

March 2015 Medline Topic Alert

Banks, D. M. and C. F. Weems (2014). "Family and peer social support and their links to psychological distress among hurricane-exposed minority youth." *Am J Orthopsychiatry* 84(4): 341-352.

Experiencing a disaster such as a hurricane places youth at a heightened risk for psychological distress such as symptoms of posttraumatic stress disorder (PTSD), anxiety, and depression. Social support may contribute to resilience following disasters, but the interrelations of different types of support, level of exposure, and different symptoms among youth is not well understood. This study examined associations among family and peer social support, level of hurricane exposure, and their links to psychological distress using both a large single-time assessment sample (N = 1,098) as well as a longitudinal sample followed over a 6-month period (n = 192). Higher levels of hurricane exposure were related to lower levels of social support from family and peers. Higher levels of family and peer social support demonstrated both concurrent and longitudinal associations with lower levels of psychological distress, with associations varying by social support source and psychological distress outcome. Findings also suggested that the protective effects of high peer social support may be diminished by high hurricane exposure. The results of this study further our understanding of the role of social support in hurricane-exposed youths' emotional functioning and point to the potential importance of efforts to bolster social support following disasters.

Betancourt, T. S., R. McBain, et al. (2014). "Context matters: community characteristics and mental health among war-affected youth in Sierra Leone." *J Child Psychol Psychiatry* 55(3): 217-226.

BACKGROUND: Worldwide, over one billion children and adolescents live in war-affected settings. At present, only limited research has investigated linkages between disrupted social ecology and adverse mental health outcomes among war-affected youth. In this study, we examine three community-level characteristics - social disorder and collective efficacy within the community, as reported by caregivers, and perceived stigma as reported by youth - in relation to externalizing behaviors and internalizing symptoms among male and female former child soldiers in postconflict Sierra Leone. **METHODS:** A total of 243 former child soldiers (30% female, mean age at baseline: 16.6 years) and their primary caregivers participated in interviews in 2004 and 2008, as part of a larger prospective cohort study of war-affected youth in Sierra Leone. Two-point growth models were estimated to examine the relationship between community-level characteristics and externalizing and internalizing outcomes across the time points. **RESULTS:** Both social disorder within the community, reported by caregivers, and perceived stigma, reported by youth, positively covaried with

youths' externalizing and internalizing scores - indicating that higher levels of each at baseline and follow-up were associated with higher levels of mental health problems at both time points ($p < .05$). The relationship between collective efficacy and mental health outcomes was nonsignificant ($p > .05$). CONCLUSIONS: This study offers a rare glimpse into the role that the postconflict social context plays in shaping the mental health among former child soldiers. Results indicate that both social disorder and perceived stigma within the community demonstrate an important relationship to externalizing and internalizing problems among adolescent ex-combatants. Moreover, these relationships persisted over a 4-year period of follow-up. These results underscore the importance of the postconflict social environment and the need to develop postconflict interventions that address community-level processes in addition to the needs of families and individuals.

Bielas, H., A. Jud, et al. (2015). "Preliminary Evidence for a Compromised T-Cell Compartment in Maltreated Children with Depression and Posttraumatic Stress Disorder." *Neuroimmunomodulation*.

Objective: Adverse childhood experiences, such as maltreatment, and affective disorders are associated with a proinflammatory state and/or variably compromised counts in lymphocyte subsets in adults. Animal models of social stress indicate that recent thymic emigrant cells (RTE), which maintain the T-cell compartment, are affected. Methods: In this study, we examined the association between lymphocyte subsets, and depression and posttraumatic stress disorder (PTSD) among 16 maltreated children (aged 6-17 years) 1-3 years after the intervention by the Child Protection Team and among 14 healthy age-matched controls. The participants completed psychological assessment and had blood drawn for fluorescent-activated cell sorting analysis. Results: Among maltreated children and adolescents, depression was associated with lower counts of RTEs and T-helper cells after controlling for age. We found additional trends and large effect sizes with regard to the percentages of these cells, as well as for related lymphocyte subsets. Similar effects were found for PTSD, i.e. lower counts of naive T cells, which was also supported by a trend for their percentage. Compared to controls, maltreated participants with a clinical level of depression had decreased percentages of RTEs, with a similar trend for PTSD. Conclusion: Limited by the nature of a pilot study and the small sample size, these preliminary findings of a compromised T-cell compartment related to psychiatric symptoms in maltreated children and adolescents need to be further studied; particularly the role of RTEs needs further evaluation. (c) 2015 S. Karger AG, Basel.

Borges, G., C. Benjet, et al. (2014). "Posttraumatic stress disorder in a nationally representative Mexican community sample." *J Trauma Stress* 27(3): 323-330.

This study describes the public health burden of trauma exposure and posttraumatic stress disorder (PTSD) in relation to the full range of traumatic events to identify the conditional risk of PTSD from each traumatic event experienced in the Mexican population and other risk factors. The representative sample comprised a subsample ($N = 2,362$) of the urban participants of the Mexican National Comorbidity Survey (2001-2002). We used the World Health Organization's Composite International Diagnostic Interview (CIDI) to assess exposure to trauma and the presence of PTSD according to the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV; American

Psychiatric Association,) in each respondents' self-reported worst traumatic event, as well as a randomly selected lifetime trauma. The results showed that traumatic events were extremely common in Mexico (68.8%). The estimate of lifetime PTSD in the whole population was 1.5%; among only those with a traumatic event it was 2.1%. The 12-month prevalence of PTSD in the whole population was 0.6%; among only those with a traumatic event it was 0.8%. Violence-related events were responsible for a large share of PTSD. Sexual violence, in particular, was one of the greatest risks for developing PTSD. These findings support the idea that trauma in Mexico should be considered a public health concern.

Burton, C. W., B. Halpern-Felsher, et al. (2013). "It was pretty scary": the theme of fear in young adult women's descriptions of a history of adolescent dating abuse." *Issues Ment Health Nurs* 34(11): 803-813.

The mental health impact of abusive adolescent dating relationships has not been well described, but fear related to abuse has been reported. We elaborate the theme of fear in women's descriptions of a history of adolescent dating abuse. A sample of community-based women, ages 19-34, who experienced an abusive dating relationship during adolescence (ages 11-20) was used. Data were analyzed via thematic analysis. Fear was a consistent and resonant theme. Three types of fear were identified: fear for self, fear for other relationships, and fearful expectation. These results offer important insights into the impact of abusive adolescent relationships on women's mental health.

Canton-Cortes, D. and J. Canton (2010). "Coping with child sexual abuse among college students and post-traumatic stress disorder: the role of continuity of abuse and relationship with the perpetrator." *Child Abuse Negl* 34(7): 496-506.

OBJECTIVE: The purpose of this study was to examine the effects of child sexual abuse (CSA) on the use of coping strategies and post-traumatic stress disorder (PTSD) scores in young adults, as well as the role of avoidance and approach coping strategies in those PTSD scores in CSA victims. The role of coping strategies was studied by considering their possible interactive effect with the continuity of abuse and the relationship with the perpetrator; the effect of coping strategies on PTSD was also compared between CSA victim and non-CSA victim participants. **METHOD:** The sample was comprised of 138 victims of CSA and another 138 participants selected as a comparison group. Data about child sexual abuse were obtained from a questionnaire developed for this purpose. Coping strategies were assessed with the How I Deal with Things Scale (Burt & Katz, 1987), while PTSD scores were assessed with the "Escala de Gravedad de Sintomas del Trastorno de Estres Postraumatico" (Severity of Symptoms of PTSD Scale; Echeburua et al., 1997). **RESULTS:** Participants who had been victims of CSA showed significantly higher PTSD scores and lower approach coping strategies scores. However, differences in avoidance coping strategies between groups were not consistent and did not always follow the expected direction. Only the use of avoidance coping strategies was related to PTSD, participants who used these showing higher scores. The effects of avoidance strategies were stronger in continued than in isolated abuse, in

intrafamilial than in extrafamilial abuse and in CSA victims than in non-victims. **CONCLUSIONS:** These results confirm the idea of CSA as a high-risk experience that can affect the victim's coping strategies and lead to PTSD to a lesser or greater extent depending on the coping strategy used. Moreover, the role of these strategies varies depending on whether or not the participant is a victim of CSA and on the characteristics of abuse (continuity and relationship with the perpetrator). **PRACTICE IMPLICATIONS:** In terms of intervention, a reduction of avoidance-type strategies appears to have a beneficial effect, especially in the case of intrafamilial and/or continued CSA victims. The encouragement of "spontaneous" approach strategies (devised by the victim herself, without counseling) would probably not lead to more positive outcomes in terms of PTSD symptomatology. However, encouraging CSA survivors to engage in therapy aimed at developing effective approach strategies, as other studies have suggested, may help reduce PTSD symptoms.

