Finalizing PTSD in DSM-5: Getting Here From There and Where to Go Next
Matthew J. Friedman

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The process that resulted in the diagnostic criteria for PTSD in the DSM-5 was empirically based and rigorous. There was a high threshold for any changes in any DSM-IV diagnostic criterion. The process is described in this article. The rationale is presented that led to the creation of the new chapter, "Trauma- and Stressor-Related Disorders," within the DSM-5 metastructure. Specific issues discussed about the DSM-5 PTSD criteria themselves include a broad versus narrow PTSD construct, the decisions regarding Criterion A, the evidence supporting other PTSD symptom clusters and specifiers, the addition of the dissociative and preschool subtypes, research on the new criteria from both Internet surveys and the DSM-5 field trials, the addition of PTSD subtypes, the noninclusion of complex PTSD, and comparisons between DSM-5 versus the World Health Association's forthcoming ICD-11 criteria for PTSD. The PTSD construct continues to evolve.

National Estimates of Exposure to Traumatic Events and PTSD Prevalence Using DSM-IV and DSM-5 Criteria
Dean G. Kilpatrick, Heidi S. Resnick, Melissa E. Milanak, Mark W. Miller, Katherine M. Keyes, Matthew J. Friedman

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Prevalence of PTSD defined according to the DSM-5 and DSM-IV was compared in a national sample of U.S. adults recruited from an online panel. Traumatic event exposure using DSM-5 criteria was high, and exposure to multiple traumatic event types was the norm. PTSD caseness was determined using Same Event (i.e., all symptom criteria met to the same event type) and Composite Event (i.e., symptom criteria met to a combination of event types) definitions. All DSM-5 prevalence estimates were slightly lower than their DSM-IV counterparts, although only 2 of these differences were statistically significant. DSM-5 PTSD prevalence was higher among women than among men, and prevalence increased with greater traumatic event exposure. Major reasons individuals met DSM-IV criteria, but not DSM-5 criteria were the exclusion of nonaccidental, nonviolent deaths from Criterion A, and the new requirement of at least one active avoidance symptom.

Editorial and commentaries on DSM-5 in Journal of Traumatic Stress:

The Changed Face of PTSD Diagnosis
Paula P. Schnurr

The DSM-5 Got PTSD Right: Comment on Friedman (2013)
Dean G. Kilpatrick
Applying an International Perspective in Defining PTSD and Related Disorders: Comment on Friedman (2013)
Andreas Maercker, Axel Perkonigg

“I Wouldn’t Start From Here”—An Alternative Perspective on PTSD From the ICD-11: Comment on Friedman (2013)
Chris R. Brewin

DSM-5 PTSD's symptom dimensions and relations with major depression's symptom dimensions in a primary care sample
Ateka A. Contractor, Tory A. Durham, Julie A. Brennan, Cherie Armour, Hanna R. Wutrick, B. Christopher Frueh, Jon D. Elhai
Psychiatry Research
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We examined whether PTSD's dysphoria and mood/cognitions factors, conceptualized by the empirically supported four-factor DSM-5 PTSD models, account for PTSD's inherent relationship with depression. We hypothesized that depression's somatic and non-somatic factors would be more related to PTSD's dysphoria and mood/cognitions factors than other PTSD model factors. Further, we hypothesized that PTSD's arousal would significantly mediate relations between PTSD's dysphoria and somatic/non-somatic depression. Using trauma-exposed primary care patients, confirmatory factor analyses (CFA) indicated a well-fitting DSM-5 PTSD dysphoria model, DSM-5 numbing model and two-factor depression model. Both somatic and non-somatic depression factors were more related to PTSD's dysphoria and mood/cognitions factors than re-experiencing and avoidance factors; non-somatic depression was more related to PTSD's dysphoria than PTSD's arousal factor. PTSD's arousal did not mediate the relationship between PTSD's dysphoria and somatic/non-somatic depression. Implications are discussed.

