MENTAL HEALTH • NCLEX 2026

# Trauma & Stressor-Related Disorders

*PTSD • Acute Stress Disorder • Adjustment Disorders*

**High-Yield NCLEX Review | Clinical Judgment | Prioritization**

SECTION 01

# Definition & Overview

## What Are They?

A group of DSM-5 psychiatric disorders triggered by exposure to a traumatic or overwhelming stressful life event.

Symptoms persist ***beyond the normal stress response*** and cause clinically significant distress or functional impairment.

Affect ~6–8% of US adults lifetime (PTSD higher in veterans, first responders, abuse survivors, and displaced populations).

**WHY IT MATTERS**

Untreated trauma is a leading driver of suicide, substance abuse, domestic violence, and chronic medical illness. Early trauma-informed nursing care prevents re-traumatization and improves outcomes.

01

### PTSD

*Post-Traumatic Stress Disorder*

**> 1 month**

02

### ASD

*Acute Stress Disorder*

**3 days – 1 month**

03

### Adjustment

*Adjustment Disorders*

**< 6 months**

SECTION 02

# Pathophysiology (Simplified)

*How trauma rewires the brain → chronic symptoms*

### 1 Traumatic Event

Exposure to actual or threatened death, serious injury, or sexual violence.

### 2 HPA Axis Fires

Hypothalamus → pituitary → adrenal cortex releases a flood of cortisol & epinephrine.

### 3 Amygdala Hyperactive

Fear center becomes chronically "on" → hypervigilance, exaggerated startle.

### 4 Hippocampus ↓

Memory center shrinks. Trauma memory stored fragmented → intrusive flashbacks.

### 5 Prefrontal Cortex ↓

Top-down control weakens → poor emotional regulation, impaired reasoning.

### 6 Chronic Symptoms

Re-experiencing, avoidance, negative mood, arousal persist > 1 month = PTSD.



KEY: Cortisol ↑ • Amygdala ↑ • Hippocampus ↓ • Prefrontal Cortex ↓ = Trauma Imprint

SECTION 03

# Signs & Symptoms

*PTSD (>1 month) vs Acute Stress Disorder (3 days – 1 month)*

## INTRUSION

*"It keeps coming back"*

Flashbacks • Nightmares • Intrusive memories • Distress on triggers

## AVOIDANCE

*"I can't go there"*

Avoids people, places, activities, conversations linked to trauma

## NEG. COGNITIONS

*"I feel nothing / everything's my fault"*

Detachment • Numbness • Guilt • Shame • Distorted blame of self/others

## AROUSAL

*"I'm always on edge"*

Hypervigilance • Exaggerated startle • Irritability • Poor sleep/focus

## RED FLAGS

*Immediate action required*

- Suicidal ideation or plan
- Self-harm behaviors
- Homicidal ideation
- Severe dissociation (loss of awareness)
- Acute psychotic features
- Substance intoxication or withdrawal
- Child or domestic violence disclosure

**TIME RULE** **< 3 days** = Normal Stress | **3 days – 1 month** = Acute Stress Disorder | **> 1 month** = PTSD

SECTION 04

# Priority Nursing Interventions

*Use ABCs → Safety → Psychosocial. Trauma-informed care at every step.*

## TIER 1 SAFETY FIRST

- **Assess suicide risk**
  *ask directly, every shift*
- **Assess homicidal ideation**
  *duty to warn if specific target*
- **Remove means of harm**
  *sharps, belts, pills, firearms plan*
- **Institute safety plan / 1:1**
  *line of sight observation as ordered*
- **Monitor for substance use**
  *common maladaptive coping*

## TIER 2 STABILIZE & CONNECT

- **Provide calm, non-stimulating setting**
  *reduce noise, bright lights, crowds*
- **Build trust — non-judgmental presence**
  *sit at eye level, consistent caregivers*
- **Let patient lead trauma talk**
  *do NOT force disclosure*
- **Announce approach, avoid surprise touch**
  *ask permission before any contact*
- **Teach grounding (5-4-3-2-1)**
  *use during flashbacks / dissociation*

## TIER 3 PROMOTE HEALING

- **Encourage verbal expression when ready**
  *journaling, art, one-to-one*
- **Refer to trauma-focused therapy**
  *CBT, EMDR, Prolonged Exposure*
- **Engage support system**
  *family, veterans groups, survivor peers*
- **Administer meds as ordered**
  *SSRIs first-line; prazosin for nightmares*
- **Document behavior + response to care**
  *objective, nonjudgmental language*

SECTION 05

# Pharmacology

*Evidence-based pharmacologic options for PTSD & trauma-related anxiety*

SSRI • FIRST LINE

## Sertraline / Paroxetine

*(Zoloft / Paxil)*

### MECHANISM

Block serotonin reuptake → ↑ synaptic serotonin → mood regulation

### SIDE EFFECTS

- GI upset, nausea
- Sexual dysfunction
- Insomnia / sedation
- Serotonin syndrome ⚠️