Cecil, C. A., E. Viding, et al. (2014). "Double disadvantage: the influence of childhood maltreatment and community violence exposure on adolescent mental health." *J Child Psychol Psychiatry* 55(7): 839-848.

BACKGROUND: Childhood maltreatment is a key risk factor for maladjustment and psychopathology. Although maltreated youth are more likely to experience community violence, both forms of adversity are generally examined separately. Consequently, little is known about the unique and interactive effects that characterize maltreatment and community violence exposure (CVE) on mental health. **METHODS:** Latent Profile Analysis (LPA) was applied to data from a community sample of high-risk adolescents and young adults ($n = 204$, $M = 18.85$) to categorize groups of participants with similar patterns of childhood (i.e. past) maltreatment exposure. Associations between childhood maltreatment, CVE and mental health outcomes were then explored using multivariate regression and moderation analyses. **RESULTS:** Latent Profile Analysis identified three groups of individuals with low, moderate and severe levels of childhood maltreatment. Maltreatment was associated with more internalizing, externalizing, and trauma-related symptoms. By contrast, CVE showed independent associations with only externalizing and trauma-related symptoms. Typically, childhood maltreatment and CVE exerted additive effects; however, these forms of adversity interacted to predict levels of anger. **CONCLUSIONS:** Exposure to maltreatment and community violence is associated with increased levels of clinical symptoms. However, while maltreatment is associated with increased symptoms across a broad range of mental health domains, the impact of community violence is more constrained, suggesting that these environmental risk factors differentially impact mental health functioning.

Cenat, J. M. and D. Derivois (2014). "Assessment of prevalence and determinants of posttraumatic stress disorder and depression symptoms in adults survivors of earthquake in Haiti after 30 months." *J Affect Disord* 159: 111-117.

BACKGROUND: On January 12, 2010, a powerful 7.0 magnitude earthquake struck the Republic of Haiti and destroyed Port-au-Prince, the capital and others cities across the country. While some studies have examined the long-term traumatic effects of the seismic event on children and

adolescents victims, so far no study has examined the consequences on adults generally. As such, this study aims to investigate the traumatic consequences of the earthquake among adults related to degree of exposure, peritraumatic distress, depressive symptoms and sociodemographic factors two and a half years after. In addition, predictive factors of PTSD and depressive symptoms were also identified. METHODS: From June to July 2012, a total of 1355 adults (660 women) was assessed by means the traumatic exposure questionnaire, the Life Events Checklist subscale, the Peritraumatic Distress Inventory (PDI), the Impact of Event Scale - Revised (IES-R) and the Beck Depression Inventory (BDI), in addition to social demographic characteristics. RESULTS: The prevalence rates of PTSD and depressive symptoms were 36.75% (498 cases) and 25.98% (352 cases) respectively. The risk factors for PTSD and depressive symptoms were young and old age, female gender, unemployed status and low level of education. The bests predictives variables were peritraumatic distress for PTSD ($\beta=.57$, $p<.0001$) and for depressive symptoms ($\beta=.21$, $p<.0001$). The commorbidity between PTSD and depression was 13.36%. CONCLUSIONS: This study found that psychological symptoms are frequent event 30 months after the earthquake. The different mental health care providers, the public health ministry, NGOs working on the ground in Haiti should design programmes in order to aid the psychological wellbeing of the population focussing on youth, older and retired adults, females, people with low levels of education and those who do not work.

Chen, Y., W. W. Shen, et al. (2014). "Effectiveness RCT of a CBT intervention for youths who lost parents in the Sichuan, China, earthquake." *Psychiatr Serv* 65(2): 259-262.

OBJECTIVE: Many children who lost parents in the 2008 earthquake in Sichuan Province, China, experienced symptoms of posttraumatic stress disorder (PTSD) and depression. This randomized controlled study compared the treatment effectiveness of short-term cognitive-behavioral therapy (CBT) with a general supportive intervention and with a control group of nontreatment. METHODS; Thirty-two Chinese adolescents were randomly assigned to three treatment groups. Participants were compared for psychological resilience (Connor-Davidson Resilience Scale), symptoms of PTSD (Children's Revised Impact of Events Scale), and depression (Center for Epidemiologic Studies Depression Scale) at baseline, after treatment, and three-month follow-up. RESULTS: CBT was effective in reducing PTSD and depressive symptoms and improved psychological resilience. General support was more effective than no intervention in improving psychological resilience. CONCLUSIONS: Short-term CBT group intervention seems to be a robust intervention for natural disaster victims. Short-term CBT group intervention was more effective than the general supportive intervention and the no-treatment group in enhancing psychological resilience and reducing PTSD and depression among adolescents who had lost parents in the earthquake. The general supportive intervention was effective only in improving psychological resilience.

Cloitre, M., C. Henn-Haase, et al. (2014). "A multi-site single-blind clinical study to compare the effects of STAIR Narrative Therapy to treatment as usual among women with PTSD in public sector mental health settings: study protocol for a randomized controlled trial." *Trials* 15: 197.

BACKGROUND: This article provides a description of the rationale, design, and methods of a multisite clinical trial which evaluates the potential benefits of an evidence-based psychosocial treatment, STAIR Narrative Therapy, among women with posttraumatic stress disorder (PTSD) related to interpersonal violence who are seeking services in public sector community mental health clinics. This is the first large multisite trial of an evidence-based treatment for PTSD provided in the context of community settings that are dedicated to the treatment of poverty-level patient populations. **METHODS:** The study is enrolling 352 participants in a minimum of 4 community clinics. Participants are randomized into either STAIR Narrative Therapy or Treatment As Usual (TAU). Primary outcomes are PTSD, emotion management and interpersonal problems. The study will allow a flexible application of the protocol determined by patient need and preferences. Secondary analyses will assess the relationship of outcomes to different patterns of treatment implementation for different levels of baseline symptom severity. **DISCUSSION:** The article discusses the rationale and study issues related to the use of a flexible delivery of a protocol treatment and of the selection of treatment as it is actually practiced in the community as the comparator. **TRIAL REGISTRATION:** Clinicaltrials.gov identifier: NCT01488539.

Contractor, A. A., P. Mehta, et al. (2014). "Relations between PTSD and distress dimensions in an Indian child/adolescent sample following the 2008 Mumbai terrorist attacks." *J Abnorm Child Psychol* 42(6): 925-935.

