ACUTE STRESS DISORDER

BEHAVIORAL DEFINITIONS

1. Has been exposed to actual death of another or perceived death or serious injury to self or another that resulted in an intense emotional response of fear, helplessness, or horror.
2. Experiences an initial state of daze with dissociative symptoms of numbing, detachment, derealization, depersonalization, narrowing of attention, amnesia, or narrowing of attention, inability to comprehend stimuli, and disorientation.
3. Re-experiences the event in thoughts, dreams, illusions, flashbacks, or recurrent images.
4. Demonstrates marked avoidance of stimuli that vivify recollections of the event; whether through thoughts, feelings, conversations, activities, places, or people.
5. Exhibits symptoms of anxiety, impaired judgment, confusion, and depression.
6. Displays symptoms of increased arousal such as difficulty sleeping, irritability, poor concentration, hypervigilance, exaggerated startle response, motor restlessness, and agitation.
7. Experiences physical symptoms of chest pain, chest pressure, sweating, shortness of breath, constricting of blood vessels, headache, flushing, muscle tension, intestinal upset, heart palpitation, or dry mouth.

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LONG-TERM GOALS

1. Stabilize physical, cognitive, behavioral, and emotional reactions to the trauma while increasing the ability to function on a daily basis.
2. Diminish intrusive images and the alteration in functioning or activity level that is due to stimuli associated with the trauma.
3. Assimilate the traumatic event into daily life experiences without ongoing distress.
4. Forgive the perpetrator of the traumatic event.

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SHORT-TERM OBJECTIVES	THERAPEUTIC INTERVENTIONS
1. Remove self from the traumatic event environment. (1)	1. Direct the client to a triage location away from direct exposure to the traumatic event.
2. Describe any bodily injury or physical symptoms that have begun since the traumatic event. (2, 3)	2. Assist in getting the client to his/her physician, urgent care, or emergency department for a medical evaluation. 3. Validate for the client how the body can physically react to stress.
3. Complete screening tools to identify the occurrence of dissociative symptoms. (4)	4. Have the client complete a screening instrument to determine his/her sense of orientation and the degree to which dissociative symptoms are occurring (e.g., Mini Mental State Examination, 2nd ed. or Dissociative Experiences Scale).
4. Describe the traumatic event, providing as much detail as comfort allows. (5, 6)	5. Prompt the client to describe the traumatic experience within the session noting whether he/she is

	overwhelmed with emotions. Out of session, have the client write facts remembered of the event; process in session his/her emotions and provide supportive feedback toward symptom reduction.
	6. Obtain a release of information to appropriate agencies (law enforcement, health care professionals, school personnel, relatives, coworkers) and consult with those who have factual details of the event, to corroborate and/or elaborate on the client's recall of the traumatic event.
5. Verbalize an understanding of distorted cognitive messages that promote fear, worry, or anxiety and its treatment. (7, 8)	7. Discuss facts of the trauma to explore the client's possible distorted cognitive messages that intensify the negative emotional reactions to the trauma.
	8. Help the client develop reality-based cognitive messages that will increase self-confidence and facilitate a reduction in fear, worrying, or anxiety responses.
6. Describe the feelings that were experienced at the time of the trauma and how daily functioning has been impacted. (9, 10, 11)	9. Actively build the level of trust with the client in individual sessions through consistent eye contact, unconditional positive regard, and warm acceptance to explore his/her emotional reaction at the time of the trauma.
	10. Develop with the client a symptom development time line to identify how the traumatic event has negatively impacted his/her life.
	11. Assess the client's frequency, intensity, and duration of

	traumatic reactions on his/her emotional, cognitive, and behavioral functioning (e.g., using an objective instrument such as Trauma Symptom Inventory–2).
7. Implement behavioral strategies to reduce physical stress reactions. (12, 13)	12. Develop and reinforce a routine of physical exercise (e.g., brisk walk, step aerobics, bike riding) that will ameliorate physical stress reactions; reinforce success.
	13. Explore the reduction of tension by the client scheduling activities that involve their physical engagement; reinforce his/her participation in the activities and encourage the integration of the activities into daily life.
8. Learn and implement the thought-stopping technique to manage intrusive unwanted thoughts. (14, 15)	14. Explore whether the client has had any flashback experiences to this trauma or previous traumatic events; assign a homework exercise of writing recurring images or memories associated with the trauma; process in session.
	15. Teach the client to implement a thought-stopping technique (thinking of a stop sign, yelling *STOP* only in the mind, and then imagining a pleasant scene) immediately upon experiencing unwanted thoughts; monitor and encourage the client's use of the technique in daily life between sessions.
9. Cooperate with an evaluation by a physician for psychotropic medication. (16, 17)	16. Refer the client to a physician for a psychotropic medication evaluation.
	17. Obtain a release of information from the client to allow for regular consultation with the

prescribing physician; monitor the client's psychotropic medication compliance, side effects, and effectiveness.

