St. Catherine University

SOPHIA

Doctor of Occupational Therapy Doctoral Projects

Occupational Therapy

8-2021

Providing Trauma Informed Care with an Emphasis on Sexual Trauma: A Pilot Education Program to Students Providing Care to Latinx Patients in a Free Primary Care Clinic

Sydney Busker
St. Catherine University

Follow this and additional works at: https://sophia.stkate.edu/otd_projects

Recommended Citation

Busker, Sydney. (2021). Providing Trauma Informed Care with an Emphasis on Sexual Trauma: A Pilot Education Program to Students Providing Care to Latinx Patients in a Free Primary Care Clinic. Retrieved from Sophia, the St. Catherine University repository website: https://sophia.stkate.edu/otd_projects/34

This Doctoral Project is brought to you for free and open access by the Occupational Therapy at SOPHIA. It has been accepted for inclusion in Doctor of Occupational Therapy Doctoral Projects by an authorized administrator of SOPHIA. For more information, please contact sagray@stkate.edu.

Providing Trauma Informed Care with an Emphasis on Sexual Trauma: A Pilot Education Program to Students Providing Care to Latinx Patients in a Free Primary Care Clinic

Sydney Busker

Faculty advisor: Paula Rabaey, Ph.D, OTR/L

Site mentor: Darla Coss, OTD, OTR/L, CHT

Capstone Coordinator: Ginny Green, OTD, OTR/L

St. Catherine University

Summer 2021

St. Catherine University

Doctor of Occupational Therapy Entry Level

Certification of Successful Doctoral Capstone Portfolio Defense

We, the undersigned, certify that

Sydney Busker

Student Name

Has successfully defended the occupational therapy doctoral capstone titled

Providing Trauma Informed Care with an Emphasis on Sexual Trauma: A Pilot Education Program to Students Providing Care to Latinx Patients in a Free Primary Care Clinic

Paula Rabaey PHD., OTR/L 9/16/2021

Doctoral Capstone Faculty Advisor Date

Darla Coss, OTD, OTR/L, CHT 09/16/2021

Doctoral Capstone Mentor Date

Virginia L. S. Green OTD, OTR/L 09/16/2021

Doctoral Capstone Faculty Committee Member Date

Certification of Approval for Final Copy of Doctoral Capstone Portfolio

I, the undersigned, approve the final copy of the doctoral capstone portfolio by

Sydney Busker

Student Name

Paula Rabaey PHD., OTR/L 9/17/2021

Doctoral Capstone Faculty Advisor Date

Table of Contents

Chapter 1: Introduction **6**
Background 6
Review of Evidence 7
Significance and Innovation 9
Objectives 11
Chapter 2: Scoping Review **13**
Introduction 13
Research Priorities for Occupational Therapy Research 13
Scoping Review Question 14
Methods 16
Results 18
Summary of themes 20
Discussion 25
Implications for Practice 26
Recommendations 27
Conclusion 28
Chapter 3: Needs Assessment **30**
Approach 30
Data and Themes 31
SWOT Analysis: Strengths, Weaknesses, Opportunities, and Threats 33
Conclusion 34
Chapter 4: Goals, Objectives and Approaches **36**
Introduction 36

Process and Plan 36

Project Design 38

Timeline 40

Participants 41

Product 41

Chapter 5: Evaluation and Results 43

Project Evaluation 43

Data Collection 43

Data Analysis 44

Project Results 45

Chapter 6: Discussion and Impact 50

Summary 50

Original project goals 50

Review of identified gaps 50

Findings from Scoping Review 51

Findings from Needs Assessment 51

Strengths of the Project 52

Number of participants available to review the project 52

Evidence the project was based on 52

Positive feedback received 53

Limitations 53

Impact of Project 54

Contribution to OT practice knowledge 54

How the site identifies it will use the product 55

Ideas for future carryover 56

Conclusion 56

Chapter 7: Conclusion and Reflection **57**

Reflection on Mission and Vision Statements 57

AOTA's 2025 Vision 57

Henrietta Schmoll School of Health 58

Department of Occupational Therapy & Community Site 59

Professional Development 59

References **61**

Appendix A **67**

Appendix B **68**

Appendix C **70**

Appendix D **86**

Appendix E **90**

Appendix F **91**

Appendix G **92**

Chapter 1: Introduction

Background

At St. Mary's Medical and Rehabilitative Therapies Clinic, also referred to as SMMART clinic, occupational therapy, physical therapy, physician assistant and nutrition students serve clients under supervision of professors to provide free care to individuals who are uninsured or who immigrated to the United States. One-hundred percent of the SMARRT clinic's patients are of low-socioeconomic status, uninsured or uninsurable. 98% of the patients are Hispanic/Latino and the majority are employed (SMMART Clinic, 2019). The SMARRT clinic aims to improve the quality of life for low-income, uninsured residents by providing free health care services in the Twin Cities metropolitan area since 1992, and outreach services to the Hispanic/Latino community since 2002. St. Mary's Medical and Rehabilitative Therapies Clinic is located at St. Catherine University in St. Paul, MN in the clinic space on campus and Whitby building. The SMMART clinic's philosophies revolve around four primary sentiments: patient as teacher, interprofessional work, social justice and empowerment of the patients. The clinic refers out to large health systems like Fairview and HealthPartners for X-rays, MRI's or specialty medical consult including rheumatology, orthopedics etc. Common health conditions the SMMART clinic encounters among their client population includes diabetes, chronic pain, musculoskeletal issues and high blood pressure.

The clinic has identified the need for information and training for student and faculty clinicians on how to better serve Latina women from a Spanish speaking immigrant population who have experienced sexual violence. This capstone project serves the SMMART clinics mission by advancing social justice through transformative, holistic health care, and reducing health disparities among the underserved through increased accessibility to high quality care and

developing compassionate, resourceful, culturally respectful future health care professionals (SMMART Clinic, 2019).

Review of Evidence

The concept of traumatic stress appeared in the field of mental health over four decades ago (Substance Abuse and Mental Health Services Administration, 2014). The third edition of the *Diagnostic and Statistical Manual for Mental Disorders* (DSM-III) in 1980 was the first time trauma was officially recognized as an event (or series of events) that can have long-lasting implications for occupational functioning (AOTA, 2019). Currently, trauma is defined as a singular or cumulative experience that result in adverse effects on functioning and mental, physical, emotional, or spiritual well-being (SAMHSA, 2014). Trauma informed care was originally developed because a large study found persons with trauma backgrounds are high utilizers of healthcare (Green et al., 2015).

Current research reports that 1 in 3 women experience some form of unwanted sexual violence in their lifetime (Cuevas et al., 2018). The way in which Latina females experience sexual violence disrupts their routines and life. Culturally, married Latinas were less likely than other women to define their experience of forced sex by their spouses as “rape” and terminate their relationship and some viewed sex as a marital obligation (Office for Victims of Crime, n.d.). Similarly, one of the most significant risk factors for women being vulnerable to sexual assault is being married or cohabitating with a partner (World Health Organization, 2014).

There are many negative physical and mental effects on one’s body and life after experiencing sexual trauma. Bagwell-Gray (2019) found that after women had experienced sexual trauma, some struggled with body image, tension between experiencing enjoyable sex and violence from the same partner and lacked experience communicating boundaries and dealing

with unhealthy messages about sex received from their families they grew up in or the culture. Similarly, posttraumatic stress symptoms may even contribute to alcohol misuse use that is attributable to difficulty regulating emotions (Paulus et al., 2019). Interventions that help improve Latina women's emotional regulation could be helpful in treating PTSD symptoms and alcohol use problems.

The main goal in providing trauma informed care is to proactively avoid re-traumatization of the patients. A strengths-based model is an ideal way to approach clients how may have experienced sexual trauma (Vande & Wellington, 2017). Using this model, instead of thinking or asking what is wrong with somebody, we can be curious about what might have happened to them. A public health model can also be used as it seeks to allocate resources by addressing the lowest level of care, beginning with trauma-informed "universal precautions" applied at a population level (AOTA, 2019). With all patients, occupational therapy practitioners can use person-centered care practices, such as telling clients what is going to happen, asking about their concerns, giving as much control as possible, and asking what can be done to make them more comfortable (Raja et al., 2015). All health care providers should create safe environments, recognize common symptoms of traumatic stress, and know how to shift their responses to better support individuals identified as having experienced trauma (AOTA, 2019). The Office of Women's Health has created a curriculum to train providers in primary care on how to address trauma issues while caring for women and specific cultural considerations (SAMHSA, 2014). The six key principles of a trauma-informed approach include: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and cultural, historical and gender issues (SAMHSA, 2014).

Education and program development are two critical gaps in practice that my project addresses. The education modules created for SMMART aim to increase students understanding of trauma through the lifespan and within the context of their culture (Vande & Wellington, 2017). Trauma informed care is aligned with professional priorities for research and knowledge in occupational therapy by building on health services research (American Occupation Therapy Foundation & American Occupational Therapy Association, 2011). The major research goals in health services that relate to this project include evaluation of the site of service delivery and professional training. Similarly, the AOTF and AOTA (2011) introduce the research priorities of identifying where practice lags behind practice guidelines and developing occupational therapy's role in community preparedness by supporting those who have experienced trauma. Therefore, the purpose of this capstone project is to create evidence-based education modules using best practices for training student providers to be trauma-informed and understand sexual trauma and its implications for minority groups.

Significance and Innovation

Occupational therapists work with clients who may have experienced trauma and it is imperative to have a working knowledge of ways to support them (Fette et al., 2019). The scoping review and needs assessment performed provided integral information for educating and training healthcare students to be trauma informed. This knowledge will enhance the delivery of services to immigrant woman who may have experienced sexual trauma. This project is innovative for occupational therapists, occupational therapy students and interprofessional care of clients in this primary care clinic because it creates a new procedure and awareness for trauma and strengthens the care and relationship between patient and provider.

Trauma informed care is aligned with occupational therapy because emotional and physiological influences can affect client's performance and participation in meaningful occupations such as completion of work tasks or engaging in social activities. Additionally, a relatively small proportion of women seek medical services for immediate problems related to sexual violence (World Health Organization, 2014). It is important for occupational therapy clinicians to be informed about how trauma can affect this population to improve health and well-being outcomes for the client. Developing the skills and knowledge of being trauma informed enhances students therapeutic use of self to facilitate an optimal experience and outcome for the client (Solman & Clouston, 2016). Therefore, it is important to identify optimal resources and instructional methods to provide students with best practices in this area to maximize their learning through my capstone project.

The SMMART clinic is a primary care clinic where the therapists work closely with the physician and other staff. This emerging practice area within occupational therapy is valuable as it provides education to students on how to provide trauma-informed care to a vulnerable population in this unique primary care setting.

This capstone project is innovative and significant because it encompasses up to date evidence-based research displayed in educational materials and training students and health professionals in using trauma-informed care for Spanish speaking immigrant women who may have experienced sexual trauma and/or domestic violence. The trauma-informed care approach includes four "R's" that are key assumptions for this trauma-informed approach including: to realize, recognize, respond and resist re-traumatization (SAMHSA, 2014). To put this significance into action, objectives were identified by the organization and stakeholders to focus on creating an impact with trauma informed education.

Objectives

The primary objective of this capstone project was to identify optimal resources and instructional methods to provide healthcare students with best practices in this area to maximize their learning of trauma informed care and sexual trauma for Latina women. This objective is approached with a multidisciplinary, comprehensive and a compassionate lens.

The SMMART clinic requested and desiring comprehensive educational modules online on D2L for students and faculty to learn about sexual trauma, the Latina culture and trauma informed care. The identified main priority issue is that there is a high prevalence of Latina women who are suspected to be exposed to trauma. The goal was to develop a guided learning module to disseminate evidence on trauma informed care and sexual violence for the Latina population to the students and stakeholders at SMMART. This was done by applying best practices based on evidenced based research and interviews for providing education and training to healthcare providers. Time efficient educational modules delivered online was the preferred method by this site.

The second priority was a need for a uniform and valid assessment to screen for trauma. This was completed by identifying multiple options of culturally appropriate universal screening tools to identify patient's risk or exposure to sexual violence and present the options to the clinic. To accomplish this task I reviewed research on brief screens for trauma identified in previous research applicable to Latina population and trialed the potential screen with the physician assistant students Latina reviewer to receive feedback on translation.

The third priority issue was that the clinic desired additional resources to connect patients to local resources that address sexual trauma available to uninsured patients. The goal in addressing this area is to provide SMMART with a sample triage system that they could adapt

and implement as the larger clinic sees fit to connect patients with local resources. The strategy in accomplishing this task includes identifying local resources available to uninsured patients or the availability of having psychologist partner with SMMART.

In closing, Fette & Weaver (2019) said it best in that “we have a duty to understand the widespread nature and effects of trauma that are likely to be part of the fabric of most clients we serve” (Fette & Weaver, 2019, p. ce7). Trauma informed care education for providers can assist in bridging this area of need by improving comprehensiveness of services provided to patients.

Chapter 2: Scoping Review

Introduction

The purpose of this scoping review was to identify best practices for educating student providers and faculty to understand trauma-informed care and understand sexual trauma and its implications for treating minority groups at SMMART. The SMMART clinic at St. Catherine University provides free health care services to the Twin Cities metropolitan area, and outreach services to the Hispanic/Latino community. At this clinic, occupational therapy, physical therapy, physician assistant and nutrition students treat patients under the supervision of healthcare faculty to provide free care to individuals who are uninsured or immigrated to the United States (SMMART Clinic, 2019). One-hundred percent of SMMART patients are of low socioeconomic status, uninsured or uninsurable, 98% are Hispanic/Latino and most are employed (SMMART Clinic, 2019). Common health conditions SMMART encounters among their client population includes diabetes, chronic pain, musculoskeletal issues and high blood pressure. SMMART stakeholders also identified the need for information on how to better serve Latina women who are from Spanish speaking decent who have experienced sexual violence. This scoping review identified optimal resources and instructional methods to provide healthcare students with best practices in this area to maximize their learning of trauma informed care and sexual trauma for Latina women through my capstone project.

Research Priorities for Occupational Therapy Research

The focus of this scoping review is aligned with professional priorities for research and knowledge in occupational therapy by building on health services research and cultural humility (AOTF and AOTA, 2011). The major research goals in health services that relate to this project include evaluation of the site of service delivery and professional training. Similarly, the AOTF

and AOTA (2011) introduced the research priorities of identifying where practice lags behind practice guidelines and identify occupational therapy's role in community preparedness (to support those who have experienced trauma in this case).

Trauma informed care is aligned with occupational therapy as both emotional and physiological influences can affect client's performance and participation. Additionally, a relatively small proportion of women seek medical services for immediate problems related to sexual violence (World Health Organization, 2014). It is important for occupational therapy practitioners to be informed about how trauma can affect this population to improve well-being outcomes for the client. Developing the skills and knowledge of being trauma informed enhances students therapeutic use of self to facilitate an optimal experience and outcome for the client (Solman & Clouston, 2016). Therefore, it is important to use this scoping review to identify optimal resources and instructional methods to provide students with best practices in this area to maximize their learning through my capstone project.

