

Post-Traumatic Stress, Acute Stress Disorder & Post-Traumatic Stress Disorder: What's the Difference?



With increased awareness of post-traumatic stress in the fire service, it's important to know what post-traumatic stress is and what it is not. Post-traumatic stress (PTS) is a normal reaction to any event that threatens violence or the loss of life. You may personally experience the event, see the event happen to someone else, or have direct exposure to aversive details of the event in its aftermath.

What is post-traumatic stress?

Post-traumatic stress is the experience of **one or more** symptoms listed below for any period of time following a traumatic event. Symptoms are classified in categories B-E:

B: Reliving the event (intrusion)

- intrusive memories or thoughts
- distressing dreams
- dissociative reactions (flashbacks)
- intense psychological or physical distress when exposed to related cues

C: Avoiding things that remind you of the event (avoidance)

- avoidance of people, places and things that remind you of the event
- avoidance of feelings or thoughts associated with the event

D: Negative emotions and thoughts (altered mood and cognition)

- persistent exaggerated negative beliefs about self, others or the world
- self-blame caused by distorted beliefs about the cause of the event
- sustained negative emotional state (horror, anger, guilt, etc.)
- inability to experience positive emotions
- difficulty recalling parts of the event
- loss of interest in usual activity
- feeling detached from others

E: Feeling on edge (arousal and reactivity)

- irritability or verbal outburst to others or objects
- reckless self-destructive behavior
- hypervigilance (constantly scanning environment to detect threats)
- exaggerated startled response
- poor concentration
- sleep disturbance

At some point in their career, most fire fighters and paramedics will experience post-traumatic stress. Symptoms usually subside within a few days or weeks and do not significantly impair daily functioning. Post-traumatic stress is NOT recognized as a mental health disorder and often requires no treatment intervention.



What is acute stress disorder (ASD)?

Acute stress disorder is the experience of **nine or more** symptoms of post-traumatic stress in any category. Symptoms persist for at least **three days but less than a month** AND cause **significant daily impairment**. This means it is very difficult for the individual to function at work, at home or with others. ASD is considered a mental health disorder and some individuals with ASD will go on to develop post-traumatic stress disorder (PTSD).

What is post-traumatic stress disorder (PTSD)?

Post-traumatic disorder occurs when an individual experiences symptoms in **all four categories** of post-traumatic stress (listed in left column: intrusion, avoidance, altered mood/cognition, and arousal/ reactivity). Additionally, symptoms persist **longer than one month** AND cause **significant daily impairment**. PTSD is not a normal reaction to a traumatic event and is considered a mental health disorder that warrants treatment.

Traumatic Stress Reactions: Key Differences

Post-traumatic Stress

- Any duration
- Minimally impaired daily functioning
- One or more symptom in any area

Acute Stress Disorder

- Lasts three days to one month
- Impaired daily functioning
- Nine or more symptoms in any area

Post-traumatic Stress Disorder

- Lasts one month or longer
- Impaired daily functioning
- Symptoms in all areas:
 - Intrusion (at least 1 symptom)
 - Avoidance (at least 1 symptom)
 - Altered mood and cognition (at least 2 symptoms)
 - Arousal and reactivity (at least 2 symptoms)

If you or someone you know needs help, call the IAFF Center of Excellence admissions line at (855) 999-9845 to learn more.

To learn more about IAFF behavioral health resources visit www.iaff.org/behavioral-health/