

Manual for the Administration and Scoring of the
PTSD Symptom Scale – Interview for DSM-5
(PSS-I-5)

Past Month Version

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Introduction

The PTSD Symptom Scale – Interview for DSM-5 (PSS-I-5) was designed as a flexible semi-structured interview to allow clinicians who are familiar with posttraumatic stress disorder (PTSD) to make a diagnosis of PTSD as well as obtaining an estimate of the severity of the symptoms. When completing the PSS-I-5, interviewers should link the symptoms to a single identified “target” trauma. In most cases, this will be the trauma identified by the respondent as the one that causes the most current distress. However, the PSS-I-5 may be used to assess symptoms relative to any identifiable traumatic event.

To establish reliable rating of PTSD symptoms, the interviewer must establish the time frame in which symptoms are to be reported. This version of the PSS-I-5 is used for symptoms occurring in the past month only. In theory, the PSS-I-5 could be used to assess symptoms over longer and shorter periods of time, but the validity of the interview under these conditions has not been examined. The interviewer should establish the time period of one month prior to beginning the interview and remind the respondent of the time frame throughout the interview.

When scoring each item on the PSS-I-5, the interviewer should endeavor to integrate all of the information obtained during the interview. The final severity rating combines the information regarding the *frequency* with which the symptoms are experienced and the *intensity* of the symptoms when they are experienced. This manual offers some guidelines for making such ratings for each symptom.

General Administration and Scoring Conventions:

Standard administration and scoring of the PSS-I-5 helps to achieve the most reliable and valid results. Before administering the PSS-I-5, the interviewer should have training in differential diagnosis, a good understanding of PTSD symptoms, and should familiarize themselves with this manual and its conventions.

Instructions for Scoring

The interviewer’s task is to: 1) determine whether a symptom is present and 2) evaluate the current severity of that symptom. Final severity ratings are based on a combination of symptom frequency AND intensity.

Severity is rated on a five-point scale as follows:

- 0 = Not at all
- 1 = Once per week or less / a little
- 2 = 2 to 3 times per week / somewhat
- 3 = 4 to 5 times per week / a lot
- 4 = 6 or more times a week / severe

PTSD diagnosis is determined by counting the number of symptoms endorsed (a rating of 1 or greater) per symptom cluster. One Intrusion symptom, one Avoidance symptom, three Cognition and Mood symptoms, and three Arousal and Reactivity symptoms are needed to meet diagnostic criteria.

PTSD diagnosis also requires symptom duration of more than one month (Criterion F) and clinically significant distress or impairment (Criterion G).

PTSD severity is determined by totaling the 20 PSS-I-5 symptom ratings. Scores range from 0-80.

Instructions for symptom ratings:

As noted earlier, it is necessary to establish the time period to which the ratings refer. For assessing current PTSD, PSS-I-5 ratings are based on symptoms experienced in relation to the index trauma that have occurred in the past month. It is helpful to be very concrete about this with the respondent. It is often helpful to help the responder identify an anchoring event that occurred a month prior. Events like birthdays, or other special experiences can help the respondent focus on the one month time period prior to the assessment. Additionally, the interviewer should repeatedly refer to this time frame throughout the interview, by either beginning questions with the phrase “In the last month,…” or referring to the anchoring event (e.g. “Since your nephew’s birthday, …”).

Read all questions as they are written in the order presented.

- Modify or rephrase questions only if necessary for the respondent to understand.
- Use follow-up questions as written on the interview and/or use additional queries as needed to accurately determine the frequency and intensity of the symptom.
- After reading questions verbatim, you may use the respondent’s own words to describe symptoms. For example, in response to Item 19, a patient describes being overly alert or on-guard as being “on patrol”, you may ask a follow-up question of “How often do you feel like you’re on patrol”?

Be careful not to double count symptoms.

- Avoid using the same statement to count as two PTSD symptoms unless it is very clear that you should. When in doubt, ask again.
- For example, if a person reports not going to the gym anymore, this should be rated as either behavioral avoidance (if fear is the motivating factor) or loss of interest (if lack of motivation or energy is the explanation) but not both.

Avoid using the PSS-I anchor points in your follow-up questions.

