PTSD DSM-5 Diagnostic Checklist: The Trauma Response Detector

Your Complete Guide to PTSD Diagnosis Made Simple

⚡ WELCOME TO THE TRAUMA DIAGNOSTIC HEADQUARTERS!

Welcome to the comprehensive Post-Traumatic Stress Disorder diagnostic center - your specialized command post for identifying the complex aftermath of trauma exposure! Think of this as your trauma response monitoring station that tracks how the mind and body react to life-threatening or deeply disturbing experiences. Every symptom is like an alarm signal from a nervous system trying to protect itself, and when you see the right pattern of signals persisting over time, you've identified PTSD!

?? DSM-5 PTSD DIAGNOSTIC CRITERIA: THE OFFICIAL CHECKLIST

⚡ CRITERION A: TRAUMA EXPOSURE

Must have exposure to actual or threatened death, serious injury, or sexual violence

□ DIRECT EXPOSURE
?? Experiencing the traumatic event personally
?? Examples: Combat, assault, accident, natural disaster
?? Person was directly involved in life-threatening situation

□ WITNESSING TRAUMA
Witnessing traumatic event happening to others
?? Examples: Seeing someone killed, injured, or assaulted ⚠️ Must be in-person witnessing (not through media)

□ LEARNING OF TRAUMA TO CLOSE OTHERS
?? Learning that traumatic event happened to close family/friend ?? Examples: Sudden death, violent death, serious accident ⚠️ Must be close relationship, not distant

acquaintance

□ REPEATED/EXTREME EXPOSURE TO TRAUMA DETAILS
♂ Usually occupational exposure
�� Examples: First responders, police, military personnel ⚠ Not through media unless work-related

⁉ CRITERION B: INTRUSIVE SYMPTOMS

Must have 1+ symptoms beginning after trauma

□ 1. RECURRENT DISTRESSING MEMORIES
⁉ Involuntary, intrusive memories of the trauma
⁉ Cause significant distress
⁉ Examples: Flashbacks to the event, vivid recall of details ⁉ May **include** sensory details (sounds, smells, physical sensations)

□ 2. RECURRENT DISTRESSING DREAMS
⁉ Nightmares related to the traumatic event
⁉ Content/emotion of dream related to trauma
⁉ Examples: Reliving the event, themes of danger/helplessness ⚡ May wake up in distress or terror

□ 3. DISSOCIATIVE REACTIONS (FLASHBACKS)
⁉ Feeling or acting as **if** trauma is recurring
⏰ Range from brief episodes to complete loss of awareness ⁉ Examples: "I felt like I was back there," losing track of time/place ⁉ May **include** all senses, not just visual

□ 4. INTENSE PSYCHOLOGICAL DISTRESS
⁉ Severe emotional reaction to trauma reminders
⁉ Examples: Panic, terror, rage when reminded of trauma
⁉ Triggered by internal or external cues resembling trauma ⚡ Reaction is disproportionate to current situation

□ 5. MARKED PHYSIOLOGICAL REACTIONS
⁉ Strong physical response to trauma reminders
⁉ Examples: Racing heart, sweating, nausea, trembling
⁉ Body reacts as **if** trauma is happening again
⚡ May **include** startle response, hypervigilance

⁉ CRITERION C: AVOIDANCE SYMPTOMS

Must have 1+ symptoms beginning after trauma

□ 1. AVOIDANCE OF TRAUMA-RELATED THOUGHTS/FEELINGS
⁉ Efforts to avoid distressing memories, thoughts, or feelings ⁉ Examples: "I don't want to think about it," suppressing memories ⁉ May use distraction, substances, or other methods
⁉ Deliberate attempts to push away trauma-related content

□ 2. AVOIDANCE OF TRAUMA-RELATED REMINDERS
⁉ Efforts to avoid external reminders of trauma
⁉ Examples: Avoiding places, people, activities, objects, situations ⁉ Car accident survivor avoiding driving
⁉ Assault survivor avoiding the neighborhood where it happened

⚠️ CRITERION D: NEGATIVE ALTERATIONS IN COGNITIONS AND MOOD Must have 2+ symptoms beginning or worsening after trauma

