Trauma- and Stressor-Related Disorders

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Class 7

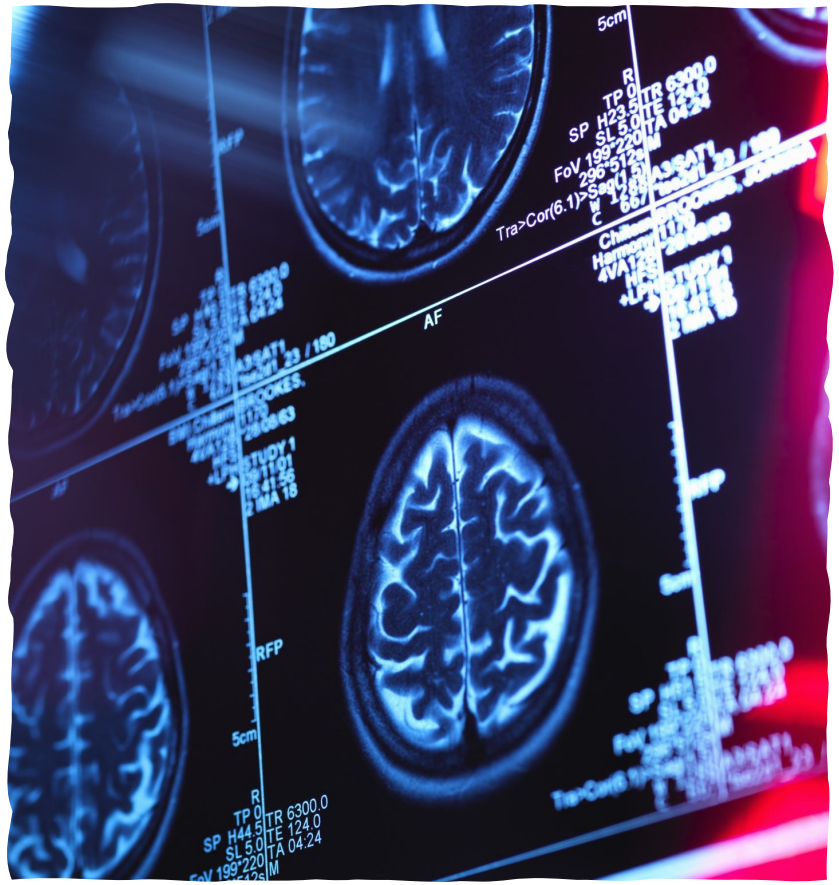
Think. Pair. Share.

What are you looking forward to?

Trauma- and Stressor-Related Disorders

- Trauma- and stressor-related disorders include conditions where exposure to traumatic or stressful events is a diagnostic criterion.
- These disorders are closely related to anxiety disorders, obsessive-compulsive and related disorders, and dissociative disorders.

Trauma- and Stressor-Related Disorders



- Trauma- and stressor-related disorders are positioned close to anxiety disorders, obsessive-compulsive and related disorders, and dissociative disorders in diagnostic classification.
- This reflects shared symptoms, comorbidity, and overlap in treatment approaches.
- Trauma- and stressor-related disorders encompass a range of conditions linked to exposure to traumatic or stressful events.
- Understanding these disorders involves recognizing their specific diagnostic criteria and their relationship with other mental health conditions.

Types of Trauma- and Stressor-Related Disorders

Reactive Attachment Disorder

- Difficulty forming emotional attachments due to early neglect or trauma.

Disinhibited Social Engagement Disorder

- Indiscriminate social interactions due to lack of caregiver responsiveness.

Posttraumatic Stress Disorder (PTSD)

- Persistent symptoms following exposure to traumatic events.
- Symptoms include intrusive memories, avoidance, negative alterations in mood and cognition, and arousal.

Types of Trauma- and Stressor-Related Disorders

Acute Stress Disorder

- Similar to PTSD but occurs within a month of the traumatic event.
- Symptoms may resolve within days to weeks or progress to PTSD.

Adjustment Disorders

- Emotional or behavioral symptoms in response to identifiable stressors.
- Symptoms exceed what would be expected in response to the stressor.

Prolonged Grief Disorder

- Persistent grief and mourning beyond expected norms.
- Distinct from major depressive disorder and adjustment disorder.

Case Presentation

What is Trauma?

- **trau·ma**
- ˈtroumə,ˈtrômə/
- *noun*
- noun: **trauma**; plural noun: **traumata**; plural noun: **traumas**
- **1**. a deeply distressing or disturbing experience.
- "a personal trauma like the death of a child“
  - emotional shock following a stressful event or a physical injury, which may be associated with physical shock and sometimes leads to long-term neurosis.

