Post-Traumatic Stress Disorder

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Social Worker
Goals of a trauma center

- Treat injuries and care for trauma victims
- Maximize recovery of trauma victims
- Injury/trauma prevention

Addressing a victim’s psychological response to trauma is a key aspect of maximizing recovery and injury/trauma prevention.
Barriers to recovery and trauma prevention associated with PTSD

- Substance abuse
- Alcohol Abuse
- Impulsivity
- Avoidance
- Depression
- Anger
Vicious Cycle
For the rule followers:

PTSF, Standard 8, number 10:

“The institution should have a plan to evaluate, support, and provide services for Post-Traumatic Stress Disorder (PTSD)”
Post-Traumatic Stress Disorder Defined

Stress after trauma is expected.

What makes it a disorder?
IF YOU'RE GOING TO SCREAM EVERY TIME A KID YELLS "CANNONBALL," YOU'RE NOT COMING WITH ME ANYMORE.
Trauma

- An extreme traumatic stressor
- Direct personal experience of an event or witnessing an event
- Involving:
  - the threat of death,
  - actual death,
  - serious injury, or
  - another threat to one’s physical integrity
https://www.youtube.com/watch?v=gfe5fUfXMxU
Acute Stress Reaction

- Transient condition in response to a traumatic event
- Onset can be simultaneous with trauma or within minutes of trauma
- In most cases symptoms appear within hours or days
- Symptoms typically begin to subside within a week after the event
  (ICD 10 Diagnostic Criteria, ICD 11 draft)
- Symptoms may include depression, fatigue, anxiety, decreased concentration/memory, and hyperarousal
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<th>Physical</th>
<th>Cognitive/Mental</th>
<th>Emotional</th>
<th>Behavioral</th>
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<tbody>
<tr>
<td>Chills</td>
<td>Blaming someone</td>
<td>Agitation</td>
<td>Increased alcohol consumption</td>
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<td>Difficulty breathing</td>
<td>Change in alertness</td>
<td>Anxiety</td>
<td>Antisocial acts</td>
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<td>Dizziness</td>
<td>Confusion</td>
<td>Apprehension</td>
<td>Change in activity</td>
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<td>Elevated blood pressure</td>
<td>Hyper-vigilance</td>
<td>Denial</td>
<td>Change in communication</td>
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<td>Fainting</td>
<td>Increased or decreased</td>
<td>Depression</td>
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<td>Fatigue</td>
<td>awareness of</td>
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<td>Grinding teeth</td>
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<td>Fear</td>
<td>Emotional outbursts</td>
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<td>Headaches</td>
<td>Intrusive images</td>
<td>Feeling overwhelmed</td>
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<td>Muscle tremors</td>
<td>Memory problems</td>
<td>Grief</td>
<td>Change in appetite</td>
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<td>Nausea</td>
<td>Nightmares</td>
<td>Guilt</td>
<td>Pacing</td>
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<tr>
<td>Pain</td>
<td>Poor abstract thinking</td>
<td>Inappropriate</td>
<td>Startle reflex intensified</td>
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<td>Profuse sweating</td>
<td>Poor attention</td>
<td>emotional response</td>
<td>Suspiciousness</td>
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<tr>
<td>Rapid heart rate</td>
<td>Poor concentration</td>
<td>Irritability</td>
<td>Social withdrawal</td>
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<tr>
<td>Twitches</td>
<td>Poor decision-making</td>
<td>Loss of emotional control</td>
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<tr>
<td>Weakness</td>
<td>Poor problem solving</td>
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Acute Stress Disorder

(DSM-5 Diagnostic Criteria)

• Traumatic experience
• Presence of symptoms from any of the categories of intrusion, negative mood, dissociation, avoidance, and arousal
• The duration of the disturbance is 3 days to 1 month after trauma exposure.
• The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
• The disturbance is not attributable to the physiological effects of a substance (e.g., medication or alcohol) or other medical condition (e.g., mild traumatic brain injury) and is not better explained by brief psychotic disorder
Post-Traumatic Stress Disorder

(DSM-5 Diagnostic Criteria)

• Traumatic experience
• Presence of symptoms from any of the categories of intrusion, negative mood, dissociation, avoidance, and arousal
• The duration of the disturbance lasts more than 1 month after trauma exposure.
• The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
• The disturbance is not attributable to the effects of a substance (e.g., medication, alcohol) or another medical condition.
Early Intervention

1. Address acute medical/behavioral issues to preserve life and avoid further harm.
2. Assure the safety of the patient.
3. Address legal mandates
4. Education and normalization
Education and normalization

- Acute stress reactions are common and normal
- Acute stress reactions are usually transient.
- Acute stress reactions do not indicate personal failure or weakness, mental illness, or health problems.
- Identify positive coping strategies and support systems
Trauma Center Procedure

1. Consultation placed by Trauma Case Management/Trauma Providers/Trauma Team. Consults will be generated from social work assessment and/or the collaborative multidisciplinary Trauma rounds. Consults will specify assessment for Acute Stress Disorder or Post-traumatic stress disorder.

2. Inpatient consultation by psychiatry

3. Behavioral Health to interview, review, incorporate clinical observations, and provide appropriate follow up/treatment.

4. As indicated, provide psychological treatment modalities.

5. As indicated, design, implement, or propose treatment plans for care and treatment of the trauma patient.
Questions?