N108 Care for Clients with Psychosocial Problems in Adaptation/Adjustment

TRAUMA AND STRESSOR RELATED DISORDER

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LEARNING OBJECTIVES

At the end of this session, you should be able to:

- Discuss trauma and stressor related disorders
- List the different theories on the etiologies of trauma and stressor related disorders
- Apply the nursing process to care for patients with OCD

POST TRAUMATIC STRESS DISORDER (PTSD)

is a disturbing pattern of behavior demonstrated by someone who has experienced, witnessed, or been confronted with a traumatic event such as a natural disaster, combat, or an assault.

Four subcategories of symptoms of PTSD

- Being on guard or hyperarousal
- Negative cognition or thoughts
- Re-experiencing the trauma through dreams or recurrent and intrusive thoughts
- Avoidance

POST TRAUMATIC STRESS DISORDER (PTSD)

To be diagnosed with PTSD, an adult must have all of the following for at least 1 month:

- At least one re-experiencing symptom
- At least one avoidance symptom
- At least two arousal and reactivity symptoms
- At least two cognition and mood symptoms

POST TRAUMATIC STRESS DISORDER (PTSD)

For teens and children:

- Wetting the bed after having learned to use the toilet
- Forgetting how to or being unable to talk
- Acting out the scary event during playtime
- Being unusually clingy with a parent or other adult

Also:

- disruptive, disrespectful, or destructive behaviors.
- Older children and teens may feel guilty for not preventing injury or deaths.
- They may also have thoughts of revenge.

POST TRAUMATIC STRESS DISORDER (PTSD)

Etiology

- PTSD is a disorder associated with event exposure, rather than personal characteristics, especially with the adult population.
- lack of social support, peri-trauma dissociation, and previous psychiatric history or personality factors increases the risk for PTSD
- Adolescents with PTSD are at increased risk for suicide, substance abuse, poor social support, academic problems, and poor physical health.
- Children are more likely to develop PTSD when there is a history of parental major depression and childhood abuse

POST TRAUMATIC STRESS DISORDER (PTSD)

TREATMENT

- Counseling or therapy, individually or in groups
- Medications to treat insomnia
- CBT and specialized therapy programs incorporating elements of CBT
  - Exposure therapy - designed to combat the avoidance behavior that occurs with PTSD
  - Adaptive disclosure is a specialized CBT approach developed by the military to offer an intense, specific, short-term therapy for active-duty military personnel with PTSD