- Instead of asking, “Did that happen 5 or more time per week” use open-ended questions to carefully inquire about frequency (e.g., “How often did that happen in the past month?” or “How upsetting are those thoughts when they occur?”). This is also true when inquiring about severity of symptoms.

It is appropriate to use information that comes up later in the interview to modify an earlier rating.

- Remember that symptoms are rated by integrating all of the information that the respondent has given you during the interview when making judgments about presence and severity of any given symptom. For example, a respondent may report experiencing flashbacks of the trauma, but as they further describe their re-experiencing symptoms, it becomes clear that they are actually describing intense emotional distress upon reminders of the trauma. Ratings should be modified accordingly.

Both frequency AND intensity of a given symptom should be taken into consideration when making ratings.

- Frequency can be determined by the number of times a symptom occurs in a given week, or by the percentage of time it occurs.
- A helpful guideline for percentage ratings is:

<u>Rating</u>	<u>Percentage</u>
0	0%
1	1 – 33%
2	34 – 66%
3	67 – 99%
4	100%

- Intensity is judged on several levels for each symptom (as outlined below).
- Intensity of a symptom can raise or lower a rating made based only on frequency, and can assist the interviewer in deciding between two ratings if the frequency rating falls between two categories.

When judging the frequency and intensity of symptoms that are not clearly directly related to the index trauma (e.g., concentration problems, irritability):

- Make sure that the symptoms represent a change from functioning prior to the trauma. Impaired functioning that is not above pre-trauma levels should be scored a 0.
- Change in functioning can be particularly difficult to determine in cases of childhood trauma or when the trauma occurred many years ago since pre-trauma functioning is unable to be determined. In the event of such difficulty, you may ask the respondent whether he or she perceives the symptom to be related to the trauma and if yes, how so. If the symptom appears to be trauma related, then include it in your ratings.

Administration of the Trauma Screen

An index trauma should be identified through the Trauma Screen. The Trauma Screen questions should be read verbatim to the respondent with appropriate follow-up questions as necessary. Later symptom inquiries should be linked to this index trauma throughout

the interview. Administer the Trauma Screen by reading the introduction and prompts to the respondent to ascertain the presence of a DSM-5 trauma and identify an index trauma.

In order to facilitate the identification of the index trauma, you may find the following questions helpful:

“In this interview, I will be focusing on one traumatic event. Which traumatic event bothers you the most at the present time?”

“Which of the traumatic experiences you have experienced currently gets in the way of your life the most?”

“Which traumatic event do you find yourself having the most upsetting and unwanted thoughts or flashbacks about lately?”

“Which traumatic event haunts you the most lately?”

In determining which trauma to target in assessing symptoms, it is important to remember that a traumatic event that seems to be objectively the worst may not be the currently most distressing or most frequently re-experienced trauma. The respondent’s current, subjective experience is the more important criterion for determining the target trauma rather than the “objective” worst trauma experienced.

When the trauma is an event that occurred repeatedly and/or over a prolonged period of time (as is often the case in childhood sexual abuse or combat trauma), it is useful to ask the respondent if there is a particular incident that they remember as the most upsetting or distressing or that they currently re-experience most frequently. The respondent should be instructed to think about that incident in relation to the questions about symptoms. If the respondent is unable to identify a particular incident that is most upsetting to them, the interviewer should be sure to label the trauma as specifically as possible (e.g. “being under fire in Baghdad” or “sexual abuse by my stepfather when I was 12”).

The index trauma should be one that conforms to the DSM-5 definition, as outlined below.

DSM-5 Definition of a Trauma

Exposure to actual or threatened a) death, b) serious injury, c) sexual violation, in one or more of the following ways:

1. Directly experiencing the traumatic event(s)
2. Witnessing, in person, the traumatic event(s) as they occurred to others
3. Learning that the traumatic event(s) occurred to a close family member or close friend; cases of actual or threatened death must have been violent or accidental
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s). This does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related

Examples of directly experienced traumatic events: combat, life threatening accident (e.g., plane crash, motor vehicle accident), violent physical/sexual assault (in childhood or adulthood), torture, incarceration as a prisoner of war or in a concentration camp, natural or manmade disaster (e.g., earthquake, fire, hurricane, flood), robbery, stabbing/shooting, being diagnosed with a life threatening illness.

