

## November, 2012 Medline Topic Alert

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### **1. Eur Child Adolesc Psychiatry. 2012 Oct 26. [Epub ahead of print]**

Posttraumatic stress symptoms and mental health services utilization in adolescents with social anxiety disorder and experiences of victimization.

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Recent findings from studies on adults show similarities between social anxiety disorder (SAD) and posttraumatic stress in the form of recurrent memories and intrusive and distressing images of earlier aversive events. Further, treatment models for SAD in adults have been successfully developed by using transdiagnostic knowledge on posttraumatic stress symptoms (PTSS). Studies on adolescents are though missing. The present study aimed at exploring the association between PTSS and SAD in Swedish adolescents. A second aim was to study mental health services utilization in relation to these conditions. A total of 5,960 high-school students participated and reported on SAD, life time victimization, PTSS and mental health service utilization. Socially anxious adolescents reported significantly higher levels of PTSS than adolescents not reporting SAD and this difference was seen in victimized as well as non-victimized subjects. Contact with a school counselor was the most common mental health service utilization in subjects with SAD and those with elevated PTSS. In the prediction of contact with a CAP-clinic, significant odds ratios were found for a condition of SAD and elevated PTSS (OR = 4.88, 95 % CI = 3.53-6.73) but not for SAD only. Screening of PTSS in adolescents with SAD is recommended. The service of school counselors is important in detecting and helping young people with SAD and elevated PTSS. Clinical studies on SAD and PTSS in adolescents could aid in modifying treatment models for SAD.

### **2. Med Arh. 2012;66(5):304-8.**

Psychosocial problems among children of parents with posttraumatic stress disorder.

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**BACKGROUND:** To assess the expression of psychosocial problems among children of parents with posttraumatic stress disorder (PTSD).

**MATERIAL AND METHODS:** A group of 100 children of school age (from 10 to 5 years old) from two randomly chosen schools has been analyzed. Children from complete families whose parents accepted psychometric measurement related to trauma have been chosen. Subjects were divided into two groups: a group of children whose parents express the symptoms of posttraumatic stress disorder (PTSD)-experimental group (N = 50) and group of children whose parents are not suffering from PTSD-control group (N = 50). The assessment of PTSD symptoms and parental traumatization is done by Harvard Trauma Questionnaire-version for Bosnia and Herzegovina (B&H) (Allden et al., 1998), behavioral problems were assessed by Child Behavior Checklist—as reported by parents (CBCL, Achenbach, 1991), the level of traumatization and posttraumatic symptoms in children by the Impact of Event Scale (Horowitz, Wilner, Alvarez, 1979), and neurotism and extraversion is estimated by Neurotism and Extraversion Scale (HANES). With regard to gender and parental participation the sample is homogenous. Data are processed by descriptive statistics method.

**RESULTS:** Children whose parents are suffering from PTSD symptoms show statistically significant increase in behavioral problems such as withdrawal, somatic complaints, thought problems, delinquent and aggressive behavior ( $p < 0.001$ ), anxiety/depression, attention deficit and problems in social relations ( $p < 0.005$ ). Male subjects showed more prominent delinquent behavior ( $p < 0.01$ ). Children whose parents have PTSD symptoms show significantly expressed internalisation ( $p < 0.001$ ) and higher level of stress ( $\text{Chi}^2 = 23.528$ ,  $p < 0.001$ ), compared to children of parents without PTSD. There is statistically significant difference regarding the mean (M) of symptom groups among the analyzed groups of subjects related to the symptoms of intrusion ( $p < 0.01$ ) and symptoms of avoidance ( $p < 0.001$ ). Significantly expressed neurotism is present in children of parents with PTSD ( $p < 0.001$ ).

**CONCLUSION:** The results show that children of parents with PTSD express a significant behavioral problems, higher level of neurotism, internalisations, posttraumatic stress reactions, symptoms of intrusion and avoidance as well as significantly higher level of stress compared to children of parents without PTSD.

### **3. J Trauma Acute Care Surg. 2012 Sep;73(3 Suppl 2):S221-8.**

Test performance characteristics of a case-finding psychosocial questionnaire for children with burn injuries and their families.

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**BACKGROUND:** The Long-Form Psychosocial Questionnaire (LFPQ) includes full versions of the Child Stress Reaction Checklist, the Family Environment Scale, and the Parenting Stress Index. Condensed versions of these measures were used to create a Short-Form Psychosocial Questionnaire (SFPQ) that could be used as an indicator of child well-being and specific areas of child, parent, and family functioning in children aged 0 years to 18 years with burn injury.

**METHODS:** Parents of 830 children aged 0 years to 18 years with acute burn injury from the Shriners Hospitals for Children Multi-Center Benchmarking Study completed the LFPQ at baseline and follow-up visits up to 48 months at four major burn centers. The internal consistency reliability and variability of the LFPQ explained by the SFPQ for each of the measures were calculated. The construct validity of the SFPQ measures was determined by factor analysis. The magnitude of the change for the SFPQ measures during 48 months of follow-up was examined.

**RESULTS:** The internal consistency reliability of the short-form measures ranged from 0.62 to 0.90. The variability of the long-form measures explained by the short-form measures was 61% for the Child Stress Reaction Checklist (average of six long-form scales), 60% for the Family Environment Scale (conflict), and 90% for the Parenting Stress Index (average of 13 scales). Factor analysis supported the construct validity of the model for the short-form measures. The magnitude of change for the short-form measures showed clinical improvement for 48 months.

**CONCLUSION:** The SFPQ is both a reliable and valid assessment for evaluating the psychosocial functioning of children following burn injuries.

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

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

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

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

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

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

**5. 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.

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**6. Neuroscience. 2012 Oct 13. pii: S0306-4522(12)01007-X. doi: 10.1016/j.neuroscience.2012.09.075. [Epub ahead of print]**

Translational reciprocity: Bridging the gap between preclinical studies and clinical treatment of stress effects on the adolescent brain.

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The genetic, biological, and environmental backgrounds of an organism fundamentally influence the balance between risk and resilience to stress. Sex, age, and environment transact with responses to trauma in ways that can mitigate or exacerbate the likelihood that post-traumatic stress disorder will develop. Translational approaches to modeling affective disorders in animals will ultimately provide novel treatments and a better understanding of the neurobiological underpinnings behind these debilitating disorders. The extant literature on trauma/stress has focused predominately on limbic and cortical structures that innervate the hypothalamic-pituitary-adrenal axis and influence glucocorticoid-mediated negative feedback. It is through these neuroendocrine pathways that a self-perpetuating fear memory can propagate the long-term effects of early life trauma. Recent work incorporating translational approaches has provided novel pathways that can be influenced by early life stress, such as the glucocorticoid receptor chaperones, including FKBP51. Animal models of stress have differing effects on behavior and endocrine pathways; however, complete models replicating clinical characteristics of risk and resilience have not been rigorously studied. This review discusses a four-factor model that considers the importance of studying both risk and resilience in understanding the developmental response to trauma/stress. Consideration of the multifactorial nature of clinical populations in the design of preclinical models and the application of preclinical findings to clinical treatment approaches comprise the core of translational reciprocity which is discussed in the context of the four-factor model.

**7. 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.

**8. Sci Signal. 2012 Oct 9;5(245):pt6. doi: 10.1126/scisignal.2003327.**

Posttraumatic stress disorder in children and adolescents: neuroendocrine perspectives.

