

Domestic Violence and its Impact on Health: The Role of Occupational Therapy

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Learning Objectives

1. Describe common physical and psychosocial health conditions of survivors and its impact on client factors and performance skills
2. Discuss the role of OT in working with persons who have been through DV in alignment with the OTPF.
3. Describe lifestyle interventions and supporting evidence for survivors of dv to increase occupational participation and wellness for role fulfillment



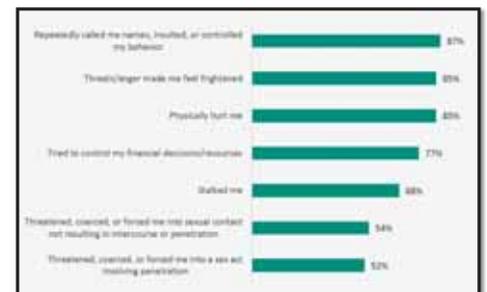
What is domestic violence?

- Intimate partner violence
 - Abuse or aggression that happens between people in an intimate relationship
 - Between spouses, individuals in dating relationships, and former partners or spouses (CDC, 2019).
- “A pattern of behavior used to establish power and control over another person through fear and intimidation, often including the threat or use of violence” (NCAD, nd)



Forms of Abuse & Aggression

- Physical
- Sexual
- Psychological
- Stalking
- Financial
- Isolation



CDC 2019

Domestic Violence: The impact

- Over 43 million women and 38 million men experienced psychological aggression by a partner in their lifetime (CDC, 2019)
- “On average, nearly 20 people per minute are physically abused by an intimate partner in US” (Black et al, 2011)
- 1 in 4 women and 1 in 10 men have experienced IPV in their lifetime (CDC, 2019)
- 72% of all murder-suicides (Violence Policy Center, 2012)
- Accounts for 15% of all violence crimes (Truman & Morgan, 2015)



The impact

- Debate that Domestic violence is a leading contributor of preventable injury to women between the ages of 15-44.
- In most domestic violence cases, the crimes are committed by men (CDC, 2019)
- 40.4% of lesbians reported violence by their female partner and 25.2% of gay men reported being victimized by a male partner. (Brown & Herman, 2015)
- From 2006–2009, there were 112,664 visits made to United States EDs with an e-code for battering by a partner or spouse. Most patients were female (93 %) with a mean age of 35 years (Davidov, Larrabee & Davis, 2015. Jrl of Emerg Med).

 **NCEDSV** Statewide Data Collection Project
REPORTING PERIOD: Calendar Year 2018

TOTAL NUMBER OF VICTIM CONTACTS	44,673
Number of First Time Contacts:	44,673
Number of Repeat Contacts:	4,901
Follow Up Contacts:	
TOTAL NUMBER OF ADULT & CHILD VICTIMS:	44,673

44,673



SPECIAL POPULATION	
LGBTQ	312
Deaf/Hard of Hearing	68
Immigrant/Asylum	1038
Homeless	715
Veteran	100
Cognitive/Physical/Mental Disabilities	1316
Limited English Proficiency	256
TOTAL	3805
<small>(does not have to equal total victims)</small>	
Pregnant	674

The Nevada Coalition to End Domestic and Sexual Violence is a statewide voice advocating for the prevention and elimination of violence by partnering with communities.

California

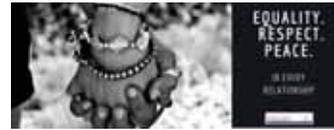
- ~40% of California women experience physical IPV in their lifetimes
- Women 18-24 years, 11% more likely to be victims of IPV in the past year than women in other age groups.
- Statistically significant higher rates of IPV among women who had been pregnant in the last 5 years (12%).
- 75% of victims had children under the age of 18
- 113 DV fatalities in 2008. These accounted for 5% of all homicides in the State.



Arizona

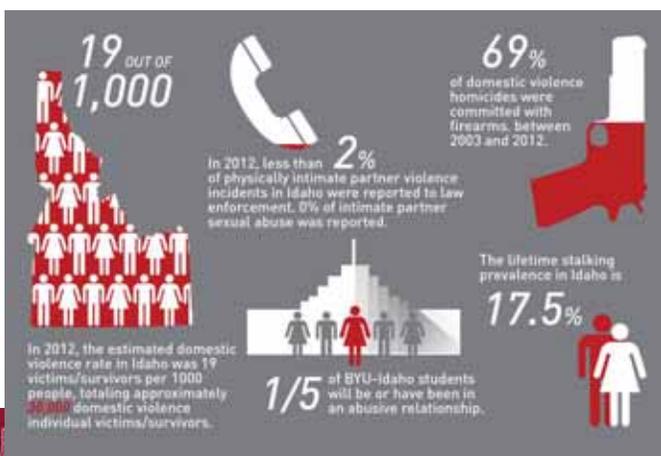
- Every 44 minutes in Arizona, one or more children witness domestic violence
<http://www.azdhs.gov/prevention/womens-childrens-health/womens-health/index.php#domestic-violence-home>
- In the rural areas of Arizona, victims of domestic violence may not have access to services due to isolation and long distances between available domestic violence safe homes or shelters
- At least 109 fatalities due to domestic violence in Arizona during 2014.

