



DSM-5: Trauma- and Stressor- Related Disorders

Criteria, Changes, and Clinical Implications

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Trauma- and Stressor-Related Disorders

1. **Posttraumatic Stress Disorder**
 2. Acute Stress Disorder
 3. Adjustment Disorders
 4. Reactive Attachment Disorder
 5. Disinhibited Social Engagement Disorder
 6. Other Specified Trauma- and Stressor-Related Disorder
 7. Unspecified Trauma- and Stressor-Related Disorder
- Persistent Complex Bereavement Disorder (proposed for Section III, a section describing conditions that need more research)

PTSD Before...

Criterion A1: Person experienced/witnessed/confronted with event where there was threat of or actual death/serious injury. May also have involved a threat to physical well-being.

Criterion A2: Person responded to event with fear, anxiety, helplessness, or horror.

Criterion B: 1+ re-experiencing symptoms:

- Frequently upsetting thoughts or memories about a traumatic event.
- Recurrent nightmares.
- Acting/feeling as if traumatic event were happening again - “flashback.”
- Distress when reminded of the traumatic event.
- Physically responsive (high heart rate or sweating) to reminders of the trauma.

Criterion C: 3+ avoidance symptoms

- Avoid thoughts, feelings, conversations about the trauma.
- Avoid places or people that remind you of the trauma.
- Have difficult time remembering important parts of the trauma.
- A loss of interest in important, once positive, activities.
- Feeling distant from others.
- Difficulties having positive feelings, such as happiness or love.
- Sense of foreshortened future.

Criterion D: 2+ hyperarousal symptoms

- Having a difficult time falling or staying asleep.
- Feeling irritable, having anger outbursts.
- Having difficulty concentrating.
- Feeling constantly “on guard” or like danger is lurking around every corner.
- Being “jumpy” or easily startled.

Criterion E: 1+ month

Criterion F: Interferes with life/functioning

PTSD After – Criteria A + B...

CHANGES TO CRITERION A:

1. Criterion A1 is expanded:

Trauma involves actual or threatened event, including:

1. Death
2. Serious injury
3. Sexual violence

Four types of exposure

1. Directly experienced
2. Witnessed
3. Learned happened to a loved one (must be accidental or violent)
4. Repeated, extreme exposure to details (first responders, police – media exposure doesn't count)

2. Criterion A2 (*Person responded to event with fear/anxiety/helplessness/horror*) is removed.

CHANGES TO CRITERION B:

- Exact same 5 symptoms.
- Notable revisions
 - B1: Memories
 - Versus DSM-IV recollections (images, thoughts, perceptions)
 - B3: Flashbacks
 - Emphasis on dissociation and continuum of reactions

PTSD After – Criteria C + D...

CRITERION C CHANGES:

- Numbing separated from avoidance.
- Same 2 sx as DSM-IV
- C1: Avoid memories, thoughts, feelings
- C2: Avoid external reminders
- Addresses problematic ambiguity in DSM-IV
- Conversations moved from C1 to C2 to create clear distinction between internal and external stimuli

CRITERION D CHANGES (most heavily revised cluster):

- Now called “Negative alterations in cognition and mood”
- Numbing symptoms from DSM-IV plus *two new symptoms*
 - D1: Amnesia (not due to TBI or intoxication)
 - D2: Negative beliefs (broader version of previous “foreshortened future” symptom)
 - *D3: Distorted cognitions and blame (from cognitive model of PTSD – think “stuck points”)*
 - *D4: Negative emotions (fear, horror, anger, guilt, shame)*
 - D5: Diminished interest
 - D6: Detachment or estrangement
 - D7: Inability to experience positive emotions

PTSD After – Criteria E-H...

CHANGES TO CRITERION E:

- Cluster is now called “Arousal and Reactivity” – used to be hyperarousal cluster (Criterion D)
- Similar to DSM-IV but with *one new symptom*:
 - E1: Irritable behavior and angry outbursts
 - *E2: Reckless or self-destructive behavior (new emphasis on behavior). Ex: reckless driving, excessive alcohol use, suicidal behavior*
 - E3: Hypervigilance
 - E4: Exaggerated startle
 - E5: Problems with concentration
 - E6: Sleep disturbance

CHANGES TO CRITERIA F-H:

None!

