

## Trauma and Stressor-related Disorders Worksheet:

Trauma and Stressor-related Disorders	Answer	Matching Options
<b>Reactive Attachment Disorder</b>		A. A condition that develops following exposure to a traumatic event, such as a natural disaster, a serious accident, or violence. Symptoms include intrusive memories of the trauma, avoidance of trauma-related stimuli, negative changes in thought and mood, and alterations in arousal and reactivity.
<b>Disinhibited Social Engagement Disorder</b>		B. Occurring within the first month after exposure to a traumatic event, this condition involves symptoms similar to PTSD, such as flashbacks, nightmares, numbness, and dissociative episodes. It can serve as a precursor to PTSD.
<b>Post-traumatic Stress Disorder (PTSD)</b>		C. Develops from chronic or prolonged exposure to traumatic events, often during childhood, such as abuse or long-term domestic violence. Symptoms extend beyond those of PTSD and include difficulties with emotional regulation, a persistent sense of threat, and impaired relationships.
<b>Post-traumatic Embitterment Disorder (PTED)</b>		D. A condition in early childhood characterized by a consistent pattern of inhibited, emotionally withdrawn behavior toward adult caregivers. Affected children rarely seek or respond to comfort when distressed and exhibit minimal social and emotional responsiveness to others.
<b>Acute Stress Disorder</b>		E. Triggered by a specific life stressor or series of stressors, this disorder is characterized by emotional or behavioral symptoms that are out of proportion to the severity of the stressor. Symptoms, which can include sadness, hopelessness, or anxiety, begin within three months of the stressor occurring.
<b>Adjustment Disorder</b>		F. This disorder arises after a significant life event perceived as unfair or unjust, leading to feelings of animosity and anger. Symptoms include persistent feelings of being wronged, emotional arousal when reminded of the event, and difficulty moving past the feelings of injustice.
<b>Complex Post-traumatic Stress Disorder (C-PTSD)</b>		G. This disorder involves an intense grieving process that persists for an extended period, typically more than 12 months after a loss, significantly impairing one's ability to function. Symptoms include persistent longing for the deceased, intense sorrow, and preoccupation with the loss that does not improve over time.
<b>Prolonged Grief Disorder</b>		H. This disorder occurs in children and involves a pattern of behavior that includes acting overly familiar with strangers. The child might approach and interact with unfamiliar adults in ways that are overly friendly or not age-appropriate, lacking normal caution and reticence.

## Case Study Exercises

### Case Study 1

A six-year-old child, adopted at the age of two, consistently exhibits difficulty in forming attachments with their adoptive parents. Despite living in a nurturing environment, the child rarely seeks comfort when upset and does not respond to comforting gestures. They show minimal emotional expressiveness and rarely initiate or respond to social interactions. Their teachers report that the child seems distant and uninterested in playing with other children at school. Regular interactions that would typically elicit a response from children their age seem to leave them unaffected.

This is an example of which disorder: \_\_\_\_\_

What is your treatment plan: \_\_\_\_\_

### Case Study 2

A person becomes severely embittered following a career-ending unfair dismissal accused under false pretenses. They spend significant amounts of time ruminating about the injustice and expressing anger and disbelief. This embitterment has affected their personal relationships and ability to trust new employers. They experience mood swings and have withdrawn from social activities they used to enjoy. Despite the event occurring over a year ago, the person has not moved past their feelings of betrayal and continues to seek some form of retribution or acknowledgment of the wrong done.

This is an example of which disorder: \_\_\_\_\_

What is your treatment plan: \_\_\_\_\_

### Case Study 3

An eight-year-old exhibits unusually friendly behavior towards unfamiliar adults. During a school event, they were observed wandering away from their group to talk with strangers, sharing personal details and asking if they could touch their belongings. The child shows no hesitation to sit on the laps of people they barely know and tends to ignore or disobey their caregiver's rules about talking to or going off with strangers. This behavior has raised concerns among their teachers and caregivers about their understanding of personal boundaries and safety.

This is an example of which disorder: \_\_\_\_\_

What is your treatment plan: \_\_\_\_\_

#### **Case Study 4**

A middle-aged individual begins experiencing significant anxiety and depression following a divorce. They have trouble concentrating at work and feel overwhelmed by tasks that were previously manageable. The person struggles with insomnia and expresses feelings of hopelessness about the future. Their symptoms started shortly after the legal finalization of the divorce and have persisted for several months, noticeably affecting their social interactions and professional performance.

