

SPOILER ALERT

These slides contain the answers to a set of diagnostic challenges that will be presented today. During the lecture you will be given a chance to respond to your sense of the right answer. If you read these before the lecture you'll see the answers.

VA



U.S. Department
of Veterans Affairs

The Diagnostic Challenges of PTSD's Criterion A

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DSM-5: PTSD CRITERION A

A. 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.

Criterion A continues on next slide.



DSM-5: PTSD CRITERION A

Criterion A (*continued*)

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.



PTSD CRITERIA FOR DSM-5

- B. Intrusion symptoms**
- C. Persistent avoidance of stimuli associated with the trauma**
- D. Negative alterations in cognitions and mood that are associated with the traumatic event**
- E. Alterations in arousal and reactivity that are associated with the traumatic event**



DISSOCIATIVE SUBTYPE OF PTSD

New subtype for both age groupings of PTSD diagnosis:

- Meets PTSD diagnostic criteria
- Experiences additional high levels of depersonalization or derealization
- Dissociative symptoms are not related to substance use or other medical condition



CHRONIC ADJUSTMENT DISORDER

- Omitted by mistake from DSM-5
- Acute AD – less than 6 months
- Chronic AD –cannot persist more than 6 months after termination of stressor or its consequences



OTHER SPECIFIED TRAUMA/STRESSOR-RELATED DISORDER (309.89)

- AD with duration more than 6 months without prolonged duration of stressor
- subthreshold PTSD
 - persistent complex bereavement disorder
 - ataques de nervios and other cultural symptoms



SEXUAL VIOLENCE

Sexual violence means that someone forces or manipulates someone else into unwanted sexual activity without their consent. Reasons someone might not consent include fear, age, illness, disability, and/or influence of alcohol or other drugs. Anyone can experience sexual violence including: children, teens, adults, and elders. Those who sexually abuse can be acquaintances, family members, trusted individuals or strangers.

- Rape or sexual assault
- Child sexual assault and incest
- Intimate partner sexual assault
- Unwanted sexual contact/touching
- Sexual harassment
- Sexual exploitation
- Showing one's genitals or naked body to other(s) without consent
- Masturbating in public
- Watching someone in a private act without their knowledge or permission



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Does This Meet Criterion A?

- **This meets Criterion A**
- **Sexual violence**
- **This does not meet Criterion A**
- **Criterion A3**
- **Criterion A4**
- **Exposure through media**
- **Aggregate trauma**



EXAMPLE

70-year-old Veteran who enlisted in the military right out of high school and thought he was going to be deployed to Vietnam. However, medical issues prevented him from being deployed, although several fellow service members were deployed and were subsequently killed while in country.

The patient states that he believes he has been suffering from PTSD related to not being able to deploy to Vietnam with these service members. Although this certainly sounds like survivor's guilt, I am uncertain as to whether this actually meets Criterion A for a diagnosis of PTSD.

- The lack of traumatic war zone exposure within the context of survivor guilt would not ordinarily meet Criterion A. On the other hand, if someone(s) who were killed in VN could be accurately characterized as a “close relative or friend”, it would meet the A3 criterion. In that regard, I’d like to know a bit more:
- The precise nature of his PTSD B, C, D & E symptoms, especially the contents of nightmares and situations that he avoids
- Whether there is something in his past that has been reactivated by his military experience.
- So I’m skeptical that this meets criterion A but more information might convince me otherwise.



CASE 1 - CONVOY

- Iraq: Convoy vehicle caught in traffic jam. Man approached, would not leave & started banging on the hood & laughing. Crew getting nervous and drew their guns. Truck finally able to pull away.
 - Everyone uneasy about the episode. Truck checked for explosives back at base. No one hurt or injured.
-
- War zone. People getting killed in similar scenarios. Credible threat.
 - Definitely meets Criterion A.



CASE 2 – A MASSAGE TOO FAR

Met a stranger at a campground who offered her a massage. She was in her swim suit when he commenced massage. Then his hand “swooped down to touch her breasts”. She slapped his face, ran off and was not pursued.

- A clear example of sexual violence (unwanted sexual contact/touching)
- Clearly meets criterion A



CASE 3 – LEARNING ABOUT DEATH OF OTHERS

Hearing about the deaths of Olympians during the Munich massacre

- Does not meet Criterion A
- Unless one of the athletes was a close relative or friend



CASE 4 – MILITARY HARDSHIPS

Receiving physically demanding duties and/or punishments during military service (e.g. push-ups, forced marches)

- Does not meet Criterion A
- Might meet Other Specified Trauma or Stress-Related Disorder



CASE 5 – UNWELCOME HUGGING BY SUPERIOR OFFICER

- Repeated sexual advances by superior officer. Would attempt to pick her up and she would push him away. He also harassed other women and said he “would keep doing this until she likes me.”
- Felt very uncomfortable & was always on the look-out for him. Reported the situation and was told “nothing could be done”.

