# AOTA's Societal Statement on Stress, Trauma, and Posttraumatic Stress Disorder

The American Occupational Therapy Association recognizes that individuals, families, organizations, and populations witness and may be negatively influenced by stressful and traumatic experiences across the life course. *Stress* is a natural neurophysiological and psychological response to a stressor. A *stressor* is any stimulus that sets into motion a cascade of nervous system responses that elicit a defensive mode, often referred to as the *stress response* (Selye, 1956, 1976). When stress is chronic, it affects one's whole being and can lead to the development of medical and mental health conditions (American Psychiatric Association [APA], 2013).

Trauma is an individual's response to extreme stress that overwhelms the capacity to cope. Traumatic events may include witnessing or experiencing adverse childhood experiences, neglect, domestic abuse, natural disasters, military combat, or violent or sexual assault; working in a profession with traumatic exposure; or experiencing life-threatening events (APA, 2013). The impact of trauma is considered to be a significant public health problem, having a pervasive influence on health, wellness, and the ability to safely and functionally participate in everyday roles, routines, and occupations (Anda et al., 2006). For 8% of all Americans, the experience of traumatic events may lead to posttraumatic stress disorder (PTSD), which is categorized as a trauma and stressor–related disorder in the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; APA, 2013).

The Substance Abuse and Mental Health Services Administration (2014) urged the widespread implementation of trauma-informed practices as part of the current national mental health initiative focusing on preventing and reducing the negative effects of stress, trauma, and violence. When left unaddressed, stress, traumatic experiences, and PTSD may result in neurophysiological, medical, psychological, and occupational complications.

The education of occupational therapy practitioners includes an emphasis on mental health and the training necessary to work with individuals of all ages who are experiencing stress, trauma, and other mental health conditions. Practitioners help clients identify therapeutic needs, goals, and activities and strategies supporting participation, resiliency, and the recovery process. As part of the occupational therapy intervention process, a variety of activities, coping techniques, and environmental supports are identified that may be used to help prevent, manage, or release the symptoms of stress, trauma, and posttraumatic stress, supporting safety, stabilization, and participation.

Occupational therapy practitioners assist individuals in identifying areas of development and functional performance that may have been adversely affected by stressful and traumatic experiences and assist in determining ways to foster the developmental process to support safety, functional performance, and participation. Practitioners also emphasize that individuals' unique strengths and personal goals are central to supporting resiliency and the recovery process.

Occupational therapy practitioners are well prepared to help promote engagement in health-supporting habits, rituals, routines, and occupations to foster mental health, occupational participation, advocacy, and the recovery process (Bazyk, 2011). Additionally, practitioners are viewed as leaders in the national trauma-informed care initiative, and literature demonstrates the profession's distinct value. For example, in studies on work with children who experienced early childhood trauma, occupational therapy practitioners played a vital role in helping children and families engage in activities

and strategies to support stabilization, self-regulation, development, attachment, and occupational participation (Champagne, 2011a; Gronski et al., 2013; LeBel & Champagne, 2010). In studies on work with adults, such as active-duty military personnel and veterans, occupational therapy practitioners promoted symptom stabilization, community reintegration, and occupational participation (Classen et al., 2014; Plach & Sells, 2013; Rogers, Mallinson, & Peppers, 2014; Smith-Forbes, Najera, & Hawkins, 2014; Stoller, Greuel, Cimini, Fowler, & Koomar, 2012).

Occupational therapy practitioners provide individual and group services, consultation, and advocacy. Many practitioners have helped develop national policies and training materials and have provided education about the role of occupational therapy in trauma-informed care (Champagne, 2011b; LeBel & Lim, 2012; National Association for State Mental Health Program Directors, 2011). Using evidence-based and promising practices, occupational therapy practitioners help empower individuals with stress- and trauma-related disorders and their families to support the ability to heal and to live life to its fullest.

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#### Author

Tina Champagne, OTD, OTR/L, FAOTA

#### for

### The Representative Assembly Coordinating Committee (RACC):

Rachel K. Dargatz, OTD, OTR/L, RA Vice Speaker/RACC Chair Julie Dorsey, OTD, OTR/L, CEAS
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Adopted by the Representative Assembly, 2017

Note. This document replaces the 2009 document AOTA's Societal Statement on Combat-Related Posttraumatic Stress, previously published and copyrighted in 2009 by the American Occupational Therapy Association in the American Journal of Occupational Therapy, 63, 845–846, https://doi.org/10.5014/ajot.63.6.845, and the 2007 document AOTA Societal Statement on Stress and Stress Disorders, previously published and copyrighted in 2007 by the American Occupational Therapy Association in the American Journal of Occupational Therapy, 61, 711, https://doi.org/10.5014/ajot.61.6.711

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Citation. American Occupational Therapy Association. (2018). AOTA's societal statement on stress, trauma, and posttraumatic stress disorder. *American Journal of Occupational Therapy*, 72(Suppl. 2), 7212410080. https://doi.org/10.5014/ajot.2018.72S208