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Posttraumatic stress disorder (PTSD) is a syndrome of distress that develops after exposure to traumatic life experiences. Dysregulation of both the hypothalamic-pituitary-adrenal (HPA) axis and the locus caeruleus/norepinephrine-sympathetic nervous system (LC/NE-SNS) is associated with the pathophysiology of the disorder. Studies have demonstrated a neuroendocrine profile unique to adults with PTSD, with centrally elevated corticotropin-releasing hormone (CRH), low cortisol in the periphery, and elevated catecholamines. Traumatic stress experiences in early life are strong predisposing factors for later PTSD development. In addition, early life stress programs the developing brain to overreact to future stressors. In children and adolescents involved in motor vehicle accidents, we found that high evening salivary cortisol and morning serum interleukin 6 concentrations were predictive of PTSD development 6 months later. We demonstrated a progressive divergence of the HPA and LC/NE-SNS axes of the stress system, which may be part of the

pathophysiologic mechanism responsible for PTSD maintenance. An initial elevation of cortisol in the aftermath of the trauma, followed by a gradual normalization and finally low cortisol secretion, together with a gradual elevation of catecholamines over time, may represent the natural history of neuroendocrine changes in pediatric PTSD. Thus, the low cortisol concentrations found in adults with PTSD may reflect prior trauma and might represent a biologic vulnerability factor for later PTSD development.

**9. Violence Vict. 2012;27(4):592-608.**

Prevalence and characteristics of sexual violence in the Netherlands, the risk of revictimization and pregnancy: results from a national population survey.

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Prevalence figures on sexual violence among a representative sample of both men and women were not yet available for the Netherlands. The aim of this study, therefore, was to investigate the prevalence of sexual violence in the Netherlands and to add these figures to the international body of knowledge. Experiences of sexual violence during lifetime, before the age of 16 and in the year before the start of the study were measured. In addition, types of sexual violence were examined, as were the characteristics of the perpetrators. Lastly, revictimization and pregnancy as a result of rape experiences among the victims were investigated. Data were generated from a population survey on sexual health. The sample consisted of more than 6,000 men and women between the age of 15 and 70 years old. Prevalence rates as high as 21% for men and 56% for women were found. Fifty percent of the female victims and 30% of the male victims of child sexual abuse had experienced adult victimization. Of the female rape victims, 7% became pregnant as a consequence of rape. In the Netherlands, as elsewhere, the prevention of sexual violence should be prioritized.

**10. Violence Vict. 2012;27(4):512-26.**

The impact of parental trauma exposure on community violence exposed adolescents.

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Previous research has documented an association between adolescent community violence (CV) exposure and poor psychological functioning. The purpose of this

study was to delineate the relations of adolescent CV, parent trauma exposure (PTE), and adolescent internalizing and externalizing symptomatology while controlling for adolescent-reported home violence and parental self-reported posttraumatic stress disorder (PTSD). Participants consisted of 101 pairs of junior high school and high school students and their parents or caretakers. Adolescents completed measures to assess their history of violence exposure in the community and home setting and current internalizing symptoms. Parents or caretakers completed a demographic questionnaire, a measure assessing their trauma exposure and related symptomatology, and a measure of child externalizing symptoms. Hierarchical regression analyses were conducted; results indicated that after controlling for demographic variables, home violence exposure, and parental PTSD symptoms, PTE emerged as a moderator variable in the relationship between CV and adolescent-rated internalizing symptoms but not in the association between adolescent CV and externalizing symptoms.

**11. Med Confl Surviv. 2012 Apr-Jun;28(2):161-81.**

Mental health survey among landmine survivors in Siem Reap province, Cambodia.

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Many survivors of the Khmer Rouge period in Cambodia and the subsequent war with Vietnam have now returned to Cambodia. In this two-stage household cluster survey in Siem Reap Province in Cambodia, we explored the mental health consequences on 166 landmine injury survivors selected from 1000 household in 50 clusters and an oversample of all landmine survivors. We found a prevalence of anxiety of 62% for all respondents, 74% for depression, and 34% for post-traumatic stress disorder (PTSD). These prevalences were statistically significantly higher than among the adult population who had not been injured by landmines. These data underscore the importance of providing mental health care services for the people in Siem Reap Province in Cambodia who have been injured by landmines.

**12. J Nerv Ment Dis. 2012 Aug;200(8):692-8. doi: 10.1097/NMD.0b013e31826140e7.**

The Child Posttraumatic Stress Disorder Checklist in a sample of South African youth: establishing factorial validity.

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To address the diverse health effects of posttraumatic stress disorder (PTSD) in youth, reliable and valid screening and diagnostic instruments that can be adapted to the specific context in which they are used, are required. Here, we assessed the psychometric properties (factorial validity, concurrent validity, and internal consistency) of the Child PTSD Checklist in treatment-seeking youth using secondary data. The scale demonstrated high internal consistency (Cronbach  $\alpha = 0.93$ ). Exploratory factor analysis revealed a three-factor structure (anxiety and avoidance, anger and dissociation, and depressive symptoms) that accounted for 41.9% of the total variance. Concurrent validity was fair between the Child PTSD Checklist and the diagnostic Kiddie Schedule for Affective Disorders and Schizophrenia, Present and Lifetime version when assessing for PTSD. The Child PTSD Checklist seems to be a promising tool for assessing PTSD in trauma-exposed youth in clinic settings. However, further studies are needed to address the checklist's broader utility.

**13. J Trauma Acute Care Surg. 2012 Aug;73(2):462-7; discussion 467-8. doi: 10.1097/TA.0b013e31825ff713.**

Screening for traumatic stress among survivors of urban trauma.

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**OBJECTIVE:** This study piloted the use of the Primary Care PTSD (PC-PTSD) screening tool in an outpatient setting to determine its utility for broader use and to gather data on traumatic stress symptoms among direct (patients) and indirect (families) survivors of traumatic injuries.

**METHODS:** Using the PC-PTSD plus one question exploring openness to seeking help, participants were screened for PTSD in the outpatient clinic of an urban Level 1 trauma center. The survey was distributed during a 23-week period from April to September 2011. The screen was self-administered, a sample of convenience, and participation was voluntary and anonymous.

**RESULTS:** With a response rate of 66%, 307 surveys were completed. Forty-two percent of participants had a positive screen. Patients greater than 30 and 90 days from injury had 1.5 and 1.7 times more positive screens than those less than 30 days. Patients with gunshot wounds were 13 times as likely as those with falls and twice as likely as those in a motor vehicle crash to have a positive screen. Sixty percent of patients with a positive screen noted it would be helpful to talk to someone.

CONCLUSION: The PC-PTSD was an easy to administer screening tool. Patients reported PTSD symptoms at higher rates than previous studies. Patients with gunshot wounds and those injured greater than 30 days from the time of the screen were more likely to report PTSD symptoms. Although males represented 82% of positive screens, there was no statistical difference in PTSD symptoms between male and female participants because of the small number of females represented. Families also reported significant levels of PTSD. Both patients and families may benefit from additional screening and intervention in the early posttrauma period.

**14. Child Adolesc Psychiatr Clin N Am. 2012 Jul;21(3):573-91. Epub 2012 May 30.**  
Posttraumatic stress disorder: shifting toward a developmental framework.

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This article reviews the current classification of posttraumatic stress disorder and its limitations when applied to youth. Distinctions are made between single-event and multiple-event traumas. Diagnosis, neurobiology, treatment development, and treatment outcomes are presented. A summary of current empirical interventions is provided. The authors present implications for future research and for clinical practice.

**15. Child Abuse Negl. 2012 Jun;36(6):528-41. Epub 2012 Jun 30.**  
Trauma-focused CBT for youth with complex trauma.

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OBJECTIVES: Many youth develop complex trauma, which includes regulation problems in the domains of affect, attachment, behavior, biology, cognition, and perception. Therapists often request strategies for using evidence-based treatments (EBTs) for this population. This article describes practical strategies for applying Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for youth with complex trauma.

METHODS: TF-CBT treatment phases are described and modifications of timing, proportionality and application are described for youth with complex trauma. Practical applications include (a) dedicating proportionally more of the model to

the TF-CBT coping skills phase; (b) implementing the TF-CBT Safety component early and often as needed throughout treatment; (c) titrating gradual exposure more slowly as needed by individual youth; (d) incorporating unifying trauma themes throughout treatment; and (e) when indicated, extending the TF-CBT treatment consolidation and closure phase to include traumatic grief components and to generalize ongoing safety and trust.

