

October, 2012 PILOTS Topic Alert

Record 1 of 29

TI: Title

Assessment for and response to adverse childhood experiences

AU: Author

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SO: Source

Journal of Psychosocial Nursing and Mental Health Services, vol. 48,
no. 12, pp. 51-61, December 2012.

AB: Abstract

Literature strongly suggests that early exposure to adverse childhood experiences (ACEs) disrupts crucial normal stages of childhood development and predisposes these individuals to subsequent psychiatric sequelae. Even with these data, little is found in nursing literature that discusses ACEs and their impact on adult mental health. Therefore, the purpose of this article is to address how nurses approach communication with clients about and assess for traumatic life experiences. In addition, screening measures for ACEs will be presented, along with discussion about ethical responsibilities of health professionals and researchers in asking about abuse.

Published online 22 October 2010.

RL: Resource Location

<http://dx.doi.org/10.3928/02793695-20100930-0>

Record 2 of 29

TI: Title

Beyond fear, helplessness, and horror: peritraumatic reactions associated with posttraumatic stress symptoms among traumatized delinquent youth

AU: Author

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AF: Affiliation

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SO: Source

Psychological Trauma: Theory, Research, Practice, and Policy,
Published online 20 August 2012.

AB: Abstract

This study investigated associations among peritraumatic reactions, including the triad of fear, helplessness, and horror specified in Criterion A2 of the DSM-IV-R, and PTSD diagnostic status and symptom severity among a sample of 555 juvenile justice-involved adolescents (188 girls and 367 boys). Results of hierarchical and logistic regression analyses indicated that, with the exception of helplessness, peritraumatic reactions beyond the DSM-IV-R triad, particularly disorganized behavior and confusion, were more strongly associated with PTSD diagnosis and symptoms among these youth than were the A2 criteria. Gender differences also emerged in the pattern of results, with disorganized behavior and dissociation associated more strongly with PTSD symptom levels among girls than boys. In addition, investigation of the relations between peritraumatic reactions and the recently proposed 5-factor model of PTSD symptom clusters showed that peritraumatic disorganization was the most consistently associated with PTSD symptoms, whereas peritraumatic helplessness was uniquely associated with Numbing among boys and Dissociation among girls. These results have implications for informing the DSM-5 as well as adding to the evidence base for deriving developmentally sensitive criteria for the diagnosis of PTSD among youth exposed to trauma.

RL: Resource Location

<http://dx.doi.org/10.1037/a0029609>

Record 3 of 29

TI: Title

Trauma exposure and PTSD among older adolescents in foster care

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SO: Source

Social Psychiatry and Psychiatric Epidemiology, Published online 17 August 2012.

AB: Abstract

PURPOSE: Youth in foster care represent a highly traumatized population. However, trauma research on this population has focused primarily on maltreatment rather than the full spectrum of trauma experiences identified within the DSM-IV. The current study aims to fill this gap by reporting the prevalence of exposure to specific types of traumatic events for a large sample of youth with foster care experience. The study also reports the likelihood of lifetime PTSD diagnoses associated with each specific type of trauma. **METHOD:** Data are from a longitudinal panel study of 732 adolescents aged 17 and 18 who were in foster care. Lifetime trauma exposure and PTSD diagnosis were assessed using the Composite International Diagnostic Interview. Statistical comparisons were made using logistic regressions. **RESULTS:** The majority of respondents had experienced at least one trauma in their lifetime. While overall trauma prevalence did not differ by gender, males were more likely to experience interpersonal violence and environmental trauma, while females were more likely to experience sexual trauma. Caucasian participants reported higher rates of trauma exposure than African-American participants did. The types of trauma associated with the highest probability of a lifetime PTSD diagnosis were rape, being tortured or a victim of terrorists, and molestation. **CONCLUSIONS:** Youth in foster care are a highly traumatized population and meet diagnostic criteria for PTSD at higher rates than general youth populations. The ongoing impact of trauma may be particularly problematic for these young people given their abrupt transition to independence.

RL: Resource Location

<http://dx.doi.org/10.1007/s00127-012-0563-0>

Record 4 of 29

TI: Title

The Child PTSD Symptom Scale: psychometric properties in female adolescent sexual assault survivors

AU: Author

Gillihan, Seth J; Aderka, Idan M; Conklin, Phoebe H; Capaldi, Sandra;

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AF: Affiliation

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SO: Source

Psychological Assessment, Published online 6 August 2012.

AB: Abstract

Traumatic experiences are common among youths and can lead to PTSD. In order to identify traumatized children who need PTSD treatment, instruments that can accurately and efficiently evaluate pediatric PTSD are needed. One such measure is the Child PTSD Symptom Scale (CPSS), which has been found to be a reliable and valid measure of PTSD symptom severity in school-age children exposed to natural disasters. However, the psychometric properties of the CPSS are not known in youths who have experienced other types of trauma. The current study aims to fill this gap by examining the psychometric properties of the interview (CPSS-I) and self-report (CPSS-SR) administrations of the CPSS in a sample of 91 female youths with sexual abuse-related PTSD, a population that is targeted in many treatment studies. Scores on both the CPSS-I and CPSS-SR demonstrated good to excellent internal consistency. One-week test-retest reliability assessed for CPSS-SR scores was excellent ($r = .86$); interrater reliability of CPSS-I scores was also excellent ($r = .87$). Symptom-based diagnostic agreement between the CPSS-SR and CPSS-I was excellent at 85.5%; scores on both the CPSS-SR and CPSS-I also demonstrated good convergent validity (74.5-76.5% agreement) with the PTSD module of The Schedule of Affective Disorders and Schizophrenia for School-Age Children-Revised for DSM-IV (K-SADS). The strong psychometric properties of the CPSS render it a valuable instrument for PTSD screening as well as for assessing symptom severity.

