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**Developing an Occupational Therapy Trauma-Informed
Guide for Practitioners to Address the Needs of Adults
Following Trauma-Inducing Events**

by

Michael Santos

A Capstone Project Presented to the
FACULTY OF OCCUPATIONAL
THERAPY

GEORGIA STATE UNIVERSITY

In Partial Fulfillment of the
Requirements for the Degree
DOCTOR OF OCCUPATIONAL
THERAPY

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CAPSTONE FINAL PAPER APPROVAL FORM

The Capstone Final Paper is the final product that the OTD students need to complete to report his/her Capstone Project and his/her Capstone Experience.

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Degree Sought	Doctorate of Occupational Therapy (OTD)
Department	Department of Occupational Therapy, Byrdine F. Lewis College of Nursing and Health Professions
Program	Georgia State University Occupational Therapy

We, the undersigned, recommend that the Capstone Final Paper completed by the student listed above, in partial fulfillment of the degree requirements, be accepted by the Georgia State University.

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Abstract

This paper explores the role of occupational therapy in providing trauma-informed care to adults, highlighting the importance of integrating trauma-informed principles into practice.

Trauma, regardless of its origin, can profoundly impact the lives of individuals. In consideration to this, occupational therapy practitioners are gradually beginning to embrace the concept of implementing trauma-informed principles in their organizations and in their everyday practice.

Following a comprehensive review of the literature, this capstone research paper aims to develop practical resources to support the role of occupational therapists in treating adults who have experienced trauma. Furthermore, this paper explores trauma, its impact, and how occupational therapy practitioners can empower their clients and promote healing, recovery, and an improved quality of life.

Acknowledgements

I would like to express my deepest gratitude to Dr. Erin Vinoski Thomas and Dr. Carolyn Podolski for their invaluable guidance and support throughout the duration of this research project. Their expertise, encouragement, and unwavering commitment to excellence has been instrumental in shaping the direction and quality of this work.

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Furthermore, I would like to acknowledge the support of my peers and the faculty in the occupational therapy program at Georgia State University.

Lastly, I extend my heartfelt appreciation to my family and friends for their unwavering encouragement and understanding throughout this journey.

TABLE OF CONTENTS

List of Figures	<i>i</i>
Summary	1
Chapter 1: Literature Review	4
Chapter 2: Needs Assessment	10
Chapter 3: Capstone Protocol	10
Chapter 4: Results	17
Chapter 5 Discussion and Impact	27
Limitations	29
Sustainability Plan	30
Conclusion	31
References	32
Appendix 1: Learning Objectives	35
Appendix 2: Supervision Plan	37
Appendix 3: <u>Occupational Therapy Trauma-Informed Care Guide (OT-TIC)</u>	41

LIST OF FIGURES

FIGURE 1	Outline of OT-TIC Training Workshop	Pg 15
FIGURE 2.1-2.3	Pre-Test Responses	Pg 17-18
FIGURE 3.1-3.3	Post-Test Responses	Pg 18-19
FIGURE 4.1-4.13	Post-Training Evaluation Questionnaire Responses	Pg 20-26
FIGURE 5	Thematic Analysis Graphic	Pg 29

Summary

Introduction | Problem

About 6 of every 10 men and 5 of every 10 women experience a traumatic event in their lives (Schnurr, 2018). As explained by the Substance and Abuse Mental Health Service Administration's Concept of Trauma and Guidance for a Trauma-Informed Approach manual, "Individual 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" (2014). Furthermore, research has shown that with appropriate support and intervention, people can overcome traumatic experiences (SAMHSA 2014). In recent years, there has been an increase in the use of a trauma-informed approach to care with many indicated benefits and existing limitations (Fallot & Harris, 2001; Mahon, 2022; SAMHSA, 2014). While there is an increasing amount of literature showing the benefits of implementing trauma-informed care into practice by various health professions (Koury & Green, 2017; Mahon, 2022; SAMHSA, 2014), there is limited research supporting Occupational Therapy's role in treating individuals with trauma using trauma-informed methods (Edgelow et al., 2019; Torchalla et al., 2019). An article by Koury and Green (2017) explains that while there is a gap in literature describing models of TIC training, there is a growing body of literature around what content should be included in service provider training and how it is structured. SAMHSA's *Practical Guide for Implementing a Trauma-informed Approach* (2023) provides a valuable evidence-informed guide for developing intervention and training protocols for practitioners.

As mentioned in the fourth edition of the Occupational Therapy Practice Framework (OTPF-4), occupational therapy takes on a holistic approach to care considering the occupations,

contexts, performance patterns, performance skills, and client factors to best support engagement and participation and to improve overall health (AOTA, 2020). Furthermore, the OTPF-4 explains that occupational therapy can be distinguished from other professions by its core values and beliefs rooted in occupation, its knowledge of and expertise in therapeutic use of occupation, its professional behaviors and dispositions, and its incorporation of therapeutic use of self (2020). These cornerstone values highlight the potential that OT practitioners may have in providing trauma-informed care to adults affected by trauma that experience functional deficits.

Purpose

The purpose of this capstone is to develop a trauma-informed care guide for occupational therapy practitioners to educate and support practitioners in using trauma-informed and trauma-specific methods in addressing the needs of adults (18+ years of age) who have experienced trauma-inducing events. In addition, this capstone aims to develop and pilot test an occupational therapy trauma-informed care (OT-TIC) training workshop to educate practitioners on how to effectively utilize trauma-informed principles in practice.

Methods/Outcomes

This capstone adapts SAMHSA's *Practical Guide for Implementing a Trauma-informed Approach* (2023) to develop an evidence-informed TIC guide for OTs working with adults who have experienced trauma inducing events. Using existing literature and subject matter experts, the guide was revised and refined to ensure best practice methods. After developing the OT-TIC guide, training participants, consisting of occupational therapists, occupational therapy assistants, and occupational therapy students were recruited for pilot testing of a virtual OT-TIC training workshop. Participants then completed a pre-posttest, assessing their knowledge of trauma-informed care. Trainees also completed a follow-up post-evaluation questionnaire to determine

their satisfaction with components of the workshop and to determine ways to potentially improve future workshops.

Output

This capstone produced an occupational therapy-based trauma-informed care (OT-TIC) guide for OT, OTA, and OT student use. In addition, an OT-TIC training workshop was pilot tested, and feedback was collected from participants on ways to improve the overall training workshop experience.

Outcomes

Occupational therapy practitioners will be more knowledgeable of trauma-informed care and will be better equipped to utilize it in practice. Practitioners will be able to understand the depth of trauma and its impact on health-related outcomes. Furthermore, practitioners will be knowledgeable of ways to prevent traumatization and promote healing by creating trusting relationships with patients in a physically and emotionally safe environment. Following the OT-TIC training workshop, practitioners can potentially improve patient participation, health outcomes, functional performance, and the overall quality of life of patients through trauma-informed and trauma-specific care.

