

Occupational Therapists' Perspectives and Role with Illness-Induced Trauma

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Illness-Induced Trauma

Illness-induced trauma (IIT) is a deeply distressing experience that results from medical conditions and/or life-threatening illness

Jackson et. al, 2016

Trauma-Informed Care (TIC) Six Core Principles

1. Safety
2. Trustworthiness and transparency
3. Peer support and mutual self-help
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender Issues

Fette, et. al, 2019; SAMHSA, 2015

25%

Patients with stroke, spinal cord injury, and amputation develop PTSD

Edmonson et al., 2013; Kunz et al., 2021; Kearns et al., 2019; Wade et al., 2013

- 40.3% of individuals with PTSD had more than one activities of daily living (ADLs) impairment
- 29.8% of individuals with PTSD had more than one instrumental activities of daily living (IADLs) impairment

Zatzick et al., 2008; Rosenbloom & Williams, 2010

Discrepancies and Research Gap

■ Discrepancy

Occupational therapists reported in a survey:

- 54% identified TIC as applicable and important in their practice
- 44% either disagreed or strongly disagreed when asked if TIC was adequately implemented into practice

Holman et al., 2022

■ Research Gap

- No known research has specifically focused on occupational therapy professional's role in recognizing, mitigating, and integrating knowledge of IIT into practice

■ Research Question

- What is occupational therapists' perspective on illness-induced trauma and their role in addressing illness-induced trauma in treatment?

Methods

Research Design

- Explanatory sequential mixed-methods design with a qualitative descriptive approach
 - Online survey
 - Semi-structured interviews
- Purpose of this study: to better understand occupational therapists' perspective on illness-induced trauma and their role in addressing illness-induced trauma in treatment.

Recruitment

- IRB approval
- Survey- Internet advertisements, email, snowballing
 - Target: Occupational therapists
- Interview- Purposive sampling, responses to survey, snowballing
- Participants provide consent

Inclusion/Exclusion Criteria

- Inclusion Criteria
 - OT graduated from professional program
 - 6 months of experience with sudden onset disability/injury
- Exclusion Criteria
 - OT's with less than 6 month professional experience

Data Collection

Quantitative

- Online survey
- 29 questions (11 demographic data, 18 literature review gaps)
- Around 10-15 minutes
- Likert scale
- Questions addressing
 - Participant's demographics, knowledge, and perceptions on psychological trauma
 - Includes IIT definition
- Goal: collect information about participant's knowledge and perspectives on IIT

Qualitative

- 1:1 interviews on secure platform on video
- Around 45-minutes
- 10 semi-structured interviews questions with prompts
- Questions addressing OT's perceptions related to:
 - Experiences with treating clients with IIT
 - Effects of IIT on rehabilitation progress
 - Intervention strategies

Data Analysis

Quantitative

- Exported from qualtrics to Dedoose
- Descriptive statistics
 - Demographics
 - OTs perceptions on TIC, trauma, IIT

Qualitative

- Thematic analysis
- Interviews transcribed
- Dedoose qualitative software
- Inductive and in-vivo coding
- Language from Occupational Therapy Practice Framework
- Code book with 3 transcriptions
- 2nd author coding separately
- Disagreement- reviewing
- Double-coding
- Reviewing code co-occurrence
- Developing categories, sub themes/themes
- Peer-review/compare codes and themes

Data Collection

Quantitative
and
Qualitative



Data Analyses

Quantitative
and
Qualitative



Integrative Mixed Analyses

- Quantitative and Qualitative mixed in discussion
- Both results supporting or not supporting literature

Results

Quantitative Data

Demographics	N=24
Therapist's Age	20-39: 46% (n=11) 40-60: 42% (n=10) 61+: 13% (n=3)
Gender (female)	Female 92% (n=22) Male 8% (n=2)
Time working as OT (years)	0-15: 58% (n=14) 16-30: 29% (n=7) 31+: 13% (n=3)
Location in the US	West: 82% (n=18) Midwest: 14% (n=3) South: 9% (n=2) East: 5% (n=1)
Current Practice setting (More than one may be selected)	Inpatient acute rehab: 25% (n=6) Outpatient: 25% (n=6) Mobile outpatient/home health: 8% (n=2) ICU/Acute care: 25% (n=6) Education/schools: 21% (n=5) Community: 17% (n=4) Skilled Nursing facility: 0% (n=0) Other (research, mental health, private practice kids/adults trauma): 13% (n=3)