RL: Resource Location

<http://dx.doi.org/10.1037/a0029553>

Record 5 of 29

TI: Title

Salivary cortisol and dehydroepiandrosterone sulfate in adolescent rape victims with post traumatic stress disorder

AU: Author

Bicanic, Iva A E; Postma, Riemke M; Sinnema, Gerben; De Roos, Carlijn; Olff, Miranda; Van Wesel, Floryt; Van de Putte, Elise M

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SO: Source

Psychoneuroendocrinology, Published online 4 August 2012.

AB: Abstract

BACKGROUND: In chronic sexual abuse victims with PTSD, the hypothalamic pituitary adrenal (HPA) axis can be dysregulated. In single rape victims, PTSD symptoms are hypothesized to function as a chronic stressor leading to similar HPA-axis dysregulation. The objective of the current study was to assess HPA-axis functioning in female adolescents with rape-related PTSD, but no prior sexual trauma, in comparison to non-victimized controls. **METHOD:** Salivary cortisol and dehydroepiandrosterone sulfate (DHEAS) were measured in 52 female adolescent rape victims with PTSD and 37 healthy adolescents at 0, 15, 30, 45 and 60 minutes after awakening, both under basal conditions and after 0.5 mg dexamethasone administration. **RESULTS:** Compared to age-matched controls, adolescent rape victims with PTSD showed significantly reduced cortisol and DHEAS levels. No group differences for the effect of dexamethasone suppression were found. Both the event of rape and PTSD diagnosis, and not factors such as sleep duration, smoking, education, or oral contraceptives, accounted for the neuroendocrine differences between rape victims and controls. **CONCLUSIONS:** The results show evidence for a dysregulated HPA-axis in female adolescent victims of single sexual trauma with PTSD. The finding of hypocortisolism is consistent with endocrine dysfunctioning in chronic sexual abuse victims and may have clinical implications with regard to treatment possibilities.

RL: Resource Location

<http://dx.doi.org/10.1016/j.psyneuen.2012.06.015>

Record 6 of 29

TI: Title

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

AU: Author

Frank-Schultz, Friederike; Naidoo, Pamela; Cloete, Karen J; Seedat, Soraya

AF: Affiliation

Department of Psychology, University of the Western Cape, Bellville, South Africa; Population Health, Health Systems and Innovation (PHHSI), Human Sciences Research Council (HSRC), Cape Town, South Africa; Department of Psychiatry, Faculty of Medicine Health Sciences, University of Stellenbosch, Tygerberg, South Africa

SO: Source

Journal of Nervous and Mental Disease, vol. 200, no. 8, pp. 692-698, August 2012.

AB: Abstract

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

Record 7 of 29

TI: Title

Predictors of children's sleep onset and maintenance problems after road traffic accidents

AU: Author

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AF: Affiliation

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Zurich, Zurich, Switzerland; Children's Research Center, University
Children's Hospital Zurich, Zurich, Switzerland

SO: Source

European Journal of Psychotraumatology, vol. 3, pp. Article 8402, 26
June 2012.

AB: Abstract

BACKGROUND: Sleep onset and maintenance problems are a frequent complaint after traumatic events in children. However, the association of traumatic experiences and disturbed sleep remains to be explained. **OBJECTIVE:** To examine the incidence of sleep onset and maintenance problems in children after road traffic accidents and identify potential predictors of sleep onset and maintenance problems, including putative psychopathological mechanisms as well as stressors affecting the family system. **METHOD:** In 33 children treated for injuries after road traffic accidents, sleep and measures of psychopathology were assessed 10 days, 2 months, and 6 months after hospital admission. The predictive value of four clusters of predictor variables for children's sleep onset and maintenance problems was prospectively tested by multiple regression analyses. These clusters included socio-demographic, injury- and accident-related, and psychopathological variable clusters as well as factors reflecting stressors concerning mothers and family. **RESULTS:** Children suffering from posttraumatic stress reported a prolonged subjective sleep latency. The severity of sleep onset and maintenance problems was predicted by female sex and the child's as well as mothers' PTSD severity. **CONCLUSIONS:** Sleep onset and maintenance problems in children after trauma appear to result from a complex interaction of multiple factors. Our findings support the transactional model of sleep-wake regulation that bears implications for the development of adequate intervention strategies.

RL: Resource Location

<http://dx.doi.org/10.3402/ejpt.v3i0.8402>

Record 8 of 29

TI: Title

Psychological distress and mental health service contact of
unaccompanied asylum-seeking children

AU: Author

Sanchez-Cao, E; Kramer, T; Hodes, Matthew

AF: Affiliation

Imperial College London, London, England

SO: Source

Child: Care, Health and Development, Published online 7 June 2012.

