Informative Practices Addressing Trauma-Related Disorders in Occupational Therapy

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Objectives

- The participant will demonstrate a general understanding of trauma and resulting diagnoses such as Post-Traumatic Stress Disorder (PTSD).
- The participant will articulate 3-4 Trauma Informed Practice (TIP) techniques for use with those who are trauma survivors.
- The participant will demonstrate an understanding of an occupational therapists' role in treating clients who have experienced trauma and identify future efforts in the field of OT.

What is Trauma?

Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as **physically** or **emotionally** harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

(SAMHSA, 2014, p. 7)

UNDERSTANDING AND DEFINING TRAUMA

- Natural or Human caused
- Single Trauma
  - Experiencing death of a loved one
  - Robbery
- Repeated Trauma
  - Repeated physical assaults
- Sustained (Chronic Trauma)
  - Human trafficking
  - Poverty

1. The nature of the event itself
2. The person's subjective experience of trauma
3. The person's physical and emotional response to trauma

(Shors & Millon, 2016)

PHYSIOLOGIC CONCEPTS OF TRAUMA

- Chronic inflammation in the brain (increased CRP levels)
- STOP (frontal cortex) and GO (limbic system; fight or flight/survival system) portions of the brain
- STOP and GO systems are not connected in the brain until:
    - 23 y/o in females
    - 25 y/o in males
    - Average age of human trafficking victims is before the age of 23; ~14 y/o
    - Inflammation affects areas such as amygdala (over-reactive) and basal ganglia (under-reactive)
        - Risky behaviors: SUD
    - Prefrontal cortex: decreased connections and decreased gray matter/cortical thickness
- During trauma, hypothalamus releases cortisol which shuts down hippocampus (short term memory) and triggers fight or flight response: repetition of this increases reactive oxygen species (ROS) and decreases the capacity of antioxidants to protect neurons from toxic effects of oxidative stress, leading to cell death and demyelination.

(Wolf & Schnurr, 2016; Wolf et al., 2016)

What is Oxidation?

Oxidation resulting from oxidative stress (OXS) is a chemical process that involves the loss of electrons.

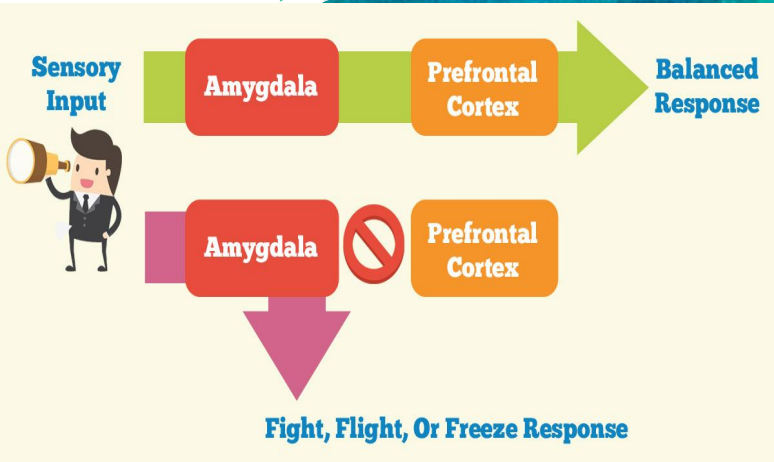
- Oxidant promoting processes (trauma) trigger the production of destructive reactive oxygen species (ROS).
- Antioxidants keep homeostasis, and when the levels of ROS exceed the antioxidant level, OXS occurs
    - Loss of electrons and molecular aging and decreased neurotransmission
- Sleep deprivation is common in PTSD.
    - Antioxidants are produced during sleep--with no sleep, ROS levels will rise
- Brain is the most vulnerable to damage due to its high oxygen utilization

(Miller & Sadeh, 2014)

ADDRESSING PHYSIOLOGICAL CONCEPTS

In summary:

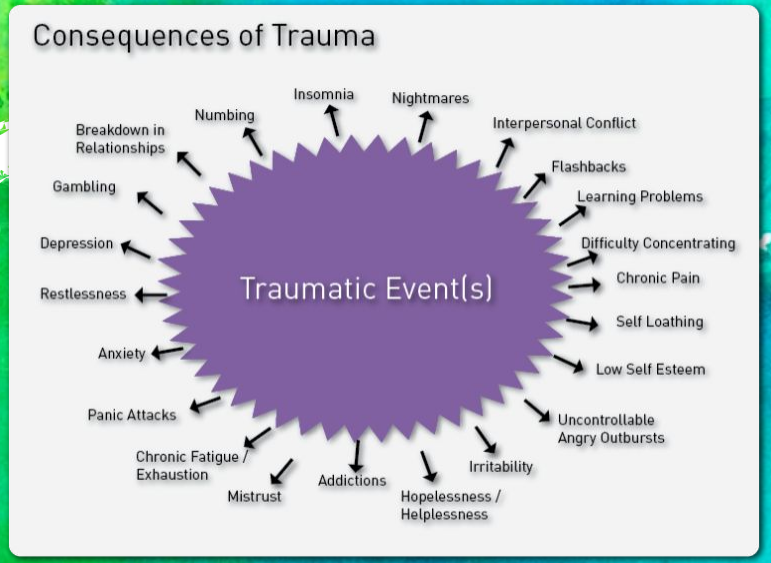
- GO (survival) system is overactive and there is no inhibition (STOP) system at work for insight, impulse control, etc.
    - We MUST foster frontal lobe development and coping tools for reducing the risk of recidivism with treatment during this vulnerable time
    - We MUST find a healthy mechanism to trigger dopamine release for stabilization; activation of basal ganglia (responsible for pleasure)
    - We know that neuroplasticity can occur, and it has been found that stress can reduce neurogenesis. Therefore, we also MUST find strategies to promote neurogenesis, including stress reduction!



