



A Patient's Guide: Understanding Posttraumatic Stress Disorder and Acute Stress Disorder



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Have You or a Loved One:

- Been through combat?
- Lived through a disaster?
- Been in a serious accident?
- Been assaulted or raped?
- Experienced any other kind of traumatic event?
- Felt painful memories of that experience that still cause problems for you?

It's important to know that effective help is available.

Introduction

You may have heard of PTSD — posttraumatic stress disorder — on the news or from friends and family and wondered what it is or whether you or someone you know has it. Likewise, you may have heard of acute stress disorder or ASD.

This brochure will help you learn to recognize the symptoms of PTSD and ASD, what kinds of treatment are available, and how to get help for yourself when needed.



What is PTSD? What is ASD?

PTSD or ASD may develop after trauma exposure. Trauma exposure includes experiencing, witnessing or learning that a close family member or friend experienced trauma. Some examples of traumatic events that may lead to PTSD or ASD include:

- Military combat
- Child abuse
- Terrorist attack or physical attack
- Seeing seriously injured or deceased people
- Sexual violence
- Serious accident (e.g., car accident)
- Natural disaster

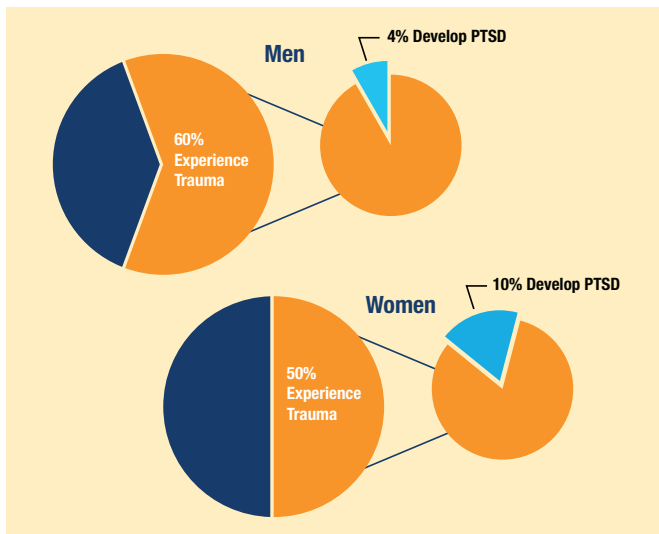
PTSD or ASD may also develop following repeated or extreme exposure to disturbing details of traumatic events as part of your job, such as first responders or police officers.

- Most people have some stress-related reactions after a traumatic event and this is normal – it is only if your reactions don't go away over time and they disrupt your life, that you may want to get an assessment from a mental health provider
- Most people who are diagnosed with PTSD have not been diagnosed with ASD – although the symptoms are similar, they are different conditions
- See the next few pages to learn about common reactions to trauma and PTSD symptoms

How common is PTSD?

Many Americans experience trauma. About 60 percent of men and 50 percent of women face at least one traumatic event in their lifetimes. About 10 percent of women develop PTSD sometime in their lives compared with about four percent of men.^{1,2}

Among those who have been in combat or experienced sexual assault, the percentage is higher.¹



Source: National Center for PTSD, U.S. Department of Veterans Affairs, "Understanding PTSD"

What is the difference between ASD and PTSD?

ASD and PTSD each may develop following exposure to any trauma. However, there are two important differences.³

- ASD only happens within the first month following trauma exposure
- ASD places more emphasis on feeling disconnected such as:
 - Altered sense of reality (feeling dazed)
 - Inability to remember important details of the event (not due to injury such as concussion)

PTSD Symptoms

PTSD has four types of symptoms:

Reliving the event

Unwanted, intrusive memories of the trauma can come back at any time. You may feel the same threat, fear and/or horror you did when the event took place.

- Sometimes there is a trigger – a sound, sight or smell that causes you to relive the experience
- Seeing someone who reminds you of the trauma may bring back memories
- You may have nightmares about the event(s)
- Simply thinking about the traumatic event could be a trigger

Avoiding situations that remind you of the event

You may try to avoid situations or people that trigger memories of the traumatic event. You may even avoid talking or thinking about the event.

- If you were in a car accident or if your military convoy was bombed, you may avoid driving
- Some people may keep very busy or avoid seeking treatment and care – this keeps them from having to think or talk about the event

Negative mood and negative thinking

- Negative thinking about yourself, others or the world (“I’m bad” or “No one can be trusted”)
- Consistent negative mood (feeling fear, anger, guilt, shame)

Feeling keyed up

You may be jittery, or always on alert and on the lookout for danger. You might suddenly become angry or irritable. This is known as hyperarousal.

- You may have trouble falling asleep or staying asleep
- You may be jumpy or easily startled by noises

Recent research suggests that approximately half of veterans with PTSD also have symptoms of depression.^{4,5}

How to Get Help

When should a person seek professional care for ASD or PTSD?

