

PTSD Basics

Prevalence of Trauma Exposure and PTSD

Epidemiological research suggests that as many as 70% of individuals living in the United States have experienced one or more traumatic events during their lifetime. The prevalence of lifetime PTSD in the US is higher for women (10-14%) than for men (5% - 6%). For the subgroup of individuals exposed to traumatic stress, approximately 14 - 24% develop PTSD, though the prevalence may vary, depending on the nature and severity of the traumatic exposure. For example, about 30% of Vietnam veterans have had a lifetime episode of PTSD, and well over half of former prisoners of war have PTSD. These findings suggest that traumatic stress exposure is highly prevalent in the US. In fact, many individuals appear to have had at least one lifetime episode of PTSD (approximately 20 million Americans), making this diagnosis one of the most prevalent of all mental disorders, surpassed only by substance use disorders and depression as major public and mental health issues.

Diagnostic Criteria for PTSD

- Criterion A - Exposure to a traumatic stressor.
- Criterion B - Re-experiencing symptoms.
- Criterion C - Avoidance and numbing symptoms.
- Criterion D - Symptoms of increased arousal.
- Criterion E - Duration of at least one month.
- Criterion F - Significant distress or impairment of functioning.

Post traumatic stress disorder (PTSD) is a mental disorder resulting from exposure to an extreme traumatic stressor. PTSD has a number of unique defining features and diagnostic criteria, as published in DSM-IV. You will be presented with detailed information on each of the diagnostic criteria used to diagnose PTSD. These Criteria include: A - Exposure to traumatic stress; B - Re-experiencing symptoms; C - Avoidance and numbing symptoms; D Hyperarousal; E - Duration of at least one month; and F – Clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Criterion A: Exposure to a traumatic stressor

- A traumatic event involves actual or threatened death or injury to oneself or to others
- Response to the trauma involves intense fear, helplessness or horror

For Criterion A to be met, the person must have been exposed to a traumatic event in which both of the following were present: (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others; and (2) the person's response to the trauma involved intense fear, helplessness, or horror. (In children, this may be expressed instead by disorganized or agitated behavior.)

Severity of the trauma, in terms of its intensity, frequency, and duration, is one of the most important determinants of a stressor's potential to induce subsequent PTSD. Clinical observation and research show a "dose-response" relationship between degree of stress and the likelihood, chronicity, and severity of PTSD symptoms. Specific characteristics of the traumatic stressors are important, such as degree of violence involved and whether sexual victimization occurred. Listed below are aspects of traumatic stress that are important to consider when assessing for Criterion A:

- Qualities of intensity, frequency and duration of stressor severity
- Unpredictability and uncontrollability of the stressor
- Presence of life threat
- Bodily injury
- Tragic loss of a significant other
- Involvement with brutality or the grotesque
- Degree of violence involved, particularly violence of a criminal nature
- Sexual victimization

As noted in DSM-IV, there are three levels of proximity to a traumatic exposure (direct, witnessed, confronted). The direct type of traumatic events includes those that actually occur to a person, including bodily injury from violence, disaster and accidents. Witnessed events include seeing the death or injury to another person. Confronted by a traumatic event means learning about the death or threatened death, such as the death of a close family member. Threat to the physical integrity to self or others would include those events that involve forced sexual penetration or other events in which a person's sense of self or personal identity has been altered. Stressful events of daily life that do not meet these criteria include divorce and financial crises, which may lead to adjustment problems, but are not sufficient to meet criterion A for PTSD. Listed below are examples of stressors sufficient to qualify for Criterion A:

- Violent physical assault
- Sexual assault or abuse
- Combat
- Serious accidents
- Natural or man-made disasters
- Being kidnapped or taken hostage
- Child abuse
- Torture
- Rescue work involving exposure to death or mortal injury
- Diagnosis of a life-threatening illness

According to the DSM-IV, the witnessing of and learning about stressors experienced by others can be sufficient to induce PTSD. Common examples include witnessing or learning about the sudden death of a loved one or observing serious injury or unnatural death of another person.

The more distal the individual is to the traumatic event, such as learning about the death/injury of another person, the less likely one usually is to develop PTSD symptoms or have protracted or severe emotional disturbance.

