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## The Impact of Trauma on Graduate Occupational Therapy Students: Trauma-Informed Implications for Educators

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# The Impact of Trauma on Graduate Occupational Therapy Students: Trauma-Informed Implications for Educators

## Abstract

Recent worldwide events have led to a dramatic increase in reported levels of anxiety in college students and individuals aged 18-29. If there is currently a marked increase in anxiety and stress responses in college age students and traumatic events negatively impact an individual's ability to participate in their education, it is reasonable to assume that the occupational disruption that students are currently experiencing negatively impacts their ability to participate adequately in their education. This study explored the impact of trauma on graduate occupational therapy students (OTS) from entry-level programs. A mixed-methods survey was utilized to gain the perspectives of graduate OTS (n=74) currently attending programs in the Northeastern portion of the United States who have experienced acute, chronic, and/or complex trauma. Participants completed an online survey consisting of 26 Likert-style, true/false, and open-ended short answer questions. Results indicate that trauma is highly impactful on all areas of occupation, including education. Additionally, students indicated that they are fearful of stigma when discussing trauma and informing educators of its impacts on education, therefore benefiting from open and communicative educators. Further, results support previous research that trauma influences many aspects of academic performance, such as attention, memory, and volition. The information gathered indicates that educators should be aware of the likelihood of students being impacted by trauma and understand how to successfully support students universally through trauma-informed strategies.

## Keywords

Occupational therapy students, educators, trauma, trauma-informed care, stigma

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## The Impact of Trauma on Graduate Occupational Therapy Students: Trauma-Informed Implications for Educators

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### ABSTRACT

Recent worldwide events have led to a dramatic increase in reported levels of anxiety in college students and individuals aged 18-29. If there is currently a marked increase in anxiety and stress responses in college age students and traumatic events negatively impact an individual's ability to participate in their education, it is reasonable to assume that the occupational disruption that students are currently experiencing negatively impacts their ability to participate adequately in their education. This study explored the impact of trauma on graduate occupational therapy students (OTS) from entry-level programs. A mixed-methods survey was utilized to gain the perspectives of graduate OTS (n=74) currently attending programs in the Northeastern portion of the United States who have experienced acute, chronic, and/or complex trauma. Participants completed an online survey consisting of 26 Likert-style, true/false, and open-ended short answer questions. Results indicate that trauma is highly impactful on all areas of occupation, including education. Additionally, students indicated that they are fearful of stigma when discussing trauma and informing educators of its impacts on education, therefore benefiting from open and communicative educators. Further, results support previous research that trauma influences many aspects of academic performance, such as attention, memory, and volition. The information gathered indicates that educators should be aware of the likelihood of students being impacted by trauma and understand how to successfully support students universally through trauma-informed strategies.

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## **Introduction**

### **Trauma and Stress in College Aged Students**

Research indicates that 66% to 85% of college students have experienced a traumatic event (Carello & Butler, 2014; Frazier et al., 2009; Read et al., 2011; Smyth et al., 2008). Additionally, about 35% of young adults begin their college careers with a diagnosed mental health issue (Bruffaerts et al., 2018), while studies of enrolled college students reveal that nearly half are affected by a diagnosable mental health issue (Blanco et al., 2008). The numbers and severity of the disorders are continuing to increase (Hunt & Eisenberg, 2010). Additionally, recent worldwide events, such as the novel coronavirus, have led to an even larger increase in exposure to traumatic experiences and stress levels for college students across the country (Goldrick-Rab et al., 2020). A recent survey of over 38,000 college students in the United States found that 50% of respondents exhibited moderate or severe anxiety related specifically to the global pandemic (Goldrick-Rab, 2020). Further, almost two thirds of the respondents attending four-year universities reported difficulty concentrating on their schoolwork and nearly 60% of four-year college students reported basic needs insecurity so far in the school year (Goldrick-Rab, 2020). Sheltering in place, which many students were subject to, can cause traumatic stress reactions, often leading to anxiety, fear, and frustration (Substance Abuse and Mental Health Services Administration [SAMHSA], 2018a). In addition, a Center for Disease Control (CDC) survey of over 68,000 respondents found that 51% of individuals aged 18-29 reported signs of an anxiety disorder in early November, which was an increase from the 8.2% who reported symptoms of an anxiety disorder in the first half of the previous year (CDC, 2020).

