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Realizing, Recognizing, Responding, & Resisting Re-Traumatization: An Evidence-Based Toolkit for Occupational Therapists to Advocate for Their Role on Interprofessional Teams to Address the Impacts of Childhood Trauma

Abby Werkmeister

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Realizing, Recognizing, Responding, & Resisting Re-Traumatization: An Evidence-Based
Toolkit for Occupational Therapists to Advocate for Their Role on Interprofessional
Teams to Address the Impacts of Childhood Trauma

by

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A Scholarly Project

Submitted to the Occupational Therapy Department

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This scholarly project, submitted by Abby Werkmeister, in partial fulfillment of the requirement for the Degree of Occupational Therapy Doctorate from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

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April 12, 2022

Date

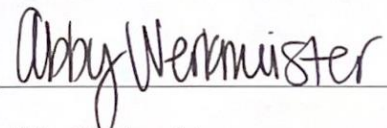
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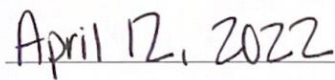
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Abstract

Many children in the United States experience childhood trauma and/or adverse childhood events which can have short-term and long-term impacts on a child. Childhood trauma is complex; therefore, the appropriate care needed is also complex, making an interprofessional collaborative approach necessary to address the impacts of childhood trauma, promote positive outcomes for those who have been impacted, and work towards a common goal. (Fraser, MacKenzie, & Versnel, 2019). Occupational therapists (OTs) are well suited to collaborate with other professionals such as mental health practitioners, however, OT's role related to a trauma care team is still relatively unrecognized. There is a need for OTs to advocate for their role on interprofessional teams that address the impacts of childhood trauma to promote an overall increase in awareness and understanding from other mental health professionals regarding OTs' role on the team.

An extensive literature review, a theory-driven literature matrix, and a needs assessment were all conducted to guide the development of this product. To address the problem identified above, an evidence-based toolkit was created to help OTs advocate for their role on the healthcare team to address the impacts of childhood trauma. The purpose of the toolkit is to provide resources that increase the awareness and knowledge of other professionals such as mental health practitioners regarding the role of OT in addressing the impacts of childhood trauma and to increase interprofessional collaborative practice. It is anticipated that this toolkit will be implemented and promote increased use of trauma-informed interventions for children who have experienced trauma, ultimately increasing occupational performance and overall well-being.

Chapter I: Introduction

Many children in the United States experience childhood trauma and/or adverse childhood events which can be defined as “a psychologically distressing event involving exposure to actual or threatened death, serious injury, or sexual violence...” (American Psychiatric Association [APA], 2013, p. 261). At least one reported traumatic event occurs in more than half of the children in the United States by the age of 16 (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022). In 2019 alone, “child protective services (CPS) received 4.4 million referrals for alleged child maltreatment of approximately 7.9 million children within the United States” (Child Welfare Information Gateway, 2021, p.2). “84.5 percent of children determined to be victims of maltreatment suffered from a single type of maltreatment while 15.5 percent of children suffered from two or more types of maltreatment” (Administration for Children & Families, 2021, para. 4). The most common type of maltreatment children experience resulting in traumatic stress is neglect, with physical abuse being the second most common. According to the Administration for Children & Families (2021), “61 percent of children in the United States suffered neglect and 10.3 percent of children suffered physical abuse” (para. 4). Due to the high prevalence of trauma indicated in these statistics, research supports the utilization of trauma-informed care approaches within healthcare as it can help providers understand an individual’s past experiences and current needs to increase health outcomes and quality of life for those who have experienced trauma and maltreatment (Center for Healthcare Strategies, 2016).

The problem that is addressed with this scholarly project is the need for interprofessional collaboration between OTs and other mental health professionals in a multi-disciplinary approach to address childhood trauma by utilizing trauma-informed care principles in outpatient therapy settings. OT is a profession that is well suited to collaborate with other professionals

such as mental health practitioners. Childhood trauma is complex therefore the appropriate care needed is also complex, making an interprofessional collaborative approach necessary to address the impacts of childhood trauma, promote positive outcomes for those who have been impacted, and work towards a common goal. (Fraser, MacKenzie, & Versnel, 2019). The purpose of this product is to help OTs advocate for their role in addressing the impacts of childhood trauma by creating an evidence-based toolkit that offers resources to inform other mental health professionals and allows for opportunities to consult, collaborate, and educate. This product, *Realizing, Recognizing, Responding, & Resisting Re-Traumatization: An Evidence-Based Toolkit for Occupational Therapists to Advocate for Their Role on Interprofessional Teams to Address the Impacts of Childhood Trauma*, is based on the ecology of human performance (EHP) model and principles of the neurosequential model of therapeutics (NMT) to ultimately increase the range of occupational performance and engagement for children who have experienced childhood trauma. It is anticipated that by developing an evidence-based toolkit that can be utilized between OTs and other mental health professionals there will be an increase in the application of trauma-informed care approaches to interventions for children who have experienced trauma.