**RESULTS:** Recent data from youth with complex trauma support the use of the above TF-CBT strategies to successfully treat these youth.

**CONCLUSION:** The above practical strategies can be incorporated into TF-CBT to effectively treat youth with complex trauma.

**PRACTICE IMPLICATIONS:** Practical strategies include providing a longer coping skills phase which incorporates safety and appropriate gradual exposure; including relevant unifying themes; and allowing for an adequate treatment closure phase to enhance ongoing trust and safety. Through these strategies therapists can successfully apply TF-CBT for youth with complex trauma.

**16. J Asthma. 2012 Sep;49(7):724-30. doi: 10.3109/02770903.2012.696169. Epub 2012 Jul 3.**

The relationship between caregivers' post-traumatic stress disorder and their asthma health beliefs in an ethnic minority inner-city sample.

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**OBJECTIVE:** Caregivers' asthma health beliefs can impact healthcare decisions. This study aimed to determine whether caregivers with a diagnosis of post-traumatic stress disorder (PTSD) had asthma illness representations less aligned with the professional model of asthma management and whether their children had worse asthma control.

**METHODS:** Participants were 120 children with asthma (age  $M = 9.25 \pm 1.37$ ) and their caregivers recruited from the Bronx, NY, USA. Participants were Puerto Rican ( $n = 55$ ), African-American ( $n = 30$ ), Afro-Caribbean ( $n = 22$ ), and Mexican ( $n = 13$ ). Caregivers completed: a psychiatric interview to determine diagnosis of PTSD, anxiety and depressive disorders; the Asthma Illness Representation Scale (AIRS) to assess beliefs about their children's asthma; and the childhood asthma control test (C-ACT).

**RESULTS:** One in five caregivers had PTSD, and these caregivers had lower total AIRS scores, lower scores on the AIRS Emotional Aspects of Medication Use subscale, and the AIRS Nature of Symptoms subscale, indicating illness beliefs less aligned with the professional model. Caregivers with PTSD were more likely to perceive asthma as an acute, difficult to control illness and focused on the

emotional aspects of medication use. There was no relationship between PTSD in caregivers and self-report of their children's asthma control, but children with poorly controlled asthma had caregivers with lower total AIRS scores.

**CONCLUSION:** Caregivers' traumatic experiences impact their beliefs about their children's asthma. Future interventions targeting these beliefs could improve the manner in which they understand and treat their children's asthma.

**17. J Womens Health (Larchmt). 2012 Sep;21(9):966-74. doi: 10.1089/jwh.2011.3366. Epub 2012 Jun 25.**

Racial/ethnic differences in depressive symptoms among young women: the role of intimate partner violence, trauma, and posttraumatic stress disorder.

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**PURPOSE:** It is unclear why rates of depression differ by race/ethnicity among young women. This study examines whether racial/ethnic differences in depressive symptoms are reduced by intimate partner violence (IPV), traumatic events, and posttraumatic stress disorder (PTSD) symptoms among a clinical sample of low-income women.

**METHODS:** A cross-sectional sample of 2414 young African American, Hispanic, and white women completed a survey that included questions about depression, PTSD symptoms, IPV, and trauma. Binary logistic regression and Poisson regression determined whether reports of PTSD symptoms, IPV, and trauma among white, African American, and Hispanic women affected the differences in depression found in these groups.

**RESULTS:** Twenty-four percent reported a level of depressive symptoms that warranted further evaluation for major depressive disorders. White women had elevated levels of depressive symptoms and were more likely to report  $\geq 4$  symptoms. White women also reported higher rates of PTSD symptoms, IPV, and traumatic events than African American or Hispanic women. Differences in the likelihood of reporting  $\geq 4$  depressive symptoms by race/ethnicity were reduced after controlling for PTSD symptoms and trauma. PTSD symptoms attenuated the differences in the count of depressive symptoms between white and African American women. After controlling for PTSD symptoms, trauma attenuated the difference in the count of depressive symptoms between Hispanic and white women.

**CONCLUSIONS:** Elevated levels of trauma and PTSD symptoms among white women compared to African American or Hispanic women may play a role in observed racial/ethnic differences in depressive symptoms.

**18. J Trauma Stress. 2012 Jun;25(3):307-14. doi: 10.1002/jts.21701.**

Benefit finding at war: a matter of time.

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Benefit finding, described as one's ability to find benefits from stressful situations, has been hypothesized as a buffer against the negative effects of stress on mental health outcomes. Nonetheless, many have questioned the buffering potential of benefit finding in the face of prolonged and excessive stress such as is found in the combat environment. This study suggests that the length of a combat deployment and benefit finding may impact the relationship between combat exposure and posttraumatic stress disorder (PTSD) symptoms. Surveys were distributed to U.S. enlisted soldiers ( $n = 1,917$ ), officers, and warrant officers ( $n = 163$ ) of various combat and combat support units deployed to Iraq. A significant 3-way interaction ( $sr(2) = .004$ ,  $p < .05$ ) revealed that benefit finding buffered soldiers from increased PTSD symptoms under high levels of combat exposure early in the deployment, but not in later months. These results indicate that although benefit finding may be a useful coping approach during the early phases of deployment, prolonged exposure to stress may diminish a soldier's ability to use benefit finding as a method for coping.

**19. J Trauma Stress. 2012 Jun;25(3):264-71. doi: 10.1002/jts.21704.**

Association between posttraumatic stress, depression, and functional impairments in adolescents 24 months after traumatic brain injury.

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The degree to which postinjury posttraumatic stress disorder (PTSD) and/or depressive symptoms in adolescents are associated with cognitive and functional impairments at 12 and 24 months after traumatic brain injury (TBI) is not yet known. The current study used a prospective cohort design, with baseline assessment and 3-, 12-, and 24-month followup, and recruited a cohort of 228 adolescents ages 14-17 years who sustained either a TBI ( $n = 189$ ) or an isolated arm injury ( $n = 39$ ). Linear mixed-effects regression was used to assess differences in depressive and PTSD symptoms between TBI and arm-injured patients

and to assess the association between 3-month PTSD and depressive symptoms and cognitive and functional outcomes. Results indicated that patients who sustained a mild TBI without intracranial hemorrhage reported significantly worse PTSD (Hedges  $g = 0.49$ ,  $p = .01$ ; Model  $R(2) = .38$ ) symptoms across time as compared to the arm injured control group. Greater levels of PTSD symptoms were associated with poorer school ( $\eta(2) = .07$ ,  $p = .03$ ; Model  $R(2) = .36$ ) and physical ( $\eta(2) = .11$ ,  $p = .01$ ; Model  $R(2) = .23$ ) functioning, whereas greater depressive symptoms were associated with poorer school ( $\eta(2) = .06$ ,  $p = .05$ ; Model  $R(2) = .39$ ) functioning.

**20. Psychoanal Rev. 2012 Jun;99(3):437-47. doi: 10.1521/prev.2012.99.3.437.**  
Film note. Hidden Battles.

Benton RJ.

**21. Disaster Med Public Health Prep. 2012 Jun;6(2):174-81. doi: 10.1001/dmp.2012.22.**  
Toward the way forward: the national children's disaster mental health concept of operations.

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Although increasing evidence suggests that children are at particular risk from disasters and evidence-based practices have been developed to triage and treat them effectively, no strategy or concept of operations linking best practices for disaster response is currently in place. To our knowledge, this report describes the first effort to address this critical gap and outlines a triage-driven children's disaster mental health incident response strategy for seamless preparedness, response, and recovery elements that can be used now. The national children's disaster mental health concept of operations (NCDMH CONOPS) details the essential elements needed for an interoperable, coordinated response for the mental health needs of children by local communities, counties, regions, and states to better meet the needs of children affected by disasters and terrorism incidents. This CONOPS for children proposes the use of an evidence-based, rapid triage system to provide a common data metric to incident response and recovery action and to rationally align limited resources to those at greater need in a population-based approach.

