

September, 2011 Medline Topic Alert

1. J Trauma Stress. 2011 Sep 1. doi: 10.1002/jts.20683. [Epub ahead of print]

Posttraumatic stress and related symptoms among neglected and physically and sexually maltreated adolescents.

Wechsler-Zimring A, Kearney CA.
University of Nevada, Las Vegas.

Posttraumatic stress disorder (PTSD) is common among maltreated youth, but few investigations compare neglect with other maltreatment types. This study examined 84 adolescents who experienced neglect only, physical and/or sexual maltreatment only, or neglect with physical and/or sexual maltreatment. Symptoms of PTSD, dissociation, and depression were measured. Adolescents who experienced physical and/or sexual maltreatment, whether neglected or not, reported significantly greater symptomatology than adolescents who experienced neglect only ($\eta(2) = .094$). This difference applied to PTSD symptoms, dissociative amnesia, depersonalization and derealization, negative mood, and anhedonia. Adolescents exposed to neglect only displayed substantial psychopathology but less than that of other groups. The findings may reflect emerging cascade models of the etiology of symptoms of PTSD following extensive maltreatment history.

2. J Clin Nurs. 2011 Aug 27. doi: 10.1111/j.1365-2702.2011.03825.x. [Epub ahead of print]

The presence of post-traumatic stress disorder symptoms in adolescents three months after an 8.0 magnitude earthquake in southwest China.

Zhang W, Jiang X, Ho KW, Wu D.

Authors: Weiqing Zhang, MD, Assistant Professor, West China School of Nursing/West China Hospital, Sichuan University; Xiaolian Jiang, PhD, Professor, West China School of Nursing/West China Hospital, Sichuan University, Chengdu, Sichuan Province, China; Kit-wan Ho, PhD, Professor, Department of Applied Social Sciences, The Hong Kong Polytechnic University, Hunghom, Kowloon, Hong Kong; Dongmei Wu, MD, Assistant Professor, West China School of Nursing/West China Hospital, Sichuan University, Chengdu, Sichuan Province, China.

Aims and objectives. The aims of the study were to describe the post-traumatic stress disorder symptoms in adolescent survivors three months after Wenchuan 5·12 Earthquake and to explore its contributing or preventing factors. Background. Adolescents are more vulnerable to be affected by natural disasters because of their special growth stage. Post-traumatic stress disorder symptoms are common responses in adolescents after disasters, and its occurrence is related to some psychosocial factors. Design. The study used a cross-sectional design in a large sample. Methods. A total of 1976 subjects aged 12-20 were evaluated at three months after the earthquake by using the Post-traumatic stress disorder Checklist-Civilian Version. The Internality, Powerful others and Chance scale and the Coping Styles Scale were also administered to the subjects at the same time. Results. The mean total score of Post-traumatic Stress Disorder Checklist-Civilian Chinese Version was 33·64 (SD 11·15; range of score 17-85). The boys with a higher level of initial exposure to the earthquake had lower symptoms scores than girls with a lower level of initial exposure. Chance locus of control and power other locus of control were the powerful risk factors of post-traumatic stress disorder symptoms, while the protective factors included withdrawing skill, internality locus of control, junior high grade and social supports. Conclusions. Post-traumatic stress disorder symptoms are prevalent psychiatric reactions in adolescents after earthquakes. Locus of control and coping strategy could play an important role in its occurrence and severity besides demographic factors, exposure characteristics and social support factors. Relevance to clinical practice. This study reveals that adolescents are the vulnerable group for suffering psychological stress responses to catastrophic events. Healthcare professionals, especially school nurses, should pay more attention to adolescents after trauma. Prompt and effective intervention should be carried out to mitigate the impact of initial exposure and reduce the occurrence of post-traumatic stress disorder symptoms.

3. Int J Behav Med. 2011 Sep 1. [Epub ahead of print]

Kobe Earthquake and Post-Traumatic Stress in School-Aged Children.

Uemoto M, Asakawa A, Takamiya S, Asakawa K, Inui A.

Kobe City College of Nursing, 3-4 Gakuen-nishi-machi Nishi-ku, Kobe City, 651-2103, Japan.

BACKGROUND: The psychological reactions to catastrophic events are not known well in children. PURPOSE: The present study was performed to quantify the core features of post-traumatic stress reactions in schoolchildren after the Kobe earthquake. METHODS: Children's psychological reactions to the Kobe earthquake were examined in a total of 8,800 schoolchildren attending the third, fifth, or eighth grade in the disaster areas. The control subjects were 1,886

schoolchildren in the same grades in distant areas minimally affected by the earthquake. A self-report questionnaire was developed with reference to the Diagnostic and Statistical Manual of Mental Disorders-IV and the post-traumatic stress disorder reaction index and was used to score psychological reactions rating them from 1 to 4 depending on the frequency of the symptom. The survey was conducted four times, from 4 months to 2 years after the earthquake. RESULTS: Three factors were consistently extracted by factor analysis on the results of each study. Factor 1 was interpreted as relating to direct fear of the disaster and general anxiety, factor 2 as relating to depression and physical symptoms, and factor 3 as social responsibility such as feelings of sympathy for those who are suffering more severely and guilt for surviving. Young schoolchildren displayed particularly high scores on these factors. Furthermore, these factors were significantly associated with injuries of the children themselves, fatalities/injuries of family members, and the experience of being rescued or staying in shelters. CONCLUSIONS: Psychological and comprehensive interventions should be directed at the most vulnerable populations of young children after future earthquakes.

4. J Nerv Ment Dis. 2011 Sep;199(9):646-52.

Effects of chronic posttraumatic stress disorder on metabolic risk, quality of life, and stress hormones in aging former refugee children.

Muhtz C, Godemann K, von Alm C, Wittekind C, Goemann C, Wiedemann K, Yassouridis A, Kellner M.

*Department of Psychiatry and Psychotherapy, University Hospital Hamburg-Eppendorf, Hamburg, Germany; and †Max Planck Institute of Psychiatry, Munich, Germany.

It is still unclear whether the association between traumatic stress and physical disease is mediated by posttraumatic stress disorder (PTSD). Therefore, we examined the long-term consequences of PTSD on cardiovascular risk, stress hormones, and quality of life in a sample of former refugee children who were severely traumatized more than six decades ago. In 25 subjects with chronic PTSD and 25 trauma-controlled subjects, we measured the variables of metabolic syndrome supplemented by the ankle-brachial index and highly sensitive C-reactive protein. Quality of life was assessed using the 36-item Short-Form Health Survey. Cortisol, adrenocorticotropin-releasing hormone (ACTH), and dehydroepiandrosterone (DHEA) were measured using the low-dose-dexamethasone suppression test. In addition, salivary cortisol was assessed at 8:00 a.m., 12:00 p.m., 4:00 p.m., and 8:00 p.m. We found a significant group effect between participants with and without PTSD regarding quality of life but not in any metabolic parameter including the ankle-brachial index or cortisol, ACTH, and

DHEA in plasma before and after dexamethasone or salivary cortisol. The postulated association between traumatic stress and physical illness does not appear to be mediated by PTSD in this population. Nevertheless, the search for subgroups of PTSD patients with childhood traumatization leading to different metabolic and endocrine long-term consequences in aging PTSD patients is needed.

5. Int J Emerg Ment Health. 2010 Fall;12(4):257-66.

Differences in compassion fatigue, symptoms of posttraumatic stress disorder and relationship satisfaction, including sexual desire and functioning, between male and female detectives who investigate sexual offenses against children: a pilot study.

Lane EJ, Lating JM, Lowry JL, Martino TP.
Loyola University Maryland, USA.

Law enforcement detectives who work with traumatized individuals, especially children who were victims of sexual abuse or assault, are likely to experience job-related emotional distress. The purpose of this study was to examine the relations among compassion fatigue, probable PTSD symptoms, and personal relationship satisfaction, including communication and sexual satisfaction, in a sample of 47 male and female detectives. Responses to the administered questionnaires indicated a relation between compassion fatigue symptoms and probable PTSD symptoms. There also were compelling gender differences. For example, for male detectives, open communication with their spouse or significant other was negatively correlated with burnout, indicating the more open the communication, the lower the reported burnout. However for female detectives there was a negative correlation between open communication with spouse or significant other and compassion satisfaction, suggesting that more open communication was related to lower levels of satisfaction with their ability to be a professional caregiver. Furthermore, although stepwise regression analysis indicated that years of service as a detective is independently associated with sexual desire, female detectives evidenced less sexual desire and more difficulty with sexual functioning than did male detectives. Implications of these preliminary findings are discussed and limitations addressed.

6. Child Abuse Negl. 2011 Aug 18. [Epub ahead of print]

Associations of childhood trauma, trauma in adulthood and previous-year stress with psychopathology in patients with major depression and borderline personality disorder.

Wingenfeld K, Schaffrath C, Rullkoetter N, Mensebach C, Schlosser N, Beblo T, Driessen M, Meyer B.

Department of Psychiatry, Charité University Berlin, Campus Benjamin Franklin, Germany.

7. Afr J Med Med Sci. 2011 Mar;40(1):23-31.

Traumatic events and post-traumatic stress symptoms among adolescents in Ibadan.

Oladeji BD, Morakinyo JJ, Gureje O.

