

Posttraumatic Stress Disorder and Acute Stress Disorder: A Guide for Department of Defense Line Leaders



This tool is intended to help you identify and respond to service members who may be experiencing mental health symptoms in response to a traumatic event.

How Trauma Exposure Occurred¹



A service member may experience a traumatic event as part of their military service, or they could have experienced trauma prior to their service. A service member may have experienced trauma through actual or threatened death, serious injury, or sexual violence in one or more of the following ways:

- Directly experiencing a traumatic event
- Witnessing an event as it occurs to others
- Learning that a family member or close friend experienced a traumatic event
- Experiencing repeated or extreme exposure to details of a traumatic event

What symptoms could appear in a service member following a traumatic event?²



Not every service member who experiences a traumatic event will develop symptoms indicating a clinical diagnosis. Some may experience an acute stress response (ASR) which can have a temporary impact on the service member's ability to function.

Signs of ASR may include:

- Confusion
- Sadness
- Depression
- Fatigue
- Anxiety
- Social withdrawal
- Decreased concentration
- Decreased memory
- Hyperarousal
- Dissociation

These symptoms could arise within minutes, hours, or several days of the traumatic event. In most cases, symptoms will resolve with simple measures, such as reassurance, rest, and ensuring safety.

What is a combat and operational stress reaction?²

Combat and operational stress reaction (COSR) is the military analog of ASR. The U.S. Department of Defense Instruction (DODI) 6490.05³ defines COSR as “physical, emotional, cognitive, or behavioral reactions, adverse consequences, or psychological injuries of service members who have been exposed to stressful or traumatic events in combat or military operations.”

How can you intervene following a traumatic event?²



After learning that a service member has been exposed to trauma, you should:

- Assess their environment for any ongoing threats
- Protect them from further harm
- Ensure their basic physical needs are met:
 - Survival, safety, and security
 - Food, hydration, shelter, and clothing
 - Sleep
 - Orientation
 - Communication with unit, family, friends, and community
 - Education and normalization of reactions to trauma

What if symptoms persist?¹



When symptoms of ASR create social or occupational impairment for greater than 72 hours, a diagnosis of acute stress disorder (ASD) is often warranted along with evidence-based interventions. If symptoms persist longer than one month, then a diagnosis of posttraumatic stress disorder (PTSD) is given.

What are the signs and symptoms of PTSD?¹



There is a range of responses to a traumatic event. Every service member may vary in their experience of ASD or PTSD. As a line leader, you should take note when you recognize any changes in a service members' behaviors.

A service member may experience symptoms that are less noticeable to an outside observer such as:

- Reliving the event through intrusive memories, dreams, thoughts about the traumatic event, or by seeing someone who reminds them of the trauma
- Avoiding situations that remind them of the event
- Experiencing a negative mood and negative thoughts about themselves, others, or the world
- Feeling keyed up or always on alert for danger

Other symptoms that may be easier for you to observe include changes in:

- Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects
- Reckless or self-destructive behavior
- Hypervigilance
- Exaggerated startle response
- Problems with concentration
- Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep)



How should you intervene?

Be aware of any changes in a service member's behavior, such as those listed above. If symptoms persist or interfere with their daily functioning, connect them to a health care provider especially if a service member displays signs of being unstable, suicidal, or dangerous to self or others, or in need of urgent medical attention.²

If you are a military line leader you should speak to your commanding officer to request a command directed mental health evaluation when you are concerned by a service member's behavior in your unit. If you are a commander, you should take actions in accordance with DODI 6490.04.⁴

- If symptoms are severe, maintain service member safety, and then the commander refers them for an emergency command directed mental health evaluation, and ensures they arrive safely for the evaluation⁴
- If there are no immediate safety concerns, the commander will refer your service member for a non-emergency command directed mental health evaluation expert assessment, and to obtain recommendations related to suitability for continued military service⁴

Relevant Policies

- [DODI 6490.04 Mental Health Evaluations of Members of the Military Services](#) outlines the responsibilities and procedures for commanders who refer service members for mental health evaluations⁴
- [DODI 6490.05 Maintenance of Psychological Health in Military Operations](#) outlines responsibilities for combat and operational stress control programs within the Military Departments, the Combatant Commands, and joint service operations³
- [DOD 6000.14 DOD Patient Bill of Rights and Responsibilities in the Military Health System \(MHS\)](#) outlines patient rights and responsibilities⁵

Resources



Military OneSource provides 24/7 support and information on housing, financial, legal, medical, and psychological services.

- State-side: 800-342-9647
- Overseas: 800-342-9647
- Collect: 484-530-5908

<https://www.militaryonesource.mil>



988 Suicide and Crisis Lifeline and the associated **Military/Veterans Crisis Line** provides free and confidential support for individuals in crisis. If you or someone you know is struggling or in crisis, call or text 988 or <https://988lifeline.org>; you can also press 1 or text 838255 to chat live with a counselor focused on military and veteran callers (<https://www.veteranscrisisline.net>).



inTransition offers specialized coaching and assistance for active duty service members, National Guard members, reservists, veterans, and retirees to help callers with their mental health care as they transition between systems of care.

- State-side: 800-424-7877
- Overseas: 800-748-81111 (in Australia, Germany, Italy, Japan, and South Korea only)

<https://www.health.mil/inTransition>

References

- 1 American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>
- 2 Veterans Affairs and Department of Defense. (2023). *VA/DOD clinical practice guideline for the management of posttraumatic stress disorder and acute stress disorder*. (Version 4.0). <https://www.healthquality.va.gov/guidelines/MH/ptsd/index.asp>
- 3 Department of Defense. (2011, November 22). *Maintenance of psychological health in military operations* (DOD Instruction 6490.05). <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/649005p.pdf>
- 4 Department of Defense. (2013, March 4). *Mental health evaluations of members of the military service* (DOD Instruction 6490.04). <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/649004p.pdf>
- 5 Department of Defense. (2011, September 26). *DOD Patient bill of rights and responsibilities in the Military Health System (MHS)* (DOD Instruction 6000.14). <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/600014p.pdf?ver=2020-04-03-132320-747>

Note: This content is derived from the 2023 VA/DOD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder.



Department of Veterans Affairs and Department of Defense health care providers who use this information are responsible for considering all applicable regulations and policies throughout the course of care and patient education. Created October 2023 by the Psychological Health Center of Excellence.