

Unit 4: Trauma and Stressor-Related Disorders:

- Is a disturbing pattern of behavior demonstrated by someone who has experienced, witnessed, or been confronted with a traumatic event such as a natural disaster, combat, or an assault The onset can be delayed for months or even years.
- Often, other life events can exacerbate PTSD symptoms.
- Many clients with PTSD develop other psychiatric disorders, such as depression, anxiety disorders, or alcohol and drug abuse.
- PTSD can occur at any age, including during childhood.
- Estimates are that up to 60% of people at risk, such as combat veterans and victims of violence and natural disasters, develop PTSD.
- Complete recovery occurs within 3 months for about 50% of people.
- The severity and duration of the trauma and the proximity of the person to the event are the most important factors affecting the likelihood of developing PTSD.
- One-fourth of all victims of physical assault develop PTSD.
- Victims of rape have one of the highest rates of PTSD at approximately 70%.

Stress of Daily Life V. Traumatic Stress

- ✓ Traumatic events disrupt the life of anyone who experienced them.
- ✓ Traumatic event such as war, terrorist attacks, or a natural disaster—flood, hurricane, or tsunami.
- ✓ People at risk are easily affected by stressors.
- ✓ Some people return to their usual level of coping and equilibrium.
- ✓ However, some individuals continue to have problems coping, managing stress, and control emotions.
- ✓ Some individuals may develop an adjustment disorder, acute stress disorder, PTSD, or a dissociative disorder.

The dominant features of PTSD

1. Re-experiencing of the trauma through (flashbacks, dreams, or memories).
2. Emotional numbing (emotional unresponsiveness).
3. Hyperarousal (constant or continues alert for danger, insomnia, inability to concentrate).

PTSD Criteria

1. Person has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others.
2. The person's response involved intense fear, helplessness, or horror.
3. The symptoms occur 3 months or more after the trauma. Client report losing a sense of connection and control over his or her life.
4. Client try to avoid any places or people or situations that may trigger memories of the trauma (avoidance behavior).
5. Client can become isolated over time.

Does everyone experience a traumatic event develop PTSD?

❖ Developing PTSD after experiencing a traumatic event depends on:

- Severity of the traumatic event.
- lack of social support, peri-trauma dissociation, and previous psychiatric history or personality factors can further increase the risk of PTSD when they are present pretrauma .
- Gender; women are about twice as likely as men to develop PTSD.
- Adolescents more likely to develop PTSD than children or adults.

Examples of Traumatic Events that Cause PTSD.

- Natural Disasters

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- Terrorism
- Childhood Trauma and abuse
- Rape
- Horrific Life Events

Related Disorders

➤ **Adjustment Disorder**

- Is a reaction to a stressful event that causes problems for the individual.
- Typically, the person has more than the expected difficulty coping with or assimilating the event into his or her life.
 - Financial, relationship, and work-related stressors are the most common events.
 - The symptoms develop within a month, lasting no more than 6 months.

Related Disorders

➤ **Acute stress disorder**

1. Occurs after a traumatic event.
2. It is characterized by re-experiencing, avoidance, and hyper arousal.
3. The symptoms occur from 3 days to 4 weeks following a trauma.
4. It can be a precursor to PTSD.
5. Cognitive–behavioral therapy (CBT) involving exposure and anxiety management can help prevent the progression to PTSD

The difference between acute stress disorder and PTSD is that:

- Acute stress disorder: The symptoms occur from 3 days to 4 weeks following a trauma.
- PTSD: The symptoms occur 3 months or more after the trauma, but lasts at least 3 days or up to 1 month.

The onset can be delayed for months or even years. Related Disorders

➤ **Reactive attachment disorder (RAD) and disinhibited social engagement**

disorder (DSED) occur before the age of 5 in response to the trauma of child abuse or neglect, called grossly pathogenic care.

- The child shows disturbed inappropriate social relatedness in most situations.
- The child with RAD: exhibits minimal social and emotional responses to others, lacks a

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positive effect, and may be sad, irritable, or afraid for no apparent reason.

- The child with DSED: exhibits unselective socialization, allowing or tolerating social interaction with caregivers and strangers alike. They lack the hesitation in approaching or talking to strangers evident in most children their age.
- Grossly deficient parenting and institutionalization are the two most common situations leading to this disorder.

Treatment

1. Inpatient treatment is not indicated for clients with PTSD.
2. Inpatient may be necessary when the client is suicidal, or is being overwhelmed by re-experiencing events of the trauma.
3. Adaptive disclosure.
4. Exposure therapy.
5. Gestalt Therapy: The Empty Chair Technique.
6. Cognitive processing therapy.

Dissociative Disorders

- Dissociation: is a subconscious defense mechanism that helps a person protect his or her emotional self from recognizing the full effects of some horrific or traumatic event by allowing the mind to forget or remove itself from the painful situation or memory. Dissociation can occur both during and after the event.

- Dissociative disorders: have the essential feature of a disruption in the usually integrated functions of consciousness, memory, identity, or environmental perception. This often interferes with the person's relationships, ability to function in daily life, and ability to cope with the realities of the abusive or traumatic event.

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Dissociative disorders, relatively rare in the general population, are much more prevalent among those with histories of childhood physical and sexual abuse.

- Grounding techniques remind the client that he or she is in the present, is an adult, and is safe. Validating what the client is feeling during these experiences is important: “I know this is frightening, but you are safe now.” In addition, the nurse can increase contact with reality and diminish the dissociative experience by helping the client focus on what he or she is currently experiencing through the senses.

Dissociative symptoms are seen in clients with PTSD.

1. Dissociative amnesia: The client cannot remember important personal information (usually of a traumatic or stressful nature). This category includes a fugue experience where the client suddenly moves to a new geographic location with no memory of past events and often the assumption of a new identity.

2. Dissociative identity disorder (formerly multiple personality disorder):

The client displays two or more distinct identities or personality states that recurrently take control of his or her behavior. This is accompanied by the inability to recall important personal information.

3. Depersonalization disorder: The client has a persistent or recurrent feeling of being detached from his or her mental processes or body (depersonalization).

- **4. Derealization:** the sensation of being in a dream-like state in which the environment seems foggy or unreal (derealization).

Nursing Interventions of Trauma and Stressor-Related Disorders

❑ Promote Client's Safety

1. Discuss self-harm thoughts.
2. Help the client develop a plan for going to a safe place when having destructive thoughts or impulses.

❑ Help Client Cope with Stress and Emotions

1. Use grounding techniques to help client who is dissociating or experiencing flashbacks.

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2. Validate client's feelings of fear, but try to increase contact with reality.
3. During dissociative experience or flashback, help the client change body position, but do not grab or force the client to stand up or move.
4. Use supportive touch if the client responds well to it.
5. Teach deep breathing and relaxation techniques.
6. Use distraction techniques such as participating in physical exercise, listening to music, talking with others, or engaging in a hobby or other enjoyable activity.
7. Help to make a list of activities and keep materials on hand to engage the client when the client's feelings are intense.

Nursing Interventions of Trauma and Stressor-Related Disorders

☐ Help Promote Client's Self-Esteem

1. • Refer to the client as "survivor" rather than "victim."
2. • Establish social support system in community.
3. • Make a list of people and activities in the community for the client to contact when he or she needs help

Lecturer

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