Department of Psychiatry, College of Medicine, University of Ibadan, Ibadan, Nigeria. bibideji@yahoo.com

Little empirical data exist on the rates of exposure to traumatic events and its sequelae especially in adolescents. This study was designed to determine the lifetime prevalence of exposure to traumatic events and posttraumatic stress symptoms among adolescents in Ibadan, Nigeria. A sample of 786 boys and girls from 10 senior secondary schools located within Ibadan were interviewed using an adapted version of the Schedule for Affective Disorders and Schizophrenia (KSADS) to ascertain the prevalence of exposure to traumatic events and posttraumatic stress symptoms. Irrespective of gender, more than 40% reported lifetime exposure to at least one traumatic event. Commonly reported events were: receiving news of sudden injury, death or illness in a close family member or friend, being a victim or witness to a violent crime and physical abuse. About 2.4% of the sample met diagnostic criteria for posttraumatic stress disorder (PTSD). Female sex, exposure to more than one traumatic event, and sexual abuse were associated with increased risk for PTSD. The results of this study highlights the substantial risk for experiencing serious traumatic events by adolescents within the community, and a need for professionals involved in the care of adolescents to be more vigilant in screening for trauma related distress.

8. Post-Traumatic Stress Disorder: The Management of PTSD in Adults and Children in Primary and Secondary Care.

National Collaborating Centre for Mental Health (UK).

Leicester (UK): Gaskell; 2005.

National Institute for Health and Clinical Excellence: Guidance.

This guideline has been developed to advise on the treatment and management of post-traumatic stress disorder (PTSD). The guideline recommendations have been developed by a multidisciplinary team of healthcare professionals, PTSD sufferers and guideline methodologists after careful consideration of the best available evidence. (The term 'PTSD sufferer' was chosen for use in the guideline on the basis of a survey conducted by sufferer members of the Guideline Development

Group. People with the disorder were presented with a range of options such as 'people with PTSD', 'patients with PTSD' and 'PTSD sufferer' and asked to indicate which term they preferred; 'PTSD sufferer' was the term favoured by the majority.) It is intended that the guideline will be useful to clinicians and service commissioners in providing and planning high-quality care for those with PTSD while also emphasising the importance of the experience of care for patients and their families.

9. J Psychosom Obstet Gynaecol. 2011 Sep;32(3):141-6.

Post-traumatic stress symptoms, parenting stress and mother-child relationships following childbirth and at 2 years postpartum.

McDonald S, Slade P, Spiby H, Iles J.

Nottinghamshire NHS, Adult Mental Health , Kirkby-in-Ashfield, Mansfield, Nottingham , UK.

This study examined the prevalence of childbirth-related post-traumatic stress (PTS) symptoms at 2 years postpartum and the relationship between such symptoms and both self-reported parenting stress and perceptions of the mother-child relationship. 81 women completed measures of childbirth-related PTS symptoms at 6 weeks and 3 months postpartum; these results were used in an exploration of their predictive links with mother-child relationship and parenting measures at 2 years. 17.3% of respondents reported some PTS symptoms at a clinically significant level at 2 years postpartum. However, these symptoms were only weakly linked to parenting stress and were not related to mothers' perceptions of their children. However earlier PTS symptoms within 3 months of childbirth did show limited associations with parenting stress at 2 years but no association with child relationship outcomes once current depression was taken into account. Implications for clinical practice and the concept of childbirth-related post-traumatic stress disorder are discussed.

10. Violence Vict. 2011;26(1):116-29.

Parents' retrospective reports of youth psychological responses to the sniper attacks in the Washington, DC, area.

Self-Brown SR, Massetti GM, Chen J, Schulden J.

Georgia State University, Atlanta, GA 30302, USA. sselfbrown@gsu.edu

A random-digit-dial telephone survey was conducted in May 2003, with 355 parents of children ages 2-17 years old, living in Washington, DC, or in the two surrounding counties during the October 2002 sniper shootings, to examine parent retrospective reports of child event-related psychological distress. An estimated

32% of parents reported that children experienced at least one psychological distress symptom related to sniper shootings. Older children, females, children with a history of trauma exposure prior to sniper attacks, children whose parents reported routine disruption as the result of attacks, children whose parents perceived them as at great risk for harm from sniper attacks, and those children whose parents reported more traumatic stress symptoms in response to attacks were at greatest risk for reported psychological distress.

11. J Clin Psychiatry. 2011 May;72(5):685-91.

Emotion dysregulation and negative affect: association with psychiatric symptoms.

Bradley B, DeFife JA, Guarnaccia C, Phifer J, Fani N, Ressler KJ, Westen D.
Department of Psychiatry and Behavioral Sciences Atlanta Veterans Affairs Medical Center, Atlanta, Georgia, USA.

OBJECTIVE: A growing body of research focuses on the development and correlates of emotion dysregulation, or deficits in the ability to regulate intense and shifting emotional states. Current models of psychopathology have incorporated the construct of emotion dysregulation, suggesting its unique and interactive contributions, along with childhood disruptive experiences and negative affect, in producing symptomatic distress. Some researchers have suggested that emotion dysregulation is simply a variant of high negative affect. The aim of this study was to assess the construct and incremental validity of self-reported emotion dysregulation over and above childhood trauma and negative affect in predicting a range of psychopathology.

METHOD: Five hundred thirty individuals aged 18 to 77 years (62% female) were recruited from the waiting areas of the general medical and obstetric/gynecologic clinics in an urban public hospital in Atlanta, Georgia. Participants completed a battery of self-report measures obtained by interview, including the Childhood Trauma Questionnaire, the Positive and Negative Affect Schedule, and the Emotion Dysregulation Scale. Regression analyses examined the unique and incremental associations of these self-report measurements of childhood traumatic experiences, negative affect, and emotion dysregulation with concurrent structured interview-based measurements of psychiatric distress and history of self-destructive behaviors. These measures included the Clinician-Administered PTSD Scale, the Alcohol Use Disorders Identification Test, the Short Drug Abuse Screening Test, the Beck Depression Inventory, and the Global Adaptive Functioning Scale from the Longitudinal Interval Follow-Up Evaluation. The presented data were collected between 2005 and 2009.

RESULTS: Regression models including age, gender, childhood trauma, negative affect, and emotion dysregulation were significantly ($P \leq .001$) associated with each of the study's criterion variables, accounting for large portions of the

variance in posttraumatic stress symptoms ($R^2 = 0.21$), alcohol and drug abuse ($R^2 = 0.28$ and 0.21 , respectively), depression ($R^2 = 0.55$), adaptive functioning ($R^2 = 0.14$), and suicide history (omnibus $\chi^2 = 74.80$, $P < .001$). Emotion dysregulation added statistically significant ($P < .01$) incremental validity to each regression model ($\beta = 0.25, 0.34, 0.35, 0.34$, and -0.18 , and Wald = 24.43, respectively).

CONCLUSIONS: Results support the conceptualization of emotion dysregulation as a distinct and clinically meaningful construct associated with psychiatric distress that is not reducible to negative affect. Emotion dysregulation is a key component in a range of psychiatric symptoms and disorders and a core target for psychopharmacologic and psychosocial treatment interventions.

12. Psychiatry Res. 2011 Jul 30;188(2):245-52. Epub 2011 May 19.

The relationship between posttraumatic stress disorder, illness cognitions, defence styles, fatigue severity and psychological well-being in chronic fatigue syndrome.

Eglinton R, Chung MC.

Independent Medical and Psychological Services, Taunton, United Kingdom.

This study investigated, firstly, the rate of posttraumatic stress disorder (PTSD) and the level of psychological well-being amongst people with chronic fatigue syndrome (CFS); and secondly, the extent to which illness cognitions, defence styles and PTSD symptom severity related to fatigue severity and psychological well-being. Seventy-eight participants with a diagnosis of CFS completed the Chalder Fatigue Scale, the General Health Questionnaire-28, the Posttraumatic Stress Diagnostic Scale, the Illness Cognition Questionnaire and the Defence Style Questionnaire. Fifty-nine participants were recruited from the general public to form the non-fatigued control group. CFS participants had significantly higher levels of PTSD symptoms, lower levels of psychological well-being and more traumatic life events compared to the non-fatigued controls. Trauma exposure and PTSD severity both predicted CFS status. However, regression analyses demonstrated no significant relationship between PTSD symptoms and fatigue severity or the degree of psychological well-being. 'Helplessness' predicted both physical and mental fatigue and psychological well-being, whilst the 'mature' defence styles predicted fatigue severity only. The results offer support to previous research showing that the rate of traumatic life events and PTSD are significantly higher amongst the CFS population. The lack of relationship between PTSD symptoms and fatigue severity or psychological well-being indicates that these processes may operate independently of one another, via different appraisal processes. This study focused on fatigue

severity, but it may be that the role of pain in CFS is a key element in the previously reported association between PTSD and CFS.

13. J Clin Child Adolesc Psychol. 2011;40(3):375-84.

Diagnosis of posttraumatic stress disorder in preschool children.

De Young AC, Kenardy JA, Cobham VE.

