

November, 2013 Medline Topic Alert

1. Psychol Med. 2013 Oct 29:1-9. [Epub ahead of print]

Childhood maltreatment, juvenile disorders and adult post-traumatic stress disorder: a prospective investigation.

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BACKGROUND: We examine prospectively the influence of two separate but potentially inter-related factors in the etiology of post-traumatic stress disorder (PTSD): childhood maltreatment as conferring a susceptibility to the PTSD response to adult trauma and juvenile disorders as precursors of adult PTSD. **METHOD:** The Dunedin Multidisciplinary Health and Development Study (DMHDS) is a birth cohort (n = 1037) from the general population of New Zealand's South Island, with multiple assessments up to age 38 years. DSM-IV PTSD was assessed among participants exposed to trauma at ages 26-38. Complete data were available on 928 participants. **RESULTS:** Severe maltreatment in the first decade of life, experienced by 8.5% of the sample, was associated significantly with the risk of PTSD among those exposed to adult trauma [odds ratio (OR) 2.64, 95% confidence interval (CI) 1.16-6.01], compared to no maltreatment. Moderate maltreatment, experienced by 27.2%, was not associated significantly with that risk (OR 1.55, 95% CI 0.85-2.85). However, the two estimates did not differ significantly from one another. Juvenile disorders (ages 11-15), experienced by 35% of the sample, independent of childhood maltreatment, were associated significantly with the risk of PTSD response to adult trauma (OR 2.35, 95% CI 1.32-4.18). **CONCLUSIONS:** Severe maltreatment is associated with risk of PTSD response to adult trauma, compared to no maltreatment, and juvenile disorders, independent of earlier maltreatment, are associated with that risk. The role of moderate maltreatment remains unresolved. Larger longitudinal studies are needed to assess the impact of moderate maltreatment, experienced by the majority of adult trauma victims with a history of maltreatment.

2. J Interpers Violence. 2013 Oct 24. [Epub ahead of print]

Traumatic Childhood Experiences in the 21st Century: Broadening and Building on the ACE Studies With Data From the National Child Traumatic Stress Network.

Greeson JK, Briggs EC, Layne CM, Belcher HM, Ostrowski SA, Kim S, Lee RC, Vivrette RL, Pynoos RS, Fairbank JA.

The study objectives were to (a) examine the association between total number of trauma types experienced and child/adolescent behavioral problems and (b) determine whether the number of trauma types experienced predicted youth behavioral problems above and beyond demographic characteristics, using a diverse set of 20 types of trauma. Data came from the National Child Traumatic Stress Network's (NCTSN) Core Data Set (CDS), which includes youth assessed and treated for trauma across the United States. Participants who experienced at least one type of trauma were included in the sample (N = 11,028; age = 1 $\frac{1}{2}$ -18 years; 52.3% girls). Random effects models were used to account for possible intraclass correlations given treatment services were provided at different NCTSN centers. Logistic regression analyses were used to investigate associations among demographic characteristics, trauma, and emotional and behavioral problems as measured by the Child Behavior Checklist (CBCL). Significant dose-response relations were found between total number of trauma types and behavior problems for all CBCL scales, except Sleep, one of the subscales only administered to 1 $\frac{1}{2}$ - to 5-year-olds. Thus, each additional trauma type endorsed significantly increased the odds for scoring above the clinical threshold. Results provide further evidence of strong associations between diverse traumatic childhood experiences and a diverse range of behavior problems, and underscore the need for a trauma-informed public health and social welfare approach to prevention, risk reduction, and early intervention for traumatized youth.

3. Dev Neuropsychol. 2013 Oct;38(7):481-95. doi: 10.1080/87565641.2013.820307.

Developmental variation in amygdala volumes among children with posttraumatic stress.

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This article examined associations between indices of maturation (age and Tanner stage) and amygdala volumes in 24 youth (aged 7-14) with posttraumatic stress disorder symptoms and a matched control group. Fifteen of the youth with exposure to trauma were also re-evaluated one year later. A positive association between maturation and right amygdala volumes was observed in the trauma group but not in

controls. Associations with maturation remained when controlling for a number of possible covariates and over time. Developmentally younger youth (Tanner stage 1 and 2) showed increases and older (Tanner stage 3 and 4) decreases in right amygdala volumes.

4. Stress Health. 2013 Oct 16. doi: 10.1002/smi.2540. [Epub ahead of print]

Coping Behaviours and Post-traumatic Stress in War-affected Eastern Congolese Adolescents.

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This study explores coping strategies used by war-affected eastern Congolese adolescents across age and sex, and the association between post-traumatic stress symptoms and engagement and disengagement coping. Cross-sectional data were collected in 11 secondary schools across four areas in the Ituri province, Democratic Republic of Congo. A total of 952 pupils (45.3% girls, 54.7% boys) aged 13-21 years ($M = 15.83$, standard deviation = 1.81) participated in self-report assessment, using instruments that were either specifically developed (Adolescent Complex Emergency Exposure Scale, assessing traumatic exposure), validated (Impact of Event Scale Revised, assessing post-traumatic stress symptoms) or reviewed (Kidcope, assessing coping strategies) for the study population. Reported coping strategies varied with age, and boys more frequently reported problem solving and resignation as compared with girls. Disengagement coping was associated with lower symptom scores in younger adolescent girls, as was the interaction effect between engagement and disengagement coping. We conclude that disengagement coping is not necessarily a maladaptive reaction to stressful events in war-affected situations and that future research should aim to better understand the heterogeneous patterns of stress and coping responses, including the role of factors such as the nature and appraisal of stressors, available resources for coping and cultural preferences. Copyright © 2013 John Wiley & Sons, Ltd.

