The changing face of PTSD in 2013: Proposed Updates & Revised Trauma Response Checklist – Quick Screener (Baranowsky, May 2013)

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Trauma line1
Get the Right Help, Right Now!
The changing face of PTSD in 2013: Proposed Updates & Revised Trauma Response Checklist – Quick Screener  
(Baranowsky, May 2013)

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The evolution of the field of post-traumatic studies has seen many changes in the conceptualization of the traumatic stress over the years. One important change was apparent in the DSM-IV diagnostic criteria for Posttraumatic Stress Disorder. In Criterion A.1 of the DSM-IV it required that the individual experience or witness an event or events that are threatening to the life and/or integrity of the individual. In Criterion A.2 of the DSM-IV it states: “The person’s response involved intense fear, helplessness, or horror.” However, A.2 has been removed from the 2013 symptom requirements altogether. This makes sense as many individuals experiencing a traumatic event may not actually feel fear, helplessness or horror in the immediate aftermath of trauma and rather experience a sense of shock, anger and hypervigilance or other symptoms of a disturbing nature. The experience may nonetheless result in the eventual diagnosis of PTSD.

Several other noteworthy changes have been identified in the DSM-5 PTSD which will update the requirements for the diagnosis of PTSD. Firstly, the diagnosis of PTSD will no longer be covered within the section on anxiety disorders; however, it will be housed within a new “trauma-and-stressor-related disorders” classification. In addition, three new symptoms of PTSD have been added while others have been revised or removed. The three new symptoms are guilt (D.3), negative emotions (D.4), and reckless/self-destructive behavior (E.2).

Criterion D.7, “sense of foreshortened future” (DSM-IV) has now been expanded in breadth and updated to “persistent and exaggerated negative expectations about one’s self, others, or the world”. This brings to bear witness on a full range of negative beliefs that one might carry after exposure to an extreme stressor, encompassing and exceeding foreshortened future.

Symptoms are newly organized within four clusters, in contrast to the three cluster organization found in DSM-IV. The four clusters outlined within DSM-5 are Intrusion (Criterion B); Persistent Avoidance of Stimuli (Criterion C); Negative Alterations in Cognitions and Mood (Criterion D); and Alterations in Arousal and Reactivity (Criterion E). The threshold for meeting the cluster requirements have been set at one symptom each for clusters B and C and two symptoms each for clusters D and E.

Previous updates to the diagnostic criterion within the DSM have also helped us to better understand PTSD from the perspective of the individual. A noteworthy change from DSM-II to DSM-III-R elevated the individual’s response to equal importance as experiencing a traumatic event. With this constructivist definition of trauma, the survivor’s response became a significant marker in recognizing PTSD. With the DSM-5, removal of A.2 the clinician will need to remain alert for symptoms consistent with perception of “threat to life or integrity of the individual”. Remember the body/mind
can respond and store memories “as if” we were going to die when in fact the event led to minimal harm.

It remains noteworthy in terms of clinical practice that by taking into account individual responses, we are able to begin to make sense of why some individuals become debilitated after experiencing a seemingly innocuous event while others can spend long periods of time in the midst of heinous trauma without developing PTSD.

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References

Diagnostic Criteria for PTSD (DSM-5 May 2013)

A. The event
   1. The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death, physical injury, or a threat to the physical integrity of self or others.

B. Intrusion (1 sx required for dx)
   1. Intrusive distressing memories of the traumatic event;
   2. Recurrent dreams/nightmares;
   3. Acting or feeling as if event were recurring
   4. Psychological distress when exposed to reminders of events.
   5. Physiological distress when exposed to reminders of events

C. Persistent Avoidance of Trauma Reminders Event(s) (1 sx required for dx)
   1. Efforts to avoid thoughts or feelings associated with event;
   2. Efforts to avoid activities or situations, which arouse recollection;

D. Negative Changes to Thoughts and Mood associated with the Traumatic Event(s) (2 sx required for dx)
   1. Inability to recall important aspects of the trauma
   2. Persistent and exaggerated negative expectations about one’s self, others, or the world (includes sense of foreshortened future);
   3. Persistent negative self-appraisals (i.e. guilt);
   4. Pervasive negative moods (i.e., depression, anxiety);
   5. Diminished interest or participation in significant activities;
   6. Feelings of detachment or estrangement from others;
   7. Restricted range of affect in the capacity to experience positive emotion

E. Changes in Arousal and Reactivity associated with Traumatic Event(s) (2 sx required for dx)
   1. Irritable or aggressive behavior;
   2. Reckless or self-destructive behavior;
   3. Hypervigilance;
   4. Exaggerated startle response;
   5. Difficulty concentrating;
   6. Difficulty falling or staying asleep;
## Associated Features

<table>
<thead>
<tr>
<th>Associated Feature</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexithymia;</td>
<td>Sadness and depression</td>
</tr>
<tr>
<td>Guilt over acts of commission or omission;</td>
<td>Feelings of being overwhelmed;</td>
</tr>
<tr>
<td>Survival guilt;</td>
<td>Loss of assumptive world;</td>
</tr>
<tr>
<td>Suicidal/homicidal ideation/behaviors;</td>
<td>Behavioral reenactments;</td>
</tr>
<tr>
<td>Disillusionment with authority;</td>
<td>Self-destructive soothing behaviors;</td>
</tr>
<tr>
<td>Feelings of hopelessness/helplessness;</td>
<td>Somatization</td>
</tr>
<tr>
<td>Memory impairment and forgetfulness;</td>
<td>Relationship problems</td>
</tr>
</tbody>
</table>