Changes to PTSD in DSM-5

- PTSD was removed from anxiety disorders; trauma is heterogeneous, and response may involve anger, dissociation, etc.
- Now have four symptom clusters: avoidance, re-experiencing, persistent negative changes in mood and cognition, and arousal.
- Criterion A2 removed (no fear, helplessness, or horror required)
- Criterion A1 (now just 'A') clarified
- Avoidance and numbing symptoms split
- Three new symptoms added
- Several symptoms revised
- Separate PTSD criteria for children 6 or younger
- Dissociative subtype added

PTSD After...

- **Criterion A:** Exposure to 1+ event(s) that involved death/threatened death, actual/threatened serious injury, or threatened sexual violation. Events were experienced in 1+ following ways:
 - The event was experienced by the person.
 - The event was witnessed by the person as it occurred to someone else.
 - The person learned about event where relative/friend experienced actual or threatened violent or accidental death.
 - The person experienced repeated exposure to distressing details of an event.
- **Criterion B:** 1+
 1. Unexpected/expected reoccurring, involuntary, intrusive upsetting memories of trauma
 2. Repeated upsetting dreams where the content of dreams related to the trauma
 3. Dissociation (ex: flashbacks) where person feels as though the trauma is happening again
 4. Strong/persistent distress upon exposure to cues inside or outside of person's body connected to trauma
 5. Strong bodily reaction upon exposure to a reminder of the trauma
- **Criterion C:** Frequent avoidance of reminders associated with trauma, as demonstrated by 1+:
 1. Avoidance of thoughts, feelings, or physical sensations that bring up memories of trauma
 2. Avoidance of people, places, conversations, activities, objects, situations that bring up memories of trauma
- **Criterion D:** 3+ negative changes in thoughts/mood that occurred/worsened following trauma:
 1. The inability to remember an important aspect of the traumatic event
 2. Persistent, elevated negative evaluations about one's self, others, or the world
 3. Elevated self-blame or blame of others about the cause or consequence of a trauma
 4. A negative emotional state (for example, shame, anger, fear) that is pervasive
 5. Loss of interest in activities that one used to enjoy
 6. Feeling detached from others
 7. The inability to experience positive emotions (for example, happiness, love, joy)
- **Criterion E:** 3+ changes in arousal that started or worsened following a trauma:
 1. Irritability or aggressive behavior
 2. Impulsive or self-destructive behavior
 3. Feeling constantly "on guard" or like danger is lurking around every corner
 4. Heightened startle response
 5. Difficulty concentrating
 6. Problems sleeping
- **Criteria F-H:** Same as DSM-IV

PTSD Subtypes

Preschool Subtype (under 6 years old) - Relative to adult PTSD:

- No changes to Criteria A, B, C symptoms
- Criterion B – no change (1 Sx needed)
- Need only 1 symptom from either Criterion C or D
- Criterion D: Contains 4 out of 7 of the adult symptoms. No:
 - Amnesia
 - Persistent blame of self/other
 - Sense of foreshortened future (now persistent, elevated negative evaluations about one's self, others, or the world)
- Criterion E: Contains 5 out of 6 of the adult symptoms. No:
 - Reckless behavior

Dissociative Subtype:

- When PTSD includes significant dissociative symptoms.
 - Feeling detached from one's own mind/body/experience, or
 - World seems unreal/dreamlike
 - Symptoms not due to substance use or medical condition
- Applies to both age groupings

