PTSD Checklist for DSM-5 (PCL-5)

Description

The PCL-5 is a 20-item self-report measure that assesses the 20 *DSM-5* symptoms of PTSD. The PCL-5 has a variety of purposes, including:

- Monitoring symptom change during and after treatment
- Screening individuals for PTSD
- Making a provisional PTSD diagnosis

The gold standard for diagnosing PTSD is a structured clinical interview such as the Clinician-Administered PTSD Scale (CAPS-5). When necessary, the PCL-5 can be scored to provide a provisional PTSD diagnosis.

Changes from previous PCL for DSM-IV

Several important revisions were made to the PCL in updating it for DSM-5:

- PCL for *DSM-IV* has three versions, PCL-M (military), PCL-C (civilian), and PCL-S (specific), which vary slightly in the instructions and wording of the phrase referring to the index event. PCL-5 is most similar to the PCL-S (specific) version. **There are no corresponding PCL-M or PCL-C versions of PCL-5**.
- Although there is only one version of the PCL-5 items, there are three formats of the PCL-5 measure, including one without a Criterion A component, one with a Criterion A component, and one with the LEC-5 and extended Criterion A component.
- **The PCL-5 is a 20-item questionnaire, corresponding to the *DSM-5*symptom criteria for PTSD**. The wording of PCL-5 items reflects both changes to existing symptoms and the addition of new symptoms in *DSM-5*.
- **The self-report rating scale is 0-4 for each symptom**, reflecting a change from 1-5 in the DSM-IV version. Rating scale descriptors are the same: "Not at all," "A little bit," Moderately," "Quite a bit," and "Extremely."
- The change in the rating scale, combined with the increase from 17 to 20 items means that **PCL-5 scores are not compatible with PCL for *DSM-IV*scores and cannot be used interchangeably**.

Administration and Scoring

The PCL-5 is a self-report measure that can be completed by patients in a waiting room prior to a session or by participants as part of a research study. It takes approximately 5-10 minutes to complete. The PCL-5 can be administered in one of three formats:

Weathers, F.W., Litz, B.T., Keane, T.M., Palmieri, P.A., Marx, B.P., & Schnurr, P.P. (2013). The PTSD Checklist for DSM-5 (PCL-5). Scale available from the National Center for PTSD at www.ptsd.va.gov.

- without Criterion A (brief instructions and items only), which is appropriate when trauma exposure is measured by some other method
- with a brief Criterion A assessment
- with the revised Life Events Checklist for DSM-5 (LEC-5) and extended Criterion A assessment

Interpretation of the PCL-5 should be made by a clinician. The PCL-5 can be scored in different ways:

- A total symptom severity score (range - 0-80) can be obtained by summing the scores for each of the 20 items.
- *DSM-5* symptom cluster severity scores can be obtained by summing the scores for the items within a given cluster, i.e., cluster B (items 1-5), cluster C (items 6-7), cluster D (items 8-14), and cluster E (items 15-20).
- 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 B item (questions 1-5), 1 C item (questions 6-7), 2 D items (questions 8-14), 2 E items (questions 15-20).
- Preliminary validation work is sufficient to make initial cut-point suggestions, but this information may be subject to change. **A PCL-5 cut-point of 33 appears to be a reasonable value to propose until further psychometric work is available.**

Interpretation

Characteristics of a respondent's setting should be considered when using PCL severity scores to make a provisional diagnosis. The goal of assessment also should be considered. A lower cutoff should be considered when screening or when it is desirable to maximize detection of possible cases. A higher cutoff should be considered when attempting to make a provisional diagnosis or to minimize false positives.

Measuring Change

Good clinical care requires that clinicians monitor patient progress. Evidence for the PCL for *DSM-IV* suggests that a 5-10 point change represents reliable change (i.e., change not due to chance) and a 10-20 point change represents clinically significant change. Therefore, it was recommended to use 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.

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