

## Code: 309.81 (F43.10)

1. Involves or pertains to psychological distress due to exposure to internal or external cues
2. Is associated with a traumatic event or events
3. Manifests physiologically or psychologically as internal or external cues that symbolize or represent the trauma
4. Persistence avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event or events
5. Includes persistent or recurrent thoughts, feelings, or perceptions related to the trauma
6. Avoidance of efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse recollections of the traumatic event(s)
7. Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month
8. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning
9. The disturbance cannot be attributed to another medical condition or to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition

Social phobia:

**Specify E:** With delayed expression: If the full diagnostic criteria are not met until at least 6 months after the event (although the onset and expression of some symptoms may be immediate).

**Posttraumatic Stress Disorder for Children 6 Years and Younger**

**A.** In children 6 years and younger, exposure to actual or threatened death, serious injury or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others, especially primary care

[illegible]

The essential feature of posttraumatic stress disorder (PTSD) is the development of characteristic symptoms following exposure to one or more traumatic events. Emotional reactions to the traumatic event (e.g., fear, helplessness, horror) are no longer a part of Criterion A. The clinical presentation of PTSD varies. In some individuals, fear-based re-experiencing, emotional, and behavioral symptoms may predominate. In others, anhedonic or dysphoric mood states and negative cognitions may be most distressing. In some other individuals, arousal and reactive-externalizing symptoms are prominent, while in others, dissociative symptoms predominate. Finally, some individuals exhibit combinations of these symptom patterns.