

## October, 2012 Medline Topic Alert

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### **1. J Consult Clin Psychol. 2012 Oct 1. [Epub ahead of print]**

Reductions in Traumatic Stress Following a Coping Intervention Were Mediated by Decreases in Avoidant Coping for People Living With HIV/AIDS and Childhood Sexual Abuse.

Sikkema KJ, Ranby KW, Meade CS, Hansen NB, Wilson PA, Kochman A.

**Objective:** To examine whether (a) Living in the Face of Trauma (LIFT), a group intervention to address coping with HIV and childhood sexual abuse (CSA), significantly reduced traumatic stress over a 1-year follow-up period more than an attention-matched support group comparison intervention; and (b) reductions in avoidant coping over time mediated reductions in traumatic stress. **Method:** In a randomized controlled trial, 247 participants completed measures of traumatic stress and avoidant coping at pre- and post intervention, and at 4-, 8-, and 12-month follow-ups. Latent growth curve modeling examined changes over the 5 time points; standardized path coefficients provide estimates of effects.

**Results:** As compared with the support intervention, the coping intervention led to a reduction in traumatic stress over time ( $b = -.20, p < .02$ ). Participants in the coping intervention also reduced their use of avoidant coping strategies more than did participants in the support intervention ( $b = -.22, p < .05$ ). Mediation analyses showed reductions in avoidant coping related to reductions in traumatic stress ( $b = 1.45, p < .001$ ), and the direct effect of the intervention on traumatic stress was no longer significant ( $b = .04, ns$ ), suggesting that changes in avoidant coping completely mediated intervention effects on traumatic stress.

**Conclusions:** The LIFT intervention significantly reduced traumatic stress over time, and changes in avoidant coping strategies mediated this effect, suggesting a focus on current stressors and coping skills improvement are important components in addressing traumatic stress for adults living with HIV and CSA.

### **2. J Pediatr Psychol. 2012 Sep 23. [Epub ahead of print]**

Early Life Trauma Exposure and Stress Sensitivity in Young Children.

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**OBJECTIVE:** The current study replicates and extends work with adults that highlights the relationship between trauma exposure and distress in response to subsequent, nontraumatic life stressors. **METHODS:** The sample included 213 2-4-year-old children in which 64.3% had a history of potential trauma exposure. Children were categorized into 4 groups based on trauma history and current life stress. **RESULTS:** In a multivariate analysis of variance, trauma-exposed children with current life stressors had elevated internalizing and externalizing problems compared with trauma-exposed children without current stress and nontrauma-exposed children with and without current stressors. The trauma-exposed groups with or without current stressors did not differ on posttraumatic stress disorder symptom severity. Accounting for number of traumatic events did not change these results. **CONCLUSIONS:** These findings suggest that early life trauma exposure may sensitize young children and place them at risk for internalizing or externalizing problems when exposed to subsequent, nontraumatic life stressors.

**3. Sichuan Da Xue Xue Bao Yi Xue Ban. 2012 Jul;43(4):558-61.**

[Association study of the 5-HTT polymorphism and posttraumatic stress disorder in adolescents].

[Article in Chinese]

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**OBJECTIVE:** To study the association between 5-HTTVNTR polymorphism and posttraumatic stress disorder (PTSD) in Chinese Han adolescents after the Wenchuan Earthquake, and investigation of the genetic mechanism of PTSD. **METHODS:** Polymerase chain reaction (PCR) was used to detect the distributive frequency of 5-HTTVNTR polymorphism of 236 PTSD patients (patient group) and 234 normal people (control group), Plink version 1.07 was used to analyze the genotyping results. **RESULTS:** The frequency of 5-HTTVNTR allele 12 in PTSD group was significantly higher than control group (93.2% vs. 88.9%,  $\chi^2 = 5.42$ ,  $P = 0.020$ ). The 12/12 genotype in PTSD group and control group was 88.1% and 79.7%; 10/12 genotype was 10.2% and 19.6%; 10/10 genotype was 1.7% and 1.7%. The distributive frequency of all three genotypes (12/12, 10/12, 10/10) showed statistically significant ( $P = 0.023$ ). **CONCLUSION:** The allele 12 of 5-HTTVNTR may increase the risk of PTSD in Chinese

Han adolescents, 12/12 genotype may be the susceptibility gene, and heterozygote 10/12 may act as the protective factor of PTSD.

**4. J Affect Disord. 2012 Sep 10. pii: S0165-0327(12)00612-X. doi: 10.1016/j.jad.2012.08.041. [Epub ahead of print]**

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.

**5. Psychopathology. 2012 Sep 7. [Epub ahead of print]**

Body Image in Patients with Posttraumatic Stress Disorder after Childhood Sexual Abuse and Co-Occurring Eating Disorder.

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Background: Body image is a multidimensional construct with cognitive-affective,

behavioral and perceptive components. Survivors of childhood sexual abuse report a disturbance of the cognitive-affective component of their body image but not of the perceptive component. It has not yet been examined whether and how the behavioral component is affected. Also, it is still unknown whether the disturbances might be due to the influence of co-occurring eating disorders.

Sampling and Methods: The cognitive-affective and behavioral components of the body image of 84 female participants with posttraumatic stress disorder (PTSD) after childhood sexual abuse (31 with a co-occurring eating disorder) and 53 healthy participants were assessed via the Dresden Body Image Inventory (Dresdner Körperbildfragebogen-35, DKB-35) and the Body Image Avoidance Questionnaire (BIAQ). Results: PTSD patients reported significantly higher negative scores on all DKB-35 subscales ( $p < 0.001$ ) and the BIAQ ( $p = 0.002$ ;  $p < 0.001$ ). Results remained consistent after accounting for the influence of co-occurring eating disorders ( $p = 0.021$ ;  $p = 0.001$ ;  $p < 0.001$ ). Conclusions: Results show for the first time that the behavioral component of the body image is impaired in female patients with PTSD in addition to the cognitive-affective component. This is not solely due to a comorbid eating disorder. The effect of established treatments on the body image of PTSD patients should be evaluated and new treatment modules should be developed and tested, if necessary.

#### **6. Omega (Westport). 2012;65(2):139-50.**

Efficacy of writing for recovery on traumatic grief symptoms of Afghani refugee bereaved adolescents: a randomized control trial.

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Effective evidence-based intervention for traumatic bereavement is one of the current major research issues in the field of Post Traumatic Stress Disorder (PTSD) in children and adolescents. The "Writing for Recovery" group intervention is a new treatment approach developed by the Children and War Foundation for traumatized and bereaved children and adolescents after disasters. The purpose of this project was an empirical examination of this intervention with 12- to 18-year-old war bereaved Afghani refugees. Eighty-eight war bereaved Afghani refugees were screened using the Traumatic Grief Inventory for Children (TGIC). From those with the highest total score, 61 were randomly assigned to either an experimental ( $n = 29$ ) or control group ( $n = 32$ ). The experimental group received six sessions of group training on 3 consecutive days in their school. The difference of TGIC scores between the experimental group in pretest and posttest was significant ( $p = 0.001$ ). Results of analysis of covariance also showed a

significant effect of Writing for Recovery on the experimental group ( $p < 0.001$ ). It is concluded that "Writing for Recovery" is an effective group intervention for bereaved children and adolescents after disasters.

#### **7. Neuropsychobiology. 2012;66:174-84. Epub 2012 Aug 29.**

Relationship between Neurocognition and Regional Brain Volumes in Traumatized Adolescents with and without Posttraumatic Stress Disorder.

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Objectives: Studies using convergent neurocognitive and structural imaging paradigms in adolescent posttraumatic stress disorder (PTSD) are limited; in the current study we used both voxel-based morphometry (VBM) to obtain between-group volumetric differences, and Freesurfer to examine the relationship between cognition and regional brain volumes. Methods: Participants were 21 traumatized adolescents with PTSD matched with 32 traumatized adolescents without PTSD. Magnetic resonance images were obtained on a 1.5-Tesla MAGNETOM Siemens Symphony scanner. VBM implemented on FSL was then used to compare between-group grey matter volumes, after which Freesurfer was used to obtain global volume and thickness measurements in different brain regions. Results: Significant between-group neurocognitive differences were found for tests of attention, delayed recall and visual reconstruction. On VBM, reduced grey matter was found in three regions in the PTSD group: left insula, right precuneus and right cingulate gyrus, using uncorrected values ( $p < 0.001$ ), while no statistically significant between-group differences were found on the initial Freesurfer stream. Further Freesurfer analysis on Qdec revealed significant reductions in the insula for the PTSD group. In addition, volumetric changes in the corpus callosum and insula were significantly associated with deficits in logical memory and visual reproduction on Freesurfer analysis. Conclusions: Trauma exposure of itself may be sufficient to cause structural changes in adolescents regardless of PTSD development.

#### **8. Eur Child Adolesc Psychiatry. 2012 Sep 4. [Epub ahead of print]**

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

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This study aims to provide evidence concerning the effects of experiencing multiple forms of victimization (poly-victimization) on self-esteem and post-traumatic stress symptoms in Spanish adolescents. A total of 722 adolescents were recruited from seven secondary schools in Catalonia, Spain. The Rosenberg Self-Esteem Scale, the Youth Self Report and the Juvenile Victimization Questionnaire were employed to assess self-esteem, post-traumatic stress symptoms and victimization, respectively. Participants were divided into three groups (non-victim, victim and poly-victim groups) according to the total number of different kinds of victimization experienced. Results showed that 88.4 % of adolescents had been exposed to at least one kind of victimization. Poly-victimization was associated with a higher number of post-traumatic stress symptoms in both boys and girls. Also, self-liking was significantly lower in the poly-victim group, whereas self-competence was equivalent across the three victimization groups. Girls were approximately twice as likely to report child maltreatment (OR = 1.92) and sexual victimization (OR = 2.41) as boys. In conclusion, the present study adds evidence on the importance of taking account of the full burden of victimizations suffered when studying victimization correlates. Also, it highlights the importance of prevention policies to focus particularly on preserving adolescents' sense of social worth.

**9. BMC Pregnancy Childbirth. 2012 Sep 3;12(1):88. [Epub ahead of print]**

Prevalence and risk factors of childbirth-related post-traumatic stress symptoms.

