SimplePsych

Trauma- and Stressor-Related Disorders

Slides: B Chow
Edits: L Jia

Updated 2021

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Trauma- & Stressor-Related Disorders

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Trauma- & Stressor-Related Disorders – Introduction

- Exposure to **traumatic or stressful event**

- Psychological distress
  - Anxiety/fear
  - Anhedonic/dysphoric
  - Angry/aggressive
  - Dissociative

- **Social neglect**
  - Internalizing → reactive attachment disorder
  - Externalizing → disinhibited social engagement disorder

Reactive Attachment Disorder

Reactive Attachment Disorder – Diagnostic Criteria

A. Inhibited/emotionally withdrawn, towards caregivers, 2/2 sx:
   1. Child **minimally seeks comfort** when distressed
   2. Child **minimally responds to comfort** when distressed

B. Persistent social + emotional disturbance, 2/3 sx:
   1. **Minimal social + emotional responsiveness** to others
   2. **Limited positive affect**
   3. Episodes of **unexplained irritability, sadness, fearfulness**

C. Child experienced extremes of insufficient care, 1/3:
   1. **Social neglect/deprivation** (lack of comfort, stimulation, affection)
   2. **Repeated changes of primary caregivers** (no stable attachments)
   3. **Rearing in unusual settings** (no selective attachments)

D. Criterion C responsible for Criterion A
E. Does not meet criteria for autism spectrum disorder
F. Disturbance **before age 5**
G. Developmental **age >9 months**

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Reactive Attachment Disorder – Specifiers

- *Specify if:*
  - **Persistent:** present for >12 months

- *Specify current severity:*
  - **Severe:** child exhibits ALL symptoms of disorder, at high levels

Reactive Attachment Disorder – Diagnostic Features

- Child emotionally withdrawn to attachment figure
  - Minimally turns preferentially to attachment figure for comfort, nurturance
  - Developmentally inappropriate attachment behaviors
  - Believed to **have the capacity** to form selective attachments
    - Failure due to **limited opportunities during early development**
    - Do not diagnose if developmentally UNABLE (age >9 months)
  - When distressed → **absence of expected comfort seeking/response**

- Compromised emotional regulation capacity
  - Diminished positive emotions during routine interactions with care
  - Unexplained episodes of negative emotions (fear, sadness, irritability)

Reactive Attachment Disorder – Associated Features

- Shared etiological association with SOCIAL NEGLECT
  - Often co-occurs with developmental delays
    - Esp delays in **cognition + language**
    - Also assoc with **stereotypies**
  - **Malnutrition, signs of poor care**

Reactive Attachment Disorder – Prevalence

- Prevalence = UNKNOWN
  - Rare in clinical
  - Found children exposed to **severe neglect** (prior to foster care/institution)
    - Still uncommon → **<10% of such children**

Reactive Attachment Disorder – Development & Course

- Onset
  - In children with RAD → social neglect often present in **1st month of life**
    - Even before disorder is diagnosed
    - Clinical features manifest between **ages 9 months – 5 years**
  - Symptoms may persist for several years, if no remediation
    - Recovery through normative caregiving environment

- Unclear if RAD occurs in older children
  - CAUTION making diagnosis in children age >5

Reactive Attachment Disorder – Risk & Prognostic Factors

- Environmental
  - **Serious social neglect** = diagnostic requirement
    - Only known risk factor
    - Majority of severely neglect children DO NOT develop RAD
  - Prognosis depends on quality of subsequent caregiving environment

Reactive Attachment Disorder – Culture-Related Issues

- Similar attachment behaviors across cultures

Reactive Attachment Disorder – Functional Consequences

- Impairment across many domains
  - Children's ability to relate interpersonally to adults/peers

Reactive Attachment Disorder – Differential Diagnosis

- Autism spectrum disorder
  - Restricted interests, ritualized behaviors, social deficits
  - Selective attachment behavior, typical for developmental level

- Intellectual disability
  - Social + emotional skills comparable to cognitive skills
  - Do not have profound reduction in positive affect, emotional difficulties
  - Will demonstrate selective attachment at 7-9 months

