Medline Search & New Acquisitions
**Trauma Research**
May 12, 2011

## Trauma and the Body: A Psychodramatic Approach (DVD 6008)

Description at http://www.therapeuticresources.com/32-Tian%20DaytonTrauma%20and%20the%20BodyA%20Psychodramatic%20Approach%20DVD.html

"Learn how to utilize role-play, role reversal and doubling techniques with clients who have suffered trauma. Create psychodrama warm-up exercises, action scenes, and group sharing discussions. Adapt Tian Dayton's unique approach to working with trauma and the body to your own therapy work with clients."

### In Process Medline

1.
Resilience to loss and potential trauma.
Bonanno GA. Westphal M. Mancini AD.
Annual Review of Clinical Psychology. 7:511-35, 2011 Apr 27.
[Journal Article]
UI: 21091190
Initial research on loss and potentially traumatic events (PTEs) has been dominated by either a psychopathological approach emphasizing individual dysfunction or an event approach emphasizing average differences between exposed and nonexposed groups. We consider the limitations of these approaches and review more recent research that has focused on the heterogeneity of outcomes following aversive events. Using both traditional analytic tools and sophisticated latent trajectory modeling, this research has identified a set of prototypical outcome patterns. Typically, the most common outcome following PTEs is a stable trajectory of healthy functioning or resilience. We review research showing that resilience is not the result of a few dominant factors, but rather that there are multiple independent predictors of resilient outcomes. Finally, we critically evaluate the question of whether resilience-building interventions can actually make people more resilient, and we close with suggestions for future research on resilience.
Status
In-Data-Review
Authors Full Name
Bonanno, George A. Westphal, Maren. Mancini, Anthony D.
Institution
Department of Counseling and Clinical Psychology, Teachers College, Columbia University, New York, New York 10027;
email: gab38@columbia.edu.
Date Created
20110329
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http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=prem&AN=21091190

2.
Cognitive-behavioral treatment for posttraumatic stress disorder in children and adolescents.

Dorsey S. Briggs EC. Woods BA.
Child & Adolescent Psychiatric Clinics of North America. 20(2):255-69, 2011 Apr.
[Journal Article. Research Support, N.I.H., Extramural]
UI: 21440854
Several cognitive-behavioral therapy (CBT) approaches are available for treating child and adolescent posttraumatic stress disorder (PTSD). These treatments include common elements (eg, psychoeducation, gradual exposure, relaxation).
This review (1) delineates common elements in CBT approaches for treating child and adolescent PTSD; (2) provides a detailed review of three CBT approaches with substantial evidence of effectiveness; and (3) describes promising practices in the area of CBT approaches to treating child and adolescent PTSD. Cultural and implementation considerations are also included.

Status
In-Process
Authors Full Name
Dorsey, Shannon. Briggs, Ernestine C. Woods, Briana A.
Institution
Division of Public Behavioral Health and Justice Policy, University of Washington School of Medicine, 2815 Eastlake Avenue East, Seattle, WA 98102, USA. dorsey2@uw.edu Other ID
Source: NLM. NIHMS277579 [Available on 04/01/12] Source: NLM. PMC3088728 [Available on 04/01/12] Date Created
20110328
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3.
A critical review of psychological treatments of posttraumatic stress disorder in refugees.
Nickerson A. Bryant RA. Silove D. Steel Z.
Clinical Psychology Review. 31(3):399-417, 2011 Apr.
[Journal Article]
UI: 21112681
Despite much research evidence that refugees suffer from elevated rates of posttraumatic stress disorder (PTSD), relatively few studies have examined the effectiveness of psychological treatments for PTSD in refugees. The field of refugee mental health intervention is dominated by two contrasting approaches, namely trauma-focused therapy and multimodal interventions. This article firstly defines these two approaches, then provides a critical review of 19 research studies that have been undertaken to investigate the efficacy of these treatments. Preliminary research evidence suggests that trauma-focused approaches may have some efficacy in treating PTSD in refugees, but limitations in the methodologies of studies caution against drawing definitive inferences. It is clear that research assessing the treatment of PTSD in refugees is lagging behind that available for other traumatized populations. The review examines important considerations in the treatment of refugees. A theoretical framework is offered that outlines contextual issues, maintaining factors, change mechanisms and the distinctive challenges to traditional trauma-focused treatments posed by the needs of refugees with PTSD. Copyright

Status
In-Process
Authors Full Name
Nickerson, Angela. Bryant, Richard A. Silove, Derrick. Steel, Zachary.
Institution
School of Psychology, University of New South Wales, NSW 2052, Australia.
Date Created
20110308

Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=prem&AN=21112681

4.
Review: multiple session early psychological interventions after trauma do not prevent PTSD.
Sijbrandij M.
Evidence-Based Mental Health. 13(1):29, 2010 Feb.
[Comment. Journal Article]
UI: 20164526
Status
PubMed-not-MEDLINE
Authors Full Name
Sijbrandij, Marit.
Institution
Utrecht University, Utrecht, The Netherlands.
Comments
Comment on: Cochrane Database Syst Rev. 2009;(3):CD006869; PMID: 19588408 Date Created 20100218
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=prem&AN=20164526

5.
Cognitive behavioral therapy for the treatment of pediatric posttraumatic stress disorder: A review and meta-analysis.
Kowalik J. Weller J. Venter J. Drachman D.
Journal of Behavior Therapy & Experimental Psychiatry. 42(3):405-13, 2011 Sep.
[Journal Article]
UI: 21458405
BACKGROUND AND OBJECTIVES: There is no clear gold standard treatment for childhood posttraumatic stress disorder (PTSD).
An annotated bibliography and meta-analysis were used to examine the efficacy of cognitive behavioral therapy (CBT) in the treatment of pediatric PTSD as measured by outcome data from the Child Behavior Checklist (CBCL).
METHOD: A literature search produced 21 studies; of these, 10 utilized the CBCL but only eight were both 1) randomized; and 2) reported pre- and post-intervention scores.
RESULTS: The annotated bibliography revealed efficacy in general of CBT for pediatric PTSD. Using four indices of the CBCL, the meta-analysis identified statistically significant effect sizes for three of the four scales: Total Problems (TP; -.327; p=.003), Internalizing (INT; -.314; p=.001), and Externalizing (EXT; -.192; p=.040). The results for TP and INT were reliable as indicated by the fail-safe N and rank correlation tests. The effect size for the Total Competence (TCOMP; -.054; p=.620) index did not reach statistical significance.
LIMITATIONS: Limitations included methodological inconsistencies across studies and lack of a randomized control group design, yielding few studies for meta-analysis.
CONCLUSIONS: The efficacy of CBT in the treatment of pediatric PTSD was supported by the annotated bibliography and meta-analysis, contributing to best practices data. CBT addressed internalizing signs and symptoms (as measured by the
CBCL) such as anxiety and depression more robustly than it did externalizing symptoms such as aggression and rule-breaking behavior, consistent with its purpose as a therapeutic intervention.

Status
In-Data-Review
Authors Full Name

Kowalik, Joanna. Weller, Jennifer. Venter, Jacob. Drachman, David.
Institution
University of Arizona College of Medicine Phoenix Campus, Maricopa Integrated Health System/District Medical Group, Desert Vista Behavioral Health Center, 570 West Brown Road, Mesa, AZ 85201, USA.
Date Created
20110503
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=prem&AN=21458405

6.
The role of family phenomena in posttraumatic stress in youth.
McDonald CC. Deatrick JA.
Journal of Child & Adolescent Psychiatric Nursing. 24(1):38-50, 2011 Feb.
[Journal Article. Research Support, N.I.H., Extramural]
UI: 21344778
TOPIC: Youth face trauma that can cause posttraumatic stress (PTS).
PURPOSE: (1) To identify the family phenomena used in youth PTS research; and(2) to critically examine the research findings regarding the relationship between family phenomena and youth PTS.
SOURCES: Systematic literature review in PsycInfo, PILOTS, CINAHL, and MEDLINE. Twenty-six empirical articles met inclusion criteria.
CONCLUSION: Measurement of family phenomena included family functioning,support, environment, expressiveness, relationships, cohesion, communication, satisfaction, life events related to family, parental style of influence, and parental bonding. Few studies gave clear conceptualization of family or family phenomena. Empirical findings from the 26 studies indicate inconsistent empirical relationships between family phenomena and youth PTS, although a majority of the prospective studies support a relationship between family phenomena and youth PTS. Future directions for leadership by psychiatric nurses in this area of research and practice are recommended.
Status
In-Process
Authors Full Name
McDonald, Catherine C. Deatrick, Janet A.
Institution
Center for Health Equity Research, University of Pennsylvania School of Nursing, Philadelphia, PA, USA.
mcdonalc@nursing.upenn.edu
Other ID
Source: NLM. NIHMS250406 [Available on 02/01/12] Source: NLM. PMC3076318 [Available on 02/01/12] Date Created
20110223
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=prem&AN=21344778