(Wolf & Schnurr, 2016; Wolf et al., 2016; Shors & Millon, 2016; Nusslock & Miller, 2016; Michopaulos et al., 2015)

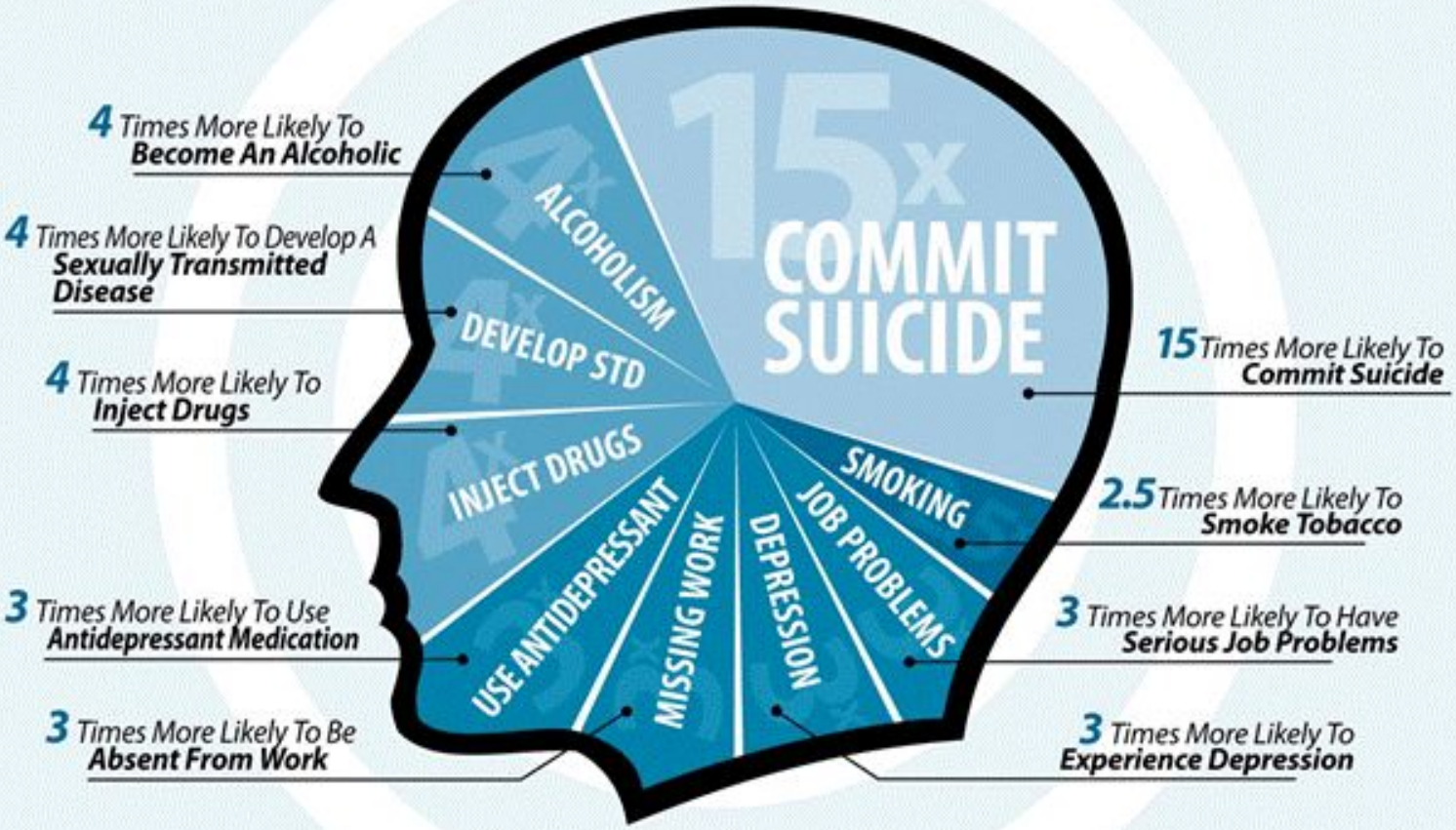
EFFECTS OF TRAUMA

- Hopelessness
- Substance use disorder (SUD)
- Prolonged fight or flight mode (hyperarousal)
- Dysfunctional thoughts and cognitive beliefs
- Various mental health disorders (mental health disorders increase risk for trauma, and vice versa)
- Decreased activity in the frontal lobe for judgment, insight, and executive functioning
- Decreased self identity, role engagement, coping skills, and emotional regulation



All leading to: Occupational deprivation

PEOPLE WHO HAVE EXPERIENCED TRAUMA ARE:



DSM-V CRITERIA, A

(One Required): The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, in the following way(s):

- Direct exposure
- Indirect exposure to aversive details of the trauma, usually in the course of professional duties
- Learning that a relative or close friend was exposed to a trauma
- Witnessing the trauma

DSM-V CRITERIA , B

(One Required): The traumatic event is persistently re-experienced, in the following way(s):

- Intrusive thoughts
- Nightmares
- Flashbacks
- Physical reactivity after exposure to traumatic reminders
- Emotional distress after exposure to traumatic reminders

DSM-V CRITERIA, C

(One Required): Avoidance of trauma-related stimuli after the trauma, in the following way(s):

