Masks designed by veterans in a program run partly by the National Endowment for the Arts at the Walter Reed National Military Medical Center. Justin T. Gellerson for The New York Times

The Complexity of the PTSD Diagnosis: What to Know

Lauren Edwards, MD
Department of Psychiatry

University of Nebraska Medical Center

Disclosures

I have the following to disclose:

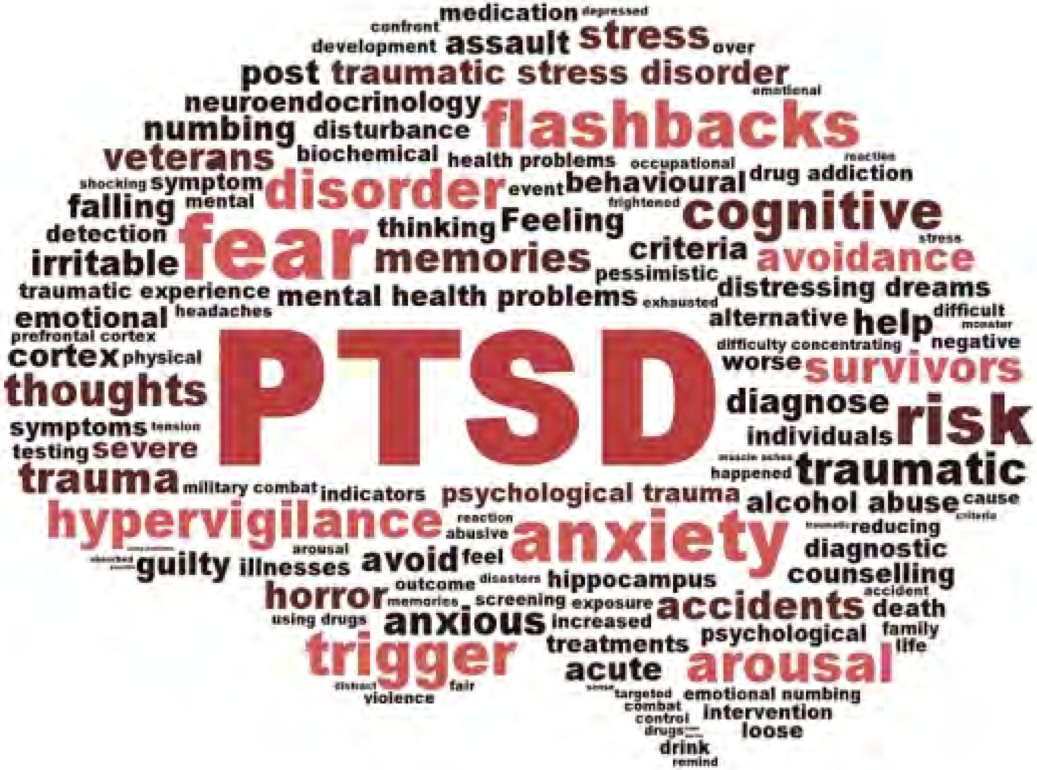
- Lauren Edwards, MD
  Individual Stockholder: Bristol Myers Squibb Company; Pfizer, Inc.

Goals of this talk:

1. Understand why the DSM-5 PTSD diagnostic criteria are so complex
2. Have a framework for identifying core symptoms of trauma
3. Compare the DSM-5 and the ICD-11 PTSD diagnoses
4. Know what Complex PTSD is and how it fits into diagnosing PTSD in the United States
5. Feels empowered to detect some of the varied post-trauma reactions in your patients
6. Appreciate how art can express complexity of experience and allow for healing

Various memories and scenes from deployments are recreated on this Marine's mask. A drawing of his family on the mask's chin symbolizes how he felt they "took the brunt" of his issues after he returned home.

"Art therapy helps soldiers coping with war." NBC News May 24, 2013. *Accessed 5/30/25*



medication
depressed
confront
development
assault
stress
over
post traumatic stress disorder
emotional
neuroendocrinology
flashbacks
numbing
disturbance
veterans
biochemical
health problems
occupational
reaction
shocking
symptom
disorder
event
behavioural
drug addiction
falling
mental
frightened
cognitive
detection
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Feeling
stress
fear
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memories
criteria
avoidance
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traumatic experience
mental health problems
exhausted
distressing dreams
emotional
headaches
alternative
help
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prefrontal cortex
difficulty concentrating
negative
cortex
physical
PTSD
worse
survivors
thoughts
diagnose
risk
symptoms
tension
individuals
testing
severe
muscle aches
traumatic
trauma
happened
military combat
indicators
psychological trauma
alcohol abuse
cause
hypervigilance
reaction
criteria
abusive
anxiety
reducing
arousal
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illnesses
avoid
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hippocampus
counselling
horror
outcome
accident
memories
screening
exposure
accidents
death
using drugs
anxious
increased
psychological
family
treatments
life
trigger
acute
arousal
distract
fair
targeted
emotional numbing
violence
combat
control
intervention
drugs
loose
drink
remind

What is PTSD?


Avoid Thinking of the Trauma


Avoid Talking of the Trauma

Easily Frightened


Negative Mood


Negative Thinking


Cannot Concentrate

Aggressive Behavior

"the complex somatic, cognitive, affective, and behavioral effects of psychological trauma."

van der Kolk, et al, 1996


Avoiding Places


Loss of Interest


Feeling Guilt or Shame


Sleeping Difficulty


Bad Dreams

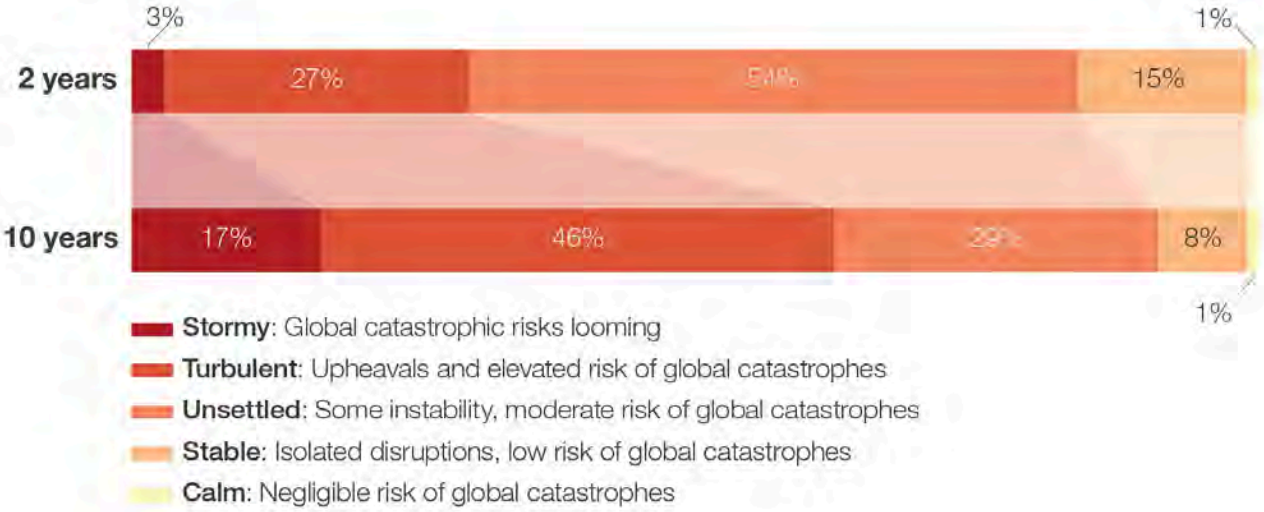

Flashbacks


Avoiding Activities

Global Risks Report 2024

Global outlook

"Which of the following best characterizes your outlook for the world over the following time periods?"



Note: The numbers in the graphs may not add up to 100% because figures have been rounded up/down.
Source: World Economic Forum Global Risks Perception Survey 2023-2024.