PTSD Changes – Implications

- More restrictive, more difficult to diagnose?
 - Criterion A: New definition addresses ambiguity of “confronted with” in DSM-IV. Definition is narrower, more restrictive perhaps?
 - D7 is more specific than the previous version, which mentioned overall restricted range of affect.
- Broader, easier to diagnose?
 - However, less restrictive now that A2 has been deleted.
 - D4 is non-specific, just mentions overall negative emotions. Concern about overlap with anger/angry outbursts described in Criterion E.
 - The criteria has been broadened to include other emotional reactions to trauma *than fear*.
- According to NCPTSD: “National estimates of PTSD prevalence suggest that DSM-5 rates were slightly lower than DSM-IV. ... Revision of Criterion A1 in DSM-5 narrowed qualifying traumatic events such that the unexpected death of family or a close friend due to natural causes is no longer included. Research suggests this is the greatest contributor (>50%) to discrepancy for meeting DSM-IV but not DSM-5 criteria.”
- PTSD assessment measures (CAPS, PCL) being revised by the NCPTSD.
- Possible treatment implications – symptoms align nicely with cognitive theory of PTSD

PTSD Checklist for DSM-5 = PCL-5

- 20 items, which match DSM-5 criteria
- PCL-5 most closely resembles PCL-IV (PCL-S)
- Symptoms rated on scale 0-4, not 1-5
- Three versions of the PCL-5:
 - Without Criterion A
 - With Criterion A
 - With Life Events Checklist for DSM-5 (LEC-5) and extended Criterion A
- Currently no PCL-5 version corresponding to PCL-M or PCL-C, but this is in the works.
- Cut scores TBD. Recommended to consider symptom scores of 2 as moderate.

PCL-5

PCL-5 Instructions: Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month. *In the past month, how much were you bothered by:*

Not at all = 0; A little bit = 1; Moderately = 2; Quite a bit = 3; Extremely = 4

1. Repeated, disturbing, and unwanted memories of the stressful experience?

0 1 2 3 4

2. Repeated, disturbing dreams of the stressful experience?

0 1 2 3 4

3. Suddenly feeling or acting as if the stressful experience were actually happening again (*as if you were actually back there reliving it*)?

0 1 2 3 4

4. Feeling very upset when something reminded you of the stressful experience?

0 1 2 3 4

5. Having strong physical reactions when something reminded you of the stressful experience (*for example, heart pounding, trouble breathing, sweating*)?

0 1 2 3 4

6. Avoiding memories, thoughts, or feelings related to the stressful experience?

0 1 2 3 4

7. Avoiding external reminders of the stressful experience (*for example, people, places, conversations, activities, objects, or situations*)?

0 1 2 3 4

8. Trouble remembering important parts of the stressful experience?

0 1 2 3 4

9. Having strong negative beliefs about yourself, other people, or the world (*for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous*)?

0 1 2 3 4

Clinician-Administered PTSD Scale for DSM-5 (CAPS-5)

- Contains 30 items which correspond to DSM-5 criteria.
- Prompts were revised for DSM-5 and readability
- Improved sequence of prompts
- Now top to bottom instead of left to right (simplifies administration, helps organize note-taking)
- Interim ratings of Frequency and Intensity combined into single 0-4 Severity rating

CAPS-5 Item 1:

In the past month, have you had any unwanted memories of (EVENT) while you were awake, so not counting dreams? [Rate 0=Absent if only during dreams]

How does it happen that you start remembering (EVENT)?

[If not clear:] (*Are these unwanted memories, or are you thinking about [EVENT] on purpose?*) [Rate 0=Absent unless perceived as involuntary and intrusive]

How much do these memories bother you?
Are you able to put them out of your mind and think about something else?

Circle: Distress = *Minimal Clearly Present Pronounced Extreme*

How often have you had these memories in the past month? # of times _____

Key rating dimensions = frequency / intensity of distress

Moderate = at least 2 X month / distress clearly present, some difficulty dismissing memories

Severe = at least 2 X week / pronounced distress, considerable difficulty dismissing memories

0 Absent

1 Mild / subthreshold

2 Moderate / threshold

3 Severe / markedly elevated

4 Extreme / incapacitating

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(proposed for Section III, a section describing conditions that need more research)

Changes to AST in DSM-5

- Criterion A changes same as PTSD updates – A1 is clarified; A2 is deleted.
- It was concluded that DSM-IV's AST criteria was too heavily focused on dissociation, thus, dissociation is no longer required for diagnosis.
- Person now must meet any 9 of the 14 dissociation, avoidance, arousal, negative mood, and/or intrusion symptoms.
- No one symptom of the 14 is required for a diagnosis.