Significance | Impact

The occupational therapy trauma-informed care (OT-TIC) guide will serve as an excellent foundational tool that OT practitioners can reference. This guide has the potential to increase practitioners' knowledge of TIC and their competence in using it. Furthermore, the OT-TIC guide allows for future occupational therapy students at Georgia State University to adapt the guide to include more relevant information pertaining to trauma-informed care and

occupational therapy. This may include information on setting and population specific tools among other things.

Chapter 1: Literature Review

In order to determine the role of occupational therapists in providing trauma-informed care for adults, scholarly databases were searched for documents pertaining to occupational therapy and/or trauma-informed care. The search yielded findings that there is an increasing amount of literature showing the benefits of implementing trauma-informed care into practice by various health professions (Koury & Green, 2017; Mahon, 2022; SAMHSA, 2014). An article by Racine et al. (2020) suggests that a trauma-informed approach be used across all medical settings with all patients. Despite this, there is limited research supporting Occupational Therapy's role in treating individuals with trauma using trauma-informed methods (Edgelow et al., 2019; Torchalla et al., 2019). Koury and Green (2017) suggest that while there is a gap in literature describing models of trauma-informed care training, there is a growing body of literature around what content should be included in service provider training and how that content should be structured. The Substance Abuse and Mental Health Services Administration (SAMHSA), a well renowned public health agency, has released a multitude of guides in recent years highlighting trauma-informed care and providing information on how institutions and health professionals can collectively become more trauma-informed and improve their services. Their most recent release in 2023, *Practical Guide for Implementing a Trauma-informed Approach* provides tools and strategies for implementing a trauma-informed approach (TIA).

Trauma and Trauma-Informed Care

Trauma results from an event, series of events, or a set of circumstances that an individual experiences as physically or emotionally harmful or threatening, which may have lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. Furthermore, individuals process traumatic events differently, and those who experience traumatic events may or may not experience any lasting, negative effects (SAMHSA, 2023). Individuals who experience trauma are at a greater risk of developing mental health conditions such as anxiety disorders, depression, posttraumatic stress disorder, schizophrenia, and psychosis (SAMHSA, 2023). An Adverse Childhood Events (ACEs) study found that traumatic events in children are associated with increased risk for adult health problems such as depression, addiction, sexually transmitted infections, obesity, ischemic heart disease, and cancer (Reeves, 2015).

The concept of trauma-informed practice was derived from Harris and Fallot (2001) who proposed that services should use a "trauma-informed" approach to improve outcomes for patients and the professionals that serve them. A trauma-informed approach adheres to six principles and systems. Organizations must embody each of these principles in how they operate, deliver services, and empower their staff, patients, and members of the community. These principles include safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice, and choice, and cultural, historical, and gender issues (SAMHSA, 2023). Trauma-informed care realizes the universal effect of trauma; recognizes how trauma presents in children, families, and staff; and responds in a way that resists retraumatization (Racine et al., 2020; SAMHSA, 2014).

Defining Occupational Therapy

The Occupational Therapy Practice Framework: Domain and Process (4th edition) (2020) defines occupational therapy as the therapeutic use of everyday life occupations with persons, groups, or populations for the purpose of enhancing or enabling participation. Occupational therapists are university-trained health care professionals who address functional impairments in clients' daily occupations. They work with individuals who are experiencing illness, disability, or social or environmental circumstances that limit participation in meaningful daily life activities, and help these individuals restore their functional abilities (AOTA, 2020; Torchalla et al., 2019).

Occupational Therapy's Role in Trauma-informed Care

Within trauma populations, daily routines, engagement in meaningful and pleasurable activities, and individual's productivity may be impaired due to symptomology; thus, OTs are well qualified to address trauma-related functional impairments (Torchalla et al., 2019). A scoping review by Edgelow et al. (2019), states that occupational therapists are well suited to assist persons with PTSD to reengage in occupations that have been identified as being problematic to the patient. Edgelow et al. further goes on to further suggest that occupational therapist should focus their interventions at the level of occupational performance when possible and minimize their focus on symptomology or on the provision of modalities focused at the impairment level.

Overview of Trauma-Informed Screening, Assessment, and Intervention for OTs

In addition to the trauma-informed strategies outlined in SAMHSA's "Practical Guide for Implementing a Trauma-Informed Approach," (2023) there is an increasing amount of literature on trauma-informed assessments and intervention that fall within the scope of OT practice. The

OT trauma interventions and assessments used by many practitioners are grounded in the Canadian Model of Occupational Performance and Engagement (CMOP-E) (Snedden, 2012; Torchalla et al., 2019), a theoretical framework that focuses on the interactions between the person and his or her environment and chosen occupations (Polatajko et al., 2007). SAMHSA's Practical Guide for Implementing a Trauma-Informed Approach (2023) suggests that assessments should be not a single, one-time event, but a process that builds continuity and trust and establishes a grounded relationship with the individual. Furthermore, the guide states that trauma intervention should be trauma-specific, culturally appropriate, grounded in evidence, accessible, effective, and adhere to trauma-informed approach principles. Practitioners must also consider one's gender, race, culture, religion, sexual orientation, and/or disability to prevent retraumatization and to avoid discrimination, marginalization, and oppression (SAMHSA, 2023).

OT Trauma-Informed Screening and Assessment

Through the literature review, this study was able to identify trauma-informed assessment and screening tools that OT practitioners, with the necessary training, can implement in practice. This study proposes that practitioners consider using these multidisciplinary trauma-specific tools in practice instead of, or in conjunction with, traditional OT screening and assessment tools such as the Canadian Occupational Performance Measure. The trauma-specific assessments and screening tools include:

- The Adverse Childhood Experiences (ACE) Questionnaire
- Beck Depression Inventory (BDI)
- Davidson Trauma Scale (DTS)
- Structured Interview for PTSD (SI-PTSD)

- Trauma Assessment for Adults (TAA) – Self Report
- Trauma History Questionnaire (THQ)
- Mississippi Scale for Combat-Related PTSD (M-PTSD)
- Montgomery Asberg Depression Rating Scale (MADRS)
- Traumatic Stress Schedule
- Trauma Symptom Inventory-2 (TSI-2)

OT Trauma-Informed Intervention

In addition to the screening and assessment tools identified through the literature review, this study identified OT interventions that have shown to be effective in treating individuals with trauma including:

- Cognitive Rehabilitation (Park et al., 2015; Slepecky et al., 2017)
- Exposure Therapy / Narrative Exposure Therapy / Prolonged Exposure Therapy (Torchalla et al., 2019)
- Coping Skills Training (Torchalla et al., 2019)
- Trauma-focused Cognitive Behavioral Therapy (Torchalla et al., 2019)
- Seeking Safety (Schäfer et al., 2019)
- Group Therapy (Baird & Alaggia, 2021)
- Psychoeducation (Torchalla et al., 2019)
- Experiential Programs (Mazzeo & Bendixen, 2022; Turcotte et al., 2019; Wilkins et al., 2003)
- Therapeutic Use of Self (AOTA, 2020; Solman & Clouston, 2016)
- Sensory and Somatic Interventions