☐ 1. INABILITY TO REMEMBER IMPORTANT ASPECTS OF TRAUMA
⚠️ Not due to head injury or substance use
Examples: "I can't remember how I got out," memory gaps ⚠️ Usually involves most distressing parts of trauma
⚠️ Different from normal forgetting

☐ 2. PERSISTENT NEGATIVE BELIEFS ABOUT SELF/OTHERS/WORLD
⚠️ Exaggerated negative beliefs or expectations
⚠️ Examples: "I am permanently damaged," "The world is dangerous" ⚠️ "No one can be trusted," "I should have prevented it" ⚠️ Beliefs are distorted and trauma-related

☐ 3. PERSISTENT DISTORTED COGNITIONS ABOUT CAUSE/CONSEQUENCES ⚠️
Distorted blame of self or others **for** trauma or consequences ⚠️ Examples: "It's my fault," "I could have stopped it" ⚠️ "I deserved it," "I should have known better"
⚖️ Unrealistic self-blame or blame of others

☐ 4. PERSISTENT NEGATIVE EMOTIONAL STATE
⚠️ Prominent negative emotions most of the time
⚠️ Examples: Fear, horror, anger, guilt, shame
⚠️ Emotions are persistent, not just during reminders ⚠️ May feel emotionally "stuck" in negative states

☐ 5. MARKEDLY DIMINISHED INTEREST OR PARTICIPATION
⚠️ Significant decrease in important activities
⚠️ Examples: Loss of interest in hobbies, work, relationships ⚠️ "Nothing matters anymore," "I don't care about anything" ⚠️ Clear change from pre-trauma functioning

☐ 6. FEELINGS OF DETACHMENT OR ESTRANGEMENT
⚠️ Feeling disconnected from others
⚠️ Examples: "I don't fit in," "No one understands me" ⚠️ Feeling like there's a wall between self and others ⚠️ May withdraw from close relationships

☐ 7. PERSISTENT INABILITY TO EXPERIENCE POSITIVE EMOTIONS ⚠️
Unable to feel happiness, satisfaction, love, joy
⚠️ Examples: "I feel numb," "I can't feel happy anymore" ⚠️ Emotional numbing or restricted range of affect
❄️ May feel emotionally "frozen" or empty

⚡ CRITERION E: ALTERATIONS IN AROUSAL AND REACTIVITY Must have 2+ symptoms beginning or worsening after trauma

□ 1. IRRITABLE BEHAVIOR AND ANGRY OUTBURSTS
  ◆◆ With little **or** no provocation
  ◆◆ Examples: Road rage, yelling at family, verbal/physical aggression ⚡ May be directed at people **or** objects
  ◆◆ Anger seems disproportionate to trigger

□ 2. RECKLESS OR SELF-DESTRUCTIVE BEHAVIOR
  ◆◆ Engaging in dangerous activities
  ◆◆ Examples: Reckless driving, excessive gambling, risky sex ◆◆ Substance abuse, self-harm behaviors
  ⚠️ Behavior represents change from pre-trauma

□ 3. HYPERVIGILANCE
  ◆◆ Excessive alertness to potential threats
  ◆◆ Examples: Constantly scanning environment, checking exits ◆◆ "Always looking over my shoulder"
  ⚡ Exhausting state of heightened awareness

□ 4. EXAGGERATED STARTLE RESPONSE
  ◆◆ Jumping **or** overreacting to unexpected sounds/movements ◆◆ Examples: Extreme reaction to car backfiring, door slamming ⚡ Response is much stronger than before trauma
  ◆◆ May include physical symptoms (racing heart, sweating)

□ 5. PROBLEMS WITH CONCENTRATION
  ◆◆ Difficulty focusing on tasks
  ◆◆ Examples: Can't read, watch TV, complete work assignments ◆◆ Mind feels scattered **or** foggy
  ◆◆ Noticeable decline from pre-trauma functioning

□ 6. SLEEP DISTURBANCE
  ◆◆ Difficulty falling asleep **or** staying asleep
  ◆◆ Examples: Insomnia, frequent awakening, restless sleep ◆◆ May be related to nightmares **or** hypervigilance
  ⏰ Sleep problems **not** present before trauma

