

August 2009 Medline Topic Alert

1: J Trauma Stress. 2009 Jul 27. [Epub ahead of print]

Acute stress disorder and posttraumatic stress disorder in parents of injured children.

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Acute stress disorder (ASD) and posttraumatic stress disorder (PTSD) were examined in 334 parents of children with traffic-related injuries. In the first month after their child's injury, 12% of parents had ASD and another 25% had partial ASD. Among 251 parents assessed again approximately 6 months postinjury, 8% had PTSD and another 7% had partial PTSD. The ASD and PTSD severity were associated ($r = .54$), but ASD status was not a sensitive predictor of later PTSD. Independent predictors of ASD severity included prior trauma exposure, peritrauma exposure and perceptions of the child's pain and life threat, and child ASD severity. Independent predictors of PTSD severity included prior trauma exposure, parent ASD severity, and parent-rated child physical health at follow-up.

PMID: 19637323 [PubMed - as supplied by publisher]

2: Curr Psychiatry Rep. 2009 Aug;11(4):289-95.

Epidemiology of child traumatic stress.

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In this article, we present an update on epidemiologic research that addresses the scope and impact of children's exposure to traumatic events in daily living, as well as under special circumstances, such as natural disasters. Toward this end, we provide an overview of the findings of key selected studies that estimate the prevalence of children's exposure to trauma and associated developmental, functional, mental, and physical health problems. Over the past few years, epidemiologic research on child traumatic stress has demonstrated that children's exposure to traumatic events is more common than once thought and that children exposed to multiple traumatic events are at a substantially greater risk for a wide range of adverse mental and physical health problems than children who have not suffered cumulative traumatic experiences. These findings have important implications for the provision of mental health and medical services to children and adolescents who have experienced child traumatic stress.

PMID: 19635237 [PubMed - in process]

3: J Pediatr Nurs. 2009 Aug;24(4):270-9. Epub 2008 Sep 11.

The experience of secondary traumatic stress upon care providers working within a children's hospital.

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This study examined the impact of routine occupational exposure to traumatic

aspects of child illness, injury, and medical treatment upon care providers working within a children's hospital. Three hundred fourteen providers completed a demographic data sheet and four questionnaires. Results suggested overall that the level of Compassion Fatigue in this sample was similar to a trauma worker comparison group. In addition, 39% of the sample was at moderately to extremely high risk for Compassion Fatigue, and 21% was at moderate to high risk for Burnout. Burnout and Compassion Fatigue were related to type of profession and length of employment. Various dimensions of empathy were related to both Burnout and Compassion Fatigue. Regression analyses indicated that years in direct care and greater blurring of caregiver boundaries were predictive of greater Burnout and Compassion Fatigue. There is a need to further refine the assessment of occupational exposure to potential traumatic aspects of care within pediatric hospital settings and link assessment to prevention and intervention efforts.

PMID: 19632504 [PubMed - in process]

4: Addict Behav. 2009 Jul 5. [Epub ahead of print]

Alcohol use motives among traumatic event-exposed, treatment-seeking adolescents: Associations with posttraumatic stress.

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The current study evaluated the linkage between posttraumatic stress symptoms and alcohol use motives among 49 traumatic event-exposed adolescents (M(age)=16.39years). It was hypothesized that posttraumatic stress symptom levels would be positively associated with coping-related drinking motives specifically (cf., social, enhancement, or conformity motives) and that coping-related drinking motives would evidence associations with the hyperarousal and reexperiencing posttraumatic stress symptom types. Findings were consistent with hypotheses, suggesting traumatic event-exposed adolescents may be using alcohol to manage posttraumatic stress symptoms.

PMID: 19632052 [PubMed - as supplied by publisher]

5: Aust N Z J Psychiatry. 2009 Aug;43(8):746-53.

Post-traumatic stress impacts on quality of life in children after road traffic accidents: prospective study.

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OBJECTIVE: There is little knowledge on health-related quality of life (HRQOL) of injured children and adolescents after road traffic accidents (RTA). Although findings in injured adults suggest that post-traumatic stress symptoms (PTSS) may be important predictors of HRQOL, this issue has never been prospectively examined in children. The aim of the present study was therefore to prospectively assess HRQOL in children after RTA and specifically examine the impact of PTSS on HRQOL. **METHOD:** Sixty-eight children (aged 6.5-14.5 years) were interviewed 1 month and 1 year after an RTA using the Child PTSD Reaction Index and the Toegepast Natuurwetenschappelijk Onderzoek-Academisch Ziekenhuis Leiden (TNO-AZL) Questionnaire for Children's Health-Related Quality of Life. Parents and physicians were assessed with questionnaires. **RESULTS:** Eleven children (16.2%) showed moderate to severe post-traumatic stress reactions at 1 month, and 12 children (17.6%) at 1 year. At 1 month, patients reported reduced motor

functioning and autonomy and impairments in some parts of emotional functioning compared to a community sample. At 1 year all dimensions of HRQOL were within or above normal ranges. Multivariate analysis indicated that PTSS at 1 month significantly predicted HRQOL at 1 year. CONCLUSIONS: This prospective study provides evidence for a long-term negative influence of early PTSS on HRQOL in injured children. The return of injured children to pre-injury HRQOL may therefore not only depend on optimal medical care but also on awareness and timely interventions regarding PTSS.

PMID: 19629796 [PubMed - in process]

6: J Nerv Ment Dis. 2009 Jul;197(7):536-42.

Shame, guilt, and posttraumatic stress disorder in adult survivors of childhood sexual abuse at risk for human immunodeficiency virus: outcomes of a randomized clinical trial of group psychotherapy treatment.

Ginzburg K, Butler LD, Giese-Davis J, Cavanaugh CE, Neri E, Koopman C, Classen CC, Spiegel D.

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This study evaluated the effectiveness of group psychotherapy in reducing levels of shame and guilt in adult survivors of childhood sexual abuse at risk for HIV, and whether such reductions would mediate the effects of treatment on posttraumatic stress disorder (PTSD) symptoms. One hundred sixty-six women were randomized into 3 conditions: a trauma-focused group, a present-focused group, and a waitlist group. Women received 6 months of treatment and were assessed at pretreatment (T1), immediately posttreatment (T2), and 6 months posttreatment (T3). Both treatment conditions resulted in reduced shame and guilt. The treatment effect on PTSD symptoms was mediated by changes in shame, but it was not associated with changes in guilt. These findings suggest that, when treating childhood sexual abuse survivors' PTSD, it is important to address the negative self-appraisals, such as shame, that commonly accompany such symptoms.

PMID: 19597362 [PubMed - indexed for MEDLINE]

7: J Nerv Ment Dis. 2009 Jul;197(7):492-8.

Alexithymia, absorption, and cognitive failures in depersonalization disorder: a comparison to posttraumatic stress disorder and healthy volunteers.

