DSM-5 Diagnostic Criteria

Desk Reference for Adult Collaborative Care Programs

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Content in this guide is adapted from:
American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.).

Depressive Disorders

Depressive disorders included in DSM-5 (bolded will be reviewed):

- **Major depressive disorder (including major depressive episode)**
- **Persistent depressive disorder (dysthymia)**
- Disruptive mood dysregulation disorder
- Premenstrual dysphoric disorder
- Substance/medication-induced depressive disorder
- Depressive disorder due to another medical condition
- Other specified depressive disorder
- Unspecified depressive disorder

Common features of the above disorders:

- Presence of sad, empty, or irritable mood
- Co-occurring somatic and cognitive changes that significantly affect functioning

Differences between these disorders:

- Duration, timing, and presumed etiology

Major Depressive Episode versus Bereavement

- Bereavement can cause suffering, but it does not typically induce a major depressive episode
- Self-esteem usually remains in bereavement, while not as often in a major depressive episode

When to Assess for Major Depressive Disorder during Bereavement:
Severe functional impairment and/or there are other vulnerabilities to depressive disorders

	Bereavement	Major Depressive Episode
Affect	Feelings of emptiness and loss; humor and happiness can still be present	Persistent depressed mood; inability to anticipate happiness or pleasure
Mood	Feelings often decrease over time and/or come in waves	Persistent feelings that are not tied to specific thoughts or preoccupations
Thoughts of Death/Dying	Thoughts often include wanting to "join" the deceased	Focus often on ending one's life due to feelings of worthlessness, hopelessness, or inability to cope

Major Depressive Disorder

Diagnostic Highlights

- Discrete episodes lasting at least 2 weeks (most episodes last longer) with symptoms persisting most of the day, nearly every day
- Clear changes in affect, cognition, and neurovegetative functions (e.g., sleep, appetite, energy)
- Milder episodes: Functioning may appear normal but requires markedly increased effort
- Single episodes are possible, but recurrent episodes are more common
    - Inter-episode remissions often occur with recurrent episodes
- Chronic symptoms: Increased likelihood of underlying personality, anxiety, and substance use disorders. This decreases the likelihood of treatment leading to full symptom resolution.
    - Tip: Assess for the last period of at least 2 months in which individuals were entirely free of depressive symptoms.

Full diagnostic criteria for Major Depressive Disorder can be found on **Page 4**.

Major Depressive Disorder Assessment Tools

Patient Health Questionnaire (PHQ-9)
Valid, reliable, easy-to-administer questionnaire. This is not a diagnostic instrument, though scores of 10 or greater are highly correlated with MDD[1].

SIG-E-CAPS Mnemonic

S	**Sleep:** Increase during day or decrease at night
I	**Interest:** Loss/decrease of interest in activities that used to be of interest
G	**Guilt (worthless):** Feelings of decreased value
E	**Energy (lack):** Common presenting symptom is fatigue
C	**Concentration/Cognition:** Reduced cognition, difficulty concentrating, and/or difficulty making decisions
A	**Appetite:** Weight loss/reduced appetite (more common) or increased appetite
P	**Psychomotor:** Agitation (anxiety) or retardations (lethargic)
S	**Suicide:** Recurrent thoughts of death, suicidal ideation, suicide plan/attempts

Persistent Depressive Disorder (Dysthymia)

Diagnostic Highlights

- Depressed mood that occurs for most of the day, for more days than not, for at least 2 years
- During the 2-year period, symptom-free intervals last no longer than 2 months
- Major depressive disorder may precede persistent depressive disorder, but this is not required
- Major depressive episodes may occur during persistent depressive disorder
- Early onset (before age 21) is associated with higher likelihood of comorbid personality and substance use disorders

Full diagnostic criteria for Persistent Depressive Disorder can be found on **Page 5**.

[1]Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of general internal medicine*, *16*(9), 606-13.

