Information Handout

Professional Version | US English

Recognizing Post-Traumatic Stress Disorder (PTSD)

Description

Psychiatric diagnostic frameworks serve multiple purposes. Classification of mental disorders enables clinicians and researchers to speak a common language when describing patterns of experience and behavior, guides appropriate treatment interventions, and acts as a coding system for insurance purposes. The success of these classification frameworks has varied across diagnoses but in the best cases has led to improved understanding and treatment of conditions, and has helped many service users who find such classification helpful (Perkins et al, 2018).

Diagnostic frameworks are not without controversy. They have been criticized on grounds of reliability, validity, and distortions due to commercial interests (Zigler & Phillips, 1961; Frances & Widiger, 2012; Bell, 2017). Perhaps most importantly there are instances where they have had, and continue to have, extremely negative effects upon service users (Perkins et al, 2018). Diagnosis is not the only way of understanding people and their experiences. Many clinicians and their clients find that attending to our personal stories and narratives is a helpful approach, and psychological formulation is one technique for bringing together information about what has happened to an individual and the sense that they have made of it (British Psychological Society, 2018).

Notwithstanding the above caveats, the '*Recognizing*…' series from Psychology Tools is designed to aid clinicians' understanding of the similarities and differences in the way that the two primary psychiatric diagnostic systems classify mental health problems. Their formatting for aid of comparison means that some detail has been purposefully excluded, and clinicians are encouraged to refer to the original source material for formal diagnostic purposes.

Post-Traumatic Stress Disorder (PTSD) follows an experience of trauma and is characterized by recurrent involuntary memories or other re-experiencing of the traumatic event. *Recognizing Post-Traumatic Stress Disorder* compares the DSM-5 and ICD-10 criteria for PTSD and the *Post-Traumatic Stress Disorder Checklist* is an assessment tool for clinicians. Both classification systems converge regarding re-experiencing, avoidance, and arousal symptoms but the DSM requires additional symptoms concerning changes in cognition and mood.

Instructions

The '*Recognizing…*' series from Psychology Tools is designed to aid clinicians' understanding of the similarities and differences in the way that the two primary psychiatric diagnostic systems classify mental health problems.

Their formatting for aid of comparison means that some detail has been purposefully excluded, and clinicians are encouraged to refer to the original source material for formal diagnostic purposes. In particular it has been assumed that symptoms cause clinically significant distress or impairment unless otherwise stated.

Information for the '*Recognizing ….*' series was drawn from:

- The *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*.
- The *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10)*. The ICD-10 is available in two versions: (1) The Clinical Descriptions and Diagnostic Guidelines (CDDG) or 'blue book' is intended for general clinical, educational and service use; (2) The Diagnostic Criteria for Research (DCR) or 'green book' was designed to facilitate research.

References

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Frances, A. J., & Widiger, T. (2012). Psychiatric diagnosis: lessons from the DSM-IV past and cautions for the DSM-5 future. *Annual Review of Clinical Psychology*, 8, 109-130.

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World Health Organization. (1992). *The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines*. Geneva, World Health Organization.

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Recognizing Post-Traumatic Stress Disorder (PTSD)

	DSM-5	ICD-10
Exposure to a stressor	**1 of:**	**1 of:**
Death, threatened death, actual or threatened serious injury or sexual violence.	✔	
Exposure to a stressful event or situation of exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone.		✔
Intrusive / re-experiencing symptoms	**1 of:**	**1 of:**
Recurrent, involuntary, intrusive memories.	✔	✔
Dissociative reactions (e.g. flashbacks).	✔	✔
Distressing dreams (nightmares).	✔	✔
Psychological distress when confronted with reminders of the trauma.	✔	✔
Physiological reactivity after exposure to a reminder of the trauma.	✔	✔
Avoidance	**1 of:**	**1 of:**
Of circumstances resembling or associated with the stressor.	✔	✔
Of trauma-related thoughts and feelings.	✔	
Arousal	**2 of:**	**2 of:***
Difficulty falling or staying asleep.	✔	✔
Irritability or outbursts of anger.	✔	✔
Difficulty concentrating.	✔	✔
Hyper-vigilance.	✔	✔
Exaggerated startle response.	✔	✔
Self-destructive or reckless behavior.	✔	
Negative alterations in cognitions and mood	**2 of:**	**1 of:***
Inability to recall key features of the traumatic event.	✔	✔
Persistent (and often distorted) negative beliefs and expectations about oneself and the world.	✔	
Persistent distorted blame of self or others for causing the traumatic event or the resulting consequences.	✔	
Persistent negative trauma-related emotions (e.g. fear, horror, guilt, shame).	✔	
Markedly diminished interest in (pre-trauma) activities.	✔	
Feeling alienated from others (e.g. detachment or estrangement).	✔	
Constricted affect: persistent inability to feel positive emotions.	✔	

*ICD: **either** at least two 'Arousal' symptoms or one 'Negative alterations in cognitions and mood' symptom is required.

Duration		
The disturbance has lasted for more than 1 month.	✔	

Post-Traumatic Stress Disorder (PTSD) Checklist

	DSM-5	ICD-10
Exposure to a stressor	**1 of:**	**1 of:**
Death, threatened death, actual or threatened serious injury or sexual violence.	☐	
Exposure to a stressful event or situation of exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone.		☐

Intrusive / re-experiencing symptoms	**1 of:**	**1 of:**
Recurrent, involuntary, intrusive memories.	☐	☐
Dissociative reactions (e.g. flashbacks).	☐	☐
Distressing dreams (nightmares).	☐	☐
Psychological distress when confronted with reminders of the trauma.	☐	☐
Physiological reactivity after exposure to a reminder of the trauma.	☐	☐

Avoidance	**1 of:**	**1 of:**
Of circumstances resembling or associated with the stressor.	☐	☐
Of trauma-related thoughts and feelings.	☐	

Arousal	**2 of:**	**2 of:***
Difficulty falling or staying asleep.	☐	☐
Irritability or outbursts of anger.	☐	☐
Difficulty concentrating.	☐	☐
Hyper-vigilance.	☐	☐
Exaggerated startle response.	☐	☐
Self-destructive or reckless behavior.	☐	

Negative alterations in cognitions and mood	**2 of:**	**1 of:***
Inability to recall key features of the traumatic event.	☐	☐
Persistent (and often distorted) negative beliefs and expectations about oneself and the world.	☐	
Persistent distorted blame of self or others for causing the traumatic event or the resulting consequences.	☐	
Persistent negative trauma-related emotions (e.g. fear, horror, guilt, shame).	☐	
Markedly diminished interest in (pre-trauma) activities.	☐	
Feeling alienated from others (e.g. detachment or estrangement).	☐	
Constricted affect: persistent inability to feel positive emotions.	☐	

*ICD: **either** at least two 'Arousal' symptoms or one 'Negative alterations in cognitions and mood' symptom is required.

Duration		
The disturbance has lasted for more than 1 month.	☐	

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