Underexplored Territories in Trauma Education: Charting Frontiers for Clinicians and Researchers

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1. Introduction to the Conference Context
   - TU Department of Psychology
   - Genesis of this Conference
   - Housekeeping

2. Introduction to the topic itself
   PTSD Introduction
Genesis of Today

• **Traumatic Stress Studies Graduate Class**
• **Share education**
  – Sharing their class final projects
  – Members vary in experience – first time presenters, seasoned presenters
• **Students see it as gift to community**
Introduction to PTSD and trauma-related disorders
Objectives

- Specify the major changes in the DSM diagnostic criteria for PTSD
- Distinguish PTSD from other trauma reactions
- Name the 4 clusters of PTSD
- Describe the trauma related section of the DSM-5
- Fundamentals
Range of Possible Traumatic Stress Reactions

*Not Psychopathological (Common)*

Initial Transient Crisis Reactions

- Acute Stress Disorder
- Acute Posttraumatic Stress Disorder
- Chronic Posttraumatic Stress Disorder

*Psychopathological (Uncommon)*

Davis, & Newman, 2010; Davis, Newman, & Miller, 2014
Objective 1 & 4:
Name the 4 Clusters of PTSD
Describe the Changes in DSM-5
Overview of Changes from DSM IV-TO- 5

Now PTSD under Trauma- and Stress- or-Related Disorders

- Disorders that include a stressor as a diagnostic criterion

- Reactive attachment disorder, disinhibited social engagement disorder, PTSD, acute stress disorder, and adjustment disorders

Adapted from Weathers, 2013
Major Changes to PTSD Criteria in DSM-5

- Stressor criterion changed
- Avoidance and numbing symptoms split
- Three new symptoms and many other symptoms revised
- All symptoms must begin or worsen after trauma
- Separate criteria for children 6 or younger
- Dissociative subtype added - depersonalization, derealization

Adapted from Weathers slide
Why a trauma section in DSM-5

Rationale for removing PTSD from anxiety disorders is that the clinical picture in response to trauma:

- Is heterogeneous
- May involve prominent symptoms other than anxiety or fear
  - Anhedonia/dysphoria
  - Anger/aggression/externalization
  - Dissociation

Weathers,, 2013
What’s a trauma?

Criterion A

- Exposure to actual or threatened a) death, b) serious injury, or c) sexual violation, in one or more of the following ways
  - directly experiencing the traumatic event(s)
  - witnessing, in person, the traumatic event(s) as they occurred to others
  - learning that the traumatic event(s) occurred to a close family member or close friend; cases of actual or threatened death must have been violent or accidental
  - experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse);
  - experiences first-hand repeated or extreme exposure to aversive details of the traumatic event (not through media, pictures, television or movies unless work-related).

(http://www.ptsd.va.gov)
## From 3 to 4 Clusters

<table>
<thead>
<tr>
<th>Intrusions (1)</th>
<th>Avoidance (1)</th>
<th>Negative Cognitions and Mood (2)</th>
<th>Hyperarousal (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Intrusive memories</td>
<td>• Avoids memories, thoughts, feelings</td>
<td>• Inability to recall</td>
<td>• Difficulty falling/ staying asleep</td>
</tr>
<tr>
<td>• Distressing dreams</td>
<td>• Avoids external reminders</td>
<td>• Exaggerated negative belief about oneself, others, or world</td>
<td>• Irritability or anger [verbal/physical aggression]</td>
</tr>
<tr>
<td>• Dissociative reactions (e.g., flashback)</td>
<td></td>
<td>• Distorted blame</td>
<td>• Difficulty concentrating</td>
</tr>
<tr>
<td>• Upset at reminders</td>
<td></td>
<td>• Negative emotional state</td>
<td>• Hypervigilance</td>
</tr>
<tr>
<td>• Physical reactions to cues</td>
<td></td>
<td>• Detached/ distant</td>
<td>• Exaggerated startle response</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Inability to experience positive emotions</td>
<td>• Reckless or self-destructive behavior</td>
</tr>
</tbody>
</table>

Cause impairment or significant distress
Cognitions/Mood/Numbing

. 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:

1. inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia that is not due to head injury, alcohol, or drugs)

2. 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"). (Alternatively, this might be expressed as, e.g., “I’ve lost my soul forever,” or “My whole nervous system is permanently ruined").

3. persistent, distorted blame of self or others about the cause or consequences of the traumatic event(s)

4. persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame)

5. markedly diminished interest or participation in significant activities

6. feelings of detachment or estrangement from others

7. persistent inability to experience positive emotions (e.g., unable to have loving feelings, psychic numbing)
New Subtypes

- **With dissociative symptoms:** The individual’s symptoms meet the criteria for posttraumatic stress disorder, and the individual experiences persistent or recurrent symptoms of either of the following:
  - **Depersonalization:** Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one’s mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).
  - **Derealization:** Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted).

- **With delayed expression:** If the full diagnostic criteria are not met until at least 6 months after the event
Objective 2: Distinguish PTSD from other reactions

• Distinguish PTSD from other reactions
  – Do they have PTSD or just PTSD symptoms
  – Time interval more than a month
  – What about depression
  – Assessment tools -
    http://www.ptsd.va.gov/professional/index.asp
Objective 4- Describe Trauma Section of DSM-5

• Reactive Attachment Disorder
• Disinhibited Social Engagement Disorder
• PTSD for Children 6 years and younger
• Acute Stress Disorder
• Adjustment Disorder
• Other and Unspecified
PTSD in Children 6 and Under

– Trauma:
  • Direct experience, witnessing in person, learning about event occurring to parent/caregiver

– Intrusion (1):
  • Not necessarily “distress” related to memories

– Avoidance/Alteration in Mood (1):
  • Diminished interest = Constricted play
  • Feelings of detachment or estrangement = social withdrawal.

– Arousal/Reactivity (2):
  • Irritability or outbursts of anger = extreme temper tantrums
PTSD Treatment Options for Adults

Psychosocial
Exposure therapy
Cognitive therapy
Anxiety management
(Desensitization)
EMDR
(Hypnotherapy)

Slide from Matthew Friedman, 2007
Treatments That Work for Kids

- Trauma Focused Cognitive Behavioral Therapy (TFCBT)
- Parent-Child Interaction Therapy (PCIT)
- Child Parent Psychotherapy (CPP)
- Positive Preventing Program (Triple P)
Competency in Trauma Field

TITAN website - http://orgs.utulsa.edu/titan/

A Consensus Statement on Trauma Mental Health: The New Haven Competency Conference Process and Major Findings

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The University of Tulsa

The New Haven Trauma Competency Group

Although the scientific literature on traumatic stress is large and growing, most psychologists have only a cursory knowledge of this science and have no formal training in, nor apply evidence-based psychosocial treatments for, trauma-related disorders. Thus, there exists a clear need for the development and dissemination of a comprehensive model of trauma-focused, empirically informed competencies (knowledge, skills, and attitudes). Therefore, the New Haven Competencies consensus conference was assembled. Sixty experts participated in a nominal group process delineating 5 broad foundational and functional competencies in the areas of trauma-focused and trauma-informed scientific knowledge, psychosocial assessment, psychosocial interventions, professionalism, and relational systems. In addition, 8 cross-cutting competencies were voted into the final product. These trauma competencies can provide the basis for the future training of a trauma-informed mental health workforce.

Keywords: stress disorders, competencies, evidence-based practice, professional competence, professional training
Conclusion

• Familiarize you with DSM-5
• Introduce fundamental treatment
• Competency- students gain competencies and sharing them with you today
What is PTSD?