# STUDY GUIDE

## CHAPTER 7

1. Describe how mental health professionals typically define trauma and explain what kinds of events are definable as traumatic.
2. Where did the psychological term “stress” originate from, how does the American Psychological Association define it, and what is Selye’s general adaptation syndrome (GAS) model of stress?
3. Distinguish bereavement from grief. What is Kübler Ross’ five-stage model of grief? On what grounds is it sometimes critiqued?
4. What is dissociation and how is it related to trauma? Make sure to explain the relevance of derealization, depersonalization, and amnesia in thinking about dissociation.
5. How do the *DSM-5*, *ICD-10*, and *ICD-11* define PTSD? What are the main differences in their definitions? Why is higher prevalence for PTSD sometimes found in wealthier countries that are better able to protect their citizens?
6. How do the *DSM-5*, *ICD-10*, and *ICD-11* define acute stress? Why does *DSM* use the term “acute stress disorder” while *ICD* uses “acute stress reaction?”
7. What do *DSM* and *ICD* mean when they speak of adjustment disorders? In what manner are adjustment disorder diagnoses commonly used by clinicians and why?
8. What, according to the *DSM-5*, is persistent complex bereavement disorder? How does it differ fromthe *ICD-11* diagnosis of persistent grief disorder? What is the status of these disorders in the *DSM-5* and *ICD-11*, respectively?
9. Why was the *DSM-5*’s creation of a new “Trauma and Stressor-Related Disorders” chapter controversial?
10. Explain the criticism that PTSD violates the very definition of mental disorder. How do some veterans wish to see the PTSD diagnosis revised to make it less pathologizing?
11. What is meant when adjustment disorder is described as a “waste-basket” diagnosis?
12. Summarize arguments over whether prolonged grief should be included in the *DSM* and *ICD*.
13. Describe historical ways of talking about and diagnosing trauma, making sure to define terms such as traumatic neurosis, war neurasthenia, shell shock, and rape trauma syndrome.
14. Which neurotransmitters are believed to be deficient in cases of posttraumatic stress? What antidepressant drugs are prescribed as a result?
15. What other drugs besides antidepressants are used to treat PTSD?
16. How do researchers generally regard the effectiveness of psychiatric drugs for PTSD?
17. What is the status of research on brain chemistry and adjustment disorder? What drugs are sometimes prescribed? Are drugs considered a first-line intervention for adjustment issues?
18. What is the status of research on brain chemistry and prolonged grief? What drugs are sometimes prescribed? Are drugs considered a first-line intervention for ongoing grief?
19. Describe the importance of the limbic system, hippocampus, amygdala, medial prefrontal cortex, autonomic nervous system, and HPA axis in posttraumatic stress.
20. How heritable is posttraumatic stress, according to research estimates? Why do many investigators feel that paying attention to gene-environment interactions is crucial when thinking about PTSD?
21. Describe the status of candidate gene and genome-wide association (GWA) research on PTSD.
22. What gene has been associated with persistent complex bereavement? What other leads are there in genetic marker research into bereavement?
23. How do evolutionary perspectives conceptualize trauma and stress?
24. How do evolutionary perspectives conceptualize bereavement and grief?
25. What role might the immune system play in trauma, stress, and loss?
26. Summarize the strengths and limitations of biological perspectives in trauma, stress, and loss. What specifically is the RDoC critique?
27. What personality characteristics tend to correlate with poor response to trauma?
28. Why was Freud’s early psychoanalytic work especially notable when it comes to thinking about trauma, stress, and loss? How did Freud try to treat these problems? How does this compare to modern psychodynamic approaches?
29. Describe Horowitz’s short-term dynamic therapy of stress syndromes. What debates have occurred over its research status?
30. How did Freud explain grieving? How has Horowitz’s short-term dynamic therapy been adapted for bereavement and grief?
31. Discuss various exposure therapies that are used to reduce posttraumatic stress. What does research say about these therapies?
32. How are exposure therapies used for prolonged grief? How does exposure therapy for prolonged grief differ from exposure therapy for PTSD? What does the research on it tell us?
33. Describe the use of behavioral activation for posttraumatic stress.
34. What is emotional processing theory and how is it used as a CBT approach to PTSD? What is the research status of emotional processing theory?
35. How does dual representation theory conceptualize and treat posttraumatic stress? On what grounds has it been critiqued?
36. What is cognitive processing therapy (CPT) for PTSD? What is the quality of research support for CPT?
37. Summarize negative appraisals theory and discuss the three goals it leads to in cognitive therapy for PTSD. What is the evidence for cognitive therapy for PTSD rooted in negative appraisals theory?
38. How is stress-inoculation training (SIT) used to treat PTSD?
39. Describe the goals of mindfulness and acceptance-based therapies for PTSD. What evidence is there for them and what cautions must be considered when using these and other cognitive therapies to treat posttraumatic stress?
40. What is eye movement desensitization and reprocessing (EMDR) and how is it used with PTSD? Discuss research findings and controversy over EMDR.
41. What is posttraumatic growth? How is it measured and what characteristics are most predictive of who will experience posttraumatic growth following a trauma? What do critics say about posttraumatic growth?
42. How do constructivist therapists conceptualize trauma and loss? What do they contend matters most in successful therapy with clients who have experienced trauma and loss?
43. Describe the strengths and limitations of psychological perspectives on trauma, stress, and loss. Summarize research into and debate over which psychotherapies are the most effective for these issues.
44. What is critical incident stress debriefing (CISD) and why is it controversial? What is psychological first aid (PFA) and why do some see it as a preferable alternative to CISD?
45. Discuss the importance of social support in handling trauma, stress, and loss.
46. What are some potential explanations for the higher prevalence of PTSD among women compared to men?
47. Summarize the relationship between PTSD and race, ethnicity, and socioeconomic status (SES). Why is awareness of cultural differences important when it comes to posttraumatic stress?
48. Why do some researchers believe that racism can cause PTSD?
49. How do cross-cultural researchers think about the role of culture in bereavement? What does this suggest about the importance of context and culture when it comes to grief?
50. How did consumer lobbying influence the development of the PTSD diagnosis?
51. How does stigma negatively impact people experiencing posttraumatic stress? How has this influenced efforts to change the name of PTSD to PTSI?
52. According to existing research, does an adjustment disorder diagnosis carry significant stigma or other negative consequences?
53. Does prolonged grief carry stigma? What has research found grievers think about this issue?
54. Describe how group therapy can be used for posttraumatic stress. Distinguish different kinds of PTSD therapy groups. Discuss the status of research on group interventions for PTSD.
55. What role does expressed emotion play in PTSD outcomes?
56. Distinguish various couples and family therapies used in cases of posttraumatic stress and touch on what we know about their effectiveness.
57. What is family-focused grief therapy? What kinds of families does this therapy distinguish and which seem most responsive to family-focused interventions?
58. What are the strengths and limitations of sociocultural perspectives on trauma, stress, and loss?
59. Summarize research findings on selective erasure of traumatic memories. Why is this prospective intervention strategy controversial?