In the American Psychiatric Association's (2013) *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5), Posttraumatic Stress Disorder (PTSD) is classified as a mental health disorder under the category of Trauma- and Stressor-Related Disorders (pp. 271-274). Posttraumatic stress disorder symptoms may start within one month of a traumatic event, but symptoms could find delayed expression years after the traumatic event. PTSD symptoms are categorized into four types: 1) intrusive memories, 2) maladaptive mood and thinking, 3) fluctuations in an individual's physical and emotional reactions and 4) avoidance. The following is a summary of the DSM-5's A through H criteria which must be met in order to receive a PTSD diagnosis:

Under Criterion A, a person is exposed to an incident that carries a risk of actual or threatened death, harm or sexual violence in the following ways: 1) by directly witnessing the traumatic event; 2) by witnessing the event as it happened to others; 3) discovering that the violent or accidental traumatic event happened to a close family member or friend and 4) experiencing repeated or dangerous exposure to negative details about the trauma. For the fourth A criterion, the individual's exposure cannot be experienced through electronic media such as in a movie, on television or in a graphic unless it is work related like law enforcement.

To meet Criterion B, an individual must present with the following symptoms after the traumatic event occurred: 1) automatic, repeated and invasive upsetting memories of the trauma; 2) repeated problematic dreams that carries content of the dream is associated with the trauma; 3) memories or flashbacks in which the person believes that the traumatic experience is reoccurring; 4) powerful and extended mental anguish at exposure to signals which appear to associated in some way to the traumatic event(s); and 5) significant bodily responses internal or external signals that represent an aspect of the trauma experienced.

Under the C Criterion, an individual intentionally avoids any aspect of the stimuli that is associated with the trauma, beginning after the traumatic event(s) occurred, as demonstrated by one or both of the following symptoms: 1) An individual avoids any troubling memories, thoughts or feelings about the trauma that occurred) and/or 2) The individual avoids any external reminders such as people, locations, discussions, or circumstances that trigger troubling memories, thoughts or feelings about the trauma.

In order to meet the D Criterion, an individual would present with negative thinking or cognitions and mood which would either start or worsen after the trauma as demonstrated by two or more of the following reactions: 1) an individual's inability to remember significant parts of the traumatic event which may be due to a form of "dissociative amnesia" and not due to substance use, alcohol or head trauma); 2) repeated or heightened negative opinions about oneself, other people or society or world in general such as "No one can be trusted."; 3) repeated and inaccurate thinking that serves to blame the individual or someone else for the trauma that occurred; 4) an extended state of negative emotions which could include fear, guilt, blame or anger; 5) anhedonia; 6) feeling detached or removed emotionally from others; 7) an individual is unable to express positive emotions such as joy, excitement, love or happiness.

Under the E Criterion, an individual would experience significant changes in stimulation and response related to the trauma which would begin or worsen after the traumatic event(s) occurred, as shown by presenting with two or more of the following reactions: 1) a person may be irritable and experience angry explosive reactions 2) impulsive or dangerous behavior; 3) hypervigilant reactions; 4) heightened startle response; 5) difficulty concentrating; 6) difficulty with sleep or staying asleep; 7) inability to experience positive emotions such as joy, happiness, satisfaction, excitement).

To meet the time criteria under Criterion F, a person will experience the symptoms under Criteria B, C, D and E for more than a month. Under Criterion G, the condition causes clinically noticeable and significant impairment in one's work, social or other significant areas of functioning. For Criterion H**,** the individual's disturbance is not due to substance use, alcohol, medication or pre-existing medical condition. Lastly, the clinician should specify if the client presents with dissociative symptoms. An individual's symptoms meet the criteria for PTSD and the individual experiences repeated symptoms of either depersonalization (when one feels detached from the situation or acts as an outside observer, not as a participant) or derealization in which the individual is not experiencing reality, such as in a dream state or hallucination.

Several therapeutic approaches are effective in the treatment of PTSD. Evidence-based treatments for PTSD include: cognitive behavioral therapy (CBT)/trauma-focused CBT, cognitive processing therapy (CPT), eye movement desensitization and reprocessing (EMDR), narrative exposure therapy (NET) and prolonged exposure therapy (PE). CBT, CPT, NET and PE focus directly on changing one's emotions, thoughts and responses resulting from traumatic experiences, but EMDR therapy focuses directly on the memory by changing the way that the memory is stored in the brain, which would reduce and eliminate the troubling symptoms.

One population that is greatly afflicted with PTSD are Christian missionaries. Grant (1995) notes the prevalence of trauma on the mission field: "overseas ministry can be peppered with years of direct experience with an exposure to crime, psychological intimidation, military and terrorist threats, kidnappings, armed coercion, torture, rape and murder" (p.72). He further notes that the sending organizations erroneously believe that what missionaries need to heal are sabbaticals, extended retreats and vacations, but more than time is needed to bring lasting healing to trauma. Unfortunately, left untreated, Grant notes that "psychological, physical and interpersonal impairments" can last a lifetime for missionaries (p. 73).

Bagley (2003) conducted research on 31 career missionaries of Wesleyan World Missions to determine the extent of trauma and PTSD symptoms due to their exposure on the mission field. An overwhelming 94% of the missionaries reported exposure to at least one traumatic experience in their lifetime, and another 86% reported exposure to multiple incidents (p.100). More research is needed to understand the pressing needs of this demographic. Christian organizations like Mental Health and Missions, Samaritan's Purse and AGSC are well-positioned to equip and send clinicians to serve dedicated men and women who in turn care for the world's most vulnerable. Proverbs 11:25 state that "The generous man will be prosperous, and he who waters will himself be watered" (The Holy Bible, New American Standard Bible).

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