

### September, 2013 Medline Topic Alert

### 1. Iran Red Crescent Med J. 2013 Mar;15(3):177-82. doi: 10.5812/ircmj.2312. Epub 2013 Mar 5.

Post-Traumatic Stress Disorder (PTSD) Following Childbirth: Prevalence and Contributing Factors.

Shaban Z, Dolatian M, Shams J, Alavi-Majd H, Mahmoodi Z, Sajjadi H. Shahid Beheshti University of Medical Sciences, Tehran, IR Iran.

BACKGROUND: Childbirth might be a traumatic event for some women.

OBJECTIVES: This study was conducted with the objective of investigating the prevalence of Post-Traumatic Stress Disorder (PTSD) following childbirth.

PATIENTS AND METHODS: The study was designed using a descriptive correlation scheme. The participants were selected from the women referred to the healthcare centers affiliated with Zahedan University of Medical Sciences, Zahedan, Iran.

Personal interviews were conducted with 600 women who were 6-8 weeks postpartum and had been undergone to this center for postpartum and child care.

RESULTS: One hundred and three (17. 2%) women had symptoms of PTSD following childbirth based on the PTSD Symptom Scale (PSS). The results of logistic regression analysis revealed a significant correlation between maternal occupation (P = 0.01), depression level (P < 0.001) and anxiety level (P < 0.001) with PTSD following childbirth.

CONCLUSIONS: PTSD from childbirth occurs in some women. Early identification of risk factors should lead to early therapeutic intervention in the mothers at risk of PTSD.

## 2. Child Abuse Negl. 2013 Aug 23. pii: S0145-2134(13)00207-X. doi: 10.1016/j.chiabu.2013.07.012. [Epub ahead of print]

Childhood maltreatment and post-traumatic stress disorder among incarcerated young offenders.

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Young offenders have a high prevalence of mental illness and a large proportion report experiencing a number of traumatic events during childhood, but there is little research exploring this association. This study describes the prevalence of, and association between, child maltreatment and post-traumatic stress disorder (PTSD) among young offenders. The study uses data collected as part of the 2009 NSW Young People in Custody Health Survey which was conducted in nine juvenile detention centers. This paper reports on findings from the baseline questionnaires and 18-months of re-offending data. The analysis included 291 participants who were assessed for PTSD and child maltreatment. The sample was 88% male, 48% Aboriginal, with an average age of 17 years (range 13-21 years). One in five (20%) participants were diagnosed with PTSD, with females significantly more likely to have PTSD than males (40% vs. 17%, p<0.05). Over half (60%) of young offenders reported any child abuse or neglect, with females nearly 10 times more likely to report three or more kinds of severe child maltreatment than males. The main correlate for a diagnosis of PTSD was having three or more kinds of severe child maltreatment (OR=6.73, 95% CI: 1.06-42.92). This study provides evidence for the need to comprehensively assess child abuse and neglect among young offenders in order to provide appropriate treatment in custody and post-release.

### 3. J Clin Child Adolesc Psychol. 2013 Aug 26. [Epub ahead of print]

Psychological Distress in Young Adults Exposed to War-Related Trauma in Childhood.

Llabre MM, Hadi F, La Greca AM, Lai BS. a Department of Psychology , University of Miami.

We tested a conceptual model of the effect of war-trauma exposure in childhood on psychological distress in young adulthood. Participants included 151 urban Kuwaiti children (51% female; M age = 10.62 years) exposed to the 1990-1991 Gulf crisis (assessed in 1993); participants also included 140 parents (81% female; M age mothers = 36.50 years; M age fathers = 41 years). In 2003, 120 participants were reassessed as young adults (50% female; M age = 21.19 years). The conceptual model was evaluated with structural equations. War-trauma exposure was associated with psychological distress in children and parents, but parents reported larger effects effects than children. Parents' psychological distress did not contribute to children's psychological distress. Children's psychological distress did not dispate over time. Social support may function as a potential mediator of the effect of war-trauma exposure on psychological distress. Findings support the importance of early detection and treatment of children exposed to war trauma. Findings also implicate social support as a factor to consider in clinical interventions for children exposed to war trauma.

### 4. Health Psychol. 2013 Aug 19. [Epub ahead of print]

Course of Traumatic Stress Reactions in Couples After a Burn Event to Their Young Child.

Bakker A, Van der Heijden PG, Van Son MJ, Van Loey NE.

Objective: This study examines traumatic stress reactions in couples that were followed prospectively for 18 months after a burn event to their child. Method: The participants included 186 mothers and 159 fathers of 198 preschool children. Parents' self-reported traumatic stress reactions were measured with the Impact of Event Scale (IES). Predictors included parental emotions and the perceived life-threatening character of the child's injury. Results: Rates for clinically significant symptoms (IES ≥26) decreased from 50% within the first month to 18% at 18 months postburn for mothers and from 27% to 6% for fathers. The decline in symptoms was not entirely linear. Mothers had higher scores than fathers, but the discrepancy in intrusion symptoms among couples diminished over the course of time. Early appraisal of life threat and emotions about the burn event were significant predictors. Conclusions: Both mothers and fathers are seriously affected by a burn event of their young child. Despite a general decrease over time, a subgroup of parents is at risk for chronic symptoms. The results call for the integration of prolonged parent support in family centered pediatric burn aftercare programs. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

# **5. Psychother Psychosom. 2013;82(5):344-5. doi: 10.1159/000348585. Epub 2013 Aug 9.** Ifenprodil for the treatment of flashbacks in adolescent female posttraumatic stress disorder patients with a history of abuse.

Sasaki T, Hashimoto K, Okawada K, Tone J, Machizawa A, Tano A, Nakazato M, Iyo M. Department of Child Psychiatry, Chiba University Graduate School of Medicine, Chiba, Japan.

## 6. J Psychopharmacol. 2013 Oct;27(10):947-55. doi: 10.1177/0269881113499207. Epub 2013 Aug 7.

Cannabinoid modulation of chronic mild stress-induced selective enhancement of trace fear conditioning in adolescent rats.

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History of stress is considered a major risk factor for the development of major depression and posttraumatic stress disorder (PTSD). Elucidating the

neurobiological mechanisms of Pavlovian fear conditioning may provide insight into the etiology of PTSD. In the current study, adolescent male Sprague-Dawley rats were exposed to 3 weeks of a chronic-mild-unpredictable stress (CMS) protocol. Immediately following the CMS, the animals were subjected to hippocampal-dependent (trace and contextual) and hippocampal-independent (delay) fear conditioning. CMS exposure enhanced trace freezing behavior compared to non-stress controls. This effect was not observed in contextual or delay conditioned animals. Given that the endocannabinoid system is negatively affected by CMS procedures, separate groups of stressed rats were administered the CB1 receptor agonist, ACEA (0.1 mg/kg), prior to trace fear conditioning or a memory-recall test. Regardless of administration time, ACEA significantly reduced freezing behavior in stressed animals. Furthermore, when administered during the first memory recall test, ACEA enhanced long-term extinction in both stress and non-stress groups. The results demonstrate that chronic unpredictable stress selectively enhances hippocampal-dependent episodic fear memories. Pathologies of the episodic memory and fear response may increase the susceptibility of developing PTSD. Reduction in fear responses via exogenous activation of the CB1 receptor suggests that a deficiency in the endocannabinoid system contributes to this pathology.

### 7. JAMA. 2013 Aug 7;310(5):477-8. doi: 10.1001/jama.2013.166723.

Management of acute stress, PTSD, and bereavement: WHO recommendations.

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#### 8. Violence Vict. 2013;28(3):552-68.

Risk factors for posttraumatic stress disorder in female help-seeking victims of sexual assault.

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Posttraumatic stress disorder (PTSD) is common in the aftermath of rape and other sexual assault, but the risk factors leading to PTSD following rape have been shown to differ from those related to PTSD following nonsexual assault. This prospective study examined risk factors for PTSD severity in 148 female help-seeking victims of sexual assault. Approximately 70% of the victims experienced significant levels of traumatization, with 45% reporting symptoms consistent with a probable PTSD diagnosis. Regression analyses showed that

relationship with the assailant, number of assailants, the nature of the assault, perceived positive social support, support satisfaction, feeling let down by others, and prior exposure to sexual trauma did not significantly predict PTSD severity at the final level of analysis. In accordance with suggestions by Dancu, Riggs, Hearst-Ikeda, and Shoyer (1996), it is suggested that this is partly caused by a very high degree of traumatization in the sample. Instead, previous nonsexual traumatic experiences and negative affectivity accounted for 30% of the variance in PTSD severity. Although more research is needed on risk factors of assault-related PTSD, these findings suggest that although sexual assault is associated with a high degree of PTSD severity, prior nonsexual victimization and high levels of negative affectivity appear to further increase the vulnerability toward developing symptoms of assault-related PTSD.

### 9. Violence Vict. 2013;28(3):513-30.

Adverse childhood experiences, posttraumatic stress disorder symptoms, and emotional intelligence in partner aggression.