Hawaii

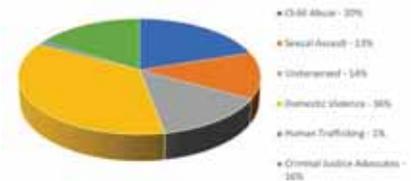


- Asian and Pacific Islander communities experience DV at much higher rates than the general population.
- 40% - 61% of Asian women report experiencing DV, as compared to 20% for White, African-American and Latino communities.
- In a single day in Hawaii, DV programs serve 505 victims
- 41% of Hawaii DV programs reported being underfunded, understaffed, or both
- 1 in 7 women in Hawaii has been raped in her lifetime

Idaho



New Mexico



Why Is This Important?

According to the Survey of Violence Victimization by the U.S. Department of Justice, Bureau of the Census, and the U.S. Department of Health and Human Services, 1 in 3 adult females (32%) will be victims of domestic violence in their lifetime. One-third of domestic violence cases reported to law enforcement resulted in injury to the victim; and 18% of the total homicides in New Mexico were related to domestic violence.

How Do We Compare With the U.S.?

Domestic violence rates are higher in New Mexico than in the U.S.

Utah

Statistics

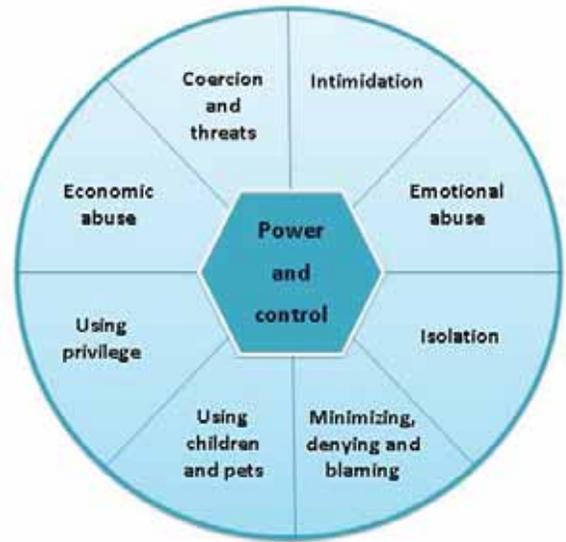
Every year approximately 80 Utah children witness the murder or attempted murder of their mother.

Since 2000, at least 42% of adult homicides in Utah were domestic violence related.

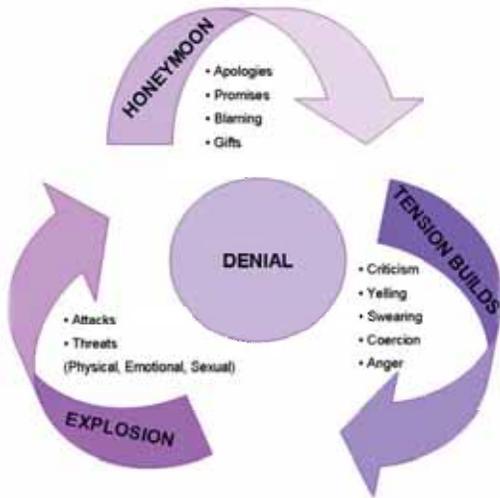
Between 2010 and 2013:

- 88% of domestic violence homicide perpetrators were male
- A firearm was the weapon in 59% of the cases
- 39% of perpetrators had a criminal domestic violence history
- 22% of these murderers were previously ordered to "treatment" by the court
- In 22% of the cases, children were either involved or witnessed the homicide.
- 34% of the perpetrators died by suicide after the homicide

Lastly, between 2010 and 2013, there was an active protective order in only 2% of the domestic violence homicides perpetrated.