**22. Am J Public Health. 2012 Aug;102(8):1587-93. doi: 10.2105/AJPH.2011.300530. Epub 2012 Jun 14.**

Elevated risk of posttraumatic stress in sexual minority youths: mediation by childhood abuse and gender nonconformity.

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**OBJECTIVES:** We examined whether lifetime risk of posttraumatic stress disorder (PTSD) was elevated in sexual minority versus heterosexual youths, whether childhood abuse accounted for disparities in PTSD, and whether childhood gender nonconformity explained sexual-orientation disparities in abuse and subsequent PTSD.

**METHODS:** We used data from a population-based study (n=9369, mean age=22.7 years) to estimate risk ratios for PTSD. We calculated the percentage of PTSD disparities by sexual orientation accounted for by childhood abuse and gender nonconformity, and the percentage of abuse disparities by sexual orientation accounted for by gender nonconformity.

**RESULTS:** Sexual minorities had between 1.6 and 3.9 times greater risk of probable PTSD than heterosexuals. Child abuse victimization disparities accounted for one third to one half of PTSD disparities by sexual orientation. Higher prevalence of gender nonconformity before age 11 years partly accounted for higher prevalence of abuse exposure before age 11 years and PTSD by early adulthood in sexual minorities (range=5.2%-33.2%).

**CONCLUSIONS:** Clinicians, teachers, and others who work with youths should consider abuse prevention and treatment measures for gender-nonconforming children and sexual minority youths.

**23. J Trauma Stress. 2012 Jun;25(3):315-22. doi: 10.1002/jts.21706. Epub 2012 Jun 12.**

Correlates of posttraumatic stress disorder in forensic psychiatric outpatients in the Netherlands.

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Using a sample of 154 Dutch forensic psychiatric outpatients aged 18-62 years, this study investigated whether risk factors of posttraumatic stress disorder (PTSD), mainly identified in nonforensic research, forensic psychiatric factors,

and potential comorbid mental disorders were associated with PTSD. Data on demographics, victimization during childhood or adolescence, and forensic psychiatric factors were derived from electronic medical records. Mental disorders were assessed using structured psychiatric interviews and consensus diagnoses were established during weekly case consultations. The PTSD rate was 75% in the sample. Whereas the PTSD group was significantly more likely to be older, female, not Dutch, and to have a history of victimization, previously perpetrated family violence, and lower psychosocial and occupational functioning than the non-PTSD group, the latter group had significantly higher rates of psychiatric history, attention-deficit/hyperactivity disorder (ADHD), antisocial personality disorder, drug abuse, and previous repeated nonfamily violence perpetration. Effect sizes ranged from Nagelkerke  $R(2) = .04$  for psychosocial and occupational functioning to Nagelkerke  $R(2) = .70$  for ADHD. This study demonstrated differences between those with and without PTSD in demographic, victim, forensic, and psychological characteristics. Future studies should examine the complexity between early victimization, delinquency patterns, and psychopathology regarding the prediction of PTSD among forensic psychiatric outpatients.

**24. Prehosp Disaster Med. 2012 Jun;27(3):272-9. doi: 10.1017/S1049023X12000702. Epub 2012 Jun 13.**

Issues in the assessment of children's coping in the context of mass trauma.

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Exposure to mass trauma has contributed to increasing concern about the well-being of children, families, and communities. In spite of global awareness of the dramatic impact of mass trauma on youth, little is known about how children and adolescents cope with and adapt to disasters and terrorism. While coping has yet to be fully conceptualized as a unified construct, the process of responding to stress includes recognized cognitive, emotional, and behavioral components. Unfortunately, research on the complex process of adaptation in the aftermath of mass trauma is a relatively recent focus. Further study is needed to build consensus in terminology, theory, methods, and assessment techniques to assist researchers and clinicians in measuring children's coping, both generally and within the context of mass trauma. Advancements are needed in the area of coping assessment to identify internal and external factors affecting children's stress responses. Additionally, enhanced understanding of children's disaster coping can inform the development of prevention and intervention programs to

promote resilience in the aftermath of traumatic events. This article examines the theoretical and practical issues in assessing coping in children exposed to mass trauma, and includes recommendations to guide assessment and research of children's coping within this specialized context.

**25. Bull Menninger Clin. 2012 Spring;76(2):130-46. doi: 10.1521/bumc.2012.76.2.130.**

A preliminary study of the relation between trauma symptoms and emerging BPD in adolescent inpatients.

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The relation between trauma and borderline personality disorder (BPD) has been studied in great detail with adults, but few studies have examined this link in adolescents. Furthermore, virtually nothing is known about how different aspects of trauma relate to BPD and whether trauma symptoms reflect actual trauma history in adolescents diagnosed with BPD. Using a sample of 147 adolescent psychiatric inpatients, the authors examined the concurrent link between trauma symptoms, trauma history, and BPD. Findings suggest that adolescents with BPD are more likely than their non-BPD counterparts to have a history of sexual trauma and to report sexual concerns. However, the link between BPD and sexual concerns is not completely explained by increased sexual trauma history in the BPD group, indicating that there is some relation between BPD and sexual concerns independent of trauma history. These findings are discussed within an attachment framework. The preliminary nature of this study is noted and used as the basis for encouraging future research in the area.

**26. J Trauma Stress. 2012 Jun;25(3):280-7. doi: 10.1002/jts.21692. Epub 2012 Jun 8.**

Differences in posttraumatic stress reactions between witnesses and direct victims of motor vehicle accidents.

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The present study describes posttraumatic stress reactions in young witnesses of motor vehicle accidents (MVAs). This study investigated (a) whether witnesses of MVAs report fewer trauma symptoms than direct victims, but more than adolescents who were never exposed to an MVA; and (b) whether individual differences in sex,

negative appraisal, avoidant coping, and social support account for variability in trauma symptoms beyond status as a witness as compared to a victim. Self-report data came from a community-based sample of 3,007 adolescents with an average age of 14.6 years and comprising 53% boys. Compared to direct victims of an MVA in which someone was injured, witnesses of MVAs with injury reported significantly less internalizing symptoms, such as symptoms of posttraumatic stress ( $d = 0.25$ ), fear ( $d = 0.21$ ), and depression ( $d = 0.17$ ). Compared to adolescents who were never exposed to an MVA with injury, witnesses reported significantly more externalizing symptoms ( $d = 0.24$ ). In multiple regression analyses the significant difference between witnesses and victims disappeared when sex, other stressful events, appraisals, and coping were added to the model. These findings suggest that adolescent witnesses, as well as direct victims, may be at risk for posttraumatic reactions.

**27. J Trauma Stress. 2012 Jun;25(3):299-306. doi: 10.1002/jts.21708. Epub 2012 Jun 8.**

What can multiwave studies teach us about disaster research: an analysis of low-income Hurricane Katrina survivors.

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Previous research on natural disasters has been limited by a lack of predisaster data and statistical analyses that do not adequately predict change in psychological symptoms. In the current study, we addressed these limitations through analysis of 3 waves of data from a longitudinal investigation of 313 low-income, African American mothers who were exposed to Hurricane Katrina. Although postdisaster cross-sectional estimates of the impact of traumatic stress exposure and postdisaster social support on postdisaster psychological distress were somewhat inflated, the general trends persisted when controlling for predisaster data ( $B = 0.88$  and  $-0.33$ , vs.  $B = 0.81$  and  $-0.27$ , respectively). Hierarchical linear modeling of the 3 waves of data revealed that lower predisaster social support was associated with higher psychological distress at the time of the disaster ( $\beta = -.16$ ), and that higher traumatic stress exposure was associated with greater increases in psychological distress after the storm ( $\beta = .86$ ). Based on the results, we suggest that the impact of traumatic stress on psychological trajectories cannot be accounted for solely by preexisting risk, and recommend more complex research designs to further illuminate the complex, dynamic relationships between psychological distress, traumatic stress exposure, and social support.