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Intimate partner violence (IPV) has been linked to childhood abuse, posttraumatic stress disorder (PTSD), and low emotional intelligence (EI). Relationships among adverse childhood experiences (ACE), PTSD symptoms, and partner aggression (i.e., generalized tendency to aggress toward one's partner) were assessed in 108 male IPV offenders. It was hypothesized that ACE is positively correlated with partner aggression, PTSD mediates the ACE-aggression relationship, and the ACE-PTSD-aggression mediation varies by selected EI facets. Results indicate that ACE has an indirect effect on partner aggression via PTSD and PTSD mediates the ACE-aggression link when emotional self-regulation is low and when intuition (vs. reason) is high. Trauma-exposed IPV offenders may benefit from comprehensive treatments focusing on PTSD symptoms, emotional control, and reasoning skills to reduce aggression.

#### 10. Psychol Rep. 2013 Apr;112(2):340-52.

Thought and language disorder among sexually abused children in a psychiatric hospital.

Conway F, McCarthy J, Talreja P, Conway F. Adelphi University, Blodgett Hall 212 A, Garden City, NY 11530, USA. Conway2@adelphi.edu The empirical literature offers evidence that childhood sexual abuse is a predictor of psychopathology in adults. However, the literature examining the relations between thought disorder and psychotic symptoms in children is sparse. Children with a history of childhood sexual abuse are expected to demonstrate more disturbances in thought relative to their peers with no childhood sexual abuse. Using the Thought and Language Index, Thematic Apperception Test (TAT) narratives for four commonly used TAT cards obtained from 39 closed charts of hospitalized children were analyzed. Narratives were assessed on seven dimensions including weakening of goals, perseveration, looseness, peculiar word usage, peculiar sentence construction, non-logical reasoning, and distractibility. Good inter-rater reliability was obtained. Sexually abused childrenhad higher aberrant scores on card number four compared to non-abused children. Sexual abuse history was a predictive factor for non-logical reasoning, with small effect size. Implications and suggestions for future research are discussed.

### 11. Pediatrics. 2013 Jun;131(6):e2002-15. doi: 10.1542/peds.2013-0940. Epub 2013 May 27.

Health and mental health needs of children in US military families.

Siegel BS, Davis BE; Committee on Psychosocial Aspects of Child and Family Health and Section on Uniformed Services.

Collaborators: Siegel BS, Dobbins MI, Garner AS, McGuinn LJ, Pascoe JM, Wood DL, Yogman M, Brown RT, Carmichael T, Kupst MJ, Martini D, Sheppard M, Cohen GJ, Rajnik M, Davis BE, Barfield WD, Curtis J, Delgado T, Eccles TG, Johnson CL, Kimball-Eayrs CA, Kynion R, Newton TC, Place L, Burke J.

The wars in Afghanistan and Iraq have been challenging for US uniformed service families and their children. Almost 60% of US service members have family responsibilities. Approximately 2.3 million active duty, National Guard, and Reserve service members have been deployed since the beginning of the wars in Afghanistan and Iraq (2001 and 2003, respectively), and almost half have deployed more than once, some for up to 18 months' duration. Up to 2 million US children have been exposed to a wartime deployment of a loved one in the past 10 years. Many service members have returned from combat deployments with symptoms of posttraumatic stress disorder, depression, anxiety, substance abuse, and traumatic brain injury. The mental health and well-being of spouses, significant others, children (and their friends), and extended family members of deployed service members continues to be significantly challenged by the experiences of wartime deployment as well as by combat mortality and morbidity. The medical system of the Department of Defense provides health and mental health services for active duty service members and their families as well as activated National

Guard and Reserve service members and their families. In addition to military pediatricians and civilian pediatricians employed by military treatment facilities, nonmilitary general pediatricians care for >50% of children and family members before, during, and after wartime deployments. This clinical report is for all pediatricians, both active duty and civilian, to aid in caring for children whose loved ones have been, are, or will be deployed.

### 12. J Nerv Ment Dis. 2013 Jun;201(6):471-7. doi: 10.1097/NMD.0b013e3182948096.

Characteristics of child maltreatment and their relation to dissociation, posttraumatic stress symptoms, and depression in adult psychiatric patients.

Mueller-Pfeiffer C, Moergeli H, Schumacher S, Martin-Soelch C, Wirtz G, Fuhrhans C, Hindermann E, Rufer M.

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Little is known about the influence of particular characteristics of childhood maltreatment, such as developmental stage, relationship to the perpetrator, and nature of the trauma, on adult psychopathology. The effects of childhood maltreatment were assessed in adult psychiatric patients (N = 287) using self-rating scales and diagnostic checklists. Maltreatment was strongly associated with dissociation. This relationship was observed for all childhood developmental stages and was strongest when the perpetrator was outside the family. Dissociation was more strongly correlated with childhood emotional abuse and sexual harassment than with sexual or physical abuse. Childhood sexual abuse was found to be associated with symptoms of posttraumatic stress. The findings suggest that dissociation is a relatively specific consequence of childhood maltreatment that is largely independent of the familial relationship to the perpetrator or the child's developmental stage.

### 13. Int J Psychol. 2013;48(2):95-107. doi: 10.1080/00207594.2012.691975.

Child physical abuse and neglect in Kenya, Zambia and the Netherlands: a cross-cultural comparison of prevalence, psychopathological sequelae and mediation by PTSS.

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Comment in

Int J Psychol. 2013;48(2):141-8.

This study compared the prevalence of self-reported childhood physical abuse and neglect and the associated psychopathological sequelae among Kenyan, Zambian, and Dutch university students. In addition, we sought to find out the differentiated role of posttraumatic stress symptoms (PTSS) in mediating the associations between childhood maltreatment experiences and psychopathology symptoms. The sample consisted of 862 university students from Kenya (n = 375), Zambia (n = 182), and The Netherlands (n = 305) who completed the Personal and Relationships Profile (PRP). Results showed that physical abuse was highly prevalent in Kenya (59%) and Zambia (40%), and that neglect was even more prevalent than physical abuse in Zambia and The Netherlands at 59%, 54%, and 42% for the Kenyan, Zambian, and Dutch samples respectively. Neglect was associated with psychopathological symptoms in all three samples, whereas physical abuse was associated with psychopathological sequelae in the Kenyan and Zambian samples only. PTSS mediated the association between neglect and psychopathology symptoms in the Dutch sample and between physical abuse and psychopathology symptoms in the Dutch and Kenyan samples. We conclude that physical abuse and neglect are associated with psychopathology symptoms independently of country and cultural context. However, the pathways through which physical abuse and neglect may lead to psychopathological sequelae may be dependent on perceptions of specific parental behavior in different sociocultural contexts.

14. Cancer. 2013 Jul 1;119(13):2503-10. doi: 10.1002/cncr.28077. Epub 2013 Apr 10. Cumulative family risk predicts sibling adjustment to childhood cancer.

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BACKGROUND: Prolonged, intensive treatment regimens often disrupt families of children with cancer. Siblings are at increased risk for distress, but factors underlying this risk have received limited empirical attention. In this study, the authors examined associations between the family context and sibling distress.

METHODS: Siblings of children with cancer (ages 8-18 years; N = 209) and parents (186 mothers and 70 fathers) completed measures of sibling distress, family functioning, parenting, and parent post-traumatic stress. Associations between sibling distress and each family risk factor were evaluated. Then, family risks were considered simultaneously by calculating cumulative family risk index scores.

RESULTS: After controlling for sociodemographic covariates, greater sibling distress was associated with more sibling-reported problems with family

functioning and parental psychological control, lower sibling-reported maternal acceptance, and lower paternal self-reported acceptance. When risk factors were considered together, the results supported a quadratic model in which associations between family risk and sibling distress were stronger at higher levels of risk.

CONCLUSIONS: The current findings support a contextual model of sibling adjustment to childhood cancer in which elevated distress is predicted by family risk factors, both alone and in combination.

### 15. Acta Obstet Gynecol Scand. 2013 Jul;92(7):866-8. doi: 10.1111/aogs.12132. Epub 2013 Apr 22.

Effectiveness of eye movement desensitization and reprocessing treatment in post-traumatic stress disorder after childbirth: a randomized controlled trial protocol.

George A, Thilly N, Rydberg JA, Luz R, Spitz E. Health Psychology, University of Lorraine, EA 4360 APEMAC, Metz, France.

### 16. AIDS Behav. 2013 Jun;17(5):1755-63. doi: 10.1007/s10461-013-0461-9.

Posttraumatic stress symptoms among adults caring for orphaned children in HIV-endemic South Africa.

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There is growing evidence that mental health is a significant issue among families affected by AIDS-related parental deaths. The current study examined posttraumatic stress symptoms and identified risk factors among adults caring for AIDS-orphaned and other-orphaned children in an HIV-endemic South African community. A representative community sample of adults caring for children (N = 1,599) was recruited from Umlazi Township. Of the 116 participants who reported that a traumatic event was still bothering them, 19 % reported clinically significant posttraumatic stress symptoms. Of the 116 participants, caregivers of AIDS-orphaned and other-orphaned children were significantly more likely to meet threshold criteria for PTSD (28 %) compared to caregivers of non-orphaned children (10 %). Household receipt of an old age pension was identified as a possible protective factor for PTSD symptoms among caregivers of orphaned children. Services are needed to address PTSD symptoms among caregivers of orphaned children.