AST After...

- Criterion A. same as ptsd
- Criterion B. 9+ symptoms
 - (1) Subjective sense of numbing, detachment from others, or reduced responsiveness to events
 - (2) An altered sense of the reality of one's surroundings or oneself (e.g., seeing oneself from another's perspective, being in a daze, time slowing)
 - (3) Inability to remember at least one important aspect of the traumatic event
 - (4) Spontaneous or cued recurrent, involuntary and intrusive distressing memories of the event
 - (5) Recurrent distressing dreams related to the event
 - (6) Dissociative reactions in which the individual feels or acts as if the traumatic event were recurring
 - (7) Intense or prolonged psychological distress or physiological reactivity at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
 - (8) Persistent avoidance of thoughts, conversations, or feelings that arouse recollections of the trauma
 - (9) Persistent avoidance of activities, places, or physical reminders that arouse recollections of trauma
 - (10) Sleep disturbance (e.g., difficulty in falling asleep, restless sleep, or staying asleep)
 - (11) Hypervigilance
 - (12) Irritable, angry or aggressive behavior
 - (13) Exaggerated startle response
 - (14) Agitation or restlessness
- Criterion C. Duration 3+ or more days and less than 1 month after the traumatic event
- Criterion D. causes clinically significant distress or impairment
- Criterion E. Disturbance not due to direct physiological effects of a substance or a general medical condition, and is not better accounted for by brief psychotic disorder

AST Changes - Implications

- No more emphasis on dissociation means the diagnosis is now broader.
- New changes may better predict PTSD due to dropping dissociation requirement .
 - Studies find that one reason ASD does not adequately predict PTSD is the old dissociation symptom requirement, which resulted in us overlooking many who are at high risk for developing PTSD.
- Recognizes the heterogeneity of early posttraumatic stress responses (does not require specific symptom clusters for diagnosis).

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Changes to Adjustment Disorders in DSM-5

- Reconceptualized as a stress-response syndrome.
- No longer a catch-all category.
- ***Stressors are not necessarily traumatic!
- Diagnose when person does not meet criteria for another disorder in the DSM-5,
- Subtypes did not change in DSM-5

Adjustment Disorders... After

- The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s).
- These symptoms or behaviors are clinically significant, as evidenced by one or both of the following:
 - Marked distress that is out of proportion to the severity or intensity of the stressor, taking into account the external context and the cultural factors that might influence symptom severity and presentation.
 - Significant impairment in social, occupational, or other important areas of functioning.
- The stress-related disturbance does not meet the criteria for another mental disorder and is not merely an exacerbation of a preexisting mental disorder.
- The symptoms do not represent normal bereavement.
- Once the stressor or its consequences have terminated, the symptoms do not persist for more than an additional 6 months.
- Specify:
 - With depressed mood: Low mood, tearfulness, or feelings of hopelessness are predominant.
 - With anxiety: Nervousness, worry, jitteriness, or separation anxiety is predominant.
 - With mixed anxiety and depressed mood: A combination of depression and anxiety is predominant.
 - With disturbance of conduct: Disturbance of conduct is predominant.
 - With mixed disturbance of emotions and conduct: Both emotional symptoms (e.g., depression, anxiety) and a disturbance of conduct are predominant.
 - Unspecified: For maladaptive reactions that are not classifiable as one of the specific subtypes of adjustment disorder.