- Trauma-Informed Yoga (Cook-Cottone et al., 2017; Nicotera & Connolly, 2020)
- Relaxation Breathing (RB) & Progressive Muscle Relaxation (PMR) (Toussaint et al., 2021)
- Music Therapy (Lu et al., 2021)
- Neurofeedback Therapy (Mutang et al., 2021; Schutz & Herbert, 2022)
- Pain management (Grzelak et al., 2022; Monroe, 2009)

A Multidisciplinary Approach

Studies across a variety of disciplines have concluded that multidisciplinary collaboration and appropriate referrals are important elements of trauma-informed care (Reeves, 2015). As mentioned in the OTPF-4, it is important to practice within the OT scope (AOTA, 2020). Practitioners should understand their limitations in addressing the needs of some client populations and make referrals to other disciplines that may be better equipped to address the needs of the client(s). This may include referrals to professions like psychologists, psychiatrists, social workers, and counselors (AOTA, 2020; SAMHSA, 2023; Torchalla et al., 2019).

Conclusion of Literature Review – Justification for this Study

Due to the complexity and impact of trauma on adults and growing demands for OT practitioners and their respective institutions to become more trauma-informed, OTs would benefit immensely from an evidence-based trauma-informed guide and from training programs. Presently, there is limited research supporting Occupational Therapy's role in treating individuals with trauma using trauma-informed methods (Edgelow et al., 2019; Torchalla et al., 2019). This capstone aims to develop a written guide to assist OT practitioners in using trauma-informed care methods to support therapists in effectively resolving trauma and improving the

overall quality of life of patients that they serve. SAMHSA's *Practical Guide for Implementing a Trauma-Informed Approach* (2023) is an excellent foundational tool that with evidence-supported literature can be adapted to highlight occupational therapy's role in providing trauma-informed care for adults affected by trauma inducing events.

Chapter 2: Needs Assessment

A needs assessment was conducted via a literature review. The literature review, as shown in Chapter 1, explored the role of occupational therapy in trauma-informed care. The gap identified through the literature review indicated the need for evidence-informed guidelines to aid occupational therapy practitioners using trauma-informed principles in their practice to support adult clients. This need was used to inform the development of this capstone project.

Chapter 3: Capstone Protocol

Purpose: This capstone project is composed of three parts, each designed to achieve specific outcomes.

- The purpose of **Part I** of this capstone research is to (a) understand trauma and its effects on health outcomes, participation, and quality of life, (b) understand the benefits and limitations of a trauma-informed care approach, and (c) understand the role of Occupational Therapy practitioners in using trauma-informed approaches to care.
- The purpose of **Part II** of this capstone is to develop a trauma-informed care (TIC) treatment guide for Occupational Therapy practitioners to educate and support practitioners in using trauma-informed and trauma-specific methods in addressing the

needs of adults (over 18 years of age) who have experienced disaster-related trauma in practice. Part II was developed with respect to information obtained in Part I.

- The purpose of **Part III** of this capstone is to develop and pilot test an occupational therapy-based TIC training program for occupational therapy practitioners and students. Participants will partake in a 1.5-hour virtual training workshop, complete a pre/post knowledge test, and complete a post-evaluation questionnaire to gather feedback on ways to improve the training program and on participants' perceived skill, confidence, and competence in using OT-TIC.

Objectives

The objective of this doctoral capstone is to:

- Understand trauma and its effects on health outcomes
- Understand the role of Occupational Therapy practitioners in using trauma-informed care
- Understand the benefits and limitations of an Occupational Therapy based trauma-informed care approach
- Analyze and understand existing TIC training guides and best methods of training for Occupational Therapy practitioners.

Recruitment of Participants

[Subject Matter Experts]

Four subject matter experts (SMEs) were recruited via email to support the completion of Part II, developing the OT-TIC guide. The SMEs consisted of two (2) licensed counselors/psychologists, one (1) occupational therapist, and one (1) administrative worker for SAMHSA.

[Workshop participants]

To recruit participants for the training workshop, emails were sent out to Occupational Therapy students, faculty, and alumni via Georgia State's Occupational Therapy Program listserv. Twenty-seven (27) email recipients expressed interest in attending the training workshop. Ultimately, fifteen (15) participants attended the live virtual training workshop.

Inclusion/Exclusion Criteria

[Subject Matter Experts]

To participate in this study, SMEs must be highly trained individuals who are (1) licensed clinicians with a background in trauma-informed care or (2) public health specialists with a background in trauma-informed care.

[Workshop participants]

To participate in this study, participants must be (1) 18 years or older and (2) a licensed Occupational Therapist or Occupational Therapy Aid or (3) an actively enrolled Occupational Therapy graduate student.

IRB Approval

Prior to recruiting participants, the researchers of this study were required to obtain approval from Georgia State University's Internal Review Board (IRB) to conduct research that involves human subjects. This study received IRB approval.

Data Management

Pre/post-test and post-training evaluation questionnaire data were collected digitally using the ZOOM platform and Qualtrics, respectively. No personal or identifiable data was collected outside of secure email servers.

Methodology

- **Part I: Analyzing existing literature on trauma-informed care and occupational therapy.**

In order to determine the role of occupational therapists in providing trauma-informed care for adults, scholarly databases were searched for documents pertaining to occupational therapy and/or trauma-informed care. See literature review in Chapter 1 for summary of findings.

- **Part II: Development of occupational therapy trauma-informed care (OT-TIC) guide.**

SAMHSA's *Practical Guide for Implementing a Trauma-informed Approach* (2023) was adapted to develop an occupational therapy-specific trauma-informed care guide. The *Fourth Edition of the Occupational Therapy Practice Framework (OTPF-4)* (2020) was used in addition to relevant evidence-informed literature to facilitate the adaptation of SAMHSA's guide to be more specific to occupational therapy and its role in delivering trauma-informed care. After completing the initial draft of the OT-TIC guide, subject matter experts (SMEs) were consulted to ensure information presented in the guide was both accurate and relevant. A total of four (4) SMEs individually attended virtual meetings to discuss and provide feedback for improvement on components of the OT-TIC guide. After receiving feedback from each of the four (4) SMEs, revisions to the OT-TIC guide were made.