School of Psychology and Centre of National Research on Disability and Rehabilitation Medicine, University of Queensland, Herston, QLD, Australia.
adeyoung@uq.edu.au

This study investigated the existing diagnostic algorithms for posttraumatic stress disorder (PTSD) to determine the most developmentally sensitive and valid approach for diagnosing this disorder in preschoolers. Participants were 130 parents of unintentionally burned children (1-6 years). Diagnostic interviews were conducted with parents to assess for PTSD in their child at 1 and 6 months postinjury and the Child Behavior Checklist for 1.5-5 was also completed. The proposed algorithm for PTSD in preschool children for the Diagnostic and Statistical Manual of Mental Disorders (5th ed.) provided the most developmentally sensitive and valid measure of PTSD. The rate of PTSD diagnosis was 25% at 1 month and 10% at 6 months. The predictive utility of Criterion A was not demonstrated. These findings provide support for the inclusion of the proposed algorithm for PTSD in preschool children.

14. Public Health. 2011 May;125(5):293-300. Epub 2011 Apr 27.

One year later: Mental health problems among survivors in hard-hit areas of the Wenchuan earthquake.

Zhang Z, Shi Z, Wang L, Liu M.

Key Laboratory of Mental Health, Institute of Psychology, Chinese Academy of Sciences, 4A, Datun Road, Chaoyang District, Beijing 100101, PR China.

OBJECTIVES: To investigate the prevalence of probable post-traumatic stress disorder (PTSD), anxiety and depression, and to identify risk factors related to these mental disorders among hard-hit survivors 1 year after the earthquake in Wenchuan, China.

STUDY DESIGN: : Cross-sectional survey.

METHODS: A door-to-door survey covering the entire temporary community was undertaken to investigate 1195 adult earthquake survivors. The survey instruments included a questionnaire determining exposure to the earthquake, the PTSD Checklist-Civilian Version (PCL-C), the Hopkins Symptoms Checklist-25 (HSCL-25), and the Perceived Social Support Scale (PSSS). Univariate and multivariate

logistic regression analyses were undertaken to examine potential risk factors.
RESULTS: The prevalence rates of probable PTSD, anxiety and depression were 26.3%, 49.8% and 49.6%, respectively. Risk factors varied between the disorders. Among middle-aged and elderly people, bodily injury, loss of livelihood and initial fear during the earthquake were independently and significantly associated with all three mental disorders, while female gender was independently and significantly associated with PTSD and depression.
CONCLUSIONS: PTSD, anxiety and depression remained at an elevated level among survivors in hard-hit regions 1 year after the earthquake in Wenchuan. The groups at high risk of mental problems should be specifically attended.

15. Int J Psychoanal. 2011 Apr;92(2):275-7. doi: 10.1111/j.1745-8315.2011.00419.x.

To what extent do you privilege dream interpretation in relation to other forms of mental representations? Response by Harold P. Blum.

Blum HP.

PMID: 21518356 [PubMed - indexed for MEDLINE]

16. J Am Acad Child Adolesc Psychiatry. 2011 May;50(5):521-2; author reply 522-1.

Prolonged exposure and psychodynamic treatment for posttraumatic stress disorder.

Wittmann L, Halpern J, Adams CB, Orner RJ, Kudler H.

Comment on

J Am Acad Child Adolesc Psychiatry. 2010 Oct;49(10):1034-42.

PMID: 21515203 [PubMed - indexed for MEDLINE]

17. J Am Acad Child Adolesc Psychiatry. 2011 May;50(5):519-20; author reply 520-1.

Prolonged exposure, time-limited dynamic psychotherapy, and the dodo.

Nevo GA.

Comment on

J Am Acad Child Adolesc Psychiatry. 2010 Oct;49(10):1034-42.

18. Dis Markers. 2011 Jan;30(2-3):89-99.

Corticotrophin-releasing hormone type 1 receptor gene (CRHR1) variants predict posttraumatic stress disorder onset and course in pediatric injury patients.

Amstadter AB, Nugent NR, Yang BZ, Miller A, Siburian R, Moorjani P, Haddad S, Basu A, Fagerness J, Saxe G, Smoller JW, Koenen KC.

Department of Psychiatry, Virginia Institute for Psychiatric and Behavioral

Genetics, Virginia Commonwealth University, Richmond, 23298-0126, USA.
abamstadter@vcu.edu

Posttraumatic stress disorder (PTSD) is a common and disabling anxiety disorder that may occur in the aftermath of exposure to potentially traumatic life events. PTSD is moderately heritable, but few specific molecular variants accounting for this heritability have been identified. Genes regulating the hypothalamic-pituitary-adrenal (HPA) axis, such as corticotrophin-releasing hormone type 1 receptor gene (CRHR1), have been implicated in traumatic-stress related phenotypes but have yet to be studied in relation to PTSD. The present study sought to examine the relation between 9 single nucleotide polymorphisms (SNPs) in the CRHR1 gene and posttraumatic stress symptoms in a prospective study of pediatric injury patients (n=103) who were first assessed in the acute aftermath of their injury at the hospital. Results indicated that multiple SNPs were associated with acute symptoms at a univariate level, and after correction for multiple testing, rs12944712 was significantly related to acute PTSD symptoms. Longitudinal latent growth curve analyses suggest that rs12944712 is also related to both acute symptom level and trajectory of symptoms over time. The present study adds support for the role of CRHR1 in the stress response following potentially traumatic event exposure in youth. It should be noted that the sample size in this study was small, and therefore statistical power was low; following, results from this study should be considered preliminary. Although results are not definitive, the findings from this study warrant future replication studies on how variation in this gene relates to response to traumatic event exposure in youth.

19. Behav Ther. 2011 Jun;42(2):236-48. Epub 2011 Jan 18.

Intimate partner violence exposure predicts PTSD treatment engagement and outcome in cognitive processing therapy.

Iverson KM, Resick PA, Suvak MK, Walling S, Taft CT.
Women's Health Sciences Division of the National Center for PTSD, VA Boston Healthcare System and Boston University, Boston, MA 02130, USA.
Katherine.Iverson@va.gov

Intimate partner violence (IPV) exposure was examined as a predictor of treatment engagement (i.e., starting and completing therapy) and treatment outcome in 150 women taking part in a dismantling study of cognitive processing therapy (CPT) for posttraumatic stress disorder (PTSD; Resick et al., 2008). Results indicate that women in a current intimate relationship with recent IPV (i.e., past year) were less likely to begin treatment relative to women who reported past IPV only or no history of IPV. For women who began treatment, IPV exposure was not

predictive of whether or not they completed treatment. Among women who began treatment, the frequency of IPV was associated with treatment outcome such that women who experienced more frequent IPV exhibited larger reductions in PTSD and depression symptoms over the course of treatment, but experienced similar levels of PTSD and depression severity at the 6-month follow-up. Findings highlight the importance of targeting treatment engagement among women who report recent IPV and suggest that women who have experienced frequent IPV respond well to CPT treatment in spite of their IPV experiences.

20. J Fam Psychol. 2011 Apr;25(2):220-9.

Effects of parents' experiential avoidance and PTSD on adolescent disaster-related posttraumatic stress symptomatology.

Polusny MA, Ries BJ, Meis LA, DeGarmo D, McCormick-Deaton CM, Thuras P, Erbes CR. Center for Chronic Disease Outcomes Research, Minneapolis Veterans Affairs Medical Center, Minneapolis, MN 55417, USA. melissa.polusny@va.gov

Despite the importance of family context to adolescents' reactions following disaster, little research has examined the role of parents' functioning on adolescents' disaster-related posttraumatic stress disorder (PTSD) symptoms. Using data from 288 adolescents (ages 12 to 19 years) and 288 parents exposed to a series of severe tornadoes in a rural Midwestern community, this study tested a conceptual model of the interrelationships between individual and parental risk factors on adolescents' disaster-related PTSD symptoms using structural equation modeling. Results showed that the psychological process of experiential avoidance mediated the relationship between family disaster exposure and PTSD for both adolescents and their parents. Parents' PTSD symptoms independently predicted adolescents' PTSD symptoms. Further, parents' postdisaster functioning amplified the effects of adolescent experiential avoidance on adolescents' disaster-related PTSD symptoms. Findings highlight the importance of family context in understanding adolescents' postdisaster reactions. Clinical implications are discussed.

21. Am J Audiol. 2011 Jun;20(1):33-41. Epub 2011 Apr 7.

Noise-induced hearing injury and comorbidities among postdeployment U.S. Army soldiers: April 2003-June 2009.

Helper TM, Jordan NN, Lee RB, Pietrusiak P, Cave K, Schairer K. U.S. Army Public Health Command (Provisional) Institute of Public Health, Gunpowder, MD, USA. thomas.helper@us.army.mil

PURPOSE: To evaluate noise-induced hearing injury (NIHI) and blast-related

comorbidities among U.S. Army soldiers in an effort to understand the morbidity burden and future health service requirements for wounded war fighters returning from the Central Command Area of Responsibility, predominantly from Iraq and Afghanistan deployments.

METHOD: Inpatient and outpatient records with diagnosed NIHI or blast-related comorbidities (e.g., significant threshold shift [STS], noise-induced hearing loss, tinnitus, sensorineural hearing loss, eardrum perforations, mild traumatic brain injury, and posttraumatic stress disorder) were extracted for active duty soldiers returning from combat deployments. Records were limited to those within 6 months of the soldier's return date from April 2003 through June 2009. To account for changes in STS coding practice, STS rates observed after October 1, 2006, were used to extrapolate prior probable postdeployment STS.

