

November, 2012 PILOTS Topic Alert

Record 1 of 32

TI: Title

Coping skills, mental disorders, and suicide among rural youths in China

AU: Author

Li, Ziyao; Zhang, Jie

AF: Affiliation

School of Public Health, Shandong University, Jinan, Shandong, China; Shandong Center for Disease Control and Prevention, Jinan, Shandong, China; Department of Sociology, College at Buffalo, State University of New York, Buffalo NY, USA

SO: Source

Journal of Nervous and Mental Disease, vol. 200, no. 10, pp. 885-890, October 2012.

AB: Abstract

The strain theory of suicide postulates that psychological strains usually precede mental disorders including suicidal behavior. Lack of coping skills is one of the four strains. This article focuses on the effect of lack of coping skills on individual mental disorders and suicide. Data including 392 suicide cases and 416 community-living controls were from a large psychological autopsy study conducted in rural China. The Hamilton Depression Rating Scale and the Structured Clinical Interview for DSM-III-R were used for the diagnosis of mental disorders. Coping skills were measured by the Coping Response Inventory. The logical analysis and cognitive avoidance coping skills were negatively associated with mental disorders, whereas the taking problem-solving action and acceptance/resignation coping skills were positively associated with mental disorders. This study supports the hypothesis that lack of coping skills to certain strains is likely to lead to mental disorders and suicidal behavior. Improving people's coping strategies may be an effective way to lower the prevalence of mental disorders and suicide.

RL: Resource Location

<http://dx.doi.org/10.1097/NMD.0b013e31826b6ecc>

Record 2 of 32

TI: Title

Peritraumatic dissociation and peritraumatic emotional predictors of PTSD in Latino youth: results from the Hispanic Family Study

AU: Author

Vásquez, Desi Alonzo; De Arellano, Michael A; Reid-Quiñones, Kathryn; Bridges, Ana J; Rheingold, Alyssa A; Stocker, Ryan P J; Danielson, Carla Kmett

AF: Affiliation

Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston SC, USA; Department of Psychology, University of Arkansas, Fayetteville AR, USA; Department of Counseling Psychology, Chatham University, Pittsburgh PA, USA

SO: Source

Journal of Trauma and Dissociation, vol. 13, no. 5, pp. 509-525, October-December 2012.

AB: Abstract

This is the 1st study to examine peritraumatic dissociation and peritraumatic emotions as they predict symptoms and diagnosis of PTSD in Latino youth. Our aim was to test the hypothesis that the degree of peritraumatic dissociation would predict the number of PTSD symptoms and PTSD clinical diagnosis when the influences of other salient factors were statistically controlled. We also explored the possible contributions of peritraumatic emotional responses to PTSD symptomatology and PTSD diagnosis. We expected that peritraumatic dissociation would emerge as a significant predictor of PTSD. A total of 204 Latino youth (mean age = 12.37 years) completed semistructured individual clinical interviews with bilingual research assistants. These interviews assessed trauma exposure, peritraumatic responses, and current psychopathology. A linear regression analysis demonstrated significant relationships between lifetime number of traumatic events, peritraumatic dissociation, shame, and number of PTSD symptoms endorsed. Significant inverse (protective) relationships were demonstrated between anger and guilt and current PTSD symptomatology. Logistic regression analysis demonstrated significant relationships between peritraumatic dissociation, shame, lifetime number of traumatic events experienced, and PTSD diagnosis. The analyses examined both the number of PTSD symptoms as well as diagnosis of PTSD while simultaneously controlling for age, lifetime exposure to traumatic events, time residing in the United States, and gender. These results support an increasingly robust body of empirical

literature suggesting that the peritraumatic dissociative and emotional responses to trauma are important predictors of future PTSD diagnosis. Possible cultural factors contributing to the dissociative responses in Latino youth and clinical implications are discussed.

RL: Resource Location

<http://dx.doi.org/10.1080/15299732.2012.678471>

Record 3 of 32

TI: Title

Dissociative and psychotic experiences of adolescents admitted to a psychiatric inpatient unit

AU: Author

Goren, Jessica; Phillips, Lisa; Chapman, Megan; Salo, Bob

AF: Affiliation

Psychological Sciences, University of Melbourne, Melbourne VIC, Australia; Mental Health Service, Royal Children's Hospital, Parkville VIC, Australia

SO: Source

Journal of Trauma and Dissociation, vol. 13, no. 5, pp. 554-567, October-December 2012.

AB: Abstract

A positive correlation between the incidences of dissociative and psychotic experiences has been consistently reported in a variety of adult populations. The present study was a preliminary investigation of the association between dissociative and psychotic experiences in adolescents requiring inpatient mental health care. No previous research has investigated this relationship in an adolescent cohort. Adolescents currently under inpatient care ($n = 18$) completed questionnaires assessing their experience of dissociative and psychotic phenomena. In line with previous research, a significant positive correlation was found between dissociative and psychotic experiences that remained highly significant once similarities between measures were taken into account. Recognizing the relationship between psychotic and dissociative experiences may be important in developing appropriate and effective treatment for young people experiencing mental health difficulties. Although the study is cross-sectional in nature and has a small sample, the results offer further evidence of the robust relationship between dissociative and psychotic experiences.

RL: Resource Location

<http://dx.doi.org/10.1080/15299732.2012.694840>

Record 4 of 32

TI: Title

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

AU: Author

Maccani, Matthew A; Delahanty, Douglas L; Nugent, Nicole Renee; Berkowitz, Steven J

AF: Affiliation

Division of Behavioral Genetics, Rhode Island Hospital, Providence RI, USA; Center for Alcohol and Addiction Studies, Brown University, Providence RI, USA; Department of Psychology, Kent State University, Kent OH, USA; Northeastern Ohio University College of Medicine, Rootstown OH, USA; Medical Research, Summa Health System, Akron OH, USA; Warren Alpert Medical School, Brown University, Providence RI, USA; Bradley/Hasbro Children's Research Center, Providence RI, USA; Department of Psychiatry, School of Medicine, University of Pennsylvania, Philadelphia PA, USA; Yale University Child Study Center, Yale University, New Haven CT, USA

SO: Source

Journal of Traumatic Stress, vol. 25, no. 5, pp. 543-550, October 2012.

