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Occupational Therapy's Impact Utilizing Trauma-Informed Care With At-Risk Youth

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OT 7202- Capstone Experience and Project

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Abstract

The 14-week capstone experience aimed to advocate and implement occupational therapy (OT) alongside a non-profit organization serving at-risk youth while utilizing trauma-informed care (TIC) approach. Alongside various staff and volunteers, this capstone project focused on aiding underserved children in a variety of age-specific after-school programs. This specific population of youth have limited resources at home. The families in the community have limitations with basic needs including food, water, and shelter. The organization was able to fulfill these basic needs along with activities to meet the developmental needs of each child. Due to their minimal resources, the children also have limited experiences engaging in everyday occupations. Age-appropriate child development is a concern and requires occupational intervention to be as independent as possible to meet the demands of society. Regarding program participation, there are concerns with behaviors and how to address them sensibly. Sensory-based intervention, trauma-informed care, and mental health resources were used to reach the children's needs to function appropriately in the programs and everyday life. This occupational therapy capstone project equipped the existing programs with evidence-based resources and educated them on how to best serve their population for current and future generations.

Keywords: occupational therapy, trauma-informed care, mental health, child development

Introduction

To initiate this 14-week capstone project, a setting, site, mentor, population, and topic were first decided upon. In prior networking and volunteer experience, the occupational therapy student reconnected with the previously acquainted executive director of the organization. Due to the student's interests in pediatrics and trauma-informed care, it was determined the site was an opportunity to combine those special interests with the needs of the specific population.

Ultimately, this doctoral capstone project took place in Grand Rapids, Michigan at a local non-profit organization, United in Christ Ministries (UICM). This organization was geographically located in southwest Grand Rapids and served both Black Hills and Roosevelt Park communities in their building (United in Christ Ministries, 2023). The population served by UICM includes children and teens ages three through nineteen. To fully understand this population, the demographics of the area served must be defined.

Financially, this population consisted of economically disadvantaged families. According to *Statistical Atlas*, the household median income for Black Hills, in Grand Rapids, Michigan, yields around \$18,700 (2018). However, the United States Census Bureau reported the household median income for Grand Rapids residents was around \$59,600 (2021). Comparatively, these statistics indicated this location had about 30% of the average median income in Grand Rapids, Michigan. The poverty line for Michigan was around \$40,500 per household with four residents (Michigan Lifeline Program, 2023). This indicated the average financial status of the population of families to be less than 50% of the income required to be considered at the poverty level.

Diversity within the community encompassed differences in ethnicity and marital status. *Statistical Atlas* states there were roughly 15.8% White, 42.3% Hispanic, 33.6% Black, and 8.2% Mixed individuals that resided in the Black Hills community (Race and Ethnicity in Black Hills,

Grand Rapids, Michigan, 2018). Diversity was also conveyed through a variety of marital statuses. Of approximately 1,100 people in the Black Hills neighborhood, about 38% are married, around 32% are never married, about seven percent are separated or divorced, and around one percent were widowed (Marital Status in Black Hills, Grand Rapids, Michigan, 2018). This statistical evidence implied that diversity was present within the population during the time of capstone completion.

With the array of diverse circumstances that these children grew up in, they were exposed to a wide variety of situations including trauma. Examples of trauma include exposure to violence, bullying, insecurities with food, water, shelter, abuse, and neglect (Fette et al., 2019). Within the limited amount of time spent with this population, this student observed these specific examples of trauma firsthand. These instances of trauma were barriers that the population of children combatted daily.

Considering this, UICM had built a community and gathered necessities for those in the Black Hills neighborhood to convey to children and families that it was a safe place of assembly. The organization's overall mission was to connect kids to Christ, the community, and the local church (United in Christ Ministries, n.d.). Specifically, their vision was to create community, be diverse, multi-generational, Christ-centered, and relational in order to serve, support, and give the community a sense of belonging (United in Christ Ministries, n.d.). To continuously meet these goals, it took a team of staff, volunteers, and board members to come together and perform the work in the field. The student came alongside the team members of this organization and developed the capstone project accordingly while using these statements as a guide.

Through first-hand implementation of the mission and vision for UICM, Executive Director Julie Braun had 24 years of experience leading women's and youth outreach programs.

Within her career, she completed three years in her position as executive director for UICM and served on their board of directors for 17 years. The mentor/mentee relationship between the executive director and student included open communication, direct and indirect supervision, and positive mentorship. Previous knowledge was shared for assistance in navigating through unknown barriers when continuing with outreach programming post-COVID. Introductions to staff, volunteers, and board members were conducted. The student was equipped with applicable and well-rounded resources for operating alongside this organization.

Following the Accreditation Council for Occupational Therapy Education (ACOTE) standards for capstone, the student applied specific concentration areas. These applied concepts included clinical reasoning skills, program development, education, and advocacy (2018 Accreditation Council, 2020). Occupational therapy has multiple roles in addressing childhood trauma as children participate in activities (Occupational Therapy's Role, 2015). The student sought to discover occupational therapy's impact when utilizing trauma-informed care with at-risk youth.

Literature Review

Occupational therapy encompasses various domains and reaches multiple populations. For members of the community to function at their capacity, they are naturally required to participate in occupations. However, some populations have barriers to being independent and functional in society. There are people who do not get access to occupational therapy services. Occupational therapy's core values help assist anyone regardless of their background. How can occupational therapy best serve underprivileged and diverse children and adolescents with trauma?