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**ABSTRACT: BACKGROUND:** There is evidence that traumatic birth experiences are associated with psychological impairments. This study aimed to estimate the prevalence of childbirth-related post-traumatic stress symptoms and its obstetric and perinatal risk factors among a sample of Iranian women. **METHODS:** This was a cross-sectional study carried out in Bushehr, Iran during a 3-months period from July to September 2009. Data were collected from all women attending eleven healthcare centers for postnatal care 6 to 8 weeks after childbirth. Those who had a traumatic delivery were identified and entered into the study. In order to assess childbirth-related post-traumatic stress, the Post-traumatic Symptom Scale-Interview (PSS-I) was administered. Data on demographic, obstetric and perinatal characteristics also were collected. Multivariate logistic regression was performed to examine the association between childbirth-related post-traumatic stress and demographic and obstetric and perinatal variables. **RESULTS:** In all, 400 women were initially evaluated. Of these, 218 women (54.5%) had a traumatic delivery and overall, 80 women (20%) were found to be suffering

from post-partum post-traumatic stress disorder (PTSD). Multiple logistic regression analysis revealed that post-partum PTSD was associated with educational level, gestational age at delivery, number of prenatal care visits, pregnancy complications, pregnancy intervals, labor duration, and mode of delivery. CONCLUSIONS: The findings indicated that the prevalence of traumatic birth experiences and post-partum PTSD were relatively high among Iranian women. The findings also indicated that obstetric and perinatal variables were independently the most significant contributing factors to women's post-partum PTSD. It seems that a better perinatal care and supportive childbirth might help to reduce the burden of post-partum PTSD among this population.

**10. Mil Med. 2012 Jul;177(7):773-9.**

The effects of mental health symptoms and organizational climate on intent to leave the military among combat veterans.

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Frequent deployments to Iraq and Afghanistan have placed a strain on military retention. There is a need to determine contributing factors predicting intent to leave the military. The purpose of this study was to determine to what extent soldiers' mental health symptoms and perceptions of organizational climate are associated with intent to leave the military. Participants (n = 892) were soldiers of one infantry brigade combat team stationed in the United States, anonymously surveyed approximately 6 months after returning from a combat deployment to Iraq. The survey assessed overall deployment experiences, mental health symptoms, and perceptions of organizational climate. Results showed that soldiers reporting higher perceived organizational support were significantly less likely to report intent to leave and those screening positive for anxiety were significantly more likely to report intent to leave than those not screening positive. Implications of these results for Army clinicians and career counselors are discussed.

**11. Women Health. 2012 Jul;52(5):454-71.**

Posttraumatic stress disorder and intimate partner violence in a women's headache center.

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**BACKGROUND:** Posttraumatic stress disorder has been linked to women's ill health, including headaches. Intimate partner violence, which may result in posttraumatic stress disorder, is often reported by women with headaches. Prior studies of intimate partner violence and headache have estimated lifetime but not 12-month prevalence. The researchers in this study examined the relationship between headache and posttraumatic stress disorder in a novel population, and estimated 12-month and lifetime prevalence rates of intimate partner violence.

**METHODS:** Patients were recruited from a women's headache center (n = 92) during 2006-07 and completed the Migraine Disability Assessment measure of headache severity. Posttraumatic stress disorder was measured using a modified Breslau scale. Twelve-month and lifetime physical intimate partner violence were measured with the Partner Violence Screen and the STaT ("slapped, threatened and throw") measure. Multivariable regression determined factors independently associated with headache severity.

**RESULTS:** Among all participants, 28.3% screened positive for posttraumatic stress disorder; 9.8% and 36.9% of women endorsed recent and lifetime intimate partner violence. Posttraumatic stress disorder was strongly associated with headache severity ( $\beta = 34.12$ ,  $p = 0.01$ ). Patients reporting lifetime intimate partner violence exhibited a trend of nine additional days of disability due to headache over 90 days.

**CONCLUSIONS:** Posttraumatic stress disorder and intimate partner violence occur among a sizable proportion of women referred for headache. The authors' findings reaffirm that clinicians treating women with headaches must be aware of the possibility of posttraumatic stress disorder and intimate partner violence in such patients.

**12. J Pediatr Nurs. 2012 Aug;27(4):357-65. Epub 2011 Jun 24.**

Symptoms of posttraumatic stress disorder among pediatric acute care nurses.

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In their work, pediatric acute care nurses may encounter traumatic events and be at risk for posttraumatic stress disorder (PTSD). This survey-based study examines the potential diagnosis of PTSD among nurses at a tertiary children's hospital with a Level 1 trauma center. Twenty-one percent of respondents had strong PTSD symptoms without significant difference between units. Nurses with potential PTSD had more comorbid symptoms of anxiety, depression, and burnout and

were more often considering a career change. Furthermore, symptoms affected not only their work but also their personal lives. Future research should focus upon identifying pediatric nurses with PTSD to provide therapeutic interventions and reducing high-risk events and their potential impact.

**13. J Trauma Acute Care Surg. 2012 Jun;72(6):1640-6.**

The association between positive screen for future persistent posttraumatic stress symptoms and injury incident variables in the pediatric trauma care setting.

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**BACKGROUND:** Posttraumatic stress (PTS) disorder after injury is a significant yet underaddressed issue in the trauma care setting. Parental anxiety may impact a child's risk of future, persistent PTS symptoms after injury. This study aimed to: (1) identify injury incident and demographic variables related to a positive screen for future, persistent PTS symptoms in children; and (2) examine the relationship between parental anxiety and a positive screen for future, persistent PTS symptoms in children.

**METHODS:** From November 2009 to August 2010, 124 patients were enrolled at a pediatric trauma center. Inclusion criteria were as follows: (1) age 7 years to 17 years; (2) hospitalized for at least 24 hours after physical trauma; and (3) English or Spanish speaking. State and trait anxiety were measured for both pediatric patients and their parents/guardians via the state trait anxiety inventory for children and state trait anxiety inventory, respectively. Risk for future, persistent PTS, among pediatric patients was assessed via the screening tool for early predictor of posttraumatic stress disorder (STEPP).

**RESULTS:** Of 116 participants assessed via the STEPP, 32 (28%) screened positive for risk of future, persistent PTS symptoms. Motor vehicle collision and parental presence at injury were associated with a positive STEPP screen. The effect of parental presence on positive STEPP screen was modified by parental trait anxiety. Children of anxious parents present at injury were over 14 times as likely to screen positive for risk of future, persistent PTS, as those without a parent present.

**CONCLUSION:** The risk of future, persistent PTS, after injury among the pediatric population is substantial. Parents with existing trait anxiety are shown to influence their child's risk for future, persistent PTS, particularly if present at the injury event. Further study of PTS prevention and control strategies are

needed among this population within the trauma care setting.

LEVEL OF EVIDENCE: Epidemiological study, level II.

**14. ScientificWorldJournal. 2012;2012:367545. Epub 2012 Apr 30.**

Mental health among former child soldiers and never-abducted children in northern Uganda.

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The present study aimed to evaluate posttraumatic stress symptoms, psychological distress, and emotional and behavioral problems in former Ugandan child soldiers in comparison with civilian children living in the same conflict setting.

Participants included 133 former child soldiers and 101 never-abducted children in northern Uganda, who were interviewed about exposure to traumatic war-related experiences, posttraumatic stress symptoms, psychological distress, and emotional and behavioral problems. Results indicated that former child soldiers had experienced significantly more war-related traumatic events than nonabducted children, with 39.3% of girls having been forced to engage in sexual contact.

Total scores on measures of PTSD symptoms, psychological distress, and emotional and behavioral problems were significantly higher among child soldiers compared to their never-abducted peers. Girls reported significantly more emotional and behavioral difficulties than boys. In never-abducted children, more mental health problems were associated with experiencing physical harm, witnessing the killings of other people, and being forced to engage in sexual contact.

**15. BMC Psychiatry. 2012 Jul 10;12:55.**

Family functioning in the aftermath of a natural disaster.

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**BACKGROUND:** Increased understanding of the complex determinants of adverse child mental health outcomes following acute stress such as natural disasters has led to a resurgence of interest in the role of parent psychopathology and parenting. The authors investigated whether family functioning in the post-disaster environment would be impaired relative to a non-exposed sample and potential correlates with family functioning such as disaster-related exposure and child posttraumatic mental health symptoms.

**METHODS:** Three months after a category 5 tropical cyclone that impacted north Queensland Australia, school-based screening was undertaken to case identify children who may benefit from a mental health intervention. Along with obtaining informed consent, parents completed a measure of family functioning.

**RESULTS:** Of 145 families of children aged 8 to 12 years, 28.3% met criteria for dysfunction on the Family Adjustment Device, double the frequency in a community sample. The dysfunction group was significantly more likely to have experienced more internalising (anxiety/depression) symptoms. However, in an adjusted logistic regression model this group were not more likely to have elevated disaster-related exposure nor did children in these families validate more PTSD symptoms.

**CONCLUSIONS:** The implications of post-disaster discordant family functioning and possible different causal pathways for depressive and PTSD-related symptomatic responses to traumatic events are discussed.

**16. J Stud Alcohol Drugs. 2012 Jul;73(4):549-58.**

Posttraumatic stress disorder symptoms mediate the relationship between traumatic experiences and drinking behavior among women attending alcohol-serving venues in a South African township.

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**OBJECTIVE:** South Africa has high rates of traumatic experiences and alcohol abuse or dependence, especially among women. Traumatic experiences often result in symptoms of posttraumatic stress disorder (PTSD), and PTSD has been associated with hazardous drinking. This article examines the relationship between traumatic events and hazardous drinking among women who patronized alcohol-serving venues in South Africa and examines PTSD as a mediator of this relationship.

**METHOD:** A total of 560 women were recruited from a Cape Town township. They completed a computerized assessment that included alcohol consumption, history of traumatic events, and PTSD symptoms. Mediation analysis examined whether PTSD symptoms mediated the relationship between the number of traumatic event categories experienced (range: 0-7) and drinking behavior.

**RESULTS:** The mean Alcohol Use Disorders Identification Test score in the sample was 12.15 (range: 0-34, SD = 7.3), with 70.9% reaching criteria for hazardous drinking (AUDIT > 8). The mean PTSD score was 36.32 (range: 17-85, SD = 16.3), with 20.9% meeting symptom criteria for PTSD (PTSD Checklist with 20.9% meeting symptom criteria for PTSD (PTSD Checklist-Civilian Version  $\geq$  50).

Endorsement of traumatic experiences was high, including adult emotional (51.8%), physical (49.6%), and sexual (26.3%) abuse; childhood physical (35.0%) and sexual (25.9%) abuse; and other types of trauma (83%). All categories of traumatic experiences, except the "other" category, were associated with hazardous drinking. PTSD symptoms mediated 46% of the relationship between the number of traumatic categories experienced and drinking behavior.

