

September, 2012 PILOTS Topic Alert

Record 1 of 24

TI: Title

Sexual trauma history does not moderate treatment outcome in attachment-based family therapy (ABFT) for adolescents with suicide ideation

AU: Author

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AF: Affiliation

Department of Psychiatry, School of Medicine, University of Pennsylvania, Philadelphia PA, USA; Center for Family Intervention Science, Children's Hospital of Philadelphia, Philadelphia PA, USA; Department of Psychology, University of Pennsylvania, Philadelphia PA, USA; Department of Psychology, Swarthmore College, Swarthmore PA, USA; Department of Mathematics, West Chester University, West Chester PA, USA; Department of Psychology, Temple University, Philadelphia PA, USA

SO: Source

Journal of Family Psychology, vol. 26, no. 4, pp. 595-605, August 2012.

AB: Abstract

Despite the well-documented association between history of sexual trauma (HSA) and suicide ideation, HSA is largely overlooked in suicide treatment studies. Existing studies showed that patients with a HSA have a weaker treatment response. In this randomized clinical trial for suicide ideation, HSA did not moderate treatment outcome for Attachment-Based Family Therapy (ABFT). Adolescents responded better to ABFT than a control condition, regardless of HSA status. At baseline, adolescents with HSA were also more likely to report past suicide attempts than those without HSA, indicating that they are a particularly important subgroup to consider when developing and evaluating interventions that target suicide ideation. Findings suggest that ABFT is a robust intervention for suicide ideation regardless of HSA.

RL: Resource Location

http://dx.doi.org/10.1037/a0028414

Record 2 of 24

TI: Title

Reducing substance use risk and mental health problems among sexually assaulted adolescents: a pilot randomized controlled trial

AU: Author

Danielson, Carla Kmett; McCart, Michael R; Walsh, Kate L; De Arellano, Michael A; White, Deni; Resnick, Heidi S

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SO: Source

Journal of Family Psychology, vol. 26, no. 4, pp. 628-635, August 2012.

AB: Abstract

The current study reports results from a pilot randomized controlled trial evaluating the feasibility and efficacy of Risk Reduction through Family Therapy (RRFT) for reducing substance use risk and trauma-related mental health problems among sexually assaulted adolescents. 30 adolescents (aged 13-17 years; M = 14.80; SD = 1.51) who had experienced at least one sexual assault and their caregivers were randomized to RRFT or treatment as usual (TAU) conditions. Participants completed measures of substance use, substance use risk factors (e.g., family functioning), mental health problems (i.e., PTSD, depression, and general internalizing/externalizing symptoms), and risky sexual behavior at four time points (baseline, posttreatment, and 3- and 6-month follow-up). Mixed-effects regression models yielded significantly greater reductions in substance use, specific substance use risk factors, and (parent-reported) PTSD, depression, and general internalizing symptoms among youth in the RRFT condition relative to youth in the TAU condition. However, significant baseline differences in functioning between the two conditions warrant caution in interpreting between-groups findings. Instead, emphasis is placed on replication of feasibility findings and within-group improvements over time among the RRFT youth.

RL: Resource Location

http://dx.doi.org/10.1037/a0028862

Record 3 of 24

TI: Title

Diagnosing PTSD in early childhood: an empirical assessment of four approaches

AU: Author

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Children's Hospital Medical Center, Cincinnati OH, USA

SO: Source

Journal of Traumatic Stress, vol. 25, no. 4, pp. 359-367, August 2012.

AB: Abstract

Prior studies have argued that the DSM-IV criteria were insensitive for diagnosing PTSD in young children. Four diagnostic criteria sets were examined in 284 3- to 6-year-old trauma-exposed children. The DSM-IV criteria resulted in significantly fewer cases (13%) compared to an alternative algorithm for young children (PTSD-AA, 45%), the proposed DSM-5 posttraumatic stress in preschool children (44%), and the DSM-5 criteria with 2 symptoms that are under consideration by the committee (DSM-5-UC, 49%). Using DSM-IV as the standard, the misclassification rate was 32% for PTSD-AA, 32% for DSM-5, and 37% for DSM-5-UC. The proposed criteria sets showed high agreement on the presence (100%), but low agreement on the absence (58-64%) of diagnoses. The misclassified cases were highly symptomatic, M = 7 or more symptoms, and functionally impaired, median = 2 domains impaired. The additional symptoms had little impact. Evidence for convergent validation for the proposed diagnoses was shown with elevations on comorbid disorders and Child Behavior Checklist Total scores compared to a control group (n = 46). When stratified by age (3-4 years and 5-6 years), diagnoses were still significantly elevated compared to controls. These findings lend support to a developmental subtype for

RL: Resource Location

http://dx.doi.org/10.1002/jts.21723

Record 4 of 24

TI: Title

The impact of intimate partner violence and additional traumatic events on trauma symptoms and PTSD in preschool-aged children

AU: Author

Graham-Bermann, Sandra A; Castor, Lana E; Miller, Laura E; Howell, Kathryn Helen

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SO: Source

Journal of Traumatic Stress, vol. 25, no. 4, pp. 393-400, August 2012.