RESULTS: Statistically significant increases were observed for tinnitus, dizziness, eardrum perforations, and speech-language disorders. The combination of observed and extrapolated STS yielded a conservative estimate of 27,427 cases.

CONCLUSIONS: Estimates can be used to forecast resource requirements for hearing services among veterans. This article could serve as a guide for resourcing and innovating prevention measures and treatment in this population. Data provided may also serve as a baseline for evaluating prevention measures.

22. J Trauma Stress. 2011 Apr;24(2):208-12. doi: 10.1002/jts.20628. Epub 2011 Mar 25.

Posttraumatic stress disorder instrument wording content is associated with differences in factor structure.

Elhai JD, Biehn TL, Naifeh JA, Frueh BC.

Department of Psychology, University of Toledo, Toledo, Ohio 43606-3390, USA.

The authors examined posttraumatic stress disorder (PTSD) item wording differences on the factor structure of PTSD. Nonclinical, trauma-exposed participants were randomly assigned to complete a PTSD measure using item wording content from the PTSD Checklist (n = 182) or PTSD Symptom Scale (n = 203). Compared to the 4-factor emotional numbing PTSD model, the 4-factor dysphoria PTSD model fit best across groups based on smaller Bayesian information criterion (BIC) values. For PTSD Checklist participants, the numbing model's BIC was 6238.54 compared to the dysphoria model's BIC of 6156.03. For the PTSD Symptom Scale, the numbing model's BIC was 6161.38 compared to the dysphoria model's BIC of 6102.87. Groups differed on variable intercepts and residual variances. Instrument and construct implications are discussed.

23. Soc Sci Med. 2011 Apr;72(8):1400-8. Epub 2011 Mar 8.

The limits of resilience: distress following chronic political violence among Palestinians.

Hobfoll SE, Mancini AD, Hall BJ, Canetti D, Bonanno GA.
Rush Medical College, Chicago, IL 60612, USA. stevan_hobfoll@rush.edu

We examined posttraumatic stress disorder (PTSD) and depression symptom trajectories during ongoing exposure to political violence, seeking to identify psychologically resilient individuals and the factors that predict resilience. Face-to-face interviews were conducted with a random sample of 1196 Palestinian adult residents of the West Bank, Gaza, and East Jerusalem across three occasions, six months apart (September 2007-November 2008). Latent growth mixture modeling identified PTSD, and depression symptom trajectories. Results identified three PTSD trajectories: moderate-improving (73% moderate symptoms at baseline, improving over time), severe-chronic (23.2% severe and elevated symptoms over the entire year); and severe-improving (3.5% severe symptoms at baseline and marked improvement over time). Depression trajectories were moderate-improving (61.5%); severe-chronic (24.4%); severe-improving (14.4%). Predictors of relatively less severe initial symptom severity, and improvement over time for PTSD were less political violence exposure and less resource loss; and for depression were younger age, less political violence exposure, lower resource loss, and greater social support. Loss of psychosocial and material resources was associated with the level of distress experienced by participants at each time period, suggesting that resource-based interventions that target personal, social, and financial resources could benefit people exposed to chronic trauma.

24. J Trauma Stress. 2011 Apr;24(2):146-54. doi: 10.1002/jts.20620. Epub 2011 Mar 24.

Psychophysiological characteristics of PTSD in children and adolescents: a review of the literature.

Kirsch V, Wilhelm FH, Goldbeck L.

Clinic for Child and Adolescence Psychiatry and Psychotherapy, University of Ulm, Ulm, Germany. Veronica.kirsch@uniklinik-ulm.de

Erratum in

J Trauma Stress. 2011 Jun;24(3):370-2.

This review summarizes studies investigating psychophysiological alterations associated with pediatric posttraumatic stress disorder (PTSD). The authors conducted a computer-based search in the databases PsycINFO, PSYINDEXplus, and Medline. Additional studies were retrieved using a pyramid scheme. The literature search identified 29 articles. Most studies measured alterations shortly after exposure. Differences from controls emerged mainly in the sympathoadrenal system and the hypothalamic-pituitary-adrenal axis. Elevated acute heart rate immediately after traumatization was associated with increased risk for PTSD. The

literature on psychophysiological characteristics of pediatric PTSD is relatively small and diverse. Nevertheless, findings indicate exaggerated baseline activation across various measures. Studies examining the course and reversibility of psychophysiological alterations are lacking.

25. J Trauma Stress. 2011 Apr;24(2):235-8. doi: 10.1002/jts.20631. Epub 2011 Mar 18.

Female dissociative responding to extreme sexual violence in a chronic crisis setting: the case of Eastern Congo.

Schalinski I, Elbert T, Schauer M.

Department of Psychology, University of Konstanz, Konstanz, Germany.

inga.schalinski@uni-konstanz.de

This cross-sectional study aimed to examine relationships between the number of traumatizing events, degree of shutdown dissociation, posttraumatic stress disorder (PTSD), and depression. Fifty-three female survivors of the ongoing war in Congo who sought medical treatment were interviewed. A path-analytic model was created with paths to PTSD via dissociation, and both the number of self-experienced and witnessed traumatizing events. Cumulative exposure and dissociation were associated with increased PTSD severity. Posttraumatic stress disorder and witnessing predicted depression when depression was modeled as a consequence of PTSD. Moreover, PTSD mediated the correlation between dissociation and depression. The findings suggest that shutdown dissociation may have value in predicting PTSD, and there is evidence of differential effects of threat to oneself as opposed to witnessing trauma.

26. J Trauma Stress. 2011 Apr;24(2):166-73. doi: 10.1002/jts.20624. Epub 2011 Mar 18.

Predictors of rape: findings from the National Survey of Adolescents.

Elwood LS, Smith DW, Resnick HS, Gudmundsdottir B, Amstadter AB, Hanson RF, Saunders BE, Kilpatrick DG.

Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, USA. elwoodls@umsl.edu

The current report examines data for 872 female adolescents obtained during the initial and follow-up interviews of the National Survey of Adolescents, a nationally representative sample. Lifetime prevalence of violence exposure reported was 12% and 13% for sexual assault, 19% and 10% for physical assault/punishment, and 33% and 26% for witnessing violence at Waves I and II, respectively. Racial/ethnic status, posttraumatic stress disorder (PTSD), childhood sexual abuse (CSA), and family drug problems emerged as significant predictors of new rape. Each of the PTSD symptom clusters significantly predicted

new rape and analyses supported the mediational role of PTSD between CSA and new rape. African American or other racial identity was associated with lower risk.

27. J Trauma Stress. 2011 Apr;24(2):155-65. doi: 10.1002/jts.20622. Epub 2011 Mar 18.
School-based intervention programs for PTSD symptoms: a review and meta-analysis.

Rolfesnes ES, Idsoe T.

Centre for Behavioural Research, University of Stavanger, Stavanger, Norway.
esrolfsnes@yahoo.com

This is a review and meta-analysis of school-based intervention programs targeted at reducing symptoms of posttraumatic stress disorder (PTSD). Nineteen studies conducted in 9 different countries satisfied the inclusionary criteria. The studies dealt with various kinds of type I and type II trauma exposure. Sixteen studies used cognitive-behavioral therapy methods; the others used play/art, eye movement desensitization and reprocessing, and mind-body techniques. The overall effect size for the 19 studies was $d = 0.68$ ($SD = 0.41$), indicating a medium-large effect in relation to reducing symptoms of PTSD. The authors' findings suggest that intervention provided within the school setting can be effective in helping children and adolescents following traumatic events.

28. J Psychiatr Ment Health Nurs. 2011 May;18(4):288-96. doi: 10.1111/j.1365-2850.2010.01658.x. Epub 2010 Nov 22.

Combined effects of Hurricane Katrina and Hurricane Gustav on the mental health of mothers of small children.

Harville EW, Xiong X, Smith BW, Pridjian G, Elkind-Hirsch K, Buekens P.
Department of Epidemiology, Tulane University School of Public Health and Tropical Medicine, New Orleans, LA 70112-2715, USA. harville@tulane.edu

Few studies have assessed the results of multiple exposures to disaster. Our objective was to examine the effect of experiencing Hurricane Gustav on mental health of women previously exposed to Hurricane Katrina. A total of 102 women from Southern Louisiana were interviewed by telephone. Experience of the hurricanes was assessed with questions about injury, danger and damage, while depression was assessed with the Edinburgh Depression Scale and post-traumatic stress disorder using the Post-Traumatic Checklist. Minor stressors, social support, trait resilience and perceived benefit had been measured previously. Mental health was examined with linear and log-linear models. Women who had a severe experience of both Gustav and Katrina scored higher on the mental health scales, but finding new ways to cope after Katrina or feeling more prepared was not protective. About half the population had better mental health scores after

Gustav than at previous measures. Improvement was more likely among those who reported high social support or low levels of minor stressors, or were younger. Trait resilience mitigated the effect of hurricane exposure. Multiple disaster experiences are associated with worse mental health overall, although many women are resilient. Perceiving benefit after the first disaster was not protective.

