

What is Trauma? 何为创伤?



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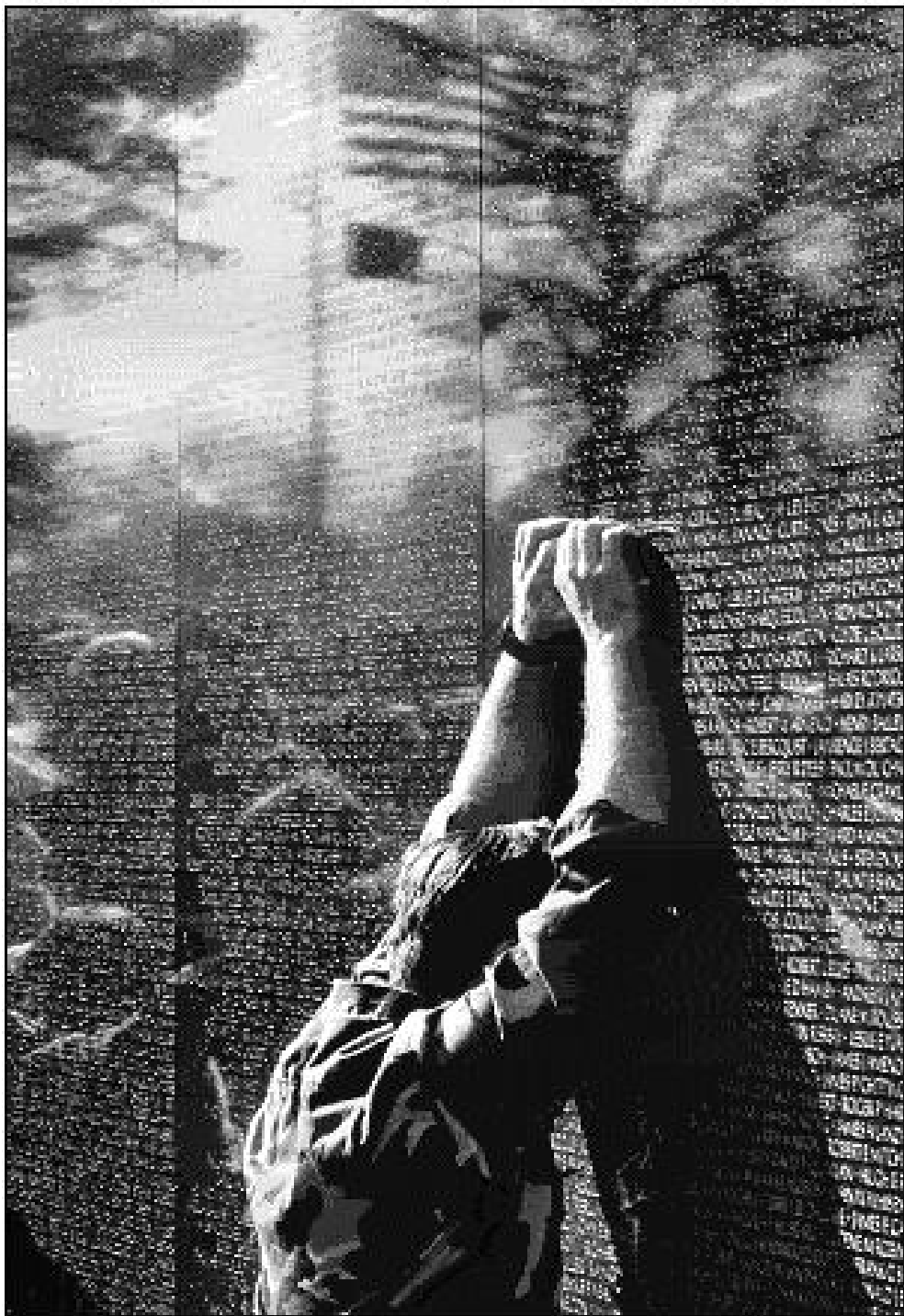


Trauma Center

**We Continue Our Mission of Integrating Research with
Clinical Practice, Clinical Development, Training and Education**

**ARC, SMART, Neurofeedback Study and Neurofeedback Clinic, MDMA Study,
Trauma Certificate Program, Trauma Center, Trauma Conference**





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证道心理



DSM 5 PTSD Criterion A

PTSD诊断标准A

You were exposed to one or more event(s) that involved death or threatened death, actual or threatened serious injury, or threatened sexual violation. These events were experienced in one or more of the following ways:

患者以下列一种（或多种）方式接触于真正的或者被威胁的死亡，严重创伤，或性暴力等创伤事件。经历这些事件的方式如下：

You experienced the event

直接经历创伤事件。

You witnessed the event as it occurred to someone else

亲眼目睹发生在他人身上的创伤事件。

You learned about an event where a close relative or friend experienced an actual or threatened violent or accidental death

获悉关系密切的家庭成员或关系密切的朋友接触于创伤事件。

You experienced repeated exposure to distressing details of an event, such as a police officer repeatedly hearing details about child sexual abuse

反复经历或暴露于创伤事件中的痛苦细节中，如警察反复接触虐待儿童的细节。



Criterion B 标准B

You experience at least one of the following intrusive symptoms associated with the traumatic event:

在创伤事件发生后，存在以下1种（或多种）与创伤事件有关的侵入性症状：

Unexpected or expected reoccurring, involuntary, and intrusive upsetting memories of the traumatic event

预期地或未预期地，反复地、不自主地、和侵入性痛苦地回忆起这些创伤事件。

Repeated upsetting dreams where the content of the dreams is related to the traumatic event
反复做内容和/或情景与创伤事件相关的痛苦的梦。

The experience of some type of dissociation (for example, flashbacks) where you feel as though the traumatic event is happening again

出现某些解离反应（如，闪回），感到似乎创伤事件正在重现。

Strong and persistent distress upon exposure to cues that are either inside or outside of your body that are connected to your traumatic event

暴露于与创伤事件有关的内在或外界迹象时，出现强烈而持久的心理痛苦。



Criterion B (Cont) 标准B（续）

Strong bodily reactions (for example, increased heart rate) upon exposure to a reminder of the traumatic event

暴露于提醒创伤事件的情景时，出现强烈的生理反应（如心率加快）



Criterion C

标准C

Frequent avoidance of reminders associated with the traumatic event, as demonstrated by one of the following

创伤事件后开始频繁回避与创伤事件有关的刺激，出现以下情况：

Avoidance of thoughts, feelings, or physical sensations that bring up memories of the traumatic event

回避引起创伤事件记忆的想法、情感或躯体感受

Avoidance of people, places, conversations, activities, objects, or situations that bring up memories of the traumatic event

