ASSYST PROCEDURES EXPLANATION

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Syndrome and Mental Disorder

In pathology and psychiatry, a syndrome is defined as *"A group of symptoms that together are characteristics of a specific disorder, disease, or the like"*. [1]. "*A mental disorder is a syndrome characterized by a clinically significant disturbance in an individual's cognitive, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental process underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities*." (p.20) [2]

Acute Stress Disorder and Posttraumatic Stress Disorder

According to the *Diagnostic and Statistical Manual of Mental Disorders* (5th edition; DSM-5), the Acute Stress Disorder (ASD) and the Posttraumatic Stress Disorder (PTSD) are trauma- and stressor-related disorders in which exposure to a traumatic or stressful event is listed explicitly as a diagnosis criterion [2]. The Acute Stress Disorder (ASD) is a mental disorder which essential feature *"is the development of characteristic symptoms lasting from 3 days to 1 month following exposure to one or more traumatic events"* (p. 281). The ASD has five symptom's categories 1) Intrusion symptoms, 2) Negative Mood, 3) Dissociative symptoms, 4) Avoidance Symptoms, and 5) Arousal symptoms. To meet the full diagnosis criteria, the client has to show the presence of nine or more symptoms from any of the five categories previously mentioned. It is important to notice that "*Approximately half of individuals who eventually developed PTSD initially present with acute stress disorder*" (p. 284) [2]

Posttraumatic Stress Disorder (PTSD) is a mental disorder occurring after exposure to one or more traumatic events (Criterion A) and is characterized by intense reliving of the traumatic event through intrusive memories and nightmares (intrusion symptoms; criterion B); avoidance of reminders of the event (avoidance symptoms; criterion C); negative alterations in cognition and mood associated with the traumatic event (criterion D); hypervigilance toward potential threats in the environment (arousal symptoms; criterion E); and in some cases, persistent or recurrent depersonalization symptoms. The Criteria A events included, but are not limited to, threatened or actual physical assault (e.g., childhood physical abuse, physical attack), threatened or actual sexual violence (e.g., forced sexual penetration, alcohol/drug-facilitated sexual penetration, abusive sexual contact, noncontact sexual abuse, sexual trafficking) (p.274) [2].

Of special interest for this paper are the ASD and the PTSD Intrusion Symptoms associated with the traumatic event(s), beginning after the traumatic event occurred, which are: 1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). 2. Recurrent distressing dreams in which the content and/or affect 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(s) were recurring. 4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the

traumatic event(s). 5. Marked physiological reactions to internal or external clues that symbolize or resemble an aspect of the traumatic event(s). "*These intrusive memories often include sensory (e.g., sensing the intense heat that was perceived in a house fire), emotional (e.g., experiencing the fear of believing that one was about to be stabbed), or physiological (e.g., experiencing the shortness of breath that one suffered during a near-drowning) components…Some individuals with the disorder do not have intrusive memories of the event itself, but instead experience intense psychological distress or physiological reactivity when they are exposed to triggering events that resemble or symbolize an aspect of the traumatic event."* (p.271, 282 & 283) [2]

Acute Stress Syndrome Stabilization Procedures

The Acute Stress Syndrome Stabilization (ASSYST) procedures in group, individual, and Web-based formats, are Adaptive Information Processing (AIP)-informed, carefully field-tested, refined, and user-friendly psychophysiological algorithmic approaches, whose references are the EMDR Integrative Group Treatment Protocol for Ongoing Traumatic Stress (EMDR-IGTP-OTS) and the EMDR Protocol for Recent Critical Incidents and Ongoing Traumatic Stress (EMDR-PRECI). These treatment procedures were specifically designed to provide in-person or online support to clients who present ASD or PTSD intense psychological distress and/or physiological/somatic reactivity caused by the disorder's intrusion symptoms (e.g., sensory, emotional, or physiological/somatic components of the intrusive distressing memories) [3-8].

The ASSYST procedures are Low-Intensity-Interventions that give us the possibility of direct, non-intrusive, physiological engagement with the client´s distressing/pathogenic memory and its original eight components (the five sensory inputs, body/somatic sensations, emotions/feelings, and thoughts during the adverse experience) [9]. These procedures can be administered within the first hours or days after an adverse experience when the person shows severe symptoms of psychological distress, physiological reactivity and/or deterioration in current functioning.

The objective of these procedures is focused on the client's nervous system activation regulation through the reduction or removal of the activation produced by the sensory, emotional, or physiological components of the intrusive distressing/pathogenic memories of the adverse experiences, to achieve optimal levels of nervous system activation; thus, facilitating the AIP system the subsequent adaptive processing of the information [10]

These procedures follow the Psychological First Aid (PFA) reduction of distress and adaptive functioning objectives and must be administered within a continuum of care context (stepped progression of health care provided in an increasingly intensified manner) to help the person achieve a state of adaptive functioning or to facilitate access to the next level of care when necessary [11].

References

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