### **Impact of Trauma on Education**

Trauma affects everyone differently, however, there are some common signs and symptoms seen in trauma survivors that are likely to influence all areas of occupation, including education. Anxiety is very common and with anxiety comes stomach issues, tachycardia, and heightened startle responses. Sleep disturbances are also very common (Silver et al., 2018). Additionally, feelings of sadness, hopelessness, and depression can occur, as well as dissociation. Trauma is also associated with obesity and cardiovascular disease, and post-traumatic stress disorder (PTSD) can occur as a result of trauma. Although one may not reach a clinical diagnosis of PTSD, they may still experience avoidance, flashbacks, changes in arousal, and negative changes to cognition and mood (Pacella et al., 2012). Current research has shown that exposure to trauma has a significant impact on cognition, especially sustained attention and executive functioning, both of which are essential for successful academic performance (Esterman et al., 2019). Evidence also suggests that graduate health science students are at an increased risk for experiencing conditions such as depression or anxiety prior to the addition of recent traumatic events, such as the global COVID-19 pandemic. In a recent survey of graduate occupational and physical therapy students, 73% of participants indicated a negative impact of stress on their mental health, with more than half of the female participants exhibiting mild to extremely severe stress as reported by the DASS-21 (Thomas-Davis et al., 2020). Further, 76% of the participants in this study

reported a negative impact on academic performance due to stress. These results indicate that occupational therapy (OT) graduate students, particularly female-identifying students, are more likely to experience higher levels of stress and negative academic outcomes.

### **Trauma-informed Approaches in Education**

To be trauma-informed is to understand how traumatic experiences may have impacted the lives of individuals involved and to apply that understanding to every aspect of your service provision in order to meet and accommodate for the needs of trauma survivors (Butler et al., 2011; Carello & Butler, 2014; Harris & Fallot, 2001). Those who are trauma-informed understand that the primary goal is to ensure individual safety by minimizing possibilities for “inadvertent retraumatization or secondary traumatization” in the delivery of their services (Carello & Butler, 2014, p.156). While trauma-informed care was designed for use in the clinical and social service setting, we feel it is also highly relevant to higher education. As aforementioned, 66% to 85% of college students report exposure to at least one traumatic event (Carello & Butler, 2014; Frazier et al., 2009; Read et al., 2011; Smyth et al., 2008) and with the recent COVID-19 worldwide pandemic, it is highly likely that those numbers have since increased. Educators need to understand that approximately 75% of the students in every class they teach has experienced a traumatic event, and with that trauma comes potentially lifelong impacts and occupational disruption. Researchers have identified the value of trauma-informed care in the clinical setting of OT (American Occupational Therapy Association, [AOTA], 2018a; Fette et al., 2019); however, the use of trauma-informed approaches within the educational OT setting has yet to be explored. Occupational therapy practitioners are uniquely suited to understand the detrimental impacts of occupational disruption and trauma in clients and should be able to relate that to students in the classroom as well.

### **Purpose Statement**

While there is existing research that substantiates the impact of trauma and stress-related disorders on an individual’s ability to participate in education, there is no current research that examines the impact of trauma upon graduate entry-level OT students specifically. A marked increase in anxiety and stress responses in college age students and the knowledge that traumatic events negatively affect an individual’s ability to participate in their education make it reasonable to assume the occupational disruption students are currently experiencing negatively impacts their ability to participate in their education. While OT practitioners are uniquely suited to address signs and symptoms of trauma with our clients (AOTA, 2018a), incorporating trauma-informed approaches with students in the classroom or on fieldwork can be a vastly different experience. This study aims to bring light to some of the specific challenges that graduate OT students are facing and provide effective trauma-informed strategies for educators as identified by OT students.

## **Methods**

### **Design and Instrumentation**

This study utilized a researcher-designed, mixed method, 26-question survey that examined the impact of occupational disruption due to traumatic experiences on graduate students. The three-part survey used both Likert-scale questions and guided short answer questions. The first section of the survey collected demographic data including the participants' age, gender, race, ethnicity, type of graduate OT program (master's or doctorate level), and the current year of their entry-level OT program. The second and third sections included multiple choice questions, true/false statements, and guided short answer questions designed to examine the impact of trauma on daily life and education. The use of guided short answer questions allows respondents to move to higher levels of thinking by providing open-ended support while bringing attention to key details without asking for prescriptive responses. The questions were developed based on an extensive review of current literature and findings from credible scholarship. Respondents were at no time asked to describe the traumatic event(s) they had experienced.