**28. J Occup Environ Med. 2012 Jun;54(6):670-6. doi: 10.1097/JOM.0b013e318255ba57.**

Organizational psychosocial factors and deployment-related exposure concerns in Afghanistan/Iraq War veterans.

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**OBJECTIVE:** Environmental exposure concerns are associated with adverse health outcomes in soldiers deployed to South West Asia. There is little data on factors associated with the reporting of exposure concerns. We explored the relationship between deployment-related preparedness/support and exposure concerns.

**METHODS:** Retrospective chart review of 489 Afghanistan/Iraq veterans evaluated at a Veterans Affairs tertiary center for postdeployment health.

**RESULTS:** Virtually all subjects were concerned about environmental exposure(s). There were no significant demographic differences in exposure concerns, preparedness/support variables, or both. Preparedness/support correlated inversely with exposure concerns. Mental health function mediated the relationship between preparedness/support and exposure concerns.

**CONCLUSIONS:** Deployment-related preparedness/support is associated with exposure concerns and mental health functioning. Definitive studies will provide data and insight on how the military may better prepare/support soldiers to optimize their resilience and reduce deployment-related exposure concerns.

**29. Behav Cogn Psychother. 2012 Jul;40(4):400-11. doi: 10.1017/S1352465812000112.**

Cognitive and non-cognitive factors associated with posttraumatic stress symptoms in mothers of children with type 1 diabetes.

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**BACKGROUND:** The experience of having a child diagnosed with type 1 diabetes mellitus (T1DM) can negatively impact on the mother's well-being and trigger posttraumatic stress symptoms. To date, only one study has examined the role of non-cognitive factors in predicting the occurrence of PTSD in parents of children diagnosed with diabetes. However, in the broader PTSD literature it has been shown that both non-cognitive variables and cognitive variables predict PTSD in traumatized populations.

**AIMS:** The current study aimed to investigate the relationship of both non-cognitive (trauma severity, psychiatric history and social support) and

cognitive variables (negative cognitive appraisals and dysfunctional cognitive appraisals) with PTSD in mothers of children recently diagnosed with diabetes. METHOD: A single group survey design and self-report questionnaires were used to investigate the relationship between both non-cognitive (trauma severity, psychiatric history and history of trauma, and social support) and cognitive factors (negative cognitive appraisals and dysfunctional strategies) and PTSD symptoms in mothers of children who had been diagnosed with type 1 diabetes in the last 5 years.

RESULTS: All cognitive variables were positively associated with PTSD symptoms. In contrast, of the non-cognitive variables, only social support was significantly (negatively) associated with PTSD symptoms. Moreover, regression analysis found that cognitive variables explained variance in PTSD symptoms over and above that contributed by the non-cognitive variables.

CONCLUSIONS: This supports the cognitive model of PTSD. The implications of the study with regards to early detection of and therapies for PTSD in this population are discussed.

**30. Trauma Violence Abuse. 2012 Jul;13(3):153-66. doi: 10.1177/1524838012447698. Epub 2012 Jun 4.**

Factors related to posttraumatic stress disorder in adolescence.

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Studies of posttraumatic stress disorder (PTSD) in adolescence published from 2000 to 2011 indicate that adolescents are at greater risk of experiencing trauma than either adults or children, and that the prevalence of PTSD among adolescents is 3-57%. Age, gender, type of trauma, and repeated trauma are discussed as factors related to the increased rates of adolescent PTSD. PTSD in adolescence is also associated with suicide, substance abuse, poor social support, academic problems, and poor physical health. PTSD may disrupt biological maturational processes and contribute to the long-term emotion and behavior regulation problems that are often evident in adolescents with the disorder. Recommendations are presented for practice and research regarding the promotion of targeted prevention and intervention services to maximize adolescents' strengths and minimize vulnerabilities. Public policy implications are discussed.

**31. Croat Med J. 2012 Jun;53(3):244-53.**

Parental involvement in the war in Croatia 1991-1995 and suicidality in Croatian male adolescents.

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**AIM:** To investigate the association between parental war involvement and different indicators of psychosocial distress in a community sample of early adolescents ten years after the war in Croatia 1991-1995.

**METHODS:** A total of 695 adolescents were screened with a self-report questionnaire assessing parental war involvement, sociodemographic characteristics, and alcohol and drug consumption. Personality traits were assessed with the Junior Eysenck Personality Questionnaire; depressive symptoms with the Children's Depression Inventory (CDI); and unintentional injuries, physical fighting, and bullying with the World Health Organization survey Health Behavior in School-aged Children. Suicidal ideation was assessed with three dichotomous items. Suicidal attempts were assessed with one dichotomous item.

**RESULTS:** Out of 348 boys and 347 girls who were included in the analysis, 57.7% had at least one veteran parent. Male children of war veterans had higher rates of unintentional injuries (odds ratio [OR], 1.2; 95% confidence interval [CI], 0.56 to 2.63) and more frequent affirmative responses across the full suicidal spectrum (thoughts about death - OR, 2.1; 95% CI, 1.02 to 4.3; thoughts about suicide - OR, 5; 95% CI, 1.72 to 14.66; suicide attempts - OR, 3.6; 95% CI, 1.03 to 12.67). In boys, thoughts about suicide and unintentional injuries were associated with parental war involvement even after logistic regression. However, girls were less likely to be affected by parental war involvement, and only exhibited signs of psychopathology on the CDI total score.

**CONCLUSION:** Parental war involvement was associated with negative psychosocial sequels for male children. This relationship is possibly mediated by some kind of identification or secondary traumatization. Suicidality and unintentional injuries are nonspecific markers for a broad range of psychosocial distresses, which is why the suggested target group for preventive interventions should be veteran parents as vectors of this distress.

**32. J Trauma Dissociation. 2012 Jul;13(4):421-34. doi: 10.1080/15299732.2011.652344.**

Life history interviews with 11 boys diagnosed with attention-deficit/hyperactivity disorder who had sexually offended: a sad storyline.

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Little is known of the possible relationship between a diagnosis of attention-deficit/hyperactivity disorder (ADHD) and sexually offensive behavior in adolescents. Our aim was to understand how adolescents with ADHD who had sexually offended described their childhood experiences and spoke about their diagnostic symptoms. The boys' early lives and relations were unpredictable, and emotional, physical, and sexual limits had been crossed. However, many boys saw themselves or their diagnosis, rather than their parents, school, or "society," as the underlying cause of their behavior. They used different strategies, for example repressing memories or regarding traumatic experiences as normal, to manage their lives. Most boys had difficulty with emotions and expressed sadness or frustration through anger. They spoke of being inattentive and restless in school and impulsive before and during their sexual offenses. The psychiatric assessment was described as a "messy" experience that strengthened their belief that something was wrong with them. Some had incorporated neuropsychiatric language into otherwise limited vocabularies and tended to use their diagnostic symptoms to excuse their offenses. The focus in the assessment on the boys themselves and their behaviors may darken their understandings of themselves, their experiences of abuse, and the offenses they have committed. Further research is needed into the possible consequences of a diagnosis of ADHD on adolescents' self-image and sense of self-control.

**33. J Trauma Stress. 2012 Jun;25(3):288-98. doi: 10.1002/jts.21707. Epub 2012 May 30.**

Intervention effectiveness among war-affected children: a cluster randomized controlled trial on improving mental health.

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We examined the effectiveness of a psychosocial intervention in reducing mental health symptoms among war-affected children, and the role of peritraumatic dissociation in moderating the intervention impact on posttraumatic stress symptoms (PTSS). School classes were randomized into intervention (n = 242) and waitlist control (n = 240) conditions in Gaza, Palestine. The intervention group participated in 16 extracurriculum sessions of teaching recovery techniques (TRT) and the controls received normal school-provided support. Participants were 10- to 13-year-old Palestinian girls (49.4%) and boys (50.6%). Data on PTSS, depressive symptoms, and psychological distress were collected at baseline (T1), postintervention (T2), and 6-month follow-up (T3). Peritraumatic dissociation was assessed only at baseline. Regression analyses that took regression to the mean and cluster sampling into account were applied. The results on intervention effectiveness were specific to gender and peritraumatic dissociation. At T2, the

intervention significantly reduced the proportion of clinical PTSS among boys, and both the symptom level ( $R^2 = .24$ ), and proportion of clinical PTSS among girls who had a low level of peritraumatic dissociation. The results have implications for risk-specific tailoring of psychosocial interventions in war conditions.

**34. ScientificWorldJournal. 2012;2012:181847. doi: 10.1100/2012/181847. Epub 2012 Apr 19.**

Cognitive-behavioral therapy versus other PTSD psychotherapies as treatment for women victims of war-related violence: a systematic review.

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Although war-trauma victims are at a higher risk of developing PTSD, there is no consensus on the effective treatments for this condition among civilians who experienced war/conflict-related trauma. This paper assessed the effectiveness of the various forms of cognitive-behavioral therapy (CBT) at lowering PTSD and depression severity. All published and unpublished randomized controlled trials studying the effectiveness of CBT at reducing PTSD and/or depression severity in the population of interest were searched. Out of 738 trials identified, 33 analysed a form of CBTs effectiveness, and ten were included in the paper. The subgroup analysis shows that cognitive processing therapy (CPT), culturally adapted CPT, and narrative exposure therapy (NET) contribute to the reduction of PTSD and depression severity in the population of interest. The effect size was also significant at a level of 0.01 with the exception of the effect of NET on depression score. The test of subgroup differences was also significant, suggesting CPT is more effective than NET in our population of interest. CPT as well as its culturally adapted form and NET seem effective in helping war/conflict traumatised civilians cope with their PTSD symptoms. However, more studies are required if one wishes to recommend one of these therapies above the other.

**35. J Trauma Stress. 2012 Jun;25(3):272-9. doi: 10.1002/jts.21700. Epub 2012 May 21.**

"Nothing really matters": emotional numbing as a link between trauma exposure and callousness in delinquent youth.

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This study investigated the interrelations among trauma exposure, emotional numbing, and callous-unemotional traits in a sample of 276 youth (68 girls and 208 boys) recruited from 2 juvenile detention centers. Youth completed interview measures of trauma exposure and betrayal trauma, as well as self-report measures of emotional numbing and callous-unemotional traits. Results of path analyses using nonparametric bootstrapping procedures indicated findings consistent with the hypothesis that the association between trauma exposure and callous-unemotional traits was mediated by the general numbing of emotions,  $R(2) = .40$ , and also specifically by numbing of sadness,  $R(2) = .27$ . In addition, further analyses indicated that numbing of fear,  $R(2) = .18$ , and sadness,  $R(2) = .26$ , statistically mediated the relations to callous-unemotional traits only for those traumatic experiences involving betrayal. Gender was not found to moderate these effects.

**36. PLoS One. 2012;7(5):e36304. doi: 10.1371/journal.pone.0036304. Epub 2012 May 14.**

Prevalence of psychological trauma and association with current health and functioning in a sample of HIV-infected and HIV-uninfected Tanzanian adults.

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**BACKGROUND:** In high income nations, traumatic life experiences such as childhood sexual abuse are much more common in people living with HIV/AIDS (PLWHA) than the general population, and trauma is associated with worse current health and functioning. Virtually no data exist on the prevalence or consequences of trauma for PLWHA in low income nations.

**METHODOLOGY/PRINCIPAL FINDINGS:** We recruited four cohorts of Tanzanian patients in established medical care for HIV infection ( $n=228$ ), individuals newly testing positive for HIV ( $n=267$ ), individuals testing negative for HIV at the same sites ( $n=182$ ), and a random sample of community-dwelling adults ( $n=249$ ). We assessed lifetime prevalence of traumatic experiences, recent stressful life events, and current mental health and health-related physical functioning. Those with established HIV infection reported a greater number of childhood and lifetime traumatic experiences (2.1 and 3.0 respectively) than the community cohort (1.8 and 2.3). Those with established HIV infection reported greater post-traumatic stress disorder (PTSD) symptomatology and worse current health-related physical functioning. Each additional lifetime traumatic experience was associated with increased PTSD symptomatology and worse functioning.

**CONCLUSIONS/SIGNIFICANCE:** This study is the first to our knowledge in an HIV population from a low income nation to report the prevalence of a range of potentially traumatic life experiences compared to a matched community sample and to show that trauma history is associated with poorer health-related physical functioning. Our findings underscore the importance of considering psychosocial characteristics when planning to meet the health needs of PLWHA in low income countries.

**37. J Clin Child Adolesc Psychol. 2012;41(4):402-16. doi: 10.1080/15374416.2012.684274. Epub 2012 May 17.**

Exposure to political conflict and violence and posttraumatic stress in Middle East youth: protective factors.

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We examine the role of family- and individual-level protective factors in the relation between exposure to ethnic-political conflict and violence and posttraumatic stress among Israeli and Palestinian youth. Specifically, we examine whether parental mental health (lack of depression), positive parenting, children's self-esteem, and academic achievement moderate the relation between exposure to ethnic-political conflict/violence and subsequent posttraumatic stress (PTS) symptoms. We collected three waves of data from 901 Israeli and 600 Palestinian youths (three age cohorts: 8, 11, and 14 years old; approximately half of each gender) and their parents at 1-year intervals. Greater cumulative exposure to ethnic-political conflict/violence across the first 2 waves of the study predicted higher subsequent PTS symptoms even when we controlled for the child's initial level of PTS symptoms. This relation was significantly moderated by a youth's self-esteem and by the positive parenting received by the youth. In particular, the longitudinal relation between exposure to violence and subsequent PTS symptoms was significant for low self-esteem youth and for youth receiving little positive parenting but was non-significant for children with high levels of these protective resources. Our findings show that youth most vulnerable to PTS symptoms as a result of exposure to ethnic-political violence are those with lower levels of self-esteem and who experience low levels of positive parenting. Interventions for war-exposed youth should test whether boosting self-esteem and positive parenting might reduce subsequent levels of PTS symptoms.

**38. Soc Sci Med. 2012 Aug;75(3):548-54. doi: 10.1016/j.socscimed.2012.03.028. Epub 2012 Apr 21.**

Haunted by ghosts: prevalence, predictors and outcomes of spirit possession experiences among former child soldiers and war-affected civilians in Northern Uganda.

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Phenomena of spirit possession have been documented in many cultures. Some authors have argued that spirit possession is a type of psychopathology, and should be included as a category in diagnostic manuals of mental disorders. However, there are hardly any quantitative studies that report the prevalence of spirit possession on a population level and that provide evidence for its validity as a psychopathological entity. In an epidemiological study that was carried out in 2007 and 2008 with N = 1113 youths and young adults aged between 12 and 25 years in war-affected regions of Northern Uganda we examined the prevalence, predictors and outcomes of cen, a local variant of spirit possession. Randomly selected participants were interviewed using a scale of cen, measures of psychopathology (PTSD and depression) as well as indicators of functional outcome on different levels, including suicide risk, daily activities, perceived discrimination, physical complaints and aggression. We found that cen was more common among former child soldiers than among subjects without a history of abduction. Cen was related to extreme levels of traumatic events and uniquely predicted functional outcome even when the effects of PTSD and depression were controlled for. Our findings show that a long-lasting war that is accompanied by the proliferation of spiritual and magical beliefs and propaganda can lead to high levels of harmful spirit possession. In addition, we provide evidence for the incremental validity of spirit possession as a trauma-related psychological disorder in this context.