**CONCLUSIONS:** Women reported high rates of hazardous drinking and high levels of PTSD symptoms, and most had some history of traumatic events. There was a strong relationship between traumatic exposure and drinking levels, which was largely mediated by PTSD symptoms. Substance use interventions should address histories of trauma in this population, where alcohol may be used in part to cope with past traumas.

**17. Am J Psychoanal. 2012 Jun;72(2):185-7. doi: 10.1057/ajp.2012.6.**

The impact of maternal reflective functioning on children's reaction to 9/11: a comparison of two cases.

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**18. Psychother Psychosom. 2012;81(4):217-25. Epub 2012 May 11.**

Stabilizing group treatment for complex posttraumatic stress disorder related to child abuse based on psychoeducation and cognitive behavioural therapy: a multisite randomized controlled trial.

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**BACKGROUND:** Evidence-based treatments for complex posttraumatic stress disorder (PTSD) related to childhood abuse are scarce. This is the first randomized controlled trial to test the efficacy of psycho-educational and cognitive behavioural stabilizing group treatment in terms of both PTSD and complex PTSD symptom severity.

**METHODS:** Seventy-one patients with complex PTSD and severe comorbidity (e.g., 74% axis II comorbidity) were randomly assigned to either a 20-week group treatment in addition to treatment as usual or to treatment as usual only. Primary outcome measures were the Davidson trauma scale (DTS) for PTSD and the structured interview for disorders of extreme stress (SIDES) for complex PTSD symptoms. Statistical analysis was conducted in the intention-to-treat (ITT) and in the completer sample. Subjects were considered responders when scoring at 20 weeks at

least 1 standard deviation below pretest findings.

**RESULTS:** The 16% attrition was relatively low. After 20 weeks, the experimental condition (large effect sizes) and control condition (medium effect sizes) both showed significant decreases on the DTS and SIDES, but differences between the conditions were not significant. The secondary responder analysis (ITT) revealed significantly more responders on the DTS (45 vs. 21%), but not on the SIDES (61 vs. 42%).

**CONCLUSIONS:** Adding psycho-educational and cognitive behavioural stabilizing group treatment for complex PTSD related to child abuse to treatment as usual showed an equivocal outcome. Patients in both conditions improved substantially during stabilizing treatment, and while significant superiority on change scores was absent, responder analysis suggested clinical meaningfulness of adding group treatment.

### **19. Sch Psychol Q. 2012 Mar;27(1):51-9.**

Teachers' perspectives on providing support to children after trauma: a qualitative study.

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A considerable number of children are exposed to extreme stressors such as the sudden loss of a loved one, serious traffic accidents, violence, and disaster. In order to facilitate school psychologists' assistance of teachers working with traumatized children, this study aimed to explore elementary school teachers' perspectives. Using a qualitative design, the study explored the perspectives of a purposively varied sample of 21 elementary school teachers (ages 22-55 years; with 0.5-30 years of teaching experience; 5 men). The teachers participated in semistructured interviews, which were transcribed and analyzed in line with the method of "summative analysis" by F. Rapport. Even though some teachers expressed confidence in working with children after traumatic exposure and many referred to a supportive atmosphere within the school, the most prominent themes in the participants' narratives reflected uncertainty about, or a struggle with, providing optimal support to children. They searched for a clear role definition as well as a good balance in answering conflicting needs of the exposed children and classmates, wished for better knowledge and skills, and experienced difficulties related to the emotional burden of their work. The findings suggest a need for further research into this understudied topic. In addition, the identified themes can be used by school psychologists to systematically explore

individual teachers' strengths and difficulties and to provide them with tailored advice and training.

**20. Dev Neurorehabil. 2012;15(3):223-32.**

Treatment of PTSD in people with severe intellectual disabilities: a case series.

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**OBJECTIVE:** There is a dearth of information regarding the treatment of PTSD in people with severe intellectual disabilities (ID). The purpose of the present case studies was to assess the applicability and effects of an evidence-based treatment method for psychological trauma with this population.

**METHODS:** The treatment of four single cases with Eye Movement Desensitization and Reprocessing (EMDR) was evaluated. Participants included adults and children with a variety of symptoms, as well as different histories of negative life events.

**RESULTS:** In all cases PTSD symptoms decreased. In all but one case, the gains were maintained at 15.5 months to 2.5 years following treatment. Depressive symptoms and physical complaints diminished and social and adaptive skills improved.

**CONCLUSION:** EMDR seems to be an applicable treatment method for clients with severe ID. Reduction and maintenance of PTSD symptoms in individuals with severe ID appears to be both desirable and obtainable.

**21. Acta Psychiatr Scand. 2012 Jul;126(1):79-80. doi:**

**10.1111/j.1600-0447.2012.01876.x. Epub 2012 May 14.**

Can watching traumatic events on TV cause PTSD symptoms? Evidence from Pakistan.

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**22. J Child Sex Abus. 2012;21(3):295-314.**

Predictors of secondary traumatic stress among children's advocacy center forensic interviewers.

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This study examined various predictor variables that were hypothesized to impact

secondary traumatic stress in forensic interviewers ( n = 257) from children's advocacy centers across the United States. Data were examined to investigate the relationship between organizational satisfaction, organizational buffers, and job support with secondary traumatic stress using the Secondary Traumatic Stress Scale. The most salient significant result was an inverse relationship between three indicators of job support and secondary traumatic stress. Also significant to secondary traumatic stress were the age of interviewer and whether the forensic interviewer had experienced at least one significant loss in the previous 12 months. Implications for future research, training, program practice, and policy are discussed.

**23. Brain Inj. 2012;26(7-8):941-9. Epub 2012 May 9.**

Determinants of subjective memory complaints in community-dwelling adults with mild-to-moderate traumatic brain injury.

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**PRIMARY OBJECTIVE:** This study sought to determine to what extent chronic stress, depression and neurobehavioural consequences explained post-TBI subjective memory complaints (SMC).

**RESEARCH DESIGN:** An observational, cross-sectional design was used.

**METHODS AND PROCEDURES:** One hundred and fifty-nine persons who were 1-36 months post-injury provided data using interviews, chart reviews and surveys. Predictor variables included the Center for Epidemiological Studies-Depression Scale (CES-D), Perceived Stress Scale (PSS-14) and sub-scales of the NFI.

**MAIN OUTCOMES AND RESULTS:** SMC, according to the Neurobehavioural Functioning Inventory (NFI), was the main outcome variable. SMC could best be explained by increased age, months-since-injury, chronic situational stress and the frequency of somatic and communication difficulties, not depression ( $R^2 = 0.780$ ,  $F = 97.39$ , [8, 152],  $p < 0.001$ ). These findings suggest that, for persons in the chronic phase of recovery from their TBI, specific determinants other than general adjustment issues may apply. These include: increased chronic stress, age, somatic symptoms and communication difficulties.

**CONCLUSION:** Self-reported chronic situational stress is positively associated with self-reported memory complaints, as well as somatic and communication difficulties. The causal ordering of these relationships would be best understood with prospective designs using biological correlates of chronic stress to advance understanding of post-TBI depression in older adults.

**24. Curr Opin Psychiatry. 2012 Jul;25(4):277-84.**

Children and young people who are refugees, internally displaced persons or survivors or perpetrators of war, mass violence and terrorism.

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Comment in

Curr Opin Psychiatry. 2012 Jul;25(4):261-3.

**PURPOSE OF REVIEW:** This article draws upon articles published since 2009 to identify research evidence about the psychosocial aspects of children and young people's responses to their exposure to war, collective violence and terrorism.

**RECENT FINDINGS:** Recent research describes children's distress and the disorders they may develop consequent on their direct and indirect exposure to war. This article covers general responses as well as those that affect refugees, displaced children, and child soldiers. Dose of exposure is the main predictor of their degree of distress. Often, loss of parental support predicts distress or disorder. Research on children who are refugees and internally displaced persons has found that they cope better with the distressing events surrounding their flight if their parents accompany them. Studies of child soldiers show that they suffer from guilt as well as experiencing many violent distressing events. Research has identified the factors that contribute to their resilience, which include their acceptance by the communities to which they return. There are personal and social sources of resilience, including emotion regulation, parenting, and social support, for children who are exposed to war.

**SUMMARY:** Much of the recent research confirms earlier findings, which demonstrate that their exposure to war and collective violence leads to distress for many children and/or mental disorders for a smaller but substantial minority of them. The literature shows interest in identifying and measuring protective factors. The emphasis in the articles we reviewed on social as well as personal factors that confer psychosocial resilience reflects the broad interest in the two canons of literature on children's development and disasters. The findings point powerfully to people's needs for holistic and community-level interventions.

**25. PLoS One. 2012;7(5):e36218. Epub 2012 May 2.**

Objective and subjective factors as predictors of post-traumatic stress symptoms in parents of children with cancer—a longitudinal study.

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**BACKGROUND:** Parents of children with cancer report post-traumatic stress symptoms (PTSS) years after the child's successful treatment is completed. The aim of the present study was to analyze a number of objective and subjective childhood cancer-related factors as predictors of parental PTSS.

**METHODS:** Data were collected from 224 parents during and after their child's cancer treatment. Data sources include self-report questionnaires and medical records.

**RESULTS:** In a multivariate hierarchical model death of the child, parent's perception of child psychological distress and total symptom burden predicted higher levels of PTSS. In addition, immigrants and unemployed parents reported higher levels of PTSS. The following factors did not predict PTSS: parent gender, family income, previous trauma, child's prognosis, treatment intensity, non-fatal relapse, and parent's satisfaction with the child's care.

**CONCLUSIONS:** Although medical complications can be temporarily stressful, a parent's perception of the child's distress is a more powerful predictor of parental PTSS. The vulnerability of unemployed parents and immigrants should be acknowledged. In addition, findings highlight that the death of a child is as traumatic as could be expected.

## **26. Dev Psychopathol. 2012 May;24(2):553-8.**

Children and war: risk, resilience, and recovery.

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This article reviews and reflects on studies that have explored the effects of war on children around the world. Most are cross-sectional and based on self-reports. They describe a range of mental health problems, related to dose effects and to the negative impact of being a victim or witness of violent acts, threats to and loss of loved ones, prolonged parental absence, and forced displacement. The more recent the exposure to war, and the older the child, the higher was the likelihood of reported posttraumatic stress disorder symptoms. Especially vulnerable to long-term emotional distress were child soldiers, children who were raped, and children who had been forcibly displaced. In adulthood, war-traumatized children displayed significantly increased risks for a

wide range of medical conditions, especially cardiovascular diseases. Among protective factors that moderated the impact of war-related adversities in children were a strong bond between the primary caregiver and the child, the social support of teachers and peers, and a shared sense of values. Among the few documented intervention studies for children of war, school-based interventions, implemented by teachers or locally trained paraprofessionals, proved to be a feasible and low-cost alternative to individual or group therapy. More longitudinal research with multiple informants is needed to document the trajectories of risk and resilience in war-affected children, to assess their long-term development and mental health, and to identify effective treatment approaches.

