Module 5: Trauma- and Stressor-Related Disorders

Module 5 Outline

5.1. Stressors
5.2. Clinical Presentation
5.3. Epidemiology
5.4. Comorbidity
5.5. Etiology
5.6. Treatment

Module 5 Learning Objectives

- Define and identify common stressors.
- Describe how trauma- and stressor-related disorders present. Describe the epidemiology of trauma- and stressor-related disorders.
- Describe comorbidity in relation to trauma- and stressor-related disorders. Describe the etiology of trauma- and stressor-related disorders.
- Describe treatment options for trauma- and stressor-related disorders.

5.1 Stressors

Section 5.1 Learning Objectives

- Define stressor.
- Identify and describe common stressors.

Section 5.1 Key Terms

Stressor: Can be any event—either witnessed firsthand, experienced personally, or experienced by a close family member—that increases physical or psychological demands on an individual.

Section 5.1 Key Takeaways

- A stressor is any event that increases physical or psychological demands on an individual.
- It does not have to be personally experienced but can be witnessed or occur to a close family member and have the same effect.
- Only a small percentage of people experience significant maladjustment due to these events. The most studied triggers for trauma-related disorders include physical/sexual assault and combat.

Section 5.1 Review Questions

1. Given an example of a stressor you have experienced in your own life.
2. Why are the triggers of physical/sexual assault and combat more likely to lead to a trauma-related disorder?

5.2 Clinical Presentation and DSM Criteria

Section 5.2 Learning Objectives

- Describe how PTSD presents itself.
- Describe how acute stress disorder presents itself. Describe how adjustment disorder presents itself.

Section 5.2 Key Terms

Acute stress disorder: Similar to PTSD, but the symptoms have been present for less than one month following the stressful event.

Adjustment disorder: Does not have a set of specific symptoms an individual must meet for diagnosis; rather, whatever symptoms the individual is experiencing must be related to the stressor and must be significant enough to impair social, occupational, or other important areas of functioning.

Posttraumatic stress disorder (PTSD): Identified by the development of physiological, psychological, and emotional symptoms following exposure to a traumatic event. Symptoms must be present for at least one month.

Section 5.2 Key Takeaways

- In terms of stress disorders, symptoms lasting over 3 days but not exceeding one month, would be classified as acute stress disorder while those lasting over a month are typical of PTSD.
- If symptoms begin after a traumatic event but resolve themselves within three days, the individual does not meet the criteria for a stress disorder.
- Symptoms of PTSD fall into four different categories for which an individual must have at least one symptom in each category to receive a diagnosis. These categories include recurrent experiences, avoidance of stimuli, negative alterations in cognition or mood, and alterations in arousal and reactivity.
- As for acute stress disorder, to receive a diagnosis an individual must experience nine symptoms across five different categories (intrusion symptoms, negative mood, dissociative symptoms, avoidance symptoms, and arousal symptoms).
- Finally, adjustment disorder is the last intense of the three disorders and does not have a specific set of symptoms of which an individual has to have some number. Whatever symptoms the person presents with, they must cause significant impairment in areas of functioning such as social or occupational, and several modifiers are associated with the disorder.

Section 5.2 Review Questions

1. What is the difference in diagnostic criteria for PTSD, acute stress disorder, and adjustment disorder?

2. What are the four categories of symptoms for PTSD? How do these symptoms present in acute stress disorder and adjustment disorder?

5.3 Epidemiology

Section 5.3 Learning Objectives

- Describe the epidemiology of PTSD.
- Describe the epidemiology of acute stress disorder.
- Describe the epidemiology of adjustment disorders.

Section 5.3 Key Terms

N/A

Section 5.3 Key Takeaways

- Regarding PTSD, rates are highest among people who are likely to be exposed to high traumatic events, women, and African Americans.
- As for acute stress disorder, prevalence rates are hard to determine since patients must seek medical treatment within 30 days, but females are more likely to develop the disorder.
- Adjustment disorders are relatively common since they occur in individuals having trouble adjusting to a significant stressor.

Section 5.3 Review Questions

1. Compare and contrast the prevalence rates among the three trauma and stress-related disorders.

5.4 Comorbidity

Section 5.4 Learning Objectives

- Describe the comorbidity of PTSD.
- Describe the comorbidity of acute stress disorder.
- Describe the comorbidity of adjustment disorder.