### 17. PLoS One. 2013;8(2):e57826. doi: 10.1371/journal.pone.0057826. Epub 2013 Feb 26.

Childhood trauma and PTSD symptoms increase the risk of cognitive impairment in a sample of former indentured child laborers in old age.

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A growing body of evidence suggests a link between early childhood trauma, post-traumatic stress disorder (PTSD) and higher risk for dementia in old age. The aim of the present study was to investigate the association between childhood trauma exposure, PTSD and neurocognitive function in a unique cohort of former indentured Swiss child laborers in their late adulthood. To the best of our knowledge this is the first study ever conducted on former indentured child laborers and the first to investigate the relationship between childhood versus adulthood trauma and cognitive function. According to PTSD symptoms and whether they experienced childhood trauma (CT) or adulthood trauma (AT), participants (n = 96) were categorized as belonging to one of four groups: CT/PTSD+, CT/PTSD-, AT/PTSD+, AT/PTSD-. Information on cognitive function was assessed using the Structured Interview for Diagnosis of Dementia of Alzheimer Type, Multi-infarct Dementia and Dementia of other Etiology according to ICD-10 and DSM-III-R, the Mini-Mental State Examination, and a vocabulary test. Depressive symptoms were investigated as a potential mediator for neurocognitive functioning. Individuals screening positively for PTSD symptoms performed worse on all cognitive tasks compared to healthy individuals, independent of whether they reported childhood or adulthood adversity. When controlling for depressive symptoms, the relationship between PTSD symptoms and poor cognitive function became stronger. Overall, results tentatively indicate that PTSD is accompanied by cognitive deficits which appear to be independent of earlier childhood adversity. Our findings suggest that cognitive deficits in old age may be partly a consequence of PTSD or at least be aggravated by it. However, several study limitations need to considered. Consideration of cognitive deficits when treating PTSD patients and victims of lifespan trauma (even without a diagnosis of a psychiatric condition) is crucial. Furthermore, early intervention may prevent long-term deficits in memory function and development of dementia in adulthood.

18. BJOG. 2013 Jul;120(8):940-6. doi: 10.1111/1471-0528.12185. Epub 2013 Mar 6. Intimate partner violence during pregnancy and associated mental health symptoms among pregnant women in Tanzania: a cross-sectional study.

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#### Comment in

BJOG. 2013 Jul;120(8):947.

OBJECTIVE: Violence against pregnant women is a prevalent issue with severe health implications, especially during pregnancy. This study seeks to determine the prevalence of intimate partner violence against women during pregnancy and its associated mental health symptoms.

DESIGN: Cross-sectional survey conducted from December 2011 to April 2012. SETTING: Muhimbili National Hospital antenatal clinic in Dar es Salaam, Tanzania. SAMPLE: 1180 pregnant antenatal care patients.

METHODS: Trained interviewers conducted face-to-face standardised interviews with the women in a private room prior to their antenatal care appointment. (PTSD), anxiety and depressive symptoms were assessed through the Conflict Tactics Scale, the John Hopkins Symptom Checklist (25) and the Posttraumatic Diagnostic Scale. MAIN OUTCOME MEASURES: The Conflict Tactics Scale, the John Hopkins Symptom Checklist (25) and the Posttraumatic Diagnostic Scale.

RESULTS: Of the 1180 women who were interviewed, 27% reported experiencing both physical and sexual intimate partner violence in the index pregnancy, with 18% reporting physical violence and 20% reporting sexual violence. After adjusting for the sociodemographic characteristics of women, women who experienced physical and/or sexual intimate partner violence during pregnancy were significantly more likely to have moderate PTSD (AOR 2.94, 95% CI 1.71-5.06), anxiety (AOR 3.98, 95% CI 2.85-5.57) and depressive (AOR 3.31, 95% CI 2.39-4.593) symptoms than women who did not report physical and/or sexual intimate partner violence during pregnancy.

CONCLUSIONS: About three out of ten women experienced physical or sexual intimate partner violence during pregnancy by an intimate partner, which was significantly associated with poor mental health symptoms. These rates are alarming, and justify training and education of antenatal care providers to raise awareness.

### 19. BMC Pregnancy Childbirth. 2013;13 Suppl 1:S13. doi: 10.1186/1471-2393-13-S1-S13. Epub 2013 Jan 31.

Unexpected: an interpretive description of parental traumas' associated with preterm birth.

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BACKGROUND: Preterm birth (PTB) places a considerable emotional, psychological, and financial burden on parents, families, health care resources, and society as a whole. Efforts to estimate these costs have typically considered the direct medical costs of the initial hospital and outpatient follow-up care but have not considered non-financial costs associated with PTB such as adverse psychosocial and emotional effects, family disruption, strain on relationships, alterations in self-esteem, and deterioration in physical and mental health. The aim of this inquiry is to understand parents' experience of PTB to inform the design of subsequent studies of the direct and indirect cost of PTB. The study highlights the traumatic nature of having a child born preterm and discusses implications for clinical care and further research.

METHOD: Through interviews and focus groups, this interpretive descriptive study explored parents' experiences of PTB. The interviews were audiotaped, transcribed, and analyzed for themes. Analysis was ongoing throughout the study and in subsequent interviews, parents were asked to reflect and elaborate on the emerging themes as they were identified.

RESULTS: PTB is a traumatic event that shattered parents' taken-for-granted expectations of parenthood. For parents in our study, the trauma they experienced was not related to infant characteristics (e.g., gestational age, birth weight, Apgar scores, or length of stay in the NICU), but rather to prolonged uncertainty, lack of agency, disruptions in meaning systems, and alterations in parental role expectations. Our findings help to explain why things like breast feeding, kangaroo care, and family centered practices are so meaningful to parents in the NICU. As well as helping to (re)construct their role as parents, these activities afford parents a sense of agency, thereby moderating their own helplessness.

CONCLUSION: These findings underscore the traumatic nature and resultant psychological distress related to PTB. Obstetrical and neonatal healthcare providers need to be educated about the symptoms of Acute Stress Disorder (ASD) and Posttraumatic Stress Disorder (PTSD) to better understand and support parents' efforts to adapt and to make appropriate referrals if problems develop. Longitudinal economic studies must consider the psychosocial implications of PTB to in order to determine the total related costs.

20. PLoS One. 2013;8(2):e56156. doi: 10.1371/journal.pone.0056156. Epub 2013 Feb 14. Sleeping patterns of Afghan unaccompanied asylum-seeking adolescents: a large observational study.

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Unaccompanied asylum-seeking children (UASC) have experienced multiple traumas and are a high-risk group for posttraumatic stress disorder (PTSD). The effects of trauma are known to be associated with sleep problems; indeed sleeping problems are core features of PTSD. However, there has been no systematic research examining the sleep of this high risk group of children. This study presents the first evidence on the sleeping patterns of Afghan UASC living in the UK. A total of 222 male Afghan children, aged 13-18, were interviewed using validated self-report questionnaires measuring sleeping patterns and PTSD. Overall, UASC patterns for bed time and rise time appear acculturated to the country of asylum. Mean UASC sleep onset latency scores were approximately 20 minutes greater compared with normative scores, which may be a reflection of UASC pre-migration and post-migration experiences. As expected, UASC who screened above the clinical cut-off for PTSD reported significantly greater sleep onset latency, increased nightmares, and less total sleep time compared to the non-PTSD group. The results may be of particular interest to clinicians given that, compared to screening for PTSD, screening for sleep problems may be a less culturally disputed form of initial assessment indicating distress in UASC. Similarly, the field of UASC and refugee child interventions is largely focused on trauma, yet sleep may provide a novel avenue for equally or more effective treatment.

# 21. Explore (NY). 2013 Mar-Apr;9(2):108-11. doi: 10.1016/j.explore.2012.12.003. Challenges of withdrawal from chronic antidepressant medication: a healing

Whedon JM, Rugo NA, Lux K.

odyssey.

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We report the case of a woman with posttraumatic stress disorder secondary to childhood sexual assault who attempted withdrawal from long-term use of antidepressant medication and experimented with a plethora of different therapies. The complex case history illustrates the potential difficulty of withdrawal from chronic antidepressant medication and the role of integrative therapies for posttraumatic stress disorder.

### 22. Croat Med J. 2013 Feb;54(1):55-64.

Surviving genocide in Srebrenica during the early childhood and adolescent personality.

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AIM: To examine how the experience of genocide in Srebrenica in the early childhood (ages 1-5) influences the psychological health in adolescence. METHODS: This study included 100 school-attending adolescents, age 15-16 (born in 1990-91) who were divided in two groups according to the place of residence from 1992-1995: the Srebrenica group - adolescents who lived in Srebrenica during the siege and the non-Srebrenica group who lived in the "free territory," were not wounded, and experienced no losses. We used the socio-demographic questionnaire created for the purposes of our study and the War Trauma Questionnaire, Posttraumatic Stress Reactions Ouestionnaire, Self-report Depressive Scale (Zung), Freiburg Personality Inventory, and the Lifestyle Ouestionnaire. RESULTS: Srebrenica adolescents experienced significantly more traumatic experiences (14.26  $\pm$  3.11 vs 4.86  $\pm$  3.16, P<0.001). Although there was no significant difference in the total score of posttraumatic stress reactions and intensity of depression between the two groups, significantly higher scores of posttraumatic stress reaction were noticed for several specific questions. The most prominent defense mechanisms in both groups were projection, intellectualization, and reactive formation. Srebrenica adolescents had higher sociability levels (34.7% vs 16.0%,  $\chi(2)=7.231$ , P=0.020). CONCLUSION: Srebrenica adolescents reported significantly more severe PTSD symptoms and significantly greater sociability. Our findings could be used for planning treatment and improving communication and overcoming traumas in war-affected areas.

