**Diagnostic criteria (DSM-5)**

The American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, lists 5 specific diagnostic criteria for ASD. [1]

The first criterion is exposure to actual or threatened death, serious injury, or sexual violation in 1 (or more) of the following ways:

* Directly experiencing the traumatic events(s)
* Witnessing, in person, the event(s) happening to others
* Learning that the event(s) occurred to a close family member or close friend (in cases of actual or threatened death of a family member or friend, the event[s] must have been violent or accidental)
* Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (eg, first responders collecting human remains or police officers repeatedly exposed to details of child abuse)

The second criterion is the presence of at least 9 of 14 symptoms from any of 5 categories—intrusion, negative mood, dissociation, avoidance, and arousal—beginning or worsening after the traumatic event(s) occurred.

Intrusion symptoms include the following:

* Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s); children may engage in repetitive play during which themes or aspects of the traumatic event(s) are expressed
* Recurrent distressing dreams in which the content or affect of the dream is related to the event(s); children may experience frightening dreams without recognizable content
* Dissociative reactions (eg, flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring
* Intense or prolonged psychological distress or marked physiologic reactions in response to internal or external cues that symbolize or resemble an aspect of the traumatic event(s)

Negative mood consists of the following:

* Persistent inability to experience positive emotions (eg, inability to experience happiness, satisfaction, or loving feelings)

Dissociative symptoms include the following:

* Altered sense of the reality of one’s surroundings or oneself (eg, seeing oneself from another’s perspective, being in a daze, or feeling that time is slowing)
* Inability to remember an important aspect of the traumatic event(s), typically resulting from dissociative amnesia and not from other factors (eg, head injury, alcohol or drugs)

Avoidance symptoms include the following:

* Efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s)
* Efforts to avoid external reminders (eg, people, places, conversations, activities, objects, or situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s)

Arousal symptoms include the following:

* Sleep disturbance (eg, difficulty falling or staying asleep or restlessness during sleep)
* Irritable behavior and angry outbursts (with little or no provocation), typically expressed as verbal or physical aggression toward people or objects
* Hypervigilance
* Problems with concentration
* Exaggerated startle response

The third *DSM-5* diagnostic criterion for ASD is that the duration of the disturbance is 3 days to 1 month after trauma exposure. Although symptoms may begin immediately after a traumatic event, they must last at least 3 days for a diagnosis of ASD to be made.

The fourth criterion is that the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

The fifth and final criterion is that the disturbance cannot be attributed to the physiologic effects of a substance (eg, a medication or alcohol) or another medical condition (eg, mild traumatic brain injury) and cannot be better explained by a diagnosis of brief psychotic disorder.

ASD may progress to PTSD after 1 month, but it may also be a transient condition that resolves within 1 month of exposure to traumatic event(s) and does not lead to PTSD. [1] In about 50% of people who eventually develop PTSD, the initial presenting condition was ASD. Symptoms of ASD may worsen over the initial month can occur, often as a consequence of ongoing stressors or additional traumatic events.