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Alexithymia, absorption, and cognitive failures are traits that have been implicated in dissociative psychopathology. Forty-six participants with depersonalization disorder (DPD), 21 with posttraumatic stress disorder, and 35 healthy controls completed measures of dissociation, alexithymia, absorption, cognitive failures, and childhood trauma. The DPD and posttraumatic stress disorder groups had significantly and comparably elevated absorption and cognitive failures scores. Only the DPD group had significantly elevated alexithymia scores, specifically in "difficulty identifying feelings." Regression analyses revealed that "alexithymia-difficulty identifying feelings" was predictive of both DPD diagnosis and depersonalization scores. In contrast, amnesia scores were predicted by childhood trauma and absorption. In conclusion, the link between depersonalization and alexithymia appeared to be specific rather

than broadly related to early trauma or to trauma-spectrum psychopathology.

PMID: 19597356 [PubMed - indexed for MEDLINE]

8: Ann Pharmacother. 2009 Jul;43(7):1374. Epub 2009 Jul 7.

Risperidone treatment of an adolescent with severe posttraumatic stress disorder.

Keeshin BR, Strawn JR.

Publication Types:

Letter

PMID: 19584378 [PubMed - in process]

9: J Clin Psychiatry. 2009 Jun;70(6):934; author reply 934-5.

Comment on:

J Clin Psychiatry. 2008 May;69(5):854-9.

Long-term effects of the terrorist attack in Beslan on adolescent survivors.

van der Velden PG, Yzermans JC.

PMID: 19573489 [PubMed - indexed for MEDLINE]

10: Gen Hosp Psychiatry. 2009 Jul-Aug;31(4):347-52. Epub 2009 May 2.

Coping, self-efficacy and psychiatric history in patients with both chronic widespread pain and chronic fatigue.

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OBJECTIVE: To investigate the relationship of coping style and self-efficacy to functional impairment in a group of patients with both chronic widespread pain (CWP) and chronic fatigue, as well as the possible mediating role of psychiatric diagnosis. **METHODS:** We identified 138 consecutive clinic patients who met criteria for CWP and chronic fatigue. We collected demographic and clinical characteristics, as well as measures of emotion-focused and problem-focused coping styles, fatigue-related self-efficacy and self-reported general health. Psychiatric diagnoses were determined with a structured interview. Short Form-36 subscales of pain-related and fatigue-related functioning were the dependent variables in ordinal multiple regression analyses to identify the best-fit model for each. **RESULTS:** In the final model for pain, increased functional impairment was associated with increased emotion-focused coping as well as less education, lower general health scores and higher body mass index. Conversely, in the final model for fatigue, increased functional impairment was significantly associated with less emotion-focused coping, lower general health scores and lower self-efficacy. **CONCLUSIONS:** The unexpected finding that emotion-focused coping was associated differently with chronic pain and fatigue among patients who experience both symptoms is discussed in the context of the research on the effects of self-efficacy and possible treatment approaches.

PMID: 19555795 [PubMed - indexed for MEDLINE]

11: J Clin Psychiatry. 2009 May;70(5):767; author reply 767-9.

Comment on:

J Clin Psychiatry. 2008 Sep;69(9):1352-3. J Clin Psychiatry. 2008 Sep;69(9):1497-8.

Folate supplementation: is it safe and effective?

Frankenburg FR.

PMID: 19552872 [PubMed - indexed for MEDLINE]

12: J Clin Psychiatry. 2009 May;70(5):730-1.

Focus on childhood and adolescent mental health. Predictors, criteria, and treatment response.

Wagner KD.

PMID: 19552868 [PubMed - indexed for MEDLINE]

13: BMC Psychiatry. 2009 Jun 7;9:34.

Violence and post-traumatic stress disorder in Sao Paulo and Rio de Janeiro, Brazil: the protocol for an epidemiological and genetic survey.

Andreoli SB, Ribeiro WS, Quintana MI, Guindalini C, Breen G, Blay SL, Coutinho ES, Harpham T, Jorge MR, Lara DR, Moriyama TS, Quarantini LC, Gadelha A, Vilete LM, Yeh MS, Prince M, Figueira I, Bressan RA, Mello MF, Dewey ME, Ferri CP, Mari Jde J.

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BACKGROUND: violence is a public health major concern, and it is associated with post-traumatic stress disorder and other psychiatric outcomes. Brazil is one of the most violent countries in the world, and has an extreme social inequality. Research on the association between violence and mental health may support public health policy and thus reduce the burden of disease attributable to violence. The main objectives of this project were: to study the association between violence and mental disorders in the Brazilian population; to estimate the prevalence rates of exposure to violence, post-traumatic stress disorder, common mental disorder, and alcohol hazardous use and dependence; and to identify contextual and individual factors, including genetic factors, associated with the outcomes. **METHODS/DESIGN:** one phase cross-sectional survey carried out in Sao Paulo and Rio de Janeiro, Brazil. A multistage probability to size sampling scheme was performed in order to select the participants (3000 and 1500 respectively). The cities were stratified according to homicide rates, and in Sao Paulo the three most violent strata were oversampled. The measurements included exposure to traumatic events, psychiatric diagnoses (CIDI 2.1), contextual (homicide rates and social indicators), and individual factors, such as demographics, social capital, resilience, help seeking behaviours. The interviews were carried between June/2007 February/2008, by a team of lay interviewers. The statistical analyses will be weight-adjusted in order to take account of the design effects. Standardization will be used in order to compare the results between the two centres. Whole genome association analysis will be performed on the 1 million SNP (single nucleotide polymorphism) arrays, and additional association analysis will be performed on additional phenotypes. The Ethical Committee of the Federal University of Sao Paulo approved the study, and participants who matched diagnostic criteria have been offered a referral to outpatient clinics at the Federal University of Sao Paulo and Federal University of Rio de Janeiro.

PMID: 19500422 [PubMed - indexed for MEDLINE]

14: BMC Psychiatry. 2009 May 29;9:28.

A randomized, double-blind, placebo-controlled trial to assess the efficacy of topiramate in the treatment of post-traumatic stress disorder.

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BACKGROUND: Topiramate might be effective in the treatment of posttraumatic stress disorder (PTSD) because of its antikingling effect and its action in both inhibitory and excitatory neurotransmitters. Open-label studies and few controlled trials have suggested that this anticonvulsant may have therapeutic potential in PTSD. This 12-week randomized, double-blind, placebo-controlled clinical trial will compare the efficacy of topiramate with placebo and study the tolerability of topiramate in the treatment of PTSD. **METHODS AND DESIGN:** Seventy-two adult outpatients with DSM-IV-diagnosed PTSD will be recruited from the violence program of Federal University of São Paulo Hospital (UNIFESP). After informed consent, screening, and a one week period of wash out, subjects will be randomized to either placebo or topiramate for 12 weeks. The primary efficacy endpoint will be the change in the Clinician-administered PTSD scale (CAPS) total score from baseline to the final visit at 12 weeks. **DISCUSSION:** The development of treatments for PTSD is challenging due to the complexity of the symptoms and psychiatric comorbidities. The selective serotonin reuptake inhibitors (SSRIs) are the mainstream treatment for PTSD, but many patients do not have a satisfactory response to antidepressants. Although there are limited clinical studies available to assess the efficacy of topiramate for PTSD, the findings of prior trials suggest this anticonvulsant may be promising in the management of these patients. **TRIAL REGISTRATION:** NCT 00725920.