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Changes to Reactive Attachment Disorder in DSM-5

- Now split into two disorders, based on DSM-IV subtypes.
 - Reactive attachment disorder
 - Disinhibited social engagement disorder.
- APA: “Both of these disorders are the result of social neglect or other situations that limit a young child’s opportunity to form selective attachments. Although sharing this etiological pathway, the two disorders differ in important ways.”
- APA: Reactive attachment disorder more “closely resembles internalizing disorders; it is essentially equivalent to a lack of or incompletely formed preferred attachments to caregiving adults.” There is a dampened positive affect...
- Characterized by:
 - Emotionally withdrawn behavior
 - Social/emotional disturbance
 - Exposure to extremes of insufficient care
 - Social neglect/deprivation, repeated changes in caregivers, rearing in unusual settings

Reactive Attachment Disorder... After

- A. A consistent pattern of inhibited, emotionally withdrawn behavior toward adult caregivers, manifested by both of the following:
 - The child rarely or minimally seeks comfort when distressed.
 - The child rarely or minimally responds to comfort when distressed.
- B. Persistent social and emotional disturbance characterized by 2+ of the following:
 - Minimal social and emotional responsiveness to others.
 - Limited positive affect.
 - Episodes of unexplained irritability, sadness, or fearfulness that are evident even during nonthreatening interactions with adult caregivers.
- C. Child has experienced pattern of extremes of insufficient care as evidenced by 1+:
 - Social neglect or deprivation in the form of persistent lack of having basic emotional needs for comfort, stimulation, and affection met by caregiving adults.
 - Repeated changes of primary caregivers that limit opportunities to form stable attachments.
 - Rearing in unusual settings that severely limit opportunities to form selective attachments .
- Care in Criterion C is presumed to be responsible for the disturbed behavior in Criterion A.
- The criteria are not met for autism spectrum disorder.
- The disturbance is evident before age 5 years.
- The child has a developmental age of at least 9 months.

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Changes to Disinhibited Social Engagement Disorder in DSM-5

- APA: Disinhibited social engagement disorder more closely resembles ADHD: “It may occur in children who do not necessarily lack attachments and may have established or even secure attachments.”
- More externalizing.
- Characterized by:
 - Reduced/absent reticence when interacting with unfamiliar adults
 - Behaviors not limited to impulsivity but include socially disinhibited behavior
 - Exposure to extremes of insufficient care

Disinhibited Social Engagement Disorder... After

- A. A pattern of behavior in which a child actively approaches and interacts with unfamiliar adults and exhibits at least two of the following:
 - Reduced or absent reticence in approaching and interacting with unfamiliar adults.
 - Overly familiar verbal or physical behavior (that is not consistent with culturally sanctioned and with age-appropriate social boundaries).
 - Diminished or absent checking back with adult caregiver after venturing away, even in unfamiliar settings.
 - Willingness to go off with an unfamiliar adult with minimal or no hesitation.
- B. The behaviors in Criterion A are not limited to impulsivity (as in ADHD) but include socially disinhibited behavior.
- C. The child has experienced a pattern of extremes of insufficient care as evidenced by at least one of the following:
 - Social neglect or deprivation in the form of persistent lack of having basic emotional needs for comfort, stimulation, and affection met by caregiving adults.
 - Repeated changes of primary caregivers that limit opportunities to form stable attachments.
 - Rearing in unusual settings that severely limit opportunities to form selective attachments .
- The care in Criterion C presumed to be responsible for disturbed behavior in Criterion A.
- The child has a developmental age of at least 9 months.

Disinhibited Social Engagement and Reactive Attachment Disorders Changes - Implications

- Distinguishing between the two disorders may lead to more helpful and specific treatment planning.
- Given the new distinction, research on the two disorders will likely increase, and improve (may be fewer discrepant findings, etc.).

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Other Specified Trauma- and Stressor-Related Disorder

- Cause clinically significant distress or impairment in functioning predominate, but full criteria for another disorder in this category is not met.
- Ex:
 - AD lasts 6+ months without prolonged duration of stressor
 - AD does not begin for 3+ month after the stressor
 - Subthreshold PTSD
 - Persistent complex bereavement disorder
 - Ataques nervios
 - Other cultural syndromes

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Unspecified Trauma- and Stressor-Related Disorder

- Symptoms characteristic of a trauma- and stressor-related disorder that cause distress/impairment, but do not meet full criteria for other disorders in this class.
- Use this diagnosis for situation when you do not want to, or cannot, specify the reason(s) that criteria are not met for another disorder. Ex: When there is not enough information to make a more specific diagnosis (due to a short consult, emergency room visit, etc).