Three project objectives were created to determine what will be achieved upon completion of the product. The first project objective is to synthesize evidence-based literature regarding the impacts of childhood trauma and the utilization of trauma-informed care approaches to create resources and education materials for interdisciplinary mental health team members. This objective will be met and described throughout Chapter II where the literature review findings are presented. The second project objective is to synthesize evidence-based literature regarding OT's role in addressing the impacts of childhood trauma. This objective will

also be met and described throughout Chapter II which is the presentation of the findings from the literature review. The third objective of this project is to analyze the effects of health disparities and inequalities on children who have experienced childhood trauma as evidenced by the development of an evidence-based tool that utilizes trauma-informed care approaches and collaborative practice. This objective will be met through Chapter IV which contains the product which will include resources and educational materials regarding OT's role in addressing childhood trauma.

The EHP model was used to guide the development of this product. Utilizing EHP allowed for evaluation of the relationships between a person, their context, the tasks they engage in, and their overall performance (Dunn, 2017). EHP is a person-focused model meaning that each person has their own unique set of variables including past experiences, current experiences, and interests that make up who they are and impact an individual's overall performance. Utilizing EHP also allowed for the evaluation of tasks or behaviors that help a person accomplish a set goal and evaluation of contexts which impact both tasks and person variables all of which can be impacted by trauma (Dunn, 2017). EHP is also a useful model for interdisciplinary work due to the terminology used. The EHP model does not use language specific to the profession of OT, making it easier for communication between multiple professions. For example, rather than referring to meaningful activities as occupations which is the language used in the profession of OT, EHP refers to meaningful activities as tasks, which is a more common and universal term that is understood across multiple disciplines. Overall, utilizing EHP provided a guideline to develop a product that will promote increased overall performance for children who have experienced trauma. Additionally, principles of the NMT were used to better understand a child's history and explain their current functioning. Utilizing

NMT as a guide for this project allowed for consideration of a child's past experiences and the impact of those experiences, considering what their current needs are, and considering how to meet the current needs of the child (Neurosequential Network, n.d.). EHP and NMT can be used together when working with children, especially those who have been exposed to trauma. EHP and NMT both articulate the relationship between multiple factors that impact a child's overall performance range and functioning. While EHP places emphasis on evaluating personal experiences, personal contexts, and tasks that are available to the individual to participate in based on their skills, abilities, and environments EHP also considers how all these factors influence each other to determine an individual's performance range (Dunn, 2017). NMT places emphasis on similar constructs, however NMT provides a framework to consider these factors from a trauma standpoint. NMT allows for the evaluation of a child's current challenges and strengths to help structure interventions that will meet the most important needs of a child (Neurosequential Network, n.d.). The use of these two models together will allow for a comprehensive evaluation of a child with consideration of multiple factors to determine an overall performance range and the ability of the child.

OTs use meaningful activities to increase occupational performance and performance range (American Occupational Therapy Association [AOTA], 2021). OTs can utilize a child's meaningful activities to offer interventions addressing the impacts of trauma. OTs also know how to evaluate an individual's physical, social, cultural, and temporal contexts and recommend changes as necessary to increase occupational performance and their overall performance range (Brown, 2019). The physical context includes all the natural or built features that surround an individual (Brown, 2019). The physical context could include buildings like an individual's home. The social context includes relationships and groups an individual interacts with which

could include family, friends, or members of a social organization (Brown, 2019). The cultural context includes shared experiences that determine an individual's values or beliefs (Brown, 2019). The cultural context could include adopting the values and beliefs of family or an organization that the individual is a part of. Finally, the temporal context consists of time-based factors that influence an individual and their ability to complete tasks (Brown, 2019). The temporal context could include an individual's age or how often or how long a task takes place. Although the benefits of OT are well-known, addressing childhood trauma is an emerging area for OT and the profession's role on an interdisciplinary team in this area is not well understood. In mental health settings, the perceptions of the role of OT by other mental health professionals are limited (Henderson, Batten, & Richmond, 2015). OTs are not well-recognized for their skills and abilities to provide mental health services, therefore, signifying the need to advocate and educate regarding the profession of OT. As a member of an interdisciplinary team, OTs can apply trauma-informed approaches to the settings in which they work to promote overall positive outcomes for children who have experienced childhood trauma. "OT practitioners work with other disciplines to structure environments, teach cognitive strategies, and develop social and emotional skills that promote self-regulation, competence development, trust-building and confidence, and resilience through participation" (AOTA, 2015, para. 8). OTs can utilize trauma-informed care approaches in their practice to meet the needs of children who have experienced trauma. Additionally, due to the complex nature of trauma and the impacts that it can have, utilizing a collaborative interprofessional approach can be a beneficial way to address the impacts, increase the opportunities for better services, and improve client experiences and client outcomes overall.