Major Depressive Disorder Diagnostic Criteria
A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either 1) depressed mood or 2) loss of interest or pleasure. Note: Do not include symptoms that are clearly attributable to another medical condition. 1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). (Note: In children and adolescents, can be irritable mood.) 2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation). 3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (Note: In children, consider failure to make expected weight gain). 4. Insomnia or hypersomnia nearly every day. 5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down). 6. Fatigue or loss of energy nearly every day. 7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick). 8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others). 9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
C. The episode is not attributable to the physiological effects of a substance or to another medical condition.
D. The occurrence of the major depressive episode is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified and unspecified schizophrenia spectrum and other psychotic disorders.
E. There has never been a manic episode or a hypomanic episode.

Persistent Depressive Disorder (Dysthymia) Diagnostic Criteria
A. Depressed mood for most of the day, for more days than not, as indicated by either subjective account or observation by others, for at least 2 years. Note: In children or adolescents, mood can be irritable and duration must be at least 1 year.
B. Presence, while depressed, of two (or more) of the following: 1. Poor appetite or overeating. 2. Insomnia or hypersomnia. 3. Low energy or fatigue. 4. Low self-esteem. 5. Poor concentration or difficulty making decisions. 6. Feelings of hopelessness.
C. During the 2-year period (1 year for children or adolescents) of the disturbance, the individual has never been without the symptoms in Criteria A and B for more than 2 months at a time.
D. Criteria for a major depressive disorder may be continuously present for 2 years.
E. There has never been a manic episode or a hypomanic episode, and criteria have never been met for cyclothymic disorder.
F. The disturbance is not better explained by a persistent schizoaffective disorder, schizophrenia, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder.
G. The symptoms are not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g. hypothyroidism).
H. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
Note: Because the criteria for a major depressive episode include four symptoms that are absent from the symptom list for persistent depressive disorder (dysthymia), a very limited number of individuals will have depressive symptoms that have persisted longer than 2 years but will not meet criteria for persistent depressive disorder. If full criteria for a major depressive episode have been met at some point during the current episode of illness, they should be given a diagnosis of major depressive disorder. Otherwise, a diagnosis of other specified depressive disorder or unspecified depressive disorder is warranted.

Anxiety Disorders

Anxiety disorders included in DSM-5 (bolded will be reviewed):

- **Generalized anxiety disorder**
- **Panic disorder (with panic attack specifier)**
- Separation anxiety disorder
- Selective mutism
- Specific phobia
- Social anxiety disorder (social phobia)
- Agoraphobia
- Substance/medication-induced anxiety disorder
- Anxiety disorder due to another medical condition
- Other specified anxiety disorder
- Unspecified anxiety disorder

Common features of the above disorders:

- Excessive fear, anxiety, and related behavioral disturbances

Differences between these disorders:

- The types of objects/situations that induce fear, anxiety, or avoidance behavior
- The associated cognitive ideation(s)

Generalized Anxiety Disorder (GAD)

Diagnostic Highlights

- Pervasive, pronounced, distressing, and excessive anxiety and worry about multiple activities
- The intensity, duration, or frequency of anxiety and worry is out of proportion to the actual likelihood or impact of the anticipated event
- Adults with GAD often worry about routine life circumstances
- Worry is excessive and typically interferes with psychosocial functioning. This differs from everyday worries that are not excessive, are more manageable, and can be put off if needed.
- The greater the range of life circumstances about which the person worries, the more likely they are to meet criteria for GAD

Full Diagnostic Criteria for Generalized Anxiety Disorder can be found on Page 8.

Generalized Anxiety Disorder Assessment Tool

Generalized Anxiety Disorder Scale (GAD-7)
Valid, reliable, easy-to-administer questionnaire.

Panic Disorder

Diagnostic Highlights

- Recurrent, unexpected panic attacks, which are an abrupt surge of intense fear or discomfort
- Panic attacks peak within minutes and are accompanied by physical and/or cognitive symptoms
- Persistent concern or worry about the panic attacks and/or significant maladaptive behavior changes (such as avoiding particular situations) must be present
- Many individuals have both expected and unexpected panic attacks
- Frequency and severity of panic attacks vary widely
- Medication side effects may be poorly tolerated in some individuals with panic disorder