**39. J Psychiatr Res. 2012 Jul;46(7):933-9. doi: 10.1016/j.jpsychires.2012.04.002. Epub 2012 May 8.**

Pre-trauma verbal ability at five years of age and the risk of post-traumatic stress disorder in adult males and females.

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Previous studies have shown that high cognitive ability, measured in childhood and prior to the experience of traumatic events, is protective of PTSD development. Our aim was to test if the association between pre-trauma verbal ability ascertained at 5 years with DSM-IV lifetime post-traumatic stress disorder (PTSD) at 21 years was subject to effect modification by gender, trauma type or prior behaviour problems. Using a prospective birth cohort of young Australians, we found that both trauma type and behaviour problems did not change the association between cognitive ability and PTSD. During multivariate analysis, testing for the interactive effect of gender revealed that verbal ability was linearly and inversely associated with PTSD in females only, with those in the lowest verbal ability quintile having strongly increased odds of PTSD (OR=3.89: 95% CI; 1.50, 10.10) compared with those in the highest quintile. A graph of the interaction revealed lower verbal ability placed females, but not males, at an increased risk of PTSD. Our results indicate that lower verbal ability in early childhood is a vulnerability factor for PTSD in females but not in males, and may constitute a gender-specific risk factor responsible for part of the increased risk of PTSD found in females compared with males.

**40. Sleep Med. 2012 Jun;13(6):752-8. doi: 10.1016/j.sleep.2012.02.014. Epub 2012 Apr 28.**

Associations between Pittsburgh Sleep Quality Index factors and health outcomes in women with posttraumatic stress disorder.

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**OBJECTIVE:** The Pittsburgh Sleep Quality Index (PSQI) is a widely used measure of subjective sleep disturbance in clinical populations, including individuals with posttraumatic stress disorder (PTSD). Although the severity of sleep disturbance is generally represented by a global symptom score, recent factor analytic studies suggest that the PSQI is better characterized by a two- or three-factor model than a one-factor model. This study examined the replicability of two- and three-factor models of the PSQI, as well as the relationship between PSQI factors and health outcomes, in a female sample with PTSD.

**METHODS:** The PSQI was administered to 319 women with PTSD related to sexual or physical assault. Confirmatory factor analyses tested the relative fit of one-, two-, and three-factor solutions. Bivariate correlations were performed to examine the shared variance between PSQI sleep factors and measures of PTSD, depression, anger, and physical symptoms.

**RESULTS:** Confirmatory factor analyses supported a three-factor model with Sleep Efficiency, Perceived Sleep Quality, and Daily Disturbances as separate indices of sleep quality. The severity of symptoms represented by the PSQI factors was positively associated with the severity of PTSD, depression, and physical symptoms. However, these health outcomes correlated as much or more with the global PSQI score as with PSQI factor scores.

**CONCLUSIONS:** These results support the multidimensional structure of the PSQI. Despite this, the global PSQI score has as much or more explanatory power as individual PSQI factors in predicting health outcomes.

**41. Res Dev Disabil. 2012 Sep-Oct;33(5):1560-5. Epub 2012 Apr 21.**

Neurodevelopmental problems in maltreated children referred with indiscriminate friendliness.

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We aimed to explore the extent of neurodevelopmental difficulties in severely maltreated adopted children. We recruited 34 adopted children, referred with symptoms of indiscriminate friendliness and a history of severe maltreatment in their early childhood and 32 typically developing comparison children without such a history, living in biological families. All 66 children, aged 5-12 years, underwent a detailed neuropsychiatric assessment. The overwhelming majority of the adopted/indiscriminately friendly group had a range of psychiatric diagnoses, including Attention Deficit Hyperactivity Disorder (ADHD), Post-Traumatic Stress Disorder (PTSD) and Reactive Attachment Disorder (RAD) and one third exhibited the disorganised pattern of attachment. The mean IQ was 15 points lower than the comparison group and the majority of the adopted group had suspected language disorder and/or delay. Our findings show that school-aged adopted children with a history of severe maltreatment can have very complex and sometimes disabling neuropsychiatric problems.

**42. Biol Psychol. 2012 Jul;90(3):224-7. Epub 2012 Mar 28.**

Autonomic and cortical reactivity in acute and chronic posttraumatic stress.

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This study investigated attention (P300 amplitude) and orienting (skin conductance amplitude) to auditory tones in a standard oddball task in early trauma-exposed groups (Acute Stress Disorder: ASD) (n=12) or no ASD (n=13), compared to individuals with chronic posttraumatic stress disorder (PTSD) (n=17) and non-trauma-exposed controls (n=17). Individuals with ASD displayed significantly higher SCR and P3 amplitudes to target tones than individuals with PTSD, non-traumatized controls, and traumatized controls. These findings suggest that attention and orienting responses are greater to neutral, task-relevant target tones in ASD than PTSD and traumatized and non-traumatized controls.

**43. J Psychiatr Res. 2012 Jun;46(6):790-6. doi: 10.1016/j.jpsychires.2012.02.006. Epub 2012 Mar 16.**

Temporal analysis of heart rate variability as a predictor of post traumatic stress disorder in road traffic accidents survivors.

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**BACKGROUND:** Road Traffic Accidents (RTA) are most probably the leading cause of post traumatic stress disorder (PTSD) in developed countries. The autonomic nervous system (ANS) disturbances, due to psychological trauma, are part of the pathophysiology of PTSD. The aim of the present study was to determine whether early heart rate variability (HRV) measurement, a biomarker of the ANS function, could act as a predictor of PTSD development after a RTA.

**METHODS:** We prospectively investigated 35 survivors of RTA with both physical injury and psychological trauma. HRV data were obtained from 24-h Holter ECG monitoring, which was performed on the second day after the accident. Time domain analysis was applied to the inter-beat (RR) interval time series to calculate the various parameters of HRV. PTSD status was assessed 2 and 6 months after RTA.

**RESULTS:** There was a global diminution of HRV measurements in the PTSD group at both 2 and 6 months. The variability index was the best predictor of PTSD with the area under the receiveroperating curve for discriminating PTSD at 6 months at 0.92 (95% CI: 0.785; 1.046). A cut-off at 2.19% yielded a sensitivity of 85.7% and a specificity of 81.8% for PTSD. Positive and negative predictive values were respectively 75% and 90%. However, initial heart rate (HR) data were relevant at 2 months but not at 6 months.

**CONCLUSION:** RTA survivors exhibiting lower parasympathetic modulation of HR, indexed by temporal analysis of HRV, are more susceptible to developing PTSD as a short and long-term outcome.

**44. J Interpers Violence. 2012 Jul;27(10):2039-61. doi: 10.1177/0886260511431440. Epub 2012 Feb 10.**

Self-worth as a mediator between attachment and posttraumatic stress in interpersonal trauma.

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It is well documented that most trauma survivors recover from adversity and only a number of them go on to develop posttraumatic stress disorder (PTSD). In addition, survivors of interpersonal trauma (IPT) appear to be at heightened risk for developing PTSD in comparison to survivors of noninterpersonal trauma (NIPT). Despite a robust association between IPT exposure and attachment disruptions, there is a dearth of research examining the role of attachment-related processes implicated in predicting PTSD. Using a sample of college undergraduates exposed to IPT and NIPT, this study explores the mediating effect of self-worth in the relationship between attachment and PTSD. It is hypothesized that insecure attachment will be related to posttraumatic symptomatology via a reduced sense of self-worth in IPT survivors but not in NIPT survivors. Mediation analyses provide support for this hypothesis, suggesting the importance of considering negative cognitions about the self in therapeutic interventions, particularly those offered to IPT survivors.