The role of occupational therapy within the emerging practice area of primary care is being explored as SMMART's interdisciplinary model is occupational therapists working closely with a physician, nutrition, physical therapy and physician assistant students. Providing education to interprofessional students on how to provide trauma-informed care to a vulnerable population in this primary care free clinic setting provides a progressive contribution to the field of occupational therapy.

Scoping Review Question

This scoping review intended to answer the following question: What is the best evidence for training healthcare providers on trauma informed care with Latina women who may have a history of trauma resulting from sexual and/or domestic violence? In answering this question,

this scoping review fit into research priority areas set forth by WFOT, AOTA, and AOTF by providing integral information for educating and training healthcare students to be trauma informed and use these principles in practice. This form of knowledge synthesis addressed the exploratory research question aimed at mapping key concepts, exploring evidence and gaps in research related to the area of trauma informed care among minority women by systematically synthesizing existing knowledge (Colquhoun et al., 2014). This knowledge also enhanced the delivery of services to immigrant woman who may have experienced sexual trauma. This project was innovative for occupational therapists, occupational therapy students and interprofessional care of clients in this primary care clinic because it creates a new procedure and awareness for this paper. Trauma is defined as a singular or cumulative group of experiences that result in adverse effects on functioning and mental, physical, emotional or spiritual well-being (Substance Abuse and Mental Health Services Administration, 2014). Similarly, to provide trauma informed care is to apply that understanding of trauma to services and the design of systems to accommodate and be mindful of the needs of trauma survivors (Harris & Fallot, 2001).

The trauma-informed care approach will be the framework used to explore this topic. There are four “R’s” that are key assumptions for this trauma-informed approach. These include to realize, recognize, respond and resist re-traumatization. The aim was to have the individuals we are training to realize the widespread effects of trauma and potential paths for recovery. This includes recognizing the signs and symptoms of trauma in clients, families and staff and responding by integrating knowledge learned. Lastly, this trauma-informed approach aims to resist re-traumatization of clients and staff, which means avoiding triggering memories or situations (SAMHSA, 2014).

Methods

The original database search strategy included accessing the St. Catherine University library homepage to determine popular databases relevant to healthcare including: MEDLINE via PubMed, SAGE, OT Search and CIHNAL. Publish dates were limited to primarily 2018-2020 to focus the search. Key search terms used included: trauma informed care, best practices, training, sexual violence, primary care, immigrant Latina women. The majority of the articles accumulated were primary research studies (often qualitative)and conceptual or theoretical articles.

Following the identification of 15 initial appraisals of peer reviewed journal articles, three articles were selected for further review using a critical appraisal template. The outcome of the initial appraisals and critical appraisals included gaining background information about the Latina population and sexual trauma in order to educate healthcare students at the SMMART clinic. Although the numbers varied slightly, it was reported that 1 in 3 women experience some form of unwanted sexual violence in their lifetime (Cuevas et al., 2018). This is a staggering amount and concerning as Latina women face significant health disparities and therefore may not be receiving care for recovery from these events. There are many negative physical and mental effects on one’s body and life after experiencing sexual trauma. Bagwell-Gray (2019) found that after women had experienced sexual trauma, some struggled with body image, tension between experiencing enjoyable sex and violence from the same partner, lacked experience communicating boundaries and dealing with unhealthy messages about sex received from their families they grew up in or the culture. Similarly, posttraumatic stress symptoms may even contribute to alcohol misuse use that is attributable to difficulty regulating emotions (Paulus et

al., 2019). Interventions that help improve Latina women's emotional regulation could be helpful in treated PTSD symptoms and alcohol use problems.

Certain populations and genders are more at risk for sexual assault due to various inequalities playing a role. For example, adults who are most at risk of experiencing severe emotional stress include those who were exposed to traumas, have chronic illness, poverty, homelessness or discrimination, recent major life stresses and lacking knowledge of the English language. These risk factors may apply to the population of Latina women that SMMART serves and be relevant in understanding their risk for stress and occupational disturbance. A review of research by Cuevas et al. (2018) led to a connection between the literature and what is being seen in practice at the SMMART clinic. They found that sexual assault is associated with gastrointestinal and neurologic symptoms, along with obesity, diabetes and chronic pain (Cuevas et al., 2018). This finding is significant as a high percentage of Latina patients seen at SMMART have diabetes and chronic pain. This knowledge provides insight into potential reasons why these diagnoses are especially common in the patients SMMART is seeing who have experienced trauma, and how trauma presents itself within the body and mind. Other symptoms that trauma victims may present with include significant sleep disturbance (Gallegos et al., 2019). Being aware of the effects of trauma and its presentation can help within the screening and trauma recognition process.

Major themes from the literature emerged on now to help patients who have experienced trauma and best practices to provide trauma informed care. Many appraisals indicated that it is important to create safe physical environment and train all healthcare staff on the basics of the effects of trauma and trauma informed treatment of others. The most significant recommendation

was to provide patient-centered communication and care and create a safe patient-client partnership.

Suggestions on how providers or healthcare students can communicate with patients include: reassuring the patient that the sexual assault is not his or her fault, telling the patient that you are very sorry that this traumatic experience happened, and avoiding interrogating your patient about the assault as it is not your job to investigate the sexual assault (Cuevas et al., 2018). An important finding to note is that a protective factor of the Latino culture (if maintaining culture of origin) is family cohesion, adaptability and familism (Sabina et al., 2015). Healthcare professionals working with this population can encourage and support this cultural pillar to promote healing. Likewise, occupational therapists have ideals like providing holistic care and person-centered interventions that align with trauma informed care. Healthcare providers should aim to avoid triggers, and have knowledge of helpful treatment for trauma patients (even if you're not providing the treatment). It was found that symptoms may be relieved by treatment modalities such as EMDR, yoga, tai chi, meditation, and mindfulness-based programs (Roberts, Chandler & Kalmakis, 2019). These are suggestions an occupational therapist could make on top of referring patients to qualified mental health providers. The literature emphasized that before addressing trauma, it is important to be equipped with resources to provide to patients and/or referrals.

Results

Of the 15 articles of evidence, eight were kept for this scoping review. Five were primary research studies and three were reviews of research studies. Of the five primary research studies, two were qualitative and three were quantitative. Inclusion criteria for chosen studies included at

least one of these three areas: trauma informed care, Latina women, and/or sexual violence. No additional studies were identified for this scoping review.

All eight studies were published in reputable scholarly peer-reviewed journals. All studies occurred in the U.S and were published between 2015 and 2020. Of the primary research articles, one was a descriptive qualitative study, a cross sectional quantitative study, a quantitative randomized control trial, a qualitative narrative, and a quantitative exploratory study (Paulus et al., 2019).

Of the five primary research studies, three studies included healthcare providers as participants. The fields represented included medicine, nursing and therapies (physical, occupational and respiratory). Sample sizes ranged from 30 to 318 healthcare participants. Two studies included nurses, three studies included practitioners of medicine, and two included therapies (physical, occupational and respiratory). Two quantitative primary research articles were conducted in primary care settings, one in a trauma center and another in a hospital. The studies examined whether having trauma informed care education improved providers patient-centered communication and their comfort/confidence in providing trauma informed care, compared to those who didn’t receive TIC education.

The remaining two primary research studies had Latina women who have experienced trauma as participants. The sample sizes of Latina women ranged from 28 to 238 participants, ranging in age from 18 to 60 years old. The majority of participants were urban shelter-seeking clients, or recruited from a federally qualified health center. The questions the studies asked included information about the women’s lived experiences, the type of violence encountered, the relationship of the perpetrator to the victim and cultural implications (e.g. immigration), and

what effects trauma has on wellbeing. See Table 1 for details on specific study characteristics found within the 8 studies examined.

Table 1

Frequency Analysis of Trauma Informed Care (n =8)

Criteria		**Number**
Study Design	Qualitative	2
	Descriptive	1
	Narrative	1
	Quantitative	3
	Randomized Control Trial	1
	Exploratory Study	1
	Survey	1
	Research Reviews	3
	Systematic	1
	Literature Review	2
Source of Publication	Health professions higher education	1
	Nursing, Medicine, Osteopathic	3
	Academics (pediatrics)	1
	Cultural diversity psychology	1
	Trauma and violence	2
Participants	Health professionals	3
	Nursing	2
	Medicine	3
	Therapies [Physical, Occupational, Respiratory]	2
	Latina women who have experienced trauma or violence	5
	Age range was 18 to 60 across the articles	

Summary of themes

The purpose of this scoping review was to explore the existing evidence related to training healthcare students about trauma-informed care for working with Latina women who have experienced sexual trauma. Three major themes emerged within the findings that include: (a) physical and mental effects of sexual trauma; (b) trauma informed care components; and (c) referring and treatment techniques. Three subthemes included are the influence of Latina culture, patient-centered communication and a safe physical environment.

Theme 1: Physical and mental effects of sexual trauma. This theme represents the effects that sexual trauma had on Latina woman's mind and body. Sexual trauma is defined as physical, sexual and psychological abuse or stalking by an intimate partner or stranger (Bagwell-Gray, 2019; Sabina et al., 2015). Two systematic reviews and one quantitative study concluded there are significant health disparities (e.g., sleep disturbance, emotional dysregulation) for Latina women who have experienced sexual trauma (Gallegos et al., 2019; Paulus et al., 2019; Sabina et al., 2015). Bagwell-Gray (2019) in their descriptive qualitative study of 28 women of different ethnicities found that after women had experienced sexual trauma, a high percentage struggled with body image and tension between experiencing enjoyable sex and violence from that same partner.

Bagwell-Gray (2019) found in a descriptive qualitative study that women who experience interpersonal violence are in turn more likely to engage in their own sexual risk behaviors. These behaviors include sex outside the relationship, trading sex for money or goods, and sex under the influence of alcohol (Bagwell-Gray 2019). Women have used this behavior as a coping response to the violence and lack of control they experienced. The culmination of which can lead to mental health consequences including depression, posttraumatic stress disorder (PTSD), and low self-esteem (Bagwell-Gray, 2019). Similar findings were found in an exploratory quantitative study by Paulus et al. (2019) who concluded that posttraumatic stress symptoms can lead to alcohol misuse use that is attributable to difficulty regulating emotions.

An additional literature review with 60 resources found that sexual assault has been found to be associated with gastrointestinal and neurologic symptoms, along with obesity, diabetes and chronic pain (Cuevas et al., 2018). Similar findings were found in a systematic review of 23 studies that indicated women trauma victims in general may present with significant

sleep disturbance (Gallegos et al., 2019). The subtheme included below describes how Latina culture influences women's physical and mental experiences and responses to sexual trauma.

Influence of Latina Culture. How women are viewed in a relationship or sexual context is often influenced by cultural or familial norms therefore cultural and gender components are important to consider. A literature review conducted an in-depth review of past studies that included 2,000 Latina women who had experienced interpersonal violence and found that about 60 percent of physical sexual assault among Latinas was perpetrated by current or ex-partners (Sabina et al., 2015). An important finding is that a protective factor of the Latina culture (if maintaining culture of origin) is family cohesion, adaptability and familism (Sabina et al., 2015). Healthcare professionals working with Latina women can encourage and support the cultural pillar of relational cohesion to promote healing.

In a qualitative study including 28 women who were survivors of interpersonal violence, barriers to maintaining their sexual health included the inability to control sexual decision making with a partner (Bagwell-Gray, 2019). Latina women often lacked experience communicating boundaries and dealing with unhealthy messages about sex received from their families they grew up in or their culture (Bagwell-Gray, 2019). American orientation among Mexican-American husbands was associated with more frequent conflict and argument intensity due to the intra-family changes and stress that occur with acculturation (Sabina et al., 2015).

Theme 2: Trauma informed care components. Commonalities emerged from the research on trauma informed care best practices to responsibly help Latina women patients who have experienced trauma. Across three primary research studies including training healthcare professionals on trauma informed care, the main recommendation was to provide patient-centered communication and care and create a safe patient-client partnership and environment

(Fette et al., 2019; Green et al., 2015; McNamara et al., 2020). The six key principles of a trauma-informed approach include: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and cultural, historical and gender issues (SAMHSA, 2018). It is important to train all staff who come into contact with patients on the basics of the effects of trauma and key principles (e.g. front desk receptionists who greet patients) so they receive information on at least basic trauma informed communication practices (Menschner & Maul, 2016). Following trauma informed care training, professional groups reported experiencing an improvement in their comfort levels in addressing trauma with their patients (McNamara, 2020). Subthemes include additional information on the key components of providing trauma informed care which include patient-centered communication, and creating a safe physical environment.

Patient-centered communication. McNamara et al. (2020) found in a qualitative study of 318 healthcare personnel, that communication was the most important factor in providing the best trauma informed care. Suggestions on how providers or healthcare students can communicate with patients includes: reassuring the patient that the sexual assault is not his or her fault, telling the patient that you are very sorry that this traumatic experience happened, and avoid interrogating the patient about the assault as it is not your job to investigate the sexual assault (Cuevas et al., 2018; McNamara et al., 2020). If the client doesn’t disclose the trauma but the healthcare provider suspects sexual trauma, an intervention can include asking the patient (and/or family members) questions to asses symptoms of distress (Bruce et al., 2018). A standard operating procedure that includes a list of a few questions regarding safety at home or in relationships can also be implemented to ensure every client is provided the opportunity to disclose information whether sexual trauma is suspected or not (McNamara et al., 2020). If it is

highly suspected the client has experienced sexual trauma but they are unwilling to discuss or disclose it, the healthcare professional could have a card with phone numbers of referral sites ready to give the client by saying, “It has come to our attention that many women, about 1 in 3, experience some form of violence in their life, so we are giving these phone numbers for services to patients so that they can use it to get help for oneself or a family member if needed” (Cuevas et al., 2018).

Safe physical environment. McNamara et al. (2020) trained 318 hospital staff on trauma informed care and recommends focusing on providing a calm, safe and empowering environment for patients and staff. There are four “R’s” that are key assumptions for this trauma-informed approach. These include to realize, recognize, respond and resist re-traumatization (SAMSHA, 2018). The aim is to have the individuals being trained to realize the widespread effects of trauma and potential paths for recovery. This includes recognizing the signs and symptoms of trauma in clients, families and staff and responding by integrating knowledge learned. This trauma-informed approach also includes avoiding re-traumatization of clients and staff, which means avoiding triggering memories or situations (SAMSHA, 2018).

