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PREVIEW

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**Pilot study to validate criteria for proposed new DSM IV  
category: Disorders of extreme stress not otherwise specified  
(DESNOS)**

Worzel, Maria Anne, Psy.D.

Pace University, 1991

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PREVIEW

**PILOT STUDY TO VALIDATE CRITERIA FOR  
PROPOSED NEW DSM IV CATEGORY:  
DISORDERS OF EXTREME STRESS NOT OTHERWISE SPECIFIED  
(DESNOS)**

**MARIA A. WÜRZEL**

**A DOCTORAL PROJECT  
SUBMITTED TO THE GRADUATE FACULTY  
OF PACE UNIVERSITY  
in Partial Fulfillment of the Requirements for the Degree of  
DOCTOR OF PSYCHOLOGY**

**New York, New York**

**1991**



PSYCHOLOGY DEPARTMENT  
PSY.D. PROJECT  
FINAL APPROVAL FORM

(Please type all information)

NAME: Maria A. Worzel

TITLE OF PROJECT: Pilot Study to Validate Criteria for  
Proposed New DSM IV Category: Disorders  
of Extreme Stress Not Otherwise Specified  
(DESNOS)

DOCTORAL PROJECT COMMITTEE:

PROJECT ADVISOR: David Pelcovitz, Ph.D.  
(Name) Chief Psychologist  
Child & Adolescent Psychiatry  
(Title) North Shore University Hospital (Affiliation)

PROJECT CONSULTANT: Leonard Bart, Ph.D.  
(Name) Director of Field Training  
Pace University  
(Title) (Affiliation)

FINAL APPROVAL OF COMPLETED PROJECT:

I have read the final version of the doctoral project and certify that it meets the relevant requirements for the Psy.D. degree in School-Community Psychology.

David Pelcovitz, Ph.D.  
(Project Advisor's Signature)

7/12/91  
(Date)

Leonard G. Bart, Ph.D.  
(Project Consultant's Signature)

7/29/91  
(Date)

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## **ACKNOWLEDGEMENTS**

I wish to thank all those at North Shore University Hospital who gave their encouragement and support. I am particularly grateful to Linda Packman and Yoel Layish, the clinicians who helped make this project a reality.

Special thanks goes to Dr. Al Ward who was always available. His patience, skill and direction served as a beacon through the maze of statistical techniques and his dedication transcended many obstacles that might have hindered the completion of this work.

My advisor, Dr. David Pelcovitz, has been a source of inspiration and motivation. I wish to thank him for his insights, support, and his contribution of the dramatic graphic designs that depict the results of this effort.

I also wish to thank my consultant, Dr. Len Bert, who encouraged independent and creative thinking. His considered efforts and thoughtful contributions are greatly appreciated.

Finally, I am indebted to my husband, Bill, and my children, Billy and Nicole. They were an integral part of this project at every phase, offering encouragement and support unselfishly. Their efforts and sacrifices were instrumental to the completion of this work.



## **Abstract**

At present, no one diagnostic category exists that clearly delineates the essence of chronic victimization. Although Post-Traumatic Stress Disorder (PTSD) addresses reactions to traumatic events, literature review and pilot studies have shown that most victims of abuse do not manifest the full syndrome. A new diagnostic category, Disorders of Extreme Stress Not Otherwise Specified (DESNOS), has been proposed for consideration in DSM-IV.

A pilot study to validate criteria for DESNOS was conducted by systematically investigating the charts of thirty-five child and adolescent out-patients, ages 3 through 16, for the presence of PTSD symptomatology as well as for symptoms of DESNOS. These patients must have been seen in therapy for the duration of at least one month and must have suffered some form of sexual abuse. Therapists of these patients were then administered structured interviews covering both PTSD and DESNOS.

Due to the exploratory nature of this study, it was not possible at present to determine the number of criteria necessary to state that DESNOS is present in any given patient. It was hypothesized that a significant percentage of victims of abuse would manifest the criteria for DESNOS. It was also hypothesized that a significantly greater percentage of victims would manifest the criteria for DESNOS than would manifest the criteria for PTSD. Finally, the percentage of each item receiving an affirmative response was examined to determine trends regarding which DESNOS criteria appear most frequently in victims of sexual abuse.

Hypothesized differences between DESNOS and PTSD were not found. However, a significantly high percentage of DESNOS Symptomatology were present in a large number of subjects. Ninety-two percent of the subjects met at least one criterion in the area of Alterations of Affect. Eighty-three percent of the subjects met at least one criterion in the area of Alterations in Attention. One hundred percent of the subjects met at least one criterion in the area of Alterations

in Self-Perception. Eighty-three percent of the subjects met at least one criterion in the area of Alterations in the Perception of the Perpetrator. Seventy-two percent of the subjects met at least one criterion in the area of Alterations in Relations with Others. Thirty-two percent of the subjects met at least criterion in the area of Alterations in Systems of Meaning. In the PTSD category, fifty-four percent of the subjects met criteria in the area of Avoidance and Numbing, forty-six percent met criteria in the area of Re-experiencing of Trauma, and forty-three percent met criteria in the area of Increased Arousal.

