

Challenges in Treating Trauma: One size does not fit all

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HANDOUT

DSM-5 PTSD Diagnostic Criteria

Posttraumatic Stress Disorder

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“The essential feature of PTSD is the development of characteristic symptoms following exposure to one or more traumatic events. Emotional reactions to the traumatic event (e.g. fear, helplessness, horror) are no longer a part of Criterion A. The clinical presentation of PTSD varies.” (DSM 5, p.274)

FOR THOSE CLIENTS > 6 years old

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

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 friend. 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)

Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless exposure is work related.

B. Presence of one (or more) of the following intrusive symptoms associated with the traumatic event (s), beginning after the traumatic event(s) occurred:

- (1) Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
Note: In children older than 6 years, repetitive play may occur in which themes or aspects of the event(s) are expressed.
- (2) Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s). **Note:** In children, there may be frightening dreams without recognizable content.
- (3) 3. Dissociative reactions (e.g. flashbacks) in which the individual feels or acts as if the traumatic event(s) were reoccurring. (Such reactions may occur on a continuum, with the most extreme expression being complete loss of awareness of present surroundings.)
Note: In children, trauma-specific reenactment may occur in play.

- (4) Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
 - (5) Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
- C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:
- (1) Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
 - (2) Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
- D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic events(s) occurred, as evidenced by two (or more) of the following:
- 1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
 - 2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g. "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").
 - 3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
 - 4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
 - 5. Markedly diminished interest or participation in significant activities.
 - 6. Feelings of detachment or estrangement from others.
 - 7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).
- E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
- 1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
 - 2. Reckless or self-destructive behavior.
 - 3. Hypervigilance.

4. Exaggerated startle response.

5. Problems with concentration.

6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep)

F. Duration of the disturbance (Criterion B, C, D, and E) is more than one month.

G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition

Specify whether:

With dissociative symptoms: The individual's symptoms meet the criteria for posttraumatic stress disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either if the following:

1. **Depersonalization:** Persistent or recurrent experiences of feeling detached from and as if one were an outside observer of, one's mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).
2. **Derealization:** Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted).

Note: To use this subtype, the dissociative symptoms must not be attributable to the physiological effects of a substance (e.g., blackouts, behavior during alcohol intoxication) or another medical condition (e.g., complex partial seizures).

Specify if:

With delayed expression: If the full diagnostic criteria are not met until at least 6 months after the event (although the onset and expression of some symptoms may be immediate)

Differential Diagnoses

- Adjustment Disorders
- Other PTSD and conditions
- Acute Stress Disorder
- Anxiety Disorders and OCD
- Major Depressive Disorder
- Personality Disorders
- Dissociative Disorders
- Conversion Disorders
- Psychotic Disorders
- Traumatic Brain Injury

References

American Psychiatric Association (2013). *The diagnostic and statistical manual of mental disorders* (5th ed.). Alexandria, VA: APA.