### 23. J Child Sex Abus. 2013;22(2):173-90. doi: 10.1080/10538712.2013.737445.

Impact evaluation of a cognitive behavioral group therapy model in Brazilian sexually abused girls.

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This study evaluated the impact of a cognitive behavioral group therapy model in Brazilian girls who had experienced sexual abuse. The effect of the waiting

period before treatment and the enduring effectiveness of the treatment after six and 12 months were also evaluated. Forty-nine female sexual abuse victims between the ages of 9 and 16 completed instruments measuring depression, anxiety, stress, and post-traumatic stress disorder before, during, and after the group therapy. The group therapy had a positive impact on their psychological functioning, significantly reducing symptoms of anxiety, stress, and post-traumatic stress disorder. The therapeutic effects lasted six to 12 months after the treatment ended. The model proved effective for treating young female victims of sexual abuse.

### 24. J Child Sex Abus. 2013;22(2):153-72. doi: 10.1080/10538712.2013.741666.

Identification of sexually abused female adolescents at risk for suicidal ideations: a classification and regression tree analysis.

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This study explored the clinical profiles of 77 female teenager survivors of sexual abuse and examined the association of abuse-related and personal variables with suicidal ideations. Analyses revealed that 64% of participants experienced suicidal ideations. Findings from classification and regression tree analysis indicated that depression, posttraumatic stress symptoms, and hopelessness discriminated profiles of suicidal and nonsuicidal survivors. The elevated prevalence of suicidal ideations among adolescent survivors of sexual abuse underscores the importance of investigating the presence of suicidal ideations in sexual abuse survivors. However, suicidal ideation is not the sole variable that needs to be investigated; depression, hopelessness and posttraumatic stress symptoms are also related to suicidal ideations in survivors and could therefore guide interventions.

### 25. J Clin Exp Neuropsychol. 2013;35(2):192-209. doi: 10.1080/13803395.2012.761677.

Utility of the Mild Brain Injury Atypical Symptoms Scale to detect symptom exaggeration: an analogue simulation study.

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Brief self-report symptom checklists are often used to screen for postconcussional disorder (PCD) and posttraumatic stress disorder (PTSD) and are

highly susceptible to symptom exaggeration. This study examined the utility of the five-item Mild Brain Injury Atypical Symptoms Scale (mBIAS) designed for use with the Neurobehavioral Symptom Inventory (NSI) and the PTSD Checklist-Civilian (PCL-C). Participants were 85 Australian undergraduate students who completed a battery of self-report measures under one of three experimental conditions: control (i.e., honest responding, n = 24), feign PCD (n = 29), and feign PTSD (n = 32). Measures were the mBIAS, NSI, PCL-C, Minnesota Multiphasic Personality Inventory-2, Restructured Form (MMPI-2-RF), and the Structured Inventory of Malingered Symptomatology (SIMS). Participants instructed to feign PTSD and PCD had significantly higher scores on the mBIAS, NSI, PCL-C, and MMPI-2-RF than did controls. Few differences were found between the feign PCD and feign PTSD groups, with the exception of scores on the NSI (feign PCD > feign PTSD) and PCL-C (feign PTSD > feign PCD). Optimal cutoff scores on the mBIAS of ≥8 and ≥6 were found to reflect "probable exaggeration" (sensitivity = .34; specificity = 1.0; positive predictive power, PPP = 1.0; negative predictive power, NPP = .74) and "possible exaggeration" (sensitivity = .72; specificity = .88; PPP = .76; NPP = .85), respectively. Findings provide preliminary support for the use of the mBIAS as a tool to detect symptom exaggeration when administering the NSI and PCL-C.

### 26. J Trauma Stress. 2013 Feb;26(1):149-57. doi: 10.1002/jts.21779.

The effects of multiple interpersonal traumas on psychological maladjustment of sexually abused children in Korea.

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The purpose of the present study was to explore the effects of multiple interpersonal traumas on psychiatric diagnosis and behavior problems of sexually abused children in Korea. With 495 children (ages 4-13 years) referred to a public counseling center for sexual abuse in Korea, we found significant differences in the rate of psychiatric diagnoses (r = .23) and severity of behavioral problems (internalizing d = 0.49, externalizing d = 0.40, total d = 0.52) between children who were victims of sexual abuse only (n = 362) and youth who were victims of interpersonal trauma experiences in addition to sexual abuse (n = 133). The effects of multiple interpersonal trauma experiences on single versus multiple diagnoses remained significant in the logistic regression analysis where demographic variables, family environmental factors, sexual abuse characteristics, and postincident factors were considered together, odds ratio (OR) = 0.44, 95% confidence interval (CI) = [0.25, 0.77], p < .01. Similarly, multiple regression analyses revealed a significant effect of multiple

interpersonal trauma experiences on severity of behavioral problems above and beyond all aforementioned variables (internalizing  $\beta$  = .12, p = .019, externalizing  $\beta$  = .11, p = .036, total  $\beta$  = .14, p = .008). The results suggested that children with multiple interpersonal traumas are clearly at a greater risk for negative consequences following sexual abuse.

#### 27. J Trauma Stress. 2013 Feb;26(1):134-41. doi: 10.1002/jts.21766.

Trauma associated with civil conflict and posttraumatic stress disorder: evidence from the Northern Ireland study of health and stress.

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The authors provide epidemiological estimates of trauma, posttraumatic stress disorder (PTSD), and associated mental disorders in Northern Ireland (NI) with a focus on the impact of civil conflict using data from the NI Study of Health and Stress (NISHS), a representative epidemiological survey of adults in NI. Overall 60.6% had a lifetime traumatic event, and 39.0% experienced a presumed conflict-related event. Men were significantly more likely to experience any traumatic event and most conflict-related event types (p < .05). The lifetime and 12-month prevalence of PTSD were 8.8% and 5.1%, respectively. Furthermore, the lifetime prevalence of any mental disorder among men and women who experienced a conflict-related trauma (46.0% and 55.9%, respectively) was significantly higher than the prevalence among men and women who did not experience this type of traumatic event (27.2% and 31.1%, respectively). Given the public health burden posed by PTSD and additional impact of conflict, specific attention must be paid to the policy, service, and clinical challenge of delivering evidence-based treatments in the wake of a tumultuous period of conflict.

### 28. J Trauma Stress. 2013 Feb;26(1):119-24. doi: 10.1002/jts.21778.

Dangerous safe havens: institutional betrayal exacerbates sexual trauma.

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Research has documented the profound negative impact of betrayal within experiences of interpersonal trauma such as sexual assault (Freyd, 1994, 1996; Freyd, DePrince, & Gleaves, 2007). In the current study of college women (N = 345, 79% Caucasian; mean age = 19.69 years, SD = 2.55), we examined whether

institutional failure to prevent sexual assault or respond supportively when it occurs may similarly exacerbate posttraumatic symptomatology-what we call "institutional betrayal." Almost half (47%) of the women reported at least one coercive sexual experience and another 21% reported no coercion, but at least one unwanted sexual experience (total reporting unwanted sexual experiences, N = 233). Institutional betrayal (e.g., creating an environment where these experiences seemed more likely, making it difficult to report these experiences) was reported across different unwanted sexual experiences (47% and 45% of women reporting coercion and no coercion, respectively). Those women who reported institutional betrayal surrounding their unwanted sexual experience reported increased levels of anxiety (R(2) = .10), trauma-specific sexual symptoms (R(2) = .17), dissociation (R(2) = .11), and problematic sexual functioning (R(2) = .12). These results suggest that institutions have the power to cause additional harm to assault survivors.

# 29. J Trauma Stress. 2013 Feb;26(1):86-93. doi: 10.1002/jts.21776. Exploring the female specific risk to partial and full PTSD following physical assault.

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Previous studies have shown that females are at an increased risk of developing posttraumatic stress disorder (PTSD) in response to physical assault compared with males. Our aims were to (a) test if this gender-specific risk generalised to subclinical levels of PTSD, (b) observe how this relationship was affected by including possible confounding factors, and (c) estimate how this trauma contributed to the overall prevalence of PTSD in females. Data came from an Australian birth cohort study (n = 2,547) based in Brisbane, Australia that commenced in 1981. Using ordinal logistic regression adjusted for a wide range of confounding factors, including polyvictimisation and internalising and externalising symptoms, we found females were at a significantly greater risk compared to males of developing either partial or full PTSD, odds ratio (OR) = 7.68; 95% confidence interval (CI) = [2.94, 20.08], as well as full PTSD only, OR = 9.23; 95% CI = [2.77, 30.79], following the experience of assaultive violence (p value for test of interaction = .004). In addition to the high prevalence of sexual assault (12.9%), attributable risk analysis suggested that due to the strong risk of PTSD in females exposed to physical assault, physical assault is possibly a contributor to the overall female increased prevalence of PTSD.