Cycle of Violence



It's a pattern that infiltrates all aspects of their life



AREAS OF OCCUPATION
 Activities of Daily Living
 Instrumental Activities of Daily Living (IADL)
 Rest and Sleep
 Education
 Work
 Play
 Leisure
 Social Participation
 *Also referred to as daily living (BADL) or activities of daily living (ADL)

ACTIVITY DEMANDS
 Objects Used and Their Properties
 Space Demands
 Social Demands
 Sequencing and Timing
 Required Actions
 Required Body Functions
 Required Body Structures



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Effects of domestic violence

Overcoming the effects of the violence itself, is often the most difficult part of recovery

(Carpiano, 2002)

- » Limited social relationships
- » Decreased self-esteem
- » Loss of financial resources
- » Limited financial and familial resources
- » Patterns and routines
- » Impacted work performance and social/leisure participation

Inner resources are critical in dealing with life stressors
(Davis, 2002)



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Javaherian, Krabacher, Andriacchio & German (2007), Mitchell & Hudson, 1986, Campbell & Soeken, 1999

PHYSICAL EFFECTS

With psychosocial impacts woven through each



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DV and the Health Care System



- » Decrease in overall health status
- » Increased use of health services as compared to women who were not abused (APA, 2020; Bonomi, Anderson, Rivara & Thompson, 2009; Hoelle et al, 2015; Tower, Rowe, & Wallis, 2012)
- » DV health care costs: 8.3 billion per year (Bonomi et al, 2009; CDC, 2003)

Black, 2011; Breiding, Black, & Ryan, 2008; Campbell et al., 2002; Fisher & Shelton, 2006; Tower, Rowe, & Wallis, 2012



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Think of the physical abuse and impact...what is the psychosocial impact?

- Bites
- Burns
- Open wounds
- Fractures
- TBIs
- Higher STDs

Computer:

PollEv.com/heatherjavah
152

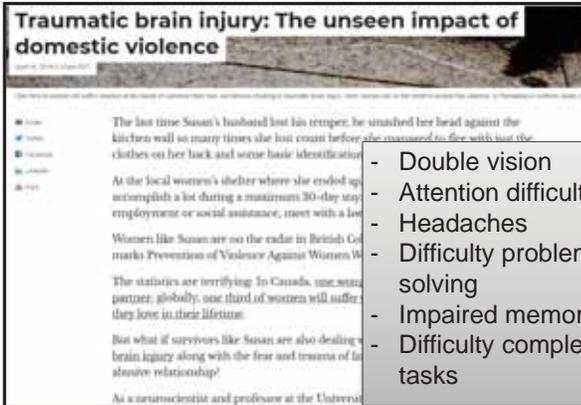
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Brain Injury and IPV



- Double vision
- Attention difficulties
- Headaches
- Difficulty problem-solving
- Impaired memory
- Difficulty completing tasks

Reproductive Issues of Survivors of DV

- Gynecological disorders
- Pelvic inflammatory disease
- Sexual dysfunction
- STD, including HIV/AIDS
- Delayed prenatal care
- Prenatal delivery
- Low birth weight
- Perinatal deaths
- Unintended pregnancy



(CDC, 2013)

Common Physical Health Conditions of Survivors of DV

- Asthma
- Cardiovascular, CNS, endocrine, & immune system dysfunction
- Chronic pain syndromes
- Cold and flu
- Diabetes (Increase likelihood as found in ACE studies)
- Gastrointestinal disorders, IBS
- Headaches
- Hypertension
- Insomnia
- Pain



(Black, 2011; Campbell et al., 2002; Crofford, 2007; Fisher & Shelton, 2006 ; National Coalition Against Domestic Violence, 2007; Leserman and Drossman, 2007)

LET'S LOOK AT A STUDY WE DID

19 female survivors of DV

The **average age** of the participants was **35.3** years old

These women had an **average of 2.8 children**

42.1% of the women were **single**

21% of the women were **divorced** or **separated**

Highest degree attained by most women was **high school**

84% were **unemployed** & on **government aid**



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Javaherian et al, 2015

Biometrics

- Mean systolic blood pressure was 133.0 (± 23.7)
- Mean diastolic blood pressure was 88.2 (± 22.7)
- Stage I Hypertension

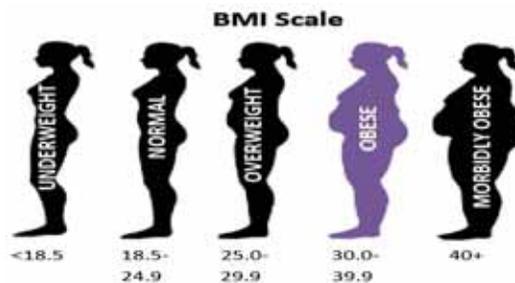


Table 1: Biometric Data (N=17)