AB: Abstract

BACKGROUND: Evidence is emerging that psychological problems, particularly symptoms of depression and PTSD, are more prevalent in unaccompanied asylum-seeking children (UASC) than their accompanied peers. However, little is known about help seeking and mental health service (MHS) utilization in this group, and how this relates to their psychological needs. This study aims to describe the level of psychological distress among a group of UASC and the pattern of MHS contact. **METHOD:** Socio-demographic data on 71 UASC residing in London was obtained and self-report questionnaires were completed regarding trauma events (Harvard Trauma Questionnaire), general psychological distress [Strengths and Difficulties Questionnaire (SDQ)], post-traumatic stress symptoms (Impact of Event Scale), depressive symptoms (Birmaher Depression Self-Rating Scale for Children), and contact with MHS (Attitudes to Health and Services Questionnaire). **RESULTS:** UASC were mainly male (n = 48, 67.6%), Black African (n = 39, 54.9%) and their median age was 17 years (interquartile range = 15; 17). They had been living in the UK for a median of 18 months. 8 (11.3%) scored on the SDQ borderline/abnormal range for total symptoms, but this was 21 (29.6%) using the SDQ emotional subscale. 47 (66.2%) were at high risk for PTSD and nine (12.7%) at high risk for depressive disorder. Only 12 (17%) had MHS contact. Predictors of MHS contact were depressive symptoms and duration of time in the UK. **CONCLUSIONS:** UASC had a high level of emotional symptoms, especially post-traumatic stress symptoms. However, only a small proportion of UASC were in contact with MHS. This suggests a high level of MHS under-utilization, and reasons for this are discussed.

RL: Resource Location

<http://dx.doi.org/10.1111/j.1365-2214.2012.01406.x>

Record 9 of 29

TI: Title

Cost-utility analysis of different treatments for post-traumatic stress disorder in sexually abused children

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Liverpool, England; Division of Health Sciences, University of South Australia, Adelaide SA, Australia

SO: Source

Child and Adolescent Psychiatry and Mental Health, vol. 6, pp. Article 15, 10 April 2012.

AB: Abstract

BACKGROUND: PTSD is diagnosed in 20% to 53% of sexually abused children and adolescents. Living with PTSD is associated with a loss of health-related quality of life. Based on the best available evidence, the NICE Guideline for PTSD in children and adolescents recommends cognitive behavioural therapy (TF-CBT) over non-directive counselling as a more efficacious treatment. **METHODS:** A modelled economic evaluation conducted from the Australian mental health care system perspective estimates incremental costs and Quality Adjusted Life Years (QALYs) of TF-CBT, TF-CBT combined with selective serotonin reuptake inhibitor (SSRI), and non-directive counselling. The "no treatment" alternative is included as a comparator. The first part of the model consists of a decision tree corresponding to 12 month follow-up outcomes observed in clinical trials. The second part consists of a 30 year Markov model representing the slow process of recovery in non-respondents and the untreated population yielding estimates of long-term quality-adjusted survival and costs. Data from the 2007 Australian Mental Health Survey was used to populate the decision analytic model. **RESULTS:** In the base-case and sensitivity analyses, incremental cost-effectiveness ratios (ICERs) for all three active treatment alternatives remained less than A\$7,000 per QALY gained. The base-case results indicated that non-directive counselling is dominated by TF-CBT and TF-CBT + SSRI, and that efficiency gain can be achieved by allocating more resources toward these therapies. However, this result was sensitive to variation in the clinical effectiveness parameters with non-directive counselling dominating TF-CBT and TF-CBT + SSRI under certain assumptions. The base-case results also suggest that TF-CBT + SSRI is more cost-effective than TF-CBT. **CONCLUSION:** Even after accounting for uncertainty in parameter estimates, the results of the modelled economic evaluation demonstrated that all psychotherapy treatments for PTSD in sexually abused children have a favourable ICER relative to no treatment. The results also highlighted the loss of quality of life in children who do not receive any psychotherapy. Results of the base-case analysis suggest that TF-CBT + SSRI is more cost-effective than TF-CBT alone, however, considering the uncertainty associated with prescribing SSRIs

to children and adolescents, clinicians and parents may exercise some caution in choosing this treatment alternative.

RL: Resource Location

<http://dx.doi.org/10.1186/1753-2000-6-15>

Record 10 of 29

TI: Title

Attachment disruptions, IQ, and PTSD in African American adolescents: a traumatology perspective

AU: Author

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AF: Affiliation

Center for Cumulative Trauma Studies, Stone Mountain GA, USA; Educational Psychology Department, Wayne State University, Detroit MI, USA; School of Nursing, Wayne State University, Detroit MI, USA

SO: Source

Journal of Aggression, Maltreatment and Trauma, vol. 21, no. 6, pp. 665-690, 2012.

