Trauma and Stress-Related Disorders in DSM-5

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Bottom Line

- Because a variety of clinical phenotypes are consistent with PTSD diagnostic criteria, it can no longer simply be considered an Anxiety Disorder
- 2. This is reflected in the new DSM-5 chapter: Trauma and Stressor-Related Disorders





DSM-5: Metastructure

- Neurodevelopmental Disorders
- Schizophrenia Spectrum & Other Psychotic Disorders
- Bipolar & Related Disorders
- Depressive disorders
- Anxiety Disorders
- Obsessive-Compulsive, Stereotypic & Related Disorders
- Trauma- and Stressor-Related Disorders
- Dissociative Disorders
- Somatic Symptom Disorders etc.

American Psychiatric Association. (2013) Diagnostic and Statistical Manual of Mental Disorders, (5th ed.). Washington, DC: Author.





DSM-IV Anxiety Disorders in DSM-5

- Anxiety Disorders
 Panic, Specific Phobia, Social Phobia, GAD etc.
- O-C, Stereotypic & Related Disorders
 OCD, Body Dysmorphic, Hoarding, Hair Pulling, Skin Picking, etc.
- Trauma- and Stressor-Related Disorders
 PTSD, ASD, ADs, Reactive Attachment Disorder, etc.
- <u>Dissociative Disorders</u>
 DID, Depersonalization/Derealization, Dissociative Amnesia, etc.





In the following slides, the DSM-5 criteria and language are paraphrased from the specific wording that appears in the DSM-5 manual. If you wish to see the precise wording, please consult the DSM-5 manual.





DSM-5: Changes to PTSD Criteria

- Criterion A2 (response involves "fear, helplessness, or horror") removed from DSM-5
- 3 clusters are divided into 4 clusters in DSM-5
- 3 new symptoms were added
- Other symptoms revised to clarify symptom expression
- All symptoms began or worsened after the trauma
- Separate diagnostic criteria for "preschool" (children 6 years or younger)
- New dissociative subtype for PTSD added





DSM-5: PTSD Criterion A

- A. The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows:
- 1. Direct exposure
- 2. Witnessing, in person

Criterion A continues on next slide.





DSM-5: PTSD Criterion A

Criterion A (continued):

- Indirectly, by learning that a close relative or close friend was exposed to trauma. If the event involved actual or threatened death, it must have been violent or accidental.
- 4. Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect non-professional exposure through electronic media, television, movies or pictures.





PTSD Criteria for DSM-5

- B. Intrusion symptoms
- C. Persistent avoidance of stimuli associated with the trauma
- D. Negative alterations in cognitions and mood that are associated with the traumatic event
- E. Alterations in arousal and reactivity that are associated with the traumatic event





DSM-5: PTSD Criterion B

- B. Intrusion (1/5 symptoms needed)
- Recurrent, involuntary and intrusive recollections *
 - * children may express this symptom in repetitive play
- 2. Traumatic nightmares *
 - * children may have disturbing dreams without content related to trauma

Criterion B continues on next slide.





DSM-5: PTSD Criterion B

Criterion B (continued):

3. Dissociative reactions (e.g. flashbacks) which may occur on a continuum from brief episodes to complete loss of consciousness *

* children may re-enact the event in play

- 4. Intense or prolonged distress after exposure to traumatic reminders
- 5. Marked physiological reactivity after exposure to trauma-related stimuli





DSM-5: PTSD Criterion C

- C. Persistent effortful avoidance of distressing trauma-related stimuli after the event (1/2 symptoms needed):
- 1. Trauma-related thoughts or feelings
- 2. Trauma-related external reminders (e.g. people, places, conversations, activities, objects or situations)





DSM-5: PTSD Criterion D

- D. Negative alterations in cognitions and mood that began or worsened after the traumatic event (2/7 symptoms needed)
- 1. Inability to recall key features of the traumatic event (usually dissociative amnesia; not due to head injury, alcohol or drugs) (C3 in *DSM-IV*)

Criterion D continues on next slide.