PMID: 19480669 [PubMed - indexed for MEDLINE]

15: Health Psychol. 2009 May;28(3):379-88.

Posttraumatic stress disorder in parents of children with chronic illnesses: a meta-analysis.

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OBJECTIVE: To estimate PTSD prevalence in parents of children with chronic illnesses or undergoing invasive procedures, and its association with higher risk of PTSD among parents. **METHODS:** Sixteen studies reporting prevalence of PTSD in parents of children with chronic illnesses were identified through a systematic review in Pubmed, Web of Science, Pilots and PsycINFO databases. **MAIN OUTCOME MEASURES:** Pooled current PTSD prevalence was calculated for parents from these studies. Pooled PTSD prevalence ratios were obtained by comparing parents of children with chronic diseases with parents of healthy children. Meta-regression was used to identify variables that could account for the lack of homogeneity. **RESULTS:** Pooled PTSD prevalence was 19.6% in mothers, 11.6% in fathers, and 22.8% in parents in general ($p < .001$). Pooled prevalence ratio for the four studies reporting on mothers and comparison healthy groups was 4.2 ($p < .001$). **CONCLUSIONS:** The high prevalence of PTSD found in this population highlights the importance of promptly assessing and treating post-traumatic symptoms in parents of children with chronic diseases as a key step to prevent the negative consequences of PTSD and preserve their competency as caregivers.

PMID: 19450045 [PubMed - indexed for MEDLINE]

16: J Psychiatry Neurosci. 2009 May;34(3):214-22.

Emotional learning during dissociative states in borderline personality disorder.

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BACKGROUND: Neurobiological findings and clinical data suggest that dissociative experience inhibits conditioning processes, but experimental studies are lacking. The aim of our study was to determine whether high states of dissociative experience would specifically alter emotional learning, but not declarative knowledge. **METHODS:** We used an aversive differential delay conditioning procedure in 33 unmedicated patients with borderline personality disorder (BPD) and 35 healthy controls. **RESULTS:** Patients with BPD who had high state dissociative experiences (BPD D+) showed diminished acquisition of differential aversive delay conditioning with respect to emotional learning compared with those who did not experience dissociative symptoms (BPD D-) and healthy controls (skin conductance response; interaction dissociation x quadratic time x type, $p = 0.009$). Specifically, the control group and the BPD D- subgroup showed an increase in valence and arousal to the conditioned stimulus (CS+) during the conditioning procedure (all $p < 0.012$) and demonstrated differential skin conductance responses in the acquisition and extinction phases. In contrast, the BPD D+ subgroup showed no increase in valence and arousal to CS+ or differential response regarding skin conductance. We examined general psychopathology, trauma history, perceptual differences and posttraumatic stress disorder as confounding factors, but we found no evidence of bias. **LIMITATIONS:** Subdividing the BPD group reduced power. In addition, because our sample included only women, the generalizability of our results is constrained. Furthermore, we performed no separate analysis of the influence of different aspects of dissociation on the learning process. **CONCLUSION:** Emotional, amygdala-based learning processes seem to be inhibited during state dissociative experience. State dissociative experience may alter acquisition and extinction processes and should be closely monitored in exposure-based psychotherapy.

PMID: 19448852 [PubMed - indexed for MEDLINE]

17: BMC Psychiatry. 2009 May 16;9:23.

Returning home: forced conscription, reintegration, and mental health status of former abductees of the Lord's Resistance Army in northern Uganda.

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BACKGROUND: Since the late 1980s, the Lord's Resistance Army (LRA), a spiritualist rebel group in northern Uganda, has killed and mutilated thousands of civilians and abducted an estimated 52,000 to 75,000 people to serve as soldiers, porters, and sex slaves for its commanders. This study examines the types of violence to which former abductees have been exposed and the extent to which these acts have affected their psychological well-being. **METHODS:** This is a cross-sectional study of 2,875 individuals selected through a multi-stage stratified cluster sampling design conducted in 8 districts of northern Uganda.

Multivariate logistic regressions were performed with symptoms for Post-traumatic Stress Disorder (PTSD) and depression as the main outcome measures. RESULTS: One-third of the respondents (33%) self-reported having experienced abduction (49% among the Acholi, the largest tribal group in northern Uganda). Over half (56%) of all the respondents and over two-thirds of those who experienced abduction met the criteria for symptoms of post-traumatic stress disorder (PTSD). Multivariate analysis shows that several factors increased the risk of former LRA abductees developing symptoms of PTSD. These factors included gender (females were more susceptible than males), being a member of the Acholi ethnic group, participating in or witnessing a cumulative number of traumatic events, and encountering difficulties re-integrating into communities after abduction. Factors associated with increased risk of meeting criteria for symptoms of depression included older age of males at the time of abduction, lower score on social relationship scale, high incidence of general traumatic event exposure, high incidence of forced acts of violence, and problems reintegrating into communities after abduction. CONCLUSION: Abduction and forced conscription of civilians has affected the psychological well-being of a significant number of northern Ugandans. The sources of psychological trauma are multiple, ranging from witnessing to being forced to commit violent acts, and compounded by prolonged exposure to violence, often for months or years. Community-based mental health care services and reintegration programs are needed to facilitate the reintegration of former abductees back into their communities.

PMID: 19445689 [PubMed - indexed for MEDLINE]

18: BMC Psychiatry. 2009 May 13;9:22.

Treating children traumatized by war and Tsunami: a comparison between exposure therapy and meditation-relaxation in North-East Sri Lanka.

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BACKGROUND: The North-Eastern part of Sri Lanka had already been affected by civil war when the 2004 Tsunami wave hit the region, leading to high rates of posttraumatic stress disorder (PTSD) in children. In the acute aftermath of the Tsunami we tested the efficacy of two pragmatic short-term interventions when applied by trained local counselors. METHODS: A randomized treatment comparison was implemented in a refugee camp in a severely affected community. 31 children who presented with a preliminary diagnosis of PTSD were randomly assigned either to six sessions Narrative Exposure Therapy for children (KIDNET) or six sessions of meditation-relaxation (MED-RELAX). Outcome measures included severity of PTSD symptoms, level of functioning and physical health. RESULTS: In both treatment conditions, PTSD symptoms and impairment in functioning were significantly reduced at one month post-test and remained stable over time. At 6 months follow-up, recovery rates were 81% for the children in the KIDNET group and 71% for those in the MED-RELAX group. There was no significant difference between the two therapy groups in any outcome measure. CONCLUSION: As recovery rates in the treatment groups exceeded the expected rates of natural recovery, the study provides preliminary evidence for the effectiveness of NET as well as meditation-relaxation techniques when carried out by trained local counselors for the treatment of PTSD in children in the direct aftermath of mass disasters. TRIAL REGISTRATION: ClinicalTrials.gov Identifier:NCT00820391.

PMID: 19439099 [PubMed - indexed for MEDLINE]

19: Dialogues Clin Neurosci. 2009;11(1):91-9.