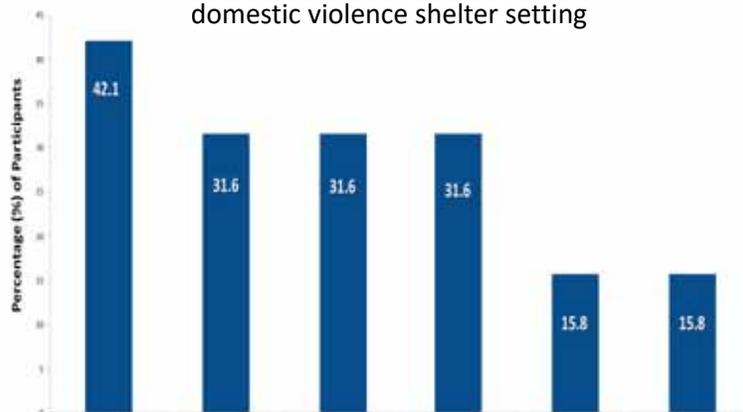
Variable	n(%)	Normal Range
Blood Pressure:		
High Blood Pressure	21 (4)	> 140
Pre High Blood Pressure	20 (5)	121 - 140
Normal Blood Pressure	13 (8)	120 - 90
BMI:		
Normal	8 (3)	18.5 - 25
Overweight	14 (6)	25 - 30
Obese	18 (7)	30+
Fasting Glucose:		
Normal	8 (3)	< 100
Pre-diabetes	17 (8)	100 - 125
Diabetes	21 (3)	> 126
HELP:		
Health Concerns	33 (6)	0 - 8
Borderline	30 (5)	9
Normal health	33 (8)	9 - 15



Figure 2: SF-36 Mean Domain Scores. Scores range from 0 - 100. Higher scores indicate decreased perceived level of functioning.

A. Physical Functioning B. Role - Physical C. Bodily Pain D. General Health E. Vitality F. Social Functioning G. Role Emotional H. Mental Health

Common Conditions and Health Problems (N=19), domestic violence shelter setting



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Javaherian et al, 2015

Modified Health Enhancement Lifestyle Profile (HELP) (Hwang, 2010)

7 scales:

- » Exercise
- » Diet
- » Productive and social activities
- » Leisure
- » Activities of daily living
- » Stress management
- » Spiritual participation
- » Other health promotions and risk behaviors

Table 1. Modified Health Enhancement Lifestyle Profile Subscale Scores* (N = 19)

Scale	M	SD	Subtotal Raw Score Range
Exercise	7.4	4.4	0-35
Diet	42.2	4.7	0-70
Productive & Social Activities	6.4	3.6	0-30
Leisure	13.9	7.3	0-35
Daily Activities	25.0	5.5	0-40
Stress Management & Spiritual Participation	12.9	7.3	0-35
Life & Self-Satisfaction	15.9	8.2	0-40
Other Health Promotion & Risk Behaviors	15.8	6.7	0-40
Overall Exercise	2.4	1.9	0-5

*Higher scores indicate a more favorable level of lifestyle

PSYCHOSOCIAL EFFECTS

Psychosocial Conditions

- Approximately 20% of victims will have a diagnosis of a psychiatric disorder:
 - Depression
 - Anxiety disorder
 - Post-traumatic stress disorder
 - Suicidal behavior
 - Substance abuse (2x as likely)



Common Psychological Effects of Survivors of DV



- » Antisocial behavior, emotional detachment
- » Suicidal behavior
- » Low self-esteem
- » Lack of trust/fear intimacy
- » Flashbacks
- » Sleep disturbances
- » Co-dependency
- » Feelings of being overwhelmed

(CDC, 2019; Helfrich, Fujiura & Rutkowski-Kmitta, 2008)

Table 2. Mental Health Inventory Subscale Scores* (N = 19)

Scale	M	SD	Subtotal Raw Score Range
Anxiety*	31.7	9.6	9-54
Depression*	13.4	4.7	4-23
Loss of Behavioral & Emotional Control*	26.1	7.9	9-53
General Positive Affect**	31.6	8.7	10-60
Emotional Ties**	6.3	3.0	2-12
Life Satisfaction**	2.9	1.5	1-6

*Higher scores indicate negative states of mental health

**Higher scores indicate positive states of mental health



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Javaherian et al, 2015

IMPACT ON HEALTH BEHAVIORS

Impact on Health Behaviors

- High-risk sexual behavior
 - Unprotected Sex
 - Low condom usage
 - Early sexual initiation
 - Choosing unhealthy sex partners
 - Multiple sex partners
 - Solicited Sex



(CDC, 2019, Huang, Yang, and Omaye, 2011)



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Impact on Health Behaviors

- Use of harmful substances
 - ~ Smoking cigarettes
 - ~ Drinking alcohol
 - ~ Intoxicated driving
 - ~ Illicit drug usage
- Increased likelihood of poor diet-related behaviors
 - ~ Undereating
 - ~ Abusing diet pills
 - ~ Overeating
 - ~ Limited repertoire of healthy food



(CDC, 2013, Huang, Yang, and Omaye, 2011)



“I think...you’[re] just eating, eating, eating, constantly, because of the depression...or, there are some days I won’t eat at all.”