7.
Posttraumatic stress disorder in peacekeepers: a meta-analysis.
Souza WF. Figueira I. Mendlowicz MV. Volchan E. Portella CM. Mendonca-de-Souza AC. Coutinho ES.
Journal of Nervous & Mental Disease. 199(5):309-12, 2011 May.
[Journal Article]
UI: 21543949

A meta-analysis was conducted to estimate the prevalence of posttraumatic stress disorder (PTSD) among peacekeepers. A systematic review was carried out using Medline, Institute for Scientific Information/Web of Science and Published International Literature on Traumatic Stress databases, leading to a total of 12 studies reporting PTSD estimates.
Pooled current PTSD prevalence was 5.3%, ranging from 0.05% to 25.8%, and a metaregression was used to investigate the variables that could account for the lack of homogeneity. However, none of the extracted information was capable of explaining the heterogeneity of the estimates. Peacekeeping studies presented different methodologies such as several screening instruments and different times from the deployment to the moment of PTSD assessment. The wide difference found among those estimates highlights the importance of the creation of standards for PTSD evaluation among peacekeepers.
Status
In-Data-Review
Authors Full Name
Souza, Wanderson Fernandes. Figueira, Ivan. Mendlowicz, Mauro V. Volchan, Eliane. Portella, Carla Marques.
Mendonca-de-Souza, Ana Carolina Ferraz. Coutinho, Evandro Silva Freire.
Institution
*Department of Epidemiology, National School of Public Health (ENSP-FIOCRUZ); +Institute of Psychiatry (IPUB-UFRJ), Federal University of Riode Janeiro, Rio de Janeiro; ++Department of Psychiatry and Mental Health, Federal Fluminense Universiry, Niteroi; and Institute of Biophysics Carlos Chagas Filho, Federal University of Rio de Janeiro, Rio de Janeiro, Brazil.
Date Created
20110505
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=prem&AN=21543949

8.
Does PTSD impair cognition beyond the effect of trauma?.
Qureshi SU. Long ME. Bradshaw MR. Pyne JM. Magruder KM. Kimbrell T. Hudson TJ. Jawaid A. Schulz PE. Kunik ME.
Journal of Neuropsychiatry & Clinical Neurosciences. 23(1):16-28, 2011.
[Journal Article. Research Support, U.S. Gov't, Non-P.H.S.]
UI: 21304135
This systematic review analyzed data from studies examining memory and cognitive function in subjects with posttraumatic stress disorder (PTSD), compared with subjects exposed to trauma (but without PTSD). Based on analysis of 21 articles published in English from 1968 to 2009, the conclusion is that individuals with PTSD, particularly veterans, show signs of cognitive impairment when tested with neuropsychological instruments, more so than individuals exposed to trauma who do not have PTSD.
Status
In-Process
Authors Full Name
Qureshi, Salah U. Long, Mary E. Bradshaw, Major R. Pyne, Jeffrey M. Magruder, Kathy M. Kimbrell, Timothy. Hudson, Teresa J. Jawaid, Ali. Schulz, Paul E. Kunik, Mark E.
Institution
Houston Center for Quality of Care & Utilization Studies, Health Services Research and Development Service, Michael E. DeBakey Veterans Affairs (VA) Medical Center, Houston, TX 77030, USA.
Date Created
20110209
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=prem&AN=21304135

9.
Military sexual trauma research: a proposed agenda.
Allard CB. Nunnink S. Gregory AM. Klest B. Platt M.
Journal of Trauma & Dissociation. 12(3):324-45, 2011 May.
[Journal Article]
UI: 21534099
Military sexual trauma (MST) is a widespread problem associated with negative psychological and physical health problems. This article presents the current state of MST research and highlights specific areas in need of more focused study. Areas that have produced the greatest body of knowledge include MST prevalence and psychological and physical health correlates. We propose a research agenda based on gaps noted in our research review and empirical and theoretical evidence of issues relevant to but not studied directly in MST populations. We present evidence that MST is qualitatively distinct from other forms of sexual maltreatment in terms of its relational and vocational context as well as the severity of associated psychological distress, examine underexplored gender and sexual issues in MST, and discuss the lack of treatment and prevention studies specific to MST. Specific recommendations are made throughout in an attempt to guide and advance the field.
Status
In-Data-Review
Authors Full Name
Allard, Carolyn B. Nunnink, Sarah. Gregory, Amber M. Klest, Bridget. Platt, Melissa.
Institution
Psychology Service, Department of Veterans Affairs Medical Center and Department of Psychiatry, University of California, San Diego, California, USA.
Date Created
20110502
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=prem&AN=21534099

10.
Military sexual trauma in men: a review of reported rates.
Hoyt T. Klosterman Rielage J. Williams LF.
Journal of Trauma & Dissociation. 12(3):244-60, 2011 May.
[Journal Article]
UI: 21534094
Military sexual trauma (MST) has historically been associated with female service members, but it is also experienced by male service members. This article reviews reported prevalence and incidence rates of men's MST in 29 studies. Sources for these studies included the Department of Defense, the U.S. military service academies, and the Department of Veterans Affairs. There is significant variability in reported rates of men's MST. Averaging across studies covering the past 30 years, we found that MST is reported by approximately 0.09% of male service members each year, with a range of 0.02% to 6%. MST is reported by 1.1% of male service members over the course of their military careers, with a range of 0.03% to 12.4%. Determining prevalence and incidence rates for both men's and women's MST is fraught with limitations, including (a) cross-study variations in sample, method, definitions, and assessment and (b) barriers to reporting MST.
Each of these limitations is reviewed with an eye toward identifying male-specific issues.
Status
In-Data-Review
Authors Full Name
Hoyt, Tim. Klosterman Rielage, Jennifer. Williams, Lauren F.
Institution

Behavioral Health Care Line, New Mexico Veterans Affairs Health Care System, Albuquerque, New Mexico, USA.
Date Created
20110502
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=prem&AN=21534094

11.
Cognitive behavioral therapy for the treatment of post-traumatic stress disorder: a review.
Kar N.
Neuropsychiatric Disease & Treatment. 7:167-81, 2011.
[Journal Article]
UI: 21552319
BACKGROUND: Post-traumatic stress disorder (PTSD) is a psychiatric sequel to a stressful event or situation of an exceptionally threatening or catastrophic nature. Cognitive behavioral therapy (CBT) has been used in the management of PTSD for many years. This paper reviews the effectiveness of CBT for the treatment of PTSD following various types of trauma, its potential to prevent PTSD, methods used in CBT, and reflects on the mechanisms of action of CBT in PTSD.
METHODS: Electronic databases, including PubMed, were searched for articles on CBT and PTSD. Manual searches were conducted for cross-references in the relevant journal sites.
RESULTS: The current literature reveals robust evidence that CBT is a safe and effective intervention for both acute and chronic PTSD following a range of traumatic experiences in adults, children, and adolescents. However, nonresponse to CBT by PTSD can be as high as 50%, contributed to by various factors, including comorbidity and the nature of the study population. CBT has been validated and used across many cultures, and has been used successfully by community therapists following brief training in individual and group settings. There has been effective use of Internet-based CBT in PTSD.
CBT has been found to have a preventive role in some studies, but evidence for definitive recommendations is inadequate.
The effect of CBT has been mediated mostly by the change in maladaptive cognitive distortions associated with PTSD. Many studies also report physiological, functional neuroimaging, and electroencephalographic changes correlating with response to CBT.
CONCLUSION: There is scope for further research on implementation of CBT following major disasters, its preventive potential following various traumas, and the neuropsychological mechanisms of action.
Status
In-Data-Review
Authors Full Name
Kar, Nilamadhab.
Institution
Department of Psychiatry, Wolverhampton City Primary Care Trust, Wolverhampton, UK.
Date Created
20110509
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=prem&AN=21552319