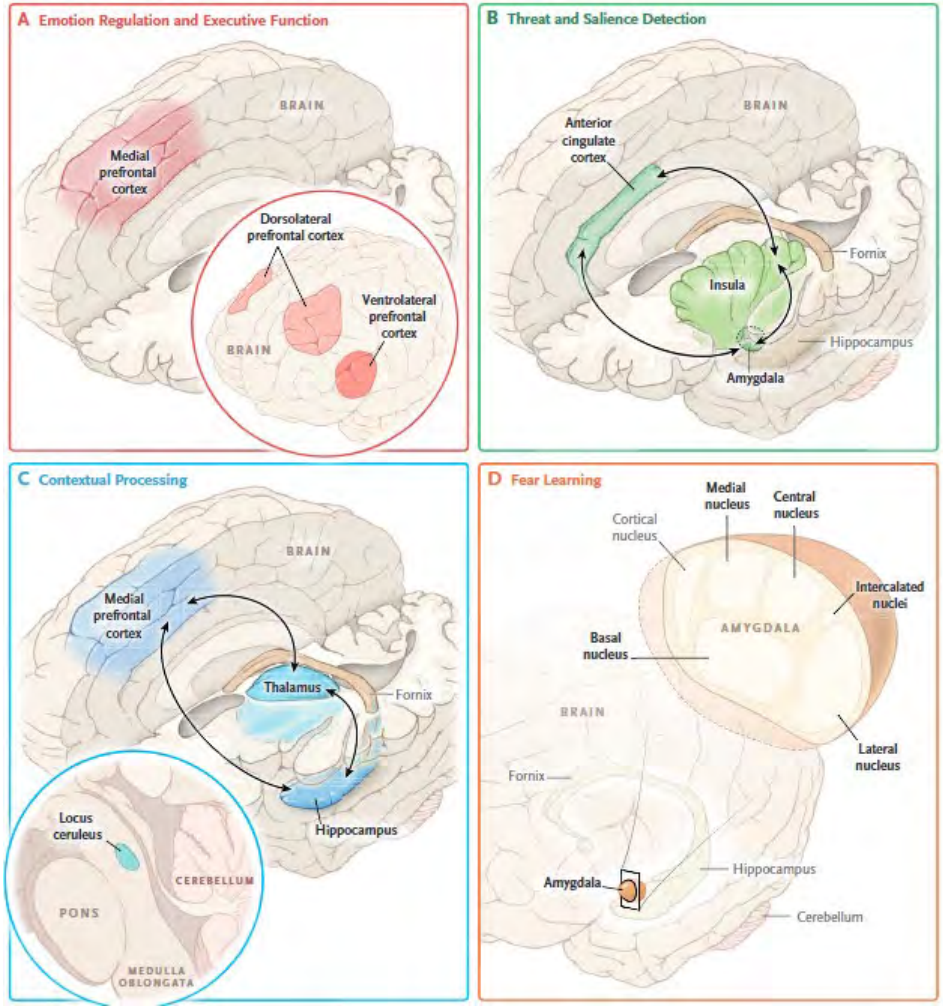
Image: World Economic Forum, Global Risks Perception Survey 2023-2024

Is it just a normal response to extreme trauma or stress?

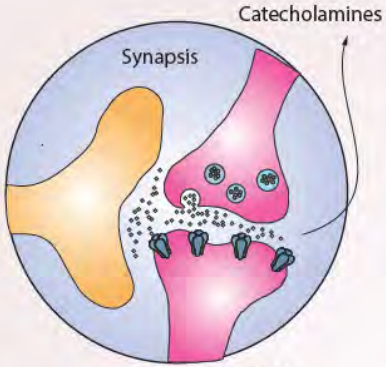
PTSD is not a “normal” response to trauma

From the Loneliness Project exhibition - https://www.bbc.com/news/uk-england-gloucestershire-67333889

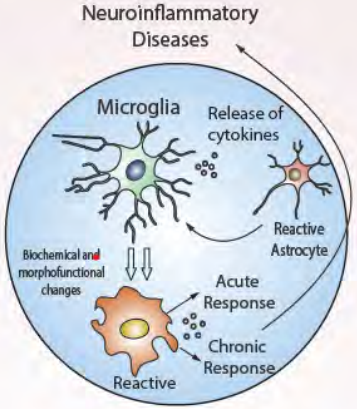
- **Not everyone who experiences trauma develops PTSD**
  - Trauma can cause a strong response that is not necessarily maladaptive
  - Psychological, genetic, and neurobiological characteristics can predispose
  - Sociocultural and societal-structural context
  - Interpersonal violence/trauma leads to higher rates of PTSD than other trauma exposures, like natural disasters
- **Those who do develop PTSD in response to trauma don’t just “get over it” even if the danger is long passed**
  - 1/3 will recover within a year
  - 1/3 will still be symptomatic 10 years after the exposure

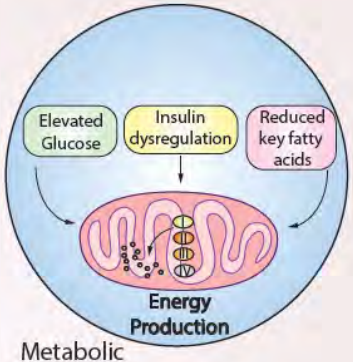


NEJM, PTSD, Shalev, Liberzon and Marmar 2017

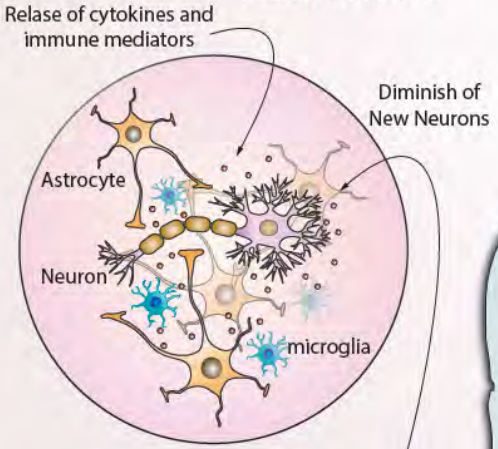


Dysfunctional monoaminergic neurotransmission

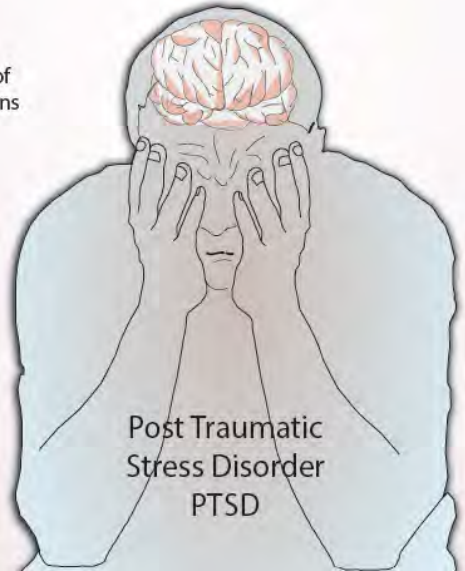


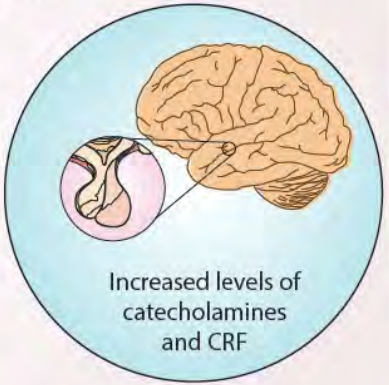


Metabolic changes in PTSD



PTSD lead to dysregulation of brain immune response and changes in Neurogenesis





Hypothalamic Pituitary Axis Dysregulation

Aliev et al, 2020

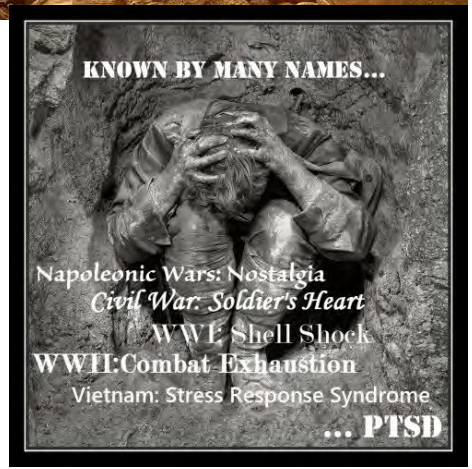
What is a traumatic event?

"A traumatic event is one with a potential to severely challenge the ability of an individual or a community to adapt, requiring major changes to ways of living or thinking."