Socioeconomic Status

Socioeconomic status has an impact on children's mental health. Researchers in China compared 898 lower-income children to 827 higher-income children using the Rosenberg Self-esteem Scale, Center for Epidemiologic Studies Depression Scale for Children, and Pediatric Quality of Life Inventory (Ho et al., 2015). Those with lower income were found to have significantly lower scores for esteem and quality of life but higher levels of depressive symptoms (Ho et al., 2015). These results are critical when working with families that come from varying circumstances to understand their potential mental health levels. Occupation-based interventions can also be used to target these specific areas to help improve the overall quality of life through participation. For capstone program implementation, utilizing scales and inventories would help determine overall effectiveness when paired with standardized assessments. This can assist in providing quality therapy services and demonstrating cultural humility and ethics when working with people of different statuses (American, 2020).

Socioeconomic status can impact preventable diseases. Preventable diseases, known as non-communicable diseases, were examined among those with different incomes. (Hosseinpoor et al., 2012). Smoking, fruit and vegetable intake, exercise, and alcohol consumption were the variables examined; increased daily smoking and decreased fruit and vegetable intake were found among lower-income groups (Hosseinpoor et al., 2012). These results could be due to the education inequalities among income groups (Hosseinpoor et al., 2012). This information can be used as an educational opportunity for working with people of various socioeconomic statuses. In an occupational therapy-led life skills group, it would be beneficial to anonymously survey and provide education or clarify topics for populations that might be at high risk for developing these preventable diseases.

Diversity

Occupational therapy can be conducted to support those in minority groups. The Diagnostic and Statistical Manual of Mental Disorders had changed the criteria for diagnosing autism spectrum disorder (Fox & Gibbs, 2015). Because underserved minority groups have significantly decreased diagnoses of autism, occupational therapists can advocate for those populations (Fox & Gibbs, 2015). Occupational therapists should be aware of current information related to any changes and disparities in healthcare (Fox & Gibbs, 2015). People may not have knowledge of how much assistance, services, programs, and therapies they can receive due to fewer people being diagnosed. While assisting people in underserved groups, it is important to advocate for resources and additional support, especially with any updated changes in criteria for diagnoses such as autism.

Additionally, ethnic minority groups with mental illness can utilize occupational therapy as treatment and identify barriers to occupational engagement. In Sweden, researchers interviewed individuals diagnosed with mental illness that were part of culturally diverse groups (Pooremamali et al., 2017). Some barriers that were found included stigmas, medical side effects, unpredictable symptoms, lack of access to support and resources, decreased occupational identity, and system-related barriers (Pooremamali et al., 2017). In order to improve one's occupational development, people should have access to education, support, and groups willing to work with multicultural people that have varying needs depending on their diagnosis. Occupational therapists need to be culturally safe to support mental health, which can decrease barriers and stigmas to improve occupational satisfaction and quality of life.

Other educational fieldwork opportunities included occupational therapy students working with diverse backgrounds. The researchers examined four common themes after the fieldwork process from five host agencies in the low-income countries receiving the students

(Shields et al., 2016). The themes included reciprocal learning between students and staff, responsibility for safety during intervention, preparation for site to follow guidelines, and sustainability for services to continue for patients (Shield et al., 2016). Any feedback from the agency or site supervisor would be helpful moving forward with capstone experiences after rapport is built with the various agencies. These themes are insightful to prepare for how to be sustainable when implementing a new program or joining in with current programs. Reflection for any improvements during the experience would bolster the ability to be as client-centered for the agency's served populations as possible. Any documented feedback themes from past students of the agency would be helpful for any onboarding students to best prepare and serve the community or population.

Psychosocial Factors

Many children and teens have complex trauma that a clinician may be unaware of. Trauma is known to affect the brain and development which impacts one's capacity for functioning at home, school, and the community (Fraser et al., 2019). Trauma includes neglect and various types of violence such as physical or sexual abuse (Fraser et al., 2019). To help the child process their trauma, bottom-up approaches for treatment, such as using sensory experiences, are needed (Fraser et al., 2019). Someone with complex trauma may have poor thinking skills, communication skills, issues moving their body in large or small movements, and complications with body awareness. This can result in difficulty with sleeping, dressing, hygiene, and toileting or bed wetting (Fraser et al., 2019). For assessing clients with complex trauma, some people report using a sensory profile with the Canadian Occupation Performance Measure, Peabody Developmental Motor Scale-2, Beery Visual Motor Integration, or Beck Depression Inventory (Fraser et al., 2019). For interventions to use with children and teens, adopting ideas

such as meditation, sensory diets, sensory rooms, modifying the environment, and using sensory strategies such as a weighted blanket, and alert program for self-regulation could be beneficial (Fraser et al., 2019).

There are positive outcomes of trauma-informed care (TIC). TIC addresses a client's trauma through treatment and using meaningful activities (Lynch et al., 2021). These interventions are to help improve someone's anxiety, aggression, negative behavior, and depression (Lynch et al., 2021). Coping skills and environmental supports can improve participation in a child's environment in their home and communities (Lynch et al., 2021). Occupational therapy can utilize sensory intervention to address one's complex trauma through a trauma-informed approach. This can be through understanding how a child typically develops and trauma's impact on the developing brain.

Furthermore, different intervention programs can make an impact on the quality of life to address psychosocial factors. In Hong Kong, musicians conducted a 12-week music program that included one-hour per week sessions for underprivileged preschool-aged children from three to six years old (Cheung et al., 2019). The researchers used pre and post-surveys and found significant effectiveness in increasing feelings of happiness and quality of life after the music program (Cheung et al., 2019). Incorporating music, even in small doses, can promote healthy development for underprivileged children facing difficult psychosocial factors that might create barriers to occupational engagement. With skilled occupational therapy services, music can be paired with preferred play to facilitate functional development. Also, this can benefit clients holistically by addressing additional overlooked psychosocial factors.

