

October-December, 2014 PILOTS Topic Alert

Aakvaag, H. F., S. Thoresen, et al. (2014). "Shame and guilt in the aftermath of terror: the Utoya Island study." *Journal of Traumatic Stress* 27(5): 618-621.

In recent years, there has been increased interest in trauma-related shame and guilt and their relationship to mental health. Little is known, however, about shame and guilt following mass traumas, such as terrorism. This study investigates the potential associations of trauma-related shame and guilt with posttraumatic stress (PTS) reactions after the terrorist attack of July 22, 2011 on Utøya Island in Norway. Interviews were conducted with 325 of the 490 survivors 4 to 5 months after the event. Multiple linear regression analyses were employed to investigate associations. In the month previous to the interview, 44.1% (n = 143) of participants had experienced at least some guilt for what happened during the attack, and 30.5% (n = 99) had experienced at least some shame. Shame and guilt were both uniquely associated with PTS reactions after adjusting for terror exposure, gender, and other potential confounders (frequent shame: B = 0.54, frequent guilt: B = 0.33). We concluded that trauma-related shame and guilt are related to mental health after mass trauma. [Author Abstract]

Agorastos, A., J. O. E. Pittman, et al. (2014). "The cumulative effect of different childhood trauma types on self-reported symptoms of adult male depression and PTSD, substance abuse and health-related quality of life in a large active-duty military cohort." *Journal of Psychiatric Research* 58: 46-54.

History of childhood trauma (CT) is highly prevalent and may lead to long-term consequences on physical and mental health. This study investigated the independent association of CT with symptoms of adult depression and posttraumatic stress disorder (PTSD), mental and physical health-related quality of life (HRQoL), as well as current tobacco consumption and alcohol abuse in a large homogenous cohort of 1254 never-deployed, young male Marines enrolled in the Marine Resiliency Study. Independent effects of CT history, number and type of CT on outcomes were analyzed using hierarchical multivariate logistic regression models. Our results suggested dose-dependent negative effect of an increasing number of trauma types of CT on depression, PTSD and HRQoL. Experience of single CT type demonstrated overall weak effects, while history of multiple CT types distinctively increased the likelihood of adult PTSD symptomology (OR: 3.1, 95% CI: 1.5-6.2), poor mental (OR: 2.3, 95% CI: 1.7-3.1) and physical HRQoL (OR: 1.4, 95% CI: 1.1-1.9). Risk for depression symptoms was similar for both single and multiple CT (OR: 2.2, 95% CI: 1.3-3.8 and OR: 2.1, 95% CI: 1.2-3.5 respectively). CT history had no effects on current tobacco use and alcohol abuse. Our study thus provides evidence for substantial additive effect of different CT types on adult mental and physical health with increasing levels of exposure. [Author Abstract] KEY WORDS: childhood trauma; PTSD; depression; health-related quality of life (HRQoL); mental health; substance abuse

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Al-Hadethe, A., N. C. Hunt, et al. (2014). "Prevalence of traumatic events and PTSD symptoms among secondary school students in Bagdad." *European Journal of Psychotraumatology* 5.

BACKGROUND: People in Iraq have been more or less continually exposed to war for more than three decades. Studies with Iraqi participants report high prevalence rates of posttraumatic stress disorder (PTSD) and related problems. **METHODS:** The aim of this study is to measure the prevalence of traumatic events and to screen the prevalence of PTSD symptoms among Iraqi secondary school students. Four self-report scales were administered to 403 secondary school students, aged 16-19 (61% male and 31% female). These scales were Baghdad Trauma History Screen, the Scale of Posttraumatic Stress Symptoms (SPTSS), Social Support Scale, and Scale of Religious Coping. **RESULTS:** The results showed that 84% of participants experienced at least one traumatic event. Of these, 61% fully met the criteria for PTSD; 65% of the females and 58% of the males. PTSD symptoms were correlated with 20 positive religious coping but not with social support. **CONCLUSION:** It's clear that traumatic events were speared widely among the participants and the result showed that the vast majority of participants were exposed to different types of traumatic events. In addition, many of the participants have met full PTSD criteria and others had partial PTSD. [Author Abstract] **KEY WORDS:** traumatic events; PTSD; secondary school students

Almli, L. M., R. Duncan, et al. (2014). "Correcting systematic inflation in genetic association tests that consider interaction effects: application to a genome-wide association study of posttraumatic stress disorder." *JAMA Psychiatry* 71(12): 1392-1399.

IMPORTANCE: Genetic association studies of psychiatric outcomes often consider interactions with environmental exposures and, in particular, apply tests that jointly consider gene and gene-environment interaction effects for analysis. Using a genome-wide association study (GWAS) of posttraumatic stress disorder (PTSD), we report that heteroscedasticity (defined as variability in outcome that differs by the value of the environmental exposure) can invalidate traditional joint tests of gene and gene-environment interaction. **OBJECTIVES:** To identify the cause of bias in traditional joint tests of gene and gene-environment interaction in a PTSD GWAS and determine whether proposed robust joint tests are insensitive to this problem. **DESIGN, SETTING, AND PARTICIPANTS:** The PTSD GWAS data set consisted of 3359 individuals (978 men and 2381 women) from the Grady Trauma Project (GTP), a cohort study from Atlanta, Georgia. The GTP performed genome-wide genotyping of participants and collected environmental exposures using the Childhood Trauma Questionnaire and Trauma Experiences Inventory. **MAIN OUTCOMES AND MEASURES:** We performed joint interaction testing of the Beck Depression Inventory and modified PTSD Symptom Scale in the GTP GWAS. We assessed systematic bias in our interaction analyses using quantile-quantile plots and genome-wide inflation factors. **RESULTS:** Application of the traditional joint interaction test to the GTP GWAS yielded systematic inflation across different outcomes and environmental exposures (inflation-factor estimates ranging from 1.07 to 1.21), whereas application of the robust joint test to the same data set yielded no such inflation (inflation-factor estimates ranging from 1.01 to 1.02). Simulated data further revealed that the robust joint

test is valid in different heteroscedasticity models, whereas the traditional joint test is invalid. The robust joint test also has power similar to the traditional joint test when heteroscedasticity is not an issue. CONCLUSIONS AND RELEVANCE: We believe the robust joint test should be used in candidate-gene studies and GWASs of psychiatric outcomes that consider environmental interactions. To make the procedure useful for applied investigators, we created a software tool that can be called from the popular PLINK package for analysis. [Author Abstract]

Andreatta, P. and N. Oberthaler (2014). ""Unerträgliche Ungewissheit": Über die Arbeit mit Angehörigen Vermisster = Excruciating uncertainty: working with partners and relatives of missing persons." *Trauma und Gewalt* 8(4): 314-323.

Various kinds of incidents can put people on the "missing persons" lists, including accidents, violence, suicide and disasters. Taking Germany as an example, 100,000 people every year are registered as missing, meaning that at least 500,000 other people are affected by these misfortunes, notably partners, significant others (friends, etc.) and relatives (children, parents, etc.) (Müller-Cyran, 2006). The aim of the present article is to focus on psychosocial work with the partners and relatives of missing persons from the perspective of helpers and counselors. The latter are confronted head on by the distress caused by the loss of the persons in question. This distress may take different forms: anxiety, the anguish of uncertainty, lack of information, severely fluctuating emotions, the "pillar-to-post" syndrome (division of responsibility among different authorities), etc. The data presented were gleaned from eight qualitative interviews conducted with helpers working with individuals or families who have lost contact with people close to them. The findings indicate that the specific stress profiles typically displayed by partners and relatives have a significant impact on their helpers. These latter are then affected by such things as mood swings between hope and despair, excruciating uncertainty, lack of potential for (professional) action, structures leading nowhere, lack of opportunity for grief rituals and the likelihood of escalation due to contradictory information and prolonged ongoing stress. [Author Summary] KEY WORDS: missing persons; crisis intervention; secondary trauma; trauma; violence

Birn, R. M., R. Patriat, et al. (2014). "Childhood maltreatment and combat posttraumatic stress differentially predict fear-related fronto-subcortical connectivity." *Depression and Anxiety* 31(10): 880-892.

BACKGROUND: Adult posttraumatic stress disorder (PTSD) has been characterized by altered fear-network connectivity. Childhood trauma is a major risk factor for adult PTSD, yet its contribution to fear-network connectivity in PTSD remains unexplored. We examined, within a single model, the contribution of childhood maltreatment, combat exposure, and combat-related posttraumatic stress symptoms (PTSS) to resting-state connectivity (rs-FC) of the amygdala and hippocampus in military veterans. METHODS: Medication-free male veterans (n = 27, average 26.6 years) with a range of PTSS completed resting-state fMRI. Measures including the Clinician-Administered PTSD Scale (CAPS), Childhood Trauma Questionnaire (CTQ), and Combat Exposure Scale (CES) were used to predict rs-FC using multilinear regression. Fear-network seeds included the amygdala and hippocampus. RESULTS: Amygdala: CTQ predicted lower connectivity to ventromedial prefrontal

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cortex (vmPFC), but greater anticorrelation with dorsal/lateral PFC. CAPS positively predicted connectivity to insula, and loss of anticorrelation with dorsomedial/dorsolateral (dm/dl)PFC. Hippocampus: CTQ predicted lower connectivity to vmPFC, but greater anticorrelation with dm/dlPFC. CES predicted greater anticorrelation, whereas CAPS predicted less anticorrelation with dmPFC. CONCLUSIONS: Childhood trauma, combat exposure, and PTSS differentially predict fear-network rs-FC. Childhood maltreatment may weaken ventral prefrontal-subcortical circuitry important in automatic fear regulation, but, in a compensatory manner, may also strengthen dorsal prefrontal-subcortical pathways involved in more effortful emotion regulation. PTSD symptoms, in turn, appear to emerge with the loss of connectivity in the latter pathway. These findings suggest potential mechanisms by which developmental trauma exposure leads to adult PTSD, and which brain mechanisms are associated with the emergence of PTSD symptoms. [Author Abstract] KEY WORDS: abuse; maltreatment; brain imaging; functional MRI; PTSD; trauma

Calkins, M. E., T. M. Moore, et al. (2014). "The psychosis spectrum in a young U.S. community sample: findings from the Philadelphia Neurodevelopmental Cohort." *World Psychiatry* 13(3): 296-305.