Brewin et al, 2025

Drawing by Sophie Binder, on Instagram as '@softhefrog
Photo used with permission from artist (not for publication)

PTSD is likely as old as trauma, itself



There are references to PTSD symptoms going back as far as 1300 BC[1]

Several Shakespearean plays incorporate elements, as he was writing in the midst of long and difficult wars. *Here is a surprisingly accurate description* →

Known by many names over the past few centuries

Not defined as a diagnosis, "PTSD," until the DSM-III in 1980

What is 't that takes from thee
Thy stomach, pleasure, and thy golden sleep?
Why dost thou bend thine eyes upon the earth,
And start so often when thou sit'st alone?
Why hast thou lost the fresh blood in thy cheeks,
And given my treasures and my rights of thee
To thick-eyed musing and curst melancholy?
In thy faint slumbers I by thee have watched,
And heard thee murmur tales of iron wars…
Thy spirit within thee hath been so at war
And thus hath so bestirred thee in thy sleep,
That beads of sweat have stood upon thy brow
Like bubbles in a late-disturbèd stream;
And in thy face strange motions have appeared,
Such as we see when men restrain their breath
On some great sudden hest.

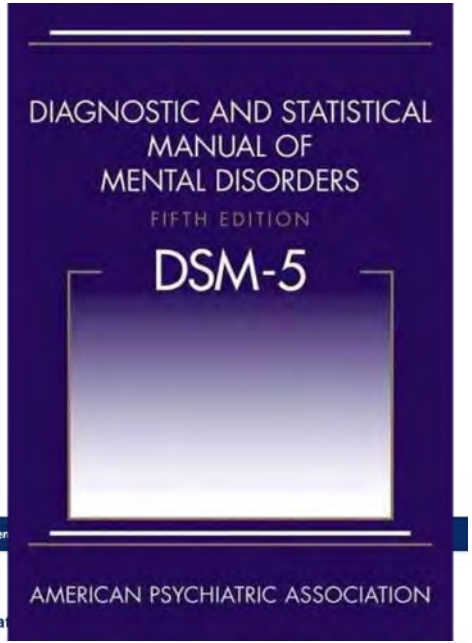
- Lady Percy in Henry IV, Part One (written around 1597)

[1]BBC News, Jan 2015

How do we diagnose PTSD?

- In the United States, psychiatrists and psychologists primarily use the **Diagnostic and Statistical Manual of Mental Disorders – 5th Edition (DSM-5)** to diagnose PTSD
  - Released for use in 2013
  - PTSD was first introduced in the 3rd version of the DSM, in 1980, and has been modified over the decades since

- The World Health Organization (WHO) has developed **International Classification of Diseases (ICD)** for diagnoses
  - ICD-11 came into effect globally in 2022 – there has been a lot of discussion about how PTSD is diagnosed in this version
  - US uses ICD-10 still for insurance/billing, will take several years to implement ICD-11



DSM-5 Diagnostic Criteria for PTSD

Note: The following criteria apply to adults, adolescents, and children older than 6 years. For children 6 years and younger, see the DSM-5 section titled "Posttraumatic Stress Disorder for Children 6 Years and Younger."

1. 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.
    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, movies, or pictures, unless this exposure is work related.
2. 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 6 years, 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 affect 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 reenactment may occur in 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).
    5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
3. 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).
    2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
4. Negative alterations in cognitions 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 cognitions 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.
    7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).
5. 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 behavior and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects.
    2. Reckless or self-destructive behavior.
    3. Hypervigilance.
    4. Exaggerated startle response.
    5. Problems with concentration.
    6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).
6. Duration of the disturbance (Criteria B, C, D and E) is more than 1 month.
7. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
8. 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 posttraumatic stress disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:

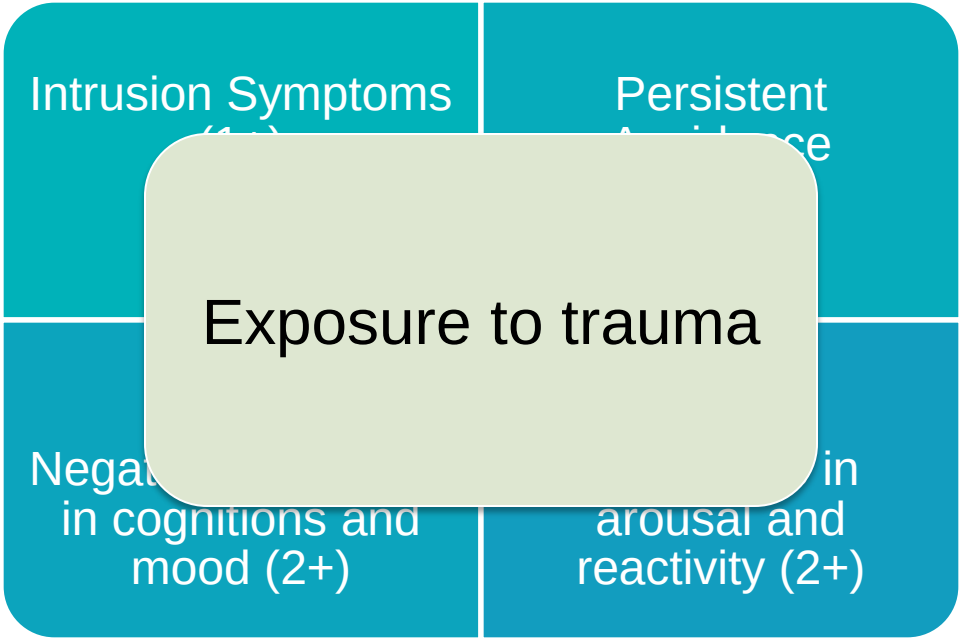
1.Depersonalization: Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).

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, behavior 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 6 months after the event (although the onset and expression of some symptoms may be immediate).

(APA, 2013a, pp. 271–272)



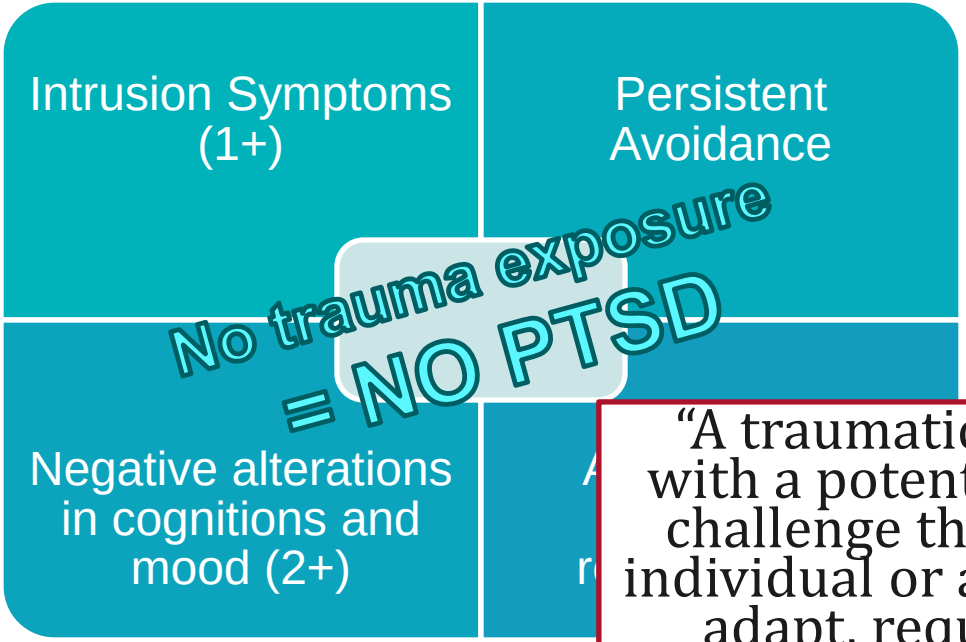
- Duration > 1 month
- Clinically significant distress or impairment
- Not attributable to substance or another medical condition
- Specify if dissociative in nature or delayed onset

DSM-5 Diagnostic Criterion A: Exposure to trauma

Exposure to actual or threatened death, serious injury, or sexual violence, in 1 or more of the following ways:

1. Directly experiencing
2. Witnessing, in person, as it occurred to others
3. Learning that the traumatic event occurred to a close family member or friend (violent/accidental)
4. Experiencing repeated or extreme exposure to aversive details of traumatic events

Illustration by Isabel Seliger, The New Yorker, May 26, 2025



"A traumatic event is one with a potential to severely challenge the ability of an individual or a community to adapt, requiring major changes to ways of living or thinking."

