CHAPTER 16

Trauma, Stressor-related, and Dissociative Disorders

Trauma-Related Disorders in Children

- Clinical Picture
- Posttraumatic stress disorder in preschool children
- Reactive attachment disorder
- Disinhibited social engagement disorder

Trauma-related Disorders in Children (continued)

- Epidemiology
- Comorbidity
- Etiology/Biological factors
  - Genetic
  - Neurobiological

Trauma-related Disorders in Children (continued)

- Psychological factors
- Attachment theory
- Environmental factors
- Cultural considerations

Application of the Nursing Process

- Assessment
- Developmental assessment
- Nursing diagnoses
  - Risk for or actual impaired parental/child attachment
  - Risk of delayed development
- Outcomes identification
- Implementation
  - Window of tolerance

Intervention Stages

- Stage 1: Provide safety and stabilization
- Stage 2: Reduce arousal and regulate emotion through symptom reduction
- Stage 3: Catch up on developmental and social skills; develop a value system
Interventions for Child with PTSD

• Establish trust and safety
• Use developmentally appropriate language
• Teach relaxation techniques
• Use art and play to promote expression of feelings

Interventions for Child with PTSD (continued)

• Involve caretakers in 1:1s, unless they are the cause of trauma
• Educate child and caretakers about grief process
• Assist caretakers in resolving personal distress
• Coordinate with social work for protections

Case Study

Max, age 6, has been traumatized by a history of violence from an alcoholic father. A neighbor calls the police one night, and the father is taken in for questioning and agrees to enroll in rehab. Max is taken to the hospital for assessment of his arm, which is covered with bruises. His mother is distraught and says she wants help for the whole family, including her husband.

The nurse prepares to assess Max’s mental health. Identify some broad areas of mental health assessment for this child.

Audience Response Questions

Before going home from the hospital, Max and his family begin intervention therapy. Which is probably the least useful strategy at this time?

A. Establish trust and safety in the therapeutic relationship.
B. Use art to help Max express his feelings.
C. Bring Max’s father into 1:1 play therapy sessions.
D. Teach Max and his parents about grief.

Case Study (Cont.)

• What are some interventions the nurse could use with this child who has been traumatized?
Trauma-Related Disorders in Adults

- Posttraumatic stress disorder (PTSD)
- Re-experiencing of the trauma (flashbacks)
- Avoidance of stimuli associated with trauma
- Persistent symptoms of increased arousal
- Alterations in mood
- Experience of persistent numbing of responses

Acute Stress Disorder

- Occurs within 1 month after exposure to highly traumatic event
- Must display at least 9 symptoms in 5 different categories (intrusion, negative mood, dissociative symptoms, avoidance symptoms, and arousal symptoms)
- Cannot be diagnosed until 3 days after the event
- Resolves within 4 weeks

Acute Stress Disorder (continued)

- Implementation
  - Establish therapeutic relationship
  - Assist to problem solve
  - Connect person to supports
  - Collaborate for coordination of care
  - Ensure and maintain safety
  - Refer to a licensed mental health provider
  - Monitor response and/or adherence to treatment
  - Advanced practice: cognitive-behavioral therapy (CBT)

Trauma-Related Disorders in Adults (continued)

- Adjustment disorder
  - Precipitated by stressful event
  - Debilitating cognitive, emotional, and behavioral symptoms that negatively impact normal functioning
  - Responses to stressful event may include combinations of depression, anxiety, and conduct disturbances

Nursing Diagnoses

- Anxiety
- Ineffective coping
- Social isolation
- Insomnia
- Sleep deprivation
- Hopelessness
- Chronic low self esteem
- Self-care deficit

Epidemiology
- Comorbidity
- Adverse childhood experiences (ACE)
- Psychological factors
- Polyvagal theory
Posttraumatic Stress Disorder (continued)

• Outcomes identification
• Manage anxiety.
• Increase self-esteem.
• Improve ability to cope.
• Implementation
• The same 3-stage model used for children
• Psychoeducation

PTSD: Interventions - Adults

• Same as for children
• Priority is development of a therapeutic alliance through nonjudgmental acceptance and empathy
• Management of arousal (relaxation techniques)
• Provide a safe, predictable environment
• Explore shattered assumptions/ideals
• Promote discussion of possible meaning of event
• Gently suggest that patient is not responsible for event, but is responsible for coping
• Identify social support and encourage use of support group
• Psychopharmacology

Application of the Nursing Process (continued)

• Psychoeducation
• Advanced practice interventions
• Psychopharmacology

Dissociation

• Daydreaming, fantasizing, and “zoning out” are all examples of healthy dissociation. However, severe traumatic dissociation comes from major trauma, and an individual may develop a disorder such as dissociative identity disorder (DID).

Dissociative Disorders

• Occur after significant adverse experiences/traumas
• Individuals respond to stress with severe interruption of consciousness
• Unconscious defense mechanism
• Protects individual against overwhelming anxiety through emotional separation
Dissociative Disorders (Cont.)

• Depersonalization/derealization disorder
• Dissociative amnesia
• Dissociative fugue
• Dissociative identity disorder

Dissociative Disorders (Cont.)

• Epidemiology
• Comorbidity
• Etiology
• Biological factors
• Genetic
• Neurobiological

Dissociative Disorders (Cont.)

• Psychological factors
• Environmental factors
• Cultural considerations

Depersonalization/Derealization Disorder

• Depersonalization—focus on self
  • Feeling a sense of deadness of the body
  • Seeing oneself from a distance
  • Perceiving limbs to be larger or smaller than normal
• Derealization—focus on outside world

Dissociative Amnesia

Psychologically induced memory loss and inability to recall important personal information after severe stressor

Scenario: Bob’s vehicle hits an improvised explosive device (IED). He and his friend are thrown onto the sand. Bob’s friend dies. A convoy passes 2 hours later. Bob is sitting by his friend, staring into space, and is unable to state who or where he is. Bob states that he does not remember the explosion.

(Cont’d next slide)
Dissociative Fugue

• Sudden, unexpected travel from a customary locale, and the inability to recall one's identity after a traumatic event

• During fugue state tend to live simple, quiet lives

• When former identity remembered, becomes amnestic for time spent in fugue state

Scenario: Lin, 19 years old, is admitted to the psychiatric unit after police found her wandering in a Louisiana shopping mall parking lot. Lin does not recall who she is or where she lives. It is later found that Lin lives in Oregon, where her fiancé had cancelled their wedding 2 weeks earlier.

Dissociative Identity Disorder

• DID:
  • Formerly known as multiple personality disorder, which is the presence of two or more personality states that control behavior.
  
  • Alternate personality (alter) or subpersonality:
    • Has its own pattern of perceiving, affect, cognition, behavior, and memories.
    • Severe sexual, physical, and/or psychologic trauma in childhood predisposes an individual to DID.

Dissociative Disorders Assessment

• History
• Moods
• Impact on patient and family
• Suicide risk
• Self-assessment

Dissociative Disorders Implementation

• Interventions
  • Psychoeducation
  • Pharmacological interventions
  • Advanced practice interventions
  • Somatic therapy
• Evaluation

Audience Response Questions

1. A nurse assesses a patient diagnosed with dissociative identity disorder. Which finding would likely be part of the patient's history?

   A. Travel to a foreign country
   B. Physical or sexual abuse
   C. Thyroid dysfunction
   D. Eating disorder