- **Part III: Development and pilot testing of an occupational therapy-based TIC training workshop.**

Fifteen (15) participants attended the virtual training workshop. All participants of the workshop received the occupational therapy trauma-informed care (OT-TIC) guide via email prior to attending the workshop. At the start of the training workshop participants were required to complete a pre-test assessing their knowledge of basic trauma-informed care principles. (See **Figure 2.1-2.3**) After completing the pretest, the workshop host proceeded to provide education on each of the following overarching topics using the OT-TIC guide itself as a reference throughout the workshop:

- Trauma & Trauma-Informed Approach
- Creating a Safe Space
- Trauma-informed Screening and Assessment
- Trauma-informed Intervention
- Creating a Trauma-Informed Workforce/Organization

After covering each of the topics, participants were placed into break-out groups consisting of 3-4 participants in each group. Participants were then provided with a case study example and were instructed to work together in their breakout groups to identify and describe key trauma-informed principles that related to each case study. Once completed, each breakout group was then instructed to brainstorm appropriate assessment and intervention tools that could be used in practice when working with these individuals presented in the case study. The breakout groups were then disassembled, and all participants were given the opportunity to share their ideas from the case study with all participants. At the end of the interactive session, training workshop participants were instructed to complete a post-test to assess their knowledge of basic trauma-informed care principles. Following the

workshop, participants were instructed to complete a post-workshop evaluation questionnaire consisting of multiple-choice questions to gather feedback on participants' perceived skill, confidence, and competence in using OT-TIC. The pre/post-test was administered using an anonymous polling system on the communication platform, ZOOM. The post-training evaluation questionnaire was conducted using Qualtrics allowing participants to anonymously provide feedback on their experience in the training workshop. Basic frequencies were used to quantify pre/post-test results. Results from both the pre/posttest and post-training evaluation questionnaire are discussed below (**See figure 3.1-3.3 and 4.1-4.14, respectively**).

Data analysis

-Pre/Post-Test Questionnaire: Pre/post-test questionnaire data were analyzed using basic frequencies.

-Post-Training Evaluation Questionnaire: Multiple-choice questions in the questionnaire will be analyzed using basic frequencies. Athematic analysis was conducted to analyze the results gathered in the open-ended questions. The thematic analysis involved (1) coding qualitative data, (2) comparing codes, and (3) developing themes from codes. The results from the thematic analysis are shown in **Figure 5**.

Outline of OT-TIC Training Workshop (Figure 1)

- Pre-test
 - Introduction and Review of OT-TIC guide
 - Interactive Breakout Group Discussions (using case studies)
 - Q&A
 - Post-test
 - Post-training Evaluation Questionnaire

Capstone Site Description

To conduct this capstone research project, I partnered with the Dr. Vinoski Thomas and the Center for Leadership in Disability (CLD) at Georgia State University. Georgia State University's CLD is one of 67 University Center for Excellence in Developmental Disabilities (UCEDD) programs in the country funded by the Administration on Intellectual and Developmental Disabilities through the Developmental Disabilities Assistance and Bill of Rights Act. CLD serves as the activity hub for the Georgia Inclusive Postsecondary Education Consortium, which supports inclusive college opportunities for students with intellectual and developmental disabilities throughout nine programs across the state of Georgia.

One in four Americans has a disability. Individuals with disabilities have less access to health, education, and other important resources (CDC, 2023). CLD seeks to improve their access by empowering individuals with intellectual and developmental disabilities and their families and communities.

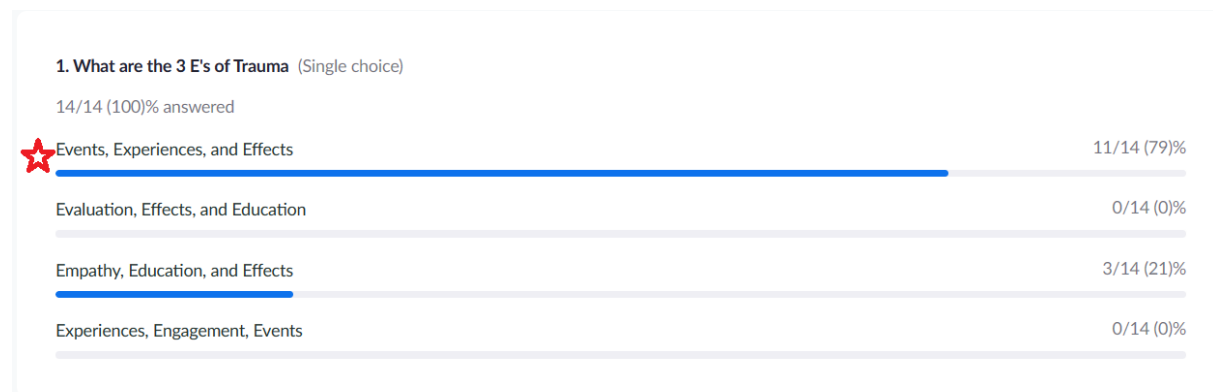
Chapter 4: Results

Pre/Post Test

Of the fifteen (15) participants that attended the virtual training workshop, fourteen (14) participants completed the pre-test, and eleven (11) participants completed the post-test. Of note, one (1) participant was unable to complete the pretest due to joining the virtual workshop after the pretest was administered and four (4) participants left the training workshop early for personal reasons and were unable to complete the post-test when it was administered at the end of the workshop. The pre/post-test consisted of three multiple choice questions on pertinent components of TIC. The results of the pre/posttest are shown below.

Pre-Test Responses: (Figure 2.1-2.3)

Q1: [11/14 or 79% of participants correctly responded to the prompt] (Figure 2.1)



Q2: [14/14 or 100% of participants correctly responded to the prompt] (Figure 2.2)

2. Which of the following terms correctly describes the following statement, "the exposure to multiple, often interrelated forms of traumatic experience and the difficulties that arise as a result of adapting to or surviving these experiences." (Single choice)

14/14 (100)% answered

Exposure Trauma 0/14 (0)%

Survival Trauma 0/14 (0)%

Narrative Trauma 0/14 (0)%

★ Complex Trauma 14/14 (100)%

Q3: [13/14 or 93% of participants correctly responded to the prompt] (Figure 2.3)

3. What are the 4 Four "R"s of a trauma-informed approach? (Single choice)

14/14 (100)% answered

Retraumatization, Race, Religion, Reasoning 0/14 (0)%

Race, Religion, Realization, Repercussions 0/14 (0)%

Recognition, Race, Response, Relevance 1/14 (7)%

★ Realization, Response, Recognition, and Resisting Retraumatization 13/14 (93)%

Post-Test Responses (Figure 3.1-3.3)

Q1: [11/11 or 100% of participants correctly responded to the prompt] (Figure 3.1)