DSM-5: PTSD Criterion D

Criterion D (continued):

- Persistent (& often distorted) negative beliefs and expectations about oneself or the world (e.g. "I am bad," "the world is completely dangerous") (C7 in DSM-IV)
- Persistent distorted blame of self or others for causing the traumatic event or for resulting consequences (new)

Criterion D continues on next slide.





DSM-5: PTSD Criterion D

Criterion D (continued):

- 4. Persistent negative trauma-related emotions (e.g. fear, horror, anger, guilt, or shame) (new)
- 5. Markedly diminished interest in (pre-traumatic) significant activities (C4 in *DSM-IV*)
- 6. Feeling alienated from others (e.g. detachment or estrangement) (C5 in *DSM-IV*)
- 7. Constricted affect: persistent inability to experience positive emotions (C6 in *DSM-IV*)





DSM-5: PTSD Criterion E

- E. Trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event (2/6 symptoms needed)
- Irritable or aggressive behavior (revised D2 in DSM-IV)
- 2. Self-destructive or reckless behavior (new)

Criterion E continues on next slide.





DSM-5: PTSD Criterion E

Criterion E (continued):

- 3. Hypervigilance (D4 in *DSM-IV*)
- 4. Exaggerated startle response (D5 in *DSM-IV*)
- 5. Problems in concentration (D3 in *DSM-IV*)
- 6. Sleep disturbance (D1 in *DSM-IV*)





PTSD Criteria for DSM-5

- F. Persistence of symptoms (in Criteria B, C, D and E) for more than one month
- G. Significant symptom-related distress or functional impairment
- H. Not due to medication, substance or illness





Preschool Subtype: 6 Years or Younger

Relative to broader diagnosis for adults (or those over 6 years):

- Criterion B no change (1 Sx needed)
- 1 Sx from EITHER Criterion C or D
 - C cluster no change (2 Avoidance Sx)
 - D cluster 4/7 adult Sx
 - ✓ Preschool does not include: amnesia; foreshortened future; persistent blame of self or others
- Criterion E 5/6 adult Sx (2 Sx needed)
 - ✓ Preschool does not include reckless behavior.





Posttraumatic Stress Disorder for Children 6 Years and Younger

- A. In children (younger than 6 years), exposure to actual or threatened death, serious injury, or sexual violence, as follows:
- 1. Direct exposure
- 2. Witnessing, in person, (especially as the event occurred to primary caregivers) Note: Witnessing does not include viewing events in electronic media, television, movies, or pictures.
- 3. Indirect exposure, learning that a parent or caregiver was exposed





DSM-5: Preschool PTSD Criterion B

- B. Presence of one or more intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:
- 1. Recurrent, involuntary, and intrusive distressing recollections (which may be expressed as play)
- 2. Traumatic nightmares in which the content or affect is related to the traumatic event(s). Note: It's not always possible to determine that the frightening content is related to the traumatic event.

Criterion B continues on next slide.





DSM-5: Preschool PTSD Criterion B

Criterion B (continued):

- Dissociative reactions (e.g., flashbacks); such trauma-specific re-enactment may occur in play
- 4. Intense or prolonged distress after exposure to traumatic reminders
- 5. Marked physiological reactions after exposure to trauma-related stimuli





DSM-5: Preschool PTSD Criterion C

One or more symptoms from *either* Criterion C or D below:

- C. Persistent effortful avoidance of trauma-related stimuli:
- 1. Avoidance of activities, places, or physical reminders
- Avoidance of people, conversations, or interpersonal situations

Criterion D continues on next slide.





