Occupational Therapy's Role in Mental Health Promotion, Prevention, & Intervention With Children & Youth

# Childhood Trauma

## Did you know…

A report of a child abuse is made every 10 seconds (Childhelp, n.d.).

### Occupational Performance

Children who experience trauma may be challenged in the following ways:

**Social Participation**
- Impaired social skills
- Increased depression, anxiety, and emotional numbing
- Over activated traumatic stress response
- Poor interpersonal boundaries
- Fear of failure/hyperawareness of possible failure, leading to decreased participation in activities
- ADL deficiencies (listed below) that can lead to difficulty interacting with peers (e.g., being teased about poor hygiene)
- History of isolation and lack of opportunity to interact with others

**Activities of Daily Living**
- Diminished motivation to complete daily routines
- Difficulty managing hygiene
- Difficulty controlling bladder and bowel for toileting
- Trouble eating (e.g., food hoarding behaviors)
- Lack of exposure to direct instruction on how to complete ADLs such as hygiene
- Fear of ADLs; abuse and neglect are frequently associated with locations where ADLs are completed (e.g., bedroom, shower/bathroom)

**Education**
- Impaired executive function
- Difficulty envisioning a future (Bloom & Yanosy-Sreedhar, 2008)
- Impaired attention and arousal regulation
- Negative attention seeking
- Poor attendance and homework completion
- Staff or teacher not understanding the reason for negative behaviors ("What is wrong with him?" vs. "What happened to him?")

**Work**
- Difficulty attaining and maintaining employment (Bloom & Yanosy-Sreedhar, 2008)
- Lack of insight with how poor self-care (e.g., hygiene) and social skills impact ability to be successfully employed
- Difficulty managing emotions to successfully navigate stressful situations

**Play/Leisure**
- Decreased initiation in play and healthy leisure activities
- Over-aggressive play and bullying
- Frequent fear of failure and withdrawing from activities (e.g., "I quit!")

**Sleep/Rest**
- Difficulty falling and staying asleep (Humphreys, Lowe, & Williams, 2009)
- Increased occurrence of nightmares and sleep disturbances (Caldwell & Redeker, 2005)
- Increased bed wetting (Humphreys et al., 2009)

**OCCUPATIONAL THERAPY PRACTITIONERS** use meaningful activities to promote physical and mental health and well-being. Occupational therapy practitioners focus on participation in the following areas: education, play and leisure, social activities, activities of daily living (ADLs; e.g., eating, dressing, hygiene), instrumental ADLs (IADLs; e.g., preparing meals or cleaning up, caring for pets), sleep and rest, and work. These are the usual occupations of childhood. Task analysis is used to identify factors (e.g., motor, social–emotional, cognitive, sensory) that may limit successful participation across various settings, such as school, home, and community. Occupational therapy practitioners offer activities and accommodations within their service to promote successful performance in these settings.

## WHAT IS CHILDHOOD TRAUMA?

Childhood trauma is a psychologically distressing event involving "exposure to actual or threatened death, serious injury, or sexual violence…" (American Psychiatric Association, 2013, p. 261). Such events involve a sense of fear, helplessness, and horror. Childhood trauma occurs whenever both internal and external resources are inadequate to cope with an external threat (van der Kolk, 1989). Children may experience trauma from abuse (physical, sexual, emotional), neglect (physical, medical, emotional, educational), natural disasters, illness, and violence (school, community, domestic).

Trauma exposure activates fight, flight, or freeze stress reactions, the human response to experiences of overwhelming stress. Most children exposed to an isolated traumatic event will recover in time. However, exposure to chronic interpersonal trauma (i.e., child maltreatment) results in complex trauma, a condition that adversely affects virtually every aspect of development. Complex trauma in childhood is termed *developmental trauma* (van der Kolk, 2005), a condition that presents with significantly higher levels of dysregulation (affective, physiological, attentional, behavioral, and relational), functional impairments, and psychiatric hospitalizations compared with children with posttraumatic stress disorder and histories of "non-violent" trauma (Kisiel et al., 2014).

More than 3 million cases of child abuse and neglect are reported in the U.S. each year (U.S. Department of Health and Human Services [HHS], 2013) In 2013, the national rate of reported child abuse and neglect was 28.3 per 1,000 children in the national population (HHS). Because occupational therapy practitioners serve young children in homes, schools, and communities, they have a significant role in (1) recognizing the signs of trauma; (2) creating safe environments that support learning and development; (3) with advanced training, treating children who have experienced trauma; (4) collaborating to model and facilitate skills for managing emotions for the adults who serve children who are survivors of trauma; and (5) with advanced training, collaborating with children who are survivors of trauma and the adults who serve them to develop skills and techniques to safely and proactively avoid crises, and to develop reactive strategies to safely work through crisis situations to minimize additional trauma.

## WHAT IS TRAUMA-INFORMED CARE (TIC)?

According to the National Child Traumatic Stress Network (n.d.), a trauma-informed care perspective is one in which program staff, agency staff, and service providers (1) routinely screen for trauma exposure and related symptoms; (2) use culturally appropriate evidence-based assessment and treatment; (3) make resources available to children, families, and providers on trauma exposure, its impact, and treatment; (4) engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma; (5) address parent and caregiver trauma and its impact on the family system; (6) emphasize continuity of care and collaboration across systems; and (7) maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience.

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This information was prepared by Terry Petrenchik, PhD, OTR/L, and David Weiss, OTR/L, with contributions from AOTA's 2015 School Mental Health Workgroup.