1. What are the 3 E's of Trauma (Single choice)

11/11 (100)% answered

★ Events, Experiences, and Effects 11/11 (100)%

Evaluation, Effects, and Education 0/11 (0)%

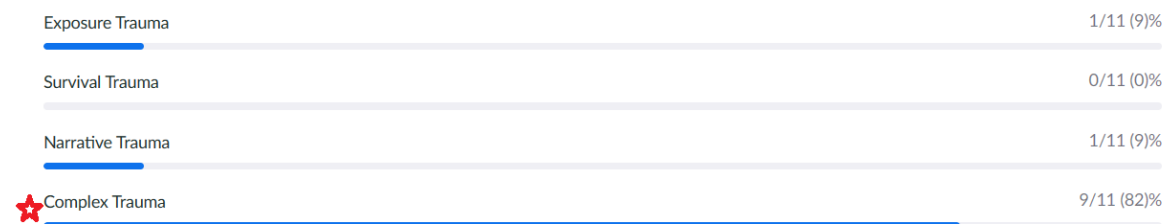
Empathy, Education, and Effects 0/11 (0)%

Experiences, Engagement, Events 0/11 (0)%

Q2: [9/11 or 82% of participants correctly responded to the prompt] (Figure 3.2)

2. Which of the following terms correctly describes the following statement, "the exposure to multiple, often interrelated forms of traumatic experience and the difficulties that arise as a result of adapting to or surviving these experiences." (Single choice)

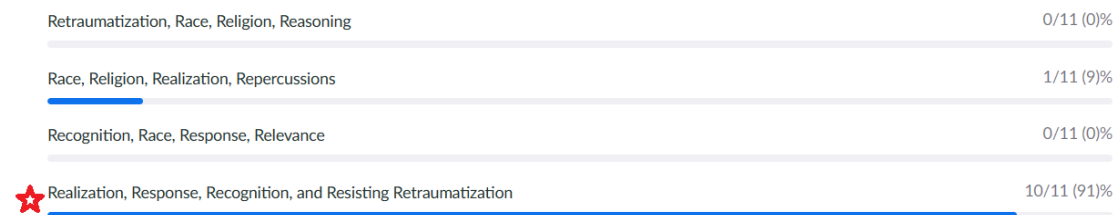
11/11 (100)% answered



Q3: [10/11 or 91% of participants correctly responded to the prompt] (Figure 3.3)

3. What are the 4 Four "R"s of a trauma-informed approach? (Single choice)

11/11 (100)% answered



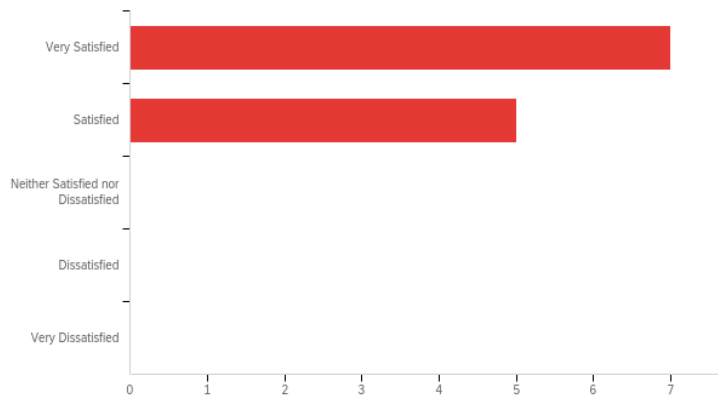
Post-Training Evaluation Questionnaire

Of the fifteen (15) participants that attended the virtual training workshop, twelve (12) participants completed the post-training evaluation questionnaire. The post-training evaluation questionnaire was composed of thirteen (13) questions. Questions 1-5 of the questionnaire focused on participants' level of satisfaction with different components of the workshop (See **Figures 4.1-4.5**). Questions 6-9 ask participants to respond to prompts responding either "yes" or "no" (See **Figures 4.6-4.9**). Participants were prompted to explain why they chose "no" when they did. Questions 10-13 were free response questions (See **Figures 4.10-4.13**). The results of the post-training evaluation questionnaire are listed below.

Post-training Evaluation Questionnaire Responses (Figures 4.1-4.13)

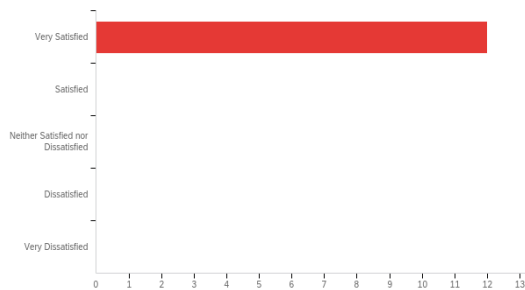
Q1 - Rate your overall satisfaction with the trauma-informed care training workshop. (Figure 4.1)

[12/12 or 100% of participants responded “Very Satisfied” or “Satisfied”]



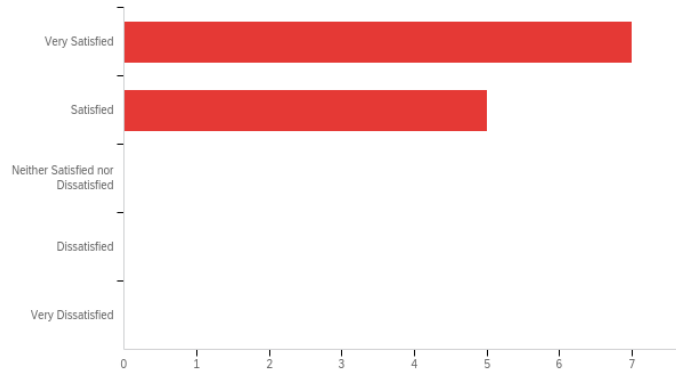
Q2 - Rate your satisfaction with the trauma-informed care manual presented during the workshop. (Figure 4.2)

[12/12 or 100% of participants responded “Very Satisfied” or “Satisfied”]



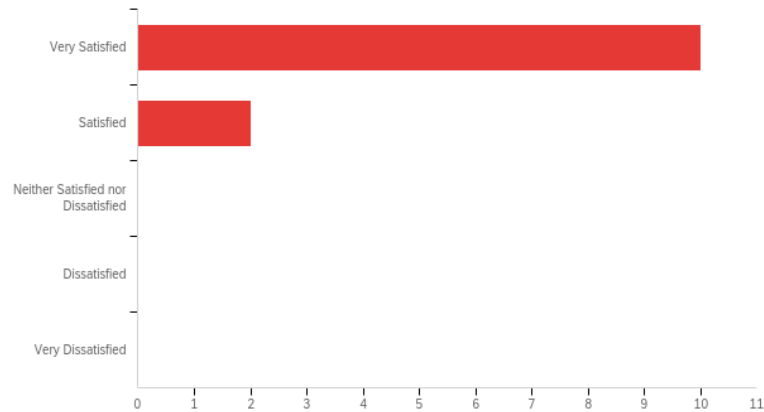
Q3 - Rate your satisfaction with the format in which the presentation was given.
(Figure 4.3)

[12/12 or 100% of participants responded “Very Satisfied” or “Satisfied”]



