APPENDIX A

Description of EPCACE in ICD-10, Volume 1, Chapter V Mental and Behavioural Disorders
F62.0  **Enduring personality change after catastrophic experience**

Enduring personality change, present for at least two years, following exposure to catastrophic stress. The stress must be so extreme that it is not necessary to consider personal vulnerability in order to explain its profound effect on the personality. The disorder is characterized by a hostile or distrustful attitude towards the world, social withdrawal, feelings of emptiness or hopelessness, a chronic feeling of "being on edge" as if constantly threatened, and estrangement. Post-traumatic stress disorder (F43.1) may precede this type of personality change.

**Personality change after:**
- concentration camp experiences
- disasters
- prolonged:
  - captivity with an imminent possibility of being killed
  - exposure to life-threatening situations such as being a victim of terrorism
- torture

**Excludes:** post-traumatic stress disorder (F43.1)

APPENDIX B

Description of EPCACE in ICD-10 Classification of Mental and Behavioural Disorders Clinical Descriptions and Diagnostic Guidelines
F62.0 Enduring personality change after catastrophic experience

Enduring personality change may follow the experience of catastrophic stress. The stress must be so extreme that it is unnecessary to consider personal vulnerability in order to explain its profound effect on the personality. Examples include concentration camp experiences, torture, disasters, prolonged exposure to life-threatening circumstances (e.g. hostage situations — prolonged captivity with an imminent possibility of being killed). Post-traumatic stress disorder (F43.1) may precede this type of personality change, which may then be seen as a chronic, irreversible sequel of stress disorder. In other instances, however, enduring personality change meeting the description given below may develop without an interim phase of a manifest post-traumatic stress disorder. However, long-term change in personality following short-term exposure to a life-threatening experience such as a car accident should not be included in this category, since recent research indicates that such a development depends on a pre-existing psychological vulnerability.

Diagnostic guidelines

The personality change should be enduring and manifest as inflexible and maladaptive features leading to an impairment in interpersonal, social, and occupational functioning. Usually the personality change has to be confirmed by a key informant. In order to make the diagnosis, it is essential to establish the presence of features not previously seen, such as:

(a) a hostile or mistrustful attitude towards the world;
(b) social withdrawal;
(c) feelings of emptiness or hopelessness;
(d) a chronic feeling of being “on edge”, as if constantly threatened;
(e) estrangement.

This personality change must have been present for at least 2 years, and should not be attributable to a pre-existing personality disorder or to a mental disorder other than post-traumatic stress disorder (F43.1). The presence of brain damage or disease which may cause similar clinical features should be ruled out.

Includes: personality change after concentration camp experiences, disasters, prolonged captivity with imminent possibility of being killed, prolonged exposure to life-threatening situations such as being a victim of terrorism or torture

Excludes: post-traumatic stress disorder (F43.1)

APPENDIX C

Description of EPCACE in ICD-10 Classification of Mental and Behavioural Disorders Diagnostic Criteria for Research
Enduring personality changes, not attributable to brain damage and disease

Enduring personality change after catastrophic experience

A. There must be evidence (from the personal history or from key informants) of a definite and persistent change in the individual's pattern of perceiving, relating to, and thinking about the environment and the self, following exposure to catastrophic stress (e.g. concentration camp experience; torture; disaster; prolonged exposure to life-threatening situations).

B. The personality change should be significant and represent inflexible and maladaptive features as indicated by the presence of at least two of the following:

1. a permanent hostile or distrustful attitude towards the world in a person who previously showed no such traits;

2. social withdrawal (avoidance of contacts with people other than a few close relatives with whom the individual lives) which is not due to another current mental disorder (such as a mood disorder);

3. a constant feeling of emptiness or hopelessness, not limited to a discrete episode of mood disorder, which was not present before the catastrophic stress experience; this may be associated with increased dependency on others, inability to express negative or aggressive feelings, and prolonged depressive mood without any evidence of depressive disorder before exposure to the catastrophic stress;

4. an enduring feeling of being "on edge" or of being threatened without any external cause, as evidenced by an increased vigilance and irritability in a person who previously showed no such traits or hyper-alertness; this chronic state of inner tension and feeling threatened may be associated with a tendency to excessive drinking or use of drugs;

5. a permanent feeling of being changed or of being different from others (estrangement); this feeling may be associated with an experience of emotional numbness.

1 This four-character code is not included in Chapter V(F) of ICD-10.
C. The change should cause significant interference with personal functioning in daily living, personal distress, or adverse impact on the social environment.

D. The personality change should have developed after the catastrophic experience, and there should be no history of a pre-existing adult personality disorder or trait accentuation, or of personality or developmental disorders during childhood or adolescence, that could explain the current personality traits.

E. The personality change must have been present for at least 2 years. It is not related to episodes of any other mental disorder (except post-traumatic stress disorder) and cannot be explained by brain damage or disease.

