Stress, Trauma and Posttraumatic Stress Disorder

The American Occupational Therapy Association (AOTA) recognizes that persons, families, organizations, and populations witness and may be negatively influenced by stressful and traumatic experiences across the lifespan. The negative effects of stress and traumatic experiences are a significant public health problem, often having a pervasive influence on overall health, wellness, and occupational participation. The Substance Abuse Mental Health Service Administration (2014), advocates for the increased provision of services targeting trauma as part of it’s national strategic mental health initiatives, and urges for the wide spread implementation of trauma informed practices to reduce the effects of trauma, violence and ultimately to prevent its occurrence.

Witnessing or experiencing traumatic events may lead to the development of Posttraumatic Stress Disorder (PTSD), which is categorized as a trauma and stressor–related disorder of the Diagnostic and Statistical Manual of Mental Health Disorders (American Psychological Association [APA], 2013). While not everyone witnessing or experiencing traumatic events will develop PTSD, AOTA recognizes that a variety of traumatic experiences may contribute to its onset, such as, experiencing or witnessing adverse childhood experiences, domestic abuse, natural disasters, military combat, violent or sexual assault, working in a profession with traumatic exposure, or other life-threatening events (APA, 2013). When left unaddressed, stress and PTSD may result in neurophysiological, medical, psychological and occupational complications.

Occupational therapy practitioners (OTPs) are well prepared to and play a role in promoting engagement in health supporting habits, rituals, routines, and occupations to
Societal Statement Draft

foster mental health, occupational participation, and the recovery process (Bazyk, 2011). Using a collaborative process, OTPs assist clients and caregivers in identifying the protective and risk factors of trauma and stress, with a primary focus on each individual’s strengths, needs and goals, to help implement evidence-based, trauma informed interventions, and to advocate for access to supports.

Occupational therapy practitioners (OTPs) are viewed as leaders in the trauma informed care initiative, and recent literature demonstrates its distinct value. Research demonstrates that OTPs support adults in active duty as well as veterans to support symptom stabilization, community re-integration and occupational participation (Classen, Cormack, Winter, Monahan, Yarney, & Lutz, et al., 2014; Plach, & Sells, 2013; Rogers, Mallinson, & Peppers, 2014; Smith-Forbes, Najera, & Hawkins, 2014; Stoller, Greuel, Cimini, Fowler, & Koomar, 2012). Additionally, OTPs working with children that have experienced early childhood trauma, play a vital role in supporting stabilization, self-regulation, development, attachment and occupational participation (Champagne, 2011; Gronski, Bogan, Kloeckner, Russell-Thomas, Taff, Walker, et al., 2013; LeBel & Champagne, 2010).

Occupational therapy practitioners provide individual and group services, consultation and advocacy. Many OTPs have helped to develop national policies and training materials, and education about the key role of OTPs in trauma informed care (LeBel & Lim, 2012; National Association for State Mental Health Program Directors, 2003-present). Using evidence-based and promising practices, OTPs help empower individuals with PTSD, and their families and caregivers, to live life to it’s fullest.
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Reference


LeBel, J. & Lim, A. (2012). *Creating positive cultures of care: Resource Guide*. Boston, MA: Massachusetts Department of Mental Health,

National Association for State Mental Health Program Directors (2003-present). *National executive training institute curriculum for the creation of violence-free and coercion-free treatment settings and the reduction of seclusion and restraint* (11th ed.). Alexandria, VA: Author


