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The Role of Occupational Therapy in the Treatment of Posttraumatic Stress Disorder

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Mitigating Potential Bias

- The information presented in this program is based on recent information that is explicitly “evidence-based”.
- This Program and its material is peer reviewed and all the recommendations involving clinical medicine are based on evidence that is accepted within the profession; and all scientific research referred to, reported, or used in this CE/CPD activity in support or justification of patient care recommendations conforms to the generally accepted standards

Learning Objectives

By the end of this session, participants will be able to:

1. Describe occupational therapy (OT) practice with public safety personnel (PSP) who have PTSD
2. Explain how occupational therapists and other healthcare practitioners can collaboratively support PSP to return to work (RTW)

Occupational Therapy and Mental Health

Since its inception, occupational therapy's distinct value in supporting mental health has been its use of activity and meaningful occupation as a therapeutic medium

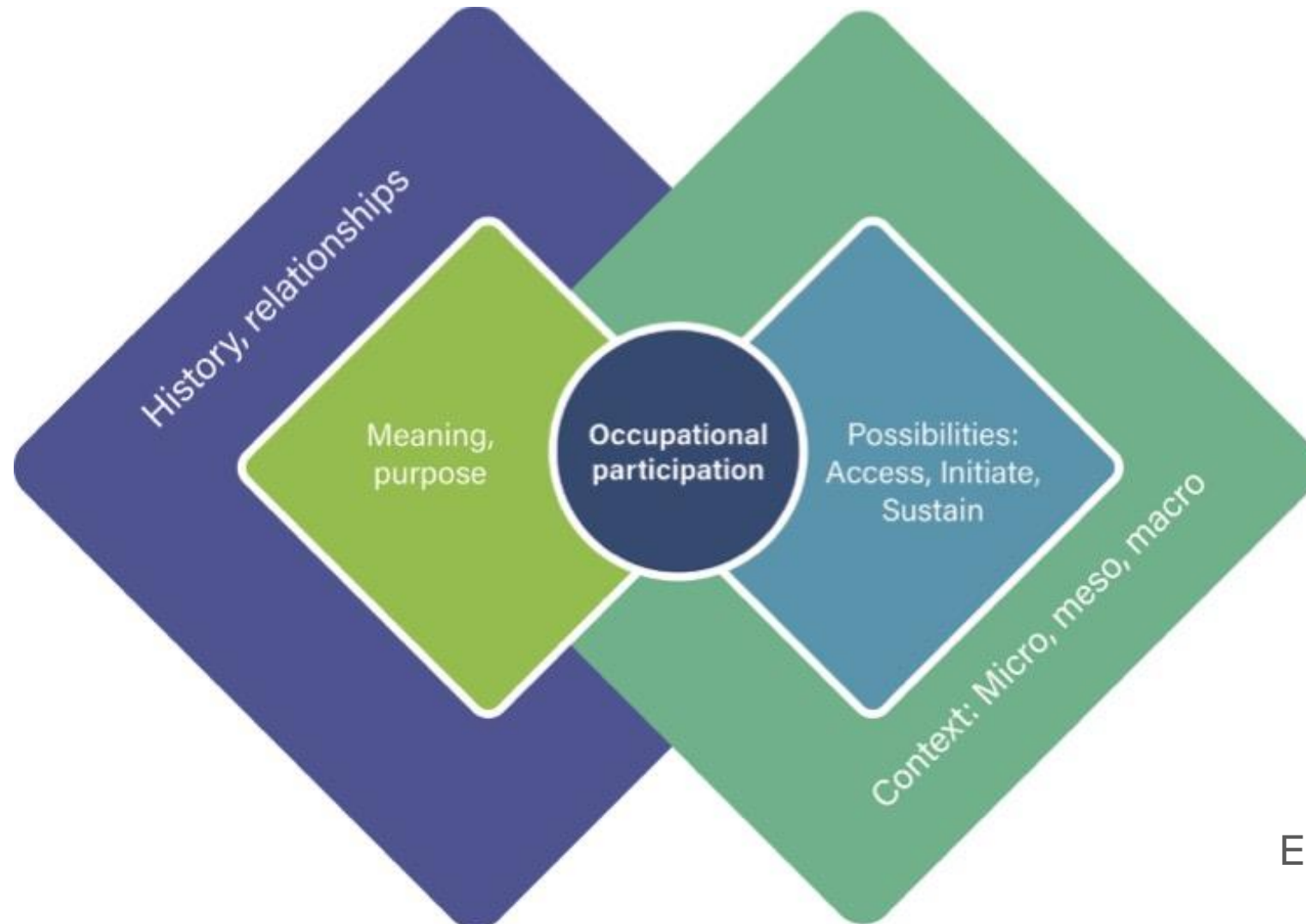
Using a functional lens distinguishes occupational therapists from other healthcare practitioners who use a biomedical or psychological model of treatment