Posttraumatic Stress Disorder and Suicidal Ideation: The Role of Specific Symptoms Within the Framework of the Interpersonal-Psychological Theory of Suicide
Margaret T. Davis, Tracy K. Witte, Frank W. Weathers
Psychological Trauma: Theory, Research, Practice, and Policy
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In the present study we examined the relationship between individual PTSD symptoms and suicidal ideation (SI), deriving hypotheses from the interpersonal-psychological theory of suicide (IPTS) as well as the conceptual and empirical literature regarding the nature and factor structure of PTSD symptoms. We predicted that the strongest relationship between PTSD symptoms and SI would be found for the emotional numbing symptoms, especially detachment or estrangement from others. Trauma-exposed female undergraduates completed a battery of self-report measures, including the PTSD Checklist and Personality Assessment Inventory. As hypothesized, detachment/estrangement had the highest zero-order correlation with SI. Further, in regression analysis, detachment/estrangement was the only PTSD symptom that was positively associated with SI after controlling for negative response bias, depression, type of trauma, and all other PTSD symptoms.
These results are consistent with the IPTS and highlight the relationship between detachment/estrangement and SI among those with PTSD.

**Attentional and executive functions are differentially affected by Post-traumatic stress disorder and trauma**


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Attentional and executive functions were assessed using the digit span (WAIS-III) and spatial span (WMS-III) tests under forward and backward recall conditions, the Stroop Test, and the Wisconsin Card Sorting Test (WCST). Our sample was composed of victims of urban violence who developed PTSD (PTSD+), victims of urban violence who did not develop PTSD (PTSD-), and healthy controls not exposed to trauma (HC). The PTSD+ group had poorer performance on the spatial span forward subtest and poorer execution time and accuracy on the Stroop Test compared to HC. These data suggest that there are few differences between the PTSD+ and HC groups, which are restricted to less complex measures of attentional and executive functional processes (short term capacity, selective attention, processing speed, and inhibitory control) and are related to visual stimuli. Therefore, cognitive impairments directly correlated with the manifestation of PTSD.

**Prescriptive variables for d-cycloserine augmentation of exposure therapy for Posttraumatic Stress Disorder**

Rianne A. de Kleine, Gert-Jan Hendriks, Jasper A. J. Smits, Theo G. Broekman, Agnes van Minnen

*Journal of Psychiatric Research*

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In this study we examined person-level variables that predicted response to d-cycloserine (DCS) enhanced exposure therapy in a chronic, mixed trauma PTSD sample. The sample consisted of treatment-seeking individuals, randomly allocated to receive exposure therapy augmented with DCS or identical looking placebo. We examined the following baseline predictors of treatment response: (1) demographic characteristics; (2) clinical characteristics; (3) personality characteristics. Outcome was measured with the PTSD Symptom Scale, Self-Report, which was assessed weekly during treatment. For high conscientious participants, those who received DCS showed better outcome than those who received placebo. And for low extraversion, DCS showed superior outcome relative to placebo. Education was identified as a prognostic variable, it predicted response across both groups: higher education was related to worse outcome. Our results provide support for the influence of personality traits on DCS augmented exposure outcome and give more insight into possible working mechanisms of this novel treatment strategy. Ultimately, this may contribute to treatment matching strategies in order to improve treatment efficacy of exposure therapy for PTSD.

**A Short Form of the Trauma Symptom Checklist for Young Children**

Jeffrey N. Wherry, Kimberly Corson, Stephen Hunsaker
A short form of the Trauma Symptom Checklist for Young Children was derived from the original 90 items. An exploratory factor analysis of each factor identified the four items from each of the original factors with the highest eigenvalues. These items were subjected to confirmatory factor analysis. The best fit was obtained for an 8-factor, 32-item model. The short form evidenced good convergent validity with parent ratings obtained from the Child Behavior Checklist, the Child Sexual Behavior Inventory, and the University of California at Los Angeles Post-traumatic Stress Disorder Reaction Index (UCLA PTSD RI). Norms (t-scores and percentiles based on raw scores) were calculated by age and by gender. The short form has promise as a screening measure with parents in settings like a child advocacy center.

Voices of Healing and Recovery from Childhood Sexual Abuse

Brittany J. Arias, Chad V. Johnson

Using a constructivist grounded theory design, this study examined perceptions of healing in female survivors of child sexual abuse. Results conclude with a theoretical model of healing, capturing the significance of supportive relationships, internal characteristics, turning points, and sources of active healing. Important sources of active healing include therapy, informal and formal education, compassion and empathy, blame attribution to abusers, and confronting abusers. Limitations and implications for research and practice are discussed.

