Accuracy and Specificity of Autobiographical Memory in Childhood Trauma Victims

Christin M. Ogle, Stephanie D. Block, Latonya S. Harris, Michelle Culver, Else-Marie Augusti, Susan Timmer, Anthony Urquiza, and Gail S. Goodman

in Stress, Trauma, and Children's Memory Development: Neurobiological, cognitive, clinical and legal perspectives

This chapter examines the claim that childhood trauma leads to a specific type of autobiographical memory functioning, namely “overgeneral memory”. It reviews scientific theory and research on autobiographical memory development, memory for trauma-related and nontrauma-related information in traumatized individuals, and autobiographical memory in nontraumatized and traumatized adolescents and adults. Preliminary findings from an ongoing study that examines autobiographical memory development in documented child sexual abuse victims versus matched controls with no known history of child sexual abuse are presented. It is shown that contrary to the overgeneral memory hypothesis, individuals with child maltreatment histories, especially those with post-traumatic stress disorder (PTSD), may overfocus on trauma in their lives and in their pasts, and this focus may make their autobiographical memories particularly accurate, especially for trauma-related information.

Children Affected by War and Conflict

Susan C. Mapp

in Global Child Welfare and Well-Being
The impact of war and conflict on child non-combatants is examined including the mental health impact and on their education. Girls may also face sexual assault. Children in countries such as Northern Ireland, Palestine, Sudan and Afghanistan experience these difficulties. Landmines and cluster bombs pose a special threat to children and international movements against their use is discussed. Child refugees face special burdens and policies to protect their rights are not always followed. The similar effects of violent neighborhoods are analyzed, particularly in the United States. Services to help children recover are discussed including a program in the West Bank of Palestine utilizing music therapy.

**Traumatic Imprints**

Noah Tsika

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Forced to contend with unprecedented levels of psychological trauma during World War II, the United States military began sponsoring a series of nontheatrical films designed to educate and even rehabilitate soldiers and civilians alike. Traumatic Imprints examines wartime and postwar debates about, aspirations for, and uses of cinema as a vehicle for studying, publicizing, and even “working through” war trauma.

**Conducting Longitudinal Studies**

Jorge Delva, Paula Allen-Meares, and Sandra L. Momper

in Cross-Cultural Research

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In this chapter we present two examples of longitudinal studies. Both studies utilize an etic–emic approach and both are underway in urban, cosmopolitan areas. In both studies the etic approach stems from the use of standardized, previously validated instruments and a design that called for a specific research protocol. We describe how the emic perspective was incorporated into the respective projects through a detailed discussion of how positive working partnerships were formed and maintained and the ways by which the questionnaires were constructed, pilot tested, and revised. We note that for both projects being culturally sensitive to the populations had more to do with our
paying attention and being sensitive to language, gender, age, race and ethnicity, and poverty. In this chapter we also provide a brief conceptual discussion of data analytic considerations for longitudinal data.

Mental and Physical Health Functioning
Peter J. Pecora, Ronald C. Kessler, Jason Williams, A. Chris Downs, Diana J. English, James White, and Kirk O'Brien

in What Works in Foster Care?: Key Components of Success From the Northwest Foster Care Alumni Study

Based on alumni interviews, this chapter reports on the mental and physical health functioning of alumni, thus providing more empirical data about the short-term and long-term functioning of maltreated youth who were placed in foster care. The primary hypothesis was that alumni would exhibit mental and physical health difficulties that would be more severe than those of the general population.

The orbitofrontal cortex and anxiety disorders
Mohammed R. Milad and Scott L. Rauch

in The Orbitofrontal Cortex

This chapter reviews contemporary neurocircuitry models of anxiety disorders, with a focus on the role of the orbitofrontal cortex (OFC). In addition to human neuroimaging studies, findings from animal research are also considered, with emphasis on fear conditioning and extinction paradigms. The anatomical distinction between medial and lateral OFC is highlighted; medial OFC has been implicated in rewards and conditioned fear extinction recall, whereas reciprocally the lateral OFC has been implicated in evaluating punishers and mediating negative affects. As similarities and differences across the anxiety disorders are explored, the distinction is made between: 1) exaggerated ‘bottom-up’ amygdala responses; 2) failure of ‘top-down’ control by the medial OFC; and 3) excessive lateral OFC activity in concert with striatum. In this way, the clinical phenomena associated with the various anxiety disorders are linked to sub-territories of OFC, and understood in terms of their
anatomical connections and the normal functions these neural circuits subserve.

