

Annexe 3: DSM-5 Diagnostic Criteria for PTSD

Note: The following criteria are taken from the DSM-5. This is a manual for the assessment and diagnosis of mental disorders and does not include information on, or guidelines for the treatment of any disorder. These criteria apply to adults, adolescents and children older than six. For children six years old and younger, see the DSM-5 section entitled “Post-traumatic Stress Disorder for Children Six Years and Younger”⁸⁵



85 “Diagnostic and statistical manual of mental disorders. 5th ed.” (Arlington, VA: American Psychiatric Association; 2013), <https://www.ncbi.nlm.nih.gov/books/NBK207191/box/part1_ch3.box16/>.

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s);
2. Witnessing, in person, the event(s) as it occurred to others;
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental; and
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s), (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). **Note:** Criterion A4 does not apply to exposure through electronic media, television, films, or pictures, unless this exposure is work-related.

B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

1. Recurrent, involuntary and intrusive distressing memories of the traumatic event(s). **Note:** In children older than six, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed;

2. Recurrent distressing dreams in which the content and/or effect of the dream are related to the traumatic event(s). **Note:** In children, there may be frightening dreams without recognizable content;
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) **Note:** In children, trauma-specific re-enactment may occur during play;
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s); and
5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

1. Avoidance of, or efforts to avoid distressing memories, thoughts, or feelings about, or closely associated with the traumatic event(s); and

2. Avoidance of, or efforts to avoid external reminders (people, places, conversations, activities, objects and/or situations) that arouse distressing memories, thoughts, or feelings about, or closely associated with the traumatic event(s).

D. Negative alterations in cognition and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Inability to remember an important aspect of the traumatic event(s), (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs);
2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined");
3. Persistent, distorted cognition about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others;
4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame);
5. Markedly diminished interest or participation in significant activities;

6. Feelings of detachment or estrangement from others; and
7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Irritable behaviour and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects;
2. Reckless or self-destructive behaviour;
3. Hypervigilance;
4. Exaggerated startle response;
5. Problems with concentration; and
6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

F. Duration of the disturbance (Criteria B, C, D and E) is more than 1 month.

G. The disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning.

H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

SPECIFY WHETHER:

With dissociative symptoms:

The individual's symptoms meet the criteria for post-traumatic stress disorder and, in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:

1. **Depersonalization:** Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of one's mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly); and/or
2. **Derealization:** Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant or distorted). Note: To use this subtype, the dissociative symptoms must not be attributable to the physiological effects of a substance (e.g., blackouts, behaviour during alcohol intoxication) or another medical condition (e.g., complex partial seizures).

SPECIFY WHETHER:

With delayed expression: If the full diagnostic criteria are not met until at least six months after the event (although the onset and expression of some symptoms may be immediate).

Source: "Diagnostic and statistical manual of mental disorders, 5th ed.", American Psychiatric Association, (Arlington, VA: 2013), pp. 271–272.