5. Clin Child Fam Psychol Rev. 2013 Oct 8. [Epub ahead of print]

Developmentally Adapted Cognitive Processing Therapy for Adolescents Suffering from Posttraumatic Stress Disorder after Childhood Sexual or Physical Abuse: A Pilot Study.

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Although childhood sexual abuse and childhood physical abuse (CSA and CPA) have severe psychopathological consequences, there is little evidence supporting psychotherapeutic interventions for adolescents who have experienced CSA or CPA. To provide a treatment tailored to the specific needs of adolescents suffering from abuse-related posttraumatic stress disorder (PTSD), we modified Cognitive Processing Therapy (CPT) by adding new treatment modules and changing the therapy setting. To evaluate the feasibility and efficacy of Developmentally Adapted CPT (D-CPT), we treated 12 adolescents suffering from PTSD secondary to CSA or CPA. Patients were assessed prior to treatment (t0), post-treatment (t1), and 6 weeks after treatment (t2). Assessments included the Clinician-Administered PTSD Scale (CAPS), the UCLA PTSD Index (UCLA), the Children's Depression Inventory (CDI), the Adolescent Dissociative Experiences Scale (A-DES), and the Borderline Symptom List (BSL-23). MANOVAs revealed that posttraumatic stress measurements and associated symptom measurements significantly differed across time points. When comparing t0 with t2, Cohen's d was large with respect to the CAPS scores ($d = 1.45$, $p < .001$) and the UCLA scores ($d = 1.91$, $p < .001$). Cohen's d had a medium magnitude with respect to the CDI scores ($d = .78$, $p < .001$), the A-DES scores ($d = 0.64$, $p < .05$), and the BSL-23 scores ($d = 0.74$, $p < .01$). D-CPT has the potential to reduce PTSD symptoms and comorbid psychopathology in adolescents with histories of CSA or CPA.

6. Violence Vict. 2013;28(4):697-714.

The relationship between protective factors and outcomes for children exposed to violence.

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To develop prevention and intervention programs for children exposed to violence, it is necessary to understand what factors might help alleviate the negative effects of violence exposure. In this study, we sought to test whether relationships exist between certain protective factors and subsequent adjustment and to examine whether violence re-exposure contributed to changes in outcomes over time. The analyses revealed that caregiver reports of both child self-control and the quality of the parent-child relationship were related to changes in child posttraumatic stress disorder (PTSD) symptoms and behavior

problems. Furthermore, children experiencing more categories of violence re-exposure had increased behavior problems at follow-up compared to those without re-exposure. These findings advance our understanding of the relationship between these protective factors and outcomes for children exposed to violence and suggest that intervening to bolster these protective factors could improve outcomes.

7. J Clin Psychiatry. 2013 Aug;74(8):841-9. doi: 10.4088/JCP.12m08030.

Clinical significance of a proposed developmental trauma disorder diagnosis: results of an international survey of clinicians.

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OBJECTIVE: Maltreatment, family violence, and disruption in primary caregiver attachment in childhood may constitute a developmental form of trauma that places children at risk for multiple psychiatric and medical diagnoses that often are refractory to well-established evidence-based mental health treatments. No integrative diagnosis exists to guide assessment and treatment for these children and adolescents. This study therefore assessed clinicians' ratings of the clinical utility of a proposed developmental trauma disorder diagnostic framework.

METHOD: An Internet survey was conducted with an international convenience sample of 472 self-selected medical, mental health, counseling, child welfare, and education professionals. Respondents made quantitative ratings of the clinical significance of developmental trauma disorder, developmental trauma exposure, and symptom items and also posttraumatic stress disorder (PTSD) and other Axis I internalizing and externalizing disorder symptom items for 4 clinical vignettes. Ratings of the discriminability of each developmental trauma disorder item from PTSD, other anxiety disorders, affective disorders, and externalizing behavior disorders, and of each developmental trauma disorder item's amenability to existing evidence-based treatments for those disorders, also were obtained.

RESULTS: Respondents viewed developmental trauma disorder criteria as (1) comparable in clinical utility to criteria for PTSD and other psychiatric disorders; (2) discriminable from and not fully accounted for by other disorders; and (3) refractory to existing evidence-based psychotherapeutic treatments.

CONCLUSIONS: The exposure and symptom criteria proposed for a developmental trauma disorder diagnosis warrant clinical dissemination and scientific field testing to determine their actual clinical utility in treating traumatized children with complex psychiatric presentations.

8. J Clin Psychiatry. 2013 Aug;74(8):819-20. doi: 10.4088/JCP.13f08643.

Treatment, bereavement, and trauma in children.

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9. J Child Sex Abus. 2013;22(6):639-57. doi: 10.1080/10538712.2013.811137.

Exploring mental health adjustment of children post sexual assault in South Africa.

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Large numbers of children are affected by child sexual abuse in South Africa. This study aimed to assess psychological adjustment of children post sexual assault. In-depth, semistructured interviews were conducted with caretakers, and structured interviews using mental health assessment screening tools were given to children at three intervals over a five-month period after presentation at a sexual assault center. Almost half of the children met clinical criteria for anxiety, and two-thirds met criteria for full symptom post-traumatic stress disorder two to four weeks post disclosure. With standard care, we observed some recovery; 43.3% of children still met full symptom post-traumatic stress disorder nearly six months post disclosure. Our findings indicate that current practice in South Africa does not promote adequate recovery for children.

10. J Child Sex Abus. 2013;22(6):625-38. doi: 10.1080/10538712.2013.811141.

The cognitive impact of sexual abuse and PTSD in children: a neuropsychological study.