### 30. J Trauma Stress. 2013 Feb;26(1):64-70. doi: 10.1002/jts.21777.

Posttraumatic stress disorder, depression, and HIV risk behavior among Ohio Army National Guard Soldiers.

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We examined the relationship between posttraumatic stress disorder (PTSD), major depressive disorder (MDD), and human immunodeficiency virus (HIV) risk behavior among the Ohio Army National Guard (OHARNG). We analyzed data collected from a sample of OHARNG enlisted between June 2008 and February 2009. Participants completed interviews assessing HIV risk activities defined by the Behavioral Risk Factor Surveillance System, and were screened for PTSD and MDD based on DSM-IV criteria according to the Diagnostic and Statistical Manual of Mental Disorders (4th ed., DSM-IV; American Psychiatric Association, 1994). Logistic regression was used to examine the independent and combined effects of PTSD and MDD on past-year HIV risk behavior. Of 2,259 participants, 142 (6.3%) reported at least 1 past-year HIV risk behavior. In adjusted models, relative to soldiers with neither disorder, screening positive for MDD only was associated with HIV risk behavior (adjusted odds ratio [AOR] = 2.33, 95% CI = [1.15, 4.71]), whereas PTSD was not significant (AOR = 1.60, 95% CI = [0.80, 3.20]). Participants with both PTSD and depression were most likely to report HIV risk behavior (AOR = 2.75, 95% CI = [1.06, 7.11]). Soldiers with PTSD and MDD may be at greater risk for HIV infection due to increased engagement in HIV risk behavior. Integrated interventions to address mental health problems and reduce HIV risk behavior are in need of development and evaluation.

#### 31. J Trauma Stress. 2013 Feb;26(1):10-8. doi: 10.1002/jts.21755.

Psychometric properties of the UCLA PTSD reaction index. part II: investigating factor structure findings in a national clinic-referred youth sample.

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We examined the underlying factor structure of the UCLA PTSD Reaction Index (PTSD-RI) using data from 6,591 children/adolescents exposed to trauma, presenting for treatment at any of 54 National Child Traumatic Stress Network (NCTSN) centers. Using confirmatory factor analysis, we tested the 3-factor DSM-IV PTSD model, 2 separate 4-factor models (Dysphoria vs. Emotional Numbing)

and a recently conceptualized 5-factor Dysphoric Arousal model. We found a slight, but significant advantage for the Dysphoria model over the Emotional Numbing model on the PTSD-RI, with a difference in Bayesian information criterion (BIC) values of 81 points. As with several recent studies of adult trauma victims, we found a slight advantage for the Dysphoric Arousal model over the other models on the PTSD-RI, with BIC differences exceeding 300 points. Retaining the Dysphoric Arousal model, we tested the convergent validity of the PTSD-RI factors against subscales of the Trauma Symptom Checklist for Children. Supporting the convergent validity of the PTSD-RI, in the Dysphoric Arousal model, the dysphoric arousal factor related most strongly to anger, whereas the emotional numbing factor related most strongly to depression, and anxious arousal factor related most strongly to anxiety. Results support the use of the PTSD-RI for evaluating PTSD among youth.

#### 32. J Trauma Stress. 2013 Feb;26(1):1-9. doi: 10.1002/jts.21780.

Psychometric properties of the UCLA PTSD reaction index: part I.

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This article presents psychometric characteristics of the UCLA PTSD Reaction Index for DSM IV (PTSD-RI) derived from a large sample of children and adolescents (N = 6,291) evaluated at National Child Traumatic Stress Network centers. Overall mean total PTSD-RI score for girls was significantly higher as compared with boys. Age-related differences were found in that overall mean total PTSD-RI scores and within sex groups were higher among those aged 7-9 years and 16-18 years. There were no significant differences in mean total PTSD-RI scores across racial/ethnic groups. The PTSD-RI total scale displayed good to excellent internal consistency reliability across age ranges, sex, and racial/ethnic groups ( $\alpha$  = .88-.91). Correlations of PTSD-RI scores with PTS subscale scores on the TSCC-A for the entire sample and within sex, age, and ethnic/racial groups provided evidence of convergent validity, although not discriminant validity. In contradistinction to previously reported 4-factor models, an exploratory factor analysis revealed 3 factors that mostly reflected the underlying dimensions of PTSD in DSM IV. PTSD-RI scores were associated with increased odds ratios for functional/behavior problems (odds ratio [OR] = 1-1.80). These findings are striking in light of the wide range of trauma exposures, age, and race/ethnicity among subjects.

### 33. Clin Psychol Rev. 2013 Apr;33(3):361-71. doi: 10.1016/j.cpr.2012.12.006. Epub 2013 Jan 9.

Psychological consequences of pediatric burns from a child and family perspective: a review of the empirical literature.

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In order to inform clinical practice, we reviewed the empirical literature on emotional, behavioral and social outcomes in children with burns and their families published between 1989 and 2011. A systematic search of the literature yielded 75 articles. Qualitative synthesis of the results showed that child anxiety, traumatic stress reactions, and behavioral problems were considerably prevalent in the first months after the burn event. Among parents, high rates of posttraumatic stress, depressive symptoms, and guilt feelings were found. Cross-sectional studies, often performed many years after the injury, suggest that some children experience long-term psychological problems, such as anxiety, depression, and difficulties with social functioning. However, there was little evidence that behavior in general, self-esteem, or body image were impaired in the total population of children with a history of burns. Long-term family outcome studies suggest that psychological problems persist in a substantial subgroup of parents. Child peritraumatic factors anxiety and pain, parental posttrauma psychological reactions, and family functioning were the most consistently reported factors associated with child outcome. More recent studies have demonstrated that burn severity may have an indirect effect on child postburn psychosocial outcome. Clinical implications, methodological strengths and limitations of the reviewed studies, and directions for future research are discussed.

### 34. J Trauma Dissociation. 2013;14(2):224-35. doi: 10.1080/15299732.2013.724338.

Dissociation and symptoms of culture-bound syndromes in North America: a preliminary study.

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The aim of this study was to determine whether classical culture-bound syndromes occur among psychiatric inpatients with dissociative disorders in North America. The Dissociative Trance Disorder Interview Schedule, the Dissociative Experiences Scale, and the Dissociative Disorders Interview Schedule were administered to 100

predominantly Caucasian, American, English-speaking trauma program inpatients at a hospital in the United States. The participants reported high rates of childhood physical and/or sexual abuse (87%), dissociative disorders (73%), and membership in the dissociative taxon (78%). They also reported a wide range of possession experiences and exorcism rituals, as well as the classical culture-bound syndromes of latah, bebainan, amok, and pibloktoq. Our data are consistent with the view that possession and classical culture-bound syndromes are predominantly dissociative in nature and not really culture-bound from the perspective of Caucasian, English-speaking America.

#### 35. J Trauma Dissociation. 2013;14(2):213-23. doi: 10.1080/15299732.2013.724342.

Seeking asylum-trauma, mental health, and human rights: an Australian perspective.

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Asylum seekers represent a highly traumatized group with experiences of systematic oppression, loss, displacement, and exposure to violence. Around the world many are viewed with distrust and anxiety. The Australian response to asylum seekers is one that has used prolonged detention with significant negative impact on mental health. This has prompted much social debate and the involvement of clinicians and researchers in advocating for the human rights of asylum seekers. This article reviews the impact of mandatory prolonged detention on the mental health of asylum seekers and the significance of this for recovery and adaption. It concludes that the mandatory detention of high-risk and oppressed groups compounds trauma, with a potential long-term negative impact on mental health.

### 36. J Trauma Dissociation. 2013;14(2):170-83. doi: 10.1080/15299732.2013.724339.

Transference-focused psychotherapy with former child soldiers: meeting the murderous self.

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This article describes the application of transference-focused psychotherapy (TFP) to the treatment of former child soldiers suffering from dissociative identity disorder. It focuses on the problems with aggression faced in

psychotherapy. TFP provides a psychodynamic, object relations model to understand the aggression arising in psychotherapy, focusing on the transference and countertransference in the here and now of the therapeutic relationship.

Aggression is considered an essential and vital inner dynamic aimed at autonomy, distancing, and the prevention of injury and dependency. In extremely traumatized patients there may be aggressive and oppressive inner parts that want total control-identifying with childhood aggressors-thus avoiding vulnerability.

According to TFP it is vital that this aggression is addressed as belonging to the patients themselves in order to reach some form of integration, balance, and health. This is illustrated in a case description.

### 37. J Trauma Dissociation. 2013;14(2):138-46. doi: 10.1080/15299732.2013.724340.

Ethnic syndromes as disguise for protest against colonialism: three ethnographic examples.