F. The personality change meeting the above criteria is often preceded by a post-traumatic stress disorder (F43.1). The symptoms of the two conditions can overlap and the personality change may be a chronic outcome of a post-traumatic stress disorder. However, an enduring personality change should not be assumed in such cases unless, in addition to at least 2 years of post-traumatic stress disorder, there has been a further period of no less than 2 years during which the above criteria have been met.

APPENDIX D

Description of EPCACE in ICD-10-AM Mental Health Manual
Enduring personality change after catastrophic experience

Enduring personality change, present for at least two years, following exposure to catastrophic stress. The stress must be so extreme that it is not necessary to consider personal vulnerability in order to explain its profound effect on the personality. The disorder is characterised by a hostile or distrusting attitude toward the world, social withdrawal, feelings of emptiness or hopelessness, a chronic feeling of 'being on edge' as if constantly threatened, and estrangement. Post-traumatic stress disorder (F43.1) may precede this type of personality change.

**Diagnostic guidelines**

The personality change should be enduring and manifest as inflexible and maladaptive features leading to an impairment in interpersonal, social, and occupational functioning. Usually the personality change has to be confirmed by a key informant. In order to make the diagnosis, it is essential to establish the presence of features not previously seen, such as:

(a) a hostile or mistrustful attitude towards the world;
(b) social withdrawal;
(c) feelings of emptiness or hopelessness;
(d) a chronic feeling of being 'on edge', as if constantly threatened;
(e) estrangement.

This personality change must have been present for at least 2 years, and should not be attributable to a pre-existing personality disorder or to a mental disorder other than post-traumatic stress disorder (F43.1). The presence of brain damage or disease which may cause similar clinical features should be ruled out.

**Includes:** personality change after:
- concentration camp experiences
- disasters
- prolonged:
  - captivity with imminent possibility of being killed
  - exposure to life-threatening situations such as being a victim of terrorism
- torture

**Excludes:** post-traumatic stress disorder (F43.1)

APPENDIX E

Information Sheet for Clinicians
APPENDIX F

Consent Form - Clinicians
Interview Guide

Aims of the Interview:

1. To find out whether clinicians recognize personality change as a consequence of extreme trauma.
2. To find out clinicians understanding of EPCACE criteria.

Questions:

Looking at the guidelines, could you describe a client of yours that may fit the criteria?

- Remember to probe for:
  1. Trauma experience - What traumatic events has this client of yours experienced?
  2. How long ago did this happen?
  3. Since when did the client start to manifest these symptoms?
  4. Who are the informants? Client? Family? Others?

How are EPCACE symptoms manifested in this case? (Example of questions)
- How did he/she show his/her hostility?
- How is estrangement manifested in your client?
- What are indications that your client mistrusts the world?

Is there a symptom that stands out in this client?
- Which of the five symptoms would you consider outstanding in this case?

How would you describe the day to day functioning of your client?

Are there any other symptoms or difficulties that your client manifests that are not included in this guideline?
- Are the criteria included in the guideline sufficient to describe what your client manifests?

(In subsequent interviews: Some clinicians have expressed difficulties and concerns about these criteria. Could you describe for me any experiences and views you have about this?)

At this point I just want to go over my guidelines to see if there is anything I missed that we need to talk about before we wind up.

Is there anything you want to add to what you have described/narrated today?

Do you have any questions you want to ask me related to this study?
Draft revised text of EPCACE for ICD-11 Classification of Mental and Behavioural Disorders. Clinical Descriptions and Diagnostic Guidelines (CDDG)
Enduring personality change may follow the experience of catastrophic stress. The stress must be so extreme that it is unnecessary to consider personal vulnerability in order to explain its profound effect on the personality. Examples include concentration camp experiences, torture, disasters, and prolonged exposure to life threatening circumstances (e.g. hostage situations – prolonged captivity with an imminent possibility of being killed, prolonged physical and sexual abuse as in a domestic violence situation). Post-traumatic stress disorder (F43.1) may precede this type of personality change, which may then be seen as a chronic sequel of stress disorder. In other instances, however, enduring personality change meeting the description given below may develop without an interim phase of a manifest post-traumatic stress disorder. However, long-term change in personality following short-term exposure to a life-threatening experience such as a car accident should not be included in this category, since recent research indicates that such a development depend on a pre-existing psychological vulnerability.

Diagnostic guidelines

The personality change should be enduring and manifest as inflexible and maladaptive features leading to impairment in interpersonal, social, and occupational functioning. Usually the personality change has to be confirmed by a key informant. In order to make the diagnosis, it is essential to establish the presence of at least two of the following features not previously seen, such as:

(a) a hostile or mistrustful attitude towards the world. There is preliminary evidence that this feature may be a prominent characteristic
(b) social withdrawal
(c) feelings of emptiness or hopelessness
(d) a chronic feeling of being “on edge”, as if constantly threatened
(e) estrangement
(f) somatization
(g) self injurious behaviour
(h) enduring guilt
The personality change may be accompanied by sexual dysfunction that may be related to inability to trust and be intimate with others.

