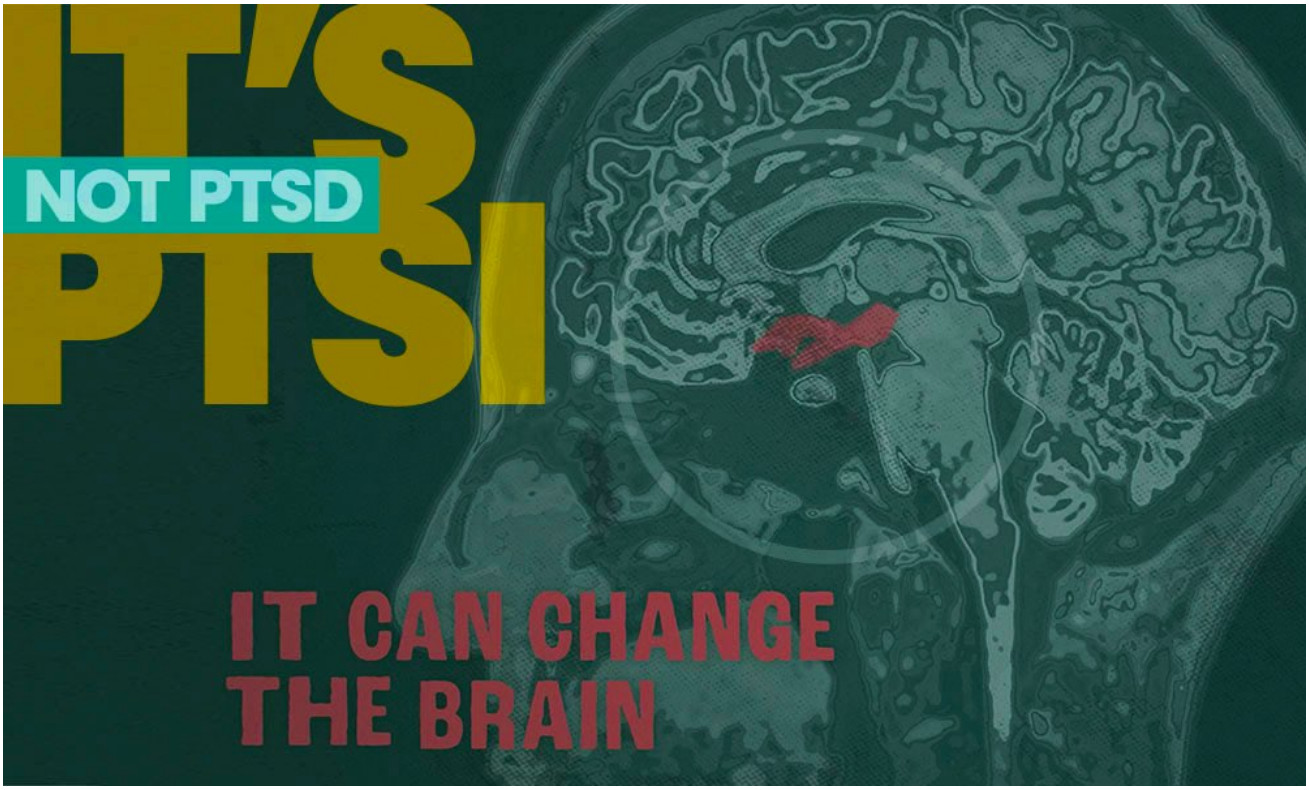
Petition to Change Post-Traumatic Stress Disorder (PTSD) to Post-Traumatic Stress Injury (PTSI)

A submission to the American Psychiatric Association (APA) for consideration to the next update of The Diagnostic and Statistical Manual of Mental Disorders (DSM), including "text revisions" (e.g. DSM-5-TR).



Overview

Shell shock gave way to battle fatigue, which gave way to ***Post Vietnam Syndrome*** before the label of ***PTSD*** (for post-traumatic stress disorder) was coined in 1980 for severe, trauma-related symptoms among veterans of military engagement. The American Psychiatric Association (APA) added PTSD to the third edition of its **Diagnostic and Statistical Manual of Mental Disorders (DSM)** nosologic classification scheme. And while the recognition was monumentally important, more than 40 years ago, the time for a shift — from "disorder" to "injury" — is long overdue *(DSMV, pg. 271)*.

Severe, ***psychological*** trauma doesn't discriminate. In addition to our military veterans, millions of survivors are ravaged by its symptoms, caused by exposure to scarring violence and violation. The CDC states that 20 percent of people who experience a traumatic event *WILL* develop post-traumatic stress. And study after study about the effects of post-traumatic stress makes it resoundingly clear that, the millions of people accounting for this 20 percent, are significantly more likely to commit suicide than the general population. Thus, the consideration to change the name from PTSD to PTSI — the objective of this petition — carries with it the weight of immense consequences for survivors, and for the medical treatment they deserve.