Little is known about the occurrence and predictors of the psychosis spectrum in large non-clinical community samples of U.S. youths. We aimed to bridge this gap through assessment of psychosis spectrum symptoms in the Philadelphia Neurodevelopmental Cohort, a collaborative investigation of clinical and neurobehavioral phenotypes in a prospectively accrued cohort of youths, funded by the National Institute of Mental Health. Youths (age 11-21; N57,054) and collateral informants (caregiver/legal guardian) were recruited through the Children's Hospital of Philadelphia and administered structured screens of psychosis spectrum symptoms, other major psychopathology domains, and substance use. Youths were also administered a computerized neurocognitive battery assessing five neurobehavioral domains. Predictors of psychosis spectrum status in physically healthy participants (N54,848) were examined using logistic regression. Among medically healthy youths, 3.7% reported threshold psychotic symptoms (delusions and/or hallucinations). An additional 12.3% reported significant subpsychotic positive symptoms, with odd/unusual thoughts and auditory perceptions, followed by reality confusion, being the most discriminating and widely endorsed attenuated symptoms. A minority of youths (2.3%) endorsed subclinical negative/disorganized symptoms in the absence of positive symptoms. Caregivers reported lower symptom levels than their children. Male gender, younger age, and non-European American ethnicity were significant predictors of spectrum status. Youths with spectrum symptoms had reduced accuracy across neurocognitive domains, reduced global functioning, and increased odds of depression, anxiety, behavioral disorders, substance use and suicidal ideation. These findings have public health relevance for prevention and early intervention. [Author Abstract] KEY WORDS: psychosis spectrum; U.S. youths; sub-psychotic positive symptoms; neurocognition; functional impairment

Chan, C. S. (2014). "Introduction to the special section: research on psychological issues and interventions for military personnel, veterans and their families." *Professional Psychology: Research and Practice* 45(6): 395-397.

This special issue presents some of the most recent research addressing the unique psychological issues, challenges, and variety of interventions for assessment and treatment of military personnel, veterans, and their families and friends. The articles in this section are divided into four categories. The first section addresses the provision of care to military veterans and the challenges that communities and the criminal justice system face in providing that care. The second section explores the dynamics of working with gender-sensitive issues and sexual- gender minority veterans. The third section focuses on the effects of deployment and the challenges faced by children, mothers, and spouses during deployment and reintegration. The fourth section addresses the experiences and treatment needs of partners, children, and adolescents in military families.

[Adapted from Text]

Creech, S. K., W. Hadley, et al. (2014). "The impact of military deployment and reintegration on children and parenting: a systematic review." *Professional Psychology: Research and Practice* 45(6): 452-464.

Hundreds of thousands of children have had at least 1 parent deploy as part of military operations in Iraq (Operation Iraqi Freedom; OIF; Operation New Dawn; OND) and Afghanistan (Operation Enduring Freedom; OEF). However, there is little knowledge of the impact of deployment on the relationship of parents and their children. This systematic review examines findings from 3 areas of relevant research: the impact of deployment separation on parenting, and children's emotional, behavioral, and health outcomes; the impact of parental mental health symptoms during and after reintegration; and current treatment approaches in veteran and military families. Several trends emerged. First, across all age groups, deployment of a parent may be related to increased emotional and behavioral difficulties for children, including higher rates of health-care visits for psychological problems during deployment. Second, symptoms of PTSD and depression may be related to increased symptomatology in children and problems with parenting during and well after reintegration. Third, although several treatments have been developed to address the needs of military families, most are untested or in the early stages of implementation and evaluation. This body of research suggests several promising avenues for future research. [Author Abstract] **KEY WORDS:** military; veterans; deployment; parenting

Cullen, K. R., M. K. Westlund, et al. (2014). "Abnormal amygdala resting-state functional connectivity in adolescent depression." *JAMA Psychiatry* 71(10): 1138-1147.

IMPORTANCE: Major depressive disorder (MDD) frequently emerges during adolescence and can lead to persistent illness, disability, and suicide. The maturational changes that take place in the brain during adolescence underscore the importance of examining neurobiological mechanisms during this time of early illness. However, neural mechanisms of depression in adolescents have been understudied. Research has implicated the amygdala in emotion processing in mood disorders, and adult depression studies have suggested amygdala-frontal connectivity deficits. Resting-state

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functional magnetic resonance imaging is an advanced tool that can be used to probe neural networks and identify brain-behavior relationships. **OBJECTIVE:** To examine amygdala resting-state functional connectivity (RSFC) in adolescents with and without MDD using resting-state functional magnetic resonance imaging as well as how amygdala RSFC relates to a broad range of symptom dimensions. **DESIGN, SETTING, AND PARTICIPANTS:** A cross-sectional resting-state functional magnetic resonance imaging study was conducted within a depression research program at an academic medical center. Participants included 41 adolescents and young adults aged 12 to 19 years with MDD and 29 healthy adolescents (frequency matched on age and sex) with no psychiatric diagnoses. **MAIN OUTCOMES AND MEASURES:** Using a whole-brain functional connectivity approach, we examined the correlation of spontaneous fluctuation of the blood oxygen level–dependent signal of each voxel in the whole brain with that of the amygdala. **RESULTS:** Adolescents with MDD showed lower positive RSFC between the amygdala and hippocampus, parahippocampus, and brainstem ($z > 2.3$, corrected $P < .05$) in contrast to negative amygdala-precuneus RSFC in the adolescents serving as controls. **CONCLUSIONS AND RELEVANCE:** Impaired amygdala-hippocampal/brainstem and amygdala-precuneus RSFC have not previously been highlighted in depression and may be unique to adolescent MDD. These circuits are important for different aspects of memory and self-processing and for modulation of physiologic responses to emotion. The findings suggest potential mechanisms underlying both mood and vegetative symptoms, potentially via impaired processing of memories and visceral signals that spontaneously arise during rest, contributing to the persistent symptoms experienced by adolescents with depression. [Author Abstract]

da Silva Franzin, L. C., M. Olandovski, et al. (2014). "Child and adolescent abuse and neglect in the city of Curitiba, Brazil." *Child Abuse and Neglect* 38(10): 1706-1714.

Identify and analyze cases of child and adolescent abuse and neglect in Curitiba, Brazil. This is an exploratory descriptive study that takes a quantitative approach. Secondary data from the reporting registry of the Network for the Protection of Children and Adolescents at Risk for Violence in Curitiba, Brazil, dating from 2004 to 2009, were analyzed. Variables included the victims' sociodemographic profile, place of notification, type, nature and severity of abuse, information about the author of the aggression or abuse, and physical lesions. The frequency distribution and associations between the variables were analyzed using the Chi-square test at a 5% significance level. The analysis of 19,316 records showed that domestic violence, abuse and neglect directed against children and adolescents were the most frequently recorded situation, with 17,082 cases (88.4%) distributed in the following manner: neglect, with 9742 reports (57.0%); physical violence, with 1341 reports (7.9%); sexual violence, with 796 reports (4.7%); psychological violence, with 574 reports (3.4%); and abandonment, with 190 reports (1.1%). Of the total, 43.9% were considered severe cases. The most affected age group was between 5 and 14 years of age, with balance between genders. In the majority of cases, the mother was registered as the author of the abuse or neglect. Physical sequelae (20.2%) mostly affected the head and upper and lower limbs, with consequent lesions manifesting as bruises, cuts, and fractures. An increase in the visibility of

domestic violence and children and adolescents abuse and neglect has been observed in the city during the last few years, suggesting the effectiveness of the reporting strategies proposed by the protection network. It is important to increase social security and public welfare policies to prevent child and adolescent abuse and neglect, focusing on family support. [Author Abstract] KEY WORDS: child abuse; neglect; domestic violence; maltreatment

Delker, B. C. and J. J. Freyd (2014). "From betrayal to the bottle: investigating possible pathways from trauma to problematic substance use." *Journal of Traumatic Stress* 27(5): 576-584.

Research in both community and clinical settings has found that exposure to cumulative interpersonal trauma predicts substance use problems. Less is known about betrayal as a dimension of trauma exposure that predicts substance use, and about the behavioral and psychological pathways that explain the relation between trauma and substance use. In a sample of 362 young adults, this study evaluated three intervening pathways between betrayal trauma exposure prior to age 18 years and problematic substance use: (a) substance use to cope with negative affect, (b) difficulty discerning and/or heeding risk, and (c) self-destructiveness. In addition, exposure to trauma low in betrayal (e.g., earthquake) was included in the model. Bootstrap tests of indirect effects revealed that betrayal trauma prior to age 18 years was associated with problematic substance use via posttraumatic stress and two intervening pathways: difficulty discerning/heeding risk ($\beta = .07$, $p < .001$), and self-destructiveness ($\beta = .12$, $p < .001$). Exposure to lower betrayal trauma was not associated with posttraumatic stress or problematic substance use. Results contribute to a trauma-informed understanding of substance use that persists despite potentially harmful consequences. [Author Abstract]

Dorrepaal, E., K. Thomaes, et al. (2014). "Evidence-based treatment for adult women with child abuse-related complex PTSD: a quantitative review." *European Journal of Psychotraumatology* 5.