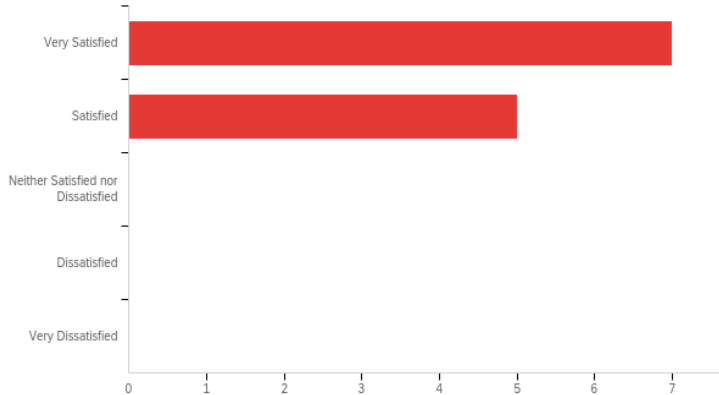
Q4 - Rate your satisfaction with the presenter’s ability to answer your questions.
(Figure 4.4)

[12/12 or 100% of participants responded “Very Satisfied” or “Satisfied”]



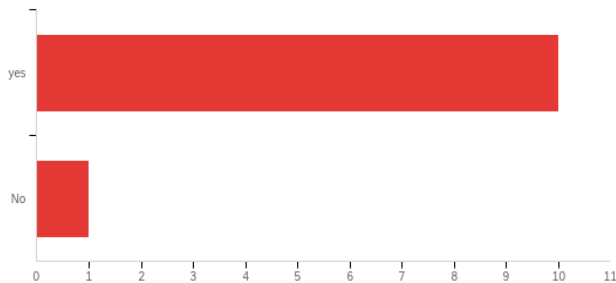
Q5 - Rate your satisfaction with the length of time required to complete the full workshop. (Figure 4.5)

[12/12 or 100% of participants responded “Very Satisfied” or “Satisfied”]



Q6 - If you could, would you attend this workshop in the future? If you indicated No, can you explain why? (Figure 4.6)

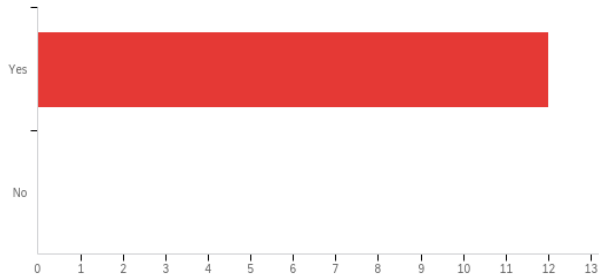
[11/12 or 91% of participants responded “yes”]



Participant response “no” reasoning: “I feel that I have a good enough grasp on the concepts and wouldn't need to repeat the content, between the workshop and things I've learned in my classes.”

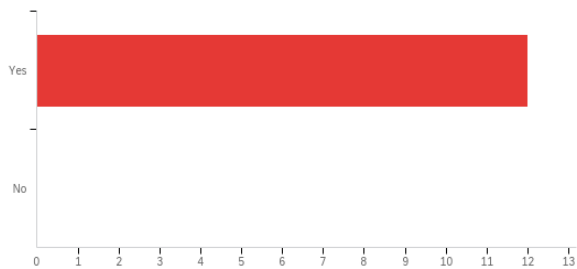
Q7 - Did you find the information presented in this workshop valuable to use in practice? If not, why? (Figure 4.7)

[12/12 or 100% of participants responded “yes”]



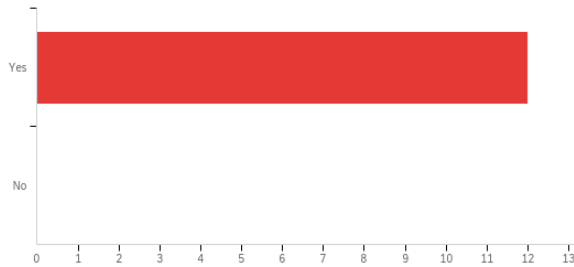
Q8 - Would you recommend this workshop to other Occupational Therapy practitioners and students? If not, why? (Figure 4.8)

[12/12 or 100% of participants responded “yes”]



Q9 - Do you think the information provided during this workshop would be valuable to present to health professionals in other fields? If not, why? (Figure 4.9)

[12/12 or 100% of participants responded “yes”]



(Figure 4.10)

Q10 - What did you like most about the training workshop?

The manual was great and easy to follow!

The examples you gave of how it would apply to us in practice when explaining key principles of trauma informed care

The easily accessible format and the way the information was presented

The booklet presented which accompanied the presentation - great info to carry forward

The assessments and interventions overview and the case study discussions

Overview provided of the manual with helpful resources for assessments/screens and practical tips that can be used in practice

I really enjoyed the topic itself! I feel that having a trauma-informed care approach is very valuable when working with all sorts of individuals from various backgrounds and life experiences. We never really know what each person has been through. I felt that the workshop was very informative, and I strongly believe that other healthcare professionals, not limited to just future occupational therapy practitioners, would greatly benefit from learning this information!

I loved the overall layout of the workshop. The guide was extremely helpful. I enjoyed the group discussion as well.

I liked how the administrator went through the actual manual while discussing the material. It helped make sense of the manual and provided organization.

I like how the manual was set up!

Having links to various assessments & the format of lecture to case study questions

(Figure 4.11)

Q11 - Would you change anything about the workshop? If so, what?

The only suggestion I have is potentially transferring the most important information onto a slides/presentation format would've been nice. The manual was amazing though and easy to follow along.

Maybe including more breakout discussions throughout the workshop rather than only at the end. Also, maybe presenting with a PowerPoint with the information rather than scrolling through the manual.

Discussion and opportunities for interaction throughout the presentation rather than only at the end; real-life examples of practitioners using these techniques in practice

Maybe going through the info in presentation format rather than scrolling through the booklet itself

I would like more information about the most common types of trauma you will see in various settings

Decreased technology difficulties

I don't have any complaints.

More pre and post test questions

Maybe have a breakout session in the middle of the workshop and at the end just to break up the pace some

(Figure 4.12)

Q12 - What aspects of the training most influenced your confidence in providing trauma-informed care?

When we did the case study, I found that it forced me to check my understanding of some of the concepts, which was good. I appreciated the comprehensiveness of the manual and the presentation; I think he did a great job of covering all the major points.

Learning the information for the first time really helped! I think if I was able to stick around for the case studies portion (applying the knowledge we had just learned), it would've greatly influenced my confidence in providing trauma-informed care.

going over the assessments

Real life examples, case studies, and discussion of assessments and interventions

Practical resources including specific tests and interventions I can use

Well defined strategies and resources to find out more about them

Links to assessments & talking through case studies after lecture content

Applying concepts during the case studies

All of it was very informative. I feel much better about what interventions and assessments could be used.

Having access to the manual and being able to download it for future use

the assessments you included OTs can use when caring for trauma patients

(Figure 4.13)

Q13 - In what ways do you feel you still need improvement in providing trauma-informed care?