29. J Clin Psychol. 2011 Jun;67(6):561-73. doi: 10.1002/jclp.20788. Epub 2011 Mar 17.
Psychotherapy in mental health clinics of the Department of Veterans Affairs.

Hunt MG, Rosenheck RA.

VA New England Mental Illness, Research, Education, and Clinical Center, USA.

Marcia.Hunt2@va.gov

In this study, Department of Veterans Affairs Fiscal Year 2006 national workload data are analyzed to determine use and intensity of outpatient individual and group psychotherapy and, using multivariate analysis, to identify sociodemographic and diagnostic correlates. Results show that among veterans receiving specialty mental health services (n=934,832), average visits numbered 7.9, 64.7% received at least one psychotherapy visit, 94% received individual therapy, and 24.1% received group. Veterans with the most mental health specialty visits of any kind were most likely to receive psychotherapy. Veterans with affective disorders and post-traumatic stress disorder diagnosis were more likely to receive psychotherapy than others. Veterans who are older, male, Black, or psychiatrically hospitalized were less likely to receive psychotherapy. Correlates of receipt of group therapy (i.e., older, Black, male, substance abuse diagnosis, urban residence) tend to be inversely related to receiving individual therapy. We conclude that psychotherapy is widely available at modest levels of intensity in Veterans Affairs.

30. J Trauma Stress. 2011 Apr;24(2):226-9. doi: 10.1002/jts.20621. Epub 2011 Mar 15.
Adolescent distress in traumatic stress research: data from the National Survey of Adolescents-Replication.

Zajac K, Ruggiero KJ, Smith DW, Saunders BE, Kilpatrick DG.

National Crime Victims Research and Treatment Center, Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston, SC 29425, USA. zajac@musc.edu

Small numbers of adults report distress in response to traumatic stress surveys. Less is known about adolescent research participants. We examined distress in response to a survey on traumatic stress using data from the National Survey of Adolescents-Replication, a nationally representative sample of 3,614 youth aged

12-17 years. Although 204 (5.7%) adolescents found some questions distressing, only 8 (0.2%) remained upset at the end of the interview, and 2 (<0.1%) wished to speak to a counselor. Adolescents reporting traumatic experiences or mental health problems were significantly more likely to report distress compared to those not endorsing such problems. Significantly more girls (7.5%) reported distress than boys (3.9%). Findings suggest that survey questions about trauma pose minimal risk to adolescents.

31. *Depress Anxiety*. 2011 May;28(5):412-9. doi: 10.1002/da.20809. Epub 2011 Mar 11.

Panic attacks as a risk for later psychopathology: results from a nationally representative survey.

Kinley DJ, Walker JR, Enns MW, Sareen J.

Department of Psychology, University of Manitoba, Winnipeg, MB, Canada.

BACKGROUND: There is a growing body of literature suggesting that panic attacks without panic disorder are associated with increases in a wide range of psychopathology and impairment. However, the majority of the literature to date has been cross-sectional. Some longitudinal research supports the view that panic attacks are a nonspecific risk factor for future psychopathology. Using a large nationally representative longitudinal survey of adults, we sought to determine whether panic attacks predict new onset Axis I disorders.

METHODS: The Alcohol Use Disorder and Associated Disabilities Interview Schedule-DSM-IV Version was used to make diagnoses of psychiatric disorders in the National Epidemiologic Survey on Alcohol and Related Conditions Waves 1 and 2 (n = 34,653, aged 18 and older, response rate = 70.2%). Incident psychiatric disorders at Wave 2 were compared between people with and without panic attacks at Wave 1.

RESULTS: Panic attacks at Wave 1 were significantly associated with increased incidents of generalized anxiety disorder, panic disorder, social phobia, major depression, dysthymia, mania and hypomania, any anxiety disorder, and any mood disorder even after adjusting for sociodemographic variables, Wave 1 Axis I disorders, and Axis II disorders (OR's ranging from 1.62 to 2.77).

CONCLUSIONS: The presence of panic attacks may be an important indicator of overall psychological distress and the risk of more severe psychopathology in the future.

32. *Depress Anxiety*. 2011 May;28(5):406-11. doi: 10.1002/da.20808. Epub 2011 Mar 4.

Attention bias away from threat during life threatening danger predicts PTSD symptoms at one-year follow-up.

Wald I, Shechner T, Bitton S, Holoshitz Y, Charney DS, Muller D, Fox NA, Pine DS, Bar-Haim Y.

Department of Psychology, Tel Aviv University, Israel.

BACKGROUND: Recent studies find a correlation between attentional threat avoidance under stress and posttraumatic stress symptoms. In this study, we assessed this association longitudinally in exposed and unexposed individuals. The degree of threat avoidance during exposure was expected to predict levels of posttraumatic stress symptoms 1 year later.

METHODS: Thirty-two participants were recruited and followed for 12 months, including 18 subjects exposed to rocket attacks and 14 nonexposed subjects. At 1-year follow-up, participants completed self-reports and an attention dot-probe task assessing threat-related bias.

RESULTS: State anxiety decreased at follow-up in exposed participants, though posttraumatic stress disorder (PTSD) and depression symptoms remained higher in exposed than in the nonexposed group. Attentional threat avoidance during imminent danger in the exposed group changed to threat attendance a year later, such that both the exposed and the nonexposed group exhibited similar threat bias patterns. As hypothesized, in the exposed group, stronger attentional threat avoidance during stress exposure predicted higher levels of PTSD symptoms 1 year later.

CONCLUSIONS: Attention bias away from threat during acute stress may relate to risk for PTSD. This suggests that neurocognitive measures may index risk for PTSD.

33. J Anxiety Disord. 2011 May;25(4):604-11. Epub 2011 Mar 4.

Gender differences in the factor structure of posttraumatic stress disorder symptoms in war-exposed adolescents.

Armour C, Elhai JD, Layne CM, Shevlin M, Duraković-Belko E, Djapo N, Pynoos RS. National Centre of Psychotraumatology, University of Southern Denmark, Odense, Denmark. carmour@health.sdu.dk

DSM-IV's three-factor model of posttraumatic stress disorder (PTSD) is rarely empirically supported, whereas other four-factor models (King et al., 1998; Simms, Watson, & Doebbeling, 2002) have proven to be better representations of PTSD's latent structure. To date, a clear consensus as to which model provides the best representation of PTSD's underlying dimensions has yet to be reached. The current study investigated whether gender is associated with factor structure differences using the King et al. (1998) model of reexperiencing, avoidance, numbing, and hyperarousal PTSD symptoms. Participants were war-exposed Bosnian secondary/high school boys and girls (N=1572) assessed nearly two years after the

1992-1995 Bosnian conflict. Confirmatory factor analytic tests of measurement invariance across PTSD model parameters revealed many significant sex-linked differences. Implications regarding the potential role of gender as a moderator of the King et al. (1998) model's factor structure are discussed.

34. Behav Res Ther. 2011 Apr;49(4):299-304. Epub 2011 Mar 1.

A test of written emotional disclosure as an intervention for posttraumatic stress disorder.

Sloan DM, Marx BP, Greenberg EM.

National Center for PTSD (116B-2), VA Boston Healthcare System, 150 S. Huntington Avenue, Boston, MA 02130, USA. denise.sloan@va.gov

This study examined the efficacy of the written emotional disclosure (WED) procedure with a sample of young adults who met diagnostic criteria for posttraumatic stress disorder (PTSD). Participants were randomly assigned to either WED or a control writing condition and were assessed at baseline and one month following the writing sessions. During each writing session, participants' heart rate was recorded; participants also provided self-report ratings of emotional responding. Findings indicated no significant group differences for PTSD and depression symptom severity at follow-up assessment. Relative to control participants, WED participants displayed significantly greater heart rate activity and reported greater emotional responding during the first writing session; however, no reduction in emotional responding occurred for either condition from the first to the last writing session. Taken together, these findings indicate that WED may not be an efficacious intervention for PTSD. Suggestions are made for future work in this area.

35. Endocr Metab Immune Disord Drug Targets. 2011 Mar 1;11(1):1-7.

Pain and child: a translational hypothesis on the pathophysiology of a mild type-2 diabetes model.

Loizzo S, Capasso A, Loizzo AL, Spampinato S, Campana G, Di Giannuario A, Pieretti S, Loizzo A.

Department of Therapeutic Research and Medicines Evaluation, Istituto Superiore di Sanita, Roma, Italy.

Pediatric pain management underwent many changes since the undertreatment of pain in children was reported in the literature in 1980. Increasing data also suggest that long-term behavioural effects can be observed in children, following pain episodes as early as in the neonatal period. Therefore, the knowledge about safe and effective management of pain in children should be applied with greater

effectiveness into clinical practice. Other advances in the field include the findings of long-term residual behavioural and metabolic effects induced by pain experienced during the critical periods of development in laboratory animals. Recent data in laboratory animals and clinical data in children suggest that early repeated and/or severe pain and other stressful procedures applied in the perinatal periods may produce not only behavioral, but also important hormonal, immune and metabolic long-term effects. In this paper we shall report data on some metabolic conditions described in adult humans following disruption of hormonal-metabolic programming produced in the peri-natal period. Quite similar signs can be found between animal models and human conditions, most of them being connected with hypothalamus-pituitary-adrenal hormones (HPA) dysfunction. In addition, some signs in animal models, such as overweight and abdominal overweight are prevented by treatment with the μ - and δ -opioid receptor antagonist naloxone during the lactating period. This indicates that some long-term consequences following stress received during the early phases of life in mammals may be bound to the HPA system dysregulation, whereas others are bound to different (e.g., opioid) endogenous brain receptors and/or neuromediators alteration.

