin transporter gene (SLC6A4) moderates the effect of childhood adversity on posttraumatic stress disorder (PTSD) risk [Xie et al. (2009); Arch Gen Psychiatry 66 (11): 1201-1209]. In the present study, we considered 5,178

subjects (a group with generally high substance dependence comorbidity, as for our previous study) using similar methodology to replicate our previous results. We used logistic regression analyses to explore the interaction effect of 5-HTTLPR genotype and childhood adversity on PTSD risk. We found that, as reported in our previous study, in individuals with childhood adversity, the presence of one or two copies of the S allele of 5-HTTLPR increased the risk to develop PTSD. This gene-environment interaction effect was present in European Americans (EAs), but not in African Americans (AAs; EAs, OR = 1.49, 95% CI = 1.07-2.08, P = 0.019; AAs, OR = 0.90, 95% CI = 0.60-1.35, P = 0.62). The statistical power to detect this interaction effect was increased when data were combined with those from our previous study [Xie et al. (2009); Arch Gen Psychiatry 66 (11): 1201-1209]. The findings reported here replicate those from our previous work, adding to a growing body of research demonstrating that the 5-HTTLPR genotype moderates risk for anxiety and depression phenotypes in the context of stress and adverse events.

**40. J Matern Fetal Neonatal Med. 2012 Nov;25(11):2411-4. doi: 10.3109/14767058.2012.697945. Epub 2012 Jun 25.**

Post-earthquake birth-rate evaluation using the brief cope.

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**BACKGROUND:** The study arises from the idea of analyzing the reasons why many women in L'Aquila decided to conceive in the months following the 2009 earthquake. In the months from January to June 2011, there was a +27.24% increase in the number of newborns (+ 91) delivered in the Obstetrics and Gynecology Unit of the San Salvatore Hospital of L'Aquila compared to the same six-month period in 2010.

**METHODS:** Between January 2010 and December 2010, 874 women gave birth in L'Aquila. The women living outside of L'Aquila were excluded from the study. The remaining women, namely a sample of 451 individuals, were administered a questionnaire that focused on the level of stress experienced during the earthquake, and subsequently the Brief Cope.

**RESULTS:** After the earthquake there was a +22.64% increase in the number of women who desired a pregnancy. The results of the Brief Cope show that the coping strategies used by the women in L'Aquila were active coping, planning, acceptance and positive reframing.

**CONCLUSIONS:** The desire for motherhood was the main reason accounting for the increase in births that occurred after the earthquake. The decision to have a

child was the tangible sign of adaptation to the post-traumatic stress.

**41. Psychiatry Res. 2012 Aug 15;198(3):441-7. doi: 10.1016/j.psychres.2012.01.032.**

**Epub 2012 Mar 29.**

Screening for posttraumatic stress disorder using verbal features in self narratives: a text mining approach.

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Much evidence has shown that people's physical and mental health can be predicted by the words they use. However, such verbal information is seldom used in the screening and diagnosis process probably because the procedure to handle these words is rather difficult with traditional quantitative methods. The first challenge would be to extract robust information from diversified expression patterns, the second to transform unstructured text into a structuralized dataset. The present study developed a new textual assessment method to screen the posttraumatic stress disorder (PTSD) patients using lexical features in the self narratives with text mining techniques. Using 300 self narratives collected online, we extracted highly discriminative keywords with the Chi-square algorithm and constructed a textual assessment model to classify individuals with the presence or absence of PTSD. This resulted in a high agreement between computer and psychiatrists' diagnoses for PTSD and revealed some expressive characteristics in the writings of PTSD patients. Although the results of text analysis are not completely analogous to the results of structured interviews in PTSD diagnosis, the application of text mining is a promising addition to assessing PTSD in clinical and research settings.

**42. Aust N Z J Psychiatry. 2012 Oct;46(10):995-1003. doi: 10.1177/0004867412443059.**

**Epub 2012 Mar 19.**

A longitudinal study of mental health in refugees from Burma: the impact of therapeutic interventions.

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Comment in

Aust N Z J Psychiatry. 2012 Oct;46(10):921-3.

**OBJECTIVE:** The present study seeks to examine the impact of therapeutic interventions for people from refugee backgrounds within a naturalistic setting.

**METHODS:** Sixty-two refugees from Burma were assessed soon after arriving in Australia. All participants received standard interventions provided by a resettlement organisation which included therapeutic interventions, assessment, social assistance, and referrals where appropriate. At the completion of service provision a follow-up assessment was conducted.