INTRODUCTION: Effective first-line treatments for posttraumatic stress disorder (PTSD) are well established, but their generalizability to child abuse (CA)-related Complex PTSD is largely unknown. METHOD: A quantitative review of the literature was performed, identifying seven studies, with treatments specifically targeting CA-related PTSD or Complex PTSD, which were meta-analyzed, including variables such as effect size, drop-out, recovery, and improvement rates. RESULTS: Only six studies with one or more cognitive behavior therapy (CBT) treatment conditions and one with a present centered therapy condition could be meta-analyzed. Results indicate that CA-related PTSD patients profit with large effect sizes and modest recovery and improvement rates. Treatments which include exposure showed greater effect sizes especially in completers' analyses, although no differential results were found in recovery and improvement rates. However, results in the subgroup of CA-related Complex PTSD studies were least favorable. Within the Complex PTSD subgroup, no superior effect size was found for exposure, and affect management resulted in more favorable recovery and improvement rates and less drop-out, as compared to exposure, especially in intention-to-treat analyses. CONCLUSION: Limited evidence suggests that predominantly CBT treatments are effective, but do not suffice to achieve satisfactory end states, especially in Complex PTSD populations. Moreover, we propose that future research should focus on direct comparisons

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between types of treatment for Complex PTSD patients, thereby increasing generalizability of results. [Author Abstract] KEY WORDS: review; meta-analysis; PTSD; psychotherapy; cognitive behavioral therapy; cognitive behavioral treatment; child abuse; childhood abuse; adult survivors of child abuse

Dorrington, S., H. M. S. Zavos, et al. (2014). "Trauma, post-traumatic stress disorder and psychiatric disorders in a middle-income setting: prevalence and comorbidity." *British Journal of Psychiatry* 205(5): 383-389.

BACKGROUND: Most studies of post-traumatic stress disorder (PTSD) in low- and middle-income countries (LMICs) have focused on 'high-risk' populations defined by exposure to trauma. **AIMS:** To estimate the prevalence of post-traumatic stress disorder (PTSD) in a LMIC, the conditional probability of PTSD given a traumatic event and the strength of associations between traumatic events and other psychiatric disorders. **METHOD:** The Colombo Twin and Singleton Study (CoTASS) is a population-based twin study with a comparable non-twin sample. Our sample contained a mix of 3995 twins and 2019 non-twins. We asked participants about nine different traumatic exposures, including the category 'other', but excluding sexual trauma. **RESULTS:** Traumatic events were reported by 36.3% of participants and lifetime PTSD was present in 2.0%. Prevalence of non-PTSD lifetime diagnosis was 19.1%. Of people who had experienced three or more traumatic events, 13.3% had lifetime PTSD and 40.4% had a non-PTSD psychiatric diagnosis. **CONCLUSIONS:** Despite high rates of exposure to trauma, this population had lower rates of PTSD than high-income populations, although the prevalence might have been slightly affected by the exclusion of sexual trauma. There are high rates of non-PTSD diagnoses associated with trauma exposure that could be considered in interventions for trauma-exposed populations. Our findings suggest that there is no unique relationship between traumatic experiences and the specific symptomatology of PTSD.

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Doukas, A., W. D'Andrea, et al. (2014). "Psychophysiological predictors of working alliance among treatment-seeking women with complex trauma exposure." *Journal of Traumatic Stress* 27(6): 672-679.

Research has established that trauma-related symptoms may impede the formation of a strong working alliance (i.e., interpersonal connection, trust, and shared goals between therapist and client). As the alliance is critical in trauma-focused therapy, we studied how clients' pretherapy factors, including symptoms and psychophysiological arousal, predict treatment alliance. We examined symptoms and physiological responses in 27 women who had exposure to extreme interpersonal violence; all of whom were enrolled in therapy. All had symptoms consistent with a diagnosis of posttraumatic stress disorder. Clients completed measures of working alliance and were assessed before and after treatment on measures of symptoms and autonomic arousal. Autonomic assessment included measures of skin conductance and respiratory sinus arrhythmia (RSA), taken during baseline, while viewing positive and then trauma-related slides, and during recovery. Higher alliance ratings were predicted by lower pretherapy skin conductance during trauma slides ($r = -.41$, $p = .049$) and recovery ($r = -.44$, $p = .047$) and higher RSA during baseline ($r = .47$, $p = .027$) and

positive slides ($r = .43$, $p = .044$). Findings remained significant even after partialling pretherapy symptoms. These data on a high-need but understudied population suggest that sympathetic and parasympathetic arousal may help traumatized clients effectively engage in therapy, further supporting the role of parasympathetic activity in social engagement. [Author Abstract]

Flores, G. and B. Lesley (2014). "Children and US federal policy on health and health care: seen but not heard." *JAMA Pediatrics* 168(12): 1155-1163.

Children account for 73.5 million Americans (24%), but 8% of federal expenditures. Data on health and health care indicate that child well-being in the United States has been in decline since the most recent recession. Childhood poverty has reached its highest level in 20 years, 1 in 4 children lives in a food-insecure household, 7 million children lack health insurance, a child is abused or neglected every 47 seconds, and 1 in 3 children is overweight or obese. Five children are killed daily by firearms, 1 in 5 experiences a mental disorder, racial/ethnic disparities continue to be extensive and pervasive, and major sequester cuts and underfunding of pediatric research have damaged our global leadership in biomedical research and hobbled economic growth. In this analysis, we identify 10 urgent priorities for the health and health care of US children, including poverty, food insufficiency, lack of health insurance, child abuse and neglect, overweight and obesity, firearm deaths and injuries, mental health, racial/ethnic disparities, immigration, and research. Overwhelming, bipartisan support by voters exists for enhancing our nation's investments in children's health and well-being. Federal policy action steps are proposed to successfully address these priorities and ensure a healthy, productive future for US children and the nation. [Author Abstract]

Gewirtz, A. H., B. J. McMorris, et al. (2014). "Family adjustment of deployed and nondeployed mothers in families with a parent deployed to Iraq or Afghanistan." *Professional Psychology: Research and Practice* 45(6): 465-477.

Almost nothing is known about the family and individual adjustment of military mothers who have deployed to the conflicts in Iraq or Afghanistan (Operations Iraqi and Enduring Freedom, and Operation New Dawn; OIF, OEF, OND), constituting a gap in psychologists' knowledge about how best to help this population. We report baseline data on maternal, child, parenting, and couple adjustment for mothers in 181 families in which a parent deployed to OIF/OEF/OND. Among this sample, 34 mothers had deployed at least once, and 147 mothers had experienced the deployment of a male spouse/partner. Mothers completed self-report questionnaires assessing past-year adverse life events, war experiences (for deployed mothers only), posttraumatic stress disorder (PTSD) and depression symptoms, difficulties in emotion regulation, parenting, couple adjustment, and child functioning. Mothers who had deployed reported greater distress than nondeployed mothers (higher scores on measures of PTSD and depression symptoms), and slightly more past year adverse events. A moderate number of war experiences (combat and postbattle aftermath events) were reported, consistent with previous studies of women in current and prior conflicts. However, no differences were found between the two groups on measures of couple adjustment, parenting, or child functioning. Results are discussed in terms of the dearth of knowledge about deployed

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mothers, and implications for psychologists serving military families. [Author Abstract] KEY WORDS: deployment; mothers; adjustment; parenting; military families

Greene, C. A., J. D. Ford, et al. (2014). "Posttraumatic stress mediates the relationship between childhood victimization and current mental health burden in newly incarcerated adults." *Child Abuse and Neglect* 38(10): 1569-1580.

The purpose of this study was to evaluate the interrelationship among childhood abuse and traumatic loss, posttraumatic stress symptoms (PTSS), and Axis I psychiatric disorders other than PTSD among newly incarcerated adults, and to test a proposed model in which the severity of PTSS mediates the relationship between childhood abuse/loss and adult psychiatric disorders. Four hundred sixty-five male and female inmates participated in a structured clinical research interview. Four types of interpersonal potentially traumatic experiences (physical abuse, sexual abuse, emotional abuse, and traumatic loss) were assessed for occurrence prior to the age of 18 years old. Current psychiatric disorders and PTSS were also assessed by structured interview. Negative binomial regression was used to evaluate the association between the cumulative number of types of childhood abuse/loss experienced and number of current Axis I disorders, and to test the mediation model. Approximately half of the sample (51%) experienced 1 or more types of childhood abuse/loss, and 30% of the sample had at least one psychiatric disorder other than PTSD. For both men and women, childhood physical abuse and childhood sexual abuse were independently associated with psychiatric morbidity, and an increasing number of types of childhood trauma experienced was associated with an increase in the number of current Axis I diagnoses. However, these associations were no longer statistically significant when severity of PTSS was added to the model, providing support for the proposed mediation model. Implications for secondary prevention services for at-risk inmates are discussed. [Author Abstract] KEY WORDS: childhood trauma; posttraumatic stress; mental health; incarcerated adults

Haack, K., F. Hässler, et al. (2014). "'Kindereuthanasie' in Mecklenburg: zum Schicksal der 'Sonnenlandkinder' aus Lobetal (Lübtheen) = Child euthanasia in Mecklenburg: the fate of the 'Sun Country Children' from Lobetal (Lübtheen)." *Trauma und Gewalt* 8(4): 286-293.

Several thousand children and adolescents were killed in the euthanasia program devised by the Nazis. In "special children's wards" those youngsters considered a burden to the community and to future generations were singled out and ultimately murdered. Boarding pupils from care organizations and children's homes (often denominational) also started to come in for closer scrutiny. Often there were regional interests involved in the use of these types of organization for the war effort. The Valley of Berachah asylum near Lübtheen (Mecklenburg) is an example. After the reappropriation of the institution initiated by gauleiter Friedrich Hildebrandt, there were no further impediments to the extermination of the mentally handicapped children accommodated there. They were rerouted to a special children's ward in Lewenberg (Schwerin), where most of them were later murdered by the head of the pediatric department, Dr. Alfred Leu. [Author Summary] KEY WORDS:

child "euthanasia"; Reich Committee Procedure (Reichsausschussverfahren); special children's wards; Lewenberg; Lobetal (Lübtheen)

Hartwell, S. W., A. James, et al. (2014). "Trauma among justice-involved veterans." *Professional Psychology: Research and Practice* 45(6): 425-432.