36. J Health Psychol. 2011 May;16(4):678-87. Epub 2011 Feb 23.

PTSD after traumatic injury: an investigation of the impact of injury severity and peritraumatic moderators.

Gabert-Quillen CA, Fallon W, Delahanty DL.

Department of Psychology, 118 Kent Hall, Kent State University, Kent, OH 44242, USA.

Presence of injury is often examined as a risk factor for posttraumatic stress disorder (PTSD); however, results have been mixed regarding the relationship between injury severity and PTSD symptoms (PTSS). The present study examined subjective and objective injury severity ratings in traumatic injury victims to determine if they differentially predict PTSS. Results demonstrated that subjective, not objective, injury severity predicted PTSS at six weeks and three months post-trauma. The moderating impact of peritraumatic factors was also examined. Peritraumatic dissociation moderated the impact of subjective injury severity on PTSS. Findings indicate that subjective injury severity should be incorporated into early screeners for PTSD risk.

37. Addict Behav. 2011 May;36(5):527-31. Epub 2011 Jan 13.

The mediating effect of depressive symptoms on the relationship between traumatic childhood experiences and drug use initiation.

Fishbein D, Novak SP, Krebs C, Warner T, Hammond J.
RTI International, USA. dfishbein@rti.org

Stressful experiences such as childhood trauma and depressive symptoms have both been implicated in the initiation of drug use; however, longitudinal designs have not yet been used to elucidate their respective roles to better understand the causal sequence. In the present study, a sensitivity analysis was conducted using two mediation strategies to examine how this sequence may differ by various levels of statistical control, including (1) the standard mediational model in which the effect of lifetime traumatic stressors (Year 1) on the onset of drug use (Years 3 and 4) is mediated by levels of depressive symptoms (Year 2); and (2) a stronger test of causality such that the effect of lifetime traumatic stressors (Year 1) on the onset of drug use (Years 3 and 4) was mediated by changes in depressive symptoms (Year 1 to 2), measured by a residualized change score that controlled for levels in Year 1. Two types of trauma were studied in a community-based study of 489 Hispanic preadolescents (aged 10-12): (a) the number of lifetime traumatic stressors and (b) seven specific lifetime stressors. We also controlled for new onset traumatic stressors occurring between Years 1 and 2. Primary findings indicate that drug use initiation during early adolescence (e.g., ages 14-16) may not be tied to immediate proximal perturbations in risk factors, such as traumatic experiences and depressive symptoms. Rather, the effects of trauma on depression in this sample appear to be established earlier in childhood (ages 10-14 or younger) and persist in a relatively stable manner into middle adolescence when the risk for drug use may be heightened.

38. J Anxiety Disord. 2011 May;25(4):513-9. Epub 2010 Dec 27.

Traumatic events and obsessive compulsive disorder in children and adolescents: is there a link?

Lafleur DL, Petty C, Mancuso E, McCarthy K, Biederman J, Faro A, Levy HC, Geller DA.

Child and Youth Mental Health Program, British Columbia Children's Hospital, Vancouver, Canada.

BACKGROUND: The extant literature supports an association between psychological trauma and development of OCD in adults, and this link is a plausible mediator for environment-gene interactions leading to phenotypic expression of OCD.

Objective: To explore the relationship between OCD and traumatic life events in children and adolescents.

METHODS: We examined the prevalence of traumatic life events and PTSD in a large sample of systematically assessed children with OCD. OCD symptoms and severity were assessed using the Children's Yale Brown Obsessive Compulsive Scale

(CY-BOCS) in those with and without concurrent PTSD.

RESULTS: Rate of PTSD and trauma exposure was higher in children with OCD than in a comparable control group of non-OCD youth matched for age, gender and SES.

Children with concurrent PTSD had more intrusive fears and distress and less control over their rituals than children with OCD but without PTSD. Total CY-BOCS scores were higher in those with concurrent PTSD. Specific type of OCD symptoms was not altered by a PTSD diagnosis.

CONCLUSIONS: A history of psychologically traumatic events may be over-represented in children with OCD. Given the need to search for non-genetic factors that may lead to onset of OCD, better and more systematic methods to obtain and quantify psychologically traumatic life events are needed in clinical populations.

39. J Anxiety Disord. 2011 May;25(4):520-30. Epub 2011 Jan 13.

Posttraumatic stress symptoms and postpartum depression in couples after childbirth: the role of partner support and attachment.

Iles J, Slade P, Spiby H.

Clinical Psychology Unit, Department of Psychology, Western Bank, University of Sheffield, Sheffield, UK. j.iles@rhul.ac.uk

AIM: The roles of partner attachment and perceptions of partner support were explored in relation to symptoms of posttraumatic stress and postpartum depression in couples within the first three postnatal months.

METHODS: Participants (n=372) were recruited within the first seven days postpartum, and completed questionnaire measures of trait anxiety, symptoms of acute posttraumatic stress, and perceptions of partner support. Postal questionnaires were completed at six weeks and three months, assessing attachment, perception of partner support, symptoms of posttraumatic stress, and postpartum depression. Two hundred and twelve couples completed all time-points.

RESULTS: Results indicated that symptoms were significantly related within couples. Men's acute trauma symptoms predicted their partner's subsequent symptoms of posttraumatic stress. Less secure attachment and dissatisfaction with partner support were associated with higher levels of postpartum depression and posttraumatic stress.

CONCLUSIONS: Men's and women's responses following childbirth appear to be strongly interlinked; services should target both members of the dyad.

40. Psicothema. 2011 Feb;23(1):66-73.

[A model of the effects of child sexual abuse on post-traumatic stress: the mediating role of attributions of blame and avoidance coping].

[Article in Spanish]

Cantón-Cortés D, Cantón J, Justicia F, Cortés MR.

Facultad de Psicología, Universidad de Granada, Granada, Spain. davidc@ugr.es

Employing structural equation modeling, the direct and indirect effects of the severity of Child Sexual Abuse (CSA), attributions of blame for the abuse, and coping strategies on Post-traumatic Stress Disorder (PTSD) symptomatology are analyzed. The effects of other types of child maltreatment on PTSD were also controlled. The sample comprised 163 female college students who were victims of CSA. The results suggested that victims of more severe abuse showed higher levels of avoidant coping, self blame, and family blame. Having suffered other kinds of abuse or neglect was also related to higher family blame attributions. Lastly, both attributions of blame scales were indirectly related to PTSD symptomatology through avoidant coping. The strong relationships between attributions of blame, coping strategies, and PTSD suggest that it might be useful to intervene early with children who have suffered CSA in an effort to modify the attributions they make about the abuse and the way they cope with it.

41. J Neurol Neurosurg Psychiatry. 2011 Jul;82(7):782-7. Epub 2011 Jan 17.

Predictive ability of preinjury stressful life events and post-traumatic stress symptoms for outcomes following mild traumatic brain injury: analysis in a prospective emergency room sample.

van Veldhoven LM, Sander AM, Struchen MA, Sherer M, Clark AN, Hudnall GE, Hannay HJ.

Department of Physical Medicine and Rehabilitation, Baylor College of Medicine, Houston, Texas, USA.

BACKGROUND: A subset of persons with mild traumatic brain injury (mTBI) experience long-term difficulties. Preinjury stress has been hypothesised to play a role in long-term maintenance of symptoms.

OBJECTIVE: To investigate the predictive ability of preinjury stressful life events and post-traumatic stress symptoms to health-related quality of life and emotional distress after mTBI.

METHODS: Within 2 weeks of injury, 186 participants with mTBI who were admitted to an emergency centre completed an interview and questionnaires regarding preinjury functioning, including the Stressful Life Events Questionnaire and the Post-Traumatic Stress Disorder Checklist. Outcomes were assessed at 3 months after injury and included the depression and anxiety subscales of the Brief Symptom Inventory, and the physical and mental component scores of the 36-item Short-Form Health Survey (SF-36). The incidence and type of stressful life events

were reported. Hierarchical regression analyses were used to determine the predictive utility of Stressful Life Events Questionnaire and Post-Traumatic Stress Disorder Checklist after controlling for age, injury severity (complicated versus uncomplicated mild) and preinjury depression.

RESULTS: Several potentially life-altering stressful events were endorsed by at least 25% of participants as having been experienced prior to injury. The incidence of stressful life events was a significant predictor of all four outcome variables. History of post-traumatic stress symptoms was predictive of scores on the SF-36 mental health component.

CONCLUSIONS: A history of stressful events may predispose persons with mTBI to have poor outcomes. History of stress should be assessed during the early stages after mTBI to help identify those who could benefit from therapies to assist with adjustment and maximise recovery.

42. J Anxiety Disord. 2011 May;25(4):498-506. Epub 2010 Dec 21.

Social support, world assumptions, and exposure as predictors of anxiety and quality of life following a mass trauma.