**RESULTS:** Over the course of the intervention, participants experienced a significant decrease in symptoms of post-traumatic stress disorder, anxiety, depression and somatisation. Pre-intervention symptoms predicted symptoms post-intervention for post-traumatic stress, anxiety and somatisation.

Post-migration living difficulties, the number of traumas experienced, and the number of contacts with the service agency were unrelated to all mental health outcomes.

**CONCLUSIONS:** In the first Australian study of its kind, reductions in mental health symptoms post-intervention were significantly linked to pre-intervention symptomatology and the number of therapy sessions predicted post-intervention symptoms of post-traumatic stress. Future studies need to include larger samples and control groups to verify findings.

### **43. Arch Sex Behav. 2012 Oct;41(5):1099-106.**

The costs of rape.

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The current study examined costs experienced by victims of completed rape (n=49) and attempted sexual assault (n=91) using quantitative analyses of 13 domains: health, self-esteem, self-perceived attractiveness, self-perceived mate value, family relationships, work life, social life, social reputation, sexual reputation, desire to have sex, frequency of sex, enjoyment of sex, and long-term, committed relationships. Women also provided descriptive accounts of their experiences, and we used these to illustrate the costs in the victims' own words. Compared to victims of an attempted sexual assault, victims of a completed rape reported significantly more negative outcomes in 11 of the 13 domains. The most negatively affected domains were self-esteem, sexual reputation, frequency of sex, desire to have sex, and self-perceived mate value. Although victims of rape experienced more negative effects than victims of attempted sexual assault, both groups of victims reported negative effects in every domain. Discussion focuses on the implications of the differing degrees and

patterns of the costs of attempted and completed sexual victimization.

**44. Assessment. 2012 Dec;19(4):480-93. doi: 10.1177/1073191111418297. Epub 2011 Aug 23.**

Perceived causal relations: novel methodology for assessing client attributions about causal associations between variables including symptoms and functional impairment.

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Researchers have argued that the investigation of causal interrelationships between symptoms may help explain the high comorbidity rate between certain psychiatric disorders. Clients' own attributions concerning the causal interrelationships linking the co-occurrence of their symptoms represent data that may inform their clinical case conceptualization, treatment, and psychological theory regarding the etiology of comorbid disorders. The present study developed and evaluated a novel psychological assessment methodology for measuring Perceived Causal Relations (PCR) and examined its psychometric properties as applied to the question of whether posttraumatic stress and anxiety symptoms represent causal risk factors for depressive symptoms in 225 undergraduates. Participants attributed their symptoms of anxiety and posttraumatic reexperiencing as significant causes of their depressive symptoms. Exploratory analyses identified a listing of symptoms reliably attributed as significant causes of other symptoms and functional impairment, as well as a listing of symptoms reliably attributed as significant effects (outcomes) of other symptoms and functional impairment. The PCR method has promise as an idiographic approach to assessing the causes and consequences of comorbid psychiatric symptoms and associated functional impairment. Research is required to assess the relevance and replicate these findings in distinct psychiatric groups experiencing various symptomatic presentations. Future research may also examine PCR ratings associating other individual differences, for example, between measures of history (e.g., life events), life choices, and personality.

**45. J Paediatr Child Health. 2012 Oct;48(10):876-85. doi: 10.1111/j.1440-1754.2011.02076.x. Epub 2011 Apr 29.**

Prevalence of post-traumatic stress disorder among children and adolescents who survive road traffic crashes: a systematic review of the international literature.

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While road traffic crashes are known to have a significant impact in terms of deaths and hospitalisations, quantifying the burden of psychological sequelae is more challenging. This systematic review critically evaluates published studies designed to estimate the prevalence of post-traumatic stress disorder among children and adolescents who have survived a road crash. Most studies have focused on injured school-aged children and adolescents, and estimate the occurrence of this condition to be between 12% and 46% in the first 4 months following crash involvement and between 13% and 25% 4-12 months following the crash. The relatively high prevalence of post-traumatic stress disorder following one of the commonest causes of injury underscores the need for greater vigilance and active management to mitigate the adverse consequences on the health and development of young crash survivors. The findings also emphasise the important role that child health professionals must play in promoting strategies that prevent road traffic crashes.

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PMID: 21535287 [PubMed - indexed for MEDLINE]