



When should I consider professional help for my symptoms?

Again, most people recover on their own with support, resources, and information provided by Psychological First Aid. However, you can decide to seek treatment any time you wish to gain support, and if your symptoms create intense disrupt life activities, patterns, and goals.

A small subgroup of people may experience symptoms that are severe and impairing during the first month, in which case they may be diagnosed with Acute Stress Disorder (ASD) or beyond one month, they may be diagnosed with Post-Traumatic Stress Disorder (PTSD). The good news is that approximately half of those who have post-traumatic symptoms will recover within three months and even those who don't will typically recover within the first 12 months.

The likelihood that you will continue to experience these symptoms depends upon a variety of factors. For example, direct, ongoing exposure to the traumatic event, the seriousness of the threat to life, the number of times trauma was experienced, being injured during the trauma, experiencing the death of a loved one in the trauma, a history of past trauma, psychological difficulties prior to trauma are all factors that may increase the likelihood that your symptoms will not abate on their own with time.

Because there are so many things that can affect the severity of a person's reaction to trauma, the estimates of how many people develop PTSD vary widely, from as little as 3% to as much as 75%. Anyone who believes they may have ASD or PTSD should seek help beyond speaking with family members. Referrals can be obtained from friends, family physicians or professional agencies such as the [Academy of Cognitive and Behavioral Therapies](#). Though the more obvious symptoms of PTSD or ASD certainly warrant seeking out professional help, one should not hesitate to secure it even if the

symptoms seem less severe. Questions, concerns, or the desire to speak freely with someone other than family are equally good reasons to seek help.

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The above passage is adapted from the following sources:

McGinn, L. K., Bonavitacola, & L., Buerger, W. (2023). Disaster trauma. *Cognitive Behavioral Strategies in Crisis Intervention (Fourth Edition)* (pp. 281-300). Eds. Dattilio, F.M., Shapiro, D.I., Greenaway, D.S. NY: Guilford Press.

Padesky, C. A., Candido, D., Cohen, A., Gluhoski, V., McGinn, L. K., Sisti, M., Westover, S. (2002). *The trauma task force report*. From <http://academyofcbt.org>