回避引起创伤事件记忆的人、地点、对话、活动、对象或情境



Criterion D 标准D

At least three of the following negative changes in thoughts and mood that occurred or worsened following the experience of the traumatic event:

The inability to remember an important aspect of the traumatic event

Persistent and elevated negative evaluations about yourself, others, or the world (for example, "I am unlovable," or "The world is an evil place")

Elevated self-blame or blame of others about the cause or consequence of a traumatic event

A negative emotional state (for example, shame, anger, or fear) that is pervasive

在经历创伤事件后，思维或情绪发生负性改变或恶化，至少有下面中的三项：

- 1、无法记住创伤事件的重要方面
- 2、关于你自己，他人或世界的持续和高涨的负面评价（例如，“我不可爱”或“这是个邪恶的世界”）
- 3、关于创伤事件的原因或后果高度自责或责备他人
- 4、一种普遍存在的消极情绪状态（例如，羞耻，愤怒或恐惧）



Loss of interest in activities that you used to enjoy
对过去喜欢的活动失去兴趣

Feeling detached from others
感觉与他人分离

The inability to experience positive emotions (for
example, happiness, love, joy)
无法体验积极情绪（例如，高兴，爱，欢乐）



Criterion E 标准E

At least three of the following changes in arousal that started or worsened following the experience of a traumatic event:

在创伤事件发生后，至少有以下三种唤醒的变化或恶化：

Irritability or aggressive behavior

易激惹或攻击性行为

Impulsive or self-destructive behavior

冲动或自我破坏的行为

Feeling constantly "on guard" or like danger is lurking around every corner (or hypervigilance)

持续感到“保持警惕”或好像每个角落都潜伏危险（或过度警觉）

Heightened startle response 惊恐反应加剧

Difficulty concentrating 难以集中注意力

Problems sleeping 睡觉问题



标准F

Criterion F

The above symptoms last for more than one month.

上述症状持续1个月以上

标准G

Criterion G

The symptoms bring about considerable distress and/or interfere greatly with a number of different areas of your life.

症状导致相当大的痛苦和/或极大干扰患者生活的很多不同方面

标准H

Criterion H

The symptoms are not due to a medical condition or some form of substance use.

症状不是由躯体情况或使用某种物质所致。



How DSM-5 Changed

DSM-5有哪些改变？

The biggest change in the DSM-5 is removing PTSD from the category of anxiety disorders and putting it in a classification called "Trauma and Stressor-Related Disorders."

Other key changes include:

More clearly defining what kind of events are considered traumatic in Criterion A

Adding a fourth type of exposure in Criterion A

Increasing the number of symptom groups from three to four by separating avoidance symptoms into their own group (Criterion C)

DSM-5的最大变化是将PTSD从焦虑症类别中删除，并将其置于称为“创伤和压力源相关疾病”的分类中。

其他主要变化包括：

更明确地定义标准A中哪些事件被认为是创伤性的；

在标准A中添加第四种类型的暴露；

通过将回避症状单独分组，将症状组的数量从3个增加到4个（标准C）



DSM-5 PTSD Diagnosis 诊断

In order to be diagnosed with PTSD according to the DSM-5, you need to meet the following:

根据DSM-5诊断为创伤后应激障碍，需要满足以下条件：

Criterion A 标准A.

One symptom (or more) from Criterion B

标准B中的一个症状（或更多）

One symptom (or more) from Criterion C

标准C中的一个症状（或更多）

Three symptoms (or more) from Criterion D

标准D中的三个症状（或更多）

Three symptoms (or more) from Criterion E

标准E中的三个症状（或更多）

Criteria F through H 标准F至H.



How do you take a trauma history?

如何采集创伤史？



TRAUMATIC ANTECEDENTS QUESTIONNAIRE I

创伤经历问卷 I

I. Demographics 人口学资料

- current household composition, occupation, etc.
- who do you rely on for practical help
- who do you rely on for emotional help
- 目前的家庭成员，职业等
 - 你依靠谁来获得实际帮助
 - 你依靠谁来获得情感帮助

II. Current Health 当前健康状况

III. Family of origin demographics 原生家庭人口学资料

- who in your family was affectionate with you
- who recognized you as a special person
- was there anyone you felt safe with growing up?
- 家人谁爱你
- 谁认识到你是一个特殊的人
- 成长过程中谁让你感到安全？

IV. Childhood caretakers and separations 童年养育者与分离



TRAUMATIC ANTECEDENTS QUESTIONNAIRE II

创伤经历问卷 II

V. Peer relationships and childhood strength 同伴关系和童年的力量

VI. Family Alcoholism 家人酗酒

VII. Family discipline and conflict resolution 家庭纪律和冲突解决

- **who made the rules and enforced discipline at home**

家里谁制定规则，执行纪律

- **description of family rules** 家庭规则的描述

- **usual ways of disciplining children: scolding, withholding privileges, spanking, verbal abuse, hitting, hitting with objects**

惩罚儿童的常见方式：责骂，限制特权，打屁股，言语虐待，打，用东西打

- **usual way parents solved disagreements: never angry, talking, yelling, threatening to hit, breaking and throwing, hitting**

父母解决分歧的常见方式：从不生气，交谈，大喊大叫，威胁要打，打破东西，扔东西，打人

VIII. Early sexual experiences 早期性经验



Intake data from the TAQ 入组资料

Trauma Center创伤中心; May-June5-6月, 2000

	<u>0 to 6</u>	<u>7-12</u>	<u>13-18</u>	<u>Age 19+</u>	<u>Lifetime</u>
忽视Neglect	58.2	71.4	81.1	xx.x	91.4
分离Separations	47.1	61.4	81.4	xx.x	98.6
情感虐待Emotional abuse	51.4	77.1	85.7	82.9	85.7
躯体虐待Physical abuse	41.4	54.3	55.7	50.0	80.0
性虐待Sexual abuse	25.7	41.4	41.4	44.3	74.3
目睹Witnessing	54.3	71.4	78.6	70.0	87.1
Fam. substance 家人使用物质	ab.40.0	50.0	67.1	65.7	75.7
其他创伤Other traumas	50.0	55.7	65.7	82.9	91.4



Herman, van der Kolk & Perry,

Childhood trauma in borderline
personality disorder.

边缘性人格障碍中的童年创伤

Am J Psychiat. 1989

《美国精神病学杂志》 1989



Findings :发现

Childhood trauma and borderline personality disorder.

