

ECHO- Diagnostic Complexity: Complex Trauma (3/16)

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PTSD

- [DSM criteria](#)
- Index event or collection of similar events + intrusive symptoms
- Think reflex or reactivity from event -> anxiety/ fear response to similar or familiar stimuli

Complex PTSD

- Repeat trauma, neglect, sense of abandonment or distrust
- May be developmentally unable to process
- May not fit clearly with DSM criteria, and typically leads to additional symptoms
- Diagnostically complex- symptoms confounded with depression, ODD, anxiety, RAD, ADHD
- Added complex emotions- guilt, abandonment, distrust, disrupted core beliefs or self of self, emotional dysregulation, etc
- “Our first lessons in self-care are the way we are ‘cared for’”- mastering self-regulation depends on our attachment with caregivers- reliability, comfort, strength
- Can be a product of, or lead to, intergenerational trauma due to challenges with attunement-ability of caregivers to recognize the needs of their children. If caregivers are distressed, defeated, fearful, helpless -> they become frustrated, disconnected, enraged – > sets stage for abuse, neglect, enmeshment, diminished trust from child that caregiver will be helpful
 - o Can occur more often in caregiver with mental illness or substance use disorders, high emotional expression in the home, high conflict, detached vs enmeshed attachment with caregivers, family history of abuse or neglect, as well as broader racial inequities, SES challenges, acculturation challenges, or other societal differentials leading to marginalization or oppression.
- Vulnerable to interpersonal trauma or perceived abandonment -> personality disorders
- Responds poorly to standard treatments

ACEs primer- Study of Adverse Childhood Events/Experiences and impact on future morbidity

- <https://www.cdc.gov/violenceprevention/aces/fastfact.html>
- <https://www.sciencedirect.com/science/article/abs/pii/S0749379798000178?via%3Dihub>

Co-occurrence with Substance Use

- Patients with PTSD (non-military/combat) have 21-43% co-occurrence with substance use disorders
- Prevalence is bidirectionally higher with PTSD and opioid, cocaine, alcohol use

PTSD --> Substance Use

- Patients may use to reduce anxiety, startle response, flashbacks, nightmares, guilt/ shame
- Negative symptoms/ withdrawal -> increased cues to use - ie. using to reduce distress

Substance use --> PTSD

- Substance use leads to disinhibition and increased potential for putting self in risky situations or acting with risky behaviors, thus leading to higher potential of experiencing traumatic events.

Treatment

Therapy- Integrate traumatic memories

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Neurofeedback
- Eye Movement Desensitization and Reprocessing (EMDR)

Practice movements, skills, techniques to regulate distress and emotional response:

- Yoga
- exercise
- meditation
- mindfulness practices

Increase supportive relationships- improves depression, recovery, etc

Do not use or refer for:

- flooding- historical approach, can decrease fear/ anxiety/ reactivity, does not help with complex trauma with guilt distrust, abandonment, etc.
- Rebirthing therapies
- Restricting therapies

Medications

- SSRIs/ SNRIs
 - not great evidence for children/ adolescents, but still used
 - anxiety and depression less intense, feel less overwhelmed
- autonomic nervous system- clonidine, propranolol, guanfacine, prazosin
 - decrease hyperarousal, reactivity to triggers, nightmares, insomnia
- mood stabilizers- carbamazepine, divalproex
 - some evidence of effect with open label trials
 - reduce hyperarousal, panic, mood dysregulation
- neuroleptics (second generation)
 - limited trials and case reports
 - reduce hyperarousal, insomnia
 - many potential side effects
- note: benzodiazepine often not effective long term
 - often used to feel calm, decrease anxiety
 - leads to avoidance- like alcohol, weakens inhibitions
 - cognitive dulling -> interferes with trauma processing,
 - can have withdrawal effects or rebound anxiety

Mandated reporting- if you suspect abuse or neglect, call CPS to screen

Resources: "Trauma Keeps the Score," AACAP Practice Parameters, CDC, UpToDate