**Module A: Acute Stress Reaction/Disorder**

1. **Patient presents with symptoms of PTSD or positive screening as is currently diagnosed with PTSD.**
   - *Go to Module C: Assessment and Diagnosis of PTSD.*

2. **Obtain a clinical assessment (see Sidebar 2).**
   - *Assess history, symptoms, and signs, particularly for ASR/COSR (see Sidebar 1).*

3. **Provide appropriate care, conduct lethal means assessment, implement safety plan, or refer to stabilize.**
   - *Follow reporting mandates as appropriate (see VA/DOD Suicide CPG).*

4. **Meet criteria for the diagnosis of PTSD (see Sidebar 7)?**
   - *Yes: Go to Module C: Assessment and Diagnosis of PTSD.*
   - *No: Continue assessment.*

5. **Consider ASR/COSR and other mental health diagnoses.**
   - *Consider including acute interventions as indicated (see Sidebar 2).*

6. **Arm patient at prioritized risk of danger to self or others or medically unavailable?**
   - *Yes: Go to Module E: Assessment and Diagnosis of PTSD.*
   - *No: Continue assessment.*

7. **Follow-up or refer as indicated.**
   - *Yes: Continue assessment.*
   - *No: Go to Module C: Management of PTSD.*

**Sidebar 1: Immediate Needs**

- **Survival:** (including first aid and stabilizing physical condition), safety, and security.
- **Food, hydration, shelter, and clothing.**
- **Sleep.**
- **Orient.**
- **Communication with unit, family, friends, and community.**
- **Education and normalization of reactions to trauma.**

**Sidebar 2: Assessment**

- **History of trauma and mental health concerns.**
- **Symptoms.**
  - Consider screening for PTSD symptoms using this PC-PTSD-5 (Recommendation 1).
  - **Medical status.**
  - **Mental status, including suicidality (consult VA/DOD CPG for Assessment and Management of Patients at Risk for Suicide, as needed).**
  - **Functional status.**
  - **Psychosocial status, including intimate and family relationships; financial problems; legal issues; and occupational performance.**
  - **Substance use.**
  - **Strengths, coping skills, and protective factors.**

- **Perform safety, lethal means, and environmental assessment.**

- **Identify lifetime trauma history and duration of exposure.**

- **Absence of existing trauma history (e.g., surgery on the chest).**
  - *Complete comprehensive clinical assessment of present complaints and corroborating conditions.*
  - *Perform safety, lethal means, and environmental assessment.*
  - *Consider history and presenting complaints: mental health, medical, military, family, substance use, social and spiritual life, functional status.*
  - *Identify lifetime trauma history and duration of exposure.*
  - *Recent current and past medications (including the over-the-counter drugs and herbs) and psychosocial treatment.*
  - *Consider with patient consent, obtaining an additional history from family, significant other, or both.*
  - *Permit mental status exam.*
  - *Consider in cases of diagnostic uncertainty, use of validated structured interviews for PTSD (i.e., CAPS-5, PSS). (see Recommendation 2).*

**Sidebar 3: DSM-5TR Diagnostic Criteria for Acute Stress Disorder**

**Criteria A. Exposure to actual or threatens death, serious injury, or sexual violence is one (or more) of the following ways:**

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the event(s) occurred to a close family member or close friend. (Note: In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.)
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains, police officers repeatedly exposed to details of child abuse).

**Note:** This does not apply to exposure through electronic media, television, movies, or pictures unless this exposure is work-related.

**Sidebar 3: DSM-5TR Diagnostic Criteria for Acute Stress Disorder (cont.)**

**Criteria B. Presence of (or more) of the following symptoms from any of the five categories of intrusion, negative mood, dissociation, avoidance, and arousal beginning or worsening after the traumatic event(s) occurred.**

- **Intrusion Symptoms:**
  1. Recurring, involuntary, and intrusive distressing memories of the traumatic event(s).
  2. Recurrent distressing dreams in which the content and/or aspect of the dream are related to the traumatic event(s).
  3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)
  4. Intense or prolonged psychological distress or marked physiological reaction in response to internal or external stimuli that symbolize or resemble an aspect of the traumatic event(s).

- **Negative Mood:**
  1. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

- **Dis disruptive Symptoms:**
  1. An altered sense of reality, such as numbing or arousal (e.g., seeing oneself from another’s perspective, being in a daze, time slowing).
  2. Inability to remember an important aspect of the event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).

- **Avoidance:**
  1. Efforts to avoid thoughts, memories, or situations associated with the traumatic event(s).
  2. Efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

**Sidebar 4: Acute Interventions for Acute Stress Response/Combat and Operational Stress Reaction**

- **Individual, manualized trauma-focused cognitive behavioral psychotherapy.**
- **Psychological trauma-focused cognitive behavioral psychotherapy.**
- **Education and normalization.**
- **Support:** Brief cognitive behavioral psychotherapy.
Management of Posttraumatic Stress Disorder and Acute Stress Disorder

Module C: Management of Posttraumatic Stress Disorder

Sidebar 7: DSM-5-TR Diagnostic Criteria for PTSD

Criterion A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:
1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend.
In cases of actual or threatened death of a family member or friend, the event must have been violent or accidental.
4. Experiencing repeated or extreme exposure to details of the traumatic event(s) (e.g., not经历者; collecting human remains; police officers repeatedly exposed to details of child abuse).

Note: Criterion A does not apply to exposure through electronic media, television, movies, or pictures unless the exposure is work-related.

Sidebar 8: Assessment of PTSD Symptoms

- Use this tool (Sidebar 10) on at least six occasions in the week after the event (although the expression of some symptoms may be immediate).
- The individual's symptoms meet the criteria for posttraumatic stress disorder.
- The symptoms have persisted for at least one month (although the onset of some symptoms may be immediately).
- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Sidebar 9: Treatment Selection

- Initiate recommended individual, manualized psychotherapy (see Recommendation 8) according to patient preference.
- If individual psychotherapy is unavailable or not preferred, initiate recommended pharmacotherapy (see Recommendation 10).
- If options 1 and 2 are unavailable or not preferred, initiate recommended pharmacotherapy (see Recommendation 10).
- If options 1 and 2 are available, consider other pharmacotherapies (see Recommendation 10). Consider complementary, integrative, or alternative approaches (see Recommendation 27) based on availability, patient preference, and review of current evidence.
- If none of the options above are acceptable to the patient, consider treating other disorders, issues, and both and reevaluating for PTSD treatment later.

Access to the full guideline and additional resources is available at: https://www.healthquality.va.gov/