



NATIONAL CENTER FOR PTSD FactSheet

How is PTSD Measured?

How can one tell if distress after a personal tragedy is a normal reaction to an upsetting life experience or something more serious?

It can be difficult to know whether distress is a normal reaction or a symptom of something more serious. Even experts may require the results of a detailed evaluation to answer this question. Posttraumatic Stress Disorder (PTSD) is only one of many possible reactions to a traumatic experience. After a trauma, some people become anxious, some become depressed, and many find that they are not able to deal with their responsibilities as well as they had before the trauma. Although the majority of people are distressed for a while, over a period of a few weeks to a few months, most find that their upset lessens and they are better able to function. Someone who continues to be profoundly affected by their experience several months or even years later may be struggling with PTSD.

What is PTSD?

The main features of PTSD can be summarized as follows:

Trauma

PTSD is different from most mental-health diagnoses because it is tied to a particular life experience. A traumatic experience typically involves the potential for death or serious injury resulting in intense fear, helplessness, or horror.

Symptoms

PTSD is characterized by a specific group of symptoms that sets it apart from other types of reactions to trauma. Increasingly, evidence points to four major types of symptoms: re-experiencing, avoidance, numbing, and arousal.

Re-experiencing symptoms

These symptoms involve a sort of mental replay of the trauma, often accompanied by strong emotional reactions. This can happen in reaction to thoughts or reminders of the experience when the person is awake or in the form of nightmares during sleep.

Avoidance symptoms

Are often exhibited as efforts to evade activities, places, or people that are reminders of the trauma.

Numbing symptoms

These are typically experienced as a loss of emotions, particularly positive feelings.

Arousal symptoms

Arousal symptoms reflect excessive physiological activation and include a heightened sense of being on guard as well as difficulty with sleep and concentration.

Length and Severity

To qualify for a formal diagnosis, the symptoms must persist for over one month, cause significant distress, and affect the individual's ability to function socially, occupationally, or domestically.

How do I get an evaluation?

While it may be tempting to identify PTSD for yourself or someone you know, the diagnosis generally is made by a mental-health professional. This will usually involve a formal evaluation by a psychiatrist, psychologist, or clinical social worker who is specifically trained to assess psychological problems.

What can I expect from an evaluation for PTSD?

The nature of an evaluation for PTSD can vary widely depending on how the evaluation will be used and the training of the professional evaluator. An interviewer may take as little as 15 minutes to get a sense of your traumatic experience and the effect it has had on your life in order to determine whether treatment for PTSD is called for. On the other hand, a specialized PTSD assessment can take eight or more 1-hour sessions when the information is needed for legal or disability claims. Regardless of the length of the evaluation, you can expect to be questioned in depth about experiences that may have been traumatic for you and about symptoms you may be experiencing as a result of these experiences. Evaluations that are more thorough are likely to involve detailed, structured interviews and psychological tests on which you record your thoughts and feeling. Your spouse or partner may be asked to provide additional information, and you may undergo a procedure that examines your physiological reactions to mild reminders of your trauma. Whatever the particulars of your situation, you should always be able to find out in advance from the professional conducting the evaluation what the assessment will involve and what information it is expected to provide.

What are some of the common assessments for PTSD?

As noted above, two main categories of PTSD evaluations are structured interviews and self-report questionnaires. The Clinician Administered PTSD Scale (CAPS) was developed by National Center for PTSD staff and is among the most widely used types of interviews. It has a format that requests information about the frequency and intensity of the core PTSD symptoms and of some common associated symptoms, which may have important implications for treatment and recovery. Another widely used interview is the Structured Clinical Interview for DSM (SCID). The SCID can be used to assess a range of psychiatric disorders including PTSD. Other interview instruments include the Anxiety Disorders Interview Schedule-Revised (ADIS), the PTSD-Interview, the Structured Interview for PTSD (SI-PTSD), and the PTSD Symptom Scale Interview (PSS-I). Each has unique features that might make it a good choice for a particular evaluation.

Several self-report measures have also been developed as time- and cost-efficient vehicles for obtaining information about PTSD-related distress. These measures provide a single score representing the amount of distress an individual is experiencing. Among this set is another widely used measure developed by National Center for PTSD staff, the PTSD Checklist (PCL). This measure comes in two versions, one oriented for civilians and another specifically designed for military personnel and veterans. Other widely used self-report measures are the Impact of Event Scale-Revised (IES-R), the Keane PTSD Scale of the MMPI-2, the Mississippi Scale for Combat Related PTSD and the Mississippi Scale for Civilians, the Posttraumatic Diagnostic Scale (PDS), the Penn Inventory for Posttraumatic Stress, and the Los Angeles Symptom Checklist (LASC).