Theme 3: Referring and Treatment. A randomized control trial and a qualitative narrative study emphasized that before addressing trauma, it is important to be equipped with resources to provide to patients and/or referrals (Green et al., 2015; McNamara et al., 2020). This may require physicians and other healthcare providers to collaborate with colleagues across other specialties for treating trauma (Bruce et al., 2018; Cuevas et al., 2018). Across four studies, all indicated that healthcare personal should pay attention to these signs or behaviors that may indicate women are in need of psychological treatment: anger, fear, sadness, sleep disturbances, disruptive thoughts about the trauma, avoiding things and situations that remind them of the

trauma, problems at school or work, relationship and/or sexual difficulties (Bagwell-Gray, 2019; Cuevas, 2018; Gallegos et al., 2019; Paulus et al., 2019). With the opportunity and invitation to freely discuss sexual violence, patients may disclose more information than they otherwise would in order to focus on their personal healing and take care of their health (Bagwell-Gray, 2019).

Interventions that help improve Latina women's emotional regulation could be helpful in treating PTSD symptoms and alcohol use difficulties identified above as a symptom of trauma. Bagwell-Gray (2019) found that women gained more confidence and ownership of their sexuality when intervention themes were used that centered around enhanced self-acceptance and gauging their own readiness for desirable sexual partnerships (Bagwell-Gray, 2019). If qualified, interventions can include teaching the patient specific ways to manage pain and anxiety and specific ways to cope with upsetting experiences.

Discussion

Building rapport with patients, creating trust and a safe environment are keys to providing trauma informed care to Latina women. Mindfully gathering information about the physical and mental symptoms the patient is experiencing can assist in informing the need for other referrals / identifying trauma. An education model to use with students can be adapted from the CME Communication Training for primary care providers that aims to create trauma-informed care. It is a strength-based approach to understanding and responding effectively to the needs of people who have been hurt in interpersonal relationships (Green et al., 2015). It suggests beginning by teaching students about the physical, mental and cultural effects of sexual trauma and where to refer. Then following the communication training model, focus on the qualities, values and skills for building relationships as being important factors for healing and

that the helpers must be self-aware and practice self-care as well (Green et al., 2015; McNamara et al., 2020). The healthcare students would then put their new knowledge to use in practicing role plays and scenarios that call for trauma informed care or are part of a standard operating procedure regarding addressing sexual trauma.

Implications for Practice

This research implies that it is important for healthcare workers to be aware of what conditions are commonly prevalent in sexual violence victims. As one in three women in general experience some form of unwanted sexual violence in their lifetime, it is likely that many patients at the SMMART clinic have experienced violence (Cuevas, 2018). This is concerning as Latina women face significant health disparities, and therefore may not be receiving care for recovery from these events. Similarly, the finding that sexual assault is associated with gastrointestinal and neurologic symptoms, along with obesity, diabetes and chronic pain (Cuevas et al., 2018) is significant to this capstone project because a high percentage of Latina patients seen at SMMART have diabetes and chronic pain. This knowledge provides insight into potential reasons why these diagnoses are especially common in the patients SMMART is seeing who have experienced trauma, and how trauma presents itself within the body and mind.

Occupational therapists are important members of the trauma informed team as the profession seeks to provide holistic care and person-centered interventions that are naturally in alignment with trauma informed care. Trauma informed care is aligned with occupational therapy because emotional and physiological influences can affect clients performance and participation. Trauma informed care training is important because many providers are not comfortable discussing sexual trauma issues, and therefore the presence or effect of trauma may go undetected and a major part of their health story will be missing (Green et al., 2015).

Family education may also be important as one teaches a family what to say to their family member after a painful experience and provide information to them about emotional or behavioral reactions that indicate their loved one may need help (Bruce et al., 2018).

Recommendations

The following recommendations are specific ways implement trauma informed care practices at SMMART and the skills the student healthcare professionals will obtain after implementation and education.

- Students need to have the ability to recognize the effects of trauma and how it presents in the body and aid in the screening and trauma recognition process.
- Student healthcare professionals can develop cultural humility by learning from current Latina women's experiences including potential lack of input in their sexual behavior with their partner. Cultural differences can be attributed to power imbalances that occur in interpersonal violence situations that reduce women's say in decision-making regarding sex, condom use etc.
- Clinicians and students should aim to avoid re-traumatizing patients, and have knowledge of treatments for trauma patients (even if that profession is not providing the treatment). Healthcare professionals should be mindful however to not overstep their scope of practice or provide interventions that are not supported by their clinical training.
- Key elements to providing trauma informed care include avoiding re-traumatization, building rapport, and creating a trust and a safe environment. These are elements that SMMART can implement, and are key components in this capstone project. Student healthcare professionals working with Latina women can encourage and support the

cultural practice of familial closeness, if the relationships are healthful, to promote healing.

- SMMART can use a public health model to help patients who have experienced trauma by addressing the lowest level of care, beginning with trauma-informed precautions applied at a population level. This can include having a standard operating procedure, such as having all team members use greetings and interactions that promote a safe environment, and aware of who to consult if a patient presents with trauma.
- Recommend use of a brief screen for trauma which may include first asking questions to assess the patient's symptoms of distress, and the woman's current level of safety and readiness for further assessment. SMMART could use a tool like the Stressful Life Events Screening Questionnaire (SLESQ), a 13-item self-report measure, that is rated high in validity and reliability. Another option is, the Trauma Assessment of Adults instrument, a 13-item self-report instrument shortened to be used in clinical settings. However, students are currently recommended to work with SMMART staff if a patient is identified to be at risk for trauma or presents information with trauma, to determine the appropriate referral options based on SMMART's network and resources.

Conclusion

This Scoping Review Project significantly impacted the base of evidence from which to approach a capstone project with SMMART in three main areas. These included critically appraising primary research articles focused on sexual trauma, the Latina culture, and trauma informed care and how one can best teach it to others. The SMMART clinic's interprofessional model includes over five healthcare disciplines' students working closely with a physician and physician assistant students, contributing to the emerging practice area of primary care.

This scoping review intended to answer the following question: What is the best evidence for training healthcare providers on trauma informed care with Latina women who may have a history of trauma resulting from sexual and/or domestic violence? From critical appraisals and intensive literature reviews, three major themes emerged within the findings. The themes include: (a) physical and mental effects of sexual trauma; (b) trauma informed care components; and (c) referring and treatment techniques. Three subthemes included are the influence of Latina culture, patient-centered communication and a safe physical environment. This information will guide the design of this capstone project so student healthcare professionals serving at SMMART can recognize symptoms of trauma in Latina patients, create a safe environment, and increased preparedness when encountering a patient who may have experienced trauma to avoid re-traumatizing them and seek assistance in referring patients to additional services.

Chapter 3: Needs Assessment

Approach

The needs assessment took place over the course of one month, prior to beginning the capstone experience. Information was gathered through interviews, public records and documents, and reviewing community assets. The first public record included data on the number of Latino's living in Minnesota (Gutierrez & Richmond, 2020). The Minnesota Compass that produced the data is an organization led by Wilder Research that works with governmental, nonprofit, and philanthropic businesses to provide reliable data. This data highlighted what percentage of the Minnesotan population are people of Latino decent, what countries the Latino population are representing beyond Mexico, and the median income levels based on one's specific country of origin. SMMART had limited data collected at this time via public records or their resources; therefore exploring data on Latino/a's in Minnesota is used in this case to attempt to gain a bigger picture of the clientele that St. Mary's Clinic serves. Secondly, information was found through a primary research study exploring sex trafficking of Latina's in the U.S. through cantinas and bars based off calls and text's through the National Human Trafficking Resource Center hotline from 2007 to 2016 (Polaris, 2016). The Polaris Organization was a leader in the global fight to eradicate sex trafficking and restore freedom to survivors. The organization and community assets included my capstone mentor, medical doctor and director of SMMART, an RN, OT and PT faculty and students from these disciplines.

Informational interviews were structured casually throughout the clinic time. I introduced myself to students and stakeholders as an OT doctoral capstone student and conducted an informational interview focused on the site priority identified of the high prevalence of Latina women patients at SMMART who are suspected to be exposed to trauma. I explained to them

that my primary goal was to develop a guided learning curriculum for healthcare professionals and students at SMMART to share evidence from my scoping review on trauma informed care and sexual violence for the Latina population. See Table 1 for questions asked to key stakeholders.

Table 1

Informational Interview Questions

Questions for Stakeholders
1. What is your role within SMMART?
2. Have you received education or training on Trauma Informed Care in your education or work?
3. What are the biggest barriers to addressing trauma for patients at SMMART at this time?
4. Are you aware of local resources that patients could be referred to if they require additional psychological services?
5. What do you think is the best learning strategies and delivery method for training students online?
6. If there are limited referral sources, do you think it would be possible for a psychologist to join the SMMART team at some point?
7. What do you perceive as the most prevalent form of sexual violence seen at SMMART (partner violence, rape, trafficking, etc.)?
8. Is it preferred to construct the education modules through an OT lens or a multidisciplinary lens?
9. Tell me more about that?
10. Can you elaborate?
11. Can you share an example with me?

Data and Themes

Information obtained from the public records and documents indicated that there are more than 300,000 people of Latino decent living in Minnesota. The amount of Latino people living in Minnesota continues to grow and has increased 24% since 2010 (Gutierrez &

Richmond, 2020). Data from 2020 stated that 6 out of every 10 Latino Minnesotans live in the Twin Cities metro area. It was helpful for me to understand the meaning of “Latino”, and that this term accounts for a wide range of cultures. The article emphasized that they were “more than Mexican” (Gutierrez & Richmond, 2020, n.p.). The other countries represented in the Latino umbrella living in Minnesota include: Colombia, Cuba, Ecuador, El Salvador, Guatemala and Puerto Rico.

Data also indicated that there were significant socioeconomic disparities within the various countries that make up the Latino population. Within Latino people from Colombia, Cuba, and Puerto Rico, approximately 80% of their population that lived in the U.S. had a high school diploma or higher. Income levels vary as well, ranging from a median household income of $37,900 for Salvadorians to $71,500 for Colombians. This background knowledge is important when educating other about this population and having awareness of what their country of origin might represent on a broad level. For instance, 50% of Colombians living in Minnesota had earned a bachelor’s degree or higher, while less than half of El Salvador and Guatemala’s population in Minnesota had a high school diploma (Gutierrez & Richmond, 2020). Every state in the United States has their own culture and statistics to an extent, therefore I believe it is important to my project to recognize the variation in the Latino/a culture.

It was found that many females of Latina decent were exposed to sexual violence. Polaris (2016) looked at who had contacted the National Human Trafficking Resource Center hotline and text line from 2007 to 2016 to gain knowledge on trafficking. 96% of the potential victims calling were females, typically originally from Mexico or Central America, and 63% were minors. 70% of the traffickers were Latino males, with 35% being U.S. citizens (Polaris, 2016). Over half of the victims were confined or physically isolated, and over half reported economic

abuse. In fact, at least 29 percent received fake job offers only to learn about the real nature of the work on arrival of crossing the border illegally (Polaris, 2016). Some victims accessed healthcare services, which led to the chance for them to be identified and have access to people or agencies that could help them (Polaris, 2016). This information is helpful in understanding the chances of immigrant Latina women at SMMART being involved in sex-trafficking or someone they know being involved, how it happened and what methods of control are being used to keep them. This understanding can be used to best inform the need of developing a learning curriculum on sexual violence and trauma for this population.

I conducted an analysis of the strengths, weaknesses, opportunities and threats (SWOT) of SMMART to further determine the needs and priorities of the site. See Table 2 for a comprehensive assessment.

Table 2

SWOT Analysis: Strengths, Weaknesses, Opportunities, and Threats

Internal		External	
Strengths	Weaknesses	Opportunities	Threats
Member of the National Association of Free and Charitable Clinics	Lack of referral sources in house	Having referral sources nearby with being located in the Twin Cities and additional clinics for Latinx people available	COVID-19 disruptions to care and added precautions
Clinic is in the process of expanding services to include mental health and women's health	Women being fearful of disclosing trauma and/or not disclosing trauma.	To expanding TIC training to the community as healthcare professionals may not receive specific training in this area	Limited hours and days of operation at the clinic and potential lack of transportation to the clinic
Inclusion of multidisciplinary team: PT, PA, Nutrition, OT.	Language and/or cultural barrier ; improved with use of translators	Large uninsured Latina population in Twin Cities	Potential for limited staff or student time availability to participate in the training

Access to campus space, resources and professors	Lack of previous trauma informed care education given to leaders of SMMART and students in their educational programs	Opportunities for funding for the clinic through legislation and foundations	Current public events encompassing violence in the Twin Cities area (violence by police officers, protests/rioting taking place near people's homes and businesses)
Patients continuing to demonstrate need for trauma informed care, therefore this project continues to be relevant	Lack of data accessible through D2L site pertaining to number of past clients	Empower women and spread the word in their communities about SMMART being a resource for assistance	Repercussions from COVID-19 such as a potential loss of money for Latina families, spending more time at home which could contribute to increased interpersonal violence if it's not a safe environment escalated by increased stress

Conclusion

This needs assessment revealed the priority for a comprehensive educational module online on Desire2Learn (D2L) for students to learn about sexual trauma, the Latina culture and trauma informed care. The priority issue is that there is a high prevalence of Latina women who are suspected to be exposed to trauma. Therefore, the purpose of this project is to develop a guided learning module to disseminate evidence on trauma informed care and sexual violence for the Latina population to the students and stakeholders at SMMART. This is completed by applying best practices based on evidenced based research and interviews for providing education and training to healthcare providers. Time efficient educational modules delivered online is the preferred method by this site. Potential barriers to achieving this objective is avoiding re-traumatization of students that have experienced trauma and ensuring the information provided from peer-reviewed articles is culturally relevant and appropriate.

The second priority was the need for a uniform and valid assessment to screen for trauma. This was completed by identifying multiple options of culturally appropriate universal screening

tools to identify patient’s risk or exposure to sexual violence and present the options to the clinic. To accomplish this task research was reviewed on brief screens for trauma identified in previous research applicable to Latina population and trial the potential screen with SMMART interpreters to receive feedback on translation.

The third priority issue was the lack of a process to connect patients to local resources that address sexual trauma available to uninsured patients. The goal in addressing this area was to provide SMMART with a sample triage system that they could adapt and implement as the larger clinic sees fit to connect patients with local resources. The strategy in accomplishing this task includes identifying local resources available to uninsured patients or the availability of having psychologist partner with SMMART. Stakeholders were consulted to determine the most efficient and effective triage system for patient’s to utilize.

Overall, the high prevalence of Latina women suspected to have experienced trauma and lack of programming in place at SMMART to educate student providers on trauma informed care treatment is the primary gap in service addressed through this capstone project.

Chapter 4: Goals, Objectives and Approaches

Introduction

The purpose of this capstone project was to provide education and training to healthcare students at the SMMART clinic on the use of Trauma Informed Care for Latina women who may have experienced sexual trauma. Being trauma informed is a two-part process that includes understanding, and applying that understanding. It is understanding how violence and victimization could affect the lives of people involved, and applying that knowledge to services and the design of systems to accommodate the needs and vulnerabilities of survivors of trauma (Harris & Fallot, 2001). This chapter details the capstone plan and process to achieve the goals and objectives identified in the needs assessment and the implementation of the education modules with healthcare students at SMMART. See appendices B and C for the project deliverables including learning modules, evaluation tools, and educational handouts that were created.