A comprehensive literature review, contained in Chapter II, has been conducted regarding the topics of childhood trauma, trauma-informed care, OT services, advocacy, community education, and interprofessional collaboration. The gaps, discussed above, were used to guide the development of an evidence-based toolkit to assist OTs in collaborating with other mental health professionals to address childhood trauma. Utilization of the product will ultimately assist OTs in advocating for interprofessional collaboration to address the complex nature of childhood trauma.

Chapter II: Literature Review

Often when thinking of childhood trauma and utilization of trauma-informed care approaches, mental health professionals such as psychologists, psychiatrists, or counselors come to mind first. While these professionals do fulfill very important roles in addressing childhood trauma, OTs also have the skills and abilities to be team members on an interprofessional team addressing childhood trauma. OTs understand cognitive, social, and emotional development and the impact each has on a child, especially those who have experienced trauma in early childhood which, brings value to an interprofessional team. Due to poor understanding by other professionals regarding the role of OT and ways in which an OT can address the impacts of childhood trauma, there is a need for advocacy and education to promote the use of OTs on interdisciplinary teams when addressing childhood trauma.

Childhood trauma is complex, therefore the appropriate care needed is also complex (Fraser, MacKenzie, & Versnel, 2019). Due to the complex nature of childhood trauma and the impacts that the traumatic experience can have on a child, an interprofessional collaborative approach is necessary to promote positive outcomes (Fraser, MacKenzie, & Versnel, 2019). OTs are well suited to collaborate with other professionals such as mental health practitioners to address the impacts of childhood trauma. Incorporating trauma-informed interventions into services that are provided to children who have experienced trauma will promote an increase in a child's performance range and overall wellbeing.

Advocacy efforts from an OT perspective will be taken to promote the need for an interprofessional collaborative team approach to address the impacts of childhood trauma on children who experience traumatic events. As a result of the advocacy efforts taken, an evidence-based toolkit will be created that can be used between OTs and other professionals within mental health settings such as counselors. The toolkit can be utilized for consultation between OTs and

mental health therapists, collaboration between OTs and mental health therapists, and for OTs to educate other mental health professionals regarding OT's role in addressing childhood trauma and utilization of trauma-informed care approaches. A literature review was conducted to determine what is known and unknown regarding the following topics, including defining trauma, the levels and types of trauma, the impacts of trauma, approaches to treatment/application of trauma-informed approaches, defining OT, the relationship between OT and childhood trauma, and the proposed role and benefits of OTs addressing the impacts of childhood trauma. The literature found was synthesized and narratively discussed throughout this review to inform the development of an evidence-based product for OTs and other mental health professionals to utilize to best address the impacts of childhood trauma.

Childhood Trauma

Defining Childhood Trauma

Childhood trauma is considered to be an “event that is dangerous, frightening, or violent and can be threatening” to a child (Center for Child Trauma Assessment, Services, and Interventions [CCTASI], 2022, para. 1). Childhood trauma can also occur for children by personally witnessing dangerous, frightening, or violent events that occur to individuals close to them (CCTASI, 2022). Trauma impacts individuals differently and reactions can have lasting effects on individuals. Experiencing childhood trauma can elicit many different feelings and responses to the traumatic events experienced. One approach to treatment that has been recognized as effective is *trauma-informed care*. *Trauma-informed care approaches* are being developed and increasingly utilized to meet the needs of children who have experienced or been exposed to trauma (Fredrickson, 2019). Unfortunately, childhood trauma occurs more often than people would like to think, which is why a collaborative trauma-informed approach to treatment

is necessary for a child’s recovery and processing of the traumatic experience. According to SAMHSA (2022), at least one reported traumatic event occurs by the age of 16 in more than two-thirds of all children within the United States. In 2019, “child protective services (CPS) received 4.4 million referrals for alleged child maltreatment of approximately 7.9 million children within the United States” (Child Welfare Information Gateway, 2021, p.2).

Types of Trauma

Numerous events can be classified as traumatic and can potentially cause traumatic stress as a result of the experience. SAMHSA (2022) considers the following events to potentially be traumatic: “psychological, physical, or sexual abuse, community or school violence, witnessing or experiencing domestic violence, national disasters or terrorism, commercial sexual exploitation, sudden or violent loss of a loved one, refugee or war experiences, military family-related stressors, physical or sexual assault, neglect, and serious accidents or life-threatening illness” (para. 1). In addition to these events the CCTASI (2022), considers “school violence, bullying, discrimination, violence within the family, homelessness, poverty, cyberbullying, and racism” (para. 3) to also be potential traumatic events.