RELATED DISORDERS

Adjustment disorder

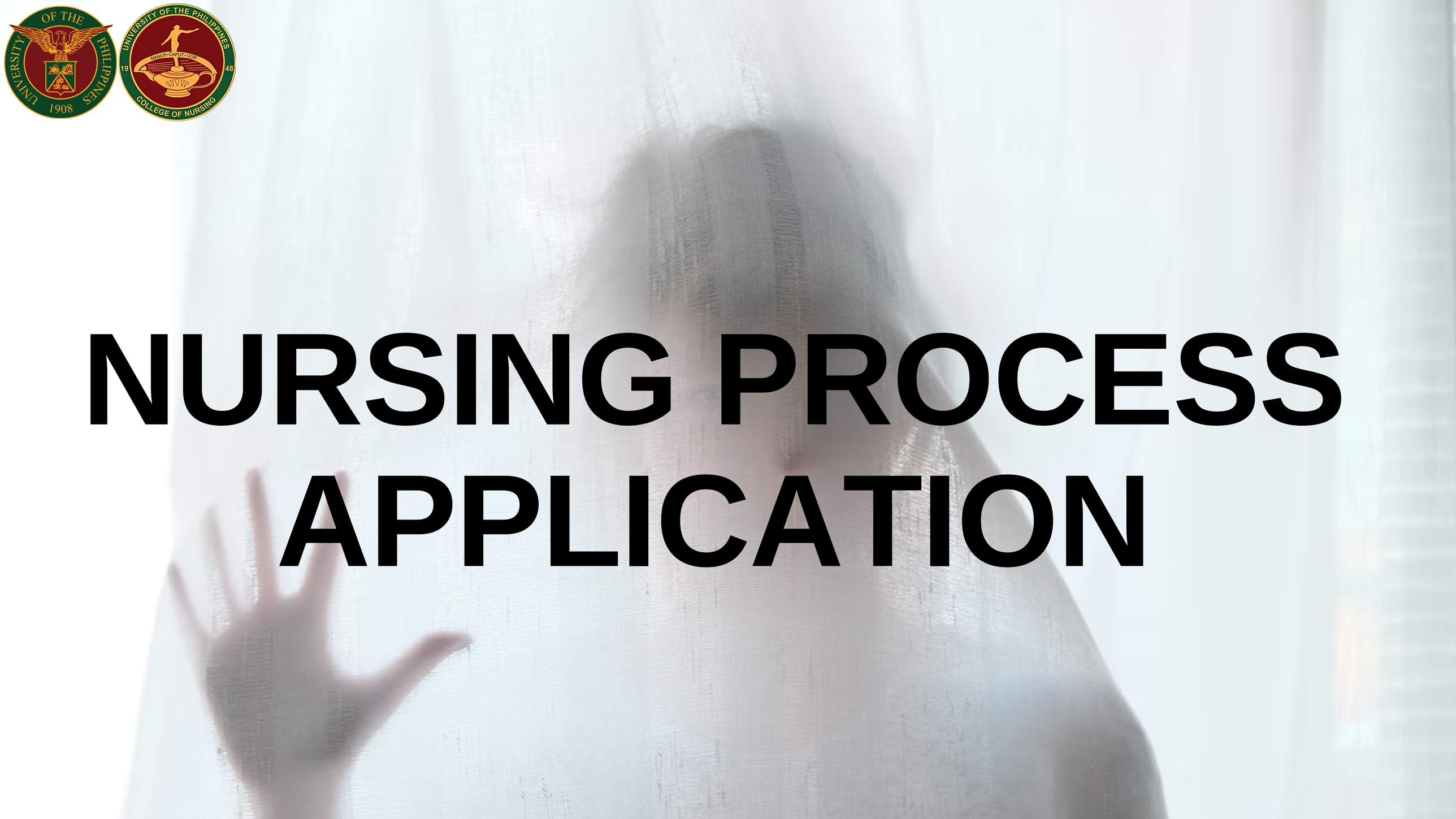
a reaction to a stressful event that causes problems for the individual. Typically, the person has more than the expected difficulty coping with or assimilating the event into his or her life.

Acute stress disorder

occurs after a traumatic event and is characterized by reexperiencing, avoidance, and hyperarousal that occur from 3 days to 4 weeks following a trauma.

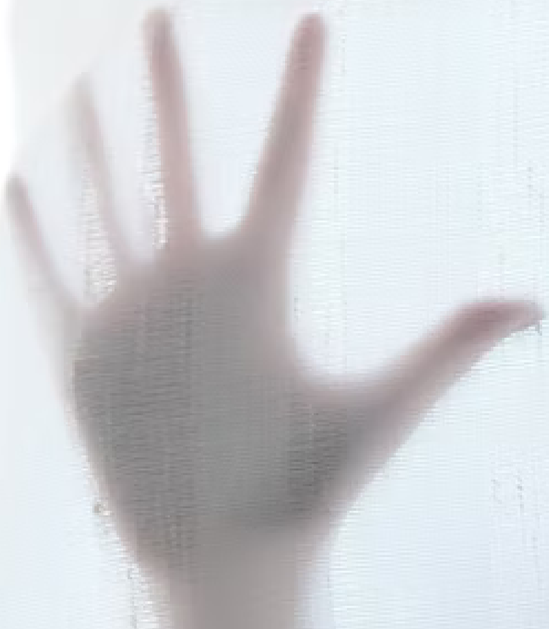
Reactive attachment disorder (RAD) and disinhibited social engagement disorder (DSED)

occur before the age of 5 in response to the trauma of child abuse or neglect, called grossly pathogenic care.