-Sandra



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IMPACT ON OCCUPATIONAL PARTICIPATION & PERFORMANCE

How might limitations in these areas affect their ability to find independent housing, parent, maintain a job, manage their health?



- » Higher Level Mental Functioning
 - ~Decision making
 - ~Judgment
 - ~Problem solving
 - ~Following directions



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(Carlson, 1997; D'Ardenne & Balakrishna, 2001; Gorde, Helfrich, & Finlayson, 2004; Helfrich & Rivera, 2006; Javaherian, Krabacher, Andriacco, & German, 2007; Levendosky & Graham-Bermann, 2001; Monahan & O'Leary, 1999)

Health and Lifestyle Behaviors Impact on Occupational Performance

- Task initiation
- Self confidence
- Coping skills
- Stress management



(Carlson, 1997; D'Ardenne & Balakrishna, 2001; Gorde, Helfrich, & Finlayson, 2004; Helfrich & Rivera, 2006; Javaherian, Krabacher, Andriacco, & German, 2007; Levendosky & Graham-Bermann, 2001; Monahan & O'Leary, 1999)

Impact on Occupational Participation & Performance

- Educational participation
- Home Management & Locating housing
- Leisure participation
- Money management
- Parenting
- Relationships
- Self-Care
- Seeking & obtaining employment



(Carlson, 1997; D'Ardenne & Balakrishna, 2001; Gorde, Helfrich, & Finlayson, 2004; Helfrich & Rivera, 2006; Javaherian, Krabacher, Andriacco, & German, 2007; Javaherian et al, 2015; Levendosky & Graham-Bermann, 2001; Monahan & O'Leary, 1999)

Parenting

I take them to the park...boring...but...it's not fair for them...just because we don't have money doesn't mean we can't have fun...so I'm really adamant about having them have fun so they don't realize...the situations that I'm in. -

Kate

- Limited resources
- The mother leisure activity
- Giving their children freedom to live
- Trying to ignore/hide the past



Barriers:

- » Stress
- » Taking on greater responsibilities
- » Single parenting
- » Exercise

“But just with the 7 y.o, we had like, a lot of incidences. They took him away from me for a week, the psychiatric hospital, he tried to commit suicide...and it's been, oh my god, really stressful, really everything.” -Nelly



Sleep

- PTSD
- Fear
- Lack of consistent routine
- Occupational imbalance
 - Sleeps too little - Racing mind, anxiety
 - Sleeps too much - depression



Leisure

- Occupational imbalance
 - Limited repertoire
- Focus is on accommodating the abuser and the children
- Unable to participate due to control of the abuser



Work

- Workplace violence
- Allowed to work?
- A story

Domestic Violence & the Workplace

Disrupted work histories often result in reduced personal incomes for those who experience domestic violence. *Can Work Be Safe When Home Isn't?*, the first pan-Canadian survey on domestic violence and the workplace found that, of those respondents who had experienced domestic violence:

<p>5% had lost a job due to it</p>	<p>Over a THIRD reported that the violence affected their ability to get to work</p>	<p>Over a HALF reported that the abuse continued at the workplace</p>	<p>The vast MAJORITY reported that domestic violence negatively affected their work performance.</p>
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Victims of domestic violence shouldn't have to choose between their job and personal safety. **HR 28 seeks to facilitate the continued employment** so many victims desperately want and need in order to escape the isolation and chaos of a violent home.

RCJP AT LAW

AOTA's Statement on Domestic Violence

Occupational Therapy Services for Individuals Who Have Experienced Domestic Violence (Statement)

Purpose

The purpose of this paper is to address the role of occupational therapy in the lives of individuals who have experienced domestic violence. The purpose is to provide information to occupational therapists regarding the needs of these individuals and to provide a framework for the development of occupational therapy services for these individuals.

Introduction to Domestic Violence

Domestic violence is a serious problem in the United States and around the world. It is a form of violence that occurs within the household and is often perpetrated by a family member or intimate partner. It is a form of violence that is often underreported and is a leading cause of injury and disability. The purpose of this statement is to provide information to occupational therapists regarding the needs of these individuals and to provide a framework for the development of occupational therapy services for these individuals.