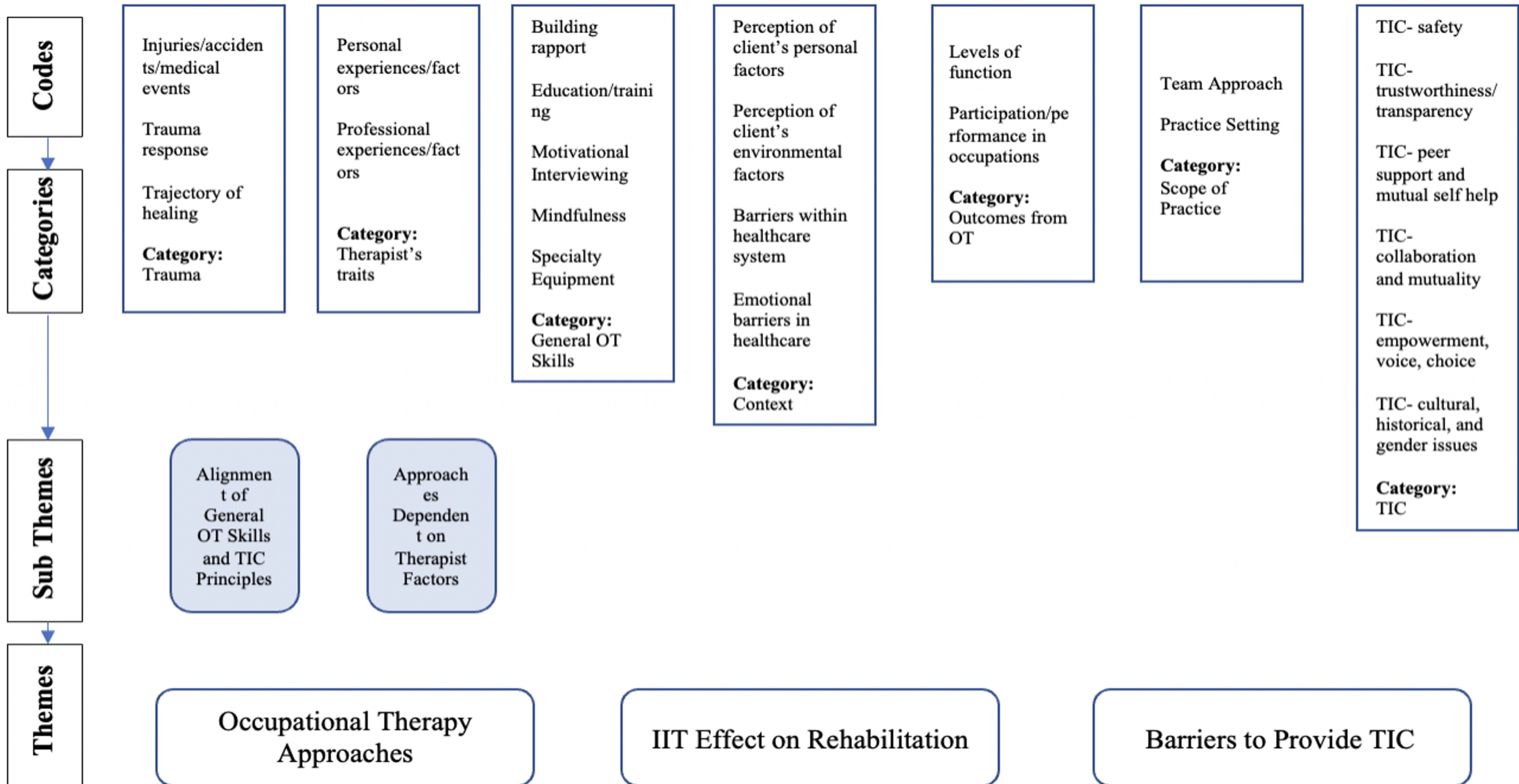
Survey Results

	Strongly Disagree or Disagree	Neutral	Strongly Agree or Agree (%)
Knowledge			
My workplace provided training with specific and useful methods to treat patients with psychological trauma, or trauma-informed care. (n=15, 9 participants did not provide training))	25% (n=6)	13% (n=3)	25% (n=6)
I am knowledgeable about the physiological, emotional, and behavioral effects of psychological trauma.	13% (n=3)	21% (n=5)	67% (n=16)
I work with clients who experience illness-induced trauma. (Asked after giving definition on IIT)	13% (n=3)	29% (n=7)	58% (n=14)
Perspectives			
I feel that the physiological, emotional, and behavioral effects of psychological trauma can have a significant impact on rehabilitation outcomes.	4% (n=1)	0% (n=0)	96% (n=23)
The current guidelines for trauma-informed care adequately consider and represent the needs of clients with illness-induced trauma.	38% (n=9)	54% (n=13)	8% (n=2)
I am interested in learning more about illness-induced trauma and how to provide trauma-informed care	0% (n=0)	0% (n=0)	100% (n=24)
Incorporation to Practice			
I feel confident in identifying signs of post-traumatic stress disorder or psychological trauma in my patients.	29% (n=7)	21% (n=5)	50% (n=12)
I practice trauma-informed therapy or rehabilitation.	33% (n=8)	29% (n=7)	38% (n=9)
I consider the effects of illness-induced trauma when working with clients.	21% (n=5)	38% (n=9)	42% (n=10)

Quantitative Data

Demographics				TIC principles used					
Name	Experience in field	Practice setting worked at time of interview	TIC Trained	Collaboration and mutuality	Cultural, historical, and gender issues	Empowerment, voice, choice	Peer support and mutuality	Safety	Trustworthiness and transparency
Rachel	6-10 years	Inpatient	No	X		X		X	X
Candice	0-5 years	Inpatient	No	X	X	X	X	X	X
Lilly	6-10 years	Trauma Acute Care	Yes	X		X	X	X	X
Linda	31+ years	Trauma Acute Care	No	X	X	X	X	X	X
Marilyn	11-15 years	Inpatient	Yes	X		X	X	X	X
Macie	6-10 years	Outpatient	Yes	X		X	X	X	X
Miranda	11-15 years	Outpatient	Yes	X	X	X	X	X	X
Sarah	26-30	Acute Care	No	X		X		X	X
Sam	31+ years	Outpatient	No	X		X		X	X
Lydia	6-10 years	Outpatient	No	X				X	X

Qualitative Data: Codes, Categories, Subthemes, Themes



Discussion

Discussion

Current Research

Support for general OT skills such as building rapport, client-centered support, and advocacy
(schell & Gillen, 2018)

