

Definitions of primary terms and acronyms of trauma and shame disorders. [Draft 7-23-2014]

I welcome suggestions. Please email wteague@verizon.net

Acronym	Disorder	Definition	DSM-V	ICD-10-CM	Source or Link	Comments
ACE	Adverse Childhood Experiences (ACE)	<p>An Adverse Childhood Experience (ACE) is defined as surviving any of the following categories of abuse, neglect, or loss prior to age 18.</p> <ol style="list-style-type: none"> 1. Emotional abuse by a parent 2. Physical abuse by a parent 3. Sexual abuse by anyone 4. Emotional neglect 5. Physical neglect 6. Loss of a parent 7. Domestic violence 8. Growing up with an alcohol and/or drug abuser in the household 9. Living with a family member experiencing mental illness 10. Experiencing the incarceration of a household member 				
AD	Adjustment Disorder	<p>“The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s). These symptoms or behaviors are clinically significant, as evidenced by one or both of the following:</p> <ol style="list-style-type: none"> 1. Marked distress that is out of proportion to the severity or intensity of the stressor, taking into account the external context and the cultural factors that might influence symptom severity and presentation. 2. Significant impairment in social, occupational, or other important areas of functioning. 3. The stress-related disturbance does not meet the criteria for another mental disorder and is not merely an exacerbation of a preexisting mental disorder. 4. The symptoms do not represent normal bereavement. 5. Once the stressor or its consequences have terminated, the symptoms do not persist for more than an additional 6 months.” DSM 5 	309.9	F43.20	DSM 5, page 286-287	
ASD	Acute Stress Disorder	<p>A. Exposure to actual or threatened death, serious injury, or sexual violation in one or more of the following ways:</p> <ol style="list-style-type: none"> 1. Directly experiencing the traumatic event (s). 2. Witnessing, in person, the event (s) as it occurred to others. 3. Learning that the event (s) occurred to a close family member or close friend. Note: In cases of actual or threatened death of a family member or friend, the event (s) must have been violent or accidental. 4. Experiencing repeated or extreme exposure to aversive details of the traumatic event (s) (e.g. first responders collecting human remains, police officers repeatedly exposed to details of child abuse). Note: This does not apply to exposure through electronic media, television, movies, or picture, unless this exposure is work related.....DSM 5 	308.3	F43.0	DMS 5 page 280-286	

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CAD	Chronic Adjustment Disorder	<p>A. The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s).</p> <p>B. These symptoms or behaviors are clinically significant as evidenced by either of the following:</p> <ol style="list-style-type: none"> 1. Marked distress that is in excess of what would be expected from exposure to the stressor 2. Significant impairment in social or occupational (academic) functioning 3. The stress-related disturbance does not meet the criteria for another specific Axis I disorder and is not merely an exacerbation of a preexisting Axis I or Axis II disorder. 4. The symptoms do not represent Bereavement. 5. Once the stressor (or its consequences) has terminated, the symptoms do not persist for more than an additional 6 months. 	309.0-309.9		Diagnostic Criteria	CAD is not in the DSM 5, it was in DSM 4.
C-PTSD	Complex Post Traumatic Stress Disorder	Complex post-traumatic stress disorder (C-PTSD or CPTSD) also known as multiple interrelated post traumatic stress disorder is a psychological injury that results from protracted exposure to prolonged social and/or interpersonal trauma in the context of either captivity or entrapment (a situation lacking a viable escape route for the victim), which results in the lack or loss of control, helplessness, and deformations of identity and sense of self.			Kolk, 1994, Wikipedia.	Not in DSM
CPTS	Childhood Post Traumatic Shame	CPTS is a condition in young children, developmentally up to 6 or 7 years old who experience a traumatic event followed by shame that goes unresolved. The instinctual shame reaction occurs during or after an traumatic event when a child begins to blame themselves for what's happening to them or going on around them. However the shame can be resolved by the intervention of a caregiver who reassures the child with attention, love or explains the traumatic event was not their fault and thus resolves the shame. When the shame is not resolved the child is left with overwhelming feelings and subsequent thoughts that they have failed to either protect themselves nor have they avoided the shame driven sense that they have been rejected, abandoned and therefore proven to be unworthy. When the shame is not resolved in turns into toxic shame and the child develops Childhood Post Traumatic Shame. This shame experience continues with them into adult life. [This is a draft definition. See the full document at Childhood Post Traumatic Shame CPTS Definition.]			Teague, Walter, 2013	Not in DSM
DES	Disorders of Extreme Stress	General term for the complex of PTSD conditions. Also includes (DESNOS – not otherwise specified)			Kolk, 2005	Not in DSM
DTD	Developmental Trauma Disorder	Developmental Trauma Disorder incorporates and inter-weaves threads from Reactive Attachment Disorder, Oppositional Defiant Disorder, ADHD, Post Traumatic Stress Disorder, and provides a comprehensive lens through which to view the behaviors of children who have experienced trauma during their early lives.			Schmid, 2013	Proposed for DSM for 2013

