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Spring 2024

#### Understanding the Impact of Trauma-Informed Interventions on Child and Family Mental Health, Dynamic, and Engagement in Occupations

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Kynard, Jaela, "Understanding the Impact of Trauma-Informed Interventions on Child and Family Mental Health, Dynamic, and Engagement in Occupations" (2024). *Occupational Therapy Doctoral Student Capstone Posters*. 60.

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## Background & Methods

- Trauma affects individuals of all ages and backgrounds, leading to lifelong health complications especially when it happens in childhood
- Children with developmental disabilities are more likely to experience trauma
- OTs play a crucial role in addressing trauma's effects on children's and families' mental well-being and engagement in occupations
- Limited literature outlines comprehensive trauma-informed approaches including preventative methods and intervention strategies for OTs
- Capstone project conducted at the Cuyahoga County Board of Developmental Disabilities (CCBDD) with the intensive support teams
- Assessed effectiveness of the Neurosequential Model of Therapeutics (NMT) and trauma-informed intervention methods used by their intensive support teams

#### **Methods:**

Participated in numerous house visits and team meetings each week to understand intensive support trauma teams' structure and roles

Engaged in other OT-related volunteer opportunities in the Cleveland community with CCBDD

Evaluated the effectiveness of the NMT assessment through unstructured interview and observation used by trained professionals at CCBDD

Completed professional development, including NMT introduction training, reading required NMT books and taking CCBDD trafficking training course

Identified gaps in trauma-informed service delivery and advocated for family education on trauma

Developed and distributed NMT-focused surveys to assess team and staff needs

Created an annotated bibliography and resource guides for trauma-informed methods in homes

## **Brief Biography**

My name is Jaela, and I am an occupational therapy doctoral student at Cleveland State University. I have clinical OT training in outpatient care for older adults with dementia, inpatient stroke rehab, aquatic therapy for children, and OT in the school setting. As a future OT, I see a huge need for trauma-informed OT services for marginalized kids in the Cleveland community. I am passionate about working with at-risk and underrepresented children in various settings to promote engagement and success in their daily environment. Check out the poster recording on my professional website using the QR code below.



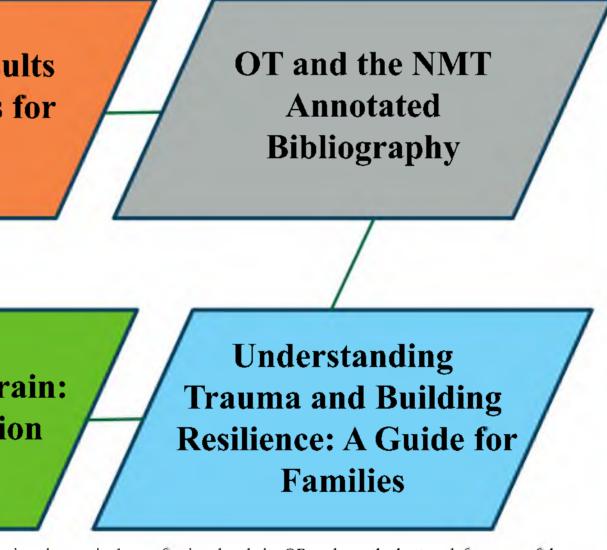


## Understanding the Impact of Trauma-Informed Interventions on Child and Family Mental Health, Dynamic, and Engagement in Occupations Jaela Kynard, S/OT; Alisa Jones, M. Ed.; Jenn Soros, PhD, OTR/L

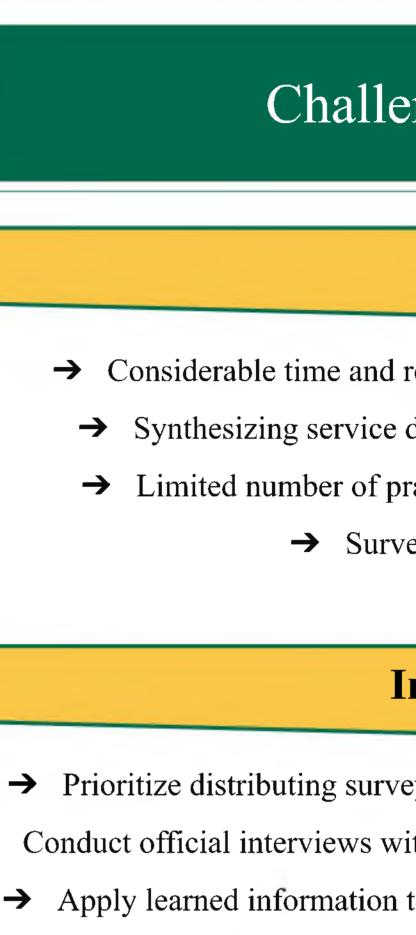
#### Capstone Activities & Accomplishments

#### **Main Activities and Accomplishments:** • Active observation of trauma-informed practice and engagement in play-based interaction with children and families during house visits each week • Engagement in the scoring and interpretation of four NMT metrics with trained CCBDD staff • Involvement in 16+ hours of Trauma Responsive Care Training with Mary Vicario • Completed the Introduction to NMT Case-based Teaching Process Certification Course to better inform capstone project and the professionals on the trauma teams • Conducted extensive research in current literature to find best NMT intervention methods with children and determined implications for OT practice for the intensive support teams • Submitted proposal with site mentor to the 11th Annual Trauma-Informed Care Summit • Observed OTs working with children with developmental disabilities at the Achievement Centers and United Cerebral Palsy of Greater Cleveland • Certification in CCBDD Human Sexuality, Trafficking, & Trauma training • Shared community resources with trauma teams when applicable for certain families • Volunteered with CCBDD to provide a sensory van experience and sensory information to the public at the Great Lakes Science Center eclipse event **Deliverables:** Using qualitative survey data, observation, and personal research results, the following comprehensive resource guides were developed to educate on OT services, trauma-responsive methods, and evidence-based recommendations for service delivery to support the interdisciplinary trauma teams and families during home visits. Non-standardized **Staff Survey Results Trauma Screening** and Implications for Tool: Practice **Family Survey Trauma-Informed Trauma and the Brain:** Care: **Family Information Staff Pocket Guides** Handout for Home Visits The completed annotated bibliography is available via the QR code on the table and the resource guides are available in print or via the professional website QR code on the bottom left corner of the Synthesis Despite the increase in number of traumatized children and families the CCBDD serves, there is still a need for more trauma trained professionals on the intensive support teams. The teams are just beginning to obtain certification with the NMT assessment tool and other trauma responsive trainings. It needed to be determined how effective the NMT trainings were at this stage of implementation. Implications for the use of this framework for OTs needed to be outlined as well. Much information was found through this capstone experience to inform practice for OTs on the trauma teams. Implement predictable, non-threatening, & patterned activities using sensory integration framework & play-based methods

Use NMT framework & brain map to reframe challenging behaviors across environments & understand how trauma impacts the child's development



Create a supportive & predictable therapeutic relationship using positive social experiences during interventions



#### **Future Capstone Project Recommendations:**

→ Complete a comparative analysis between NMT and OT assessment tools for knowledge generalization → Compare CANS assessment scores and NMT results to further prove efficacy of the NMT → Analyze data after increased implementation of NMT strategies and thorough documentation of results over a six-month period



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I deeply appreciate the guidance and support provided by the clinical professionals on the Intensive Support Teams at Cuyahoga County Board of Developmental Disabilities. Your assistance and resources have been vital for the success of my project. Thank you for your invaluable contribution to my capstone experience.

#### Challenges & Recommendations

#### **Challenges:**

→ Considerable time and research required to comprehend the NMT model and process → Synthesizing service delivery recommendations across four unique trauma teams → Limited number of practitioners trained in NMT due to time and cost constraints  $\rightarrow$  Survey distribution methods and data collection

#### **Improvement Reflections:**

→ Prioritize distributing surveys earlier to better understand the needs of the team and families → Conduct official interviews with the professionals on the intensive support teams for better insight → Apply learned information to other CCBDD pilot programs and residential placement homes

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## Acknowledgements