Posttraumatic stress disorder's (PTSD) four-factor dysphoria model has substantial empirical support (reviewed in Elhai & Palmieri, *Journal of Anxiety Disorders*, 25, 849-854, 2011; Yufik & Simms, *Journal of Abnormal Psychology*, 119, 764-776, 2010). However, debatable is whether the model's dysphoria factor adequately captures all of PTSD's emotional distress (e.g., Marshall et al., *Journal of Abnormal Psychology*, 119(1), 126-135, 2010), which is relevant to understanding the assessment and psychopathology of PTSD. Thus, the present study assessed the factor-level relationship between PTSD and emotional distress in 818 children/adolescents attending school in the vicinity of the 2008 Mumbai terrorist attacks. The effective sample had a mean age of 12.85 years (SD = 1.33), with the majority being male (n = 435, 53.8 %). PTSD and emotional distress were measured by the UCLA PTSD Reaction Index (PTSD-RI) and Brief Symptom Inventory-18 (BSI-18) respectively. Confirmatory factor analyses (CFA) assessed the PTSD and BSI-18 model fit; Wald tests assessed hypothesized PTSD-distress latent-level relations; and invariance testing examined PTSD-distress parameter differences using age, gender and direct exposure as moderators. There were no moderating effects for the PTSD-distress structural parameters. BSI-18's depression and somatization factors related more to PTSD's dysphoria than PTSD's avoidance factor. The results emphasize assessing for specificity and distress variance of PTSD factors on a continuum, rather than assuming dysphoria factor's complete accountability for PTSD's inherent distress. Additionally,

PTSD's dysphoria factor related more to BSI-18's depression than BSI-18's anxiety/somatization factors; this may explain PTSD's comorbidity mechanism with depressive disorders.

Corbo, V., D. H. Salat, et al. (2014). "Reduced cortical thickness in veterans exposed to early life trauma." *Psychiatry Res* 223(2): 53-60.

Studies have shown that early life trauma may influence neural development and increase the risk of developing psychological disorders in adulthood. We used magnetic resonance imaging to examine the impact of early life trauma on the relationship between current posttraumatic stress disorder (PTSD) symptoms and cortical thickness/subcortical volumes in a sample of deployed personnel from Operation Enduring Freedom/Operation Iraqi Freedom. A group of 108 service members enrolled in the Translational Research Center for Traumatic Brain Injury and Stress Disorders (TRACTS) were divided into those with interpersonal early life trauma (EL-Trauma+) and Control (without interpersonal early life trauma) groups based on the Traumatic Life Events Questionnaire. PTSD symptoms were assessed using the Clinician-Administered PTSD Scale. Cortical thickness and subcortical volumes were analyzed using the FreeSurfer image analysis package. Thickness of the paracentral and posterior cingulate regions was positively associated with PTSD severity in the EL-Trauma+ group and negatively in the Control group. In the EL-Trauma+ group, both the right amygdala and the left hippocampus were positively associated with PTSD severity. This study illustrates a possible influence of early life trauma on the vulnerability of specific brain regions to stress. Changes in neural morphometry may provide information about the emergence and maintenance of symptoms in individuals with PTSD.

Cox, K. S., H. S. Resnick, et al. (2014). "Prevalence and correlates of posttrauma distorted beliefs: evaluating DSM-5 PTSD expanded cognitive symptoms in a national sample." *J Trauma Stress* 27(3): 299-306.

The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association [APA], 2013) modified the diagnostic criteria for posttraumatic stress disorder (PTSD), including expanding the scope of dysfunctional, posttrauma changes in belief (symptoms D2-persistent negative beliefs and expectations about oneself or the world, and D3-persistent distorted blame of self or others for the cause or consequences of the traumatic event). D2 and D3 were investigated using a national sample of U.S. adults (N = 2,498) recruited from an online panel. The prevalence of D2 and D3 was substantially higher among those with lifetime PTSD than among trauma-exposed individuals without lifetime PTSD (D2: 74.6% vs 23.9%; D3: 80.6% vs 35.7%). In multivariate analyses, the strongest associates of D2 were interpersonal assault (OR = 2.39), witnessing interpersonal assault (OR = 1.63), gender (female, OR = 2.11), and number of reported traumatic events (OR = 1.88). The strongest correlates of D3 were interpersonal assault (OR = 3.08), witnessing interpersonal assault (OR = 1.57), gender (female, OR = 2.30), and number of reported traumatic events (OR = 1.91). The findings suggested the expanded cognitive symptoms in the DSM-5 diagnostic criteria better capture the cognitive complexity of PTSD than those of the DSM-IV.

Duan, Z. X., W. Li, et al. (2014). "Clinical relevance of tag single nucleotide polymorphisms within the CAT gene in patients with PTSD in the Chongqing Han population." *Int J Clin Exp Pathol* 7(4): 1724-1732.

BACKGROUND: Free radical-induced oxidative damage of the brain has been implicated in a number of psychiatric disorders, including post-traumatic stress disorder (PTSD). Catalase (CAT) is a major antioxidant enzyme and a number of polymorphisms in CAT have been shown to be associated with several diseases, including hypertension, diabetes mellitus, Alzheimer's disease, and vitiligo. The aim of this study was to evaluate the association of CAT gene polymorphisms with PTSD in a case-control study. **MATERIALS AND METHODS:** A total of 460 unrelated adult Chinese Han adults, including 287 healthy volunteers and 173 patients with PTSD. Six tag single-nucleotide polymorphisms (tSNPs) were selected from the entire CAT gene through construction of haplotype bins, and they were genotyped using an improved multiplex ligation detection reaction (iMLDR) technique. Allelic frequencies and clinical characteristics were compared in two independent Chinese Han populations. **RESULTS:** Six tag SNPs were identified in the Chinese Han population and all were common SNPs. However, we could detect no evidence of genetic association between six tag SNPs in the CAT gene and PTSD in the Chinese Han population. **CONCLUSIONS:** This result suggests that six tag SNPs of the CAT gene may not be associated with PTSD, and that CAT gene might not influence the development of PTSD in patients following exposure to a traumatic event, also may be the sample sizes too small to allow a meaningful test.

Elkins, R. M., A. L. Carpenter, et al. (2014). "Inattention symptoms and the diagnosis of comorbid attention-deficit/hyperactivity disorder among youth with generalized anxiety disorder." *J Anxiety Disord* 28(8): 754-760.

Generalized anxiety disorder (GAD) and attention-deficit/hyperactivity disorder (ADHD) commonly co-occur in childhood. Inattention symptoms can be hallmarks of both conditions, however assessment tools of inattention may not effectively distinguish between the two conditions. The present study used receiver operating characteristic (ROC) analyses to examine the high-end specificity of the Attention Problems Scale of the Child Behavior Checklist (CBCL) for detecting comorbid ADHD among youth with GAD (N=46). Results support the utility of the Attention Problems Scale for accurately distinguishing between the two groups (AUC=.84, SE=.06). Specifically, a cut score of 63 achieved the most favorable values across diagnostic utility indices; 74% of GAD youth with ADHD scored above this cutoff and 91% of GAD youth without ADHD scored below this cutoff. Findings provide support for the use of the CBCL Attention Problems Scale to supplement diagnostic interviews and identify inattention associated with ADHD among GAD youth.

Garthus-Niegel, S., T. von Soest, et al. (2014). "The influence of women's preferences and actual mode of delivery on post-traumatic stress symptoms following childbirth: a population-based, longitudinal study." *BMC Pregnancy Childbirth* 14: 191.

BACKGROUND: This study aimed to examine whether a mismatch between a woman's preferred and actual mode of delivery increases the risk of post-traumatic stress symptoms after childbirth. **METHODS:** The study sample consisted of 1,700 women scheduled to give birth between 2009 and 2010 at Akershus University Hospital, Norway. Questionnaire data from pregnancy weeks 17 and 32 and from 8 weeks postpartum were used along with data obtained from hospital birth records. Post-traumatic stress symptoms were measured with the Impact of Event Scale. Based on the women's preferred and actual mode of delivery, four groups were established: Match 1 (no preference for cesarean section, no elective cesarean section, N = 1,493); Match 2 (preference for cesarean section, elective cesarean section, N = 53); Mismatch 1 (no preference for cesarean section, elective cesarean section, N = 42); and Mismatch 2 (preference for cesarean section, no elective cesarean section, N = 112). Analysis of variance (ANOVA) and analysis of covariance (ANCOVA) were conducted to examine whether the level of post-traumatic stress symptoms differed significantly among these four groups. **RESULTS:** Examining differences for all four groups, ANOVA yielded significant overall group differences ($F = 11.96, p < 0.001$). However, Bonferroni post-hoc tests found significantly higher levels of post-traumatic stress symptoms only in Mismatch 2 compared to Match 1. This difference could be partly explained by a number of risk factors, particularly psychological risk factors such as fear of childbirth, depression, and anxiety. **CONCLUSIONS:** The results suggest increased post-traumatic stress symptoms in women who preferred delivery by cesarean section but delivered vaginally compared to women who both preferred vaginal delivery and delivered vaginally. In psychologically vulnerable women, such mismatch may threaten their physical integrity and, in turn, result in post-traumatic stress symptoms. These women, who often fear childbirth, may prefer a cesarean section even though vaginal delivery is usually the best option in the absence of medical indications. To avoid potential trauma, fear of childbirth and maternal requests for a cesarean section should be taken seriously and responded to adequately.