AB: Abstract

Children exposed to intimate partner violence (IPV) are at increased risk for developing traumatic stress symptoms and PTSD. Unfortunately, children who witness IPV are often exposed to additional traumatic events. Previous research has indicated that approximately one third of children experience 2 or more direct victimizations each year, and that exposure to one type of victimization places children at risk for exposure to additional types of victimization. Yet little is known about the impact of these additional traumas on children's functioning. For a sample of 120 preschool children (age 4-6 years) exposed to IPV in the past 2 years, 38% were exposed to additional traumatic events, including sexual assaults by family members, physical assaults, serious accidents, and/or life-threatening illnesses. Those exposed to both IPV and additional traumatic events had higher rates of PTSD diagnoses, traumatic stress symptoms (d = 0.96), and internalizing (d = 0.86) and externalizing behavior (d = 0.47) problems, than those exposed to IPV alone. We also compared DSM-IV diagnostic criteria to proposed criteria for evaluating traumatic stress in preschool-aged children. Results revealed the importance of conducting a complete assessment of traumatic events prior to treating children exposed to IPV.

Record 5 of 24

TI: Title

Racial/ethnic differences in depressive symptoms among young women: the role of intimate partner violence, trauma, and posttraumatic stress disorder

AU: Author

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AF: Affiliation

Center for Interdisciplinary Research in Women's Health, Obstetrics and Gynecology, University of Texas Medical Branch, Galveston TX, USA

SO: Source

Journal of Women's Health, Published online 25 June 2012.

AB: Abstract

PURPOSE: It is unclear why rates of depression differ by race/ethnicity among young women. This study examines whether racial/ethnic differences in depressive symptoms are reduced by intimate partner violence (IPV), traumatic events, and PTSD symptoms among a clinical sample of low-income women. METHODS: A cross-sectional sample of 2414 young African American, Hispanic, and white women completed a survey that included questions about depression, PTSD symptoms, IPV, and trauma. Binary logistic regression and Poisson regression determined whether reports of PTSD symptoms. IPV, and trauma among white, African American, and Hispanic women affected the differences in depression found in these groups. RESULTS: 24% reported a level of depressive symptoms that warranted further evaluation for major depressive disorders. White women had elevated levels of depressive symptoms and were more likely to report ≥ 4 symptoms. White women also reported higher rates of PTSD symptoms, IPV, and traumatic events than African American or Hispanic women. Differences in the likelihood of reporting ≥ 4 depressive symptoms by race/ethnicity were reduced after controlling for PTSD symptoms and trauma. PTSD symptoms attenuated the differences in the count of depressive symptoms between white and African American women. After controlling for PTSD symptoms, trauma attenuated the difference in the count of depressive symptoms between Hispanic and white women. CONCLUSIONS: Elevated levels of trauma and PTSD symptoms among white women compared to African American or Hispanic women may play a role in observed racial/ethnic differences in depressive symptoms.

RL: Resource Location

http://dx.doi.org/10.1089/jwh.2011.3366

Record 6 of 24

TI: Title

Trauma exposure, posttraumatic stress, and comorbidities in female adolescent offenders: findings and implications from recent studies

AU: Author

Foy, David W; Ritchie, Iya K; Conway, Alison H

AF: Affiliation

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SO: Source

European Journal of Psychotraumatology, vol. 3, pp. Article 17247, 31 May 2012.

AB: Abstract

BACKGROUND: While males constitute the majority, female adolescent offenders are a sizeable minority of the overall delinquent population. Further, those females who become involved in delinquent activities appear to be doing so at a younger age, and they are involved in a wide range of criminal activities, including violent offenses. OBJECTIVES: The goal of this article is to consolidate an empirical base for our current knowledge about female juvenile offenders' trauma-related mental health and rehabilitation issues. METHOD: We searched for studies using PILOTS, PsycLIT, PsycINFO, and EBSCOhost electronic databases. RESULTS: Accordingly, we present a review of findings from 33 recent studies showing consistently high rates of trauma exposure, PTSD, and common comorbidities among female adolescent offenders. We also examined recent literature on risk and protective factors for female delinquency, as well as treatments for offenders, and found that there was some early representation of trauma and PTSD as important variables to be considered in etiology and treatment. CONCLUSION: Future plans for addressing the mental health needs of female offenders should be better informed by these recent findings about widespread trauma exposure and related psychological consequences.