This report examines the challenges faced by justice-involved veterans and their experience of trauma. Using 153 consecutive admissions to veteran-specific jail diversion programs in 2 states (Connecticut and Massachusetts), we present demographic, military history, behavioral health, and criminal history data on veterans in relationship to self-reports of trauma. Our results reveal a sample of veterans with a history of contact with the criminal justice system that have high reported rates of trauma, in particular, before the age of 18. Understanding the complex trauma history of justice-involved veterans is essential for providing appropriate and holistic treatment and informed policy responses. [Author Abstract] KEY WORDS: veterans; jail diversion; trauma; criminal justice; community reintegration

Hatzenbuehler, M. L., N. Slopen, et al. (2014). "Stressful life events, sexual orientation, and cardiometabolic risk among young adults in the United States." *Health Psychology* 33(10): 1185-1194.

OBJECTIVE: The goal of the present study was to examine whether sexual minority young adults are more vulnerable to developing cardiometabolic risk following exposure to stressful life events than heterosexual young adults. METHOD: Data came from the National Longitudinal Study for Adolescent Health (Shin, Edwards, & Heeren, 2009; Brummett et al., 2013), a prospective nationally representative study of U.S. adolescents followed into young adulthood. A total of 306 lesbian, gay, and bisexual (LGB) respondents and 6,667 heterosexual respondents met inclusion criteria for this analysis. Measures of cumulative stressful life events were drawn from all 4 waves of data collection; sexual orientation and cardiometabolic biomarkers were assessed at Wave 4 (2008-2009). RESULTS: Gay/bisexual men exposed to 1-2 ($\beta = 0.71$, $p = .01$) and 5+ ($\beta = 0.87$, $p = .01$) stressful life events had a statistically significant elevation in cardiometabolic risk, controlling for demographics, health behaviors, and socioeconomic status. Moreover, in models adjusted for all covariates, lesbian/bisexual ($\beta = 0.52$, $p = .046$) women with 5+ stressful life events had a statistically significant elevation in cardiometabolic risk. There was no relationship between stressful life events and cardiometabolic risk among heterosexual men or women. CONCLUSION: Stressful life events during childhood, adolescence, and young adulthood place LGB young adults at heightened risk for elevated cardiometabolic risk as early as young adulthood. The mechanisms underlying this relationship require future study. [Author Abstract] KEY WORDS: sexual orientation; cardiometabolic biomarkers; stressful life events; young adults

Hong, S.-B., G. J. Youssef, et al. (2014). "Different clinical courses of children exposed to a single incident of psychological trauma: a 30-month prospective follow-up study." *Journal of Child Psychology and Psychiatry* 55(11): 1226-1233.

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BACKGROUND: We investigated the distinct longitudinal trajectories of posttraumatic stress symptoms in a sample of 167 children, who witnessed death of two mothers of their schoolmates. **METHODS:** The cohort was followed-up at 2 days (T1), 2 months (T2), 6 months (T3), and 30 months (T4) after the traumatic event. The children's posttraumatic stress symptoms (T1-T4), depression (T1, T3 and T4), state anxiety (T1, T3 and T4), and quality of life (T4) were assessed, along with parental stress related to child rearing (T4). Different trajectory patterns of the children's posttraumatic stress symptoms were identified using growth mixture modeling (GMM). **RESULTS:** Four different patterns of symptom change were identified, which were consistent with the prototypical model, and were named Recovery (19.9%), Resilience (72.7%), Chronic Dysfunction (1.8%), and Delayed Reactions (5.6%). Significant differences were found in depression and anxiety scores, children's quality of life, and parental rearing stress according to the distinct longitudinal trajectories of posttraumatic stress symptoms. **CONCLUSIONS:** The present study suggests that individual differences should be taken into account in the clinical course and outcome of children exposed to psychological trauma. The two most common trajectories were the Resilience and the Recovery types, together suggesting that over 90% of children were evidenced with a favorable 30-month outcome. The latent classes were associated with significant mean differences in depression and anxiety scores, supporting the clinical validity of the distinct trajectories. [Author Abstract] **KEY WORDS:** children; growth mixture modeling; PTSD; resilience

Hooper, L. M., S. Tomek, et al. (2014). "The impact of previous suicide ideations, traumatic stress, and gender on future suicide ideation trajectories among Black American adolescents: a longitudinal investigation." *Journal of Loss and Trauma*.

It has long been asserted that previous suicide behaviors (gestures and attempts) are a significant predictor of future suicide behaviors. Less is known about the extent to which this axiom applies to suicide ideations. The current investigation explored suicide ideations in a longitudinal sample of Black American adolescents (N = 977) aged 11 to 18. Individuals in the current study were all participants in the Mobile Youth Survey (MYS). Logistic growth models were conducted with future suicide ideations as the dependent variable and the number of previous suicide ideations, traumatic stress, and gender as independent variables. Results show, first, that previous suicide ideations and traumatic stress are potent predictors of future suicide ideations. Second, the probability of future suicide ideations is higher when both the number of previous suicide ideations and traumatic stress levels increase, and this probability remains higher as the adolescent ages. These results demonstrate that the long-held proposition that previous suicide behaviors are predictive of future suicide behavior trajectories can be applied as well to suicide ideations. [Author Abstract] **KEY WORDS:** Black American youth; gender; logistic growth models; longitudinal trajectories; suicide ideations; traumatic stress

Jeon, H. J., C. Lee, et al. (2014). "Childhood trauma, parental death, and their co-occurrence in relation to current suicidality risk in adults: a nationwide community sample of Korea." *Journal of Nervous and Mental Disease* 202(12): 1-7.

Although previous studies have suggested that childhood trauma and parental death are strongly associated with suicidality in adulthood, it is still unclear how these factors interact within the same population. A total of 1396 adults were recruited through nationwide multistage probability sampling in South Korea. Subjects were evaluated through face-to-face interviews using the Suicidality Module of the Mini-International Neuropsychiatric Interview and the Early Trauma Inventory Self Report-Short Form. Among the 1396 adults, the group that experienced both childhood trauma and parental death had the highest current suicidality risks ($F = 12.16$, $p < 0.0001$) and lifetime suicide attempt ($\chi^2 = 35.81$, $p < 0.0001$) compared with the other groups, which were only childhood trauma, only parental death, and neither. Multivariate logistic regression analyses revealed that middle-to-high current suicidality risk and lifetime suicide attempt were significantly associated with concurrent childhood trauma and parental death (odds ratio, 3.64; 95% confidence interval, 1.99-6.65) as well as with only childhood trauma (odds ratio, 1.95; 95% confidence interval, 1.33-2.87), after adjusting for age, sex, education, marital status, household monthly income, and living area. Emotional abuse was the only type of childhood trauma significantly associated with higher current suicidality scores in those who experienced childhood parental death than in those who did not ($F = 3.26$, $p = 0.041$). Current suicidality risk and lifetime suicide attempt are associated with experiencing both parental death and trauma, especially emotional abuse, in childhood, whereas experiencing only childhood parental death is associated with neither. [Author Abstract] KEY WORDS: suicidality; childhood trauma; parental death; emotional abuse

Kessler, R. C., S. Rose, et al. (2014). "How well can post-traumatic stress disorder be predicted from pre-trauma risk factors? An exploratory study in the WHO World Mental Health Surveys." *World Psychiatry* 13(3): 265-274.

Post-traumatic stress disorder (PTSD) should be one of the most preventable mental disorders, since many people exposed to traumatic experiences (TEs) could be targeted in first response settings in the immediate aftermath of exposure for preventive intervention. However, these interventions are costly and the proportion of TE-exposed people who develop PTSD is small. To be cost-effective, risk prediction rules are needed to target high-risk people in the immediate aftermath of a TE. Although a number of studies have been carried out to examine prospective predictors of PTSD among people recently exposed to TEs, most were either small or focused on a narrow sample, making it unclear how well PTSD can be predicted in the total population of people exposed to TEs. The current report investigates this issue in a large sample based on the World Health Organization (WHO)'s World Mental Health Surveys. Retrospective reports were obtained on the predictors of PTSD associated with 47,466 TE exposures in representative community surveys carried out in 24 countries. Machine learning methods (random forests, penalized regression, super learner) were used to develop a model predicting PTSD from information about TE type, sociodemographics, and prior histories of cumulative TE exposure and DSM-IV disorders. DSM-IV PTSD prevalence was 4.0% across the 47,466 TE exposures. 95.6% of these PTSD cases were associated with the 10.0% of exposures (i.e., 4,747) classified by machine learning algorithm as having highest predicted PTSD risk. The 47,466 exposures were divided into 20 ventiles (20 groups of equal size) ranked by predicted PTSD risk. PTSD occurred after 56.3% of the TEs in the

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highest-risk ventile, 20.0% of the TEs in the second highest ventile, and 0.0-1.3% of the TEs in the 18 remaining ventiles. These patterns of differential risk were quite stable across demographic-geographic sub-samples. These results demonstrate that a sensitive risk algorithm can be created using data collected in the immediate aftermath of TE exposure to target people at highest risk of PTSD. However, validation of the algorithm is needed in prospective samples, and additional work is warranted to refine the algorithm both in terms of determining a minimum required predictor set and developing a practical administration and scoring protocol that can be used in routine clinical practice. [Author Abstract] KEY WORDS: PTSD; predictive modeling; machine learning; penalized regression; random forests; ridge regression

Li, X., J. Liu, et al. (2014). "Childhood trauma associates with clinical features of bipolar disorder in a sample of Chinese patients." *Journal of Affective Disorders* 168: 58-63.