⏰ CRITERION F: DURATION

□ SYMPTOMS PRESENT **FOR** MORE THAN 1 MONTH
  ◆◆ Disturbance lasts longer than 1 month
  ◆◆ Symptoms from Criteria B, C, D, and E persist
  ⚠️ **If** less than 1 month, consider Acute Stress Disorder

◆◆ CRITERION G: FUNCTIONAL IMPAIRMENT

□ CLINICALLY SIGNIFICANT DISTRESS OR IMPAIRMENT
  ◆◆ Occupational functioning impaired
  ◆◆ Social functioning impaired
  ◆◆ Other important areas of functioning impaired
  ◆◆ Examples: Can't work, relationship problems, social isolation

◆◆ CRITERION H: EXCLUSION CRITERIA

□ NOT DUE TO SUBSTANCES OR MEDICAL CONDITIONS
  ◆◆ Not attributable to substance use
  ◆◆ Not attributable to another medical condition
  ◆◆ Examples: Not due to brain injury, medications, drugs

◆◆ PTSD SPECIFIERS

⏰ ONSET SPECIFIERS

◆◆ ACUTE STRESS DISORDER (LESS THAN 1 MONTH)

⏰ DURATION: 3 days to 1 month after trauma
◆◆ SYMPTOMS: Similar to PTSD but shorter duration
◆◆ SIGNIFICANCE: May predict later PTSD development ◆◆
TREATMENT: Early intervention may prevent PTSD

⚡ DELAYED EXPRESSION

⏰ ONSET: Full criteria not met **until** 6+ months after trauma ◆◆ PATTERN: Some symptoms may be present earlier
◆◆ EXAMPLE: Veteran develops full PTSD years after combat ⚠️ NOTE: Most symptoms usually present within 3 months

◆◆ DISSOCIATIVE SUBTYPE

Must meet PTSD criteria PLUS have prominent dissociative symptoms

□ DEPERSONALIZATION
  Persistent **or** recurrent feelings of detachment from self ◆◆ Examples: "I feel like I'm watching myself from outside" ◆◆ Feeling **like** an observer of one's own thoughts/actions ⚡ May feel **like in** a dream **or** movie

□ DEREALIZATION
  ◆◆ Persistent **or** recurrent feelings that surroundings are unreal ◆◆ Examples: "Everything feels foggy or dreamlike"
  ◆◆ World seems distorted, artificial, **or** distant
  ⚡ May feel **like** living **in** a bubble **or** behind glass

◆◆ DIFFERENTIAL DIAGNOSIS: RULING OUT LOOK ALIKES

?? TRAUMA-RELATED DISORDERS

?? ACUTE STRESS DISORDER

?? KEY DIFFERENCES:
• ⏰ DURATION: 3 days to 1 month (vs. >1 month for PTSD) • ??
SYMPTOMS: Similar symptom clusters
• ?? DISSOCIATION: More prominent in ASD
• ?? SIGNIFICANCE: May be precursor to PTSD

?? CLINICAL PRESENTATION:
• Dissociative symptoms prominent
• ⚡ Acute distress immediately post-trauma
• ?? May have more confusion/disorientation
• ?? Some symptoms may fluctuate more

?? ADJUSTMENT DISORDER WITH ANXIETY/DEPRESSION

?? KEY DIFFERENCES:
• ⚡ STRESSOR: Not necessarily life-threatening
• ?? SYMPTOMS: Less severe than PTSD
• ⏰ ONSET: Within 3 months of stressor
• ?? DURATION: Usually resolves within 6 months

?? CLINICAL EXAMPLES:
• ?? Job loss or work stress
• ?? Relationship breakup
• ?? Moving or life changes
• ?? Financial difficulties

?? PSYCHIATRIC CONDITIONS THAT MIMIC

PTSD ?? MAJOR DEPRESSIVE DISORDER

?? OVERLAPPING SYMPTOMS:
• ?? Sleep disturbances
• ?? Concentration problems
• ?? Loss of interest in activities
• ?? Negative mood and thoughts
• ?? Social withdrawal

?? KEY DIFFERENCES:
• ⚡ TRAUMA: PTSD requires specific trauma exposure • ?? INTRUSIONS:
PTSD has trauma-specific intrusive symptoms • ?? AVOIDANCE: PTSD has
specific trauma avoidance • ⚡ AROUSAL: PTSD has hyperarousal symptoms