RL: Resource Location http://dx.doi.org/10.3402/ejpt.v3i0.17247

Record 7 of 24

TI: Title

Understanding interpersonal trauma in children: why we need a developmentally appropriate trauma diagnosis

AU: Author

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New School for Social Research, New York NY, USA; University of

Connecticut, Storrs CT, USA; La Rabida Children's Hospital, Chicago IL, USA; Trauma Center, Justice Resource Institute, Brookline MA, USA SO: Source

American Journal of Orthopsychiatry, vol. 82, no. 2, pp. 187-200, April 2012.

AB: Abstract

Childhood exposure to victimization is prevalent and has been shown to contribute to significant immediate and long-term psychological distress and functional impairment. Children exposed to interpersonal victimization often meet criteria for psychiatric disorders other than PTSD. Therefore, this article summarizes research that suggests directions for broadening current diagnostic conceptualizations for victimized children, focusing on findings regarding victimization, the prevalence of a variety of psychiatric symptoms related to affect and behavior dysregulation, disturbances of consciousness and cognition, alterations in attribution and schema, and interpersonal impairment. A wide range of symptoms is common in victimized children. As a result, in the current psychiatric nosology, multiple comorbid diagnoses are necessary -- but not necessarily accurate -- to describe many victimized children, potentially leading to both undertreatment and overtreatment. Related findings regarding biological correlates of childhood victimization and the treatment outcome literature are also reviewed. Recommendations for future research aimed at enhancing diagnosis and treatment of victimized children are provided.

RL: Resource Location

http://dx.doi.org/10.1111/j.1939-0025.2012.01154.x

Record 8 of 24

TI: Title

Application of the Chinese Posttraumatic Stress Disorder Checklist to adolescent earthquake survivors in China

AU: Author

Wang, Ruiming; Su, Jie; Bi, Xiaoyu; Wei, Yubing; Mo, Lei; You, Yongheng

AF: Affiliation

Center for Studies of Psychological Application, South China Normal University, Guangzhou, China; Center for Health Care Evaluation, Department of Veterans Affairs Palo Alto Health Care System, Palo Alto CA, USA; Teacher Education College, Sichuan Normal University, Chengdu, China

SO: Source

Social Behavior and Personality, vol. 40, no. 3, pp. 415-424, April 2012.

AB: Abstract

We investigated the incidence of PTSD among 2,448 middle-school students in Sichuan Province, China, soon after the Wenchuan earthquake occurred on May 12, 2008. We also tested the reliability and validity of a Chinese version of the PTSD Checklist - Civilian Version with this group. PTSD occurred more frequently among females compared with males, and among those exposed directly, indirectly, or not at all to the earthquake, the highest incidence of PTSD was among the group exposed directly. Among 3 groups aged between 11 and 13, 14 and 15, and 16 and 18, the highest incidence of PTSD was in students aged 14 and 15. Compared with other groups those with the highest incidence of PTSD were students with low socioeconomic status, who witnessed the earthquake, had heavy loss of their houses and other possessions, and whose family members were casualties. Factor analysis showed that the 3-factor model of the PCL-C had good construct validity. The internal consistency of Cronbach's alpha and split-half reliability was also satisfactory. Therefore, the PCL-C was determined to be a reliable instrument to detect PTSD among Chinese adolescents exposed to the earthquake.

Record 9 of 24

TI: Title

The effects of adolescent mothers' mental health, parenting behavior, social support, and child temperament on child development [dissertation]

AU: Author

Lee, Helen Yeon

SO: Source

New York University, 2012. 91 pp.

AB: Abstract

This study examined the effects of adolescent mothers' depression, exposure to violence, and PTSD symptoms and parenting on one to two year-old children's cognitive and social development. This study also investigated whether children's difficult temperament and the availability of social support would moderate these effects. This study utilized secondary data from a program evaluation study of the New York City Board of Education's LYFE Program. LYFE is a program for high school mothers and their infants that allow the teen mothers to

attend classes while their children are placed in childcare settings within their high schools. A sample of 103 parent-child dyads, which were identified as adolescent mothers and children between the ages of one to two years, were included in this study. Adolescent mothers completed the Mother Surveys, which included questions about mothers' mental health, parenting behavior, social support, and demographic information. The children's teachers completed Teacher Surveys, which tapped children's cognitive and social development, as well as children's temperament. The results of this study showed that parenting was positively related to and predicted children's cognitive development. The major finding of this study was that children's difficult temperament and maternal parenting interacted together to influence children's cognitive development. More specifically, children with difficult temperament had higher cognitive development compared to children with average or less difficult temperament, when there was good parenting. This study accentuated the importance of good parenting especially for children with difficult temperament who may be at risk for academic or social failure. This study provided a foundation for how future researchers could continue to explore teen parenting practices, child characteristics and child outcomes to better understand and help these young mothers and their children.

RL: Resource Location

http://search.proguest.com/docview/1022644441?accountid=10422

Record 10 of 24

TI: Title

Exploring the relationship between hurricane exposure and child emotional and behavioral functioning two years post-Katrina in a clinical sample [thesis]

AU: Author

Marques, Laura

SO: Source

Tulane University School of Science and Engineering, 2012. 97 pp.