Goosen, S., K. Stronks, et al. (2014). "Frequent relocations between asylum-seeker centres are associated with mental distress in asylum-seeking children: a longitudinal medical record study." *Int J Epidemiol* 43(1): 94-104.

BACKGROUND: There are concerns about negative effects of relocations between asylum-seeker centres on the mental health of asylum-seeking children. However, empirical evidence comes from cross-sectional studies only. In this longitudinal medical record study, we aimed to assess: (i) whether relocations during the asylum process are associated with the incidence of newly recorded mental distress in asylum-seeking children; and (ii) whether this association is stronger among vulnerable children. **METHODS:** Data were extracted from the electronic medical records database of the Community Health Services for Asylum Seekers in The Netherlands (study period: 1 January 2000-31 December 2008). Included were 8047 children aged 4 to 17 years. Case attribution was done using International Classification of Primary Care codes for mental, behavioural or psychosocial problems. The association between annual relocation rate and incidence of mental distress was measured using relative risks (RR) estimated with multivariate Cox regression models. **RESULTS:** A high annual relocation rate (>1 relocation/year) was associated with increased incidence of mental

distress [RR = 2.70; 95% confidence interval (CI) 2.30-3.17]. The relative risk associated with a high annual relocation rate was larger in children who had experienced violence (RR = 3.87; 95% CI 2.79-5.37) and in children whose mothers had been diagnosed with post-traumatic stress disorder or depression (RR = 3.40; 95% CI 2.50-4.63). CONCLUSIONS: The risk of mental distress was greater in asylum-seeking children who had undergone a high annual relocation rate. This risk increase was stronger in vulnerable children. These findings contribute to the appeal for policies that minimize the relocation of asylum seekers.

Goulet, J. L., R. A. Martinello, et al. (2014). "STI diagnosis and HIV testing among OEF/OIF/OND veterans." *Med Care* 52(12): 1064-1067.

IMPORTANCE: Patients with sexually transmitted infection (STI) diagnosis should be tested for human immunodeficiency virus (HIV), regardless of previous HIV test results. **OBJECTIVE:** Estimate HIV testing rates among recent service Veterans with an STI diagnosis and variation in testing rates by patient characteristics. **DESIGN, SETTING, AND PARTICIPANTS:** The sample comprised 243,843 Veterans who initiated Veterans Health Administration (VHA) services within 1 year after military separation. Participants were followed for 2 years to determine STI diagnoses and HIV testing rates. We used relative risks regression to examine variation in testing rates. **MAIN OUTCOMES AND MEASURES:** We used VHA administrative data to identify STI diagnoses and HIV testing and results. **RESULTS:** Veterans with an STI diagnosis (n = 1815) had higher HIV testing rates than those without (34.9% vs. 7.3%, $P < 0.0001$), but were not more likely to have a positive test result (1.1% vs. 1.4%, $P = 0.53$). Among Veterans with an STI diagnosis, testing increased from 25% to 45% over the observation period; older age was associated with a lower rate of testing, whereas race and ethnicity, multiple deployments, posttraumatic stress disorder, and substance abuse disorders were associated with a higher rate. **CONCLUSIONS AND RELEVANCE:** Since VHA implemented routine HIV testing, overall rates of testing have increased. However, among Veterans at significant risk for HIV because of an STI diagnosis, only 45% had an HIV test in the most recent year of observation. Other patient characteristics such as alcohol and drug abuse were associated with being tested for HIV. Providers should be reminded that an STI is a sufficient reason to test for HIV.

Gradus, J. L., I. Bozi, et al. (2014). "Severe stress and adjustment disorder diagnoses in the population of Denmark." *J Trauma Stress* 27(3): 370-374.

We created a registry of Danish-born citizens of Denmark with incident International Classification of Diseases (10th ed.; ICD-10) severe stress and adjustment disorder diagnoses between 1995 and 2011. A unique personal identifier was used to retrieve and merge data on demographic characteristics and diagnoses (ICD-10 codes F43.x). Here we report on the incidence of these disorders and the demographic characteristics of the subset of the Danish population who have received 1 of these diagnoses: 111,844 adults and children received a first diagnosis between 1995 and 2011. More women than men (60.1% vs. 39.9%) received a diagnosis. Diagnoses increased during the late teens through early 30s. Adjustment disorder was the most common

diagnosis (65.7% of adults and 64% of children). Reaction to severe stress unspecified was the second most common (19.8% of adults and 23.8% of children), and there was a large increase in both, as well as acute stress reaction diagnoses, in 2007 (3,717-5,141, 1,248-2,520, and 348-1,024 in 2006 to 2007, respectively). Findings regarding gender and age of onset are similar to other westernized countries. This registry can be used for future research programs, contributing to the study of stress and trauma.

Graeff-Martins, A. S., C. W. Hoven, et al. (2014). "Use of mental health services by children and adolescents six months after the World Trade Center attack." *Psychiatr Serv* 65(2): 263-265.

OBJECTIVE: The authors describe use of mental health services among children and adolescents after the September 11, 2001, attack on the World Trade Center. **METHODS:** Six months after the attack, sixth- through 12th-graders (N=6,986) who were representative of the student population were asked about their use of mental health services to talk about the attack as well as their exposure to the attack, symptoms of posttraumatic stress and major depressive disorders, and any conversations about the attack with a parent, teacher, or religious leader. **RESULTS:** Eighteen percent had used mental health services. Using in-school services was associated with conversation with a teacher about the attack. Using services outside school was associated with direct exposure to the attack, previous trauma exposure, probable psychiatric diagnosis, and conversation with a teacher or religious leader about the attack. **CONCLUSIONS:** Teachers and religious leaders can function as gatekeepers to identify children in need following a disaster.

Hornor, G. (2015). "Childhood Trauma Exposure and Toxic Stress: What the PNP Needs to Know." *J Pediatr Health Care* 29(2): 191-198.

Trauma exposure in childhood is a major public health problem that can result in lifelong mental and physical health consequences. Pediatric nurse practitioners must improve their skills in the identification of trauma exposure in children and their interventions with these children. This continuing education article will describe childhood trauma exposure (adverse childhood experiences) and toxic stress and their effects on the developing brain and body. Adverse childhood experiences include a unique set of trauma exposures. The adverse childhood experiences or trauma discussed in this continuing education offering will include childhood exposure to emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, domestic violence, household substance abuse, household mental illness, parental separation or divorce, and a criminal household member. Thorough and efficient methods of screening for trauma exposure will be discussed. Appropriate intervention after identification of trauma exposure will be explored.

Hruska, B., P. K. Cullen, et al. (2014). "Pharmacological modulation of acute trauma memories to prevent PTSD: considerations from a developmental perspective." *Neurobiol Learn Mem* 112: 122-129.

