Association for Scientific Advancement
in Psychological Injury and Law

DSM IV TR Diagnostic Criteria (2000)

Posttraumatic Stress Disorder (309.81)

A. The person has been exposed to a traumatic event in which both of the following were present:

(1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.

(2) The person's response involved intense fear, helplessness, or horror.

Note: In children, this may be expressed instead by disorganized or agitated behavior.

DSM IV TR Diagnostic Criteria (2000)

Posttraumatic Stress Disorder (309.81) *con't*

B. The traumatic event is persistently reexperienced in one (or more) of the following ways:

(1) Recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions.

Note: In young children, repetitive play may occur in which themes or aspects of the trauma are expressed.

(2) Recurrent distressing dreams of the event.

Note: In children, there may be frightening dreams without recognizable content.

DSM IV TR Diagnostic Criteria (2000)

Posttraumatic Stress Disorder (309.81) *con't*

(3) Acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated).

Note: In young children, trauma specific reenactment may occur.

(4) Intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

(5) Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

DSM IV TR Diagnostic Criteria (2000)

Posttraumatic Stress Disorder (309.81) *con't*

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:

(1) Efforts to avoid thoughts, feelings, or conversations associated with the trauma.

(2) Efforts to avoid activities, places, or people that arouse recollections of the trauma.

(3) Inability to recall an important aspect of the trauma.

(4) Markedly diminished interest or participation in significant activities.

DSM IV TR Diagnostic Criteria (2000)

Posttraumatic Stress Disorder (309.81) *con't*

(5) Feeling of detachment or estrangement from others.

(6) Restricted range of affect (e.g., unable to have loving feelings).

(7) Sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span).

DSM IV TR Diagnostic Criteria (2000)

Posttraumatic Stress Disorder (309.81) *con't*

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:

(1) Difficulty falling or staying asleep

(2) Irritability or outbursts of anger

(3) Difficulty concentrating

(4) Hypervigilance

(5) Exaggerated startle response

DSM IV TR Diagnostic Criteria (2000)

Posttraumatic Stress Disorder (309.81) *con't*

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

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

DSM IV TR Diagnostic Criteria (2000)

Pain Disorder (307.80)

A. Pain in one or more anatomical sites is the predominant focus of the clinical presentation and is of sufficient severity to warrant clinical attention.

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

C. Psychological factors are judged to have an important role in the onset, severity, exacerbation, or maintenance of the pain.

D. The symptom or deficit is not intentionally produced or feigned (as in Factitious Disorder or Malingering).

E. The pain is not better accounted for by a Mood, Anxiety, or Psychotic Disorder and does not meet criteria for Dyspareunia.

DSM IV TR Diagnostic Criteria (2000)

Pain Disorder (307.80) *con't*

Code as follows:

307.80 Pain Disorder Associated with Psychological Factors: psychological factors are judged to have the major role in the onset, severity, exacerbation, or maintenance of the pain. (If a general medical condition is present, it does not have a major role in the onset, severity, exacerbation, or maintenance of the pain.) This type of Pain Disorder is not diagnosed if criteria are also met for Somatization Disorder.

DSM IV TR Diagnostic Criteria (2000)

Pain Disorder (307.80) *con't*

Specific if:

Acute: duration of less than 6 months

Chronic: duration of 6 months or longer

307.89 Pain Disorder Associated with Both Psychological Factors and a General Medical Condition: both psychological factors and a general medical condition are judged to have important roles in the onset, severity, exacerbation, or maintenance of the pain. The associated general medical condition or anatomical site of the pain (see below) is coded on Axis III.

DSM IV TR Diagnostic Criteria (2000)

Pain Disorder (307.80) *con't*

Specific if:

Acute: duration of less than 6 months

Chronic: duration of 6 months or longer

Note: The following is not considered to be a mental disorder and is included here to facilitate differential diagnosis.

Pain Disorder Associated With a General Medical Condition: a general medical condition has a major role in the onset, severity, exacerbation, or maintenance of the pain. *con't*

DSM IV TR Diagnostic Criteria (2000)

Pain Disorder (307.80) *con't*

Pain Disorder Associated With a General Medical Condition: ***con't***

…(If psychological factors are present, they are not judged to have a major role in the onset, severity, exacerbation, or maintenance of the pain.) The diagnostic code for the pain is selected based on the associated general medical condition if one has been established (see Appendix G) or on the anatomical location of the pain if the underlying general medical condition is not yet clearly established – for example, low back (724.2), sciatic (724.3), pelvic (625.9), headache (784.0), facial (784.0), chest (786.50), joint (719.40), bone (733.90), abdominal (789.0), breast (611.71), renal (788.0), ear (388.70), eye (379.91), throat (784.1), tooth (525.9), and urinary (788.0).

Mild TBI

Adopted From McCrea (2008)

Mild TBI

Definitions: Dependent upon symptoms; varied definitions across injury classification systems and empirical studies.

Acute Injury Characteristics (e.g., LOC, PTA, focal neurologic deficits): Varied emphasis on presence and duration of LOC, PTA, mental status abnormalities, and constellation of symptoms; limited correlation with outcome.

GCS, Glasgow Coma Scale; LOC, loss of consciousness;

PTA, posttraumatic amnesia.

Mild TBI

Adopted From McCrea (2008)

Mild TBI *con't*

Classification Systems, Tools: Traditional scales (e.g., GCS) of limited utility due to ceiling effect and limited sensitivity; GCS not initially intended for classification of MTBI; minimal penetration of any specific tool for standardized assessment of MTBI

Neuroimaging Studies: In a clinical setting, neuroimaging negative and equivocal in overwhelming majority of cases, essentially by definition of MTBI; lack of "objective findings" restricts the medical legitimacy of MTBI; some indicate that "complicated MTBI" with structural injury(and abnormal imaging) distinct from "uncomplicated MTBI" with no structural injury.

Mild TBI

Adopted From McCrea (2008)

Mild TBI *con't*

Natural History of Injury, Recovery: Not well understood; limited to no consensus

Outcome: Most often predicted by noninjury-related factors, e.g., premorbid psychosocial issues, psychological comorbidities, postinjury stressors, substance abuse, litigation

Persistent Disability: Debated as to whether due to neurologic vs. psychological factors; true epidemiology, etiology of postconcussion syndrome unclear