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Historical connections are suggested between the domination of 1 culture by another and dissociative spiritual and religious responses to that oppression. Connections are drawn between colonial oppression, trauma, and 3 examples of dissociation and spirit possession: the Zar cult of Southern Sudan, "Puerto Rican syndrome" or ataque, and the Balinese trance dance. Discussed by means of these examples are the role and functions of spirit possession as a means of escape from unbearable reality, where it becomes a form of the expression of needs and desires forbidden by authorities, a way of entering an identity not subject to traditional authorities, and reenactment of traumatic experience.

#### 38. J Trauma Dissociation. 2013;14(2):127-37. doi: 10.1080/15299732.2013.724345.

Dissociation and identity transformation in female survivors of the genocide against the Tutsi in Rwanda: a qualitative research study.

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This qualitative research study deals with female survivors of the 1994 genocide against the Tutsi in Rwanda. It examines dissociation and identity change in these women before, during, and after the genocide. Three theories were used to frame the findings. The 1st was assumptive world theory (R. Janoff-Bulman, 1992)

), which postulates that traumatic events may shatter people's everyday assumptions about the world. The 2nd was catastrophic dissociation theory (G. Boulanger, 2007), which refers to the gradual breakdown of the self as it repeatedly "experiences its psychic foundations in ways that do not happen in the average expectable life" (G. Boulanger, 2008, p. 646). The 3rd was structural dissociation theory (O. Van der Hart, E. R. S. Nijenhuis, & K. Steele, 2006), which postulates that when people encounter events that they cannot integrate into their mental lives, their personality may fragment and divide. The data were transcripts of interviews with 30 female genocide survivors. Data analysis revealed that these women experienced trauma-induced identity transformations. Before the genocide, they existed as a "Civilized Self," with a stable identity in a secure, assumptive world. During the genocide, they existed as a "Survivor Self," the massive trauma of the genocide having disrupted their prior self-experience and identity. After the genocide, they existed as an "Aftermath Self," in which their Civilized and Survivor Selves coexisted in an unintegrated, dissociated form.

### 39. J Trauma Dissociation. 2013;14(2):121-6. doi: 10.1080/15299732.2013.761032.

Individual and societal oppression: global perspectives on dissociative disorders. Introduction.

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### 40. J Anxiety Disord. 2013 Jan;27(1):140-6. doi: 10.1016/j.janxdis.2012.11.003. Epub 2012 Dec 20.

Maternal depression and treatment gains following a cognitive behavioral intervention for posttraumatic stress in preschool children.

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The evidence base for cognitive behavioral therapy (CBT) to treat child emotional and behavioral symptoms following exposure to trauma in youth is compelling, but relatively few studies are available on preschool children and on moderators of treatment outcomes. This paper examines maternal and child characteristics as moderators of posttraumatic stress (PTS) treatment outcomes in preschool children. Outcome data from a previously published randomized trial in three to six year old preschool children with diagnostic interview data from participating mothers were used. Hypotheses were tested via hierarchical linear modeling.

Maternal depression was associated with higher initial child posttraumatic stress disorder (PTSD) symptoms, and was associated with increasing PTSD symptom trends at follow up suggesting potential child PTSD symptom relapse. Maternal PTSD symptoms similarly predicted differential child separation anxiety symptom change but not child PTSD symptom change. Targeting dyads with child PTSD symptoms and maternal depression or PTSD symptoms with enhanced interventions may be a useful strategy to improve treatment maintenance.

**41.** J Trauma Stress. 2013 Feb;26(1):19-27. doi: 10.1002/jts.21782. Epub 2013 Jan 31. Development and psychometric evaluation of child acute stress measures in Spanish and English.

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Clinicians and researchers need tools for accurate early assessment of children's acute stress reactions and acute stress disorder (ASD). There is a particular need for independently validated Spanish-language measures. The current study reports on 2 measures of child acute stress (a self-report checklist and a semistructured interview), describing the development of the Spanish version of each measure and psychometric evaluation of both the Spanish and English versions. Children between the ages of 8 to 17 years who had experienced a recent traumatic event completed study measures in Spanish (n = 225) or in English (n = 254). Results provide support for reliability (internal consistency of the measures in both languages ranged from .83 to .89; cross-language reliability of the checklist was .93) and for convergent validity (with later PTSD symptoms, and with concurrent anxiety symptoms). Comparing checklist and interview results revealed a strong association between severity scores within the Spanish and English samples. Differences between the checklist and interview in evaluating the presence of ASD appear to be linked to different content coverage for dissociation symptoms. Future studies should further assess the impact of differing assessment modes, content coverage, and the use of these measures in children with diverse types of acute trauma exposure in English- and Spanish-speaking children.

### 42. Schizophr Res. 2013 Mar;144(1-3):93-8. doi: 10.1016/j.schres.2012.12.020. Epub 2013 Jan 24.

Psychometric properties of the Childhood Trauma Questionnaire-Short Form (CTQ-SF) in Korean patients with schizophrenia.

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OBJECTIVE: Despite increasing interest in the relationship between childhood trauma and psychosis, measures used to assess early trauma have not had their psychometric properties extensively tested among individuals with serious mental illness. This study investigated the reliability and validity of one of the most widely-used self-reports of early adversity, the Childhood Trauma Questionnaire, Short Form (CTQ), among patients with schizophrenia.

METHODS: The CTQ was administered to 100 patients (52 inpatients and 48 outpatients) diagnosed with schizophrenia in three training hospitals. Internal consistency, four-week test-retest reliability and validity were calculated. Participants also completed the Trauma Antecedents Questionnaire (TAQ), the Impact of Events Scale-Revised (IES-R), and the Dissociative Experiences Scale-Taxon (DES-T).

RESULTS: Our analysis indicated high test-retest reliability (Spearman  $\rho = 0.75)$  and internal consistency (Cronbach  $\alpha = 0.89$ ). Concurrent validity was confirmed as each type of childhood trauma was significantly correlated with the corresponding subscales of the TAQ. In addition, the CTQ was positively related to post-traumatic stress symptoms and pathological dissociation, demonstrating the convergent validity of the scale.

CONCLUSION: The CTQ is a reliable and valid self-report measure for assessing childhood trauma in both inpatients and outpatients with schizophrenia.

#### 43. J Rehabil Res Dev. 2012;49(7):971-84.

Multisensory impairment reported by veterans with and without mild traumatic brain injury history.

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With the use of Veterans Health Administration and Department of Defense databases of veterans who completed a Department of Veterans Affairs comprehensive traumatic brain injury (TBI) evaluation, the objectives of this study were to (1) identify the co-occurrence of self-reported auditory, visual, and vestibular impairment, referred to as multisensory impairment (MSI), and (2) examine demographic, deployment-related, and mental health characteristics that

were potentially predictive of MSI. Our sample included 13,746 veterans with either a history of deployment-related mild TBI (mTBI) (n = 9,998) or no history of TBI (n = 3,748). The percentage of MSI across the sample was 13.9%, but was 17.4% in a subsample with mTBI history that experienced both nonblast and blast injuries. The factors that were significantly predictive of reporting MSI were older age, being female, lower rank, and etiology of injury. Deployment-related mTBI history, posttraumatic stress disorder, and depression were also significantly predictive of reporting MSI, with mTBI history the most robust after adjusting for these conditions. A better comprehension of impairments incurred by deployed servicemembers is needed to fully understand the spectrum of blast and nonblast dysfunction and may allow for more targeted interventions to be developed to address these issues.

### 44. Depress Anxiety. 2013 Mar;30(3):207-16. doi: 10.1002/da.22044. Epub 2013 Jan 14.

White matter integrity and its relationship to PTSD and childhood trauma--a systematic review and meta-analysis.

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Recent reviews and meta-analyses reported structural gray matter changes in patients suffering from adult-onset posttraumatic stress disorder (PTSD) and in subjects with and without PTSD who experienced childhood trauma. However, it remains unclear if such structural changes are also affecting the white matter. The aim of this systematic review is to provide a comprehensive overview of all empirical investigations measuring white matter integrity in populations affected by PTSD and/or childhood trauma. To this end, results from different methodological approaches were included. Twenty-five articles are reviewed of which 10 pertained to pediatric PTSD and the effects of childhood trauma measured during childhood, seven to the effects of childhood trauma measured during adulthood, and eight to adult-onset PTSD. Overall, reductions in white matter volume were reported more often than increases in these populations. However, the heterogeneity of the exact locations indicates only a weak overlap across published studies. In addition, a meta-analysis was carried out on seven whole-brain diffusion tensor imaging (DTI) studies in adults. Significant clusters of both increases and decreases were identified in various structures, most notably the cingulum and the superior longitudinal fasciculus. Future research directions are discussed.

### 45. J Trauma Stress. 2013 Feb;26(1):142-8. doi: 10.1002/jts.21770. Epub 2013 Jan 14.

Does perpetrating violence damage mental health? Differences between forcibly recruited and voluntary combatants in DR Congo.