DSM-5: Preschool PTSD Criterion D

- D. Persistent trauma-related negative alterations in cognitions and mood beginning or worsening after the traumatic event occurred, as evidenced by one or more of the following:
- 1. Negative emotional states (e.g., fear, guilt, sadness, shame, confusion)
- 2. Diminished interest in significant activities, including constriction of play
- 3. Socially withdrawn behavior
- 4. Reduced expression of positive emotions





DSM-5: Preschool PTSD Criterion E

- E. Alterations in arousal and reactivity associated with the traumatic event,, as evidenced by two or more of the following:
- 1. Irritable behavior and angry outbursts (including extreme temper tantrums)
- 2. Hypervigilance
- 3. Exaggerated startle response
- 4. Problems with concentration
- 5. Sleep disturbance





Preschool PTSD for DSM-5

- F. Duration (of Criteria B, C, D and E) is more than 1 month
- G. The symptoms causes clinically significant distress or impairment in relationships
- H. Symptoms are not attributable to a substance (e.g., medication or alcohol) or medical condition





Dissociative Subtype of PTSD

New subtype for both age groupings of PTSD diagnosis:

- Meets PTSD diagnostic criteria
- Experiences additional high levels of depersonalization or derealization
- Dissociative symptoms are not related to substance use or other medical condition





Summary: PTSD in DSM-5

Perhaps PTSD should be reconceptualized as a spectrum disorder in which several distinct pathological posttraumatic phenotypes are distinguished symptomatically & psychobiologically.

If so, optimal treatment for one phenotype might not necessarily be the best treatment for another.





DSM-IV Acute Stress Disorder

A. PTSD A Criterion

A₁ & A₂ symptoms

B. Dissociative symptoms (\geq 3)

- 1. Numbing, detachment, ↓ emotional responsiveness
- 2. Reduction in awareness ("dazed")
- 3. Derealization
- 4. Depersonalization
- 5. Dissociative Amnesia





DSM-IV Acute Stress Disorder

- C. ≥1 PTSD Intrusion Symptom
- D. ≥1 PTSD Avoidance Symptom
- E. ≥1 PTSD Arousal Symptom
- F. Clinically Significant Distress or Impairment
- G. Duration >2 days; <1 month
- H. Not due to other cause (Intoxication, medical condition, etc.)





DSM-5: Acute Stress Disorder

- A. PTSD A Criterion
- B. No mandatory (e.g., dissociative, etc.) symptoms from any cluster
- C. Nine (or more) of the following (with onset or exacerbation after the traumatic event):
 - Intrusion (4)
 - Negative Mood (1)
 - Dissociative (2)
 - Avoidance (2)
 - Arousal (5)





DSM-5: Adjustment Disorders

No change from DSM-IV Criteria

- Retains various subtypes (depressed, anxiety, disturbed conduct, mixed)
- APA rejected ASD/PTSD & Bereavement Subtypes

Criterion D:

 The symptoms do not represent normal bereavement





Chronic Adjustment Disorder

- Omitted by mistake from DSM-5
- Acute AD less than 6 months
- Chronic AD –cannot persist more than 6 months after termination of stressor or its consequences





Other Specified Trauma/Stressor-Related Disorder (309.89)

- AD with duration more than 6 months without prolonged duration of stressor
 - subthreshold PTSD
 - persistent complex bereavement disorder
 - ataques nervios and other cultural symptoms





DSM-IV: Reactive Attachment Disorder

RAD has been reconfigured from one disorder with two subtypes into two distinctive disorders in DSM-5

- RAD: an emotionally withdrawn/inhibited phenotype
- Disinhibited Social Engagement Disorder (DSES): an indiscriminately social/disinhibited phenotype





DSM-5: Reactive Attachment Disorder

- Emotionally withdrawn behavior
- Social/emotional disturbance
 - reduced responsiveness, limited affect &/or irritability, sadness or fearfulness
- Exposure to extremes of insufficient care
 - social neglect/deprivation, repeated changes in caregivers, rearing in unusual settings





DSM-5: Disinhibited Social Engagement Disorder

- Reduced/absent reticence when interacting with unfamiliar adults
- Behaviors not limited to impulsivity but include socially disinhibited behavior
- Exposure to extremes of insufficient care
 - social neglect/deprivation, repeated changes in caregivers, rearing in unusual settings