Process and Plan

The primary capstone project goals and objectives included the following:

1) Gather information to inform design of the education modules
2) Create and implement three education modules on Latina culture, sexual trauma and trauma informed care
3) Evaluation of project using a pre/post quiz with students and feedback received from site mentor and additional stakeholders

In order to gather information needed for the capstone project deliverables, informal interviews with stakeholders took place over three sessions at SMMART. This included interviews with healthcare students and interprofessional staff. Insightful information from the

stakeholders was gained, including the student's preference to have focused and concise education modules. Preparation for the interviews included compiling a list of questions that would capture the areas of needed information. Limited resources, including interpreters, time constraints, and COVID-19 protocols shifted the original plan to hold a focus group with Latina women as a part of the capstone experience activities. This gap in knowledge was counteracted by listening to Latina podcasts involving sexual trauma, and receiving a review of the capstone products by a Latina community member and healthcare student.

In order to grow towards becoming an expert, capstone research activities were explored by searching key concepts relating to each of these areas of study: the Latina perspective with sexual trauma, adult pedagogy, a public health view and trauma informed care practices. During exploration of the broader concept of trauma, Barbash (2017) provided insight into the differentiation of trauma. The two types of trauma being with a lower case or small 't', and trauma with a capital or large 'T'. The lowercase t trauma experiences include interpersonal conflict, infidelity, abrupt or extended relocation, local trouble and financial difficulty to name a few (Barbash, 2017). Although sexual trauma is a capital 'T' trauma, the cumulation of small t trauma's with sexual trauma can have a significant impact on one's functioning and health. The effects of small 't' trauma stressors affect each person differently, however they are often overlooked and should be included in the story (Barbash, 2017). In order to learn more about Latina culture and sexual trauma, a podcast called Locatora Radio (Munoz & Rodriguez, 2021) was listened to in order to gain perspective from Latina women that aim to empower women and discuss topics such as sexual health. Another capstone activity was researching and inquiring to professors about the best practices for adult pedagogy online. Harvard University (2021) created an informative resource that provides principles and tips for teaching students online or in a

hybrid fashion. Examples of teaching strategies include providing an explicit roadmap at the beginning of one's lecture to outline the content that will be covered, and discussing one topic at a time on a slide. Attending virtual seminars hosted by the University of Michigan Department of Public Health to gain perspective on change beyond an individual patient level and educating interprofessional students.

Topics for the educational model were identified through writing a list of priority findings from the needs assessment, research and additional information gathered throughout the capstone experience. Identifying sub categories proved to be beneficial as it allowed separation of content into three separate modules. Adult pedagogy was applied within the education module, with additional goals to seek support on how to upload material on D2L and use VoiceThread, which was chosen due to its availability to record narration of one slide at a time. which was completed on towards the end of the project. Additionally, throughout the project implementation phase, approval and review was received by the capstone mentor, faculty advisor and additional reviewers.

To obtain feedback on the education modules, a pilot study model and pre/post knowledge quiz was used to trail the effectiveness of the education modules with 7 occupational therapy students that work or will work at the SMMART clinic. Questions were included to allow participants and staff viewing the modules to provide feedback for additional changes or knowledge that was displayed in a confusing manor.

Project Design

In order to design the capstone product, the tools of PowerPoint, Microsoft Word, Desire to Learn and Voice Thread were used, along with additional literature searches, google, podcasts and professional development books to inform the content of the modules. Information gathered

in within literature searches on best practices for educating adults virtually aided in designing the PowerPoints. The first steps included compiling key information from the previously conducted Scoping Review into an outline that was separated by the themes of Latina culture, sexual trauma and trauma informed care. With an excess amount of information, narrowing down the concepts into the most relevant concepts to this project was needed. After reviewing adult pedagogy and the public health model of change (Harvard University, 2021), PowerPoint slides were created for the three different modules. The recommended education practices used included: providing a roadmap at the beginning with the objectives of the content that will be covered, breaking down the lectures into shorter segments (5-10 minutes), and use of only necessary words on the PowerPoint slides. Utilizing occasional graphs and interactive questions was used to increase student engagement with the material.

The intended population for the product included interprofessional students at SMMART and staff. Collaborations with these stakeholders at SMMART was necessary to gain in depth information to inform the project. A Latina physician assistant student at SMMART reviewed and provided feedback on the education modules and the insight gained was significantly helpful as she added experiential culture details to the literature found. The information from this student was used to adjust the definition of Latino by including the term Latinx, emphasizing Catholicism and faith as important pillar of the culture, and information on the lack of recognition of some higher education degrees received in different countries within the U.S. The intended place for dissemination of this project is to SMMART stakeholders, and an audience at St. Catherine University that is held in person and virtually.

Timeline

Weeks one through five of the project focused was placed on obtaining advanced clinical knowledge of trauma informed care for the Latina population, gathering additional information from stakeholders, and building efficient time management skills. In addition to the needs assessment, other information to inform the project was gathered by holding informal interviews with key stakeholders to gain knowledge and searching the St. Mary's Clinic D2L website and resources, and beginning to outline the educational modules and the plan the structure in which to arrange them.

Weeks six through ten focused on the creation of the capstone product which was the design of three educational modules based on the needs of the clinic. The three modules include: (1) Latina culture, (2) Interpersonal Violence and Sexual Trauma, and (3) Trauma Informed Care. A Trauma Informed Care Tip Sheet was also created to house key information obtained from my research to access in a different form. Working with key stakeholders, including a woman from the Latia culture that is also a physician assistant student at SMMART allowed review of the education modules for cultural appropriateness. She provided a wealth of information and confirmed the findings from the research. The capstone mentor provided multiple reviews of the capstone product in which changes were made upon each account of review, along with the capstone faculty advisor reviewing the material as well. Feedback received included elimination of extra words to simplify the slides, consistency with punctuation style, and rewording of a quiz question for clarity.

Weeks 11 through 14 included further development of professional communication skills by practicing delivering information with clarity before recording the three presentations on VoiceThread. This project phase also included evaluation of the final product which included

creating pre/post quizzes to assess student's knowledge of trauma informed care prior to viewing the Trauma Informed Care series. An analyzation of the pre/posttests was conducted with measurement of improvement in scores within each student, the group as a whole, and assessment of each question itself. Using the students results and qualitative feedback following the pilot of the educational series, changes were made to the product to submit the final product to D2L website housed under SMMART for future student use.

Participants

Recruitment of student participants was initiated through participation in SMMART and by email. Information on student participants was obtained by the capstone site mentor. There was a total of six second year, and one third year, St. Kate's Occupational Therapy students who participated in this pilot study.

Marketing to students was done by word of mouth to introduce myself and my project before students received the pre/posttest and education modules. Ethical approval was obtained for this quality improvement project that will be used for educational purposes by St. Mary's clinic.

Product

Product deliverables included three PowerPoints of training material, an educational handout, and three additional community resources including a comprehensive reference list with profession-specific deviations highlighted, an example of a triage model that identifies local resources that provide free psychological services, and a list of potential screening tool / assessment options for the clinic to use to screen patients for trauma. The site was provided with a comprehensive list of resources found related to Trauma Informed Care. Resources that were profession specific, like medication recommendations for physician assistants to make following

a recent episode of sexual assault, were highlighted as pertaining particularly to a certain professions scope of practice. A list of local resources was compiled that SMMART could potentially refer patients to that are identified as having experienced sexual trauma. A list of options for screening tools was also shared, as the clinic preferred to assess options as a resource for the future instead of integrating a screening tool within this doctoral capstone project.

The products will be housed virtually through the D2L website, sent out and communicated with students virtually due to clinic dates not aligning with implementation of pilot study time and transition of new students into the clinic.

Chapter 5: Evaluation and Results

Project Evaluation

This chapter discusses the data collection and analysis of the capstone project, along with the specific evaluation method chosen. This project aligns with the American Occupational Therapy Association and American Occupational Therapy Foundation (2011) research agenda of translational research. This analysis examined the process of change where new ideas are diffused into theory and clinical practice within translational research. Results from the data analysis including qualitative and quantitative data are showcased below.

Data Collection

Participants. Purposeful sampling was used to target participants in the entry-level occupational therapy program at St. Catherine University who worked or will work as a healthcare student at SMMART. A total of seven students completed and assessed the module. Demographic information results were collected for each participant. The participants were seven non-Latino/a occupational therapy students, in their second year (n=6) and third year (n=1). The majority were female participants (n=6).

Methods. Quantitative data was collected using a non-standardized pre/post knowledge check quiz of the educational module. Due to the impact of COVID-19 and student availability, the evaluation materials were distributed to students via email. The pre/post quiz consisted of 13 multiple choice questions that measured students' knowledge in three areas: 1) Latina culture, 2) sexual trauma and 3) trauma informed care. Participants were sent the pre-quiz first with a disclaimer related to sensitive content and self-care. Once the completed pre-quiz was received, students were sent the three education modules with instructions of which order to watch and to complete the post-quiz after participating in the education modules.

The post-quiz included an additional section seeking qualitative data from student participants. It requested demographic information, and open-ended questions related to what they learned from the modules and what can be improved or made clearer. See Appendix D and E for full pre/post quiz material.

Collaboration with site mentor took place to identify and initially contact student participants. The site mentor sent the initial email containing the pre-quiz Word document and a message re-introducing the capstone project. This collaboration was strategically chosen to increase respondent rates with receiving an email from a familiar name that they have a professional relationship with.

Data Analysis

Results from the multiple-choice quantitative questions gathered through the pre and post quiz were hand scored out of 12 questions. One question was taken out to be analyzed separately due to its Likert scale structure. Frequencies of which questions students got wrong in the pre-quiz and post-quiz were noted to assess for potential poor question wording or lack of understanding of a concept persisting after students watched the education modules. The raw score of the number questions correct out of 12 was entered into an Excel spreadsheet corresponding to the identification number assigned to each student for confidentiality. The raw scores were covered to percentages correct in order to create meaning from the numbers. The percentage point change between pre and post-test for each participant was calculated, along with the average percentage point change across all participants. See Table 5.1 for results. Measures of standard deviation, confidence interval and a paired t-test were also conducted via Excel to determine significance level of results from this small sample size. A paired t-test was

selected for this project to assess if there was a significant difference between two related variables with the same participant group (Allen, 2017). See Table 5.2 for results.

Qualitative questions were analyzed on a separate Excel sheet by entering the responses from each participant to four questions: 1) three things learned, 2) confusing concepts, 3) question wording issues and 4) one action they will take as a result of this training. Common themes were compiled within Table 5.2. Identification of themes required an involved reading process to find patterns and uncover outliers (Miles et al., 2014). Lastly, question number eight was analyzed separately due to being an ordinal variable using a Likert scale response. It asked how much about trauma informed care the participant felt they knew at the time of the pre and post quiz using a Likert scale from 0 (“a little”) to 3 (“a lot”). The average score from all participants in pre and post results were calculated to compare the growth in perceived knowledge in trauma informed care.

Project Results

Quantitative. The quantitative data analysis assessed the difference in quiz results from pre to post quiz within individual students and for the whole group. Six of the seven participants demonstrated a positive increase in score from pre to post assessment, with the average increase in scores across the group being 12% with a standard deviation of 0.1088. See Table 5.1 and Figure 5.1 for results.

A paired t test indicated that with 95 percent confidence, the mean change in scores from pre to post assessment is between (0.2098, 0.2171). The p-value found was significant (p= 0.01247) by being less than 0.05. This finding is limited by the small sample size (N=7). See Table 5.2 for results.

Table 5.1

Individual student participant percentage point change results from pre to post test

Pre-Test	Post-Test	% Point Change
58%	92%	+ 34%
83%	100%	+ 17%
83%	92%	+ 9%
75%	83%	+ 8%
75%	83%	+ 8%
92%	100%	+ 8%
100%	100%	0%

Note. Percentages are out of 12 questions, as one was analyzed individually. All participants (N=7) answered every question. See Appendix F for raw data scores.

Figure 5.1

Student participants percentage score results from pre to post test

Table 5.2

Paired samples t-test

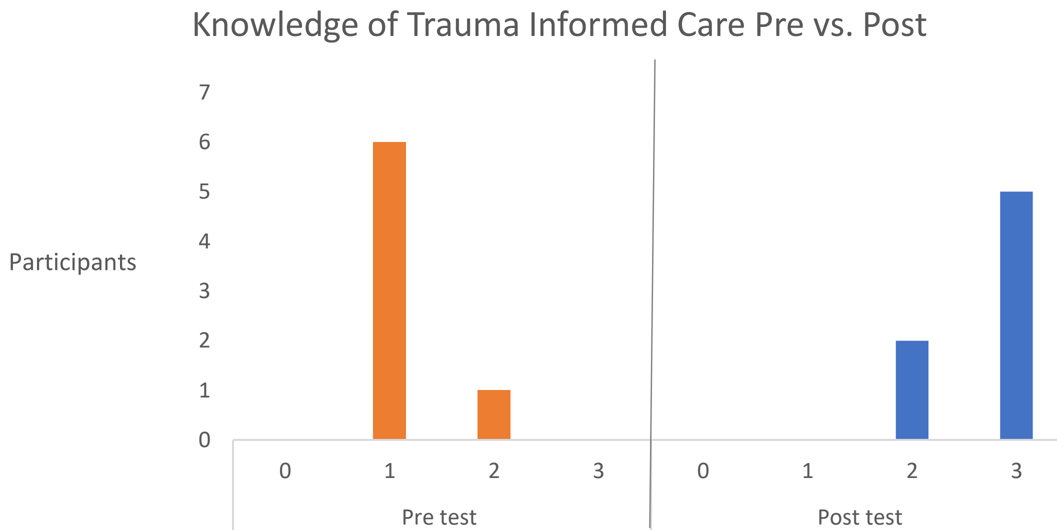
	Paired Differences						
			95% Confidence Interval of the Difference				
	Mean	SD	Lower	Upper	t	df	Sig. (1-tailed)
Post-test – Pre-test	0.1190	0.1060	0.2098	0.2171	2.970	6	0.01247

Note. This paired t test is a one-sided test assessing positive change with a difference greater than zero.

In response to the question, "How much about trauma informed care do you feel you know at this time?" participants could answer 0 ("a little") to 3 ("a lot"). The percent of participants answering two, indicating moderate knowledge about trauma informed care, and above before viewing the education modules was 14%. The percent of participants answering two and above after viewing the education modules was 100%. See Figure 3 for details.