AB: Abstract

Child and adolescent 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

RL: Resource Location

<http://dx.doi.org/10.1002/jts.21731>

Record 5 of 32

TI: Title

PTSD in asylum-seeking male adolescents from Afghanistan

AU: Author

Bronstein, Israel; Montgomery, Paul; Dobrowolski, Stephanie

AF: Affiliation

Centre for Evidence Based Intervention, Department of Social Policy and Intervention, University of Oxford, Oxford, England

SO: Source

Journal of Traumatic Stress, vol. 25, no. 5, pp. 551-557, October 2012.

AB: Abstract

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 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.

RL: Resource Location

<http://dx.doi.org/10.1002/jts.21740>

Record 6 of 32

TI: Title

Family functioning and mental health in runaway youth: association with posttraumatic stress symptoms

AU: Author

Thompson, Sanna J; Cochran, Gerald; Barczyk, Amanda N

AF: Affiliation

School of Social Work, University of Texas, Austin TX, USA; Trauma Services and Research, Dell Children's Medical Center of Central Texas, Austin TX, USA

S0: Source

Journal of Traumatic Stress, vol. 25, no. 5, pp. 598-601, October 2012.

AB: Abstract

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.

RL: Resource Location

<http://dx.doi.org/10.1002/jts.21744>

Record 7 of 32

TI: Title

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

AU: Author

Dow, Belinda L; Kenardy, Justin A; Le Brocque, Robyne M; Long, Deborah A

AF: Affiliation

1School of Psychology, University of Queensland, Brisbane QLD, Australia; Centre of National Research on Disability and Rehabilitation Medicine, University of Queensland, Brisbane QLD, Australia; Pediatric Intensive Care Unit, Royal Children's Hospital, Brisbane QLD, Australia

SO: Source

Journal of Traumatic Stress, vol. 25, no. 5, pp. 602-605, October 2012.

AB: Abstract

Although there is some information available regarding the utility of the Children's Revised Impact of Event Scale (CRIES) in screening for 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.

RL: Resource Location

<http://dx.doi.org/10.1002/jts.21742>

Record 8 of 32

TI: Title

Examining the nature of the comorbidity between pediatric attention deficit/hyperactivity disorder and post-traumatic stress disorder

AU: Author

Biederman, Joseph; Petty, C R; Spencer, Thomas J; Woodworth, K Y; Bhide, P; Zhu, J; Faraone, Stephen V

AF: Affiliation

Clinical and Research Programs in Pediatric Psychopharmacology and Adult ADHD, Massachusetts General Hospital, Boston MA, USA; Department of Psychiatry, Harvard Medical School, Cambridge MA, USA; Department of Biomedical Sciences, College of Medicine, Florida State University, Tallahassee FL, USA; Department of Psychiatry, Neuroscience and Physiology, Upstate Medical University, State University of New York, Syracuse NY, USA

SO: Source

Acta Psychiatrica Scandinavica, Published online 18 September 2012.

AB: Abstract

OBJECTIVE: This study sought to address the link between attention deficit/hyperactivity disorder (ADHD) and PTSD in youth by providing a comprehensive comparison of clinical correlates of ADHD subjects with and without PTSD across multiple non-overlapping domains of functioning and familial patterns of transmission.

METHOD: Participants were 271 youths with ADHD and 230 controls without ADHD of both sexes along with their siblings. Participants completed a large battery of measures designed to assess psychiatric comorbidity, psychosocial, educational, and cognitive parameters.

RESULTS: PTSD was significantly higher in ADHD probands vs. controls (5.2% vs. 1.7%, chi-square₍₁₎ = 4.36, P = 0.04).

Irrespective of the comorbidity with PTSD, ADHD subjects had similar ages at onset of ADHD, similar type and mean number of ADHD symptoms, and similar ADHD-associated impairments. PTSD in ADHD probands was significantly associated with a higher risk of psychiatric hospitalization, school impairment, poorer social functioning and higher prevalences of mood, conduct disorder, and anxiety disorders. The mean onset of PTSD (12.6 years) was significantly later than that of ADHD and comorbid disorders (all P < 0.05). Siblings of ADHD and ADHD + PTSD probands had higher prevalences of ADHD vs. siblings of controls (35% vs. 18%, z = 4.00, P < 0.001 and 67% vs. 18%, z = 4.02, P < 0.001 respectively) and siblings of ADHD+PTSD probands had a significantly higher prevalence of PTSD compared with the siblings of ADHD and control probands (20% vs. 3% and 3%, z = 2.99, P = 0.003 and z = 2.07, P = 0.04 respectively). **CONCLUSION:** Findings indicate that the comorbidity with PTSD in ADHD leads to greater clinical severity as regards psychiatric comorbidity and psychosocial dysfunction. ADHD is equally familial in the presence of PTSD in the proband indicating that their co-occurrence is not owing to diagnostic error.

RL: Resource Location

Record 9 of 32

TI: Title

Involving parents in indicated early intervention for childhood PTSD following accidental injury

AU: Author

Cobham, Vanessa E; March, Sonja; De Young, Alexandra C; Leeson, Fiona

J; Nixon, Reginald David Vandervord; McDermott, Brett M C; Kenardy, Justin A

AF: Affiliation

School of Psychology, University of Queensland, Brisbane QLD, Australia; Department of Psychology, University of Southern Queensland, Toowoomba QLD, Australia; School of Psychology, Flinders University, Adelaide SA, Australia; Mater Medical Research Institute, Mater Health Services, Brisbane QLD, Australia

SO: Source

Clinical Child and Family Psychology Review, Published online 15 September 2012.