Lifetime Prevalence of Multiple Victimizations and Its Impact on Children's Mental Health

Katie Cyr, Marie-Ève Clément, Claire Chamberland

This study sought to document lifetime experiences of individual categories of victimizations and polyvictimization using the Juvenile Victimization Questionnaire among children from the province of Quebec (Canada) to examine whether polyvictimization predicts mental health symptoms and to assess whether categories of victimization still contribute to mental health symptoms after considering polyvictimization. Polyvictimization accounted for the most variability in scores for depression, anxiety, and anger/aggression compared with individual victimization categories. None of the individual categories of victimization made an independent contribution to the prediction of trauma scores, once polyvictimization was considered.
Predictors of Treatment Completion in a Sample of Youth Who Have Experienced Physical or Sexual Trauma

Robert A. Murphy, Holli E. Sink, George S. Ake III, Karen Appleyard Carmody, Lisa M. Amaya-Jackson, Ernestine C. Briggs

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http://jiv.sagepub.com/content/early/2013/09/29/0886260513504495.abstract

This study investigated the linkages among child physical and sexual trauma, PTSD symptomatology, and treatment completion utilizing a clinical sample drawn from a large database from community treatment centers across the United States specializing in childhood trauma. Results from regression analyses indicated that neither the experience of sexual nor physical trauma directly predicted successful treatment completion. The links between sexual trauma and treatment completion, however, were mediated by PTSD avoidance symptoms. Children and youth experiencing sexual trauma reported higher levels of avoidance symptoms that were, in turn, significantly associated with a lower likelihood of completing trauma-focused mental health treatment. Practice implications are discussed and include strategies for clinicians to intervene during pivotal points of treatment to improve rates of service utilization and treatment completion.

Traumatic Childhood Experiences in the 21st Century: Broadening and Building on the ACE Studies With Data From the National Child Traumatic Stress Network


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The study objectives were to (a) examine the association between total number of trauma types experienced and child/adolescent behavioral problems and (b) determine whether the number of trauma types experienced predicted youth behavioral problems above and beyond demographic characteristics, using a diverse set of 20 types of trauma. Data came from the National Child Traumatic Stress Network’s (NCTSN) Core Data Set (CDS), which includes youth assessed and treated for trauma across the United States. Participants who experienced at least one type of trauma were included in the sample. Significant dose–response relations were found between total number of trauma types and behavior problems for all CBCL scales, except Sleep, one of the subscales only administered to 1½- to 5-year-olds. Thus, each additional trauma type endorsed significantly increased the odds for scoring above the clinical threshold. Results provide further evidence of strong associations between diverse traumatic childhood experiences and a diverse range of behavior problems, and underscore the need for a trauma-informed public health and social welfare approach to prevention, risk reduction, and early intervention for traumatized youth.

Efficiency of a four-item posttraumatic stress disorder screen in trauma patients

Jessica Hanley, Terri deRoon-Cassini, Karen Brasel

The Journal of Trauma and Acute Care Surgery
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One of the most common barriers identified by physicians who fail to screen for PTSD in trauma patients is time constraint. We hypothesized the four-question Primary Care-PTSD screen (PC-PTSD) was an acceptable alternative to the commonly used 17-question Posttraumatic Stress Disorder Checklist–Civilian Version (PCL-C). Consecutive trauma patients admitted to a Level I trauma center were given the PCL-C at the time of hospitalization. Data were collected from patients hospitalized for injury. The PC-PTSD identified 17.22% of patients with PTSD risk, and the PCL-C identified 16.10% at risk. Before discharge, the PC-PTSD has reasonable sensitivity in capturing the population at risk PTSD symptoms. In trauma patients before hospital discharge, the PC-PTSD is comparable with the PCL-C. Although some sensitivity is lost, the PC-PTSD is a shorter screen, and the loss of sensitivity may be offset by an increased frequency of administration.

The role of sleep disturbance in the relationship between post-traumatic stress disorder and suicidal ideation

Kim Steven Betts, Gail M. Williams, Jacob M. Najman, Rosa Alati

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We tested if the risk of suicidal ideation in individuals with PTSD symptoms was dependent on comorbid sleep disturbance. Our cross-sectional sample included 2465 participants with complete data from the 21 year follow-up of the Mater University Study of Pregnancy (MUSP), a birth cohort study of young Australians. Using structural equation modelling with indirect pathways we found that 12 month PTSD symptoms did not directly predict suicidal ideation at 21 when adjusting for major depression symptoms, polyvictimization and gender. However, PTSD symptoms had an indirect effect on suicidal ideation via past-month sleep disturbance. Our results suggest that increased suicidal ideation in those with PTSD may result from the fact that PTSD sufferers often exhibit other comorbid psychiatric conditions which are themselves known to predict suicidal behaviours. Sleep disturbance may be targeted in those who experience PTSD to help prevent suicidal ideation.