DSM-5: Dissociative Disorders - 1

- Dissociative Identity Disorder: characterized by 2 or more personality states has incorporated "possession" as a non-Western equivalent
- Dissociative Amnesia: inability to recall important autobiographical information has incorporated Dissociative Fugue as a specifier
 - -May diagnose DA with/without DF





DSM-5: Dissociative Disorders - 2

- Combined Depersonalization and Derealization Disorders into a single
 Depersonalization/Derealization Disorder: the experience of unreality or detachment with respect to oneself or one's surroundings
- Dissociative Disorder NEC has added:
 - -Acute transient stress-related dissociative rxns
 - -Acute mixed psychotic dissociative states





Bereavement-Related Subtype - Background

- Current Prolonged/Complicated Grief data inconsistent
- Pathological grief reactions are ADs
- Two proposals for DSM-5
 - Bereavement-Related AD Subtype –rejected
 - Persistent Complex Bereavement Disorder accepted
 - Placed in Appendix (Section 3)





Persistent Complex Bereavement Disorder

- Onset > 12 months after death of loved one
- Yearning/Sorrow/Pre-occupation with deceased
- Reactive distress to the death
- Social/Identity disruption
- Significant distress or impairment
- Out of proportion to cultural norms
- Traumatic specifier





Persistent Complex Bereavement Disorder (PCBD)

Diagnostic Criteria-ICD

A. The person experienced the death of a close relative or friend at least 12 months ago. In the case of children, the death may have occurred 6 months prior to diagnosis.





- B. Since the death, at least one of the following symptoms is experienced on more days than not and to a clinically significant degree:
- Persistent yearning/longing for the deceased. In young children, yearning may be expressed in play and behavior, including separation-reunion behavior with caregivers.





- 2. Intense sorrow and emotional pain because of the death.
- 3. Preoccupation with the deceased person.
- 4. Preoccupation with the circumstances of the death. In children, this preoccupation with the deceased may be expressed through the themes of play and behavior and may extend to preoccupation with possible death of others close to them.





C. Since the death, at least six of the following symptoms (from either reactive distress or social/identity disruption) are experienced on more days than not and to a clinically significant degree:

Reactive Distress to the Death

 Marked difficulty accepting the death. In children, this is dependent on the child's capacity to comprehend the meaning and permanence of death.





- 2. Feeling shocked, stunned, or emotionally numb over the loss.
- 3. Difficulty with positive reminiscing about the deceased.
- 4. Bitterness or anger related to the loss.
- 5. Maladaptive appraisals about oneself in relation to the deceased or the death (e.g., self-blame).





6. Excessive avoidance of reminders of the loss (e.g., avoidance of people, places, or situations associated with the deceased; in children, this may include avoidance of thoughts and feelings regarding the deceased).

Social/Identity Disruption

7. A desire to die in order to be with the deceased.





- 8. Difficulty trusting other people since the death.
- 9. Feeling alone or detached from other people since the death.
- 10. Feeling that life is meaningless or empty without the deceased or the belief that one cannot function without the deceased.
- 11. Confusion about one's role in life or a diminished sense of one's identity (e.g., feeling that a part of oneself died with the deceased).





- 12. Difficulty or reluctance to pursue interests since the loss or to plan for the future (e.g., friendships, activities).
- D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- E. The bereavement reaction must be out of proportion or inconsistent with cultural, religious, or age-appropriate norms.

Specify if:

With Traumatic Bereavement: Following a death that occurred under traumatic circumstances (e.g. homicide, suicide, disaster, or accident), there are persistent, frequent distressing thoughts, images, or feelings related to traumatic features of the death (e.g., the deceased's degree of suffering, gruesome injury, blame of self or others for the death), including in response to reminders of the loss.





Please feel free to ask questions.

Thank you.