?? GENERALIZED ANXIETY DISORDER

�� OVERLAPPING SYMPTOMS:
• ⚡ Hypervigilance
• ⚡ TRAUMA: PTSD requires trauma exposure
• ⚡ TRAUMA: PTSD requires trauma exposure

PANIC DISORDER

⚔️ COMBAT TRAUMA

⚔️ COMBAT TRAUMA

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⚔️ COMBAT TRAUMA

• ?? Intrusive images of crash
• ?? Physical symptoms when in cars
• ?? Anxiety about travel

?? ASSESSMENT CONSIDERATIONS:
• ?? Injury severity and medical treatment
• ?? Fatalities or serious injuries to others
• ?? Emergency response experience
• ?? Impact on work/transportation
• ?? Family/passenger involvement

?? INTERPERSONAL VIOLENCE

?? COMMON PRESENTATIONS:
• ?? Difficulty trusting others
• ?? Avoidance of similar demographics
• ?? Shame and self-blame
• ?? Anger and irritability
• Hypervigilance in public

?? ASSESSMENT CONSIDERATIONS:
• ?? Relationship to perpetrator
• ⏰ Single incident vs. repeated trauma
• ♂ Legal involvement and proceedings
• ?? Medical treatment needed
• ?? Social support availability

NATURAL DISASTERS

?? COMMON PRESENTATIONS:
• Fear of weather/environmental cues
• ?? Anxiety about home safety
• ?? Grief over losses
• ?? Community trauma effects
• ?? Avoidance of disaster news

?? ASSESSMENT CONSIDERATIONS:
• ?? Property damage and losses
• ?? Community support systems
• ?? Rescue/evacuation experiences
• ?? Witness to deaths/injuries
• ?? Anniversary reactions

?? SPECIAL POPULATIONS

?? CHILDHOOD PTSD

?? UNIQUE PRESENTATIONS:
• ?? Repetitive play with trauma themes
• ?? Behavioral regression (bedwetting, clinginess) • ?? Increased

aggression **or** withdrawal
• ?? Sleep problems **and** nightmares
• ?? School performance decline

?? ASSESSMENT MODIFICATIONS:
• Parent/caregiver reports essential
• ?? Play-based assessment techniques
• ?? Art therapy **and** expression
• ?? School behavior observations
• ?? Peer relationship changes

⚠️ DEVELOPMENTAL CONSIDERATIONS:
• ?? Age-appropriate symptom expression
• Family trauma history
• Safety **and** protection needs
• ?? Educational accommodations
• ?? Long-term developmental impact

?? GERIATRIC PTSD

?? UNIQUE PRESENTATIONS:
• ?? Cognitive symptoms more prominent • ?? Medical comorbidities
• ?? Grief and loss issues
• ?? Social isolation
• ?? Medication interactions

?? ASSESSMENT CHALLENGES:
• ?? Dementia vs. PTSD symptoms • ?? Medical illness effects
• ?? Polypharmacy considerations • ?? Limited social support
• ⏰ Remote trauma reactivation

⚠️ TREATMENT CONSIDERATIONS:
• ?? Medication sensitivity
• ?? Cognitive approaches adaptation • ?? Family involvement
• ?? Functional assessment
• ?? Medical monitoring

♂ FIRST RESPONDERS

?? OCCUPATIONAL TRAUMA:
• ?? Repeated trauma exposure
• ?? Death and injury scenes
• ?? Colleague injuries/deaths • ?? Critical incident stress
• ?? Duty-related guilt

?? UNIQUE FACTORS:
• ?? "Hero" identity conflicts • ?? Organizational culture barriers • ?? Stigma about seeking help • ?? Cumulative stress effects • Family impact

⚠️ TREATMENT APPROACHES:
• ◆◆ Peer support programs
• ◆◆ Organizational interventions • ◆◆ Duty-specific therapy
• Family therapy inclusion
• ◆◆ **Return**-to-duty planning

◆◆ ASSESSMENT TOOLS AND MEASURES

◆◆ PTSD SCREENING TOOLS

◆◆ PCL-5 (PTSD CHECKLIST FOR DSM-5)