Application! Having knowledge is one skill, but learning how to apply it with individual to individual is very important! I think that will just come with experience as we work with more individuals in our career!

I would want an interactive hands-on piece to tie everything together!

I need practice applying the information from the manual and performing trauma screenings and assessments

Mentorship with a professional currently working in the field with experience in this area

Incorporating into daily treatment, watching an example session, or receiving mentorship would help this

Lack knowledge of foundational information

I think I need more practice and hands-on experience regarding this topic. I think this workshop was incredible in providing overall knowledge and preparation for it.

Hands on experience

More confidence

Chapter 5: Discussion and Impact

Pre/Post-Test Results

The pre- and post-test were designed as a quick assessment measure to ascertain the training workshop participant's knowledge of basic TIC principles and concepts before and after attending the training workshop. Results of the pre/post-test (shown in figure 2.1-2.3 and figure 3.1-3.3, respectively) display an inconsistent pattern. For example, 79% answered Q1 in the pre-test correctly and 100% answered Q1 correctly in the post-test. This 21% increase in scores on Q1 may be indicative of improved understanding of the concept assessed in the question. On the other hand, 100% of participants answered Q2 correctly for the pre-test and 82% answered correctly in the post-test, an 18% decrease. This may be indicative that some participants did not fully understand the concepts assessed in the question. The results of Q3 were relatively the same as participants scored 93% and 91% on the pre/post-test, respectively. Overall, the fluctuations in scores are indicative that the information presented in the training workshop may require additional reinforcement to ensure learning.

Post-Training Evaluation Questionnaire Results

The post-training evaluation questionnaire was designed to gather feedback from the training workshop participants to improve the overall quality of the workshop. All participants reported being satisfied or very satisfied with the training workshop, the OT-TIC manual, the format of the workshop, the presenter's ability to answer questions, and the length of time the workshop took (as seen in Figures 4.1-4.5). A thematic analysis of the open-ended questions (Figures 4.10-4.13) was conducted to identify common themes from the participant responses. The thematic analysis determined that there were four overarching themes. These themes were

“Easy to Follow,” “Resourceful”, “Format Changes”, and “Needs More Reinforcing Material.”
(See **Figure 5**)

Interpreting Themes

The theme “easy to follow” reflects the consensus from participants that suggests that both the OT-TIC manual and the training workshop were easy to navigate through. On the other hand, the theme “format changes” highlights how participants suggested changing certain components of the training workshop itself. As depicted in **Figure 5**, many participants prefer that the workshop be carried out using a PowerPoint presentation style rather than directly referencing the OT-TIC guide. Furthermore, some participants indicated that they would prefer more interactive material like breakout groups and hands-on work. The theme “Resourceful” reflects how some participants believe that the OT-TIC guide and the training workshop provided ample resources that may be useful in practice. Lastly, the “Needs More Reinforcing Material” theme highlights how some participants felt they needed more exposure and real-world practice with the content discussed in both the OT-TIC guide and the training workshop. Participants reported wanting more hands-on content during the workshop and more opportunities for open discussion and reflection. Furthermore, the concept of the “Needs More Reinforcing Material” theme is reinforced by the results of the pre/post-test, indicating that more reinforcing information is still needed to improve practitioners’ knowledge and competence in providing TIC. Overall, these four themes highlight the successes and the shortcomings of both the OT-TIC guide and training workshop and are valuable in informing future modifications to both the guide and workshop.



(Figure 5)

Implications for OT Practice

This research study adds to the growing literature on ways for occupational therapists to become trauma informed. The OT-TIC guide and training workshop serve as an excellent foundational tool for OTs to learn about what it truly means to be trauma-informed. OT practitioners can reference the OT-TIC guide in practice and explore new ways to better serve their clients. Similarly, OT students can use the OT-TIC guide during fieldwork or when completing didactic work in the classroom.

Limitations & Implications for Future Research

Throughout the completion of this research study multiple limitations were present. The first being the length of time to conduct the research. The capstone experience allots 14-weeks to

conduct all components of the research process. Hence, the depth of information provided in both the OT-TIC guide and subsequent training workshop were limited. Setting and population specific information and tools were scarcely referenced in the OT-TIC guide and manual. Future research should integrate more content on how to best address the needs of individuals from diverse populations and account for factors like race, gender, sexuality, disability, and socioeconomic status. In addition, future studies should expand the pre/post-test and post-training evaluation questionnaire to include more questions that better gauge participants competence, skill, and knowledge of trauma-informed care in occupational therapy practice. The pre/post-test questionnaire was conducted anonymously. This is a limitation as the results of individual workshop participants cannot be determined, thus limiting the ability of the researcher to feasibly determine the effectiveness of the training workshop on improving the understanding of key principles discussed during the workshop. Furthermore, the structure of the training workshop should be modified in future studies. Increasing the length of the workshop may allow participants to engage in more interactive material like break-out sessions and open discussions. Future research should consider using an in-person training workshop. An in-person workshop may also allow for a more interactive and potentially hands-on experience for participants. Lastly, the OT-TIC guide can be expanded to include more resources for OTs. The literature surrounding evidence-based TIC is growing and future expansions of the OT-TIC guide should include updates on best methods of practice for OTs.

Sustainability Plan

The research study in nature is designed to allow graduate occupational therapy students (or licensed practitioners) to continue to expand on its products (OT-TIC guide & training workshop). The OT-TIC guide will serve as a reference to students enrolled in Georgia State

University's OT program who may wish to explore trauma-informed care as a part of their capstone project. In addition, faculty at the Center for Leadership and Disability at GSU will receive the final products of this capstone to help inform their services.

Conclusion

The purpose of the capstone project was to develop a trauma-informed care guide for occupational therapy practitioners to educate and support practitioners in using trauma-informed and trauma-specific methods in addressing the needs of adults (18+ years of age) who have experienced trauma-inducing events. In addition, the capstone project aimed to develop, and pilot test an occupational therapy-based trauma-informed care training workshop. In collaboration with faculty from the Center for Leadership, both were achieved.

This capstone explored the intersection of occupational therapy and trauma-informed care, highlighting the profound impact that trauma can have on the clients that we serve. This capstone also highlights the role that we, as occupational therapists, play in supporting their recovery. As occupational therapists it is imperative that we continue to explore ways to become more trauma-informed to create safer and more comfortable environments for our clients and their families. Equally important, occupational therapists should advocate for the use of trauma-informed principles in the organizations in which they work. Through these acts, occupational therapists can promote healing, recovery, and a better quality of life for all.

