

A Trauma-Informed Practice Protocol for Pediatric Occupational Therapy Practitioners

Jessica Reishus, OTS; Capstone Mentor: Kiah Van Horne, MOT, OTR/L;

Faculty Mentor: Dr. Moses Ikiugu, PhD, OTR/L, FAOTA



Purpose

To develop an evidence-based resource for pediatric occupational therapy practitioners to use when working with children who have experienced adversity.

Background

- As many as two-thirds of youth are at-risk for experiencing adversity (ACEs) including abuse, neglect, or household dysfunction which can negatively effect health outcomes (Felitti et al., 1998).
- Children with early adversity may have decreased exposure to enriching experiences or neurological imbalances that hinder skill development.
- These factors increase the risk for developmental delays, poor fine motor and gross motor skills, decreased executive function, inattention, poor social skills, decreased self-regulation, and sensory processing deficits (Bethel et al., 2014; Cprek et al., 2019; Jimenez et al., 2016; Rybski & Israel, 2019).
- Multiple studies have demonstrated that early exposure to adversity has the potential to globally impact occupational performance (Bethell et al., 2014; Jimenez et al., 2016).
- Due to the global impact of trauma, children facing adversity can benefit from occupational therapy practitioners who utilize a trauma-informed care approach (Fraser et al., 2019).
- A trauma-informed care approach includes the following principles:
 - Realizes that trauma has a widespread impact on individuals, families, groups, organizations, and communities and understands paths to recovery.
 - Ability to recognize the signs and symptoms of trauma in clients, staff, and others in the system.
 - Integration of trauma knowledge into policies, programs, and practices.
 - Seeks to avoid re-traumatization (SAMHSA, 2018).

Capstone Experience/Methods

Advanced Clinical Practice

- Continuing education courses: TBRI® 101, Supporting Students with Mental Health Needs and Developmental Trauma, Advanced Trauma Informed Practice, and Pediatric Trauma: Its Impact on Occupational Participation and Performance.
- Trauma-informed service provision in charter school with high rates of trauma.

Program Development

- Literature review and theoretical constructs
- Surveyed trauma-informed occupational therapists
- Needs assessment
- Created logic model
- Developed Trauma-Informed Practice Protocol with resources for:
 - Creating a trauma-informed environment
 - Trauma-informed evaluation
 - Trauma-informed intervention
 - Additional trauma resources

Program Implementation

- Participant recruitment
- Disseminated protocol
- Hosted pilot protocol seminar via Zoom

Program Evaluation

- Administered pretest/posttest questionnaires
- Conducted semi-structured interviews
- Analyzed results
 - Wilcoxon signed ranks test
 - Phenomenological analysis

Results

- Results of the pretest/posttest (n=16) indicated statistically significant improvements ($p < 0.05$) in the areas of clinical reasoning, communication, providing interventions, conducting evaluations, and creating a trauma-informed environment.
- Themes from interviews (n=3):
 - Participants could implement protocol strategies in various settings.
 - The environment and intervention sections were the most impactful.
 - Graduate students and entry-level practitioners would benefit from education on trauma-informed care.
 - Resources for families, caregivers, and other therapy professionals would be helpful for improving quality of trauma-informed service provision.

References

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Theoretical Constructs

Person-Environment-Occupational Performance (PEOP) Model of Practice

- Intrinsic factors in the person and extrinsic factors in the environment interact to influence occupational performance and participation, wellbeing, and quality of life (Christiansen & Baum, 2015).
- In children with experiences of adversity, occupational therapists provide interventions to address intrinsic and extrinsic factors that limit engagement in occupations.

Sensory Integration and Processing

Frame of References

- Process of interpreting sensory inputs from the environment, processing sensory information, and responding accordingly (Ayres, 1989).
- An individual's neurological threshold (low to high) and behavioral response (passive or active), results in four models of sensory engagement: sensory seeking, sensory avoiding, low registration, and sensory sensitivity (Dunn, 2001).
- Children with experiences of adversity can benefit from sensory interventions to target sensory deficits, promote sensory integration, and access higher level skills such as attention, self-regulation, motor planning, and academic learning (Ayres, 1989).

Trust-Based Relational Intervention® (TBRI®)

- Trauma-informed care model for working with children with complex developmental trauma (Purvis et al., 2013).
- Empowering, connecting, and correcting improves developmental and relational outcomes (Purvis et al., 2013).

Implications

- Training occupational therapy practitioners on trauma-informed care using the practice protocol.
- Creating clinic-wide initiatives for trauma-informed service provision.
- Improved outcomes for children facing adversity.