

# ACUTE STRESS DISORDER\*

## SUMMARY SCREENING CRITERIA\* FOR: Name \_\_\_\_\_

- A. The person has been exposed to a traumatic event in which both of the following were present: the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others the person's response involved intense fear, helplessness, or horror.
- B. Either while experiencing or after experiencing the distressing event, the individual has three (or more) of the following dissociative symptoms:
  - 1. a subjective sense of numbing, detachment, or absence of emotional responsiveness
  - 2. a reduction in awareness of his or her surroundings (e.g., "being in a daze")
  - 3. derealization
  - 4. depersonalization
  - 5. dissociative amnesia (i.e., inability to recall an important aspect of the trauma)
- C. The traumatic event is persistently re-experienced in at least one of the following ways: recurrent images, thoughts, dreams, illusions, flashback episodes, or a sense of reliving the experience; or distress on exposure to reminders of the traumatic event.
- D. Marked avoidance of stimuli that arouse recollections of the trauma (e.g., thoughts, feelings, conversations, activities, places, people).
- E. Marked symptoms of anxiety or increased arousal (e.g., difficulty sleeping, irritability, poor concentration, hyper vigilance, exaggerated startle response, motor restlessness).
- F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or impairs the individual's ability to pursue some necessary task, such as obtaining necessary assistance or mobilizing personal resources by telling family members about the traumatic experience.
- C. The disturbance lasts for a minimum of 2 days and a maximum of 4 weeks and occurs within 4 weeks of the traumatic event.
- H. The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition, is not better accounted for by Brief Psychotic Disorder, and is not merely an exacerbation of a preexisting Axis I or Axis II disorder.

## CAREGIVING INTERVENTION:

Date \_\_\_\_\_

## Referral for further assessment and therapy to:

[Screening Criteria presented by:]

**Roy B. Nash, M Div, LMFT, LCPC**

Other:

**BELIEF-FOCUSED CARE & HEALING**

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\* Source: **Diagnostic Statistical Manual of Mental Disorders**, Fourth Edition (DSM-IV™). American Psychiatric Association. 1994.