AB: Abstract

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

RL: Resource Location

<http://dx.doi.org/10.1007/s10567-012-0124-9>

Record 10 of 32

TI: Title

Prospective risk factors for adolescent PTSD: sources of differential exposure and differential vulnerability

AU: Author

Milan, Stephanie; Zona, Kate; Acker, Jenna; Turcios-Cotto, Viana

AF: Affiliation

Department of Psychology, University of Connecticut, Storrs CT, USA

SO: Source

Journal of Abnormal Child Psychology, Published online 7 September

AB: Abstract

There are two types of risk factors for developing PTSD: factors that increase the likelihood of experiencing a potentially traumatizing event and factors that increase the likelihood of developing symptoms following such events. Using prospective data over a two-year period from a large, diverse sample of urban adolescents ($n = 1242$, Mean age = 13.5), the current study differentiates these two sources of risk for developing PTSD in response to violence exposure. Five domains of potential risk and protective factors were examined: community context (e.g., neighborhood poverty), family risk (e.g., family conflict), behavioral maladjustment (e.g., internalizing symptoms), cognitive vulnerabilities (e.g., low IQ), and interpersonal problems (e.g., low social support). Time 1 interpersonal violence history, externalizing behaviors, and association with deviant peers were the best predictors of subsequent violence, but did not further increase the likelihood of PTSD in response to violence. Race/ethnicity, thought disorder symptoms, and social problems were distinctly predictive of the development of PTSD following violence exposure. Among youth exposed to violence, Time 1 risk factors did not predict specific event features associated with elevated PTSD rates (e.g., parent as perpetrator), nor did interactions between Time 1 factors and event features add significantly to the prediction of PTSD diagnosis. Findings highlight areas for refinement in adolescent PTSD symptom measures and conceptualization, and provide direction for more targeted prevention and intervention efforts.

RL: Resource Location

<http://dx.doi.org/10.1007/s10802-012-9677-9>

Record 11 of 32

TI: Title

Victimisation and PTSD in a Greenlandic youth sample

AU: Author

Karsberg, Sidsel H; Lasgaard, Mathias; Elklit, Ask

AF: Affiliation

Institute of Psychology, Danish National Centre for Psychotraumatology, University of Southern Denmark, Odense, Denmark

SO: Source

International Journal of Circumpolar Health, vol. 71, pp. Article 18378, 24 August 2012.

umatic Events; Stressors;

Epidemiology; Academic Achievement

AB: Abstract

BACKGROUND: Despite a growing number of studies and reports indicating a very high and increasing prevalence of trauma exposure in Greenlandic adolescents, the knowledge on this subject is still very limited. The purpose of the present study was twofold: To estimate the lifetime prevalence of potentially traumatic events (PTEs) and PTSD and to examine the relationship between PTEs, estimated PTSD, and sociodemographic variables. **METHODS:** In a Greenlandic sample from 4 different schools in 2 different minor towns in northern Greenland, 269 students, aged 12-18 ($M = 15.4$; $SD = 1.84$) were assessed for their level of exposure to 20 PTEs along with the psychological impact of these events. **RESULTS:** Of the Greenlandic students, 86% had been directly exposed to at least 1 PTE and 74.3% had been indirectly exposed to at least 1 PTE. The mean number of directly experienced PTEs was 2.8 and the mean number of indirectly experienced PTEs was 3.9. The most frequent direct events recorded were death of someone close, near drowning, threat of assault/beating, humiliation or persecution by others, and attempted suicide. The estimated lifetime prevalence of PTSD was 17.1%, whereas another 14.2% reached a subclinical level of PTSD (missing the full diagnosis by 1 symptom). Education level of the father and being exposed to multiple direct and indirect PTEs were significantly associated with an increase in PTSD symptoms. **CONCLUSION:** The findings indicate substantial mental health problems in Greenlandic adolescents and that these are associated with various types of PTEs. Furthermore, the findings indicate that Greenlandic adolescents are more exposed to certain specific PTEs than adolescents in similar studies from other nations. The present study revealed that Greenlandic girls are particularly vulnerable towards experiencing PTEs. Indeed, in general, girls reported more experiences of direct and indirect PTEs. Furthermore, girls reported being more commonly exposed to specific types of PTEs compared to boys.

RL: Resource Location

<http://dx.doi.org/10.3402/ijch.v71i0.18378>

Record 12 of 32

TI: Title

Can traumatic stress alter the brain?: understanding the implications of early trauma on brain development and learning

AU: Author

Carrión, Victor G; Wong, Shane S

AF: Affiliation

Stanford Early Life Stress Research Program, Division of Child and Adolescent Psychiatry, Department of Psychiatry and Behavioral Sciences, School of Medicine, Stanford University, Stanford CA, USA

SO: Source

Journal of Adolescent Health, vol. 51, no. 2, Supplement, pp. S23-S28, August 2012.

AB: Abstract

BACKGROUND: Youth who experience traumatic stress and develop post-traumatic symptoms secrete higher levels of the glucocorticoid cortisol than youth with no trauma history. Animal research suggests that excess corticosterone secretion can lead to neurotoxicity in areas of the brain rich in glucocorticoid receptors such as the hippocampus and the prefrontal cortex (PFC). These two areas of the brain are involved in memory processing and executive function, both critical functions of learning. **METHODS:** In this article, we summarize findings presented at the National Summit for Stress and the Brain conducted at Johns Hopkins University's Department of Public Health in April 2011. The presentation highlighted structural and functional imaging findings in the hippocampus and PFC of youth with post-traumatic stress symptoms (PTSS). **RESULTS:** Youth with PTSS have higher levels of cortisol. Prebedtime cortisol levels predict decreases in hippocampal volume longitudinally. Cortisol levels are negatively correlated with volume in the PFC. Functional imaging studies demonstrate reduced hippocampal and PFC activities on tasks of memory and executive function in youth with PTSS when compared with control subjects. **CONCLUSIONS:** Effective interventions for youth with PTSS should target improved function of frontolimbic networks. Treatment outcome research using these potential markers can help develop more focused interventions that target the impaired learning of vulnerable youth experiencing traumatic stress.