Estimates of the lifetime prevalence of posttraumatic stress disorder (PTSD) in American adults range from 6.4% to 6.8%. PTSD is associated with increased risk for comorbid major depression, substance use disorder, suicide, and a variety of other mental and physical health conditions. Given the negative sequelae of trauma/PTSD, research has focused on identifying efficacious interventions that could be administered soon after a traumatic event to prevent or reduce the subsequent incidence of PTSD. While early psychosocial interventions have been shown to be relatively ineffective, early (secondary) pharmacological interventions have shown promise. These pharmacological approaches are largely based on the hypothesis that disruption of altered stress hormone levels and the consequent formation of trauma memories could protect against the development of PTSD. The present manuscript reviews the literature regarding the role of peri-traumatic stress hormones as risk factors for the development of PTSD and reviews evidence for the efficacy of exogenously modulating stress hormone levels to prevent/buffer the development of PTSD symptoms. Whereas prior literature has focused primarily on either child or adult studies, the present review incorporates both child and adult studies in a developmental approach to understanding risk for PTSD and how pharmacological modulation of acute memories may buffer the development of PTSD symptoms.

Israel-Cohen, Y., G. Kashy-Rosenbaum, et al. (2014). "High positive affect shortly after missile attacks and the heightened risk of posttraumatic stress disorder among Israeli adolescents." *J Trauma Stress* 27(3): 375-378.

Previous research has demonstrated that positive emotions help build psychological resources and facilitate adaptation to stress, yet few studies have considered the possible negative effects of positive emotions on stress. This study examined the relationship between high arousal, positive and negative affect, and posttraumatic stress disorder (PTSD) symptoms among 503 Israeli adolescents following a period of escalated missile attacks on their city. Our findings revealed that not only negative affect, but also positive affect at very high levels exhibited 2 weeks following missile attacks were independently associated with PTSD symptoms 2(1/2) months later ($\eta^2(2) = .09$, $\eta^2(2) = .02$, respectively). Although the literature recognizes the risk factor of negative affect on the development of PTSD, we suggest that also positive affect at high levels immediately after such experiences may be a case of emotion context insensitivity and thus a maladaptive response to trauma. Further research should examine the mechanisms associated with positive emotions and PTSD.

Kardas, M., B. B. Cermik, et al. (2014). "Lorazepam in the treatment of posttraumatic feeding disorder." *J Child Adolesc Psychopharmacol* 24(5): 296-297.

Khamis, V. (2015). "Coping with war trauma and psychological distress among school-age Palestinian children." *Am J Orthopsychiatry* 85(1): 72-79.

This study investigated the long-term effects of the 2012 war on children's psychological distress in Gaza Strip. It was hypothesized that a) greater levels of exposure to war trauma would be

associated with greater behavioral and emotional disorders, neuroticism, and PTSD symptoms; b) children who rely more on problem-focused coping will manifest less behavioral and emotional disorders, neuroticism, and PTSD symptoms whereas children who rely more on emotion-focused coping will manifest higher levels of behavioral and emotional disorders, neuroticism, and PTSD symptoms; and c) certain children's characteristics (i.e., age, gender, and family income) would be predictive of children's behavioral and emotional disorders, neuroticism, and PTSD. Participants were 205 males and females aged 9 to 16 years. Questionnaires were administered in an interview format with participants at schools. Results indicated that approximately 30 percent of the Palestinian children who were exposed to higher levels of war traumas have developed PTSD with excess risk for co-morbidity with other disorders such as emotional symptoms and neuroticism. The findings revealed that children with lower family income reported higher levels of emotion and behavioral disorders and neuroticism. While emotion-focused coping was positively associated with emotional and behavioral problems, neuroticism, and PTSD, problem-focused coping was negatively associated with neuroticism and PTSD. The clinical implications of these conclusions were discussed to formulate cognitive-behavioral coping interventions that can lead to positive outcomes in the posttrauma environment. (PsycINFO Database Record (c) 2015 APA, all rights reserved).

Lagarde, E., L. R. Salmi, et al. (2014). "Association of symptoms following mild traumatic brain injury with posttraumatic stress disorder vs. postconcussion syndrome." *JAMA Psychiatry* 71(9): 1032-1040.

IMPORTANCE: A proportion of patients experience long-lasting symptoms following mild traumatic brain injury (MTBI). The postconcussion syndrome (PCS), included in the DSM-IV, has been proposed to describe this condition. Because these symptoms are subjective and common to other conditions, there is controversy whether PCS deserves to be identified as a diagnostic syndrome. **OBJECTIVE:** To assess whether persistent symptoms 3 months following head injury are specific to MTBI or whether they are better described as part of posttraumatic stress disorder (PTSD). **DESIGN, SETTING, AND PARTICIPANTS:** We conducted a prospective cohort study of injured patients recruited at the adult emergency department of the University Hospital of Bordeaux from December 4, 2007, to February 25, 2009. **MAIN OUTCOMES AND MEASURES:** At 3-month follow-up, we compared the prevalence and risk factors for PCS and PTSD. Multiple correspondence analyses were used to assess clustering of symptoms and their associations with the type of injury. **RESULTS:** We included 534 patients with head injury and 827 control patients with other nonhead injuries. Three months following the trauma, 21.2% of head-injured and 16.3% of nonhead-injured patients fulfilled the DSM-IV diagnosis of PCS; 8.8% of head-injured patients fulfilled the diagnostic criteria for PTSD compared with 2.2% of control patients. In multivariate analysis, MTBI was a predictor of PTSD (odds ratio, 4.47; 95% CI, 2.38-8.40) but not of PCS (odds ratio, 1.13; 95% CI, 0.82-1.55). Correspondence analysis suggested that symptoms considered part of PCS behave similarly to PTSD symptoms in the hyperarousal dimension. None of these 22 symptoms showed any pattern of clustering, and no clear proximity with head or nonhead injury status could be found. **CONCLUSIONS AND RELEVANCE:** Persistent subjective symptoms frequently reported 3 months after MTBI are not specific enough to be identified as a unique PCS and should be considered part of the hyperarousal dimension of PTSD.

Madigan, S., K. Vaillancourt, et al. (2015). "Trauma and traumatic loss in pregnant adolescents: the impact of Trauma-Focused Cognitive Behavior Therapy on maternal unresolved states of mind and Posttraumatic Stress Disorder." *Attach Hum Dev*: 1-24.

Pregnant adolescents are a group at high risk for exposure to traumatic experiences. The present study aimed to examine if Trauma-Focused Cognitive Behavior Therapy (TF-CBT) typically applied to Posttraumatic Stress Disorder (PTSD), could also be applied to unresolved states of mind in a sample of socially at-risk pregnant adolescents. Forty-three adolescents who were in their second trimester of pregnancy and who also had positive indices of unresolved states of mind or symptoms of PTSD were randomly assigned to either the treatment as usual (parenting classes) or intervention (parenting classes + TF-CBT) group. Adolescent mother-infant dyads were then re-assessed at infant ages 6 and 12 months on a broad range of measures, including those specific to attachment, as well as to PTSD, and adolescent behavioral adjustment. Twenty-six of the 43 (60%) recruited subjects completed all components of the study protocol. Although there were no significant effects of the TF-CBT intervention on maternal attachment, infant attachment, PTSD diagnosis and adolescent behavioral adjustment, several study limitations restrict our ability to draw firm conclusions about the efficacy of TF-CBT for use in pregnant adolescents with complex trauma. The discussion offers insight and guidance for clinical work and future intervention research efforts with this vulnerable population.

Masten, A. S. (2013). "Afterword: what we can learn from military children and families." *Future Child* 23(2): 199-212.

Meier, A., C. Lambert-Harris, et al. (2014). "Co-occurring prescription opioid use problems and posttraumatic stress disorder symptom severity." *Am J Drug Alcohol Abuse* 40(4): 304-311.