OBJECTIVES: Childhood trauma is a major public health problem which has a long-term consequence, a few studies have examined the relationship between childhood trauma and clinical features of bipolar disorder, most in western culture, with no such studies done in Chinese culture. METHODS: The CTQ-SF was administered to 132 Chinese patients with DSM-IV bipolar disorder. Participants also completed the Childhood Experience of Care and Abuse Questionnaire (CECA.Q), the Impact of Events Scale-Revised (IES-R), and the State-Trait Anxiety Inventory (STAI). The CTQ-SF cut-off scores for exposure were used to calculate the prevalence of trauma. The relationship between childhood trauma and clinical features of bipolar disorder were examined. RESULTS: The internal consistency of CTQ-SF was good (Cronbach's $\alpha=0.826$) and four week test-retest reliability was high ($r=0.755$). 61.4% of this sample reported physical neglect (PN) in childhood, followed by emotional neglect (EN, 49.6%), sexual abuse (SA, 40.5%), emotional abuse (EA, 26.0%) and physical abuse (PA, 13.1%). Significant negative correlations existed between age of onset and EA and EN score ($r=-0.178\sim-0.183$, $p<0.05$). Significant positive correlations were observed between EA, CTQ-SF total score and intrusion and hyper-arousal scores of IES-R ($r=0.223\sim0.309$, $p<0.05$). Similarly, significant positive correlations were found between EN, PN, CTQ-SF total and STAI score ($r=0.222\sim0.425$, $p<0.05$). LIMITATIONS: Data on childhood trauma were derived from a retrospective self-report questionnaire without independent corroboration. A number of potential patients (more severe or chronic patients) was excluded because they were either refused to participate or inappropriate to participate in research. CONCLUSIONS: Significant number of subjects in patients with BD reported experience of childhood abuse and neglect. Exposure to childhood trauma is associated with age of onset of illness, co morbid PTSD and anxiety symptoms. To study the pathogenesis of childhood trauma on bipolar disorder and explanation the interaction between childhood trauma and susceptibility genes are proposed. [Author Abstract] KEY WORDS: childhood; abuse; neglect; bipolar disorder; clinical feature

Liao, T.-L., Y.-S. Chen, et al. (2014). "Self-reported internalizing and externalizing behaviours among junior high school students at 2 and 4 years after the 921 earthquake in Taiwan." *Stress and Health* 30(4): 265-271.

We examined the impact of the 921[1999] Taiwan Earthquake on internalizing and externalizing behaviours among junior high school students 2 and 4 years after the earthquake. This study was a secondary analysis using data extracted from the Taiwan Education Panel Survey and included 12111 students. The impact of the earthquake was assessed by the length of time to restore the home environment and whether a family member died or was severely injured in the earthquake. Generalized estimating equations showed that living in an urban area and a longer duration after the earthquake were associated with increased internalizing and externalizing behaviours. Boys reported more externalizing but fewer internalizing behaviours than girls. After adjustment for those variables, having a family member who had died or was severely injured was not significantly associated with increased internalizing and externalizing behaviours. However, a longer duration of time to restore the home environment was significantly associated with these behaviours. Regardless of the impact level of the disaster, adolescents had increased internalizing and externalizing behaviours from the seventh to ninth grades. Post-disaster mental health services should continue monitoring and supporting children whose ordinary home living is affected by a natural disaster up to 4 years post-disaster. [Author Abstract] KEY WORDS: mental health; disaster; adolescents; Taiwan Education Panel Survey

Liberzon, I., A. P. King, et al. (2014). "Interaction of the ADRB2 gene polymorphism with childhood trauma in predicting adult symptoms of posttraumatic stress disorder." *JAMA Psychiatry* 71(10): 1174-1182.

IMPORTANCE: Posttraumatic stress disorder (PTSD), while highly prevalent (7.6% over a lifetime), develops only in a subset of trauma-exposed individuals. Genetic risk factors in interaction with trauma exposure have been implicated in PTSD vulnerability. **OBJECTIVE:** To examine the association of 3755 candidate gene single-nucleotide polymorphisms with PTSD development in interaction with a history of childhood trauma. **DESIGN, SETTING, AND PARTICIPANTS:** Genetic association study in an Ohio National Guard longitudinal cohort (n = 810) of predominantly male soldiers of European ancestry, with replication in an independent Grady Trauma Project (Atlanta, Georgia) cohort (n = 2083) of predominantly female African American civilians. **MAIN OUTCOMES AND MEASURES:** Continuous measures of PTSD severity, with a modified (interview) PTSD checklist in the discovery cohort and the PTSD Symptom Scale in the replication cohort. **RESULTS:** Controlling for the level of lifetime adult trauma exposure, we identified the novel association of a single-nucleotide polymorphism within the promoter region of the ADRB2 (Online Mendelian Inheritance in Man 109690) gene with PTSD symptoms in interaction with childhood trauma (rs2400707, $P = 1.02 \times 10^{-5}$, significant after correction for multiple comparisons). The rs2400707 A allele was associated with relative resilience to childhood adversity. An rs2400707 \times childhood trauma interaction predicting adult PTSD symptoms was replicated in the independent predominantly female African American cohort. **CONCLUSIONS AND RELEVANCE:** Altered adrenergic and noradrenergic function has been long believed to have a key etiologic role in PTSD development; however, direct evidence of this link has been missing. The rs2400707 polymorphism has been linked to function of the adrenergic system, but, to our knowledge, this is the first study to date linking the ADRB2 gene to PTSD or any psychiatric disorders. These findings have important implications for PTSD etiology,

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chronic pain, and stress-related comorbidity, as well as for both primary prevention and treatment strategies. [Author Abstract]

Lueger-Schuster, B., D. Weindl, et al. (2014). "Resilience and mental health in adult survivors of child abuse associated with the institution of the Austrian Catholic Church." *Journal of Traumatic Stress* 27(5): 568-575.

In recent years, reports of institutional abuse within the Catholic Church have emerged and research on the consequences on mental health is in its beginnings. In this study, we report findings on current mental health and resilience in a sample of adult survivors of institutional abuse (N = 185). We compared 3 groups of survivors that differed regarding their current mental health to investigate aspects of resilience, coping, and disclosure. The majority of the sample was male (76.2%), the mean age was 56.28 (SD = 9.46) years, and more than 50.0% of the sample was cohabiting/married. Most of the survivors reported severe mental health problems. Known protective factors (education, social support, age) were not associated with mental health in our sample. Our findings corroborate that institutional abuse has long-term effects on mental health. We found that fewer emotional reactions during disclosure, task-oriented coping, and optimism were associated with better mental health. The study was limited by a cross-sectional design, but we conclude that the kind of institutional abuse reported is especially adverse, and thus typical protective factors for mental health do not apply. Future research should focus on intrapersonal factors and institutional dynamics to improve treatment for persons affected by institutional abuse. [Author Abstract]

Mannert, K., S. Dehning, et al. (2014). "Quality of life in Ethiopia's street youth at a rehabilitation center and the association with trauma." *Journal of Traumatic Stress* 27(5): 593-601.

Quality of life (QOL) tends to be lower among the homeless than the general population, and traumatic events experienced on the streets have a negative impact on QOL. Low-income countries face a high number of street youth, yet little research has been performed so far on QOL, trauma, and posttraumatic stress disorder (PTSD) among this group. This study aimed at examining the QOL of a sample of Ethiopian street youth within a rehabilitation program and at exploring whether the street youth have experienced traumatic events and show posttraumatic stress symptoms. We interviewed 84 street youths with the World Health Organization Quality of Life Questionnaire (WHOQOL-BREF) and the Diagnostic Interview for Children and Adolescents (DICA). Mean QOL scores differed significantly between the groups assessed at the beginning and at the end of the program (Cohen's $d = 0.48$). Eighty-three percent of the Ethiopian street youths had experienced traumatic events, and 25.0% met criteria for PTSD according to the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders. QOL did not differ between those with and without PTSD symptoms. These findings show the high rate of traumatic events among Ethiopian street youth and the importance for rehabilitation programs that focus on improving QOL. The results of the study may have cultural limitations. [Author Abstract]

Mars, B., J. Heron, et al. (2014). "Clinical and social outcomes of adolescent self harm: population based birth cohort study." *British Medical Journal* 349.

OBJECTIVES: To investigate the mental health, substance use, educational, and occupational outcomes of adolescents who self harm in a general population sample, and to examine whether these outcomes differ according to self reported suicidal intent. **DESIGN:** Population based birth cohort study. **SETTING:** Avon Longitudinal Study of Parents and Children (ALSPAC), a UK birth cohort of children born in 1991-92. **PARTICIPANTS:** Data on lifetime history of self harm with and without suicidal intent were available for 4799 respondents who completed a detailed self harm questionnaire at age 16 years. Multiple imputation was used to account for missing data. **MAIN OUTCOME MEASURES:** Mental health problems (depression and anxiety disorder), assessed using the clinical interview schedule-revised at age 18 years, self reported substance use (alcohol, cannabis, cigarette smoking, and illicit drugs) at age 18 years, educational attainment at age 16 and 19 years, occupational outcomes at age 19 years, and self harm at age 21 years. **RESULTS:** Participants who self harmed with and without suicidal intent at age 16 years were at increased risk of developing mental health problems, future self harm, and problem substance misuse, with stronger associations for suicidal self harm than for non-suicidal self harm. For example, in models adjusted for confounders the odds ratio for depression at age 18 years was 2.21 (95% confidence interval 1.55 to 3.15) in participants who had self harmed without suicidal intent at age 16 years and 3.94 (2.67 to 5.83) in those who had self harmed with suicidal intent. Suicidal self harm, but not self harm without suicidal intent, was also associated with poorer educational and employment outcomes. **CONCLUSIONS:** Adolescents who self harm seem to be vulnerable to a range of adverse outcomes in early adulthood. Risks were generally stronger in those who had self harmed with suicidal intent, but outcomes were also poor among those who had self harmed without suicidal intent. These findings emphasise the need for early identification and treatment of adolescents who self harm. [Author Abstract]

Marsanic, V. B., B. A. Margetic, et al. (2014). "The prevalence and psychosocial correlates of suicide attempts among inpatient adolescent offspring of Croatian PTSD male war veterans." *Child Psychiatry and Human Development* 45(5): 577-587.