Another term that is used clinically to refer to potentially traumatic events within children is *Adverse Childhood Experiences* (ACEs). An important component of trauma-informed care is screening for ACEs (Center for Health Care Strategies, 2019). The ACE questionnaire is utilized as the screening tool and has a simple scoring system that attributes one point for each question that is answered yes. Higher scores on the questionnaire indicate increased exposure to trauma (Center for Health Care Strategies, 2019). There are ten experiences that are ACEs or traumatic experiences on the ACE screening tool including “physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, mother treated violently, household substance abuse,

household mental illness, parental separation or divorce, incarcerated household member” (CCTASI, 2022, para. 6). The ACEs study/test is used to better understand the relationship between trauma and the long-term impacts of the experience. “Research shows that approximately 65% of children experience at least one ACE in their childhood while 40% of children experience at least 2 or more ACEs” (CCTASI, 2022, para. 6). This data supports the need to address childhood trauma with a supportive and collaborative team through the use of trauma-informed approaches.

Impacts of Trauma

The type of traumatic event varies from child to child, but it is important to recognize the signs of traumatic experiences and the short- and long-term impacts (SAMHSA, 2022). Exposure to traumatic events has varying impacts on an individual including changes in physical, psychological, mental, or socioemotional health, brain development, behavioral changes, learning difficulties, and more (Hambrick et al., 2018; Hambrick, Brawner, & Perry, 2019; Oral et al., 2016; SAMHSA, 2022). Hambrick et al. (2018) expanded on the understanding that the timing of adverse experiences impacts a child’s functional abilities, especially within the first two months of a child’s life, but noted that positive, engaging, and nurturing relationships may reduce the impacts of adverse events. Hambrick, Brawner, and Perry (2019) also concluded that the timing of adverse events impacts the development of a child and additionally determined that early life stress has a large impact on brain development.

Exposure to ACEs has been determined to be related to several health risks, specifically including “substance abuse, tobacco use, sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, and obesity” (Oral et al., 2016, p. 229). Childhood trauma can also lead to several other chronic diseases such as “heart disease and stroke, liver

disease, lung cancer, and chronic obstructive pulmonary disease” (Oral et al., 2016, p. 229).

Exposure to childhood trauma also has significant impacts on mental health. Research shows a relationship between the number of ACEs a person is exposed to and “learning and behavioral problems, somatic disorders, hallucinations, anxiety and obsessive-compulsive disorders, depression, and suicide attempts” (Oral et al., 2016, p. 229). In addition to difficulties with mental health, trauma exposure can result in difficulties with emotional responses (NCTSN, n.d.). Children can experience difficulties healthily expressing their emotions and processing their traumatic experiences. Other impacts of trauma exposure include difficulties with attachment and relationships. Strong and healthy attachments are important during a child’s development as children learn to trust, regulate their emotions, develop a sense of the world as safe or unsafe, and interact with others through attachment figures. The lack of supportive attachments and relationships increases a child’s vulnerability and difficulty with controlling emotions (NCTSN, n.d.).

Approaches to Treatment

Children who have experienced childhood trauma can receive a variety of services to address the short-and-long-term impacts of the experiences. These services could include physical, speech, or occupational therapies, mental health services, primary health care services, and other trauma-specific services. Research has shown that the timing of receiving these services plays a significant role in the recovery process and promotion of increased performance ranges for children (Bartlett & Smith, 2019; Hambrick, Brawner, & Perry, 2019; Hambrick, Brawner, Perry, Brandt, Hofeister, & Collins, 2018; Ryan, Lane, & Powers, 2017) as it is known that exposure to traumatic events is most common in early childhood (Bartlett & Smith, 2019). Children who received early care and education services have increased support for recovery and

overall well-being (Bartlett & Smith, 2019). However, less is known about OT's role in addressing childhood trauma through the specific use of trauma-informed approaches and interprofessional collaboration.

Meeting the needs of children is very important, especially for those who have experienced childhood trauma. To successfully implement trauma-informed care services, providers should have a well-rounded understanding of the fundamentals of trauma and the impacts trauma can have on those who have experienced traumatic events (Fredrickson, 2019). The idea of providing trauma-informed services is to ensure that the impacts of trauma are recognized and treated, and further trauma is prevented (Fredrickson, 2019). The type and level of trauma that a child experiences along with the severity can vary. It is known that trauma can have an enduring and long-lasting impact on a child's developmental and functional abilities.

SAMHSA (2014) has identified 6 main trauma principles that should be addressed for trauma-informed approaches to be considered best practice and to promote recovery and re-traumatization. The principles include "safety, trustworthiness and transparency, peer support and mutual self-help, collaboration and mutuality, empowerment, voice, and choice, and cultural, historical, and gender issues" (p.14). The principle of safety has been set forth to ensure children or adults who have experienced trauma feel physically and psychologically safe during their interactions with providers. Trustworthiness and transparency have been determined to be core principles as providers should be open and straightforward with clients and families to build and maintain trust and positive relationships. Peer support is vital to recovery and healing for those that have experienced trauma. Having another individual to establish hope with, build trust with, and share similar circumstances promotes positive outcomes. Collaboration and mutuality places focus on partnerships and working together as everyone on a trauma team has a role to play.