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Sexual abuse is known to have an impact on both child and adult mental health, but the neuropsychological basis of this effect is still largely unknown. This study compared neuropsychological test results from a group of 76 children, 13 of them sexual abuse victims with symptoms of post-traumatic stress disorder, 26 victims of sexual abuse who showed no symptoms post-traumatic stress disorder, and 37 controls. The groups were matched by age, sex, socioeconomic status, and educational level. Child sexual abuse was associated with reduced ability to inhibit automatic responses measured by the Stroop test regardless of

post-traumatic stress disorder status. These findings indicate possible attentional inhibition difficulties in child victims of sexual abuse, which may help explain psychopathology associated with the experience.

11. Trials. 2013 Jul 17;14:221. doi: 10.1186/1745-6215-14-221.

Psychological advocacy toward healing (PATH): study protocol for a randomized controlled trial.

Brierley G, Agnew-Davies R, Bailey J, Evans M, Fackrell M, Ferrari G, Hollinghurst S, Howard L, Howarth E, Malpass A, Metters C, Peters TJ, Saeed F, Sardhina L, Sharp D, Feder GS.

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BACKGROUND: Domestic violence and abuse (DVA), defined as threatening behavior or abuse by adults who are intimate partners or family members, is a key public health and clinical priority. The prevalence of DVA in the United Kingdom and worldwide is high, and its impact on physical and mental health is detrimental and persistent. There is currently little support within healthcare settings for women experiencing DVA. Psychological problems in particular may be difficult to manage outside specialist services, as conventional forms of therapy such as counseling that do not address the violence may be ineffective or even harmful. The aim of this study is to assess the overall effectiveness and cost-effectiveness of a novel psychological intervention tailored specifically for survivors of DVA and delivered by domestic violence advocates based in third-sector organizations.

METHODS AND STUDY DESIGN: This study is an open, pragmatic, parallel group, individually randomized controlled trial. Women ages 16 years and older experiencing domestic violence are being enrolled and randomly allocated to receive usual DVA agency advocacy support (control) or usual DVA agency support plus psychological intervention (intervention). Those in the intervention group will receive eight specialist psychological advocacy (SPA) sessions weekly or fortnightly, with two follow-up sessions, 1 month and then 3 months later. This will be in addition to any advocacy support sessions each woman receives. Women in the control group will receive usual DVA agency support but no additional SPA sessions. The aim is to recruit 250 women to reach the target sample size. The primary outcomes are psychological well-being and depression severity at 1 yr from baseline, as measured by the Clinical Outcomes in Routine Evaluation-Outcome Measure (CORE-OM) and the Patient Health Questionnaire (PHQ-9), respectively. Secondary outcome measures include anxiety, posttraumatic stress, severity and frequency of abuse, quality of life and cost-effectiveness of the intervention.

Data from a subsample of women in both groups will contribute to a nested qualitative study with repeat interviews during the year of follow-up.

DISCUSSION: This study will contribute to the evidence base for management of the psychological needs of women experiencing DVA. The findings will have important implications for healthcare commissioners and providers, as well as third sector specialist DVA agencies providing services to this client group.

TRIAL REGISTRATION: ISRCTN58561170.

12. Public Health. 2013 Jul;127(7):644-52. doi: 10.1016/j.puhe.2013.04.018. Epub 2013 Jun 24.

What are the determinants of post-traumatic stress disorder: age, gender, ethnicity or other? Evidence from 2008 Wenchuan earthquake.

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OBJECTIVE: To estimate the prevalence of post-traumatic stress disorder (PTSD) and assess determinants related to PTSD symptoms among adult earthquake survivors after the 2008 Wenchuan earthquake in China.

STUDY DESIGN: Cross-sectional multicenter sample surveys with data collected from four counties.

METHODS: Surveys were conducted separately in four counties in Sichuan Province, with a total of 2004 respondents. Beichuan County and Dujiangyan City were damaged more severely than Yaan County and Langzhong County during the earthquake. In total, 1890 households were represented, with a mean of 2.2 respondents per household. Data were collected using structured interviews, and the Harvard Trauma Questionnaire and Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition criteria were used to diagnose PTSD.

RESULTS: The prevalence rates of suspected PTSD were 47.3% (n = 436) in heavily damaged areas and 10.4% (n = 93) in moderately damaged areas. The prevalence rates of PTSD symptoms among elderly, middle aged and young adults were 55.8%, 50.2% and 28.6% (P = 0.001), respectively, in heavily damaged areas. Older age, female gender, unmarried/divorced/widowed, ethnic minority, death of family member, no household income and damaged household were independent risk factors for PTSD symptoms in heavily damaged areas.

CONCLUSION: Interventions designed to reduce PTSD among populations affected by the 2008 earthquake should focus on people without household incomes, those with damaged households and those who experienced the death of a family member.

Effective, sustainable and culturally sensitive psychosocial interventions and mental health services are required, and attention should be directed to

survivors who experienced the death of a family member, women and older adults following the devastating natural disaster. Governments should support income-generating activities and improve living conditions. Trained field personnel can assist with PTSD assessments and referrals, and existing rural healthcare services can be used to provide treatment for common psychiatric disorders.

13. J Assoc Nurses AIDS Care. 2013 Jul-Aug;24(4):355-67. doi: 10.1016/j.jana.2013.03.004.

Providing sensitive care for adult HIV-infected women with a history of childhood sexual abuse.

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Childhood sexual abuse (CSA) is a serious public health issue. Women with HIV who have a history of CSA are at increased risk for sporadic medical treatment, nonadherence to HIV medications, and HIV risk behaviors. These associations pose a challenge to providing health care for this population and are complicated by the possible psychological sequelae of CSA, such as anxiety, depression, dissociation, and posttraumatic stress disorder. This article reviews the effects of CSA on the health status of women with HIV, barriers to treatment adherence, suggested components of trauma-sensitive medical care, and mental health approaches. A trauma-informed, trauma-sensitive care model that addresses barriers associated with health care for women with a history of CSA is suggested. Specific recommendations are offered for the provision of effective clinical care for women with HIV who also have a history of CSA to help HIV care providers better recognize and appreciate the distinct needs of this patient population.