- Depressive disorders
  - Reduction in positive affect
  - Still seek/respond to comfort by caregivers

Reactive Attachment Disorder – Comorbidity

- Conditions assoc with neglect → often co-occur
  - Cognitive delays, language delays, stereotypies
  - Medical conditions → severe malnutrition
  - Depressive symptoms

Disinhibited Social Engagement Disorder

Disinhibited Social Engagement – Diagnostic Criteria

A. Child approaches + interacts with unfamiliar adults (2/4):
   1. **Decr reticence** approaching/interacting with unfamiliar adults
   2. **Overly familiar behavior** (verbal/physical, not cultural/age-appropriate)
   3. **Decr checking back with adult caregiver**, after venturing away
   4. **Willingness to go off,** with unfamiliar adult, **minimal hesitation**

B. Criterion A → not limited to **impulsivity** (ADHD)

C. Child experienced extremes of insufficient care (1/3):
   1. **Social neglect/deprivation** (lack of comfort, stimulation, affection)
   2. **Repeated changes of primary caregivers** (no stable attachments)
   3. **Rearing in unusual settings** (no selective attachments)

D. Criterion C → responsible for Criterion A

E. Development **age >9 months**

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Disinhibited Social Engagement – Specifiers

- *Specify if:*
  - **Persistent:** present for >12 months

- *Specify current severity:*
  - **Severe:** child exhibits ALL symptoms of disorder, at high levels

Disinhibited Social Engagement – Diagnostic Features

- Overly familiar behavior with relative strangers
  - Culturally + socially **inappropriate**
  - Child should be **ABLE to form selective attachments** (age >9 months)

Disinhibited Social Engagement – Associated Features

- Shared etiological association with SOCIAL NEGLECT
  - Often co-occurs with developmental delays
    - Esp delays in **cognition + language**
    - Also assoc with **stereotypies**
  - **Malnutrition, signs of poor care**

- Signs of disorder **often persist**, after neglect no longer present
  - May have **NO current signs of neglect or disordered attachment**

Disinhibited Social Engagement – Prevalence

- Prevalence = UNKNOWN
  - RARE in clinical settings
  - Minority of those severely neglected, placed in care/institution
    - Among this **high-risk population → only 20%** with DSED

Disinhibited Social Engagement – Development & Course

- Onset
  - In children with DSED → social neglect often present in **1st month of life**
    - Even before disorder is diagnosed
    - DSED described from **age 2 through adolescence**
    - If neglect AFTER age 2 → NOT assoc with DSED

- Course
  - Clinical features → moderately **stable over time** (esp if neglect persists)
  - Preschoolers → lack of reticence, **attention-seeking behaviors**
  - Middle childhood → overfamiliarity, **inauthentic expression of emotions**
  - Signs more apparent when child interacting **with adults**
  - Peer relationships more affected → during **adolescence**
    - Superficial, more conflicts
  - Not described in adults

Disinhibited Social Engagement – Risk & Prognostic Factors

- Environmental
  - **Serious social neglect** = diagnostic requirement
    - Only known risk factor (no specific neurobiological factors)
    - Majority of severely neglect children DO NOT develop DSED
    - DSED NOT assoc with social neglect only after age 2

- Course modifiers
  - Prognosis depends on quality of subsequent caregiving environment
  - DSED often persists, despite marked improvement in caregiving

Disinhibited Social Engagement – Functional Consequences

- Impairs ability to **relate interpersonally** to adults/peers

Disinhibited Social Engagement – Differential Diagnosis

- ADHD
  - Social impulsivity (with accompanying inattention, hyperactivity)

Disinhibited Social Engagement – Comorbidity

- Limited research
  - Condition assoc with neglect may co-occur
    - **Cognitive delays, language delay, stereotypies**
  - May have both **ADHD + DSED**

Post-Traumatic Stress Disorder

PTSD – Diagnostic Criteria

A. **Exposure** to actual or threatened traumatic event

B. **Intrusion symptoms**
C. **Avoidance** of stimuli
D. Negative alterations in **cognitions + mood**
E. Alterations in **arousal + reactivity**