### **Data Collection**

The research was conducted through an online survey using Google Forms. Participants were recruited using convenience sampling following a search of entry-level graduate OT programs in the Northeast and New York state. These program directors of entry-level graduate OT programs were contacted via email. Program directors were invited to forward the email on to their students to partake in the Institutional Review Board (IRB) approved study. The invitation provided a brief background regarding study procedures and measures used to preserve confidentiality. Potential student participants were directed to the survey where they were asked to consent to participation before beginning the survey. Participation in the survey was voluntary and completely confidential. Demographic data was collected, including age, gender, and ethnicity. Otherwise, no personal information was requested of the participants. The survey was open for five months and was then closed to participation. Two reminder emails were sent to program directors to encourage further participation.

### **Data Analysis**

Initial demographics were analyzed using basic descriptive statistics. Quantitative data was analyzed to determine frequencies of responses and overall trends within the data. All researchers first coded the data independently, then collaborated to identify the most prevalent themes.

## **Results**

### **Quantitative Results**

There were a total of 84 participants, with 74 indicating they had experienced acute, chronic and/or complex trauma at some point in their lives. Table 1 depicts demographic data for the 84 respondents including age, gender, race, ethnicity, graduate program, and year of entry-level OT program. All of the respondents identified as female and

were enrolled in a graduate OT program in the Northeast region of the United States. Doctoral students encompassed 51.2% (n=43) of respondents, while master's degree students encompassed 48.8% (n=41). Further, most respondents were in their second year of graduate school (n=43).

Of the 84 respondents, 88.1% (n=74) of respondents reported having experienced trauma. For the purposes of this survey, trauma was defined using the Substance Abuse and Mental Health Services Administration (SAMHSA) definition: "singular or cumulative experiences that result in adverse effects on functioning and mental, physical, emotional, or spiritual well-being" (SAMHSA, 2018b). Respondents who indicated they have not experienced trauma were brought to the end of the survey, as the remaining questions did not apply. Thus, the number of reporting respondents for the remainder of the survey was n=74.

**Table 1**

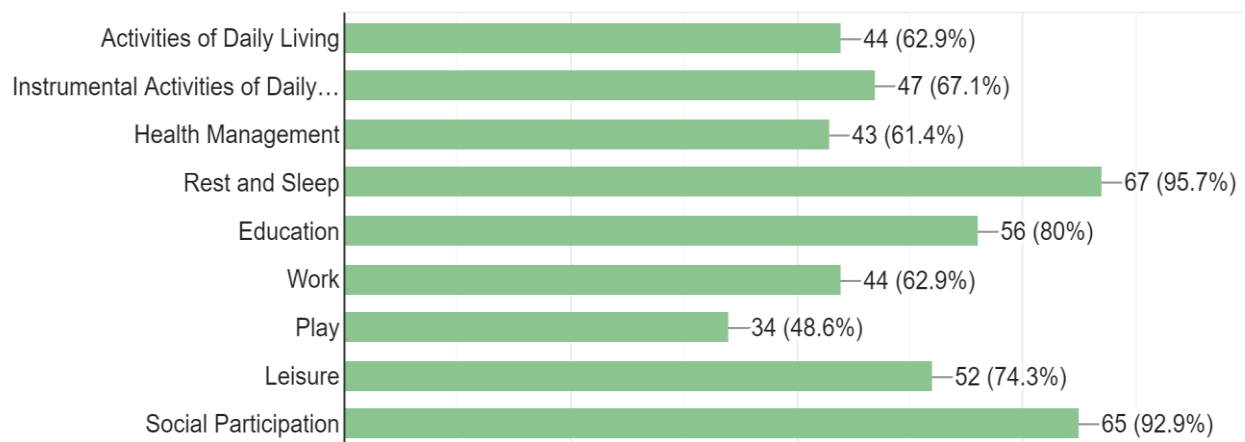
*Demographic Data*

Age	Range: 19 – 53 years old Majority: 22-25 years old (76.3%) Average: 25 years old
Gender	Female: 100% (n=84)
Race*	White: 91.6% (n=76) Black: 6% (n=5) Asian: 4.8% (n=4) American Indian or Alaskan Native: 1.2% (n=1) Latin: 1.2% (n=1) Prefer not to answer: 2.4% (n=2)  *n=89, some respondents were multiracial and selected multiple options
Ethnicity	Not Hispanic or Latino: 91.7% (n=77) Hispanic or Latino: 6% (n=5) Prefer not to answer: 2.4% (n=2)
Graduate Program	Master of Occupational Therapy: 48.8% (n=41) Doctor of Occupational Therapy: 51.2% (n=43)
Year of OT Program	1st year: 36.9% (n=31) 2nd year: 51.2% (n=43) 3rd year: 11.9% (n=10)