14. Acta Paediatr. 2013 Sep;102(9):e392-7. doi: 10.1111/apa.12323. Epub 2013 Jul 10.
Delivering perinatal psychiatric services in the neonatal intensive care unit.

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AIM: To describe characteristics of mothers who would likely benefit from on-site short-term psychiatric services while their infant is in the neonatal intensive

care unit (NICU).

METHODS: For 150 consecutive mothers who were referred for psychiatric evaluation and psychotherapeutic intervention in an innovative NICU mental health programme, baseline information was collected. Data regarding their referrals, diagnosis, treatments and infants were analysed.

RESULTS: Most mothers were referred because of depression (43%), anxiety (44%) and/or difficulty coping with their infant's medical problems and hospitalization (60%). Mothers of VLBW infants were disproportionately more likely to be referred. A majority of mothers accepted the referral and were treated; most only required short-term psychotherapy. A minority resisted or refused psychiatric assessment; a quarter of these had more difficult interactions with staff or inappropriate behaviours. In these cases, the role of the psychiatrist was to work with staff to promote healthy interactions and to foster maternal-infant bonding.

CONCLUSION: Overall, on-site psychiatric services have been accepted by a majority of referred NICU mothers, and most did not require long-term treatment. A considerable need exists for psychiatric services in the NICU to promote optimal parenting and interactions.

15. J Am Acad Psychiatry Law. 2013;41(2):263-73.

Critical concerns in Iraq/Afghanistan war veteran-forensic interface:
combat-related postdeployment criminal violence.

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Identifying whether there is a nexus between Iraq and Afghanistan combat injuries and civilian violence on return from deployment is complicated by differences in reactions of individuals to combat exposure, the overlapping effects of traumatic brain injury (TBI) and posttraumatic stress disorder (PTSD), and the low base rate of civilian violence after combat exposure. Moreover, the overall prevalence of violence among returning Iraq and Afghanistan combat war veterans has not been well documented. Malingered symptoms and either exaggeration or outright fabrication of war zone exposure are challenges to rendering forensic opinions, with the risk reduced by accessing military documents that corroborate war zone duties and exposure. This article serves as a first step toward understanding what may potentiate violence among returning Iraq and Afghanistan veterans. We offer a systematic approach toward the purpose of forensic case formulation that addresses whether combat duty/war zone exposure and associated clinical conditions are linked to criminal violence on return to civilian life.

16. Psychopharmacology (Berl). 2013 May;227(2):375-6. doi: 10.1007/s00213-013-3092-y. Epub 2013 Apr 7.

Old drug ifenprodil, new hope for PTSD with a history of childhood abuse.
Hashimoto K, Sasaki T, Kishimoto A.

17. J Adolesc Health. 2013 Jun;52(6):765-72. doi: 10.1016/j.jadohealth.2012.12.013. Epub 2013 Apr 3.

Effects of a major U.S. Hurricane on mental health disorder symptoms among adolescent and young adult females.

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OBJECTIVE: This study examines the effects of Hurricane Ike-related damage, job loss, injury, and mortality of friends and family on mental health symptoms among affected young women and adolescents.

METHODS: Data from a cross-sectional, self-administered survey of 2,536 young women aged 16-24 years affected by Hurricane Ike was examined. Poisson regression estimated the effect of types of hurricane-related damage, job loss, injury, and mortality of family or friends on depressive and hurricane-related post-traumatic stress disorder symptoms.

RESULTS: Nearly half (46.3%) of the respondents suffered damage, and 13% lost jobs as a result of Ike. Hurricane-related damage, job loss, injury to self, and injury to and mortality of friends or family were associated with increased Ike-related post-traumatic stress disorder symptoms. Damage and job loss were also associated with increased depressive symptoms.

CONCLUSION: Accessible mental health services and plans to reduce job loss among adolescents and those they depend on for income are needed in areas affected by hurricanes to help mitigate psychological consequences among low-income young women.

18. J Trauma Stress. 2013 Apr;26(2):217-24. doi: 10.1002/jts.21799. Epub 2013 Mar 25.

Maternal symptomatology and parent-child relationship functioning in a diverse sample of young children exposed to trauma.

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Children under the age of 6 years are disproportionately exposed to interpersonal

trauma. Research describing type and frequency of exposure to trauma among this young population is limited. Additionally, few studies have assessed the role of multiple indicators of parental functioning on children's behavior following trauma exposure. The current study was conducted with 216 ethnically and socioeconomically diverse mother-child dyads to examine the impact of maternal symptoms and parent-child functioning on child's behavior after trauma exposure. Children experienced an average of over 5 traumatic events prior to age 6 years, and mothers had experienced an average of over 13 traumatic events during their lifetime. With child's trauma history in the model, maternal depressive symptomatology ($\beta = .30$) and parent-child dysfunction ($\beta = .32$) each uniquely accounted for variance in children's behavioral and emotional functioning. The findings of this study underscore the need for clinical interventions that address the parent-child relationship and parental symptomatology following young children's exposure to trauma.

19. Am J Med Genet B Neuropsychiatr Genet. 2013 Apr;162B(3):262-72. doi: 10.1002/ajmg.b.32145. Epub 2013 Mar 15.

ADCYAP1R1 genotype associates with post-traumatic stress symptoms in highly traumatized African-American females.