◆◆ COMPREHENSIVE ASSESSMENT:
• ◆◆ 20 items corresponding to DSM-5 criteria
• ⏰ Takes 5-10 minutes to complete
• ◆◆ Scores: 0-80 scale, cutoff typically 31-33
• ◆◆ Good **for** screening and monitoring treatment

◆◆ SAMPLE ITEMS:
• "Repeated, disturbing dreams of the stressful experience" • "Avoiding external reminders of the stressful experience" • "Having difficulty concentrating"
• "Being super alert or watchful on guard"

◆◆ PC-PTSD-5 (PRIMARY CARE PTSD SCREEN)

◆◆ BRIEF SCREENING TOOL:
• ◆◆ 5 yes/no questions
• ⏰ Takes 1-2 minutes
• ◆◆ Positive screen: 3+ "yes" responses
• ◆◆ Good **for** primary care settings

◆◆ SCREENING QUESTIONS:
• "Nightmares or thought about it when you didn't want to?" • "Tried hard not to think about it or went out of your way to avoid situations?"
• "Were constantly on guard, watchful, or easily startled?" • "Felt numb or detached from people, activities, or surroundings?" • "Felt guilty or unable to stop blaming yourself or others?"

◆◆ TRAUMA EXPOSURE ASSESSMENT

◆◆ LIFE EVENTS CHECKLIST (LEC-5)

◆◆ TRAUMA EXPOSURE SCREENING:
• ◆◆ 17 types of traumatic events
• ◆◆ Multiple exposure types assessed
• ⏰ Lifetime trauma history
• ◆◆ Used with PCL-5

◆◆ EXPOSURE TYPES:
• Natural disaster

• Fire **or** explosion
• Transportation accident
• Serious accident at work/home/recreation
• Exposure to toxic substance
• Physical assault
• Assault with weapon
• Sexual assault
• Other unwanted sexual experience
• Combat **or** exposure to war zone
• Captivity
• Life-threatening illness **or** injury
• Severe human suffering
• Sudden violent death
• Sudden accidental death
• Serious injury/harm/death you caused
• Any other very stressful event

?? CLINICAL INTERVIEW STRATEGIES

?? TRAUMA-INFORMED INTERVIEWING

SAFETY PRINCIPLES:
• ?? Establish rapport **and** trust
• ?? Explain confidentiality limits
• ?? Validate patient experiences
• ?? **Go at** patient's pace
• ?? Allow breaks as needed

?? EFFECTIVE QUESTIONING:
• "Have you ever experienced or witnessed something that was life-threatening or very frightening?"
• "How has this experience affected your daily life?"
• "Do you find yourself thinking about it when you don't want **to**?" • "**Are** there things you avoid because they remind you **of** what happened?"

⚠️ SAFETY CONSIDERATIONS:
• ?? Assess **current** safety
• ?? Evaluate living situation
• ?? **Check** support systems
• ?? Screen **for** suicidal ideation
• ?? Assess substance **use**

?? DIAGNOSTIC PRO TIPS: THE EXPERT SECRETS

?? Clinical Pearls for PTSD Diagnosis

?? PEARL #1: "The Trauma Criterion is King"
No trauma exposure = no PTSD diagnosis. Always establish clear trauma history first. The trauma must meet Criterion A - actual or threatened death, serious injury, or sexual violence.

?? PEARL #2: "The Avoidance Paradox"
People with PTSD often avoid talking about trauma, making assessment challenging. Gentle, patient questioning and building trust is essential.

�� PEARL #3: "The Anniversary Effect"
PTSD symptoms often worsen around anniversaries of trauma. Ask about seasonal patterns or specific dates that are difficult.

�� PEARL #4: "The Delayed Onset Reality"
PTSD can develop months or years after trauma. Don't rule it out because of time elapsed - ask about any period of symptom onset.

�� PEARL #5: "The Comorbidity Complexity"
PTSD rarely occurs alone. Screen for depression, anxiety, substance use, and other trauma-related conditions.