- Duration > 1 month
- Clinically significant distress or impairment
- Not attributable to substance or another medical condition
- Specify if dissociative in nature or delayed onset

Intrusion Symptoms

(one or more)

in cognitions and mood (2+)

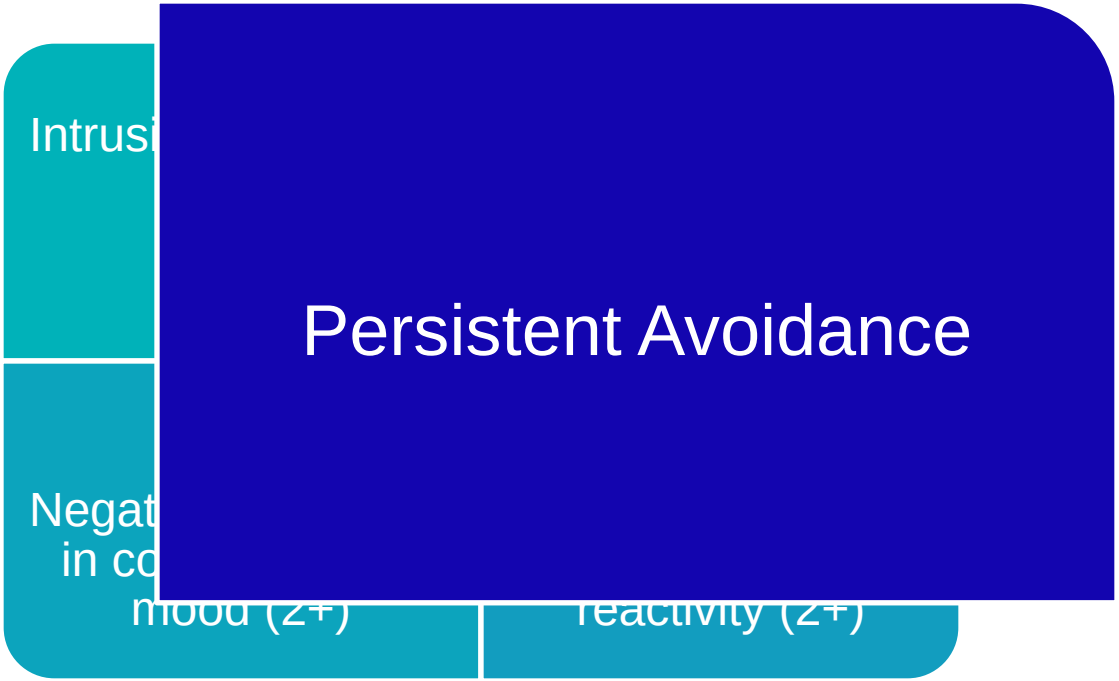
arousal and reactivity (2+)

DSM-5 Diagnostic Criterion B: Intrusion

Noah Frase, in the NYT February 18, 2012

Presence of 1 or more of the following intrusion symptoms associated with the traumatic event (beginning AFTER the trauma)

1. Recurrent, involuntary, and intrusive distressing memories
2. Recurrent distressing dreams
3. Dissociative reactions (e.g. flashbacks) in which an individual feels/acts as if it were re-occurring
4. Intense or prolonged **psych**ological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event
5. Marked **phys**iological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic events

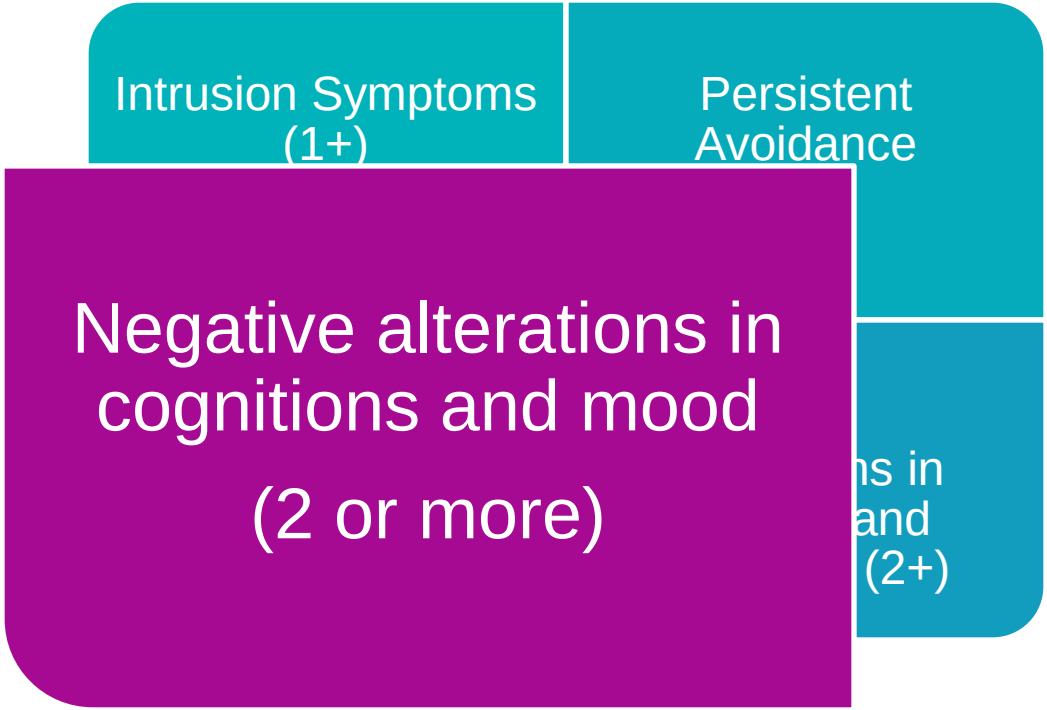

Intrusi
Persistent Avoidance
Negat
in co
mood (2+)
reactivity (2+)

DSM-5 Diagnostic Criterion C: Avoidance

Drawing by Sophie Binder, on Instagram as '@softhefrog. Photo used with permission from artist (not for publication)

Presence of 1 or more of the following avoidance symptoms:

1. Avoidance/efforts to avoid **memories, thoughts, or feelings** related to
2. Avoidance/efforts to avoid **external reminders** that arouse distressing memories, thoughts, or feelings

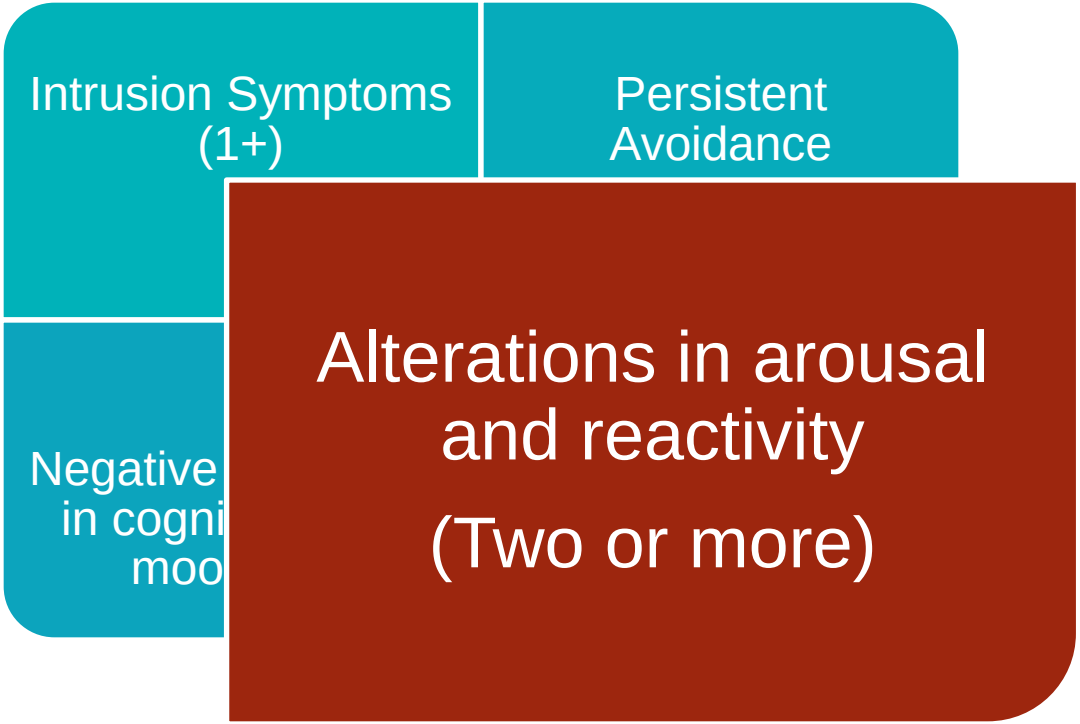

Intrusion Symptoms (1+)
Persistent Avoidance
Negative alterations in cognitions and mood
(2 or more)
ns in
and
(2+)

DSM-5 Diagnostic Criterion D: Negative alterations in cognitions or mood

Meets criteria for **2 or more** of the following:

1. Inability to remember an important aspect of the traumatic event (not due to head injury or alcohol/drugs)
2. Persistent and exaggerated negative beliefs or expectations of oneself, others, or the world.
3. Persistent, distorted cognitions about the cause or consequences of the traumatic event that leads to patient to blame self or others
4. Persistent negative emotional state (fear, horror, anger, guilt)
5. Markedly decreased interest or participation in activities.
6. Feelings of detachment or estrangement from others.
7. Inability to experience positive emotions.