Occupational therapists' use of an occupational lens can offer a unique focus that can complement the work of other healthcare practitioners and promote client success in RTW

While many other healthcare practitioners provide services in controlled clinical settings, occupational therapists can work in environments such as the client's home, place of work, or community

This vital contribution is also highlighted in The Canadian Model of Occupational Participation (CanMOP) which explicitly states that occupational participation is the profession's primary concern

Canadian Model of Occupational Participation (CanMOP)



OT Interventions in Mental Health

Literature review of evidence for OT mental health interventions:

1. employment/education;
2. psychoeducation;
3. creative occupations/activity;
4. time use/occupational balance;
5. skills/habit development;
6. group/family approaches; and
7. animal-assisted therapy.

Kirsh et al., 2019



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Objective 1

Describe Occupational Therapy practice with PSP who have PTSD

OT & PTSD Scoping Review (2019)

Overall findings from 50 articles in the review:

- A variety of clinical populations have traumatic experiences
- Occupational therapists are utilizing unique assessments and interventions within multidisciplinary teams
- Focus on evaluating and enhancing occupational performance
- Focus on daily activities: sleep, driving, work
- Engaging in meaningful activities
- Exploring narratives and moving forward with new purpose

BUT, no occupation-centred trauma intervention guidelines were found

Occupational Therapy Trauma Intervention Framework (OTTIF)



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Approached by the Canadian Association of Occupational Therapists (CAOT) in 2015 to augment professional development for OTs working with clients who have experienced trauma



Extensive literature searching for best practices



Lack of existing practice framework



Spurred development of the framework to organize thinking



Evolved through OT workshop sessions (2016-2019)



Edgelow, M., & Cramm, H. (2020). Developing an occupation-centred framework for trauma intervention. *Occupational Therapy in Mental Health*, 36(3), 270-290.

Occupational Therapy Trauma Intervention Framework (Edgelow & Cramm, 2020)

Readiness Ruler Score	FACILITATE (0-3)	ACTIVATE (4-7)	ENGAGE (8-10)
General Approaches	Building rapport and trust Creating safety	Experimentation Possibility Framing goals	Resilience & Post-traumatic growth Occupationally engaged life Transitions from formal services
OT Enablement Skills	Collaborate Consult Advocate (for services)	Educate Coordinate Design/Build	Coach Engage Advocate (for opportunity)
Assessment	Measure Baselines: Bottom up (PHQ-9, HAM-D, Kessler, etc.) Top down (COPM, GAS, time diaries, OQ)	Interest Checklist Role Inventory EMAS AOI worksheets (informal assessment/planning)	Outcomes -COPM -AOI activity measure -GAS -Time diaries
Treatment	Setting the stage Peer support (AA, OSISS, survivor groups)	Psychoeducation Action over Inertia Routines/structure Graded activity engagement Natural supports (family, friends, community)	Making new meaning Solidifying identity and roles Return to work/productivity Maintenance
Self-Regulation	Shift from self-medication (occupational substitutions begin) Exploring basics (breathing, relaxation, neurofeedback) Practice in safe spaces	Coping skill development and practice (mindfulness, meditation, yoga) Building insight and resilience (body awareness, emotional awareness, coping skills)	Well-developed repertoire of self-regulation strategies, used in daily life

PSP RTW Experiences (2023)

- **Study Purpose**

- To explore the return to work experiences of Ontario PSP who have a work-related psychological injury

- **Method**

- Mixed methods descriptive study
- Web-based self-report survey for Ontario PSP
- November 2021 - May 2022
- 145 respondents met inclusion criteria

PSP RTW Experiences (2023): OT-Related Comments



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- OTs appeared to have more home and community-based contact with participants than other healthcare practitioners during the COVID-19 pandemic, with respondents noting the value of treatment that took place in person was linked to coping skills and tangible return to work aspects.
- One PSP participant noted “*they helped me manage my coping skills and setting me up for a successful return to work*”. Another wrote about the importance of “*getting back out into the community, addressing triggers and how to manage.*”
- Another shared the value of an applied therapeutic approach, with their occupational therapist “*helping me be able to be back in public, around groups of people, working on fear of being in a car, and being able to handle situations with noise that may be unpredictable.*”

OT & PSP: RTW Practice (2024)

- **Study Purpose**

- To explore the therapeutic practices and personal experiences of Ontario occupational therapists working with PSP who have work-related psychological injuries

- **Method**

- Mixed methods descriptive study
- Web-based self-report survey for Ontario occupational therapists providing RTW services to PSP
- November 2021 - May 2022
- 49 respondents met inclusion criteria