F. Duration **>1 month**

G. Sig distress or impairment
H. Not due to substance or AMC

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PTSD – Diagnostic Criteria

Age older than 6	Age 6 or younger
A) Exposure to actual or threatened death, serious injury or sexual violence (1+)	
• **Direct experiencing**	• **Direct experiencing**
• **Witnessing, in person**	• **Witnessing, in person**
• **Learning**, occurred to **close family or friend** (must be violent/accidental)	• **Learning**, occurred to **parent or caregiver**
• Repeated/extreme exposure to **aversive details** (first responders, police learning about child abuse)	

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PTSD – Diagnostic Criteria

Age older than 6	Age 6 or younger
B) Intrusion symptoms, assoc with the trauma (1+)	
• **Distressing memories** (recurrent, involuntary, intrusive)	• **Distressing memories** (recurrent, involuntary, intrusive) • May be in **play re-enactment**
• **Distressing dreams**	• **Distressing dreams** • May be difficult to determine assoc
• **Dissociative reactions** (flashbacks)	• **Dissociative reactions** (flashbacks) • May be in **play re-enactment**
• **Psychological distress** (to internal or external cues)	• **Psychological distress** (to internal or external cues)
• **Physiological reactions** (to internal or external cues)	• **Physiological reactions** (to internal or external cues)

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PTSD – Diagnostic Criteria

Age older than 6	Age 6 or younger
C) Avoidance of stimuli (1+)	**C) Avoidance** of stimuli (1+)
• Avoidance of **distressing memories, thoughts, feelings**	• Avoidance of **activities, places, physical reminders**
• Avoidance of **external reminders**	• Avoidance of **people, conversations, interpersonal situations**
D) Cognitive/mood alterations (2+)	OR **Cognitive/mood alterations**
• **Negative emotional state** (persistent)	• **Negative emotional state** (more)
• **Decr interest/activities**	• **Decr interest/activities** (incl **play)**
• **Detachment** from others	• **Socially withdrawn** behavior
• **Inability to have positive emotions**	• **Decr expression of positive emotion**
• **Inability to remember** (typically dissociative amnesia)	
• **Exaggerated negative beliefs** about oneself, others, the world	
• **Distorted cognitions, self-blame** (about cause/consequences of trauma)	

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PTSD – Diagnostic Criteria

Age older than 6	Age 6 or younger
E) Arousal/reactivity alterations, assoc with trauma (2+)	
• **Irritability, angry outbursts, aggression** (with little provocation)	• **Irritability, angry outbursts, aggression** (with little provocation)
• **Hypervigilance**	• **Hypervigilance**
• **Exaggerated startle response**	• **Exaggerated startle response**
• **Concentration difficulties**	• **Concentration difficulties**
• **Sleep disturbance**	• **Sleep disturbance**
• **Self-destructive behavior**	

PTSD – Specifiers

- *Specify whether:*
  - **With dissociative symptoms**
    - **Depersonalization:** detached from one's body/mind
    - **Derealization:** unreality of surroundings
    - (not due to substance or AMC)

- *Specify if:*
  - **With delayed expression:** full criteria only after 6 months

PTSD – Diagnostic Features

- Clinical presentation varies
  - Emotional reaction to trauma NO LONGER part of Criterion A
  - Different predominating/combinations symptom patterns

- A) Experienced traumatic events
  - **Direct** → war, physical assault, sexual violence, kidnapping, hostage, terrorist attacks, torture, prisoner of war, disasters, severe MVAs
  - **Children** → developmentally inappropriate sexual experiences
  - **Medical incidents** → waking during surgery, anaphylactic shock
  - **Witnessed events** → serious injury, unnatural death, accidents, war, disasters, medical catastrophe in child
  - **Indirect exposure** → learning about violent/accidents affecting close relatives or friends
  - **If interpersonal + intentional** → may be more severe + long-lasting