Post-traumatic stress disorder diagnosis in children: challenges and promises.

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Children and adolescents experience high rates of potentially traumatic experiences. Many children subsequently develop mental health problems, including post-traumatic stress disorder (PTSD) symptoms. Accurately diagnosing PTSD in children is challenging. This paper reviews the following important issues: (i) the specificity of the PTSD diagnosis; (ii) children who are symptomatic and impaired but do not have enough symptoms for the diagnosis of PTSD; (iii) developmental considerations for preschool and school-age children; and (iv) a variety of assessment challenges that reflect the difficulty and complexity of interviewing children and caregivers about these symptoms. Despite these challenges, PTSD remains the best construct for clinical and research work with trauma survivors. Pediatric PTSD criteria are valuable for identifying children at risk and in need of treatment, and can be even more helpful when developmentally modified in ways that are discussed.

PMID: 19432391 [PubMed - indexed for MEDLINE]

20: Australas Psychiatry. 2009 Jun;17(3):240-2.

Hallucinations arising in the context of torn attachment, traumatic childhood and tapeworms.

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OBJECTIVE: The aim of this paper is to describe the processes underlying psychotic symptoms in an adolescent who presented to our service at the age of 15 years. **CONCLUSION:** A teenage female presented having experienced her early childhood in a war-torn third-world country, during which time her mother died, and she suffered worm infestation, neglect and trauma, before being adopted by a family in a developed country, where she lived for several years prior to relocating to Australia. The presenting complaints included longstanding anxiety, depressive and dissociative symptoms, with subsequent behavioural problems and learning difficulties. More recently, she had developed auditory hallucinations, and the antipsychotic she had been taking was beneficial. An MRI of the brain demonstrated lesions in keeping with healed parasitic disease (neurocysticercosis). The patient's hallucinations are discussed in the context of the relationship between a traumatic childhood and psychosis, and neurocysticercosis. Within months of her presentation, the hallucinations resolved as her step-mother became more available. Her antipsychotic medication is being carefully decreased, and the patient is engaging in psychological therapies to deal with her past trauma and disrupted attachment.

PMID: 19404821 [PubMed - indexed for MEDLINE]

21: J Clin Psychiatry. 2009 May;70(5):748-55.

Refining posttraumatic stress disorder diagnosis: evaluation of symptom criteria with the National Survey of Adolescents.

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OBJECTIVE: To compare the prevalence estimates, comorbidity rates, and structural validity of a revised symptom criteria set for the diagnosis of posttraumatic stress disorder (PTSD) with those of the DSM-IV criteria in a representative community sample of adolescents. **METHOD:** Cross-sectional data from the National Survey of Adolescents, a 1995 household probability sample of 4,023 adolescents aged 12-17 years, were examined. DSM-IV PTSD symptoms were assessed with a modification of the National Women's Study PTSD module. Three- and 4-factor DSM-IV models were compared to a 2-factor PTSD model that deleted symptoms potentially overlapping with depression or other anxiety disorders. Comorbidity was assessed using DSM-IV criteria for major depressive episodes and substance use disorders. **RESULTS:** PTSD prevalence varied across models (ie, 5.2%-8.8%, lifetime; 3.2%-5.7%, past 6 months). When the 2-factor model was used with a proportionate symptom threshold, lifetime PTSD prevalence was comparable to that with the 3-factor DSM-IV model, and major depressive episode comorbidity was reduced by 9%-14%. Comorbidity with substance use disorders was comparable across models. Structural validity, tested with confirmatory factor analyses, showed that the 2-factor model and a 4-factor DSM-IV model were superior to the DSM-IV 3-factor model. **CONCLUSION:** Compared to the DSM-IV 3-factor PTSD model, a 2-factor model that removed depression and anxiety symptoms and used a proportionate symptom threshold may produce comparable lifetime PTSD prevalence estimates, reduced PTSD-depression comorbidity, and superior structural validity (comparable to a 4-factor PTSD model) when applied to community samples of adolescents. Further research on PTSD structure and diagnosis with adolescents is warranted. Copyright 2009 Physicians Postgraduate Press, Inc.

PMID: 19389336 [PubMed - indexed for MEDLINE]

22: Int J Soc Psychiatry. 2009 May;55(3):226-37.

Parenting support and PTSD in children of a war zone.

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BACKGROUND: The protective role of parenting factors on the mental well-being of children exposed to war trauma remains an under-researched area. **AIM:** To establish the relationship between perceived positive parenting support and post-traumatic stress disorder (PTSD) symptoms in children exposed to war trauma. **METHODS:** A random sample of 412 children aged 12-16 years was selected from the Gaza Strip and was assessed using the Gaza Traumatic Events Checklist (GTEC), the SCID (DSM-IV) and the Perceived Parenting Support Scale (PPSS). **RESULTS:** Palestinian children were exposed to different types of war-traumatic events. The number of exposed traumatic events was independently associated with the severity of post-traumatic symptoms scores or the diagnosis of PTSD, while perceived parenting support was found to act as a protective factor in this association. **CONCLUSIONS:** Interventions in war zones need to ensure the minimal possible disruption to communities and family units, and to involve parents in preventive or treatment programmes for children exposed to trauma.

PMID: 19383666 [PubMed - indexed for MEDLINE]

23: Psychiatry Res. 2009 Jun 30;172(3):226-34. Epub 2009 Apr 5.

Converging evidence for abnormalities of the prefrontal cortex and evaluation of midsagittal structures in pediatric posttraumatic stress disorder: an MRI study.

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Volumetric imaging research has shown abnormal brain morphology in posttraumatic stress disorder (PTSD) when compared with control subjects. We present results on a study of brain morphology in the prefrontal cortex (PFC) and midline structures, via indices of gray matter volume and density, in pediatric PTSD. We hypothesized that both methods would demonstrate aberrant morphology in the PFC. Further, we hypothesized aberrant brainstem anatomy and reduced corpus callosum volume in children with PTSD. Twenty-four children (aged 7-14) with history of interpersonal trauma and 24 age- and gender-matched controls underwent structural magnetic resonance imaging (sMRI). Images of the PFC and midline brain structures were first analyzed using volumetric image analysis. The PFC data were then compared with whole brain voxel-based techniques using statistical parametric mapping (SPM). The PTSD group showed significantly increased gray matter volume in the right and left inferior and superior quadrants of the PFC and smaller gray matter volume in the pons and posterior vermis areas by volumetric image analysis. The voxel-by-voxel group comparisons demonstrated increased gray matter density mostly localized to ventral PFC as compared with the control group. Abnormal frontal lobe morphology, as revealed by separate-complementary image analysis methods, and reduced pons and posterior vermis areas are associated with pediatric PTSD. Voxel-based morphometry may help to corroborate and further localize data obtained by volume of interest methods in PTSD.

PMID: 19349151 [PubMed - indexed for MEDLINE]

24: J Child Psychol Psychiatry. 2009 Apr;50(4):432-40.

Development and validation of the Child Post-Traumatic Cognitions Inventory (CPTCI).