Despite evidence that children of male war veterans with combat-related posttraumatic stress disorder (PTSD) are at particularly high risk for behavior problems, very little is currently known about suicidal behaviors in this population of youth. This study aimed to examine the prevalence and psychosocial correlates of suicide attempts among psychiatrically hospitalized adolescent offspring of Croatian male PTSD veterans. Participants were psychiatric inpatients, ages 12-18 years. Self-report questionnaires assessed demographics, suicide attempts, psychopathology, parenting style, and family functioning. The prevalence of suicide attempts was 61.5 % (65.2 % for girls and 58.0 % for boys). Internalizing symptoms, family dysfunction, lower levels of maternal and paternal care, and paternal overcontrol were significantly associated with suicide attempts. Our findings suggest that suicide attempts are common among inpatient adolescent offspring of male PTSD veterans and that interventions targeting both adolescent psychopathology and family relationships are needed for

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adolescents who have attempted suicide. [Author Abstract] KEY WORDS: adolescent offspring; combat-related PTSD; male veterans; suicide attempts

Martinez, W., A. J. Polo, et al. (2014). "Symptom variation on the Trauma Symptom Checklist for Children: a within-scale meta-analytic review." *Journal of Traumatic Stress* 27(6): 655-663.

Trauma exposure in youth is widespread, yet symptom expression varies. The present study employs a within-scale meta-analytic framework to explore determinants of differential responses to trauma exposure. The meta-analysis included 74 studies employing samples of youth exposed to traumatic events and who completed the Trauma Symptom Checklist for Children (TSCC). Mean weighted T scores across all TSCC subscales for U.S. samples ranged between 49 and 52. Youth outside the U.S. reported higher posttraumatic stress, anxiety, and depressive symptoms, whereas those exposed to sexual abuse reported the highest posttraumatic stress, anxiety, depressive, and dissociative symptoms. Higher female representation in samples was associated with higher symptoms on all TSCC subscales except anger. In contrast, ethnic minority representation was associated with lower depressive symptoms. Moderator analyses revealed that sexual abuse, increased percentage of females, and older age were all associated with higher posttraumatic symptoms. The present meta-analytic results help elucidate some of the divergent findings on symptom expression in youth exposed to traumatic events. [Author Abstract]

Martins, C. M. S., C. Von Werne Baes, et al. (2014). "Emotional abuse in childhood is a differential factor for the development of depression in adults." *Journal of Nervous and Mental Disease* 202(11): 774-782.

We evaluate the association between subtypes of early life stress (ELS; sexual abuse, physical abuse, emotional abuse, physical neglect, and emotional neglect) and psychiatric disorders in adults. The sample was composed of 81 adult psychiatric patients treated at the Day Hospital Unit in Brazil. The patients were assessed using the Mini International Neuropsychiatric Interview according to diagnostic criteria of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition. The presence of ELS was confirmed by the Childhood Trauma Questionnaire, which investigates abuse and neglect subtypes. The patients were also evaluated for the severity of psychiatric symptoms through self-report questionnaires. A total of 71.6% of the patients experienced some type of severe ELS compared with 28.4% of the patients without ELS. Of these, 55.5% reported having experienced emotional abuse; 48.1%, physical neglect; 45.7%, emotional neglect; 39.5%, physical abuse; and 27.2%, sexual abuse. Our data showed that, among the ELS subtypes, emotional abuse was positively associated with psychopathology in adults, particularly with mood disorders ($p < 0.05$). The patients with a history of emotional abuse had higher severity scores in all symptoms, such as depression, hopelessness, suicidal ideation, anxiety, and impulsivity. These data demonstrate the impact of ELS, especially in cases of emotional abuse, as a trigger for psychiatric disorders and indicate that the severity of ELS is associated with severity of psychiatric symptoms. Therefore, further studies are needed to assess the importance of emotional abuse as a

risk factor of severe psychopathology in adults. [Author Abstract] KEY WORDS: early life stress; emotional abuse; psychiatric disorders; depression; psychiatric symptoms

Mason, S. M., A. J. Flint, et al. (2014). "Posttraumatic stress disorder symptoms and food addiction in women by timing and type of trauma exposure." *JAMA Psychiatry* 71(11): 1271-1278.

IMPORTANCE: Posttraumatic stress disorder (PTSD) appears to increase obesity risk but the pathways by which PTSD leads to weight gain are not known. Identification of the links between PTSD and obesogenic eating behaviors is necessary to clarify this pathway and inform development of obesity prevention strategies in PTSD-affected populations. **OBJECTIVE:** To determine whether women with PTSD symptoms are more likely to report food addiction, a measure of perceived dependence on food, than women without PTSD symptoms. Also, to determine whether age at PTSD symptom onset and type of trauma influence the PTSD-food addiction association. **DESIGN, SETTING, AND PARTICIPANTS:** Cross-sectional analysis of 49 408 participants in the Nurses' Health Study II, a cohort comprising women nurses who were aged 25 to 42 years at the 1989 recruitment from 14 US states. **MAIN OUTCOMES AND MEASURES:** The Nurses' Health Study II ascertained lifetime trauma exposure and PTSD symptoms in 2008 and current food addiction in 2009. Food addiction was defined as 3 or more clinically significant symptoms on a modified version of the Yale Food Addiction Scale. Confounder-adjusted prevalence ratios and 95% CIs were estimated using modified Poisson regression. **RESULTS:** Approximately 80% of the study sample reported some type of trauma exposure, with 66% of the trauma-exposed participants reporting at least 1 lifetime PTSD symptom. Eight percent of the cohort met the criteria for food addiction. The prevalence of food addiction increased with the number of lifetime PTSD symptoms, and women with the greatest number of PTSD symptoms (6-7 symptoms) had more than twice the prevalence of food addiction as women with neither PTSD symptoms nor trauma histories (prevalence ratio, 2.68; 95% CI, 2.41-2.97). Symptoms of PTSD were more strongly related to food addiction when symptom onset occurred at an earlier age. The PTSD-food addiction association did not differ substantially by trauma type. **CONCLUSIONS AND RELEVANCE:** Symptoms of PTSD were associated with increased food addiction prevalence in this cohort of women. Strategies to reduce obesity associated with PTSD may require psychological and behavioral interventions that address dependence on food and/or use of food to cope with distress. [Author Abstract]

McLaughlin, K. A., D. S. Busso, et al. (2014). "Amygdala response to negative stimuli predicts PTSD symptom onset following a terrorist attack." *Depression and Anxiety* 31(10): 834-842.

OBJECTIVE: Individuals with posttraumatic stress disorder (PTSD) exhibit heightened amygdala reactivity and atypical activation patterns in the medial prefrontal cortex (mPFC) in response to negative emotional information. It is unknown whether these aspects of neural function are risk factors for PTSD or consequences of either trauma exposure or onset of the disorder. We had a unique opportunity to investigate this issue following the terrorist attacks at the 2013 Boston Marathon and the ensuing manhunt and shelter in place order. We examined associations of neural function measured prior to the attack with PTSD symptom onset related to these events. **METHODS:** A sample of 15 adolescents (mean age = 16.5 years) who previously participated in a neuroimaging

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study completed a survey assessing posttraumatic symptoms related to the terrorist attack. We examined blood oxygen level dependent (BOLD) response to viewing and actively down-regulating emotional responses to negative stimuli in regions previously associated with PTSD, including the amygdala, hippocampus, and mPFC, as prospective predictors of posttraumatic symptom onset. RESULTS: Increased BOLD signal to negative emotional stimuli in the left amygdala was strongly associated with posttraumatic symptoms following the attack. Reduced bilateral hippocampal activation during effortful attempts to down-regulate emotional responses to negative stimuli was also associated with greater posttraumatic symptoms. Associations of amygdala reactivity with posttraumatic symptoms were robust to controls for pre-existing depression, anxiety, and PTSD symptoms and prior exposure to violence. CONCLUSIONS: Amygdala reactivity to negative emotional information might represent a neurobiological marker of vulnerability to traumatic stress and, potentially, a risk factor for PTSD. [Author Abstract] KEY WORDS: amygdala; hippocampus; trauma; terrorism; PTSD; stress

Newnham, E. A., R. M. Pearson, et al. (2014). "Youth mental health after civil war: the importance of daily stressors." *British Journal of Psychiatry*.

BACKGROUND: Recent evidence suggests that post-conflict stressors in addition to war trauma play an important role in the development of psychopathology. AIMS: To investigate whether daily stressors mediate the association between war exposure and symptoms of post-traumatic stress and depression among war-affected youth. METHOD: Standardised assessments were conducted with 363 Sierra Leonean youth (26.7% female, mean age 20.9, s.d. = 3.38) 6 years post-war. Participants were drawn from a longitudinal cohort study of waraffected youth in Sierra Leone conducted in collaboration with the International Rescue Committee. RESULTS: The extent of war exposures was significantly associated with post-traumatic stress symptoms ($P < 0.05$) and a significant proportion was explained by indirect pathways through daily stressors (0.089, 95% CI 0.04-0.138, $P < 0.001$). In contrast, there was little evidence for an association from war exposure to depression scores ($P = 0.127$); rather any association was explained via indirect pathways through daily stressors (0.103, 95% CI 0.048-0.158, $P < 0.001$). CONCLUSIONS: Among war-affected youth, the association between war exposure and psychological distress was largely mediated by daily stressors, which have potential for modification with evidence-based intervention. [Author Abstract]

O'Donnell, K., S. Dorsey, et al. (2014). "Treating maladaptive grief and posttraumatic stress symptoms in orphaned children in Tanzania: group-based trauma-focused cognitive-behavioral therapy." *Journal of Traumatic Stress* 27(6): 664-671.