BACKGROUND: Prescription opioids are the most rapidly growing category of abused substances, and result in significant morbidity, mortality and healthcare costs. Co-occurring with psychiatric disorders, persons with prescription opioid problems have negative treatment outcomes. Data are needed on the prevalence of co-occurring prescription opioid abuse and specific disorders, such as posttraumatic stress disorder (PTSD), to better inform clinical practice. **OBJECTIVE:** To determine prevalence rates of current co-occurring prescription opioid use problems and PTSD symptom severity among patients in community addiction treatment settings. **METHODS:** We abstracted administrative and chart information on 573 new admissions to three addictive treatment agencies during 2011. Systematic data were collected on PTSD symptoms, substance use, and patient demographics. **RESULTS:** Prescription opioid use was significantly associated with co-occurring PTSD symptom severity (OR: 1.42, $p < 0.05$). Use of prescription opioids in combination with sedatives (OR: 3.81, $p < 0.01$) or cocaine (OR: 2.24, $p < 0.001$) also were associated with PTSD severity. The odds of having co-occurring PTSD symptoms and prescription opioid use problem were nearly three times greater among females versus males (OR: 2.63, $p < 0.001$). Younger patients (18-34 years old) also were at higher risk (OR: 1.86, $p < 0.01$). **CONCLUSIONS:** Prescription opioid use problems are a risk factor for co-occurring PTSD symptom severity. Being female or younger increase

the likelihood of this co-morbidity. Further research is needed to confirm these findings, particularly using more rigorous diagnostic procedures. These data suggest that patients with prescription opioid use problems should be carefully evaluated for PTSD symptoms.

Mellman, T. A., I. Kobayashi, et al. (2014). "A relationship between REM sleep measures and the duration of posttraumatic stress disorder in a young adult urban minority population." *Sleep* 37(8): 1321-1326.

STUDY OBJECTIVE: To determine relationships of polysomnographic (PSG) measures with posttraumatic stress disorder (PTSD) in a young adult, urban African American population. **DESIGN:** Cross-sectional, clinical and laboratory evaluation. **SETTING:** Community recruitment, evaluation in the clinical research unit of an urban University hospital. **PARTICIPANTS:** Participants (n = 145) were Black, 59.3% female, with a mean age of 23.1 y (SD = 4.8). One hundred twenty-one participants (83.4%) met criteria for trauma exposure, the most common being nonsexual violence. Thirty-nine participants (26.9%) met full (n = 19) or subthreshold criteria (n = 20) for current PTSD, 41 (28.3%) had met lifetime PTSD criteria and were recovered, and 65 (45%) were negative for PTSD. **MEASUREMENTS AND RESULTS:** Evaluations included the Clinician Administered PTSD Scale (CAPS) and 2 consecutive nights of overnight PSG. Analysis of variance did not reveal differences in measures of sleep duration and maintenance, percentage of sleep stages, and the latency to and duration of uninterrupted segments of rapid eye movement (REM) sleep by study group. There were significant relationships between the duration of PTSD and REM sleep percentage ($r = 0.53$, $P = 0.001$), REM segment length ($r = 0.43$, $P = 0.006$), and REM sleep latency ($r = -0.34$, $P < 0.03$) among those with current PTSD that persisted when removing cases with, or controlling for, depression. **CONCLUSIONS:** The findings are consistent with observations in the literature of fragmented and reduced REM sleep with posttraumatic stress disorder (PTSD) relatively proximate to trauma exposure and nondisrupted or increased REM sleep with chronic PTSD. **CITATION:** Mellman TA, Kobayashi I, Lavela J, Wilson B, Hall Brown TS. A relationship between REM sleep measures and the duration of posttraumatic stress disorder in a young adult urban minority population.

Miller-Graff, L. E. and K. H. Howell (2015). "Posttraumatic stress symptom trajectories among children exposed to violence." *J Trauma Stress* 28(1): 17-24.

Little research has examined the developmental course of posttraumatic stress symptoms (PTSS) in children. The current study aimed to identify developmental trajectories of PTSS in childhood and to examine predictors of symptom presentation in 1,178 children from the Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) studies, a consortium of studies focusing on the causes and effects of child maltreatment. Most children had a history of documented reports with Child Protective Services (CPS) and all were identified as living in high-risk environments. Using group-based trajectory modeling, 3 unique developmental trajectories were identified: Resilient, Clinical-Improving (PTSS in the clinical range at baseline then declining over time), and Borderline-Stable (chronically subclinical PTSS). Children in the Clinical-Improving group were more likely than children in the Resilient group to have reports of physical abuse (RRR = 1.76),

emotional abuse (RRR = 2.55), neglect (RRR = 1.57), and exposure to violence at home and in the community (RRR = 1.04). Children in the Borderline-Stable group were more likely than children in the Resilient group to have a CPS history of neglect (RRR = 2.44) and exposure to violence at home and in the community (RRR = 1.04). Many children living in high-risk environments exhibit resilience to PTSS, but exposure to witnessed violence and neglect appear to put children at chronic risk for poor adjustment. These children may require more intensive, integrated clinical services that attend to multiple adverse experiences.

Nazarov, A., P. Frewen, et al. (2014). "Theory of mind performance in women with posttraumatic stress disorder related to childhood abuse." *Acta Psychiatr Scand* 129(3): 193-201.

OBJECTIVE: Key questions remain unaddressed concerning the nature of interpersonal functioning in trauma survivors, including the ability to understand and interpret other people's thoughts and feelings. Here, we investigate theory of mind (ToM) performance of women with PTSD related to childhood abuse in comparison to healthy controls. **METHOD:** Participants completed two ToM tasks, the Interpersonal Perception Task-15 (IPT-15) and the Reading the Mind in the Eyes Task - Revised (RMET). **RESULTS:** Relative to controls, women with a history of childhood trauma had difficulty recognizing familial relationships depicted in the IPT-15 ($P = 0.005$). No other category of the IPT-15 showed significant group differences. In addition, while healthy women displayed faster RMET reaction times to emotionally valenced mental states (positive: $P = 0.003$; negative: $P = 0.016$) compared with neutral mental states, the PTSD group showed similar reaction times across all valences. The presence of dissociative symptoms (e.g., disengagement, amnesia, identity dissociation) was strongly associated with hindered accuracy of complex mental state identification and altered perception of kinship interactions. **CONCLUSION:** Women with PTSD stemming from childhood trauma show changes in ToM abilities particularly those often involved in the interpretation of family interactions. In addition, individuals with PTSD showed slower reaction times during the recognition of complex mental states from emotionally salient facial/eye expressions in comparison with healthy subjects.

Newman, E., B. Pfefferbaum, et al. (2014). "Meta-analytic review of psychological interventions for children survivors of natural and man-made disasters." *Curr Psychiatry Rep* 16(9): 462.

Although many post-disaster interventions for children and adolescent survivors of disaster and terrorism have been created, little is known about the effectiveness of such interventions. Therefore, this meta-analysis assessed PTSD outcomes among children and adolescent survivors of natural and man-made disasters receiving psychological interventions. Aggregating results from 24 studies (total $N=2630$) indicates that children and adolescents receiving psychological intervention fared significantly better than those in control or waitlist groups with respect to PTSD symptoms. Moderator effects were also observed for intervention package, treatment modality (group vs. individual), providers' level of training, intervention setting, parental involvement, participant age, length of treatment, intervention delivery timing, and methodological rigor. Findings are discussed in detail with suggestions for practice and future research.

Orcutt, H. K., G. A. Bonanno, et al. (2014). "Prospective trajectories of posttraumatic stress in college women following a campus mass shooting." *J Trauma Stress* 27(3): 249-256.

In a sample with known levels of preshooting posttraumatic stress (PTS) symptoms, we examined the impact of a campus mass shooting on trajectories of PTS in the 31 months following the shooting using latent growth mixture modeling. Female students completed 7 waves of a longitudinal study (sample sizes ranged from 812 to 559). We identified 4 distinct trajectories ($n = 660$): (a) minimal impact-resilience (60.9%), (b) high impact-recovery (29.1%), (c) moderate impact-moderate symptoms (8.2%), and (d) chronic dysfunction (1.8%). Individuals in each trajectory class remained at or returned to preshooting levels of PTS approximately 6 months postshooting. The minimal impact-resilience class reported less prior trauma exposure ($\eta(2) = .13$), less shooting exposure ($\eta(2) = .07$), and greater emotion regulation skills than all other classes ($\eta(2) > .30$). The chronic dysfunction class endorsed higher rates of experiential avoidance prior to the shooting than the minimal-impact resilient and high impact-recovery classes ($\eta(2) = .15$), as well as greater shooting exposure than the high impact-recovery class ($\eta(2) = .07$). Findings suggest that preshooting functioning and emotion regulation distinguish between those who experience prolonged distress following mass violence and those who gradually recover.

