

The Call for Trauma-Informed Care In Occupational Therapy

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Introduction

Do entry-level occupational therapy students with introductory education in trauma-informed care feel adequately prepared to take a trauma-informed approach when treating patients in the community?

- Although trauma-informed care is identified among occupational therapists as applicable to daily treatment and meaningful to their patient population, less than half of the same occupational therapists report the proper and consistent implementation of trauma-informed care at their therapy clinics.
- Holman et al. (2022) calls for further advocacy of trauma-informed care in pediatric occupational therapy through the formal education and training of occupational therapy practitioners.

Literature Review

- Trauma is described as a singular or cumulative experiences that result in adverse effects on functioning and mental, physical, emotional, or spiritual well-being (Fette et al., 2019).
- Trauma includes exposure to violence, bullying, displacement, food insecurity, motor vehicle accident, life threatening events, and acute illness (Thomason & Marusak, 2017).
- The brain undergo neurological changes following the experience of a traumatic event (Thomason & Marusak, 2017).
- Fette et al. (2019) found that 75% of children between 5-17 years old report exposure to a form of victimization.
- Adverse childhood experiences have persistent, long-term impacts on physical, behavioral, and emotional health (Fette et al., 2019).
- An occupational therapy practitioner's role is to address the symptoms or effects of trauma on social participation, school performance, and daily activities through intervention and education rather than the trauma itself (Piller & Achord 2022).
- Since treatment models based in language can be difficult for individuals with self-regulation challenges, interventions that build upon interoceptive awareness and rely less on verbal expression, may improve emotional self-regulation (Warner et al., 2014).
- Although trauma-informed care is identified among occupational therapists as applicable to daily treatment and meaningful to their patient population, less than half of the same occupational therapists reported the proper and consistent implementation of trauma-informed care at their therapy clinics (Holman et al., 2022).
- Holman et al. (2022) calls for further advocacy of trauma-informed care in pediatric occupational therapy through the formal education and training of occupational therapy practitioners.

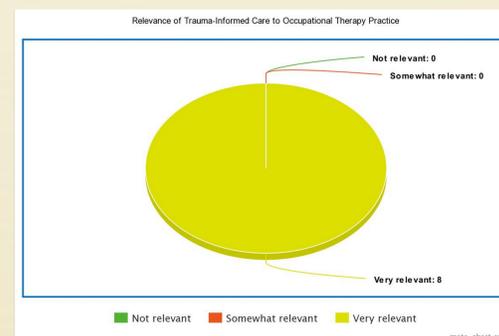
Method

The lecture was provided to entry-level occupational therapy assistant students at the State College of Florida in Bradenton, Florida in October 2023.

The lecture was part of a Mental Health course and included student participation through anonymous engagement with the Adverse Childhood Experiences Test. Students completed a pre-assessment as well as a post-session survey. The pre-assessment consisted of an online, interactive quiz to gauge students' knowledge of trauma-informed care in occupational therapy prior to engagement in the lecture. Kahoot! was the educational technology platform utilized to capture this data.

The post-session survey included five items consisting of short answer, close-ended questions, and multiple choice questions. These items asked about the students' perception of the relevance of trauma-informed care in occupational therapy practice, the definition and examples of trauma, why a trauma-informed approach to therapeutic intervention is important, as well as the recognition of sensory strategies that support a trauma-informed approach.

Results



The pie chart above depicts the students' perception on the relevance of occupational therapy to trauma-informed care. All eight students indicate that trauma-informed care is "very relevant" to occupational therapy practice. The majority of responses indicate that the students equate trauma with a physical experience, however, the lecture defined trauma as any event that results in adverse effects that impact function and well-being (emotional, spiritual, physical, and mental).

Utilizing an open-ended question to describe the importance of trauma-informed care in occupational therapy practice, the students' responses revealed two consistent themes of enhancing therapeutic rapport with clients and understanding the comprehensive impact of trauma on quality of life and well-being. Two out of eight students mentioned the involvement of neurological changes in the brain which also impact a client's ability to meaningfully participate in daily occupations. Since the lecture focused heavily on the adverse effects of trauma on the developing brain, it appears that the students did not fully comprehend this portion of the lecture.

Finally, students were asked to define trauma in their own words. Five out of eight students recalled that trauma can be a single experience, multiple events, or cumulative experiences. Two students defined trauma as an "emotional response" or a traumatic event with "emotional effects." One student discussed trauma as an event that changes "brain chemistry" leading to "maladaptive behaviors and coping mechanisms."

Summary

The results of the post-session survey implicate that the students would benefit from an increase in content and frequency of formal education in trauma-informed care in occupational therapy. While the students seemed to grasp the big picture idea that trauma-informed care is relevant and important to occupational therapy practice, their responses demonstrate a lack of comprehension of more minute details of taking a trauma-informed approach to therapeutic interventions.

References

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