AB: Abstract

Disaster exposure can have deleterious effects on the emotional and behavioral functioning of youth including the development of various internalizing and externalizing symptoms that can continue or worsen for years after exposure. Disaster and developmental psychopathology literature suggests that younger children may be more susceptible to negative outcomes. Further, females may be more at risk for internalizing problems while males may be at risk for more

externalizing problems. The first goal of this study was to examine the relationship between exposure and symptoms of depression, anxiety, somatic complaints, aggression, and conduct problems while considering the moderating effects of age and gender. Further, Marsee suggests that PTSD and associated emotion dysregulation mediates the relationship between exposure and aggression. Therefore, the second goal of this study was to assess whether internalizing symptoms also associated with emotion dysregulation mediate the relationship between exposure and externalizing problems. Parents and teachers of a sample of 195 Hurricane Katrina exposed youth ages 6 to 13 years referred for mental health services completed a hurricane screener and the Child Behavior Checklist or Teacher Report Form. Hierarchical regression analyses indicated that highly exposed females experienced more depressive symptoms, whereas males appeared to have decreasing depressive symptoms as exposure increased. This sex difference was replicated for anxiety, but only for older males and females. Exploratory analyses revealed different type of hurricane-related experiences were differentially related to parent and teacher reported child symptoms. Despite these findings, a consistent relationship between exposure and internalizing and externalizing problems was not observed, possibly due to low levels of exposure, particularly life threat, in the current sample. Future research should include youth self report and assessment of specific types of exposure including secondary stressors when examining relationships between exposure and internalizing and externalizing problems.

RL: Resource Location

http://search.proguest.com/docview/1022497061?accountid=10422

Record 11 of 24

TI: Title

Acute stress disorder in the paediatric surgical children and adolescents injured during the Wenchuan Earthquake in China

AU: Author

Liu, Kezhi; Liang, Xuemei; Guo, Lanting; Li, Yuan; Li, Xirong; Xin, Bo; Huang, Mingjin; Li, Yuanyuan

AF: Affiliation

Department of Psychiatry and Department of Pediatric Surgery, West China Hospital, Sichuan University, Chengdu, China

SO: Source

Stress and Health, vol. 26, no. 4, pp. 262-268, October 2010.

AB: Abstract

The aim of the present study was to investigate the prevalence and symptoms of acute stress disorder (ASD) in the paediatric surgical children and adolescents injured during the Wenchuan earthquake in China. 118 children and adolescent inpatients were surveyed by the ASD scale (ASDS) within 1 month of the earthquake. Using the validated ASDS score above cut-off threshold levels, the incidence of ASD in this sample was 54.3%. The morbidity of ASD were 56.1%, 24.6%, and 19.3% in the child, in the early adolescent, and in the middle adolescent, respectively. There was no significant difference among the three age groups about the severity of ASD symptom. The proportions of ASD positive were 44.0% in boys and 63.6% in girls that showed significant difference. The exposure risk factors were being buried in the earthquake, injury of parent, injury of relatives, amputation, and operation. These results indicated that ASD was widely prevalent among the children and adolescents wounded in the earthquake, which needed an effective psychosocial intervention.

RL: Resource Location http://dx.doi.org/10.1002/smi.1288

Record 12 of 24

TI: Title

The effects of maltreatment and neuroendocrine regulation on memory performance

AU: Author

Cicchetti, Dante; Rogosch, Fred A; Howe, Mark L; Toth, Sheree L

AF: Affiliation

Institute of Child Development, University of Minnesota, Minneapolis MN, USA; University of Rochester, Rochester NY, USA; Lancaster University, Lancaster, England

SO: Source

Child Development, vol. 81, no. 5, pp. 1504-1519, September/October 2010.

AB: Abstract

This investigation examined basic memory processes, cortisol, and dissociation in maltreated children. School-aged children (age range = 6-13), 143 maltreated and 174 nonmaltreated, were administered the California Verbal Learning Test - Children in a week-long camp setting, daily morning cortisol levels were assessed throughout the duration of camp, and behavioral symptoms were evaluated. Maltreatment and cortisol regulation were not related to short- or long-delay

recall or recognition memory. However, children experiencing neglect and/or emotional maltreatment and low cortisol evinced heightened false recognition memory. Dissociative symptoms were higher in maltreated children; however, high dissociation was related to recognition inaccuracy only among nonmaltreated children. Results highlight the interplay between maltreatment and hypocortisolism in children's recognition memory errors.

RL: Resource Location

http://dx.doi.org/10.1111/j.1467-8624.2010.01488.x

Record 13 of 24

TI: Title

Childhood life events and psychological symptoms in adult survivors of the 2004 tsunami

AU: Author

Wahlström, Lars; Michélsen, Hans; Schulman, Abbe; Backheden, Magnus

AF: Affiliation

Center for Family and Community Medicine, Karolinska Institutet, Stockholm, Sweden; Department for Learning, Informatics, Management and Ethics, Karolinska Institutet, Stockholm, Sweden

SO: Source

Nordic Journal of Psychiatry, vol. 64, no. 4, pp. 245-252, August 2010.