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Pituitary adenylate cyclase-activating polypeptide (PACAP) and its receptor (PAC1) play a critical role in biological processes that mediate stress response and have been implicated in psychological outcome following trauma. Our previous work [Ressler et al. (2011); Nature 470:492-497] demonstrated that a variant, rs2267735, in the gene encoding PAC1 (ADCYAP1R1) is associated with post-traumatic stress disorder (PTSD) in a primarily African-American cohort of highly traumatized females. We sought to extend and replicate our previous finding in a similarly trauma-exposed, replicate sample of 1,160 African-American adult male and female patients. Self-reported psychiatric measures were collected, and DNA was obtained for genetic analysis. Using linear regression models to test for association with PTSD symptom severity under an additive (allelic) model, we found a genotype \times trauma interaction in females ($P < 0.001$), but not males ($P > 0.1$); however, there was no main effect of genotype as in our previous study. The observed interaction suggests a genetic association that increases with the degree of trauma exposure in females only. This interaction remained significant in females, but not males, after controlling for age ($P < 0.001$), income ($P < 0.01$), past substance abuse ($P < 0.001$), depression severity

($P = 0.02$), or child abuse ($P < 0.0005$), and all five combined ($P = 0.01$). No significant effects of genotype (or interactions) were found when modeling depression severity when controlling for comorbid PTSD symptom severity ($P > 0.1$), demonstrating the relative specificity of this variant for PTSD symptoms. A meta-analysis with the previously reported African-American samples revealed a strong association between PTSD symptom severity and the interaction between trauma and genotype in females ($N = 1424$, $P < 0.0001$).

20. J Trauma Stress. 2013 Apr;26(2):209-16. doi: 10.1002/jts.21794. Epub 2013 Mar 13.

Trauma exposure and posttraumatic stress disorder in adolescents: a national survey in Switzerland.

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There are a limited number of epidemiological studies that have focused on trauma exposure and prevalence of posttraumatic stress disorder (PTSD) in representative general population samples of adolescents, especially outside of the United States. We therefore aimed to assess the lifetime prevalence of traumatic events (TEs) and current prevalence of PTSD, and to examine demographic risk factors for TEs and PTSD in a representative sample of adolescents. Data were collected by a school survey among a sample of 6,787 9th-grade students in Switzerland. Roughly 56% of the adolescents (females 56.6%; males 55.7%) reported having experienced at least 1 TE. Non-Swiss nationality ($OR = 1.80$), not living with both biological parents ($OR = 1.64$), and lower parental education ($OR = 1.18$) were associated with a higher risk of trauma exposure. The current prevalence of PTSD according to the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000) criteria was 4.2% (females 6.2%; males 2.4%). Female gender ($OR = 2.70$), not living with both biological parents ($OR = 1.47$), lower parental education ($OR = 1.51$), and exposure to multiple TEs ($OR = 9.56$) were significant risk factors for PTSD. Results suggest considerably high rates of TEs and PTSD among adolescents. Intervention efforts must be intensified to reduce trauma exposure and treat PTSD.

21. J Trauma Stress. 2013 Apr;26(2):225-32. doi: 10.1002/jts.21792. Epub 2013 Mar 14.

Traumatic stress symptomatology after child maltreatment and single traumatic events: different profiles.

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The sequelae of child maltreatment tend to extend current posttraumatic stress disorder (PTSD) symptoms. This study examined this assumption, hypothesizing that (a) PTSD and trauma-related symptoms are more severe after single trauma than after child maltreatment; (b) symptoms unrelated to trauma are more severe after child maltreatment than after single trauma; and (c) a comorbid association of clinical PTSD with trauma-related symptoms is more prevalent after single trauma, whereas a comorbid association of clinical PTSD with trauma unrelated symptoms is more prevalent after child maltreatment. The Trauma Symptom Checklist for Children (TSCC) assessed PTSD and trauma-related symptoms in 256 children (83 children exposed to single trauma, 173 to child maltreatment). The Strengths and Difficulties Questionnaire (SDQ) assessed trauma-unrelated symptoms. Single-trauma children reported significantly more severe PTSD and trauma-related symptoms. Significantly more severe trauma unrelated symptoms were reported after child maltreatment. A significant relation was found between clinical PTSD and more severe trauma-related symptoms in both samples. Likelihood of children meeting PTSD symptoms after trauma seems to decrease when traumatization becomes more complex. Findings support our assumption that symptomatology of maltreated children extends current PTSD symptoms.

22. J Abnorm Child Psychol. 2013 Aug;41(6):983-92. doi: 10.1007/s10802-013-9731-2.
Behavioral inhibition and risk for posttraumatic stress symptoms in Latino children exposed to violence.

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Latino children in urban contexts marked by poverty are at high risk of being exposed to violence and developing posttraumatic stress disorder (PTSD). Nonetheless, there is great variability in individual responses to violence exposure. This study examines risk for developing re-experiencing, avoidance, and arousal symptoms of PTSD as a function of individual differences in behavioral inhibition and exposure to community violence. Participants were 148 Latino students (M age =11.43 years, SD = 0.69; 55 % girls) living in an area marked by poverty and crime. Children completed self-report measures of behavioral inhibition and posttraumatic stress symptoms during a baseline assessment. During a follow-up interview 6 months later, children completed self-report measures of exposure to community violence since the baseline assessment and posttraumatic

stress symptoms. Structural equation models revealed that behavioral inhibition at baseline was positively associated with PTSD avoidance and arousal symptoms at follow-up, after controlling for symptoms at baseline. Furthermore, behavioral inhibition moderated the association between violence exposure and symptoms such that violence was more strongly associated with the development of PTSD avoidance symptoms as behavioral inhibition increased. Results suggest that individual differences in behavioral inhibition contribute to risk for specific PTSD symptoms and are important for understanding variation in responses to trauma exposure. By examining diathesis–stress models within a disorder, we may be better able to elucidate the etiology of a disorder and translate this improved understanding into personalized intervention approaches that maximize effectiveness.

