
Addressing Acute Stress and Trauma—Decision Guide for COVID-19

In the rapidly changing societal and health care landscape, the ability to evaluate, plan, and adapt is vital; occupational therapy practitioners have unique skills to address this challenge. The COVID-19 pandemic, and anti-racism protests, unveiled the already present health disparities, occupational injustices, and inequities within the United States. Along with physical health implications, these events may be stressful and perhaps traumatic. Regardless of the practice setting, the following checklist can assist in the development of facility-specific guidance to acknowledge and address acute stress and disorders of trauma for clients throughout the lifespan.

As society transitions to alter its landscape, OT practitioners must:

- Address the intersecting psychological, social, and behavioral factors of their clients
- Recognize how traumatic events appear in various forms impacting individuals, organizations, and populations
- Acknowledge that the presence of acute stress and trauma can greatly affect service delivery and outcomes

Consider the following signs of possible Acute Stress Disorder:

- Exposure to actual or threatened death, serious injury (e.g., having a diagnosis of, or recovering from, COVID-19)
- Repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., practitioners on the front line, witnessing wrongful deaths, and violence covered by the media)
- Presence of intrusion, negative mood, dissociation, avoidance, and dysregulation in arousal, beginning or worsening after the traumatic event(s)
- Duration of the disturbance for a minimum of 3 days to 1 month after trauma exposure. After 30 days, the mental health professional must explore a diagnosis of post-traumatic stress disorder.
- Clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- Disturbance is not due to the physiological effects of a substance or another medical condition.

Source: American Psychiatric Association, 2013.

Trauma Risk Factors

- History of childhood adversity
- Family history of trauma
- Physiological challenges, such as cardio vascular conditions
- Poor coping strategies and past responses to acute and chronic stress

Social Determinants of Health

- Population group
 - Underrepresented minority populations are at greater risk of experiencing trauma
- Economic stability
 - Access to necessary support and resources such as housing, employment, and food security
- Social and community context
 - Civic support systems, social cohesion, and the impact of discrimination and incarceration
- Environment
 - Safety, security, quality of housing, and access to resources supporting dietary needs
- Access to health care and health literacy
 - Availability, affordability, and seeking of appropriate care affect care and health outcomes

Source: [Healthy People 2020](#)

Screening and Assessment

- Review the available Center for Disease Control and Prevention: Adverse Childhood Experiences Resources
 - <https://www.cdc.gov/violenceprevention/acestudy/resources.html>
- Acknowledge acute stress and personal trauma, and consider screening and assessments based on clinical reasoning, training, client preference, and context.
- Pediatric Screening and Assessment Resources
 - National Child Traumatic Stress Network Screening and Assessment: <https://www.nctsn.org/treatments-and-practices/screening-and-assessment>
- Adult Resources
 - Trauma Screening Questionnaire: <https://www.ptsd.va.gov/professional/assessment/screens/tsq.asp>
- Trauma Informed Organizational Assessment
 - Guide to Completing the Agency Self-Assessment: http://www.traumainformedcareproject.org/resources/Traumam%20Informed%20Organizational%20Survey_9_13.pdf
- Make appropriate referrals to other members of the professional team

AOTA Resource to Support Intervention

- [AOTA's societal statement on stress, trauma, and posttraumatic stress disorder](#)

Reference

American Psychiatric Association. (2013). Anxiety disorders. In *Diagnostic and statistical manual of mental disorders (5th ed.)*. <https://doi.org/10.1176/appi.books.9780890425596.dsm05>