⚠️ Red Flags and Green Lights

⚠️ RED FLAGS (QUESTION PTSD DIAGNOSIS):
- ⚠️ No clear trauma exposure meeting Criterion A
- ⏰ Symptoms present less than 1 month
- ⚠️ Symptoms clearly due to substances/medical condition
- ⚠️ Symptoms better explained by other mental disorder
- ⚠️ Insufficient symptoms in required clusters

✅ GREEN LIGHTS (SUPPORT PTSD DIAGNOSIS):
- ⚡ Clear trauma exposure history
- ⚠️ Trauma-specific intrusive symptoms
- ⚠️ Trauma-related avoidance behaviors
- ⚠️ Negative changes in thinking/mood post-trauma
- ⚡ Hyperarousal symptoms post-trauma
- ⏰ Symptoms persist >1 month
- ⚠️ Significant functional impairment

⚠️ Complex Presentations

⚠️ COMPLEX PTSD CONSIDERATIONS:
- ⚠️ Repeated/prolonged trauma exposure
- ⚠️ Early childhood trauma
- ⚠️ Emotional dysregulation
- ⚠️ Interpersonal difficulties
- ⚠️ **Self**-concept disturbances
- ⚠️ Dissociative symptoms

⚠️ ASSESSMENT MODIFICATIONS:
- ⚠️ Detailed trauma history
- ⚠️ Emotional regulation assessment
- ⚠️ Relationship pattern evaluation
- ⚠️ Identity **and** self-concept exploration
- ⚠️ Dissociation screening
- ⚠️ Developmental trauma inquiry

⚠️ CONCLUSION: MASTERING PTSD DIAGNOSIS

Congratulations! You've completed your comprehensive training in PTSD diagnosis. You now possess the knowledge and tools to accurately identify PTSD while providing trauma-informed care throughout the assessment process.

⚡ Your New Diagnostic Superpowers:

⚡ **Trauma Assessment**: Comprehensive evaluation of trauma exposure

Symptom Cluster Recognition: Identifying intrusion, avoidance, negative cognition/mood, and arousal symptoms

Differential Diagnosis: Distinguishing PTSD from other trauma-related and psychiatric conditions

Population-Specific Care: Adapting assessment across age groups and special populations

Trauma-Informed Approach: Conducting safe, sensitive assessments

Remember the Diagnostic Golden Rules:

1. ⚡ **Trauma First**: Must establish clear trauma exposure meeting Criterion A 2.

Four Clusters: Must have symptoms from all four symptom clusters 3. ⏰

Duration: Symptoms must persist for more than 1 month

4. **Impairment**: Must cause significant functional problems

5. **Safety Always**: Maintain trauma-informed, safe assessment practices

Remember: PTSD is a normal response to abnormal experiences. Accurate diagnosis is the first step toward helping trauma survivors reclaim their lives and find healing. Master these diagnostic skills with compassion and cultural sensitivity, and you'll be able to provide hope and direction to those who have experienced life's most difficult challenges! ➡️

"The wound is the place where the Light enters you." - Rumi. PTSD diagnosis is often the beginning of the healing journey, where light begins to enter the darkness of trauma.

References

National Institute of Mental Health. (2023). *Post-Traumatic Stress Disorder*. National Institute of Mental Health. https://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd

Fanai, M., & Khan, M. A. (2022). *Acute Stress Disorder*. PubMed; StatPearls Publishing. https://pubmed.ncbi.nlm.nih.gov/32809650/

Forkus, S. R., Raudales, A. M., Rafiuddin, H. S., Weiss, N. H., Messman, B. A., & Contractor, A. A. (2022). The posttraumatic stress disorder (PTSD) checklist for DSM–5: A systematic review of existing psychometric evidence. *Clinical Psychology: Science and Practice*, *30*(1), 110–121. https://doi.org/10.1037/cps0000111

Bovin, M. J., Kimerling, R., Weathers, F. W., Prins, A., Marx, B. P., Post, E. P., & Schnurr, P. P. (2021). Diagnostic Accuracy and Acceptability of the Primary Care Posttraumatic Stress Disorder Screen for the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) Among US Veterans. *JAMA Network Open*, *4*(2), e2036733. https://doi.org/10.1001/jamanetworkopen.2020.36733

U.S. Department of Veterans Affairs. (2013). *Life Events Checklist for DSM-5 (LEC-5) - PTSD: National Center for PTSD*. Va.gov. https://www.ptsd.va.gov/professional/assessment/te-measures/life_events_checklist.asp