Supporting Holistic Recovery:

Experiences with Trauma-Informed Sensory & Emotional Regulation Program Development in an Emerging Practice Setting

TNOTA SHORT COURSE 8 / SEPTEMBER 14, 2024 / 2:30 - 3:20 PM / ROOM LASKEY B

OBJECTIVES

- 1. Develop a basic understanding of the effects of trauma, particularly during childhood, on neurological factors including sensory processing.
- 2. Promote advocacy for the diverse roles of occupational therapy in recovery and other psychosocial and emerging practice settings.
- 3. Engage in intraprofessional collaboration to identify current and emerging avenues for occupational therapy practice, research, and advocacy in psychosocial settings through active discussion.

KEY POINTS FROM LITERATURE ON TRAUMA & MENTAL HEALTH

- Trauma (in general):
 - Trauma is linked to functional & physiological neurological changes due to sustained hypervigilance (Matson et al., 2023)
 - Functional impacts of trauma include negative impacts on: executive function, emotional regulation, interoceptive awareness, reward sensitivity, threat processing and stress response, arousal states, sensory processing, and motor skills and could lead to higher rates of symptoms like dissociation (Cross et al., 2017; Hendrikse et al., 2022; Herringa, 2018; Matson et al., 2023; Schaan et al., 2019; Schmitz et al., 2023; Yochman & Pat-Horenczyk, 2019)
 - OTs are leaders in trauma-informed care (TIC) (AOTA, 2018)
- Substance use disorder (SUD):
 - Pervasive & progressive, hindering multiple occupations & roles (Martin et al., 2011; Ryan et al., 2023)
 - Impacts 20.9% of Tennesseans (Tennessee Department of Mental Health and Substance Abuse Services, 2023)
 - Mothers with SUD display less responsive & more negative parenting (Jirikowic et al., 2022)
- Adverse childhood experiences (ACEs):
 - Strong dose-dependent relationship with lifetime negative health effects (Felitti et al., 1998;
 Public Health Management Corporation, 2013)
 - 1+ score in 63.6% & 4+ in 19.3% of Tennesseans (Swedo et al., 2023)
 - ACEs increase risk of developmental delays, behavioral dysregulation, sensory processing challenges, & parenting stress (Gronski et al., 2013; Jirikowic et al., 2022; Yochman & Pat-Horenczyk, 2019)
 - Co-regulation & positive adult relationships promote resilience (Jirikowic et al., 2022)

3 TIERS OF OT IN MENTAL HEALTH (AOTA, 2016)

- 1. Tier 1: Universal (Primary Prevention)
- 2. Tier 2: Targeted (Secondary Prevention)
- 3. Tier 3: Intensive (Tertiary Intervention)

BLUE MONARCH CAPSTONE EXPERIENCE NOTES

DISCUSSION PROMPTS

OT in Mental Health

- Share other examples showcasing occupational therapy's modern role in mental / behavioral health! (Refer back to Tiers 1–3)
- Given that OTPs are currently not considered qualified mental health professionals (QMHP) in this state, what are practical ways we can increase our presence and impact in mental health settings within our scope?
 - Describe any OTPs you know that are trailblazing in non-traditional mental health settings in TN!

Across Settings

- How can we address clients' mental health needs in our assessments and interventions across diverse practice settings?
 - Across the lifespan (pediatrics vs. adolescents vs. adults vs. geriatrics)?
- What steps can be taken to strengthen research efforts analyzing OT and mental health?
- What one advocacy step will you take on behalf of our patients and profession in regards to prioritizing mental health?

CONTACT INFORMATION & RESOURCES

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Google Slides Presentation:



https://docs.google.com/presentation/d/1URFsm66Tge8qFQ3ooytacY0Gj0 CsnJmNr-4y27ra 4/ed it?usp=sharing

E-Portfolio: https://sites.google.com/view/kaitlyn-springer-otd/home

Capstone Site - Blue Monarch: https://www.bluemonarch.org/

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