23. J Adolesc Health. 2013 Jun;52(6):757-64. doi: 10.1016/j.jadohealth.2012.11.014. Epub 2013 Feb 8.

Challenges faced by former child soldiers in the aftermath of war in Uganda.
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PURPOSE: Warfare takes a profound toll of all layers of society, creating multiple and multilevel challenges that impinge on the psychosocial well-being of affected individuals. This study aims to assess the scope and salience of challenges confronting former child soldiers and at identifying additional challenges they face compared to non-recruited young people in war-affected northern Uganda.

METHODS: The study was carried out with a stratified random sample of northern Ugandan adolescents ($n = 1,008$), of whom a third had formerly been recruited ($n = 330$). The mixed-method comparison design consisted of a constrained free listing task to determine the challenges; a free sorting task to categorize them into clusters; and statistical analysis of their prevalence among formerly recruited youth and of how they compare with those of nonrecruited youth.

RESULTS: Altogether, 237 challenges were identified and clustered into 15 categories, showing that formerly recruited participants mainly identified "emotional" and "training and skills"-related challenges. Compared with nonrecruited counterparts, they reported significantly more "emotional" and fewer "social and relational" challenges, with the exception of stigmatization.

Overall, there was similarity between the challenges reported by both groups.

CONCLUSIONS: The challenges confronting formerly recruited youths reach well

beyond the effects of direct war exposure and emerge mainly from multiple influence spheres surrounding them. These challenges are largely shared in common with nonrecruited youths. This multidimensional and collective character of challenges calls for comprehensive psychosocial interventions through which healing the psychological wounds of war is complemented by mending the war-affected surroundings at all levels and in all life areas.

24. J Child Psychol Psychiatry. 2013 May;54(5):503-15. doi: 10.1111/jcpp.12047. Epub 2013 Feb 12.

Practitioner review: The victims and juvenile perpetrators of child sexual abuse—assessment and intervention.

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BACKGROUND: The assessment of victims of child sexual abuse (CSA) is now a recognized aspect of clinical work for both CAMH and adult services. As juvenile perpetrators of CSA are responsible for a significant minority of the sexual assaults on other children, CAMH services are increasingly approached to assess these oversexualized younger children or sexually abusive adolescents. A developmental approach to assessment and treatment intervention is essential in all these cases.

METHOD: This review examines research on the characteristics of child victims and perpetrators of CSA. It describes evidence-based approaches to assessment and treatment of both groups of children. A selective review of MEDLINE, Psycinfo, Cochrane Library, and other databases was undertaken. Recommendations are made for clinical practice and future research.

FINDINGS: The characteristics of CSA victims are well known and those of juvenile perpetrators of sexual abuse are becoming recognized. Assessment approaches for both groups of children should be delivered within a safeguarding context where risk to victims is minimized. Risk assessment instruments should be used only as adjuncts to a full clinical assessment. Given high levels of psychiatric comorbidity, assessment, treatment, and other interventions should be undertaken by mental health trained staff.

CONCLUSIONS: Victims and perpetrators of CSA present challenges and opportunities for professional intervention. Their complex presentations mean that their needs should be met by highly trained staff. However, their youth and developmental immaturity also give an opportunity to nip problem symptoms and behaviors in the bud. The key is in the earliest possible intervention with both groups. Future

research should focus on long-term adult outcomes for both child victims and children who perpetrate CSA. Adult outcomes of treated children could identify problems and/or strengths in parenting the next generation and also the persistence and/or desistence of sexualized or abusive behavior.

25. J Adolesc Health. 2013 Jun;52(6):792-4. doi: 10.1016/j.jadohealth.2012.12.002. Epub 2013 Jan 23.

Use of a social networking web site for recruiting Canadian youth for medical research.

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PURPOSE: The use of advertising on Facebook for medical research is not widely utilized, and we sought to describe the effectiveness of this tool in medical research recruitment.

METHODS: A survey study was designed to evaluate the prevalence of post-traumatic stress disorder (PTSD) in Canadian youth who were affected by violence.

Participants were recruited from an advertisement on Facebook that targeted Canadian users aged 15 to 24 years and linked them to an online survey. This secondary analysis is a descriptive study of the effectiveness of the Facebook campaign.

RESULTS: Over the course of the study, the advertisement was displayed 17.5 million times resulting in 3,440 clicks on the link to the survey (.020%). The overall cost worked out to \$15.35 per final subject, totaling \$1351.17.

CONCLUSION: Facebook advertising is a cost-effective method of recruiting youth from a wide population. There are many potential uses for social networking in medical research.

26. Women Birth. 2013 Jun;26(2):138-42. doi: 10.1016/j.wombi.2012.11.002. Epub 2012 Dec 21.

Placenta praevia, placental abruption and amphetamine use in pregnancy: a case study.

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Pregnant women who misuse alcohol or substances often develop obstetric conditions that further complicate their pregnancy. This case study reflects on

the maternity care provided for a woman who continued to use amphetamines during her pregnancy; and who was diagnosed with placenta praevia and subsequently suffered a placental abruption. Alcohol and substance misuse in pregnancy is currently escalating, increasing the risk in maternal and neonatal morbidity and mortality. Midwives must be confident in the advice and care they provide in order to reduce the risks caused by substance misuse, and be able to support this with evidence-based care. **PURPOSE:** The purpose of this case study is to discuss the obstetric condition involved with placenta praevia with the occurrence of a placental abruption in a woman who uses amphetamines during pregnancy; and the midwifery and obstetric care involved. **INTEREST/RELEVANCE/CONGRUENCY:** It will highlight the importance of evidence-based care in high risk obstetrics. **CONTENT:** (1) Case summary; (2) discussion; (3) risk factors; screening, diagnosis and management; foetal and neonatal monitoring; postnatal management, and trauma informed care. **CONCLUSION:** It was shown with planning, understanding, communication, and vigilance, the care of an amphetamine using pregnant woman with a diagnosis of placenta praevia and abruption can be successfully accomplished. The management of the woman discussed in this case study was within the recommendations currently available in the literature.