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BACKGROUND: Negative trauma-related cognitions have been found to be a significant factor in the maintenance of post-traumatic stress disorder (PTSD) in adults. Initial studies of such appraisals in trauma-exposed children and adolescents suggest that this is an important line of research in youth, yet empirically validated measures for use with younger populations are lacking. A measure of negative trauma-related cognitions for use with children and adolescents, the Child Post-Traumatic Cognitions Inventory (CPTCI), is presented. The measure was devised as an age-appropriate version of the adult Post-Traumatic Cognitions Inventory (Foa et al., 1999). **METHODS:** The CPTCI was developed and validated within a large (n = 570) sample, comprising community and trauma-exposed samples of children and adolescents aged 6-18 years. **RESULTS:** Principal components analysis suggested a two-component structure. These components were labelled 'permanent and disturbing change' and 'fragile person in a scary world', and were each found to possess good internal consistency, test-retest reliability, convergent validity, and discriminative validity. The reliability and validity of these sub-scales was present regardless of whether the measure was completed in the acute phase or several months after a trauma.

Scores on these sub-scales did not vary with age. **CONCLUSIONS:** The CPTCI is a reliable and valid measure that is not specific to the type of trauma exposure, and shows considerable promise as a research and clinical tool. The structure of this measure suggests that appraisals concerning the more abstract consequences of a trauma, as well as physical threat and vulnerability, are pertinent factors in trauma-exposed children and adolescents, even prepubescent children.

PMID: 19338628 [PubMed - indexed for MEDLINE]

25: Psychiatry Clin Neurosci. 2009 Apr;63(2):253.

Post-traumatic symptoms among the children and adolescents 2 years after the 2004 Niigata-Chuetsu earthquake in Japan.

Endo T, Shioiri T, Someya T.

Publication Types:

Letter

PMID: 19335402 [PubMed - indexed for MEDLINE]

26: Aust N Z J Psychiatry. 2009 Apr;43(4):373-85.

Vicarious trauma, secondary traumatic stress or simply burnout? Effect of trauma therapy on mental health professionals.

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OBJECTIVES: The aim of the present study was to perform an assessment for secondary traumatic stress (STS), vicarious trauma (VT) and workplace burnout for Australian mental health professionals involved in clinical practice. **METHODS:** Recruited directly by mail, randomly selected participants were invited to submit a questionnaire by post or online. Of the 480 participants contacted, 152 mental health professionals completed the questionnaire, which contained measures of STS, VT and burnout. **RESULTS:** Exposure to patients' traumatic material did not affect STS, VT or burnout, contradicting the theory of the originators of STS and VT. Rather, it was found that work-related stressors best predicted therapist distress. **CONCLUSIONS:** These findings have significant implications for the direction of research and theory development in traumatic stress studies, calling into question the existence of secondary trauma-related phenomena and enterprises aimed at treating the consultants.

PMID: 19296294 [PubMed - indexed for MEDLINE]

27: J Clin Child Adolesc Psychol. 2009 Mar;38(2):295-300.

Prevalence and correlates of drug/alcohol-facilitated and incapacitated sexual assault in a nationally representative sample of adolescent girls.

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Incapacitated/drug-alcohol facilitated sexual assault (IS/DAFS) is rapidly gaining recognition as a distinct form of assault with unique public health implications. This study reports the prevalence, case characteristics, and associated health risks of IS/DAFS using a large, nationally representative

sample of 1,763 adolescent girls. Results indicate that 11.8% of girls experienced at least one form of sexual assault; 2.1% of the total sample experienced IS/DAFS. Thus IS/DAFS accounted for 18% of all reported sexual assaults, with a prevalence of 4.0% among girls 15 to 17 years of age and 0.7% among girls 12 to 14 years of age. Girls with a history of IS/DAFS were significantly more likely than girls with other sexual assault histories to report past-year substance abuse but not significantly more likely than girls with other sexual assault histories to report past-year depression or posttraumatic stress disorder.

PMID: 19283607 [PubMed - indexed for MEDLINE]

28: Child Adolesc Psychiatr Clin N Am. 2009 Apr;18(2):339-52, viii.
Suicidality in pediatric bipolar disorder.

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This article describes what is known about the epidemiology of suicidal ideation and behavior in pediatric bipolar disorder. Risk factors associated with suicidality in this population are reviewed in detail. Clinical recommendations for assessment, management and treatment are provided based on the literature to date.

PMID: 19264267 [PubMed - indexed for MEDLINE]

29: Child Adolesc Psychiatr Clin N Am. 2009 Apr;18(2):291-319, vii-viii.
Comorbidity in pediatric bipolar disorder.

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The growing literature shows the pervasiveness and importance of comorbidity in youth with bipolar disorder (BPD). For instance, up to 90% of youth with BPD have been described to manifest comorbidity with attention-deficit hyperactivity disorder. Multiple anxiety, substance use, and disruptive behavior disorders are the other most commonly reported comorbidities with BPD. Moreover, important recent data highlight the importance of obsessive-compulsive and pervasive developmental illness in the context of BPD. Data suggest that not only special developmental relationships are operant in the context of comorbidity but also that the presence of comorbid disorders with BPD results in a more severe clinical condition. Moreover, the presence of comorbidity has therapeutic implications for the treatment response for both BPD and the associated comorbid disorder. Future longitudinal studies to address the relationship and the impact of comorbid disorders on course and therapeutic response over time are required in youth with BPD.

PMID: 19264265 [PubMed - indexed for MEDLINE]

30: Scand J Psychol. 2009 Jun;50(3):251-7. Epub 2009 Feb 19.
Traumatic stress and psychological adjustment in treatment-seeking women sexually abused in childhood: a follow-up.

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The objective of this study was to assess post-traumatic stress disorder (PTSD), psychological distress, and risk factors among women sexually abused in childhood (CSA) after six months in therapy. Thirty in-treatment CSA survivors reported their abuse history and filled out several questionnaires. Comparisons were made to a non-CSA in-treatment sample. Although, 50% of the CSA women still had PTSD, there was a remarkable decrease in PTSD symptoms (Cohen's $d=1.06$). A considerable change in self-worth and in attachment styles was found. It was concluded that CSA survivors benefit much from 6 months of weekly treatment. However, it is recommended that treatment should continue for a still longer period.

PMID: 19254276 [PubMed - indexed for MEDLINE]

31: Arch Womens Ment Health. 2009 Apr;12(2):69-74. Epub 2009 Feb 24.

Validity of the Kessler 10 (K-10) in detecting DSM-IV defined mood and anxiety disorders among pregnant women.

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It has been suggested that women experience depression most commonly in the childbearing years and that reproductive events such as pregnancy and child birth may coincide with the onset of mood and anxiety disorders in women. Therefore, a brief screening tool, with good sensitivity/specificity for psychiatric diagnoses that could be administered to pregnant women would be a valuable and useful proxy measure. We assessed the validity of the K-10, using the SCID as the gold standard, in a sample of 129 healthy pregnant women who presented for care at midwife obstetric units in Cape Town, South Africa. A receiver-operating characteristic curve (ROC) analysis indicated that the K-10 showed agreeable sensitivity and specificity in detecting depression (area under the receiver-operating characteristic curve, 0.66), posttraumatic stress disorder (0.69), panic disorder (0.71), and social phobia (0.76). The K-10 may be a useful screening measure for mood and anxiety disorders in pregnant women.