Living Life To Its Fullest® OCCUPATIONAL THERAPY

This information sheet is part of a School Mental Health Toolkit at http://www.aota.org/Practice/Children-Youth/Mental%20Health/School-Mental-Health.aspx

## OCCUPATIONAL THERAPY'S ROLE IN ADDRESSING CHILDHOOD TRAUMA

Occupational therapy practitioners can serve an important role in addressing trauma at the universal, targeted, or intensive levels of intervention. They are invaluable members of the mental health team because of their knowledge of the cognitive, social and emotional, and sensory components of activity and its impact on behavior (Petrenchik, 2015; Petrenchik & Guarino, 2009).

Children who have experienced complex trauma need environments and opportunities to regain a sense of personal safety, competence, and pleasurable connection to others. Safety, predictability, and "fun" are essential ingredients for helping a child to be "in the moment" where all learning, skill development, and healing happen (van der Kolk, 2005). Because occupational therapy practitioners have specialized training in task analysis and environmental modification, they can optimize the child-environment-occupation fit to enable successful activity engagement and social participation.

Traumatized children have difficulties handling emotions, sensations, stress, and daily routines. They often feel hopeless, worthless, and incompetent (van der Kolk, 2005). Occupational therapy 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.

### Promotion

- Raise awareness about the occurrence and impact of child trauma.
- Create a culture of nonviolence through promoting positive behaviors.
- Foster children's interests in healthy and safe play and leisure occupations.
- Teach children positive coping skills, relational skills, and problem-solving skills.
- Model and teach staff and adults who serve survivors of trauma principles of emotional regulation and co-regulation.

### Prevention

- Recognize signs and symptoms of trauma.
- Provide group-based interventions focused on self-regulation and sensory modulation, as well as self-efficacy.
- Use self-awareness techniques to teach children emotional regulation strategies (see The Zones of Regulation in Check This Out!).
- Educate parents and teachers about healthy discipline, including the use of positive behavioral supports and ways to effectively deal with crises.

### Intensive

*Occupational therapists with training in trauma and sensory-based interventions are qualified to:*

- Provide trauma-informed sensorimotor arousal regulation interventions in collaboration with mental health professionals (see LeBel & Champagne, 2010; Warner, Spinazzola, Westcott, Gunn & Hodgdon, 2014;).
- Teach children mindfulness strategies to reduce stress and to cope with overwhelming emotions.
- Provide environments and opportunities intentionally designed to increase a traumatized child's sense of mastery, connection, and resiliency (see *Treating Traumatic Stress in Children and Adolescents* in Check This Out!).
- Provide opportunities for play and social interaction to facilitate the development of likes, interests, and motivators.

**IN THE HOME,** occupational therapy practitioners work with caregivers to create predictable routines. Children who experience trauma often feel out of control. Practitioners provide opportunities in the home that are predictable and routinized, and that allow the children to have a sense of control. They can also create structured daily routines, promote safe family activities, and support self-regulation, including addressing sleep and eating issues.

Children who experienced trauma in early childhood often have difficulty developing healthy attachments to caregivers. Occupational therapy practitioners who understand attachment theory work with caregivers to create a healthy attachment and encourage bonding through developmentally appropriate childhood occupations (see Circle of Security International in Check This Out!).

**Occupation-based strategies could include:**

- Making activities and routines predictable
- Helping children regain control by allowing for choice within activities
- Pairing sensory approaches with cognitive approaches to teach children to calm their bodies and minds
- Providing frequent positive reinforcements
- Recommending stress management strategies
- Collaborating with clients to identify goals and interventions designed to empower
- Providing frequent direct instruction and modeling to create ongoing competence and success
- Collaborating and modeling emotional management strategies consistently among the staff, teachers, and other adults

**Did you know** Massachusetts has adopted an initiative that includes sensory interventions to help reduce restraints? For more information on the occupational therapist's role in embedding sensory interventions into agencies that provide services for children who have experienced trauma, see: **http://www.aota.org/-/media/Corporate/Files/Secure/Publications/SIS-Quarterly-Newsletters/MH/MHSIS_June_2010.pdf**



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**IN SCHOOL,** occupational therapy practitioners promote social interactions among peers and support the teachers to create a safe and nurturing environment that enhances learning. They help educators and staff understand the impact of trauma on learning and identify supports, create an environment that promotes self-regulation and predictability, and help establish an environment to secure the child's trust.

**IN THE COMMUNITY,** occupational therapy practitioners have a role in promoting healthy activities. They help facilitate successful community outings and instruction that support friendships and a sense of safety, and foster development in children who have experienced trauma. Occupational therapy practitioners may also collaborate with and provide services at organizations, such as community-treatment centers, group homes or residential facilities, and foster care agencies.

## CHECK THIS OUT!

- The National Child Traumatic Stress Network **www.nctsn.org**
- Child Trauma Academy **childtrauma.org**
- The Adverse Childhood Experience Study *****.acestudy.org**
- Child Welfare Information Gateway. What is Child Abuse and Neglect? Recognizing Signs and Symptoms **https://***.childwelfare.gov/pubs/factsheets/whatiscan.pdf**
- Information on occupational therapy approaches **www.OT-innovations.com**
- American Academy of Pediatrics Trauma Guide **www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Trauma-Guide.aspx**
- National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint (NCTIC) **www.samhsa.gov/nctic**
- Circle of Security International **circleofsecurity.net**
- Book: *Treating Traumatic Stress in Children and Adolescents: How to Foster Resilience Through Attachment, Self-Regulation, and Competency,* by Margaret Blaustein & Kristine Kinniburgh.
- The Zones of Regulation: Occupational therapy interventions to help foster self-regulation *****.zonesofregulation.com**

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