- Trauma-related thoughts or feelings
- Trauma-related reminders

** Unintentional avoidance of sensory input

** Numb and cut off from the world

DSM-V CRITERIA, D

(Two Required): Negative thoughts or feelings that began or worsened after the trauma, in the following way(s):

- Inability to recall key features of the trauma
- Overly negative thoughts and assumptions about oneself or the world
- Exaggerated blame of self or others for causing the trauma
- Negative affect
- Feeling isolated
- Decreased interest in activities
- Difficulty experiencing positive affect

DSM-V CRITERIA, E

(Two Required): Trauma-related arousal and reactivity that began or worsened after the trauma, in the following way(s):

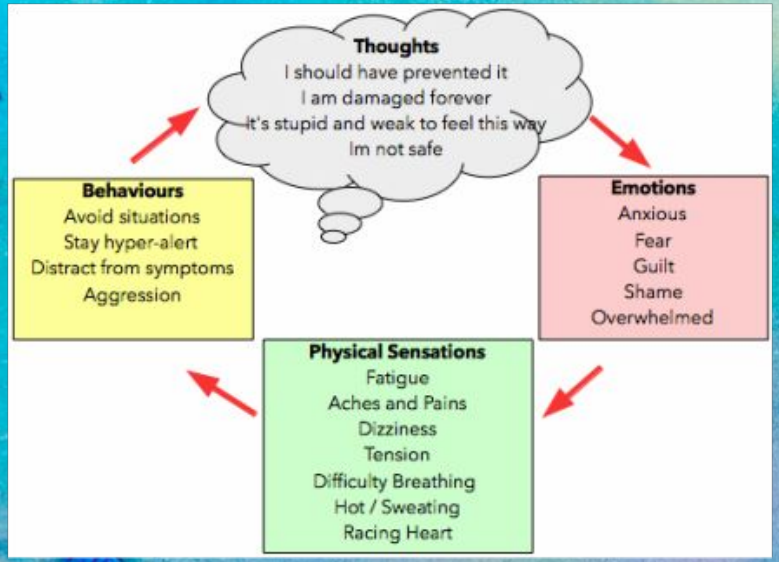
- Irritability or aggression
- Risky or destructive behavior
- Hypervigilance
- Difficulty concentrating
- Heightened startle reaction
- Heightened startle reaction
- Difficulty sleeping

WHAT IS PTSD: DSM-V CRITERIA

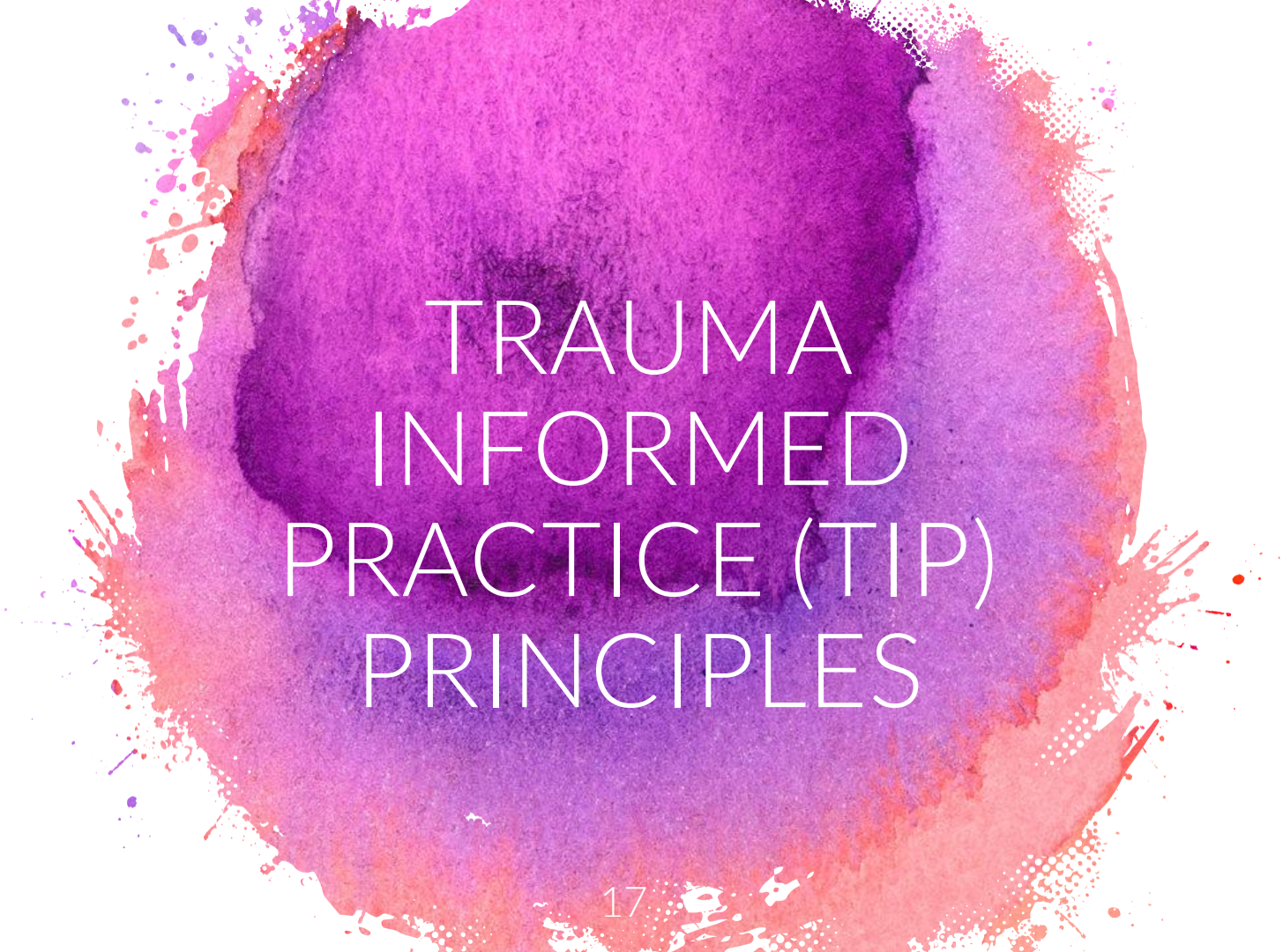
- **Criterion F (required):** Symptoms last for more than 1 month.
- **Criterion G (required):** Symptoms create distress or functional impairment (e.g., social, occupational).
- **Criterion H (required):** Symptoms are not due to medication, substance use, or other illness.