This is an example of which disorder: \_\_\_\_\_

What is your treatment plan: \_\_\_\_\_

#### **Case Study 5**

A veteran, recently returned from deployment, struggles with recurring nightmares and flashbacks of combat. They avoid watching war movies or attending public events like fireworks displays that could trigger memories of trauma. The veteran has become increasingly withdrawn from friends and family and experiences intense episodes of irritability and hypervigilance. They confess to feeling on edge most of the time and have started drinking heavily in an attempt to manage their anxiety and sleep disturbances.

This is an example of which disorder: \_\_\_\_\_

What is your treatment plan: \_\_\_\_\_

#### **Case Study 6**

Two years after the death of a spouse, an individual continues to experience intense grief that disrupts daily life. They report a constant longing for their deceased partner and spend much of the day visiting their grave and looking through old photos and messages. The person has withdrawn from social groups they were once part of and expresses little interest in activities that they used to enjoy. They feel life is meaningless without their spouse and frequently talk about joining them in death.

This is an example of which disorder: \_\_\_\_\_

What is your treatment plan: \_\_\_\_\_

#### **Case Study 7**

Following a severe car accident, an individual experiences intense anxiety and flashbacks that disrupt daily functioning. They are unable to drive or pass by the accident site without

experiencing severe distress. The person reports feeling detached from their surroundings and occasionally feels as though they are reliving the accident. Sleep is fraught with nightmares, and they exhibit a startled response to loud noises. Despite the accident occurring three weeks ago, their symptoms show no signs of abating, which significantly impacts their return to work.

This is an example of which disorder: \_\_\_\_\_

What is your treatment plan: \_\_\_\_\_

### **Case Study 8**

A person who experienced prolonged physical abuse during childhood exhibits chronic feelings of emptiness and distrust in relationships. They suffer from severe episodes of dissociation and emotional numbness. Despite years since the abuse ended, they struggle with self-esteem, are prone to sudden outbursts of anger, and have persistent feelings of being threatened. Attempts at forming close relationships are complicated by their pervasive mistrust and expectation of betrayal.

This is an example of which disorder: \_\_\_\_\_

What is your treatment plan: \_\_\_\_\_

## Answers

Matching
D
H
A
F
B
E
C
G

### Case Study 1: Reactive Attachment Disorder

The case involves a child who shows minimal emotional responsiveness and difficulty forming attachments with caregivers, classic signs of Reactive Attachment Disorder. The child's behavior of not seeking comfort when distressed and being emotionally withdrawn are key indicators.

- **Pharmacological:** Medications are not typically used to treat the attachment issues directly but may be prescribed to address co-occurring symptoms such as severe anxiety or depression, if present.
- **Nonpharmacological:** The main approach involves therapeutic interventions focused on creating a safe and stable environment. This can include parenting education, family therapy, and specialized attachment-based therapy which helps the child to develop healthy attachments with caregivers.

### Case Study 2: Post-traumatic Embitterment Disorder (PTED)

The case describes an individual displaying persistent embitterment and anger after experiencing a perceived injustice, central to Post-traumatic Embitterment Disorder. Their fixation on the event and impact on their emotional and social functioning aligns with PTED.

- **Pharmacological:** While there are no specific medications for PTED, antidepressants may be used if the individual experiences significant depressive symptoms.
- **Nonpharmacological:** Psychotherapy, particularly cognitive-behavioral approaches, is recommended. Therapy focuses on helping individuals develop coping mechanisms to manage their feelings of injustice and rebuild their sense of fairness and trust.

### Case Study 3: Disinhibited Social Engagement Disorder

The case features a child who displays overly familiar behavior with strangers, a hallmark of Disinhibited Social Engagement Disorder. The lack of hesitation in interacting with unfamiliar adults and disregarding caregiver's safety rules further support this diagnosis.

- **Pharmacological:** There is no specific medication recommended for this disorder. Treatment focuses on behavioral therapies and interventions.
- **Nonpharmacological:** Similar to Reactive Attachment Disorder, interventions mainly focus on improving the child's relationships through consistent caregiving and structured therapy. Behavioral interventions and parenting classes can help caregivers provide appropriate boundaries and secure attachment.

#### Case Study 4: Adjustment Disorder

The case describes symptoms of depression and anxiety that develop in response to a specific stressor (divorce), which are disproportionate to the event and significantly impair functioning, fitting the criteria for Adjustment Disorder.

- **Pharmacological:** Medications are not commonly used as a first line of treatment but may include short-term use of antidepressants or anxiolytics if symptoms are severe.
- **Nonpharmacological:** Counseling and Cognitive Behavioral Therapy (CBT) are effective in helping individuals develop skills to cope with stressors and changes. Support groups and psychoeducation are also beneficial.

#### Case Study 5: Post-traumatic Stress Disorder (PTSD)

The case involves a veteran exhibiting classic symptoms of PTSD, such as flashbacks, avoidance of trauma reminders, and increased irritability and hypervigilance following exposure to a traumatic event like combat.