12.
An algorithm for determining use of trauma-focused cognitive-behavioral therapy.
Lang JM. Ford JD. Fitzgerald MM.
Psychotherapy: Theory, Research, Practice, Training. 47(4):554-69, 2010 Dec.
[Journal Article]

UI: 21198243
The shift toward dissemination of evidence-based practices has led to many questions about who is appropriate for a particular treatment model, particularly with complex clients, in diverse community settings, and when multiple evidence-based models have overlapping target populations. Few research-based tools exist to facilitate these clinical decisions. The research on trauma-focused cognitive-behavioral therapy (TF-CBT), an evidence-based treatment for children suffering from posttraumatic stress reactions, is reviewed to inform development of an algorithm to assist clinicians in determining whether a particular client is appropriate for TF-CBT. Recommendations are made for future research that will facilitate matching TF-CBT and other evidence-based practices to particular child clients. (PsycINFO Database Record (c) 2010 APA, all rights reserved).
Status
In-Process
Authors Full Name
Lang, Jason M.  Ford, Julian D.  Fitzgerald, Monica M.
Institution
Department of Psychiatry, University of Connecticut Health Center, West Hartford, CT 06119, USA. jalang@uchc.edu Date Created
20110104
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=prem&AN=21198243

Medline

1.
Acute stress disorder as a predictor of posttraumatic stress disorder: a systematic review. [Review]
Bryant RA.
Journal of Clinical Psychiatry.  72(2):233-9, 2011 Feb.
[Journal Article.  Research Support, Non-U.S. Gov't.  Review]
UI: 21208593
OBJECTIVE: The utility of the acute stress disorder diagnosis to describe acute stress reactions and predict subsequent posttraumatic stress disorder (PTSD) was evaluated.
DATA SOURCES: A systematic search was conducted in the PsycINFO, MEDLINE, and PubMed databases for English-language articles published between 1994 and 2009 using keywords that combined acute stress disorder and posttraumatic stress disorder.
STUDY SELECTION: Studies were selected that assessed for acute stress disorder within 1 month of trauma exposure and assessed at a later time for PTSD, using established measures of acute stress disorder and PTSD.
DATA EXTRACTION: For each study, capacity of the acute stress disorder diagnosis to predict PTSD was calculated in terms of sensitivity, specificity, and positive and negative predictive power. For studies that reported subsyndromal acute stress disorder, the same analyses were calculated for cases that initially satisfied subsyndromal acute stress disorder criteria.
DATA SYNTHESIS: Twenty-two studies were identified as suitable for analysis (19 with adults and 3 with children). Diagnosis of acute stress disorder resulted in half the rate of distressed people in the acute phase being identified relative to including cases with subsyndromal acute stress disorder. In terms of prediction, the acute stress disorder diagnosis had reasonable positive predictive power (proportion of people with acute stress disorder who later developed PTSD). In contrast, the sensitivity (proportion of people who developed PTSD who initially met criteria for acute stress disorder) was poor.
CONCLUSIONS: The acute stress disorder diagnosis does not adequately identify the majority of people who will eventually develop PTSD. There is a need to formally describe acute stress reactions, but this goal may be achieved more usefully by describing the broad range of initial

reactions rather than by attempting to predict subsequent PTSD. Copyright Copyright 2011 Physicians Postgraduate Press, Inc.
Status
MEDLINE
Authors Full Name
Bryant, Richard A.
Institution
School of Psychology, University of New South Wales, Sydney, NSW 2052, Australia. r.bryant@unsw.edu.au
Date Created
20110308
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=21208593
Link to the External Link Resolver:

2.
Anxiety disorders diagnosis: some history and controversies. [Review]
Bienvenu OJ. Wuyek LA. Stein MB.
Current Topics in Behavioral Neurosciences. 2:3-19, 2010.
[Historical Article. Journal Article. Review]
UI: 21309103
Treatment of and research on anxiety disorders depends on the adequate conceptualization and measurement of these conditions. We review the history of the nosology of anxiety disorders and note that divisions of "neurosis" have inadvertently taken attention away from what is shared among conditions now classified separately. We note the changes in the definition of agoraphobia over time and the striking differences between DSM-IV and ICD-10 definitions. We mention ongoing controversies in the diagnoses of posttraumatic stress disorder, acute stress disorder, and generalized anxiety disorder. Finally, we discuss controversies surrounding the proper placement of obsessive-compulsive disorder and putatively related conditions in future diagnostic classifications. We hope that reviewing controversial aspects of diagnosis is useful to clinicians and researchers interested in the neurobiology of anxiety disorders.
Status
MEDLINE
Authors Full Name
Bienvenu, O Joseph. Wuyek, Lisa A. Stein, Murray B.
Institution
Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, 600 N. Wolfe St. - Meyer 115, Baltimore, MD 21287, USA. jbienven@jhmi.edu
Date Created
20110210
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=21309103
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3.
Effects of additional prolonged exposure to psychoeducation and relaxation in acute stress disorder.
Freyth C. Elsesser K. Lohrmann T. Sartory G.
Journal of Anxiety Disorders. 24(8):909-17, 2010 Dec.
[Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Gov't]
UI: 20650600
We investigated the effect of prolonged exposure (PE) on the heart rate (HR) and skin conductance response to trauma-related stimuli in acute stress disorder (ASD). Forty recent

trauma victims with ASD were randomly assigned to three sessions of either PE or supportive counseling (SC) with both groups also receiving psychoeducation and progressive relaxation. Assessments were carried out before and after treatment and again after 3 months. Four years later, patients were asked by telephone whether they had received further treatment. There were no significant group differences with regard to symptomatic improvement at the end of treatment. Both groups showed initial cardiac acceleration to trauma-related pictures. After treatment the PE group showed attenuation of the HR response and a reduction in spontaneous fluctuations (SF) whereas the SC group showed a decelerative (orienting) response and a marginal increase in SF. Following SC, 43% received further treatment compared to 9% after PE. Copyright Copyright 2010 Elsevier Ltd. All rights reserved.
Status
MEDLINE
Authors Full Name
Freyth, Claudia. Elsesser, Karin. Lohrmann, Thomas. Sartory, Gudrun.
Institution
Department of Clinical Psychology, University of Wuppertal, Wuppertal, Germany.
Date Created
20101018
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=20650600
Link to the External Link Resolver:

4.
Clinical inquiries: what is the most effective way to relieve symptoms of acute stress disorder?. [Review] [8 refs]
Scott JM 3rd. Nipper N. Smith R.
Journal of Family Practice. 59(8):463-4, 2010 Aug.
[Journal Article. Review]
UI: 20714457
Cognitive Behavioral Therapy (CBT) that emphasizes exposure-based treatment is the most effective intervention for adults with acute stress disorder (ASD). Exposure-based therapy reduces symptoms in adults with ASD more than CBT that focuses on cognitive restructuring; both therapies are better than no treatment at all. Avoid drug treatment within 4 weeks of appearance of symptoms, unless distress is too severe to be managed with psychological treatment alone. [References: 8]
Status
MEDLINE
Authors Full Name
Scott, James M 3rd. Nipper, Neil. Smith, Rita.
Institution
Eglin Air Force Base Family Medicine Residency, Eglin AFB, FL, USA.
Date Created
20100817
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=20714457
Link to the External Link Resolver:

5.
Early psychological interventions to treat acute traumatic stress symptoms. [Review] [41 refs]
Roberts NP. Kitchiner NJ. Kenardy J. Bisson JI.