AB: Abstract

BACKGROUND: Negative life events in childhood have an adverse influence on adult psychological health, and increase vulnerability to subsequent potential traumas. It remains unclear whether this is also true in the case of disasters. AIM: This study investigates whether the experience of negative life events in childhood and adolescence was associated with psychological symptoms in groups of Swedish survivors with different types of exposure to the tsunami. METHODS: 1505 survivors from Stockholm responded to a questionnaire on psychological distress, which was sent by post 14 months after the 2004 Indian Ocean tsunami. Psychological distress was measured by General Health Questionnaire-12 and suicidal ideation, and post-traumatic stress was measured by Impact of Event Scale - Revised. Life events prior to age 16 were collected and categorized under the indices accident, violence, loss, and interpersonal events. Exposure to the tsunami was categorized in different types, and controlled for in the analyses. RESULTS: With the adjustment for confounders, significant odds ratios were found for all indices on at least one

outcome measure, despite the powerful effect of the tsunami. We could not discern any distinct difference in the distribution of the tendency to report the different outcomes depending on types of prior life events. CONCLUSIONS: The implication of the study is that, for adult survivors of disaster, the reporting of adverse life events from childhood may influence future decisions regarding therapy.

RL: Resource Location

http://dx.doi.org/10.3109/08039480903484092

Record 14 of 24

TI: Title

Development, validation, and utility of internet-based, behavioral health screen for adolescents

AU: Author

Diamond, Guy; Levy, Suzanne; Bevans, Katherine B; Fein, Joel A; Wintersteen, Matthew B; Tien, Allen; Creed, Torrey

AF: Affiliation

Department of Psychiatry, School of Medicine, University of Pennsylvania, Philadelphia PA, USA; Center for Family Intervention Science and Departments of General Pediatrics Emergency Medicine, Children's Hospital of Philadelphia, Philadelphia PA, USA; Department of Psychiatry and Human Behavior, Jefferson Medical College, Thomas Jefferson University, Philadelphia PA, USA; Medical Decision Logic, Baltimore MD, USA

SO: Source

Pediatrics, vol. 126, no. 1, pp. e163-e170, July 2010.

AB: Abstract

OBJECTIVES: The goals were to develop and to validate the Internet-based, Behavioral Health Screen (BHS) for adolescents and young adults in primary care. METHODS: Items assessing risk behaviors and psychiatric symptoms were built into a Internet-based platform with broad functionality. Practicality and acceptability were examined with 24 patients. For psychometric validation, 415 adolescents completed the BHS and well-established rating scales. Participants recruited from primary care waiting rooms were 12 to 21 years of age (mean: 15.8 years); 66.5% were female and 77.5% black. RESULTS: The BHS screens in 13 domains by using 54 required items and 39 follow-up items. The administration time was 8 to 15 minutes (mean: 12.4 minutes). The scales are unidimensional, are internally consistent (Cronbach's alpha = 0.75-0.87), and discriminate among adolescents with a range of diagnostic syndromes. Sensitivity and specificity were

high, with overall accuracy ranging from 78% to 85%. Patients with scores above scale cutoff values for depression, suicide risk, anxiety, and PTSD symptoms were ≥ 4 times more likely to endorse other risk behaviors or stressors. CONCLUSIONS: The BHS addresses practical and clinical barriers to behavioral health screening in primary care. It is a brief but comprehensive, self-report, biopsychosocial assessment. The psychiatric scales are valid and predictive of risk behaviors, which facilitates exclusion of false-positive results, as well as assessment and triage.

RL: Resource Location

http://dx.doi.org/10.1542/peds.2009-3272

Record 15 of 24

TI: Title

The mental health of detained asylum seeking children [letter]

AU: Author

Hodes, Matthew

AF: Affiliation

Academic Unit of Child and Adolescent Psychiatry, Imperial College London, London, England

SO: Source

European Child and Adolescent Psychiatry, vol. 19, no. 7, pp. 621-623, July 2010.

AB: Abstract

European Union policy is to restrict the entry into the EU of asylum seekers. This has resulted in the detention of many thousands of asylum seekers including children and adolescents in prison-like environments. The available evidence suggests this practice is associated with high levels of psychological distress, anxiety, affective disorder and PTSD, and deliberate self-harm. Significant numbers of detained asylum seekers are released and some would benefit from contact with child mental health professionals. It is suggested that in keeping with EU policy aims alternatives to detention should be sought.