Qualifying stressors must induce an intense emotional response. According to DSM-IV, a qualifying stressor must not only be threatening, but it must also induce a response involving intense fear, helplessness, or horror. This requirement is not without controversy, as there are no guidelines for determining how “intense” the response needs to be in order to satisfy the stressor criterion. Moreover, some severely traumatized individuals may dissociate during a stressor or have a blunted response, due to defensive avoidance and numbing. Often, the intense emotional response to the stressor may not occur until considerable time has elapsed after the incident has terminated. For assessment purposes, if an intense emotional reaction occurs directly related to the traumatic experience, but is delayed by days or even weeks, the emotional reaction criterion can still be met. In these cases, it is necessary to determine whether the individual engaged in dissociation or numbing during or immediately following the traumatic event.

Factors surrounding a trauma, such as lack of social support for the victim, may heighten risk for PTSD, over-and-above incident exposure itself. Additionally, characteristics of the victim prior to exposure, such as presence of some mental disorders, such as depression, may influence the degree of vulnerability to adverse consequences of stress. Clinical judgment is necessary in order to evaluate the sufficiency of a stressor along a number of dimensions, in determining its potential to induce psychological trauma and PTSD.

Criterion B: Re-experiencing symptoms

Criterion B PTSD symptoms involve persistent and distressing re-experiencing of the traumatic event in one or more of the following ways:

- Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.
- Recurrent distressing dreams of the event.
- Acting or feeling as if the traumatic event were recurring, such as a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those which occur on awakening or when intoxicated.
- Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect to the traumatic event.
- Physiological reactivity upon exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

In these symptoms, the trauma comes back to the PTSD sufferer in some way, through memories, dreams, or distress in response to reminders of the trauma. PTSD is distinguished from “normal” remembering of past events by the fact that re-experiencing

memories of the trauma(s) are unwanted, occur involuntarily, elicit distressing emotions, and disrupt the functioning and quality of life of the individual.

Criterion C: Avoidance and numbing symptoms

Criterion C PTSD symptoms involve persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness, as evident by three or more of the following symptoms that were not present before the trauma:

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

Criterion C symptoms involve avoiding reminders of the trauma. These reminders can be internal cues, such as thoughts or feelings about the trauma, and/or external stimuli in the environment that spark unpleasant memories and feelings. To this limited extent, PTSD is not unlike a phobia, where the individual goes to considerable length to avoid stimuli that provoke emotional distress. Criterion C symptoms also involve more general symptoms of impairment, such as pervasive emotional numbness, feeling “out of sync” with others, or expecting to be deprived of attaining normal developmental goals due to trauma experiences.

Criterion D: Symptoms of increased arousal

Criterion D is represented by persistent symptoms of increased arousal not present before the trauma. For this cluster of symptoms to be positively endorsed, the patient must experience at least two of the five following symptoms:

- Difficulty falling or staying asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hypervigilance
- Exaggerated startle response

Individuals suffering from PTSD experience heightened physiological activation, which may occur in a general way, even while at rest. More typically, this activation is evident as excessive reaction to specific stressors that are directly or symbolically reminiscent of

the trauma. Criterion D symptoms are often, but not always, linked to reliving of the traumatic event. For example, sleep disturbance may be caused by nightmares, intrusive memories may interfere with concentration, and excessive watchfulness may reflect concerns about preventing recurrence of a traumatic event that may be similar to that previously endured.

Criterion E: Required duration of symptoms

For a diagnosis of PTSD to be made, the symptoms must endure for at least one month. PTSD is sometimes misdiagnosed in individuals who exhibit symptoms shortly after exposure to a traumatic event (less than one month). Such individuals would be more appropriately diagnosed with Acute Stress Disorder or Adjustment Reaction. Although many individuals with Acute Stress Disorder go on to develop PTSD, many do not.

Criterion F: PTSD symptoms must be clinically significant

Criterion F requires that PTSD symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. Some individuals may experience a great deal of subjective discomfort and suffering owing to their PTSD symptoms, without conspicuous impairment in their day-to-day functional status. Other individuals show clear impairment in one or more spheres of functioning, such as social relating, work efficiency, or ability to engage in and enjoy recreational or leisure activities.

Summary of PTSD Basics

In summary, exposure to traumatic stress is a prerequisite for diagnosing PTSD. Symptoms of PTSD, present for at least one month, and are divided into three symptom clusters: (1) reexperiencing of the traumatic event, (2) avoidance of trauma-relevant stimuli and numbing of general responsiveness, and (3) heightened physiological arousal. Symptoms of PTSD are distinguished from “normal” (non-pathological) remembering of stressful events by their persistent nature, evocation of emotional distress, and disruption of functioning in daily life.