

## **Classification dualism: changing post-trauma diagnoses in ICD and DSM**

### **International Classification of Diseases (WHO)**

#### **ICD-10<sup>47</sup>**

- Contained the diagnoses PTSD, and enduring personality change after catastrophic experience (EPCACE)

#### **ICD-11<sup>46</sup> due to be published in 2018**

- Working group has proposed sibling diagnoses of PTSD and complex PTSD. Acceptance that complexity of reaction to prolonged PTEs was not captured by EPCACE or PTSD
- Echoes the accruing research evidence of replicated differences after type 1 and type 2 trauma
- Narrowing of current PTSD diagnostic frame, focused on a relatively small group of symptoms
- Traumatic stressor as gate criterion, with PTSD and complex PTSD in a horizontal relationship

### **Diagnostic and Statistical Manual (American Psychiatric Association)**

#### **DSM-IV<sup>48</sup>**

- Contained diagnosis of PTSD
- 7 core symptoms organised across 3 criteria
- Included disorders of extreme stress not otherwise specified (DESNOS) under associated features of PTSD not as a distinct complex variant

#### **DSM-5<sup>24</sup>**

- 20 core symptoms organised across 4 criteria
- Inclusion of a dissociative subtype
- Conservative review parameters quite different from the ICD-11 approach
- Criteria include symptoms related to negative self-concept and affect dysregulation

### **Implications and complications of changing criteria**

ICD-11 is not yet formally published - complex PTSD is a proposal

- Individuals likely to meet the diagnostic criteria for one classification system and not the other
- Different classification systems being used among mental health services/professionals and among research groups creating confusion
- Concern that many with severe complex trauma do not describe core symptoms of PTSD and therefore will not meet the diagnosis for complex PTSD
- Implications for psychological service provision as therapy approaches vary