NURSING PROCESS APPLICATION

Assessment



History

- History of trauma or abuse

General appearance and motor behavior

- Hyperalert and reacts to even small environmental noises
- Particular with personal space
- Appears anxious or agitated
- Often paces or move arounds the room
- May sit very still, seeming to curl up with arms around the knees

Mood and affect

- May look frightened or scared, agitated, and hostile
- Appears terrified, may cry, scream, or hide or runaway
- May speak in a different tone of voice when dissociated
- May report intense rage, anger or feeling dead inside

Assessment

Thought processes and content

- Reports of relieving trauma, often through flashbacks and nightmares
- Intrusive and persistent thoughts about trauma which affects the clients thinking process and focus
- Self-destructive thoughts and intermittent suicidal ideations
- Sometimes report fantasies to take revenge on their abusers

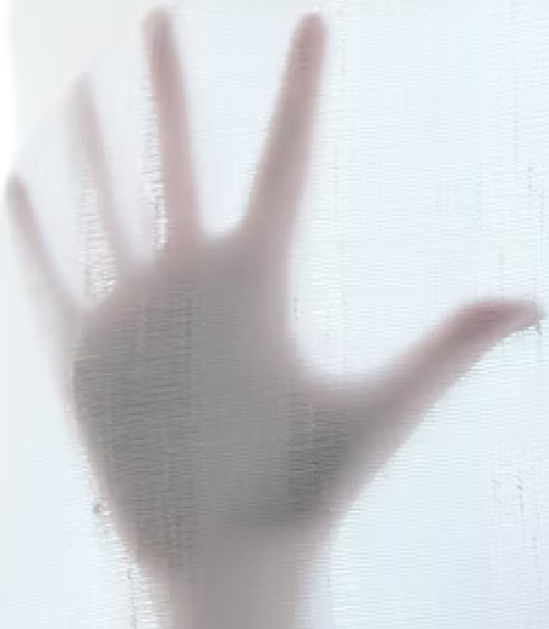
Sensorium and intellectual processes

- Oriented to reality except when experiencing flashback or dissociative episode
- Memory gaps

Judgment and insight

- Impaired decision making

Assessment



Physiological and self care considerations

- Sleep problems because of nightmares or anxiety over anticipating nightmares
- Loss of appetite
- Use of alcohol and drugs to attempt to sleep

Roles and relationship

- Reports a great deal of difficulty with all types of relationships.
- Problems with authority figures
- Quit working or has been fired from work
- Unable to socialize with family and friends

Self concept

- Low self esteem
- Feels unworthy or damaged
- Feels out of control over their lives
- May feel hopeless, helpless, and worthless

Diagnoses

- Risk of self-mutilation
- Risk of suicide
- Ineffective coping
- Post-trauma response
- Chronic low self-esteem
- Powerlessness
- Disturbed sleep pattern
- Sexual dysfunction
- Rape-trauma syndrome
- Spiritual distress
- Social isolation

Goals and Objectives

- The client will be physically safe.
- The client will distinguish between ideas of
- self-harm and taking action on those ideas.
- The client will demonstrate healthy, effective
- ways of dealing with stress.
- The client will express emotions nondestructively.
- The client will establish a social support system in the community.

Interventions

- Promoting client safety
- Continuous assessment of self or suicidal risks
- Help client in identifying ways to tolerate harmful thoughts until there is a decrease in intensity
- Use grounding techniques
- validate clients feelings of fear and presentation of reality.