If symptoms cause you great distress or disrupt your daily activities and relationships, you should talk to a mental health care provider. You can feel better!

Who can conduct an evaluation, and what does it consist of?

A mental health care provider or primary care provider will evaluate you. You will be asked about your trauma and symptoms. You may also be asked about other problems you are experiencing. With your written permission, your spouse or partner may be asked to provide information.



Tell someone if you are thinking about killing yourself or hurting yourself. Reach out to your spouse, friend, fellow service member or health care provider to get help or call 1-800-273-TALK.

The Veterans Administration (VA) has a PTSD Questionnaire at myhealth.va.gov; search "PTSD Questionnaire." You can also take the screening test on the following page.

If you find that you answered "yes" to any of the questions asked, you should be screened for PTSD. It is best to talk to a mental health provider to find out.



PTSD screen⁶

In your life, have you ever had any experience that was so frightening, horrible or upsetting that, in the past month, you:

- Have had nightmares about the experience or thought about it when you did not want to?
- Tried hard not to think about the experience or avoided situations that reminded you of it?
- Were constantly on guard, watchful or easily startled?
- Felt numb or detached from others, activities or your surroundings?
- Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

If you answered “yes” to any of these items, you should seek more information from a mental health care provider. A positive screen does not mean that you have PTSD. Your primary care provider or a mental health professional can determine if you have PTSD.

If you are an active duty service member, a diagnosis of PTSD does not disqualify you for military service. A medical board is a last resort and occurs only after 12 or more months of treatment have failed to return the service member to a fit-for-duty status.^{7,8} There are highly effective treatments for PTSD in the military health care system.

Treatments that are Effective for PTSD

There are many beneficial treatments available for PTSD. Individual trauma-focused psychotherapy is recommended as the primary treatment for PTSD.⁵ If psychotherapy is not available or preferred, then medication can be helpful or used in addition to psychotherapy. The treatment plan is tailored to you – be honest with your mental health care provider about your concerns and what you are willing to do in session and between sessions. People who have PTSD should be offered a type of psychotherapy that includes exposure and/or cognitive restructuring or stress inoculation training. Examples of these types of therapies are described on the following page.

Types of cognitive behavioral therapies (CBT)

Cognitive processing therapy

Cognitive processing therapy is a CBT in which you learn skills to better understand how a trauma changed your thoughts and feelings. It helps you identify trauma-related thoughts and change them so you have control over them. CPT requires assignments for maximum results and may also be provided in group format. Two types of CPT are available: CPT requires you to discuss your trauma, while CPT-Cognitive requires you to discuss your thoughts and feelings about the trauma, but not describe the trauma. CPT is typically provided in 8 – 14 sessions each lasting 60 – 90 minutes.

Prolonged exposure (PE) therapy

PE therapy is a CBT in which you talk about your trauma repeatedly and gradually approach situations that you may have been avoiding because they are related to the trauma. By talking about the trauma over and over, the impact of the trauma is reduced, and you are able to gain control over your emotions. PE requires assignments for maximum results. PE is typically provided in 8 – 15 sessions each lasting 60 – 90 minutes.

Other types of effective therapy

Eye movement desensitization and reprocessing (EDMR)

EDMR involves focusing on distractions like hand movements or sounds while you talk about the traumatic event. Over time, it can help change how you react to memories of your trauma. EDMR does not require assignments. EDMR is typically provided in 4 – 12 sessions each lasting 60 – 90 minutes.

Brief eclectic psychotherapy (BEP)

The goal of BEP is to help you understand how the traumatic event has changed your perspective by talking about the trauma until your memories are no longer upsetting. You will be encouraged to write and complete assignments. BEP is typically provided in 13 – 17 sessions each lasting 60 minutes.

Narrative exposure therapy (NET)

The goal of NET is to make a detailed, coherent narrative out of disorganized traumatic memories which helps you to process painful emotions. You will be encouraged to write and complete assignments to help create a more accurate narrative of the trauma and the consequences. NET is typically provided in 4 – 6 sessions each lasting 60 – 120 minutes.

Tips for getting the most out of your psychotherapy:



Keep all of your appointments with your mental health care provider



Talk to your mental health care provider about your treatment goals to find the treatment approach that will work best for you



Be honest about how you feel and what issues are concerning you



Work with your mental health care provider and complete any practice or assignments you may be asked to do between sessions

Medication

Trauma-focused psychotherapy may not be available or you may think psychotherapy is not right for you at this time. Some medications can help treat PTSD. The two most effective types of FDA-approved medications for treatment of PTSD are:

Selective serotonin reuptake inhibitors (SSRIs)

SSRI's raise the levels of serotonin in your brain by blocking reabsorption of serotonin. The three SSRIs that carry the strongest recommendation for the treatment of PTSD are sertraline (Zoloft®), paroxetine (Paxil®) and fluoxetine (Prozac®).

