National Center for PTSD

POSTTRAUMATIC STRESS DISORDER

Using the PTSD Checklist for *DSM-5* (PCL-5)

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NOTE:

The PCL for *DSM-IV* was revised in accordance with *DSM- 5* (PCL-5). Several important revisions were made to the PCL-5, including changes to existing symptoms and the addition of three new symptoms of PTSD. The self-report rating scale for PCL-5 was also changed to 0-4. Therefore, the change in the rating scale combined with the increase from 17 to 20 items means that **PCL-5 scores are not compatible with PCL for *DSM-IV* scores and cannot be used interchangeably.**

Initial research suggests that a PCL-5 cutoff score between 31-33 is indicative of probable PTSD across samples. However, additional research is needed. Further, because the population and the purpose of the screening may warrant different cutoff scores, users are encouraged to consider both of these factors when choosing a cutoff score.

What is the PCL-5?

The PTSD Checklist for *DSM-5* is a 20-item self-report measure that assesses the presence and severity of PTSD symptoms. Items on the PCL-5 correspond with *DSM-5* criteria for PTSD. The PCL-5 has a variety of purposes, including:

- Quantifying and monitoring symptoms over time
- Screening individuals for PTSD
- Assisting in making a **provisional** diagnosis of PTSD

The PCL-5 should not be used as a stand-alone diagnostic tool. When considering a diagnosis, the clinician will still need to use clinical interviewing skills, and a recommended structured interview (e.g., Clinician-Administered PTSD Scale for *DSM-5,* CAPS-5) to determine a diagnosis.

Three formats of the PCL-5 measure are available:

- PCL-5 without Criterion A component
- PCL-5 with extended Criterion A assessment
- PCL-5 with LEC-5 and extended Criterion A assessment

How is the PCL-5 administered?

The PCL-5 is a self-report measure that can be read by respondents themselves or read to them either in person or over the telephone. It can be completed in approximately 5-10 minutes.

The preferred administration is for the patient to self-administer the PCL-5. Patients can complete the measure: in the waiting area prior to a session, at the beginning of a session, at the close of a session, or at home prior to an appointment.

The PCL-5 is intended to assess patient symptoms **in the past month.** Versions of the PCL-5 that assess symptoms over a different timeframe (e.g., past day, past week, past 3 months) have not been validated. For various reasons it often makes sense to administer the PCL-5 more or less frequently than once a month, and in those cases the timeframe in the directions may be changed to meet the purpose of the assessment, though providers should be aware that such changes may alter the psychometric properties of the measure.

How is the PCL-5 scored and interpreted?

Respondents are asked to rate how bothered they have been by each of 20 items in the past month on a 5- point Likert scale ranging from 0-4. Items are summed to provide a **total severity** score (range = 0-80).

0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

The PCL-5 can determine a **provisional** diagnosis in two ways:

- Summing all 20 items (range 0-80) and using a cut-point score of 31-33 appears to be reasonable based upon current psychometric work. However, when choosing a cutoff score, it is essential to consider the goals of the assessment and the population being assessed. The lower the cutoff score, the more lenient the criteria for inclusion, increasing the possible number of false-positives. The higher the cutoff score, the more stringent the inclusion criteria and the more potential for false-negatives.
- Treating each item rated as 2 = "Moderately" or higher as a symptom endorsed, then following the DSM-5 diagnostic rule which requires at least: 1 Criterion B item (questions 1-5), 1 Criterion C item (questions 6-7), 2 Criterion D items (questions 8-14), 2 Criterion E items (questions 15-20). In general, use of a cutoff score tends to produce more reliable results than the *DSM-5* diagnostic rule.

If a patient meets a provisional diagnosis using either of the methods above, he or she needs further assessment (e.g., CAPS-5) to confirm a diagnosis of PTSD.

There are currently no empirically derived severity ranges for the PCL-5.

How might the PCL-5 help my patients?

Treatment Planning

When given at an intake or assessment session, the PCL-5 may be used to help determine the appropriate next steps or treatment options. For example:

- A total score of 31-33 or higher suggests the patient may benefit from PTSD treatment. The patient can either be referred to a PTSD specialty clinic or be offered an evidence-based treatment for PTSD such as Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), or Eye Movement Desensitization and Reprocessing (EMDR).

- Scores lower than 31-33 may indicate the patient either has subthreshold symptoms of PTSD or does not meet criteria for PTSD, and this information should be incorporated into treatment planning.

Keeping the goal of the assessment in mind, it may make sense to lower the cut-point score to maximize the detection of possible cases needing additional services or treatment. A higher cut-point score should be considered when attempting to minimize false positives.

Measuring Change

Good clinical care requires that clinicians monitor patient progress. Evidence for the PCL for *DSM-IV* suggested 5 points as a minimum threshold for determining whether an individual has responded to treatment and 10 points as a minimum threshold for determining whether the improvement is clinically meaningful. Change scores for the PCL-5 are currently being determined.

Addressing Lack of Improvement

If repeated administrations of the PCL-5 suggest little movement or worsening in your patient's overall score during treatment, you can:

- Refer back to the protocol and/or recommended supplemental treatment materials
- Work to identify possible therapy-interfering behaviors while also reviewing application and response to interventions
- Explore and process the lack of improvement with the patient
- If seeing the patient less frequently than once a week, consider seeing them weekly to increase the dose of treatment while using the PCL-5 to track symptom change
- If an adequate dose of the current treatment has been given (e.g. typically 10-15 sessions), and scores remain high or are getting higher, consider switching to another evidence-based treatment for PTSD
- Seek consultation with an experienced provider or contact the PTSD Consultation Program (866- 948-7880 or PTSDconsult@va.gov)

Is the PCL-5 psychometrically sound?

The PCL-5 is a psychometrically sound measure of *DSM-5* PTSD. (See *Studies that Informed Our Recommendations* below for references.) It is valid and reliable, useful in quantifying PTSD symptom severity, and sensitive to change over time in military Servicemembers and undergraduate students.

Questions?

If you have any questions about the use of the PCL-5 or PTSD assessment more broadly, we recommend seeking consultation with a supervisor or experienced provider, or contacting the PTSD Consultation Program (866-948-7880 or PTSDconsult@va.gov).

Studies that Informed Our Recommendations

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