## Dissociative Symptoms

- Fugue;
- Amnesia;
- Depersonalization;
- Derealization
- Auditory and visual hallucination
- Fragmentation and compartmentalization of memory and self;
- Presence of two or more distinct identities or personality states;
- Absorption

## Traumatic Stress Disorders Are Often Misdiagnosed as:

- Personality disorders, including antisocial, borderline, histrionic & narcissistic
- Obsessive-compulsive disorder
- Somatization disorder
- Learning disabilities/"severely emotionally disturbed"
- ADD/ADHD
- Malingering
- Schizophrenia
- Bipolar disorder
Trauma Response Checklist (Baranowsky, 2013)

What happened? (Describe briefly - max 10-15 words)  

Event Question: Did you believe that the event(s) could result in death or physical injury to you or another?  

☐ Yes ☐ No

Answer the questions based your experiences in the last four weeks, or since the incident.

Distress Strain Questions
1. I have difficulty falling or staying asleep  
☐ Yes ☐ No
2. I notice I am more irritable or aggressive  
☐ Yes ☐ No
3. I have more difficulty concentrating  
☐ Yes ☐ No
4. I feel more on-alert and watchful since the event(s)  
☐ Yes ☐ No
5. I startle easily (i.e., when I hear loud noises, sudden movements)  
☐ Yes ☐ No
6. I engage more often in reckless or self-harming behavior  
☐ Yes ☐ No

Steer Clear Questions
1. At times, I try to avoid thoughts or feelings related to the experience(s)  
☐ Yes ☐ No
2. Sometimes, I try to avoid activities or situations that remind me of the event(s)  
☐ Yes ☐ No

Negative Thoughts and Mood Questions
1. I cannot remember all the important details of the event(s)  
☐ Yes ☐ No
2. I experience persistent negative beliefs about myself, other people, or the world (i.e., fear of dying early; I cannot trust others)  
☐ Yes ☐ No
3. I have more feelings of guilt since the event(s)  
☐ Yes ☐ No
4. I often feel unhappy, angry, anxious or irritable since the event(s)  
☐ Yes ☐ No
5. I am not as interested in participating in activities as I was before the event(s)  
☐ Yes ☐ No
6. I have withdrawn or been more detached from others since the event(s)  
☐ Yes ☐ No
7. I don’t feel as happy as I used to before the event(s)  
☐ Yes ☐ No

Negative Interference Questions
1. I feel emotionally upset when exposed to reminders of the event(s)  
☐ Yes ☐ No
2. I experience unwanted thoughts, images or sensitivity to the event(s)  
☐ Yes ☐ No
3. At times, I act or feel like a traumatic event is still happening  
☐ Yes ☐ No
4. I experience dreams or nightmares related to the event(s)  
☐ Yes ☐ No
5. I experience physical distress when exposed to reminders of event(s)  
   (i.e., body tension, nausea, rapid heart rate, rapid/shallow breathing, etc.)  
☐ Yes ☐ No

Associated Disturbance Questions
1. I have the desire to harm myself or another  
☐ Yes ☐ No
2. I feel very helpless or hopeless  
☐ Yes ☐ No
3. I feel like nothing will be good again  
☐ Yes ☐ No
4. I am drinking or using drugs more often since the event  
☐ Yes ☐ No
5. I get more headaches, muscle tension and nausea since the event(s)  
☐ Yes ☐ No

Anything else you wish to add or want us to know?  

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TRAUMA RESPONSE CHECKLIST SCORING

Trauma Response Checklist (TRC): This instrument is broken up into six sections. The first five correspond directly with the DSM-5 diagnostic criterion for Post-Traumatic Stress Disorder. These include:

**Event Question** - Add one point for an answer of yes. One point is required to endorse the Event section.

**Distress Strain Questions** - Add one point for each yes answer. A minimum of two points are required to endorse the Distress Strain section.

**Steer Clear Questions** - Add one point for each yes answer. A minimum of one point is required to endorse the Steer Clear section.

**Negative Thoughts and Mood Questions** - Add one point for each yes answer. A minimum of two points are required to endorse the Negative Thoughts and Mood section.

**Negative Interference Questions** - Add one point for each yes answer. A minimum of one point is required to endorse the Negative Interference section.

**Associated Disturbance Questions** - Add one point for each yes answer. Use caution if the respondent answered yes on questions 1, 2 or 4. A referral and special care are required in these cases, regardless of answers to any other questions on this instrument. Endorsement of the Associated Disturbance section occurs when 1, 2 or 4 are answered yes or a minimum of two yes answers are made.

**Further Care & Referral Indicators:** Endorsement of a minimum of five out of the six question categories above indicate further care and referrals. Endorsement of questions 1, 2 or 4 on the Associated Disturbance section alone indicates the need for special care and further referrals.