



PTSD Scale–Review2

[PTSD–SR2]

For Older Children and Adults in conflict/war zones

(Ages 10 and above)

(Altawil*, 2008, 2018 & DSM-V, 2013)

This evaluation was developed as a solid and exact scale for the post traumatic syndrome disorder symptoms in the Palestinian environment, and this scale was approved in Dr. Mohammed Altawil's PhD study at the Psychological Therapy Division of the University of Hertfordshire, United Kingdom in 2008, and published in a scientific research journal (Altawil, 2008). This is a PTSD scale from zero to ten: zero means lack of any sort of problem or suffering whether psychological, cognitive, physical or functional. The more the number increases towards 10 the worse the disorder level (psychological symptom).

'PTSD-SR2' to be administered by clinicians and clinical researchers who have a working knowledge of PTSD, but can also be administered by appropriately trained paraprofessionals.

It was also published in the Diagnostic and Statistical Manual of Mental Disorders; 5th edition (DSM-V, 2013), and was revised in both languages (English and Arabic) in the previous edition, according to the instruction enlisted in the fifth American Manual. Nineteen paragraphs were deleted from the previous edition of Altawil, 2008, and thirty-three items from fifty-two validated phrases were approved in the Manual of Post-Traumatic Stress Disorders (DSM-V, 2013). The PTSD diagnostic indicators were summarised according to the American Manual into thirty-three items with five categories of symptoms and disorders as follows.

List of the most effective shocking/traumatic events:

Please ask client to list the more severe shocking/traumatic events have they experienced in the war/conflict zone and occupied territory. Please start with the most severe shocking event that most affected them at the present time.

1- _____

2- _____

3- _____



First (B): Obsessive-Compulsive Symptoms in remembering the traumatizing event or anything related to it:

Did you suffer from any of the following psychological symptoms within the last month? [At least one symptom must be present]

Symptom	Score
B1- Inability to forget the traumatizing event	
B2- Sleeping difficulties.	
B3- Suffering nightmares.	
B4- Fear of remembering the traumatizing event or anything related to it, for instance the sound of airplanes or ambulances.	
B5- Did you suffer from physical pain after the traumatising event, for instance headache, back pain, hand pain, stomach pain, or any other physical pain.	

Second (C): Avoidance Symptoms from anything related to the traumatising event:

Did you suffer from any of the following symptoms?

[At least one symptom must be present]

Symptom	Score
C6- Avoiding talking about the trauma you went through.	
C7- Avoiding visiting the places or doing things that remind you of the traumatising event.	
C8- Avoiding touching or playing with anything out of fear of suspicious objects	

Third (D): Negative changes in the psychological and cognitive status (mood)

Did you suffer from any of the following symptoms within the last month?

[At least two symptoms must be present]

Symptom	Score
D9- Difficulty in remembering/forgetting (dispersion).	
D10- Loss of desire in living.	
D11- Not appreciating the value of anything in life.	
D12- Frustration and pessimism.	
D13- Pessimism and fear of the future.	
D14- Feeling guilty about the traumatising event.	
D15- Fear of the reoccurrence of the traumatising event, for instance renewal of war.	
D16- Difficulty enjoying things after the traumatising event.	
D17- Fear of staying alone.	
D18- Emotions and mood swings.	



D19– Feeling lack of security and safety.

Fourth (E): Irritability symptoms, and disruption of psychosocial balance
Did you suffer from any of the following symptoms within the last month?
[At least two symptoms must be present]

Symptom	Score
E20 – Problems and inappropriate actions with family members.	
E21 – Problems and inappropriate actions at school or work.	
E22 – Desire to assault people or their properties after the traumatising event.	
E23 – Feeling angry quickly.	
E24 – Inability to properly focus on studying or doing any task at work.	
E25 – Fear of any sudden sound or movement.	

Fifth (G): Personal or professional functional accomplishment
Did you suffer from deficiency in the following functional aspects within the last month?