Key Diagnostic Requirements

- More than one unexpected, full-symptom panic attack is required
- At least one panic attack is followed by at least one month of one or both of the following:
    1. **Persistent concern or worry** about the panic attacks (such as having a heart attack, "going crazy," or being judged by others)
    2. **Significant maladaptive behavior changes** related to the attacks (such as avoiding exercise or unfamiliar situations)
- There are attempts to minimize or avoid panic attacks through maladaptive changes in behavior
- Panic disorder should not be diagnosed if full-symptom, unexpected panic attacks have never been experienced. With only limited-symptom unexpected panic attacks, other specified anxiety disorder or unspecified anxiety disorder diagnosis should be considered.
- Panic disorder should not be diagnosed if panic attacks are judged to be a direct physiological consequence of a substance (e.g., cocaine/caffeine intoxication, cannabis/alcohol withdrawal)

Full Diagnostic Criteria for Panic Disorder can be found on **Page 9**.

Generalized Anxiety Disorder Diagnostic Criteria
A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
B. The individual finds it difficult to control the worry.
C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months): **Note:** Only one item is required in children. 1. Restlessness or feeling keyed up or on edge. 2. Being easily fatigued. 3. Difficulty concentrating or mind going blank. 4. Irritability. 5. Muscle tension. 6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).
D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).
F. The disturbance is not better explained by another mental disorder (e.g., anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder [social phobia], contamination or other obsessions in obsessive-compulsive disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in posttraumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder).

Panic Disorder Diagnostic Criteria
A. Recurrent unexpected panic attacks. A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four (or more) of the following symptoms occur: **Note:** The abrupt surge can occur from a calm state or an anxious state. 1. Palpitations, pounding heart, or accelerated heart rate. 2. Sweating. 3. Trembling or shaking. 4. Sensations of shortness of breath or smothering. 5. Feelings of choking. 6. Chest pain or discomfort. 7. Nausea or abdominal distress. 8. Feeling dizzy, unsteady, light-headed, or faint. 9. Chills or heat sensations. 10. Paresthesia (numbness or tingling sensations). 11. Derealization (feeling of unreality) or depersonalization (being detached from oneself). 12. Fear of losing control "going crazy." 13. Fear of dying. **Note:** Culture-specific symptoms (e.g., tinnitus, neck soreness, headache, uncontrollable screaming or crying) may be seen. Such symptoms should not count as one of the four required symptoms.
B. At least one of the attacks has been followed by 1 month (or more) of one or both of the following: 1. Persistent concern or worry about additional panic attacks or their consequences (e.g., losing control, having a heart attack, "going crazy"). 2. A significant maladaptive change in behavior related to the attacks (e.g., behaviors designed to avoid having panic attacks, such as avoidance of exercise or unfamiliar situations).
C. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism, cardiopulmonary disorders).
D. The disturbance is not better explained by another mental disorder (e.g., the panic attacks do not occur only in response to feared social situations, as in social anxiety disorder; in response to circumscribed phobic objects or situations, as in specific phobia; in response to obsessions, as in obsessive-compulsive disorder; in response to reminders of traumatic events, as in posttraumatic stress disorder; or in response to separation from attachment figures as in separation anxiety disorder.

Bipolar Disorder and Related Disorders

Bipolar and Related Disorders included in DSM-5 (bolded will be reviewed):

- **Bipolar I Disorder**
- **Bipolar II Disorder**
- Cyclothymic Disorder
- Substance/Medication-Induced Bipolar and Related Disorder
- Bipolar and Related Disorder Due to Another Medical Condition
- Other Specified Bipolar and Related Disorder
- Unspecified Bipolar and Related Disorder

In DSM-5, bipolar and related disorders are placed between the chapters on schizophrenic spectrum and other psychotic disorders and depressive disorders in recognition of their place as a bridge between the two diagnostic classes in terms of symptomatology, family history, and genetics.

Bipolar Disorder Assessment Tool

CIDI-Based Screening Scale for Bipolar Spectrum Disorders
Valid, reliable, easy-to-administer questionnaire. This scale is capable of identifying both threshold and sub-threshold bipolar disorder with good accuracy. The scale has 12 questions and takes approximately three minutes to complete.