Posttraumatic Stress Disorder
Jacqueline Corcoran

in Mental Health Treatment for Children and Adolescents

This chapter reviews the evidence basis for the treatment of post-traumatic stress disorder (PTSD) in children and adolescents. The bulk of the research involves cognitive-behavioral therapy featuring exposure and cognitive restructuring. Sexual abuse as a trauma has received the most attention in the treatment outcome literature. These interventions are evaluated for how well they address risk factors for the development of anxiety and adjustment for afflicted youth. Further study is needed on interventions for ethnic minority populations and those that are typically employed in clinical practice settings, such as play therapy, art therapy, psychodynamic therapy, and medication.

Integrated Cognitive-Behavior Therapy for Traumatic Stress Symptoms and Substance Abuse
John A. Fairbank, Sharon R. Booth, and John F. Curry

in Community Treatment for Youth: Evidence-Based Interventions for Severe Emotional and Behavioral Disorders

Many adolescents with substance-use disorder (SUD) have a history of trauma and symptoms of post-traumatic stress disorder (PTSD). Integrated cognitive behavior therapy (CBT) for co-occurring PTSD and SUD in adolescents is a phased intervention approach in which the same clinician or team of clinicians provides treatment for both disorders at the same time. This chapter discusses psychosocial conceptual models of the etiology of PTSD and the role of substance abuse, theory of change, target population, and CBT intervention parameters for integrated PTSD and SUD treatment programs.
This chapter examines how the impact of victimization changes over the course of childhood. It provides a critique of the dominant traumatic stress model for analyzing victimization impact, distinguishes the approach of developmental victimology, and delineates four dimensions along which developmental differences in impact might be tracked.

THE RIGHT STUFF
CHERYL REGEHR and TED BOBER

The training and personality style of emergency responders prepares them to deal with high drama situations. However, this exposure has an impact on their emotional and psychological well-being. This chapter discusses the symptoms of post-traumatic stress and the various levels of symptoms that people can experience from mild distress to symptoms that significantly affect function. Factors associated with higher levels of symptoms based on previous research are also reviewed. The coping mechanism most frequently described by emergency responders involves the deliberate use of cognitive strategies such as conscious attempts to shut out the emotional reactions of family members of the victim, visualizing the next technical step to be accomplished, and shutting down their own emotions. Other types of strategies involve having a positive personal life, talking to family, exercise, and blowing off steam with colleagues. The effectiveness of various strategies for self-care and coping are discussed.
Studies indicate an ongoing “epidemic of psychopathology.” These newly popular pathologies range widely, not just in their incidence but in their presentation: social anxiety disorder, panic disorder, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder, generalized anxiety disorder, anorexia nervosa, bulimia, and attention deficit hyperactivity, to name a few. A number of new conditions have also emerged alongside these commonly accepted disorders—such as fibromyalgia, chronic fatigue syndrome, and repetitive stress injury—whose very status as mental disorders is hotly disputed. This chapter examines this recent upsurge in mental disorder. It identifies four factors at work: the ascendancy of biomedicine as the dominant way of understanding and explaining psychological distress; the success of biomedicine in treating mental illness; the growth of support and advocacy groups; and the commercial availability of medications.

If we are to solve the multiple crises facing human service delivery we need a different way of understanding human nature and human dysfunction, one that incorporates 150 years of accumulated scientific knowledge and clinical wisdom. To understand what we are going to “diagnose” and “prescribe” for our troubled social service and mental health organizations, people need to have a working knowledge about the psychobiology of trauma and adversity, what it does to individuals, particularly when trauma is repetitive, occurs in early development, and is a result of interpersonal violence. Using a computer metaphor, this chapter discusses how attachment is the “operating system” for people, the master program that allows other human functions to work. Trauma disrupts attachment and like a computer virus, wrecks havoc in unpredictable ways, with the total life experience of the person involved.
Creating trauma-informed cultures requires radical change in thinking, behavior, and attitudes.

