DETAILED REVIEWER
TRAUMA-RELATED, PHOBIAS, AND OBSESSIVE-COMPULSIVE DISORDERS

Terminologies in green • Definitions in original wording from the PDF

I. SPECIFIC PHOBIAS AND AGORAPHOBIA

Specific phobias — Unreasonable or irrational fears of specific objects or situations.

- Leads to avoidance or enduring with intense fear and anxiety when confronted with the object or situation.
- Categories according to DSM-5-TR.

Animal type phobias — Extreme fear focused on specific animals or insects.

Natural environment type phobias — Extreme fear focused on events or situations in the natural environment.

Situational type phobias — Usually involve fear of public transportation or entities, claustrophobia, and do not appear until early adulthood.

Blood-injection-injury (BII) type phobias — Excessive and persistent fear triggered by seeing blood.

Other —

Agoraphobia — Fear situations in which escape is difficult or where help might not be available if they become anxious.

Symptoms of fear and anxiety must occur in at least two different situations.

In extreme cases individuals do not leave their homes alone.

Very strong association with panic attacks and panic disorder.

Theories of Phobias

Behavioral

Interoceptive conditioning — Individual learns to associate internal bodily sensations or physiological cues with certain emotional or psychological responses.

Exteroceptive conditioning — Classical conditioning of external stimuli from the environment with emotional or psychological responses.

Negative reinforcement — Reduction of anxiety reinforced by the avoidance of the feared object.

Prepared classical conditioning — Conditioning of fear to certain objects or situations.

Biological

Genetic basis — runs in families.

Anxiety sensitivity — Tendency to believe that anxiety and its symptoms harm the body.

Treatments for Phobias

Behavioral treatments

Use exposure to extinguish the person's fear of the object or situation.

Systematic desensitization —

Modeling —

Flooding —

Applied tension technique — Increases blood pressure and heart rate keeping people from fainting when confronted with the feared object.

Virtual reality treatment — is capable of simulating real-world conditions that immerse users into a digital environment in which they cannot distinguish from real world.

Biological treatment

Benzodiazepines remain an option but are not considered first-line treatment.

II. OBSESSIVE-COMPULSIVE DISORDER

Obsessive-compulsive disorder — Anxiety disorder characterized by obsessions and compulsions.

Obsessions — Thoughts, images, ideas, or urges that are persistent and intrusive.

- Uncontrollable and unwanted.
- Cause significant anxiety or distress.

Common types of obsessions in OCD

- Thoughts and images associated with aggression, sexuality, and/or religion.
- Something bad will happen.
- Need to make things "just right."
- Fear of contamination.

Compulsions — Repetitive behaviors or mental acts that an individual feels they must perform.

- Often aimed at reducing anxiety brought on by obsessions.

Tends to be chronic if left untreated.

Hoarding disorder — Difficulty getting rid of items that leads to accumulation of things that clutter and congest active living areas.

- Poor insight common among hoarders.

Trichotillomania (hair-pulling disorder) — Recurrent pulling out of hair resulting in noticeable hair loss.

Excoriation (skin-picking disorder) — Recurrently picking scabs or places on the skin, creating significant lesions that often become infected and cause scars.

Body dysmorphic disorder (BDD) — Excessive concern about physical appearance which results in significant distress and the impairment of interpersonal situations.

- People are excessively preoccupied with a part of their body that they believe is defective but that others see as normal or only slightly unusual.
- Can be influenced by the use of social media.

Theories of OCD and Related Disorders

Biological theories

- Focus on a circuit in the brain involved in motor behavior, cognition, and emotion.
- From evolutionary perspective, symptoms may have developed to protect our ancestors from infectious disease and starvation during times of limited resources.
- Hoarding disorder is characterized by several vulnerability factors that are thought to increase the likelihood that it will develop, including genetic predisposition, abnormalities of brain structure, environmental factors, neuroticism, and impairments of cognitive function.
- Genetic component.

Cognitive-Behavioral Theories

People who develop OCD:

- Are likely to experience depression and anxiety much of the time.
- Have a tendency toward rigid, moralistic thinking.
- Appear to believe that they should be able to control all their thoughts.
- Have trouble accepting that everyone has horrific notions from time to time.

Compulsions develop largely through operant conditioning.

- Negatively reinforcing behaviors to reduce anxiety.

Treatment of OCD and Related Disorders

Biological treatments

SSRI medications — are established as first-line pharmacological treatment for OCD and related disorders.

Cognitive-behavioral treatments

Cognitive-behavioral therapy that incorporates exposure and response prevention — is typically considered the treatment of choice and best option for treating OCD.

