



## Fact Sheet: Acute Stress Reaction

**Purpose:** To provide a brief and concise overview of Acute Stress Reaction (ASR) to in-theater providers providing care to those service members who have sustained a concussion/mild traumatic brain injury (mTBI). Directive-type memorandum 09-0333, “Policy Guidance for Management of Concussion/Mild Traumatic Brain Injury in the Deployed Setting” directs providers to screen for ASR at certain points in the “Initial Provider Management of Concussion in Deployed Setting” algorithm.

### What is Acute Stress Reaction?

- A broad group of physical, mental and emotional signs resulting from extreme mental and emotional effort in a difficult environment, such as in a combat
- Can also occur in response to an extreme traumatic stressor which involves both:
  - direct personal experience or witnessing of an event that involves actual or threatened death or serious injury;  
**AND**
  - the person’s emotional response to the event involves intense feelings of fear, helplessness, or horror (either immediately or at some time after the fact)

### Symptoms of Acute Stress Reaction:

- Some signs and symptoms may begin simultaneously with the trauma itself or may follow the trauma after an interval of hours or days
- Symptoms must occur in response to traumatic event or stressful environment, reflect a change from past functioning and may include both physical and emotional reactions:
  - Re-experiencing of the event
    - e.g., nightmares, recurring distressing recollections, or images, psychological distress when exposed to events or situation reminiscent of the trauma
  - Increased autonomic arousal symptoms
    - e.g., difficulty sleeping, difficulty concentrating or making decisions, being on edge, exaggerated startle reactions, irritable, easily angered
  - Persistent avoidance of stimuli associated with the trauma
    - e.g., avoiding activities/places/ or people that serve as reminders of the event, difficulty remembering important aspects of the trauma, emotional “numbing” or withdrawal, disconnected from others
  - Changes in emotional reaction and other symptoms
    - e.g., feeling depressed, sad, decreased energy, fatigue, spontaneously crying, feelings of despair and hopelessness, feeling extremely protective or fearful for the safety of loved ones
  - Extreme reactions can include auditory or visual hallucination, disorientation, extreme psychomotor agitation or psychosomatic symptoms
    - e.g., trembling, constant moving or inability to see, hear, or use parts of the body without a physical cause
- Experiencing some symptoms of ASR are normal following an extremely stressful event and for most individuals, these symptoms will resolve over time

### Why is it Important to Identify Acute Stress Reaction?

- Early identification, monitoring, treatment (when needed) of these individuals is key to promoting recovery
- ASR is a strong predictor of post-traumatic stress disorder (PTSD). Therefore, it is important to identify ASR before the patient develops PTSD
- Early treatment for ASR can reduce the likelihood of the patient developing full blown PTSD

## Screening for Acute Stress Reaction:

- Non-mental health providers can screen service members with confirmed diagnosis of concussion/mild TBI for acute stress reaction
- Although valid and reliable measures of DSM-IV traumatic stress reactions exist (e.g., Bryant's Acute Stress Disorder Scale (ASDS) for ASD, or the PTSD Checklist (PCL) for PTSD) are publically available, no psychometric instruments are available for ASR
- A screening measure developed by Military and civilian experts in ASR can be used:

### **I DO CARE:**

- **Insomnia**—Has the person had more nightmares and/or sleep problems since the event?
- **Depressed**—Has the person felt or appeared more depressed than usual since the event?
- **Operational readiness**—Has the person had more difficulty than usual performing his/her operational duties since the event?
- **Concentrating**—Has the person had more trouble than usual with focus or concentration since the event?
- **Anger**—Has the person been more irritable or angry since the event?
- **Removed**—Has the person felt or seemed more numb, “zoned out”, or disconnected since the event?
- **Event avoidance**—Has the person gone out of his/her way to avoid thinking about a traumatic event?

## Scoring and Interpretation

- The screen is considered positive if:
  - 1) Service member exposed to a traumatic event or showed changes in behavior**AND**
  - 2) TWO OR MORE questions are answered “yes”.
- If there is concern that the service member may be experiencing an acute stress reaction, consider referral to combat stress management