This study was designed to test the feasibility and child clinical outcomes for group-based trauma-focused cognitive behavior therapy (TF-CBT) for orphaned children in Tanzania. There were 64 children with at least mild symptoms of grief and/or traumatic stress and their guardians who participated in this open trial. The TF-CBT for Child Traumatic Grief protocol was adapted for use with a group, resulting in 12 weekly sessions for children and guardians separately with conjoint activities and 3 individual visits with child and guardian. Using a task-sharing approach, the intervention was

delivered by lay counselors with no prior mental health experience. Primary child outcomes assessed were symptoms of grief and posttraumatic stress (PTS); secondary outcomes included symptoms of depression and overall behavioral adjustment. All assessments were conducted pretreatment, posttreatment, and 3 and 12 months after the end of treatment. Results showed improved scores on all outcomes posttreatment, sustained at 3 and 12 months. Effect sizes (Cohen's *d*) for baseline to posttreatment were 1.36 for child reported grief symptoms, 1.87 for child-reported PTS, and 1.15 for guardian report of child PTS. [Author Abstract]

Olliac, B., P. J. Birmes, et al. (2014). "Validation of the French version of the Child Post-traumatic Stress Reaction Index: psychometric properties in French speaking school-aged children." *PLoS ONE*.

BACKGROUND: Although the reliable and valid Child Post-Traumatic Stress Reaction Index (CPTS-RI) is a widely used measure of posttraumatic stress disorder (PTSD) symptoms in children, it has not been validated in French-speaking populations. The present study aims to assess the psychometric properties of the CPTS-RI in three samples of French-speaking school-children. **METHODS:** Data was obtained from three samples. Sample 1 was composed of 106 children (mean (SD) age = 11.7(0.7), 50% females) victims of an industrial disaster. Sample 2 was composed of 50 children (mean (SD) age = 10.8(2.6), 44% females) who had received an orthopaedic surgical procedure after an accident. Sample 3 was composed of 106 children (mean (SD) age = 11.7(2.2), 44% females) admitted to an emergency department after a road traffic accident. We tested internal consistency using Cronbach's alpha. We examined test-retest reliability using intraclass correlation coefficient. In order to assess the convergent validity of the French version of the CPTS-RI and the Clinician Administered PTS Scale-Child and Adolescent (CAPS-CA), spearman-correlation coefficient was computed. To verify the validity of the cut-off scores, a ROC curve was constructed which evaluated the sensitivity and specificity of each score compared to the diagnosis with the CAPS-CA. We also used principal components analysis with varimax rotation to study the structure of the French version of the CPTS-RI. **RESULTS:** Cronbach's alpha coefficient was 0.87 for the French version of the CPTS-RI. Two-week test-retest intraclass correlation coefficient ($n = 30$) was 0.67. The French version of the CPTS-RI was well correlated with the CAPS-CA ($r = 0.76$, $p < .001$ for the CPTS-RI, the sensitivity and specificities were 100% and 62.6%, respectively. The French version of the CPTS-RI demonstrated a three-factor structure. **CONCLUSIONS:** The CPTS-RI is reliable and valid in French-speaking children. [Author Abstract]

Pan, L. A., L. Ramos, et al. (2014). "Right superior temporal gyrus volume in adolescents with a history of suicide attempt." *British Journal of Psychiatry*.

The extent to which observed differences in emotion processing and regulation neural circuitry in adolescents with a history of suicide attempt are paralleled by structural differences is unknown. We measured brain cortical thickness and grey- and white-matter volumes in 100 adolescents: 28 with a history of suicide attempt and major depressive disorder (MDD); 31 with a history of MDD but no suicide attempt; and a healthy control group ($n = 41$). The first group compared with controls showed reduction in grey-matter volume in the right superior temporal gyrus (BA38), a region important for social emotion processing. [Author Summary]

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Peris, T. S., S. N. Compton, et al. (2014). "Trajectories of change in youth anxiety during cognitive-behavior therapy." *Journal of Consulting and Clinical Psychology*.

OBJECTIVE: To evaluate changes in the trajectory of youth anxiety following the introduction of specific cognitive-behavior therapy (CBT) components: relaxation training, cognitive restructuring, and exposure tasks. **METHOD:** Four hundred eighty-eight youths ages 7-17 years (50% female; 74% ≤ 12 years) were randomly assigned to receive either CBT, sertraline (SRT), their combination (COMB), or pill placebo (PBO) as part of their participation in the Child/Adolescent Anxiety Multimodal Study (CAMS). Youths in the CBT conditions were evaluated weekly by therapists using the Clinical Global Impression Scale-Severity (CGI-S; Guy, 1976) and the Children's Global Assessment Scale (CGAS; Shaffer et al., 1983) and every 4 weeks by blind independent evaluators (IEs) using the Pediatric Anxiety Ratings Scale (PARS; RUPP Anxiety Study Group, 2002). Youths in SRT and PBO were included as controls. **RESULTS:** Longitudinal discontinuity analyses indicated that the introduction of both cognitive restructuring (e.g., changing self-talk) and exposure tasks significantly accelerated the rate of progress on measures of symptom severity and global functioning moving forward in treatment; the introduction of relaxation training had limited impact. Counter to expectations, no strategy altered the rate of progress in the specific domain of anxiety that it was intended to target (i.e., somatic symptoms, anxious self-talk, avoidance behavior). **CONCLUSIONS:** Findings support CBT theory and suggest that cognitive restructuring and exposure tasks each make substantial contributions to improvement in youth anxiety. Implications for future research are discussed. [Author Abstract] **KEY WORDS:** cognitive-behavior therapy; child anxiety; treatment components

Resick, P. A., M. K. Suvak, et al. (2014). "The impact of childhood abuse among women with assault-related PTSD receiving short-term cognitive-behavioral therapy." *Journal of Traumatic Stress* 27(5): 558-567.

This study examined the effect of child sexual or physical abuse on brief cognitive-behavioral therapy treatments with adults with posttraumatic stress disorder (PTSD). We analyzed secondary data from two randomized controlled trials (Resick, Nishith, Weaver, Astin, & Feuer, 2002; Resick et al., 2008) that included women with PTSD who did or did not have child sexual abuse (CSA) or child physical abuse (CPA) histories to determine whether childhood abuse impacted dropout rate or reduction in PTSD symptoms. In Study 1, presence, duration, or severity of CSA was not associated with dropout; however, frequency of CSA significantly predicted dropout (OR = 1.23). A significant CPA Severity × Treatment Group interaction emerged such that CPA severity was associated with greater dropout for prolonged exposure (PE; OR = 1.45), but not cognitive processing therapy (CPT; OR = 0.90). Study 2 found no differences in dropout. Study 1, comparing CPT and PE among women who experienced at least 1 rape found no differences in outcome based on childhood abuse history ($r^2 = .000-.009$). Study 2, a dismantling study of CPT with women seeking treatment for adult or child sexual or physical abuse found that for those with no childhood abuse,

CPT-C, the cognitive-only version of CPT, had an advantage, whereas both forms of CPT worked best for those with higher frequency of childhood abuse; the effect size was small. [Author Abstract]

Roos, L. E., J. Distasio, et al. (2014). "A history in-care predicts unique characteristics in a homeless population with mental illness." *Child Abuse and Neglect* 38(10): 1618-1627.

Multiple studies of homeless persons report an increased prevalence of a history in-care, but there is a dearth of information on associated outcomes or relevant demographic profiles. This information is critical to understanding if certain individuals are at elevated risk or might benefit from specific intervention. Here, we investigate how a history in-care relates to demographics and multiple outcome measures in a homeless population with mental illness. Using the Mini International Neuropsychiatric Interview (MINI), the Short-Form 12, and a trauma questionnaire, we investigated baseline differences in demographics and length of homelessness in the At Home/Chez Soi Trial (N = 504) Winnipeg homeless population with and without a history in-care. Approximately 50% of the homeless sample reported a history in-care. This group was significantly more likely to be young, female, married or cohabitating, of Aboriginal heritage, have less education, and have longer lifetime homelessness. Individuals of Aboriginal heritage with a history in-care were significantly more likely to report a familial history of residential school. Individuals with a history in-care experienced different prevalence rates of Axis 1 mental disorders. Those with a history in-care also reported significantly more traumatic events (particularly interpersonal). A distinctive high-risk profile emerged for individuals with a history in-care. Sociocultural factors of colonization and intergenerational transmission of trauma appear to be particularly relevant in the trajectories for individuals of Aboriginal heritage. Given the high prevalence of a history in-care, interventions and policy should reflect the specific vulnerability of this population, particularly in regards to trauma-informed services. [Author Abstract] KEY WORDS: foster care; homelessness; indigenous health; trauma

Shenk, C. E., L. D. Dorn, et al. (2014). "Prior exposure to interpersonal violence and long-term treatment response for boys with a disruptive behavior disorder." *Journal of Traumatic Stress* 27(5): 585-592.

