

# 309.81 Posttraumatic Stress Disorder

Exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one’s physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate.

Symptoms usually begin within the first three months after trauma.



Adults	Children
<ul style="list-style-type: none"> <li>• Sense of intense fear, helplessness, horror.</li> </ul>	<ul style="list-style-type: none"> <li>• Disorganized or agitated behavior.</li> </ul>
<b>RE-EXPERIENCING (one or more)</b>	
<ul style="list-style-type: none"> <li>• Recurrent and intrusive distressing recollections of the event.</li> <li>• Recurrent distressing dreams of the event.</li> <li>• Acting or feeling as if the trauma were reoccurring.</li> <li>• Distressed when exposed to triggers.</li> </ul>	<ul style="list-style-type: none"> <li>• Recurrent and intrusive distressing recollections of the event.</li> <li>• Distressing dreams of the event may become generalized nightmares of monsters, of rescuing others, or of threats to self or others.</li> <li>• Repetitive play in which themes or aspects of the trauma are expressed.</li> <li>• Trauma-specific re-enactment</li> <li>• Distress when exposed to triggers.</li> </ul>
<b>PERSISTENT AVOIDANCE/ NUMBING (three or more)</b>	
<ul style="list-style-type: none"> <li>• Efforts to avoid thoughts, feelings, and conversations related to trauma.</li> <li>• Efforts to avoid activities or places that arouse recollections.</li> <li>• Markedly diminished interest in previously significant activities.</li> <li>• Detachment and constricted affect.</li> <li>• Sense of foreshortened future.</li> </ul>	<ul style="list-style-type: none"> <li>• Diminished interest in significant activities and constriction of affect may be evaluated via collateral sources as children may not be able to express.</li> <li>• Dissociative responses.</li> <li>• Statements regarding won’t live to see adulthood.</li> <li>• Somatic symptoms (e.g. stomachaches/ headaches)</li> </ul>
<b>PERSISTENT HYPERAROUSAL (two or more)</b>	
<ul style="list-style-type: none"> <li>• Difficulty falling or staying asleep.</li> <li>• Irritability or outbursts of anger.               <ul style="list-style-type: none"> <li>• Difficulty concentrating.</li> </ul> </li> <li>• Exaggerated startled response.               <ul style="list-style-type: none"> <li>• Hypervigilance.</li> </ul> </li> </ul>	
<b>SYMPTOMS FOR LONGER THAN ONE MONTH CAUSING SIGNIFICANT DISTRESS OR IMPAIRMENT IN FUNCTIONING.</b>	

## 296.xx Major Depressive Disorder

Characterized by one or more Major Depressive Episodes without a history of Manic, Mixed, or Hypomanic Episodes. A Major Depressive Episode is a period of at least 2 weeks during which there is either depressed mood or the loss of interest or pleasure in nearly all activities.

Adults	Children
<ul style="list-style-type: none"> <li>Depressed mood most of the day, nearly every day, as indicated by either subjective report or observation.</li> </ul>	<ul style="list-style-type: none"> <li>Irritable mood, hostility, anger.</li> </ul>
<ul style="list-style-type: none"> <li>Diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.</li> </ul>	<ul style="list-style-type: none"> <li>Being bored, lack of interest in playing with friends.</li> </ul>
<ul style="list-style-type: none"> <li>Significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day.</li> </ul>	<ul style="list-style-type: none"> <li>Failure to make expected weight gains.</li> </ul>
<ul style="list-style-type: none"> <li>Insomnia or hypersomnia nearly every day.</li> </ul>	<ul style="list-style-type: none"> <li>Complaints of tiredness.</li> </ul>
<ul style="list-style-type: none"> <li>Psychomotor agitation or retardation nearly every day.</li> </ul>	<ul style="list-style-type: none"> <li>Psychomotor agitation or retardation nearly every day, social isolation, outbursts of shouting, complaining, crying.</li> </ul>
<ul style="list-style-type: none"> <li>Fatigue or loss of energy nearly every day.</li> </ul>	<ul style="list-style-type: none"> <li>Fatigue or loss of energy nearly every day, frequent vague, non-specific physical complaints (e.g. headaches, stomachaches).</li> </ul>
<ul style="list-style-type: none"> <li>Feelings of worthlessness or excessive or inappropriate guilt nearly every day.</li> </ul>	<ul style="list-style-type: none"> <li>Extreme sensitivity to rejection or failure.</li> </ul>
<ul style="list-style-type: none"> <li>Diminished ability to think or concentrate, or indecisiveness, nearly every day.</li> </ul>	<ul style="list-style-type: none"> <li>Frequent absences from school or poor performance in school, poor communication, difficulty with relationships, social isolation.</li> </ul>
<ul style="list-style-type: none"> <li>Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.</li> </ul>	<ul style="list-style-type: none"> <li>Fear of death, reckless behavior.</li> </ul>
Symptoms do not meet criteria for a Mixed Episode; symptoms cause clinically significant distress or impairment in important areas of functioning; symptoms are not due to a general medical condition or physiological effects of a substance.	
Symptoms are not better accounted for by Bereavement (e.g. after the loss of a loved one, the symptoms persist for longer than 2 months).	