[At least one symptom must be available]

Symptom	Score
G26 – Difficulty in continuously doing things.	
G27 – Difficulty in completing duties on the personal level.	
G28 – Difficulty in completing duties on the professional level (student/employee).	
G29 – Relationship problems with family members.	
G30 – Relationship problems with friends, relatives, or community members.	
G31 – Lack of trust in people.	
G32 – Weak participation in social events.	
G33 –Distraction, lack of focus in study or job etc.	

End of the scale



Important remarks in the diagnosis/psychological assessment

Based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the psychologist can diagnose the client with post traumatic stress disorders only if at least six/seven symptoms from the five categories are present, provided that the suffering from the symptoms have reached the level of 4 or more according to the scale described earlier:

Absent	Mild			Moderate			Severe		Extreme	
0	1	2	3	4	5	6	7	8	9	10

Severity Rating

0. Absent: The respondent denied the problem or the respondent's report doesn't fit the DSM-5 symptom criterion.

1 & 2 & 3 Mild: The respondent described a problem that is consistent with the symptom criterion but isn't severe enough to be considered clinically significant. The problem doesn't satisfy the DSM-5 symptom criterion and thus doesn't count toward a PTSD diagnosis.

4 & 5 & 6 Moderate: The respondent described a clinically significant problem. The problem satisfies the DSM-5 symptom criterion and thus counts toward a PTSD diagnosis. The problem would be a target for intervention.

7 & 8 Severe: The respondent described a problem that is above edge. The problem is difficult to manage and at times overwhelming, and would be a prominent target for intervention.

9 & 10 Extreme: The respondent described a dramatic symptom, far above edge. The problem is persistent, unmanageable, and overwhelming, and would be a high-priority target for intervention.

Symptoms of Post-Traumatic Stress Disorders:

❖ **First Category (B):** Obsessive symptoms in remembering the traumatizing event.

[At least one symptom must be present with a suffering level of four or more].

❖ **Second Category (C):** Avoidance symptoms from anything related to the traumatising event.

[At least one symptom must be present with a suffering level of four or more].



- ❖ **Third Category (D): Negative changes in the psychological and cognitive status (Mood)**
- ❖ [At least two symptoms must be present with a suffering level of four or more].
- ❖ **Forth Category (E): Irritability symptoms, and disruption of psychosocial balance**
- ❖ [At least two symptoms must be present with a suffering level of four or more].
- ❖ **Fifth Category (G): Disruption in a personal or professional functional accomplishment event**
- ❖ [At least one symptom must be present with a suffering level of four or more].

Self-Scoring Assessment

For self-scoring, put the number of symptoms of each category in the box below if the score is 2 and above

First Category (B) Score => 2 At least one symptom must be present here.	Second Category (C) Score => 2 At least one symptom must be present here.	Third Category (D) Score => 2 At least two symptoms must be present here.	Fourth Category (E) Score => 2 At least two symptoms must be present here.	Fifth Category (G) Score => 2 At least one symptom must be present here.	Assessment Result

Note:

Regarding the fifth category (G), it is not necessary for the symptom to be present in this category if the required symptoms in the first, second, third, and fourth categories are present. Therefore, the psychologist can diagnose the client/case as PTSD.

References

Altawil, M., Nel, P.W., Asker, A., Samara, M., & Harrold, D. (2008). The effects of chronic war trauma among Palestinian children. In M. Parsons (Ed.) *Children: The invisible victims of war- An interdisciplinary study*. Peterborough-England: DSM Technical Publications Ltd.

Altawil, M. A. (2008). "The Effect of Chronic Traumatic Experience on Palestinian Children in the Gaza Strip. *Unpublished PhD Thesis*: University of Hertfordshire at the United Kingdom.





American Psychiatric Association –DSM-V (2013). *Diagnostic and statistical manual of mental disorders, (5th Ed.)*. Washington, DC: Author.

***The above scale is published in the Journal below:**

Altawil, M. A. S. , El Asam, A. & Khadaroo, A. (2018). The Effectiveness of Therapeutic and Psychological Intervention Programs in PTC-GAZA. *Journal of Child & Adolescent Trauma*.

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<https://rdcu.be/OSOk>

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