Examples of witnessed traumatic events: observing death or injury of another person due to assault, war, or disaster, unexpectedly seeing a dead body or body parts.

Examples of traumatic events confronted with or learned about: learning of a family member's (or friend's) sudden, unexpected death, or learning that one's child has a life threatening disease.

Examples of repeated or extreme exposure to aversive details of traumatic events: first responders collecting human remains; police officers repeatedly exposed to details of child abuse

Administration of PSS-I-5 Items

Use the following introduction to orient the respondent to the task and the time frame:

“I want to get a really clear picture of how things have been going for you in the past month in terms of trauma related difficulties. So, today is (insert date). One month ago takes us back to (insert date). This is the period of time that I will focus on. Remember that throughout the interview I will be asking about difficulties related to the event that you identified as the most distressing, the (repeat event). Do you have any questions?”

RE-EXPERIENCING SYMPTOMS (one symptom required)

1) Have you had unwanted distressing memories about the trauma?

Follow-up questions for positive responses:

How often have you been having these memories in the past month?

Are you thinking about the trauma on purpose, or are these unwanted memories?

Can you stop thinking about these memories when you want to?

How much do these memories bother you?

This question refers to unwanted trauma-related intrusive thoughts that are currently distressing – whether cued or uncued by trauma reminders. If the respondent is recalling the index trauma purposely, this should not be counted.

This item should be rated according to the frequency of the symptom as well as the intensity of the trauma-related memories (which includes degree of distress associated with the memories and how much effort is required to put the memories out of their mind).

2) Have you been having bad dreams or nightmares related to the trauma?

Follow-up questions for positive responses:

How often have you had these dreams in the past month?

How intense are the dreams?

What happens when you have these dreams?

Do these dreams wake you up?

Are you able to go back to sleep?

Bad dreams or nightmares do not have to be exact accounts of the index trauma. Bad dreams or nightmares that contain themes of danger (such as being chased by an assailant) or produce affect similar to that of the trauma should count as well.

This item should be rated according to the frequency of the symptom as well as the intensity of the dreams (which includes the distress experienced by the respondent, whether or not it wakes the respondent, and the respondent's ability to go back to sleep).

3) Have you had the experience of feeling as if the trauma were actually happening again?

Follow-up questions for positive responses:

This is not the same as being very upset when you think about the trauma. This is when you actually feel as if the trauma is happening now. Have you had that experience in the past month?

What is it like when you have a flashback?

Do you become confused about where you are during a flashback?

How many times have you had a flashback in the past month?

Flashbacks should include an at least momentary sense that the trauma is re-occurring (e.g., "it is happening again" or "I am back in time"). If the respondent's description of the event refers to a very distressing sensory or emotional experience that is similar

to the feelings experienced during the trauma, and they do not report some dissociation, score the experience as item 4 or 5 below.

This item should be rated according to the frequency of the symptom as well as the intensity of the flashbacks (which includes the distress experienced by the respondent and the amount of dissociation that occurred).

4) Have you been very EMOTIONALLY upset when reminded of the trauma?

Follow-up questions for positive responses:

What happens?

What types of things remind you of the trauma?

How upset do you become?

Do others notice you are upset?

How long does it take to calm down afterward?

How many times have these reminders made you INTENSELY emotionally upset in the last month?

This question refers to emotional upset in response to trauma reminders. Emotional upset is not limited to fear - also count sadness, anger, guilt or shame, and worry. Difficulty experiencing positive feelings (item 14) and uncued intense negative feelings (item 11) should not be included here. Make sure that the trauma reminder is a situation that is objectively safe – do not score emotional reactions to objectively dangerous situations.

This item should be rated according to the frequency of the symptom as well as the intensity of the emotional upset associated with trauma reminders.

5) Have you been having PHYSICAL reactions when reminded of the trauma (e.g., sweating, heart racing)?

Follow-up questions for positive responses:

What happens?

What types of things remind you of the trauma?

What kinds of physical reactions do you have?

How severe are these physical reactions?

How long does it take to calm down afterward?