Grills-Taquechel AE, Littleton HL, Axsom D.

Department of Psychology, 126 Heyne Building, University of Houston, Houston, TX 77204-5022, USA. aegrills@uh.edu

This study examined the influence of a mass trauma (the Virginia Tech campus shootings) on anxiety symptoms and quality of life, as well as the potential vulnerability/protective roles of world assumptions and social support. Pre-trauma adjustment data, collected in the six months prior to the shooting, was examined along with two-month post-shooting data in a sample of 298 female students enrolled at the university at the time of the shootings. Linear regression analyses revealed consistent predictive roles for world assumptions pertaining to control and self-worth as well as family support. In addition, for those more severely exposed to the shooting, greater belief in a lack of control over outcomes appeared to increase vulnerability for post-trauma physiological and emotional anxiety symptoms. Implications of the results for research and intervention following mass trauma are discussed.

43. J Psychiatr Res. 2011 Jul;45(7):962-72. Epub 2011 Jan 12.

The diagnostic threshold of generalized anxiety disorder in the community: a developmental perspective.

Beesdo-Baum K, Winkel S, Pine DS, Hoyer J, Höfler M, Lieb R, Wittchen HU. Institute of Clinical Psychology and Psychotherapy, Technische Universität Dresden, Chemnitz Street 46, 01187 Dresden, Germany.

beesdo@psychologie.tu-dresden.de

Discussion surrounds the question as to whether criteria for generalized anxiety disorder (GAD) should change, particularly in youth. This study examines the effects of possible criteria changes on GAD prevalence and clinical correlates. DSM-IV GAD was assessed using the M-CIDI in a community sample of adolescents and young adults. Diagnostic thresholds were modified in two age spans (9-20 and 21-34 years) using a person-by-year data file (N = 38,534 cases). Relaxing the duration or excessiveness criteria led to the most pronounced changes in GAD prevalence, while relaxing frequency, uncontrollability, or associated-symptom criteria had smaller effects. A lower duration requirement increased rates more in older than younger age spans. Opposite effects occurred for changes in associated-symptoms or clinical-significance criteria. Broader GAD definitions identified cases in both age spans that appeared mostly milder than DSM-IV cases but that still differed from non-GAD cases in various clinical factors and validators. Developmental aspects require stronger consideration in future diagnostic systems.

44. J Anxiety Disord. 2011 Apr;25(3):437-43. Epub 2010 Nov 17.

Posttraumatic stress and marijuana use coping motives: the mediating role of distress tolerance.

Potter CM, Vujanovic AA, Marshall-Berenz EC, Bernstein A, Bonn-Miller MO. National Center for PTSD - Behavioral Science Division, VA Boston Healthcare System, 150 South Huntington Avenue 116B-2, Boston, MA 02130, USA. carrie.potter@va.gov

The present investigation examined the explanatory (i.e., mediating) role of distress tolerance (DT) in the relation between posttraumatic stress (PTS) symptom severity and marijuana use coping motives. The sample consisted of 142 adults (46.5% women; M(age) = 22.18, SD = 7.22, range = 18-55), who endorsed exposure to at least one Criterion A traumatic life event (DSM-IV-TR, 2000) and reported marijuana use within the past 30 days. As predicted, results demonstrated that DT partially mediated the relation between PTS symptom severity and coping-oriented marijuana use. These preliminary results suggest that DT may be an important cognitive-affective mechanism underlying the PTS-marijuana use coping motives association. Theoretically, trauma-exposed marijuana users with greater PTS symptom severity may use marijuana to cope with negative mood states, at least partially because of a lower perceived capacity to withstand emotional distress.

45. J Anxiety Disord. 2011 Apr;25(3):411-21. Epub 2010 Nov 12.

Adolescent posttraumatic stress disorder: an examination of factor structure reliability in two national samples.

Ayer LA, Cisler JM, Danielson CK, Amstadter AB, Saunders BE, Kilpatrick DG.
Department of Psychiatry, University of Vermont, Vermont Center for Children,
Youth, & Families, Burlington, VT 05401, United States. Lynsay.Ayer@uvm.edu

A four-factor structure of posttraumatic stress disorder (PTSD) has been proposed for DSM-V based on empirical evidence that it is superior to the three-factor DSM-IV structure. However, most studies reveal multiple structures fit the data well in adolescent samples, and high factor correlations have been reported. Within two national samples of adolescents, we tested eight PTSD factor structures, which have never been compared in a single study. Confirmatory factor analyses (CFA) of PTSD symptoms were conducted in two national samples of adolescents: the National Survey of Adolescents (NSA; N = 4023) and the NSA-Replication (NSA-R; N = 3614). CFA revealed that all models provided very good fit to both samples (RMSEAs = .021-.039), though the one-factor model can be rejected, and correlations between factors were high ($r_s = .80-1.0$). Potential interpretations of these findings include: (1) the indicators (i.e., symptoms) need refinement; or (2) relevant symptoms have yet to be identified.

46. J Anxiety Disord. 2011 Apr;25(3):404-10. Epub 2010 Nov 13.

Testing whether posttraumatic stress disorder and major depressive disorder are similar or unique constructs.

Elhai JD, de Francisco Carvalho L, Miguel FK, Palmieri PA, Primi R, Christopher Frueh B.
Department of Psychology, University of Toledo, Toledo, OH 43606-3390, USA.

Posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) co-occur frequently, are highly correlated, and share three symptoms in common. In the present paper, the authors tested whether PTSD and MDD are similar or unique constructs by examining their symptoms using Rasch modeling. Data were used from the 766 trauma-exposed subjects in the National Comorbidity Survey-Replication (conducted in the early 2000s) with PTSD and MDD symptom ratings. Results demonstrate that MDD symptoms were less frequently endorsed than PTSD symptoms—even for the three symptoms shared between the disorders. PTSD and MDD items represented a single, underlying dimension, although modest support was found for a secondary sub-factor. Removing their shared symptoms, and additional depression-related dysphoria symptoms, continued to result in a single underlying

PTSD-MDD symptom dimension. Results raise further questions about PTSD's distinctiveness from MDD, and the causes of their comorbidity.

47. J Anxiety Disord. 2011 Apr;25(3):362-8. Epub 2010 Oct 31.

Posttraumatic stress disorder in adolescents after Typhoon Morakot-associated mudslides.

Yang P, Yen CF, Tang TC, Chen CS, Yang RC, Huang MS, Jong YJ, Yu HS.

Department of Psychiatry, College of Medicine, Kaohsiung Medical University and Kaohsiung Medical University Hospital, Kaohsiung, Taiwan.

The aims of this study were to examine prevalence rate of post-traumatic stress disorder (PTSD), its associated factors and co-occurring psychological problems in a group of displaced adolescents 3 months following Typhoon Morakot in Taiwan. The relationship of trauma dimension and PTSD was also explored. A total of 271 adolescents who had been evacuated from their homes participated in this school-based survey. Adolescents were interviewed using the Mini-International Neuropsychiatric Interview for Children and Adolescents. Subjects themselves completed the following questionnaires: an inventory of exposure experiences to Typhoon Morakot, the Chinese version of Impact of Events Scale-Revised, the Center for Epidemiological Studies Depression Scale, and the Family APGAR Index. Teachers completed the Teacher's Report Form in the Achenbach system of Empirically Based Assessment. Results revealed that the prevalence of PTSD related to Typhoon Morakot was 25.8%. Adolescents who were female, had PTSD related to previous traumatic events before Typhoon Morakot, had more exposure experiences, were physically injured, or had family member in same household died or seriously injured were more likely to have the diagnoses of PTSD. Meanwhile, adolescents with PTSD had more severe depression, internalizing, externalizing, social, thought, and attention problems than those without PTSD. Our findings indicate that specialized trauma services are needed for these youngsters to lessen prolonged vulnerabilities.

48. J Psychiatry Neurosci. 2011 May;36(3):176-86.

Structural alterations in lateral prefrontal, parietal and posterior midline regions of men with chronic posttraumatic stress disorder.

Eckart C, Stoppel C, Kaufmann J, Tempelmann C, Hinrichs H, Elbert T, Heinze HJ, Kolassa IT.

Clinical Psychology and Neuropsychology, Department of Psychology, University of Konstanz, Germany. c.eckart@uke.de

BACKGROUND: So far, the neural network associated with posttraumatic stress disorder (PTSD) has been suggested to mainly involve the amygdala, hippocampus and medial prefrontal cortex. However, increasing evidence indicates that cortical regions extending beyond this network might also be implicated in the pathophysiology of PTSD. We aimed to investigate PTSD-related structural alterations in some of these regions.

METHODS: We enrolled highly traumatized refugees with and without (traumatized controls) PTSD and nontraumatized controls in the study. To increase the validity of our results, we combined an automatic cortical parcellation technique and voxel-based morphometry.

RESULTS: In all, 39 refugees (20 with and 19 without PTSD) and 13 controls participated in the study. Participants were middle-aged men who were free of psychoactive substances and consumed little to no alcohol. Patients with PTSD (and to a lesser extent traumatized controls) showed reduced volumes in the right inferior parietal cortex, the left rostral middle frontal cortex, the bilateral lateral orbitofrontal cortex and the bilateral isthmus of the cingulate. An influence of cumulative traumatic stress on the isthmus of the cingulate and the lateral orbitofrontal cortex indicated that, at least in these regions, structural alterations might be associated with repeated stress experiences. Voxel-based morphometry analyses produced largely consistent results, but because of a poorer signal-to-noise ratio, conventional statistics did not reach significance.