Cochrane Database of Systematic Reviews. (3):CD007944, 2010.
[Journal Article. Meta-Analysis. Review]
UI: 20238359
BACKGROUND: The amelioration of psychological distress following traumatic events is a major concern. Systematic reviews suggest that interventions targeted at all of those exposed to such events are not effective at preventing post traumatic stress disorder (PTSD). Recently other forms of intervention have been developed with the aim of treating acute traumatic stress problems.
OBJECTIVES: To perform a systematic review of randomised controlled trials of all psychological treatments and interventions commenced within three months of a traumatic event aimed at treating acute traumatic stress reactions. The review followed the guidelines of the Cochrane Collaboration.
SEARCH STRATEGY: Systematic searches were performed of of CCDAN Registers up to August 2008. Editions of key journals were searched by hand over a period of two years; personal communication was undertaken with key experts in the field; online discussion fora were searched.
SELECTION CRITERIA: Randomised controlled trials of any psychological intervention or treatment designed to reduce acute traumatic stress symptoms, with the exception of single session interventions.
DATA COLLECTION AND ANALYSIS: Data were entered and analysed for summary effects using Review Manager 5.0 software. Standardised mean differences were calculated for continuous variable outcome data. Relative risks were calculated for dichotomous outcome data. When statistical heterogeneity was present a random effects model was applied.
MAIN RESULTS: Fifteen studies (two with long term follow-up studies) were identified examining a range of interventions.In terms of main findings, twelve studies evaluated brief trauma focused cognitive behavioural interventions (TF-CBT). TF-CBT was more effective than a waiting list intervention (6 studies, 471 participants; SMD -0.64, 95% CI -1.06, -0.23) and supportive counselling (4 studies, 198 participants; SMD -0.67, 95% CI -1.12, -0.23). Effects against supportive counselling were still present at 6 month follow-up (4 studies, 170 participants; SMD -0.64, 95% CI -1.02, -0.25). There was no evidence of the effectiveness of a structured writing intervention when compared against minimal intervention (2 studies, 149 participants; SMD -0.15, 95% CI -0.48, 0.17).
AUTHORS' CONCLUSIONS: There was evidence that individual TF-CBT was effective for individuals with acute traumatic stress symptoms compared to both waiting list and supportive counselling interventions. The quality of trials included was variable and sample sizes were often small. There was considerable clinical heterogeneity in the included studies and unexplained statistical heterogeneity observed in some comparisons. This suggests the need for caution in interpreting the results of this review. Additional high quality trials with longer follow up periods are required to further test TF-CBT and other forms of psychological intervention. [References: 41]
Status
MEDLINE
Authors Full Name
Roberts, Neil P. Kitchiner, Neil J. Kenardy, Justin. Bisson, Jonathan I.
Institution
Traumatic Stress Service, Cardiff and Vale University Health Board, Monmouth House, University Hospital of Wales, Heath Park, Cardiff, UK, CF14 4XW.
Date Created
20100318
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=20238359
Link to the External Link Resolver:

6.

Empirically supported psychological treatments for adult acute stress disorder and posttraumatic stress disorder: a review. [Review] [84 refs]
Ponniah K. Hollon SD.
Depression & Anxiety. 26(12):1086-109, 2009.
[Comparative Study. Journal Article. Research Support, N.I.H., Extramural. Research Support, Non-U.S. Gov't. Review]
UI: 19957280
BACKGROUND: Acute stress disorder (ASD) predicts the development of posttraumatic stress disorder (PTSD), which in some sufferers can persist for years and lead to significant disability. We carried out a review of randomized controlled trials to give an update on which psychological treatments are empirically supported for these disorders, and used the criteria set out by Chambless and Hollon [1998: J Consult Clin Psychol 66:7-18] to draw conclusions about efficacy, first irrespective of trauma type and second with regard to particular populations.
METHODS: The PsycINFO and PubMed databases were searched electronically to identify suitable articles published up to the end of 2008. Fifty-seven studies satisfied our inclusion criteria.
RESULTS: Looking at the literature undifferentiated by trauma type, there was evidence that trauma-focused cognitive behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR) are efficacious and specific for PTSD, stress inoculation training, hypnotherapy, interpersonal psychotherapy, and psychodynamic therapy are possibly efficacious for PTSD and trauma-focused CBT is possibly efficacious for ASD. Not one of these treatments has been tested with the full range of trauma groups, though there is evidence that trauma-focused CBT is established in efficacy for assault- and road traffic accident-related PTSD.
CONCLUSIONS: Trauma-focused CBT and to a lesser extent EMDR (due to fewer studies having been conducted and many having had a mixed trauma sample) are the psychological treatments of choice for PTSD, but further research of these and other therapies with different populations is needed. [References: 84]
Status
MEDLINE
Authors Full Name
Ponniah, Kathryn. Hollon, Steven D.
Institution
New York State Psychiatric Institute, New York, New York, USA. kathrynbetts@hotmail.com
Date Created
20091209
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=19957280
Link to the External Link Resolver:

7.
Posttraumatic stress disorder and stress-related disorders. [Review] [131 refs]
Shalev AY.
Psychiatric Clinics of North America. 32(3):687-704, 2009 Sep.
[Journal Article. Research Support, N.I.H., Extramural. Review]
UI: 19716997
Posttraumatic stress disorder (PTSD) is a prevalent anxiety disorder. Symptoms present shortly after an exposure to a traumatic event, abate with time in the majority of those who initially express them, and leave a significant minority with chronic PTSD. PTSD may be treated with pharmacotherapy or psychotherapy. Treatment of the early expressions of the disorder constitutes a separate domain of theory and research. Treatment of chronic PTSD often stabilizes the condition but rarely produces stable remission. This article reviews the empirical evidence on the treatment of acute and chronic PTSD, outlines similarities and differences between PTSD and

other Axis I disorders, evaluates new therapeutic approaches, and discusses the implications of current knowledge for the forthcoming DSM-V. [References: 131]
Status
MEDLINE
Authors Full Name
Shalev, Arieh Y.
Institution
Department of Psychiatry, Hadassah University Hospital, Ein Kerem Campus, P.O. Box 12000, 91120 Jerusalem, Israel. ashalev@cc.huji.ac.il
Other ID
Source: NLM. NIHMS127533  Source: NLM. PMC2746940
Date Created
20090831
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=19716997
Link to the External Link Resolver:

8.
Early stage assessment and course of acute stress disorder after mild traumatic brain injury.
Broomhall LG.  Clark CR.  McFarlane AC.  O'Donnell M.  Bryant R.  Creamer M.  Silove D.
Journal of Nervous & Mental Disease.  197(3):178-81, 2009 Mar.
[Journal Article.  Multicenter Study.  Research Support, Non-U.S. Gov't]
UI: 19282684
Although it has been established that acute stress disorder (ASD) and posttraumatic stress disorder occur after mild traumatic brain injury (MTBI) the qualitative differences in symptom presentation between injury survivors with and without a MTBI have not been explored in depth. This study aimed to compare the ASD and posttraumatic stress disorder symptom presentation of injury survivors with and without MTBI. One thousand one hundred sixteen participants between the ages of 17 to 65 years (mean age: 38.97 years, SD: 14.23) were assessed in the acute hospital after a traumatic injury. Four hundred seventy-five individuals met the criteria for MTBI. Results showed a trend toward higher levels of ASD in the MTBI group compared with the non-MTBI group. Those with a MTBI and ASD had longer hospital admissions and higher levels of distress associated with their symptoms. Although many of the ASD symptoms that the MTBI group scored significantly higher were also part of a postconcussive syndrome, higher levels of avoidance symptoms may suggest that this group is at risk for longer term poor psychological adjustment. Mild TBI patients may represent a injury group at risk for poor psychological adjustment after traumatic injury.
Status
MEDLINE
Authors Full Name
Broomhall, Luke G J.  Clark, C Richard.  McFarlane, Alexander C.  O'Donnell, Meagan.  Bryant, Richard.  Creamer, Mark.  Silove, Derek.
Institution
School of Psychology, Flinders University, Adelaide, South Australia, Australia. luke.broomhall@flinders.edu.au
Date Created
20090313
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=19282684
Link to the External Link Resolver:

9.
Does post-event cognitive load undermine thought suppression and increase intrusive memories after exposure to an analogue stressor?.
Nixon RD. Cain N. Nehmy T. Seymour M.
Memory. 17(3):245-55, 2009 Apr.
[Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Gov't]
UI: 19132604
Ironic process theory has been used in part to explain the phenomenon of intrusive memories in various disorders including post-traumatic stress disorder. How thought suppression interacts with other cognitive processes believed to be instrumental in the development of traumatic intrusive memory was tested. In an analogue design 120 participants were randomised to five conditions, four of which also required participants to attempt to suppress intrusive memories after viewing a film of traumatic content. Participants in three conditions were also required to perform concurrent tasks that acted as a cognitive load during suppression. Intrusive memories were recorded during the experimental phase and at 1-week follow-up. Contrary to predictions, post-film processing did not undermine suppression success. There was some suggestion that post-film processing resulted in those participants experiencing intrusions of shorter duration than the no-suppression control group in two 5-minute intrusion monitoring intervals at the initial and follow-up phase of the experiment, but this was not reflected in a 1-week diary measure of intrusions. All experimental groups performed in a similar fashion in terms of memory testing of the film's content. The findings are discussed in the context of ironic process theory and cognitive models of post-traumatic stress.
Status
MEDLINE
Authors Full Name
Nixon, Reginald D V. Cain, Neralie. Nehmy, Thomas. Seymour, Melanie.
Institution
School of Psychology, Flinders University, Adelaide, SA 5001, Australia.
reg.nixon@flinders.edu.au
Date Created
20090305
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=19132604
Link to the External Link Resolver:

10.
Acute stress responses: A review and synthesis of ASD, ASR, and CSR. [Review] [42 refs]
Isserlin L. Zerach G. Solomon Z.
American Journal of Orthopsychiatry. 78(4):423-9, 2008 Oct.
[Journal Article. Review]
UI: 19123763
Toward the development of a unifying diagnosis for acute stress responses this article attempts to find a place for combat stress reaction (CSR) within the spectrum of other defined acute stress responses. This article critically compares the diagnostic criteria of acute stress disorder (ASD), acute stress reaction (ASR), and CSR. Prospective studies concerning the predictive value of ASD, ASR, and CSR are reviewed. Questions, recommendations, and implications for clinical practice are raised concerning the completeness of the current acute stress response diagnoses, the heterogeneity of different stressors, the scope of expected outcomes, and the importance of decline in function as an indicator of future psychological, psychiatric, and somatic distress. PsycINFO Database Record 2009 APA. [References: 42]
Status
MEDLINE

Authors Full Name
Isserlin, Leanna. Zerach, Gadi. Solomon, Zahava.
Institution
Department of Psychiatry, University of Western Ontario. London, Canada. lrutherf@uwo.ca
Comments
Comment in: Am J Orthopsychiatry. 2008 Oct;78(4):383-5; PMID: 19123758
Date Created
20090106
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=19123763
Link to the External Link Resolver:

11.
Acute stress disorder after myocardial infarction: prevalence and associated factors.
Roberge MA. Dupuis G. Marchand A.
Psychosomatic Medicine. 70(9):1028-34, 2008 Nov.
[Journal Article. Multicenter Study. Research Support, Non-U.S. Gov't. Validation Studies]
UI: 18981272
OBJECTIVE: To examine the prevalence of acute stress disorder (ASD) after a myocardial infarction (MI) and the factors associated with its development.
METHODS: Of 1344 MI patients admitted to three Canadian hospitals, 474 patients did not meet the inclusion criteria and 393 declined participation in the study; 477 patients consented to participate in the study. A structured interview and questionnaires were administered to patients 48 hours to 14 days post MI (mean +/- standard deviation = 4 +/- 2.73 days).
RESULTS: Four percent were classified as having ASD using the Structured Clinical Interview for DSM-IV, ASD module. The presence of symptoms of depression (Beck Depression Inventory; odds ratio (OR) = 29.92) and the presence of perceived distress during the MI (measured using the question "How difficult/upsetting was the experience of your MI?"; OR = 3.42, R(2) = .35) were associated with the presence of symptoms of ASD on the Modified PTSD Symptom Scale. The intensity of the symptoms of depression was associated with the intensity of ASD symptoms (R = .65). The models for the detection and estimation of ASD symptoms were validated by applying the regression equations to 72 participants not included in the initial regressions. The results obtained in the validation sample did not differ from those obtained in the initial sample.
CONCLUSIONS: The symptoms of depression and the subjective distress during the MI could be used to improve the detection of ASD.
Status
MEDLINE
Authors Full Name
Roberge, Marie-Anne. Dupuis, Gilles. Marchand, Andre.
Institution
Department of Psychology, Universite du Quebec a Montreal, Montreal, Quebec, Canada.
Date Created
20081113
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=18981272
Link to the External Link Resolver:

12.
Treating thermally injured children suffering symptoms of acute stress with imipramine and fluoxetine: a randomized, double-blind study.

Robert R. Tcheung WJ. Rosenberg L. Rosenberg M. Mitchell C. Villarreal C. Thomas C. Holzer C. Meyer WJ 3rd.
Burns. 34(7):919-28, 2008 Nov.
[Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Gov't]
UI: 18675519
INTRODUCTION: For pediatric burn patients with the symptoms of acute stress disorder (ASD) a first line medication is not widely agreed upon. A prospective, randomized, placebo controlled, double-blind design was used to test the efficacy of imipramine and fluoxetine.
METHOD: Patients 4-18 years of age with symptoms of ASD were randomized to 1 of 3 groups: imipramine, fluoxetine, or placebo for 1 week. Daily imipramine dose was 1mg/kg, with the maximum dose being 100mg. Daily fluoxetine dose was 5mg for children weighing >or=40 kg; 10mg for those weighing between 40 and 60 kg; 20mg for those weighing >60 kg.
RESULTS: Sixty participants, 16 females and 44 males, had an average body surface area burn of 53% (S.D.=18) and average age of 11 years (S.D.=4). Imipramine subjects received an average daily dose of 1.00+/-0.29 mg/kg. Fluoxetine subjects received an average daily dose of 0.29+/-0.16 mg/kg. Between group differences were not detected. Fifty-five percent responded positively to placebo; 60% responded positively to imipramine; and 72% responded positively to fluoxetine.
CONCLUSION: Within the parameters of this study design and sample, placebo was statistically as effective as either drug in treating symptoms of ASD.
Status
MEDLINE
Authors Full Name
Robert, Rhonda. Tcheung, Win J. Rosenberg, Laura. Rosenberg, Marta. Mitchell, Charles. Villarreal, Cynthia. Thomas, Christopher. Holzer, Charles. Meyer, Walter J 3rd.
Institution
Shriners Hospitals for Children, Galveston, TX 77550, USA.
Date Created
20080912
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=18675519
Link to the External Link Resolver:

13.
A multisite study of the capacity of acute stress disorder diagnosis to predict posttraumatic stress disorder.
Bryant RA. Creamer M. O'Donnell ML. Silove D. McFarlane AC.
Journal of Clinical Psychiatry. 69(6):923-9, 2008 Jun.
[Journal Article. Multicenter Study. Research Support, Non-U.S. Gov't]
UI: 18422396
OBJECTIVE: Previous studies investigating the relationship between acute stress disorder (ASD) and posttraumatic stress disorder (PTSD) have reported mixed findings and have been flawed by small sample sizes and single sites. This study addresses these limitations by conducting a large-scale and multisite study to evaluate the extent to which ASD predicts subsequent PTSD.
METHOD: Between April 2004 and April 2005, patients admitted consecutively to 4 major trauma hospitals across Australia (N = 597) were randomly selected and assessed for ASD (DSM-IV criteria) during hospital admission (within 1 month of trauma exposure) and were subsequently reassessed for PTSD 3 months after the initial assessment (N = 507).
RESULTS: Thirty-three patients (6%) met criteria for ASD, and 49 patients (10%) met criteria for PTSD at the 3-month follow-up assessment. Fifteen patients (45%) diagnosed with ASD and 34 patients (7%) not diagnosed with ASD subsequently met criteria for PTSD. The positive predictive power of PTSD criteria in the acute phase (0.60) was a better predictor of chronic PTSD than the positive predictive power of ASD (0.46).