RL: Resource Location

http://dx.doi.org/10.1007/s00787-010-0093-9

Record 16 of 24

TI: Title

Association between psychosomatic and traumatic symptoms in early adolescence

AU: Author

Cerni Obrdalj, Edita; Cavarovic Gabor, Branka; Pivic, Gordana; Zalihic, Amra; Batic-Mujanovic, Olivera; Rumboldt, Mirjana

AF: Affiliation

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SO: Source

Psychiatria Danubina, vol. 22, no. 2, pp. 301-303, June 2010.

AB: Abstract

INTRODUCTION: This study investigates association between psychosomatic and traumatic symptoms among adolescents. SUBJECTS AND METHODS: This cross-sectional survey using self-completion questionnaires was conducted among 868 adolescents in grade 6th, 7th, and 8th of primary schools in Mostar (Bosnia and Herzegovina). RESULTS: Psychosomatic symptoms are strongly associated with traumatic symptoms, with exception of symptom of anger. The association is the highest between anxiety, depression, and PTS symptoms on the one side and cardiovascular symptoms on the other side. CONCLUSION: According to our results, psychosomatic symptoms are strongly associated with psychosomatic symptoms in early adolescence.

Record 17 of 24

TI: Title

Diurnal cortisol and coping responses in close relatives of persons with acquired brain injury: a longitudinal mixed methods study

AU: Author

Turner-Cobb, Julie M; Palmer, Jenny; Aronson, D; Russell, Louise; Purnell, Stephanie; Osborn, Michael; Jessop, David S

AF: Affiliation

Department of Psychology, University of Bath, Bath, England; Brain Injury Unit, Royal National Hospital for Rheumatic Diseases (RNHRD), Bath, England; Pain Clinic, Royal United Hospital, Bath, England; Henry Wellcome Laboratories for Integrative Neuroscience and Endocrinology (LINE), University of Bristol, Bristol, England

SO: Source

Brain Injury, vol. 24, no. 6, pp. 893-903, June 2010.

AB: Abstract

OBJECTIVE: To examine the impact of having a close relative experience a severe brain injury. DESIGN: Six-month longitudinal mixed methods concurrent embedded study. Quantitative data provided the primary

database and qualitative data provided the secondary source. METHODS: Assessment included psychosocial factors of perceived stress, traumatic stress symptoms, coping, and social support in addition to salivary cortisol as a biological marker of stress. Written accounts of the experience were provided in response to an open-ended question. Participants composed 15 close relatives of adults with severe brain injury admitted to a specialist rehabilitation facility (mean age 49.4 years; SD 11.79). Assessments were conducted on admission, at 6 weeks, 3 months, and 6 months post-admission. RESULTS: Quantitative data revealed high traumatic stress at admission, with a non-significant decline at follow-up. Diurnal cortisol output declined significantly from baseline to all follow-up assessments. Coping sub-scales of acceptance and religion were repeated associated with cortisol indices at baseline, 6 weeks, 3 months, and 6 months follow-up. Qualitative data revealed two themes; 'relational impact' and 'passage of time'. CONCLUSIONS: Findings offer the potential for effective and timely intervention in family members of persons with severe brain injury.

RL: Resource Location

http://dx.doi.org/10.3109/02699051003789211

Record 18 of 24

TI: Title

Perceived need and unmet need for vocational, mental health, and other support services after severe lower-extremity trauma

AU: Author

Archer, Kristin R; Castillo, Renan C; MacKenzie, Ellen J; Bosse, Michael J; LEAP Study Group

AF: Affiliation

Department of Orthopaedics and Rehabilitation, School of Medicine, Vanderbilt University, Nashville TN, USA; Center for Injury Research and Policy, Department of Health Policy and Management, Bloomberg School of Public Health, Johns Hopkins University, Baltimore MD, USA; Department of Orthopaedic Surgery, Carolinas Medical Center, Charlotte NC, USA

SO: Source

Archives of Physical Medicine and Rehabilitation, vol. 91, no. 5, pp. 774-780, May 2010.

AB: Abstract

OBJECTIVES: To examine the perceived need and unmet need for support services, the reasons for not obtaining services, and the factors contributing to unmet need for vocational and mental health services

in patients with traumatic lower-extremity injury. DESIGN: Multicenter, prospective observational study. SETTING: Eight level I trauma centers. PARTICIPANTS: Patients (N = 545) undergoing lower-extremity reconstruction or amountation from March 1994 to June 1997. INTERVENTIONS: Not applicable. MAIN OUTCOME MEASURES: Perceived need and unmet need for support services at 3, 6, and 12 months after hospitalization. RESULTS: 85% of patients reported a need for at least 1 support service, and 32% reported an unmet need over the 12 months. The highest perceived need was for home nursing and legal, and for unmet need was vocational and mental health services. The main reason for patients not trying to obtain mental health assistance was thinking they would get better on their own, and for other support services was not knowing where to go. Patients treated by reconstruction compared with amputation, and being nonwhite were statistically associated with unmet needs for vocational and mental health services. CONCLUSIONS: The results suggest a significant amount of unmet need for vocational and mental health services during the first year after hospitalization in the severe lower-extremity trauma population with perceived need. Areas for future research are to objectively measure need and unmet need, and further investigate the disparities in unmet need by race and treatment type in this patient population. Recommendations for trauma centers include education and screening for mental health conditions and the need for support services during hospitalization and clinic visits, and increasing communication between surgeons and providers specializing in vocational, psychological, and socioeconomic issues.

