Report for ID: 0BCE6C

Neurodivergent PTSD Screening Report

Participant Summary

Participant ID: 0BCE6C

Age: 35

Sex: male

DSM-5 PTSD Scoring

Total Score: 49

DSM-5 PTSD Diagnosis: Meets Criteria

Cluster B: 4 symptom(s) \ge 2 (Threshold: 1) — \checkmark

Cluster C: 1 symptom(s) \ge 2 (Threshold: 1) — \checkmark

Cluster D: 7 symptom(s) \ge 2 (Threshold: 2) — \checkmark

Cluster E: 6 symptom(s) \ge 2 (Threshold: 2) — \checkmark

Treatment Direction

The participant meets Criterion A with a qualifying trauma of rape, experienced through learning about it, and has a PCL-5 score of 52, indicating significant PTSD symptoms. Consider using trauma-focused cognitive behavioral therapy (TF-CBT) as per DSM-5 guidelines. Eye Movement Desensitization and Reprocessing (EMDR) could also be beneficial. Given potential ADHD/autistic traits, adaptations such as executive function scaffolding and sensory integration may be necessary. Implement trauma-informed behavioral pacing to accommodate potential sensory sensitivities and attention challenges.

LEC-5 Trauma History

Event	Responses
Natural disaster (e.g. flood, hurricane, earthquake)	Witnessed
Fire or explosion	Witnessed
Transportation accident (car, train, plane crash)	Witnessed
Serious accident (work, home, recreational)	Happened to me
Exposure to toxic substance	Learned about it
Physical assault (e.g. attacked, hit, beaten up)	Witnessed
Assault with a weapon (e.g. shot, stabbed, threatened)	Witnessed
Sexual assault (rape, attempted rape, forced act)	Learned about it
Other unwanted or uncomfortable sexual experience	Job exposure
Combat or war-zone exposure	Witnessed
Captivity (e.g. kidnapped, hostage, POW)	Learned about it
Life-threatening illness or injury	Witnessed
Severe human suffering	Witnessed
Sudden violent death (e.g. homicide, suicide)	Witnessed
Sudden accidental death	Witnessed
Serious injury or death you caused to someone else	Learned about it
Any other very stressful event or experience	Job exposure

Criterion A – Worst Event

Field	Response
Description	Rape
When	2 To 5 Years
Experience	Learned
Life Danger	My_life
Injury or Death	Self_injured
Sexual Violence	Yes
Death Type	Accident
Repeat Exposure	Multiple

PCL-5 Responses

Question	Symptoms	Severity
Do memories of a stressful experience come into your mind when you didn't want them to?	It happens randomly during the day	1
Have you had dreams about something bad or stressful that actually happened?	Yes, often	3
When reminded of something stressful, how does your body react?	Heart races	4
Do you avoid thoughts, feelings, or conversations about a stressful experience?	I distract myself immediately	3
Do you avoid places, activities, or people that remind you of the experience?	I change my route or routine	4
Have you experienced memory gaps about the stressful event(s)?	I forget important parts of what happened, I avoid trying to remember	4
Do you blame yourself or others for what happened in a way that causes distress?	I feel responsible even if I know I'm not	1
Do you feel negative about yourself, others, or the world?	I believe the world is unsafe	3
Do you feel detached or estranged from others?	I don't feel connected, even around friends/family	3
Do you find it hard to experience positive emotions?	I can't enjoy things that used to bring me joy	2
Do you feel constantly on guard or easily startled?	I flinch at sudden sounds or movement	2
Do you have difficulty concentrating?	I can't finish tasks without distraction	2
Do you have trouble falling or staying asleep?	I wake up frequently during the night	2
Do you have angry outbursts or feel irritable more often than before?	Small things trigger big reactions	3
Have you engaged in risky or destructive behavior since the event(s)?	Substance use has increased	2
Do you experience emotional flashbacks?	Sudden overwhelming emotions with no clear cause	2
Do you feel like time is distorted or surreal during episodes?	I feel like I'm dreaming or watching a movie	2
Do you feel guilt or shame even when not thinking about the event?	I constantly feel like something's wrong with me	2
Do you avoid situations where you might have to ask for help?	I feel like I'll be rejected	2
Do you feel like recovery or healing is not possible for you?	Therapy feels like a dead-end	2