

## Posttraumatic Stress Disorder Diagnostic Criteria 309.81 (F43.10)

- Note: For ages 6 and older

- A. Need exposure to
  1. actual or threatened death,
  2. serious injury, or
  3. 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 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.

**Experiencing** repeated or extreme exposure to aversive details of the traumatic event(s)

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

- B. **Presence** of one (or more) of the following **intrusion symptoms** associated with the traumatic event(s), beginning after the traumatic event(s) occurred:
  - i. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
  - ii. Recurrent distressing dreams in which the content and/or effect of the dream are related to the traumatic event(s).
  - iii. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring.
  - iv. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
  - v. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
- 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:
  - vi. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
  - vii. 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 event(s) occurred, as evidenced by two (or more) of the following:
- 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).
  - Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world
  - Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
  - Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
  - Markedly diminished interest or participation in significant activities.
  - Feelings of detachment or estrangement from others.
  - 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:
- Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
  - Reckless or self-destructive behavior.
  - Hypervigilance.
  - Exaggerated startle response.
  - Problems with concentration.
  - Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).
- F. **Duration** of the disturbance (Criteria B, C, D, and E) is more than 1 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.

#### **Diagnostic Features**

- The essential feature of posttraumatic stress disorder (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 directly experienced traumatic events in Criterion A include, but are not limited to,
  - exposure to war as a combatant or civilian,
  - threatened or actual physical assault (e.g., physical attack, robbery, mugging, childhood physical abuse), **threatened or actual** sexual violence
    - (e.g., forced sexual penetration, alcohol/drug-facilitated sexual penetration, abusive sexual contact, noncontact sexual abuse, sexual trafficking),

- being kidnapped,
  - being taken hostage,
  - terrorist attack,
  - torture,
  - incarceration as a prisoner of war,
  - natural or human-made disasters, and
  - severe motor vehicle accidents.
- A life-threatening illness or debilitating medical condition is not necessarily considered a traumatic event.
  - Medical incidents that qualify as traumatic events involve sudden, catastrophic events (e.g., waking during surgery, anaphylactic shock).
  - Witnessed events include, but are not limited to, observing threatened or serious injury, unnatural death, physical or sexual abuse of another person due to violent assault, domestic violence, accident, war or disaster, or a medical catastrophe in one's child (e.g., a life-threatening hemorrhage).
  - Indirect exposure through learning about an event is limited to experiences affecting close relatives or friends and experiences that are violent or accidental (e.g., death due to natural causes does not qualify).
    - Such events include violent personal assault, suicide, serious accident, and serious injury. The disorder may be especially severe or long-lasting when the stressor is interpersonal and intentional (e.g., torture, sexual violence).
  - The traumatic event can be re-experienced in various ways.
    - Commonly, the individual has recurrent, involuntary, and intrusive recollections of the event (Criterion B1).
    - Intrusive recollections in PTSD are distinguished from depressive rumination in that they apply only to involuntary and intrusive distressing memories.
    - The emphasis is on recurrent memories of the event that usually include sensory, emotional, or physiological behavioral components.
    - A common re-experiencing symptom is distressing dreams that replay the event itself or that are representative or thematically related to the major threats involved in the traumatic event (Criterion B2).
  - Stimuli associated with the trauma are persistently (e.g., always or almost always) avoided.
    - The individual commonly makes deliberate efforts to avoid thoughts, memories, feelings, or talking about the traumatic event (e.g., utilizing distraction techniques to avoid internal reminders) (Criterion C1) and to avoid activities, objects, situations, or people who arouse recollections of it (Criterion C2).
  - Negative alterations in cognitions or mood associated with the event begin or worsen after exposure to the event.
    - These negative alterations can take various forms, including an inability to remember an important aspect of the traumatic event; such amnesia is typically due to dissociative amnesia and is not due to head injury, alcohol, or drugs (Criterion D1).

- Another form is persistent (i.e., always or almost always) and exaggerated negative expectations regarding important aspects of life applied to oneself, others, or the future.
- Individuals with PTSD may have persistent erroneous cognitions about the causes of the traumatic event that lead them to blame themselves or others.
- A persistent negative mood state (e.g., fear, horror, anger, guilt, shame) either began or worsened after exposure to the event (Criterion D4).
- The individual may experience markedly diminished interest or participation in previously enjoyed activities (Criterion D5), feeling detached or estranged from other people (Criterion D6), or a persistent inability to feel positive emotions (especially happiness, joy, satisfaction, or emotions associated with intimacy, tenderness, and sexuality) (Criterion D7).
- Individuals with PTSD may be quick tempered and may even engage in aggressive verbal and/or physical behavior with little or no provocation (e.g., yelling at people, getting into fights, destroying objects) (Criterion E1).
- They may also engage in reckless or self-destructive behavior such as dangerous driving, excessive alcohol or drug use, or self-injurious or suicidal behavior (Criterion E2).
- PTSD is often characterized by a heightened sensitivity to potential threats, including those that are related to the traumatic experience (e.g., following a motor vehicle accident, being especially sensitive to the threat potentially caused by cars or trucks) and those not related to the traumatic event (e.g., being fearful of suffering a heart attack) (Criterion E3).
- Individuals with PTSD may be very reactive to unexpected stimuli, displaying a heightened startle response, or jumpiness, to loud noises or unexpected movements (e.g., jumping markedly in response to a telephone ringing) (Criterion E4). Concentration difficulties, including difficulty remembering daily events (e.g., forgetting one's telephone number) or attending to focused tasks.
- Problems with sleep onset and maintenance are common and may be associated with nightmares and safety concerns or with generalized elevated arousal that interferes with adequate sleep (Criterion E6).
- Some individuals also experience persistent dissociative symptoms of detachment from their bodies (depersonalization) or the world around them (de-realization).