LIMITATIONS: Although we controlled for several important confounding variables (e.g., sex, alcohol abuse) with our particular sample, this might limit the generalizability of our data. Moreover, high comorbidity of PTSD and major depression hinders a definite separation of these conditions in our findings. Finally, the results concerning the lateral orbito frontal cortex should be interpreted with caution, as magnetic resonance imaging acquisition in this region is affected by a general signal loss.

CONCLUSION: Our results indicate that lateral prefrontal, parietal and posterior midline structures are implicated in the pathophysiology of PTSD. As these regions are particularly involved in episodic memory, emotional processing and executive control, this might have important implications for the understanding of PTSD symptoms.

49. J Psychiatr Res. 2011 May;45(5):630-7. Epub 2010 Nov 24.

Functional neuroimaging of emotionally intense autobiographical memories in post-traumatic stress disorder.

St Jacques PL, Botzung A, Miles A, Rubin DC.

Center for Cognitive Neuroscience, Duke University, Durham, NC 27708, USA.

peggyls@wjh.harvard.edu

Post-traumatic stress disorder (PTSD) affects regions that support autobiographical memory (AM) retrieval, such as the hippocampus, amygdala and ventral medial prefrontal cortex (PFC). However, it is not well understood how PTSD may impact the neural mechanisms of memory retrieval for the personal past. We used a generic cue method combined with parametric modulation analysis and functional MRI (fMRI) to investigate the neural mechanisms affected by PTSD symptoms during the retrieval of a large sample of emotionally intense AMs. There were three main results. First, the PTSD group showed greater recruitment of the amygdala/hippocampus during the construction of negative versus positive emotionally intense AMs, when compared to controls. Second, across both the construction and elaboration phases of retrieval the PTSD group showed greater recruitment of the ventral medial PFC for negatively intense memories, but less recruitment for positively intense memories. Third, the PTSD group showed greater functional coupling between the ventral medial PFC and the amygdala for negatively intense memories, but less coupling for positively intense memories. In sum, the fMRI data suggest that there was greater recruitment and coupling of emotional brain regions during the retrieval of negatively intense AMs in the PTSD group when compared to controls.

50. J Anxiety Disord. 2011 Apr;25(3):340-5. Epub 2010 Oct 30.

Evidence for a unique PTSD construct represented by PTSD's D1-D3 symptoms.

Elhai JD, Biehn TL, Armour C, Klopper JJ, Frueh BC, Palmieri PA.

Department of Psychology, University of Toledo, 2801 West Bancroft Street, Toledo, OH 43606, USA.

Two models of posttraumatic stress disorder (PTSD) have received the most empirical support in confirmatory factor analytic studies: King, Leskin, King, and Weathers' (1998) Emotional Numbing model of reexperiencing, avoidance, emotional numbing and hyperarousal; and Simms, Watson, and Doebbeling's (2002) Dysphoria model of reexperiencing, avoidance, dysphoria and hyperarousal. These models only differ in placement of three PTSD symptoms: sleep problems (D1), irritability (D2), and concentration problems (D3). In the present study, we recruited 252 women victims of domestic violence and tested whether there is empirical support to separate these three PTSD symptoms into a fifth factor, while retaining the Emotional Numbing and Dysphoria models' remaining four factors. Confirmatory factor analytic findings demonstrated that separating the three symptoms into a separate factor significantly enhanced model fit for the Emotional Numbing and Dysphoria models. These three symptoms may represent a unique latent construct. Implications are discussed.

51. J Child Psychol Psychiatry. 2011 May;52(5):560-70. doi: 10.1111/j.1469-7610.2010.02340.x. Epub 2010 Nov 12.

The nature of trauma memories in acute stress disorder in children and adolescents.

Salmond CH, Meiser-Stedman R, Glucksman E, Thompson P, Dalgleish T, Smith P.
Department of Psychology, Institute of Psychiatry, King's College London, UK.
claire.salmond@iop.kcl.ac.uk

BACKGROUND: There is increasing theoretical, clinical and research evidence for the role of trauma memory in the aetiology of acute pathological stress responses in adults. However, research into the phenomenology of trauma memories in young people is currently scarce.

METHODS: This study compared the nature of trauma narratives to narratives of unpleasant non-traumatic events in young people (aged 8-17) who sought emergency medical attention following an assault or road traffic accident. Data were collected within 2-4 weeks of the index event. Symptom severity was assessed by child self-report and face-to-face diagnostic interviews. Comparisons of narrative indices were made between those children with acute stress disorder (ASD) and those without ASD.

RESULTS: Among participants (n = 50), those with ASD (38%) had significantly elevated levels of disorganisation in their trauma narrative, compared both to trauma-exposed controls and to their unpleasant comparative narrative. This effect was not accounted for by age. Regardless of ASD diagnostic status, trauma narratives had significantly higher sensory content and significantly lower positive emotion content compared to the unpleasant comparative narrative. These effects were not significant when age was included as a covariate. Acute symptom severity was significantly predicted by the level of disorganisation in the trauma narrative and the child's cognitive appraisals of the event.

CONCLUSIONS: These data provide the first empirical evidence that disorganisation is not only directly linked to symptom severity, but also specific to the trauma memory. In addition, it provides support for the adaptation of adult cognitive models to acute pathological stress reactions in children and adolescents.

52. J Stud Alcohol Drugs. 2010 Nov;71(6):810-8.

Posttraumatic stress disorder and alcohol dependence in young women.

Sartor CE, McCutcheon VV, Pommer NE, Nelson EC, Duncan AE, Waldron M, Bucholz KK, Madden PA, Heath AC.

Department of Psychiatry, Washington University School of Medicine, St. Louis, Missouri 63110, USA. sartorc@psychiatry.wustl.edu

OBJECTIVE: The aim of the current study is to characterize the relationship between posttraumatic stress disorder (PTSD) and alcohol dependence (AD) in women, distinguishing PTSD-specific influences on AD from the contribution of co-occurring psychiatric conditions and from the influences of trauma more generally.

METHOD: Trauma histories and DSM-IV lifetime diagnoses, including PTSD and AD, were obtained via telephone interview from 3,768 female twins. Based on PTSD status and trauma history, participants were categorized as no trauma (43.7%), trauma without PTSD (52.6%), or trauma with PTSD (3.7%). Cox proportional hazards regression analyses were conducted using trauma/PTSD status to predict AD, first adjusting only for ethnicity and parental problem drinking, then including conduct disorder, major depressive disorder, regular smoking, and cannabis abuse.

RESULTS: Before accounting for psychiatric covariates, elevated rates of AD were evident in both trauma-exposed groups, but those with PTSD were at significantly greater risk for AD than those without PTSD. This distinction was no longer statistically significant when psychiatric covariates were included in the model, but both trauma-exposed groups continued to show elevated odds of developing AD compared with the no trauma group.

CONCLUSIONS: The elevated rates of AD in women who have experienced trauma are not accounted for in full by psychiatric conditions that commonly co-occur with AD and trauma exposure. The greater likelihood of developing AD in the subset of trauma-exposed individuals who develop PTSD may reflect higher levels of distress and/ or higher rates of psychopathology associated with traumas that lead to PTSD rather than PTSD-specific influences.

53. Int Psychogeriatr. 2011 May;23(4):654-61. Epub 2010 Sep 20.

Post-traumatic stress symptoms linked to hidden Holocaust trauma among adult Finnish evacuees separated from their parents as children in World War II, 1939-1945: a case-control study.

Andersson P.

Developmental Psychology, Åbo Akademy University, Campus Vasa, Finland.
pentti.andersson@comhem.se

BACKGROUND: The aim of this study was to identify long-term effects of diagnostic criteria on the Post Traumatic Stress Disorder Checklist (PCL-C) for a test group of Finnish evacuees from World War II and compare the outcome effect with a control group of children who lived in Finland during the war in 1939-1945.

METHODS: 152 participants were recruited by the local leader of the Finnish War Child Association in Sweden and Finland. The selected group answered questions on the Post Traumatic Stress Disorder Checklist (PCL-C) and the EMBU (Swedish acronym for "Own Memories of Parental Rearing").

RESULTS: Evidence suggests a link between childhood parental separation and termination of the internalized attachment hierarchy of origin in a detachment process among Finnish evacuees. Based on the Post Traumatic Stress Disorder Total (PCL-C) diagnosis an extreme traumatization for 36.7% of the test group subjects was identified, including a hidden Holocaust trauma in the population of Finnish evacuees.

CONCLUSIONS: The study met the criteria for satisfying global evidence value. Sixty-five years after the end of World War II and in line with other studies on war children, the data show high levels of different trauma exposures from the war with 10.6 higher risk (odds ratio) for the exposed group of Finnish evacuees. Despite some limitations, the data highlight the need for further investigation into different parts of the detachment process among seriously traumatized groups to reveal resilience and other dimensions of importance in professional mental health creation.