Of the 74 respondents, 41.9% (n=31) reported experiencing acute trauma, 31.1% (n=23) complex trauma, and 27% (n=20) chronic trauma. For the purposes of this survey, the three types of trauma were defined as, “Acute: results from a single incident such as an accident, being a victim of a crime, natural disaster, global pandemic; Chronic: repeated and prolonged such as domestic violence, racism or abuse; Complex: exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.” The reported trauma was experienced prior to beginning OT school for 44.6% (n=33) of respondents, both before *and* during OT school for 31.1% (n=23) of respondents, and during OT school for 24.3% (n=18) of respondents. Researchers collected data on the impact of this trauma on student lives, both academically and personally. Ninety-three percent (n=69) of participants reported that their daily routines were impacted as a result of the trauma they experienced. Figure 1 depicts the areas of occupation that were reported as impacted, with rest and sleep (95.7%, n=67), social participation (92.9%, n=65), and education (80%, n=56) reported as most significantly impacted by respondents.

**Figure 1**

*Impact on Areas of Occupation*





Information regarding academic impact was gathered through qualitative and quantitative methods. Students were asked about their decision to inform faculty of their traumatic experiences and the impact of the trauma on their education. Of the respondents, only 29.7% (n=22) chose to inform faculty of their traumatic experience and only 16.2% (n=12) informed faculty of the effects of trauma on their education, while 20% (n=15) reported that the trauma did not impact their education. Narrative reasoning provided for making the decision to inform faculty versus not inform faculty is further discussed in the qualitative data analysis section. Although a relatively small number chose to report the trauma to their faculty, of great significance is that 93.2% (n=69) of respondents reported that they felt supported by their faculty and 81.1% (n=60) felt supported by their OT student peers.

Participants were also asked what led them to their decision regarding informing the faculty about their trauma and the impact trauma had on their education. When asked about the decision to inform faculty about their trauma, 85.9% (n=61) reported that they could trust the faculty at their school, 83.1% (n=59) reported that faculty would support them professionally, 78.8% (n=56) reported that faculty would support them academically, and 71.8% (n=51) reported that faculty would support them personally. A smaller number of respondents, 60.6% (n=43), indicated they felt they would not be treated differently and 65.2% (n=45) felt that faculty would understand their experience. When asked about the decision to inform faculty about the impact trauma had on their education, the results were nearly identical.

### **Qualitative Results**

Participants had the option of answering seven guided short answer questions within the survey. These questions provided opportunities for students to expand upon the multiple-choice answers they had provided, if so desired. Questions focused on topics such as: how trauma has impacted ability to participate in graduate education, whether students felt it would continue to impact them, reasoning for deciding whether or not to inform faculty of trauma and its impact on education, ways in which respondents have felt supported by faculty and peers, and ways in which faculty and peers could better support respondents. Several themes emerged following qualitative data analysis of the written response questions.

**Table 2***Qualitative Themes with Exemplary Quotes*

Theme	Exemplary Quote	Exemplary Quote	Exemplary Quote
Creating a Communicative Environment is Imperative for Success	“They make it clear and known that they are always there to talk to whether it's about school or not. If I got to the point where I needed more support, I wouldn't think twice about going to them for support.”	“My OT faculty has been supportive through making me feel like I can always talk to them, giving me advice when needed (both personally and professionally) and encouraging me to continue going after my goals.”	“I informed my advisor who told me that I needed to leave my ongoing traumatic situation ‘at home’.”
Students are Fearful of Disclosing Effects of Trauma Due to Stigma	“I want to be seen as a professional and if I disclosed my trauma it would change that. Not because the faculty is not equipped to handle it, but rather because people cannot help viewing someone differently (or pitying them) after learning certain things about them.”	“I am a very private person in professional settings and do not like sharing these experiences with others that cause them to feel bad, pity, or look at me differently.”	“The stigma based around any mental health condition is truly detrimental to anyone who suffers with one. I think, personally, it is easier to be quiet about it than let a plethora of other people in and know about them. It sets up for failure.”

