

Trauma-informed approach among occupational therapists working with children and adolescents

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Adverse Childhood Experiences (ACEs)

- Early traumatic events that occur under the age of 18 years and could have lasting negative effects on a person's health and well-being
- Acts of commission or omission by a parent or caregiver resulting in harm or the potential for harm
- Maltreatment and household dysfunction



WHAT ARE THEY?

ACEs are
ADVERSE
CHILDHOOD
EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

The Impact of Trauma on Development



Motor
function



Sensory
processing



Executive
functions



Emotional
regulation



Speech and
language

Trauma Informed Approach (TIA) for Care

- A framework to minimize the **effects of trauma** by addressing distress and offering emotional support to facilitate **resilience and recovery**
- Emphasizes the importance of understanding the **person's experience** and how it led to a physical and/or psychological effect
- Uses a **strengths-based approach** and aims to minimize the potential for care itself to trigger trauma
- Involves creating a safe and supportive **environment**



Secondary Traumatic Stress (STS)

- Trauma's negative consequences affect more than the individuals themselves
- Health care professionals caring for traumatized children and adolescents are particularly susceptible to indirect trauma
- Alongside the substantial risk of experiencing traumatic distress lies an opportunity for personal and professional growth



Individual psychological resources significantly influence openness to acquiring and integrating knowledge into practice, as well as the ability to cope with STS

- Resilience
- Self-compassion
- Empathy



Study Aims

1. Map the **knowledge** of trauma, **perception** of TIA relevance, and TIA **implementation** among occupational therapists working with children and/or adolescents
2. Examine the relationships with **individual psychological resources**

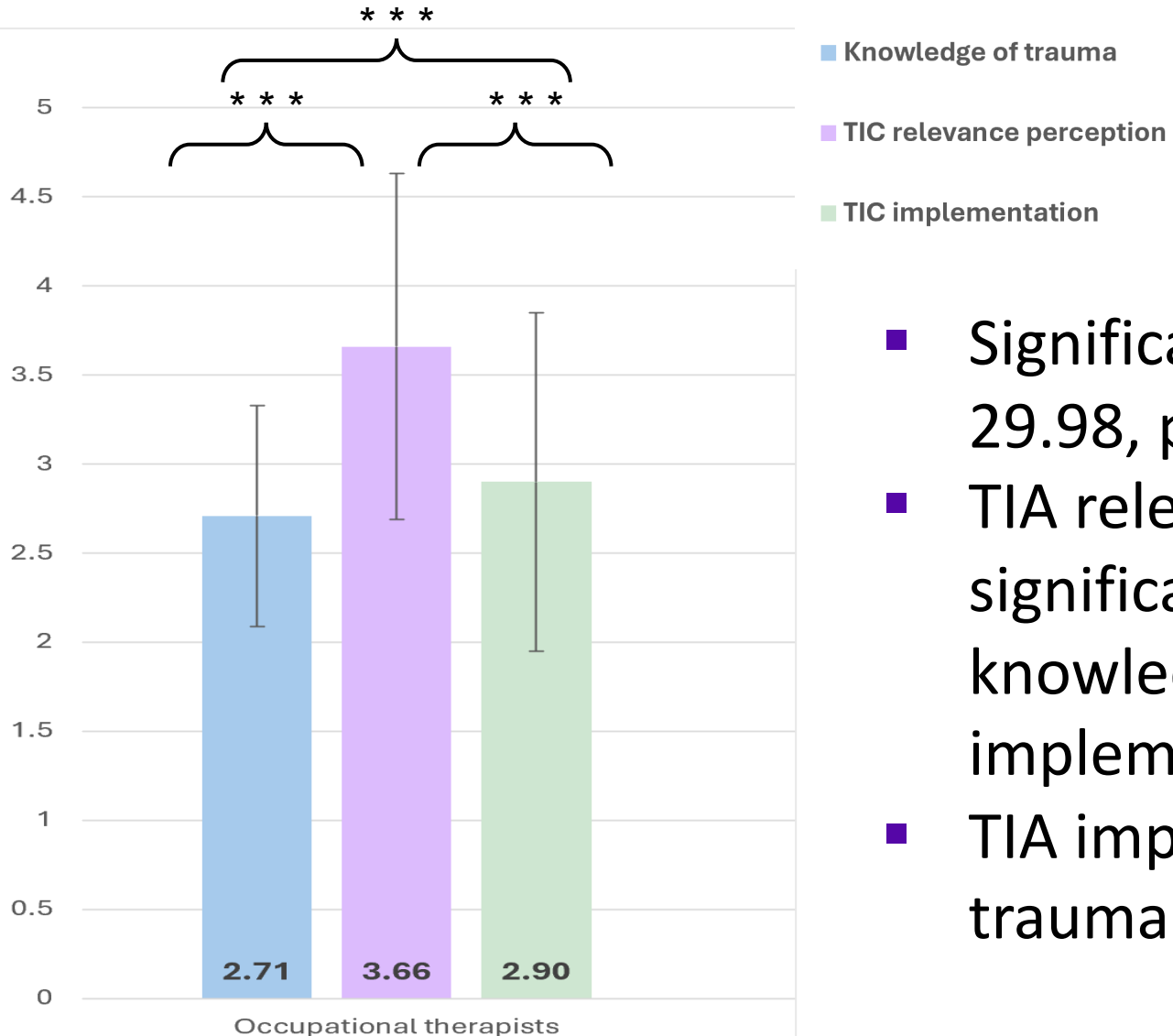


Methods

- 60 Occupational therapists (OTs) aged 23-67 years
- Working with children and/or adolescents
- An online survey
- Demographic Questionnaire, Trauma-Informed Approach Questionnaire (TIAQ), Connor-Davidson Resilience Scale (CD-RISC), Self-Compassion Scale (SCS), and Interpersonal Reactivity Index (IRI)
- Descriptive statistics, ANOVA and Pearson correlations



Trauma-Informed Approach to Care Among OTs



- Significant differences, $F(2, 118) = 29.98$, $p < .001$, $\eta^2 = 0.3$.
- TIA relevance perception was significantly higher than trauma knowledge ($p < .001$) and TIA implementation ($p < .001$)
- TIA implementation was higher than trauma knowledge ($p < .001$).

Correlations Between the TIAQ and Individual Psychological Resources

- Higher levels of **resilience** were positively associated with **greater trauma knowledge** ($r = .22, p < .01$), perceived TIA relevance ($r = .17, p < .05$), and implementation ($r = .23, p < .05$)
- Higher **self-compassion** was significantly correlated **with greater trauma knowledge** ($r = .18, p < .05$) and TIA implementation ($r = .22, p < .01$).
- **Perspective-taking scale** showed small to moderate correlations with TIAQ parts.



Discussion and Clinical Implications

- Developing TIA training for OTs to enhance recovery-oriented and client-centered care of traumatized children and adolescents
- TIA training should begin during studies
- Strengthening resilience, self-compassion, and empathy can support professionals in treating this population while mitigating the potential effects of STS
- Health care institutions should prioritize TIA training. Supportive work environments should be fostered



Thank you!



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References