**27. *Depress Anxiety*. 2012 May;29(5):449-59. doi: 10.1002/da.21892.**

Brain activation to facial expressions in youth with PTSD symptoms.

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**OBJECTIVE:** This study examined activation to facial expressions in youth with a history of interpersonal trauma and current posttraumatic stress symptoms (PTSS) compared to healthy controls (HC).

**DESIGN AND ANALYSIS:** Twenty-three medication-naive youth with PTSS and 23 age- and gender-matched HC underwent functional magnetic resonance imaging (fMRI) while viewing fearful, angry, sad, happy, and neutral faces. Data were analyzed for group differences in location of activation, as well as timing of activation during the early versus late phase of the block. Using SPM5, significant activation ( $P < .05$  FWE [Family-Wise Error] corrected, extent = 10 voxels) associated with the main effect of group was identified. Activation from selected clusters was extracted to SPSS software for further analysis of specific facial expressions and temporal patterns of activation.

**RESULTS:** The PTSS group showed significantly greater activation than controls in several regions, including the amygdala/hippocampus, medial prefrontal cortex, insula, and ventrolateral prefrontal cortex, and less activation than controls in the dorsolateral prefrontal cortex (DLPFC). These group differences in activation were greatest during angry, happy, and neutral faces, and predominantly during the early phase of the block. Post hoc analyses showed significant Group  $\times$  Phase interactions in the right amygdala and left hippocampus.

**CONCLUSIONS:** Traumatic stress may impact development of brain regions important for emotion processing. Timing of activation may be altered in youth with PTSS.

**28. J Consult Clin Psychol. 2012 Jun;80(3):426-39. Epub 2012 Apr 30.**

Trauma and posttraumatic stress symptoms predict alcohol and other drug consequence trajectories in the first year of college.

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**OBJECTIVE:** College matriculation begins a period of transition into adulthood, one that is marked by new freedoms and responsibilities. This transition also is marked by an escalation in heavy drinking and other drug use as well as a variety of use-related negative consequences. Trauma and symptoms of posttraumatic stress disorder (PTSD) may affect alcohol and drug problems and, thus, may be a point of intervention. Yet, no studies have examined trauma, PTSD, and alcohol and drug problem associations during this developmental period. The present study provides such an examination.

**METHOD:** Matriculating college students (N = 997) completed surveys in September (Time 1) and at 5 subsequent time points (Time 2-Time 6) over their 1st year of college. With latent growth analysis, trajectories of alcohol- and drug-related consequences were modeled to examine how trauma (No Criterion A Trauma, Criterion A Only, No PTSD Symptoms) and PTSD (partial or full) symptom status predicted these trajectories.

**RESULTS:** Results showed substantial risk for alcohol- and other drug-related negative consequences that is conferred by the presence of PTSD at matriculation. Those with both partial and full PTSD started the year with more alcohol and drug consequences. These individuals showed a steeper decrease in consequences in the 1st semester, which leveled off as the year progressed. Both alcohol and drug consequences remained higher for those in the PTSD group throughout the academic year. Hyperarousal symptoms showed unique effects on substance consequence trajectories. Risk patterns were consistent for both partial and full PTSD symptom presentations. Trajectories did not vary by gender.

**CONCLUSIONS:** Interventions that offer support and resources to students entering college with PTSD may help to ameliorate problem substance use and may ultimately facilitate a stronger transition into college and beyond.

**29. J Trauma Dissociation. 2012 May;13(3):291-310.**

Trauma severity and defensive emotion-regulation reactions as predictors of forgetting childhood trauma.

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Using a retrospective survey, we studied a sample of 1,679 college women to determine whether reports of prior forgetting of childhood sexual abuse, physical abuse, and other traumas could be explained by trauma severity and individual differences in the use of defensive emotion-regulation reactions (i.e., repressive coping, dissociation, and fantasy proneness). Among victims of physical abuse (but not sexual abuse or other types of trauma), those who experienced severe abuse and used defensive reactions were sometimes more likely to report temporary forgetting of abuse but other times less likely to report forgetting. We also found unanticipated main effects of trauma severity on temporary forgetting. Our results provide an understanding of victims' experiences of forgetting by demonstrating the importance of considering unique effects of trauma type, different aspects of trauma severity, and victims' defensive reactions to trauma.

**30. J Trauma Stress. 2012 Apr;25(2):220-5. doi: 10.1002/jts.21690.**

Posttraumatic stress disorder, substance use disorders, and medical comorbidity among returning U.S. veterans.

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Evidence suggests that posttraumatic stress disorder (PTSD) and substance use disorders (SUD) are associated with poorer physical health among U.S. veterans who served in Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF). No research of which we are aware has examined the independent and interactive effects of PTSD and SUD on medical comorbidity among OEF/OIF veterans. This cross-sectional study examined medical record data of female and male OEF/OIF veterans with  $\geq 2$  Veterans Affairs primary care visits (N = 73,720).

Gender-stratified logistic regression analyses, adjusted for sociodemographic factors, were used to examine the association of PTSD, SUD, and their interaction on the odds of medical diagnoses. PTSD was associated with increased odds of medical diagnoses in 9 of the 11 medical categories among both women and men, range of odds ratios (ORs) ranged from 1.07 to 2.29. Substance use disorders were associated with increased odds of 2 of the 11 medical categories among women and 3 of the 11 medical categories among men; ORs ranged from 1.20 to 1.74. No significant interactions between PTSD and SUD were detected for women or men. Overall, findings suggest that PTSD had a stronger association with medical

comorbidity (in total and across various medical condition categories) than SUD among female and male OEF/OIF veterans.

**31. J Trauma Stress. 2012 Apr;25(2):198-202. doi: 10.1002/jts.21682.**

Neural substrates for processing task-irrelevant emotional distracters in maltreated adolescents with depressive disorders: a pilot study.

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In this pilot study, neural systems related to cognitive and emotional processing were examined using event-related functional magnetic resonance imaging in 5 maltreated youth with depressive disorders and 11 nonmaltreated healthy participants. Subjects underwent an emotional oddball task, where they detected infrequent ovals (targets) within a continual stream of phase-scrambled images (standards). Sad and neutral images were intermittently presented as task-irrelevant distracters. The maltreated youth revealed significantly decreased activation in the left middle frontal gyrus and right precentral gyrus to target stimuli and significantly increased activation to sad stimuli in bilateral amygdala, left subgenual cingulate, left inferior frontal gyrus, and right middle temporal cortex compared to nonmaltreated subjects. Additionally, the maltreated youth showed significantly decreased activation to both attentional targets and sad distracters in the left posterior middle frontal gyrus compared to nonmaltreated subjects. In this exploratory study of dorsal control and ventral emotional circuits, we found that maltreated youth with distress disorders demonstrated dysfunction of neural systems related to cognitive control and emotional processing.

**32. J Trauma Stress. 2012 Apr;25(2):171-8. doi: 10.1002/jts.21683.**

Identification of trauma exposure and PTSD in adolescent psychiatric inpatients: an exploratory study.

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Trauma exposure and posttraumatic stress disorder (PTSD), though prevalent among adolescent psychiatric inpatients, are underidentified in standard clinical practice. In a retrospective chart review of 140 adolescents admitted to a psychiatric inpatient unit, we examined associations between probable PTSD

identified through the Child PTSD Symptom Scale and adolescents' service use and clinical characteristics. Results suggest a large discrepancy between rates of probable PTSD identified through standardized assessment and during the emergency room psychiatric evaluation (28.6% vs. 2.2%). Adolescents with probable PTSD had greater clinical severity and service utilization, an increased likelihood of being diagnosed with bipolar disorder (27.5% vs. 9.2%) and being prescribed antipsychotic medications (47.5% vs. 27.6%), and were prescribed more psychotropic medications. Upon discharge, those with probable PTSD were more than those without to be assigned a diagnosis of PTSD (45% vs. 7.1%), a comorbid diagnosis of major depressive disorder (30% vs. 14.3%), to be prescribed an antidepressant medication (52.5% vs. 33.7%), and to be prescribed more medications. The underidentification of trauma exposure and PTSD has important implications for the care of adolescents given that accurate diagnosis is a prerequisite for providing effective care. Improved methods for identifying trauma-related problems in standard clinical practice are needed.

**33. J Trauma Stress. 2012 Apr;25(2):164-70. doi: 10.1002/jts.21680.**

Risk factors for PTSD, anxiety, and depression among adolescents in Gaza.

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The present study examined among adolescents in Gaza the relationship between exposure to war stressors and psychological distress as well as the effects of age, gender, and socioeconomic status. Data were collected from a sample of 139 adolescents 12 to 17 years old. Results showed that adolescents reported elevated levels of intrusion, avoidance, and depression compared to levels in communities not affected by war in the recent past. The proportion scoring within the clinical range of posttraumatic stress disorder (PTSD) was 56.8% compared to 6.3% in peacetime populations, reflecting a Hedges's  $g$  of 1.29 ( $p < .001$ ). Significant risk factors for PTSD were exposure ( $\beta = .377$ ,  $p < .001$ ), female gender ( $\beta = -.257$ ,  $p < .001$ ), older age ( $\beta = .280$ ,  $p < .01$ ), and an unemployed father ( $\beta = -.280$ ,  $p < .01$ ). Risk factors for anxiety were exposure ( $\beta = .304$ ,  $p < .001$ ), female gender ( $\beta = -.125$ ,  $p < .01$ ), and older age ( $\beta = .272$ ,  $p < .01$ ), whereas female gender ( $\beta = -.238$ ,  $p < .001$ ) was the only significant risk factor for depression. The present study suggests large individual differences in how adolescents are affected by war stressors.

**34. J Trauma Stress. 2012 Apr;25(2):125-33. doi: 10.1002/jts.21677.**

Stepped early psychological intervention for posttraumatic stress disorder, other

anxiety disorders, and depression following serious injury.