From a medical standpoint, the term "injury" is typically reserved for physical harm and damage caused to the body as a result of an external force, be it accidental or due to the intentional actions inflicted by one person on another. If one can accept this generalization, then **it is fair to question whether or not we focus too much on the cause and not enough on the effect to define injury.** In the context of psychological trauma, "injury" is sometimes used metaphorically to describe the harmful effects it can have on a person's mental well-being.

Metaphors and analogies must now be cast aside. It's vitally important that we turn our attention to (two) realities — characterized by effect, rather than cause — that support our call-to-action and, furthermore, justify why the medical community, including the APA, should work to codify this change.

REALITY (1) Supporting Change: Stigma Discourages Treatment

The unintentional effect of diagnosing post-traumatic stress as a "disorder" continues to carry with it a stigma and shame — a perception shared by society at-large — which has proven to discourage survivors from seeking treatment. As mentioned above, suicide and lives led in misery often are the result.

A survey published in 2023 demonstrates that adoption of the term PTSI would lead to a reduction of stigma and an increase the chances of patients seeking help. The change we petition for here, therefore, would be an important step towards saving countless lives.

Interplay and Evolution

Trends in society's awareness have effected change to the DSM before and vice versa. Will the past be prologue? **This petition calls for change from PTSD to PTSI in hopes that the APA can lead** — or guide — society on an upward path of health and wellness; an evolution informed by an understanding of how "disorder" compares/equates to pathology and how, in turn, pathology in the medical community contributes to what society views as stigmatizing. Less cause-and-effect, more akin to a feedback loop, two examples illustrate this interplay resulting in positive impact and change:

(1) In 1973, the American Psychiatric Association (APA) removed the diagnosis of "homosexuality" from the second edition of the DSM after comparing competing theories.

(2) A notable change from DSM IV to DSM V — "gender identity disorder" (GID) became known as "gender dysphoria."

REALITY (2) Supporting Change: Seeing is Believing

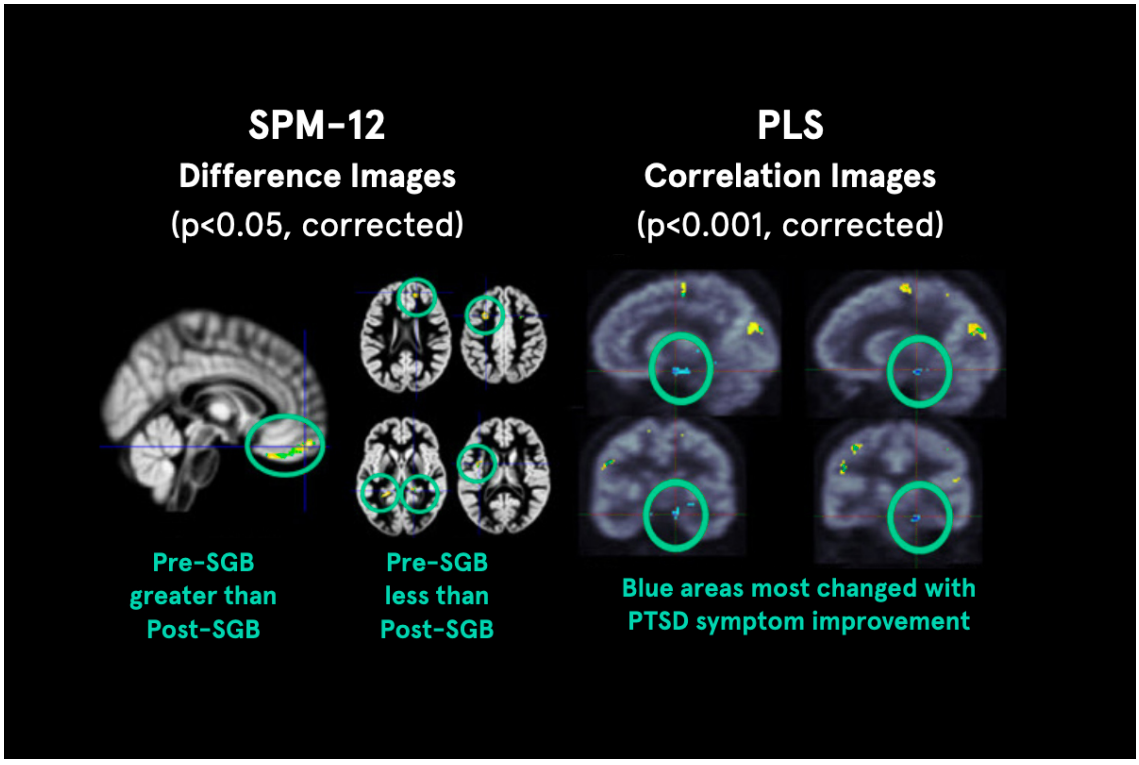
"Injury," in the medical context, is primarily based on traditional definitions and categorizations that focus on **observable physical harm** to the body. Injuries can range from minor cuts and bruises to more severe conditions like fractures, sprains, strains, dislocations, burns, or internal organ damage. Diagnoses related to internal injury are often determined using advanced imaging technology (fMRI, PET scans). This technology can now detect physical changes in the brain following psychological trauma. These changes may include alterations in neural connectivity, activation patterns, or even structural changes in specific brain regions.