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Appendix 1: Learning Objectives

Capstone Goals	Learning Objectives	Action Steps
1. Adapt SAMHSA's evidence-informed TIC guide for OTs working with individuals who have experienced trauma-inducing events	1a. Understand Trauma and its effects on health outcomes	Complete literature search/annotated bibliography of evidence
	1b. Analyze and understanding existing TIC guidelines for OTs working with people who have experienced disaster-related trauma	Complete outline of adapted guide
	1c. Understand the role of Occupational Therapy practitioners in using trauma-informed approaches to care	Complete full guide adaptation
	1d. Understand Trauma and its effects on participation and quality of life in respect to the OTPF-4	
2. Develop training on implementation of adapted TIC guidelines for OT working with individuals who have experienced trauma inducing events	2a. Analyze and understand existing TIC training guidelines/guides and best methods of training for Occupational Therapy practitioners	Explore literature on best practices for training the selected population (OTs)
		Develop training outline
		Develop training module content
3. Revise guide and training based on subject matter expert (SME) review	3a. Identify subject matter experts and understand their role in developing an effective TIC guide	Develop method for receiving SME feedback
		Recruit SMEs
		-Receive and summarize SME feedback -Revise training based on SME feedback
4. Pilot test TIC guide training		Develop training pre/post test

with OTs/OT students/		Recruit participants
		Conduct training
		Administer pre/posttest (qual and quant)
5. Write up findings	Analyze and understand the effects of TIC training program on training participants	5a. Review findings with mentors/SME's
		5b. -Analyze qualitative and quantitative results
		5c. Develop charts/graphs to highlight results
		5d. Develop research article; edit based on capstone mentor feedback prior to publication
		5e. Identify outcomes, limitations
		Develop PowerPoint presentation

Appendix 2: Capstone Supervision Plan

The purpose of this Capstone Supervision plan is to:

- (i) Articulate the roles and responsibilities of those involved in the supervisory relationship.
- (ii) Ensure a consistent and positive learning experience for the students irrespective of their location or the mode of delivery of supervision.

Capstone Supervision Guide	
Scheduled Meetings	Mentor(s) will be expected to attend regularly scheduled meetings to discuss current matters pertaining to Capstone Project. Anticipate meeting 1-2x each week or biweekly ; although this may vary depending on projects demands. Student and mentor(s) can schedule meetings according to availability.
Communication	Mentor(s) may contact (or be contacted by) student via email or phone, whichever is preferred. Mentor will provide feedback on student's performance as well as insight on matters pertaining to Capstone Project either written or verbally.
Specific requirements of the project	Capstone is a 14- week experience conducted during the Spring 2024 semester and will consist of a minimum of 560 Hours. Specific meeting times and days are flexible to meet schedule of both site and faculty mentor.
Timeline of deliverables	Mentor(s) will provide adequate feedback to aid student in meeting capstone timelines according to curriculum. Mentor may set expectations for student in completing components of the project by a specific date/time.

****Specific schedule/timeline will be provided closer to Spring 2024 semester****

Capstone Site Mentor Expertise	
Knowledgeable about current Trauma-informed care methods	Knowledge of existing organizational strategies aimed at improving care recipient outcomes
Has appropriate resources to support program's objectives	Experience with providing or overseeing the training workshop & guide development
Capstone Site Mentor Roles	

Mentor may serve as a liaison with trauma-informed organization(s)

This may entail but is not limited to:

- contacting organization(s) to get approval to conduct program plans
- arranging meetings between organization(s) and student
- notifying subject matter experts of roles in development of capstone project

- scheduling meetings/workshops with subject matter experts in accordance with program development timeline

Mentor will be expected to attend regularly scheduled meetings with student and/or faculty mentor to provide feedback on student performance and to support the program's development.

- Meeting times will vary depending on the availability of the faculty mentor and site mentor
- Student will be expected to coordinate with both mentors to plan meetings in advance

Mentor will be expected to provide an area or space at the capstone site for student to complete work pertaining to the capstone's development. (See specifics below)

- The "mentored practice setting" does not need to be in a physical location but an experience that demonstrates mentored learning experience with in-depth exposure in the student's designated area of interest. This means that the student can do some work/meetings virtually. However, student will be responsible for keeping track of completed hours and having site mentor sign off on them.

· The Overall purpose of the Doctoral Capstone experience is to provide in-depth exposure to the student's area of interest through a mentored experiential learning opportunity.

· To assist in the development process of the project plan, the student participates in two courses during the Spring and summer semesters the year prior to the prior to Capstone experiences. The student creates and researches his/her idea, through developing multiple PICO questions and performing an extensive literature search and analysis of the literature.

· The student also creates a series of personalized objectives, additional short-term goals, learning activities to demonstrate achievement of the learning objectives, measurable outcomes for the product of the activities developed, and a timeline for the completion of the activities and objectives. Each student also has a faculty mentor that assists them through this process.

The responsibilities of the Capstone Student include:

• The OT student MUST play an integral part in the development, planning, implementation, and evaluation stages of the Capstone!

- Understand and abide by the OT program’s policies and procedures as it is related to the Capstone.
- Identify personal goals and interests and appropriate outcomes as part of the planning of the Capstone experience and project.
- Collaborate to develop the plan with the Capstone Coordinator (CC), the faculty mentor and the site mentor.
- Collaborate to develop the MOU with the site mentor and the CC including Individualized Specific objectives, and plan for supervision.
- Obtain evidence of “expertise” aligned with the focus area for the Site mentor and submit to the CC.
- Synthesize knowledge from preparatory coursework in OT curriculum to support the capstone project.
- Complete the 14-week experience.
- Create scholarly questions, conduct needs assessment, identify guiding theoretical perspective, develop your research question, appraise the literature, design the project methodology.
- Complete all tasks assigned by site mentor and submit all work to your CC and Faculty mentor in a timely manner.
- Take initiative for communication with the Capstone team: CC, Site mentor, Faculty mentor.
- Consistently demonstrate respectful communications and interactions.
- Develop and maintain structure to complete capstone project and experience.
- Provide appropriate feedback to site mentor at midterm and final.
- Respectfully accept and utilize constructive feedback from Capstone team members for your personal and professional growth.
- Take responsibility for your own professional development (including professional writing)
- Accurately, and in an organized manner, collect, manage, and analyze data for your capstone project.

The responsibilities of the Site mentor include:

- The primary requirement of the site mentor is the foundation of expertise in the student’s area of interest.
- The site mentor does not have to be an OT and does not need to have a doctoral degree.
- The site mentor is typically the onsite person who will provide instruction, support and supervision as needed.

- Helps student apply knowledge to practical situations, develop problem solving skills and practical competencies.
- Orient and instruct student as needed on specific negotiated learning activities.
- Collaborate with Capstone team to define mentorship responsibilities.
- Provide supervision and feedback throughout the Capstone as defined by the MOU.
- Collaborate with faculty mentor to guide student through the needs assessment.
- Correspond proactivity with Capstone team with any concerns.

Appendix 3: Occupational Therapy Trauma-Informed Care Guide

[To access OT-TIC Guide; Click This Link](#)