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The best approach for implementing early psychological intervention for anxiety and depressive disorders after a traumatic event has not been established. This study aimed to test the effectiveness of a stepped model of early psychological intervention following traumatic injury. A sample of 683 consecutively admitted injury patients were screened during hospitalization. High-risk patients were followed up at 4-weeks postinjury and assessed for anxiety and depression symptom levels. Patients with elevated symptoms were randomly assigned to receive 4-10 sessions of cognitive-behavioral therapy (n = 24) or usual care (n = 22). Screening in the hospital identified 89% of those who went on to develop any anxiety or affective disorder at 12 months. Relative to usual care, patients receiving early intervention had significantly improved mental health at 12 months. A stepped model can effectively identify and treat injury patients with high psychiatric symptoms within 3 months of the initial trauma.

**35. J Forensic Leg Med. 2012 May;19(4):196-200. Epub 2012 Mar 10.**

Abusing female children by circumcision is continued in Egypt.

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Female circumcision is a frank picture of female child abuse that is practised widely in many countries especially in Africa. This procedure is considered a fundamental violation of human rights. The procedure is expected to be declining in Egypt in response to the recent medicolegal litigation in 2007. The aim of this study is to record the prevalence of female circumcision in 2010, in the region of Cairo and Giza, seeking to show if there is difference in the practice after the change in the law and banning of the procedure. A formatted questionnaire for 244 female volunteers was conducted. Statistical analysis revealed that 63.9% of the sample had been victimised by circumcision. The mean age of circumcision was  $10.846 \pm 1.98$  years. Circumcision took place at victim's home in 56.5%, private clinics in 38.5% or at hospitals in 5%. The procedure was performed by medical personnel in the majority of cases. The motivation behind the practice was primarily traditional beliefs (64.1%) followed by religious

considerations (35.9%). Experienced complications were emotional trauma in 94.9%, haemorrhage in 33.3% and dysuria in 7.7%. Sexual problems were exclusively reported by the victimised subjects in 72.7% of sexually experienced subjects.

**36. Psychosom Med. 2012 Jun;74(5):471-5. Epub 2012 Apr 17.**

Combat-exposed war veterans at risk for suicide show hyperactivation of prefrontal cortex and anterior cingulate during error processing.

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**OBJECTIVE:** Suicide is a significant public health problem. Suicidal ideation (SI) increases the risk for completed suicide. However, the brain basis of SI is unknown. The objective of this study was to examine the neural correlates of self-monitoring in individuals at risk for suicide. We hypothesized that combat veterans with a history of SI relative to those without such a history would show altered activation in the anterior cingulate cortex and related circuitry during self-monitoring.

**METHODS:** Two groups of combat-exposed war veterans (13 men with and 13 men without history of SI) were studied. Both the SI and non-SI participants had two or more of the following: a) current major depressive disorder, b) current posttraumatic stress disorder, and c) history of mild traumatic brain injury, and each subject performed a validated stop task during functional magnetic resonance imaging. Error-related activation was compared between the SI and non-SI groups.

**RESULTS:** The SI group demonstrated more error-related activation of the anterior cingulate (8256 mm<sup>3</sup>,  $t = 2.51$ ) and prefrontal cortex (i.e., clusters >2048 mm<sup>3</sup>, voxelwise  $p < .05$ ). The SI and non-SI participants showed similar behavioral task performance (i.e., mean error rate,  $F$  values < 0.63,  $p$  values > .43; and mean reaction times,  $F = 0.27$ ,  $p = .61$ ).

**CONCLUSIONS:** These findings suggest neural correlates of altered self-monitoring in individuals with a history of SI and may further suggest that functional magnetic resonance imaging could be used to identify individuals at risk for suicide before they engage in suicidal behavior.

**37. J Anxiety Disord. 2012 Jun;26(5):617-23. Epub 2012 Mar 3.**

Reliability and validity of the PDS and PSS-I among participants with PTSD and alcohol dependence.

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The prevalence of alcohol use disorder (e.g., alcohol dependence; AD) among individuals with posttraumatic stress disorder (PTSD) is quite high, with estimates of 52% for men and 30% for women (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). There are several interviews and self-report measures of PTSD with good published psychometric properties, and they are routinely used with comorbid AD and PTSD. However, none of these instruments was validated with this population. The current study fills this gap by examining the psychometric properties of the PTSD Symptom Scale-Interview (PSS-I) and the self-report PTSD Diagnostic Scale (PDS) in individuals diagnosed with current PTSD and AD. Both scales comprised of 17 items provide diagnostic and symptom severity information according to DSM-IV-TR criteria. Participants were 167 individuals who were diagnosed with AD and chronic PTSD and were enrolled in a randomized controlled treatment study. Results revealed excellent internal consistency of both the PSS-I and the PDS, good test-retest reliability over a 1-month period, and good convergent validity with the SCID. The specificity of the PSS-I diagnosis of PTSD was better than the PDS diagnosis, the latter exhibiting a greater percentage of false positives. In sum, the results showed that the PSS-I and PDS performed well in this population and can be used with confidence to assess PTSD diagnosis and symptom severity.

**38. Int Clin Psychopharmacol. 2012 Jul;27(4):191-6.**

An open-label pilot study of aripiprazole for male and female veterans with chronic post-traumatic stress disorder who respond suboptimally to antidepressants.

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Emerging data suggest that second-generation antipsychotics such as aripiprazole may be effective in the treatment of post-traumatic stress disorder (PTSD). However, few clinical trials have used aripiprazole in PTSD, and data are limited on its use in Veterans with PTSD. The objective of this pilot trial was to investigate the safety and efficacy of aripiprazole in Veterans with PTSD. Ten individuals (five men and five women) meeting the Diagnostic and statistical manual of mental disorders, 4th ed., PTSD criteria participated in this 12-week, open-label, flexibly dosed monotherapy trial. The dose range of aripiprazole was 5-30 mg/day, titrated to tolerability and clinical response. The primary outcome measure was the Clinician-Administered PTSD Scale. Additional outcomes included

the Short PTSD Rating Interview, the Treatment Outcome PTSD Scale (Top-8), the Davidson Trauma Scale, the Positive and Negative Syndrome Scale, the Beck Depression Inventory-Fast Screen, and Clinical Global Impressions-Improvement. Eight participants completed the study, and aripiprazole was generally well tolerated and associated with a significant improvement in PTSD symptoms, as measured by the Clinician-Administered PTSD Scale (primary outcome measure) and by the Short PTSD Rating Interview, the Treatment Outcome PTSD Scale, and the Davidson Trauma Scale. An improvement was also observed on all three Positive and Negative Syndrome Scale subscales and the Beck Depression Inventory-Fast Screen, and the average Clinical Global Impressions-Improvement ratings indicated that patients were 'much improved'. These promising initial results merit further investigation in a larger, randomized-controlled trial.

**39. Acad Pediatr. 2012 May;12(3):198-204. Epub 2012 Apr 3.**

Predictors of parental posttraumatic stress disorder symptoms in the year after adolescent traumatic injury.

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**OBJECTIVES:** Parental posttraumatic stress disorder (PTSD) is common after pediatric traumatic injury and may negatively impact parental functioning and quality of life during this key period of the child's early postinjury recovery. This study aimed to evaluate the course and predictors of PTSD in parents during the year after an adolescent traumatic injury.

**METHODS:** This prospective cohort study included a population-based sample of 99 parent-adolescent dyads. Assessment was through structured interview administration of standardized measures. Interviews were conducted within 30 days of injury and 2, 5, and 12 months after injury. Mixed model regression was used to evaluate variables potentially associated with repeated measures of parental PTSD symptoms at the follow-up time points.

**RESULTS:** Twenty-three percent of parents met symptomatic criteria for PTSD at the first postinjury evaluation, as did 15% at 2 months, 7% at 5 months, and 6% at 12 months after the injury. The percentage of parents meeting symptomatic PTSD criteria decreased significantly between the 2-month and 12-month evaluations. Mixed-model regression analyses revealed greater PTSD symptoms within 30 days of injury and a greater number of postinjury parental traumatic and/or stressful life events as significant predictors of parental PTSD. Adolescent factors did not affect the risk of parental PTSD.

**CONCLUSIONS:** A substantial subgroup of parents demonstrate high PTSD symptom

levels during the course of the year after an adolescent injury. Given that early modifiable risk factors can be identified, future investigations focusing on screening and intervention are warranted.

**40. Subst Use Misuse. 2012 May;47(6):695-707. Epub 2012 Apr 4.**

Helping alliance, retention, and treatment outcomes: a secondary analysis from the NIDA Clinical Trials Network Women and Trauma Study.

Ruglass LM, Miele GM, Hien DA, Campbell AN, Hu MC, Caldeira N, Jiang H, Litt L, Killeen T, Hatch-Maillette M, Najavits L, Brown C, Robinson JA, Brigham GS, Nunes EV.

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We examined the association between the therapeutic alliance and treatment outcomes among 223 women with posttraumatic stress disorder (PTSD) and substance use disorders who participated in a multisite clinical trial of group treatments for trauma and addictions in the United States throughout 2004 and 2005. General linear models indicated that women who received Seeking Safety, a cognitive-behavioral treatment, had significantly higher alliance ratings than those in Women's Health Education, a control group. Alliance was related to significant decreases in PTSD symptoms and higher attendance in both interventions. Alliance was not related to substance use outcomes. Implications and limitations of the findings are discussed.

**41. Int J Group Psychother. 2012 Apr;62(2):283-308.**

Effectiveness of group psychotherapy for adult outpatients traumatized by abuse, neglect, and/or pregnancy loss: a multiple-site, pre-post-follow-up, naturalistic study.

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The New Experience for Survivors of Trauma (NEST) is a group psychotherapy intervention for clients traumatized by consequences of abuse, neglect, and pregnancy loss. This multiple site study is the first investigation of its effectiveness. Ninety outpatients from a naturalistic setting completed the Symptom Checklist and the Sense of Coherence questionnaire at baseline, end of treatment, and one-year follow-up. Effectiveness was tested with statistical significance, effect size, and clinical significance. Clients from the total

sample as well as from the abortion subsample showed improvement at the end of treatment and at follow-up. Lack of a control group is balanced to some extent by the high ecological validity. The findings suggest that the NEST treatment may be beneficial for traumatized clients and call for further research.

**42. J Anxiety Disord. 2012 Jun;26(5):590-8. Epub 2012 Mar 14.**

Specificity of fear and disgust experienced during traumatic interpersonal victimization in predicting posttraumatic stress and contamination-based obsessive-compulsive symptoms.