边缘性人格障碍中的童年创伤

Herman, van der Kolk & Perry, 1989

- 87 % of subjects with BPD had histories of severe childhood abuse and/or neglect starting prior to age 7.
87%的BPD患者7岁之前有严重的童年虐待和/或忽视的经历。
- Other Personality Disorders did not have significant relations to childhood abuse and neglect.
其他人格障碍与童年的虐待和忽视并无明显关系。



Childhood trauma and self-destructive behavior

童年创伤与自我破坏行为

Bessel Van der Kolk, Judith Herman
& Christopher Perry

Am J Psychiat 1991

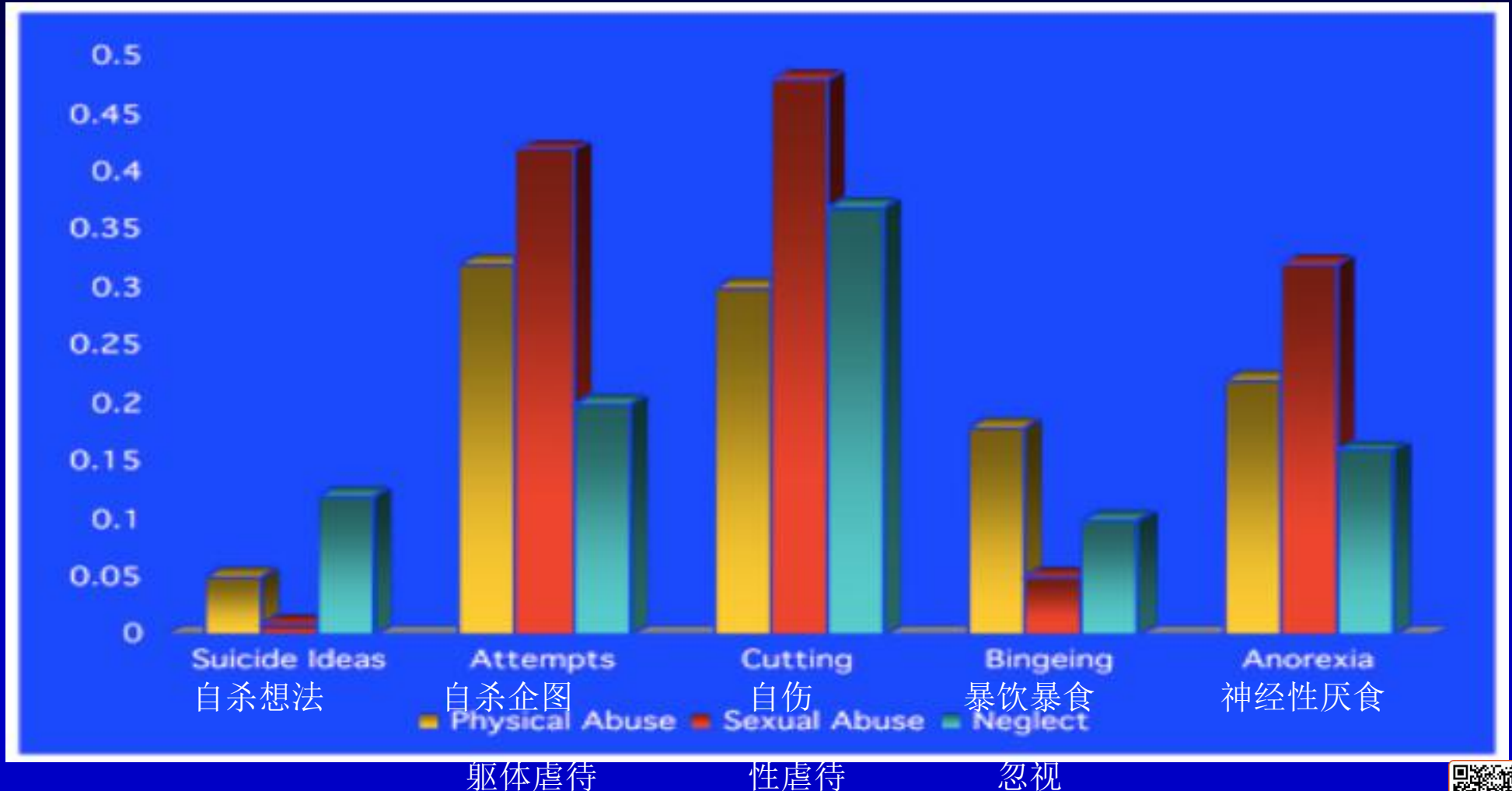
《美国精神病学杂志》 1991



Childhood antecedents of self-destructive behavior

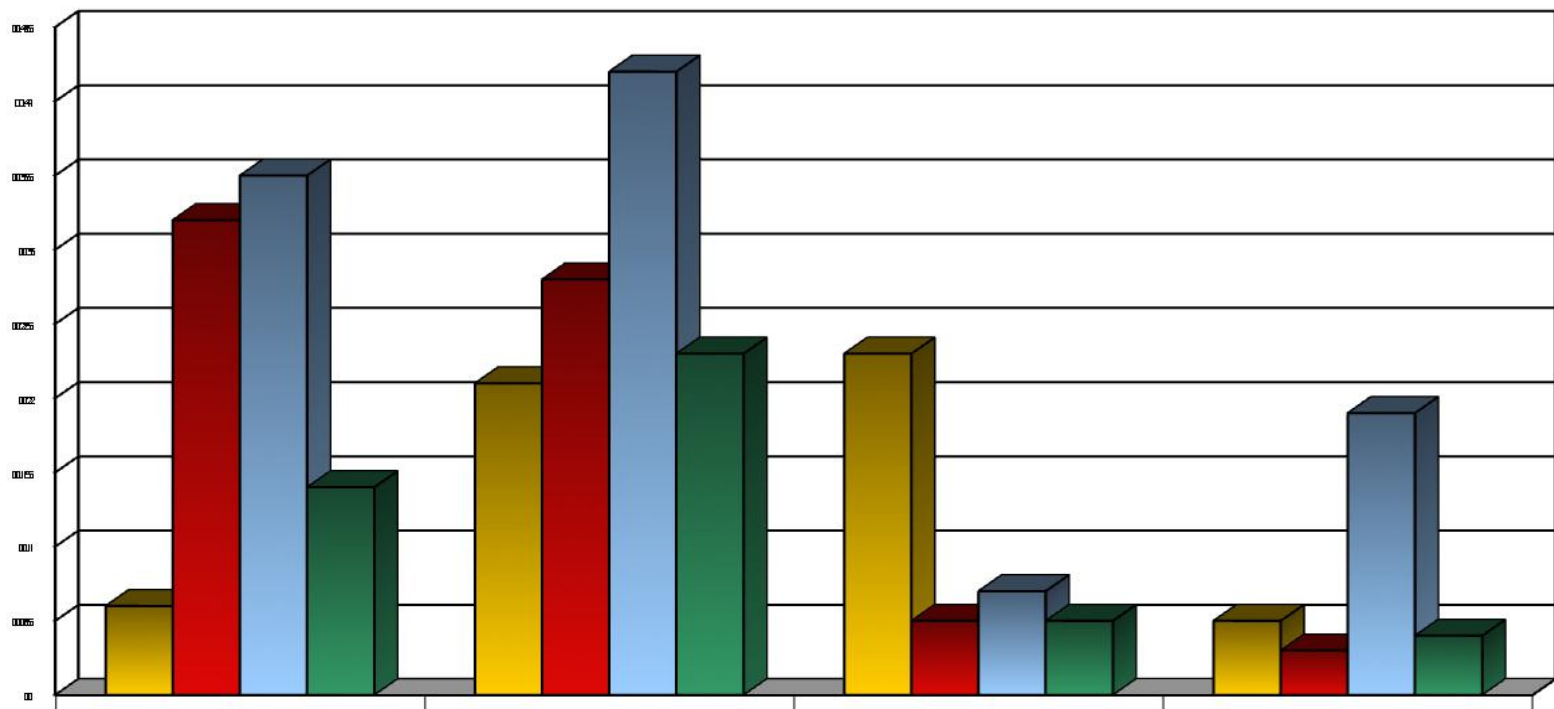
自我毁灭行为与童年经历

(van der Kolk, Perry & Herman, Am J Psychiat, 1991)



Predictors of persistence of self-destructive behavior over four year follow-up

四年随访中持续存在自毁行为的预测因子



Attempts

自杀企图

Cuts

自伤

Bingeing

暴饮暴食

Anorexia

神经性厌食

Physical Abuse

躯体虐待

Sexual Abuse

性虐待

Neglect

忽视

Separation

分离



ACE study

Turning gold into lead

儿童不良经历研究：把黄金变成铅



How does one turn this
人如何从这样

Into this
变成这样

in twenty years?
在20年内



ACE Study		N=17,337
Emotional abuse 10.6 (Did a parent or other adult in the household . . .) 1) Often or very often swear at you, insult you, or put you down? 2) Sometimes, often, or very often act in a way that made you fear that you might be physically hurt?		10.6
情感虐待10.6 （家里有父母或其他成年人.....） 1) 经常或经常向你咒骂，侮辱你，或者让你失望？ 2) 有时候，经常或者常常采取一种行为方式，让你担心自己可能会受到躯体伤害？		
