


Key Dates

- TH Feb 2 Unit 6; MW Ch 3 Agnes, Bess
- TU Feb 7 Unit 7; MW Ch 7 Joseph, Virginia
- TH Feb 9 Begin Dimensions-Behavior, Units IIB, 8 through page 147; MW Ch 9 Betty, Elvis
- TU Feb 14  Unit 8 147-end and Unit 9; MW Ch 8 Jeffrey and Ch 10 Diana

Goal: To recognize and differentiate abnormal reactions
to stress and trauma

UNIT 5: REACTIONS TO STRESS

Learning Outcomes

- By the end of this class, you should be able to:
 - Describe the key elements that the *DSM-5* emphasizes as distinctive for what it calls adjustment disorders
 - Explain how the *DSM-5* distinguishes between an adjustment disorders and posttraumatic stress disorder
 - List the four main groupings of symptoms in the *DSM-5* presentation of PTSD
 - Summarize some of the key facts about when PTSD can be diagnosed and how long it tends to last
 - Identify and define the primary symptoms of acute stress disorder as listed in the *DSM-5*

Reactions to Stress

- ⦿ Normal reactions to stress: e.g., grief
- ⦿ **Adjustment disorders**
 - Clinical characteristics: disproportionate distress and/or impairment (depressed mood, anxiety, conduct)
 - Statistics: perhaps 8% of population
 - Usually short-term but can persist
- ⦿ Frequent use by mental health professionals (30-50%)
 - Benign, non-stigmatizing
 - Requirements of insurance
 - May be changed if difficulties persist

Reactions to Stress

- Stress versus trauma
- **Posttraumatic stress disorder (PTSD)**
 - Experience of trauma (necessary but not sufficient)
 - Clinical characteristics: intrusive thoughts, avoidance, alteration of cognition, mood, arousal, and reactivity
 - Statistics: lifetime prevalence 9%, but higher in those who have experienced combat, rape, genocide, terrorism, civilian catastrophes
 - Duration of at least 1 month, often longer
 - Many recover fully.
 - Delayed reactions not unusual
- **Acute stress disorder**
 - Dissociative symptoms

Reactions to Stress

- ⦿ Abuse versus neglect
- ⦿ Linking abuse to PTSD
- ⦿ Clinical consequences of early neglect:
 - Reactive attachment disorder
 - Disinhibited social engagement disorder

Reactions to Stress

- Differential and co-morbid considerations
 - Other specified: persistent complex bereavement disorder
 - Other unspecified
 - Differential diagnosis and co-morbidity:
 - Overlap of stress and trauma
 - Overlap of stress-related with both anxiety and depressive disorders
 - Overlap with substance use disorders
 - Overlap of neglect disorders with autism spectrum disorders and intellectual disability