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Emerging evidence has documented comorbidity between posttraumatic stress disorder (PTSD) and obsessive-compulsive disorder (OCD) among individuals with a history of traumatic events. There is growing recognition of the importance of disgust in each of these conditions independently. No study, however, has examined the potential role of disgust in these conditions following traumatic event exposure. The current study examined the unique role of peritraumatic fear, self-focused disgust, and other-focused disgust in predicting posttraumatic stress symptoms and contamination-based OC symptoms among 49 adult women (M(age)=28.37, SD=13.86) with a history of traumatic interpersonal victimization. Results demonstrated that intensity of peritraumatic self-focused disgust was significantly related to contamination-based OC symptoms while peritraumatic fear and other-focused disgust were related to posttraumatic stress symptoms. These results highlight the need for future research aimed at elucidating the nature of the association between disgust experienced during traumatic events and subsequent psychopathology.

**43. Bull Menninger Clin. 2012 Winter;76(1):69-93.**

Psychodynamic psychotherapy for posttraumatic stress disorder related to childhood abuse--Principles for a treatment manual.

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In this article, the authors present a psychodynamically oriented psychotherapy approach for posttraumatic stress disorder (PTSD) related to childhood abuse.

This neurobiologically informed, phase-oriented treatment approach, which has been developed in Germany during the past 20 years, takes into account the broad comorbidity and the large degree of ego-function impairment typically found in these patients. Based on a psychodynamic relationship orientation, this treatment integrates a variety of trauma-specific imaginative and resource-oriented techniques. The approach places major emphasis on the prevention of vicarious traumatization. The authors are presently planning to test the approach in a randomized controlled trial aimed at strengthening the evidence base for psychodynamic psychotherapy in PTSD.

**44. J Abnorm Child Psychol. 2012 Aug;40(6):901-11.**

Bullying and PTSD symptoms.

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PTSD symptoms related to school bullying have rarely been investigated, and never in national samples. We used data from a national survey to investigate this among students from grades 8 and 9 (n = 963). The prevalence estimates of exposure to bullying were within the range of earlier research findings. Multinomial logistic regression showed that boys were 2.27 times more likely to be exposed to frequent bullying than girls. A latent variable second-order model demonstrated an association between frequency of bullying exposure and PTSD symptoms (beta = 0.49). This relationship was not moderated by gender. However, the average levels of PTSD symptoms as well as clinical range symptoms were higher for girls. For all bullied students, 27.6% of the boys and 40.5% of the girls had scores within the clinical range. A mimic model showed that youth who identify as being both a bully and a victim of bullying were more troubled than those who were victims only. Our findings support the idea that exposure to bullying is a potential risk factor for PTSD symptoms among students. Future research could investigate whether the same holds for PTSD through diagnostic procedures, but this will depend on whether or not bullying is decided to comply with the DSM-IV classification of trauma required for diagnosis. Results are discussed with regard to their implications for school interventions.

**45. J Consult Clin Psychol. 2012 Jun;80(3):512-24. Epub 2012 Feb 13.**

Facets of pejorative self-processing in complicated grief.

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**OBJECTIVE:** Complicated grief (CG) has been proposed as a psychiatric response to bereavement distinct from established mood and anxiety disorder diagnoses. Little is known about the nature of cognitive-affective processing in CG, nor any similarities or differences compared with the processing profiles associated with other emotional disorders. Three studies therefore investigated 3 broad facets of negative self-processing associated with either elevated symptoms of, or diagnosis of, CG—namely, self-related attributions or blame, self-devaluation, and cognitions about the future self.

**METHOD:** These self-processing domains were assessed using a variety of self-report and scenario-based measures either linked specifically to the bereavement or more general in their focus. Study 1 used a correlational design in a community bereaved sample. Study 2 employed an extreme-groups approach looking at individuals high versus low in CG symptoms, and Study 3 compared those with a CG diagnosis to healthy bereaved controls.

**RESULTS:** The data revealed a profile of processing in CG characterized by significant relationships between CG symptoms or diagnosis and both self-devaluation and negative self-related cognitions about the future, but the data provided no support for a similar relationship with negative self-related attributions.

**CONCLUSIONS:** These findings extend our understanding of self-related cognitive processing in CG. They also suggest that CG is characterized by a cognitive-affective processing profile that is distinct from that associated with other disorders, notably major depression, in the literature. This has potential implications for the psychological treatment of CG and for its nosological status as a post-loss syndrome distinct from depression.

**46. Am J Med Genet B Neuropsychiatr Genet. 2012 Apr;159B(3):298-309. doi: 10.1002/ajmg.b.32027. Epub 2012 Feb 10.**

Moderation of adult depression by the serotonin transporter promoter variant (5-HTTLPR), childhood abuse and adult traumatic events in a general population sample.

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The impact of the promoter polymorphisms of the serotonin transporter (5-HTTLPR) on mood has been studied by two-way interaction models comprising one

environmental factor and genotype variants. However, childhood abuse is assumed to be associated with different psychobiological long-term effects than adult traumatic events. Both types of trauma may interact on an individual basis throughout the lifespan moderating the impact of the 5-HTTLPR s allele on depressive disorders. Therefore, the hypothesis of a three-way interaction among the 5-HTTLPR, childhood abuse and adult traumatic experience was tested. Caucasian subjects (1,974) from the general population in Germany (Study of Health in Pomerania (SHIP)) were analyzed. Depressive symptoms were measured with the Beck Depression Inventory (BDI-II). Childhood abuse was assessed with the Childhood Trauma Questionnaire. Adult traumatic events were derived from the SCID interview (DSM-IV) on posttraumatic stress disorder (PTSD). Global three-way interactions among the 5-HTTLPR, adult traumatic experiences and childhood abuse ( $P = 0.0007$ ) were found. Carriers of the ss or sl genotypes who had been exposed to childhood abuse and to more than two adult traumatic events had higher mean BDI-II scores (16.0 [95% CI 8.4-23.6]) compared to those carrying the ll genotype (7.6 [4.5-10.7]). These results were supported using a second, more severe definition of childhood abuse ( $P = 0.02$ ). No two-way interactions were observed ( $P > 0.05$ ). Childhood abuse and adult traumatic events may act synergistically in interaction with the s allele of the 5-HTTLPR to increase the risk for depressive symptoms independently from the lifetime diagnosis of PTSD.

**47. J Womens Health (Larchmt). 2012 Jun;21(6):666-73. Epub 2012 Feb 7.**  
Gender differences in health service utilization among Iraq and Afghanistan veterans with posttraumatic stress disorder.

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**BACKGROUND:** Little is known about gender differences in healthcare use among newly returning veterans with posttraumatic stress disorder (PTSD). We investigated gender differences in Veterans Affairs (VA) medical center health service use among Iraq and Afghanistan veterans with PTSD with and without comorbid depression and alcohol use disorders (AUD).

**METHODS:** Using VA administrative data, bivariate and multivariate statistics were used to examine gender differences in health service use among 159,705 Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) veterans with PTSD seeking VA healthcare from October 7, 2001, to December 31, 2010.

**RESULTS:** Female veterans with PTSD were more likely to be black and single and to have higher mental health, primary care, and emergency care use compared to men with PTSD. Men were more likely to have higher mental health inpatient use

compared to women. Women and men with comorbid PTSD and depression or comorbid PTSD and AUD were more likely to have higher use in all domains compared to their counterparts with PTSD without these comorbid disorders. Women with comorbid PTSD and depression were 12.5 times more likely to have a mental health inpatient hospitalization compared to their female counterparts without depression and twice as likely to have a mental health hospitalization compared to men with comorbid PTSD and depression.

CONCLUSIONS: Women with PTSD had higher use than men in almost all areas, as did all veterans with comorbid PTSD and depression and comorbid PTSD and AUD, regardless of gender. Better understanding these health service use differences will allow for targeted evaluation and integrated treatment interventions in veterans with PTSD.

#### **48. Trials. 2012 Feb 6;13:12.**

The effectiveness of a trauma-focused psycho-educational secondary prevention program for children exposed to interparental violence: study protocol for a randomized controlled trial.

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BACKGROUND: Children who witness interparental violence are at a heightened risk for developing psychosocial, behavioral and cognitive problems, as well as posttraumatic stress symptoms. For these children the psycho-educational secondary prevention program 'En nu ik...!' ('It's my turn now!') has been developed. This program includes specific therapeutic factors focused on emotion awareness and expression, increasing feelings of emotional security, teaching specific coping strategies, developing a trauma narrative, improving parent-child interaction and psycho-education. The main study aim is to evaluate the effectiveness of the specific therapeutic factors in the program. A secondary objective is to study mediating and moderating factors.

METHODS/DESIGN: This study is a prospective multicenter randomized controlled trial across cities in the Netherlands. Participants (N = 140) are referred to the secondary preventive intervention program by police, social work, women shelters and youth (mental health) care. Children, aged 6-12 years, and their parents, who experienced interparental violence are randomly assigned to either the intervention program or the control program. The control program is comparable on nonspecific factors by offering positive attention, positive expectations, recreation, distraction, warmth and empathy of the therapist, and social support among group participants, in ways that are similar to the

intervention program. Primary outcome measures are posttraumatic stress symptoms and emotional and behavioral problems of the child. Mediators tested are the ability to differentiate and express emotions, emotional security, coping strategies, feelings of guilt and parent-child interaction. Mental health of the parent, parenting stress, disturbances in parent-child attachment, duration and severity of the domestic violence and demographics are examined for their moderating effect. Data are collected one week before the program starts (T1), and one week (T2) and six months (T3) after finishing the program. Both intention-to-treat and completer analyses will be done.

**DISCUSSION:** Adverse outcomes after witnessing interparental violence are highly diverse and may be explained by multiple risk factors. An important question for prevention programs is therefore to what extent a specific focus on potential psychotrauma is useful. This trial may point to several directions for optimizing public health response to children's exposure to interparental violence.

**49. Can J Psychiatry. 2012 Jan;57(1):45-51.**

Parental sexual abuse and suicidal behaviour among women with major depressive disorder.

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**OBJECTIVE:** Women with major depressive disorder (MDD) and childhood sexual abuse histories have an increased risk for suicidal behaviours, but it is unclear whether specific abuse characteristics contribute to risk. We aimed to examine the contributions of abuse characteristics to lifetime history of suicide attempts and multiple suicide attempts, independent of posttraumatic stress disorder and borderline personality disorder.

**METHOD:** Women with MDD and sexual abuse histories (n = 106) were assessed regarding sexual abuse characteristics, psychiatric diagnoses, and suicide attempts.

**RESULTS:** In multivariate logistic regressions, the odds of having multiple suicide attempts increased 12.27-fold when childhood sexual abuse was perpetrated by a parent figure or a parent, compared with a nonparent.