How many times have these reminders resulted in INTENSE physical reactions in the last month?

Physical reactions in response to trauma reminders can include heart racing, changes in breathing, nausea, sweating, shakiness, and other physical symptoms.

This item should be rated according to the frequency of the symptom as well as the intensity of the physical reactions (which includes the severity of the physical reaction experienced by the respondent and the amount of distress it causes).

AVOIDANCE (one symptom required)

6) Have you been making efforts to avoid thoughts or feelings related to the trauma?

Follow-up questions for positive responses:

What thoughts or feelings do you avoid?

What do you do to try to avoid these thoughts or feelings?

Are there times when you don't try to avoid thoughts or feeling related to the trauma?

How many times have you avoided thoughts or feelings related to the trauma in the last month?

What percent of trauma-related thoughts or feelings do you avoid?

Respondents will often cite strategies such as pushing the thoughts away, talking on the phone, keeping busy, or playing music. In cases where cognitive avoidance is unclear (e.g., avoiding thoughts of the legal proceeding related to the trauma, but not the trauma itself), look for distress or fear as the motivating factor. If the respondent is reporting fear or other negative emotions related to the thoughts, then count these cases as cognitive avoidance.

This item should be rated according to the frequency of the symptom as well as the intensity of the avoidance (which includes the amount of effort required to avoid the thoughts or feelings). If a rating is still unclear, the percentage of time the respondent avoids thoughts or feelings associated with the trauma may be helpful.

7) Have you been making efforts to avoid activities, situations, or places that remind you of the trauma or that feel more dangerous since the trauma?

Follow-up questions for positive responses:

What activities, situations, or places do you avoid?

What do you do to try to avoid these things?

How much effort does it take to avoid them?

What effect does avoiding these activities, situations, or places have on your life?

Are there times when you don't try to avoid these activities, situations, or places?

How many times have you avoided them in the last month?

Score behaviors as avoidance if the avoidance is motivated by not wanting to confront trauma reminders or be in situations that feel more dangerous since the traumatic event. Be sure that avoided situations are objectively safe. Do not score appropriate avoidance of actually dangerous situations.

This item should be rated according to the frequency of the symptom as well as the intensity of the avoidance (which includes the amount of effort required to avoid the situations). If a rating is still unclear, the percentage of time the respondent avoids thoughts or feelings associated with the trauma may be helpful.

CHANGES IN COGNITION AND MOOD (two symptoms required)

8) Are there any important parts of the trauma that you cannot remember?

Follow-up questions for positive responses:

Are there gaps in your memory of the trauma?

Do you feel you SHOULD remember these parts?

Did you have a head injury or were you knocked unconscious during the trauma?

Were you under the influence of alcohol or drugs at the time?

If you tried to recall the trauma, would you be able to?

Dissociative amnesia is scored when the respondent indicates that their memory of the index trauma has important or significant gaps or missing details. This symptom

should not be scored if the loss of memory is associated with the passage of time (memory decay or aging) or is the result of loss of consciousness during the trauma (e.g., due to being hit on the head or under the influence of alcohol or drugs). In these cases, in the absence of clear evidence of psychogenic amnesia, assume that the amnesia is organic in nature and do not score it. An example of dissociative amnesia is if the respondent reports a fairly detailed memory of the trauma up to a certain point, then a gap in time or detail, followed by more details about what happened after that gap.

This item should be rated according to the intensity of the symptom (which includes the amount of missing information and the respondent's subjective distress over the missing information).

9) Have you been viewing yourself, others, or the world in a more negative way (e.g. "I can't trust people," "I'm a weak person")?

Follow-up questions for positive responses:

What are some examples of this kind of thinking?

Did you think this way before the trauma?

How often have you thought this way in the past month?

How convinced are you that these thoughts are true?

Persistent and exaggerated negative expectations about one's self, the world, and others may include such things as believing that one is "a loser" for not being able to deal with the trauma, thinking that the world is a completely dangerous place, and believing that no one can be trusted, among other thoughts and beliefs.

This item should be rated according to the frequency of the symptom in terms of percentage of time it has been occurring in the past month as well as the intensity of the negative thoughts (which includes the degree of negativity associated with the thoughts and the amount of subjective distress the thoughts cause the respondent).