PTSD Facts

Affects around 8% of the population at some point in their lives



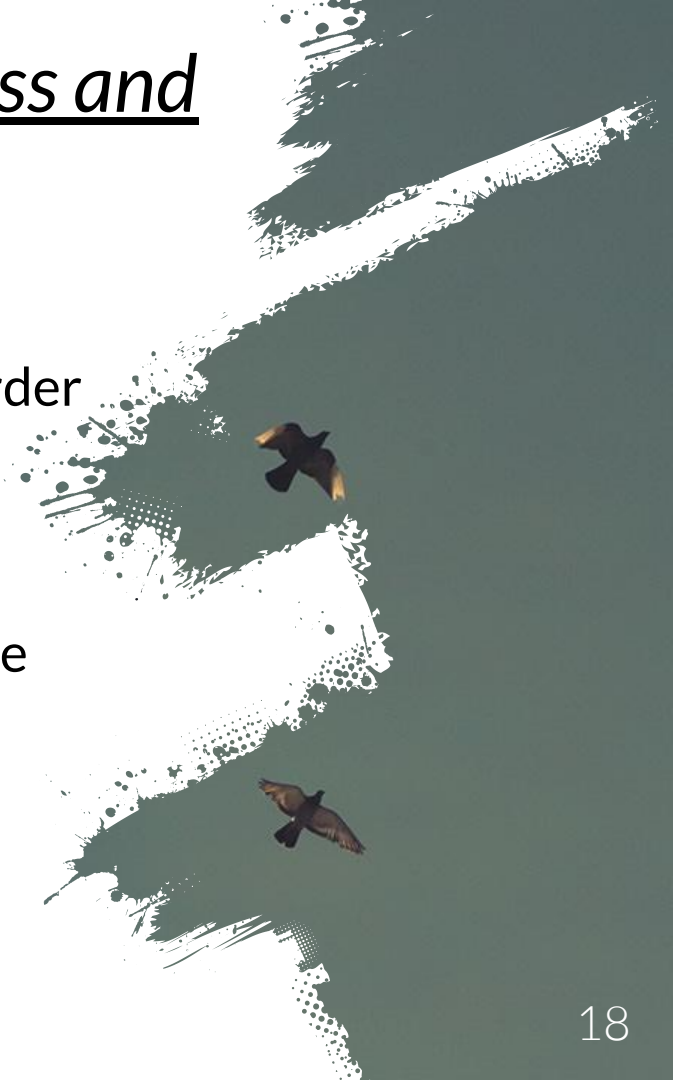
⅓ of individuals who experience a single episode go on to develop a chronic form of the disorder


TRAUMA INFORMED PRACTICE (TIP) PRINCIPLES

Promote Trauma Awareness and Understanding:

- Be aware of the consequences of trauma in order to plan and be responsive to needs.

- Those who have SUD and mental disorders are more likely to experience trauma.



Recognize Origin of Behaviors as Adapting to Traumatic Experiences:

- This can help you view your clients as resilient instead of having something wrong with them.

- Traumatic stress reactions (behavioral or emotional) are **normal** reactions to **abnormal** situations.

Consider the Context of Individual Environments:

- What resources did the client have available during the experience (such as family support)? This shapes the response of the individual.
- View the holistic nature of the experience.
- Take culture into consideration

Create a Safe Environment:

- Consistent treatment processes
- Dependability
- Following through with what was talked about in previous sessions
- Be aware of triggers and adapt environment accordingly

The Primary Goal is RECOVERY:

- Many times, trauma survivors will subsequently develop mental health disorders, including SUD, but it is crucial to address the role that trauma has played in this (emphasize treatment designed around the root cause to promoted occupation)!
- If the trauma experience is not addressed during treatment, the individual is less likely to experience recovery in the long run.

Support Control and Autonomy:

- Empowerment is critical to recovery! This will increase self-esteem, self-worth, and a sense of control over decision making and life in general.

Create a Collaborative Relationship:

- Project the message that clients have valuable expertise and knowledge regarding their own problems.
- Act as an "accompanier" and walk with the client through the journey.
- Trauma informed care must be victim centered (minimizing re-traumatization), survivor centered, and thriver centered.
- Shift thinking from "providers know best" to "we can find a solution together."

Familiarize Clients with TIP Services:

- Let the clients know the types and value of questions that may be asked during services.
- Educate the client about trauma to normalize traumatic stress reactions
- Discuss benefit/rationale of trauma interventions and other available resources

Use a Strengths-Focused Perspective to Facilitate Resilience:

- Foster individual strengths
- Build on the strengths
- Shift from “what is wrong with you” to “what has worked for you”
- What makes each individual a survivor?
- What are some of the coping tools that they have used in the past?