**CONCLUSIONS:** Parental perpetration of sexual abuse increases the likelihood of multiple suicide attempts among women outpatients. The relationship of the perpetrator to the abused woman is important in suicide risk evaluation and treatment planning. Clinical Trial Registration Number: NCT00843700.

**50. J Behav Health Serv Res. 2012 Jul;39(3):271-84.**

Arrest types and co-occurring disorders in persons with schizophrenia or related psychoses.

McCabe PJ, Christopher PP, Druhn N, Roy-Bujnowski KM, Grudzinskas AJ Jr, Fisher WH.

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This study examined the patterns of criminal arrest and co-occurring psychiatric disorders among individuals with schizophrenia or related psychosis that were receiving public mental health services and had an arrest history. Within a 10-year period, 65% of subjects were arrested for crimes against public order, 50% for serious violent crimes, and 45% for property crimes. The presence of any co-occurring disorder increased the risk of arrest for all offense categories. For nearly all offense types, antisocial personality disorder and substance use disorders conferred the greatest increase in risk for arrest. Among anxiety disorders, post-traumatic stress disorder was associated with a greater risk of arrest for serious violent crimes but not other offense types. Criminal risk assessments and clinical management in this population should focus on co-occurring antisocial personality disorder and substance use disorders in addition to other clinical and non-clinical factors.

**51. J Child Psychol Psychiatry. 2012 Jun;53(6):687-94. doi: 10.1111/j.1469-7610.2011.02491.x. Epub 2011 Dec 23.**

Prevalence and mental health outcomes of homicide survivors in a representative US sample of adolescents: data from the 2005 National Survey of Adolescents.

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**BACKGROUND:** Each homicide leaves behind several friends and family members, or homicide survivors. However, limited information is available on the impact of homicide on adolescent survivors. The purpose of the current study was to identify the prevalence of homicide survivorship and to determine mental health outcomes within a sample of US adolescent survivors.

**METHODS:** A nationally representative sample of American adolescents (N = 3,614) between the ages of 12 and 17 completed structured telephone interviews assessing

homicide survivorship and mental health consequences including posttraumatic stress disorder (PTSD), depression, drug use, and alcohol abuse.

**RESULTS:** Reported prevalence within this sample of losing a loved one to criminal homicide was 9%, losing a loved one to vehicular homicide was 7%, and losing a loved one to both types of homicide was 2%. Logistic regression analyses found that adolescents who reported being homicide survivors were significantly more likely to report depression, drug use, and alcohol abuse after controlling for demographic factors and other violence exposure.

**CONCLUSIONS:** If the results from this study are generalizable to the US population, roughly 1 in 5 American adolescents may be impacted by homicide. Further, adolescents exposed to such a loss are at increased risk for mental health sequelae. Results suggest that greater attention needs to be paid to address the needs of these often underserved victims.

**52. J Pediatr Psychol. 2012 May;37(4):448-57. Epub 2011 Dec 13.**

The factor structure of traumatic stress in parents of children with cancer: a longitudinal analysis\*.

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**OBJECTIVES:** To determine the factor structure of posttraumatic stress symptoms (PTSS) and assess its stability over time among parents of children diagnosed with cancer.

**METHODS:** Parents of children with cancer included in a longitudinal study completed the posttraumatic stress disorder (PTSD) Checklist-Civilian Version 2 weeks (n = 249) and 2 (n = 234) and 4 (n = 203) months after their child's diagnosis. Confirmatory factor analysis (CFA) was used to assess 3 models of the underlying dimensions of PTSD and invariance tests were used to assess stability over time.

**RESULTS:** A longitudinal CFA with the factors reexperiencing, avoidance, dysphoria, and hyperarousal provided best fit to the data. Invariance testing suggested that the pattern and size of loadings were equivalent across the three assessments. Discussions Findings tentatively suggest that PTSS among parents of children with cancer consist of four factors. Implications for research and clinical practice are discussed.

**53. *Pediatr Diabetes*. 2012 Jun;13(4):326-33. doi: 10.1111/j.1399-5448.2011.00838.x. Epub 2011 Dec 13.**

Increase in the incidence of type 1 diabetes in Israeli children following the Second Lebanon War.

Zung A, Blumenfeld O, Shehadeh N, Dally Gottfried O, Tenenbaum Rakover Y, HersHKovitz E, Gillis D, Zangen D, Pinhas-Hamiel O, Hanukoglu A, Rachmiel M, Shalitin S; Israel IDDM Registry Study Group.

Collaborators: Bistritzer Z, Rachmiel M, Vardi P, Koren I, German A, Strich D, Terespolsky N, Wolfson E, Hanukoglu A, Landau Z, Zange D, Gillis D, Weiss R, Rakover YT, Admoni O, Barhum M, Yaffe H, Jaffe A, Zung A, Zadik Z, Burundukov E, Pinhas-Hamiel O, Graf-Barel C, Karp M, Landau Z, Aronovitch KM, Frumkin R, Shehadeh N, Gottfries OD, Pinhas-Hamiel O, Moses DM, Mazor-Aronovitch K, Levi-Shraga Y, Brill G, Ben-Ami M, Landau H, Philip M, Lazar L, De Vries L, Shalitin S, Nimri R, Lebenthal Y, Tenenbaum A, Frumki R, Josef M, Hirsch HJ, Levy F, HersHKovitz E, Leventhal N, Haim A, Weintrob N, Ory E, Even L, Levin NZ.

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**BACKGROUND:** Type 1 diabetes is an autoimmune disease occurring in genetically susceptible individuals. The precipitating cause is unclear. Recently, the Second Lebanon War exposed a large civilian population in northern Israel to significant psychological stress in the form of repeated barrages of missile attacks.

**HYPOTHESIS:** We hypothesized that trends in regional incidence of type 1 diabetes before and after the war would reflect an association with stress.

**METHODS:** All type 1 diabetes patients aged 0-17 yr who were reported to the Israel Juvenile Diabetes Register (n = 1822) in the four pre-war (2002-2005) and two post-war years (2006-2007) were included in the study. The patients were stratified by gender, age, ethnicity, family history of type 1 diabetes, season at diagnosis, and region of residency, namely, those who lived in the northern regions that were attacked and those in other regions.

**RESULTS:** The post-war incidence of type 1 diabetes was increased in the northern regions (rate ratio, RR = 1.27; p = 0.037), with no change in the other regions. This change was more prominent in males (RR = 1.55; p = 0.005) but similar in summer and winter, in different ages, and in different ethnic groups. There was no change in the proportion of new patients with a family history of the disease.

**CONCLUSIONS:** For the first time in a large population, we found a positive association between the trauma of war and an increase in the incidence of type 1 diabetes in children and adolescents. The increase in incidence was not

associated with genetic susceptibility to the disease.

**54. Psychol Med. 2012 Jun;42(6):1283-91. Epub 2011 Oct 20.**

Memory control in post-traumatic stress disorder: evidence from item method directed forgetting in civil war victims in Northern Uganda.

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**BACKGROUND:** Traumatized individuals and particularly post-traumatic stress disorder (PTSD) patients are characterized by memory disturbances that suggest altered memory control. The present study investigated the issue using an item method, directed forgetting (DF) paradigm in 51 civil war victims in Uganda. All participants had been exposed to severe traumatic stress and 26 additionally suffered from PTSD.

**METHOD:** In an item cued, DF paradigm photographs were presented, each followed by an instruction to either remember or forget it. A recognition test for all initially presented photographs and thematically similar distracters followed. DF patterns were compared between the non-PTSD and the PTSD groups. Post-experimental ratings of picture valence and arousal were collected and correlated with DF.

**RESULTS:** Results revealed DF, that is, reduced recognition for 'to-be-forgotten' items in the non-PTSD but not in the PTSD group. Moreover, in the non-PTSD, but not in the PTSD group, false alarms were reduced for 'to-be-remembered' items. Finally, DF was reduced in those participants who rated the pictures as more arousing, the PTSD group giving, on average, higher arousal ratings.

**CONCLUSIONS:** Data indicate that DF is reduced in PTSD and that the reduction is related to stimulus arousal. Furthermore, individuals with PTSD are characterized by a more global encoding style than individuals without PTSD, reflected in a higher false alarm rate. In sum, traumatized individuals with (but not without) PTSD are impaired in their ability to selectively control episodic memory encoding. This impairment may contribute to clinical features of the disorder such as intrusions and flashbacks.

**55. J Clin Psychol Med Settings. 2012 Jun;19(2):138-46.**

The role of beliefs in the relationship between health problems and posttraumatic stress in adolescent and young adult cancer survivors.

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In addition to the potential for ongoing health concerns, adolescent and young adult (AYA) childhood cancer survivors frequently report posttraumatic stress symptoms (PTSS). The current study examines whether beliefs about health moderate the relationship between the number of health problems and PTSS 2 months later in 140 survivors. Beliefs, as measured by scales of the Health Competence Beliefs Inventory (HCBI), negatively related to PTSS while health problems positively related to PTSS. Three scales of the HCBI—health perceptions, satisfaction with healthcare and cognitive competence—were significant moderators. The relationship between health problems and PTSS was stronger in the presence of less adaptive beliefs. These beliefs represent potentially malleable intervention targets for reducing PTSS in childhood cancer survivors.

**56. Am J Community Psychol. 2012 Jun;49(3-4):430-40.**

Supporting the need for an integrated system of care for youth with co-occurring traumatic stress and substance abuse problems.

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Adolescents are at high risk for violence exposure and initiation of drug use. Co-occurring substance use and trauma exposure are associated with increased risk of mental health disorders, school underachievement, and involvement with multiple systems of care. Coordination and integration of systems of care are of utmost importance for these vulnerable youth. This study delineates the negative sequelae and increased service utilization patterns of adolescents with a history of trauma, substance abuse, and co-occurring trauma and substance abuse to support the need for integrated mental health and substance abuse services for youth. Data from two national sources, the National Child Traumatic Stress Network and Center for Substance Abuse Treatment demonstrate the increased clinical severity (measured by reports of emotional and behavioral problems), dysfunction, and service utilization patterns for youth with co-occurring trauma exposure and substance abuse. We conclude with recommendations for an integrated system of care that includes trauma-informed mental health treatment and substance abuse services aimed at reducing the morbidity and relapse probability of this high-risk group.

**57. J Autism Dev Disord. 2012 Jun;42(6):954-60.**

Adaptive response of children and adolescents with autism to the 2009 earthquake in L'Aquila, Italy.