Conclusion of Literature Review

When working with people that have diverse backgrounds, there is evidence suggesting ways to support that targeted population. Socioeconomic impact, multicultural implications, program interventions, and trauma-informed care can make a positive difference in skilled treatment. In occupational therapy, clients should have services and group treatment tailored to personal needs. Each individual client needs to be evaluated in an approach that examines their holistic health. This can yield the best results when viewing all the areas in a client's life, such as with underserved youth.

Needs Assessment

To identify the core needs of the organization, a strengths, weaknesses, opportunities, and threats (SWOT) analysis was conducted. This review was created (see Appendix A) utilizing interviews with various program staff and the executive director. The student examined several of these aspects to decipher the organization's processes for improving the community.

Notable strengths included its provision of safety for the children. There are community supports and sponsorships by multiple other non-profits. UICM has close-knit connections within the Grand Rapids Black Hills community. Their programs provide structure and positive experiences for participants. UICM offers a vast array of programs to meet the needs of the population.

The weaknesses included various barriers to the organization. Consistent staffing and volunteer assistance is needed throughout the school year which can be limiting to the effectiveness of the outreach if underserved. As a non-profit, they need more streams of funding for the cost of programming and ways to support future growth. This would include assistance with grant writing for increasing monetary and equipment resources. There is also a lack of trauma-informed staff who know what it means to be sensitive to individual needs.

Behavioral concerns with the children can distract from the mission of the programs. The marketing strategies for the overall organization and individual programs could also use improvement.

Threats included multiple risks to the organization. There is abuse and neglect occurring at the children's homes. Most of the time, there is minimal caregiver involvement including decreased structure implementation within the household. The most impactful threat included housing for the organization as their current leasing agreement was being terminated within the next four years. Having a physical presence in the community is vital for UICM, and a change in location would pose a serious threat to their outreach to the local population. The members of the community themselves also face housing evictions, causing a shift in participants' access to services. The heightened crime rates in the surrounding area pose additional safety concerns. Finally, last-minute registration is offered until one to two weeks before programming begins, which makes it difficult to plan and provide adequate resources for all attendees.

With these weaknesses and threats in mind, there are also abundant opportunities available for UICM. There are monthly meetings with the board and staff members to increase communication and organizational development. The preschool program is new within the last year and is blossoming within the community. Due to the children's limited exposure to sensory and motor activities, the crafts, lessons, and activities appear especially appealing to them. UICM is also welcoming to new programs, ideas, and education. There is potential to move into a new and expanded facility. Additionally, there is room to improve marketing for each program, and Sundays are open for other programs. Lastly, a new community park was also just constructed across the street from their current building. This would encourage outdoor play opportunities in a more naturalistic environment within the urban community.

The capstone student utilized the various strengths and opportunities and identified potential weaknesses or threats. Additionally, there was a gap in the research about applying trauma-informed care to interactions with at-risk youth. It was determined the organization required assistance with trauma-responsive education, appropriate behavioral intervention, overall marketing, operational funding, and consistent volunteer staff.

Objectives Achieved

At this non-profit organization, the overall goal of the student was to modify existing programs and educate volunteers at a community outreach organization serving at-risk youth by the end of the Doctoral Capstone in 14 weeks. These programs included a preschool program, a co-ed adolescent outreach program, an elementary-age outreach program, boys' recreation night, girls' life skills training, and another elementary-aged weekend outreach program as referenced in Table 1. The time allotted each week through various capstone activities is displayed in Table 2 and reflects what was completed within the 14-week doctoral capstone experience.

Table 1

Daily Program Schedule per Week

Day:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Program(s):		Kiddie Korner Preschool	Kids' Zone	Kiddie Korner Preschool Boys' Rec Night	Girls' Life Skills	Kiddie Korner Preschool	God's Club

Table 2

Amount of Time Spent Per Week on Capstone Activities/Categories

Activity/Category	Time Spent per Week
Time spent in care of patients/clients/customers	20%
Time spent developing, implementing, and evaluating projects for the site	20%
Time spent implementing Capstone Project	30%
Time spent completing assigned responsibilities/tasks/activities unrelated to patient care	10%
Independent study time to develop advanced knowledge on a topic	20%
Total	100%

Additionally, individual objectives were determined to focus on aiding the organization while utilizing OT concepts. Objective one included creating sensory-based play and interventions for supporting child development by week two. Objective two included the design and implementation of a mental health curriculum and review with volunteers by the end of week six. Objective three included approaching the youth with a trauma-based lens by fostering therapeutic relationships, rhythmic activities, and interoception interventions by week three. For the capstone experience and project details of the weekly schedule, within the 14-week timeline (see Appendix B), a daily log of activities was tracked.

Objective One: Create Sensory-Based Play and Interventions for Supporting Child Development

The capstone student implemented a variety of interventions. First, the main classroom where preschool was taught required modification to become a closed and more controlled environment for increased, conducive learning. Organization was provided through implementing a cubby system for the students to place their belongings in each day, as many kids would lose coats, socks, shoes, and toys brought from home. Weekly, the classroom required decluttering to limit visual distractions. The student also provided a large-font alphabet visual for the classroom wall for learning purposes.