Physical 28.3 (Did a parent or other adult in the household . . .) 1) Often or very often push, grab, slap, or throw something at you? 2) Often or very often hit you so hard that you had marks or were injured?		28.3
躯体 28.3 （（家里有父母或其他成年人.....） 1) 经常或者常常推你，抓你，打耳光，或者向你扔东西？ 2) 经常或很频繁地打你，以至于你有伤痕或受伤？		
Sexual 20.7 (Did an adult or person at least 5 years older ever . . .) 1) Touch or fondle you in a sexual way? 2) Have you touch their body in a sexual way? 3) Attempt oral, anal, or vaginal intercourse with you? 4) Actually have oral, anal, or vaginal intercourse with you?		20.7
性20.7 （有没有一个成年人或某人至少大你5岁.....） 1) 用性方式抚摸或爱摸你？ 2) 你是否以性方式触摸他们的身体？ 3) 企图与你口交，肛交或阴道性交？ 4) 真实地和你有口交，肛交或阴道性交吗？		



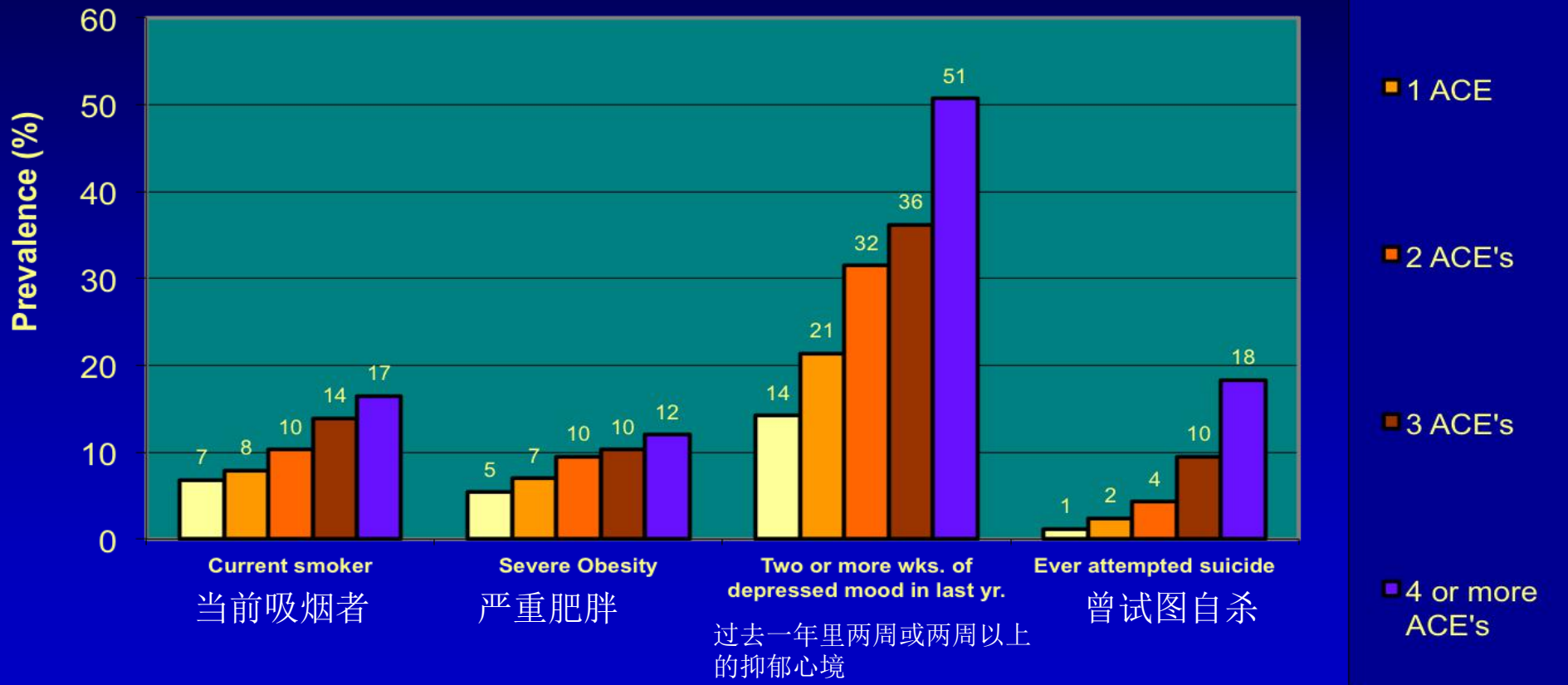
ACE Study		N=17,337
Household dysfunction Substance abuse 26.9 1) Live with anyone who was a problem drinker or alcoholic? 2) Live with anyone who used street drugs?		26.9
家庭功能障碍物质滥用26.9 1) 与任何饮酒问题或酗酒的人一起生活? 2) 与任何使用街头毒品的人同住?		
Mental illness 19.4 1) Was a household member depressed or mentally ill? 2) Did a household member attempt suicide?		19.4
精神疾病19.4 1) 家庭成员有抑郁或有精神病? 2) 家庭成员是否有自杀企图?		
Mother treated violently 12.7 (Was your mother (or stepmother)): 1) Sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at her? 2) Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard?		12.7
母亲被暴力对待12.7 （你的母亲或继母）： 1) 有时候，经常或常常被推，抓，打，或者有什么东西扔在她身上？ 2) 有时候，经常或常常被踢，被咬，被拳头打或者硬物打？		