- Definitely sexual violence
- Definitely meets criterion A



CASE 6 – NEAR SHIP COLLISION

On a destroyer in Persian Gulf, sleeping in an area below the water line. Awakened by alarm at 4 AM. Went on deck and observed a ship “5,000 feet away...pointing directly towards the location where he’d been sleeping”. It was a ship they had been pursuing for possible smuggling and it appeared that the ship had turned around as if it planned to collide with them.

- War zone. Very credible threat
- Definitely meets Criterion A



CASE 7 – INDIRECT TRAUMA

Wife learning that her husband has been exposed to life-threatening trauma in a war zone. (Criterion A3: Learning that another was exposed to trauma - war, rape, etc.)

- Might meet Criterion A3, especially if husband wounded or killed
 - must be family or close friend
 - if death, must be violent or accidental
- She would also need to meet Criteria B, C, D & E for PTSD diagnosis
- Replaces DSM-IV's "death of family member or friend"
 - was most frequently endorsed event because it included death by natural causes



CASE 8 – MORTUARY DUTY

Exposed to multiple dead bodies during mortuary affairs work. Claims PTSD because of repeated exposure to human remains killed in action

Meets criterion A4- “experiencing repeated or extreme exposure to aversive details of the traumatic event(s)”



CASE 9 – EXPOSURE TO VIDEO OF TRAUMA

Airforce training: viewed video of bombing run that “vaporized insurgents on the ground”. Saw “multiple” such videos as part of training.

Being traumatized through (one or several) media exposures does not usually meet Criterion A4



CASE 10 – AGGREGATE TRAUMA

- Non-deployed veteran with history of childhood sexual trauma. Reported that she feared for her life at boot camp during live ammunition drills. Also cited post-9/11 stress which occurred just before boot camp.
- She cites live ammo drills as the source of her trauma.

- We often encounter veterans with a history of pre-enlistment trauma. In fact, it is known that people with active PTSD (and other DSM-5 disorders) join the military.
- She may have pre-enlistment, post-enlistment or Criterion A from both



CASE 11 – GUILT TRIP

During basic training was told that poor performance during a training exercise would have resulted in the deaths of members of his unit, had they been in a war zone. Was then required to dig a grave for the jammed weapon.

Does not meet Criterion A.



CASE 12 – TERRORIST BOMB IN GERMANY

While on a bus heading towards his duty station, a bomb exploded at that location. His assignment was to guard the gate just outside the PX where the explosion occurred. He denied witnessing the bombing, being near the explosion or being exposed to wounded people or corpses.

- Credible threat from terrorists. It could certainly happen again, and if so, he might get killed or injured.
- Meets Criterion A



CASE 13 – UNWELCOME CONTACT BY SUPERIOR OFFICER

- Slapped on the buttocks by an intoxicated superior officer while at a bar. Inconsistent records whether vet believed that the slap was sexual in nature or not. No medical attention needed and no marks were left.
 - She was very upset and reported the incident.
- Tough call. Certainly could be considered sexual violence because of unwanted touching of body parts involved. Complicated by power imbalance since he was her superior officer. Would want more information regarding context for this event, other PTSD symptoms and subsequent contact with this officer.
 - I'm tilting towards calling this a criterion A event



CASE 14 – MEDICAL TRAUMA

Had a partial hysterectomy to remove one ovary. Shortly after surgery she began to hemorrhage internally with copious external bleeding. Has had significant anxiety & stress and meets other PTSD criteria focusing on this as traumatic event.

Medical events that occur under “traumatic circumstances” meet criterion A



CASE 15 – FAMILY DEATH NOTIFICATION AND FUNERALS

Vet did over 300 military funerals. Some involved KIA in which vet had to notify families and attend funerals. He did not know any of the dead service members.

Definitely meets Criterion A4



CASE 16 – PSYCHOSIS

Endorses most PTSD symptoms. Reports being sent on a secret mission, attacked by a cougar (that attempted to grab him with its hind legs), sent on an army mission to kill gang members who stole military weapons, and multiple violent encounters with officers (without reprimand) 35 years ago.

Criterion A narrative is not credible



CASE 17 – RACIAL DISCRIMINATION

50 year old African American Alabama National Guard veteran who was never deployed with clear anxiety and depression but denied VA PTSD Dx because no criterion A event could be established. Claims that her PTSD is due to racial discrimination which resulted in fewer opportunities for career advancement.

Can't establish service connected Criterion A with this history but it is entirely possible that there have been racially-based traumatic episodes in her civilian life



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(866) 948-7880 or PTSDconsult@va.gov



**Please enter your
questions in the Q&A box
and be sure to include your
email address.**

The lines are muted to avoid background noise.



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Employee Education System

VHA TRAIN

Welcome users of VHA TRAIN!