### NURSING CONSIDERATIONS

- **Full effect: 4–6 weeks**
- **Monitor ↑ SI (esp. < 25 yo)**
- **Taper to stop — never abrupt**
- **No MAOIs within 14 days**

ALPHA-1 BLOCKER

## Prazosin

*(Minipress)*

### MECHANISM

Blocks α-1 adrenergic receptors during sleep → ↓ nightmares & night arousal

### SIDE EFFECTS

- Orthostatic hypotension
- First-dose syncope
- Dizziness, headache
- Priapism (rare)

### NURSING CONSIDERATIONS

- **Give at BEDTIME**
- **Rise slowly from bed**
- **Implement fall precautions**
- **Monitor BP closely**

SNRI • 2ND LINE

## Venlafaxine

*(Effexor XR)*

### MECHANISM

Blocks serotonin + norepinephrine reuptake → mood & arousal modulation

### SIDE EFFECTS

- ↑ Blood pressure
- Nausea, dry mouth
- Sweating, insomnia
- Severe withdrawal syndrome

### NURSING CONSIDERATIONS

- **Monitor BP at every visit**
- **Full effect: 4–6 weeks**
- **Do NOT stop abruptly**
- **Take with food**

⛔ **AVOID:** Benzodiazepines as 1st-line (risk of dependence, blunt therapy response, do NOT treat trauma) • Typical antipsychotics unless psychosis present

SECTION 06

# NCLEX Test Traps ⚠️

*Common distractors — what students confuse on exam day*

| ❌ THE TRAP | ✓ THE RIGHT ANSWER |
|---|---|
| *"Tell me everything that happened."* | **Let the patient disclose at their own pace — never force trauma narrative.** |
| *Giving a benzodiazepine for long-term PTSD management.* | **SSRI (sertraline / paroxetine) is FIRST-line. Benzos increase dependence + avoidance.** |
| *Scheduling prazosin in the MORNING.* | **Give prazosin at BEDTIME — it targets nightmares & nocturnal arousal.** |
| *Calling symptoms "PTSD" after only 2 weeks.* | **PTSD = > 1 month. 3 days–1 month = Acute Stress Disorder.** |
| *Placing hand on shoulder during a flashback.* | **Announce approach, keep distance, use grounding (5-4-3-2-1). Unexpected touch can re-traumatize.** |
| *Prioritizing "therapeutic communication" over suicide screening.* | **SAFETY always first. Direct suicide assessment is the priority action.** |
| *Forcing group therapy attendance to push past avoidance.* | **Invite, don't coerce. Building safety + trust comes before exposure work.** |

SECTION 07

# Patient Education

*Empower patients with knowledge, coping tools, and a safety plan*

## Medication Adherence

Take SSRI daily. Full benefit in 4–6 weeks. Never stop abruptly — risk of discontinuation syndrome. Report new agitation or suicidal thoughts.

## Avoid Alcohol & Drugs

Substances worsen intrusive symptoms, sleep, and suicide risk. They also block the effect of SSRIs and therapy progress.

## Grounding Techniques

When flashback or panic hits: use 5-4-3-2-1 (see, feel, hear, smell, taste) to reconnect with the here and now.

## Sleep Hygiene

Consistent bedtime, no caffeine after noon, dark/cool room. If prescribed prazosin, take at bedtime; rise slowly in the morning.

## Trauma-Focused Therapy

CBT, EMDR, and Prolonged Exposure are the evidence-based gold standard. Encourage attendance, even when avoidance urges are strong.

## Build a Safety Plan

Identify triggers, early warning signs, coping steps, support contacts, and crisis resources (988 Suicide & Crisis Lifeline). Share with family.



CRISIS RESOURCE ❤️ 988 Suicide & Crisis Lifeline (call or text) • Veterans press 1 • Available 24 / 7

SECTION 08

# Memory Boosters

*Mnemonics, acronyms & pattern cues — pull these from memory on exam day*

## 🧠 "TRAUMA" — PTSD Core Features

- **T** — Traumatic event exposure
- **R** — Re-experiencing (flashbacks, nightmares)
- **A** — Avoidance of reminders
- **U** — Unable to feel (emotional numbness)
- **M** — Month+ (PTSD = > 1 month duration)
- **A** — Arousal (hypervigilance, startle)

## 🌿 "5-4-3-2-1" — Grounding Technique

1. **5** things you can SEE
2. **4** things you can FEEL / touch
3. **3** things you can HEAR
4. **2** things you can SMELL
5. **1** thing you can TASTE

## ⏱️ QUICK TIME RULE

**< 3 days** Normal stress
**3 d – 1 mo** Acute Stress Disorder
**> 1 month** PTSD

## ⚡ PATTERN RECOGNITION

**Veteran + nightmares + hyperstartle → PTSD.** Think prazosin for nightmares, sertraline/paroxetine first-line, safety always first, do NOT force disclosure.