Figure 5.2

Participants self- rating of trauma informed care knowledge pre and post test



Qualitative. The qualitative questions sought to gather information about overall student learning and feedback from students that was not captured specifically by the quantitative quiz section. There was variation and variety in responses to each question, with students latching onto different concepts and learnings from the module. Within the question inquiring about clarity in pre/post question wording, two students identified question number 4 as being difficult to answer or lacking a clear answer. Another theme emerged within the last question assessing what action students plan to take as a result of this education. Many of their responses revolved around the theme of being mindful of their communication (verbal and non-verbal), and an increase in observation skills and attentiveness to signs of trauma patients may be demonstrating. Key threads of concepts identified by participants corresponding to each question asked can be seen below in Table 5.2.

Table 5.2

Qualitative Findings

Questions	Common Response Themes
3 Things Learned	Latina Culture • Family cohesion nurtures resilience in the Latina culture • Acculturation to the U.S. is predictive of worse health outcomes in immigrants • Definition of Latina Sexual Trauma • Differentiation between capital T and lowercase t trauma • Information about human trafficking • Identifying potential signs of sexual trauma • Financial impact of sexual violence • Prevalence of sexual violence • Perpetrators being commonly known by the victim Trauma Informed Care • Trauma informed care is used to avoid re-traumatization of patients • Use of a strengths-based approach • Providing a safe environment and respond to trauma including: calmness being as contagious as fear

Confusing Concepts	• Not all information needs to be attained in the first session • Is there special training that OT’s must go through to be certified in trauma informed care? • When we see the signs of trauma in patients, how do we go about helping our clients without overstepping? • Desire to learn more to become fully competent in trauma informed care. • I learned that we should ask "what happened to you?”. However, we also learned to avoid interrogating the patient or asking for details, I’d like clarification. • How does reporting look as a mandated reporter? • I learned about body language and how to talk to clients, but until I practice this I don’t know which areas of the communication I need to work on.
Question Wording	• Quiz question #12. How is supervision helpful as a self-care item for healthcare professionals? • Quiz question #4 • Quiz question #7 seems like answer B or D could be correct • Had some difficulty answering the post questions from the second module on sexual trauma • No, it was very clear • Lack of confidence in the answers to questions #4 and #11
One Action to Take as a Result of this Training	• Being more mindful of different types of trauma and it’s impacts • Looking for symptoms of trauma in patients to approach them holistically. • Implement trauma informed care practices in the clinic • Pay attention to my non-verbal communication as they impact the session.

Note. See Appendix G for raw qualitative data responses.

Chapter 6: Discussion and Impact

Summary

This chapter provides a discussion of the findings from the capstone project and insights gleaned from the capstone project and process. Connections between relevant literature supporting the framework used to teach students about trauma informed care are explored.

Original project goals

The purpose of this project was to train student healthcare professionals on the use of trauma informed care with female survivors of sexual violence. The research that informed the training was gathered through a comprehensive scoping review and needs assessment using databases and other credible resources. Inclusion criteria for the chosen studies in the scoping review included at least one of the primary areas of study: trauma informed care, Latina women, and/or sexual violence.

Review of identified gaps

Gaps in the knowledge of trauma and how to address it with female patients in a primary care clinic were identified within the research and by stakeholders are SMMART. The gaps within the literature consisted of difficulty finding previous research focused on teaching occupational therapy students' trauma informed care in a primary care setting. Teaching students how to best serve individuals with mental disorders, like posttraumatic stress disorder, aligns with one of the AOTA and AOTF's priority populations to study (AOTA & AOTF, 2011). Based on the gaps in clinical practice, educational modules were developed to enhance student's knowledge of Latina culture, sexual trauma and trauma informed care succinctly with relevancy to the clinic they are serving.

Findings from Scoping Review

The scoping review aimed to identify best practices for educating student providers and faculty to understand trauma-informed care and understand sexual trauma and its implications for treating minority groups at SMMART. After completing 15 initial appraisals of relevant peer reviewed journal articles, three articles were selected to be critically appraised. Within the findings, three major themes emerged that include: (a) physical and mental effects of sexual trauma; (b) trauma informed care components; and (c) referring and treatment techniques. Three subthemes included was the influence of Latina culture, patient-centered communication and a safe physical environment. In summary, building rapport with patients and creating trust and a safe environment were found to be keys in providing trauma informed care to Latina women.

Findings from Needs Assessment

The needs assessment focused on gathering information via informal interviews with key stakeholders, knowledge on the Latina culture from Latina women's perspectives, and researching best practices for teaching adults online. By informally interviewing students at SMMART, the researcher learned the students' preferred methods of dissemination. For example, students expressed that their attention was better sustained with shorter education modules being less than 15 minutes each. Interviewing healthcare professional faculty at SMMART provided an increased understanding of the structure, resources and needs of the clinic. Research via education database sources on adult pedagogy, and collaboration with faculty mentor informed the structure and delivery of the empirical material acquired from the scoping review. For example, inclusion of an interactive activity case study within the trauma informed care module was added based on adult pedagogy recommendations (Harvard University, 2021).

Strengths of the Project

Number of participants available to review the project

The reviews of the education modules by the site mentor, faculty mentor and Latina student reviewer provided meaningful feedback in different capacities that strengthened the final product and impact of this project. The site mentor and faculty mentor provided a keen eye to clarity in wording, style and adult pedagogy. The Latina reviewer provided insight into the qualitative experience of being a member within the Latina community along with the lens of being a healthcare student at SMMART.

Evidence the project was based on

The evidence the project was based on included the key assumptions for a trauma-informed approach, use of a public health model and strengths-based model to provide a strong foundation. The trauma-informed care approach includes four "R's" that are key assumptions for this trauma-informed approach including: to realize, recognize, respond and resist re-traumatization (SAMHSA, 2014). A strengths-based model is an ideal way to approach clients of sexual trauma. Using this model, instead of asking what is wrong with somebody, we can try asking what happened to them (Vande & Wellington, 2017). From a wider lens, a public health model can also be used as it looks to allocate resources by addressing the lowest level of care, beginning with trauma-informed universal precautions applied at a population level (Fette et al., 2019). The six key principles of a trauma-informed approach used include: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and cultural, historical and gender issues (SAMHSA, 2014).

Positive feedback received

Feedback received surrounding the project topic, execution and results were positive and enthusiastic. The site mentor expressed that this project was meaningful, timely and needed by the site, and that the researcher did a "fantastic job" producing a significant project. The capstone student was also commended by the site mentor on self-management, timeliness, leadership and communication, including high reports of the clarity, sensitivity and speed of the narration of the education modules. Feedback from the Latina reviewer supported concepts found in the literature surrounding Latina culture, and she appreciated the students search to uncover such items, while adding additional information and reasoning to the statistics found.

Limitations

There were three primary limitations within the project including: the generalizability of the analysis results, inability to hold a focus group with Latina women and decreased feasibility of having interdisciplinary staff reviewers. First, the results of the paired t test from pre to post quiz indicated that the difference in positive change in students' knowledge after viewing the education modules was significant. However, caution in generalizing these results is warranted due to the small sample size of participants (N=7). Secondly, there were limitations in the ability to hold a focus group with Latina women to gain their perspective due to the site's concerns with patient and interpreter availability, sensitive content mater, COVID-19 precautions and overall feasibility. Perspective from the Latina population was instead gained by listening to podcasts by Latina women speaking on sexuality and trauma. Additionally, COVID-19 impacted the communication style and delivery of materials. Accommodate were made to adapt to the online learning style due to COVID-19, as students completed the education modules and pre/post quiz online. Similarly, communication with the site mentor most often took place via Google Meets,

email or phone call, in addition to three in person interaction sessions. Thirdly, due to faculty schedules and the physician's role of prescribing COVID-19 protocols to the university, availability for interdisciplinary staff to review the education modules was limited. A recommendation would be to continue to seek feedback and reviews from SMMART or other trauma informed faculty over time, and enact an additional study that exceeds seven student participants, and includes students across healthcare professions.

Impact of Project

Contribution to OT practice knowledge

The creation of interprofessional focused education modules on Latina culture, sexual trauma and trauma informed care is innovative because it increases student awareness of sexual trauma and strengthening the comprehensiveness of care and relationship between patient and provider. Developing the skills and knowledge of being trauma informed enhances students therapeutic use of self to facilitate an optimal experience and outcome for the client (Solman & Clouston, 2016). Student's reported feeling having more knowledgeable about trauma informed care following their participation in the education modules. As a result of the training, they expressed gaining awareness of cultural differences, symptoms of trauma and attention to their own communication to provide services in a culturally sensitive manor. Occupational therapy practitioners support clients engaging in occupations that they find meaningful, which is naturally linked with their culture (Hildebrand et al., 2013). The consideration of culture in acknowledging and responding to sexual trauma contributes to the occupational science and therapy process.

Primary care is an emerging practice area within occupational therapy, therefore students at SMMART engaging in the education modules receive valuable education on how to provide

trauma-informed care to a minority population in a unique primary care setting. The knowledge of how to teach trauma theory and research with being sensitive to student's emotional safety to prevent their risk of re-traumatization is transformational. This is due to taking a trauma informed approach to teaching in order to prepare students for clinical practice (Carello & Butler, 2014).

How the site identifies it will use the product

The site intends to use these products as training for SMMART occupational and physical therapy students, and potentially include physician assistant, nutrition and social work students. The material will be housed on the SMMART Desire to Learn website for access. All future occupational therapy students at the clinic will be required to view the education modules and potentially complete the pre and post quiz. The creators of the education modules hopes that there is continued education and discussion in occupational therapy and other healthcare disciplines around trauma informed care for serving Latina women who may have experienced sexual trauma.

This education of health professionals could be impactful to other primary care clinics as a model for replication to educate their faculty on trauma informed care. This can include the clinics adoption of the education modules and adapting them to fit their population and faculty needs to gain competence on trauma informed care. These education modules are geared specifically for clinics serving a high number of Latina women. However, the main concept of learning how to prevent re-traumatizing patients and increase mindfulness of interactions with individuals who may have experienced trauma can extend to any service industry profession. They even have the potential to serve as a preventative tool for occupational therapists to use as

it could lead to decreasing negative health outcomes like pain and diabetes if they are secondary effects of trauma.

Ideas for future carryover

Student participants had existing questions regarding mandated reporting of sexual trauma, and how to balance gathering enough information about the trauma while avoiding interrogating the patient. Likewise, a list of suggested trauma screens and local referral sources based off research were given to the site for review, but were not yet integrated into the clinics operating process at this time. Additionally, the trauma informed care materials could be used as an in-service for the SMMART clinic staff in the future to involve many disciplines in the training. This project addressed trauma informed care with an inter professional lens, however there is the availability for a future student to focus on teaching students what interventions within their scope of practice can be done to help treat symptoms of trauma patients are expressing. For instance, an occupational therapy student could role play and discuss potential scenarios that could arise for that patient and how to respond. A future occupational therapy doctoral project could further address these areas and lingering questions students have to fully integrate a comprehensive trauma informed care system process change.

Conclusion

Overall, the education modules on trauma informed care for students in healthcare was created with evidence-based research through the lens of strengths-based approach and public health model. This education curriculum, complete with three modules, a tip sheet, resources list and recommended screening and referral resources, aids healthcare professionals in understanding the widespread nature of trauma that is likely to be a part of different client's health history. Occupational therapists' lens and skills paired with other healthcare students can create a collaborative process to facilitate a system change within primary care and other clinics.

Chapter 7: Conclusion and Reflection

Reflection on Mission and Vision Statements

AOTA's 2025 Vision

Occupational therapy is a profession that seeks to improve well-being for all communities to live a personally fulfilling life. The pillars from AOTA's 2025 Vision that are most present in my capstone project with St. Mary's Medical and Rehabilitative Therapies Clinic (SMMART) are effective, leaders, collaborative and diversity.

Effective. The evidence-based research collected within the scoping review, needs assessment and continued database search on trauma informed care, sexual trauma and Latina culture aided in the effectiveness of my capstone mission. While I did not work directly with clients, a client centered and strengths based approach was taken within the creation and presentation of content to students. This project did not cost the site money, and has the potential to save the Latina communities and individuals money by being served by healthcare student practitioners having more awareness of the signs of trauma to guide patients to help.

Leaders. Enhancing my leadership skills was a goal included within my professional development objectives for this project. On an individual level, this included taking the initiative to set up meetings with stakeholders, listening effectively and taking brief notes during interviews, and thinking critically about potential solutions to roadblocks I encountered before seeking additional support as needed. Strengthening my individual leadership skills allowed me to influence the system and environment at SMMMART with the addition of trauma informed practices. It represents a multi-level systems change that begins with teaching the healthcare student professionals that serve the Latina patients at SMMART.

Collaborative. Collaboration was a unique component within this project as SMMART is comprised of a interprofessional team of students and faculty from the occupational therapy, physical therapy, nutrition and physician assistance departments. To further vet my education modules for cultural sensitivity, I collaborated with a Latina student at SMMART to discuss and review my products.

Diversity. As occupational therapists are intentionally inclusive, so was this project in the population it supported. SMMART sought assistance in addressing a population in need which was Latina women who may have experienced sexual trauma.

Henrietta Schmoll School of Health

The St. Catherine University Henrietta Schmoll School of Health (HSSH) educates diverse learners, as it does at SMMART, and engages clinical and community partners to influence health as it did by partnering with SMMART. With HSSH being founded on relationship-centered care, socially responsible leadership and interdisciplinary initiatives, this project encouraged relationship centered care by teaching interprofessional students to focus on building rapport with patients, creating a safe environment and being mindful of communication styles.

Similar to HSSH's socially responsible leadership, the pillars of the Catholic Social Teaching and occupational therapy for social justice that most align with this project include dignity of the human person, priority for the poor and vulnerable and promotion of peace. Within the education modules created, it was emphasized that ending sexual violence also could contribute to ending racism, sexism, and all forms of oppression (National Sexual Violence Resource Center, 2021). That sentiment is built on the foundation that all humans deserve dignity to have a moral society, and those at risk should be considered a priority. Confrontation of

harassment and bias should take place to promote peace for all. When I reflect upon these core values, especially dignity, I am reminded how sensitive of an issue sexual trauma is. The survivors of this violation need a listening ear, a safe space to be heard and support to recover; they are a priority group.

Department of Occupational Therapy & Community Site

The St. Catherine University Department of Occupational Therapy conducts scholarly inquiry on human occupation, similar to the way my scoping review investigated aspects that influence occupation such as culture, sexual interactions, relationships and trauma history. The department aims to serve the broader community, and SMMART upholds this mission by serving providing free care to individuals who are uninsured or who immigrated to the United States, and are of lower socioeconomic status (St. Mary's Health Clinic, 2019). SMMART's philosophies revolve around four primary sentiments: patient as teacher, interprofessional work, social justice and empowerment of the patients. These four concepts are recurring themes found within each of these entities discussed above, which makes the partnership between these departments a strong force for good. The St. Kate's OT Departments differentiating factor is their focus on occupation from a social justice, and health and well-being perspective.

Professional Development

The professional development goals I engaged in during the capstone project revolved around: 1) obtaining advanced clinical knowledge on the topics of focus, 2) enhancing leadership skills, 3) increasing time management skills and 4) enhancing professional communication skills.