Bipolar I Disorder

Key Diagnostic Requirements

- For diagnosis of bipolar I, the individual **must meet criteria for a full manic episode**
- Essential feature of a manic episode is a distinct period of both of the following:
    1. An abnormally, persistently elevated, expansive, or irritable mood
    2. Persistently increased activity or energy that is present for most of the day, nearly every day, for a period of at least 1 week (or any duration if hospitalization is necessary)
- The manic episode may have been preceded by and may be followed by hypomanic or major depressive episodes, but this is not a requirement
- The manic episode must result in marked impairment in social or occupational functioning or require hospitalization to prevent harm to self or others (e.g., financial losses, illegal activities, self-injurious behavior)
- A manic episode that can be attributed to the physiological effects of a drug of abuse or the side effect of a medication or treatment does not count toward the diagnosis of Bipolar I disorder. However, if a full manic episode that arises during substance use or treatment persists beyond the physiological effects of the inducing agent, this is sufficient evidence for a manic episode diagnosis.

- Caution should be taken not to diagnose Bipolar I disorder solely based on one or two symptoms, particularly irritability, edginess, or agitation following antidepressant use
- Three Criterion B symptoms must be present for elevated/expansive mood, while four Criterion B symptoms must be present for irritable mood (see full diagnostic criteria on **Page 13** for details)

Common Features (Some or all may be present)

- **Decreased need for sleep** is one of the most common features
  - This is distinct from insomnia; with insomnia, the individual wants to sleep or feels the need to sleep but is unable.
  - Decreased need for sleep can vary in that the individual may sleep little, if at all, or may awaken several hours earlier than usual, feeling rested and full of energy.
  - When sleep disturbance is severe, the individual may go for days without sleep, yet not feel tired.
  - A decreased need for sleep often signals the onset of a manic episode.
- **Irritability** as the predominant mood (very common)
- Flight of ideas: A nearly continuous flow of accelerated speech, sometimes progressing to disorganization or incoherence, which can be distressing to the individual.
- Mood Lability: Rapid shifts in mood over brief periods of time
- Euphoria ("feeling on top of the world")
- Taking on multiple overlapping new projects
- Inflated self-esteem (often grandiose, sometimes to the point of delusional)
- Speech can be pressured, rapid, loud, theatrical, and/or difficult to interrupt
- Increased sexual drive, fantasies, and behaviors
- Increased sociability, without regard to being intrusive or demanding
- Reckless involvement in activities that are typically unusual and are likely to have catastrophic consequences (e.g., excessive spending, sexual infidelity)
- Associated features may include: An abrupt, sometimes flamboyant, change in dress or personal appearance; gambling; antisocial behavior; hostility; suicidality; and rapid mood shifts to anger or depression

Full Diagnostic Criteria for a Manic Episode can be found on **Page 13**.

Bipolar I Disorder
A. Criteria have been met for at least one manic episode (Criteria A-D under "Manic Episode" above).
B. The occurrence of the manic and major depressive episode(s) is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder.

Bipolar II Disorder

Bipolar II disorder is not a "milder" form of bipolar I disorder. Individuals with bipolar II disorder have greater chronicity of illness and spend, on average, more time in the depressive phase of their illness. This can be severe or disabling.

Key Diagnostic Requirements

- For a diagnosis of bipolar II disorder, an individual must meet the criteria for a current or past hypomanic episode and criteria for a current or past major depressive episode
- The hypomanic episode must last at least 4 days and the major depressive episode must last at least 2 weeks
- Depressive episodes or hypomanic fluctuations must cause significant distress or impairment in important areas of functioning. This does not apply to hypomanic episodes, as significant distress or impairment would likely qualify as a full manic episode (thus, a bipolar I diagnosis).
- An episode that can be attributed to the physiological effects of a drug of abuse or the side effect of a medication or treatment does not count toward the diagnosis of bipolar II disorder. However, if episodes that arise during substance use or treatment persists beyond the physiological effects of the inducing agent, this is sufficient evidence for diagnosis.
- In bipolar II disorder, recurrent major depressive episodes are often more frequent and lengthier than those occurring in bipolar I disorder
- Individuals with bipolar II disorder typically present for care during a major depressive episode. Depressive episodes are usually the reported cause of significant impairment. Individuals may not initially complain of hypomania or may not view hypomanic episodes as a problem. However, others may be troubled by the individual's erratic behavior.
- A hypomanic episode should not be confused with the several days of euthymia and restored energy and activity that can follow remission of a major depressive episode
- Impulsivity is common, which can contribute to suicide attempts and substance use disorders

Full Diagnostic Criteria for a Hypomanic Episode can be found on Page 14, and for a Major Depressive Episode on Page 15.