Exposure and response prevention — Expose client to obsession or fear and prevent compulsive behavior.

- Allows client to see that thoughts themselves are not harmful.
- Challenge individual's moralistic thoughts, excessive sense of responsibility, and maladaptive cognitions.

III. POSTTRAUMATIC STRESS DISORDER AND ACUTE STRESS DISORDER

Posttraumatic stress disorder (PTSD) — Anxiety disorder characterized by repeated mental images of experiencing a traumatic event, emotional numbing and detachment, and hypervigilance and chronic arousal.

Symptom Clusters

1. Repeated reexperiencing of the traumatic event —

- May experience intrusive images or thoughts, recurring nightmares, or flashbacks in which they relive the event.

Flashbacks — Uncontrollable, intense, and repeated episodes force the individual to relive the traumatic experience.

2. Persistent avoidance of situations, thoughts, or memories associated with the trauma —

3. Negative changes in thought and mood associated with the event —

4. Hypervigilance and chronic overarousal —

PTSD with prominent dissociative (depersonalization/derealization) symptoms —

Dissociation — Different facets of sense of self or consciousness become disconnected from one another.

Acute stress disorder (ASD) — Disorder similar to PTSD but occurs within 1 month of exposure to the stressor and does not last more than 4 weeks; often involves dissociative symptoms.

PTSD is a highly impactful disorder that is maladaptive and debilitating resulting from exposure to trauma.

Symptoms can be mild to moderate.

Acute stress disorder occurs in response to traumas similar to those involved in PTSD.

Diagnosed when symptoms arise within 1 month of exposure to the stressor and last no longer than 4 weeks.

Adjustment disorder — Emotional and behavioral symptoms occur in response to a stressor of any severity.

- Person does not meet criteria for acute stress disorder or PTSD.

Reactive attachment disorder (RAD) — Results from significant neglect and/or trauma. Affected children have difficulty forming emotional attachments to others, are emotionally withdrawn, and show little positive affect.

Disinhibited social engagement disorder — Involves the development of inappropriate and overly familiar behavior with adult strangers associated with neglectful and abusive experiences.

Traumas Leading to PTSD

- Natural disasters.
- Human-made disasters.
- Traumatic events.
- Sexual assault.

Prolonged grief disorder — Characterized by intense and persistent grief that causes problems and interferes with daily life.

- Exposure to trauma is not limited to direct personal experience.
- Indirect or vicarious experiences are also associated with the development of a trauma or stressor-related disorder.

Secondary trauma — can occur in those who experience the traumatic event through a firsthand account or narrative.

Theories of PTSD

Environmental and social factors

- Severity and duration, individual's proximity to trauma and amount of social support available.

Psychological factors

- Pre-existing conditions increase risk.
- Coping strategies influence vulnerability to PSTD.
- Finding a sense of purpose or meaning may increase coping.

Gender and cross-cultural differences

- Women are more prone.
- Black people have higher rates of PTSD.
- Culture influences the manifestation of anxiety.

Neuroimaging and Biochemical Findings

- Neuroimaging studies have shown differences in people with PTSD and those without.
- Brains of people with PTSD are more reactive to emotional stimuli.
- Physiological responses to stress are exaggerated in PTSD sufferers.
- Exposure to extreme or chronic stress during childhood increases vulnerability.

Cortisol — biological marker associated with stress and one of the major hormones released as part of the fight-or-flight response.

Genetics

- Vulnerability to PTSD can be inherited.

Treatments for PTSD

Cognitive-behavioral therapy and stress management

- Trauma-based psychotherapy such as cognitive-behavioral therapy, exposure therapy, and EMDR, as well as non-trauma-focused psychotherapy.
- Cognitive component focuses on cognitive reconstruction of the trauma by addressing maladaptive beliefs and thoughts about safety, power, trust, and control.
- Behavioral component focuses on teaching the client to cope with and challenge maladaptive thoughts through real or imagined experience.

Stress-inoculation therapy — Cognitive-behavioral therapy that focuses on developing skills that allow the individual to cope with stress.

Biological therapies

SSRI's and SNRI's — are the first-line agents in the pharmacotherapy of PTSD and have demonstrated effectiveness in reducing symptoms associated with the disorder.

Propranolol — A novel method of treating PTSD involves the disruption of memory reconsolidation through the drug, propranolol.

- Found to successfully disrupt fear memory reconsolidation in the amygdala in rodents and human subjects.
- Still in early phases of research.
- Although some people with PTSD benefit from these medications, the evidence for their effectiveness in treating PTSD is mixed and medication alone may not provide a complete solution for managing PTSD.