AB: Abstract

Attachment disruptions, other traumas, PTSD, and intelligence quotient (IQ) were measured in a sample of 181 African American adolescents. Path analysis was utilized to test the effects of different types of attachment disruptions on IQ and PTSD. Findings supported that mother and father abandonments and being in foster care are associated with decreased perceptual reasoning, processing speed, and working memory, and increased discrepancy between perceptual and verbal toward decreased perceptual reasoning. Such suppression and discrepancy contribute to poor academic achievement. Results validated the traumatology perspective on attachment disruptions as traumas that are associated with PTSD, suppression of most IQ potentials, and with potential brain hemispheric desynchronization. The ramifications of these results for helping African American adolescents are discussed.

RL: Resource Location

<http://dx.doi.org/10.1080/10926771.2012.698377>

Record 11 of 29

TI: Title

Trauma-focused CBT for children and adolescents: treatment applications

AU: Author

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SO: Source

New York: Guilford Press, 2012. xii, 308 pp.

PB: Publisher

Guilford Press

Record 12 of 29

TI: Title

Intimate partner violence: implications for Northern Plains and Upper Midwest American Indian mother-daughter dyads' attachment relationships [dissertation]

AU: Author

Green, Julii Monette

SO: Source

University of North Dakota, 2012. 198 pp.

AB: Abstract

An established body of research focused on family violence captures the experiences of women impacted by intimate partner violence (IPV), the implications for child witnesses of IPV, and the predictive risk factors of violence toward women. In an attempt to understand the unique experiences of American Indian women and children this study examined the intersection of American Indian identity, attachment relationships, and traumatic experiences to comprehend the short and long-term impact of IPV. The current research study included 30 American Indian mother-daughter dyads who had a history of IPV. The findings suggested that participants' substance use during IPV episodes was associated with the relationship between participants' experiences of IPV and mother-daughter attachment relationships. Subsequent findings indicated that participants who graduated from high school and those participants whose partners used substances during IPV episodes were at an increased risk for IPV experiences. Additionally, participants' experiences of IPV were not associated with mother-daughter attachment relationships. Recommendations regarding clinical practice, research, and policy are presented. This

dissertation is one of the first studies to examine the experiences of Northern Plains and Upper Midwest American Indian mothers' and daughters' attachment relationships and the influence of IPV utilizing the conceptual framework of the medicine wheel and the theoretical framework that includes IPV, attachment, PTSD symptoms, ethnic/cultural identity, and various contextual variables.

PB: Publisher

University of North Dakota

PT: Publication Type

Doctoral Dissertation

Record 13 of 29

TI: Title

The impact of trauma on juvenile drug court effectiveness
[dissertation]

AU: Author

Sanchez, Angela

SO: Source

Alliant International University, 2012. 108 pp.

AB: Abstract

Frequently substance abuse and PTSD co-occur in delinquent youth. Juvenile drug courts are one type of diversion program designed to treat the substance abuse problems of youth involved in the juvenile justice system, but these specialty courts do not address trauma or the PTSD symptoms that youth may experience. Currently, there is no data which suggests that youths with PTSD have less favorable outcomes in juvenile drug court programs. This study focused on youths with histories of neglect, physical abuse, and sexual abuse who were involved in a juvenile drug court and sought to determine if these youth had less favorable outcomes in juvenile drug courts than youth who did not report a history of trauma. The hypothesis was that youth with a history of trauma would drop out of treatment earlier, demonstrate poorer grades in school, and have more frequent positive urinalysis tests results. This study used archival, quantitative data previously gathered from a program evaluation of a juvenile drug court in an urban, northwestern area of the United States. Multiple regression analyses, bootstrap resampling methods, and other exploratory statistical analyses were performed to determine if youth with trauma differed significantly from youth who did not endorse histories of abuse or neglect on measures of drug court effectiveness. Results indicated that physical abuse and neglect significantly

predicted lower grades in school. The overall bootstrapped model was not significant in predicting days in treatment. However, physical abuse was found to significantly predict fewer days a youth spent in the program, supporting the original hypothesis that abuse negatively impacts measures of juvenile drug court effectiveness. None of the criterion variables significantly predicted the percentage of positive urinalysis test results. The results demonstrated that youth with a history of sexual abuse, physical abuse, and neglect demonstrate poorer outcomes in juvenile drug court. Recommendations are to incorporate assessment and treatment for PTSD and trauma related disorders while youth are receiving services in juvenile drug courts.

PB: Publisher

Alliant International University

PT: Publication Type

Doctoral Dissertation

RL: Resource Location

<http://search.proquest.com/docview/1033504707?accountid=10422>

Record 14 of 29

TI: Title

Feasibility and effects of a web-based adolescent psychiatric assessment administered by clinical staff in the pediatric emergency department

AU: Author

Fein, Joel A; Pailler, Megan E; Barg, Frances K; Wintersteen, Matthew B; Hayes, Katie; Tien, Allen Y; Diamond, Guy S

AF: Affiliation

Division of Emergency Medicine, Department of Pediatrics, Children's Hospital of Philadelphia, Philadelphia PA, USA; Department of Family Medicine and Community Health, Department of Anthropology, and Center for Family Intervention Science, School of Medicine, University of Pennsylvania, Philadelphia PA, USA; Medical Decision Logic Inc., Baltimore MD, USA; Division of Health Science Informatics, School of Medicine, Johns Hopkins University, Baltimore MD, USA

SO: Source

Archives of Pediatrics and Adolescent Medicine, vol. 164, no. 12, pp. 1112-1117, December 2010.