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As a consequence of the ongoing conflict in the Democratic Republic of the Congo (DRC), combatants are constantly involved in various forms of violence. Findings concerning the impact of perpetrating violence on mental health are contradictory, ranging from increasing to buffering the risk for mental ill health. The present study investigated the impact of perpetrating violence on mental health. In total, 204 forcibly recruited and voluntary male combatants (mean age = 24.61 years) from different armed groups in the eastern DRC took part in the study. In a semistructured interview, respondents were questioned about appetitive aggression and posttraumatic stress disorder (PTSD) as well as self-experienced violence and self-perpetrated violent offending. A multivariate analysis of variance ( $\eta(2) = .23$ ) revealed that voluntary combatants perpetrated more violent acts ( $\eta(2)$  = .06) and showed higher appetitive aggression  $\eta(2)$  = .03). A moderated multiple regression analysis (R(2) = .20) showed that perpetrating violence was positively related to PTSD in forcibly recruited combatants, but not in voluntary combatants. Thus, perpetrating violence may not necessarily qualify as a traumatic stressor. Further studies might consider assessing the combatant's perception of committing violent acts.

**46.** J Trauma Stress. **2013** Feb;**26(1)**:**45-55.** doi: **10.1002**/jts.**21767.** Epub **2013** Jan **14.** Mental and physical health consequences of the September **11**, 2001 (9/11) attacks in primary care: a longitudinal study.

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The magnitude of the September 11, 2001 (9/11) attacks was without precedent in the United States, but long-term longitudinal research on its health consequences for primary care patients is limited. We assessed the prevalence and exposure-related determinants of mental disorders, functioning, general medical conditions, and service utilization, 1 and 4 years after the 9/11 attacks, in an urban primary care cohort (N = 444) in Manhattan. Although the prevalence of

posttraumatic stress disorder (PTSD) and levels of functional impairment declined over time, a substantial increase in suicidal ideation and missed work was observed. Most medical outcomes and service utilization indicators demonstrated a short-term increase after the 9/11 attacks (mean change of +20.3%), followed by a minor decrease in the subsequent year (mean change of -3.2%). Loss of a close person was associated with the highest risk for poor mental health and functional status over time. These findings highlight the importance of longitudinal assessments of mental, functional, and medical outcomes in urban populations exposed to mass trauma and terrorism.

### 47. Depress Anxiety. 2013 Mar;30(3):251-8. doi: 10.1002/da.22037. Epub 2012 Dec 28.

Adcyap1r1 genotype, posttraumatic stress disorder, and depression among women exposed to childhood maltreatment.

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BACKGROUND: A growing literature indicates that genetic variation, in combination with adverse early life experiences, shapes risk for later mental illness. Recent work also suggests that molecular variation at the ADCYAP1R1 locus is associated with posttraumatic stress disorder (PTSD) in women. We sought to test whether childhood maltreatment (CM) interacts with ADCYAP1R1 genotype to predict PTSD in women.

METHODS: Data were obtained from 495 adult female participants from the Detroit Neighborhood Health Study. Genotyping of rs2267735, an ADCYAP1R1 variant, was conducted via TagMan assay. PTSD, depression, and CM exposure were assessed via structured interviews. Main and interacting effects of ADCYAP1R1 and CM levels on past month PTSD and posttraumatic stress (PTS) severity were examined using logistic regression and a general linear model, respectively. As a secondary analysis, we also assessed main and interacting effects of ADCYAP1R1 and CM variation on risk of past-month depression diagnosis and symptom severity. RESULTS: No significant main effects were observed for ADCYAP1R1 genotype on either PTSD/PTS severity. In contrast, a significant ADCYAP1R1 × CM interaction was observed for both past month PTSD and PTS severity, with carriers of the "C" allele showing enhanced risk for these outcomes among women exposed to CM. No significant main or interaction effects were observed for past month depression/depression severity CONCLUSIONS: Genetic variation at the ADCYAP1R1 locus interacts with CM to shape risk of later PTSD, but not depression, among women. The molecular mechanisms contributing to this interaction require further investigation.

### 48. J Anxiety Disord. 2013 Jan;27(1):109-15. doi: 10.1016/j.janxdis.2012.10.006. Epub 2012 Nov 17.

Assessing the fit of the Dysphoric Arousal model across two nationally representative epidemiological surveys: The Australian NSMHWB and the United States NESARC.

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Since the initial inclusion of PTSD in the DSM nomenclature, PTSD symptomatology has been distributed across three symptom clusters. However, a wealth of empirical research has concluded that PTSD's latent structure is best represented by one of two four-factor models: Numbing or Dysphoria. Recently, a newly proposed five-factor Dysphoric Arousal model, which separates the DSM-IV's Arousal cluster into two factors of Anxious Arousal and Dysphoric Arousal, has gathered support across a variety of trauma samples. To date, the Dysphoric Arousal model has not been assessed using nationally representative epidemiological data. We employed confirmatory factor analysis to examine PTSD's latent structure in two independent population based surveys from American (NESARC) and Australia (NSWHWB). We specified and estimated the Numbing model, the Dysphoria model, and the Dysphoric Arousal model in both samples. Results revealed that the Dysphoric Arousal model provided superior fit to the data compared to the alternative models. In conclusion, these findings suggest that items D1-D3 (sleeping difficulties; irritability; concentration difficulties) represent a separate, fifth factor within PTSD's latent structure using nationally representative epidemiological data in addition to single trauma specific samples.

## 49. Eur Neuropsychopharmacol. 2013 Jan;23(1):24-32. doi:10.1016/j.euroneuro.2012.10.008. Epub 2012 Nov 8.

Decreased default network connectivity is associated with early life stress in medication-free healthy adults.

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Early life stress (ELS) is a significant risk factor for psychopathology, although there are few functional imaging studies investigating its effects.

Previous literature suggests that ELS is associated with changes in structure and function in the medial prefrontal cortex (MPFC), which forms the main anterior node of the default network (DN). This study investigated the impact of ELS history on resting state DN connectivity, using seed-based correlation analyses (SCA) involving the posterior cingulate cortex (PCC). Data were analyzed from 22 adult subjects without psychiatric or medical illness (13 with and 9 without ELS); none were taking psychotropic medication. Relative to controls, the ELS group had significant decreases in DN connectivity, observed between the PCC seed and the MPFC and inferior temporal cortex. Further analyses revealed a trend-level increase in connectivity between the amygdala and MPFC associated with ELS history. In conclusion, this study found that subjects with ELS, in the absence of psychiatric illness and medication exposure, demonstrated decreased DN connectivity, and trend-level increases in connectivity between the amygdala and MPFC. These findings suggest that altered resting state connectivity is a correlate of stress exposure, rather than a product of medication or psychiatric morbidity.

### 50. Assessment. 2013 Apr;20(2):199-209. doi: 10.1177/1073191112464619. Epub 2012 Nov 1.

Does the disorder matter? Investigating a moderating effect on coached noncredible overreporting using the MMPI-2 and PAI.

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The use of psychological tests to help identify the noncredible overreporting of psychiatric disorders is a long-standing practice that has received considerable attention from researchers. The purpose of this study was to experimentally determine whether feigning specific psychiatric disorders moderated the influence of coaching on the detection of noncredible overreporting using the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) and the Personality Assessment Inventory (PAI). Using a 2 × 3 experimental analogue design, 265 undergraduates were asked to feign schizophrenia, posttraumatic stress disorder, or generalized anxiety disorder and were either coached about validity scales and disorders or not. The results of this study indicated that the specific psychiatric disorder being feigned did moderate the impact coaching had on the detection of overreported psychopathology using several scales on the MMPI-2 and PAI. Future research examining noncredible overreporting should take into account the impact caused by the interaction of psychiatric disorder with coaching on the detection of symptom overreporting and also identify other important moderating/mediating variables in order to develop more effective means of identifying response bias.

### 51. Neuroreport. 2012 Dec 19;23(18):1035-8. doi: 10.1097/WNR.0b013e32835a989e.

Neural correlates of the modified Stroop effect in post-traumatic stress disorder: an event-related potential study.

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Previous studies have provided electrophysiological evidence for attentional abnormalities in patients with post-traumatic stress disorder (PTSD). The present study examined the electrophysiological activity of trauma-exposed patients with or without a PTSD during a modified Stroop task. The PTSD group showed a reduced P2 and P3 amplitude relative to the non-PTSD group under both the earthquake-related and earthquake-unrelated words conditions. Importantly, the earthquake-related words elicited a greater P3 amplitude (350-450 ms after stimulus) than did unrelated words in the non-PTSD group, whereas no significant difference was found in the PTSD group. This indicates that PTSD patients had some attention deficits compared with non-PTSD individuals, and that these attention deficits were not just limited to earthquake-related words.

### 52. Eur Child Adolesc Psychiatry. 2013 Mar;22(3):177-84. doi: 10.1007/s00787-012-0336-z. Epub 2012 Oct 26.

Posttraumatic stress symptoms and mental health services utilization in adolescents with social anxiety disorder and experiences of victimization.