Foster Trauma - Resistant Skills:

- Coping strategies
- Self-care skills
- Sense of competence
    - “ Just right challenge”
- Self -identity and esteem
- Supportive networks
- Treatment time must allow for (re)development of the prefrontal cortex connections for judgment and insight for inhibition of the fight or flight system

Provide Hope

- View the client as competent in making life changes
- Provide opportunities for practice dealing with difficult situations
- View emotional, behavioral, and cognitive responses to cues associated with previous trauma as a NORMAL part of recovery
- These responses are not dangerous but manageable!

Minimize Risk of Retraumatization:

- Do not isolate/humiliate individuals
- Do not mislabel client symptoms as merely mental disorders, but rather view them as traumatic stress reactions
- Do not be overly authoritative or use a confrontational approach
- Do not force clients to talk about emotional aspects of trauma
- Do not discount reports of traumatic events
- Be aware that the traumatic history does affect the client's life sig

OTHER WAYS OF AVOIDING RETRAUMATIZATION

- Be aware of behaviors or environments that might trigger memories of the trauma
- If clients are acting out as a result of a trigger, do not ignore their symptoms.
- Be aware that efforts to control client behaviors in treatment can replicate being trapped (like in the traumatic experience)
- Help the client identify triggers and help them understand their reactions

UNDERSTANDING WHAT TRAUMA MEANS TO THE PERSON

- It is important to understand the assumptions, beliefs, interpretations, and meanings related to the the traumatic event(s) that the individual has encountered. Examples of questions to ask to understand this:
  - In what ways has your life been different since the trauma?
  - How do you understand your survival?
  - Do you believe that there are reasons this happened to you?
  - How did the experience change you as a person?
  - Do you view others and your future differently since the trauma?

Narrative Exposure Therapy (NET)

- EBP treatment for PTSD
- 10 women who had experienced sexual exploitation displayed a reduction in PTSD severity scores (Posttraumatic Diagnostic Scale) post-treatment and at 3 months follow up
- Client is taken through autobiography with focus on traumatic and positive events and attention is given to the emotional and behavioral responses during the exposure
- Emphasis on cognitions, meanings, emotions, and sensory experiences and motivations of trafficker
- Affect regulation while exposure is occurring
- Empathetic responses of the therapist help the client to feel that they are not alone and to experience acceptance and trust
- Transcription is given to the client at the end of therapy for acknowledgement

(Robjant, Roberts, & Katona, 2017)

Ask Strengths-Based Questions to Help Focus on the Positive

- What behaviors helped you survive during and after?
- What are some of the ways you deal with painful feelings?
- If you were to ask someone who knows your history to name two positive characteristics that help you survive, what would they be?
- What coping tools have you learned from your ___? (spiritual beliefs, interests, etc.)
- Use the questions proposed earlier to help you understand what the trauma meant to them (attached feelings, meanings, emotions)

(SAMHSA, 2014)

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

- Designed by Judith Cohen, Anthony Mannarino, and Esther Deblinger
- Combines trauma sensitive interventions with CBT
- Effective in improving PTSD, depression, anxiety, and feelings of shame
- Used to correct unhealthy beliefs
- Used with children
- PRACTICE acronym: Psychoeducation, relaxation, affect expression, cognitive coping skills, trauma narrative, in vivo exposure, conjoint sessions, enhancing safety and future development
- Adaptations for sexually exploited:
    - Share traumatic experiences done to them and what they done to others (for starting point of discussing shame and helping them to acknowledge that this a violation of their human rights--anger can be a powerful antidote to shame)

(Johnson, 2012)


OCCUPATIONAL THERAPY'S INVOLVEMENT IN THE TREATMENT OF TRAUMA

Current Role

- WFOT defining occupational therapy : OT's " have a broad education in the medical, social behavioural, psychological, psychosocial and occupational sciences which equips them with the attitudes, skills and knowledge to work collaboratively with people, individually or in groups or communities." (WFOT, 2010)

- Sensory modulation and regulation

- Activity Analysis

- Tying physical dysfunction with cognitive, psychosocial, emotional, spiritual dysfunction

Future efforts

- Mental health roots

- Trauma in every setting
  - Moving from tertiary care to primary care
  - Treatment → prevention
- Health promotion
- Habits, Rituals, Routines, and Occupations
  - Opioid crisis
- Applying TIP in each setting

SENSORY DESIGN

- Affordable, transitional housing for at-risk individuals in the community who need supportive services to gain successful independence
    - Sustainability
    - Visitability
    - Adaptive design
    - Universal design