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P-TS	Peri-traumatic Shame	Refers to “peri-traumatic. The term “peri-traumatic emotions” refers to direct responses to intensely stressful circumstances. These responses do not to involve substantial cognitive elaboration in secondary appraisal systems like full-blown secondary emotions. Rather they are primary affects, or ‘hot spots,’ that are also associated with the intense re-experiencing of events (Grey et al., 2001). Fear, horror, and helplessness (stressor criterion A) are considered to be the definitive peri-traumatic bases of psychological trauma leading to PTSD. However, there is cause to argue that shame should also be part of this picture.			Budden, Ashwin, The role of shame in posttraumatic stress disorder	Not in DSM
PTSD	Post Traumatic Stress Disorder	<p>The following criteria apply to adults, adolescents and children older than six. For children 6 years and younger, see corresponding criteria below (PTSD-C).</p> <p>A. Exposure to actual or threatened death, serious injury or sexual violence in one or more of the following ways.</p> <ol style="list-style-type: none"> 1. Directly experiencing the traumatic event(s). 2. Witnessing, in person, the event (s) as it occurred to others. 3. Learning that the traumatic event (s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event (s) must have been violent or accidental. Etc. 	309.81	F43.10	DSM-5 Page 271-280	

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PTSD-C	Post Traumatic Stress Disorder – for Children 6 Years and Younger	<p>Posttraumatic Stress Disorder for Children 6 Years and Younger</p> <p>A. In children (younger than 6 years), exposure to actual or threatened death, serious injury, or sexual violence, as follows:</p> <ol style="list-style-type: none"> 1. Direct exposure 2. Witnessing, in person, (especially as the event occurred to primary caregivers) Note: Witnessing does not include viewing events in electronic media, television, movies, or pictures. 3. Indirect exposure, learning that a parent or caregiver was exposed <p>B. Presence of one or more intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:</p> <ol style="list-style-type: none"> 1. Recurrent, involuntary, and intrusive distressing recollections (which may be expressed as play) 2. Traumatic nightmares in which the content or affect is related to the traumatic event(s). Note: It's not always possible to determine that the frightening content is related to the traumatic event. 3. Dissociative reactions (e.g., flashbacks); such trauma-specific re-enactment may occur in play 4. Intense or prolonged distress after exposure to traumatic reminders 5. Marked physiological reactions after exposure to trauma-related stimuli 6. One or more symptoms from either Criterion C or D below: <p>C. Persistent effortful avoidance of trauma-related stimuli:</p> <ol style="list-style-type: none"> 1. Avoidance of activities, places, or physical reminders 2. Avoidance of people, conversations, or interpersonal situations <p>D. Persistent trauma-related negative alterations in cognition and mood beginning or worsening after the traumatic event occurred, as evidenced by one or more of the following:</p> <ol style="list-style-type: none"> 1. Negative emotional states (e.g., fear, guilt, sadness, shame, confusion) 2. Diminished interest in significant activities, including constriction of play 3. Socially withdrawn behavior 4. Reduced expression of positive emotions <p>E. Alterations in arousal and reactivity associated with the traumatic event., as evidenced by two or more of the following:</p> <ol style="list-style-type: none"> 1. Irritable behavior and angry outbursts (including extreme temper tantrums) 2. Hyper vigilance 3. Exaggerated startle response 4. Problems with concentration 5. Sleep disturbance 	309.81		DSM-5 Page 272-274	Not an official diagnostic code yet. Not the same as DTD.
PTSD - Childhood	Same as PTSD-C, listed in DSM-5 as a subsection under PTSD	PTSD acquired in childhood.	309.81		DSM-5	Not official diagnostic code yet. Not the same as DTD.

Acronym	Disorder	Definition	DSM-V	ICD-10-CM	Source or Link	Comments
RAD	Reactive Attachment Disorder (of childhood)*	A. A consistent pattern of inhibited, emotionally withdrawn behavior toward adult caregivers, manifested by both of the following: 1. The child rarely or minimally seeks comfort when distressed. 2. The child rarely or minimally responds to comfort when distressed. 3. Etc.	313.89	F94.1	DSM 5 Page 265-268	
Shame		Shame is, variously, an affect, emotion, cognition, state, or condition. The roots of the word shame are thought to derive from an older word meaning "to cover"; as such, covering oneself, literally or figuratively, is a natural expression of shame.[1] Nineteenth century scientist Charles Darwin, in his book <i>The Expression of the Emotions in Man and Animals</i> , described shame affect as consisting of blushing, confusion of mind, downward cast eyes, slack posture, and lowered head, and he noted observations of shame affect in human populations worldwide.[2] He also noted the sense of warmth or heat (associated with the vasodilation of the face and skin) occurring in intense shame.			Shame General web view of Shame	See Charles Darwin, Expression of the Emotions Chapter XIII
S	Stress					Not in DSM
T	Trauma	The term <i>psychological trauma</i> has been applied in so many contexts by so many people that it has lost some of its original meaning. Often, <i>trauma</i> is used to refer both to negative events that produce distress and to the distress itself. Technically, "trauma" refers only to the event, not the reaction, and should be reserved for major events that are psychologically overwhelming for an individual.			Principles of Trauma Briere Chapter 1	In DSM as specific disorders.

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Referenced copies and other resource files available at: <http://wteague.com/Trauma/>