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Differences in posttraumatic stress disorder diagnostic rates and symptom severity between Criterion A1 and non-Criterion A1 stressors

Mary E. Long [a,1], Jon D. Elhai [a,*], Amy Schweinle [b], Matt J. Gray [c], Anouk L. Grubaugh [d,e], B. Christopher Frueh [f,2]

[a] *Disaster Mental Health Institute, Department of Psychology, The University of South Dakota, Vermillion, SD, United States*
[b] *Division of Counseling and Psychology, School of Education, The University of South Dakota, Vermillion, SD, United States*
[c] *Department of Psychology, University of Wyoming, Laramie, WY, United States*
[d] *Department of Psychiatry and Behavioral Sciences, Medical University of South Carolina, Charleston, SC, United States*
[e] *Ralph H. Johnson Veterans Affairs Medical Center, Charleston, SC, United States*
[f] *Department of Psychology, University of Hawai'i at Hilo, Hilo, HI, United States*

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Abstract

This study addresses the ongoing controversy regarding the definition of *DSM-IV* posttraumatic stress disorder's (PTSD) traumatic stressor criterion (A1). A sample of 119 college students completed the PTSD Symptom Scale separately in relation to both Criterion A1 and non-Criterion A1 stressful events, using a mixed between-groups (administration order) and within-subjects (stressor type) design. Contrary to what was expected, analyses revealed that non-Criterion A1 events were associated with greater likelihood of ''probable'' PTSD diagnoses and a greater PTSD symptom frequency than Criterion A1 events. Symptom frequency relationships, however, were moderated by the order in which the measures were administered. The non-Criterion A1 PTSD scores were only higher when non-Criterion A1 measures were presented first in the administration order. Similar patterns of differences in PTSD scores between stressor types were also found across the three PTSD symptom criteria. Implications are discussed as to the ongoing controversy of the PTSD construct.

Keywords: Posttraumatic stress disorder; Criterion A1; Psychological assessment; Emotional trauma; Diagnosis

1. Introduction

There has been controversy as to the definition of posttraumatic stress disorder's (PTSD) traumatic stressor criterion since PTSD first appeared in the *DSM-III*. Currently, this criterion (A1, in *DSM-IV*) represents an attempt to provide an objective definition of the traumatic event that is necessary for the validity of the PTSD diagnosis (American Psychiatric Association, 2000). Despite the ongoing controversy, there is little empirical research exploring whether events

* Corresponding author at: Disaster Mental Health Institute, Department of Psychology, Vermillion, SD 57069, United States. Tel.: +1 605 624 6575; fax: +1 203 413 6227.
E-mail addresses: jon.elhai@usd.edu, jonelhai@fastmail.fm (J.D. Elhai).
[1] Currently affiliated with National Crime Victims Research and Treatment Center, MUSC, and Ralph H. Johnson Veterans Affairs Medical Center, Charleston, SC, United States.
[2] Currently affiliated with Menninger Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine, Houston, Texas.

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meeting *DSM-IV-TR*'*s* Criterion A1 are better associated with the diagnosis or severity of PTSD than non-Criterion A1 stressful events are. In fact, the trauma literature of recent years is not well linked to the research that has been conducted on the psychological and physiological impact of ''mere'' stressful life events over the past century (e.g., Holmes & Rahe, 1967; Vinokur & Selzer, 1975). In order to advance an understanding of PTSD's etiology and conceptualization, an empirical method of defining the events linked to PTSD is warranted (Davidson & Foa, 1991; Weathers & Keane, 2007).

In each subsequent version of the *DSM*, the potential range of events that would satisfy Criterion A1 has grown such that currently, in *DSM-IV-TR*, the traumatic stressor criterion can be satisfied based on an indirectly experienced trauma (e.g., by witnessing or learning about a trauma occurring to someone else). This broadening of the stressor definition has resulted in concerns from some experts that it has become too lenient (Elhai, Kashdan, & Frueh, 2005; Frueh, Elhai, & Kaloupek, 2004; McNally, 2003; Mikkelsen & Einarsen, 2002), and has yielded the term ''conceptual bracket creep'' (McNally, 2003) for the PTSD diagnosis. However, other researchers argue that Criterion A1 should be expanded to include less severe, but still serious life events such as chronic illness, childbirth complications, sexual harassment, or bullying (Matthiesen & Einarsen, 2004; Olde, van der Hart, Kleber, & van Son, 2006; Palmieri & Fitzgerald, 2005; Smith, Redda, Peyserb, & Vool, 1999). Despite the controversy over which events constitute a potentially traumatic experience, experts on both sides of the argument agree that the definition of Criterion A1 and its application have broad implications for the identification of trauma victims, allocation of resources for victims, and clarification of trauma-related research (McNally, 2004; O'Brien, 1998).

1.1. Recent research on Criterion A1

Several very recent studies have consistently demonstrated that in contrast to Criterion A1 events, non-Criterion A1 stressful events result in similar or higher rates of PTSD diagnoses and severity. Gold, Marx, Soler-Baillo, and Sloan (2005) found that among 430 college students, participants with non-Criterion A1 stressful events reported on average: less exposure to traumatic events, higher PTSD rates, severity of symptoms, and re-experiencing scores, and similar rates of global distress than those reporting Criterion A1 events. However, the small effect sizes reported, ranging from correlations of .01 to .18, indicate that the differences between PTSD ratings from Criterion A1 versus non-Criterion A1 groups may not be meaningful. In another recent study, Mol et al. (2005) analyzed surveys of 832 patients of general medical practices in the Netherlands. The authors did not find a significant difference between Criterion A1 and non-A1 groups in PTSD scores until time since the event was controlled for in post hoc analyses. With time as a covariate in the analyses, the non-Criterion A1 group evidenced greater PTSD severity for events that occurred in the past 30 years.

Shapinsky, Rapport, Henderson, and Axelrod (2005) instructed college students to rate PTSD symptoms based on a college exam as the index event. A large number of participants indicated symptoms that were above conservative cut-off scores on PTSD measures (10% of participants on each of the measures, the Impact of Event Scale-Revised, PTSD Checklist, and Revised Civilian Mississippi PTSD Scale). History of trauma or other recent stressful life events were not controlled for in analyses. Erwin, Heimberg, and Marx (2006) grouped a sample of 45 participants who reported interpersonal or performance anxiety by history of exposure to at least one traumatic event ($n = 16$), in addition to a control group. They found group differences in PTSD symptom severity, but Criterion A1 and non-Criterion A1 groups did not differ from each other on avoidance or hyperarousal symptoms (although their means were significantly higher than the control group).

In the most recent study, 103 participants initially presented for an antidepressant trial and were administered the Structured Interview for *DSM-IV* (SCID) (Bodkin, Pope, Detke, & Hudson, 2007). As part of the PTSD module, participants' PTSD symptoms were assessed based on exposure to traumatic events; if no history of trauma exposure was endorsed, they were assessed based on less stressful events; and, if less stressful events were denied, PTSD symptoms were assessed based on anxiety-producing thoughts (Bodkin et al., 2007). Blind raters then grouped participants into History of Trauma, No History of Trauma, or Equivocal (undecided). Findings revealed that groups did not differ significantly in the number of participants who met PTSD symptom criteria (B–F). In fact, approximately 80% of participants met criteria across all three stressor categories.

These recent studies examining differences in PTSD symptom severity and number of diagnoses suggest that non-Criterion A1 events can result in similar or higher PTSD symptom rates and diagnoses than Criterion A1