**To obtain continuing education credit
please return to www.vha.train.org
after the lecture.**

TRAIN help desk: VHATRRAIN@va.gov



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CEU Process for users of VHA TRAIN (non-VA)

Registration → Attendance → Evaluation → Certificate



*Register in
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*Listen to the
lecture.*



*Return to
TRAIN for
evaluation.*



*Follow the
directions to
print
certificate.*

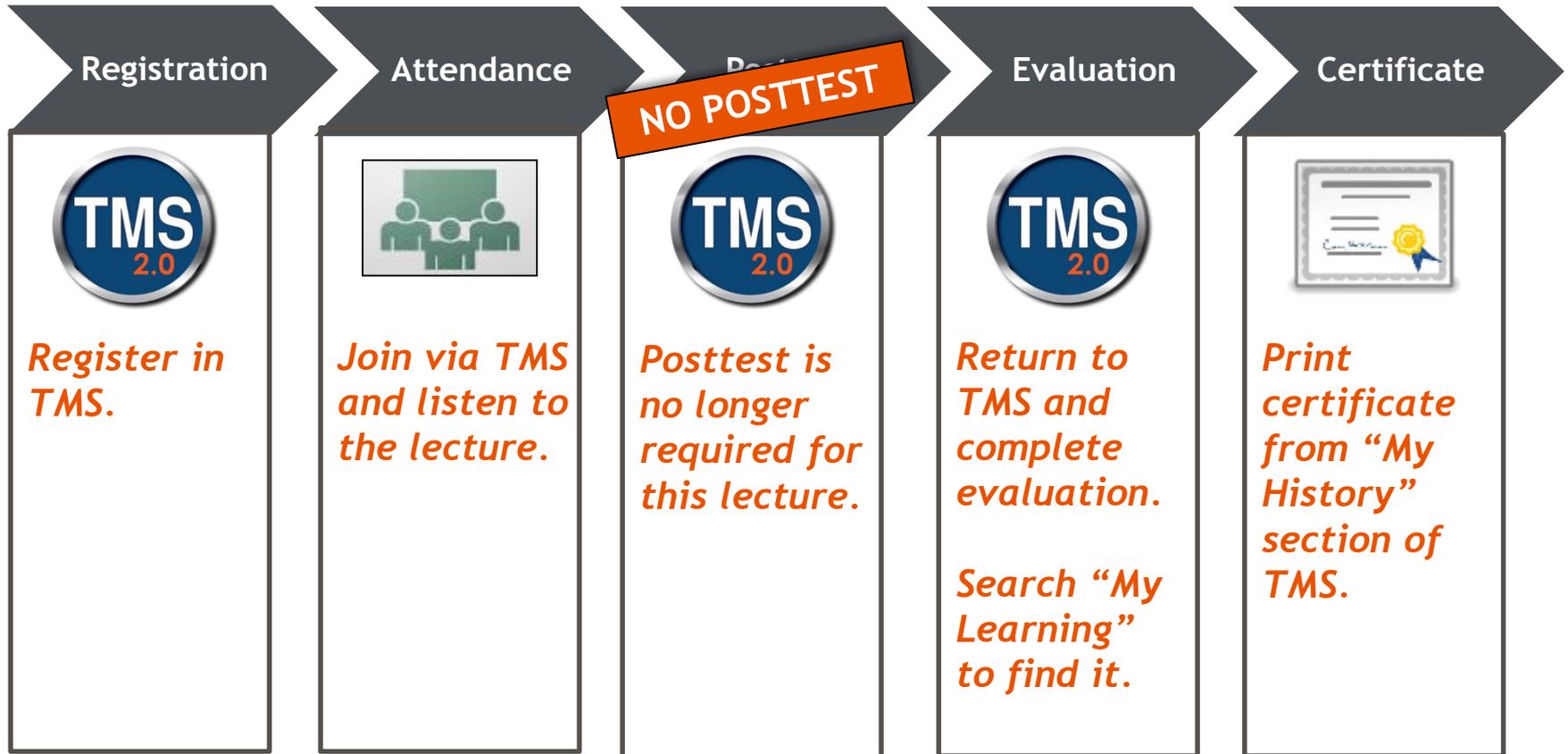
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CEU Process (for VA employees)





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UPCOMING TOPICS

SAVE THE DATE: Third Wednesday of the Month from 2-3PM (ET)

May 15	<i>Moral Injury</i>	Sonya Norman, PhD
June 19	<i>Cognitive Processing Therapy with Diverse Populations</i>	Shannon Wiltsey-Stirman, PhD
July 17	<i>Genetics research on PTSD: New findings from the Psychiatric Genomics Consortium</i>	Karestan Koenen, PhD
August 21	<i>Focal Brain Stimulation for PTSD</i>	Paul Holtzheimer, MD
September 18	<i>Treating PTSD and Cognitive Impairment from Traumatic Brain Injury</i>	Amy Jak, PhD
October 16	<i>Unconventional Interventions for PTSD: Available but Evidence-Based?</i>	Paul Holtzheimer, MD
November 20	<i>Addressing Sleep: A Strategy for Symptom Reduction & Suicide Prevention?</i>	Wilfred Pigeon, PhD
December 18	<i>Treating Comorbid PTSD and Borderline Personality Disorder</i>	Melanie Harned, PhD, ABPP

For more information and to subscribe to announcements and reminders go to www.ptsd.va.gov/consult