



# Understanding Mental Disorders

## Your Guide to DSM-5



### *Understanding Mental Disorders*

Trauma and Stress Disorders - Acute Stress Disorder

#### **Mary's and Robert's Stories**

##### **Traumatic Event**

Mary went to a theater to see a movie premiere. As she settled into her seat, a young man in a ski mask suddenly appeared in front of the screen. Holding an assault rifle, he fired into the crowd. She saw many people get shot, including the woman sitting next to her. People all around began screaming, and there was a confused stampede for the exit door. Terrified, she somehow fought her way to the exit. She escaped, uninjured, to the parking lot, just as police cars arrived.

Robert was in the same movie theater at the same time. He too feared for his life. Hiding behind a row of seats, he was able to crawl to the aisle and quickly sprint to the exit. Although covered in blood, he escaped without physical injury.

Two days later, both Mary and Robert considered themselves “nervous wrecks.” Grateful that they were alive and uninjured, they still found themselves very anxious and on edge. They jumped at the slightest noise. They kept watching TV for the latest news about the shooting. Every time there was real video of the event, they had panic attacks, broke out into a sweat, were unable to calm down, and could not stop thinking about the trauma. They could not sleep at night because of nightmares, and during the day they had constant intrusive and unwelcome memories of gunshots, screams, and their own personal terror during the event.

##### **Mary—Two Weeks Later**

Mary was feeling and behaving like her normal self within 2 weeks. Although reminders of the shooting sometimes led to a brief panic or physical reaction, they did not dominate her waking hours. She no longer had nightmares. She knew that she would never forget what happened in that movie theater, but for the most part, her life was returning to normal.

##### **Robert—Two Weeks Later**

Robert had not recovered 2 weeks later. He felt unable to express his feelings and to have pleasant or positive feelings. He jumped at the slightest sound and was unable to focus on his work, and he had nightmares. He tried to avoid any reminders of the shootings but still remembered the sound of gunfire, the screams, and the sticky feel of the blood pouring out of his neighbor's chest and onto him as he hid behind the seats. He felt disconnected from his surroundings and from himself. He viewed his life as having been changed by this trauma.

##### **Diagnosis**

Mary had a normal reaction to the trauma and was not diagnosed. Robert, however, was diagnosed with *acute stress disorder*. Right after a traumatic event, almost everyone is upset. They often feel better within 2–3 days and normal recovery is expected. Mary's response after the shooting was normal for the trauma: shock, fear,

grief, confusion, trouble staying focused, fatigue, trouble sleeping, easily startled, racing pulse, nausea, and loss of appetite. These symptoms had gone away after about 2 weeks.

Robert developed acute stress disorder. This involved more intense symptoms during the month after the shooting. He had at least 9 of 14 possible symptoms, including nightmares, flashbacks, trouble sleeping, and hypervigilance.

Learn more and purchase *Understanding Mental Disorders* at [www.psychiatry.org/UnderstandingMentalDisorders](http://www.psychiatry.org/UnderstandingMentalDisorders).

DSM is the manual used by clinicians and researchers to diagnose and classify mental disorders. The American Psychiatric Association (APA) published the DSM-5 in 2013, culminating a 14-year revision process. For more information, go to [www.DSM5.org](http://www.DSM5.org).

APA is a national medical specialty society whose more than 36,000 physician members specialize in the diagnosis, treatment, prevention and research of mental illnesses, including substance use disorders. Visit the APA at [www.psychiatry.org](http://www.psychiatry.org). For more information, please contact the APA at [press@psych.org](mailto:press@psych.org).

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