AB: Abstract

OBJECTIVES: To determine the adoption rate of the Web-based Behavioral Health Screening - Emergency Department (BHS-ED) system during routine clinical practice in a pediatric ED, and to assess this system's

effect on identification and assessment of psychiatric problems. DESIGN: Descriptive design to evaluate the feasibility of a clinical innovation. SETTING: The ED of an urban tertiary care children's hospital. PARTICIPANTS: Adolescents from 14 to 18 years of age, without acute or critical injuries or illness, presenting with nonpsychiatric symptoms. Intervention The ED clinical staff initiated the use of the BHS-ED system, which identifies and assesses adolescents for depression, suicidal ideation, posttraumatic stress, substance use, and exposure to violence. Treating clinicians reviewed results and followed routine care practices thereafter. MAIN OUTCOME MEASURES: Adoption rate of the BHS-ED system by nursing staff, identification rates of occult psychiatric problems, and social worker or psychiatrist assessment. Data were collected for 19 months before implementation of the BHS-ED system and for 9 months during implementation. RESULTS: Of 3979 eligible patients, 1327 (33.4%) were asked by clinical staff to get screened using the BHS-ED; of these 1327 patients, 857 (64.6%) completed the screening and 470 (35.4%) refused. During implementation, identification of adolescents with psychiatric problems increased significantly (4.2% vs 2.5%; odds ratio [OR], 1.70; 95% confidence interval [CI], 1.38-2.10), as did ED assessments by a social worker or psychiatrist (2.5% vs 1.7%; OR, 1.47; 95% CI, 1.13-1.90). Of the 857 patients who were screened with the BHS-ED, 90 (10.5%) were identified as having psychiatric problems (OR, 4.58; 95% CI, 3.53-5.94), and 71 (8.3%) were assessed (OR, 5.12; 95% CI, 3.80-6.88). CONCLUSIONS: In a busy pediatric ED, computerized, self-administered adolescent behavioral health screening can be incorporated into routine clinical practice. This can lead to small but significant increases in the identification of unrecognized psychiatric problems.

RL: Resource Location

<http://dx.doi.org/10.1001/archpediatrics.2010.213>

Record 15 of 29

TI: Title

Some reflections on the use of psychiatric diagnosis in the looked after or "in care" child population

AU: Author

DeJong, Margaret

AF: Affiliation

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SO: Source

Clinical Child Psychology and Psychiatry, vol. 15, no. 4, pp. 589-599, October 2010.

AB: Abstract

The current classification system, DSM-IV, inadequately captures the range and type of psychopathology seen in the "in care" population of children. A combination of pre-natal influences, early interpersonal trauma involving the primary caregiving relationship, disturbed and disrupted attachment relationships, and other significant losses and adverse environmental effects produce a complex constellation of symptoms and a pervasive impact on development that is difficult to categorize. The challenges facing DSM-V are illustrated, highlighting unresolved topics such as quasi-autism, reactive attachment disorder, and complex trauma.

RL: Resource Location

<http://dx.doi.org/10.1177/1359104510377705>

Record 16 of 29

TI: Title

Depression and exposure to violence among Venda and Northern Sotho adolescents in South Africa

AU: Author

Bach, J M; Louw, Daniël Andreas

AF: Affiliation

Department of Psychology, University of the Free State, Bloemfontein, South Africa

SO: Source

African Journal of Psychiatry, vol. 13, no. 1, pp. 25-35, March 2010.

AB: Abstract

OBJECTIVE: Despite the high levels of violence in South Africa, a lacunae in research exists regarding the influence of violence exposure on children. This study investigated the correlation between children's exposure to violence and the development of psychological problems such as depression. **METHOD:** 186 Venda and 151 Northern Sotho adolescents were studied in a questionnaire survey to determine this relationship. Two measuring instruments were used: The Children's Depression Inventory and the Child Exposure to Violence Form. **RESULTS:** When comparing gender, no significant differences were found in terms of overall exposure to violence between males and females. For depression, the total group of girls had a remarkably higher prevalence of depression. Regarding ethnic comparison, no significant

differences were found in terms of overall exposure to violence or for witnessed events. However, the Venda adolescents had been victims significantly more often. Venda and Northern Sotho females had a similar prevalence of depression, but Northern Sotho boys had a higher depression rate than Venda boys. The correlation between victimisation and total group depression was relatively low for the Northern Sotho group, and non-existent for the Venda group. A significant correlation was found between total exposure to violence and depression for the overall group. CONCLUSION: This study indicates that adolescents' exposure to violence and subsequent mental health is an area of concern. However, adolescents could be taught effective coping and problem-solving techniques in schools to help empower them against stressors they might encounter.

Record 17 of 29

TI: Title

Emotional reactions and behavior of incest victims

AU: Author

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SO: Source

Procedia - Social and Behavioral Sciences, vol. 5, pp. 1023-1027, 2010.