Serotonin norepinephrine reuptake inhibitors (SNRIs)

SNRIs can raise the levels of serotonin and norepinephrine in your brain. The most effective SNRI in treating PTSD is venlafaxine (Effexor®).

CAUTION

Benzodiazepines (such as Xanax®, Ativan® and Restoril®) are not recommended because there is little evidence of their effectiveness and the potential risks may be significant.

Reminders about taking medication

Medications often require meeting with a psychiatrist or nurse practitioner once every three to four months and taking medication(s) daily. Most people begin to feel better in four to six weeks.



The benefits of medication require consistency; if the medication is discontinued or doses are missed the medication will not be effective



Tell your health care provider if you develop any side effects



Tell your health care provider if you have any allergies or other health conditions



Tell your health care provider about all the prescription and over the counter medications you are taking



You should continue to take the medication even after you begin to feel better



If you have any questions about or problems with your medication between visits, contact your health care prescriber as soon as possible

CAUTION

If you are thinking about stopping your medication, call your health care provider first, negative side effects can happen if you stop taking your medication too quickly.

Where to Get Help

- Mental health clinic
- Your primary care provider
- Nearest military treatment facility
- Chaplain
- Service-specific family support offices

In a Crisis?

- Call 911
- Go to an emergency department
- Military/Veterans Crisis Line
800-273-8255, service members and veterans, press 1
www.veteranscrisisline.net or text 838255 to chat live with a counselor
Español: 888-628-9454

Recovery Strategies Worksheet

1. Decide how to further educate myself.

List the resources recommended from this brochure or your provider that look interesting or helpful to you:

2. Plan healthy, relaxing and fun activities to do when you feel stressed.

People with ASD or PTSD may deal with problems in unhealthy ways. Plan positive and healthy ways to cope.

Sample activity plan:

I will plan to go on a long walk (insert activity)
on Thursday at 5:00 pm (date and time)
at the park across the street from Chris's office (location).

My activity plan:

I will plan to _____ (insert activity)
on _____ (date and time)
at _____ (location).

3. Keep track of all health care provider visits, psychological health appointments and treatment homework.

(Note: the PE Coach mobile app and the CPT mobile app have appointment reminders)

Sample schedule:

My primary care provider appointment is: Monday at 11:00am

My support group session is: Every other Tuesday at 2:00pm

My CPT appointment is: Next Wednesday at 11:00am

Appointment schedule:

4. Think about what you want to know about your treatment and ask your health care provider. List some questions you want to ask:

Sample questions:

What is my diagnosis? What are my treatment options?

How might my symptoms impact my work or family?

What can I do on my own to address my symptoms?

If I need to talk to someone before my next appointment, what should I do?

My questions:



References

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- 9 Department of Defense. (2017). 5 Questions to ask your Psychological Health Provider. Retrieved from <https://www.realwarriors.net/materials/brochure-5-questions.php>

DoD and VA Resources

Military OneSource

Provides 24/7 support and information on housing, financial, legal, medical and psychological services

Stateside 800-342-9647

Overseas 800-3429-6477

or collect 484-530-5908

www.militaryonesource.mil

Be There

A 24/7 call and outreach center staffed by peer coaches

844-357-PEER (7337)

www.betherepeersupport.com

National Center for Posttraumatic Stress Disorder

Provides education on trauma and PTSD and where to get help

www.ptsd.va.gov

Real Warriors

Provides information and testimonies to share personal experiences which encourage service members and veterans to seek professional help quickly when it will have the greatest impact

www.realwarriors.net

My HealtheVet

An online system for veterans to manage and track their health care

www.myhealth.va.gov

Deployment Health Clinical Center

Provides policies and evidence-based information and resources on psychological health and traumatic brain injury

www.pdhealth.mil

External Resources

Many resources are available for patients, family members and caregivers. Internet sites from established health care agencies or patient advocacy organizations are recommended over chat rooms, non-specialist or commercial sites. Recommended resources include:

The National Institute of Mental Health

Provides information on trauma and PTSD not specific to service members or veterans

www.nimh.nih.gov/health/ptsd

The Substance Abuse and Mental Health Services Administration

Provides information on trauma and PTSD not specific to service members or veterans

www.samhsa.gov/treatment/ptsd



Mobile Apps



PTSD Coach
An educational app that can be used alone or with psychological treatment
<http://t2health.dcoe.mil/apps/ptsd-coach>



Breathe 2 Relax
An app that provides diaphragm breathing exercises
<http://t2health.dcoe.mil/apps/breathe2relax>



PTSD Family Coach
An app that provides support for family members of those with PTSD
www.ptsd.va.gov/public/materials/apps/PTSDFamilyCoach.asp



Tactical Breather
An app to help you gain control over physical and psychological responses to stress
<http://t2health.dcoe.mil/apps/tactical-breather>





Updated November 2017 by
Psychological Health Center of Excellence