CONCLUSIONS: The majority of people who develop PTSD do not initially meet criteria for ASD. These data challenge the proposition that the ASD diagnosis is an adequate tool to predict chronic PTSD.
Status
MEDLINE
Authors Full Name
Bryant, Richard A. Creamer, Mark. O'Donnell, Meaghan L. Silove, Derrick. McFarlane, Alexander C.
Institution
School of Psychology, University of New South Wales, Sydney, Australia. r.bryant@unsw.edu.au
Date Created
20080807
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=18422396
Link to the External Link Resolver:

14.
A confirmatory factor analysis of the acute stress disorder interview.
Brooks R. Silove D. Bryant R. O'Donnell M. Creamer M. McFarlane A.
Journal of Traumatic Stress. 21(3):352-5, 2008 Jun.
[Comparative Study. Journal Article. Multicenter Study. Research Support, Non-U.S. Gov't]
UI: 18553413
Acute stress disorder (ASD) was introduced in 1994 to describe posttraumatic stress reactions that occur in the initial month after trauma exposure. Although it comprises the distinct symptom clusters of dissociation, reexperiencing, avoidance, and arousal, there have been no confirmatory factor analyses of the construct. In this study, 587 individuals admitted to five major hospitals after traumatic injury were administered the Acute Stress Disorder Interview. Forty-four participants met criteria for ASD. Confirmatory factor analysis based on the four symptom clusters described the Acute Stress Disorder Interview responses. These data provide the first confirmatory factor analysis of the ASD symptoms, and are discussed in terms of the 4-factor models repeatedly found in samples of chronic posttraumatic stress disorder.
Status
MEDLINE
Authors Full Name
Brooks, Robert. Silove, Derrick. Bryant, Richard. O'Donnell, Meaghan. Creamer, Mark. McFarlane, Alexander.
Institution
School of Psychiatry, University of New South Wales, Australia.
Date Created
20080623
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=18553413
Link to the External Link Resolver:

15.
Treatment of acute stress disorder: a randomized controlled trial.
Bryant RA. Mastrodomenico J. Felmingham KL. Hopwood S. Kenny L. Kandris E. Cahill C. Creamer M.
Archives of General Psychiatry. 65(6):659-67, 2008 Jun.

[Comparative Study. Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Gov't]
UI: 18519824
CONTEXT: Recent trauma survivors with acute stress disorder (ASD) are likely to subsequently develop chronic posttraumatic stress disorder (PTSD). Cognitive behavioral therapy for ASD may prevent PTSD, but trauma survivors may not tolerate exposure-based therapy in the acute phase. There is a need to compare nonexposure therapy techniques with prolonged exposure for ASD.
OBJECTIVE: To determine the efficacy of exposure therapy or trauma-focused cognitive restructuring in preventing chronic PTSD relative to a wait-list control group.
DESIGN, SETTING, AND PARTICIPANTS: A randomized controlled trial of civilians who experienced trauma and who met the diagnostic criteria for ASD (N = 90) seen at an outpatient clinic between March 1, 2002, and June 30, 2006.
INTERVENTION: Patients were randomly assigned to receive 5 weekly 90-minute sessions of either imaginal and in vivo exposure (n = 30) or cognitive restructuring (n = 30), or assessment at baseline and after 6 weeks (wait-list group; n = 30).
MAIN OUTCOME MEASURES: Measures of PTSD at the 6-month follow-up visit by clinical interview and self-report assessments of PTSD, depression, anxiety, and trauma-related cognition.
RESULTS: Intent-to-treat analyses indicated that at posttreatment, fewer patients in the exposure group had PTSD than those in the cognitive restructuring or wait-list groups (33% vs 63% vs 77%; P = .002). At follow-up, patients who underwent exposure therapy were more likely to not meet diagnostic criteria for PTSD than those who underwent cognitive restructuring (37% vs 63%; odds ratio, 2.10; 95% confidence interval, 1.12-3.94; P = .05) and to achieve full remission (47% vs 13%; odds ratio, 2.78; 95% confidence interval, 1.14-6.83; P = .005). On assessments of PTSD, depression, and anxiety, exposure resulted in markedly larger effect sizes at posttreatment and follow-up than cognitive restructuring.
CONCLUSIONS: Exposure-based therapy leads to greater reduction in subsequent PTSD symptoms in patients with ASD when compared with cognitive restructuring. Exposure should be used in early intervention for people who are at high risk for developing PTSD.
Status
MEDLINE
Authors Full Name
Bryant, Richard A. Mastrodomenico, Julie. Felmingham, Kim L. Hopwood, Sally. Kenny, Lucy. Kandris, Eva. Cahill, Catherine. Creamer, Mark.
Institution
School of Psychology, University of New South Wales, Sydney, New South Wales 2052, Australia. R.Bryant@unsw.edu.au
Date Created
20080603
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=18519824
Link to the External Link Resolver:

16.
Predictive validity of acute stress disorder in children and adolescents.
Dalgleish T. Meiser-Stedman R. Kassam-Adams N. Ehlers A. Winston F. Smith P. Bryant B. Mayou RA. Yule W.
British Journal of Psychiatry. 192(5):392-3, 2008 May.
[Journal Article. Multicenter Study]
UI: 18450669
Adult research suggests that the dissociation criterion of acute stress disorder has limited validity in predicting post-traumatic stress disorder (PTSD). We addressed this issue in child and adolescent survivors (n=367) of road accidents. Dissociation accounted for no significant unique

variance in later PTSD, over and above other acute stress disorder criteria. Furthermore, thresholds of either three or more re-experiencing symptoms, or six or more re-experiencing/hyperarousal symptoms, were as effective at predicting PTSD as the full acute stress disorder diagnosis.
Status
MEDLINE
Authors Full Name
Dalgleish, Tim. Meiser-Stedman, Richard. Kassam-Adams, Nancy. Ehlers, Anke. Winston, Flaura. Smith, Patrick. Bryant, Bridget. Mayou, Richard A. Yule, William.
Institution
Medical Research Council Cognition and Brain Sciences Unit, Cambridge, UK. tim.dalgleish@mrc-cbu.cam.ac.uk
Date Created
20080502
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=18450669
Link to the External Link Resolver:

17.
The impact of unintentional pediatric trauma: a review of pain, acute stress, and posttraumatic stress. [Review] [71 refs]
Gold JI. Kant AJ. Kim SH.
Journal of Pediatric Nursing. 23(2):81-91, 2008 Apr.
[Journal Article. Review]
UI: 18339334
This article reviews current research on acute stress disorder (ASD) and posttraumatic stress disorder (PTSD) resulting from pediatric simple (i.e., single, unpredictable, and unintentional) physical injury and how pain may act as both a trigger and a coexisting symptom. Although several studies have explored predictors of ASD and PTSD, as well as the relationship between these conditions in adults, there is less research on ASD and PTSD in children and adolescents. This review highlights the importance of early detection of pain and acute stress symptoms resulting from pediatric unintentional physical injury in the hopes of preventing long-term negative outcomes, such as the potential development of PTSD and associated academic, social, and psychological problems. [References: 71]
Status
MEDLINE
Authors Full Name
Gold, Jeffrey I. Kant, Alexis J. Kim, Seok Hyeon.
Institution
Department of Anesthesiology Critical Care Medicine, Children's Hospital Los Angeles, Los Angeles, CA 90027-6062, USA. jgold@chla.usc.edu
Date Created
20080314
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=18339334
Link to the External Link Resolver:

18.
Acute stress response and recovery after whiplash injuries. A one-year prospective study.
Kongsted A. Bendix T. Qerama E. Kasch H. Bach FW. Korsholm L. Jensen TS.

European Journal of Pain: Ejp. 12(4):455-63, 2008 May.
[Journal Article. Multicenter Study. Research Support, Non-U.S. Gov't]
UI: 17900949
Chronic whiplash-associated disorder (WAD) represents a major medical and psycho-social problem. The typical symptomatology presented in WAD is to some extent similar to symptoms of post traumatic stress disorder. In this study we examined if the acute stress reaction following a whiplash injury predicted long-term sequelae. Participants with acute whiplash-associated symptoms after a motor vehicle accident were recruited from emergency units and general practitioners. The predictor variable was the sum score of the impact of event scale (IES) completed within 10 days after the accident. The main outcome-measures were neck pain and headache, neck disability, general health, and working ability one year after the accident. A total of 737 participants were included and completed the IES, and 668 (91%) participated in the 1-year follow-up. A baseline IES-score denoting a moderate to severe stress response was obtained by 13% of the participants. This was associated with increased risk of considerable persistent pain (OR=3.3; 1.8-5.9), neck disability (OR=3.2; 1.7-6.0), reduced working ability (OR=2.8; 1.6-4.9), and lowered self-reported general health one year after the accident. These associations were modified by baseline neck pain intensity. It was not possible to distinguish between participants who recovered and those who did not by means of the IES (AUC=0.6). In conclusion, the association between the acute stress reaction and persistent WAD suggests that post traumatic stress reaction may be important to consider in the early management of whiplash injury. However, the emotional response did not predict chronicity in individuals.
Status
MEDLINE
Authors Full Name
Kongsted, Alice. Bendix, Tom. Qerama, Erisela. Kasch, Helge. Bach, Flemming W. Korsholm, Lars. Jensen, Troels S.
Institution
The Back Research Center Part of Clinical Locomotion Science, Backcenter Funen, University of Southern Denmark, Funen Hospital Ringe, Lindevej 5, DK-5750 Ringe, Denmark. Alice.Kongsted@shf.regionsyddanmark.dk
Date Created
20080307
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=17900949
Link to the External Link Resolver:

19.
Treating acute stress disorder and posttraumatic stress disorder with cognitive behavioral therapy or structured writing therapy: a randomized controlled trial.
van Emmerik AA. Kamphuis JH. Emmelkamp PM.
Psychotherapy & Psychosomatics. 77(2):93-100, 2008.
[Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Gov't]
UI: 18230942
BACKGROUND: Writing assignments have shown promising results in treating traumatic symptomatology. Yet no studies have compared their efficacy to the current treatment of choice, cognitive behavior therapy (CBT). The present study evaluated the efficacy of structured writing therapy (SWT) and CBT as compared to a waitlist control condition in treating acute stress disorder (ASD) and posttraumatic stress disorder (PTSD).
METHODS: A randomized controlled trial was conducted at an outpatient clinic. Participants (n = 125) (a) satisfied DSM-IV criteria for ASD or PTSD, (b) were 16 years or older, (c) were sufficiently fluent in Dutch or English, (d) had no psychiatric problems except ASD or PTSD that would hinder participation or required alternative clinical care, and (e) received no concurrent psychotherapy. Treatment consisted of five 1.5-hour sessions of CBT or SWT for participants with

ASD or acute PTSD and ten 1.5-hour sessions for participants with chronic PTSD. Outcome measures included the Structured Clinical Interview for DSM-IV, Impact of Event Scale, Beck Depression Inventory, State-Trait Anxiety Inventory and the Dissociative Experiences Scale. RESULTS: At posttest and follow-up, treatment was associated with improved diagnostic status and lower levels of intrusive symptoms, depression and state anxiety, while a trend was noted for the reduction of avoidance symptoms. Treatment did not result in lower levels of trait anxiety or dissociation. No differences in efficacy were detected between CBT and SWT. CONCLUSIONS: The present study confirmed the efficacy of CBT for ASD and PTSD and identified SWT as a promising alternative treatment.
Status
MEDLINE
Authors Full Name
van Emmerik, Arnold A P.  Kamphuis, Jan H.  Emmelkamp, Paul M G.
Institution
Department of Psychology, University of Amsterdam, Amsterdam, The Netherlands. aemmerik@fsw.leidenuniv.nl
Date Created
20080130
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=18230942
Link to the External Link Resolver:

20.
Psychobiology of posttraumatic stress disorder in pediatric injury patients: a review of the literature. [Review] [166 refs]
Langeland W.  Olff M.
Neuroscience & Biobehavioral Reviews.  32(1):161-74, 2008.
[Journal Article.  Review]
UI: 17825911
Research suggests that about a quarter to a third of children with traffic-related injuries develop posttraumatic stress disorder (PTSD). Early symptoms of PTSD have been found to predict poor mental and physical outcome in studies of medically injured children. However, these symptoms are rarely recognized by physicians who provide emergency care for these children. In addition, there is insufficient knowledge about predictors of posttraumatic stress symptoms in this specific pediatric population. Early identification of those children at particular risk is needed to target preventive interventions appropriately. After some introducing remarks on the classification and the nature of posttraumatic stress reactions, current research findings on psychological and biological correlates of PTSD in pediatric injury patients are presented. The particular focus in this paper is on the neurobiological mechanisms that influence psychological responses to extreme stress and the development of PTSD. Continued study of the psychobiology of trauma and PTSD in pediatric injury patients, both in terms of neurobiology and treatment is needed. [References: 166]
Status
MEDLINE
Authors Full Name
Langeland, Willie.  Olff, Miranda.
Institution
Department of Psychiatry, Center for Psychological Trauma, University of Amsterdam, Meibergdreef 5, 1105 AZ Amsterdam, The Netherlands. gjwil.langdijk@wanadoo.fr
Date Created
20071206

Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=17825911
Link to the External Link Resolver:

21.
Clinical assessment in disaster mental health: a logic of case formulation. [Review] [22 refs]
McCabe OL. Kaminsky MJ. McHugh PR.
American Journal of Disaster Medicine. 2(6):297-306, 2007 Nov-Dec.
[Journal Article. Review]
UI: 18297950
Despite increased professional attention to the mental health aspects of disaster medicine in recent years, advances in clinical assessment of survivors of mass casualty incidents have been few. Contemporary assessment methods often yield little more than check lists of symptoms that, while they may lead to reliable DSM-IV diagnoses, provide no sense of the individual patient's plight and so are inadequate for case formulation, treatment planning, and prognosis estimation. The authors describe a comprehensive model for assessing patients developed at the Johns Hopkins Department of Psychiatry and Behavioral Sciences. Relating it to the field of disaster mental health for the first time here, the approach uses four distinct but overlapping appraisal perspectives, each of which drives a set of exploratory propositions and leads to an understanding of the essential natures of clinical disorders and their underlying etiologies. The perspectives address the following: (a) what the individual "has" (biologically based disease and physical illness); (b) who the individual "is" (graded dimensions of temperament, disposition, traits, intelligence, etc); (c) what the individual "does" (purposeful, goal-directed, conditioned behavior, etc); and (d) what the individual "has encountered" (his/ her life story and the meaning that has been given to those experiences). Following a description of each perspective from the standpoint of its underlying logic, inquiry domain, and indicated intervention, the authors highlight the potential hueristic value of the model by illustrating numerous testable hypotheses that can be generated through the juxtaposition of the four assessment perspectives with three longitudinal considerations for the management of trauma patients, ie, the stress-related constructs of (pre-incident) resistance, (peri-incident) resilience, and (post-incident) recovery. [References: 22]
Status
MEDLINE
Authors Full Name
McCabe, O Lee. Kaminsky, Michael J. McHugh, Paul R.
Institution
Department of Mental Health, The Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland, USA.
Date Created
20080226
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=18297950
Link to the External Link Resolver:

22.
Strengthening the patient-provider relationship in the aftermath of physical trauma through an understanding of the nature and severity of posttraumatic concerns.
Zatzick DF. Russo J. Rajotte E. Uehara E. Roy-Byrne P. Ghesquiere A. Jurkovich G. Rivara F.
Psychiatry. 70(3):260-73, 2007.

[Journal Article. Randomized Controlled Trial. Research Support, N.I.H., Extramural. Research Support, U.S. Gov't, P.H.S.]
UI: 17937531
Few investigations have focused on patients' concerns in the immediate aftermath of physical trauma. A population-based sample of 120 hospitalized injury survivors was recruited and followed over the course of the year after injury. Open-ended, semi-structured items were developed to elicit up to three concerns related to the injury from each hospitalized inpatient. Concern narratives were coded into content domains, and concern severity was assessed. Patients most frequently expressed physical health concerns (68%), followed by work and finance (59%), social (44%), psychological (25%), medical (8%), and legal (5%) concerns. The expression of three severe concerns immediately after the trauma was associated with higher PTSD symptoms levels over the course of the year. Greater initial concern severity independently predicted persistent PTSD symptoms 12 months after the injury (Adjusted Relative Risk = 1.71, 95% Confidence Interval = 1.05, 2.78). Early posttraumatic concerns can be readily elicited and reliably interpreted. Psychological concerns constitute a minority of total concerns after physical trauma, and the presence of greater numbers of severe concerns predicts worsening symptomatic course. Incorporation of posttraumatic concern assessments has the potential to simultaneously strengthen the posttraumatic patient-provider relationship and to link patient-centered evaluation with individual and community-level PTSD and functional outcome evaluations.
Status
MEDLINE
Authors Full Name
Zatzick, Douglas F. Russo, Joan. Rajotte, Emily. Uehara, Edwina. Roy-Byrne, Peter. Ghesquiere, Angela. Jurkovich, Gregory. Rivara, Frederick.
Institution
Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine, Box 359896, HMC 325 Ninth Ave., Seattle, WA 98104, USA. dzatzick@u.washington.edu
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23.
A randomised controlled trial to assess the effectiveness of providing self-help information to people with symptoms of acute stress disorder following a traumatic injury.
Scholes C. Turpin G. Mason S.
Behaviour Research & Therapy. 45(11):2527-36, 2007 Nov.
[Journal Article. Randomized Controlled Trial. Research Support, Non-U.S. Gov't]
UI: 17662689
BACKGROUND: Patients attending accident and emergency (A&E) may develop long-term psychological difficulties. Psycho-education has been suggested to reduce the risk of post-injury disorders.
AIMS: We tested the efficacy of providing self-help information to a high-risk sample.
METHODS: A&E attenders were screened for acute stress disorder and randomised to two groups: patients (n=116) receiving a self-help booklet and those who did not (n=111). A sample of 'low' scorers was also included (n=120); they did not receive a booklet. Psychological assessments were completed at baseline (within 1 month post-injury) and 3 and 6 months post-injury.
RESULTS: Post-traumatic stress disorder (PTSD), anxiety and depression decreased ($p<0.001$) across time but there were no group differences in these measures or quality of life. However, subjective ratings of the usefulness of the self-help booklet were very high.

