Project Title: Assessing Posttraumatic Stress Disorder as outlined in the fifth edition of the diagnostic and statistical manual of mental disorders (DSM-5).

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(Personal website with links to relevant reading: http://tinyurl.com/l8qsxv6)
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Level: PhD

Background to the project:
Posttraumatic Stress Disorder (PTSD) is a psychological disorder which presents after an individual experiences a trauma; be it a sexual or physical assault, the experience of combat, a life threatening accident, or the sudden and unexpected loss of a loved one. PTSD was originally included within the Diagnostic and Statistical Manual of Mental Disorders in 1980 (DSM). The DSM is widely used to make diagnosis for many disorders including PTSD. However, the DSM and the diagnostic criteria used for PTSD have been highly criticized over the years as being neither reliable nor valid. The diagnostic criteria outlined for PTSD has been particularly controversial and as a result has seen a number of changes throughout revisions of the DSM. The most recent version of the DSM; the DSM-IV-TR stated that in order to meet PTSD's diagnostic criteria, an individual must have first experienced a traumatic event which was deemed to result in intense feeling of fear helplessness or horror. Subsequent to this an individual must have then reported a multitude of posttraumatic symptoms which had persisted for a minimum of 1 month after the experience of the trauma. The full symptom set consisted of 17 distinct experiences, for example, intrusive recollections and difficulty sleeping. The diagnostic algorithm was set out in such a way that individuals must have reported a number of symptoms from across three different symptom groups. Finally these symptoms must have interfered with either social or occupational functioning.

The DSM-IV-TR was published in 1994, since its publication, a wealth of empirical research has questioned many aspects of the PTSD criteria. Indeed, studies have questioned the necessity or appropriateness of the requirement that a trauma must have resulted in intense fear, helplessness, or horror. Researchers suggested that this was too restrictive given that other intense negative emotions such as shame and guilt have also been shown to be linked to the onset of PTSD (Breslau & Kessler, 2001). Others suggested that this requirement did not incrementally aid in predicting a PTSD diagnosis above the actual trauma experience (Kilpatrick, Resnick, & Acierno, 2009). Furthermore, many studies have contested the appropriateness of the full 17 PTSD symptoms. For example, several symptoms have been noted as being non-specific to the PTSD diagnoses as they were thought to be more related to Depression than they were to other PTSD symptoms (Armour, Elhai, Richardson, Radcliffe, Wang, & Elklit, 2012). A wealth of studies have contested the three symptom groups outlined in the DSM-IV-TR with many proposing that four or five symptom groups better represented PTSD’s underlying dimensionality (see, Elhai, Biehn, Armour, Klopper, Frueh, & Palmieri, 2011; Simms, Watson & Doebbling, 2002). Other studies have investigated
PTSD’s comorbidity with alternative disorders and questioned the existence of various diagnostic subtypes (Shevlin, Armour, Murphy, Houston, & Adamson, 2010).

The newest edition of the DSM was released in May of 2013 and several significant changes to the diagnostic criteria for PTSD were made based on the preceding literature. Changes included the removal of the fear, helplessness, and horror requirement for receiving a diagnoses, symptoms grouped across four rather than three cluster, and a substantially expanded symptom cluster of negative alterations in mood and cognitions (American Psychiatric Association, 2013; Friedman, Resick, Bryant, Strain, Horowitz et al., 2011). Most notably, for the first time in PTSD’s history, a diagnostic subtype was included which noted the presence of dissociative experiences; dissociative-PTSD. The current project will examine all of these changes to determine if they will or will not enhance our understanding of the PTSD diagnosis.

Furthermore, a wealth of literature has assessed factors which either place individuals at risk of developing PTSD or enhance resilience to the development of PTSD after being exposed to trauma. Notably, when examining the predictors of risk and resilience associated with PTSD much of the previous research has used the DSM-IV-TR formulation of PTSD. These factors need to be further examined, particularly in light of the changes made within the DSM-5 as it pertains to PTSD diagnostic criteria.

This project will be conducted using data from diverse samples of trauma victims (victims of rape, child abuse, natural disasters, bereavement, assault, accidents, war etc.). The project will be based in the University of Ulster, but there will be many opportunities to collaborate with researchers from around the world; China, Denmark, American and so on.

Methods to be used:
This PhD will be predominately based on secondary data analysis but opportunities for primary data collection will be available. Quantitative methods will be implemented throughout.

The successful candidate will
- Hold a BPS recognized degree in Psychology and thus hold all the skills indicative of such.
- Be required to collect data.
- Work with large datasets.
- Be competent in the management of large datasets, for example data cleaning and re-coding.
- Attend various courses in secondary data analyses and quantitative methods.
- Conduct analyses of data and translate the findings to their thesis, conference presentations, and publications.
- Have the opportunity (if desired) to work abroad with leading experts in this field of research for either short periods of time or one extended period of time as agreed with the student, supervisors, and external collaborators.
**Objectives of the research:**

The research project aims to

- Investigate the applicability of the newly proposed DSM-5 model of PTSD
- Examine the structure of PTSD across multiple trauma populations
- Examine PTSD’s level of comorbidity with alternative psychopathology such as depression, dissociation, and psychosis.
- Investigate the applicability of diagnostic subtypes, in particular the DSM-5 dissociative-PTSD subtype, across a variety of trauma populations
- Identify risk and resilience factors as they relate to PTSD as outlined by the DSM-5 and to the dissociative-PTSD subtype.

**Entry skills required of applicant:**

The applicant should

- Be able to demonstrate a basic knowledge of trauma occurrence and PTSD
- Have a broad understanding of research methods and statistical analysis.
- Have good communication and presentation skills.
- Have an ability to conduct self-directed study.
- Be willing to travel for courses, conferences and networking opportunities

**Further Reading**