Martina Fischmeister, artist, in Swarm Mag online, July 13, 2020, https://swarmmag.com/illustration/dissociation-illustration/, accessed 5/30/25


Intrusion Symptoms (1+)
Persistent Avoidance
Negative in cogni moo
Alterations in arousal and reactivity
(Two or more)

DSM-5 Diagnostic Criterion E: Arousal and Reactivity

Emilio Villalba, The Terror , 2016, CORDESA

Two or more trauma-related alterations in arousal and reactivity that began or worsened after the traumatic event

1. Irritable or aggressive behavior
2. Self-destructive or reckless behavior
3. Hypervigilance
4. Exaggerated startle response
5. Problems in concentration
6. Sleep disturbance

DSM-5 Diagnostic Criteria F, G, H

F. Duration 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 another medical condition

PTSD, by Chissweetart. Shared at "Maker's Place" - https://makersplace.com/product/ptsd-1-of-1-256534/ Accessed 5/27/25

PTSD Specifiers in DSM-5

With **dissociative symptoms** (either of the following)

- Depersonalization – feel if one were an outside observer, time moving slowly, like in a dream
- Derealization – unreality of surroundings, world seems unreal, distant, distorted, dreamlike

With **delayed expression** – if full diagnostic criteria are not met until at **least 6 months** after the stressor

Martina Fischmeister, artist, in Swarm Mag online, July 13, 2020, https://swarmmag.com/illustration/dissociation-illustration/, accessed 5/30/25

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3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threat[illegible]t(s) must have been violent or accidental.
4. Experiencing repeated or extre[illegible]d abuse). **Note:** Criterion A4 does not apply to exposure through electronic media, telev[illegible]

2.Presence of one (or more) of the following intru[illegible]

1. Recurrent, involuntary, and intr[illegible]matic event(s) are expressed.
2. Recurrent distressing dreams in[illegible]content.
3. Dissociative reactions (e.g., flas[illegible]expression being a complete loss of awareness of present surroundings.) **Note:** In childre[illegible]
4. Intense or prolonged psycholog[illegible]
5. Marked physiological reaction[illegible]

3.Persistent avoidance of stimuli associated with [illegible]

1. Avoidance of or efforts to avoi[illegible]
2. Avoidance of or efforts to avoi[illegible]sociated with the traumatic event(s).

4.Negative alterations in cognitions and mood ass[illegible]

1. Inability to remember an impor[illegible]
2. Persistent and exaggerated neg[illegible] nervous system is permanently ruined").
3. Persistent, distorted cognitions[illegible]
4. Persistent negative emotional s[illegible]
5. Markedly diminished interest o[illegible]
6. Feelings of detachment or estra[illegible]
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6. Sleep disturbance (e.g., difficul[illegible]

6.Duration of the disturbance (Criteria B, C, D an[illegible]

7.The disturbance causes clinically significant dis[illegible]

8.The disturbance is not attributable to the physio[illegible]

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Specify whether:

With delayed expression: If the full diagnostic criteria are not met until at least 6 months after the event (although the onset and expression of some symptoms may be immediate).

6 weeks ago:

A. Wife of 45 years died during a surgery in the hospital, unexpectedly
B. Memories come to mind unbidden and cause severe psychological pain
C. Avoids reminders – like going near the hospital, going into their shared bedroom.
D. Feels persistently down, feels guilty about not going to specialist hospital, unable to experience positive emotions
E. Trouble sleeping and trouble concentrating
F. Has felt for >1 month
G. Still hasn't returned to work. Not opening mail. Living off granola bars and canned soup from the basement

(APA, 2013a, pp. 271–272)

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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).

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, behavior 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 6 months after the event (although the onset and expression of some symptoms may be immediate).

6 weeks ago:

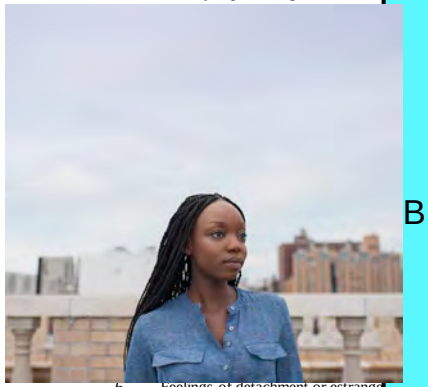
A. Wife of 45 years died during a surgery in the hospital, unexpectedly
B. Memories come to mind unbidden and cause severe psychological pain
C. Avoids reminders – like going near the hospital, going into their shared bedroom.
D. Feels persistently down, feels guilty about not going to specialist hospital, unable to experience positive emotions
E. Trouble sleeping and trouble concentrating
F. Has felt for >1 month
G. Still hasn't returned to work. Not opening mail. Living off granola bars and canned soup from the basement

(APA, 2013a, pp. 271–272)

DSM-5 Diagnostic Criteria for

Note: The following criteria apply to adults, adolesce

1.Exposure to actual or threatened death, serious inju
1. Directly experiencing the traumatic



6. Feelings of detachment or estrange
7. Persistent inability to experience p

5.Marked alterations in arousal and reactivity associa
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B. Took time off work and now can't go back without significant fear of it happening again. Can't be around men, especially men of similar appearance. Won't go out into public right now. For a while could go to church and the gym, but now isn't, because will have panic reactions around men.
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Note: Criterion A4 does not apply to exposure

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F. Symptoms have been going on for 5+ months, getting worse. Losing weight. Unsure if she can return to work.

(APA, 2013a, pp. 271–272)

DSM-5 Diagnostic Criteria for PTSD

Note: The following criteria apply to adults, adolescents, and children older than 6 years. For children 6 years

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A. Wife of 45 years died during a surgery in the hospital, unexpectedly
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DSM-5 Diagnostic Criteria for PTSD

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B. Has nightmares every night of past trauma. Has periodic flashbacks to one particularly violent time she was robbed.
C. Refuses to go back to her childhood hometown, though a grandmother there said she would take her in to help her. Doesn't like to talk about the past, wants to "move on."
D. Can't remember ever being happy since her mom died. The world is a terrible place, everyone is bad deep down. Wants to die so she can finally be at peace. Often cuts herself because she feels so angry and so much emotional pain. Said she can't remember much about her childhood sex trafficking.
E. Has panic attacks frequently, especially at night. Doesn't sleep well – night time has never been safe.
F. Has trouble keeping relationships, can't open herself emotionally. Feels negatively about herself
G. Years of these symptoms. Currently psychiatrically hospitalized after a suicide attempt, her sixth in the last year. At a shelter. Can't get a job. No close friendships.

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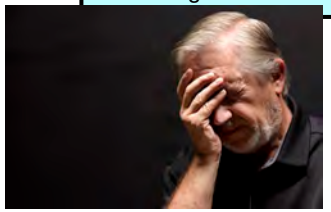

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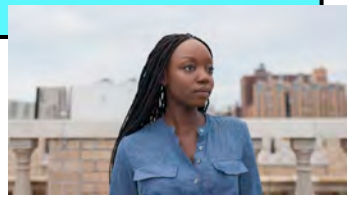

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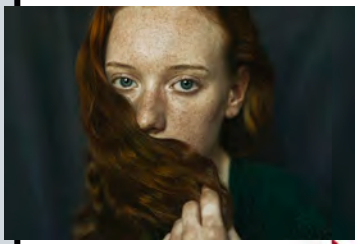


DSM-5 Diagnostic Criteria for PTSD

Note: The following criteria apply to adults, adolescents, and children older than 6 years. For children 6 years and younger, see the DSM-5 section titled "Posttraumatic Stress Disorder for Children 6 Years and Younger."

1.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.
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, movies, or pictures, unless this exposure is work related.

2.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 6 years, 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 affect 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 reenactment may occur in 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).
5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

3.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).
2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

4.Negative alterations in cognitions 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 cognitions 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.
7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

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

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

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

8.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 posttraumatic 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).

