

## PCL-5

### What is it?

#### **Brief Description**

- The PTSD Checklist for DSM-5 (PCL-5) is a 20-item self-report measure that assesses the presence and severity of PTSD symptoms. Items on the PCL-5 correspond with DSM-5 criteria for PTSD. The PCL-5 can be used to quantify and monitor symptoms over time, to screen individuals for PTSD, and to assist in making a provisional or temporary diagnosis of PTSD.
- Two formats of the PCL-5 measure are available: one with a Criterion A component and one without a Criterion A component (see National Center for PTSD website for additional details): <http://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>.
- The PCL-5 should not be used as a stand-alone diagnostic tool. When considering a diagnosis, the clinician will still need to use clinical interviewing skills, and a recommended structured interview (e.g., Clinician-Administered PTSD Scale - CAPS-5) to determine whether the symptoms meet criteria for PTSD, are causing clinically significant distress or impairment, and whether those symptoms are not better explained or attributed to other conditions (i.e. substance use, medical conditions, bereavement, etc.).

### Why should I use it?

#### **Clinical Utility**

- Measurement based care emphasizes the use of standardized assessments, and other “tests” to help personalize care and guide treatment decisions.
  - Just as a primary care provider would routinely check glucose levels to better inform their treatment plan for a patient’s diabetes, routinely administering rating scales to monitor improvement or a change in mental health symptoms is considered best practice in providing optimal care.
- Routinely using these tools to measure longitudinal changes and track treatment progress are associated with superior client outcomes when compared to usual care.
  - Assessments alert clinicians to lack of progress, guide treatment decisions, identify potential intervention targets, and assist in differential diagnosis
  - Assessments prompt changes in interventions if needed when things are not working or can prompt stepdown in care after a patient’s functioning has improved.
- The data can be used by the clinician to engage the client as an active partner in their health care decisions.
- The data can improve communication between providers and facilitate collaboration among different services.

### How easy is it to do?

#### **Administration**

- How is it administered?
  - Self-administered by the patient (preferred)
  - By interviewer in person or via telephone
- How long does it take?
  - 5-10 minutes to complete
- Where can patients complete it?
  - Waiting area prior to session
  - Beginning of session
  - Close of session
  - At home prior to appointment
- How is data collected?
  - Paper and pencil
  - BHL Software
  - Tablet or other electronic device (e.g., PTSD coach app)



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### How do I use this?

#### Scoring and Interpretation

Responders are asked to rate how bothered they have been by each item in the past month on a 5-point Likert scale ranging from 0-4. Items are summed to provide a total score.

- 0 = not at all
- 1 = a little bit
- 2 = moderately
- 3 = quite a bit
- 4 = extremely

#### Diagnostic Aid:

- A provisional PTSD diagnosis can be made by treating each item rated as 2 = "Moderately" or higher as a symptom endorsed, then following the DSM-5 diagnostic rule which requires at least: 1 Criterion B item (questions 1-5), 1 Criterion C item (questions 6-7), 2 Criterion D items (questions 8-14), 2 Criterion E items (questions 15-20).
- A PCL-5 cut-point of 33 appears to be a reasonable value to use for provisional PTSD diagnosis. Updated information regarding the PCL-5 will be available at the National Center for PTSD website when it becomes available (<http://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>).
- Severity can be determined adding scores of each item together to determine a total score. The range is 0-80.
- A total score of 33 or higher suggests the patient needs further assessment to confirm a diagnosis of PTSD.

### How can this help me with my patients?

#### Treatment Planning

When given at an intake or assessment session, the PCL-5 may be used to help determine the appropriate next steps or treatment options. For example:

- A total score of 33 or higher suggests the patient may need to "step up" in their level of PTSD care – either be referred to a PTSD specialty clinic or offered an evidence-based treatment for PTSD such as Prolonged Exposure (PE) or Cognitive Processing Therapy (CPT).
- Scores lower than 33 may indicate the patient either has subthreshold symptoms of PTSD or does not meet criteria for PTSD, and this information should be incorporated into treatment planning.
- Keeping the goal of the assessment in mind, it may make sense to lower the cutoff score to maximize the detection of possible cases needing additional services or treatment. A higher cutoff score should be considered when attempting to minimize false positives.