While it is understood, and even even accepted, that terminology and conceptual frameworks within medicine often require time to adapt and incorporate advancements, like the ones mentioned above, the time has come to change the current classification/diagnosis of PTSD to PTSI. The once "invisible" wounds of brain injury following psychological trauma can now be **observed** in the brains of people diagnosed with post-traumatic stress and, thus, should be considered "injured."

The efficacy of diagnostic imaging, and the importance of its role in determining treatment for the injured, should not be ignored when considering the effects — and the survivors — of severe trauma. The model of a "disorder" does not consider the latest, widely-accepted neuroscience

developments. From a scientific perspective, the "D" in PTSD is clearly outdated.

- **Israel Liberzon, M.D.,** current head of Texas A&M School of Medicine's Department of Psychiatry, has been reporting amygdala over-activation in PTSD/ PTSI since 1980s, including time at the University of Michigan and Veterans Administration Ann Arbor Medical Center, where he founded a PTSD and neuro-imaging research program.
- **Michael T. Alkire, M.D.** — featured in a *60 Minutes* segment about the use of SGB to treat PTSD — has demonstrated amygdala deactivation using PET scan in patients with PTSD/ PTSI with marked as far back as 2015, post-treatment with SGB, in his work for VA Long Beach Healthcare System.



Leading Voices of the Movement for Change

Dr. Frank Ochberg was a founding board member of the International Society for Traumatic Stress Studies and recipient of their highest honor, the Lifetime Achievement Award. He was associate director of the National Institute of Mental Health and director of the Michigan Mental Health Department.

In the early 1970s, he defined the term "Stockholm Syndrome" for the FBI. In 1980, he edited the first text on treatment of post-traumatic stress disorder (PTSD), and served on the committee that defined PTSD as an operational diagnosis. Over the years, his thoughts about PTSD evolved and he has been trying to change the term since 2009.

In a letter to the APA, dated April 15, 2012, Dr. Ochberg wrote "The science supports an injury model. The DSM can live with a diagnostic acronym that doesn't end with 'D'... The time has come to listen to... [the injured] and to do what we can do to lessen the stigma and shame that inhibits our patients from receiving our help."

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Retired United States Army General, Peter William Chiarelli, served as the 32nd Vice Chief of Staff of the United States Army and retired from the United States Army on January 31, 2012 after nearly 40 years of service, succeeded by Vice Chief of Staff by General Lloyd J. Austin III.

Chiarelli worked vigorously to reduce suicide rates in the Army. Out of concerns of the negative effects related to stigma, he began using the term "post-traumatic stress," dropping the word "disorder" from the medical name. The term subsequently became standard use in the armed forces, but was not taken up by the medical community.

In a 2011 interview with *PBS NewsHour*, Army Vice Chief of Staff Gen. Peter Chiarelli said that the term "disorder" perpetuates a bias against the condition and "has the connotation of being something that [was] a pre-existing problem" for an individual before enlisting in the Army, adding that the label "makes the person seem weak." He continued, "It seems clear to me that we should get rid of the 'D' if that is in any way inhibiting people from getting the help they need," Chiarelli said. Calling it an injury instead of a disorder "would have a huge impact," encouraging soldiers suffering from the condition to seek help, according to the four-star general.

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Gloria Steinem, in a personal letter to Dr. Ochberg, wrote "The simple act of changing the diagnosis of Post Traumatic Stress Disorder to Post Traumatic Stress Injury would help make clear that the injured party is not at fault. Naming reality is the first step toward making it visible—and changing it."

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Tim Walz, Minnesota's current Governor, is a veteran and former teacher. As an elected U.S. Congressman, Walz introduced a bill in 2017 to change the name of PTSD to PTSI in the Department of Veterans Affairs (VA) health care system.

Other Organizations in Support of PTSI

The Wounded Warrior Project, a non-profit organization that provides services and support to injured veterans, has supported the use of PTSI as a more accurate description of the harm caused by trauma.

The National Center for PTSD, which is part of the Veteran's Affairs, has considered the use of PTSI in its research and clinical work.

Caseness

This request pertains only to the name and expresses no opinion on the existing or proposed DSM-V criteria. Additionally, the name change will not cause change to scoring on the PCL. The proposed change will not produce a significant change in the number of individuals identified with this disorder.

Disadvantages

A change from “disorder to “injury” can lead to an increase in patients seeking treatment for trauma and improve patient symptoms and outcomes. However, this may increase the demand on the healthcare system.