PTSD – Diagnostic Features

- <u>B) Re-experiencing (intrusion)</u>
  - **Memories** → involuntary, intrusive (vs depressive ruminations)
    - Often include sensory, emotional, physiological behavioral components
  - **Dreams** → may replay event, thematically-related
  - **Dissociative states/flashbacks** → seconds to days
    - As if event occurring at that moment
    - Can be brief sensory intrusions or complete loss of awareness
    - Can be assoc with prolonged distress + heightened arousal
    - Young children → may appear in play
  - **Psychological/physical distress** → from cues (events, sensations)

PTSD – Diagnostic Features

- C) Avoidance of stimuli
  - **Thoughts, memories**, feelings, talking
  - **Activities, objects**, situations, people

- D) Negative cognitions/mood
  - Inability to remember → usually **dissociative amnesia** (not TBI, drugs)
  - Exaggerated negative expectations → applied to self, other, future
    - May be negative perceived identity since trauma
  - Erroneous cognitions about cause → **self-blame**
  - Negative mood state → fear, horror, anger, guilt, shame
  - Diminished interest, activities
  - Feeling **detached/estranged**
  - Inability to feel positive emotions

PTSD – Diagnostic Features

- E) Arousal/Reactivity
  - May be **quick-tempered, aggressive behavior** (physical/verbal)
    - Little provocation
  - **Reckless or self-destructive behavior**
    - Dangerous driving, excessive substance use, SH/SI
  - **Heighted sensitivity to potential threats**
    - Related + non-related to event
  - **Heightened startle response**
  - **Concentration difficulties**
  - **Sleep disturbance** → onset, maintenance, nightmares

PTSD – Associated Features

- Developmental regression may occur
  - **Loss of language** in young children
- Sensory experiences
  - Auditory pseudo-hallucinations
  - Hearing one's thoughts spoken in multiple voices
  - **Paranoid ideation**
  - **Dissociative symptoms**
- Emotional dysregulation
  - Difficulties maintaining stable interpersonal relationships
  - If violent death → may also have problematic bereavement

PTSD – Prevalence

- 12-month prevalence (US adults) = **3.5%**
  - Lower estimates in EU, Asia, Africa, Latin America → 0.5 – 1.0%

- Variation by groups
  - Higher among **veterans, police, firefighters, EMTs**
  - Highest rates among **survivors of rape, military combat/captivity, ethnically/politically motivated internment + genocide**
  - Conditional probability of developing PTSD similar across cultural groups
  - Higher rates among US Latinos, African Americans, American Indians
  - Lower rates among US non-Latino whites, Asian Americans

- Variation by development
  - Projected lifetime risk at age 75 = 8.7%
  - Lower prevalence in C&A following serious trauma (?criteria)
  - Lower prevalence among older adults (may be sub-threshold)

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PTSD – Development & Course

- Onset
  - Any age (after 1st year of life)
  - Usually **within first 3 months after trauma**
  - May be delayed months to years → "delayed expression" specifier

- Duration
  - 50% → complete recovery **within 3 months**
    - Some are symptomatic for years
  - **Symptom recurrence/intensification**
    - Reminders of original trauma, life stressors, new trauma
    - Older adults → declining health, cognition, social isolation

PTSD – Development & Course

- Children
  - Before age 6 → **through play** (direct/symbolic)
  - Young children → **frightening dreams** without specific content
  - May not have fearful reactions (at exposure, during re-experiencing)
  - May have wide range of emotional/behavioral changes
  - May become preoccupied with **reminders**
  - Limitations in expressing thoughts/emotions → **primarily mood changes**
  - If co-occurring traumas → may be difficult to identify onset of sx
  - Avoidant behavior → **restricted play/exploratory behavior**
    - **Decr participation in new activities**
  - Irritability, aggression → can affect peer relationships, school behavior

PTSD – Development & Course

- Adolescents
  - Reluctant to pursue **developmental opportunities** (dating, driving)
  - Beliefs of being changed → socially undesirable, estrange self
    - Lose aspirations
  - Reckless behaviors → self-injury, thrill-seeking, high-risk

- Older adults
  - Continuing PTSD → symptoms may less
    - Hyperarousal, avoidance, negative cognitions/mood
  - New traumas → may display more sx (vs younger adults, same event)
  - Assoc with **negative health perceptions, primary care utilization, SI**