Avoidant symptoms in PTSD predict fear circuit activation during multimodal fear extinction

Rebecca K. Sripada, Sarah N. Garfinkel, Israel Liberzon

Frontiers in Human Neuroscience
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Convergent evidence suggests that individuals with PTSD exhibit exaggerated avoidance behaviors as well as abnormalities in Pavlovian fear conditioning. However, the link between the two features of this disorder is not well understood. In order to probe the brain basis of aberrant extinction learning in PTSD, we administered a multimodal classical fear conditioning/extinction paradigm that incorporated affectively relevant information from two sensory channels (visual and tactile) while participants underwent fMRI scanning. The sample consisted of fifteen veterans with PTSD. In response to conditioned cues and contextual information, greater avoidance symptomology was associated with greater activation in amygdala, hippocampus, vmPFC, dmPFC, and insula, during both fear acquisition and fear extinction. Heightened responses to previously conditioned stimuli in individuals with more severe PTSD could indicate a deficiency in safety learning, consistent with PTSD symptomatology. The close link between avoidance symptoms and fear circuit activation...
suggests that this symptom cluster may be a key component of fear extinction deficits in PTSD and/or may be particularly amenable to change through extinction-based therapies.

The Role of BDNF-TrkB Signaling in the Pathogenesis of PTSD

Alexander Neumeister, Stefani Corsi-Travali, Christopher R. Green

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One promising target for modulation is Tropomyosin Receptor Kinase B (TrkB), the receptor for Brain-Derived Neurotrophic Factor (BDNF), a signaling pathway important for neuronal plasticity, survival, and growth. This article discusses how genetic and environmental alterations to this signaling pathway may contribute to anatomical and functional changes in the hippocampus, amygdala, anterior cingulate cortex, ventromedial prefrontal cortex, and the nucleus accumbens. Changes in these brain regions may in turn contribute to the predisposition to or maintenance of some of the clinical manifestations of PTSD, including intrusive memories, hyperarousal, increased fear, and emotional numbing.

Childhood abuse and the experience of pain in adulthood: The mediating effects of PTSD and emotion dysregulation on pain levels and pain-related functional impairment

Abigail Powers, Negar Fani, Andrew Pallos, Jennifer Stevens, Kerry J. Ressler, Bekh Bradley

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We examined subjects recruited from the primary care clinics of an urban public hospital as part of a study of trauma related risk and resilience. We evaluated childhood abuse with the Childhood Trauma Questionnaire (CTQ), PTSD symptoms with the PTSD Symptom Severity scale (PSS), and emotional dysregulation with the Emotion Dysregulation Scale (EDS). Pain and functional limitations of pain were assessed through self-report. We found that both childhood abuse and current PTSD symptoms predicted higher levels of reported pain. Childhood abuse, PTSD symptoms, and emotion dysregulation all predicted higher levels of functional impairment related to pain. We found that PTSD fully mediated the effect of childhood abuse on pain level and pain-related limitations; emotion dysregulation partially mediated the effect of PTSD symptoms in predicting higher levels of pain-related limitations. Although causality cannot be determined in the present study, these findings suggest that PTSD may serve as the pathway between exposure to childhood abuse and the development of pain-related conditions in adulthood, and that emotion dysregulation is a significant factor in understanding how PTSD relates to specific pain-related functional impairment.

The Integrative Power of Dance/Movement Therapy: Implications for the Treatment of Dissociation and Developmental Trauma

Laura Pierce

The Arts in Psychotherapy
Oct 2013
This theoretical article proposes an application of dance/movement therapy as facilitative of right brain integration in adult clients who present with trauma-related dissociative symptoms. Findings from trauma psychology, neuroscience, and dance/movement therapy literature are used to create an attachment-oriented theoretical foundation for how dance/movement therapy might support the integration of dissociated somatic, emotional, and psychological experiences. A model for case-conceptualization and treatment planning is proposed according to a trauma treatment framework consisting of three phases: safety and stabilization, integration of traumatic memory, and development of the relational self. Within this phase-oriented theoretical framework, dance/movement therapy interventions such as body-to-body attunement, kinesthetic mirroring, interactive regulation, self-awareness, symbolism and expression, and interactional movement are examined as applications that may support bottom-up integration and resolution of psychological trauma. Limitations and suggestions for future research are also discussed.