Interpersonal violence (IPV) is common in children with a disruptive behavior disorder (DBD) and increases the risk for greater DBD symptom severity, callous-unemotional (CU) traits, and neuroendocrine disruption. Thus, IPV may make it difficult to change symptom trajectories for families receiving DBD interventions given these relationships. The current study examined whether IPV prior to receiving treatment for a DBD predicted trajectories of a variety of associated outcomes, specifically DBD symptoms, CU traits, and cortisol concentrations. Boys with a DBD diagnosis (N = 66; age range = 6-11 years; 54.5% of whom experienced IPV prior to treatment) of either oppositional defiant disorder or conduct disorder participated in a randomized clinical trial and were assessed 3 years following treatment. Multilevel modeling demonstrated that prior IPV predicted smaller rates of change in DBD symptoms, CU traits, and cortisol trajectories, indicating less benefit from intervention. The effect size magnitudes of IPV were large for each outcome ($d = 0.88-1.07$). These results suggest that IPV is a predictor of the long-term treatment response for boys with a

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DBD. Including trauma-focused components into existing DBD interventions may be worth testing to improve treatment effectiveness for boys with a prior history of IPV. [Author Abstract]

Skolnick, B. E., A. I. Maas, et al. (2014). "A clinical trial of progesterone for severe traumatic brain injury." *New England Journal of Medicine* 371(26): 2467-2476.

BACKGROUND: Progesterone has been associated with robust positive effects in animal models of traumatic brain injury (TBI) and with clinical benefits in two phase 2 randomized, controlled trials. We investigated the efficacy and safety of progesterone in a large, prospective, phase 3 randomized clinical trial. **METHODS:** We conducted a multinational placebo-controlled trial, in which 1195 patients, 16 to 70 years of age, with severe TBI (Glasgow Coma Scale score, ≤ 8 [on a scale of 3 to 15, with lower scores indicating a reduced level of consciousness] and at least one reactive pupil) were randomly assigned to receive progesterone or placebo. Dosing began within 8 hours after injury and continued for 120 hours. The primary efficacy end point was the Glasgow Outcome Scale score at 6 months after the injury. **RESULTS:** Proportional-odds analysis with covariate adjustment showed no treatment effect of progesterone as compared with placebo (odds ratio, 0.96; confidence interval, 0.77 to 1.18). The proportion of patients with a favorable outcome on the Glasgow Outcome Scale (good recovery or moderate disability) was 50.4% with progesterone, as compared with 50.5% with placebo. Mortality was similar in the two groups. No relevant safety differences were noted between progesterone and placebo. **CONCLUSIONS:** Primary and secondary efficacy analyses showed no clinical benefit of progesterone in patients with severe TBI. These data stand in contrast to the robust preclinical data and results of early single-center trials that provided the impetus to initiate phase 3 trials. (Funded by BHR Pharma; SYNAPSE ClinicalTrials.gov number, NCT01143064.) [Author Abstract]

Swanson, L. M., L. Hamilton, et al. (2014). "The role of childhood trauma and PTSD in postpartum sleep disturbance." *Journal of Traumatic Stress* 27(6): 689-694.

Despite robust associations between postpartum sleep difficulties and maternal psychopathology, little attention has been paid to the role of childhood trauma and posttraumatic stress disorder (PTSD). In the present study, we examined sleep complaints in postpartum women with a history of childhood trauma compared to postpartum women who were not exposed to childhood trauma. Participants (N = 173) completed questionnaires by telephone at 4-months postpartum. After adjusting for nuisance variables, there were significantly higher rates of sleep disturbance (falling asleep and staying asleep) for women with a past history of neglect (OR = 4.84, p = .036 and 5.78, p = .006, respectively), physical abuse (OR = 9.20, p = .002 and 3.84, p = .044, respectively), and physical abuse with sexual abuse (OR = 5.95, p = .011 and 3.56, p = .045, respectively). Current PTSD was significantly associated with trouble staying asleep (OR = 4.21, p = .032) whereas recovery from PTSD was associated with trouble falling (OR = 4.19, p = .015) and staying asleep (OR = 3.69, p = .011). Our findings affirm the contribution of childhood trauma and PTSD to postpartum sleep. [Author Abstract]

Tellegen, C. L. and M. R. Sanders (2014). "A randomized controlled trial evaluating a brief parenting program with children with autism spectrum disorders." *Journal of Consulting and Clinical Psychology* 82(6): 1193-1200.

OBJECTIVE: This randomized controlled trial evaluated the efficacy of Primary Care Stepping Stones Triple P, a brief individualized parenting program, in a sample of parents of children with autism spectrum disorder (ASD). **METHOD:** Sixty-four parents of children aged 2-9 years ($M = 5.67$, $SD = 2.14$) with an ASD diagnosis participated in the study. Eighty-six percent of children were male, and 89% of parents identified their child's ethnicity as Australian/White. Families were randomly assigned to 1 of 2 conditions (intervention or care-as-usual) and were assessed at 3 time points (preintervention, post-intervention, and 6-month follow-up). Parents completed a range of questionnaires to assess changes in child behavior (Eyberg Child Behavior Inventory) and parent outcomes (Parenting Scale, Depression Anxiety Stress Scale-21, Parent Problem Checklist, Relationship Quality Inventory, Parental Stress Scale) and 30-min home observations of parent-child interactions. **RESULTS:** Relative to the care-as-usual group, significant short-term improvements were found in the intervention group on parent-reported child behavior problems, dysfunctional parenting styles, parenting confidence, and parental stress, parental conflict, and relationship happiness. No significant intervention effects were found on levels of parental depression or anxiety, or on observed child disruptive and parent aversive behavior. The effect sizes for significant variables ranged from medium to large. Short-term effects were predominantly maintained at 6-month follow-up, and parents reported high levels of goal achievement and satisfaction with the program. **CONCLUSIONS:** The results indicate that a brief low intensity version of Stepping Stones Triple P is an efficacious intervention for parents of children with ASD. [Author Abstract] **KEY WORDS:** randomized controlled trial; Triple P; Stepping Stones Triple P; autism spectrum disorders (ASD); behavioral family intervention

Thompson, R., E. G. Flaherty, et al. (2014). "Trajectories of adverse childhood experiences and self-reported health at age 18." *Academic Pediatrics*.

OBJECTIVE: Despite growing evidence of links between adverse childhood experiences (ACEs) and long-term health outcomes, there has been limited longitudinal investigation of such links in youth. The purpose of these analyses was to describe the patterns of exposure to ACEs over time and their links to youth health. **METHODS:** The current analyses used data from LONGSCAN, a prospective study of children at risk for or exposed to child maltreatment, who were followed from age 4 to age 18. The analyses focused on 802 youth with complete data. Cumulative exposure to ACEs between 4 and 16 was used to place participants in 3 trajectory-defined groups: chronic ACEs, early ACEs only, and limited ACEs. Links to self-reported health at age 18 were examined using linear mixed models after controlling for earlier health status and demographics. **RESULTS:** The chronic ACEs group had increased self-reported health concerns and use of medical care at 18 but not poorer self-rated health status. The early ACEs only group did not significantly differ from limited ACEs on outcomes. **CONCLUSIONS:** In addition to other negative outcomes, chronic ACEs appear to affect physical health in emerging adulthood. Interventions aimed at reducing exposure to ACEs and early mitigation of their effects may have lasting and widespread health benefits. [Author Abstract]

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KEY WORDS: adolescent health; adverse childhood experiences; child abuse and neglect; childhood adversities

Thoresen, S., T. K. Jensen, et al. (2014). "Media participation and mental health in terrorist attack survivors." *Journal of Traumatic Stress* 27(6): 639-646.

Terrorism and disasters receive massive media attention, and victims are often approached by reporters. Not much is known about how terror and disaster victims perceive the contact with media and whether such experiences influence mental health. In this study, we describe how positive and negative experiences with media relate to posttraumatic stress (PTS) reactions among survivors of the 2011 Utøya Island terrorist attack in Norway. Face-to-face interviews were conducted with 285 survivors (47.0% female and 53.0% male) 14–15 months after the terrorist attack. Most survivors were approached by reporters (94%), and participated in media interviews (88%). The majority of survivors evaluated their media contact and participation as positive, and media participation was unrelated to PTS reactions. Survivors who found media participation distressing had more PTS reactions (quite distressing: $B = 0.440$, extremely distressing: $B = 0.611$, $p = .004$ in adjusted model). Perceiving media participation as distressing was slightly associated with lower levels of social support ($r = -.16$, $p = .013$), and regretting media participation was slightly associated with feeling let down ($r = .18$, $p = .004$). Reporters should take care when interviewing victims, and clinicians should be aware of media exposure as a potential additional strain on victims.

[Author Abstract]

Vloet, A., M. Simons, et al. (2014). "Long-term symptoms and posttraumatic growth in traumatised adolescents: findings from a specialised outpatient clinic." *Journal of Traumatic Stress* 27(5): 622-624.

Although traumatic experiences are associated with an increased risk of developing psychiatric disorders, little is known regarding the long-term outcomes of traumatised adolescents. In the current study, 42 traumatised adolescents who had been referred to a specialised health service were reassessed 2 to 5 years after the traumatic event. The course of posttraumatic stress disorder (PTSD) and other psychiatric symptoms, the development of posttraumatic growth (PTG), and parental PTSD were analysed. The rate of PTSD (full and partial) declined from 59.5% to 11.9% between the first assessment and the follow-up. On average, low levels of PTG were reported by the adolescents at follow-up. Sexual abuse was associated with most severe PTSD symptoms at initial assessment ($\eta^2 = .18$) and the highest PTG ($\eta^2 = .12$). Adolescents with psychotherapeutic support showed the largest symptom reduction ($\eta^2 = .15$). Adolescent PTSD at follow-up was shown to be correlated with both PTG ($r = .34$) and parental PTSD ($r = .58$). The results highlight the need for psychotherapeutic support for traumatised adolescents and their parents to prevent long-term psychological impairment. The development of PTG should be considered in the aftermath of trauma and its relevance for posttraumatic recovery should be addressed in future studies. [Author Abstract]