**Figuring Violence**  
Rebecca A. Adelman

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Figuring Violence catalogs the affects that define the latter stages of the war on terror and the imaginative work that underpins them. These affects—apprehension, affection, admiration, gratitude, pity, and righteous anger—are far more pleasurable and durable than their predecessors. Hence, they are deeply compatible with the ambitions of a state embroiling itself in a perpetual and essentially unwinnable war. Surveying the cultural landscape of this sprawling conflict, Figuring Violence reveals the varied mechanisms by which these affects have been militarized. This book tracks their convergences around six types of beings: civilian children, military children, military spouses, veterans with PTSD and TBI, Guantánamo detainees, and military dogs. All of these groups have become preferred objects of sentiment in wartime public culture, but they also have in common their status as political subjects who are partially or fully unknowable. They become visible to outsiders through a range of mediated and imaginative practices that are ostensibly motivated by concern or compassion. However, these practices actually function to reduce these beings to abstracted figures and so make them easy targets for affective investment. This is a paradoxical and conditional form of recognition that eclipses the actual beings upon whom those figures are patterned, silencing their political subjectivities and obscuring their suffering. As a result, they are erased and rendered hypervisible at once. Figuring Violence demonstrates that this dynamic ultimately propagates the very militarism that begets their victimization.

**Ethnocultural Minorities**

William J. Koch, Kevin S. Douglas, Tonia L. Nicholls, and Melanie L. O'Neill

in Psychological Injuries: Forensic Assessment, Treatment, and Law

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The chapter begins with a brief discussion of the need to consider ethnocultural status in mental health assessments and the limitations of current knowledge. It then reviews the impact of ethnocultural affiliation on the risk of exposure to potentially traumatic events (PTE) and the lifetime prevalence and conditional risk of PTSD in non-White, non Euro-American groups. This is followed by a discussion of how ethnocultural status is reflected in the expression of psychological injuries or symptoms and subsequent coping and help-seeking responses. The chapter also examines cross-cultural assessment issues and ethics. It ends with a discussion of current controversies and recommendations regarding future directions in the field.

Conflict, Peace and Mental Health

David Bolton

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Item type: book

What are the human consequences of war, conflict and terrorism, and what are the appropriate policy and service responses? This book seeks to provide some answers to these important questions, drawing upon over 25 years’ work by the author in Northern Ireland and elsewhere. Focusing on the work undertaken following the Omagh bombing in 1998, the book describes how needs were assessed and understood, how evidence-based therapy services were put in place and the training and education programmes that were developed to assist first those communities affected by the Omagh bombing - and later the wider population affected by the years of conflict. The author places the mental health needs of conflict-affected victims and communities at the heart of the political and peace processes that follow when conflicts end. This is a practical book and will be of particular interest to those planning for and responding to conflict-related disasters and terrorism, policy makers, service commissioners and providers, politicians, diplomats, civil servants, leaders of religion, peace builders and peace makers. It also includes an extensive overview of the efforts to understand the mental health impact of the years of violence in Northern Ireland, reviewing for example, the impacts of loss and PTSD, why it seemed to take so long to recognise the impact, and the challenges of undertaking research in a community that is in violent conflict.
Confederate veterans returned home, many of them broken physically and mentally, their manhood obliterated. They suffered from war trauma, but also from the humiliation of defeat, the destruction of the Confederacy, loss of their slaves, uncertainty about their future, financial ruin and political impotence. Many veterans, with physical and mental wounds, struggled to reintegrate into civilian life. Their identities as men had been undercut by war and defeat. This chapter traces the trek of southern veterans -- including former POWs, amputees, alcoholics, and addicts -- as they struggled to regain status in the home and in their communities. The most severe cases of veterans suffering the effects of war trauma entered insane asylums with symptoms today we know to be associated with PTSD: violence, paranoia, startle reflex, depression, anxiety, alcoholism or addiction, suicidal thoughts or behavior. Yet Southerners largely failed to grasp the causal link between mental illness and veterans’ military experiences. Struggling veterans exhibited social pathologies like marital conflict and the inability to hold a job. Suicide provided an exit from failure and suffering.