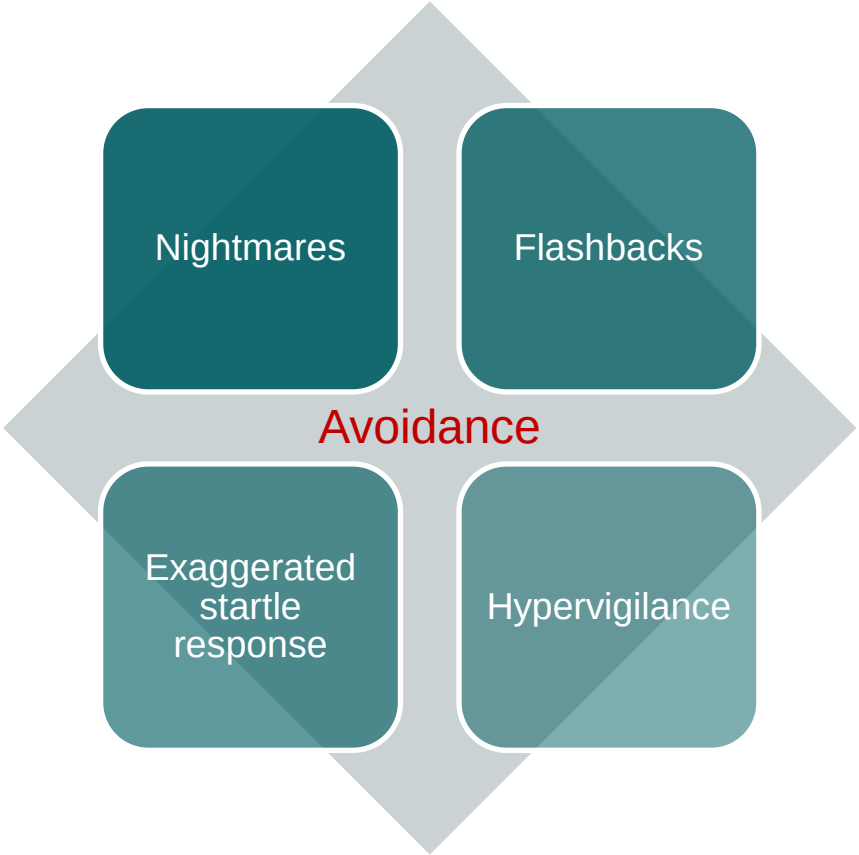
2.Derealization: Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted). **Note**: To use this subtype, the dissociative symptoms must not be attributable to the physiological effects of a substance (e.g., blackouts, behavior 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 6 months after the event (although the onset and expression of some symptoms may be immediate).


Avoid Thinking of the Trauma
Avoid Talking of the Trauma
!?
Easily Frightened
Negative Mood
Negative Thinking
@#%!
Aggressive Behavior
Fun fact:
There are 636,120 ways to have PTSD in the DSM-5
Cannot Concentrate
Avoiding Activities
Flashbacks
Avoiding Places
Loss of Interest
Feeling Guilt or Shame
Sleeping Difficulty
Bad Dreams

Are there core symptoms of trauma?

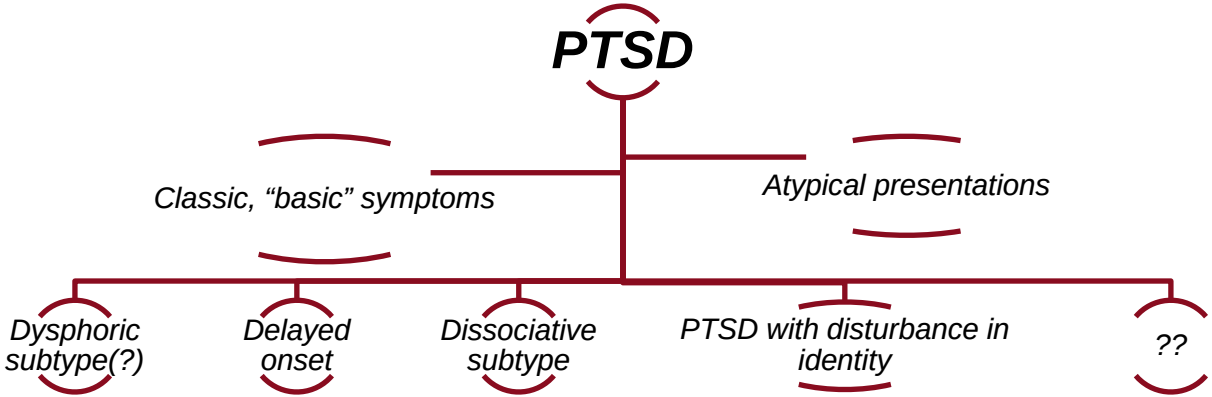


- These capture most of PTSD, but not all of it
- Some features seem to be missed in studies aiming to identify the most central symptoms - e.g. dissociative amnesia to traumatic event
- Conclusion: these features seem important, but are not absolute

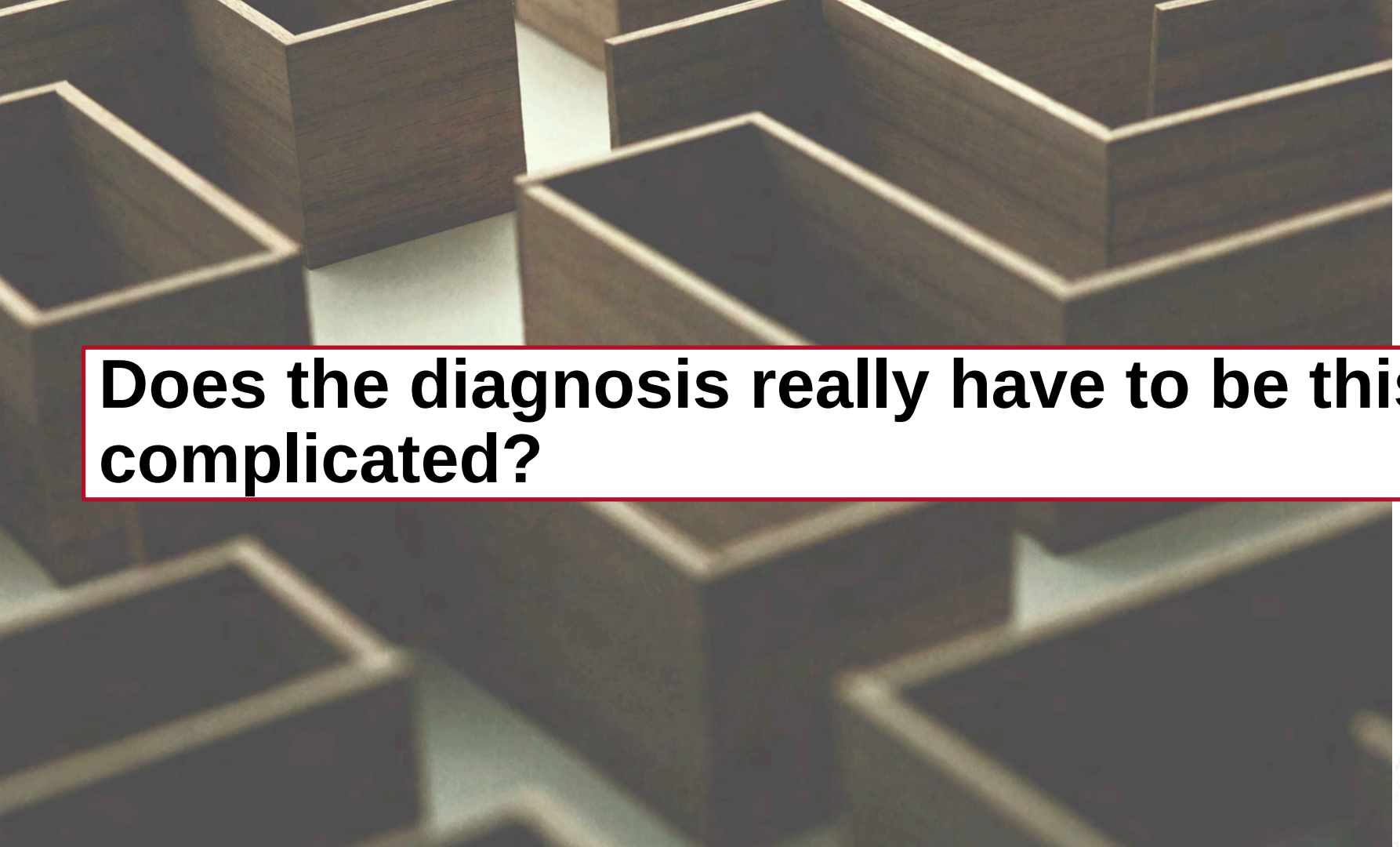
Brewin et al 2025

What if PTSD really PTSDs (plural?)