**45. J Child Psychol Psychiatry. 2012 Jul;53(7):767-74. doi: 10.1111/j.1469-7610.2011.02520.x. Epub 2011 Dec 29.**

The mutual prospective influence of child and parental post-traumatic stress symptoms in pediatric patients.

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**BACKGROUND:** Previous studies found notable rates of post-traumatic stress symptoms (PTSS) and post-traumatic stress disorder (PTSD) in pediatric patients and their parents and suggest a significant association between child and parent PTSS. However, little is known about mutual influences between child and parental PTSS over time. This study prospectively examined the presence of PTSS and PTSD and the mutual influence of child and parental PTSS in a large sample of pediatric patients with different medical conditions.

**METHODS:** A total of 287 children (aged 6.5-16 years) and their mothers

(n = 239) and fathers (n = 221) were assessed at 5-6 weeks and 1 year after an accident or a new diagnosis of cancer or diabetes mellitus type 1 in the child.

**RESULTS:** At the first assessment 11.1% and at the second assessment 10.2% of the children had moderate to severe PTSS. At 5-6 weeks 29.3% of mothers and 18.6% of fathers met criteria for PTSD. At 1 year the rates were 14.6% for mothers and 7.9% for fathers. There were considerable differences of PTSS among different medical diagnostic groups in children and parents. Mothers were more vulnerable than fathers. Structural equation analysis revealed that initially high PTSS in mothers and fathers were longitudinally related to poorer recovery from PTSS in the child. Cross-lagged effects from the child to the parents and from one parent to the other were not significant.

**CONCLUSIONS:** This study highlights the long-term influence of parental PTSS on the child's recovery after trauma and calls for a family systems approach and for early interventions in the treatment of traumatized pediatric patients.

**46. J Affect Disord. 2012 Feb;136(3):238-43. Epub 2011 Dec 29.**

Assessment of prevalence and determinants of posttraumatic stress disorder in survivors of earthquake in Pakistan using Davidson Trauma Scale.

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**INTRODUCTION:** Pakistan's 2005 earthquake claimed almost 87,000 lives and displaced millions. The present study sought to assess PTSD prevalence among earthquake survivors, to evaluate its determinants, and to identify protective factors that suggest future interventions in the aftermath of disasters.

**METHODS:** In a cross-sectional survey, three districts were selected based on their proximity to the epicenter and the presence, accessibility, and security of refugees, 300 earthquake survivors were enrolled.

**RESULTS:** Analysis revealed that after 30 months, PTSD prevalence was high. Being female, older, unmarried, head of the family, and currently unemployed and having low income and living in temporary housing confer higher risks of PTSD. Having a high social capital and religious inclination seem to have protective, buffer effect and increase resilience against PTSD.

**CONCLUSION:** This is the first post-quake study in Pakistan that has utilized, adapted and validated Davidson Trauma Scale in the local context. Results imply the significance of continued psychological support, of drawing on resilience factors in PTSD management. Implications and directions for future research are discussed.

**47. Rev Bras Psiquiatr. 2011 Dec;33(4):379-84.**

Can countertransference at the early stage of trauma care predict patient dropout of psychiatric treatment?

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**OBJECTIVES:** To investigate the association between feelings of countertransference (CT) at the early psychiatric care provided to trauma victims and treatment outcome.

**METHOD:** The Assessment of Countertransference Scale was used to assess CT after the first medical appointment. Fifty psychiatric residents cared for 131 trauma victims of whom 83% were women, aged 15 to 64 years. Patients had been consecutively selected over 4 years. Were evaluated the clinical and demographic characteristics of patients and the correlation with the therapists' CT feelings. Patients were followed-up during treatment to verify the association between initial CT and treatment outcome, defined as discharge and dropout.

**RESULTS:** The median number of appointments was 5 [4; 8], absences 1 [0; 1], and the dropout rate was 34.4%. Both groups, namely the discharge group and the dropout group, shared similar clinical and demographic characteristics. A multivariate analysis identified that patients with a reported history of childhood trauma were 61% less likely to dropout from treatment than patients with no reported history of childhood trauma (OR = 0.39,  $p = 0.039$ , CI95% 0.16-0.95). There was no association between initial CT and treatment outcome.

**CONCLUSIONS:** In this sample, CT in the initial care of trauma victims was not associated with treatment outcome. Further studies should assess changes in CT during treatment, and how such changes impact treatment outcome.

**48. Community Ment Health J. 2012 Aug;48(4):511-21. doi: 10.1007/s10597-011-9439-0. Epub 2011 Oct 13.**

Predictors of mental health service utilisation in a non-treatment seeking epidemiological sample of Australian adults.

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This study sought to replicate Parslow and Jorm's (Aust N Z J Psychiatry 34(6): 997-1008, 2000) research on need, enabling and predisposing factors as predictors of mental health service use, with the addition of childhood trauma as a predisposing factor. It utilised a non-treatment seeking epidemiological sample

of Australian adults (N = 822) to examine 25 variables covering psychiatric disorder, socio-demographics, physical health problems, and childhood trauma as predictors of mental health visits to general practitioners (GP's), mental health specialists and non-mental health specialists. A consistent multivariate predictor of mental health visits to all types of professionals was psychological distress. Presence of an affective disorder, age, and number of health problems were additional predictors of visiting a GP. Being female, divorced, and exposure to childhood trauma predicted use of a mental health specialist, while rural living was associated with lower use of these services. Results highlight the importance of general psychological distress and need factors in seeking help for mental health, and reinforce the lifelong disadvantage arising from adverse childhood experiences and the need to address these issues in adult mental health services.

**49. Anxiety Stress Coping. 2012 Jul;25(4):443-55. doi: 10.1080/10615806.2011.618224.**

**Epub 2011 Oct 13.**

Search for a curvilinear relationship between the sense of coherence and the intensity of PTSD in MVA survivors.

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The relationship between the sense of coherence (SOC) and the intensity of posttraumatic stress disorder (PTSD) was examined in order to determine its nature and to resolve the inconsistencies between (1) a growing body of empirical research that indicates a linear relationship between these variables, and (2) the schema-based theories of PTSD that suggest a curvilinear relationship between cognitions and the intensity of PTSD. In this cross-sectional study an attempt was also made to identify some psychological factors that moderate this relationship. Participants were a sample of 1132 motor vehicle accident (MVA) survivors. The results showed that gender and temperamental predisposition to PTSD constituted moderator variables of the relationship between SOC and the intensity of PTSD. This supported both the empirical evidence on the linear and negative relationship between SOC and the intensity of PTSD and the theories that postulated the curvilinear relationship.

**50. Laterality. 2011 Jul;16(4):401-22. doi: 10.1080/13576501003702655.**

Dichotic listening performance suggests right hemisphere involvement in PTSD.

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The present study focuses on language laterality as measured with dichotic listening (DL) to consonant-vowel syllables (CV syllables) in refugees with post-traumatic stress disorder (PTSD). PTSD is associated with impaired callosal transfer and with increased right hemisphere activation and impaired executive skills that could influence the processing of dichotic stimuli. A total of 22 participants with PTSD were compared to 23 participants without a diagnosis of PTSD. All participants had similar experiences of acts of war and political violence. They were tested with dichotic listening to CV syllables with free recall and directed attention following the forced attention paradigm. The PTSD group showed increased right ear advantage due to impaired left ear reporting and also smaller attention modulation compared to the control group, and the performance shared variance with self-report measures of arousal and intrusive memories. The results are discussed towards a model of impaired functionality of the frontal lobe and right hemisphere versus impaired callosal transfer, both yielding predictions for the processing of the left ear input and the ability to attention modulation of the performance.