RL: Resource Location

<http://dx.doi.org/10.1016/j.jadohealth.2012.04.010>

Record 13 of 32

TI: Title

Neurobiologische Erkenntnisse zur Herausbildung psychotraumabedingter Symptomatiken und ihre Bedeutung für die Traumapädagogik = Neurobiological insights on the genesis of psychotrauma-conditioned symptomatologies and their significance for trauma pedagogy

AU: Author

Hüther, Gerald; Korittko, Alexander; Wolfrum, Gerhard; Besser, Lutz-Ulrich

AF: Affiliation

Zentralstelle für Neurobiologische Präventionsforschung, Universität Göttingen, Göttingen, Germany

SO: Source

Trauma und Gewalt, vol. 6, no. 3, pp. 182-189, August 2012.

AB: Abstract

The article provides a readily comprehensible overview of the knowledge we have at present about changes to the structural and functional organization of the developing brain in children and adolescents caused by psychological traumas. An "onion" model is used to describe the neurobiological repercussions of monotraumatic, multiple, and sequential traumas and the implications they have for trauma therapy and trauma pedagogy.

Record 14 of 32

TI: Title

"Jeder Schritt macht eine neue Farbe ..." – Zur Diversität traumapädagogischer Arbeitsfelder = "Every step is a new color" – on the diversity of trauma-pedagogical work-fields

AU: Author

Kühn, Martin

AF: Affiliation

SOS-Kinderdorf Worpswede, Worpswede, Germany

SO: Source

Trauma und Gewalt, vol. 6, no. 3, pp. 190-197, August 2012.

AB: Abstract

In the last few years, trauma pedagogy has developed and diversified. Educationists, social workers, qualified social education workers, and other professional pedagogues from all over the country have contributed to this process with commendable personal commitment. The next crucial stage is the implementation of established psychotraumatological knowledge in basic training courses for educators of all kinds.

Record 15 of 32

TI: Title

Traumapädagogik und Psychosoziale Traumaarbeit – Modeerscheinung oder Notwendigkeit? = Trauma-informed practice and psychosocial trauma work in residential care for children and adolescents – passing fad or absolute imperative?

AU: Author

Gahleitner, Silke Birgitta

AF: Affiliation

Alice Salomon Hochschule, Berlin, Germany; Donau-Universität, Krems, Germany

SO: Source

Trauma und Gewalt, vol. 6, no. 3, pp. 206-217, August 2012.

AB: Abstract

Over the last few decades, trauma therapy and trauma counseling have become mainstay services for survivors of traumatic experiences. However, explicitly psychosocial programs for traumatized individuals are a much more recent phenomenon. As things stand, trauma-informed approaches are most common in residential care for children and adolescents. They are designed to help professionals working in this field to achieve high standards in the care they provide, and they do so (a) by laying on further and continuing training and (b) by creating effective and resilient structures in the institutions themselves. The article discusses this new discipline in terms of care provision, recent research findings, and professional discourse.

Record 16 of 32

TI: Title

Viel Regel – wenig Versorgung ...: Heimpsychologie an der Schnittstelle zwischen Pädagogik und klinischer Versorgung

AU: Author

Strauss, Jochen-Wolf

AF: Affiliation

Private Practice, Traben-Trarbach, Germany

SO: Source

Trauma und Gewalt, vol. 6, no. 3, pp. 218-229, August 2012.

AB: Abstract

We now have reliable figures on the mental and psychological health of children and adolescents in residential care centers. These figures have greatly supported the development of trauma-adapted pedagogical strategies. They have also made two things abundantly clear. Alongside

sufficient care and attention for these youngsters in the everyday context of living in a group, we also need psychotherapeutic offerings geared to children and adolescents and focusing on psychological traumas. However, at other interfaces (school, child and adolescent psychiatry, youth welfare authorities) a psycho-traumatological approach implemented on the pedagogical side alone will not be enough. What is required is a joint model from which all the actors involved can derive detailed and sophisticated options for action and intervention.

Record 17 of 32

TI: Title

Traumafolgen im Körper: Gestörtes Schmerzempfinden, beeinträchtigte Bilateralintegration, Körperbildstörung: Zur Diagnostik und Entwicklungsarbeit = Trauma sequelae in the body: diagnostics and development impairment of pain sensitivity, bilateral integration, and body image

AU: Author

Cropp, Carola; Kepper-Juckenack, Iris; Streeck-Fischer, Annette

AF: Affiliation

Asklepios Fachklinikum Tiefenbrunn, Rosdorf, Germany

SO: Source

Trauma und Gewalt, vol. 6, no. 3, pp. 230-237, August 2012.

AB: Abstract

In clinical practice, children and adolescents who have suffered traumas in their early development frequently display severe sensory and motoric integration disorders. However, little research has yet been done on the precise links between early traumas and sensory/motoric development and integration. With reference to a sample of N=106 children and adolescents with traumas in early childhood, the article discusses the specific sensory/motoric abnormalities displayed by this group of patients in the diagnostic process prior to physical therapy. A case example is drawn upon to illustrate the symptomatology of a child with an early trauma. The article concludes with a discussion of the possibilities offered by physical therapy.

Record 18 of 32

TI: Title

Krisenbewältigungsstrategien bei traumatisierten Kindern im stationären Setting = Crisis coping strategies for young trauma

victims in residential care settings

AU: Author

Nüsse, Katrin

AF: Affiliation

Asklepios Fachklinikum Tiefenbrunn, Rosdorf, Germany

SO: Source

Trauma und Gewalt, vol. 6, no. 3, pp. 238-243, August 2012.