Occupational Therapy Assessment Approaches

Occupational Therapy Assessment Approaches

Assessment	Frequency of use by OTs
	Survey n=49
<i>Symptom Based Assessments</i>	
Beck Anxiety Inventory (BAI)	38.78%
Hospital Anxiety and Depression Scale (HADS)	42.86%
Patient Health Questionnaire (PHQ-9)	48.98%
PTSD Checklist (PCL-5/PCL-C)	77.55%
<i>Functional/Occupation Based Assessments</i>	
Canadian Occupational Performance Measure (COPM)	77.55%
Goal Attainment Scale (GAS)	24.49%
Job Demands Analysis	36.73%
Time Use Diary	28.57%
WHO Disability Assessment Schedule (WHODAS 2.0)	14.29%
<i>Other Assessments</i>	
Connor-Davidson Resilience Scale 25 (CD-Risc-25)	40.82%
Post Traumatic Growth Inventory (PTG-I)	51.02%
Readiness Ruler (RR)	28.57%

Occupational Therapy Treatment Approaches

Occupational Therapy Treatment Approaches

Treatment Type	Frequency of use
	Survey n=49
<i>Occupation Based Treatments</i>	
Cognitive Work Hardening	46.94%
Connection to Community Resources	59.18%
Education/Psychoeducation	87.76%
Graded Work Exposure	73.46%
Return to Work Planning	2.04%
<i>Coping Oriented Treatments</i>	
Meditation	77.55%
Relaxation	85.71%
Self-regulation Strategies	57.17%

Nature of OT Services: Flexible, Community-Oriented

“OTs’ services are far more functional in nature; this is largely due to the service delivery model (ie: OTs can attend locations throughout the community, employer, etc. to service client needs).”

“We have the benefit of supporting the client from this lens as well as being in-vivo in the appropriate environments/contexts such as the workplace.”

“We provide direct, real-time support in the community assisting them to return to activities they need to do like going grocery shopping and to the pharmacy, leisure activities they want to do because it brings them joy, and activities they feel expected to do like work on household management or return to work.”



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Objective 2

Explain how occupational therapists and other healthcare practitioners can collaboratively support PSP to RTW

Barriers & Facilitators to RTW



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Table 6

Barriers and Facilitators to Return to Work (Survey Findings)

Factor	Frequency n=49		
	Facilitator	Barrier	Both
Availability of service	8.16%	6.12%	18.37%
Communication among members involved in the individual's care	12.24%	8.16%	28.57%
Confidentiality	14.29%	2.04%	8.16%
Elimination of stigma	16.33%	6.12%	6.12%
Environment/setting of treatment	22.45%	6.12%	18.37%
Experience with other healthcare providers	12.24%	0%	34.69%
Expertise of healthcare providers	14.29%	0%	24.49%
Expertise of WSIB case manager	14.29%	8.16%	22.45%
Family responsibilities	0%	8.16%	14.29%
General knowledge about services	14.29%	30.61%	8.16%
Other	0%	2.04%	0%
Policies	0%	8.16%	6.12%
Socioeconomic status	0%	12.24%	12.24%
Stigma	0%	36.73%	2.04%
Support from leadership/employer	12.24%	16.33%	18.37%
Support from peers/family members	18.37%	2.04%	22.45%
System navigation	4.08%	30.61%	8.16%
Timing/scheduling	6.12%	16.33%	8.16%
Transportation	2.04%	4.08%	14.29%
Treatment outcomes/results	18.37%	2.04%	8.16%

Interprofessional Collaborators

Interprofessional Collaborators (Survey Findings)

Professional	Frequency (n=49)
Employer	44.90%
General Practitioner (Physician)	22.45%
Nurse Practitioner	8.16%
Other	12.24%
Physiotherapist	18.37%
Psychiatrist	30.61%
Psychologist	73.47%
Social worker	12.24%
WSIB Case Manager	65.31%

Interprofessional Collaboration

Positive effects of interprofessional collaboration in healthcare

- Improved working relations, faster decision making, improved chain of care, experiences of an integrated practice, improved patient safety

3 distinct ways collaboration happens

1. Bridging professional, social, physical and task-related gaps
Professional perspectives, social, communication, task division
2. Negotiating overlaps in roles and tasks
Work roles and responsibilities, individual care processes
3. Creating spaces to be able to do so
(Re)creating the organizational arrangements for collaboration

PSP, Healthcare Practitioners & RTW

- RTW interventions are frequently provided by multiple healthcare practitioners, often including occupational therapists
- Approaches should combine clinical interventions for the person with workplace modifications and accommodations for their work and the work environment
 - Occupational therapy can offer a unique focus on return to daily life and support in client's natural environments
- PSP want to receive services from healthcare practitioners who understand the nature of their work and the reality of their workplaces

Take Home Messages

1. Occupational therapists can work with PSP in home, community, and work settings.
2. Occupational therapy's practical and applied approach is valued by PSP.
3. Interprofessional collaboration is important in the RTW journey.

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Questions?

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