There is some indication there may be subtypes



Note this is still theoretical. More research is needed to better define these



Does the diagnosis really have to be this complicated?

Can we just simplify things and use these core symptoms for diagnosis?

ICD-11 PTSD criteria

Essential (Required) Features:

- Exposure to an event or situation (either short- or long-lasting) of an extremely threatening or horrific nature. Such events include, but are not limited to, directly experiencing natural or human-made disasters, combat, serious accidents, torture, sexual violence, terrorism, assault or acute life-threatening illness (e.g., a heart attack); witnessing the threatened or actual injury or death of others in a sudden, unexpected, or violent manner; and learning about the sudden, unexpected or violent death of a loved one.
- Following the traumatic event or situation, the development of a characteristic syndrome lasting for at least several weeks, consisting of all three core elements:
    - **Re-experiencing the traumatic event in the present, in which the event(s) is not just remembered but is experienced as occurring again in the here and now.**
        - This typically occurs in the form of vivid intrusive memories or images; flashbacks, which can vary from mild (there is a transient sense of the event occurring again in the present) to severe (there is a complete loss of awareness of present surroundings), or repetitive dreams or nightmares that are thematically related to the traumatic event(s). Re-experiencing is typically accompanied by strong or overwhelming emotions, such as fear or horror, and strong physical sensations. Re-experiencing in the present can also involve feelings of being overwhelmed or immersed in the same intense emotions that were experienced during the traumatic event, without a prominent cognitive aspect, and may occur in response to reminders of the event. Reflecting on or ruminating about the event(s) and remembering the feelings that one experienced at that time are not sufficient to meet the re-experiencing requirement.
    - **Deliberate avoidance of reminders likely to produce re-experiencing of the traumatic event(s).**
        - This may take the form either of active internal avoidance of thoughts and memories related to the event(s), or external avoidance of people, conversations, activities, or situations reminiscent of the event(s). In extreme cases the person may change their environment (e.g., move to a different city or change jobs) to avoid reminders.
    - **Persistent perceptions of heightened current threat, for example as indicated by hypervigilance or an enhanced startle reaction to stimuli such as unexpected noises.**
        - Hypervigilant persons constantly guard themselves against danger and feel themselves or others close to them to be under immediate threat either in specific situations or more generally. They may adopt new behaviours designed to ensure safety (e.g., not sitting with ones' back to the door, repeated checking in vehicles' rear-view mirrors).
- The disturbance results in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. If functioning is maintained, it is only through significant additional effort.

Additional Clinical Features:

- Common symptomatic presentations of Post-Traumatic Stress Disorder may also include general dysphoria, dissociative symptoms, somatic complaints, suicidal ideation and behaviour, social withdrawal, excessive alcohol or drug use to avoid re-experiencing or manage emotional reactions, anxiety symptoms including panic, and obsessions or compulsions in response to memories or reminders of the trauma.
- The emotional experience of individuals with Post-Traumatic Stress Disorder commonly includes anger, shame, sadness, humiliation, or guilt, including survivor guilt.

ICD-11 PTSD criteria simplified (description removed)

Essential (Required) F

- Exposure to an eve n extremely threatening or horri
- Following the traum aracteristic syndrome lasting for at least s ents:
  - **Re-experie** ch the event(s) is not just rememb he here and now.
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Night-mares

Flash-backs

Avoidance

Exagger-ated startle response

Hyper-vigilance

So is the ICD-11 diagnosis better?

(that's up for debate)

- WHO argues that ICD-11 diagnostic criteria is more helpful for non-specialist, low-resourced clinicians
- It seems to align better with what seem to be core symptoms of PTSD
- However, it will miss some people with a different presentation, such as intrusive memories that don't meet the definition of flashbacks

6 weeks ago:

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C. Avoids reminders – like going near the hospital, going into their shared bedroom.
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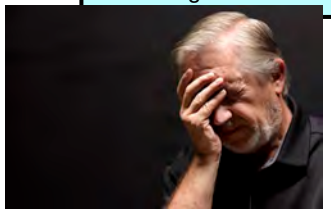

Not PTSD per ICD-11 criteria

PTSD

6 months ago:

A. Nurse was assaulted at work by a patient down the hall, who ran at her and threw her against the window, feared she'd be pushed through it and killed. Doesn't remember what happened, or going to the ER afterwards, but has pieced together what happened from colleagues who told her and from flashbacks.
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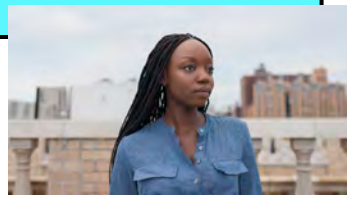

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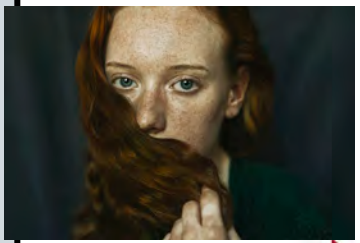


Complex PTSD

- Also an ICD-11 diagnosis
- Distinct from PTSD to capture the effect that “complex trauma”: particularly horrifying, or most often prolonged and repetitive events from which escape
- Created to capture how this differentially seems to effect self-organization-related mechanisms

6 years ago:

A. At age 12, was sexually trafficked by step-father after her mother died. Beaten when she didn’t cooperate. This went on for several years. Finally ran away at 14 and lived on the streets until she was 17. Engaged in prostitution to get money. Always hungry and scared, often beaten and robbed.
B. Has nightmares every night of past trauma. Has periodic flashbacks to one particularly violent time she was robbed.
C. Refuses to go back to her childhood hometown, though a grandmother there said she would take her in to help her. Doesn’t like to talk about the past, wants to “move on.”
D. Can’t remember ever being happy since her mom died. The world is a terrible place, everyone is bad deep down. Wants to die so she can finally be at peace. Often cuts herself because she feels so angry and so much emotional pain. Said she can’t remember much about her childhood sex trafficking.
E. Has panic attacks frequently, especially at night. Doesn’t sleep well – night time has never been safe.
F. Has trouble keeping relationships, can’t open herself emotionally. Feels negatively about herself
G. Years of these symptoms. Currently psychiatrically hospitalized after a suicide attempt, her sixth in the last year. At a shelter. Can’t get a job. No close friendships.

Complex PTSD ICD-11 Diagnostic Criteria

Requires all of the same diagnostic criteria from ICD-11's PTSD diagnosis to be met

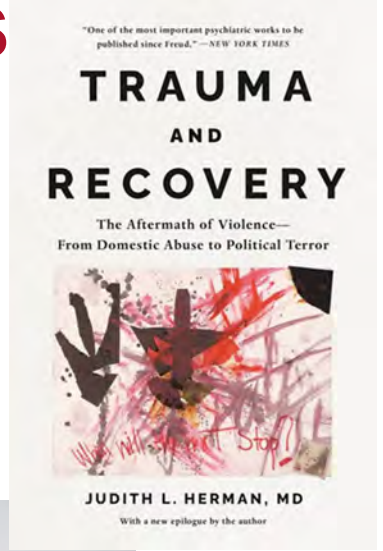
- Severe and pervasive problems with affect regulation
- Persistent beliefs about oneself as diminished, defeated or worthless, accompanied by deep and pervasive feelings of shame, guilt or failure related to the stressor
- Pervasive difficulties in sustaining relationships and in feeling close to others

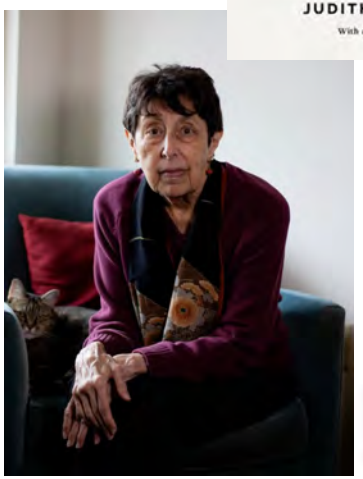
Complex PTSD as a diagnosis

- This is not in DSM-5, only in ICD-11
- Resonates a lot with patients, over and above PTSD alone

