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;
  - 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 the 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.