

Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD) is a type of brain disorder that may occur due to **direct exposure or witnessing a traumatic event** such as or threatened death, serious injury, violence or sexual abuse. This includes **learning that the traumatic event** occurred to someone close & experiencing repeated or extreme exposure to aversive details of the traumatic event. Who can have PTSD? Survivors and their loved ones, first responders, health care workers and other employees repeatedly exposed to trauma & details of child abuse.

DSM-5 Criteria: If the above description applies, check each box below that also applies to you:

- Intrusion** **1. Presence of one (or more) of the following symptoms associated with the traumatic event(s), beginning 30 days or more after the trauma occurred and lasting more than one month:**
- Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
 - Recurrent distressing dreams related to trauma.
 - Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring.
 - Distressed reactions to cues/reminders of the trauma.
- Avoidance** **2. Persistent avoidance of reminders associated with the trauma (one or more):**
- Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about event.
 - 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).
- Mood / cognition** **3. Negative alterations in cognitions and mood associated with the trauma beginning or worsening after the trauma occurred, as evidenced by two (or more) of the following:**
- Inability to remember an important aspect of the trauma (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).
 - 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,")
 - Persistent, distorted cognitions about the cause or consequences of the trauma that lead the individual to blame himself/herself or others.
 - Persistent negative emotion state (e.g., fear, horror, anger, guilt, or shame).
 - Markedly diminished interest or participation in significant activities.
 - Feelings of detachment or estrangement from others.
 - Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).
- Arousal/ reactivity** **4. Marked alterations in arousal and reactivity associated with the trauma, beginning or worsening after the trauma occurred, as evidence by two (or more) of the following:**
- Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
 - Reckless or self-destructive behavior.
 - Hypervigilance. (increased watchfulness, heightened awareness of surroundings)
 - Exaggerated startle response.
 - Problems with concentration.
 - Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).
- 5. The disturbance causes clinically significant distress or impairment social, occupational, or other important areas of functioning.**

Scoring: If both sections 1 & 2 =at least one box is checked, AND both sections 3& 4= two or more boxes are checked AND section 5 is checked, the criteria for PTSD have been met according to DSM-5.