Empowerment, voice, and choice have been deemed core principles as fostering empowerment and allowing clients to use their voice and share their experiences promotes positive healing. Additionally, supporting clients to be a part of their recovery process, sharing decision-making, and goal setting, and advocating for themselves allows for forward progress and taking the steps necessary for recovery. Finally, it is essential that those working with children or adults who have experienced trauma move past cultural differences, offer gender and culturally inclusive services, and recognize and address historical trauma (SAMHSA, 2014). Understanding the principles of trauma that have been identified by SAMHSA (2014) and educating trauma survivors and their families are vital to promoting successful outcomes and shifting the focus from “what’s wrong with you?” to “what happened to you?” (Barnett, Cleary, Butcher, & Jankowski, 2019; Fredrickson, 2019). Another role of trauma-informed care is to recognize and address the impact of trauma to help buffer the physical, emotional, psychological, and social impacts of the traumatic experience. The utilization of trauma-informed principles helps foster a sense of hope and emphasizes a safe interaction between the client and the therapist to create positive outcomes (Barnes & Andrews, 2019; Barnett, Cleary, Butcher, & Jankowski, 2019).

Another approach to treatment for children who have been exposed to trauma is to be resilience-focused. Therapists can approach treatment sessions with the mindset of being trauma-informed to foster and cultivate resiliency (Banyard, Hamby, & Grych, 2017; NCTSN, 2016; Sciaraffa, Zeanah, & Zeanah, 2018). Being trauma-informed and resilience-focused includes emphasizing an individual’s strengths, their protective factors, and addressing the impacts that the traumatic experience has on a child. There are several factors that could enhance resiliency in children. These factors include supportive relationships, resources to reduce negative consequences, feeling safe, positive self-esteem and self-efficacy, and healthy coping skills

(NCTSN, 2016) Supportive adult-child relationships do not have to be a parent/caregiver and child relationship but rather a supportive adult who promotes and encourages recovery and healing. A positive relationship gives a child a sense of belonging and assures them that they are worthy and matter to someone. A sense of self-efficacy and perceived control allows trauma survivors to focus on their strengths and ways they can capitalize on their strengths. Coping skills and self-regulatory capacities allow trauma survivors to learn and utilize methods to keep themselves regulated and persist through adversity. A child needs to learn that they can manage difficult situations and get through obstacles as they occur (NCTSN, 2016).

OT & Childhood Trauma

Defining OT

AOTA (2021) defines OT as a profession that helps individuals do the things they want and need to do through the use of meaningful daily activities. “OT practitioners focus on participation in the following areas: education, play and leisure, social activities, activities of daily living (ADLs, i.e., eating, dressing, hygiene), instrumental ADLs (IADLs, i.e., preparing meals or cleaning up, caring for pets), sleep and rest, and work” (AOTA, 2015, para.1). OT addresses both mental and physical well-being and enables individuals of all ages to live their life to their fullest (AOTA, 2021). OT is individualized and client-centered and can be provided in a variety of settings such as schools, outpatient clinics, and inpatient settings (mental and physical). OT services are holistic and focus on addressing performance skills or patterns that impact occupational performance to increase an individual's overall performance range (AOTA, 2021).

The Relationship Between OT and Childhood Trauma

OTs have been working in areas of mental health since the start of the profession, however OT's role in addressing childhood trauma, and providing interventions through a trauma lens, is an emerging area of practice. OTs can have an important role in addressing trauma due to their knowledge of cognitive, social, and emotional development and the impact each can have on an individual (AOTA, 2015). Additionally, OTs are skilled in activity and task analysis, and can holistically evaluate factors impacting a child such as traumatic experiences to enable optimal occupational performance (AOTA, 2015). For example, OTs can assess the relationship between a child, their context, and overall daily performance, and determine where the need lies to implement intervention strategies that will increase the child's overall performance range to a more functional level. Additionally, OTs are knowledgeable regarding child development and are well suited to understand how trauma exposure impacts all areas of overall development (Fraser, MacKenzie, & Versnel, 2019). Fraser, MacKenzie, and Versnel (2019) determined the need to utilize a bottom-up approach when working with children who have been exposed to childhood trauma. The bottom-up approach is a restorative therapeutic method with the desired outcome of restoring skills necessary to participate in daily activities (Fraser, MacKenzie, & Versnel, 2019). The bottom-up approach focuses on addressing the cause of the problem and the cause of interruption in the development of foundational skills needed for the completion of daily activities. A child must meet their basic foundational needs before they can engage in any higher-level cognitive learning. For example, an individual must be able to regulate their sensory systems before they can excel in academic learning. In other words, utilization of a bottom-up approach to treatment will allow therapists to address a child's stage of development at the time of exposure to trauma and focus on reestablishing those skills so that the child can increase their abilities to participate in developmentally appropriate daily activities.

This finding supports the need for and the importance of OTs working to address complex childhood trauma as OTs have been educated regarding the use of a bottom-up approach to evaluate and treat patients.