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synonyms:

shock, upheaval, distress, stress, strain, pain, anguish, suffering,upset, agony, misery, sorrow, grief, heartache, heartbreak, torture;

-Google

Trauma

- An overwhelming, over stimulating, extremely painful and/or terrifying experience
- An inability to employ the fight or flight response (e.g., cannot escape)
- At the core of the traumatic stress is a breakdown in the capacity to regulate internal states

  (Herman, 1997) (Van der Kolk, 2005)
- Type I Trauma; single episode
- Type II Trauma; repetitive episodes

Defining Trauma

Trauma = an emotional state of **discomfort** and **stress** resulting from memories of an extraordinary, catastrophic experience that shatters the survivor's sense of invulnerability to harm, rendering him acutely vulnerable to stressors (Figley, 1988, 1995).

Trauma overwhelms an ordinary system of care that gives people a sense of control, connection, and meaning in the world (Herman, 1992).

Traumatic events disrupt attachments btw individuals and within families

(Allen, 2001).

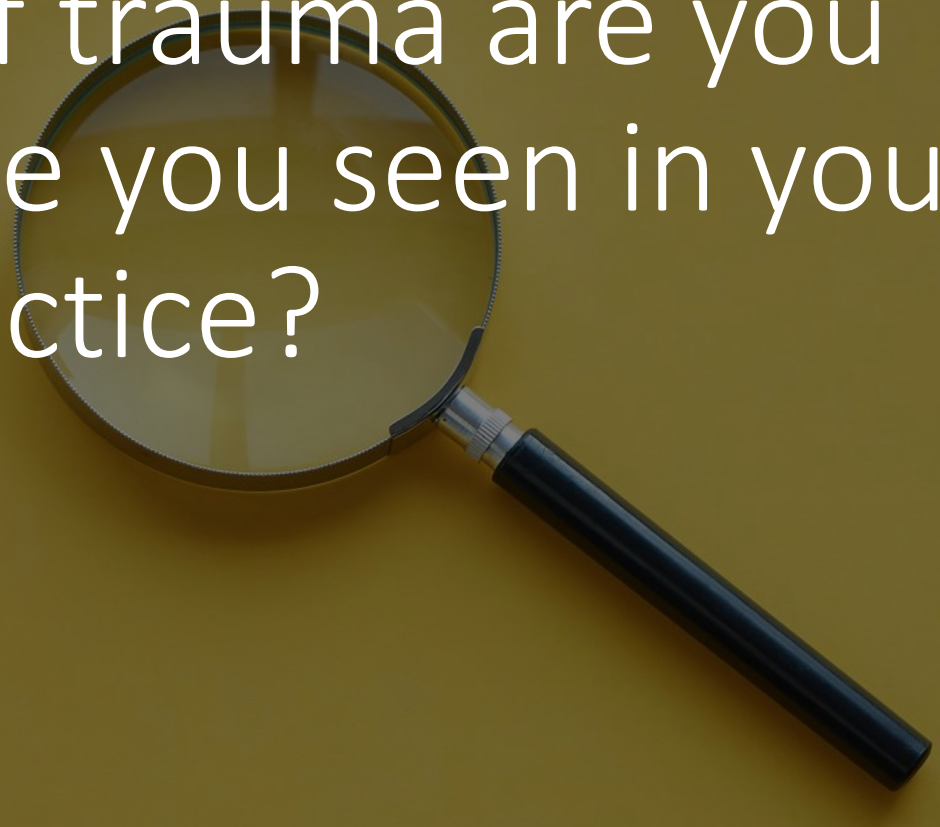
Distinction btw events that are traumatic (ex: represent a threat to physical integrity)

and the responses to trauma.

Traumatic Stress Response = set of neurobiological reactions along with strong affective experiences (McEwen, 1999).

Not all people react to horrific event in the same way

What types of trauma are you aware of or have you seen in your practice?



DSM V TR: PTSD 309.81

https://www.ptsd.va.gov/professional/treat/essentials/dsm5_ptsd.asp

Criteria A

The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows: (one required)

- Direct exposure.
- Witnessing, in person.
- Indirectly (learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental)
- Repeated or extreme indirect exposure to aversive details of the event(s)
  - usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse).
  - This does not include indirect non-professional exposure through electronic media, television, movies, or pictures

Criteria B: Intrusive Symptom (one sx required)

Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s*). Note: In children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.*
2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).

Note: In children, there may be frightening dreams without recognizable content.

3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)

Note: In children, trauma-specific reenactment may occur in play.