#### **What to do if my patient's scores are not improving or are getting worse?**

- Refer back to the protocol and/or recommended supplemental treatment materials.
- Work to identify possible therapy-interfering behaviors while also reviewing application and response to interventions.
- Explore and process the lack of improvement with the patient.
- If seeing the patient less frequently than once a week, considering seeing them weekly to increase the dose of treatment while using the PCL-5 to track symptom change.



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- If an adequate dose of the current treatment has been given (e.g. typically 10-15 sessions), and scores remain high or are getting higher, consider switching to another evidence-based treatment for PTSD.
- Seek consultation with an experienced provider or contact the PTSD Consultation Program (866-948-7880 or PTSDconsult@va.gov).

### Measuring Change

**Standard definition:** Good clinical care requires that clinicians monitor patient progress. Evidence for the PCL for DSM-IV suggested 5 points as a minimum threshold for determining whether an individual has responded to treatment and 10 points as a minimum threshold for determining whether the improvement is clinically meaningful using the PCL for DSM-IV. Change scores for PCL-5 are currently being determined; it is expected that reliable and clinically meaningful change will be in a similar range.

### Can I trust it?

#### **Psychometric properties**

The PCL-5 is a psychometrically sound measure of DSM-5 PTSD. It is valid and reliable, useful in quantifying PTSD symptom severity, and sensitive to change over time in military service members and undergraduate students.

#### **References**

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**PTSD Checklist (PCL) - 5**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:** Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem in the past month.

| <b>In the past month, how much were you bothered by:</b>                                                                                                                                                                             | <b>Not at all</b> | <b>A little bit</b> | <b>Moderately</b> | <b>Quite a bit</b> | <b>Extremely</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|-------------------|--------------------|------------------|
| 1. Repeated, disturbing, and unwanted memories of the stressful experience?                                                                                                                                                          | 0                 | 1                   | 2                 | 3                  | 4                |
| 2. Repeated, disturbing dreams of the stressful experience?                                                                                                                                                                          | 0                 | 1                   | 2                 | 3                  | 4                |
| 3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?                                                                                         | 0                 | 1                   | 2                 | 3                  | 4                |
| 4. Feeling very upset when something reminded you of the stressful experience?                                                                                                                                                       | 0                 | 1                   | 2                 | 3                  | 4                |
| 5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?                                                                              | 0                 | 1                   | 2                 | 3                  | 4                |
| 6. Avoiding memories, thoughts, or feelings related to the stressful experience?                                                                                                                                                     | 0                 | 1                   | 2                 | 3                  | 4                |
| 7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?                                                                                         | 0                 | 1                   | 2                 | 3                  | 4                |
| 8. Trouble remembering important parts of the stressful experience?                                                                                                                                                                  | 0                 | 1                   | 2                 | 3                  | 4                |
| 9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)? | 0                 | 1                   | 2                 | 3                  | 4                |
| 10. Blaming yourself or someone else for the stressful experience or what happened after it?                                                                                                                                         | 0                 | 1                   | 2                 | 3                  | 4                |
| 11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?                                                                                                                                                    | 0                 | 1                   | 2                 | 3                  | 4                |
| 12. Loss of interest in activities that you used to enjoy?                                                                                                                                                                           | 0                 | 1                   | 2                 | 3                  | 4                |
| 13. Feeling distant or cut off from other people?                                                                                                                                                                                    | 0                 | 1                   | 2                 | 3                  | 4                |
| 14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?                                                                                            | 0                 | 1                   | 2                 | 3                  | 4                |
| 15. Irritable behavior, angry outbursts, or acting aggressively?                                                                                                                                                                     | 0                 | 1                   | 2                 | 3                  | 4                |
| 16. Taking too many risks or doing things that could cause you harm?                                                                                                                                                                 | 0                 | 1                   | 2                 | 3                  | 4                |
| 17. Being "superalert" or watchful or on guard?                                                                                                                                                                                      | 0                 | 1                   | 2                 | 3                  | 4                |
| 18. Feeling jumpy or easily startled?                                                                                                                                                                                                | 0                 | 1                   | 2                 | 3                  | 4                |
| 19. Having difficulty concentrating?                                                                                                                                                                                                 | 0                 | 1                   | 2                 | 3                  | 4                |
| 20. Trouble falling or staying asleep?                                                                                                                                                                                               | 0                 | 1                   | 2                 | 3                  | 4                |

**Total** \_\_\_\_\_

