

## Sample Activities/Assessments for LO-2

### Activity 1: Acute Stress Identification Exercise

- **Purpose:** Train observation and categorization skills.
- **Instructions:**
  - Review 2 brief case vignettes (provided by instructor).
  - Identify and list all acute stress symptoms by domain (physical, emotional, cognitive, behavioral, social).
  - Discuss how to differentiate stress-related symptoms from possible medical issues.
- **Assessment:** Students score points for identifying at least 2 correct symptoms per domain and describing one appropriate next step.

### Vignette 1: Jordan

#### Case:

Jordan is a 22-year-old university student who was involved in a minor car accident five days ago. While no one was seriously injured, Jordan was driving and keeps replaying the moment of impact in their mind. Since the accident, Jordan has had difficulty sleeping, avoids getting into a car, and has called in sick to their part-time job twice. Jordan reports feeling “on edge” and has been snapping at friends over small things. They also mention having trouble concentrating in lectures and skipping meals because they “don’t feel hungry.”

### Vignette 2: Amina

#### Case:

Amina, a 25-year-old graduate student, recently witnessed a violent altercation in her neighborhood. Although she was not directly harmed, she reports feeling “numb” and unable to focus on her coursework. She finds herself scanning her surroundings constantly, has been waking up multiple times during the night with a racing heart, and avoids walking past the location of the incident. Her roommate noticed she’s been more withdrawn and has declined invitations to social events, saying she “just wants to be alone.”

### Vignette 1: Jordan — Model Response

Domain	Identified Symptoms
Physical	- Difficulty sleeping- Loss of appetite

<b>Emotional</b>	- Feeling “on edge”- Irritability
<b>Cognitive</b>	- Intrusive thoughts (replaying accident)- Difficulty concentrating
<b>Behavioral</b>	- Avoidance of cars- Calling in sick to work
<b>Social</b>	- Snapping at friends- Withdrawing from normal responsibilities

### Differentiation from Medical Issues:

Rule out **concussion** or physical injury from the accident through medical screening (especially due to sleep disturbance and concentration problems). Also assess for **underlying anxiety disorders**—however, timing and direct link to the car accident suggest acute stress.

### Vignette 2: Amina — Model Response

Domain	Identified Symptoms
<b>Physical</b>	- Racing heart at night- Sleep disturbances
<b>Emotional</b>	- Emotional numbness- Anxiety/hyperarousal
<b>Cognitive</b>	- Constant scanning (hypervigilance)- Trouble focusing
<b>Behavioral</b>	- Avoiding location of incident- Reduced activity (not going out)
<b>Social</b>	- Withdrawal from social life- Declining social invitations

### Differentiation from Medical Issues:

Rule out cardiovascular issues (e.g., palpitations) with a medical check-up if symptoms persist. Assess for mood disorders if the **emotional numbing** and **withdrawal** do not improve within 2–4 weeks. Acute onset after a trauma, however, supports a stress reaction.