Critical Trauma Studies
Monica J. Casper and Eric Wertheimer (eds)

Trauma is a universal human experience. While each person responds differently to trauma, its presence in our lives nonetheless marks a continual thread through human history and prehistory. In Critical Trauma Studies, a diverse group of writers, activists, and scholars of sociology, anthropology, literature, and cultural studies reflects on the study of trauma and how multidisciplinary approaches lend richness and a sense of deeper understanding to this burgeoning field of inquiry. The original essays within this collection cover topics such as female suicide bombers from the Chechen Republic, singing prisoners in Iranian prison camps, sexual assault and survivor advocacy, and families facing the devastation of Hurricane Katrina. As it proceeds,
Critical Trauma Studies never loses sight of the way those who study trauma as an academic field, and those who experience, narrate, and remediate trauma as a personal and embodied event, inform one another. Theoretically adventurous and deeply particular, this book aims to advance trauma studies as a discipline that transcends intellectual boundaries, to be mapped but also to be unmoored from conceptual and practical imperatives. Remaining embedded in lived experiences and material realities, Critical Trauma Studies frames the field as both richly unbounded and yet clearly defined, historical, and evidence-based.

Anxiety, Trauma, and Post-Traumatic Stress Disorders
Wendy B. Smith

in Youth Leaving Foster Care: A Developmental, Relationship-Based Approach to Practice
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Chapter 6 presents an overview of anxiety disorders and outlines the specific disorders. Recent research on epidemiology is provided. The psychological and biological aspects of anxiety and response to interpersonal trauma are described. PTSD and Complex PTSD, the anxiety disorders that occur in the aftermath of trauma, is explained. The chapter includes a discussion of assessment and diagnostic considerations for anxiety disorders and PTSD. Evidence-supported psychosocial and pharmacological treatment approaches for both are reviewed, and key principles for treatment are provided.

Recognizing Military Wives
Rebecca A. Adelman

in Figuring Violence: Affective Investments in Perpetual War
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The materials analyzed in this chapter illuminate the paradoxical combination of public recognition and state neglect of military spouses, who receive contingent visibility as a function of their proximity to suffering, along with a chronic suspicion about their reliability. To contextualize the figuring of the military spouse, the chapter begins with two key histories: that of women’s militarization during the War
on Terror and that of the U.S. military’s approach to military wives. Affective investments in military spouses (read: wives) are made explicit in presidential proclamations of appreciation for military spouses and their sacrifice, the first objects of analysis here. Operational Security materials, the second, reveal the other side of official regard for military spouses, which identifies them as vital but weak links in national security. Conversely, the American Widow Project, a network organized and maintained by military widows, offers an alternative to these official discourses, recognizing widows’ sacrifices but also embracing a vision of widowhood that is independent and pleasure-seeking, and the chapter’s penultimate section analyzes their work. The chapter concludes with a consideration of military spouse PTSD, an emerging line of inquiry that simultaneously maps and submerges the subject-position of the military spouse.

Economies of Post-Traumatic Stress Disorder and Traumatic Brain Injury
Rebecca A. Adelman

in Figuring Violence: Affective Investments in Perpetual War
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This chapter explores the mediation of combat trauma and the reshaping of the people who have experienced it into receptacles for gratitude, pity, and anger. Building from a brief history of PTSD and TBI as diagnostic categories and objects of administrative calculation, the chapter explores how these conditions have become sites of affective investment. Reflecting on the ubiquitous mandate to ‘say thank you to the troops,’ the chapter historicizes the militarization of gratitude. This informs the subsequent analysis of the work of various charitable organizations for veterans. The chapter then analyzes the exacting standards by which the Department of Defense awards Purple Hearts for Traumatic Brain Injury (but refuses them for PTSD). In contrast to the DoD’s decidedly unsympathetic approach to PTSD, David Finkel’s bestselling non-fiction account Thank You for Your Service tracks how PTSD plays out, often violently, in domestic spaces. That book makes PTSD visible through intensely emotional scenes, while research efforts to make TBI clinically legible search for specific signs of the injury on posthumously donated brain tissue. The concluding section offers a different vantage on TBI, reflecting on veterans’ own efforts to make their brains visible to others.