A calming corner was another idea for the organization's programs to consider. The capstone student proposed adding supplies such as a soft chair, blanket, pillow, timer, hand fidgets, flashlights, a calming glitter jar, and noise-canceling headphones to this space. This would provide the opportunity for students to take a break from the activity and other peers if overwhelmed with tasks or peers in the environment.

To support the preschool student's upper extremities in visual-motor integration tasks, such as writing, it was recommended to invest in shorter, appropriately-sized tables and chairs. The furniture in use was adult-sized, providing little to no support. The children did not have their backs, trunks, lower extremities, and upper extremities supported when seated during tabletop tasks. Many of the kids became distracted during lessons or activities because proper supports were not in place. Appropriate chair and table height ratio for the children requires proximal support for their core to perform the activity distally with their hands for improved success in tabletop activities.

Other sensory equipment recommendations were researched and provided. For youth that get overstimulated by sounds, noise-canceling headphones were proposed to limit auditory distractions and promote improved attention to an activity. Weighted vests of two different sizes were suggested to provide deep sensory input. This would increase self-regulation to accommodate smaller and larger body sizes and allow for growth. A proprioceptive cushion was recommended for those who fidget and require increased movement during seated activities. The final equipment recommendation was a sensory table with removable bins for providing various tactile sensory experiences in the classroom. These recommended items were added to an Amazon wishlist for a fundraising opportunity. Other programs could have also benefited from the usage of these items.

Whole-body listening was another sensory tool provided to preschool and elementary programs. Verbal reminders were provided for eyes on the teacher, listening ears, lips closed, hands still in lap, and still body. Instant verbal feedback was given to each student in the moment for positive reinforcement. This helped create body awareness by relating each separate part of their body to how it connects to the whole.

Structured and unstructured play was recommended for the preschool program in conjunction with their predetermined daily schedule. Observably, many of the children had decreased play skills. In order to promote increased ability for age-appropriate play, rotations were suggested to target these social skills. Many kids required staff guidance for pretend play and appropriate peer-to-peer play. This was conducted through art mediums such as play dough, role-playing such as “playing house,” and turn-taking board games. Education was provided on using these methods as therapeutic activities for learning new skills.

It was observed and determined that transitioning between activities was difficult during programming. Specifically, it was recommended the preschool and elementary-aged programs try implementing a short transition song, an auditory and/or visual timer, a visual picture schedule, and verbal reminders. For example, the capstone student implemented the use of a two-to-three-minute clean-up song to transition from one activity to the next by giving a start and stop cue. Utilizing the “first, then” language such as, “first wash hands, then eat,” aided in sequencing age-appropriate, two-step commands. The student educated staff on how these methods would improve the preparedness of the children’s bodies to transition more easily between tasks and activities through multiple sensory systems.

Individual three-ring binders were created for preschool students to collect, organize, and track content materials for the end of the school year. Each student had their own customized cover pages on their binder for maintaining their completed alphabet letter lessons, crafts, and other activities. The capstone student made each binder with personalized questions on the cover such as the child’s name, age, favorite food, animal, color, how they write their name, and what occupation they wanted to pursue when they grew up.

Each program had opportunities to serve individuals with varying needs in their sensory capacities. A sensory diet master list was generated and given to program staff. This was a useful tool for ideas of activities, objects, and materials to be utilized for therapeutic sensory opportunities (see Appendix C1). A group activities master list was also created (see Appendix C2). The children have varying needs even when involved in group activities. Different sensory tasks would meet their sensory threshold for improved regulation.

The capstone student attended educational community outings to assist with preschool students that have difficulty being in or transitioning to new environments. Also, the capstone

student brainstormed and proposed various local and low-cost field trip options for future reference. These excursions included a children's museum, recycling center, and farm. Other ideas included a nature center, park, aquarium, zoo, and library. On these field trips, preparing the children to interact with their environments will be key. Staff should be prepared to use strategies crafted in trauma-informed care to equip the children to explore and thrive in new and unique locations. This can prepare the children for future demands in their development such as attending kindergarten.

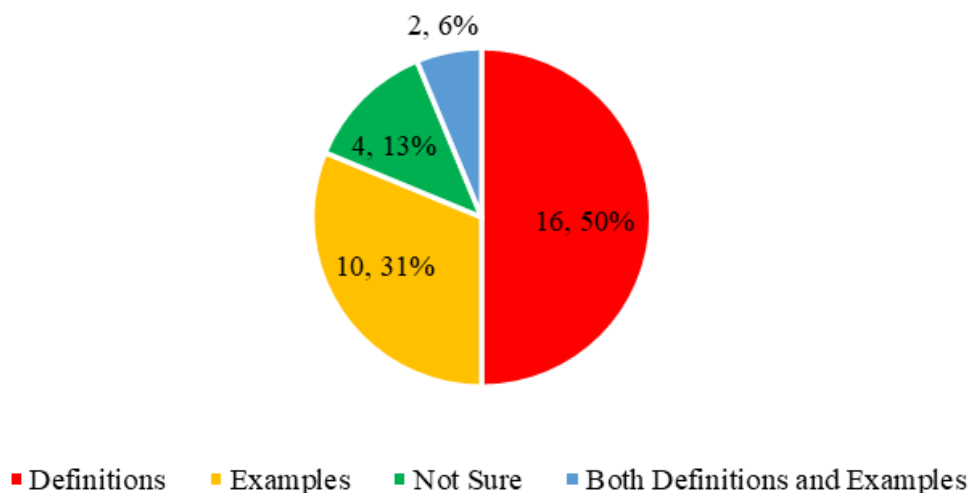
Objective Two: Design and Implement Mental Health Curriculum and Review With Volunteers

The student had the opportunity to attend the annual adolescent youth retreat weekend as both a group leader and speaker for middle and high-school-aged teens. During a self-care workshop, the capstone student presented on the topic of mental health. Subjects within the presentation included mental health definition, an explanation of the range of emotions, differences between positive and negative stressors and coping skills, and awareness of how emotions impact behavior and participation in one's daily activities. The adolescent participants of the retreat were provided an index card for writing their own anonymous responses to what they define as mental health as an informal pre-test. Chart 1 displays their categorized answers with 32 total responses (see Appendix D).

