

Caring

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Post-Traumatic Stress Disorder

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Social Worker



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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



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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)”

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Post-Traumatic Stress Disorder Defined

Stress after trauma is expected.

What makes it a disorder?



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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>

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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
- Symptoms may include depression, fatigue, anxiety, decreased concentration/memory, and hyperarousal

(ICD 10 Diagnostic Criteria, ICD 11 draft)

Table CORE - 1 Common Signs & Symptoms Following Exposure to Trauma

Physical	Cognitive/Mental	Emotional	Behavioral
<ul style="list-style-type: none"> • Chills • Difficulty breathing • Dizziness <ul style="list-style-type: none"> • Elevated blood pressure • Fainting • Fatigue • Grinding teeth • Headaches • Muscle tremors • Nausea • Pain • Profuse sweating • Rapid heart rate • Twitches • Weakness 	<ul style="list-style-type: none"> • Blaming someone • Change in alertness • Confusion • Hyper-vigilance • Increased or decreased awareness of surroundings • Intrusive images • Memory problems ● Nightmares • Poor abstract thinking • Poor attention • Poor concentration • Poor decision-making • Poor problem solving 	<ul style="list-style-type: none"> • Agitation • Anxiety • Apprehension • Denial • Depression • Emotional shock • Fear <ul style="list-style-type: none"> • Feeling overwhelmed • Grief • Guilt • Inappropriate emotional response • Irritability • Loss of emotional control 	<ul style="list-style-type: none"> • Increased alcohol consumption • Antisocial acts • Change in activity • Change in communication • Change in sexual functioning • Change in speech pattern • Emotional outbursts • Inability to rest • Change in appetite • Pacing <ul style="list-style-type: none"> • Startle reflex intensified • Suspiciousness • Social withdrawal

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.
- Review post-traumatic problems areas: ASD/PTSD symptoms, behavior problems, occupational problems, and alcohol/substance abuse.
- 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?



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