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Recent findings from studies on adults show similarities between social anxiety disorder (SAD) and posttraumatic stress in the form of recurrent memories and intrusive and distressing images of earlier aversive events. Further, treatment models for SAD in adults have been successfully developed by using transdiagnostic knowledge on posttraumatic stress symptoms (PTSS). Studies on adolescents are though missing. The present study aimed at exploring the association between PTSS and SAD in Swedish adolescents. A second aim was to study mental health services utilization in relation to these conditions. A total of 5,960 high-school students participated and reported on SAD, life time victimization, PTSS and mental health service utilization. Socially anxious adolescents reported significantly higher levels of PTSS than adolescents not

reporting SAD and this difference was seen in victimized as well as non-victimized subjects. Contact with a school counselor was the most common mental health service utilization in subjects with SAD and those with elevated PTSS. In the prediction of contact with a CAP-clinic, significant odds ratios were found for a condition of SAD and elevated PTSS (OR = 4.88, 95% CI = 3.53-6.73) but not for SAD only. Screening of PTSS in adolescents with SAD is recommended. The service of school counselors is important in detecting and helping young people with SAD and elevated PTSS. Clinical studies on SAD and PTSS in adolescents could aid in modifying treatment models for SAD.

### 53. J Sex Med. 2013 Feb;10(2):516-23. doi: 10.1111/j.1743-6109.2012.02978.x. Epub 2012 Oct 22.

Sexual dysfunction among male veterans returning from Iraq and Afghanistan: prevalence and correlates.

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INTRODUCTION: Sexual dysfunction (SD) is not well described in the Iraq/Afghanistan veteran population despite high prevalence of multiple risk factors for this issue.

AIM: To estimate the prevalence and examine the association of various sociodemographic, mental health, comorbid conditions and life style factors with sexual dysfunction in Iraq/Afghanistan veterans.

METHODS: This exploratory cross-sectional study was conducted using data from the VA administrative database. A total of 4,755 Iraq/Afghanistan veterans were identified who sought treatment from the Michael E. DeBakey Veterans Affairs Medical Center inpatient and outpatient clinic between September 2007 and August 2009.

MAIN OUTCOME MEASURES: Sexual dysfunction was determined by ICD9-CM codes related to sexual health issues and/or by specific medications, primarily phosphodiesterase-5 inhibitors (PDE5i), prescribed for erectile dysfunction. RESULTS: The overall prevalence of sexual dysfunction was 5.5% (N = 265). By age category, it was 3.6% (N = 145) for Iraq/Afghanistan veterans aged 18-40 years and 15.7% (N = 120) for Iraq/Afghanistan veterans aged > 40 years, respectively. A multivariate logistic-regression model revealed that annual income, marital status, post-traumatic stress disorder, and hypertension were significant risk factors of SD (all P < 0.05) among younger Iraq/Afghanistan veterans, whereas among the older Iraq/Afghanistan veterans, being African American and having PTSD and hypertension were significant risk factors of SD (all P < 0.05). There was

marked discrepancy between documented erectile dysfunction and prescription of a PDE5i.

CONCLUSIONS: These data demonstrate that a significant proportion of Iraq/Afghanistan veterans have SD and that the risk factors differ between younger and older veterans. Our findings also suggest that SD is likely under-coded. To better identify the scope of the problem, systematic screening for sexual dysfunction may be appropriate perhaps as part of an initial post-deployment health evaluation.

### 54. Psychiatry Res. 2013 Jan 30;205(1-2):90-4. doi: 10.1016/j.psychres.2012.08.008. Epub 2012 Aug 29.

Child loss and psychosis onset: evidence for traumatic experience as an etiological factor in psychosis.

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Previous research suggests that trauma may contribute to psychosis onset. In this study, we examine the effect of parental loss of a child on the onset of psychotic experience using data from the National Comorbidity Survey Replication, hypothesizing that child loss will precede the onset of psychosis and will be associated with a later age of onset. We likewise tested this association for six other psychiatric conditions to demonstrate specificity for psychosis. Individuals with a psychotic disorder who had lost a child had a significantly later age of onset, particularly in males, even when controlling for demographic variables and co-occurring substance abuse and psychiatric disorders. Psychosis onset frequently occurred within a year of child loss. No associations were found between child loss and onset of other psychiatric conditions, supporting specificity of the effect on psychosis. The presented findings implicate child loss as an etiological factor in the onset of psychosis, providing converging evidence with previous studies demonstrating associations between more widely studied trauma exposures (abuse, neglect, and assault) and psychosis.

#### 55. Int J Emerg Ment Health. 2012;14(3):175-87.

The burden of disaster: part II. applying interventions across the child's social ecology.

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This second of two articles describes the application of disaster mental health interventions within the context of the childs social ecology consisting of the Micro-, Meso-, Exo-, and Macrosystems. Microsystem interventions involving parents, siblings, and close friends include family preparedness planning and practice, psychoeducation, role modeling, emotional support, and redirection. Mesosystem interventions provided by schools and faith-based organizations include safety and support, assessment, referral, and counseling. Exosystem interventions include those provided through community-based mental health programs, healthcare organizations, the workplace, the media, local volunteer disaster organizations, and other local organizations. Efforts to build community resilience to disasters are likely to have influence through the Exosystem. The Macrosystem - including the laws, history, cultural and subcultural characteristics, and economic and social conditions that underlie the other systems - affects the child indirectly through public policies and disaster programs and services that become available in the child's Exosystem in the aftermath of a disaster The social ecology paradigm, described more fully in a companion article (Noffsinger Pfefferbaum, Pfefferbaum, Sherrieb, & Norris, 2012). emphasizes relationships among systems and can guide the development and delivery of services embedded in naturally-occurring structures in the child's environment.

### 56. Soc Cogn Affect Neurosci. 2013 Feb;8(2):190-200. doi: 10.1093/scan/nsr084. Epub 2011 Dec 7.

Increased anterior cingulate cortex and hippocampus activation in Complex PTSD during encoding of negative words.

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Post-traumatic stress disorder (PTSD) is associated with impaired memory performance coupled with functional changes in brain areas involved in declarative memory and emotion regulation. It is not yet clear how symptom severity and comorbidity affect neurocognitive functioning in PTSD. We performed a functional magnetic resonance imaging (fMRI) study with an emotional declarative memory task in 28 Complex PTSD patients with comorbid depressive and personality disorders, and 21 healthy non-trauma-exposed controls. In Complex PTSD patients—compared to controls—encoding of later remembered negative words vs baseline was associated with increased blood oxygenation level dependent

(BOLD) response in the left ventral anterior cingulate cortex (ACC) and dorsal ACC extending to the dorsomedial prefrontal cortex (dmPFC) together with a trend for increased left hippocampus activation. Patients tended to commit more False Alarms to negative words compared to controls, which was associated with enhanced left ventrolateral prefrontal and orbitofrontal cortex (vIPFC/OFC) responses. Severity of child abuse was positively correlated with left ventral ACC activity and severity of depression with (para) hippocampal and ventral ACC activity. Presented results demonstrate functional abnormalities in Complex PTSD in the frontolimbic brain circuit also implicated in fear conditioning models, but generally in the opposite direction, which may be explained by severity of the trauma and severity of comorbid depression in Complex PTSD.

### 57. Int J Soc Psychiatry. 2013 Feb;59(1):40-7. doi: 10.1177/0020764011423174. Epub 2011 Oct 3.

Support, opinion of support and psychological health among survivors of a natural disaster.

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BACKGROUND: Although formal intervention after disasters is recommended, the evidence base for this is weak. Satisfaction with support after disasters is seldom investigated and the relation to psychological symptoms is unknown. AIMS: To investigate whether dissatisfaction with social and formalized support are associated with post-disaster psychological symptoms.

METHODS: A total of 1,505 Swedish survivors of the 2004 Indian Ocean tsunami responded to a questionnaire 14 months after the disaster, including the General Health Questionnaire-12, the Impact of Events Scale - Revised, the Crisis Support Scale, and questions concerning the reception and appraisal of social and formalized support from health care, psychological services and insurance agencies. Disaster exposure and background factors were controlled for in the analyses.

RESULTS: Reception of formalized support, but not social support, was associated with both psychological distress and post-traumatic stress. Dissatisfaction with social but not formalized support, with the exception of support from insurance agencies, was associated with psychological distress.

CONCLUSIONS: Social support and formalized support should be differentiated in future studies in order to improve preventive intervention efforts after disasters. The reporting of dissatisfaction with social support merits special attention, since this may indicate increased risk for psychological symptoms.

### 58. BMJ Case Rep. 2010 Nov 29;2010. pii: bcr0220102739. doi: 10.1136/bcr.02.2010.2739.

Ineffective chronic illness behaviour in a patient with long-term non-psychotic psychiatric illness.

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This case report offers a different perspective on a patient with a long-term non-psychotic psychiatric disorder that was difficult to specify. The patient, a man in his 50s, was unable to profit from outpatient treatment and became increasingly dependent on mental healthcare - which could not be understood based on his history and psychiatric symptoms alone. By separating symptoms from illness behaviour, the negative course of this patient's treatment is analysed. Focusing on ineffective chronic illness behaviour by the patient, and mutual ineffective treatment behaviour by the clinicians, it becomes clear that basic requirements of effective treatment were unmet. By making a proper diagnosis, clarifying expectations and offering a suitable therapy, ineffective illness behaviour was diminished and this 'difficult' case became much easier for both patient and clinicians. The illness behaviour framework offers a useful, systematic tool to analyse difficulties between patients and clinicians beyond psychiatric symptoms or explanations.