# 300.02 Generalized Anxiety Disorder

Adults	Children
<ul style="list-style-type: none"> <li>Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).</li> <li>The person finds it difficult to control the worry.</li> <li>The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months).</li> <li><b><u>Only one item is required for children</u></b></li> </ul>	
<ul style="list-style-type: none"> <li>Restlessness or feeling keyed up or on edge.               <ul style="list-style-type: none"> <li>Being easily fatigued.</li> </ul> </li> <li>Difficulty concentrating or mind going blank.               <ul style="list-style-type: none"> <li>Irritability.</li> <li>Muscle tension.</li> </ul> </li> <li>Sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep).</li> </ul>	
 	<ul style="list-style-type: none"> <li>Worry about the future, being on time for appointments, health, school performance, change in routine, family matters, etc.</li> <li>Child worries when there is really no problem or any realistic circumstances to cause the worry.</li> </ul>
<ul style="list-style-type: none"> <li>The focus of the worry is not confined to features of an Axis I Disorder (e.g. the anxiety or worry is not related to Panic Disorder, Social Phobia, Obsessive-Compulsive Disorder).</li> <li>The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in important areas of functioning.</li> <li>The disturbance is not due to the direct physiological effects of a substance or a general medical condition and does not occur exclusively during a Mood Disorder, a Psychotic Disorder, or a Pervasive Developmental Disorder.</li> </ul>	

# 313.81 Oppositional Defiant Disorder

A pattern of negativistic, hostile, and defiant behavior lasting at least 6 months, during which four (or more) of the following are present:

- Often loses temper.
  - Often argues with adults.
  - Often actively defies or refuses to comply with adults' requests or rules.
  - Often deliberately annoys people.
  - Often blames others for his or her mistakes or misbehavior.
  - Is often touchy or easily annoyed by others.
  - Is often angry and resentful.
  - Is often spiteful or vindictive.
- **Note:** Consider a criterion met only if the behavior occurs more frequently than is typically observed in individuals of comparable age and developmental level.

Other behaviors associated with ODD:

- Persistent stubbornness.
- Unwillingness to compromise, give in, or negotiate with adults or peers.
- Deliberate or persistent testing of limits.
- Verbal (and minor physical) aggression.
- These behaviors are almost always present in the home and with individuals the child knows well, and often simultaneously occur with low self-esteem, mood lability, low frustration tolerance, and swearing.



- The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.
- The behaviors do not occur exclusively during the course of a Psychotic or Mood Disorder.
- Criteria are not met for Conduct Disorder, and if the individual is 18 years or older, criteria are not met for Antisocial Personality Disorder.



## 314.xx Attention-Deficit/Hyperactivity Disorder

A. Either (1) or (2):

(1) Six (or more) of the following symptoms of **inattention** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

### Inattention

- Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities.
- Often has difficulty sustaining attention in tasks or play activities.
- Often does not seem to listen when spoken to directly.
- Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions).
- Often has difficulty organizing tasks and activities.
- Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework).
- Often loses things necessary for tasks or activities (e.g. toys, school assignments, pencils, books, or tools).
- Often easily distracted by extraneous stimuli.
- Often forgetful in daily activities.

(2) Six (or more) of the following symptoms of **hyperactivity-impulsivity** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

### Hyperactivity

- Often fidgets with hands or feet or squirms in seat.
- Often leaves seat in classroom or in other situations in which remaining seated is expected.
- Often runs about or climbs excessively in situations which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness).
- Often has difficulty playing or engaging in leisure activities quietly.
- Often “on the go” or often acts as if “driven by a motor.”
- Often talks excessively.

### Impulsivity

- Often blurts out answers before questions have been completed.
  - Often has difficulty awaiting turn.
  - Often interrupts or intrudes on others (e.g. butts into conversations or games).
- Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.
- Some impairment from the symptoms is present in two or more settings (e.g. at school and at home).
- There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.
- The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder.