

Trauma and Stress-Related Disorders

In *DSM-5*, the stressor criterion (Criterion A) for acute stress disorder and posttraumatic stress disorder are now explicit as to whether they were experienced directly, witnessed, or experienced indirectly. Also, the *DSM-IV* A2 Criterion regarding the subjective reaction to the traumatic event (for example, experiencing “fear, helplessness, or horror”) is eliminated. Adjustment disorder served as a residual diagnostic category in *DSM-IV* for individuals who exhibit clinically significant distress but do not meet diagnostic criteria for a more discrete disorder. In *DSM-5*, it is reconceptualized as a heterogeneous array of stress-response syndromes that occur after exposure to a distressing (traumatic or nontraumatic) event. Whereas for posttraumatic stress disorder there were three major symptom clusters in *DSM-IV* (for example, reexperiencing, avoidance/numbing, and arousal), but in *DSM-5* there are now four symptom clusters in *DSM-5* because the avoidance/number cluster is divided into two distinct clusters: avoidance and persistent negative alterations in cognition and mood. The *DSM-IV* childhood diagnosis reactive attachment disorder had two subtypes: the emotionally withdrawn/inhibited subtype and the indiscriminately social/disinhibited subtype. In *DSM-5*, these subtypes are defined as distinct disorders: reactive attachment disorder and disinhibited social engagement disorder.

The questions below are from *DSM-5 Self-Exam Questions: Test Questions for the Diagnostic Criteria*, which may be preordered from American Psychiatric Publishing by clicking [here](#). The book, available in October, contains 500 questions for all the categories of psychiatric disorders and includes Section III. The questions were developed under the leadership of Philip Muskin, M.D., a professor of clinical psychiatry at Columbia

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1. Posttraumatic stress disorder in *DSM-5* is placed within which of the following diagnostic categories?

- a) anxiety disorders
- b) depressive disorders
- c) trauma and stress related disorders
- d) other disorders
- e) Section III

Correct Answer: C. trauma and stress related disorders

Rationale: The establishment of a separate chapter is based on strong evidence that the clinical expression of psychological distress following exposure to a traumatic or stressful event is quite variable. In some cases, symptoms can be understood within an anxiety-based or fear-based context. This was the rationale for designating acute stress disorder and posttraumatic stress disorder as anxiety disorders in *DSM-IV*. Many individuals who exhibit a phenotype in which, rather than anxiety-based or fear-based symptoms, the most prominent clinical characteristics are anhedonic and dysphoric symptoms, externalizing angry and aggressive symptoms, or dissociative symptoms. These individuals are better grouped under a separate category: trauma- and stress-related disorders.

2. *DSM-IV* required which type of reaction to the trauma as a criterion for the diagnosis that has been eliminated in *DSM-5*?

- a) fear, helplessness, or horror
- b) insomnia or hypersomnia
- c) avoidance
- d) foreshortened sense of the future
- e) flashbacks

Correct Answer: A. fear, helplessness,

or horror

Rationale: The A2 Criterion in *DSM-IV* regarding the subjective reaction to the traumatic event (for example, experiencing “fear, helplessness, or horror”) has been eliminated in *DSM-5*.

3. Two years after the death of her husband, a 70-year-old woman is seen for complaints of sadness, anger regarding her husband’s unexpected death after a heart attack, a yearning for him to come back, and unsuccessful attempts to move out of her large home because of her inability to remove his belongings. Which diagnosis would best fit this patient?

- a) major depressive disorder
- b) posttraumatic stress disorder
- c) Other Specified Trauma- and Stressor-Related Disorder with the specification of persistent complex bereavement disorder
- d) personality disorder
- e) normative stress reaction

Correct Answer: C. Other Specified Trauma- and Stressor-Related Disorder with the specification of persistent complex bereavement disorder

Rationale: This patient does not fall into any discrete diagnosis within the Trauma- and Stressor Related Disorder category and should be diagnosed with the “Other” designation. At least 12 months following the death of a close relative or friend, the individual experiences intense yearning or longing for the deceased, intense sorrow and emotional pain, or preoccupation with the deceased or the circumstances of the death. The person may also display difficulty accepting the death, intense anger over the loss, a diminished sense of self, a feeling that life is empty, or difficulty planning for the future or engaging

in activities or relationships. The clinician may choose to communicate the specific reason that the presentation does not meet specific criteria by recording “other” followed by the specific reason. In this case the reason would be persistent complex bereavement disorder (Provisional criteria for this diagnosis are in the chapter “Conditions for Further Study”). Mourning shows substantial cultural variation; the bereavement reaction must be out of proportion or inconsistent with cultural or religious norms.

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