There are a variety of interventions that can be offered by an OT to address trauma and increase a child's performance range. Interventions could include emotional regulation, sensory integration, coping skills, facilitating healthy adult-child relationships, and patient/caregiver education regarding the impacts of trauma. OTs may also serve as a resource for other professionals for consultation and incorporation of trauma-informed approaches across settings to facilitate best practice.

Proposed Role & Benefits of OT on an Interprofessional Team

OTs use meaningful activities to increase occupational performance and performance range (AOTA, 2021). OTs can utilize a child's meaningful activities to offer interventions addressing the impacts of trauma. OTs are also skilled at providing changes to a child or individual's physical, social, cultural, and temporal contexts to increase occupational performance. As addressing childhood trauma is an emerging area of practice for OTs, their role on an interdisciplinary team addressing childhood trauma is not as well-known, although the benefits of OT are.

OTs can utilize trauma-informed care approaches in their practice to meet the needs of children who have experienced trauma. OTs are equipped to address childhood trauma at a community level, targeted group level, or individual level through promotion, prevention, and intensive strategies (AOTA, 2015). OTs also can address both developmental and psychosocial difficulties which is another reason why the inclusion of an OT on an interprofessional team would be beneficial when addressing childhood trauma (Henderson, Batten, & Richmond, 2015).

Additionally, due to the complex nature of trauma and the impacts that it can have, utilizing a collaborative interprofessional approach can be a beneficial way to address the impacts.

Exposure to trauma can result in a variety of effects on the individual including physical, social, emotional, and psychosocial difficulties. The impacts can also vary from individual to individual, making each case unique and emphasizing the need for treatment to be client-centered. The utilization of an interdisciplinary team allows for multiple professionals to work together to address the impacts of trauma and promote healing and recovery in all areas.

In mental health settings, the perceptions of the role of OT by other mental health professionals are limited secondary to a lack of understanding by other professionals regarding what OT is, OT's scope of practice, and OT's role in addressing mental health needs such as childhood trauma (Henderson, Batten, & Richmond, 2015). Due to OTs not being well-recognized for their skills and abilities to provide mental health services, it has been determined there is a need for OTs to advocate and educate regarding the profession of OT and their role in addressing childhood trauma. Through advocacy and increased education regarding OT's role in addressing childhood trauma, it is anticipated that there will be an increase in other professionals' perception and awareness of OT's role and an increase in OTs being members of a team providing services to address the impacts of trauma. As a member of an interprofessional team, OTs can also incorporate trauma-informed care across multiple settings to encourage positive communication among the team members and increase overall outcomes for the children.

Conclusion

Due to the complexity and impacts of childhood trauma on children, there is a need for OTs to advocate and educate other mental health professionals regarding their role on an

interdisciplinary team to address these impacts to increase the child's performance range. As OTs are skilled to address the impacts of childhood trauma, they are qualified to be a members of an interdisciplinary team and implement trauma-informed approaches to the services they provide. Additionally, there is a gap in research regarding the value of OTs on interprofessional teams addressing childhood trauma which could be attributed to the lack of education regarding the scope of OT in this emerging area.

Through the use of the EHP model, trauma-informed care, and the use of the basic principles of NMT, advocacy and education can be utilized regarding the role of OT on an interdisciplinary team addressing childhood trauma to increase collaboration between professions and provide quality services for those who have experienced childhood trauma.

Other mental health professionals need to understand the value and benefits that an OT can bring to a team to promote collaboration between professionals. OTs would benefit immensely from an evidence-based toolkit that will assist in educating other professionals and articulating the role of OTs in addressing trauma-informed care to serve the population impacted by childhood trauma.

Chapter III: Methodology

This product was created as an advocacy effort for OTs to educate and advocate for their role on an interdisciplinary team addressing the impacts of childhood trauma. The product, *Realizing, Recognizing, Responding, & Resisting Re-Traumatization: An Evidence-Based Toolkit for Occupational Therapists to Advocate for Their Role on Interprofessional Teams to Address the Impacts of Childhood Trauma*, was framed around the EHP model and NMT. Additionally, this toolkit will provide resources that will assist OTs with educating other mental health professionals regarding what OT is and their scope of practice to promote better collaboration with O by other mental health professionals.

In the development of this toolkit, a problem was identified, guiding theories were chosen and questions were developed based on the selected theories to guide an extensive literature review. The literature review was conducted using the following online platforms: the University of North Dakota (UND) Chester Fritz Library, the UND School of Medicine & Health Sciences Library, CINHAL, Google Scholar, and American Journal of Occupational Therapy (AJOT). Additionally, published guidelines were used from the following governmental organizations: Child Welfare Information Gateway, NCTSN, SAMHSA, AOTA, American Psychiatric Association (APA), Center for Child Trauma Assessment, Services, and Interventions, Center for Healthcare Strategies, and Child Trauma Academy.