Picoraro, J. A., J. W. Womer, et al. (2014). "Posttraumatic growth in parents and pediatric patients." *J Palliat Med* 17(2): 209-218.

BACKGROUND: Pediatric medical experiences are potentially traumatic but may lead to psychological growth. **OBJECTIVE:** The study objective was to synthesize the published literature regarding posttraumatic growth (PTG) in parents and patients with serious pediatric illness (SPI) into a conceptual model. **METHODS:** We systematically searched MEDLINE, CINAHL, PsychInfo, and Sociological Abstracts in December 2012 to identify articles on stress or trauma caused by medical events with PTG as an outcome, reviewing articles pertaining to the pediatric population. We additionally reviewed articles outside pediatric medicine that described a model of PTG. **RESULTS:** Of the 605 articles identified, 55 met inclusion criteria, 26 of which examined parents or pediatric patients. Parents and children may experience PTG following medical trauma through a combination of cognitive and affective processing of their subjective experience. Components of SPI-PTG are unclear, but may include greater appreciation of life, improved interpersonal relationships, greater personal strength, recognition of new possibilities in one's life course, spiritual or religious growth, and reconstruction of a positive body image. Individual characteristics, and the level of social support, may affect the likelihood that SPI-PTG will occur. SPI-PTG in siblings and other family members has not been well studied. **CONCLUSIONS:** SPI-PTG is an important but understudied and inadequately understood phenomenon affecting children with SPI and their family members. Research should focus on clarifying SPI-PTG domains, creating measurement instruments, assessing SPI-PTG across the pediatric age range and among family members, and improving our understanding of and ability to positively intervene regarding the cognitive processes of rumination, sense making, and benefit finding.

Plumb, T. R., J. T. Peachey, et al. (2014). "Sleep disturbance is common among servicemembers and veterans of Operations Enduring Freedom and Iraqi Freedom." *Psychol Serv* 11(2): 209-219.

Sleep routines that develop as an adaptation or reaction to deployment can persist upon return stateside. Sleep problems intensify and are intensified by psychiatric distress. This research presents the findings of a comprehensive survey of sleep impairment in relation to demographic data, military history, combat exposure, and mental illness symptoms among a general sample of 375 servicemembers and veterans of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) at a wide range of times postdeployment. Sleep impairment was assessed with the Pittsburgh Sleep Quality Index (PSQI) and the Addendum for PTSD. Posttraumatic stress disorder (PTSD), depression, and anxiety symptoms were evaluated, with the PTSD Checklist-Military, the Patient Health Questionnaire-9 and the Generalized Anxiety Disorder-7. Sleep problems were common across the sample, with 45.4% of participants reporting sleep onset greater than 30 minutes, 21.4% typically achieving less than 4.5 hours of total sleep time, and 56% reporting being awake in bed more than 15% of the night. Global PSQI scores classified 89% of the sample as "poor sleepers." Sleep problems were more severe among servicemembers with less education, from lower ranks (E1-E3), with greater combat exposure, and greater depression, anxiety, and PTSD symptoms. These findings suggest the need for routine screening of sleep problems among veterans and increased professional training in interventions for insomnia and nightmares. For individuals experiencing sleep problems with concurrent psychiatric symptoms, addressing sleep concerns may be one less-stigmatizing way to transition servicemembers and veterans into needed mental health services.

Rosner, R., H. H. Konig, et al. (2014). "Developmentally adapted cognitive processing therapy for adolescents and young adults with PTSD symptoms after physical and sexual abuse: study protocol for a randomized controlled trial." *Trials* 15: 195.

BACKGROUND: Although childhood sexual and/or physical abuse (CSA/CPA) is known to have severe psychopathological consequences, there is little evidence on psychotherapeutic interventions for adolescents and young adults suffering from post-traumatic stress disorder (PTSD). Equally sparse are data on moderators of treatment response on PTSD-related epigenetic changes, health care costs and loss of productivity, alterations in cognitive processing, and on how successful interventions affect all of these factors. Early treatment may prevent later (co)morbidity. In this paper, we present a study protocol for the evaluation of a newly developed psychotherapeutic manual for PTSD after CSA/CPA in adolescents and young adults - the Developmentally Adapted Cognitive Processing Therapy (D-CPT). **METHODS/DESIGN:** In a multicenter randomized controlled trial (RCT) D-CPT is compared to treatment as usual (TAU). A sample of 90 adolescent outpatients aged 14 to 21 years will be randomized to one of these conditions. Four assessments will be carried out at baseline, at end of treatment, and 3 and 6 months after end of therapy. Each time, patients will be assessed via clinical interviews and a wide range of questionnaires. In addition to PTSD symptoms and comorbidities, we will evaluate moderators of treatment response, epigenetic profiles, direct and indirect costs of this disorder, and neurophysiological processing of threat cues in PTSD and their respective changes in the course of these two treatments (D-CPT and TAU).

DISCUSSION: The study will provide new insights in the understudied field of PTSD in adolescents and young adults. A newly developed intervention will be evaluated in this therapeutically underserved population. Results will provide data on treatment efficacy, direct and indirect treatment costs, as well as on associations of treatment outcome and PTSD intensity both to epigenetic profiles and to the neurobiological processing of threat cues. Besides, they will help to learn more about the psychopathology and possible new objective correlates of PTSD. **TRIAL REGISTRATION:** Germanctr.de identifier: DRKS00004787.

Rubin, D. C. (2014). "Schema-driven construction of future autobiographical traumatic events: the future is much more troubling than the past." *J Exp Psychol Gen* 143(2): 612-630.

Research on future episodic thought has produced compelling theories and results in cognitive psychology, cognitive neuroscience, and clinical psychology. In experiments aimed to integrate these with basic concepts and methods from autobiographical memory research, 76 undergraduates remembered past and imagined future positive and negative events that had or would have a major impact on them. Correlations of the online ratings of visual and auditory imagery, emotion, and other measures demonstrated that individuals used the same processes to the same extent to remember past and construct future events. These measures predicted the theoretically important metacognitive judgment of past reliving and future "preliving" in similar ways. On standardized tests of reactions to traumatic events, scores for future negative events were much higher than scores for past negative events. The scores for future negative events were in the range that would qualify for a diagnosis of posttraumatic stress disorder (PTSD); the test was replicated ($n = 52$) to check for order effects. Consistent with earlier work, future events had less sensory vividness. Thus, the imagined symptoms of future events were unlikely to be caused by sensory vividness. In a second experiment, to confirm this, 63 undergraduates produced numerous added details between 2 constructions of the same negative future events; deficits in rated vividness were removed with no increase in the standardized tests of reactions to traumatic events. Neuroticism predicted individuals' reactions to negative past events but did not predict imagined reactions to future events. This set of novel methods and findings is interpreted in the contexts of the literatures of episodic future thought, autobiographical memory, PTSD, and classic schema theory.

Russell, D. W., C. A. Russell, et al. (2014). "Changes in alcohol use after traumatic experiences: the impact of combat on Army National Guardsmen." *Drug Alcohol Depend* 139: 47-52.