PMID: 19238521 [PubMed - indexed for MEDLINE]

32: Int J Clin Exp Hypn. 2009 Apr;57(2):184-97.

Hypnotherapeutic olfactory conditioning (HOC): case studies of needle phobia, panic disorder, and combat-induced PTSD.

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The authors developed a technique, which they call hypnotherapeutic olfactory conditioning (HOC), for exploiting the ability of scents to arouse potent emotional reactions. During hypnosis, the patient learns to associate pleasant scents with a sense of security and self-control. The patient can subsequently use this newfound association to overcome phobias and prevent panic attacks. This may be especially effective for posttraumatic stress disorder (PTSD) with episodes of anxiety, flashbacks, and dissociation triggered by smells. The authors present 3 cases, patients with needle phobia, panic disorder, and

combat-induced PTSD who were successfully treated with the HOC technique.

PMID: 19234966 [PubMed - indexed for MEDLINE]

33: Eur J Pediatr Surg. 2009 Feb;19(1):10-3. Epub 2009 Feb 16.

Surgical aspects of child sexual abuse.

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BACKGROUND: The aim of the study was to examine the child sexual abuse cases recognized in a pediatric surgery unit and to highlight the surgical aspects and obstacles that medical professionals face when managing child sexual abuse. A second objective was to analyze the effect of a new legislative system on the legal action taken to protect children. **MATERIAL AND METHODS:** A retrospective study of child sexual abuse cases documented in our institute from 1987 to 2007 was carried out. Data collected included gender, age, complaints, evaluation, and the suspected perpetrator at the time of recognition of abuse. The patients were divided into two groups. Group I included victims between 2 and 8 years of age. Group II consisted of persons between 9 and 25 years of age. The patients were additionally grouped according to the type of surgical presentation and the legislative action taken. The legal action taken to protect the children was analyzed for two eras. Era one was prior to the year 2005. Era two extended from 2005-2007. The legal action taken to protect children in those two different eras was compared. **RESULTS:** A total of seventy-eight cases of child sexual abuse were diagnosed out of 54,000 patients, giving an incidence of 0.14 %. Twenty-two (28.2 %) of the cases of child sexual abuse were boys. Three cases (3.9 %) were non Saudi. The perpetrator could not be identified in 21 cases (26.9 %). The perpetrator was related to the family of the child in 42/78 (53.8 %) of cases. The father was involved in 29 (37.2 %) of cases. Fifty-six (71.8 %) cases of child sexual abuse presented as surgical conditions. Dysfunctional elimination syndrome (DES) was the main symptom in 11/78 abused children (14.1 %). Eight (61.5 %) of 13 girls presenting with genital trauma were younger than 8 years of age. Seventeen (22 %) cases presenting either with acute or late posttraumatic stress disorder (PTSD) were older than 7 years of age. Eight patients (10.3 %) were disabled children. Eight families (10.2 %) had a low socioeconomic status. Thirteen cases (16.7 %) were referred to the legal authorities. **CONCLUSION:** Pediatric surgeons and pediatric urologists should consider child sexual abuse when dealing with patients in whom the signs and symptoms do not fit the original pathology. The main factor that would protect and prevent child sexual abuse would be to establish a program of collaboration between all authorities involved.

PMID: 19221946 [PubMed - indexed for MEDLINE]

34: Eur Child Adolesc Psychiatry. 2009 Jun;18(6):384-91. Epub 2009 Feb 16.

Over-time changes in PTSD and depression among children surviving the 1999 Istanbul earthquake.

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OBJECTIVE: To follow-up on child and adolescent victims with full criteria of PTSD and depression, and to examine the impact of treatment. **METHOD:** One to two months following a 7.4-magnitude quake in Turkey, 160 students were examined by

self-report questionnaire, psychiatric interview, clinician-administered post-traumatic stress disorder scale (CAPS), and depression and anxiety inventories. At baseline, 96 students were diagnosed with PTSD, and 49 had comorbid depression with anxiety symptoms. After 18-20 months, 74 of 96 students were found and reassessed by psychiatric interview and CAPS; 25 had been treated with cognitive-behavioral therapy (CBT) and pharmacotherapy, and 49 did not have any treatment. Binary logistic regression was used to identify significant predictors of persistent PTSD. Variables entered included pre-quake, quake and post-quake factors, having co-morbid depression upon initial interview, receipt of drug therapy, and number of months of CBT. RESULTS: At follow-up, many had symptoms of PTSD with anxiety, but only 14 subjects met the full criteria of PTSD, and four students had major depression with anxiety symptoms. Only one variable--having been in serious personal danger during the quake (e.g., trapped in the house or under rubble)--was significantly associated with being symptomatic at follow-up. CONCLUSION: Regardless of receipt of treatment, diagnoses of PTSD and depression were much reduced. More research is needed about resiliency factors.

PMID: 19221855 [PubMed - indexed for MEDLINE]

35: J Child Psychol Psychiatry. 2009 Apr;50(4):441-50. Epub 2008 Feb 10.

Prevalence and mental health correlates of witnessed parental and community violence in a national sample of adolescents.

Zinzow HM, Ruggiero KJ, Resnick H, Hanson R, Smith D, Saunders B, Kilpatrick D. Department of Psychology, Clemson University, USA. hzinzow@clemson.edu

BACKGROUND: Although research suggests that witnessed violence is linked to adverse mental health outcomes among adolescents, little is known about its prevalence or its significance in predicting psychiatric symptoms beyond the contribution of co-occurring risk factors. The purpose of this study was to identify the national prevalence of witnessed parental and community violence and to examine these life stressors as independent risk factors for posttraumatic stress disorder (PTSD) and major depressive episode (MDE) among adolescents. A secondary aim was to determine which characteristics of witnessed violence were associated with mental health outcomes. METHOD: Participants were 3,614 adolescents recruited from a 2005 US national household probability sample who completed structured telephone interviews assessing witnessed violence and Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV) criteria for PTSD and MDE. RESULTS: National prevalence of witnessed parental violence and witnessed community violence was estimated to be 9% and 38%, respectively. Both forms of witnessed violence predicted PTSD and MDE beyond variance accounted for by age, gender, race/ethnicity, income, and other traumatic event history. Perceptions of threat, repeated violence exposure, location of the violence, and relationship to the victim were associated with psychiatric diagnoses. CONCLUSIONS: Findings suggest that witnessed violence represents a significant public health burden with implications for psychological assessment and prevention efforts.

PMID: 19220624 [PubMed - indexed for MEDLINE]

36: Acta Psychiatr Scand. 2009 Apr;119(4):330-1; discussion 331. Epub 2009 Feb 8.

Further evidence that post-traumatic stress disorder but not dissociative disorders are related to amygdala and hippocampal size reduction in trauma-exposed individuals.

Irle E, Lange C, Sachsse U, Weniger G.