Key terms and phrases that were utilized to complete this literature review included: “childhood trauma” AND “neurosequential model”, “childhood trauma” AND “adverse childhood experiences”, “trauma-informed care” AND “children”, “childhood trauma statistics”, “childhood trauma” AND “occupational therapy”, “multidisciplinary” AND “childhood trauma”, “cognition” AND “complex trauma”, “occupational therapy” AND “child mental health”, “complex trauma” AND “occupational therapy”, “trauma” AND “collaborative practice”,

“context” AND “adverse childhood events”, “advocacy” AND “childhood trauma”, “trauma-informed care” AND “adverse childhood experiences”, and “ecology of human performance” AND “trauma”.

In addition to searching multiple databases, professional organizations, governmental entities, and textbooks, the developer of this product completed continuing education courses to influence the development of this toolkit. The first continuing education course was completed virtually through AOTA and titled *A Trauma-Informed Approach Distinct to OT: The TIC-OT Model* (Derigo & Russell-Thomas, 2018) This course was completed to better understand the prevalence and impact of trauma, OT’s role in providing trauma-informed care, the Model of Trauma-Informed Care Distinct to OT (TIC-OT) and apply the TIC-OT model to a case study. The second continuing education course was completed virtually through NCTSN and titled *Trauma & Resilience-Informed Integrated Healthcare for Youth & Families* (Kaufman & Szilagy, 2014). This course was completed to better understand what trauma-informed integrated healthcare is and is not the goals and advantages of trauma-informed integrated healthcare, and the benefits and challenges. The third continuing education course was completed virtually through occupationaltherapy.com, which is an approved AOTA provider, and was titled *Fun, Practical, Client-Centered Activities to Encourage Social-Emotional Development in Pediatric Practice* (Quint, 2017). This course was completed to better understand social-emotional learning, understand factors that influence social-emotional development, and develop child-centered activities that address social-emotional learning. While this course was not directly related to trauma or trauma-informed care, the information presented, and the interventions discussed could be applied when working with children who have experienced trauma.

The review of the literature concluded that there is a need for OTs to advocate for their role on an interdisciplinary team that is working to address the impacts of childhood trauma. It was also concluded that there is a lack of understanding by other mental health professionals regarding what OT is, their scope of practice, and how they are suited to address the impacts of childhood trauma. Addressing these needs will promote increased collaborative practice between mental health professionals and OTs to provide trauma-informed interventions that address the impacts of trauma exposure and increase a child's overall engagement in daily occupations. Findings suggest that trauma exposure has both short and long-term impacts on a child and addressing these impacts early optimizes recovery and successful outcomes. Additionally, trauma exposure can be complex and impact physical, social, psychosocial, and emotional development. The utilization of an interdisciplinary team allows for multiple professionals to work together to address the impacts of trauma and promote healing and recovery in all areas.

The contents of this toolkit include operational definitions of key terms used through the product, resources identifying what OT is and the scope of practice, resources identifying what childhood trauma is, the impacts of childhood trauma, examples of potential ways to implement trauma-informed care into treatment, resources of resilience factors, and other resources that can be utilized by OTs and other mental health professionals addressing the impacts of childhood trauma. Finally, the language and terminology of the theories are used throughout the product to incorporate interdisciplinary collaboration and the theories are used as a guideline for understanding how trauma exposure may impact an individual.

Chapter IV: Product

Realizing, Recognizing, Responding, & Resisting Re-Traumatization: An Evidence-Based Toolkit for Occupational Therapists to Advocate for Their Role on Interprofessional Teams to Address the Impacts of Childhood Trauma was developed for OTs to use to advocate for their role on an interprofessional team addressing the impacts of childhood trauma. The toolkit was designed to promote the understanding and awareness of OT's scope of practice, but more specifically what OT's role is on an interprofessional team addressing the impacts of childhood trauma on children.

To view the product in its entirety, please email the author at abby.werkmeister@und.edu.

Chapter V: Summary

The purpose of the scholarly project, *Realizing, Recognizing, Responding, & Resisting Re-Traumatization: An Evidence-Based Toolkit for Occupational Therapists to Advocate for Their Role on Interprofessional Teams to Address the Impacts of Childhood Trauma*, was to create an evidence-based toolkit providing resources that increase the awareness and knowledge of other professionals regarding the role of OT in addressing the impacts of childhood trauma. In addition, the author's intentions for this toolkit are to increase the understanding of OT's role on interprofessional teams to ultimately increase interprofessional collaborative practice when addressing the impacts of childhood trauma. The literature review presented in Chapter II indicated the lack of understanding by other health professionals regarding the role of OTs when addressing the impacts of childhood trauma. The literature review also indicated that impacts of childhood trauma can be both short-and long-term and vary from individual to individual, resulting in a wide variety of effects. The literature also encouraged the use of interprofessional collaborative practice to provide high-quality services that address the complexity of childhood trauma. OTs use meaningful activities to increase occupational performance and performance range (AOTA, 2021), therefore, OTs can utilize a child's meaningful activities to offer interventions addressing the impacts of trauma as part of the team's plan of care.

