POST-TRAUMATIC STRESS DISORDER OVERVIEW

DSM V Criteria

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: Directly experiencing; witnessing; learning that the traumatic event(s) occurred to a close family member or close friend; Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains)

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

- Recurrent, involuntary, and intrusive distressing **memories** of the traumatic event(s).
- Recurrent distressing **dreams** in which the content is related to the traumatic event(s).
- **Dissociative reactions** (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring.
- Intense or prolonged psychological distress at exposure to **internal or external cues** that symbolize or resemble an aspect of the traumatic event(s).
- Marked **physiological reactions to internal or external cues** that symbolize or resemble an aspect of the traumatic event(s).

C. 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:

- Avoidance of or efforts to avoid distressing memories, thoughts, or feelings
- Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations)

D. 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:

- 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).
- 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").
- Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
- Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
- Markedly diminished interest or participation in significant activities.
- Feelings of detachment or estrangement from others**.**
- Persistent inability to experience positive emotions.

E. 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:

- Irritable behavior and angry outbursts (with little or no provocation), Reckless or self-destructive behavior, Hyper vigilance, Exaggerated startle response, Problems with concentration, Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep), Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.

F. The disturbance causes clinically significant distress and not related to drugs.

Epidemiology

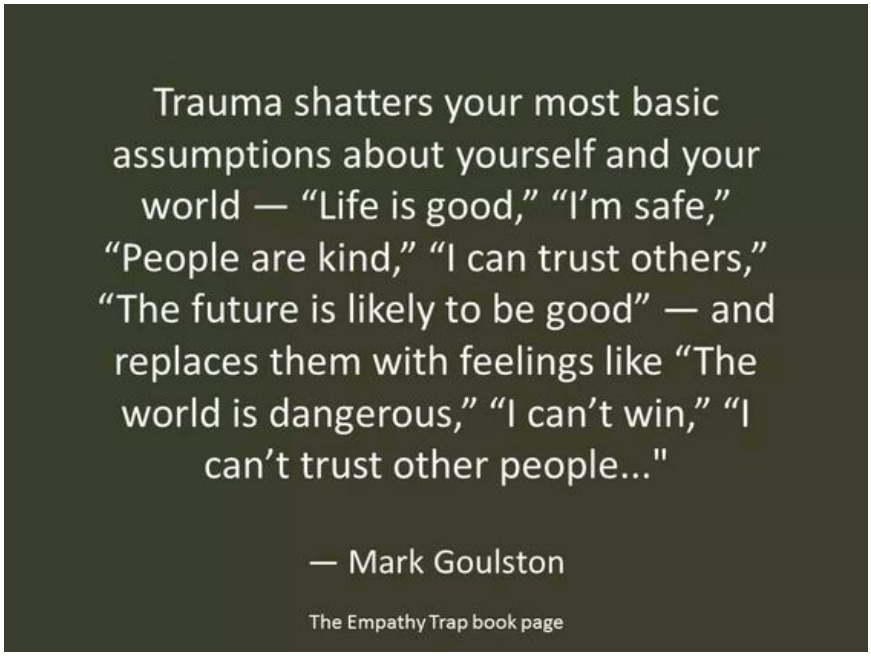
- PTSD Occurs in 1/12 Adults at some point in their life.
- 7.8% of the population suffer from PTSD.
- 5 to 6 percent of men and 10 to 12 percent of women in the United States have experienced PTSD at some time in their lives. It`s twice as prevalent in women because they are more likely to be assaulted or raped.
- It commonly occurs with substance abuse disorders and those with PTSD tend to have other diagnoses as well.

Prognosis

- **Onset:** Most people who develop PTSD, develop it shortly after the trauma. Around 50% of people with PTSD show a remission of symptoms within 3 months. However, the other half can have symptoms that last for years.
- **Outcomes**: CBT has been validated as an effective form of therapy for PTSD and outcome studies show it is usually more effective than comparable therapies. (See Neuropsychiatric Disease and Treatment 2011:7 167–181)
- **Treatment Length**: For most people, who have been through a single traumatic event, 12-20 sessions is generally enough to see a large improvement. However, for some clients with multiple traumas, it may take longer.

Causes

1. **Fear Conditioning:** experiencing trauma is terrifying. The sights, sounds and other cues associated with the traumatic event become associated with the trauma and elicit fear when encountered. The range of cues (external places, sounds or internal thoughts, memories and emotions) that elicit anxiety increases over time due to generalization.
2. **Avoidance:** Anxiety cues or triggers are avoided because doing so decreases anxiety. Internal cues or triggers are avoided through drugs or numbing of emotions.
3. **Violation of assumptive world:** Trauma makes us believe the world isn't safe, that events aren't predictable and controllable and that the person can't cope with stressors.



What other disorders are commonly mistaken for PTSD?

- **Acute Stress Disorder:** Symptoms occur within 4 weeks of trauma and end in four weeks. PTSD if it lasts longer than a month.
- **Obsessive Compulsive Disorder:** Both have recurrent intrusive thoughts but content differs. OCD thoughts don't usually relate to a past traumatic event but in PTSD thoughts always link to the trauma.
- **Adjustment Disorder:** both involve anxiety after a stressor. PTSD involves a truly traumatic event. Adjustment disorder can involve a less intense stressor that isn't outside of "normal" human experience.