Occupational Therapy Services for Individuals Who Have Experienced Domestic Violence

Occupational therapists play a critical role in the lives of individuals who have experienced domestic violence. They can help these individuals to regain their independence and to participate in meaningful activities. Occupational therapists can provide a variety of services, including assessment, intervention, and advocacy. They can help these individuals to identify their strengths and interests and to develop strategies for addressing their needs. They can also provide support and resources to these individuals and their families.

Where can we practice in domestic violence?

- Traditional settings
 - Hand therapy clinics, rehab centers, hospitals, out-patient clinics, pediatric clinics
 - Domestic violence shelters
 - Community settings
 - Emergency Department consults
- 
- Domestic violence support groups
 - Women, Men, Children
 - School systems – Teen dating violence

Domestic violence shelters

- Consultant
 - Program development
 - Education
 - Life skills
 - Vocational skills
 - Leisure
 - Balance
 - Coping
 - Provide direct intervention
 - Areas of Occupation
 - ADLs
 - IADLs
 - Work
 - Education
 - Social Participation
 - Leisure
 - Sleep
- 

What are 3 *general* approaches we can take with our clients?

1. Inquire about IPV and DV on the evaluation or screening tool

So you have how many children? Are you co parenting, single parenting?

We also ask each of our clients if they are in a safe relationship as intimate partner violence is a significant problem that impacts the family and their health. Are you in an abusive or unsafe relationship? Does your partner ever hit you, or hurt you?

GUIDING MODEL:

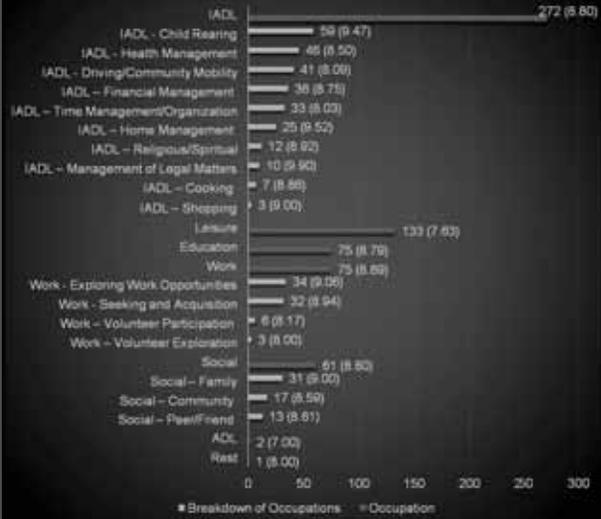
WHY IS IT IMPORTANT?

Table 2
Descriptive Statistics for Categorical Demographic Variables, N = 68

Variable	n	%
Welfare Status One	48	70.60
Welfare Two	20	29.40
Marital Status Single	18	14.70
Married	18	14.70
Co-Habiting	4	5.90
Divorced	7	10.30
Other	1	1.30
Missing	16	22.90
Education Level: Less than High School	11	16.20
High School Degree	7	10.30
GED	1	1.30
Some College	11	16.20
College Degree	2	2.90
Missing	16	22.90
Religiosity: Religious	27	39.70
Not Religious	3	4.40
Missing	16	22.90

Javaherian, H., Krpalek, D., Huecker, E., Hewitt, L. Brown, C., Cabrera, M., Francis, J., Rogers, K., & Server, S. (2016). Occupational needs and goals of survivors of domestic violence. Accepted by *Occupational Therapy in Health Care*. 30(2), 175-186.

Frequency of problem areas organized according to occupations in the OTPF



(Javaherian-Dyinger, Krpalek, Brown, Cabrera, Francis, Rogers, Server, Huecker, & Hewitt, 2016)

Table 3
Examples of Commonly Reported Goals, N = 66

Occupation	Goal
Education	Client will participate in English learning activities and will identify 2-3 alternative programs to learn English
IADL - Health	Client will chart current emotions, rates they are impacting, and positive coping strategies to address these barriers
IADL - Child Rearing	Client will identify and demonstrate 3 positive parenting skills
IADL - Home	Client will explore and identify 2-3 potential housing establishments and follow through with inquiries and application
Work - Seeking	Client will obtain and complete 2-3 job applications
Work - Exploring	Client will identify two jobs of interest within two weeks
Leisure	Client will obtain a journal and participate in a journaling activity daily for 1 week
Social - Family	Client will participate in two activities per week that will enhance the bond between mother and child
IADL - Financial	Client will identify finances and expenses and create a budget
IADL - Driving & Community Mobility	Client will identify 2-3 places of interest and plan bus routes to destinations
IADL - Time Management & Organization	Client will create and implement a weekly routine and utilize a calendar for appointments
IADL - Legal Matters	Client will obtain and file paper-check for a visa