Bipolar II Disorder	
A.	Criteria have been met for at least one hypomanic episode (A-F under "Hypomanic Episode") and at least one major depressive episode (Criteria A-C under "Major Depressive Episode").
B.	There has never been a manic episode.
C.	The occurrence of the hypomanic episode(s) and major depressive episode(s) is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder.
D.	The symptoms of depression or the unpredictability caused by frequent alternation between periods of depression and hypomania causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Manic Episode Diagnostic Criteria
A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary).
B. During the period of mood disturbance and increased energy or activity, three (or more) of the following symptoms (four if the mood is only irritable) are present to a significant degree and represent a noticeable change from usual behavior: 1. Inflated self-esteem or grandiosity. 2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep). 3. More talkative than usual or pressure to keep talking. 4. Flight of ideas or subjective experience that thoughts are racing. 5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed. 6. Increase in goal-directed activity (either social, at work or school, or sexually) or psychomotor agitation (i.e., purposeless non-goal-directed activity). 7. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).
C. The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.
D. The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment) or to another medical condition. **Note:** A full manic episode that emerges during antidepressant treatment (e.g., medication, electroconvulsive therapy) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a manic episode and, therefore, a bipolar I diagnosis.
Note: Criteria A-D constitute a manic episode. At least one lifetime manic episode is required for the diagnosis of bipolar I disorder.

Hypomanic Episode Diagnostic Criteria
A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, lasting at least 4 consecutive days and present most of the day, nearly every day.
B. During the period of mood disturbance and increased energy and activity, three (or more) of the following symptoms (four if the mood is only irritable) have persisted, represent a noticeable change from usual behavior, and have been present to a significant degree: 1. Inflated self-esteem or grandiosity. 2. Decreased need for sleep (e.g., feels rested after only 3 hours of sleep). 3. More talkative than usual or pressure to keep talking. 4. Flight of ideas or subjective experience that thoughts are racing. 5. Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli), as reported or observed. 6. Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation. 7. Excessive involvement in activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).
C. The episode is associated with an unequivocal change in functioning that is uncharacteristic of the individual when not symptomatic.
D. The disturbance in mood and the change in functioning are observable by others.
E. The episode is not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization. If there are psychotic features, the episode is, by definition, manic.
F. The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment). **Note:** A full hypomanic episode that emerges during antidepressant treatment (e.g., medication, electroconvulsive therapy) but persists at a fully syndromal level beyond the physiological effect of that treatment is sufficient evidence for a hypomanic episode diagnosis. However, caution is indicated so that one or two symptoms (particularly increased irritability, edginess, or agitation following antidepressant use) are not taken as sufficient for diagnosis of a hypomanic episode, nor necessarily indicative of a bipolar diathesis.
Note: Criteria A-F constitute a hypomanic episode. Hypomanic episodes are common in bipolar I disorder but are not required for the diagnosis of bipolar I disorder.