- Sensory rooms- PTSD
- Research for grant funding

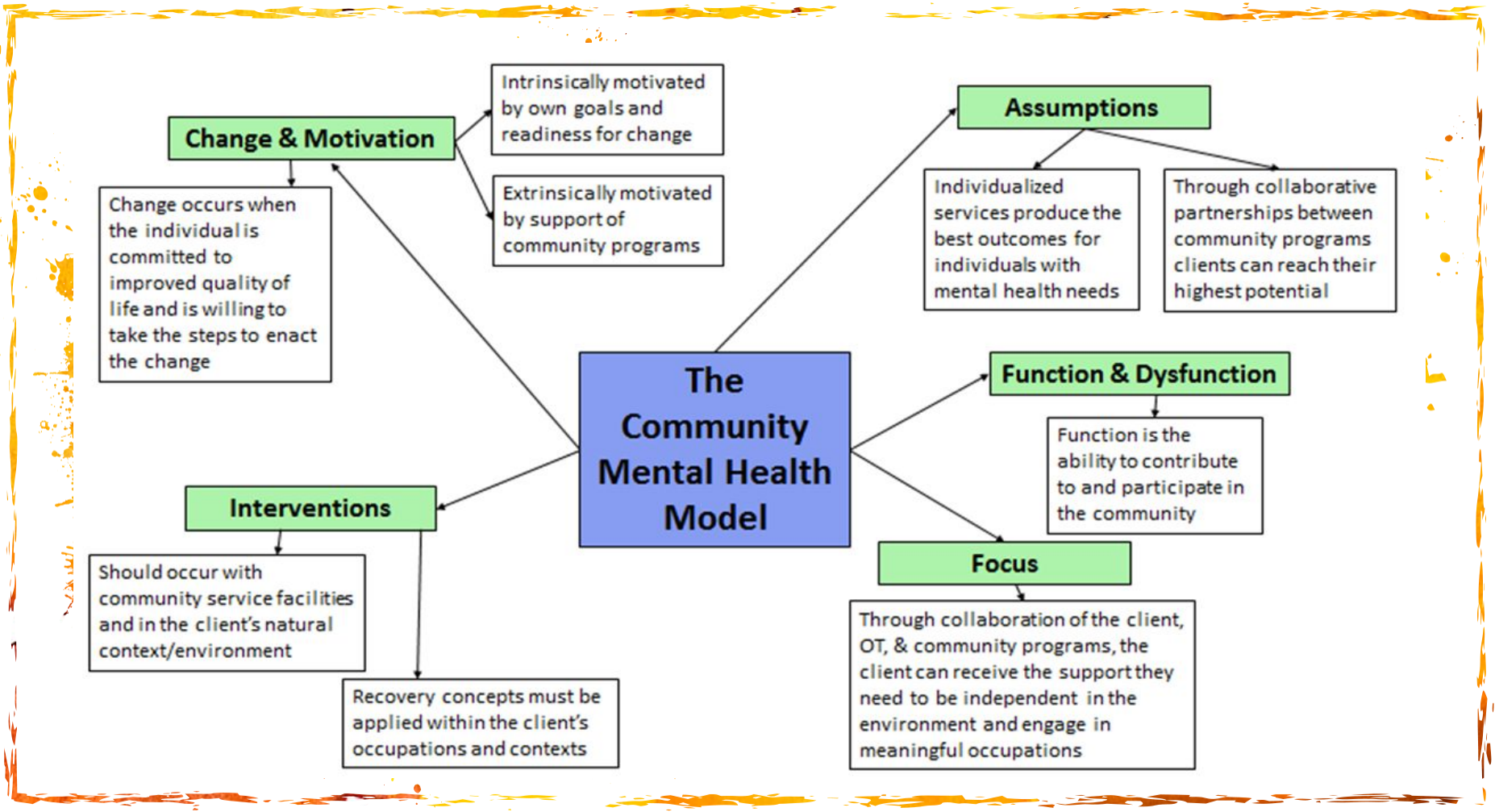
Placemaking: taking a space and turning it into a safe place that facilitates meaning and positive changes within one's context.

OCCUPATIONAL THERAPY'S ROLE: TRANSFORMING A SURVIVOR INTO A THRIVER

- Screen for PTSD
  - Primary Care screening
- Evaluation
  - Establish rapport by utilizing therapeutic use of self
  - Gain insight of client's habits., roles, routines, interests, values, and motivation
  - Create client-centered and measurable goals
- Intervention
  - Facilitate empowerment through TIPs and occupational performance
  - Address role identification and dysfunctional thought patterns
    - Mental and physical training (MAP) reduces intrusive thought patterns
  - CBT, Psychodynamic, Psychoeducation, motivational interviewing, ecological models, etc.

ADMINISTRATION OF SCREENING TOOL

- Ask all clients of any possible trauma history.
- Clarify for the client what to expect in the screening.
- If positive, screen for suicidal thoughts and behaviors.
- Approach in a matter of fact, yet, supportive manner.
- Only elicit information necessary to determine history of trauma; do not force client to describe overwhelming emotions.
- If intense emotional responses occur, allow the client some time to become calm and oriented to the present.
- Provide feedback about results


The Community Mental Health Model
Change & Motivation
Intrinsically motivated by own goals and readiness for change
Extrinsically motivated by support of community programs
Change occurs when the individual is committed to improved quality of life and is willing to take the steps to enact the change
Assumptions
Individualized services produce the best outcomes for individuals with mental health needs
Through collaborative partnerships between community programs clients can reach their highest potential
Function & Dysfunction
Function is the ability to contribute to and participate in the community
Focus
Through collaboration of the client, OT, & community programs, the client can receive the support they need to be independent in the environment and engage in meaningful occupations
Interventions
Should occur with community service facilities and in the client's natural context/environment
Recovery concepts must be applied within the client's occupations and contexts

Case Study of M.B.