RL: Resource Location

http://dx.doi.org/10.1016/j.apmr.2010.01.006

Record 19 of 24

TI: Title

Psychiatric disorders in detained male adolescents: a systematic literature review

AU: Author

Colins, Olivier; Vermeiren, Robert; Vreugdenhil, Coby; Van den Brink, Wim; Doreleijers, Theo; Broekaert, Eric

AF: Affiliation

Leids University Medical Center and Curium-LUMC, Oegstgeest, The Netherlands; Forensic Child and Adolescent Psychiatry, VU University Medical Center, Amsterdam, The Netherlands; MoleMann Mental Health Clinics, Almere, The Netherlands; Department of Psychiatry, Amsterdam Institute for Addiction Research, Academic Medical Center, Amsterdam, The Netherlands; Child and Adolescent Psychiatry, VU University Medical Center, Amsterdam, The Netherlands; Faculty of Psychology and Educational Sciences, Ghent University, Ghent, Belgium

SO: Source

Canadian Journal of Psychiatry, vol. 55, no. 4, pp. 255-263, April 2010.

AB: Abstract

OBJECTIVE: To provide a best estimate of the prevalence of psychiatric disorders among detained male adolescents, with particular emphasis on impairment, multi-informant assessment, and race or ethnicity. METHOD: Computer-assisted searches were executed to identify relevant studies. RESULTS: 15 studies using adolescents as informants met inclusion criteria (n = 3401), of which only 2 reported within a subsample on parent-derived diagnoses. The mean prevalence of any disorder was 69.9% (95% CI: 69.5% to 70.3%); with conduct disorder occurring most frequently (46.4%, 95% CI: 45.6% to 47.3%), followed by substance use disorder (45.1%, 95% CI: 44.6% to 45.5%), oppositional defiant disorder (19.8%, 95% CI: 19.2% to 20.3%), and attention-deficit hyperactivity disorder (13.5%, 95% CI: 13.2% to 13.9%). Although lower, rates for internalizing disorders were still substantial, with any anxiety disorder found in 15.9% (95% CI: 15.6% to 16.1%), major depression in 12.0% (95% CI: 11.7% to 12.2%), and PTSD in 9.6% (95% CI: 9.2% to 10.0%). 3 studies reported on psychotic disorders, finding low rates (1.35%, 95% CI: 1.32% to 1.39%). Estimates of prevalence were only marginally different when impairment was not required, while consistency between adolescents and parents was poor. Findings on the relations between race or ethnicity were too scarce and inconsistent to interpret. CONCLUSION: Detained male adolescents bear substantial mental health needs, emphasizing the need to organize effective mental health services for this troubled group. However, our knowledge on mental disorders in detained youth should be enhanced, in particular regarding the reliability of adolescents, compared with parent report, and whether clinically relevant differences exist by race or ethnicity.

Record 20 of 24

TI: Title

"He messed me up": Swedish adolescent girls' experiences of gender-related partner violence and its consequences over time

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SO: Source

Violence Against Women, vol. 16, no. 2, pp. 207-232, February 2010.

AB: Abstract

This article illuminates two Swedish adolescent girls' experiences of living in a violent relationship as teenagers and how this has affected their lives and health over time. Interviews were conducted in a youth health center. A combination of qualitative content analysis and narrative analysis describes violation, stress, trauma, coping, and agency during the period of adolescence and transition into adulthood. Despite Swedish progressive public policies on men's violence against women, teenage girls are exposed to male partners' violation, a severe gendered stressor. There is a need for the development of health policy and gender-responsive interventions geared specifically toward adolescent girls.

RL: Resource Location

http://dx.doi.org/10.1177/1077801209356347

Record 21 of 24

TI: Title

The psychological impact of an adenoidectomy and adenotonsillectomy on young children

AU: Author

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Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands; Department of Child and Adolescent Psychiatry/De Bascule, University of Amsterdam, Amsterdam, The Netherlands

SO: Source

International Journal of Pediatric Otorhinolaryngology, vol. 74, no. 1, pp. 37-42, January 2010.