The author's intent for this guide was to provide resources to OTs to assist with advocating and educating other mental health professionals regarding the role of OTs when addressing the impacts of childhood trauma. The author focused on identifying the importance of interprofessional collaborative practice to address childhood trauma and identifying the role and value of OT within the collaborative team. The toolkit includes an introduction to the toolkit, an outline of definitions related to the product and frameworks used to guide the product, resources

defining OT, resources discussing occupations, the OT process, settings that OTs practice in, and types of OT interventions related to trauma. The toolkit also includes resources regarding OT and childhood trauma, an outline of interprofessional collaboration to address the impacts of childhood trauma, and resources that may be utilized by mental health professionals or provided to families.

Implications of the project for the practice of OT include increased advocacy by OTs regarding their role on an interprofessional team to address the impacts of childhood trauma, increased interprofessional collaboration to promote positive healing and high-quality services, increased OT services for children impacted by childhood trauma, and increased awareness and understanding regarding OTs' role in addressing the impacts of childhood trauma on a care team. Current literature illustrates a lack of understanding by other mental health professionals regarding the role of OT in mental health settings. Due to this limited understanding, it is evident that there is a need for OTs to advocate for their role and educate mental health professionals regarding the skills they can bring to an interprofessional team. Current literature is also conclusive that the impacts of childhood trauma can be complex and vary from individual to individual. Utilization of an interprofessional approach to services provided will assist healthcare professionals in working together to address the complex needs of children who have been impacted by childhood trauma. Finally, OTs have the skills and knowledge needed to address this emerging area of practice. Through advocacy and education regarding the role of OT in providing trauma-based services, the understanding of other mental health professionals will likely increase, resulting in increased interprofessional collaborative practice.

As trauma-based OT is an emerging area of practice, further research and advocacy are needed to determine the effectiveness and importance of providing interventions through a

trauma-informed OT lens. This author recommends continued advocacy and education to mental health professionals in outpatient settings to increase awareness and understanding regarding the profession of OT. Another recommendation for project sustainability includes utilizing the toolkit within other settings to increase awareness and perceptions regarding the role of OT when addressing the impacts of childhood trauma. Finally, the author recommends refining and revising of material within the toolkit to address gaps that are noted by OTs or members of an interprofessional care team upon implementation of this product.

A limitation of this project is that awareness of OT's role on an interprofessional team addressing the impacts of childhood trauma is limited, however, OTs do have a definite role on the team. Another limitation of this project is that an individual is not able to self-refer for OT services. A referral for OT services must come from a medical provider. This is a limitation that serves as the purpose for the development of the toolkit as an anticipated outcome of this project is increased awareness and understanding regarding the role of OT leading to an increase in services. Another limitation is that resources in the toolkit have not been utilized or implemented at this point, therefore, the effectiveness of the toolkit in increasing awareness and knowledge regarding the role of OT is unknown. On the other hand, there are also identified strengths of this project. This project has been developed by an OT doctoral student who has completed educational coursework related to advocacy and understands the role of OT. Additionally, the author of this project has completed one of two, level II fieldwork in trauma-based OT services. This project was also created in collaboration with a licensed mental health practitioner who is trained in trauma-informed care.

Implementation of this toolkit may be done by educating mental health professionals in an outpatient setting regarding the handouts and resources that are contained within the toolkit.

Additionally, an OT may need to provide in-services or consultations to mental health professionals or other members who may be a part of the team working together to address the impacts of childhood trauma to increase awareness and understanding of OT's role on the team. Continued advocacy by OTs regarding their role in emerging healthcare settings is necessary and can be done with the resources within the toolkit.

It is anticipated that the use of this toolkit will increase awareness and perceptions of other mental health professionals regarding OT's role on an interprofessional team addressing the impacts of childhood trauma. The handouts in the toolkit have been created to assist OTs in advocating for their role by explaining their scope of practice, difficulties that a child may experience due to trauma exposure and how an OT could assist, and how OTs work with other mental health professionals. Additionally, with increased awareness and knowledge regarding the role of OT, it is anticipated that increased trauma-based OT interventions will be able to be provided to children who have been impacted by childhood trauma. The effectiveness of this toolkit could be measured through outcome measures such as pre/post surveys. Pre/post surveys could be provided to both OTs and mental health professionals or other interprofessional team members through workshops that are held by an OT to educate other professionals regarding the materials within the toolkit. OTs would be able to identify whether they feel their role is better understood and other mental health professionals would be able to identify if their awareness and perceptions regarding OT's role have changed. Overall, the author of this toolkit anticipates positive outcomes for the profession of OT by increasing awareness and understanding regarding OT's role in addressing the impacts of childhood trauma on interprofessional teams in outpatient settings.

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