Posttraumatic Stress Disorder

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Lecture Outline

- Trauma – events, meaning
- Relevant concepts
- Diagnostic criteria
  - Specifiers
- Responses to trauma
- Acute Stress Disorder
- PTSD
Traumatic events

- **Definition** of trauma = A real event that disrupts one’s world and environment
- **Classification** of traumatic events:
  - *Disasters* (forces of nature) – floods, hurricanes, earth quakes, forest fires, etc.
  - *Atrocities* (man made) – vehicular & industrial accidents, crime, rape, physical & sexual abuse, torture, concentration camps, brothels, religious cults, etc.
Meaning of trauma

The meaning of a traumatic event or events and the struggle to make sense out of it is very different when human action, particularly human action with clear intention, or from a loved one, is involved. If trauma is by human design, it is more difficult to cope with it, it shatters assumptions regarding the goodness of mankind.
Responses to trauma

Traumatic experiences alter people’s psychological, biological, and social equilibrium.
Stages of responses to trauma

1) *Outcry* = Immediate responses – panic, dissociation, reactive psychosis

2) *Denial/Numbing* = Multiple avoidance

3) *Oscillation* = From denial/numbing to intrusive thoughts, feelings, images, memories

*Mardy Horowitz*
Responses to trauma

- Most people become *preoccupied* with the traumatic event experienced.
- *Involuntary intrusive thoughts* and memories of what happened is a normal way of responding to dreadful experiences – the intrusions appear to have adaptive functions
  - *Accommodation* (plan for restorative actions)
  - *Assimilation* (gradually accept what happened and readjust expectations)
Etiological models for PTSD

- Dissociation/Imagination Model
- Information Processing Model
- Attribution Model - cognitive appraisal
- Psychobiological Model – physiological abnormalities
- Stress-Diathesis Model
Risk factors for PTSD

- Young age
- Low educational level
- Little social support
- Poor adjustment to trauma
- Type of trauma (severity, duration, etc.)
- Gender – women are more vulnerable to trauma
The concept of PTSD

 Alternate terms:
 - Da Costa’s syndrome
 - Soldier’s heart
 - Railway spine
 - Shell shock
 - Traumatic neurosis
 - Concentration camp syndrome
 - Rape trauma syndrome
The concept of PTSD

- Alternate terms:
  - Irritable heart (Civil War)
  - Effort syndrome (WWI)
  - Combat stress reaction (WWII)
  - Combat fatigue
  - Combat exhaustion
  - Posttraumatic psychoneurosis
  - War neurosis
On “war neurosis”

The natural reaction to fear, the quickening of the heart, the shaking of the knees, the profuse perspiration, the involuntary micturition, strange and unaccustomed symptoms to the ordinary individual... if one analyzes this case one sees the natural reaction of the mind is suppressing the unpleasant truth that he is afraid.

Colin Russel, 1918
The concept of PTSD

- The term Post Traumatic Stress Disorder (PTSD) was used for the first time in 1980 – was introduced officially in the DSM-III
  - PTSD (Vietnam War era)
  - Gulf War Syndrome (Gulf War)
308.3 Acute Stress Disorder – Dx Criteria

- A. The person has been exposed to a traumatic event in which both of the following were present:
  1. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
308.3 Acute Stress Disorder – Dx Criteria

- A. The person has been exposed to a traumatic event in which both were present:
  2) The person’s response involved intense fear, helplessness, or horror
B. Either while experiencing or after experiencing the distressing event, the individual has *three* (or more) of the following dissociative symptoms:

1. A subjective sense of numbing, detachment, or absence of emotional responsiveness
2. A reduction in awareness of his/her surroundings
308.3 Acute Stress Disorder – Dx Criteria

B. Either while experiencing or after experiencing the distressing event, the individual has three (or more) of the following dissociative symptoms:

3. Derealization
4. Depersonalization
5. Dissociative amnesia
C. The traumatic event is persistently reexperienced in at least one of the following ways: recurrent images, thoughts, dreams, illusion, flashback episodes, or a sense of reliving the experience, or distress on exposure to reminders of the traumatic event.
D. marked avoidance of stimuli that arouse recollections of the trauma
E. marked symptoms of anxiety or increased arousal.
F. The disturbance causes significant distress or impairment ...
G. The disturbance lasts for a minimum of 2 days and a maximum of 4 weeks & occurs within 4 weeks of the traumatic event.
H. The disturbance is not due to the direct physiological effect of a substance or a general medical condition, is not better accounted for by Brief Psychotic Disorder, and is not merely an exacerbation of a preexisting Axis I or Axis II disorder.
309.81 Posttraumatic Stress Disorder

- A. The person has been exposed to a traumatic event in which both of the following were present:
  1. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
309.81 Posttraumatic Stress Disorder

A. The person has been exposed to a traumatic event in which both were present:

2) The person’s response involved intense fear, helplessness, or horror
B. The traumatic event is persistently reexperienced in one (or more) of the following ways:
1. Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions
2. Recurrent distressing dreams of the event
309.81 Posttraumatic Stress Disorder

- B. The traumatic event is persistently reexperienced in one (or more) of the following ways:
  3) Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes)
B. The traumatic event is persistently reexperienced in one (or more) of the following ways:

4) Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event

5) Physiological reactivity on exposure to internal or external cues that symbolize trauma
309.81 Posttraumatic Stress Disorder

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more):