Empirical and descriptive evaluation found support for inclusion of DESNOS symptomatology in nationally-run PTSD field trials. The results are discussed in the context of current clinical theory. Limitations of the present study and implications for future research are also addressed.

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## **i INTRODUCTION**

Historically, children have withstood severe forms of mental, physical, and sexual abuse. In an attempt to ameliorate these psychic wounds, therapists have diagnosed these symptoms in widely divergent ways. Thus far, no one specific category has been able to fully delineate the essence of chronic victimization. Although the category of Post-Traumatic Stress Disorder (PTSD) addresses reactions to traumatic events, it has been found that most victims of abuse do not manifest the full syndrome and do manifest symptoms not included in PTSD.

Due to the availability of the population, this study will concentrate on one aspect of abuse, i.e., sexual abuse in children and adolescents. As Finkelhor (1988) has purported, the fit between PTSD and the symptoms of sexual abuse is somewhat forced. A pilot study by Peicovitz and Kaplan (1990), which will be discussed later, concludes that only a small percentage of children suffering from extrafamilial sex abuse meet the criteria for PTSD. Therefore, trends shall be examined that led to the development of a proposed new

diagnostic category, Disorders of Extreme Stress - Not Otherwise Specified (DESNOS).

Dating back to ancient Greece and Rome, sexual victimization of young boys and girls abounded and was not considered to be immoral (Rush, 1980). Sexual exploitation of children was also present in Eastern cultures and flourished in the Victorian era. For generations in America, society viewed children as the exclusive property of their parents. In the early 1600's, Massachusetts passed the "Stubborn Child Act" whereby a parent could petition that a rebellious or stubborn child be put to death (Fraser, 1976; cited in Kelly, 1983). Countermovements seeking more humane treatment for child victims of physical and sexual abuse, emotional cruelty, or severe parental neglect made little or no impact. In fact, crusaders of the subject suffered much humiliation and pain. As cited by Corwin (1966): "The sexual victimization of children evokes so much denial and repression that even though it surfaced into professional awareness three previous times during the past 130 years, it was resuppressed each



time by the formidable denial and backlash it illicited."

Not until the mid 1970's did serious consideration and interest in sexual abuse manifest itself. As recently as 1975, an outdated statistic from 1930 was cited that child sexual abuse occurred in one family in a million (Sadock, 1985). During the last decade, researchers such as Finkelhor (1979), Russell (1983) and Wyatt (1985) have conducted scientific studies proving that sexual victimization of children is common. The total number of child maltreatment cases reported nationwide to child protective service agencies each year since 1976 has increased significantly, with over twice as many reports in recent years than was true 10 years ago (Wolfe, 1987).

According to news media, in 1978, Family Court received 552 child abuse petitions. In 1987, this figure rose to 2,521. In 1976, reports to the Child-Abuse Hot-Line numbered 15,864. By September of 1988, this figure increased to 44,032. This is in New York City alone (Daily News, 1/90). CBS News reported that in 1989, nationwide, there

were 2.4 million calls or reports of child abuse; 15,500 deaths were directly attributed to child abuse; and eight out of ten children who are abused receive no treatment. Focus is no longer on attempting to dispute the prevalence of child sexual abuse; it now rests on the technical aspects of its identification, evaluation and treatment.

In 1983, Summit described a process which he termed the "Child Sexual Abuse Accommodation Syndrome" (Summit, 1983). This is an empirically derived description of common, yet often misconstrued, tendencies of sexually abused children to make delayed, inconsistent, and unconvincing disclosures of their abuse and frequently to recant them. Summit's Accommodation Syndrome includes five categories. These are: secrecy; helplessness; entrapment and accommodation; delayed, conflicted and unconvincing disclosure; and retraction. According to Summit, the child is faced with continuing helplessness and feels entrapped in the ongoing situation. The victim cannot conceptualize the parent/abuser as bad and, therefore, utilizes self-hate to foster an image of the abuser as good. The victim then

believes that he or she is bad and must learn to be good. The Child Sexual Abuse Accommodation Syndrome is becoming well-known, but it is more a description of a process than a full accounting of the common symptomatology seen in victims of abuse.

Post-Traumatic Stress Disorder is the model most frequently utilized to explain the trauma of sexual abuse. Finkelhor (1988), however, strenuously questions the fit between sexual abuse and PTSD. He demonstrates that PTSD does not adequately account for all of the symptoms; it accurately applies only to some of the victims; and it does not truly present a theory that explains how the dynamics of sexual abuse lead to the symptoms noted. He warns that should clinicians subsume sexual abuse into PTSD and rely on PTSD symptomatology to diagnose a history of sexual abuse, expert witnesses may testify in court that alleged victims probably were not abused because they do not manifest PTSD symptoms. He states: "Not only would they be missing many real victims, but it might lead to the presumption that a sexual abuse victim without PTSD was necessarily less traumatized."