Chart 1

Adolescent Participant's Categorized Responses to Explain Mental Health

Responses to "What Is Mental Health?"



This is indicative that this group of adolescents is aware of mental health and examples of what they can do to support their own mental health. This also means programs should shift focus from explaining mental health to helping identify coping strategies and building on foundational skills. This should incorporate mental health exploration due to the vulnerabilities that have been previously referenced.

A mental health resource binder was created with content for the organization to utilize throughout its programs. The OT student observed the teens' difficulty with emotional regulation, esteem, impulsivity, and resiliency. Content in the resource binder was categorized by physical exercises, mental health calendar challenges, coping skill reviews, mental health informationals, and esteem-building activities. Exercises included progressive muscle relaxation, body scanning, yoga stretches, and various breathwork techniques. The calendar challenges section included performing one mindful task each day to mark off as a to-do list for habit formation. Coping skill activities were provided including master lists of ideas teens can apply to self-regulate in adverse situations. Mental health overview worksheets included basics on

definitions, facts, and overall awareness of one's perception of their mental health. Lastly, self-esteem worksheets included activities such as "I am" statements, mindful journaling, poems, and "about me" pages.

Objective Three: Approach the Youth With a Trauma-Based Lens by Fostering Therapeutic Relationships, Rhythmic Activities, and Interception Interventions

Volunteering opportunities within the programs allowed the ability to have conversations with the youth about their well-being and overall health. The student was able to serve as a mentor during the 14-week project and create meaningful, therapeutic relationships with the children and adolescents. Some conversations included difficult family situations, school updates, and the ability to cope with changing life circumstances as a teen. Other discussions and groups were led through lessons of faith-based content and reflections on the teens' lives.

Throughout the various adolescent programs, it was observed there were behavior concerns affecting others' physical and emotional safety. The capstone student created a disciplinary action plan (see Appendix E) following any incident reports to maintain for records. This also would be used for the instigated peer to narrate their side of what happened, reflect on why it happened, and select other approaches to handle the concerning situation. The outreach coordinator can utilize the document for providing a consequence and resolution for affected individuals and create a follow-up for the future before returning to programming per policy. The document layout included blank spaces for either writing or drawing for the inclusion of people at all levels of literacy. This is one way the staff can gain an understanding of why a child is behaving in a certain manner and grow the therapeutic relationship with the child while allowing their voice to be heard.

A life skills checklist was recommended for the life skills program. The student provided ideas for cooking, grocery shopping, financial management, home management, and job skills. Building on these skills, it would facilitate improved independence for adulthood as many of these essential skills may be overlooked in their education and home lives. The skills include reading and following a simple recipe or having the ability to count money in a time-managed setting which is required for maintaining a future job.

Staff were provided trauma-informed book recommendations to improve their knowledge base on how to respond to sensitive topics and situations within this population. *The Body Keeps the Score* by Bessel Van Der Kolk and *Widen the Window* by Elizabeth A. Standley were two highly recommended trauma-responsive books read by the student throughout the semester. Understanding how the body might process trauma and ways to keep it in recovery is relevant for the children with multiple uncontrollable negative circumstances in their lives. Through education on understanding trauma, the staff can become more effective in creating healthy relationships and a better environment for the kids to thrive during their respective programming.

Objective Four: Explore Marketing and Funding Opportunities Including Grant Writing

Throughout the duration of the capstone project, multiple networking opportunities were utilized to begin the funding and marketing process. First, the student needed to be acquainted with the funding process and operation of a non-profit organization. The student attended monthly board meetings to meet with staff and the board of directors to observe their typical operations. Apart from board meetings, the student observed other outreaching parts of UICM.

Marketing completed included the utilization of social media outlets to advertise programs. The student attended programs and completed photography, videography, and uploaded content in a timely manner to the intended platforms. Weekly updates of each program

were necessary to provide advertisements for current and potential donors to view the outreach programs. This included content for current donors to observe the services for children that their monetary gift was providing for the underserved youth. Also, these pictures and videos would be used as updated content for the website. The student also reviewed UICM's website with the community outreach coordinator to update and review existing content for continued service opportunities.

However, one significant and unexpected threat that occurred during this 14-week experience included the organization's relocation, due to the leasing owner selling the facility where UICM is currently housed. This impacted the trajectory of the capstone experience's time management and channeled more effort into discovering funding opportunities and grants. Networking meetings with appropriate members from other organizations in the community were required to gather new information on potential facilities to maintain programming at present and in the future. This threat had the power to temporarily prevent any positive outreach to occur with this at-risk population. The student shifted from focusing on grant writing to general grant research. Potential grant funding opportunities from other organizations were identified. Applicable board members were provided with the organization's grant information to aid them in future writing. After reviewing external threats, we will also be reviewing more of the progress made directly with the children.