AB: Abstract

This study looked at the emotional reaction, behaviour, appearance, and trauma experienced by incest victims. Subjects were 10 female victims of incest. The data collected was based on semi-structured interviews and observations. The process of transcription and analysing the interviews was conducted using content analysis. Three category of emotions shown by the victims were sadness, stable, and absence of grief. Behaviors shown were passive and stable. Victims' appearance were properly dressed with hair neatly combed. 2 victims were acted rough and masculine. A total of 5 victims suffered trauma due to repeated nightmares and 3 victims attempted suicide.

RL: Resource Location

<http://dx.doi.org/10.1016/j.sbspro.2010.07.229>

Record 18 of 29

TI: Title

Disasters and their effects on children

AU: Author

Lynch, Julia; Wathen, Joe; Tham, Eric; Mahar, Patrick; Berman, Stephen

AF: Affiliation

Military Infectious Disease Research Program, US Army Medical Research and Materiel Command, Fort Detrick MA, USA; Department of Pediatrics, Children's Hospital, University of Colorado, Aurora CO, USA

SO: Source

Advances in Pediatrics, vol. 57, no. 1, pp. 7-31, 2010.

AB: Abstract

Although disasters are, to a great extent, beyond our control and inevitable, we can be better prepared for the consequences and thus reduce the degree of human suffering. Pediatric volunteers should be prepared for their experiences from the standpoint of training, available materials and resources, and mental health considerations.

RL: Resource Location

<http://dx.doi.org/10.1016/j.yapd.2010.09.005>

Record 19 of 29

TI: Title

Reported physician skills in the management of children's mental health problems following an educational intervention

AU: Author

Laraque, Danielle; Adams, Richard E; Steinbaum, Deborah P; Zuckerbrot, Rachel; Schonfeld, David J; Jensen, Peter S; DeMaria, Thomas; Barrett, Minna; Dela-Cruz, Maan; Boscarino, Joseph A

AF: Affiliation

Division of General Pediatrics, Mount Sinai School of Medicine, New York NY, USA; Department of Sociology, Kent State University, Kent OH, USA; College of Physicians and Surgeons, Columbia University, New York NY, USA; Division of Developmental and Behavioral Pediatrics, Cincinnati Children's Hospital Medical Center, Cincinnati OH, USA; REACH Institute, New York NY, USA; South Nassau Communities Hospital, Manhasset, NY, USA; State University of New York, Stony Brook NY, USA; Henry Hood Center for Health Research, Geisinger Clinic, Danville PA, USA

SO: Source

Academic Pediatrics, vol. 9, no. 3, pp. 164-171, May-June 2009.

AB: Abstract

OBJECTIVE: The tristate Reaching Children Initiative (RCI) was designed to engage primary care physicians (PCPs) and increase reported knowledge and skills in the diagnosis and management of the most common mental health (MH) problems among children and adolescents. **METHODS:** PCPs responded to a baseline survey and agreed to participate in an educational intervention or serve in a comparison group. The program, delivered by an interdisciplinary faculty, engaged the audience in role play, motivational techniques, and didactics. To assess the overall effectiveness of the intervention, baseline, and 6-month follow-up, surveys asked PCPs to rate their knowledge, diagnostic skills regarding socioemotional problems, knowledge of treatment strategies for these problems, awareness of MH resources, and attitudes towards diagnosing and treating MH problems. **RESULTS:** Of the 215 baseline respondents, 137 chose to participate in the educational intervention and 78 served as a comparison group; of these, 64% and 59%, respectively, completed the 6-month survey. The overall sample was predominantly female (70.2%), white (64.7%), and had been in practice for over 10 years (57.5%). Repeated measures analysis, confirmed by propensity analyses, revealed significantly improved reported mean scores for diagnostic skills and knowledge of clinical strategies for the intervention relative to the comparison group. The intervention did not significantly impact awareness of resources or attitudes. **CONCLUSIONS:** Following the RCI, PCPs did report significant changes in self-efficacy specific to diagnostic skills and knowledge of clinical treatment strategies for targeted MH content. This educational approach merits further study.

RL: Resource Location

<http://dx.doi.org/10.1016/j.acap.2009.01.009>

Record 20 of 29

TI: Title

Trauma, protection, and distress in late adolescence: a multi-determinant approach

AU: Author

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AF: Affiliation

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SO: Source

Adolescence, vol. 44, no. 176, pp. 693-703, Winter 2009.

AB: Abstract

This empirical study investigated the multivariable relationship between psychological distress and the combination of a set of four trauma events (victim of violence, witness of violence, victim of accidents, and interpersonal loss) and a set of four protective factors (emotional social support, sense of personal efficacy, easygoing temperament, and gender) among a sample of 1,066 graduating high school seniors in a large urban community. Each of the eight independent variables had a statistically significant zero-order correlation with psychological distress. The set of eight variables (four trauma and four protective) had a multiple correlation of $R = .61$ with psychological distress accounting for 38% of the variance (considered a very large effect size by Cohen). The protective factors had a larger effect on psychological distress than did the trauma variables. The study demonstrates the desirability of using a multideterminant approach rather than a single-determinant approach in the study of psychological distress.