**Interpersonal trauma in female offenders: a new, brief, group intervention delivered in a community based setting**

Sarah Ball, Thanos Karatzias, Adam Mahoney, Sandra Ferguson, Kirsty Pate

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http://www.tandfonline.com/doi/abs/10.1080/14789949.2013.852233#.UnJdGO0V92E

The present pilot study reports on the effectiveness of a new, brief, psychoeducational group intervention for the management of mental health and behavioural problems in a population of female offenders with a history of complex trauma. Female offenders commenced an eight-session manualised intervention. Quantitative data were obtained through pre- and post-group self-report measures (PCL-C and CORE) intended to examine trauma symptomatology and general psychological distress. Analysis indicated statistically significant differences between pre- and post-treatment scores across all dimensions of the measures with the exception of the CORE ‘Risk’ subscale. Effect sizes ranged between medium and large across measures. Although further research is required, results indicate that psychoeducational interventions delivered within the context of holistic service provision may be useful in managing psychological distress in female offenders who are trauma survivors.

**Genetic approaches to understanding post-traumatic stress disorder**

Lynn M. Almli, Negar Fani, Alicia K. Smith, Kerry J. Ressler

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Twin studies have shown that the development of PTSD following a trauma is heritable, and that genetic risk factors may account for up to 30–40% of this heritability. A current goal is to understand the gene pathways that are associated with PTSD, and how those genes act on the fear/stress circuitry to mediate risk vs. resilience for PTSD. This review will examine gene pathways that have recently been analysed, primarily through candidate gene studies (including neuroimaging studies of candidate genes), in addition to genome-wide associations and the epigenetic regulation of PTSD. Future and on-going studies are utilizing larger and collaborative cohorts to identify novel gene candidates through genome-wide association and...
other powerful genomic approaches. Identification of PTSD biological pathways strengthens the hope of progress in the mechanistic understanding of a model psychiatric disorder and allows for the development of targeted treatments and interventions.

**Quantitative Prediction of Individual Psychopathology in Trauma Survivors Using Resting-State fMRI**

Qiyong Gong, Lingjiang Li, Mingying Du, William Pettersson-Yeo, Nicolas Crossley, Xun Yang, Jing Li, Xiaoqi Huang, Andrea Mechelli

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[http://www.nature.com/npp/journal/vaop/naam/abs/npp2013251a.html](http://www.nature.com/npp/journal/vaop/naam/abs/npp2013251a.html)

This study employed a multivariate approach to examine the potential of resting-state fMRI data for making accurate predictions about psychopathology in survivors of the 2008 Sichuan earthquake at individual level. Using a multivariate analytical method known as relevance vector regression (RVR), we examined the relationship between resting-state fMRI data and symptom scores. We found that the use of RVR allowed quantitative prediction of clinical scores with statistically significant accuracy. Accurate prediction was based on functional activation in a number of prefrontal, parietal and occipital regions. This is the first evidence that neuroimaging techniques may inform the clinical assessment of trauma-exposed individuals by providing an accurate and objective quantitative estimation of psychopathology. Furthermore, the significant contribution of parietal and occipital regions to such estimation challenges the traditional view of PTSD as a disorder specific to the fronto-limbic network.


Terri E. Motraghi, Richard W. Seim, Eric C. Meyer, Sandra B. Morissette

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This review aims to (a) identify treatment outcome studies examining the use of Virtual reality exposure therapy (VRET) for the treatment of PTSD and (b) appraise the methodological quality of each study using the 2010 Consolidating Standards of Reporting Trials (CONSORT) Statement and its 2008 extension for nonpharmacologic interventions. Two independent assessors conducted a database search of studies published between January 1990 and June 2013 that reported outcome data comparing VRET with another type of treatment or a control condition. Next, a CONSORT quality appraisal of each study was completed. Although preliminary findings suggest some positive results for VRET as a form of exposure treatment for PTSD, additional research using well-specified randomization procedures, assessor blinding, and monitoring of treatment adherence is warranted. Movement toward greater standardization of treatment manuals, virtual environments, and equipment would further facilitate interpretation and consolidation of this literature.