For a measurable way to track the preschool students' progress, preschool evaluations were recommended. This had been beneficial to capture a snapshot of the children's developmental progress at the start, middle, and end of the year for kindergarten readiness. Education was provided to staff on how preschool evaluations could be utilized as statistics for

the organization's evidence of progress in their preschool program. This could also be used to increase funding in the future with positive trending statistics in grants.

Lastly, other program ideas were offered to provide a well-rounding of opportunities for the population served. It was proposed to offer a cooking skills program for independence in implementing safe cooking ideas, nutrition education, and meal preparation abilities. Art therapy and journaling were proposed for those interested in more crafting opportunities. A reading literacy program would benefit not only the children but the adults in the area as well if they were to partake. They should also reciprocate and provide a boys' life skills program with their respective staff leaders, as they have a girls' life skills program currently.

Implication of Capstone

The utilization of trauma-informed care with occupational therapy impacted at-risk youth throughout the 14-week experience. The outcomes of the doctoral capstone experience affected those at UICM and created implications for the field of occupational therapy. Such care acknowledged the impact of trauma on a young person's life and how it changed their behavior, outlook, and relationships with others. These providers established therapeutic, safe spaces and promoted growth, safe communication, agency building, all leading towards health and long-term positive development for vulnerable populations.

Implications for UICM

The sustainability of the capstone experience at UICM will impact future programs for years to come. One impactful strategy the capstone student completed was educating the future executive director to create longevity with the materials and programming insights. Staff changes occur in daily life, so providing reflection, discussions, and research-based evidence for certain interventions to programming directors strengthens the programs.

Identifying appropriate equipment and environmental supports will increase the children's capacity to learn by supporting their sensory needs. Modifying the main classroom as well as education on limiting visual or auditory distractions would improve the children's ability to learn. These are both simple and effective tasks to adhere to for the benefit of the adolescent.

The mental health resource binder obtained master copies of activities staff could utilize during times of individual or group dysregulation. After the mental health presentation at the youth retreat, some teens would request that staff provide progressive muscle relaxation exercises before the start of programming. This implied that some adolescents were already connecting and implementing positive coping strategies as ways to relieve stress. Body awareness education was beginning to develop. The teens applied cause and effect for a sense of relief. Education of staff, facilitation of discussions, provision of resources, and education for this population can foster therapeutic relationships and safe spaces. Also, allowing the children to learn to regulate their nervous systems in times of stress and uncontrollable situations can be an invaluable tool for them as they grow and experience a variety of new situations.

This doctoral capstone experience filled a gap and met a need for this at-risk community. Through the exploration of mindfulness of adolescents' mental health and trauma, this capstone benefitted the organization when applying appropriate activities as support. Staff can recognize and respond in a more trauma-informed manner when youth are having difficulty managing their mental health, helping them to be more effective. These deliverables will continue to sustain the mission and vision of the organization.

Implications for Occupational Therapy

Professional mental health resource accessibility is limited. Accessibility, identification, and intervention can affect communities (Gibbs, & Stoffel, 2022). Communities require a trained

professional to be able to identify the psychosocial needs of an individual (Gibbs, & Stoffel, 2022). Occupational therapy, as well as other relevant mental health professionals, should provide increased access to services in urban communities.

Initiating small steps can bring forth considerable impacts. To have influence globally over the mental health crisis, mental health professionals must start locally with early intervention (Gibbs, & Stoffel, 2022). Early intervention can prevent the likelihood of mental illnesses decreasing an individual's lifespan. This would also help decrease stigmas associated with mental health, mental illness, and therapeutic assistance whether for counseling or occupational therapy. The more awareness and help can be provided, the greater the positive impact on those in the community. This assistance and training could make all the difference for someone struggling with a mental health crisis.

It is noted that there is a lack of evidence-based research on the COVID-19 pandemic's impact on children's trauma. Further research should be conducted to indicate the effect of the pandemic on child development as well. Occupational therapy can be a resource to bridge the gap between needs and age-appropriate development for an individual. It should be offered more, especially after the pandemic, which resulted in a decrease of in-person experiences such as school and work.

Conclusion

It is important to reflect on the significant contributions and insights gained from this experience. This doctoral capstone project served as a culmination of the skills, knowledge, and strategies acquired throughout the experience. It provided an opportunity to apply occupational therapy concepts in a practical, hands-on context. The research provided valuable information that can be used to improve patient outcomes and enhance professional practices. The

recommendations and interventions proposed in this project represent evidence-based practices that can benefit the children by promoting their holistic well-being, specifically with trauma-responsive care. It is essential for occupational therapists to continue engaging in research and critically evaluating their practice to ensure that they are providing high-quality care. Overall, this project serves as an excellent opportunity for occupational therapists to showcase their abilities and contribute to the advancement of the profession.

Reflection

In reflection on the 14-week doctoral capstone experience, the student would make adjustments for the replication of this capstone project. A second or third week would be allotted to develop important therapeutic relationships between the at-risk children and adolescents. It is necessary to allow time to create meaningful connections in order to make an impact through therapeutic relationships utilizing a trauma-informed care approach. This population required a longer duration to build trust and familiarity with new volunteers. The student hoped to lead a whole staff meeting to focus on trauma-informed care steps.

The student handled the flexibility and uncertainty professionally and adjusted objectives fluidly to fit the changed needs within the population. The student provided adequate education to relevant staff and volunteers, making them more trauma-informed. They also advocated for the organization and programming well during marketing opportunities. The student integrated themselves quickly and effectively to help the programs from the beginning of the capstone experience. They provided evidence-based foundational knowledge for sensory integrative and trauma-sensitive content. Lastly, the student was able to come alongside the already existing mission and vision of the organization to add occupational therapy utilizing the special interests of trauma-informed care in each of UICMs programs.