AB: Abstract

OBJECTIVE: Children react differently to surgeries. The purpose of this study is to examine the stress response in young children after an adenoidectomy and adenotonsillectomy, and whether child characteristics of behavioural and neurophysiological nature can predict this stress response. METHODS: In this prospective cohort study 43 children, aged 2-7 years, scheduled for adenoidectomy or adenoitonsillectomy (response rate 43%) were recruited from the Ear, Nose, and Throat Department of the Academic Medical Centre in Amsterdam, the Netherlands. Parents completed questionnaires about temperament 4 weeks before surgery, about behaviour and sleeping problems 4 weeks before and 6 weeks after surgery, and about posttraumatic stress symptoms 6 weeks after surgery. Neurophysiological measurements (cortisol and Respiratory Sinus Arrhythmia) were performed 4 weeks before, directly after, and 6 weeks after surgery. Results were compared with a control group of healthy children. The data was analysed with paired t-tests and one-way repeated ANOVA. RESULTS: Most children with an indication for an adenoidectomy and adenotonsillectomy had more behavioural and emotional problems before surgery then the control group. After surgery there was an improvement in behaviour and sleep, in respectively 75% and 68% of the children, especially in boys. Posttraumatic stress symptoms were rare. Emotional temperament was associated with more behavioural problems before surgery (r = 0.53, P = 0.02), after surgery (r = 0.38, P < 0.000), lower cortisol directly after surgery (r = -0.49, P = 0.05) and lower Respiratory Sinus Arrhythmia at follow-up (r = -0.33, P = 0.06). Other temperament styles and pre-surgery levels of Respiratory Sinus Arrhytmia and cortisol did not show associations with any behavioural or neurophysiological measures. CONCLUSIONS: An adenoidectomy and adenotonsillectomy appear not to be stressful, but rather seems helpful for reducing pre-existing behavioural and emotional problems, possibly associated with the indication for surgery. For those children with an increase of behavioural and sleeping problems after surgery, this can only be partly explained by emotional temperament.

There are indications that boys and girls react differently; boys tend to show a better behavioural and emotional improvement after an adenoidectomy and adenotonsillectomy. Other behavioural or neurophysiological child characteristics do not have a predictive value on the outcome.

RL: Resource Location

http://dx.doi.org/10.1016/j.ijporl.2009.10.005

Record 22 of 24

TI: Title

Parental illness, caregiving factors and psychological distress among children orphaned by acquired immune deficiency syndrome (AIDS) in South Africa

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SO: Source

Vulnerable Children and Youth Studies, vol. 4, no. 3, pp. 185-198, September 2009.

AB: Abstract

Studies show elevated levels of psychological distress among acquired immune deficiency syndrome (AIDS)-orphaned children. Caregiving factors are critical in child mental health, but little is known about their effects among AIDS-orphaned children. This study aimed to explore whether caregiving factors (e.g. caregiver illness, monitoring and abuse) mediated between orphanhood status and psychological problems. A total of 1025 children and adolescents (aged 10-19 years), living in South African urban informal settlements, were interviewed using sociodemographic questionnaires and standardized psychological scales of depression, anxiety, PTSD, peer problems, delinquency, and conduct problems. AIDS-orphaned children (n = 425) were compared to control groups of other-orphans (n = 241) and non-orphans (n = 278). Results showed that child abuse, domestic violence, sibling dispersion, and changes of caregiver were associated with psychological problems for all children, but did not mediate between orphanhood and psychological distress. AIDS-orphaned children reported more caregiver illness and excessive housework, and these two factors mediated the strong associations between psychological distress and

AIDS-orphanhood. These findings suggest that interventions addressing caregiver ill-health and supporting young carers may have potential to ameliorate psychological distress among AIDS-orphaned children.

RL: Resource Location

http://dx.doi.org/10.1080/17450120902730196

Record 23 of 24

TI: Title

The political economy of children's trauma: a case study of house demolition in Palestine

AU: Author

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SO: Source

Feminism and Psychology, vol. 19, no. 3, pp. 335-342, August 2009.

AB: Abstract

This article explores Palestinian children's experiences of war within a global political economy of silence. The goal of this work is to capture children's complex understandings of, and responses to, the trauma of ongoing militarization and political occupation as reflected in their perceptions of the loss of their homes. [Adapted from Text]

RL: Resource Location

http://dx.doi.org/10.1177/0959353509105624

Record 24 of 24

TI: Title

Do no harm: an analysis of the legal and social consequences of child visitation determinations for incarcerated perpetrators of extreme acts of violence against women

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SO: Source

Columbia Journal of Law and Social Problems, vol. 17, no. 2, pp.

AB: Abstract

The right of an individual in the "care, custody, and management" of his or her children is one of the interests that "form the core of our

definition of 'liberty'". The Supreme Court of the United States has held consistently that the liberty interest guaranteed by the Due Process Clause of the Fourteenth Amendment includes an individual's right to raise his or her children. Directly connected to this liberty interest in rearing one's children is a parent's freedom from government interference. Legal scholars and students of the law have expanded upon this reasoning to argue in support of incarcerated parents' interest in a continuing relationship with their children — specifically, an entitlement to prison visitation. Unlike the recognized parental liberty in reding one's child, a parent's right to visitation remains the subject of open debate.