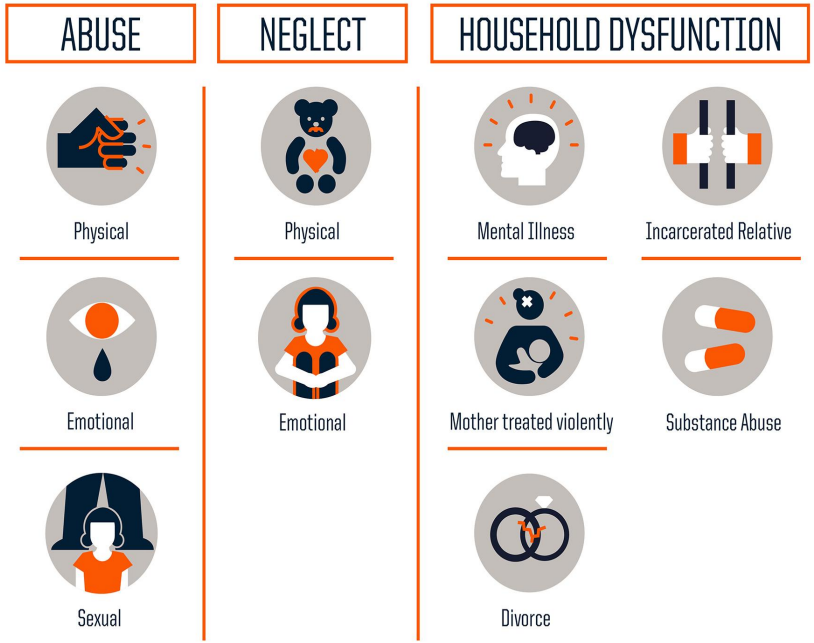
Name: M.B.

Age: 35

Sex: Female

Diagnosis: PTSD and Autism

Reason for PTSD: 5+ ACE's



OT interventions for PTSD

Effects of PTSD	OT Intervention	Outcome
Nightmares and flashbacks	-Relaxation techniques -Express feelings through art or journaling -Talking about the flashbacks and exploring the trauma	M.B. feels more comfortable with openly discussing her nightmares. She has utilized deep breathing techniques to help her go back to sleep after having a nightmare.
Isolation	-Volunteering at Greenhouse and other organizations in the community -Learning to build healthy relationships	M.B. volunteers at Greenhouse at least 3x a week, and is becoming more social with the staff. She has found that GH is "safe space."
Decreased self-esteem and confidence	-Motivational interviewing -Identifying strengths and utilizing them	M.B. is able to communicate 3 positive traits about herself, and has realized that she is very proficient in computers.
Decrease interest in activities and occupations	-Exploring leisure activities, such as making crafts -Exploring vocational pursuits -Getting involved in computer classes offered at Greenhouse	M.B. developed an interest in teaching a basic computer class at GH, and is in the process of pursuing a job opportunity with data entry.
Decreased activity in the frontal lobe (reason and insight)	-Assess and develop the skills needed for complete independent living (managing time and money, making smart decisions)	M.B. has created an effective budget in which she is able to save $70 from each paycheck. She is also learning how to become more assertive and become a self-advocate.

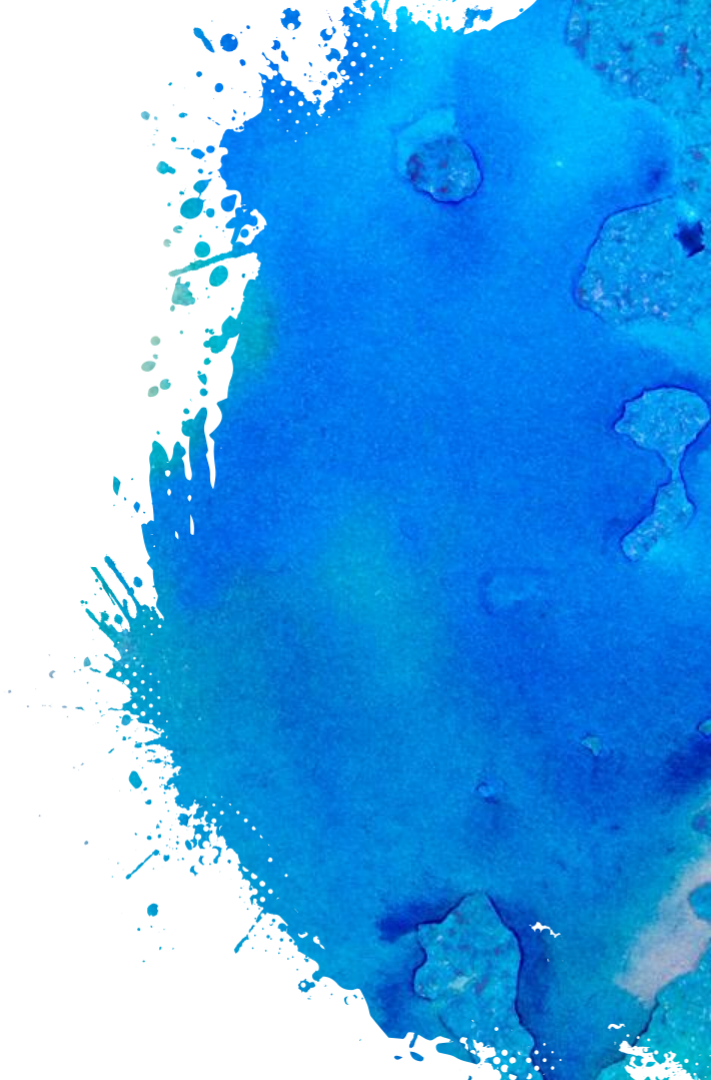
FREE-2-B-ME MODEL:

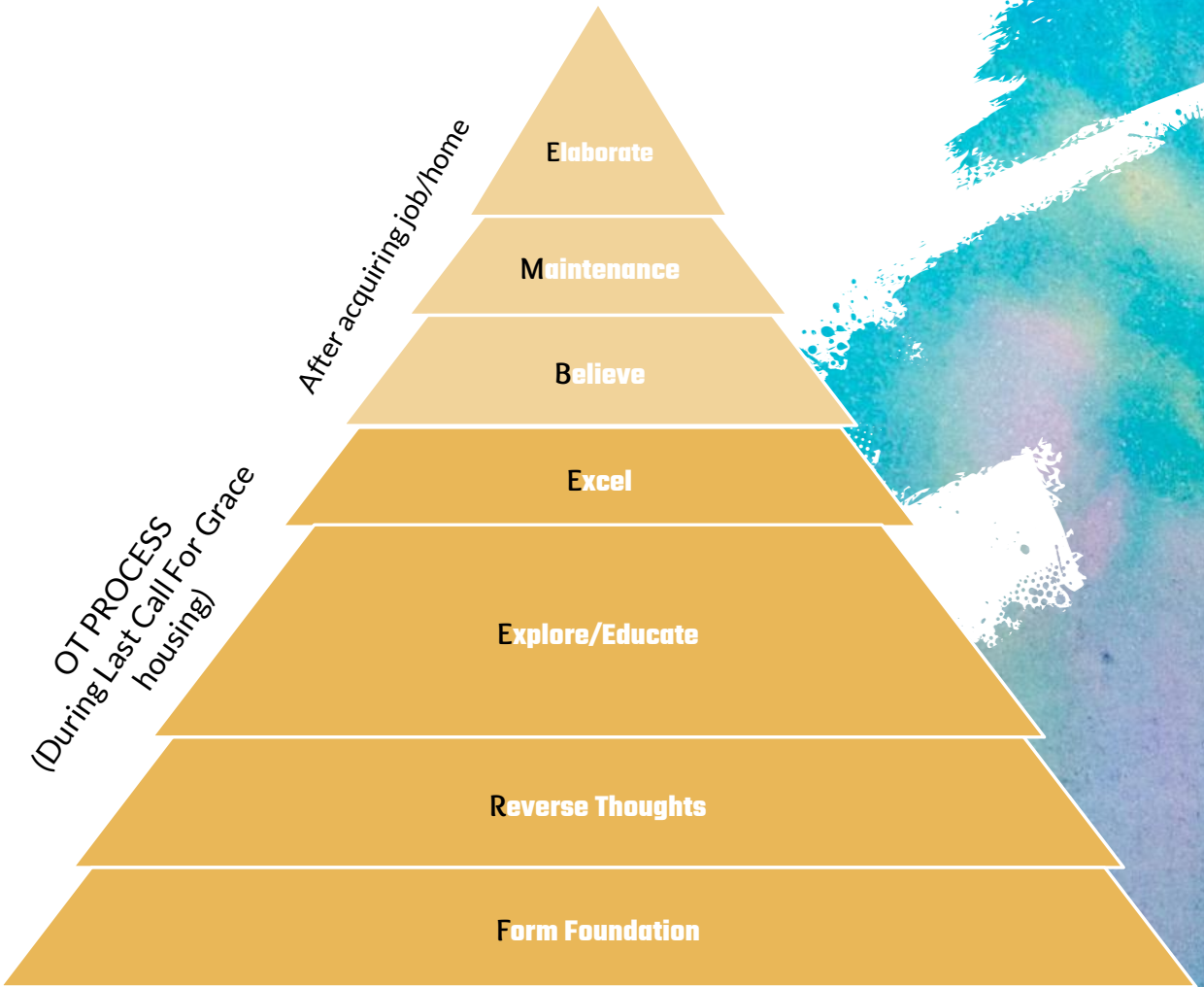
HUMAN TRAFFICKING SURVIVORS

HUMAN TRAFFICKING: COMPLEX TRAUMA RESULTING IN PTSD

What is it:

- A modern day form of slavery resulting in complex trauma experiences
- Sexual exploitation or forced labor
- A commercial sex act is induced by force, fraud, or coercion OR in which the person induced to perform such act has not attained 18 years of age.




Elaborate
Maintenance
Believe
Excel
Explore/Educate
Reverse Thoughts
Form Foundation
After acquiring job/home
OT PROCESS
(During Last Call For Grace
housing)

F2BM Manual

Group intervention sessions (many based on Cole's 7 steps)

- Psychodynamic approaches during ice breaker activities
- Individual SMART goal setting: life links
- Personality trait identification/value and role identification and development (MOHO approach)
- Dysfunctional thoughts (CBT approach)
- Emotional regulation
- Mindfulness/relaxation techniques
- Occupational balance/habit formation
- Coping skills
- Leisure exploration (for dopamine release)
- Sleep hygiene

- Social/communication skills
- Judgment group (appropriate responses in various environments)
- Assertiveness training
- Job skills (email etiquette)
- Home maintenance (place making)
- Task oriented group in the community (planning, doing, and reflecting on shopping and cooking experience) to form roles, competence, and executive functioning
- Mentorship group: advantages of mentoring and how to be one for "Elaborate" portion of Free-2-B-Me

SECONDARY TRAUMA STRESS

- Burnout, compassion fatigue, vicarious traumatization
- Reaction to or indirect exposure to a traumatic event
  - Criterion A
- Risk factors for STS
  - age
  - experience
  - personal trauma
  - gender
  - work support

HOW YOU CAN ADDRESS TRAUMA IN YOUR PRACTICE SETTING: TAKE AWAY POINTS

- Be trauma sensitive
- Be genuinely empathetic
- Accept the victims
- Be encouragers and strengths based
- Encourage survivors to make their own choices (guide but don't decide)
- Model healthy relationships (communication and listening skills, and stress management
- Believe in the value of human worth, dignity, and equality and believe that HEALING is possible

(Brown, 2012)

Legislative Action

- Sponsorship
- Statewide Advocacy
- Reimbursement

Questions?

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