PTSD – Risk & Prognostic Factors (Pre-Traumatic)

- Temperamental
  - **Childhood emotional problems** (by age 6)
    - Prior traumatic exposure, externalizing, anxiety problems
  - **Prior mental disorders** (depression, panic, PTSD, OCD)

- Environmental
  - **Lower SES**, lower **education**, lower **intelligence**, **minority race/ethnicity**
  - **Childhood adversity** (economic deprivation, family dysfunction, parental separation/death)
  - **Cultural characteristics** (fatalistic, self-blaming coping strategies)
  - **Family psychiatric history**
  - PROTECTIVE → **social support prior to event**

- Genetic & Physiological
  - **Female**, **younger age** at exposure, certain genotypes

PTSD – Risk & Prognostic Factors (Peri-Traumatic)

- <u>Environmental</u>
  - Severity of trauma, perceived life threat, personal injury
  - **Interpersonal violence** (esp if by caregiver or to caregiver)
  - Military → being **perpetrator**, witnessing **atrocities**, **killing enemy**
  - Dissociation **during trauma** + **persisting**

PTSD – Risk & Prognostic Factors (Post-Traumatic)

- Temperamental
  - Negative appraisals
  - Inappropriate coping strategies
  - Development of **acute stress disorder**

- Environmental
  - Subsequent exposure to **repeated upsetting memories**
  - Subsequent **adverse life events, financial**, other **trauma-related losses**
  - PROTECTIVE → social support

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PTSD – Risk & Prognostic Factors (Post-Traumatic)

	Pre-traumatic	Peri-traumatic	Post-traumatic
Temperament	• Childhood emotional problems by age 6 • Prior mental disorders		• Negative appraisals • Inappropriate coping • Acute stress disorder
Environment	• Lower SES, lower education • Lower intelligence • Prior trauma • Childhood adversity • Cultural characteristics • Minority status • Family psychiatric hx	• Severity of trauma • Perceive life threat • Personal injury • Interpersonal violence • Military (perpetrator, atrocities, killing) • Dissociation during trauma + persisting	• Repeated upsetting reminders • Subsequent adverse life events • Financial, trauma-related losses
Genetic & Physiological	• Female • Younger age • Certain genotypes		

PTSD – Culture-Related Issues

- Risk of onset + severity may differ across cultural groups
  - Different traumatic exposures (genocide)
  - Meaning attributed to traumatic events (mass killings, no funerals)
  - Ongoing sociocultural context (residing among unpunished perpetrators)
  - Other cultural factors (acculturative stress in immigrants)
  - Relative risk of particular exposures may vary
  - Clinical expression may vary
    - Avoidance, numbing sx, distressing dreams, somatic sx

- Cultural syndromes, idioms of distress
  - Panic attacks in Cambodia *(khyal)*, Latin America *(ataque de nervios)*

PTSD – Gender-Related Issues

- More prevalent among **FEMALES**
  - **Across lifespan, longer duration** (in general population)
  - Partially attributable to **greater likelihood of exposure to trauma**
    - Rape, interpersonal violence

- Within exposure to same stressors
  - Gender differences → attenuate/nonsignificant

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PTSD – Suicide Risk

- Traumatic events → **INCREASE suicide risk**

- PTSD → assoc with **suicidal ideation + suicide attempts**

PTSD – Functional Consequences

- HIGH levels of disability
  - Social, occupational, physical
  - Considerable **economic costs**
  - High levels of **medical utilization**

- Functional impairment
  - Social, interpersonal, physical health
  - Developmental, educational, occupational

- Veterans + community samples
  - Poor social + family relationships
  - Absenteeism from work, lower income
  - Lower educational + occupational success

PTSD – Differential Diagnosis

- Adjustment disorders → stressor can be any severity
- Other post-traumatic disorders and conditions
  - May meet criteria or symptom severe enough for another mental disorder
- Acute stress disorder → duration 3 days to 1 month
- Anxiety disorders, OCD, MDD
- Personality disorders
- Dissociative disorders
- Conversion disorder
- Psychotic disorders
- Traumatic brain injury
  - May have overlapping neurocognitive symptoms
  - PTSD → re-experiencing + avoidance
  - TBI → persistent disorientation + confusion

