

## **Diagnostic Problems with PTSD<sup>1</sup>**

Posttraumatic stress disorder (PTSD) is a health condition that can only be reliably diagnosed by the client's self-report. This is because many of the symptoms of PTSD, as with other mental health conditions, are private events (e.g., intrusive upsetting memories of a trauma, fear of future trauma, changed safety appraisals and negative beliefs about the world). There are observable behaviors that are consistent with PTSD (e.g., avoidance of car travel in MVA-PTSD, overly active startle responses), and some physiological characteristics of PTSD such as increased heart rate response to trauma reminders. However, these observable behaviors and physiological responses are not diagnostic by themselves. As well, the available technology (sophisticated heart rate monitoring procedures) and assessment time needed for such measurement are not often available in typical mental health practice.

Because the client's self-report is so important in diagnosing PTSD, more accurate diagnoses require a few critical steps. First, the health professional must ask the client about a wide range of traumatic events (e.g., sexual assault, MVAs, exposure to family member's unexpected deaths, life-threatening illnesses). Most health professionals do not regularly ask about such events in their clients' lives. This failure itself leads to a marked under-diagnosis of PTSD in general medical and mental health settings.

Second, the health professional must systematically ask the client about the full range of possible PTSD symptoms. Mental health professionals, in general, are susceptible to a form of diagnostic error referred to as "confirmatory bias". This means, in brief, that once the health professional knows the client has been a victim of a traumatic event, he may diagnose the client with PTSD without fully reviewing all symptoms. Alternatively, the health professional may stop interviewing when the client endorses one type of PTSD symptom (e.g., nightmares), or may stop asking questions about alternative diagnoses. Confirmatory bias in mental health professionals leads to the over-diagnosis of PTSD in many circumstances.

Third, if an individual has PTSD, he/she must show some degree of functional deficits (e.g., problems with work, mobility, social life, etc.) associated with these symptoms. All too often, mental health professionals do not carefully assess the extent of functional disability. Questions about functional disability are thus essential in the diagnosis of PTSD.

Fourth, mere symptom endorsement is, by itself, inadequate information upon which to base a diagnosis of PTSD. Specific thresholds with respect to frequency and duration of symptoms must be met to result in a valid diagnosis.

Fifth, it is important for health professionals and other professionals to understand that PTSD status can be described in either a categorical or continuous manner. The

---

<sup>1</sup> Copyright © 2001 by William J. Koch, Ph.D.

diagnosis of PTSD assumes that PTSD is a “disorder” that one either has or does not have. Part of the reason for using categorical diagnoses is to improve reliability among different assessors. Requiring clients to have 6 of a possible 17 symptoms at specific frequencies and for a specific duration is a diagnostic decision-making strategy intended to select the more severely and chronically distressed individuals. Limiting the diagnosis to this more severe end of the distribution increases reliability if all professionals stick to the diagnostic rules. Using these particular diagnostic criteria to create a “category” of PTSD does set apart individuals who are very distressed from others with only moderate or no distress.

However, this does not mean that a person who fails to meet full diagnostic criteria for PTSD is entirely unscathed. It is clear that individuals who fall one symptom short (called “sub-syndromal PTSD” by some researchers) are more psychologically distressed and more likely to develop full PTSD in the future without further traumatic events than are less symptomatic people.<sup>2</sup> Therefore, even individuals who do not meet full criteria for a diagnosis of PTSD may have substantial psychological distress and some disability.

---

<sup>2</sup> Blanchard, E.B., Hickling, E.J., Barton, K.A., Taylor, A.E., Loos, W.R., & Jones-Alexander, J. (1996). One-year prospective follow-up of motor vehicle accident victims. *Behaviour Research and Therapy*, 34, 775-786.