By involving a Latina student that is a member of the Latina community to review my education modules, and attending various education opportunities through research on trauma informed care I was able to meet the first goal of gaining knowledge on my focused topics. In

regard to leadership, I trial and errored notetaking processes and record keeping of meetings, critically-self reviewed my education modules and was self-sufficient in problem solving. I have grown in my ability to seek out meetings and take initiative, however I intend to continue to challenge myself in that aspect to step outside my comfort zone. My time management skills drastically improved within this capstone project as I was able to manage my time independently, besides documenting the allocation of time on our weekly time sheets. A habit that boosted my productivity was exercising in the morning before starting capstone work to accomplish that task early on and increase my energy throughout the day. Within professional communication, I received positive feedback from the site mentor on the speed and tone of my narration of the PowerPoints, and professional communication with stakeholders. Communication may be an area I am a harsher judge of myself on than others are, but I would like to continue listening to my presentations or recordings to critique them for clarity for future dissemination of this material.

In summary, the education provided to me by the St. Catherine O.T. department to enhance socially responsible leadership and the collaborative environment of SMMART provided a space to promote dignity of Latina women, prioritize trauma informed care and in all promote peace through occupation and advocacy.

References

Allen, M. (2017). *The sage encyclopedia of communication research methods* (Vols. 1-4). Thousand Oaks, CA: SAGE Publications, Inc doi: 10.4135/9781483381411

American Occupational Therapy Association. (n.d.). Vision 2025. https://www.aota.org/AboutAOTA/vision-2025.aspx

American Occupational Therapy Foundation and American Occupational Therapy Association. (2011). *AOTF-AOTA research agenda.* https://www.aota.org/-/media/Corporate/Files/Practice/Researcher/AOTF-AOTA%20Occupational%20Therapy%20Research%20Agenda.ashx

Bagwell-Gray, M. E. (2019). Women's healing journey from intimate partner violence: Establishing positive sexuality. *Qualitative Health Research*, *29*(6), 779-795. https://journals-sagepub-com.pearl.stkate.edu/doi/full/10.1177/1049732318804302

Barbash, E. (2017). Different types of trauma: Small 't' versus large 'T'. https://www.psychologytoday.com/us/blog/trauma-and-hope/201703/different-types-trauma-small-t-versus-large-t

Bruce, M. M., Kassam-Adams, N., Rogers, M., Anderson, K. M., Sluys, K. P., & Richmond, T. S. (2018). Trauma providers' knowledge, views, and practice of trauma-informed care. *Journal of Trauma Nursing*, *25*(2), 131–138. https://doi-org.pearl.stkate.edu/10.1097/JTN.0000000000000356

Carello, J & Butler, L. (2014). Potentially perilous pedagogies: Teaching trauma is not the same as trauma-informed teaching. *Journal of Trauma & Dissocation*, *15*(2), 153-168. doi: 0.1080/15299732.2014.867571

Chen, P. H., Rovi, S., Vega, M., Jacobs, A., & Johnson, M. S. (2005). Screening for domestic violence in a predominantly Hispanic clinical setting. *Family practice*, *22*(6), 617–623. https://doi.org/10.1093/fampra/cmi075

Colquhoun, H. L., Levac, D., O'Brien, K. K., Straus, S., Tricco, A. C., Perrier, L., ... & Moher, D. (2014). Scoping reviews: time for clarity in definition, methods, and reporting. *Journal of clinical epidemiology*, *67*(12), 1291-1294. https://doi.org/10.1016/j.jclinepi.2014.03.013

Cuevas, K. M., Balbo, J., Duval, K., & Beverly, E. A. (2018). Neurobiology of sexual assault and osteopathic considerations for trauma-informed care and practice. *The Journal of the American Osteopathic Association*, *118*(2), e2–e10. https://doi-org.pearl.stkate.edu/10.7556/jaoa.2018.018

Edmund, D., Bland, P. (2011). *Real tools: Responding to multi-abuse trauma*. http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/09/RealTools_RespondingtoMultiAbuseTrauma_BlandandEdmund.pdf

Fette, C., Lambdin-Pattavia, C. & Weaver, L. (2019). *Understanding and applying trauma-informed approaches across occupational therapy settings.* https://www.aota.org/~/media/Corporate/Files/Publications/CE-Articles/CE-Article-May-2019-Trauma.pdf

Gallegos, A. M., Trabold, N., Cerulli, C., & Pigeon, W. R. (2019). Sleep and interpersonal violence: A systematic review. *Trauma, Violence, & Abuse*, 1524838019852633. https://journals-sagepub-com.pearl.stkate.edu/doi/full/10.1177/1524838019852633

Green, B. L., Saunders, P. A., Power, E., Dass-Brailsford, P., Schelbert, K. B., Giller, E., ... & Mete, M. (2015). Trauma-informed medical care: A CME communication training for primary care providers. *Family Medicine*, *47*(1), 7. PMID: 25646872; PMCID: PMC4316735.

Gutierrez, R., Richmond, D. (2020). *Minnesota's Latinos in numbers: An overview of Minnesota compass data*. https://www.mncompass.org/data-insights/articles/minnesotas-latinos-numbers-overview-minnesota-compass-data

Harris, M., & Fallot, D. (Eds). (2001). *Using trauma theory to design service systems: New directions for mental health services.* San Francisco, CA: Jossey-Bass. https://dsamh.utah.gov/pdf/2019%20Trauma%20Academy/Using%20Trauma%20Theory.pdf

Harvard University (2021). *Best practices: Online pedagogy*. https://teachremotely.harvard.edu/best-practices

Hildebrand, K., Lewis, L., Pizur-Barnekow, K., Schefkind, S., Stankey, R., Stoffel, A., & Wilson, L. (2013). *How can occupational therapy strive towards culturally sensitive practices?* https://miota.org/docs/FAQCulturalSensitivity.pdf

McNamara, M., Cane, R., Hoffman, Y., Reese, C., Schwartz, A., & Stolbach, B. (2020). Training hospital personnel in trauma-informed care: Assessing an inter-professional workshop with patients as teachers. *Academic Pediatrics*, S1876-2859(20)30190-X. Advance online publication. https://doi-org.pearl.stkate.edu/10.1016/j.acap.2020.05.019

Menschner, C., Maul, A. (2016). *Key ingredients for successful trauma-informed care implementation.*

https://www.samhsa.gov/sites/default/files/programs_campaigns/childrens_mental_health/atc-whitepaper-040616.pdf

Miles, M. B., Huberman, A. M., & Saldana, J. (2014). Qualitative data analysis: A methods sourcebook (Third edition). *California: SAGE.* https://doi.org/10.1080/10572252.2015.975966

Munoz, M., & Femme, D. (2021). Locatora radio. https://locatoraradio.com

National Sexual Violence Resource Center. (2021). *Statistics*. https://www.nsvrc.org/statistics

Nicoletti, K. Greco, D. Laster, J. (2013). *Preventing sexual violence in Latina communities: Findings from the NSVRC's national needs assessment.* https://www.youtube.com/watch?v=36oeoIEV9Bk

Office for Victims of Crime (n.d.). Existe ayuda (help exists) fact sheet: Latinas and sexual violence. https://www.ovc.gov/pubs/existeayuda/tools/pdf/factsheet_eng.pdf

SMMART Clinic. (2019). *Vision and Mission.* https://stkate.desire2learn.com/d2l/le/content/133567/viewContent/1736607/View

Paulus, D. J., Tran, N., Gallagher, M. W., Viana, A. G., Bakhshaie, J., Garza, M., Ochoa-Perez, M., Lemaire, C., & Zvolensky, M. J. (2019). Examining the indirect effect of posttraumatic stress symptoms via emotion dysregulation on alcohol misuse among trauma-exposed Latinx in primary care. *Cultural Diversity & Ethnic Minority Psychology*, *25*(1), 55–64. https://doi-org.pearl.stkate.edu/10.1037/cdp0000226

Polaris. 2016. *Sex trafficking of Latinas flourishes in cantinas and bars.* https://polarisproject.org/press-releases/sex-trafficking-of-latinas-flourishes-in-u-s-cantinas-and-bars/

Raja, S., Hasnain, M., Hoersch, M., Gove-Yin, S., & Rajagopalan, C. (2015). Trauma informed care in medicine. *Family & community health*, *38*(3), 216-226. doi: 10.1097/fch.0000000000000071

Roberts, S. J., Chandler, G. E., & Kalmakis, K. (2019). A model for trauma-informed primary care. *Journal of the American Association of Nurse Practitioners*, *31*(2), 139–144. https://doi-org.pearl.stkate.edu/10.1097/JXX.0000000000000116

Sabina, C., Cuevas, C. A., & Zadnik, E. (2015). Intimate partner violence among Latino women: rates and cultural correlates. *Journal of Family Violence*, *30*(1), 35+. https://link-gale-com.pearl.stkate.edu/apps/doc/A406902131/ITOF?u=clic_stkate&sid=ITOF&xid=0a841ab7

Snedden, D. (2012). Trauma-informed practice: An emerging role of occupational therapy. *Occupational Therapy Now*, *14(*6), 26-28. https://www.caot.ca/document/6064/OTNow_Nov_12.pdf

Solman, B., & Clouston, T. (2016). Occupational therapy and the therapeutic use of self. *British Journal of Occupational Therapy*, *79*(8), 514-516. https://doi.org/10.1177/0308022616638675

Substance Abuse and Mental Health Services Administration (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach.* https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Vande B., Wellington, A. (2017). *Exploring Trauma-Informed Practices in Social Work Education*. https://sophia.stkate.edu/dsw/15

World Federation of Occupational Therapy. (2018). *The development of international research priorities for occupational therapy.*https://congress2018.wfot.org/downloads/presentations/SE18/liliana_alvarez.pdf

World Health Organization (2014). *World report on violence and health: Chapter 6: Sexual violence.* https://www.who.int/violence_injury_prevention/violence/global_campaign/en/chap6.pdf

Appendix A

Capstone Timeline

Appendix B

Capstone Resource Materials Created

Table B1

Potential Screening Tools with Spanish Versions

Name	Author	Date	About
Abuse Assessment Screen (AAS)	Soeken, K.L, McFarlane, J., Parker, B., Lominack, M.C.	1992	5-item screen tested in gynecology outpatient settings with mostly low-income uninsured women. Also tested internationally in Brazil and Sri Lanka. The screen includes a figure of a female body for respondents to map injuries.
Hurt, Insult, Threaten and Scream (HITS)	Sherin, K., Sinacore, J., Xiao-Quiang, L., Zitter, R., Shakil, A.	1998	4-item screen for intimate personal violence. Used in family physicians' offices, outpatient clinics and with diverse populations.
Index of Spouse Abuse (ISA)	McIntosh, S. R., Hudson, W.W.	1978	30-item screen with questions related to abuse on a scale of one (never) to five (very frequently). Used by medical professionals to detect or monitor abuse progress in women in clinical settings.
Partner Violence Screen (PVS)	Davis, J.W., Parks, S.N., Kaups, K.L., Bennink, L.D., Bilello, J.K.	2003	3-item screen tested with men and women with a range of socioeconomic status's and ethnicities.
Women Abuse Screening Tool (WAST)	Brown, J.B., Lent, B., Brett, P.J., Sas, G., Pederson, L.L.	2000	8-item screening tool for detecting domestic abuse. Designed for primary care initially, and now also being used in emergency departments during initial intake.

Table B2

Potential Referral Resources for Trauma Patients

Name	Location	Free	Contact	Description
Walk In Counseling Center	Chicago Ave, Minneapolis, MN. Counseling available via Zoom online	Yes	www.walkin.org Phone: 612-870-0565	Provides general counseling with services and resources available in Spanish.
Tubman Organization	Chicago Ave, Minneapolis, MN.	For most services like receiving shelter and attending group services there are no fees. For some counseling, therapy and legal services there is a sliding scale fee.	www.tubman.org Phone: 612-825-3333	Qualified to work specifically with victims of sex trafficking and exploitation with a focus on racial equity.
Sexual Violence Center	East Hennepin Ave, Minneapolis, MN.	Yes	Crisis line: 612-871-5111 Inquiry: 952-448-5425 www.sexualviolencecenter.org	Offers the following services: 24-hour crisis support via telephone line. Individual in-personal counseling. Support groups for survivors and family/friends. Crisis support in hospitals Legal advocates to navigate justice system.
National Sexual Assault Hotline	Via telephone nationally	Yes	1-800-656-4673 By calling, you'll be automatically connected to your closest rape crisis center.	24-hour hotline operated by Rape, Abuse & Incest national Network (RAINN)

Appendix C

Education Module PowerPoint Slides

Objectives

- Students will describe the term "Latino"
- Students will understand disparities within Spanish speaking countries
- Students will describe both protective factors of the Latina culture and barriers to maintaining sexual health
  - ➡ In order to increase cultural sensitivity and awareness of the population students are treating

Latina Population in Minnesota

- 300,000+ people of Latino decent living in MN
- 6 out of every 10 Latino Minnesotan's live in the Twin Cities metro area

(Gutierrez & Richmond, 2020)

More Than "Mexican"

- The term "Latino" means more than from Mexico
  - Other countries represented under the umbrella term "Latino" living in MN: Colombia, Cuba, Ecuador, El Salvador, Guatemala and Puerto Rico
- Economic and education disparities exist between these countries

(Gutierrez & Richmond, 2020)

Definitions

- Latino / Latina
  - Decent from a Latin American country
- Hispanic
  - Decent from a Spanish speaking country colonized by Spain
- Latinx
  - Gender neutral
  - Gaining notoriety

(M. Martinez, personal communication, July 21, 2021)
(World Population Review, 2021)

Historical Trauma

- Latinas endured rape as part of European colonialization of Latin American countries by Spaniards

(Paz & Kemp, 1985)

Protective Factors of Latina Culture

- Family cohesion
- Adaptability
- Familism
- Faith
- Note: Present if maintaining one's culture of origin

(Sabina, Cuevas & Zadnik, 2015)

Barriers to Maintaining Sexual Health

- Feeling unable to control sexual decision making with partner
- Lack of experience communicating boundaries
- Navigating unhealthy messages about sex received from family or culture

(Bagwell-Gray, 2019; Sabina, Cuevas & Zadnik, 2015)

Immigration & Acculturation

- More frequent conflict and arguments present among Mexican-American husbands who had American orientation
  - Due to intra-family change and stress with adapting to a new culture
- More years lived in the U.S. predicts poorer health outcomes for immigrants

(Sabina, Cuevas & Zadnik, 2015)

In Conclusion

- How women and sex are viewed is influenced by one's cultural or familial norms
- Above are commonalities within the Latino culture, however they are subject to change and vary within individual experiences

References

Bagwell-Gray, M. E. (2019). Women's healing journey from intimate partner violence: Establishing positive sexuality. *Qualitative Health Research*, *29*(6), 779-795. https://journals-sagepub-com.pearl.stkate.edu/doi/full/10.1177/1049732318804302