Results

Table 1: Percentile Rank Scores of DAVC-3 (n=6)

Developmental Domain	Percentile Rank Median (n)	Percentile Rank Range (%)
Cognitive	23	<0.1 - 61
Communication	18	<0.1 - 56
Social-emotional	30	10 - 55
Physical development	37	1 - 87
Adaptive behavior	32	21 - 90

Table 2: Age Equivalents of Children from DAVC-3 (n=6)

Developmental Domain	Very Poor (0-25)	Poor (25-50)	Average (50-75)	Good (75-100)
Cognitive	8 mos	2 yrs, 7 mos	2 yrs, 9 mos	1 yr, 9 mos
Communication	4 mos	2 yrs, 8 mos	1 yr, 11 mos	2 yrs, 2 mos
Social-emotional	8 mos	2 yrs, 2 mos	4 yrs, 8 mos	2 yrs, 1 mos
Physical development	8 mos	1 yr, 4 mos	1 yr, 11 mos	1 yr, 8 mos
Adaptive behavior	7 mos	2 yrs, 8 mos	4 yrs, 8 mos	1 yr, 11 mos

Figure 2: Mother's Concerns Regarding Developmental Delays and Regression



INTERVENTIONS

Intervention approaches

» Cognitive behavioral therapy in 1:1 and groups (Echeburua, sarasua & Zubizarreta, 2014; Hofmann, Asnaani, Vonk, Sawyer, & Fang, 2012)

» Trauma informed care approach (DeBoard-Lucas, Wasserman, Groves, Bair-Merritt, 2013)

» Mindfulness-Based Stress Reduction (Dutton, et al, 2013)

Intervention areas

- Coping skills
- Healthy eating and wellness
- Leisure exploration
- Money management
- Parenting skills
- Self-esteem and self-sufficiency
- Sleep hygiene
- Social participation
- Vocational skills

Addressing cognition

OT Intervention designed to address the cognitive deficits that may impact a woman's inability to leave

- (a) safety planning
 - (b) drug awareness
 - (c) safe shelter
 - (d) assertive advocacy, counseling
 - (e) anger management
 - (f) stress management
 - (g) boundary establishment and limit setting
 - (h) vocational and educational skill training
- 81% achieved their most favorable outcome
- 19% achieved their expected outcome
- management application exploration medication routine, and nutrition.

Trauma Symptoms and Life Skill Needs

- Occupational Self Assessment
 - Priorities differed yet all wanted to be more independent
 - Mental health functioning and prioritization of needs differed based on level of involvement with the service delivery system.
- Staff members believe women lack skills in:
 - Money management, seeking and obtaining employment, locating permanent housing, independently completing self-care and home management activities, managing stress, and parenting.

Gorde, Helfrich, Finlayson, 2004

OT Life skills

- 4 weekly groups& 4 individual sessions
- Pretest-posttest design
- Paired t-tests showed significant changes ($t = -3.898$, $df = 12$, $p = .002$)

TABLE 2. Managing Your Finances-Domestic Violence Victims Intervention

Week	Group Sessions	Individual Sessions
1	Introduction to Financial Management How values influence money decisions Making money last	Saving money Cutting down on expenses Developing a monthly budget Earning money How I spend my money each week How much money I need each week
2	Money Management Ways to shop on a budget Advertising's impact on spending	Purchasing items on sale Knowing unit pricing Making payments Strategies for grocery shopping
3	Savings & Checking Accounts Long term savings goal Services provided by financial institutions Electronic banking Cashing checks & borrowing money Opening & maintaining a savings/ checking account	Maintaining a checking account Applying for a loan Getting a car loan Learning about savings accounts Writing checks Checking accounts Using an ATM Using money orders
4	Projecting a Budget Developing a realistic spending plan for a month Pros and cons of using credit Importance of developing and maintaining a sound credit history & credit rating	Strategies to pay bills on time & consequences of not paying on time Saving receipts to help manage your budget Income & expenses related to budget Developing a personal budget Differences between credit cards Handling a pay stub



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Helfrich et al, 2006

Life skills intervention and changes in trauma score

- Assessments
 - Impact of Event Scale – Re
- Life skills modules (6 groups sessions)
 - Modules - Food management, self-care management and
- People experiencing trauma skills intervention - overall, the

Being female, having a higher cognitive level, having no history of abuse and having a diagnosis of a psychotic disorder predicted lower IES-R total scores at T1.