AB: Abstract

Work with youngsters undergoing residential psychiatric and psychotherapeutic treatment requires multi-modal approaches for the effective handling of children with severe traumas. One central method is trauma-centered pedagogy and care geared to predictable structures and DBT (dialectical behavior therapy) strategies. The procedure is illustrated with reference to a case example.

Record 19 of 32

TI: Title

Liebe allein reicht nicht: Über die Arbeit mit Pflege- und Adoptiveltern und anderen Bezugspersonen chronisch beziehungs-traumatisierter Kinder

AU: Author

Hensel, Thomas

AF: Affiliation

Kinder Trauma Institut, Offenburg, Germany

SO: Source

Trauma und Gewalt, vol. 6, no. 3, pp. 244-251, August 2012.

AB: Abstract

Like children and adolescents in residential care institutions, foster and adoptive children are frequently notable for disorders stemming from complex traumas connected with their early relationships. Professional carers in institutions have trauma-pedagogical strategies and training offers to fall back on in attuning themselves to the specific dynamics of the frequently trauma-conditioned reactions displayed by such youngsters. By contrast, adoptive and foster parents have recourse only to their pedagogical intuition, which in various crucial ways does not provide adequate support in coping with these children. The article briefly outlines what the author considers to be the essential factors that adoptive and foster parents have to deal with. Alongside knowledge about the dynamics and consequences of early relational traumas and the de-escalating pedagogical measures that can be drawn upon, the willingness to "work on one's own personality" is

also of vital importance. Where this willingness is to be found, adoptive and foster parents with their unconditional love and intimate knowledge of the child in question represent a highly effective therapeutic source that can be turned to account with the help of strategies and offerings based on filial therapy.

Record 20 of 32

TI: Title

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

AU: Author

Mannarino, Anthony P; Cohen, Judith A; Deblinger, Esther; Runyon, Melissa K; Steer, Robert A

AF: Affiliation

Allegheny General Hospital, Pittsburgh PA, USA; University of Medicine and Dentistry of New Jersey, Stratford NJ, USA

SO: Source

Child Maltreatment, vol. 17, no. 3, pp. 231-241, August 2012.

AB: Abstract

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

RL: Resource Location

<http://dx.doi.org/10.1177/1077559512451787>

Record 21 of 32

TI: Title

Specifying child anxiety disorders not otherwise specified in the DSM-IV

AU: Author

Comer, Jonathan S; Gallo, Kaitlin P; Korathu-Larson, Priya; Pincus, Donna B; Brown, Timothy A

AF: Affiliation

Center for Anxiety and Related Disorders, Department of Psychology, Boston University, Boston MA, USA; Department of Psychology, University of California, Los Angeles CA, USA

SO: Source

Depression and Anxiety, Published online 16 July 2012.

AB: Abstract

BACKGROUND: Anxiety disorder not otherwise specified (ADNOS) is one of the more common and impairing DSM-IV diagnoses assigned in child practice settings, but it is not clear what percentage of these assignments simply reflect poor diagnostic practices. **METHODS:** The present study evaluated patterns and correlates of child ADNOS in a large outpatient treatment seeking sample of anxious youth (N = 650), utilizing structured diagnostic interviewing procedures. **RESULTS:** Roughly, 15% of youth met diagnostic criteria for ADNOS. Overall, these youth exhibited comparable levels of clinical problems relative to youth with DSM-IV-specified anxiety disorders (AD), and roughly two-thirds of ADNOS cases exhibited symptom presentations closely resembling generalized anxiety disorder (GAD). Among ADNOS presentations resembling GAD, those failing to meet the "worries more days than not" or "worries across multiple domains" criteria showed lower internalizing symptoms than GAD youth, but comparable anxious/depressed symptoms, somatic symptoms, social problems, externalizing problems, and total problems as measured by the Child Behavior Checklist. **CONCLUSIONS:** Childhood ADNOS cases are prevalent and warrant clinical attention. In many cases there are only a couple, if any, clinical differences between these disorders and the ADs they closely resemble. Future work is needed to improve upon the current taxonomy of childhood ADs to specify a larger proportion of affected youth needing care.

RL: Resource Location

<http://dx.doi.org/10.1002/da.21981>

Record 22 of 32

TI: Title

Evaluation of the psychometric properties of the Chinese version of the Resilience Scale in Wenchuan earthquake survivors

AU: Author

Lei, Ming; Li, Chao; Xiao, Xiao; Qiu, Jiang; Dai, Yan; Zhang, Qinglin

AF: Affiliation

School of Psychology, Southwest University, Chongqing, China; Key Laboratory of Cognition and Personality (Southwest University), Ministry of Education, Chongqing, China; Psychology Research and Counseling Center, Southwest Jiaotong University, Chengdu, China; Teaching Department of Political Theory Courses, Sichuan College of Architectural Technology, Deyang, China; Faculty of Education Science, Sichuan Normal University, Chengdu, China

SO: Source

Comprehensive Psychiatry, vol. 53, no. 5, pp. 616-622, July 2012.

