Understanding the role of Acute Stress Disorder in trauma

Dr. Trina Hall
Police Psychologist
Dallas Police Department
Lessons Learned: Unfolding the story of PTSD
NAMI 2014 Fall Conference
Trauma and Stressor Related disorders

- Acute stress disorder
- Post traumatic stress disorder
Prevalence of Exposure to Traumatic Events

- 50%-90% of general population are exposed to traumatic events during their lifetime.
- 75% of law enforcement personnel are exposed to traumatic events in their career.
- Most do not develop ASD or PTSD
What is the normal response to a traumatic event?

- anxiety,
- feeling “revved up;”
- emotional instability
- fatigue
- irritability
- hyper-vigilance
- trouble sleeping
- exaggerated startle response
- change in appetite
- feeling overwhelmed
- impatience
- isolation from family and friends
- shock
- nightmares
- somatic complaints
Acute Stress Disorder

• **Criterion A:** Directly experiencing the traumatic event

• **Criterion B:** Presence of at least 9 (or more) of the following symptoms from any of the 5 categories of: Intrusion, negative mood, dissociation, avoidance, and arousal, beginning or worsening after the traumatic event(s) occurred.
Acute Stress Disorder

- Criterion C: Duration of the disturbance (symptoms in Criterion B) is 3 days to 1 month after trauma exposure.
- Looks at emotional reactions to a distressing event other than looking primarily at fear.
Intrusion

• Recurrent, involuntary, and intrusive distressing memories of the traumatic event
• Recurrent, distressing dreams of the event
• Dissociative reactions (flashbacks) where individual feels or acts as if the event were recurring
• Intense psychological or physiological distress in response to internal/external cues that represent aspects of the event
Negative Mood

- Persistent inability to experience positive emotions
Disassociation

• A subjective sense of numbing, detachment, or absence of emotional responsiveness

• A reduction in awareness of his/her surrounding
Disassociation

- Derealization
- Depersonalization
- Dissociative amnesia
Avoidance

- Avoids thoughts, feelings, or conversations associated with the trauma
- Avoids activities, places, or people that arouse recollection of the trauma
- Inability to recall an important aspect of the trauma
- Feelings of detachment or estrangement from others
Arousal

- Difficulty falling asleep
- Irritability or outbursts of anger
- Difficulty concentrating
- Hypervigilience
- Exaggerated startle response
Prevalence Rates for ASD

• Identified in less than 20% of cases following traumatic events that do not involve interpersonal assault

• Higher rates (20%-50%) are reported following interpersonal traumatic events, including assault, rape, and witnessing/involved a shooting
Prevalence Rates for ASD

- More prevalent in females than males
- Risk factors include: prior mental disorder, high levels of negative affectivity (neuroticism), greater perceived severity to traumatic experience, and avoidant coping styles.
Factors affecting risk of onset of traumatic-associated illness

- Proximity to traumatic event
- Similarity to victim (actual versus vicarious experience)
- How helpless did the individual feel
- Extent of social support will greatly influence prognosis
- Exposure to stressors in past 6 months
- History and family history of mental illness
Difference between Acute Stress Disorder and PTSD

• ASD is more immediate, short term response to trauma.

• ASD is more associated with dissociative symptoms such as:
  – Extreme emotional disconnection
  – Difficulty experiencing pleasure
  – Temporary or Dissociative Amnesia
Difference between Acute Stress Disorder and similar disorders

Traumatic Grief

- Sudden unanticipated loss
- Distressing thoughts often related to longing
- Duration is a minimum of 2 months
Difference between Acute Stress Disorder and similar disorders
Adjustment Disorder

• Identifiable stressor within 3 months
• Depression, anxiety, and/or conduct are primary emotional and behavioral characteristics
Treatment of Acute Stress Disorder

• Treatment for acute stress disorder usually includes a combination of antidepressant medications and short-term psychotherapy.

• Alternative treatment options include:
  – Yoga
  – Meditation
Questions
References

- www.counseling.org