4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

Criteria C: Avoidance (one sx required)

Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

Criteria D: Negative Alterations in cognitions and mood (two sxs required)

Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., “I am bad,” “No one can be trusted,” ‘The world is completely dangerous,” “My whole nervous system is permanently ruined”).
3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
5. Markedly diminished interest or participation in significant activities.
6. Feelings of detachment or estrangement from others. 7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

Criteria E: Alterations in arousal and reactivity (two sxs required)

Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
2. Reckless or self-destructive behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems with concentration.
6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless

Criteria F: Duration

- Persistence of sx: more than one month

Criteria G: Functional Significance

- significant symptom related distress or functional impairment (social, emotional or occupational functioning)

Criteria H: Exclusion

- Disturbance is not due to medication, substance use or other illness

Specifiers

- Specify if: With dissociative symptoms
  - Depersonalization (experience of being an outside observer or detached from oneself-not happening to me or a dream)
  - Derealization: experience of unreality, distance, or distortion (things are not real)
- Specify if: with delayed expression
  - full diagnosis not met until at least 6 months after the trauma(s)

Acute Stress Disorder 308.3

- Share main symptom of PTSD
- Symptoms occur 3 or more days and less than one month after exposure to an extreme stressor

Differential Diagnosis

- Adjustment Disorder
- Bipolar Mood Disorder
- Obsessive Compulsive Disorder
- Psychosis

Diagnostic Application: Case Examples

- After reviewing the DSM criteria for PTSD/ASD and accessing the case example, work in your group to determine what diagnosis, if any, you would give the case examples.

Screening

- To determine if a person has a history of trauma or trauma related symptoms.
- Typically “yes” or “no” answers.
- Positive screens indicate further assessment and evaluation is needed.
- Negative screens do not necessarily mean that an individual doesn’t have symptoms that warrant intervention.
- Not an end in itself.
- Can be administered by trained staff whereas assessments for trauma-related disorders require a mental health professional trained in evaluation and assessment process.

Assessments and Screenings

- Important to use validated measures
- Screen all clients
- Some clients will not make the connection to trauma in their histories and current symptomology
- Paper-and-pencil assessments can be easier and less threatening for some clients than clinical assessments
- Conduct assessments throughout treatment
  - This allows a therapist to track changes in presence, frequency and intensity of sxs.
  - Adjustment of diagnoses and treatment plan
  - Select appropriate prevention/intervention strategies

- Always make sure a client is grounded and safe before leaving the interview/intake/session.

https://www.ptsd.va.gov/professional/assessment/screens/index.asp

Complex PTSD/DESNOS

- Exposure to multiple traumas
- Exposure to high levels of chronic stress
- Changes brain function
- Can result in problems with identity and relatedness

https://my.clevelandclinic.org/health/diseases/24881-cptsd-complex-ptsd

chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.ptsd.va.gov/professional/articles/article-pdf/id52075.pdf

Complex PTSD/Borderline Personality Disorder (Herman)

Complex PTSD may be more appropriate diagnosis than BPD

Characteristics of BPD

Failure to form reliable and well integrated inner representations of trusted people

Can not calm themselves by calling up a mental image of a secure relationship

What is missing from PTSD?

- Diagnosis does not necessarily capture effects of complex trauma (these factors might better be captured by mood disorders, personality disorders, or regulatory disorders);
  - Emotional dysregulation
  - Dysregulation of consciousness/dissociation
  - Somatization
  - Existential adjustment (the damaged or stained self)

Adjustment Disorders

Development of Symptoms: Symptoms develop in response to an identifiable stressor(s) within 3 months of its onset.

Clinical Significance: Symptoms or behaviors are clinically significant if: There is marked distress disproportionate to the stressor's severity, considering cultural factors.

- There is significant impairment in social, occupational, or other important areas of functioning.

Exclusion Criteria: Symptoms do not meet criteria for another mental disorder or normal bereavement.

Duration: Symptoms do not persist beyond 6 months after the stressor has ceased.

Specifiers for Adjustment Disorders

With Depressed Mood (F43.21): Predominance of low mood, tearfulness, or hopelessness.

With Anxiety (F43.22): Predominance of nervousness, worry, or separation anxiety.

With Mixed Anxiety and Depressed Mood (F43.23): Combination of depression and anxiety symptoms.

With Disturbance of Conduct (F43.24): Predominance of behavioral symptoms.

With Mixed Disturbance of Emotions and Conduct (F43.25): Combination of emotional and conduct disturbances.

Specifiers for Adjustment Disorders (cont'd)

- **Unspecified (F43.20)**: For maladaptive reactions that do not fit specific subtypes.
- **Acute Specifier**: Symptoms persist for less than 6 months.
- **Persistent (Chronic) Specifier**: Symptoms persist for 6 months or longer. This applies when symptoms continue due to a chronic stressor or one with enduring consequences.

Small Group Activity

Risk and Prognostic Features

Environmental Factors: Individuals from disadvantaged backgrounds may be at higher risk due to frequent exposure to stressors.

Culture-Related Issues: Cultural context influences the assessment of maladaptive responses to stressors.

Responses may vary in perceived adaptiveness across cultures.

Considerations for migrants, refugees, and cultural norms impacting distress reactions.

Questions?

Comments?