Effects of Child Maltreatment on Health 儿童虐待对健康的影响

Prevalence of Health Risks per # of Adverse Childhood Experiences

每个健康风险的发生率 #不良童年经历



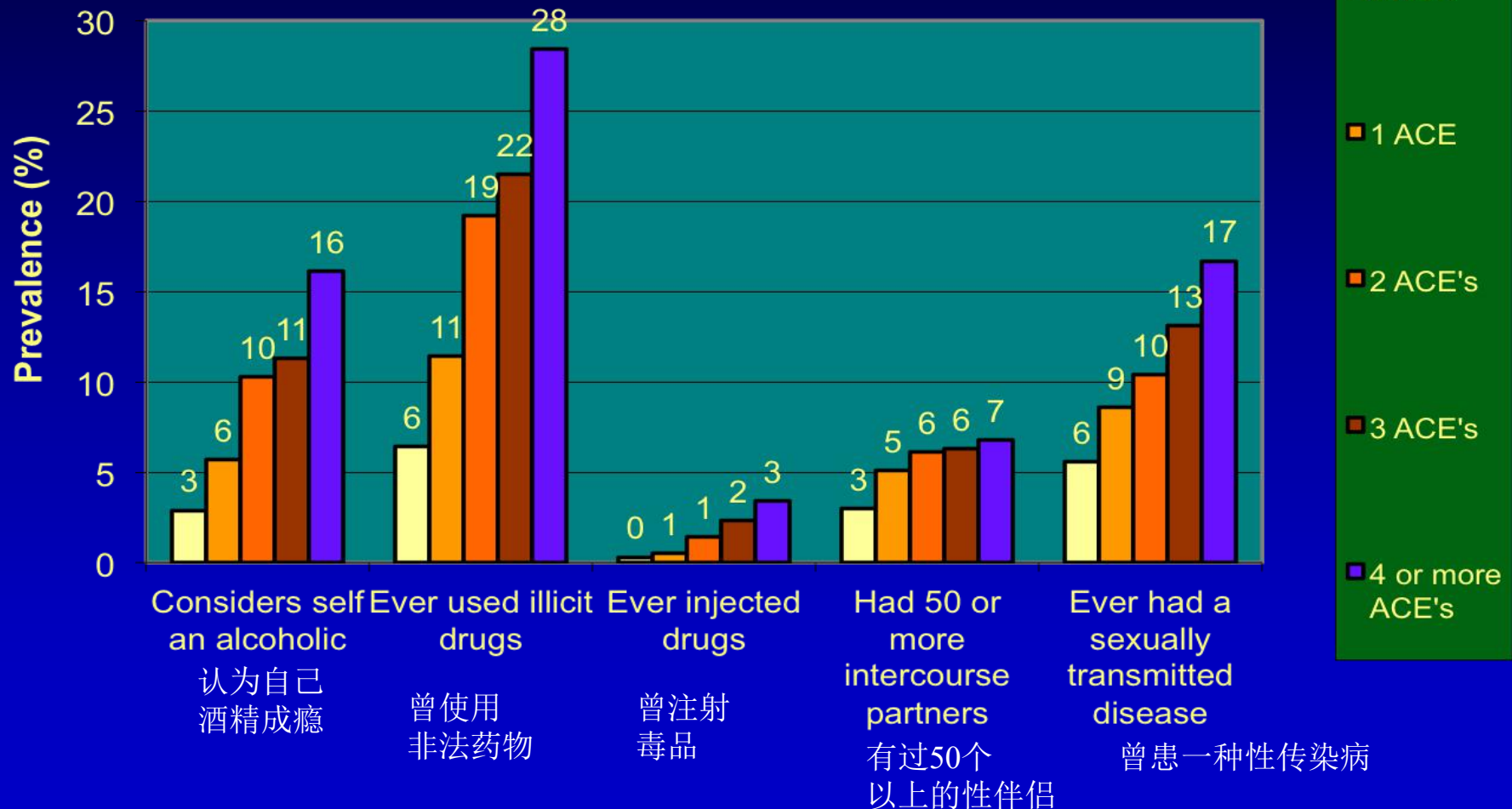
Felitti, et al (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *Am J Prev Med* 14(4).

Effects of Child Maltreatment on Health

儿童虐待对健康的影响

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Felitti, et al (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *Am J Prev Med* 14(4).