CONCLUSIONS: This trial failed to support the efficacy of providing self-help information, as a preventative strategy to ameliorate PTSD.
Status
MEDLINE
Authors Full Name
Scholes, Cathy. Turpin, Graham. Mason, Suzanne.
Institution
Clinical Psychology Unit, Department of Psychology, Western Bank, University of Sheffield, Sheffield S10 2TP, UK. cscholes@nhs.net
Date Created
20071010
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=17662689
Link to the External Link Resolver:

24.
Australian guidelines for the treatment of adults with acute stress disorder and post-traumatic stress disorder. [Review] [31 refs]
Forbes D. Creamer M. Phelps A. Bryant R. McFarlane A. Devilly GJ. Matthews L. Raphael B. Doran C. Merlin T. Newton S.
Australian & New Zealand Journal of Psychiatry. 41(8):637-48, 2007 Aug.
[Journal Article. Research Support, Non-U.S. Gov't. Review]
UI: 17620160
Over the past 2-3 years, clinical practice guidelines (CPGs) for post-traumatic stress disorder (PTSD) and acute stress disorder (ASD) have been developed in the USA and UK. There remained a need, however, for the development of Australian CPGs for the treatment of ASD and PTSD tailored to the national health-care context. Therefore, the Australian Centre for Posttraumatic Mental Health in collaboration with national trauma experts, has recently developed Australian CPGs for adults with ASD and PTSD, which have been endorsed by the National Health and Medical Research Council (NHMRC). In consultation with a multidisciplinary reference panel (MDP), research questions were determined and a systematic review of the evidence was then conducted to answer these questions (consistent with NHMRC procedures). On the basis of the evidence reviewed and in consultation with the MDP, a series of practice recommendations were developed. The practice recommendations that have been developed address a broad range of clinical questions. Key recommendations indicate the use of trauma-focused psychological therapy (cognitive behavioural therapy or eye movement desensitization and reprocessing in addition to in vivo exposure) as the most effective treatment for ASD and PTSD. Where medication is required for the treatment of PTSD in adults, selective serotonin re-uptake inhibitor antidepressants should be the first choice. Medication should not be used in preference to trauma-focused psychological therapy. In the immediate aftermath of trauma, practitioners should adopt a position of watchful waiting and provide psychological first aid. Structured interventions such as psychological debriefing, with a focus on recounting the traumatic event and ventilation of feelings, should not be offered on a routine basis. [References: 31]
Status
MEDLINE
Authors Full Name
Forbes, David. Creamer, Mark. Phelps, Andrea. Bryant, Richard. McFarlane, Alexander. Devilly, Grant J. Matthews, Lynda. Raphael, Beverley. Doran, Chris. Merlin, Tracy. Newton, Skye.
Institution
Australian Centre for Posttraumatic Mental Health, West Heidelberg, Vic, Australia.
Date Created
20070710

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25.
Dissociative symptoms and the acute stress disorder diagnosis in children and adolescents: a replication of the Harvey and Bryant (1999) study.
Meiser-Stedman R. Dalgleish T. Smith P. Yule W. Bryant B. Ehlers A. Mayou RA. Kassam-Adams N. Winston F.
Journal of Traumatic Stress. 20(3):359-64, 2007 Jun.
[Comment. Journal Article. Multicenter Study]
UI: 17597127
Acute stress disorder (ASD) is a good predictor of posttraumatic stress disorder in adult populations, although the emphasis on dissociation symptoms within the diagnosis has been questioned. Recent studies suggest that ASD may also have application to children and adolescents. The present study examined properties of ASD within youth. A large (N = 367) multisite sample of 6- to 17-year-old children and adolescents exposed to motor vehicle accidents completed interviews or self-report questionnaires regarding their acute stress symptoms. The study found evidence supporting the suggestion that the dissociative criterion of ASD is excessively strict in youth, and that there is less overlap between dissociative symptoms than in adults. The implications of these findings for how ASD is applied to youth are discussed.
Status
MEDLINE
Authors Full Name
Meiser-Stedman, Richard. Dalgleish, Tim. Smith, Patrick. Yule, William. Bryant, Bridget. Ehlers, Anke. Mayou, Richard A. Kassam-Adams, Nancy. Winston, Flaura.
Institution
Department of Psychology, Institute of Psychiatry, London, r.meiser-stedman@iop.kcl.ac.uk
Comments
Comment on: J Trauma Stress. 1999 Oct;12(4):673-80; PMID: 10646185
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26.
The psychosocial consequences for children of mass violence, terrorism and disasters. [Review] [94 refs]
Williams R.
International Review of Psychiatry. 19(3):263-77, 2007 Jun.
[Comparative Study. Journal Article. Review]
UI: 17566904
Children and families are now in the front line of war, conflict and terrorism as a consequence of the paradigm shift in the nature of warfare and the growth of terror as a weapon. They are as vulnerable as are adults to the traumatizing effects of violence and mass violence. Furthermore, employing children as soldiers is not new, but it is continuing and young people are also perpetrators of other forms of violence. This paper summarizes a selection of the literature showing the direct and indirect psychosocial impacts on minors of their exposure to single incident (event) and recurrent or repetitive (process) violence. Additionally, children's

psychosocial and physical development may be affected by their engagement with violence as victims or perpetrators. Several studies point to positive learning from certain experiences in particular communities while many others show the potential for lasting negative effects that may result in children being more vulnerable as adults. The spectrum of response is very wide. This paper focuses on resilience but also provides access to several frameworks for planning, delivering and assuring the quality of community and family-orientated and culture-sensitive responses to people's psychosocial needs in the aftermath of disasters of all kinds including those in which children and young people have been involved in mass violence. [References: 94]
Status
MEDLINE
Authors Full Name
Williams, Richard.
Institution
University of Glamorgan, South Wales, UK. rjwwilli@glam.ac.uk
Date Created
20070614
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=17566904
Link to the External Link Resolver:

27.
Hypnosis for acute distress management during medical procedures. [Review] [58 refs]
Flory N. Salazar GM. Lang EV.
International Journal of Clinical & Experimental Hypnosis. 55(3):303-17, 2007 Jul.
[Journal Article. Research Support, N.I.H., Extramural. Research Support, U.S. Gov't, Non-P.H.S.. Review]
UI: 17558720
The use of hypnosis during medical procedures has a long-standing tradition but has been struggling for acceptance into the mainstream. In recent years, several randomized-controlled trials with sufficient participant numbers have demonstrated the efficacy of hypnosis in the perioperative domain. With the advancements of minimally invasive high-tech procedures during which the patient remains conscious, hypnotic adjuncts have found many applications. This article describes the procedural environment as well as pharmacologic and nonpharmacologic interventions to reduce distress. Current research findings, controversies in the literature, and safety considerations are reviewed. Implications for clinical practice and training as well as directions for future research are discussed. Obstacles and possible reasons for the slow acceptance of nonpharmacologic interventions, mind-body therapies, and patient-centered approaches are addressed. [References: 58]
Status
MEDLINE
Authors Full Name
Flory, Nicole. Salazar, Gloria M Martinez. Lang, Elvira V.
Institution
Department of Radiology, Beth Israel Deaconess Medical Center - Harvard Medical School, Boston, Massachusetts 02215, USA. nflory@bidmc.harvard.edu
Date Created
20070611
Link to the Ovid Full Text or citation:
http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=17558720
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