Major Depressive Episode Diagnostic Criteria
A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either 1) depressed mood or 2) loss of interest or pleasure. **Note:** Do not include symptoms that are clearly attributable to another medical condition. 1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, or hopeless) or observation made by others (e.g., appears tearful). (**Note:** In children or adolescents, can be irritable mood.) 2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation). 3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5%of body weight in a month), or decrease or increase in appetite nearly every day. (**Note:** In children, consider failure to make expected weight gain.) 4. Insomnia or hypersomnia nearly every day. 5. Psychomotor agitation or retardation nearly every day (observable by others; not merely subjective feelings of restlessness or being slowed down). 6. Fatigue or loss of energy nearly every day. 7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick). 8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others). 9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
B. The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
C. The episode is not attributable to the physiological effects of a substance or another medical condition.
Note: Criteria A-C constitute a major depressive episode. Major depressive episodes are common in bipolar I disorder but are not required for the diagnosis of bipolar 1 disorder.
Note: Responses to a significant loss (e.g., bereavement, financial ruin, losses from a natural disaster, a serious medical illness or disability) may include the feelings of intense sadness, rumination about the loss, insomnia, poor appetite, and weight loss noted in Criterion A, which may resemble depressive episode. Although such symptoms may be understandable or considered appropriate to the loss, the presence of a major depressive episode in addition to the normal response to a significant loss should also be carefully considered. This decision inevitably requires the exercise of clinical judgment based on the individual's history and the cultural norms for the expression of distress in the context of loss.

Posttraumatic Stress Disorder

Posttraumatic Stress Disorder is one of several *Trauma- and Stressor-Related Disorders* in the DSM-5. In this guide, Posttraumatic Stress Disorder will be the only disorder reviewed. Please see the DSM-5 to review the remaining trauma- and stressor-related disorders:

- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Acute Stress Disorder
- Adjustment Disorders
    - With depressed mood
    - With anxiety
    - With mixed anxiety and depressed mood
    - With disturbance of conduct
    - With mixed disturbance of emotions and conduct
    - Unspecified
- Other Specified Trauma- and Stressor-Related Disorder
- Unspecified Trauma- and Stressor-Related Disorder

Posttraumatic Stress Disorder (PTSD)

PTSD is the development of specific, characteristic symptoms following direct exposure to one or more traumatic events (see Page 17 for a list of traumatic events).

Symptoms include one or more of the following:

- Fear-based re-experiencing
- Emotional and behavioral symptoms
- Anhedonic or dysphoric mood
- Negative cognitions
- Arousal and reactive-externalizing symptoms
- Dissociative symptoms

See Pages 17 and 18 for more detail regarding these symptoms.

Key Diagnostic Highlights

- Individuals with PTSD often try to deliberately avoid:
    1. Thoughts, memories, feelings, or talking about the traumatic event
    2. Activities, objects, situations, or people who arouse recollections
- Problems with sleep are common, with both onset and maintenance. Problems may be associated with nightmares, safety concerns, or with generalized elevated arousal that interferes with adequate sleep.

Full Diagnostic Criteria for Posttraumatic Stress Disorder can be found on Page 19.

Traumatic Events

may include, but are not limited to:

- Exposure to war as a combatant or civilian
- Threatened or actual physical assault (e.g., physical attack, robbery, childhood physical abuse)
- Threatened or actual sexual violence (e.g., abusive sexual contact, sexual trafficking)
- Being kidnapped
- Being taken hostage
- Terrorist attack
- Torture
- Incarceration as a prisoner of war
- Natural or human-made disasters
- Severe motor vehicle accidents
- Medical incidents involving sudden, catastrophic events (e.g., waking during surgery, anaphylactic shock)
    - Note: A life-threatening illness or debilitating medical condition may or may not qualify
- Witnessing a traumatic event, including (but not limited to):
    - Threatened or serious injury
    - Unnatural death
    - Physical or sexual abuse of another person due to violent assault
    - Domestic violence
    - Accident
    - War or disaster
    - Medical catastrophe in one's child
- Indirect exposure through learning about an event
    - This is limited to experiences 1) Affecting close relatives or friends and 2) That are violent or accidental (e.g., death due to natural causes does not qualify)
    - Events may include violent personal assault, suicide, serious accident, and serious injury

Note: PTSD may be especially severe or long-lasting when the stressor is interpersonal and intentional (e.g., torture, sexual violence).

Re-experiencing can present in several ways:

1. Recurrent, involuntary, and intrusive recollections of the event (This is common)
    - Intrusive recollections in PTSD should be distinguished from depressive ruminations, verifying that these are *involuntary* and *intrusive* distressing memories
    - Sensory, emotional, or physiological behavioral components are usually included in recurrent memories
2. Distressing dreams that either replay the event itself or are representative or thematically related to the major threats involved in the traumatic event
3. Dissociative states that last from a few seconds to several hours or days, during which components of the event are relived and the individual behaves as if the event were occurring at that moment
    - *"Flashback" episode* is the common term for dissociative states.

