UNDERSTANDING YOUR DIAGNOSIS

Stress Reaction After Trauma

Also called Acute Stress Disorder

In the first weeks after something terrifying, your mind and body are still in shock. This has a name.

HOW COMMON	WHEN IT HAPPENS	TREATABLE	YOU ARE NOT ALONE
Up to 1 in 3 after trauma	3 days to 1 month after	Yes - many recover on their own	A common reaction to trauma

What this is

- Acute stress disorder is the name for strong stress symptoms in the first month after a traumatic event.
- It is a normal alarm reaction that is running very loud. It is not a sign that you are broken or weak.
- It covers the window from **3 days to 1 month** after the event. After that, your care team looks again.
- Many people get better on their own within a few weeks. Support during these weeks makes that likelier.

What it can look and feel like

- The event replays without warning - pictures, sounds, or a jolt of fear that comes out of nowhere.
- You feel numb, foggy, or like the world around you is not quite real, as if you are behind glass.
- Parts of what happened are blank in your memory, even though you were awake and there for it.
- You cannot fall asleep, or you keep waking through the night with your heart pounding hard.
- You jump at ordinary sounds and feel on edge, irritable, or angry with people you actually love.
- You avoid the place where it happened, or anything at all that brings the memory back to you.
- Getting through a normal day - working, driving, being alone - suddenly feels impossible to do.

What is happening in your brain and body

- During a threat, adrenaline floods your body. It can stay high for days afterward and keep you wired.
- That surge stamps the memory in harder than usual, which is why it keeps coming back so vividly.
- Your brain's alarm center runs hot while the calming part is quieter, and this shows up within days.
- Feeling unreal or detached is your brain turning the volume down to protect you. It usually passes.
- A fast resting heart rate in the first day or two is one sign your body has not settled down yet.

What can make it more likely

- Anyone can develop this after a serious threat, injury, assault, disaster, or a sudden shocking loss.
- Earlier trauma, having fewer people around you, and a head injury all raise the chance of it happening.
- Blaming yourself for what you did or did not do during the event keeps the symptoms running longer.
- How you react in a crisis is not a choice. Freezing, running, and blanking out are all reflexes.

What to expect

- Most people improve over the first weeks, especially with sleep, safety, and people close by.
- About half of people with these symptoms go on to develop PTSD, so scheduled follow-up matters.
- If symptoms are still here past **one month**, the diagnosis gets reviewed and may become PTSD.
- Brief therapy during these weeks lowers the chance that these symptoms settle in for the long term.

What helps

Treatment works. Most people get better.

Talking therapies

- **Trauma-focused CBT**, about **5 or 6 sessions** starting around two weeks out, lowers the risk of PTSD.
- **Psychological first aid** comes first: safety, calm, connection, practical help, and realistic hope.
- Watchful waiting with a set check-in at two and four weeks is fine if you are already improving.
- Single-session group debriefing right after a disaster does not help and can make things worse.
- Therapy in these weeks is about steadying you, not about forcing you to retell every single detail.

Medicines

- No medicine is approved for acute stress disorder. Medicine here treats specific symptoms only.
- **Benzodiazepines** such as lorazepam are best avoided now, since early use is linked to more PTSD later.
- Short-term sleep help such as **trazodone** can be a bridge. Your prescriber decides the right dose.
- **Prazosin** at bedtime can reduce trauma nightmares while you work on getting your sleep back.
- An antidepressant makes sense if depression or panic is strong, or if symptoms pass one month.

Everyday things that help

- Rebuild the basics first: regular sleep, regular meals, and one small predictable routine each day.
- Limit replaying news, video, or social media about the event. It keeps your alarm switched on.
- Let people help with practical things - rides, meals, forms, bills. Accepting help speeds recovery.
- Alcohol makes sleep worse and symptoms louder, even though the first drink can feel like relief.
- Move your body daily, even just a walk. It burns off adrenaline that has nowhere else to go.

Get help right away if

- If you are thinking about ending your life, call or text **988** (Suicide and Crisis Lifeline) now.
- Go to the nearest emergency room if you cannot keep yourself safe or you feel out of control.
- Get checked today for a head injury: confusion, a worsening headache, vomiting, or blackouts.

Questions to ask your care team

- *Should I start therapy now, or wait and see how the next two weeks go?*
- *When should we check whether this has turned into PTSD?*
- *What can help me sleep that will not cause problems later on?*
- *Who should I call at night if these symptoms get worse?*

Where this information comes from

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

International Society for Traumatic Stress Studies. (n.d.). *Public resources*. https://www.istss.org/public-resources

MedlinePlus. (n.d.). *Post-traumatic stress disorder*. National Library of Medicine. https://medlineplus.gov/posttraumaticstressdisorder.html

National Institute of Mental Health. (n.d.). *Post-traumatic stress disorder*. U.S. Department of Health and Human Services. https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd

Substance Abuse and Mental Health Services Administration. (n.d.). *Disaster Distress Helpline*. https://www.samhsa.gov/find-help/disaster-distress-helpline

U.S. Department of Veterans Affairs, National Center for PTSD. (n.d.). *Acute stress disorder*. https://www.ptsd.va.gov/understand/what/acute_stress_disorder.asp

NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.