AB: Abstract

OBJECTIVES: Resilience refers to the ability to effectively cope and positively adapt after adversity or trauma. This study investigated the factor structure and psychometric properties of the Chinese version of the Resilience Scale (RS) for college students with Wenchuan earthquake exposure. **METHODS:** A total of 888 Chinese college students with Wenchuan earthquake exposure completed a set of scales, including the RS, the Post-traumatic Stress Disorder Self-rating Scale, the Zung Self-rating Depression Scale, the Zung Self-rating Anxiety Scale, and the Eysenck Personality Questionnaire Short Scale for Chinese. The internal consistency and concurrent validity were investigated. Sex and regional differences were also examined. **RESULTS:** The results of exploratory factor analysis and confirmatory factor analysis showed that the 4-factor structure was suitable for both Chinese samples 1 and 2. The Cronbach alpha coefficient was .94 ($P < .01$), split-half reliability coefficient was .92 ($P < .01$), and the test-retest reliability coefficient was .82 ($P < .01$). The total resilience score was correlated negatively with PTSD ($r = -0.21$; $P < .01$), depression ($r = -0.45$; $P < .01$), anxiety ($r = -0.34$; $P < .01$), and neuroticism ($r = -0.23$; $P < .01$), and correlated positively with extraversion ($r = 0.23$; $P < .01$). Men showed higher resilience scores than women, and people living in the high earthquake-exposure areas reported higher level of resilience than those from low earthquake-exposure areas. **CONCLUSIONS:** The Chinese version of the RS was demonstrated to be a reliable and valid measurement in assessing resilience for Wenchuan earthquake survivors.

RL: Resource Location

<http://dx.doi.org/10.1016/j.comppsy.2011.08.007>

Record 23 of 32

TI: Title

Outcomes one year after a road accident: results from the ESPARR cohort

AU: Author

Hours, Martine; Chossegros, Laetitia; Charnay, Pierrette; Tardy, H  l  ne; Nhac-Vu, Hoang-Thy; Boisson, Dominique; Luaut  , Jacques; Laumon, Bernard

AF: Affiliation

Universit   de Lyon, Lyon, France; IFSTTAR, UMRESTTE, Bron, France; Universit   Lyon 1, Lyon, France; Rehabilitation and Physical Medicine Unit, Henry Gabrielle Hospital, Hospices Civils de Lyon, Saint Genis-Laval, France

SO: Source

Accident Analysis and Prevention, Published online 1 May 2012.

AB: Abstract

OBJECTIVE: Reducing the rates of death, trauma, and sequelae associated with road accidents is the prime goal of road safety authorities, and success requires having data on victims' outcomes in the long term. The present study examined the outcome of adult road accident victims one year after their accident. **DESIGN:** A follow-up study. **METHODS:** The cohort comprised 886 injured road-accident victims, aged ≥ 16 years, and living in the Rh  ne administrative D  partement, France (taken from the ESPARR Cohort). Data were collected on victim characteristics at the time of crash, and self-reported outcomes one year later. The population of respondents at the one-year questionnaire follow-up was divided into two categories according to injury severity, as mild-to-moderate (M.AIS < 3) or severe (M.AIS 3+). Qualitative variables were compared between these 2 groups using chi-square or Fisher exact tests. **RESULTS:** At one year post-accident, 45% of the mild-to-moderate injury group versus only 20% of severely injured subjects reported full recovery of health ($p < 0.001$). 20% of the cohort, as a whole, reported permanent pain. More than half of the severely injured subjects reported that the accident had had an impact on the everyday life of their family; this was twice as many as in the mild-to-moderate injury group (55% vs. 22%). Most of the severely injured reported impact on leisure, projects, and emotional life: 20% reported relational difficulties in the couple, 16% reported impaired sexual life, and the rate of separation was significantly higher than in the mild-to-moderate injury group (5% vs. 1%; $p < 0.001$). Mean

time off work was significantly longer in the severe injury group: 245 ± 158 days vs. 75 ± 104 days ($p < 0.001$); and 32% of the severe injury group ($p < 0.001$) who had stopped work had not returned at 1 year, compared to 5% of the mild-to-moderate injury group.

CONCLUSIONS: One year after a road accident, the consequences for victims remain significant. In terms of physical impact, pain frequently persists, impairing daily life for many. There is an elevated rate of chronic PTSD and a non-negligible impact on affective and occupational life.

RL: Resource Location

<http://dx.doi.org/10.1016/j.aap.2012.03.037>

Record 24 of 32

TI: Title

The combined and independent impact of witnessed intimate partner violence and child maltreatment

AU: Author

Watson MacDonnell, Kathleen

AF: Affiliation

John Jay College of Criminal Justice, City University of New York, New York NY, USA

SO: Source

Partner Abuse, vol. 3, no. 3, pp. 358-378, 2012.

AB: Abstract

Intimate partner violence (IPV) is a pervasive issue, generating startling facts regarding its detrimental societal effects. There is also considerable overlap between witnessing IPV and experiencing childhood maltreatment. The current article reviews the state of the knowledge about the short- and long-term impact of witnessing IPV as well as a review of the literature exploring the unique impact of experiencing both IPV and maltreatment compared to witnessing only. 73 articles were included in the present review. Negative outcomes in youth have been reported in both the internalizing and externalizing domains of functioning, in health and cognitive domains, as well as in youth's relationships with family, peers, and romantic partners. The current literature suggests that these negative impacts persist into adulthood. Mixed results, whether there are significant additive effects of witnessing IPV and child maltreatment compared to witnessing IPV only, were found in youth and again into adulthood. Policy implications and recommendations for future research are suggested.

RL: Resource Location

<http://dx.doi.org/10.1891/1946-6560.3.3.358>

Record 25 of 32

TI: Title

Impact of parental conflict and emotional abuse on children and families

AU: Author

Sturge-Apple, Melissa L; Skibo, Michael A; Davies, Patrick T

AF: Affiliation

Department of Clinical and Social Studies in Psychology, University of Rochester, Rochester NY, USA; Mount Hope Family Center, Rochester NY, USA

SO: Source

Partner Abuse, vol. 3, no. 3, pp. 379-400, 2012.

AB: Abstract

The goal of this review is to summarize empirical research conducted over the past several decades examining the impact of parental conflict and emotional abuse on children and families. Toward this goal, four different subtopics are categorized and reviewed. These include the impact of mutual couple conflict, verbal, and emotional abuse/control on children; the impact of father-perpetrated verbal and emotional abuse/control on children; the impact of mother-perpetrated verbal and emotional abuse/control on children; and the impact of partner abuse on the family system including consideration of family stress, boundaries, alliances, and family structure. A review of the literature revealed 105 empirical papers, which are referenced in tables. Overarching theoretical and conceptual frameworks proposed within the field of interparental conflict and child development are used to organize and distill the broad findings evident across these studies. Recommendations for future avenues of research are presented.