ACE得分与抗抑郁药开药比例，大约50年后

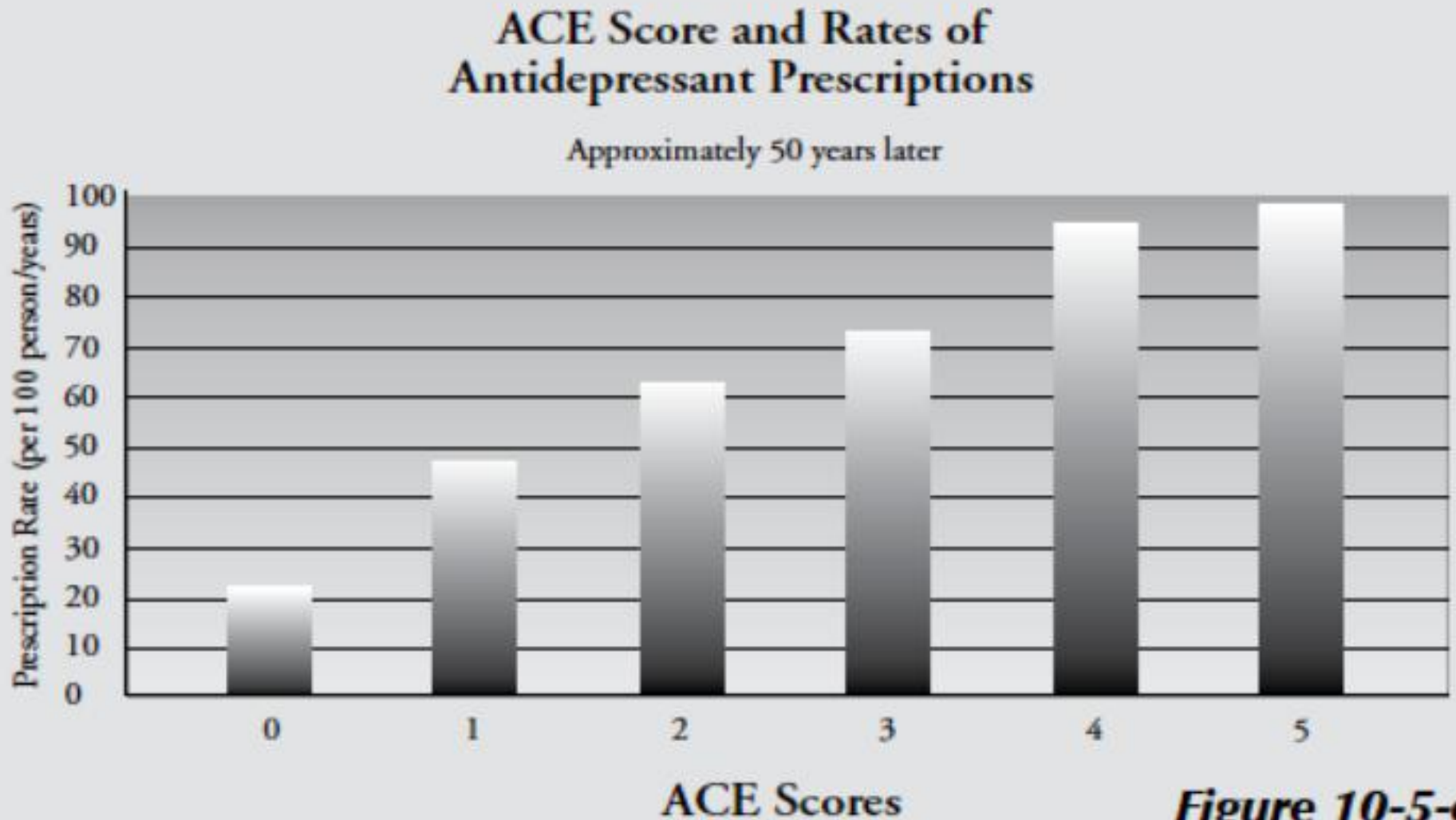
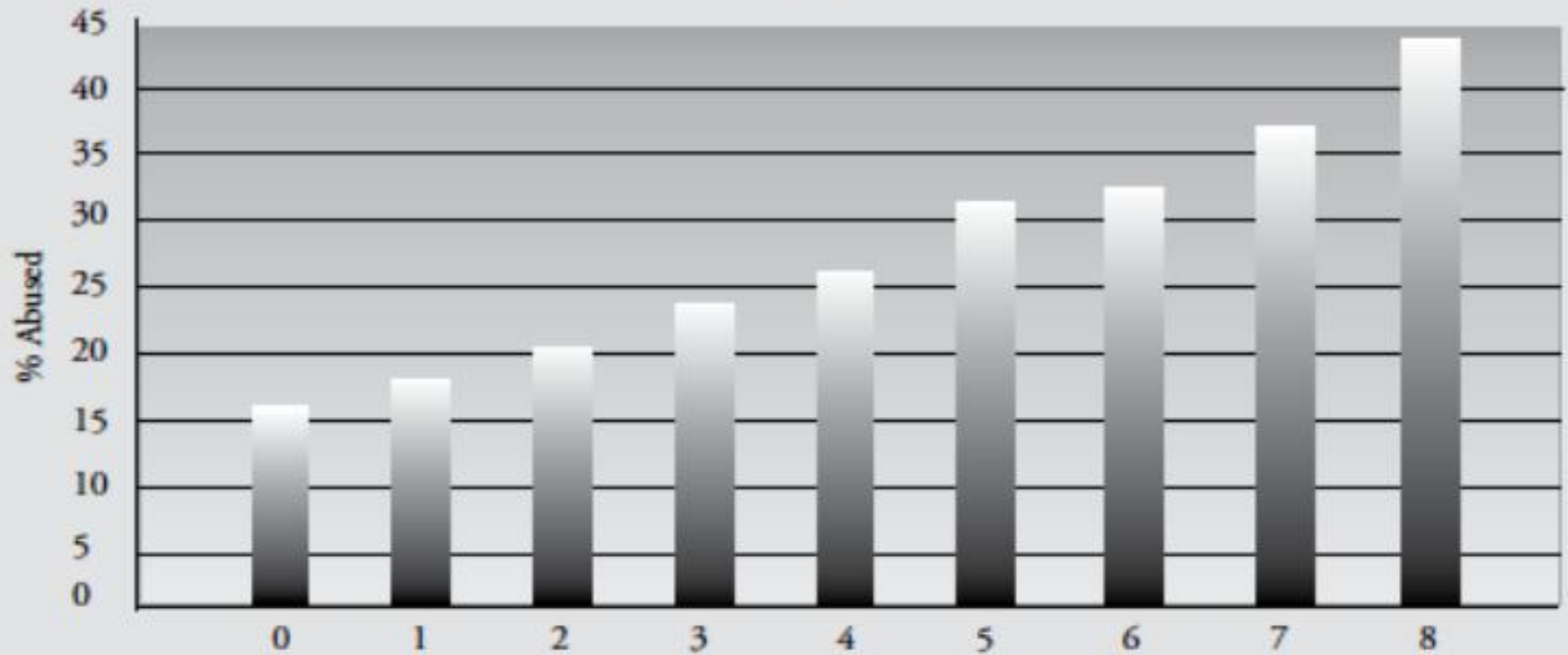