Publication Types:

Letter

PMID: 19207126 [PubMed - indexed for MEDLINE]

37: Cien Saude Colet. 2009 Mar-Apr;14(2):487-96.

Measuring child exposure to violence and mental health reactions in epidemiological studies: challenges and current issues.

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This paper examines challenges and current issues involved in measuring exposure to different types of violence which are associated mental health problems in children and adolescents. Standardized measures suitable for epidemiological studies, selected based on their relevance in the current literature, are briefly described and commented. The assessment of child's exposure to violence may focus on a specific event (e.g., kidnapping), a specific context (e.g., war) or even of a certain type of exposure (e.g., intrafamilial physical violence). The assessment of child mental health after exposure to violence has traditionally focused on posttraumatic stress disorder (PTSD) - most frequently measured through non-diagnostic scales. However, other mental health reactions may be present and screening as well as diagnostic instruments which may be used to assess these reactions are also described. Two issues of emerging importance - the assessment of impairment and of traumatic grief in children - are also presented. Availability of culturally appropriate instruments is a crucial step towards proper identification of child mental health problems after exposure to violence.

PMID: 19197423 [PubMed - indexed for MEDLINE]

38: Cien Saude Colet. 2009 Mar-Apr;14(2):417-33.

[Violence and post-traumatic stress disorder in childhood]

[Article in Portuguese]

Ximenes LF, de Oliveira Rde V, de Assis SG.

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This study presents the prevalence of symptoms of Posttraumatic Stress Disorder (PTSD) in 500 schoolchildren (6-13 years old) in São Gonçalo, Rio de Janeiro. It also investigates the association between PTSD, violence and other adverse events in the lives of these children. The multi-stage cluster sampling strategy involved three selection stages. Parents were interviewed about their children's behavior. The instrument used to screen symptoms of PTSD was the Child Behavior Checklist-Posttraumatic Stress Disorder Scale (CBCL-PTSD). Conflict Tactics Scales (CTS) were applied to evaluate family violence and other scales to investigate the socioeconomic profile, familiar relationship, characteristics and adverse events in the lives of the children. Multivariate analysis was performed using a hierarchical model with a significance level of 5%. The prevalence of clinical symptoms of PTSD was of 6.5%. The multivariate analysis suggested an

explanation model of PTSD characterized by 18 variables, such as the child's characteristics; specific life events; family violence; and other family factors. The results reveal that it is necessary to work with the child in particularly difficult moments of his/her life in order to prevent or minimize the impact of adverse events on their mental and social functioning.

PMID: 19197417 [PubMed - indexed for MEDLINE]

39: J Womens Health (Larchmt). 2009 Feb;18(2):261-7.

Medical conditions and symptoms associated with posttraumatic stress disorder in low-income urban women.

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BACKGROUND: Epidemiological studies have consistently reported rates of posttraumatic stress disorder (PTSD) in women that are twice that of men. In men and women, PTSD has been associated with comorbid medical conditions, medical symptoms and lower self-rating of health. In low-income urban women, rates of PTSD are even more elevated than in suburban women and may be related to observed health disparities. **METHODS:** In this study, 250 women seeking healthcare at an urban clinic were interviewed for a PTSD diagnosis, major depressive disorder (MDD), the experience of traumatic events, the experience of current and past common medical conditions and symptoms, and subjective rating of health. A chart review was used to assess healthcare use in the past year. **RESULTS:** More current (5.2 vs. 3.8, $p < 0.05$) and past medical conditions (4.6 vs. 3.3, $p < 0.05$) were reported by women with a lifetime history of PTSD than by women without this history, after controlling for demographics and current depression. Women with lifetime PTSD also had more annual clinic appointments (5.9 vs. 3.8 $p < 0.03$) and were 2.4 times ($p < 0.05$) more likely to report lower appraisal of their physical health. **CONCLUSIONS:** These findings suggest that urban health-seeking women with PTSD experience health impairments that may cause increased morbidity and that healthcare providers should consider the health ramifications of PTSD when providing medical care to women.

PMID: 19183098 [PubMed - indexed for MEDLINE]

40: J Consult Clin Psychol. 2009 Feb;77(1):138-48.

Trajectories of resilience, resistance, and distress during ongoing terrorism: the case of Jews and Arabs in Israel.

Hobfoll SE, Palmieri PA, Johnson RJ, Canetti-Nisim D, Hall BJ, Galea S.
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This is the 1st longitudinal examination of trajectories of resilience and resistance (rather than ill-being) among a national sample under ongoing threat of mass casualty. The authors interviewed a nationally representative sample of Jews and Arabs in Israel ($N = 709$) at 2 times during a period of terrorist and rocket attacks (2004-2005). The resistance trajectory, exhibiting few or no symptoms of traumatic stress and depression at both time points, was substantially less common (22.1%) than has previously been documented in studies following single mass casualty events. The resilience trajectory, exhibiting initial symptoms and becoming relatively nonsymptomatic, was evidenced by 13.5% of interviewees. The chronic distress trajectory was documented among a majority

of participants (54.0%), and a small proportion of persons were initially relatively symptom-free but became distressed (termed delayed distress trajectory; 10.3%). Less psychosocial resource loss and majority status (Jewish) were the most consistent predictors of resistance and resilience trajectories, followed by greater socioeconomic status, greater support from friends, and less report of posttraumatic growth.

PMID: 19170460 [PubMed - indexed for MEDLINE]

41: Eur Child Adolesc Psychiatry. 2009 May;18(5):274-83. Epub 2009 Jan 20.
Polytraumatization and psychological symptoms in children and adolescents.

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Previous research on the impact of traumatic experiences in children and adolescents has focused almost entirely on the effect of single trauma. Research on cumulative traumas has been lacking, but Finkelhor (Child Abuse Negl 31:7-26, 2007) has recently directed the attention to the concept of polyvictimization. As an extension of this concept, this study examined the impact of polytraumatization, operationalized as the number of different potentially traumatic events. The study population comprised two cross-sectional samples of school-aged children (n = 270) and adolescents (n = 400). Information of life-time incidence of traumatic events was collected by the life incidence of traumatic events (LITE), and psychological symptoms by the parent version of the strengths and difficulties questionnaire (SDQ) for the school children and the self-report trauma symptom checklist for children (TSCC) for the adolescents. We found that exposure to at least one traumatic event was common in both the samples (63% of the children and 89.5% of the adolescents). The number of different traumatic events, polytraumatization, was highly predictive of symptoms in both samples, and with a few exceptions surpassed the impact of specific events in exploratory analyses. We furthermore replicated previous findings of the important impact of interpersonal over non-interpersonal events on symptoms in both samples, and found an indication that this effect differed by gender in different manners in the two samples. This study emphasizes the significance of both the quantity of traumatic events, polytraumatization, as well as the quality, interpersonal events.

PMID: 19156354 [PubMed - indexed for MEDLINE]

42: J Abnorm Child Psychol. 2009 May;37(4):455-68.
Impact of traumatic life events in a community sample of toddlers.