Record 21 of 29

TI: Title

Posttraumatic stress disorder: scientific and professional dimensions

AU: Author

Ford, Julian D

AF: Affiliation

Department of Psychiatry, School of Medicine, University of Connecticut, Farmington CT, USA

SO: Source

Burlington, Massachusetts: Academic Press, 2009. xii, 441 pp.

AB: Abstract

Practitioners, clinicians, students, and trainees in the healthcare and human and social services need a concise complete overview of PTSD as their source of authoritative information on psychological trauma and PTSD. This book was designed to meet the need for a comprehensive textbook on PTSD that is useful to researchers, educators, clinicians and trainees in graduate and advanced undergraduate courses in the mental health, social and human services, and criminal justice fields. This text covers all major topics in the traumatic stress field, from etiology to neurobiology to assessment and diagnosis to evidence-based treatment and prevention. A balanced view of each topic includes: (a) material relevant to both scientific researchers and clinical

practitioners; (b) multiple theoretical vantage points; (c) answers to questions that aspiring trainees have about becoming a traumatic stress researcher or clinician; (d) key points for educators to use in teaching; (e) recognition in every section of the critical role that culture and gender have on the nature and sequelae of psychological trauma and PTSD; and (f) a developmental focus on the impact of psychological trauma and nature of PTSD across the lifespan, ranging from infancy to older adulthood. The book is written at the level suitable for both advanced undergraduate and graduate trainees as well as for educators, clinicians, or researchers seeking an overview of the traumatic stress field. The text uses language that is free of technical jargon except for key terms that are supplemented with non-technical definitions and examples. The focus is on describing state-of-the-art research and clinical methodologies in down-to-earth terms with interesting examples and both research and clinical case studies. The text introduces the major issues, controversies, and findings in the field, as well as highlighting what is not yet known and how researchers and clinicians are (or can) make further discoveries.

PB: Publisher

Academic Press

Record 22 of 29

TI: Title

Long-term pharmacotherapy for post-traumatic stress disorder

AU: Author

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AF: Affiliation

Department of Veterans Affairs Medical Center, Tuscaloosa AL USA; School of Medicine, University of Alabama, Birmingham AL, USA; School of Social Work, University of Alabama, Tuscaloosa AL, USA

SO: Source

CNS Drugs, vol. 20, no. 6, pp. 465-476, 2006.

AB: Abstract

This article reviews the literature on the long-term pharmacological treatment of PTSD. A PUBMED search was conducted; only studies on the effects of long-term (> 14-weeks) pharmacological treatment for PTSD in adults or children were considered. Our search identified three randomised, double-blind, placebo-controlled studies (one each for sertraline, fluoxetine, and risperidone), four open-label studies

(one each for sertraline, paroxetine, nefazodone, and valproate), one retrospective case series (clozapine), and one pooled analysis (sertraline). All studies involved adult populations, with the exception of the study of clozapine. The studies demonstrate that long-term treatment of PTSD with SSRIs effectively maintains the previous treatment response and improvement in quality of life, converts more patients to responder status and accounts for one-third of overall treatment gains. Greater PTSD severity predicts a longer time to response to these drugs. Discontinuation of SSRI treatment after 12 weeks results in a greater risk of relapse and symptom exacerbation compared with extended treatment. In addition to improved PTSD symptoms, extended treatment with paroxetine improves verbal declarative memory and increases hippocampal volume. Long-term treatment of PTSD with atypical antipsychotics (risperidone and clozapine), non-SSRI antidepressants (nefazodone), and antiepileptic drugs (AEDs; valproate) also appears to result in significant improvements in PTSD symptoms. In conclusion, long-term treatment of PTSD with SSRIs improves the psychiatric and clinical outcome of patients with the disorder and prevents relapse and symptom exacerbation. The effect of other agents (atypical antipsychotics, AEDs, and other psychotropic medications) requires further controlled study.

RL: Resource Location

<http://dx.doi.org/10.2165/00023210-200620060-00003>

Record 23 of 29

TI: Title

Introduction to special section: adolescent substance use and addiction

AU: Author

Beckson, Mace

SO: Source

Adolescent Psychiatry, vol. 29, pp. 3-17, 2005.

AB: Abstract

It is critical for accurate diagnosis and treatment planning that the adolescent psychiatrist should possess knowledge about substance use, including the current drugs of abuse as well as the complications of substance abuse and dependence, particularly when accompanied by psychiatric comorbidity. Family, school, neurocognitive, medical, and legal issues, among others, will all affect the psychiatric treatment. The adolescent psychiatrist is in a pivotal position to oversee the

synthesis of a variety of resources and interventions, in addition to providing psychotherapy or medication.

PT: Publication Type

Journal Article

Record 24 of 29

TI: Title

Children of Palestine: experiencing forced migration in the Middle East

AU: Author

Chatty, Dawn; Lewando Hundt, Gillian

AF: Affiliation

Refugee Studies Centre, Queen Elizabeth House, University of Oxford, Oxford, England; Health Institute, University of Warwick, Coventry, England

SO: Source

New York: Berghahn Books, 2005. xiii, 274 pp.

PB: Publisher

Berghahn Books

Record 25 of 29

TI: Title

Interventions with traumatized adolescents

AU: Author

Green, Monica R

SO: Source

Adolescent Psychiatry, vol. 27, pp. 283-305, 2003.