Trauma Impacts Multiple Areas of Academic Performance	“Difficulties making it to class due to anxiety, trouble understanding spoken instructions and listening in class due to dissociative issues, difficulties engaging with other students.”	“My ability to concentrate, focus, and retain new information in class, it has impacted my finances, school/work/life balance, how I interacted with others, my overall participation in class/extracurriculars/fieldwork, and certain topics were difficult to learn about.”	“There are certain lecture topics that are too traumatic for me to follow and can be very uncomfortable.”
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***Theme One: Creating a Communicative Environment is Imperative for Success***

Many participants indicated that they disclosed the effects of their trauma to select faculty who they considered accessible and trustworthy or with whom they had established a relationship due to open communication. Furthermore, many participants identified feeling supported by faculty who preemptively reached out to students throughout the semester to “check in” on them, through either email or advising meetings. Respondents also reported that it was easier to communicate with faculty who understood that students hold many roles outside of their role as ‘student,’ and that each of these roles is impacted by trauma. Alternatively, some participants reported that they had negative experiences with faculty members after disclosing the impacts of trauma on their academic performance, including experiences such as faculty who did not know how to support the student and faculty who were not approachable or understanding of the situation.

***Theme Two: Students are Fearful of Disclosing Effects of Trauma Due to Stigma***

Several participants indicated they were concerned that sharing the impact of trauma on their education would be considered unprofessional or would result in faculty pitying them. Additionally, several participants expressed that they were cognizant of the stigma that may be present when discussing trauma and its impact with faculty members. Numerous respondents reported not wanting to be treated differently and thus opted not to disclose the trauma or its effects on their education to the faculty.

***Theme Three: Trauma Impacts Multiple Areas of Academic Performance***

Over two thirds of respondents (67%) indicated that they experience a multitude of impacts on educational performance due to their trauma, including difficulty concentrating, decreased memory, difficulty sleeping, and decreased motivation to

complete necessary tasks. Multiple participants also indicated that particular topics discussed in OT school are “triggering” and thus make it even more challenging to successfully participate in their education while coping with the triggered traumatic experience.

### **Discussion**

AOTA explains that OT education parallels the philosophy of OT practice but remains “distinctly concerned with beliefs about knowledge, learning, and teaching” (AOTA, 2018b, p.1). Researchers have identified a myriad of ways to use trauma informed care approaches in treatment with OT patients (Fette et al., 2019); however, the importance of trauma-informed approaches within the educational OT setting has not been discussed.

While current research indicates that anywhere from 66-85% of college students have experienced trauma (Carello & Butler, 2014; Frazier et al., 2009; Read et al., 2011; Smyth et al., 2008), 88% of the respondents in this study indicated experiencing a traumatic event. This slightly higher occurrence could be attributed to the global pandemic and sheltering in place, as 24% of respondents indicated their trauma occurred during their OT graduate education.

Many of the respondents indicated that communication with professors was the foundation for a productive learning environment, including being able to have conversations built around trust and open communication. The idea of trust also comes out in the theme of stigma. Students were hesitant to share their experiences with trauma due to the chance that they will be stigmatized and treated differently. While it is clear that stigma continues to be a prevalent societal response to disclosure, OT practitioners and educators should be confident in their ability to address and provide support to students, and clients, who have experienced trauma. An awareness of trauma-informed care within the educational setting can move toward ensuring that students are not treated differently when it comes to disclosure of trauma.

### **Limitations**

Several limitations are present in this study, including the relatively small sample size of 74 respondents. A major limitation is that this survey was not piloted. Despite recruitment to both males and females, only female-identifying students responded. While this is a limitation, it is consistent with the profile of the OT profession, which is predominantly female at 90.6% (AOTA, 2020a). Additionally, individuals who have experienced trauma may have been more likely to respond to the survey based on the title, therefore increasing the number of respondents who have experienced a traumatic event when compared to the more general population. The research does suggest that females tend to report higher levels of stress and experience traumatic events at greater frequency than males (Silver et al., 2018). Further, this study was restricted to the Northeast area of the United States due to the high number of OT graduate programs in this particular area.