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Toddlers may be at particularly high risk for a number of psychiatric, developmental and neurobiological consequences in the aftermath of trauma. The social and emotional impact of potentially traumatic life events experienced between 6 and 36-months of age was assessed in an epidemiological birth cohort of 18- to 36-month-olds from the Greater New Haven Area. Event-exposed toddlers evidenced greater symptom severity on the ITSEA Internalizing, Externalizing, Dysregulation, Atypical and Maladaptive scales, as well on the CBCL Internalizing

and Externalizing scales than those not exposed. Approximately one-fifth of event-exposed toddlers were reported by their parents to have experienced a dramatic change in functioning following the event, and were described as experiencing higher levels of symptoms consistent with Post-Traumatic Stress Disorder (PTSD), namely re-experiencing and arousal, than exposed toddlers whose parents did not report a change in their functioning. Implications for clinicians and child care providers working with toddlers and their parents are discussed.

PMID: 19034643 [PubMed - indexed for MEDLINE]

43: Intensive Crit Care Nurs. 2009 Apr;25(2):72-9. Epub 2008 Nov 18.

The impact on parents of a child's admission to intensive care: integration of qualitative findings from a cross-sectional study.

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OBJECTIVES: In this study, parents were asked which aspects of their experience of having a child in intensive care had caused them the most distress and how they continued to be affected by these experiences. **RESEARCH METHODOLOGY:** Semi-structured interviews held with 32 mothers and 18 fathers of children admitted to a paediatric intensive care unit 8 months earlier, were audiotaped, transcribed and subjected to a thematic analysis. **SETTING:** The setting was an eight-bed paediatric intensive care unit in an inner city teaching hospital. **RESULTS:** Significant themes included the vividness of parents' memories of admission; the intensity of distress associated with times of transition and the lasting impact of their experience, in terms both of the ongoing need to protect their child and in relation to their priorities in life. Fathers reported different coping strategies, spent less time on the unit and were less likely than mothers to report fearing that their child would die. **CONCLUSIONS:** Parents report significant and persisting distress. Further research is needed on how best to support them acutely and in the longer term.

PMID: 19019677 [PubMed - indexed for MEDLINE]

44: J Pediatr Psychol. 2009 May;34(4):389-95. Epub 2008 Aug 9.

Brief report: diurnal salivary cortisol in youth--clarifying the nature of posttraumatic stress dysregulation.

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OBJECTIVE: The purpose of this study was to clarify the nature of diurnal salivary cortisol dysregulation in youth who experience posttraumatic stress (PTS). **METHOD:** Diurnal trends in salivary cortisol secretion were examined in a sample of 41 youth aged 10-16 years (26 youth exposed to interpersonal traumas and 15 control participants with no PTS) using hierarchical linear modeling. **RESULTS:** Cortisol levels were characterized by curvilinear trends in secretion (i.e., sharp declines from prebreakfast to prelunch followed by smaller decreases from prelunch to predinner with a leveling-off or slight increase from predinner to prebed assessment). Results further indicated that youth with PTS had sharper morning declines and relatively higher evening levels (i.e., a greater curve in the daily trend) than nontraumatized youth. **CONCLUSIONS:** Findings help to elucidate the physiological basis for altered arousal patterns in youth with PTS.

Traumatized youth showed wider daily fluctuations in cortisol levels when these trends were modeled in a curvilinear fashion. The findings help to describe the nature of stress dysregulation in trauma-exposed youth and may have implications for clarifying some of the apparent inconsistencies in the literature.

PMID: 18689854 [PubMed - indexed for MEDLINE]

45: J Affect Disord. 2009 Mar;113(3):244-54. Epub 2008 Jul 7.

Predictors of parental physical abuse: the contribution of internalizing and externalizing disorders and childhood experiences of abuse.

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BACKGROUND: The deleterious effects of childhood abuse have been a focus of much research; however, the causes of parental physical abuse are less well documented. Research with clinical samples suggests that individuals who display abusive behaviors are more likely to have a history of childhood abuse and higher rates of internalizing and externalizing disorders. Whether childhood abuse and psychopathology contribute independently to parental abusive behaviors or if the association between childhood abuse and the parental physical abuse is mediated by the individual's psychopathology has not been studied empirically. **METHODS:** The current study is based on data from a representative sample (N=4141). Lifetime psychiatric diagnoses, childhood experiences of sexual and physical abuse, and physically abusive behaviors exhibited towards children were assessed. **RESULTS:** Internalizing and externalizing disorders partially mediated the association between childhood abuse and parental abuse. Nonetheless, the participant's internalizing disorders, externalizing disorders, and previous experiences of childhood abuse each independently predicted parental abuse. Further, the influence of childhood abuse was greater for women than men. **LIMITATIONS:** The data is cross-sectional, thus clear conclusions regarding causality cannot be made. **CONCLUSIONS:** There are multiple pathways in the etiology of parental abusive behaviors. Previous experiences of childhood abuse, internalizing disorders, and externalizing disorders each contribute to parental abuse. Individuals with psychiatric disorders or a history of childhood abuse are at an increased risk for abusive behaviors towards children in their care. Identifying such high-risk parents and providing parent training programs may be effective in lowering rates of child abuse.

PMID: 18603302 [PubMed - indexed for MEDLINE]

46: Int J Psychiatry Med. 2008;38(4):407-24.

Post-traumatic stress symptoms in adolescents after two murders in a school: a controlled follow-up study.

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OBJECTIVES: Two students were murdered by gunshot by another student. Among the classmates and the students in another school, we aimed to investigate the factors on the fifth day of trauma to be predictive of higher post-traumatic stress symptoms (PTSS) scores five months later. **METHODS:** The adolescents attending the school (School A: acute phase n:41; second phase n:57; follow-up group n:35) where the event had occurred, and the adolescents attending a school (School B: acute phase n:98; second phase n:57) of similar statue were included.

They had completed "Trauma Questionnaire" (TQ), "Childhood Post Traumatic Stress Disorder-Reaction Index" (CPTSD-RI), "Beck Depression Inventory" (BDI), and "State-Trait Anxiety Inventory" (STAI) both 5 days and 5 months after the event. RESULTS: Both 5 days and 5 months after the trauma, students in school A, and the girls in both schools had significantly higher CPTSD-RI scores. Nine students (25.7%) in the follow-up group were found to have CPTSD-RI scores higher than 39, indicating severe PTSD symptoms. The CPTSD-RI scores of this group 5 months after the trauma were significantly correlated with the several scores of the acute term (CPTSD-RI [$r: .76, p < .001$]; BDI [$r: .56, p: .001$]; STAI-state [$r: .49, p: .004$]). CONCLUSION: Results reveal that a murder of a peer triggers post-traumatic stress symptoms in a vast majority of the 16-year-old adolescents even without directly witnessing the event. The severity of PTSS significantly increases as the adolescent is in closer relationship with the victim. The concomitant depression and/or anxiety with acute stress symptoms 5 days after the trauma, female gender, and worse school performance were found to be significantly related to the development of more severe PTSS 5 months later.

PMID: 19480355 [PubMed - indexed for MEDLINE]