10) Have you blamed yourself for the trauma or for what happened afterwards? Have you blamed others that did not directly cause the event for the trauma or what happened afterwards?

Follow-up questions for positive responses:

How much do you blame yourself (or others) for what happened?

How often have you felt this way in the past month?

Persistent distorted blame about the cause or the consequences of the trauma refers to blame placed on oneself or others who are not directly responsible for the event. Respondents may say they “should have known” a situation was dangerous or that others should have helped.

This item should be rated according to the frequency of the symptom in terms of percentage of time it has been occurring in the past month as well as the intensity of the blame (which includes the amount of subjective distress the thoughts cause the respondent).

11) Have you had intense negative feelings such as fear, horror, anger, guilt or shame?

Follow-up questions for positive responses:

What kinds of feelings have you had?

How intense are these feelings?

Are you able to manage these feelings? If so, how?

How often have you had these intense negative feelings in the past month?

Persistent negative emotions should be scored when they are pervasive and not just cued by trauma reminders.

This item should be rated according to the frequency of the symptom in terms of percentage of time it has been occurring in the past month as well as the intensity of the negative emotions (which includes the amount of subjective distress the emotions cause the respondent).

12) Have you lost interest in activities you used to do?

Follow-up questions for positive responses:

What kinds of things did you used to enjoy doing that you don't do anymore?

Why don't you enjoy doing these activities anymore?

Have you lost interest in these activities just since the trauma?

How much time did you used to spend doing these activities?

In the past month, what percentage of your usual activities have you felt less interested in?

Are there activities you still enjoy doing? If so, what?

Loss of interest should be scored based on the amount of activities affected as well as the intensity of the loss of interest. Whenever possible, the interviewer should ascertain that loss of interest is a change from pre-trauma levels. Loss of interest should not be confused with reduction in activity related to avoidance of trauma reminders. Interviewers should inquire about the reason for not doing each activity the respondent reports. If the respondent reports that they are afraid to do an activity or that they do not engage in the activity because it will remind them of their trauma, this should be counted in item 7.

This item should be rated according to the frequency of the symptom in terms of percentage of activities the respondent has not felt interested in doing as well as the intensity of the loss of interest (which includes whether or not the respondent would enjoy the activity once started and whether or not there are activities the respondent still enjoys).

13) Have you felt detached or cut off from others?

Follow-up questions for positive responses:

How strong are the feelings of detachment from others?

How often do you feel this way?

How much does this bother you?

Are there people you do feel close to?

Detachment from others is often described as feeling cut off, disconnected, different, or unable to feel close to or trusting of others.

This item should be rated according to the frequency of the symptom in terms of percentage of time the respondent has felt disconnected as well as the intensity of the feelings of detachment (which includes the subjective distress caused by the symptom and whether or not there are people the respondent does feel close to).

Whenever possible, the interviewer should ascertain that feelings of detachment are a change from pre-trauma levels.

14) Have you had difficulty experiencing positive feelings?

Follow-up questions for positive responses:

What kinds of feelings?

How difficult is it to experience positive feelings?

How often have you felt this way in the past month?

This question refers to emotional numbing as well as difficulty having positive feelings. Ratings should be sure to capture emotional flatness or lack of responsivity despite good things happening.

This item should be rated according to the frequency of the symptom in terms of percentage of time the respondent has been unable to have positive feelings as well as the intensity of the feelings of numbness (which includes the subjective distress caused by the symptom and whether or not there are times when the respondent can experience positive emotions).

INCREASED AROUSAL AND REACTIVITY (two symptoms needed)

15) Have you been acting more irritable or aggressive?

Follow-up questions for positive responses:

Can you tell me more about that?

How does your irritability show?

How often have you felt this irritable or aggressive in the past month?

This question refers to irritability and aggressive behaviors. The interviewer should distinguish this question from #4 (intense emotional reactions to trauma reminders) by asking about irritable or aggressive *behaviors* and not just emotional states. When rating this item, ensure that the symptoms represent a change from functioning prior to the trauma. Impaired functioning that is not above pre-trauma levels should be scored a 0.