10. Learn and implement relaxation techniques to reduce cognitive, emotional, and/or behavioral stress reactions. (18, 19, 20)

18. Teach the client relaxation skills (e.g., self-guided imagery, progressive muscle relaxation, deep rhythmic breathing) and how to apply these skills to his/her daily life.

19. Utilize biofeedback techniques to facilitate the client learning relaxation skills; monitor compliance and effectiveness while providing corrective feedback toward improvement.

20. Refer the client for acupuncture to relieve symptoms of stress; review success.

11. Cooperate with eye movement desensitization and reprocessing (EMDR) technique to reduce emotional reactions to the traumatic event. (21)

21. Utilize EMDR exposure technique to reduce the client's emotional reactivity to the traumatic event.

12. Avoid the geographic area surrounding the traumatic event. (22)

22. Ask the client to identify alternative routes that would prohibit exposure to the place of the traumatic event to avoid overwhelming stress reactions associated with exposure to the scene of the trauma.

13. Maintain involvement in social and vocational activities, assimilating the traumatic event into daily living. (23)

23. Encourage the client to return to work, social engagements, and/or daily routines that occurred prior to the traumatic event; if necessary, phase these activities into daily living gradually but steadily.

14. Identify and replace feelings of survivor guilt with positive, realistic, and empowering self-talk. (24, 25, 26)

24. Explore the client's depiction of survivor guilt and occurrence of self-talk that triggers the guilt feelings.

25. Nurture the client's entitlement to enjoy life as a countermeasure to his/her sense of survivor guilt.

26. Assist the client in replacing feelings of survivor guilt by assigning a homework exercise in which he/she identifies guilt-inducing self-talk; assist the client in creating reality-based alternatives; process in session effectiveness of reducing feelings of survivor guilt.

15. Learn and implement relapse prevention strategies for emotional reactions on the anniversary day of the event or major live events (holidays, birthdays, graduation). (27, 28, 29)

27. Utilize stress inoculation training including such aspects as psychoeducation, calming and coping skills training, assertiveness skill training, guided self-dialogue (see *Stress Inoculation Training* by Meichenbaum) to help the client prepare in advance to handle stressful events successfully and with a minimum of upset.

28. Identify and rehearse with the client the management of increased emotional reactions associated with future situations or circumstances (e.g., event anniversary date, holidays, etc.)

29. Prompt the client to talk about how the negative emotional reactions to the trauma have increased with the approaching anniversary of the event or other future major life events (e.g., holidays, vacation, graduation, etc.). Design an activity to be implemented on that day; process the completed assignment.

16. Return to the scene of the event to manage anxiety response. (30, 31, 32)

30. Assist the client in developing a plan for managing the emotional reactions (e.g., using calming

	skills, positive self-talk, anxiety tolerance) generated by exposure to the scene of the traumatic event.
	31. Go to the scene of the event with the client; offer support and encouragement to utilize the techniques identified in session to manage reactions.
	32. Use exposure therapy methods with the client in conjunction with learned relaxation techniques to reduce stress reactions as they develop at the scene of the event.
17. Read books on forgiveness to gain a healthier perspective on the benefits of forgiveness. (33)	33. Recommend that the client read self-help books on forgiveness (e.g., *The Art of Forgiving* by Smedes or *Forgiveness Is a Choice: A Step-by-Step Process for Resolving Anger and Restoring Hope* by Enright); process material read.
18. Place responsibility for the trauma on the perpetrator without equivocation. (34)	34. Assign the client to write a letter to the perpetrator where responsibility for the traumatic event is placed on the perpetrator of the trauma; encourage the client to express his/her pain, anger, anxiety, and depression that have resulted from the trauma without taking on irrational, undue guilt; process the letter in session.
19. Participate in a survivor of trauma support group. (35)	35. Refer the client to a support group that is focused on the nature of the trauma that the client was exposed to; encourage the client to share his/her experience in the traumatic events and its effects with other survivors in the group.

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DIAGNOSTIC SUGGESTIONS

ICD-9-CM	*ICD-10-CM*	*DSM-5* Disorder, Condition, or Problem
308.3	F43.0	Acute Stress Disorder
309.24	F43.22	Adjustment Disorder, With Anxiety
309.28	F43.23	Adjustment Disorder, With Mixed Anxiety and Depressed Mood
300.02	F41.1	Generalized Anxiety Disorder
300.21	F40.00	Agoraphobia
300.01	F41.0	Panic Disorder
301.6	F60.7	Dependent Personality Disorder
301.50	F60.4	Histrionic Personality Disorder
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