1. Efforts to avoid thoughts, feelings, or conversations associated with the trauma
309.81 Posttraumatic Stress Disorder

- C. Persistent avoidance of stimuli... as indicated by three (or more):
  2) Efforts to avoid activities, places, or people that arouse recollections of the trauma
  3) Inability to recall an important aspect of the trauma
309.81 Posttraumatic Stress Disorder

- C. Persistent avoidance of stimuli... as indicated by *three* (or more):
  4) Markedly diminished interest or participation in significant activities
  5) Feeling of detachment or estrangement from others
  6) Restricted range of affect (e.g., unable to have loving feelings)
C. Persistent avoidance of stimuli... as indicated by *three* (or more):

7) Sense of foreshortened future (e.g., does not expect to have a career, marriage, children, or normal life span)
Dx Criteria for 309.81 Posttraumatic Stress Disorder

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:
1) Difficulty falling or staying asleep
2) Irritability or outbursts of anger
3) Difficulty concentrating
Dx Criteria for 309.81 Posttraumatic Stress Disorder

- D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:
  4) Hypervigilance
  5) Exaggerated startle response
- E. Duration of the disturbance is more than 1 month
309.81 Posttraumatic Stress Disorder

- Specifiers:
  - *Acute* – duration of sxs is less than 3 months
  - *Chronic* – sxs last 3 months or longer
  - *With Delayed Onset* – at least 6 months have passed between the traumatic event and the onset of sxs
Core issues in PTSD

- Repetitive replaying of the trauma in images, behaviors, feelings, physiological states, and interpersonal relationships
- Inability to integrate the reality of particular experiences
- Subjective assessment by victims of how threatened and helpless they feel
Information processing in PTSD

1) Persistent intrusions of memories related to trauma

2) Compulsive exposure to situations reminiscent of the trauma

3) Active attempts to avoid specific triggers of trauma-related emotions & generalized numbing of emotional responsiveness
Information processing in PTSD

4) Inability to modulate physiological response to stress in general & decreased capacity to utilize bodily signals as guides for action

5) Generalized problems with attention, distractibility, and stimulus discrimination

6) Alterations in psychological defense mechanisms & personal identity
Intrusions of traumatic memories

- Flashbacks
- Intense emotions (e.g., panic, rage)
- Somatic sensations
- Nightmares
- Interpersonal reenactments
- Character styles
- Pervasive life themes

Laub & Auerhahn, 1993
Adaptive resolutions to trauma

- *Working through* (recognition & completion)
- *Relative completion* (existential issues)
  - There may be limited danger & unpredictability in the *world*
  - The *self* may be weak & helpless sometimes
  - *Others* may be dangerous, uncaring, weak or untrustworthy at times
  - Varied & flexible *coping* – discriminating & accepting of others
Adaptation to trauma

- **Adaptive** = Fluid
- **Survival** = More constricted – however, sleep, a sense of safety & support counteract decompensation
- **Depression/Hopelessness** = Giving up, suicide attempts
- **Decompensation** = Recklessness, loss of control, risk taking behaviors

*Lenore Terr*
Maladaptive resolutions to trauma

- Generalization of the *fear* response (world dangerous & self weak)
- Generalization of *anger* response (world malevolent & self mistreated)
- Generalization of *withdrawal* response (world dangerous, self unworthy)
- Generalization of *dissociation* (affect & behavior constriction; avoidance of trauma relevant cues)
Complex PTSD (Disorders of Extreme Stress, NOS)

- Pathological changes:
  - *Identity* - Body image, internalized image of others, loss of sense of self ("I am not a person"), self perceived as contaminated, guilty or evil
  - *Relationships* – unstable, intense attachment
  - *Repetition of harm* – self-mutilation, choice of abusive partner
Symptomatic Sequelae of Prolonged Victimization

- Increased risk for psychiatric disorders
- 40-70% of psychiatric patients report histories of abuse

Judith Hermann, 1993
Treatment for trauma

- WWI – ECT
- WWII
  - Immediate group therapy close to the front
  - Rest & recreation
  - Interpersonal ties
  - Understand the meaning of trauma
Treatment of traumatized individuals (now)

Basic premise: relationships heal

- Therapists are not fact finder detectives
- Therapist is in a relationship of solidarity with the victim
- Therapist’s role is to bear witness to trauma, as the patient recovers memories & uncovers details about the traumatic experience(s)
Treatment of traumatized individuals

- The therapist provides a *reality check* – confront the reality of the trauma without any euphemisms; no secrets; speak the truth
- The therapist is a *catalyst for change* and evokes the survivor’s *heroic potential*
- Therapist is a *container for feelings* – creates a safe environment for the experience and expression of feelings, without intrusions
Treatment of traumatized individuals

- The therapist is a role model
- The therapist provides corrective emotional experiences by showing that intimacy can be achieved without sexual violation

*Judith Herman*
Treatment goals

- Therapists need to help patients:
  - Regain a sense of safety in their bodies
  - Complete the unfinished past – overcome fears of traumatic memories, of involvement with life; explore personal meaning
  - Create a sense of predictability & controllability
Secondary trauma

Trauma is contagious & the therapist is not immune, but rather extremely vulnerable to experience "secondary trauma"; address countertransference issues. 

Judith Herman
References


References

- [http://www.springerlink.com/content/q5l8k438342163l1/](http://www.springerlink.com/content/q5l8k438342163l1/) (Judith Herman)