27. BMC Psychiatry. 2012 Dec 18;12:229. doi: 10.1186/1471-244X-12-229.

Trauma exposure, PTSD and psychotic-like symptoms in post-conflict Timor Leste: an epidemiological survey.

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BACKGROUND: Studies in developed countries indicate that psychotic-like symptoms are prevalent in the community and are related to trauma exposure and PTSD. No comparable studies have been undertaken in low-income, post-conflict countries. This study aimed to assess the prevalence of psychotic-like symptoms in conflict-affected Timor Leste and to examine whether symptoms were associated with trauma and PTSD.

METHODS: The Psychosis Screening Questionnaire and the Harvard Trauma Questionnaire (assessing trauma exposure and PTSD) were administered in an epidemiological survey of 1245 adults (response rate 80.6%) in a rural and an urban setting in Timor Leste. We defined PSQ screen-positive cases as those people reporting at least one psychotic-like symptom (paranoia, hallucinations, strange experiences, thought interference, hypomania).

RESULTS: The prevalence of PSQ screen-positive cases was 12 percent and these persons were more disabled. PSQ cases were more likely to reside in the urban area, experienced higher levels of trauma exposure and a greater prevalence of PTSD. PTSD only partially mediated the relationship between trauma exposure and psychotic-like symptoms.

CONCLUSIONS: Psychotic-like symptoms may be prevalent in countries exposed to mass conflict. The cultural and contextual meaning of psychotic-like symptoms requires further inquiry in low-income, post-conflict settings such as Timor Leste.

28. J Clin Child Adolesc Psychol. 2013;42(3):323-31. doi: 10.1080/15374416.2012.749786. Epub 2012 Dec 13.

Psychiatric problems and trauma exposure in nondetained delinquent and nondelinquent adolescents.

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This study examined the prevalence of and associations between specific psychiatric disorders, substance use problems, and trauma exposure in a sample of delinquent and nondelinquent adolescents. A nationally representative sample of adolescents ($n = 3,614$; M age = 14.5 years, $SD = 1.7$; 51% male; 71% White, non-Hispanic, 13.3% African American, non-Hispanic, 10.7% Hispanic) was interviewed via telephone about engagement in delinquent acts and their experience of posttraumatic stress disorder, major depressive episode, substance use, interpersonal violence, and other forms of trauma exposure. Delinquent adolescents were more likely than nondelinquent adolescents to experience trauma; they were also more likely to report past-year posttraumatic stress disorder, major depressive episode, alcohol abuse, and nonexperimental drug use. After accounting for the effects of demographics and trauma exposure, delinquency was associated with increased likelihood of posttraumatic stress disorder and problematic substance use in both genders and increased likelihood of major depressive episode in girls. Findings highlight substantial overlap among delinquency, trauma exposure, posttraumatic stress disorder, and major depressive episode in adolescents and the need for interventions that address these varied clinical problems. Future work should examine the factors underlying the development of these relations over time.

29. J Burn Care Res. 2013 May-Jun;34(3):299-306. doi: 10.1097/BCR.0b013e31825ae15d.

Prevalence and correlates of posttraumatic stress in parents of young children postburn.

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This study examined the prevalence and correlates of posttraumatic stress symptoms (PTSS) in the parents of very young children who sustained a minor to moderate size burn injury. Although prior research has explored this relationship in families of children with major burns, only minimal research has focused on children with minor to moderate injuries. Forty-five parents of young children (<6 years) with a burn injury (mean TBSA = 2.67%, SD = 2.40) completed questionnaires regarding PTSS and demographics at an outpatient burn clinic. Injury-related information was collected from medical records. Parents reported clinically significant levels of PTSS, although in most cases, full diagnostic criteria for posttraumatic stress disorder were not met. The amount of distress was related to the age of the child at burn, child PTSS, and the source of burn. Variables such as size of burn, days spent as inpatient, or parental presence at the time of burn were not found to be related to parental distress. PTSS assessment should be made mandatory for all parents of young children experiencing a burn injury, regardless of size and severity of burn or parental presence at the time of burn.

30. J Clin Psychol Med Settings. 2013 Jun;20(2):135-42. doi: 10.1007/s10880-012-9328-x.

Parental coping in the neonatal intensive care unit.

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Fifty-six mothers of premature infants who participated in a study to reduce symptoms of posttraumatic stress disorder (PTSD) completed the Brief COPE, a self-report inventory of coping mechanisms, the Stanford Acute Stress Reaction Questionnaire to assess acute stress disorder (ASD) and the Davidson Trauma Scale to assess PTSD. 18 % of mothers had baseline ASD while 30 % of mothers met the criteria for PTSD at the 1-month follow-up. Dysfunctional coping as measured by the Brief COPE was positively associated with elevated risk of PTSD in these mothers (RR = 1.09, 95 % CI 1.02-1.15; p = .008). Maternal education was positively associated with PTSD; each year increase in education was associated

with a 17 % increase in the relative risk of PTSD at 1 month follow-up (RR = 1.17, 95 % CI 1.02-1.35; p = .03). Results suggest that dysfunctional coping is an important issue to consider in the development of PTSD in parents of premature infants.