Subject of decades of debate

- Proposed in 1988 by Dr. Judith Herman of Harvard to try to capture what is sometimes seen by those who experience long-term trauma:
    1. Regulation of affect and impulses
    2. attention or consciousness (dissociation)
    3. Self-perception
    4. Relations with others
    5. Somatization
    6. Systems of meeting





Complex PTSD

- Something like this was considered for DSM-IV and DSM 5, but was rejected because it always occurred in the presence of PTSD and could not be shown in evidence (yet) as a separate disorder
  - *DSM IV field trials showed that 92% of people meeting criteria for complex PTSD/DESNOS* also met criteria for PTSD (so is it really a distinct disorder?)*
- In DSM-5, the diagnosis of PTSD was expanded to include symptoms of complex PTSD/DESNOS:
  - *Negative alterations in cognition or mood symptom category*
  - *The reckless or self-destructive behavior within the hyperarousal criteria*
  - *Especially the dissociative subtype*
- It was also thought that **borderline personality disorder** could capture elements of complex PTSD, as well

**Disorder of extreme stress, not otherwise specified*

Sense of threat

Persistent avoidance of stimuli associated with the traumatic events

Recurrent, involuntary and intrusive distressing memories of the traumatic events

Exposure to actual or threat of death, serious injury or sexual violence

Post-Traumatic Stress Disorder

+

Dissociation and paranoia

Avoidance of real or imagined abandonment

Shifting self-identity

Interpersonal disturbances

Negative self-concept

Affect dysregulation

Borderline Personality Disorder

=

Interpersonal disturbances

Negative self-concept

Affect dysregulation

Sense of threat

Persistent avoidance of stimuli associated with the traumatic events

Recurrent, involuntary and intrusive distressing memories of the traumatic events

Exposure to actual or threat of death, serious injury or sexual violence

Complex Post-Traumatic Stress Disorder

??

Complex PTSD v. BPD

- PTSD requires a traumatic trigger and borderline personality (BPD) does not
- Conceptual overlap with three types of problems; the manifestations of the symptoms is often different, though
- PTSD symptoms can be intermittent, where as BPD is more persistent (though both can exacerbate with stressors).
- Note **BOTH** are treatable

Conceptual overlap	Complex PTSD	Borderline Personality Disorder
Affect Dysregulation	--less so--	More impulsivity, suicidal and self-injurious behaviors
Self-concept Difficulties	More persistently negative self of self	Unstable self of self
Relational Difficulties	Persistent tendency to avoid relationships and to distance when intense emotions arise	Volatile patterns of interactions and intense engagement in relationships

M Cloitre, DW Garvert, B Weiss, EB Carlson, RA Bryant. Distinguishing PTSD, complex PTSD, and borderline personality disorder: a latent class analysis. Eur J Psychotraumatol, 5 (2014), Article 25097

Complex PTSD seems distinct

- Studies over the past 10 years have shown that Complex PTSD is not just severe PTSD, it is a distinct subtype
- Can be co-morbid with borderline personality disorder

Conclusion: NO, it is not just PTSD + BPD

- We will see how this evolves in our official diagnostic systems
- For now, we diagnose PTSD according to DSM-5, but we can talk with patients about complex PTSD as a way to help them to understand themselves

Assessment

- Comprehensive psychiatric assessment
- Ask specific questions about traumatic experiences with sensitivity
    - Can focus on their REACTION to the experience, as opposed to the details of the experience itself

We can do it!

With a little help from our friends:

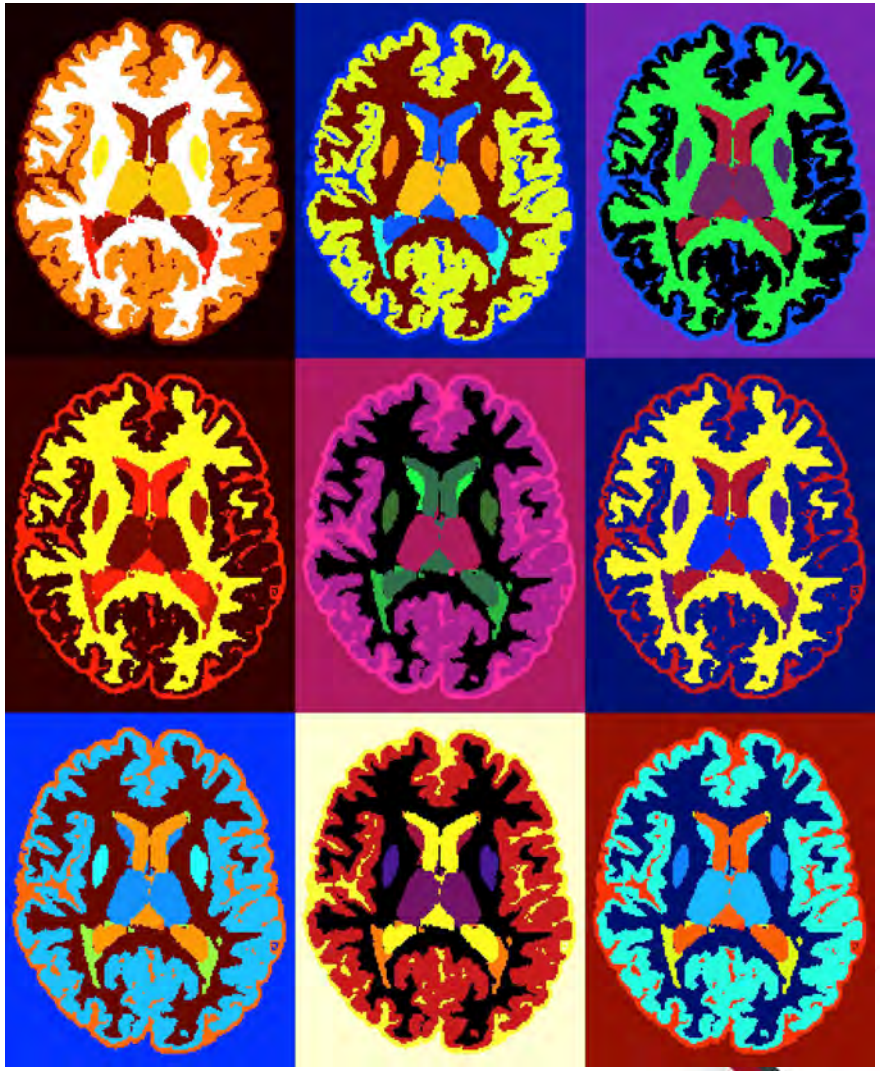
Assessment

- **PTSD Checklist for DSM-5 (PCL-5)[1]** is a 20-item self-report measure that mirrors each DSM-5 PTSD symptom
  - Total score up to 80 by summing items; cut-off score of 33 for probable PTSD
  - Must confirm criterion A trauma, or will have false positives)
- **Clinician-Administered PTSD Scale (CAPS)[2]** is a 30-item structured interview that can help with diagnosis and assessment of severity
  - Gold standard for diagnosis of PTSD

Drawing by Sophie Binder, on Instagram as '@softhefrog Photo used with permission from artist (not for publication)

1 – Weathers et al 2013a; 2 – Weathers et al 2013b

Thank you!



Understanding – and beauty – can be healing

Nick Cave, *Tondo* exhibition at the Guggenheim

"The constant, looming threat of gun violence is a theme that Cave captures in his art. As a long-time resident of Chicago, which has one of the nation's highest murder rates, Cave draws inspiration from neuroimaging scans of Black youth affected by gun violence to create his mesmerizing *Tondo* works."

https://www.guggenheim.org/articles/checklist/depictions-of-trauma-how-art-can-heal-invisible-wounds

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Art References

Title page art: “Can Programs That Help the Military Save the Federal Arts Agencies?” Photos by Justin T. Gellerson for The New York Times. March 27, 2017. Accessed 5/29/25. https://www.nytimes.com/2017/03/27/arts/design/nea-walter-reed-military-art-therapy.html

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Memories and trauma are not always stored verbally, linguistically. Do evidence-based treatments AND help your patients to express themselves in any way they need to to heal

Anxiety Subspecialty Treatment (AnxST) Clinic

Treatment anxiety and stress related disorders (including PTSD)

- Can refer for consultation and/or treatment
- UNMC/Nebraska Medicine, spans psychology and psychiatry departments

  For psychology, call 402-559-5031

  For psychiatry, call 402-552-6007
- Offers Writing Exposure Therapy Group (individual treatment in a group setting, no sharing with the group, excellent outcomes) for someone with a PTSD diagnosis with no wait list!

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