Recommendations

Recommendations for future work with the site and mentor can allow the organization to grow. Specifically, there is continued room for growth for staff and volunteer education and abundant holistic resources to address trauma's impact on at-risk youth. The staff could communicate more frequently to share plans with other volunteers. The organization can always use its website and social media presence strategically as support to maximize impact for the children. Lastly, the programs should allow space for alteration of the schedule. This would allow the ability to meet the children where they are in terms of emotions and arousal levels.

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Appendix A

SWOT Analysis

Strengths	Weaknesses
<ul style="list-style-type: none"> ● Provide safe space for children of any age ● 20+ churches/non-profits sponsoring the organization ● Connected well within the community ● Provide structure and flexibility as needed within the programs ● Provide social experiences for positive child engagement ● Multiple programs conducted to meet needs and interests of the kids 	<ul style="list-style-type: none"> ● Amount of consistent volunteer staff ● Funding could improve to reflect growth ● Need assistance with grant writing ● Lack of trauma-informed staff ● Behavioral concerns distract from the mission of the programs ● Caregiver involvement is mostly non-existent with population ● Current marketing for programs and organization is poor
Opportunities	Threats
<ul style="list-style-type: none"> ● Monthly meetings with staff ● New preschool program in the fall through spring ● Most experiences and activities appear new to the kids ● Openness to new programs and education ● Potentially moving to new building ● Marketing opportunities ● Sundays are currently open ● New park constructed across the street 	<ul style="list-style-type: none"> ● Housing of the organization to run elsewhere within four years ● Abuse/neglect occurring in kids' homes ● Lack of structure or parenting at home ● House evictions occurring in the community ● Crime area imposes safety concerns ● Delayed participatory sign-ups for programming until 1-2 weeks before

Figure 1. Details of SWOT analysis.

Appendix B

14-Week Doctoral Capstone Experience and Project Timeline

Week	Doctoral Capstone Experience	Doctoral Capstone Project
Week 1	Orientation	-Prepare for sensory intervention, preparations for week 2 -Organize sensory supplies for programs
Week 2	Monthly board meeting Program development	-Start on master copy of rhythmic games/activities -Create sensory diet -Introduce self to board members -Prepare for sensory intervention, weekly prep for week 3 -Social media posts
Week 3	Program development Marketing	-Prepare for sensory intervention, weekly prep for week 4 -Create sensory diet -Social media posts
Week 4	Program development Marketing	-Prepare for sensory intervention, weekly prep for week 5 -Create sensory diet -Social media posts
Week 5	Monthly board meeting Program development Marketing	-Trauma and sensory education to staff -Create group activity masterlist -Monthly organization -Prepare for sensory intervention, weekly prep for week 6 -Social media posts -Mental health resources
Week 6	Program development Marketing	-Identify preschool fieldtrip opportunities -Prepare for sensory intervention, weekly prep for week 7 -Social media posts -Mental health resources
Week 7	Program development	-Trauma informed research

Week	Doctoral Capstone Experience	Doctoral Capstone Project
	Marketing	-Prepare for sensory intervention, weekly prep for week 8 -Social media posts -Mental health resources
Week 8	Program development Marketing	-Trauma informed research -Prepare for sensory intervention, weekly prep for week 9 -Social media posts -Mental health resources
Week 9	Monthly board meeting Program development Marketing	-Trauma and sensory education to staff -Prepare for sensory intervention, weekly prep for week 10 -Social media posts -Mental health resources
Week 10	Program development Marketing	-Prepare for sensory intervention, weekly prep for week 11 -Social media posts -Mental health resources
Week 11	Program development Marketing	-Prepare for sensory intervention, weekly prep for week 12 -Social media posts -Organize preschool binders -Mental health resources
Week 12	Program development Marketing	-Prepare for sensory intervention, weekly prep for week 13 -Grant writing research -Social media posts -Organize preschool binders -Mental health resources
Week 13	Monthly board meeting Program development Marketing	-Prepare for sensory intervention, weekly prep for week 14 -Grant writing research -Social media posts -Organize preschool binders -Mental health resources
Week 14	Program development	-Grant writing research -Presentation of project to site

Week	Doctoral Capstone Experience	Doctoral Capstone Project
	Marketing	

Figure 2. The 14-week analysis of doctoral experience opportunities with associated capstone project learning activities.

Appendix C

Sensory Activity Templates

Sensory Diet Ideas

Indoor:

- Light toy
- Liquid toy
- Listen to music
- Pushups
- Jumping jacks
- Weighted blanket
- Squeezes
- Beanbag
- Read a book
- Deep breaths
- Play-Doh
- Slime
- Putty
- Scented stickers
- Scented markers
- Fidget toys
- Electric toothbrush
- Writing/coloring
- Modeling Clay
- Shaving cream on table or walls in bath
- Finger painting
- Watercolor
- Bath with bubbles/colored soaps
- Water beads
- Rain stick
- Baking together
- Taste testing together
- Sensory bin-
rice/pasta/beans with toys

Outdoor:

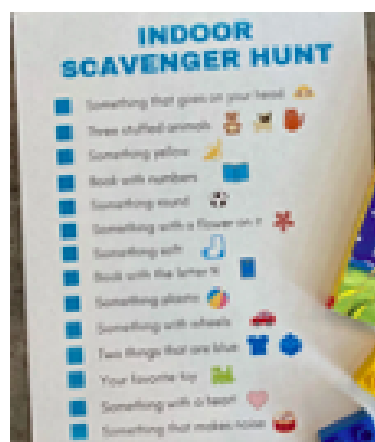
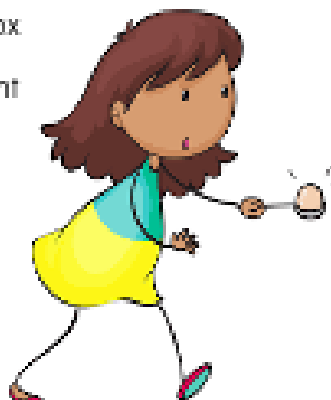
- Trampoline
- Swing
- Go down a slide
- Sandbox
- Sprinkler
- Swimming/waterplay
- Running
- Gymnastics
- Monkey Bars
- Rock wall
- Balance beam
- Dance to music
- Blowing bubbles
- Bounce on a ball
- Roll on a ball
- Steppingstones
- Bear walk
- Crab walk
- Tug-of-war
- Throwing/catching a baseball or football
- Scootering
- Biking
- Instruments, whistles, kazoos
- Mud kitchen
- Frozen/iced toys

Figure C1. Ideas for incorporating increased sensory experiences for use in programming.

Group Activity Ideas

Movement:

- Musical Chairs
- Hot Potato
- Duck, Duck, Goose
- Heads Up 7 Up
- Freeze Tag
- What Time Is It Mr. Fox
- Simon Says
- Red Light Green Light
- Bowling
- Mother May I
- Scavenger Hunt
- Hopscotch
- 3-legged race
- Hula Hooping
- Hide N Seek
- Freeze Dance
- Twister
- Catch/Pass
- Basketball
- Soccer
- Dodge Ball
- Don't let the balloon touch the ground
- Body Spellers- First team to use their arms/legs/bodies to spell a given word wins
- Get to Know You Ball- Beach ball
- Balance Act- last one keeping object on them while balancing wins
- Egg Race (with spoon)
- Horse- basketball
- Gaga ball
- Four Square
- Beach Volleyball
- Wheelbarrow Race
- Cotton ball race- use straws to blow cotton balls to the finish line first
- Hunger Games
- Balloon Badminton
- Around the World- Basketball
- Rock Paper Scissor Tournament
- Kickball
- Capture the Flag
- Marshmallow Snowball Fight
- Sharks and Minnows



- Red Rover
- Caps and Robbers
- Balloon Battle- Balloon on their ankle or in hand
- Broom Ball
- Hockey
- Sardines- (Hide and seek where they hide with the one person hiding)
- Floor Is Lava
- Charades
- Kick the Can
- Water Balloon Toss
- Monkey in the Middle

At the Table/Seated:

- Memory
- Telephone
- Play Dough
- Origami
- Paper Airplanes
- Card Games- Spoons, War, etc.
- Lego building
- I Spy
- Maze
- Dominoes
- Puzzle
- 20 Questions
- Two Truths and a Lie
- Jeopardy
- Coloring
- Drawing
- Painting
- Scrapbooking



Figure C2. Group activity master list of movement and stationary games for programming use.

Appendix D

Mental Health Responses

Response	Type
It's tricky, because it affects your whole life most of the time.	D
Balance among the extremes of thinking.	D
When someone has to suffer.	D
Taking care of your emotional/physical mind/mindset.	D
See people read	D
How well you can cope with challenges and change	D
State of where someone is at with emotions	D
State of your mind and if it is healthy or not	D
Health of the mind	D
Without it we are useless	D
Strength of mind	D
Well beingm or lack therof, of one's mental brain and the situation, whether good or bad	D
Healthy on the inside, it is not physical	D
How you are emotionally, how you are feeling	D
The health of your thinking and the ways that I cope is by talking about it.	D
The state of one's sanity	D
How you feel and the way you think: Anxiety, depression, fear	DE
Emotional well-being. Listen to music, try to be positive, talk to someone	DE
Being outside, relaxing, talking, thinking	E
Your sickness	E
Take time to myself, or the style of your mind and how you think	E
Pray	E
The care of yourself, specifically your brain and mental capacity	E
Care for my teeth, put shoes on, wash my face and body, go to sleep	E
Taking care of yourself and not worrying about others. Putting yourself first	E
Love	E
Not sure, I pray when I have troble with my mental health	E
Eat, Sleep, and More	E
Not sure	N
Not sure	N
Not sure	N
Not sure	N

Table 3. The adolescent participants' responses from the mental health self-care workshop were categorized by meanings: definitions, examples, not sure, or both definitions and examples.

Appendix E

Disciplinary Action Plan Template

Incident # _____

Disciplinary Action Plan

Name of Student: _____

Name of Staff: _____

Date of Completion: _____

Time/Date of Incident: _____

Type of Incident: _____

Program: _____

Write or draw what happened during the incident in the space below:

Why did this incident happen?

Check to identify appropriate ways to handle situation next time:

Walk Away _____	Listen to Music _____	Write/Draw _____
Drink Water _____	Deep Breaths _____	Hugs _____
Tell a Leader _____	Take a Break _____	Rip Paper _____
Positive Self-Talk _____	Other _____	Other _____

Incident # _____

Discuss & identify an appropriate consequence or resolution from this incident:

Follow-up plan timeline:

By signing this contract, you understand and agree to the above future changes required by you in order to return to programming.

Signature of Student: _____

Signature of Staff: _____

Figure 3. Disciplinary action plan for any behavior incidences during programming with accomodations to literacy abilities.