### **Implications for Occupational Therapy Education**

SAMHSA (2018b) states that trauma-informed programs adhere to four key standards. Educators and educational programs should be aware of and should implement these standards in all aspects of their service delivery. The first standard states the program “realizes the widespread effect of trauma and understands potential paths for recovery.” Simply becoming more knowledgeable about trauma itself, the high rate of occurrence of trauma within the college student body, and recognizing the impacts that trauma can have on this population is the first step to becoming a trauma-informed educator. Becoming aware of the fear of stigma related to trauma is critical as well. Many students in this study reported that they were not comfortable informing faculty of their experiences because they were concerned about being treated differently. Of the 29% of students who informed faculty of their traumatic experience and 16% who informed faculty of the effects of trauma on their education, not one participant reported feeling stigmatized afterward. While some students reported challenges relating to the approachability of faculty or the faculty member’s ability to adequately support them, no respondents reported being treated differently by faculty members. This is consistent with the 81% of respondents who reported that their fellow OT students were supportive of them. Students who indicated that their peers were aware of their traumatic experiences reported that the peers were supportive and there were no reports of stigmatization or being treated differently within their peer groups. This data shows that trauma survivors are in fact dealing with the fear of stigma when informing others and reaching out for support. However, in the case of the OT students who did choose to reach out and inform faculty and peers, stigmatization was not reported to be an issue. Educators who make themselves available and approachable and who ensure that they are adequately informed of the ways in which they can support these students can significantly allay fears, thus increasing the students’ support system and likely their academic performance as a whole.

The second standard states that programs “recognize the signs and symptoms of trauma in clients, families, staff, and others involved with the system” (SAMHSA, 2018b). Occupational therapy practitioners are trained to recognize these signs and symptoms of trauma and to help our clients through the recovery process (AOTA, 2018a). Educators should use this training to assist their students just as they would with clients in clinical practice.

SAMHSA’s (2018b) third standard for trauma-informed programs is that they “respond by fully integrating knowledge about trauma into policies, procedures, and practices.” Educators can begin by analyzing their own teaching, advising, and mentoring practices. Are you consistently aware of how your approach to education may be affecting your students? Do your course policies support individuals who have experienced trauma? Do you cover potentially triggering topics, and if so do you provide this information in a way that will not be retraumatizing for your students, and give them advanced notice of the topic? Do you make yourself available and accessible to students to discuss the impacts of trauma on education, and reach out to them on a periodic basis? These are just a few questions to consider as educators take deliberate steps toward becoming trauma-informed educators. Educators can take this a step

further by having these discussions on a departmental, college, and even university level. These discussions can help to ensure that all policies, procedures, and practices have considered and integrated knowledge about trauma to ensure that everything necessary is being done to support trauma survivors. Additionally, we recommend revisiting syllabi and handbooks to include a statement that indicates willingness to discuss impacts of experiences on education, as well as offering alternatives to triggering assignments or materials. These simple changes may be beneficial in establishing a strong foundation in the student-faculty relationship and they support the themes found in this study; students benefit from open, communicative faculty, they feel supported by faculty who reach out to check in on them, and they benefit from trigger warnings when discussing difficult topics.

It is important to mention that while discussing potentially triggering topics in and outside of the classroom can be difficult for some students, there are also risks in not discussing trauma in the classroom. Many researchers believe that avoiding these topics can perpetuate shame, secrecy, or stigma associated with the topics (Becker-Blease & Freyd, 2007; Carello & Butler, 2014; Jolly, 2011). In the field of OT, avoiding topics such as sexuality, certain aspects of mental health and even trauma itself may result in students missing key components of their education that would in turn assist them to become trauma-informed clinicians.

The last guiding standard for trauma-informed programs is that they “seek to actively resist retraumatization.” Each of the aforementioned recommendations will assist educators with adhering to this standard. Carello and Butler (2014) stated it well when they said the first step in adopting a trauma-informed approach in their teaching is to simply, “First, do no harm” (p. 157). Nonmaleficence, or the obligation to not inflict harm, is the second principle within the *AOTA 2020 Occupational Therapy Code of Ethics* (2020b) and is a guiding principle for all OT practitioners. Occupational therapy practitioners are obligated to ensure that as educators we are abiding by our Code of Ethics just as we do in clinical practice.

### **Implications for Future Research**

Future research could focus on faculty perspectives regarding the impact of trauma on students' education. More specifically, it would be beneficial to gain insight into faculty members' understanding and use of trauma informed teaching methods. Further, while this particular study focused only on OT graduate students, it would be important to understand the perspectives of other student populations as well.

### **Conclusion**

Occupational therapy students are not exempt from the exposure to trauma and its impact on various aspects of daily life. Occupational disruption is common following trauma and can include significant impacts on education and academic performance. Educators have an obligation to support students and ensure they have the tools necessary to successfully participate in their OT education. Utilizing trauma-informed approaches can be an effective means for providing this support. Specifically, educators can utilize empathy when students share their traumatic experiences and impacts. They

can recognize the many roles that students fill in their lives beyond the classroom and the ways in which trauma might impact each of these roles. Educators can create a safe and trusting environment that encourages communication and can help to ensure students feel comfortable coming to them with any concerns, allowing for an optimal educational experience for both students and faculty.

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