Figure 10-5-c

童年性虐待与不可解释症状的数量

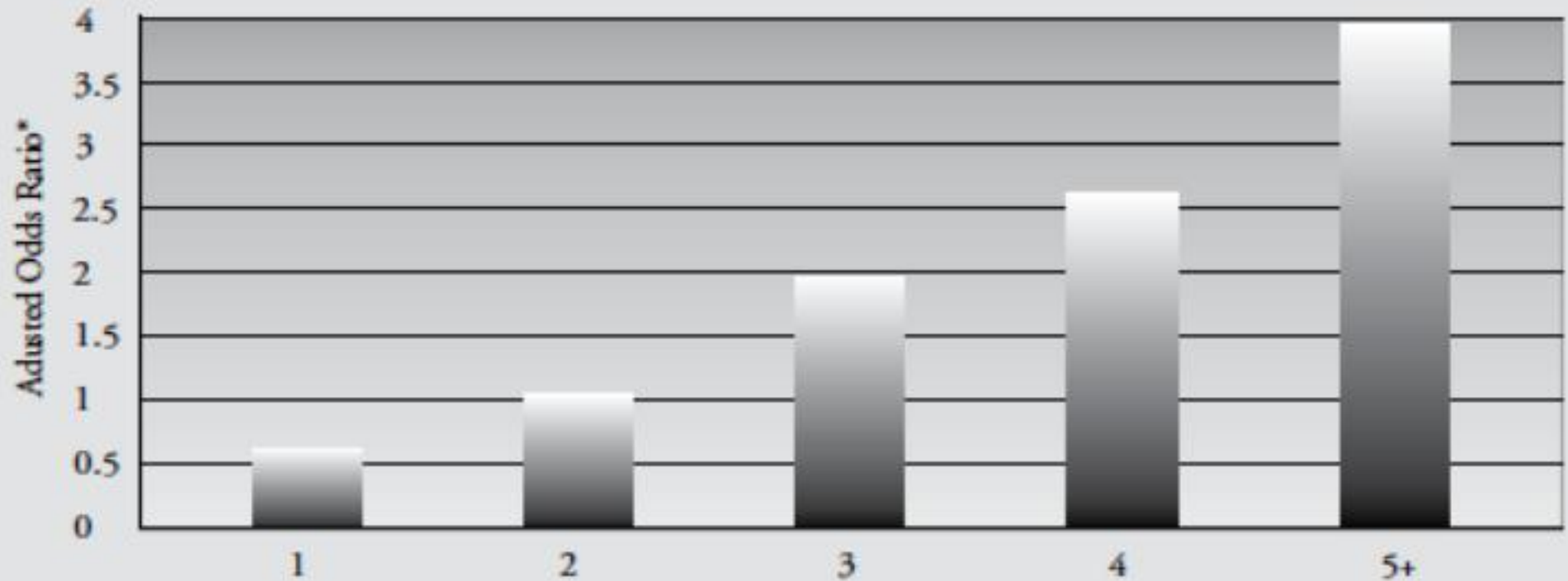
Childhood Sexual Abuse and the
Number of Unexplained Symptoms