OBJECTIVE: This research documents the impact of combat experiences on alcohol use and misuse among National Guard soldiers. Whereas much research regarding combat personnel is based on post-experience data, this study's design uses both pre- and post-deployment data to identify the association between different types of combat experiences and changes in substance use and misuse. **METHOD:** A National Guard Infantry Brigade Combat Team was surveyed before and after its deployment to Iraq in 2005-2006. Members of the unit completed anonymous surveys regarding behavioral health and alcohol use and, in the post-survey, the combat experiences they had during deployment. The unit was surveyed 3 months prior to its deployment and 3 months after

its deployment. RESULTS: Prevalence rates of alcohol use increased from 70.8% pre-deployment to 80.5% post-deployment. Prevalence rates of alcohol misuse more than doubled, increasing from 8.51% before deployment to 19.15% after deployment. However, among the combat experiences examined in this study, changes in alcohol misuse post-deployment appear to be solely affected by the combat experience of killing. Alcohol misuse decreased amongst those who experienced killing during combat. CONCLUSIONS: This study highlights the role of combat experiences on substance use.

Schaal, S., A. Richter, et al. (2014). "Prolonged grief disorder and depression in a German community sample." *Death Stud* 38(6-10): 476-481.

The aims of this study were to examine rates and risk factors for prolonged grief and to investigate the association between prolonged grief and depression. The authors interviewed a heterogeneous bereaved sample of 61 Germans, 6 of whom had prolonged grief and depression, respectively. The 2 syndromes were strongly linked to one another. Risk factors for prolonged grief were being a woman and having high levels of religious beliefs and low levels of satisfaction with one's religious beliefs, emotional closeness to the deceased, and unanticipated loss. Symptoms of prolonged grief may endure years post-loss and often overlap with depression.

Thomaes, K., E. Dorrepaal, et al. (2012). "Treatment effects on insular and anterior cingulate cortex activation during classic and emotional Stroop interference in child abuse-related complex post-traumatic stress disorder." *Psychol Med* 42(11): 2337-2349.

BACKGROUND: Functional neuroimaging studies have shown increased Stroop interference coupled with altered anterior cingulate cortex (ACC) and insula activation in post-traumatic stress disorder (PTSD). These brain areas are associated with error detection and emotional arousal. There is some evidence that treatment can normalize these activation patterns. METHOD: At baseline, we compared classic and emotional Stroop performance and blood oxygenation level-dependent responses (functional magnetic resonance imaging) of 29 child abuse-related complex PTSD patients with 22 non-trauma-exposed healthy controls. In 16 of these patients, we studied treatment effects of psycho-educational and cognitive behavioural stabilizing group treatment (experimental treatment; EXP) added to treatment as usual (TAU) versus TAU only, and correlations with clinical improvement. RESULTS: At baseline, complex PTSD patients showed a trend for increased left anterior insula and dorsal ACC activation in the classic Stroop task. Only EXP patients showed decreased dorsal ACC and left anterior insula activation after treatment. In the emotional Stroop contrasts, clinical improvement was associated with decreased dorsal ACC activation and decreased left anterior insula activation. CONCLUSIONS: We found further evidence that successful treatment in child abuse-related complex PTSD is associated with functional changes in the ACC and insula, which may be due to improved selective attention and lower emotional arousal, indicating greater cognitive control over PTSD symptoms.

Verlinden, E., E. P. van Meijel, et al. (2014). "Characteristics of the Children's Revised Impact of Event Scale in a clinically referred Dutch sample." *J Trauma Stress* 27(3): 338-344.

Early identification of posttraumatic stress disorder (PTSD) in children is important to offer them appropriate and timely treatment. The Children's Revised Impact of Event Scale (CRIES) is a brief self-report measure designed to screen children for PTSD. Research regarding the diagnostic validity of the CRIES is still insufficient, has been restricted to specific populations, and sample sizes have often been small. This study evaluated the reliability and validity of the 8-item (CRIES-8) and 13-item (CRIES-13) versions of the CRIES in a large clinically referred sample. The measure was completed by 395 Dutch children (7-18 years) who had experienced a wide variety of traumatic events. PTSD was assessed using the Anxiety Disorders Interview Schedule for DSM-IV: Child and Parent version. A cutoff score of 17 on the CRIES-8 and 30 on the CRIES-13 emerged as the best balance between sensitivity and specificity, and correctly classified 78%-81% of all children. The CRIES-13 outperformed the CRIES-8, in that the overall efficiency of the CRIES-13 was slightly superior (.81 and .78, respectively). The CRIES appears to be a reliable and valid measure, which gives clinicians a brief and user-friendly instrument to identify children who may have PTSD and offer them appropriate and timely treatment.

Vicedomini, D., A. Vitale, et al. (2014). "Increasing evidence on the relationship between poverty and child abuse in a climate of worldwide economic recession." *Minerva Pediatr* 66(4): 337-338.

Vindevogel, S., M. Wessells, et al. (2014). "Dealing with the consequences of war: resources of formerly recruited and non-recruited youth in northern Uganda." *J Adolesc Health* 55(1): 134-140.

PURPOSE: This article explores resources that help formerly recruited young people in dealing with war-related adversity and subsequent challenges, hence fostering their resilience. **METHODS:** Self-reports on pertinent resources were collected from 1,008 northern Ugandan youth, of whom 330 had formerly been recruited by the Lord's Resistance Army. Based on the conceptual framework developed by the Psychosocial Working Group, the reported resources were thematically clustered and quantitatively analyzed. **RESULTS:** This study identified a range of human, social, and cultural resources, with little difference between groups. Religious beliefs, social support, and mental health resources were most frequently reported by former child soldiers. **CONCLUSIONS:** These results reveal a multitude of resources and suggest that it is important to build on these resources in interventions that aim to support former child soldiers in the aftermath of armed conflict.

Walz, L. C., M. H. Nauta, et al. (2014). "Experience sampling and ecological momentary assessment for studying the daily lives of patients with anxiety disorders: a systematic review." *J Anxiety Disord* 28(8): 925-937.

Anxiety disorders are highly prevalent. Symptoms may occur unpredictably (e.g., panic attacks) or predictably in specific situations (e.g., social phobia). Consequently, it may be difficult to assess anxiety and related constructs realistically in the laboratory or by traditional retrospective questionnaires. Experience sampling methods (ESM) and ecological momentary assessment (EMA)

can deepen the understanding of the course of anxiety disorders by frequently assessing symptoms and other variables in the natural environment. We review 34 ESM/EMA studies on adult panic disorder, generalized anxiety disorder, social phobia, post-traumatic stress disorder, and obsessive-compulsive disorder, as well as anxiety disorders in youth. Benefits of ESM/EMA for the study of anxiety disorders include generating insight into the temporal variability of symptoms and into the associations among daily affect, behaviors, and situational cues. Further, ESM/EMA has been successfully combined with ambulatory assessment of physiological variables and with treatment evaluations. We provide suggestions for future research, as well as for clinical applications.

Zerach, G. and E. Tam (2015). "The relationships between family functioning and attachment orientations to posttraumatic stress symptoms among young adults who were evacuated from Gaza strip settlements as adolescents." *Anxiety Stress Coping*: 1-21.

Background and Objectives: This study examined PTSD symptoms among young adults that were evicted from their residences in Gaza settlements ('Gush Katif') as adolescents and actively participated in the resistance events. Furthermore, we examined the moderating role of exposure to forced relocation on the association between attachment orientations and family functioning and PTSD symptoms. **Design:** We conducted a correlative, cross-sectional study in 2013. **Methods:** Participants were Israeli evicted residents (ER group; N=102) and comparison groups of evicted non-residents (ENR group; N=27) and non-evicted non-residents (NENR group; N=53). All participants completed a battery of self-reported questionnaires. **Results:** The ER group reported a higher number of PTSD symptoms as compared to the comparison groups. However, ER participants did not differ from ENR and NENR participants in their perception of family functioning. Importantly, the group (ER vs. NENR) moderated the association between attachment-anxiety and PTSD symptoms, and between family adaptability and PTSD symptoms. **Conclusions:** Nine years after the forced relocation from Gaza settlements, young adults that were evicted from their residences as adolescents suffer from PTSD symptoms that are more related to the relocation itself than the stress entailed in the resistance events.