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PTSD – Comorbidity

- If PTSD → **80% more likely** to have another mental disorder
- **SUD, conduct disorder** → more common among **MALES**
- US military → **48% also have TBI**
- Children → **most have another diagnosis**
  - ODD, separation anxiety disorder = predominate
- Considerable comorbidity with **major NCD**
  - Some overlapping symptoms

Acute Stress Disorder

Acute Stress Disorder – Diagnostic Criteria

A. Exposure to **traumatic event**

B. Intrusion, negative mood, dissociation, avoidance, arousal (9+)

C. Duration **3 days to 1 month after trauma**

D. Sig distress or impairment

E. Not due to substance, AMC or brief psychotic disorder

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Acute Stress Disorder – Diagnostic Criteria

- A) Exposure to death, serious injury or sexual violence, 1+
  - **Direct experiencing**
  - **Witnessing, in person**
  - **Learning**, occurred to **close family or friend** (must be violent/accidental)
  - Repeated/extreme exposure to **aversive details** (first responders, police learning about child abuse)

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Acute Stress Disorder – Diagnostic Criteria

- <u>B) Intrusion, negative mood, dissociation, avoidance, arousal, 9+</u>
  - *Intrusion sx*
    - **Distressing memories** (in children, repetitive play)
    - **Distressing dreams** (in children, may not be recognizable content)
    - **Flashback** (in children, may occur in play)
    - **Psychological/physiological reactions** (to internal/external cues)
  - *Negative mood*
    - **Inability to experience positive emotions**
  - *Dissociative sx*
    - **Altered sense of reality** of surroundings
    - **Inability to remember** important aspects of traumatic even
  - *Avoidance sx*
    - Of **distressing memories, thoughts, feelings**
    - Of **external reminders** (people, places, activities, objects, etc.)
  - *Arousal sx*
    - **Sleep disturbance**
    - **Irritability, angry outbursts, aggression**
    - **Hypervigilance**
    - **Concentration difficulties**
    - **Exaggerate startle response**

Acute Stress Disorder – Diagnostic Features

- Similar to PTSD

- Duration
  - Less than 3 days (after event) → NOT acute stress disorder
  - Must be between 3 days to 1 month, after event

Acute Stress Disorder – Associated Features

- Similar to PTSD

- Panic attacks → **common in initial month**
  - May be triggered or spontaneous

- Bereavement (if death in traumatic event)
  - Acute grief reactions

- Post-concussive symptoms (if following mild TBI)
  - Equally common brain-injured vs non-brain-injured populations

Acute Stress Disorder – Prevalence

Varies by nature of event	
Industrial accidents	6 – 12%
Severe burns	10%
MVAs	13 – 21%
Mild TBI	14%
Assault	19%
Interpersonal trauma (assault, rape, witnessing mass shooting)	**20 – 50%**

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Acute Stress Disorder – Development & Course

- Cannot be diagnosed until 3 days after traumatic event
  - **50% progress to PTSD** after 1 month
  - May remit within 1 month of exposure (does not progress to PTSD)
  - Symptoms can worsen during initial month (life stressors, more trauma)

- Re-experiencing can vary by age (similar to PTSD)

Acute Stress Disorder – Risk & Prognostic Factors

- Temperamental
  - Prior mental disorder, neuroticism, avoidant coping style
  - Greater perceived severity of traumatic event
  - **Catastrophic appraisal** → **strongly predictive**
    - Future harm, guilt, hopelessness

- Environmental
  - Prior trauma

- Genetic & Physiological
  - **FEMALES** → greater risk
  - **Elevated acoustic startle response** (prior to trauma) → greater risk

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Acute Stress Disorder – Culture-Related Issues

- Similar to PTSD

Acute Stress Disorder – Gender-Related Issues

- More prevalent among **FEMALES**
  - Sex-linked neurobiological differences in **stress response**
  - Greater **likelihood of exposure** to traumatic events