Interventions

- During dissociative episode, help the client to change position
- Teach relaxation techniques
- Distraction techniques
- List people and activities in the community for the client to contact when they need help.
- teach the patient to go to a safe space during Destructive episodes until they calm down. (e.g., closet, small room)

Evaluation

- Gradual progress in protecting themselves
- Learning to manage stress and emotions
- Functioning in their daily lives

References

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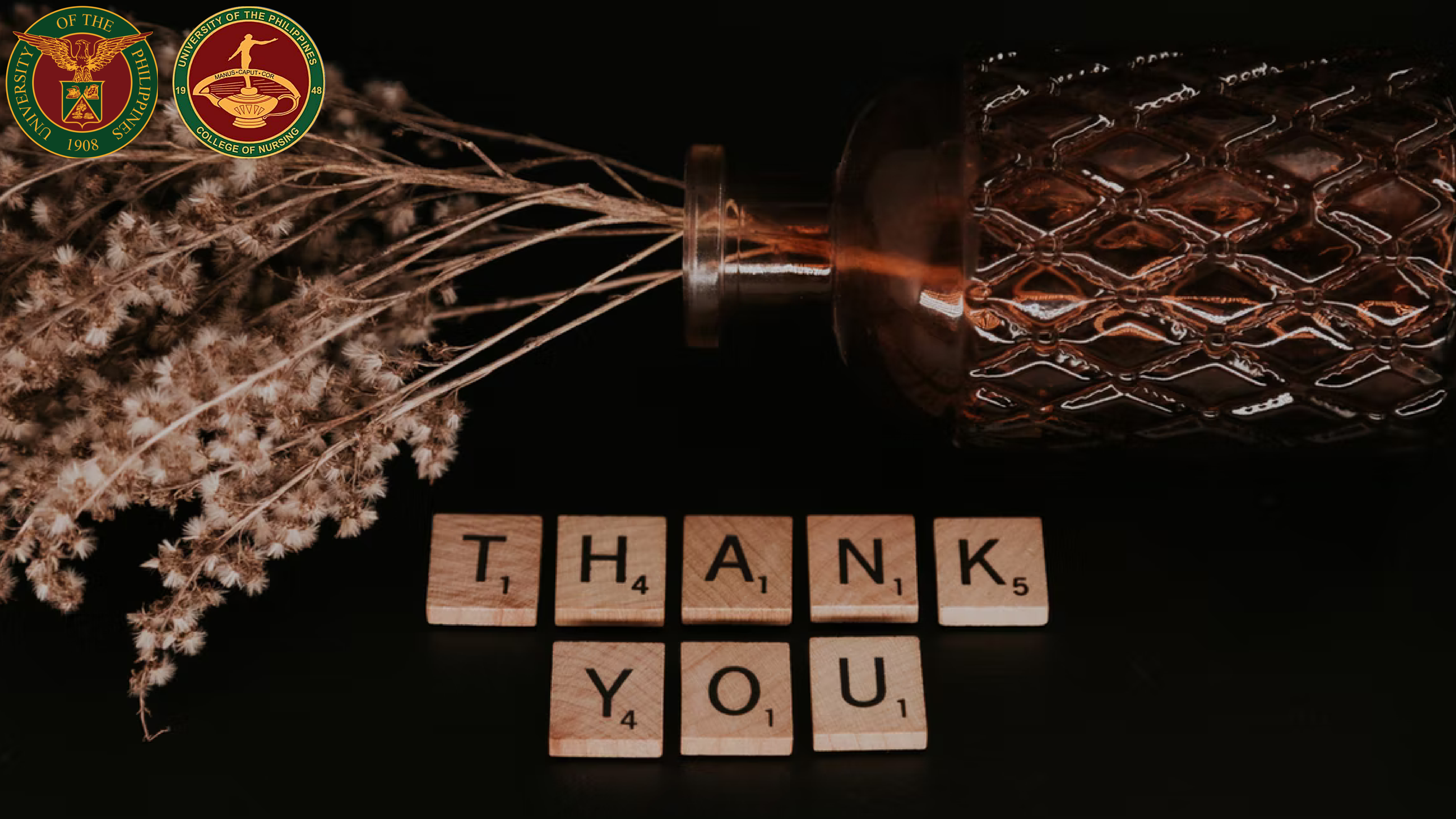
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