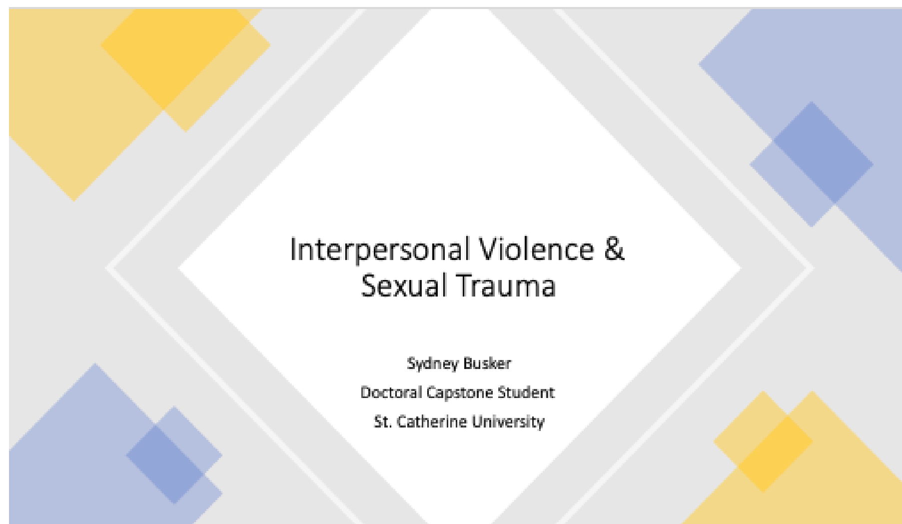
Cuevas, K. M., Balbo, J., Duval, K., & Beverly, E. A. (2018). Neurobiology of sexual assault and osteopathic considerations for trauma-informed care and practice. *The Journal of the American Osteopathic Association*, *118*(2), e2–e10. https://doi-org.pearl.stkate.edu/10.7556/jaoa.2018.018

Gutierrez, R., Richmond, D. (2020). *Minnesota's Latinos in numbers: An overview of Minnesota compass data.* https://www.mncompass.org/data-insights/articles/minnesotas-latinos-numbers-overview-minnesot-compass-data

Paz, O., & Kemp, L. (1985). *The labyrinth of solitude: life and thought in Mexico*. Penguin Books.

Sabina, C., Cuevas, C. A., & Zadnik, E. (2015). Intimate partner violence among Latino women: rates and cultural correlates. *Journal of Family Violence*, *30*(1), 35+. https://link-gale com.pearl.stkate.edu/apps/doc/A406902131/ITOF?u=clic_stkate&sid=ITOF&xid=0a841ab7

World Population Review. (2021). *Hispanic countries 2021.* https://worldpopulationreview.com/country-rankings/hispanic-countries



Objectives

- Students will define trauma and sexual trauma
- Students will describe the effects of sexual trauma and how it presents in the body and mind
- Students will differentiate between capital "T" trauma and lowercase "t" trauma
- Students will understand trauma through the lifespan and within the context of culture

Definition

- Sexual trauma is physical, sexual, psychological abuse or stalking

(Bagwell-Gray, 2019)

Trauma or trauma

Capital "T" trauma

- PTSD in combat veterans
- Natural disaster
- Sexual trauma and abuse
- Car accident

Lowercase "t" trauma

- Interpersonal conflict
- Infidelity
- Divorce
- Abrupt or extended relocation
- Legal trouble
- Financial difficulty

Statistics

- 1 in 3 women will experience some form of sexual violence in their lifetime
- Nearly 1 in 5 women in the U.S. have been raped
- About half of victims were raped by an intimate partner, 40% by an acquaintance, and 9% by a stranger
- The lifetime cost of rape is $112,000 per victim

(Cuevas et al., 2018; National Sexual Violence Resource Center, 2020)

Human Trafficking : Who are they

Victims

- 96% of the victims calling were female, 63% were minors
- Most often originally from Mexico or Central America

Traffickers

- 70% were Latino males
- 35% of the Latino males were U.S. citizens

(Polaris, 2016)

How are they manipulated?

Over half of the victims…

- Were confined or physically isolated
- Reported economic abuse e.g. a fake job offer

Some accessed healthcare services

(Polaris, 2016)

Mental Health Effects of Sexual Trauma

- Difficulty with body image and enjoying sexual activity
- Victims are more likely to engage in their own sexual risk behaviors as a coping response for control
- Alcohol misuse attributable to difficulty regulating emotions
- Mental health consequences including depression, PTSD, low self-esteem

(Bagwell-Gray, 2019; Paulus et al., 2019)

Physical Effects of Sexual Trauma

- Gastrointestinal and neurological symptoms
- Obesity
- Diabetes
- Chronic pain
- Sleep disturbance

(Cuevas et al., 2018; Gallegos et al., 2019)

Identifying Signs & Behaviors of Trauma

- Anger
- Fear
- Sadness
- Sleep Disturbances
- Disruptive Thoughts
- Avoiding Situations Reminiscent of Trauma
- Problems at School or Work
- Relationship and/or sexual difficulties

(Bagwell-Gray, 2019; Cuevas et al., 2018; Gallegos et al., 2019; Paulus et al., 2019)

Conclusion

- Sexual violence is prevalent and impactful, however I want to leave you with some good news…

Sexual violence has fallen by half in the last 20 years.

Your time and efforts to learn and recognize this issue make a difference!

(Rape, Abuse & Incest National Network, 2021)

References

Bagwell-Gray, M. E. (2019). Women's healing journey from intimate partner violence: Establishing positive sexuality. *Qualitative Health Research, 29(6), 779-795.* https://journals-sagepub-com.pearl.stkate.edu/doi/full/10.1177/1049732318804302

Cuevas, K. M., Balbo, J., Duval, K., & Beverly, E. A. (2018). Neurobiology of sexual assault and osteopathic considerations for trauma-informed care and practice. *The Journal of the American Osteopathic Association, 118(2), e2–e10.* https://doi-org.pearl.stkate.edu/10.7556/jaoa.2018.018

Gallegos, A. M., Trabold, N., Cerulli, C., & Pigeon, W. R. (2019). Sleep and interpersonal violence: A systematic review. *Trauma, Violence, & Abuse, 1524838019852633.* https://journals-sagepub-com.pearl.stkate.edu/doi/full/10.1177/1524838019852633

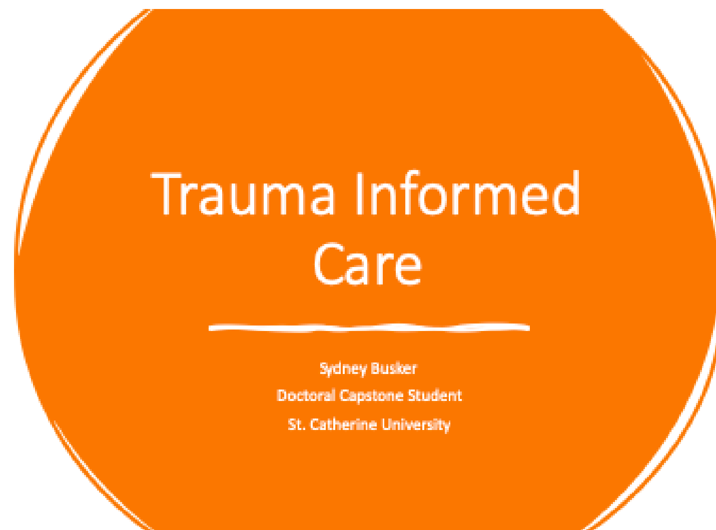
National Sexual Violence Resource Center. (2020*). Statistics.* https://www.nsvrc.org/statistics

Paulus, D. J., Tran, N., Gallagher, M. W., Viana, A. G., Bakhshaie, J., Garza, M., Ochoa-Perez, M., Lemaire, C., & Zvolensky, M. J. (2019). Examining the indirect effect of posttraumatic stress symptoms via emotion dysregulation on alcohol misuse among trauma-exposed Latinx in primary care. *Cultural Diversity & Ethnic Minority Psychology, 25(1), 55–64.* https://doi-org.pearl.stkate.edu/10.1037/cdp0000226

Polaris. (2016). *Sex trafficking of Latinas flourishes in cantinas and bars.* https://polarisproject.org/press-releases/sex-trafficking-of-latinas-flourishes-in-u-s-cantinas-and-bars/

Rape, Abuse & Incest National Network. (2021). *Statistics. https://www.rainn.org/statistics/scope-problem*

Sabina, C., Cuevas, C. A., & Zadnik, E. (2015). Intimate partner violence among Latino women: rates and cultural correlates. *Journal of Family Violence, 30(1), 35+.* https://link-gale-com.pearl.stkate.edu/apps/doc/A406902131/ITOF?u=clic_stkate&sid=ITOF&xid=0a841ab7



Objectives

- Students will identify key principles to providing trauma informed care
- Students will role play and demonstrate trauma informed treatment of a patient
- Students will describe how to respond to and prevent re-traumatization of patients

What is Trauma Informed Care?

What It Means

To be trauma informed is to **understand** how **violence**, **victimization** and other traumatic experiences could **affect** the lives of people involved and...

Apply that understanding to **services** and the **design** of **systems** to **accommodate** the needs and vulnerabilities of **trauma survivors**.

(Harris & Fallot, 2001)

Self Care as a Clinician & Student

Based on statistics, it is likely a few of us listening have experienced trauma.

Taking care of ourselves as clinicians and students is important!

Develop self-care techniques or a toolkit

St. Kate's Counseling Center
counselingcenter@stkate.edu
651-690-6805
No diagnoses required

History of Trauma Informed Care

- Originally developed because a large study found persons with trauma backgrounds are high utilizers of health care
- Developed to improve clinical practice and social service delivery

(Harris & Fallot, 2001)

Why is TIC Important?

- Trauma informed care training is important because many providers are not comfortable discussing sexual trauma issues, and therefore the presence or effect of trauma may go undetected and a major part of their health story will be missing.

(Green et al., 2015)

Six Key Principles of a Trauma Informed Approach

- Safety
- Trustworthiness and Transparency
- Peer Support, Collaboration, Mutuality
- Empowerment
- Voice and Choice
- Cultural, Historical, and Gender Issues

(SAMHSHA, 2018)

Strengths Based Approach

- "What is wrong with you?" vs. "What happened to you?"

(Berg & Wellington, 2017).

What is our Main Goal?

- To proactively avoid re-traumatization
- Avoid interrogating the patient about the assault

(Cuevas et al., 2018; McNamara et al., 2020)

Patient-Centered Communication

- Communication breakdown:

55% is body language, 38% is the tone of voice, 7% is the words we use

- Breath slowly and fully and maintain a neutral and "soft" facial expression
- Allow time for the patient to answer questions

(Cuevas et al., 2018; McNamara et al., 2020).

Creating a Safe Physical Environment

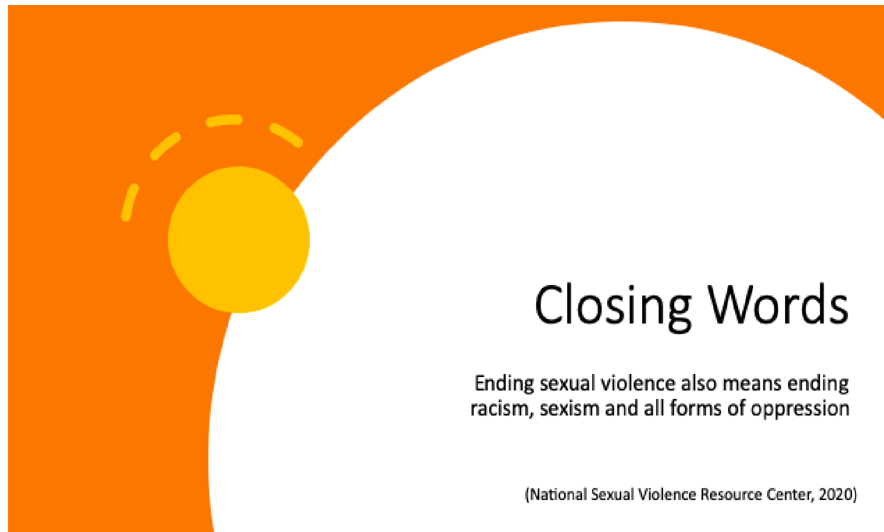
- Calm can be just as contagious as fear
- Assume a relaxed posture, allow space, avoid holding eye contact, clenching fists or standing square to the patient
- Safe and empowering environment for patients and staff.

(Cuevas et al., 2018; Downing, n.d.; SAMSHA, 2018)

Case Study

A 45-year-old Latina woman presents with diabetes and is seeking treatment for low back pain. She appears fearful when people come close to her and avoids eye contact. The patient reports pain while lying on her stomach for the clinician to assess her back. It appears the patient has large dark bruises on her low abdomen.

1. What signs may signal to you that this patient may have experienced abuse?
2. What might the clinician say or do next?
3. What body position and demeanor should the clinician assume in the room?



References

Berg, V., & Wellington, A. (2017). *Exploring Trauma-Informed Practices in Social Work Education.* https://sophia.stkate.edu/dsw/15

Cuevas, K. M., Balbo, J., Duval, K., & Beverly, E. A. (2018). Neurobiology of sexual assault and osteopathic considerations for trauma-informed care and practice. *The Journal of the American Osteopathic Association*, *118*(2), e2–e10. https://doi-org.pearl.stkate.edu/10.7556/jaoa.2018.018

Downing, K. (n.d.). Trauma training facilitator's tool kit. *Communities in schools central Texas.* *https://ciscentraltexas.org/wp-content/uploads/2017/06/Trauma-Training-Toolkit-8-29-2016.pdf*

Green, B. L., Saunders, P. A., Power, E., Dass-Brailsford, P., Schelbert, K. B., Giller, E., ... & Mete, M. (2015). Trauma-informed medical care: A CME communication training for primary care providers. *Family Medicine*, *47*(1), 7.

Harris, M., & Fallot, D. (Eds). (2001). Using trauma theory to design service systems: New directions for mental health services. San Francisco, CA: Jossey-Bass.

McNamara, M., Cane, R., Hoffman, Y., Reese, C., Schwartz, A., & Stolbach, B. (2020). Training hospital personnel in trauma-informed care: Assessing an inter-professional workshop with patients as teachers. *Academic Pediatrics*, S1876-2859(20)30190-X. Advance online publication. https://doi-org.pearl.stkate.edu/10.1016/j.acap.2020.05.019

National Sexual Violence Resource Center. (2020). *Statistics*. https://www.nsvrc.org/statistics

Substance Abuse and Mental Health Services Administration (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach.* https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Trauma Informed Care Tip Sheet

Do you want to increase your knowledge and awareness of sexual trauma and how it presents in the body? While additionally learning ways to improve your communication skills and how to take a trauma informed approach to care? Apply the tips below!