Acute Stress Disorder – Differential Diagnosis

- Adjustment disorder
- Panic disorder
- Dissociative disorders → depends on severity of dissociative sx
  - Derealization, depersonalization, dissociative amnesia
- PTSD → more than 1 month duration
- OCD
- Psychotic disorders
- TBI
  - Overlapping post-concussive symptoms
  - Acute stress disorder → re-experiencing, avoidance
  - TBI → disorientation, confusion

Adjustment Disorders

Adjustment Disorders – Diagnostic Criteria

A. **Emotional + behavioral sx,** occurring **within 3 months** of onset of **identifiable stressor**

B. Clinically significant symptoms
   1. **Marked distress**, out of proportion to severity or stressor
   2. **Sig functional impairment**

C. Not better explained another mental disorder (or exacerbation)

D. **Not normal bereavement**

E. Symptoms **do not persist for >6 months**, after stressor/consequences terminated

Adjustment Disorders – Specifiers

- *Specify whether:*
  - **With depressed mood**
  - **With anxiety**
  - **With mixed anxiety + depressed mood**
  - **With disturbance of conduct**
  - **With mixed disturbance of emotions + conduct**
  - **Unspecified**

Adjustment Disorders – Diagnostic Features

- Identifiable stressor
  - May **single event or multiple stressors**
  - May be **recurrent or continuous**
  - May affect **single individual, entire family, larger group or community**
  - May accompany **specific developmental events**

- May follow death of loved one
  - Exceeds what might be normally expected
  - **Persistent complex bereavement disorder**

- Increased risk of **suicide attempts + completed suicide**

Adjustment Disorders – Prevalence

- **COMMON** → <u>prevalence may vary widely</u>
  - Outpatient mental health → **5 – 20%**
  - Hospital psychiatric consultation → **up to 50%**

Adjustment Disorders – Development & Course

- Onset
  - Begins **within 3 months, of onset of stressor**
  - Lasts **no longer than 6 months, after stressor/consequence ceased**

- If acute stressor
  - Disturbance onset **usually immediate**
  - Duration **relatively brief**

- If stressor/consequence persistent
  - Adjustment disorder may become persistent

Adjustment Disorders – Risk & Prognostic Factors

- Environmental
  - **Disadvantaged life circumstances** → high rate of stressors
    - ? Increase risk for adjustment disorders

Adjustment Disorders – Culture-Related Issues

- Take cultural setting into account
  - Nature, meaning, experience of stressors
  - Evaluation of response → ?maladaptive

Adjustment Disorders – Functional Consequences

- Decreased performance at **work/school**
- Temporary changes in **social relationships**

- May complicate course of general medical condition
  - Decr compliance to treatment
  - Incr length of hospital stay

Adjustment Disorders – Differential Diagnosis

- Major depressive disorder
- PTSD, acute stress disorder
- Personality disorder
  - Lifetime hx of personality functioning, vulnerability to distress
  - If exceeds what may attributable to personality disorder → adjustment
- Psychological factors affecting other medical conditions
  - Precipitates, exacerbates or increases risk for medical illness
  - Adjustment disorder → REACTION to stressor
- Normative stress reactions

Adjustment Disorders – Comorbidity

- Can accompany most mental disorder + any medical disorder
  - If other mental disorder does not explain adjustment sx
  - Common with medical illness → may be major psychological response

Other Specified Trauma- & Stressor-Related Disorder

Other Specified Trauma- & Stressor-Related Disorder

- Does not meet full criteria
- Clinician chooses to communicate specific reason

- Adjustment-like disorders, with delayed onset of symptoms that occur more than 3 months after the stressor
- Adjustment-like disorders, with prolonged duration of more than 6 months without prolonged duration of stressor
- *Ataque de nervios*
- Other cultural syndromes
- Persistent complex bereavement disorder

Unspecified Trauma- & Stressor-Related Disorder

Unspecified Trauma- & Stressor-Related Disorder

- Does not meet full criteria
- Clinician chooses NOT to communicate specific reason