   - Severity can range from 1) Brief visual or other sensory intrusions about part of the traumatic event without loss of reality orientation, to 2) Complete loss of awareness of present surroundings.
   - Episodes are typically brief but can result in prolonged distress and heightened arousal.
4. When exposed to triggering events that resemble or symbolize an aspect of the traumatic event, intense psychological distress or physiological reactivity can result. The triggering cue may be a physical sensation, particularly for individuals with highly somatic presentations.
   - Examples of triggering events may include: 1) A windy day after experiencing a hurricane, or 2) Seeing someone who resembles one's perpetrator.

Negative changes in mood or cognition either begin or worsen following exposure to the traumatic event. Changes can vary, and may include:

- Inability to remember an important aspect of the traumatic event (due to dissociative amnesia and not due to head injury, alcohol, or drugs)
- Persistent and exaggerated negative expectations regarding important aspects of life. These may be applied to oneself, others, or the future (e.g., "Authority figures cannot be trusted")
- Negative changes in perceived identity since the trauma (e.g., "I can't trust anyone ever again")
- Persistent flawed cognitions about the causes of the traumatic event, leading to blame of self or others (e.g., "It's all my fault that my uncle abused me")
- Persistent negative mood state that either began or worsened after the traumatic event (e.g., fear, horror, anger, guilt, shame)
- Markedly diminished interest or participation in previously enjoyed activities
- Feeling detached or estranged from other people
- Persistent inability to feel positive emotions, especially happiness, joy, satisfaction, or emotions associated with intimacy, tenderness, and sexuality

Common Features (Some or all may be present)

- Quick-tempered nature, sometimes leading to aggressive verbal and/or physical behavior with little or no provocation (e.g., yelling, fighting, destroying objects)
- Reckless or self-destructive behavior (e.g., dangerous driving, excessive substance use, self-injurious or suicidal behavior)
- Heightened sensitivity to potential threats, for both those that are related to the traumatic event (e.g., following a motor vehicle accident, being sensitive to driving-related risks) and those not related to the traumatic event (e.g., being fearful of suffering a heart attack)
- High reactivity to unexpected stimuli, including a heightened startle response (e.g., jumpiness) to loud noises or unexpected movements (e.g., jumping in response to a telephone ringing)
- Concentration difficulties, which may include trouble remembering daily events or attending to focused tasks
- Depersonalization (the persistent dissociative symptoms of detachment from one's body)
- Derealization (the persistent dissociative symptoms of detachment from the external world)

Posttraumatic Stress Disorder Diagnostic Criteria

Note: The following criteria apply to adults, adolescents, and children older than 6 years. For children 6 years and younger, see corresponding criteria in the DSM-5.

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.
   3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threated 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.

B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:
   1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
      Note: In children older than 6 years, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.
   2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
      Note: In children, there may be frightening dreams without recognizable content.
   3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)
      Note: In children, trauma-specific reenactment may occur in play.
   4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
   5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:
   1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
   2. 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).

D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
   1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).

2. 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," "My whole nervous system is permanently ruined").
3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.
4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).
5. Markedly diminished interest or participation in significant activities.
6. Feelings of detachment or estrangement from others.
7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:
1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
2. Reckless or self-destructive behavior.
3. Hypervigilance.
4. Exaggerated startle response.
5. Problems with concentration.
6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

F. Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.

G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

Specify whether:

With dissociative symptoms: The individual's symptoms meet the criteria for posttraumatic stress disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:

1. **Depersonalization:** Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).
2. **Derealization:** Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted).

Note: To use this subtype, the dissociative symptoms must not be attributable to the physiological effects of a substance (e.g., blackouts, behavior during alcohol intoxication) or another medical condition (e.g., complex partial seizures).

Specify if:

With delayed expression: If full diagnostic criteria are not met until at least 6 months after the event (although the onset and expression of some symptoms may be immediate).