Created by Sydney Busker, OTS, 2021

KEY PRINCIPLES OF A TRAUMA-INFOMRED APPRAOCH

- ☐ **Safety**
  Ensure the environment and setting is safe and privacy is respected. E.g. patient expresses wish to be treated alone in room, without spouse.
- ☐ **Trustworthiness and Transparency**
  Decisions are conducted with transparency with the goal of building and keeping trust with clients.
- ☐ **Peer Support**
  "Peers" refers to individuals with lived experience of trauma or family members/friends that are important supporters in their recovery.
- ☐ **Collaboration & Mutuality**
  Reducing power differentials between staff and patients to create a supportive partnership. Within an organization, each person has a role to play in a trauma-informed approach.
- ☐ **Empowerment, Voice and Choice**
  Patient's strengths and experiences are recognized and built upon. They are supported in decision-making and goal setting. Likewise, staff are offered support as well to feel safe.
- ☐ **Cultural, Historical, and Gender Issues**
  Recognizing and addressing historical trauma and understanding how these issues impact each individual based on their unique experiences.

HOW TO STRUCTURE YOUR COMMUNICAITON

- ☐ **Body language**
  Keep a relaxed posture, avoid holding eye contact, having clenched fists or standing square to the patient. Although gentle touch can be comforting, it is not encouraged in this role due to the risk of re-traumatization.
- ☐ **Take deep breathes**
  Calm is as contagious as fear. Breathe slowly and fully and maintain a neutral and "soft" facial expression.
- ☐ **Leave room for silence**
  Become comfortable with silence. Pause and allow time for the patient to share information if they are willing to before moving on. The session may not go as planned, and that is okay.
- ☐ **Avoid interrogating the patient about the assault**
  It is not your job to investigate like a detective. Questions such as "do you feel safe as home?" may be applicable. However, if you are not trained to treat trauma, asking specific details like for the patient to recall the events step-by-step may re-traumatize the patient.
- ☐ **"I'm sorry that traumatic experience happened"**
  Recognize their journey and bravery to share if they disclose information to you. Perhaps assuring them that it is not their fault.
- ☐ **Explain what you are doing beforehand**
  When performing an exam or assessment, always verbally explain where you will touch the patient and why before doing so. Seek their permission.

SIGNS OR BEHAVIORS OF POTENTIAL TRAUMA

- [ ] **Anger or Sadness**
Sexual abuse is about power and is a violation of a person's safety, therefore feelings of anger or sadness from that breach may be indicated.
- [ ] **Fear and Avoidance**
Avoiding things, situations or people that remind them of the trauma.
- [ ] **Problems at school, work or in relationships**
Sexual trauma can damage a person's ability to feel intimate or focus on other demands. The body remembers this damage and may experience pain in close relationships, before help is received.
- [ ] **Sleep disturbances**
Recommendations within a healthcare professionals scope of practice can be made to promote sleep.
- [ ] **Sexual risk behaviors**
Victims may engage in their own sexual risk behaviors as a copin4g response to experience control in this area (e.g. trading sex for money).
- [ ] **Alcohol abuse or misuse**
Often attributable to difficulty regulating emotions following trauma.
- [ ] **Don't forget lowercase "t" trauma**
If an individual is a minority in a majority culture, experiencing legal or financial difficulty, or divorce etc. they may experience lowercase "t" trauma which actives stress beyond our usual tolerance level but is often overlooked.

IMPACT OF SEXUAL TRAUMA & CULTURAL CONSIDERATIONS

- [ ] **Gastrointestinal symptoms**
Those who have experienced interpersonal trauma are at increased risk for unexplained gastrointestinal symptoms, such as irritable bowel syndrome, related to psychological distress.
- [ ] **Neurological symptoms**
Low self-esteem, posttraumatic stress disorder (PTSD), depression, becoming numb to emotions and alienation from surroundings are found post-trauma.
- [ ] **Chronic pain**
The pain may be the result of physical harm, but is found to also be a psychological post-traumatic stress response by the body.
- [ ] **Obesity and Diabetes**
Obesity can occur as a defense mechanism after suffering abuse by turning to food in a binge-eating pattern, or putting on weight in hopes of desexualizing oneself to prevent those traumatic events from happening again. Some studies have found a higher prevalence of diabetes for patients who have experienced recurrent sexual abuse, with controlling for body mass index (BMI). Further research is needed to explore why this is the case.
- [ ] **Prevalence of sexual violence**
1 in 3 women will experience some form of sexual violence in their lifetime. The good news is that sexual violence has fallen by half in the last 20 years. Your efforts are making a difference.
- [ ] **How women and sex are viewed**
Is often influenced by cultural or familial norms. Understanding how each patient's culture and gender supports or hinders them is important.
- [ ] **Ending sexual violence**
Also means ending racism, sexism and all forms of oppression as they are interconnected.

References

Bagwell-Gray, M. E. (2019). Women's healing journey from intimate partner violence: Establishing positive sexuality. *Qualitative Health Research, 29*(6), 779-795. https://journals-sagepub-com.pearl.stkate.edu/doi/full/10.1177/1049732318804302

Cuevas, K. M., Balbo, J., Duval, K., & Beverly, E. A. (2018). Neurobiology of sexual assault and osteopathic considerations for trauma-informed care and practice. *The Journal of the American Osteopathic Association, 118*(2), e2–e10. https://doi-org.pearl.stkate.edu/10.7556/jaoa.2018.018

Downing, K. (n.d.). Trauma training facilitator's tool kit. *Communities in schools central Texas.* *https://cisentraltexas.org/wp-content/uploads/2017/06/Trauma-Training-Toolkit-8-29-2016.pdf*

Gallegos, A. M., Trabold, N., Cerulli, C., & Pigeon, W. R. (2019). Sleep and interpersonal violence: A systematic review. *Trauma, Violence, & Abuse*, 1524838019852633.https://journals-sagepub-com.pearl.stkate.edu/doi/full/10.1177/1524838019852633

Green, B. L., Saunders, P. A., Power, E., Dass-Brailsford, P., Schelbert, K. B., Giller, E., ... & Mete, M. (2015). Trauma-informed medical care: A CME communication training for primary care providers. *Family Medicine, 47*(1), 7.

McNamara, M., Cane, R., Hoffman, Y., Reese, C., Schwartz, A., & Stolbach, B. (2020). Training hospital personnel in trauma-informed care: Assessing an inter-professional workshop with patients as teachers. *Academic Pediatrics*, S1876-2859(20)30190-X. Advance online publication. https://doi-org.pearl.stkate.edu/10.1016/j.acap.2020.05.019

National Sexual Violence Resource Center. (2020). *Statistics.* https://www.nsvrc.org/statistics

Paulus, D. J., Tran, N., Gallagher, M. W., Viana, A. G., Bakhshaie, J., Garza, M., Ochoa-Perez, M., Lemaire, C., & Zvolensky, M. J. (2019). Examining the indirect effect of posttraumatic stress symptoms via emotion dysregulation on alcohol misuse among trauma-exposed Latinx in primary care. *Cultural Diversity & Ethnic Minority Psychology, 25*(1), 55–64. https://doi-org.pearl.stkate.edu/10.1037/cdp0000226

Substance Abuse and Mental Health Services Administration (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach.* https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Appendix D

SMMART Clinic Student Pre-Knowledge Quiz Instructions and Assessment

Name _________

Date _________

Instructions: Please choose the BEST answer for each question to complete this pre-assessment without using outside resources. Your score will not impact your grades and will be used without modifiers to analyze the effectiveness of this trauma informed care training from pre to post test.

Based on statistics, it is likely a few of us taking this course have experienced trauma. The primary goal of this education is learning, but student emotional safety is firstly necessary and important. I'd like you to take a moment to check in with yourself on your emotional wellbeing before continuing, as some content may be sensitive to you. Please feel encouraged to contact a faculty member if you don't feel comfortable studying trauma at this time. St. Kate's Counseling Center is also a wonderful free resource on campus. Contact: counselingcenter@stkate.edu or 651-690-6805.

Latina Culture

1. The Term "Latino" encompasses mostly people from Mexico
   a. True
   b. False

2. Which of the following characteristics nurtures resilience among individuals from Latina groups?
   a. Family cohesion
   b. Receiving messages about sex from culture
   c. Lack of experience communicating boundaries
   d. Adapting to an individualistic culture

3. Some populations and cultures are more likely than others to experience a traumatic event or a specific type of trauma.
   a. True
   b. False

Sexual Trauma

4. All of the following are true statements EXCEPT :
   a. The majority of sexual assaults are well planned and don't involve a loss of control by the perpetrator
   b. Most victims do not scream or fight because they become paralyzed with fear
   c. 4 out of 10 victims of sexual assault are assaulted by someone they know
   d. Many sexual assaults occur during the day in the homes of one of the persons' involved

5. Which of the following is an example of lowercase "t" trauma:
   a. Abrupt or extended relocation
   b. PTSD in combat veterans
   c. Natural disasters
   d. Car accidents

6. Which of the following are individuals who have experienced trauma at risk for?
   a. Substance abuse and dependence
   b. Anxiety and depression
   c. Sleep disorders
   d. Chronic pain
   e. All of the above

7. An important clinical issue in understanding the impact of trauma is the:
   a. Duration of the trauma
   b. The survivor's unique cognitive interpretation of an event

c. Events since the trauma

d. Trauma experienced directly or indirectly

Trauma Informed Care

8. How much about Trauma Informed Care do you feel you know at this time?

   A Little -------------- A Lot

   0 1 2 3

9. What is the main goal of Trauma-Informed Care?
   a. To proactively avoid re-traumatization of patients
   b. To ensure patients talk about their trauma to get help
   c. To treat patients trauma

10. Trauma Informed Care involves a shift in paradigm from "what's wrong with you?" to :
    a. Why are you behaving like this?
    b. The person must not have taken their medications
    c. What happened to you?
    d. What are you doing wrong?

11. Trauma Informed Care can potentially provide:
    a. Closure to allow the client to move forward in their life.
    b. A greater sense of safety and platform for prevention more serious consequences of traumatic stress.
    c. The reduction in psychosomatic complaints by the client
    d. A decrease in the sense of safety and increase the risk for more serious consequences of traumatic stress

12. Which of the following self-cares can help reduce the risk of secondary trauma?
    a. Peer Support
    b. Supervision

c. Personal Therapy

d. All of the above

13. All of the following are strategies to help prevent re-traumatization for clients EXCEPT:

a. Providing a safe environment being sensitive to the needs of clients

b. Investigating the sexual assault to get the details

c. Actively listening to client's symptoms and demands if they act out in response to a trigger

d. Reacting to patients with a neutral “soft” facial expression

Thank you for your time!

Appendix E

Post-Knowledge Quiz Assessment Qualitative Questions

Feedback

1. What were the top 3 things you learned?

2. What's still confusing about Trauma Informed Care?

3. Was there any area's where the wording of questions or content was confusing?

4. List one action or behavior that you will take as a result of this training

Demographic Information

5. What program are you in?
   e.g. OT, PT, PA, Nutrition, Social Work

6. Are you of Hispanic, Latino or Spanish origin?
   Yes or No

7. What year in your program are you?

Appendix F

Pre & Post Quiz Quantitative Individual Participant Raw Scores

Table 1. F

Pre and post quiz score raw data with percentages

	Pre Quiz Score	Pre %	Post Quiz Score	Post %	% Point Change
Student 1	9	75%	10	83%	8%
Student 2	9	75%	10	83%	8%
Student 3	12	100%	12	100%	0%
Student 4	10	83%	12	100%	17%
Student 5	7	58%	11	92%	34%
Student 6	11	92%	12	100%	8%
Student 7	10	83%	11	92%	9%

Note. The individual raw score results are out of 12 total questions.

Appendix G

Raw Qualitative Individual Responses from Participants

Table 1. G

Raw participant answers to qualitative questions on feedback and learning

Participant	What are the top 3 things you learned?	What is still confusing about trauma informed care?	Was there area's where question wording was unclear?	List one action or behavior you'll take as a result of this training:
Student 1	1. A car accident is an example of a capital T trauma. 2. Family cohesion nurtures resilience in Latina culture. 3. Trauma informed care is used so individuals are not re-traumatized	Is there a special training that OT's must go through to be certified in trauma informed care?	I am not confident on my answers to questions 4 and 11. All other questions are worded well!	Be more mindful of different types of trauma and how they can impact people in different ways.
Student 2	1. Being in the US for longer is predictive of worse health outcomes in immigrants 2. Importance of using strengths-based approach with trauma patients 3. How to provide a safe environment for our patients/ how to respond to trauma in patients	One thing that is confusing to me about trauma-informed care is when we see the signs of trauma in our patients - how do we go about helping our clients without overstepping?	Had some difficulty with answering post test questions from the second module - but overall these modules were clear and helpful!	As a result of this training, I will look for symptoms of trauma in patients that I treat in order to treat them holistically.
Student 3	Trauma Informed Care, information about human trafficking, and how to look for signs of trauma in patients	Nothing is really confusing, I would just like to continue to learn more to become competent in TIC.	No, it was very clear.	I will implement trauma informed care practices through my work in clinic.
Student 4	1. What Latina means 2. People who have experienced sexual violence at risk for negative physical, mental, and even financial effects 3. "Calmness can be just as contagious as fear" I liked how this quote showed how your body language is critical to creating a welcoming,	#12 confused me slightly. If all of the above is the correct answer, how could supervision be helpful as a self-care. I am struggling to find an example.	#7 seems like B or D could be correct	I will pay attention to my body language. I could actually use less eye contact and be less square to my client, indicating a more gentle presence.

	comfortable environment for the client			
Student 5	1. First thing I learned was differentiating and understanding capital 'T' and lowercase 't' trauma. I have always assumed and understood that any significant event that impacted an individual's behaviors and thought patterns were consider trauma. However, I failed to realize that there are different types of traumas. 2. Second thing I learned was the strength based approach in trauma informed care. 3. Third thing I learned was that not all information will be attained in the first session.	One thing I am still confused on was that in the Voice thread, it stated that we would ask, "What happened to you?" However, you also stated that we should avoid interrogating the patient or asking for details. I am still confused on this because the strength-based approach still requires to clinician to ask details. I would like further clarification on this?	Your PowerPoint was very informative!	One thing I will consider is my body posture and tone of voice when working with patients. I found that patients/clients will often feed off of our body language and behaviors, which could greatly impact the session.
Student 6	1. 1/3 women are sexually assaulted 2. Latina is a Latin American term such as Brazil	I am curious about how reporting would look as a mandated reporter	Quiz question #4	I will be more aware of the high prevalence of trauma and understand the culture better.
Student 7	1. How sexual assault is mostly done by people the person knows 2. The difference between upper and lowercase t trauma 3. Body language is so important for TIC	You talked about how to talk to clients and what body language to use, but until I start to practice doing that it is still confusing to me since I don't know what part of that I need to work on	No	Be more intentional with my body language