RL: Resource Location

<http://dx.doi.org/10.1891/1946-6560.3.3.379>

Record 26 of 32

TI: Title

Early adolescent non-suicidal self-injury and sensory preference differences: an exploratory study [dissertation]

AU: Author

Christensen, Jacquelyn S

SO: Source

Claremont Graduate University, 2012. 108 pp.

AB: Abstract

BACKGROUND: Non-suicidal self-injury (NSSI) occurs in 13% to 20% of adolescents, and is often indicative of deeper internal or social problems. A close review of current explanatory models of NSSI suggested that underlying individual sensory preferences may contribute substantial explanations for the self-regulatory functions of NSSI, as well as have implications for treatment approaches. In the context of integrating sensory processing models with prominent functional NSSI models, this dissertation research compared sensory preferences in youth who engaged in NSSI to sensory preferences of youth who did not engage in NSSI. **OBJECTIVE:** NSSI-engaging youth were hypothesized to have lower threshold sensory preferences (sensation avoiding and sensory sensitive), and higher sensitivity (low threshold) in touch processing, auditory processing, and modulation of sensory input affecting emotional response. Sensory preferences were hypothesized to predict NSSI functionality, and trauma history and symptomology were hypothesized to predict NSSI and sensory preferences. **METHODS:** Youth (n = 108; 56% female; 43% Hispanic) aged 8-14 completed self-report items regarding knowledge, thoughts, and engagement in NSSI, the Functional Assessment of Self-Mutilation (FASM) to evaluate type and functionality of NSSI, and the Adolescent/Adult Sensory Profile to evaluate sensory preferences (low registration, sensation seeking, sensory sensitive, sensation avoiding). Parents (90% female; M age = 39.4 (SD = 6.9)) completed the Sensory Profile as a secondary measure of youth sensory preferences and the UCLA post-traumatic stress disorder reaction index (PTSD-RI) to evaluate youth trauma history and symptomology. **RESULTS:** NSSI-engaging youth (N = 14) scored significantly higher than Non-NSSI-engaging youth (N = 85) in the sensation avoiding (Cohen's d = .83) and low registration (Cohen's d = .66) domains. Auditory sensitivity (youth-reported) significantly predicted NSSI after controlling for age. While parent-reported sensory preferences and trauma history and symptomology were not predictive of NSSI, auditory sensitivity (parent-reported) predicted PTSD symptomology in youth with trauma history. **CONCLUSIONS:** Results provide preliminary insight into better understanding the self-regulatory role of NSSI, and offer insight into specific sensory preferences of young adolescents who engage in NSSI. In combination with future research, findings contribute to existing comprehensive models of NSSI, and provide

evidence for sensory considerations in NSSI treatment.

RL: Resource Location

<http://proquest.umi.com/pqdweb?did=2754636521&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD>

Record 27 of 32

TI: Title

ARC-based group psychotherapy with adolescent survivors of complex trauma [dissertation]

AU: Author

Goel, Gauri

SO: Source

Alliant International University, 2012. 177 pp.

AB: Abstract

Psychological symptoms arising from exposure to childhood maltreatment and/or trauma have been traditionally diagnosed and conceptualized through the lens of PTSD. Consequently, treatment protocols and interventions have attended to the psychological symptoms outlined by PTSD. Children and adolescents, however, are often exposed to multiple, prolonged, and chronic forms of maltreatment. The corresponding trauma symptoms can potentially elevate survivor's risk for future victimization. Further, the detrimental impact of chronic exposure to traumatic stress disrupts a survivor's normative developmental processes especially at significant biological growth periods such as adolescence. Complex trauma is a term used to illuminate the various adaptations resulting from exposure to multiple and chronic forms of trauma while accounting for a survivor's developmental age. This doctoral project introduces adaptations resulting from exposure to complex trauma during adolescence. Additionally, the current project describes the application of the Attachment, Self-regulation, and Competency (ARC) framework to group psychotherapy with adolescent survivors of complex trauma. A selective literature review related to adolescent complex trauma and trauma-informed group psychotherapy with adolescent survivors was completed. Additionally interviews were conducted with 3 expert field consultants in order to explore and expand the literature review. The final product of this doctoral project was a presentation designed to disseminate information and raise awareness regarding adolescent complex trauma symptoms and introduce professionals to the ARC framework for facilitating group psychotherapy.

RL: Resource Location

<http://proquest.umi.com/pqdweb?did=2741944811&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD>

Record 28 of 32

TI: Title

Internalizing symptoms linking youths' maltreatment and delinquent behavior

AU: Author

Bender, Kimberly; Postlewait, Ariana W; Thompson, Sanna J; Springer, David W

AF: Affiliation

University of Denver, Denver CO, USA; University of Kansas, Lawrence KS, USA; University of Texas, Austin TX, USA

SO: Source

Child Welfare, vol. 90, no. 3, pp. 69-89, May-June 2011.

AB: Abstract

This study examines internalizing mental health symptoms (depression and PTSD) as potential intervening factors in the relationship between maltreatment and delinquency using data from the National Survey for Child and Adolescent Well-Being (N = 1,179). Significant mediating effects indicated that youth at greater risk of maltreatment experienced higher levels of internalizing symptoms that result in increased risk for delinquent behavior, although longitudinal effects were not supported. These findings highlight internalizing mental health symptoms as an important factor to address in treating victimized children at risk of future delinquency. Implications for child welfare service provision are discussed.