31. Acta Psychiatr Scand. 2013 Jul;128(1):78-87. doi: 10.1111/acps.12011. Epub 2012 Sep 18.

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

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OBJECTIVE: This study sought to address the link between attention deficit/hyperactivity disorder (ADHD) and post-traumatic stress disorder (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: Post-traumatic stress disorder was significantly higher in ADHD probands vs. controls (5.2% vs. 1.7%, $\chi^2(1) = 4.36$, $P = 0.04$). 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.

32. J Affect Disord. 2013 Mar 20;146(1):71-8. doi: 10.1016/j.jad.2012.08.041. Epub 2012 Sep 10.

Children's symptoms of posttraumatic stress and depression after a natural disaster: comorbidity and risk factors.

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BACKGROUND: The current study examined rates of comorbidity among children's symptoms of posttraumatic stress (PTS) and depression after a natural disaster, Hurricane Ike. We also compared children with comorbid symptoms to children without comorbid symptoms, examining recovery, severity of symptoms, and risk factors.

METHOD: Children (n=277; 52% girls; 38% Hispanic, 28% White, 19% Black; grades 2-4) were assessed at 8 and 15 months postdisaster. Children completed measures of PTS and depressive symptoms at both time points and measures of exposure and recovery stressors at 8 months postdisaster.

RESULTS: At 8 months postdisaster, 13% of children reported elevated PTS-only, 11% depression-only, and 10% comorbid symptoms of PTS and depression. At 15 months postdisaster, 7% of children reported elevated PTS-only, 11% depression-only, and 7% comorbid symptoms of PTS and depression. Children with comorbid symptoms of PTS and depression had poorer recovery, more severe symptoms, and they reported greater exposure and recovery stressors.

LIMITATIONS: We lacked information on children's predisaster functioning and diagnostic interview of psychological distress symptoms.

CONCLUSIONS: Children with comorbid symptoms need to be identified early postdisaster. Levels of stressors should be monitored postdisaster, as highly stressed youth have difficulties recovering and may need help. Interventions should be tailored for children with comorbid symptoms of PTS and depression.

33. J Behav Med. 2013 Jun;36(3):283-94. doi: 10.1007/s10865-012-9421-5. Epub 2012 Apr 27.

Using novel methods to examine stress among HIV-positive African American men who have sex with men and women.

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Biomarker composites (BCs) that objectively quantify psychosocial stress independent of self report could help to identify those at greatest risk for negative health outcomes and elucidate mechanisms of stress-related processes. Here, BCs are examined in the context of existing disease progression among HIV-positive African American men who have sex with men and women (MSMW) with high stress histories, including childhood sexual abuse. Participants (N = 99) collected 12-h overnight and morning urine samples for assay of cortisol and catecholamines (primary BC) and neopterin (an indicator of HIV disease progression). Data on cumulative psychosocial trauma history (severity, types, frequency, age at first incident), posttraumatic stress disorder (PTSD) symptoms, sexual risk behaviors, and a secondary BC consisting of routine health indicators (heart rate, blood pressure, body mass index, waist-to-hip ratio) were also collected. Lifetime trauma exposure was highly pervasive and significantly greater among those meeting a standard cutoff for PTSD caseness (24 %). After controlling for HIV factors (neopterin levels and years with disease), PTSD was a significant ($p < .05$) predictor of the primary, but not secondary BC. Those with PTSD also had significantly more sexual partners, sex without a condom, and exchange sex for money or drugs than those without PTSD. Specific trauma characteristics predicted PTSD severity and caseness independently and uniquely in regression models (p 's $< .05$ -.001). A primary BC appears sensitive to cumulative trauma burden and PTSD in HIV-positive African American MSMW, providing support for the use of BCs to quantify psychosocial stress and inform novel methods for examining mechanisms of stress influenced health behaviors and disease outcomes in at-risk populations.

34. Disaster Med Public Health Prep. 2010 Sep;4 Suppl 1:S17-27. doi: 10.1001/dmp.2010.7. Epub 2010 Aug 23.

Children as bellwethers of recovery: dysfunctional systems and the effects of parents, households, and neighborhoods on serious emotional disturbance in children after Hurricane Katrina.

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Comment in

Disaster Med Public Health Prep. 2010 Sep;4 Suppl 1:S10-1.

BACKGROUND: Over 160,000 children were displaced from their homes after Hurricane Katrina. Tens of thousands of these children experienced the ongoing chaos and uncertainty of displacement and transiency, as well as significant social disruptions in their lives. The objectives of this study were to estimate the long-term mental health effects of such exposure among children, and to elucidate the systemic pathways through which the disaster effect operates.

METHODS: The prevalence of serious emotional disturbance was assessed among 283 school-aged children in Louisiana and Mississippi. These children are part of the Gulf Coast Child & Family Health Study, involving a longitudinal cohort of 1079 randomly sampled households in the two states, encompassing a total of 427 children, who have been interviewed in 4 annual waves of data collection since January 2006. The majority of data for this analysis was drawn from the fourth round of data.

RESULTS: Although access to medical care for children has expanded considerably since 2005 in the region affected by Hurricane Katrina, more than 37% of children have received a clinical mental health diagnosis of depression, anxiety, or behavior disorder, according to parent reports. Children exposed to Hurricane Katrina were nearly 5 times as likely as a pre-Katrina cohort to exhibit serious emotional disturbance. Path analyses confirm the roles played by neighborhood social disorder, household stressors, and parental limitations on children's emotional and behavioral functioning.

CONCLUSIONS: Children and youth are particularly vulnerable to the effects of disasters. They have limited capacity to independently mobilize resources to help them adapt to stressful postdisaster circumstances, and are instead dependent upon others to make choices that will influence their household, neighborhood, school, and larger social environment. Children's mental health recovery in a postdisaster setting can serve as a bellwether indicator of successful recovery or as a lagging indicator of system dysfunction and failed recovery.