Following the intervention, only cognitive function as determined by the ACLS-2000 remained as a significant predictor of total trauma score



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Helfrich et al, 2011

Employment Skills

- 4 individual and 4 group sessions
- Staff and participants gave positive feedback on the program

TABLE 2. Activities Addressed During Group and Individual Sessions

Week	Group Sessions	Individual Sessions
1	<ul style="list-style-type: none"> Employment interests and decision making Development of group rules and norms 	<ul style="list-style-type: none"> Participants shared employment history with group facilitator
2	<ul style="list-style-type: none"> Searching for employment 	<ul style="list-style-type: none"> Held mock interviews (phone and face to face) Assistance provided with completion of job applications
3	<ul style="list-style-type: none"> Cover letter and resume writing Interview skills Interview mistakes to avoid How to use the Internet to obtain job leads and post resume 	<ul style="list-style-type: none"> Participants used multiple online resources to perform employment searches and apply for jobs that match interests and skill sets
4	<ul style="list-style-type: none"> Job maintenance/advancement FICA and taxes Minimum wage and the law Child labor laws How to be a good employee Changing jobs: How and why? Temporary Assistance for Needy Families (TANF) Victim's Economic Security & Safety Act (VESSA) 	<ul style="list-style-type: none"> Completed post self assessment form



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Crisis Intervention: Mother-Child Relationship

- Pretest-posttest two-group control study design
- Intervention group - (n=20 mother-child dyads) Family Intervention for Improving Occupational Performance (FI-OP) program
- Control group (n=17 dyads) to a playroom program.
- Both programs consisted of eight 30-min sessions.
- Results
 - Mother-child interaction was significantly better in the FI-OP group than in the playroom group.
 - The children in FI-OP group demonstrated significantly greater improvement in play skills, but not in playfulness.

Walderman & Weintraub, 2015

Trauma recovery: Women Recovering from Abuse Program (WRAP)

- 8-week, outpatient day treatment program, with 8 women.
- 4 half-days per week, consisting of 11.5 hours of group therapy and 1-hour of individual therapy per week.
- Groups are led by 2 cofacilitators, from a multidisciplinary team that includes psychiatrists, psychologists, social workers, registered nurses, and occupational, mental health, and creative arts therapists
- Qualitative study
 - Breaking trauma-based patterns
 - Doing therapy
 - Understanding healing journey as a continuous process



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Transitional nature of occupation

- Occupation is life itself
- Occupation can create new visions of possible selves
- Occupation has curative effect on physical and mental health and on a sense of life order and routine
- Occupation has a place in preventive care
- Occupational Justice



Things to remember as we engage in intervention

- Structure
- Respect client's time
- Listen, observe
- Think of the 7-step group process for both the individual and in the groups
- Objectives
- Give a handout – today you may plant a seed but maybe a few weeks they start to water it.
- Incorporate “doing”



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AOTA. (1999). Lifestyle redesign: implementing the well elderly program. AOTA, p. 13.



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Occupational Therapy Groups

- Rebuilding Lives
- Let's get Physical
- Job Club
- Leisure Group
- Health & Nutrition



Casa de Paz Weekly Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
9:30 - 10:30	Job Club	Financial Literacy	DV Education	Rebuilding Lives OT Group	Daily News Cafe
10:30 - 11:00	1:1	Let's get Physical	1:1	1:1	1:1
11:00 - 11:30	1:1		1:1	1:1	
11:30 - 1:15	Lunch	Lunch	Lunch	Lunch	Lunch
1:30 - 2:30	Let's get Physical	DV Education	Job Club	Leisure Group	Let's get Physical
2:30 - 3:30	1:1	Rebuilding Lives OT Group	3:00 pm Mommy & Me		
3:30 - 4:00	1:1		1:1		



Case Studies

The following case studies provide examples of the role of occupational therapy in domestic violence.

Adult Case Study: Maria

An occupational therapist working in a shelter for survivors of domestic violence was asked to assess Maria, a 28-year-old mother of two children.

Evaluation

Using the Canadian Occupational Performance Measure (Law et al., 2005), Maria identifies the occupational performance areas that are most important to her. She would like to feel competent in her ability to take care of a house, parent her children, and keep them safe. She also wants to work with the occupational therapist on finding and maintaining a job, budgeting, and completing her GED. Maria rates her performance as 1—*unable to do it*—and her satisfaction levels as 1—*not satisfied at all*—for these performance areas.

When budgeting is discussed, Maria states that she had never been responsible for money management. She went straight from her parent's home into her marriage at age 17, and her husband would not allow her to have anything to do with the money. He constantly told her that she was "too stupid" to take care of money. She was not allowed to work outside the home, so she was dependent on her husband for money.



It takes community

- Not just one person or one program
- Have referrals
- Build into your clients
- Provide family-centered care; be holistic
- Create community



