

DSM 5 Criteria for Acute Stress Disorder (ASD)

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM 5) is the standard classification of mental disorders used by mental health professionals in the United States.

The following are the diagnostic criteria for acute stress disorder according to DSM 5:

Exposure to actual or threatened death, serious injury, or sexual violation in one (or more) of the following ways:

- Directly experiencing the traumatic event(s).
 - Witnessing, in person, the events(s) as it occurred to others.
 - Learning that the traumatic events(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 events(s) must have been violent or accidental.
 - 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.
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Presence of nine (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**
 - Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). Note: In children, repetitive play may occur in which themes or aspects of the traumatic event(s) are expressed.
 - Recurrent distressing dreams in which the content and/or affect of the dream are related to the events(s). Note: In children older than 6, there may be frightening dreams without recognizable content.
 - Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings). Note: In children, trauma-specific reenactment may occur in play. Intense or prolonged psychological distress or marked physiological reactions in response to internal or external cues that symbolize or resemble an aspect of the traumatic events.
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- **Negative mood**

- Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

- **Dissociative symptoms**

- An altered sense of the reality of one's surroundings or oneself (e.g., seeing oneself from another's perspective, being in a daze, time slowing.)
- Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).

- **Avoidance symptoms**

- Efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
- 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).

- **Arousal symptoms**

- Sleep disturbance (e.g., difficulty falling or staying asleep, restless sleep) Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.
- Hypervigilance Problems with concentration
- Exaggerated startle response
- The duration of the disturbance is 3 days to 1 month after trauma exposure. Note: Symptoms typically begin immediately after the trauma, but persistence for at least 3 days and up to a month is needed to meet disorder criteria.
- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The disturbance is not attributable to the physiological effects of a substance (e.g., medication or alcohol) or other medical condition (e.g., mild traumatic brain injury) and is not better explained by brief psychotic disorder.

References:

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders. Diagnostic and Statistical Manual of Mental Disorders, 5(5). <https://doi.org/10.1176/appi.books.9780890425596>

Substance Abuse and Mental Health Services Administration. (2016, June). *Table 3.30, DSM-IV to DSM-5 Acute Stress Disorder Comparison*. Nih.gov; Substance Abuse and Mental Health Services Administration (US). <https://www.ncbi.nlm.nih.gov/books/NBK519704/table/ch3.t30/>