This item should be rated according to the frequency of the symptom as well as the intensity of the irritability or aggressiveness (which includes the subjective distress caused by the symptom and the degree of aggressiveness or irritability).

16) Have you been taking more risks or doing things that might cause you or others harm (e.g., driving recklessly, taking drugs, having unprotected sex)?

Follow-up questions for positive responses:

What are some of the more risky things you've done in the past month?

How risky are these behaviors?

How often have you taken these kinds of risks in the past month?

Reckless or self-destructive behavior can also include promiscuity, drug or alcohol abuse, self-injurious behaviors, and other impulsive behaviors. It should represent a change in normal functioning since the trauma. In cases where prior functioning cannot be determined, the respondent should be asked about whether or not they believe this behavior is related to their index trauma.

This item should be rated according to the frequency of the symptom as well as the intensity of the reckless behaviors (which includes the subjective distress caused by the symptom and the objective risk involved). Sexual promiscuity, drug experimentation, and reckless driving are just a few examples of risk-taking behaviors often observed after a trauma.

17) Have you been overly alert or on-guard (e.g., checking to see who is around you, etc.)?

Follow-up questions for positive responses:

What kinds of things do you do?

What causes you to react that way?

Do other people react the same way?

How often have you felt alert or on-guard in the past month?

When the respondent uses terms like “wariness”, “on patrol” or “paranoid”, this is likely hypervigilance.

This item should be rated according to the frequency of the symptom in terms of percentage of time the respondent has felt overly alert as well as the intensity of the feelings (which includes the subjective distress caused by the symptom and the amount of effort required to remain hypervigilant).

18) Have you been jumpier or more easily startled?

Follow-up questions for positive responses:

What types of things made you jump?

How strong is your reaction to these things?

Do other people react the same way?

How long does it take to calm down again?

How often have you been jumpy or more easily startled in the past month?

When rating exaggerated startle response, be sure to differentiate it from a reasonable startle response (e.g., car coming toward person).

This item should be rated according to the frequency of the symptom as well as the intensity of the startle response (which includes the subjective distress caused by the symptom and how long it takes to calm down afterward).

19) Have you had difficulty concentrating?

Follow-up questions for positive responses:

What are some examples of your difficulty concentrating?

Are you able to concentrate if you put your mind to it?

How often have these concentration problems come up for you in the past month?

Respondents may report inability to follow a conversation, to watch and comprehend a short TV show, to complete required tasks at work, to read and comprehend a paragraph, or to maintain a train of thought. Determine whether the respondent is able to concentrate in any situations (e.g., watch a TV show, read a book, etc.).

This item should be rated according to the frequency of the symptom in terms of percentage of time the respondent has difficulty concentrating as well as the intensity of the difficulty concentrating (which includes the subjective distress caused by the symptom and whether or not the respondent is able to concentrate in any situation).

20) Have you had difficulty falling or staying asleep?

Follow-up questions for positive responses:

What kinds of difficulty have you been having?

How long does it take you to fall asleep?

How often do you wake up during the night?

How many hours do you typically sleep in a night?

How often have you had sleep problems in the past month?

Sleep difficulties should be assessed according to how the respondent is currently sleeping, regardless of the use of medication or other sleep aids. The interviewer should not speculate on the respondent's ability to sleep without sleep aids. Be sure

to differentiate between general sleep difficulties and sleep difficulties caused by nightmares, as the symptom should not be double-counted.

This item should be rated according to the frequency of the symptom well as the intensity of the sleep disturbance (which includes the subjective distress caused by the symptom and how much sleep the respondent is actually getting).

DISTRESS AND INTERFERENCE

21) How much have these difficulties been bothering you?

Consider the subjective distress the patient has been reporting throughout the interview.

22) How much have these difficulties been interfering with your everyday life (e.g. relationships, work, or other important activities)?

Inquire about each area, including work and/or school, relationships with other people, family responsibilities, and other important roles in the respondent's life.

SYMPTOM ONSET AND DURATION

23) How long after the trauma did these difficulties begin?

Circle whether symptoms began less than or more than 6 months after the trauma ceased.

24) How long have you had these trauma-related difficulties?

Circle whether symptoms have persisted for less than or more than 6 months since the trauma ceased.