- **Pharmacological:** Selective serotonin reuptake inhibitors (SSRIs) like sertraline (Zoloft) and paroxetine (Paxil) are approved for PTSD. Other medications may include serotonin and norepinephrine reuptake inhibitors (SNRIs) and, in some cases, prazosin (Minipress) for nightmares.
- **Nonpharmacological:** CBT, specifically trauma-focused CBT, Eye Movement Desensitization and Reprocessing (EMDR), and Prolonged Exposure Therapy are effective. Group therapy and support groups can also be beneficial.

#### Case Study 6: Prolonged Grief Disorder

The case describes an individual who continues to experience deep and persistent grief that disrupts daily life more than a year after a significant loss (spouse's death). The intense longing and preoccupation with the deceased along with a significant impairment in daily functioning are indicative of Prolonged Grief Disorder.

- **Pharmacological:** Antidepressants (SSRIs and SNRIs) may be prescribed if the individual also suffers from major depression, but the primary treatment usually focuses on therapy.

- **Nonpharmacological:** Grief counseling and CBT specifically tailored for prolonged grief can help individuals process their loss and gradually return to their routine activities.

### **Case Study 7: Acute Stress Disorder**

In the case, the individual shows symptoms of Acute Stress Disorder, such as anxiety, flashbacks, and dissociative symptoms shortly after a traumatic event (a car accident). The temporal closeness to the event and the nature of the symptoms, which include a high level of distress and disruption, are indicative.

- **Pharmacological:** Short-term use of anti-anxiety medications or SSRIs can be considered to manage severe anxiety and intrusive symptoms.
- **Nonpharmacological:** Early intervention with CBT can prevent the progression to PTSD. Techniques such as cognitive restructuring and exposure therapy are often used.

### **Case Study 8: Complex Post-traumatic Stress Disorder (C-PTSD)**

The case involves long-term trauma exposure (childhood abuse) with symptoms extending beyond typical PTSD, such as difficulty in relationships, emotional regulation problems, and a persistent sense of threat, typical of Complex PTSD.

- **Pharmacological:** Similar to PTSD, medications such as SSRIs and SNRIs can be helpful in managing symptoms like depression, anxiety, and impulsivity.
- **Nonpharmacological:** Long-term psychotherapy is crucial and may include methods such as Dialectical Behavior Therapy (DBT), CBT, and EMDR, along with supportive therapy to help manage relationships and emotions.

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List of potential medications for these disorders. Remember to always consider the Food and Drug Administration (FDA)-approved options, off-label uses, and treatment resistant options when selecting your best therapeutic approach. Refer to the medication flashcards.

#### **Selective Serotonin Reuptake Inhibitors (SSRIs)**

- **Sertraline** (Zoloft)
- **Paroxetine** (Paxil, Pexeva)
- **Fluoxetine** (Prozac)
- **Citalopram** (Celexa)
- **Escitalopram** (Lexapro)

#### **Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)**

- **Desvenlafaxine** (Pristiq)

- **Duloxetine** (Cymbalta)
- **Levomilnacipran** (Fetzima)
- **Venlafaxine** (Effexor XR)

### **Tricyclic Antidepressants (TCAs)**

- **Amitriptyline** (Elavil)
- **Nortriptyline** (Pamelor)

### **Atypical Antidepressants**

- **Bupropion** (Wellbutrin, Aplenzin, Forfivo XL)
- **Mirtazapine** (Remeron)
- **Trazodone** (Desyrel, Oleptro)
- **Vilazodone** (Viibryd)
- **Vortioxetine** (Trintellix)

**Benzodiazepines** (Note: Generally recommended for short-term use due to the risk of dependence and withdrawal issues)

- **Alprazolam** (Xanax)
- **Lorazepam** (Ativan)
- **Diazepam** (Valium)
- **Clonazepam** (Klonopin)

### **Other Antianxiety Medications**

- **Bupirone** (BuSpar)

**Atypical Antipsychotics** (used primarily for severe symptoms or treatment-resistant cases)

- **Quetiapine** (Seroquel)
- **Risperidone** (Risperdal)
- **Olanzapine** (Zyprexa)

**Anticonvulsants** (also used as mood stabilizers)

- **Lamotrigine** (Lamictal)
- **Valproate** (Depakote)

### **Alpha-1 Blockers**

- **Prazosin** (Minipress) - Primarily used for nightmares associated with PTSD.

## **Beta Blockers**

- **Propranolol** (Inderal) - Used off-label for physical symptoms of anxiety and to help with situational anxiety.

## **Corticosteroids**

- **Hydrocortisone** (used experimentally for reducing PTSD symptoms)