Record 29 of 32

TI: Title

Psychological treatment of PTSD in children: an evidence-based review

AU: Author

Dowd, Haulie; McGuire, Brian E

AF: Affiliation

Clinical Psychology Programme, School of Psychology, National University of Ireland, Galway, Ireland

SO: Source

Irish Journal of Psychology, vol. 32, no. 1-2, pp. 25-39, March-June 2011.

AB: Abstract

This paper reviews the recent literature on psychological treatments for childhood PTSD and evaluates them in light of the level of evidence supporting their effectiveness. The authors examine an array of Cognitive-Behavioural treatments, including Trauma-Focused Cognitive-Behavioural Therapy (TF-CBT), eye movement desensitization and reprocessing (EMDR) and Group-Delivered Cognitive-Behavioural Therapies (GD-CBT), and also a number of other approaches. The paper concludes that the strongest evidence supports the use of TF-CBT for a wide range of ages and traumas. EMDR is also well supported. Group CBT therapies also have some support especially in response to community-wide traumatic events. A number of other approaches, including some emerging therapies, are identified as meriting further research, whereas others are seen to have little evidence supporting their effectiveness. It identifies that one common approach, critical incident stress debriefing, has little support and may have some negative effects. The review identifies a number of challenges for clinical psychologists, including the dissemination of recent evidence to decision-makers.

RL: Resource Location

<http://dx.doi.org/10.1080/03033910.2011.611612>

Record 30 of 32

TI: Title

The Group Selection Questionnaire: further refinements in group member selection

AU: Author

Burlingame, Gary M; Cox, Jonathan C; Davies, D Rob; Layne, Christopher Merrill; Gleave, Robert

AF: Affiliation

Department of Psychology, Brigham Young University, Provo UT, USA; Child and Adolescent Behavioral Health Clinic, University of Utah, Salt Lake City UT, USA; Counseling Center, University of Utah, Salt Lake City UT, USA; National Center for Child Traumatic Stress, University of California, Los Angeles CA, USA; Counseling and Career Center, Brigham Young University, Provo UT, USA

SO: Source

Group Dynamics: Theory, Research, and Practice, vol. 15, no. 1, pp. 60-74, March 2011.

AB: Abstract

The Group Selection Questionnaire (GSQ), a promising measure intended

to aid clinicians in managing group selection and composition, was tested in a two-phase study. Phase 1 was conducted in postwar Bosnia with war-traumatized secondary school students participating in a group treatment program in 10 schools. Results indicated that the GSQ demonstrated a factor structure consistent with theory, and the GSQ factors demonstrated predictive abilities for group process and outcome over multiple measures and multiple time periods. Phase 2 was conducted with college-age students participating in group treatment at a university counseling center. Phase 2 replicated the procedures of Phase 1 and tested 10 new items. Results indicated that the GSQ demonstrated a similar factor structure to Phase 1, and the revised scale was again predictive of group process and outcome, as well as attrition, across multiple time periods. The GSQ may be helpful to clinicians seeking to apply evidence-based practices in their group work.

RL: Resource Location

<http://dx.doi.org/10.1037/a0020220>

Record 31 of 32

TI: Title

Improving the K6 short scale to predict serious emotional disturbance in adolescents in the USA

AU: Author

Green, Jennifer Greif; Gruber, Michael J; Sampson, Nancy A; Zaslavsky, Alan M; Kessler, Ronald C

AF: Affiliation

Department of Health Care Policy, Harvard Medical School, Boston MA, USA

SO: Source

International Journal of Methods in Psychiatric Research, vol. 19, no. S1, pp. 23-35, June 2010.

AB: Abstract

Effective screening for emotional and behavioral disorders among youth requires brief screening scales with good validity to identify youth requiring further evaluation and to estimate prevalence of target disorders in populations of interest such as schools or neighborhoods. This paper examines the psychometric properties of a very short (six-item) screening scale, the K6, to assess serious emotional disturbance (SED) among youth. The K6, which is made up of symptoms of depression and anxiety, has been shown in previous research to be a strong predictor of serious mental illness (SMI) in adults, but no

information is available on the ability of the scale to screen for SED among youth. The current report examines the K6 as a screen for SED in a national survey of US adolescents, the National Comorbidity Survey Replication Adolescent Supplement (NCS-A). The K6 is shown to provide fairly good prediction of SED [area under curve (AUC) = 0.74] that is somewhat higher for internalizing (AUC = 0.80) than behavior (AUC = 0.75) disorders. Based on this result, we augmented the K6 with questions about symptoms of behavior disorders. This improved prediction of SED (from AUC = 0.74 to AUC = 0.83) as well as of SED associated with pure behavior disorders (from AUC = 0.53 to AUC = 0.78). These results show that although the symptoms of depression and anxiety in the K6 are sufficient to detect SMI among adults, high rates of behavior disorders among adolescents require indicators of behavior disorders to be added to the K6 to screen adequately for adolescent SED.

RL: Resource Location

<http://dx.doi.org/10.1002/mpr.314>

Record 32 of 32

TI: Title

Course and outcome of somatoform disorders in non-referred adolescents

AU: Author

Essau, Cecilia A

AF: Affiliation

School of Human and Life Sciences, Whitelands College, University of Roehampton, London, England

SO: Source

Psychosomatics, vol. 48, no. 6, pp. 502-509, November-December 2007.

AB: Abstract

The author examined the course of somatoform disorders in non-referred adolescents. Somatoform disorders were coded from DSM-IV criteria, using the computerized Munich (Germany) version of the Composite International Diagnostic Interview. About 35.9% of the adolescents with somatoform disorders at the index investigation continued to have the same disorders at the follow-up investigation: 26.7% had anxiety, 17.1% had depression, 22% had substance-use disorders, and 53.7% had no psychiatric disorders. Factors related to the chronicity of somatoform disorders included gender, comorbid depressive disorders, parental psychiatric disorders, and negative life events. Somatoform disorders showed a heterogeneous pattern of course.

RL: Resource Location

<http://dx.doi.org/10.1176/appi.psy.48.6.502>