DSM-5 diagnostic criteria for PTSD not including IIT
(American Psychiatric Association, 2013)

Need to increase TIC, IIT education, training, shared language, and incorporation of the six TIC principles
(Holeman et al., 2022; Menschner & Maul, 2016)

Recent research emphasizing importance of social and cultural factors and cultural humility
(Agner 2020; Gerlach et al., 2018)

Quantitative Results

Majority of OTs did not receive formal TIC training and not considering impacts on IIT

Majority of OTs disagreed when asked if current guidelines for TIC represent needs of clients with IIT

Majority of OTs agree that trauma has significant impacts on rehabilitation progress, all OTs interested in learning about IIT

Majority of OTs did not receive formal TIC training and not considering impacts on IIT

Qualitative Results

Majority of OTs did not receive formal TIC training, but all used TIC principles in practice

Theme of barriers within healthcare system

Majority of OTs agree that trauma has significant impacts on rehabilitation progress, Theme of variety of OT Approaches, Table 4

Cultural, gender, historical least discussed TIC principle (n=3)

Mixed Findings

Similarities in general OT skills and TIC principles, but OTs might not be aware

Difficulty with identifying and addressing PTSD/trauma symptoms with IIT

OT's potential to support client's healing from IIT

Need to incorporate diversity, equity and inclusion into TIC and addressing IIT

Conclusion

- Findings suggest that OTs use a variety of approaches to address IIT, trauma could be negatively affecting rehabilitation progress, and barriers could be limiting TIC
- OTs have a unique perspective with addressing trauma and its relation to rehabilitation progress
- OTs ability to approach IIT with TIC could impact a client's perceived support system and ability to process and heal after a traumatic medical event

Implications to OT Practice

- Implications for OT practice:
- Variety of approaches OTs use while addressing IIT in practice
 - Approaches are dependent on a variety of factors such as therapist interest, practice setting, personal factors, and healthcare facility standards
 - Importance of incorporating TIC practice with all clients
 - Need of TIC education and training in OT practice

Occupational Therapists' Perspectives and Role With Illness-Induced Trauma From Medical Conditions

Questions?

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