This personality change must have been present for at least 2 years, and should not be attributable to a pre-existing personality disorder or to a mental disorder other than post-traumatic stress disorder (F43.1). **There should be no history of a pre-existing adult personality disorder or trait accentuation or of personality or developmental disorders during childhood or adolescence that could explain the current personality traits.** The presence of brain damage or disease which may cause similar clinical features should be ruled out.

*Includes:* personality change after concentration camp experiences, disasters, prolonged captivity with imminent possibility of being killed, prolonged exposure to life-threatening situation such as being a victim of terrorism or torture, and prolonged physical and sexual abuse as in a domestic violence situation.

*Excludes:* post-traumatic stress disorder (F43.1)

Notes: All the **bolded** types are additions. In the dotted lines.....I deleted the word “irreversible” to be concordant with DCR.
APPENDIX I

Draft revised text of EPCACE for ICD-11 Classification of Mental and Behavioural Disorders. Diagnostic Criteria for Research (DCR)
Draft revised text of EPCACE for ICD-11 Classification of Mental and Behavioural Disorders. Diagnostic Criteria for Research (DCR)

F62.0   Enduring personality change after catastrophic experience

A. There must be evidence (from the personal history or from key informants) of a definite and persistent change in the individual’s pattern of perceiving, relating to, and thinking about the environment and the self, following exposure to catastrophic stress (e.g. concentration camp experience, torture, disaster, prolonged exposure to life-threatening situations as in hostage situations and prolonged physical and sexual abuse as in domestic violence situation). However, long-term change in personality following short-term exposure to a life-threatening experience such as a car accident should not be included in this category, since recent research indicates that such a development depend on a pre-existing psychological vulnerability.

B. The personality change should be significant and represent inflexible and maladaptive features as indicated by the presence of at least two of the following:

1. a permanent hostile or distrustful attitude towards the world in a person who previously showed no such traits. There is preliminary evidence that this feature may be a prominent characteristic.

2. social withdrawal (avoidance of contacts with people other than a few close relatives with whom the individual lives) which is not due to another current mental disorder (such as a mood disorder)

3. a constant feeling of emptiness or hopelessness, not limited to a discrete episode of mood disorder, which was not present before the catastrophic experience; this may be associated with increased dependency on others, inability to express negative or aggressive feelings, and prolonged depressive mood without any evidence of depressive disorder before exposure to the catastrophic stress

4. an enduring feeling of being “on edge” or being threatened without any external cause, as evidenced by an increased vigilance and irritability in a person who previously showed no such traits
or hyper-alertness; this chronic state of inner tension and feeling threatened may be associated with……prolonged anxious mood without any evidence of anxiety disorder before exposure to the catastrophic stress

(5) a permanent feeling of being changed or of being different from others (estrangement); this feeling may be associated with an experience of emotional numbness.

(6) a persistent presence of somatic symptoms such as skin problems, body aches and pains, chest pains, irritable bowel, migraine, nausea and others.

(7) a persistent tendency to self injure such as a tendency to excessive drinking or use of drugs, self mutilation, or a characteristic liking for activities which involve violence and risk to one’s life. This may also be associated with the experience of emotional numbing.

(8) an enduring feeling of guilt such as feeling bad about oneself and feeling responsible for the catastrophic experience

C. The change should cause significant interference with personal functioning in daily living …… leading to impairment in interpersonal, social, and occupational functioning. There is evidence of impairment in sexual functioning associated with personality change.

D. The personality change should have developed after the catastrophic experience, and there should be no history of a pre-existing adult personality disorder or trait accentuation, or of personality or developmental disorders during childhood or adolescence, that could explain the current personality traits.

E. The personality change must be present for at least two years. It is not related to episodes of any other mental disorder (except post-traumatic stress disorder) and cannot be explained by brain damage or disease.
F. The personality change meeting the above criteria is often preceded by post-traumatic stress disorder (F43.1). The symptoms of the two conditions can overlap and the personality change may be a chronic outcome of a post-traumatic stress disorder. However, an enduring personality change should not be assumed in such cases unless, in addition to at least two years of PTSD, there has been a further period of no less than 2 years during which the above criteria have been met. In other instances, however, enduring personality change meeting the above symptom criteria may develop without an interim phase of a manifest post-traumatic stress disorder.

Notes: All the bolded types are additions. In the dotted lines…..I deleted the following phrases:
* (4) “a tendency to excessive drinking or use of drugs”. This is now part of (7).
* C. personal distress, or adverse impact on the social environment