Trauma- and Stressor-Related Disorders

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Historical and Epidemiological Data

- Post-trauma response was known as shell shock, battle fatigue, accident neurosis, or posttraumatic neurosis.
- Very little was written about posttraumatic neurosis between 1950 and 1970.
- From the 1970s to 1980s expansive research and writing was done primarily about Vietnam veterans.
- Diagnosis of posttraumatic stress disorder (PTSD) first appeared in the *DSM-III.*

Historical and Epidemiological Data (continued_1)

- *DSM-IV-TR* described trauma that precedes PTSD
  - Event outside the range of usual human experience
  - Rape, war, physical attack, torture, or natural/manmade disaster
- More than half of all individuals will experience a traumatic event.
  - Less than 10 percent will develop PTSD.
- PTSD is more common in women than in men.

Historical and Epidemiological Data (continued_2)

- Individuals who have difficulties with stress reactions to more “normal” events may be diagnosed with adjustment disorder.
- Adjustment disorders are more common in women, unmarried persons, and adolescents.
  - Can occur at any age, from childhood to senescence.

PTSD and ASD

- Trauma
  - Extremely distressing experience that causes severe emotional shock and may have long-lasting psychological effects
- Posttraumatic stress disorder (PTSD)
  - A reaction to an extreme trauma, which is likely to cause pervasive distress to almost anyone, such as natural or manmade disasters, combat, serious accidents, witnessing the violent death of others, being the victim of torture, terrorism, rape, or other crimes

PTSD and ASD (continued_1)

- Characteristic symptoms
  - Re-experiencing the traumatic event
  - Sustained high level of anxiety or arousal
  - General numbing of responsiveness
  - Intrusive recollections or nightmares
  - Amnesia to certain aspects of the trauma
  - Depression
  - Survivor's guilt
  - Substance abuse
  - Anger and aggression
  - Relationship problems

PTSD and ASD (continued_2)

- PTSD symptoms
  - May begin within the first 3 months after the trauma
  - May be a delay of several months or even years

PTSD and ASD (continued_3)

- Acute stress disorder (ASD) is similar to PTSD in terms of precipitating traumatic events and symptomatology.
- Symptoms are time limited.
  - Up to 1 month following the trauma
  - If symptoms last longer than 1 month, the diagnosis is PTSD.

Our concerns..

- Posttrauma syndrome
- Complicated grieving

Outcome Criteria

- The patient
  - Can acknowledge the traumatic event and the impact it has had on his or her life
  - Is experiencing fewer flashbacks, intrusive recollections, and nightmares than he or she was on admission
  - Can demonstrate adaptive coping strategies
  - Can concentrate and has made realistic goals for the future

Outcome Criteria (continued_1)

- The patient (continued)
  - Includes significant others in the recovery process and willingly accepts their support
  - Verbalizes no ideas or intent of self-harm
  - Has worked through feelings of survivor's guilt
  - Gets enough sleep to avoid risk of injury
  - Verbalizes community resources from which he or she may seek assistance in times of stress

Outcome Criteria (continued_2)

- The patient (continued)
  - Attends support group of individuals who have recovered or are recovering from similar traumatic experiences
  - Verbalizes desire to put the trauma in the past and progress with his or her life

Stressor-Related Disorders

- Adjustment disorders
  - Characterized by a maladaptive reaction to an identifiable stressor or stressors that results in the development of clinically significant emotional or behavioral symptoms
  - Symptoms occur within 3 months of the stressor and last no longer than 6 months.

Adjustment Disorders

- Types of adjustment disorders
  - A number of clinical presentations are associated with adjustment disorders.
  - A number of categories identified by the *DSM-5* are distinguished by the predominant features of the maladaptive response.

Adjustment Disorders (continued_1)

- Adjustment disorder with depressed mood
  - This category is the most commonly diagnosed adjustment disorder.
  - The clinical presentation is one of predominant mood disturbance, although less pronounced than that of major depressive disorder (MDD).
  - The symptoms, such as depressed mood, tearfulness, and feelings of hopelessness, exceed what is an expected or normative response to an identified stressor.

Adjustment Disorders (continued_2)

- Adjustment disorder with mixed anxiety and depressed mood
- Predominant features of this category include
  - Disturbances in mood (depression, feelings of hopelessness and sadness)
  - Manifestations of anxiety (nervousness, worry, jitteriness) more intense than would be expected to be a normative response to an identified stressor

Adjustment Disorders (continued_3)

- Adjustment disorder with disturbance of conduct
  - Characterized by conduct in which there is violation of the rights of others or of major age-appropriate societal norms and rules
  - Examples include truancy, vandalism, reckless driving, fighting, and defaulting on legal responsibilities.

Adjustment Disorders (continued_4)

- Adjustment disorder with mixed disturbance of emotions and conduct
- Predominant features of this category include
  - Emotional disturbances (e.g., anxiety or depression)
  - Disturbances of conduct in which there is violation of the rights of others or of major age-appropriate societal norms and rules (e.g., truancy, vandalism, fighting)

Outcome Criteria (continued_3)

- The patient
  - Verbalizes acceptable grieving behaviors
  - Demonstrates a reinvestment in the environment
  - Accomplishes activities of daily living independently
  - Demonstrates ability to function adequately
  - Verbalizes awareness of change in health status and the effect it will have on lifestyle

Outcome Criteria (continued_4)

- The patient (continued)
  - Solves problems and sets realistic goals for the future
  - Demonstrates ability to cope effectively with change in lifestyle

Treatment Modalities

- Trauma-related disorders
  - Cognitive therapy
  - Prolonged exposure therapy (PE)
  - Group/family therapy
  - Psychopharmacology

Treatment Modalities (continued_1)

- Cognitive therapy
  - For PTSD and ASD, cognitive therapy strives to help the individual recognize and modify trauma-related thoughts and beliefs.
  - The individual learns to modify the relationships between thoughts and feelings, and to identify and challenge inaccurate or extreme automatic negative thoughts.
  - Goal is to replace these negative thoughts with more accurate and less distressing thoughts, and cope more effectively with feelings such as anger, guilt, and fear.

Treatment Modalities (continued_2)

- Prolonged exposure therapy (PE)
  - PE is a behavioral therapy similar to implosion therapy or flooding.
  - Conducted in an imagined or real situation
  - PE has four main parts.
    1. Education about the treatment
    2. Breathing retraining for relaxation
    3. Imagined exposure through repeated discussion about the trauma with a therapist
    4. Exposure to real-world situations related to the trauma

Thank You