Introduction to Abnormal Psychology

Chapter 5
Stress and Trauma-Related Disorders

1

Outline/overview

- Stressors and the Stress response
- Adjustment disorder
- Post traumatic stress disorder
- Acute stress disorder
- Reactive attachment disorder
- Other conditions that may be a focus of clinical attention

5

Stress Response

- Stressor – a challenge, demand, or event that places the stress response in motion
  - Sources of stress are frustrations, conflicts, pressures, and change
  - Learning to cope with stress is essential to maintain wellness
  - How do you manage stress? How do you cope?
  - Stress has both positive (eustress) and negative (distress) effects

8

Stress Response – "Fight or Flight"

- Under stress our bodies experience the "fight-or-flight" response
- Sympathetic N.S. activation complex interaction between brain and endocrine system
- Hypothalamus-Pituitary-Adrenal Axis
- Chronic stress causes bodily wear and tear, resulting in psychophysiological disorders - psychoneuroimmunology
- Holmes & Rahe life change scores - for most people, high stress is a temporary condition – life change scores

10

Trauma and Stressor-Related Disorders

- Adjustment disorder
- Post traumatic stress disorder
- Acute stress disorder
- Reactive attachment disorder
  - Disinhibited social engagement disorder

11

11

Adjustment Disorder

- A. Emotional or behavioral symptoms response to identifiable stressor(s)
- B. Symptoms or behaviors are clinically significant (as evidenced by either):
- (1) marked distress in excess of what would be expected
- (2) significant impairment in functioning
- Different types

12

12

Post Traumatic Stress Disorder (PTSD)

- Acute stress disorder – similar symptoms, different time frame – 3 days to < 1 mo of Sx
- stress symptoms that:
  - A. *are the result of exposure to a traumatic event*
  - B. *1 or more of 5 "reexperiencing" symptoms*
  - C. *avoidance of stimuli related to the trauma, numbing*
  - D. negative alterations in cognitions and mood associated with the event
  - E. *increased tension or arousal*
- Must have 1 month of sx. With delayed expression (> 6 mo after stressor)

13

PTSD (cont.)

- stressors - rape, assault, severe accident, plane crash, natural disasters, war/combat experiences
- One year prevalence - about 3.5% in general population, far higher with a traumatic stressor
- lifetime prevalence about 8.7%, women more likely and likely to experience symptoms longer
- Vietnam veterans incidence of 15 & 8.5%
- lifetime prevalence of 30.9 & 26.9% for males and females, respectively.
- Crime victims - 7.5% incidence, 27.8% lifetime prevalence
- no evidence of genetic predisposition

14

Reactive Attachment Disorder

- pattern of inhibited, emotionally withdrawn behavior toward adult caregivers, manifested by rarely or minimally seeks comfort when distressed and rarely or minimally responds to comfort when distressed.
- social/emotional disturbance including 2 of the following:
  - Minimal social and emotional responsiveness to others.
  - Limited positive affect.
  - Episodes of unexplained irritability, sadness, or fearfulness that are evident even during nonthreatening interactions with adult caregivers.
- child has experienced a pattern of extremes of insufficient care
- Disinhibited Social Engagement Disorder – former subtype

18

Other conditions that may be a focus of clinical attention (formerly V codes)

- Z63.4 Uncomplicated Bereavement
- Z62.820 Parent-Child Relational Problem
- Z55.9 Academic or Educational Problem
- R41.83 Borderline Intellectual Functioning
- Z72.811 Adult Antisocial Behavior
- Z76.5 Malingering
- and many others

19

19