Section 5.4 Key Terms

N/A

Section 5.4 Key Takeaways

- PTSD has a high comorbidity rate with psychological and neurocognitive disorders while this rate is hard to establish with acute stress disorder since it becomes PTSD after 30 days.
- Adjustment disorder has a high comorbidity rate with other medical conditions as people process news about their health and what the impact of a new medical diagnosis will be on their life.

Section 5.4 Review Questions

1. How common are comorbidities among trauma and stress-related disorders? What are the most common comorbid diagnoses?

5.5 Etiology

Section 5.5 Learning Objectives

- Describe the biological causes of trauma- and stressor-related disorders.
- Describe the cognitive causes of trauma- and stressor-related disorders.
- Describe the social causes of trauma- and stressor-related disorders.
- Describe the sociocultural causes of trauma- and stressor-related disorders.

Section 5.5 Key Terms

Hypothalamic-pituitary-adrenal (HPA) axis: Involved in the fear- producing response, and some speculate that dysfunction within this axis is to blame for the development of trauma symptoms.

Section 5.5 Key Takeaways

- In terms of causes for trauma- and stressor-related disorders, an over-involvement of the hypothalamic-pituitary-adrenal (HPA) axis has been cited as a biological cause, with rumination and negative coping styles or maladjusted thoughts emerging as cognitive causes.
- Culture may lead to different interpretations of traumatic events thus causing higher rates among Hispanic Americans.
- Social and family support have been found to be protective factors for individuals most likely to develop PTSD.

Section 5.5 Review Questions

1. Discuss the four etiological models of the trauma and stress-related disorders. Which model best explains the maintenance of trauma/stress symptoms? Which identifies protective factors for the individual?

5.6 Treatment

Section 5.6 Learning Objectives

- Describe the treatment approach of the psychological debriefing.
- Describe the treatment approach of exposure therapy.
- Describe the treatment approach of CBT.
- Describe the treatment approach of Eye Movement Desensitization and Reprocessing (EMDR).
- Describe the use of psychopharmacological treatment.

Section 5.6 Key Terms

Exposure therapy: Involves exposing (i.e., imaginal, in vivo, or flooding) the target patient to the anxiety source or its context without the intention to cause any danger; doing so is thought to help them overcome their anxiety or distress.

Eye movement desensitization and reprocessing (EMDR): Consists of lateral eye movement induced by the therapist moving their index finger back and forth, approximately 35 cm from the client's

face, as well as components of cognitive-behavioral therapy and exposure therapy; it is a controversial treatment.

Psychological debriefing: A type of crisis intervention that requires individuals who have recently experienced a traumatic event to discuss or process their thoughts and feelings related to the traumatic event, typically within 72 hours of the event.

Trauma-focused cognitive behavioral therapy (TF-CBT): An adaptation of CBT that utilizes both CBT techniques and trauma-sensitive principles to address trauma-related symptoms.

Section 5.6 Key Takeaways

- Several treatment approaches are available to clinicians to alleviate the symptoms of trauma- and stress-related disorders.
- The first approach, psychological debriefing, has individuals who have recently experienced a traumatic event discuss or process their thoughts related to the event and within 72 hours.
- Another approach is to expose the individual to a fear hierarchy and then have them use positive coping strategies such as relaxation techniques to reduce their anxiety or to toss the fear hierarchy out and have the person experience the most distressing memories or images at the beginning of treatment.
- The third approach is Cognitive Behavioral Therapy (CBT) and attempts to identify and challenge the negative cognitions surrounding the traumatic event and replace them with positive, more adaptive cognitions.
- The fourth approach, called EMDR, involves an 8-step approach and the tracking of a clinician's fingers which induces lateral eye movements and aids with the cognitive processing of traumatic thoughts.
- Finally, when psychotherapy does not produce relief from symptoms, psychopharmacology interventions are an effective second line of treatment and may include SSRIs, TCAs, and MAOIs.

Section 5.6 Review Questions

1. Identify the different treatment options for trauma and stress-related disorders. Which treatment options are most effective? Which are least effective?