Number of Unexplained Symptoms *Figure 10-10*

童年不良经历与结婚3次或以上的可能性

Adverse Childhood Experiences and the Likelihood of 3 or More Marriages*

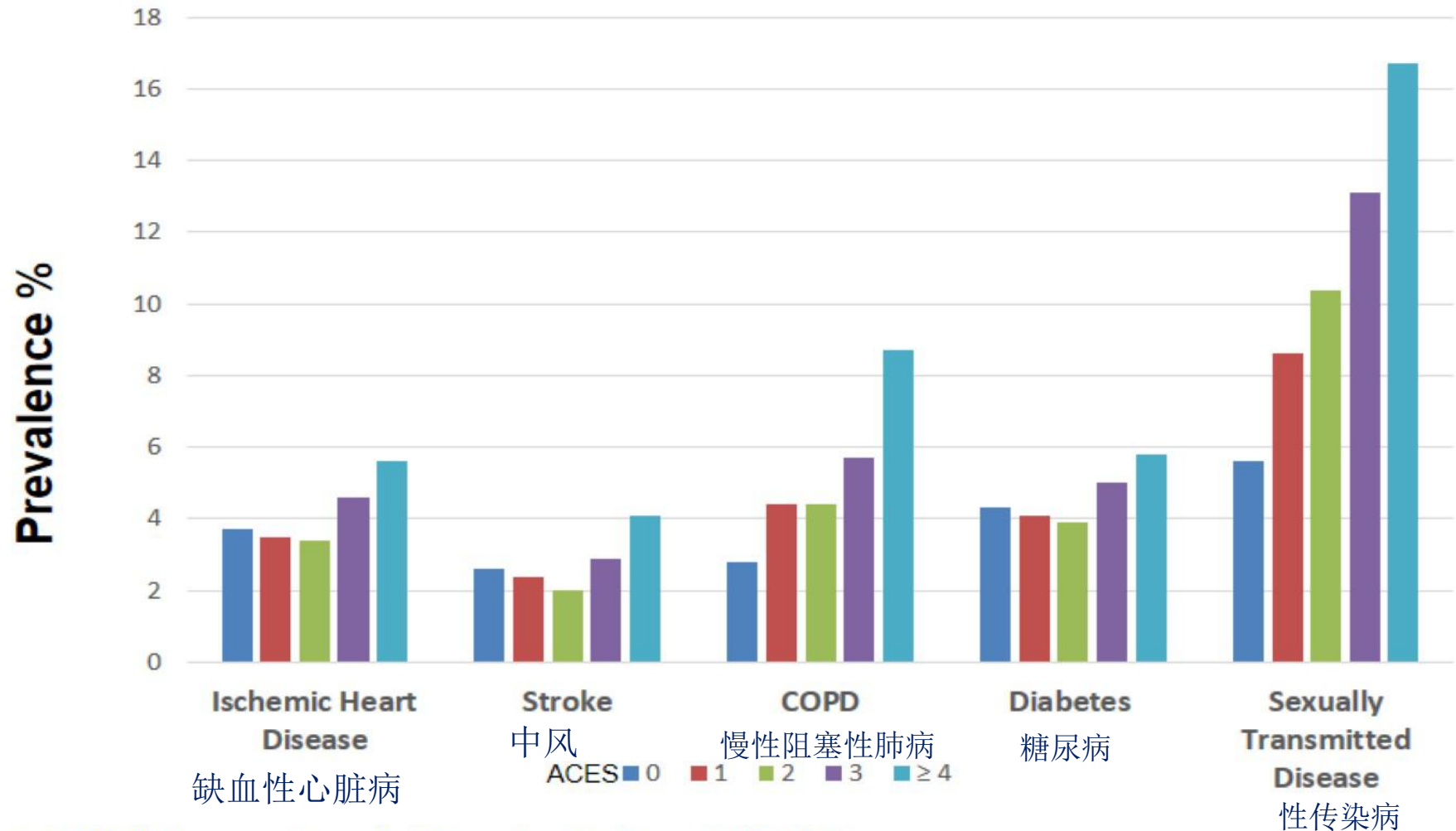


ACE Scores

Figure 10-13

Cumulative ACES & Chronic Disease¹

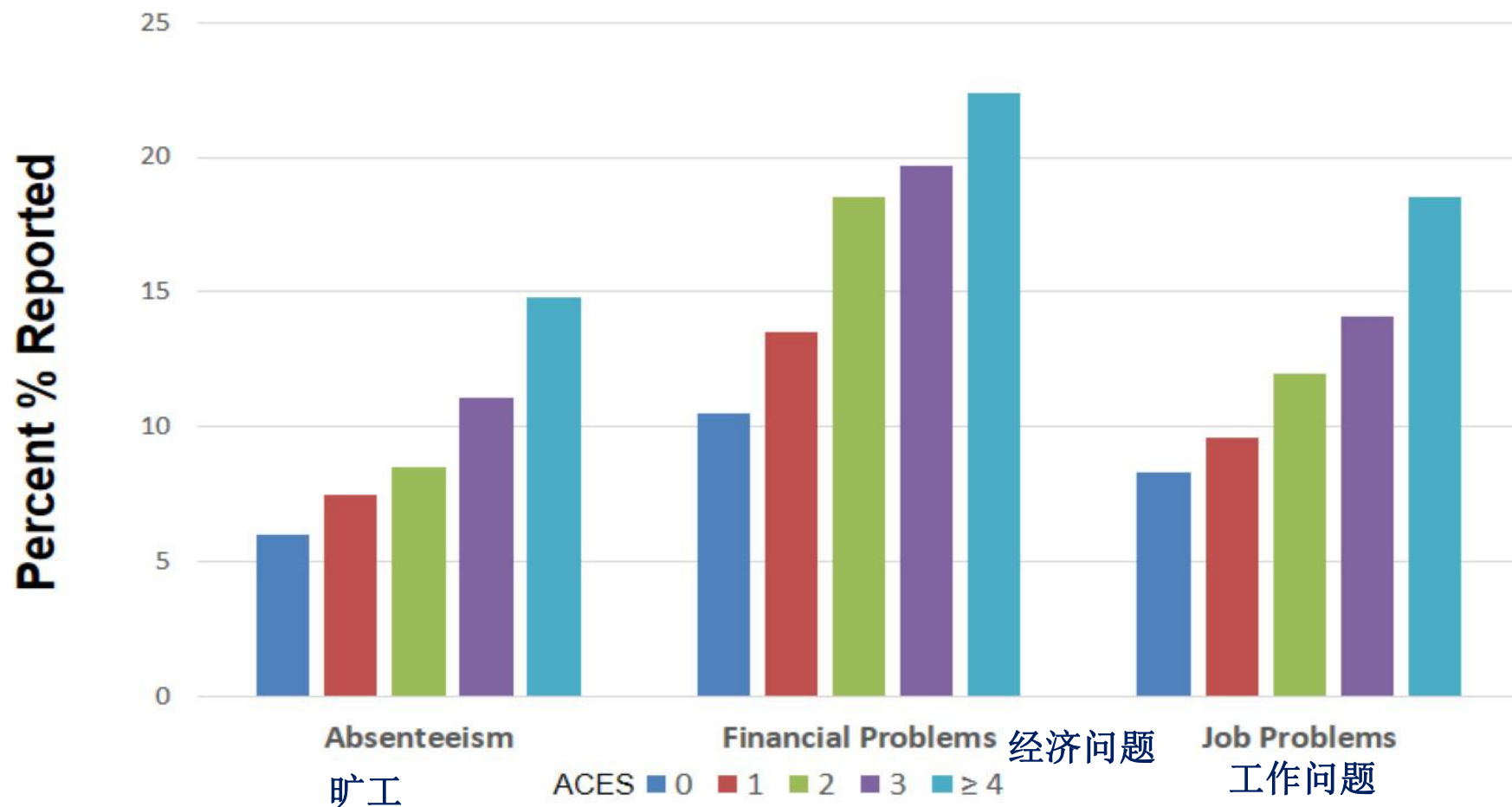
累积的ACES & 慢性疾病



证道心理

累积的ACES & 工作表现受损

Cumulative ACES & Impaired Worker Performance¹



证道心理

CANarratives.org

¹Anda et al., (2004) The Permanente Journal/Winter 8:30-38.

Impact of Cumulative ACES & Social Dysfunction¹

- Lower educational, occupational attainment.
- Increased social service costs.
- Increased medical costs.
- Shortened life span.
- Increased risk for HIV, teen pregnancy, maternal depression².
- Intergenerational transmission of ACES to offspring.

¹IOM (Institute of Medicine) and NRC (National Research Council). 2013.
New Directions in child abuse and neglect research. Washington, DC: The National Academies Press.
²<http://www.movingbeyonddepression.org/>

累积ACE的影响与社交功能障碍

- 教育水平、职业成就低
- 社会服务成本高
- 寿命缩短
- HIV、青少年怀孕，产妇抑郁症风险增高
- 后代ACE跨代传递



Pervasive problems普遍存在的问题

More than 50% with ACE scores of 4 or higher had learning or behavioral problems in school, (cf. 3 % of those with a score of zero.

ACE分数为4或更高的人中有50%以上的人在学校有学习或行为问题（参见零分人为3%）。

Children do not “outgrow” the effects of their early experiences.

儿童不会“超出”他们早期经历的影响。

High ACE scores correlated with higher workplace absenteeism, financial problems, pain medications, antidepressants, anti psychotics, and lower lifetime income.

高ACE评分与较高的工作场所缺勤，经济问题，止痛药，抗抑郁药，抗精神病和较低的终生收入相关。

Felitti: “Traumatic experiences are often lost in time and concealed by shame, secrecy, and social taboo”

Felitti: “创伤经历往往会随着时间的流逝变得模糊，并被羞耻、保密和社会禁忌所掩盖”



Estimates of the Population Attributable Risk* (PAR) of ACEs for Selected Outcomes in Women 对女性选定结局的人口特异风险* (PAR) 评估值

Mental Health: 精神卫生

PAR

Current depression 目前抑郁

54%

Suicide attempt 自杀企图

58%

Drug Abuse: 药物滥用

65%

Alcoholism 酗酒

Drug abuse 药物滥用

50%

IV drug abuse 静脉注射药物滥用

78%

Crime Victim: 犯罪受害者

Sexual assault 性侵犯

62%

Domestic violence 家庭暴力

52%

*Based upon the prevalence of one or more ACEs (62%) and the adjusted odds ratio ≥ 1 ACE



证道心理精彩课程

扫描二维码了解详情



精神分析核心概念 与临床技术 18 讲

Vamik Volkan

五次获诺贝尔和平奖提名
美国精神分析学院前主席
弗洛伊德奖和西格尼奖双料获得者
连续 15 年荣膺美国最佳医生



关系创伤的动力学治疗 全过程及临床操作步骤

Janet Bachant

创伤治疗顶尖专家
纽约精神分析中心督导师
纽约灾难咨询联合会主席



复杂发展创伤的形成 及如何治疗

Janet Bachant

创伤治疗顶尖专家
纽约精神分析中心督导师
纽约灾难咨询联合会主席



识别二维码查看课程列表

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三大系列，正在热招！

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