AB: Abstract

This chapter considers the interventions intended to mitigate the effects of adolescent trauma. While much work has been done to validate treatments for the sequelae of psychic trauma in adults, to date there are no well-controlled studies that demonstrate completely adequate treatment of the disorder or alleviation of its symptomatology in adolescents. However, given the importance of trauma in the pathogenesis of adolescent psychopathology, a consideration of the available treatments is clinically imperative, because any significant reduction in the extent of pain and suffering is an essential goal. A related consideration is which forms of sequelae of traumatic stress necessitate intervention. Most people who experience trauma do not develop PTSD; many experience only transient symptoms, and others develop other kinds of psychopathology. Those whose

symptoms are mild or transient obviously do not need treatment, and those who develop other kinds of disorders will need treatment specific to their symptomatology. This chapter will focus specifically on treatment for those who suffer from acute stress reactions and PTSD.

Record 26 of 29

TI: Title

Conduct disorder should be eliminated from the Diagnostic and Statistical Manual of Mental Disorders

AU: Author

Huffine, Charles W

SO: Source

Adolescent Psychiatry, vol. 27, pp. 215-236, 2003.

AB: Abstract

The diagnosis of conduct disorder (CD) should be eliminated from the Diagnostic and Statistical Manual of Mental Disorders (DSM). The CD diagnosis fails to meet criteria for being a valid medical diagnosis, does not inform treatment, and in fact has resulted in a kind of therapeutic nihilism that denies many youngsters a chance at getting effective help. In this chapter, I argue that eliminating this diagnosis will require a reexamination and revision of the nosology with respect to children and adolescents – taking into account pathogenesis and knowledge about etiology. [Author Abstract]

PT: Publication Type

Book Chapter

Record 27 of 29

TI: Title

Deliberate foreign body ingestion in hospitalized youth: a case series and overview

AU: Author

Petti, Theodore A; Blitzsch, Melissa; Blix, Susanne; Sims, Linda

SO: Source

Adolescent Psychiatry, vol. 27, pp. 249-287, 2003.

AB: Abstract

Self-injurious behavior (SIB) has for some time been endemic in psychiatrically ill youth. Adolescent SIB commonly occurs during psychiatric inpatient hospitalization and in adolescents who are in group homes, residential treatment centers, and correctional facilities. There are reports of SIB in up to 61% of teen psychiatric

inpatients. Alongside self-cutting, self-burning, and other forms of SIB, an even more dangerous behavior had appeared that presents a major challenge in inpatient settings: deliberately swallowing indigestible objects. We first encountered this as a problem in an intermediate-term state hospital in 1992 when an older teen was transferred from an adult unit where she had been admitted on an emergency basis for repeatedly swallowing of batteries. The behavior is dangerous: endoscopy is sometimes needed to remove the foreign object, and other surgical procedures may be required. Such behavior has been classified as deliberate foreign body ingestion (DFBI). This report begins with a review of the literature on SIB and DFBI and discusses current thinking about the etiology of DFBI and related disorders. We then present our research, a systematic chart review describing 20 seriously ill youngsters who engaged in DFBI while hospitalized. Finally, we share our experience in working with this dangerous and maladaptive behavior. Our goal is to convey an understanding of these youth in the context of psychiatric practice, to enhance the treatment and prevention of DFBI and associated SIB.

Record 28 of 29

TI: Title

Hispanic adolescents and their families: sociocultural factors and treatment considerations

AU: Author

Rothe, Eugenio M

SO: Source

Adolescent Psychiatry, vol. 27, pp. 251-278, 2003.

IS: ISSN

0065-2008

DE: Descriptors

Hispanic Americans; Adolescents; Family Members; Treatment; Immigrant Americans; Refugees; Stressors; Survivors; Acculturation; PTSD; Transference; Countertransference; Cross Cultural Treatment

AB: Abstract

This chapter reviews the available psychiatric literature on Hispanic American adolescents and their families. It focuses on issues such as the experience of migrating to the United States, the experience of being a Hispanic adolescent refugee, the process of acculturation, and the transformations of identity experienced by Hispanic adolescents in the United States. In addition, the effects of poverty, substance abuse, risk of HIV, and other social stressors on Hispanic adolescents

and their families are discussed. Finally, this chapter outlines treatment considerations that allow the non-Hispanic psychiatrist to better understand issues of transference and countertransference and to design treatment interventions that are culturally sensitive and that facilitate the successful engagement of the Hispanic adolescent and his or her family in the treatment relationship.

Record 29 of 29

TI: Title

Posttraumatic stress symptoms in Cuban adolescent refugees during camp confinement

AU: Author

Rothe, Eugenio M; Castillo-Matos, Hector; Busquets, Ruben

SO: Source

Adolescent Psychiatry, vol. 27, pp. 97-124, 2003.

AB: Abstract

This chapter addresses the experience of adolescents and their families who left Cuba by sea with the goal of reaching the United States but who were intercepted by the U.S. Coast Guard and confined to refugee camps located outside the U.S. mainland. This chapter also describes the experiences of the clinicians who cared for the refugees and the political agendas that affected service delivery.