

Posttraumatic Stress Disorder and Acute Stress Disorder: A Guide for Patients, Family Members, Friends, and other Caregivers



What is a traumatic event?



A traumatic event is as an event (or series of events) in which an individual has been personally or indirectly exposed to actual or threatened death, serious injury, or sexual violence.¹

What are some potential responses to a traumatic event?



There is a wide spectrum of psychological responses to traumatic events.² Onset of stress-related signs and symptoms may be simultaneous or within minutes of the traumatic event or may follow the trauma after an interval of hours or several days.¹

Acute Stress Response (ASR) can result from a traumatic event and may present with a broad group of temporary physical, mental, behavioral, and emotional signs and symptoms:²

- Confusion
- Sadness
- Depression
- Fatigue
- Anxiety
- Social withdrawal
- Decreased concentration/memory
- Hyperarousal
- Dissociation

In most cases, symptoms will resolve rapidly with simple measures, such as reassurance, rest, and ensuring safety. When symptoms of ASR create social or occupational impairment for greater than 72 hours, a diagnosis of Acute Stress Disorder (ASD) is often warranted along with evidence-based interventions for this disorder.²



What are the differences between ASD and PTSD?

Both ASD and PTSD are diagnosable mental health conditions and can occur in one or more of the following ways:¹

- Directly experiencing a traumatic event(s)
- Witnessing, in person, an event(s) as it occurred to others
- Learning that a traumatic event(s) occurred to a close family member or close friend
- Experiencing repeated or extreme exposure to aversive details of a traumatic event(s)

ASD symptoms typically begin after the trauma, and may persist for at least three days and up to a month while PTSD symptoms last more than one month.¹



Fast Facts about PTSD

- PTSD can affect all aspects of a person's functioning and well-being²
- PTSD is often characterized by a heightened sensitivity to potential threats¹
- Reviews of research show that combat is one of the exposures commonly associated with PTSD²
- Sexual trauma experienced by service members and veterans can be associated with PTSD and other mental health disorders in both men and women²
- PTSD appears associated with increased overall mortality and mortality due to accidental causes and suicide²
- There are specific increased risks of co-occurring depression and substance use disorder in those diagnosed with PTSD²
- PTSD appears associated with poorer perceived physical health, increased morbidity, and greater health care utilization for physical problems²



What are the signs and symptoms of PTSD?

A diagnosis of PTSD is made when symptoms persist past one month following a traumatic event and it is possible that symptoms may continue to develop six months after the traumatic event.¹ PTSD may develop after directly witnessing a trauma, witnessing the event as it occurred to others, learning about the trauma, or experiencing repeated or extreme exposure to aversive details of a traumatic event. PTSD symptoms may include recurrent, involuntary, and intrusive distressing memories of the traumatic event(s) and persistent avoidance of stimuli associated with the traumatic event(s), as well as:¹

- **Intrusive symptoms:**
 - Recurrent, involuntary, and intrusive distressing memories of the traumatic event
 - Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event
 - Dissociative reactions (e.g., flashbacks)
 - Intense or prolonged psychological distress at exposure to internal or external reminders of the trauma
 - Marked physiological reactions to internal or external reminders of the trauma
- **Persistent avoidance:**
 - Avoiding memories, thoughts, or feelings associated with the trauma
 - Avoiding people, places, conversations, activities, objects, or situations that cause distressing memories, thoughts, or feelings associated with the trauma
- **Cognition and mood:**
 - Inability to recall an important aspect of the traumatic event(s)
 - Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world
 - Persistent distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame themselves
 - Persistent negative emotional state (e.g., fear, horror, anger, guilt, shame)
 - Markedly diminished interest or participation in significant activities
 - Feeling of detachment or estrangement from others
 - Persistent inability to experience positive emotions (e.g., happiness, satisfaction, loving feelings)
- **Arousal and reactivity:**
 - Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects
 - Reckless or self-destructive behavior
 - Hypervigilance
 - Exaggerated startle response
 - Problems with concentration
 - Sleep disturbance (e.g., difficulty falling or staying asleep, restless sleep)

Note: Trauma affects everyone differently and an individual does not have to display all the above symptoms to be diagnosed with PTSD.

When to Seek Behavioral Health Help



You should seek help from a mental health care provider if you or your loved one are experiencing any mental health symptoms that cause great distress or disrupt daily activities and relationships. **Please seek help immediately if you or your loved one are experiencing thoughts of death or suicide. Call or text 988, the Suicide and Crisis Lifeline.**

How is PTSD treated?



While both psychotherapy and medication are beneficial treatment for PTSD, trauma-focused psychotherapies are recommended over medications for the treatment of PTSD.

- **Psychotherapy:** The three trauma-focused psychotherapies with the strongest evidence of efficacy for improving the critical outcome of clinician-rated PTSD symptoms are Cognitive Processing Therapy (CPT), Eye Movement Desensitization and Reprocessing (EMDR), and Prolonged Exposure (PE).² Trauma-focused psychotherapies use cognitive, emotional, or behavioral techniques to facilitate processing a traumatic experience.² Psychotherapies require an adequate dosage to be fully effective in reducing PTSD symptoms (i.e., 10–12 sessions); some effects might also not become apparent until some period has elapsed after treatment is initiated.²
- **Medication:** The three medications with the strongest evidence for improving clinician-rated PTSD symptoms are paroxetine, sertraline, and venlafaxine.² These are the most effective medications in the type of medications classified as antidepressants.² Some patients might prefer to take medication, although others might strongly oppose taking any medication for their PTSD because of side effects, stigma, or perceived lack of benefit.² Benzodiazepines, short acting anti-anxiety medications, and cannabis (marijuana) are not recommended for the treatment of PTSD.²

Coping with the effects of a traumatic event takes time. However, engaging with mental health care and staying connected to one's support system can help in managing trauma-related symptoms and in improving one's overall quality of life. For more information and resources visit the National Center for PTSD: <https://www.ptsd.va.gov/>.

Resources



Military OneSource provides 24/7 support and information on housing, financial, legal, medical, and psychological services.

- State-side: 800-342-9647
- Overseas: 800-342-9647
- Collect: 484-530-5908

<https://www.militaryonesource.mil>



988 Suicide and Crisis Lifeline and the associated **Military/Veterans Crisis Line** provides free and confidential support for individuals in crisis. If you or someone you know is struggling or in crisis, call or text 988 or <https://988lifeline.org>; you can also press 1 or text 838255 to chat live with a counselor focused on military and veteran callers (<https://www.veteranscrisisline.net>).



inTransition offers specialized coaching and assistance for active duty service members, National Guard members, reservists, veterans, and retirees to help callers with their mental health care as they transition between systems of care.

- State-side: 800-424-7877
- Overseas: 800-748-81111 (in Australia, Germany, Italy, Japan, and South Korea only)

<https://www.health.mil/inTransition>

References

- 1 American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>
- 2 Veterans Affairs and Department of Defense. (2023). *VA/DOD clinical practice guideline for the management of posttraumatic stress disorder and acute stress disorder*. (Version 4.0). <https://www.healthquality.va.gov/guidelines/MH/ptsd/index.asp>



Note: This content is derived from the 2023 VA/DOD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder.



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