

CHAPTER 1

What Is Posttraumatic Stress Disorder?

Defining Posttraumatic Stress Disorder

In this program, we are going to discuss evidence-based treatment planning for PTSD. Let's begin by looking at the criteria for the disorder according to the Diagnostic and Statistical Manual of Mental Disorders (DSM).

Exposure to Trauma

For PTSD, the person has to have been exposed to a traumatic event in which both of the following have been present:

1. The person has experienced, witnessed, or been confronted with an event or events that involve actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others.
2. The person's response involved intense fear, helplessness, or horror.
Note: in children, it may be expressed instead by disorganized or agitated behavior.

Intrusive Recollections, Avoidance/Numbing, and Hyperarousal

Exposure to the stressor is followed by a response involving symptoms from *each* of three symptom categories: intrusive recollections (Figure 1.1), avoidance/numbing (Figure 1.2), and hyperarousal (Figure 1.3).

Figure 1.1

Forms of Intrusive Recollection

Intrusive recollection means that the traumatic event is persistently reexperienced in *at least one* of the following ways:

1. Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions. Note: in young children, repetitive play may occur in which themes or aspects of the trauma are expressed.
2. Recurrent distressing dreams of the event. Note: in children, there may be frightening dreams without recognizable content.
3. Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur upon awakening or when intoxicated). Note: in children, trauma-specific reenactment may occur.
4. Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
5. Physiologic reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

Figure 1.2

Forms of Avoidance/Numbing

The second set of symptoms required for the diagnosis of PTSD reflect persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by *at least three* of the following:

1. Efforts to avoid thoughts, feelings, or conversations associated with the trauma
2. Efforts to avoid activities, places, or people that arouse recollections of the trauma
3. Inability to recall an important aspect of the trauma
4. Markedly diminished interest or participation in significant activities
5. Feeling of detachment or estrangement from others
6. Restricted range of affect (e.g., unable to have loving feelings)
7. Sense of foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

Figure 1.3

Forms of Hyperarousal

The third set of symptoms characteristic of PTSD involve persistent symptoms of increased arousal (not present before the trauma), indicated by *at least two* of the following:

1. Difficulty falling or staying asleep
2. Irritability or outbursts of anger
3. Difficulty concentrating
4. Hypervigilance
5. Exaggerated startle response

Duration of Symptoms

To meet criteria for PTSD, the duration of this response (involving symptoms from each of the three symptom categories just discussed) must be more than one month.

Distress or Disability

As with any mental-emotional disorder, the symptoms of PTSD must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specifiers

- Specifiers used with the diagnosis of PTSD include whether it is chronic or acute, and whether it is with or without a delay in onset.
- The condition is considered acute if the duration of symptoms has been *less than three months* and chronic if it has been *three months or more*.
- Delayed onset refers to symptoms whose onset occurred *after six months* from exposure to the traumatic stressor.

Diagnostic Criteria for PTSD

A summary of the diagnostic criteria for PTSD can be found in Figure 1.4.

Figure 1.4

Diagnostic Criteria Summary for Posttraumatic Stress Disorder

Criterion A: Exposure to Traumatic Stressor

Criterion B: Intrusive Recollections of Trauma

Criterion C: Avoidance of Trauma-Related Stimuli, Numbing of General Responsiveness

Criterion D: Hyperarousal

Criterion E: Duration (at least one month)

Criterion F: Clinical Distress or Disability

SPECIFIERS:

- Acute = Symptoms less than 3 months
- Chronic = Symptoms more than 3 months
- With or Without Delayed Onset (6 months after trauma)

From *The Diagnostic and Statistical Manual of Mental Disorders-IV-TR* (APA, 2000).

Chapter Review

1. What are the diagnostic criteria for posttraumatic stress disorder?

Chapter Review Test Questions

1. Which of the following does not represent one of the three categories of diagnostic *symptoms* of PTSD?
 - A. Experiencing an event that involved threatened death
 - B. Feeling of detachment or estrangement from others
 - C. Irritability or outbursts of anger
 - D. Recurrent distressing dreams of the event
2. The DSM diagnosis, "Posttraumatic Stress Disorder, Acute (309.81)," means that the symptoms of PTSD have been present for how long?
 - A. Less than one month
 - B. More than one month, but less than six months
 - C. More than one month, but less than three months
 - D. More than six months

Chapter Reference

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revised). Washington, DC: American Psychiatric Association.