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The literature offers no descriptions of the adaptive outcomes of people with autism spectrum disorder (ASD) after natural disasters. Aim of this study was to evaluate the adaptive behaviour of participants with ASD followed for 1 year after their exposure to the 2009 earthquake in L'Aquila (Italy) compared with an unexposed peer group with ASD, by administering the Italian form of the Vineland Adaptive Behaviour Scales (VABS) at baseline, 6 months and 1 year after the earthquake. Exposed participants declined dramatically in their adaptive behaviour during the first months after the earthquake ( $p < 0.01$  for all VABS dimensions). However, immediate intensive post-disaster intervention allowed children and adolescents with autism showing a trend towards partial recovery of adaptive functioning.

**58. Soc Psychiatry Psychiatr Epidemiol. 2012 Jun;47(6):893-902. Epub 2011 May 21.**

Prevalence and risk of psychiatric disorders as a function of variant rape histories: results from a national survey of women.

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**PURPOSE:** Rape is an established risk factor for mental health disorders, such as posttraumatic stress disorder (PTSD), major depressive episodes (MDE), and substance use disorders. The majority of studies have not differentiated substance-involved rape or examined comorbid diagnoses among victims. Therefore, the aim of the present study was to estimate the prevalence of common trauma-related psychiatric disorders (and their comorbidity) in a national sample of women, with an emphasis on distinguishing between rape tactics. A secondary objective was to estimate the risk for psychiatric disorders among victims of variant rape tactics, in comparison to non-victims.

**METHODS:** A nationally representative population-based sample of 3,001 non-institutionalized, civilian, English or Spanish speaking women (aged 18-86 years) participated in a structured telephone interview assessing rape history and DSM-IV criteria for PTSD, MDE, alcohol abuse (AA), and drug abuse

(DA). Descriptive statistics and multivariate logistic regression analyses were employed.

**RESULTS:** Women with rape histories involving both substance facilitation and forcible tactics reported the highest current prevalence of PTSD (36%), MDE (36%), and AA (20%). Multivariate models demonstrated that this victim group was also at highest risk for psychiatric disorders, after controlling for demographics and childhood and multiple victimization history. Women with substance-facilitated rapes reported higher prevalence of substance abuse in comparison to women with forcible rape histories. Comorbidity between PTSD and other psychiatric disorders was higher among rape victims in comparison to non-rape victims.

**CONCLUSIONS:** Researchers and clinicians should assess substance-facilitated rape tactics and attend to comorbidity among rape victims. Empirically supported treatments are needed to address the complex presentations observed among women with variant rape histories.

**59. J Am Acad Child Adolesc Psychiatry. 2011 Apr;50(4):364-75. Epub 2011 Feb 22.**

Latent classes of adolescent posttraumatic stress disorder predict functioning and disorder after 1 year.

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**OBJECTIVE:** To identify latent classes of posttraumatic stress disorder (PTSD) symptoms in a national sample of adolescents, and to test their associations with PTSD and functional impairment 1 year later.

**METHOD:** A total of 1,119 trauma-exposed youth aged 12 through 17 years (mean = 14.99 years, 51% female and 49% male) participating in the National Survey of Adolescents-Replication were included in this study. Telephone interviews were conducted to assess PTSD symptoms and functional impairment at Waves 1 and 2.

**RESULTS:** Latent Class Analysis revealed three classes of adolescent PTSD at each time point: pervasive disturbance, intermediate disturbance, and no disturbance. Three numbing and two hyperarousal symptoms best distinguished the pervasive and intermediate disturbance classes at Wave 1. Three re-experiencing, one avoidance, and one hyperarousal symptom best distinguished these classes at Wave 2. The Wave 1 intermediate disturbance class was less likely to have a PTSD diagnosis, belong to the Wave 2 pervasive disturbance class, and report functional impairment 1 year later compared with the Wave 1 pervasive disturbance class. The Wave 1 no disturbance class was least likely to have PTSD, belong to the pervasive

disturbance class, and report functional impairment at Wave 2.

**CONCLUSIONS:** This study suggests that PTSD severity-distinguishing symptoms change substantially in adolescence and are not characterized by the numbing cluster, contrary to studies in adult samples. These results may help to explain inconsistent factor analytic findings on the structure and diagnosis of PTSD, and emphasize that developmental context is critical to consider in both research and clinical work in PTSD assessment and diagnosis.

**60. J Am Acad Child Adolesc Psychiatry. 2011 Apr;50(4):349-63. Epub 2011 Mar 5.**

Mental health and childhood adversities: a longitudinal study in Kabul, Afghanistan.

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Comment in

J Am Acad Child Adolesc Psychiatry. 2011 Apr;50(4):323-5.

**OBJECTIVE:** To identify prospective predictors of mental health in Kabul, Afghanistan.

**METHOD:** Using stratified random-sampling in schools, mental health and life events for 11-to 16-year-old students and their caregivers were assessed. In 2007, 1 year after baseline, the retention rate was 64% (n = 115 boys, 119 girls, 234 adults) with no evidence of selection bias. Self- and caregiver-rated child mental health (Strengths and Difficulties Questionnaire), depressive (Depression Self-Rating Scale), and posttraumatic stress (Child Revised Impact of Events Scale) symptoms and caregiver mental health (Self-Report Questionnaire) were assessed. Lifetime trauma and past-year traumatic, stressful, and protective experiences were assessed.

**RESULTS:** With the exception of posttraumatic stress, one-year trajectories for all mental health outcomes showed significant improvement ( $p < .001$ ). Family violence had a striking impact on the Strengths and Difficulties Questionnaire data, raising caregiver-rated scores by 3.14 points (confidence interval [CI] 2.21-4.08) or half a standard deviation, and self-rated scores by 1.26 points (CI 0.50-2.03); past-year traumatic beatings independently raised self-rated scores by 1.85 points (CI 0.03-3.66). A major family conflict raised depression scores by 2.75 points (CI 0.89-4.61), two thirds of a standard deviation, whereas improved family life had protective effects. Posttraumatic stress symptom scores, however, were solely contingent on lifetime trauma, with more than three events raising scores by 5.38 points (CI 1.76-9.00).

**CONCLUSIONS:** Family violence predicted changes in mental health problems other than posttraumatic stress symptoms in a cohort that showed resilience to substantial socioeconomic and war-related stressors. The importance of prospectively identifying impacts of specific types of childhood adversities on mental health outcomes is highlighted to strengthen evidence on key modifiable factors for intervention in war-affected populations.

**61. J Am Acad Child Adolesc Psychiatry. 2011 Apr;50(4):340-8, 348.e1-2. Epub 2011 Feb 25.**

Preventing children's posttraumatic stress after disaster with teacher-based intervention: a controlled study.

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Comment in

J Am Acad Child Adolesc Psychiatry. 2011 Apr;50(4):320-2.

**OBJECTIVE:** The psychological outcomes that the exposure to mass trauma has on children have been amply documented in the past decades. The objective of this study is to describe the effects of a universal, teacher-based preventive intervention implemented with Israeli students before the rocket attacks that occurred during Operation Cast Lead, compared with a nonintervention but exposed control group.

**METHOD:** The study sample consisted of 1,488 students studying in fourth and fifth grades in a city in southern Israel who were exposed to continuous rocket attacks during Operation Cast Lead. The intervention group included about half (53.5%) of the children who studied in six schools where the teacher-led intervention was implemented 3 months before the traumatic exposure. The control group (46.5% of the sample) included six schools matched by exposure in which the preventive intervention was not implemented. Children filled out the UCLA-PTSD Reaction Index and the Stress/Mood Scale 3 months after the end of the rocket attacks.

**RESULTS:** The intervention group displayed significantly lower symptoms of posttrauma and stress/mood than the control group ( $p < .001$ ). Control children had 57% more detected cases of posttraumatic stress disorder (PTSD) than participant children. This difference was significantly more pronounced among boys (10.2% versus 4.4%) and less among girls (12.5% versus 10.1%).

**CONCLUSIONS:** The teacher-based, resilience-focused intervention is a universal, cost-effective approach to enhance the preparedness of communities of children to mass trauma and to prevent the development of PTSD after exposure.

**62. J Am Acad Child Adolesc Psychiatry. 2011 Apr;50(4):320-2.**

Promoting stress resistance in war-exposed children.

Asarnow JR.

Comment on

J Am Acad Child Adolesc Psychiatry. 2011 Apr;50(4):340-8, 348.e1-2.

**63. Soc Psychiatry Psychiatr Epidemiol. 2011 Jun;46(6):481-93. Epub 2010 Mar 31.**

Psychoses, PTSD, and depression in Somali refugees in Minnesota.

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**INTRODUCTION:** Initial clinical observation of Somali patients seen at a busy inner-city community clinic (CUHCC) suggested that, in addition to the expected pictures of Posttraumatic Stress Disorder (PTSD) and depression previously seen in the clinic's Southeast Asian refugee population from 1980 to 2000, there was an unusually high number of young Somali men presenting with acute psychotic disturbances.

**OBJECTIVES:** The aim of this study of health care utilization of Somali refugees (N = 600) seen in the mental health unit of the clinic from 2001 to 2009 was to investigate the major patterns of psychiatric disorders in this outpatient population and compare these findings with a cohort of non-Somali patients (N = 3,009) seen at the same outpatient clinic during the years 2007-2009. If the results supported the initial clinical observations that the rate of psychoses was higher among young Somali men than non-Somali men attending CUHCC clinic, then several areas of further research would recommend itself. First, since this study was not a study of prevalence of mental illness in the Somali community, the next step would be to undertake a study of community prevalence of mental illness among different age and gender cohorts. Second, further research should look into likely causative and contributory risk factors to explain the development of psychoses among Somali young men.

**METHODS:** Somali and non-Somali patients were diagnosed according to DSM-IV-R criteria. Main outcome measures (diagnoses, age cohort, sex) were analyzed by Chi-square tests. Patterns of illness and adjustment varied significantly by age and gender cohorts, reflecting the relevance of age and gender at time of trauma on different trauma and loss experiences and cultural and religious shaping of subsequent adjustment and symptoms.

**RESULTS:** The study confirmed that almost half of the Somali male patients are under age 30, 80% of whom presented with psychoses, compared with the rate of

psychosis (13.7%) in the non-Somali control group of same-aged males at the clinic. The older male, and the majority of Somali female patients, show predominantly depressive and PTSD symptomatology.

**CONCLUSIONS:** War trauma experienced in childhood, early malnutrition from famines, head trauma, and excess Khat use in male adolescents provide partial explanations for the large number of young psychotic Somali men seen in the clinic from 2001 to 2009.