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Self-Regulation for Adolescent Survivors of Sex Trafficking: An Occupational Therapist's Perspective

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BACKGROUND

Adolescent survivors of sex trafficking (SST) often face lingering emotional, developmental, psychological, and behavior dysregulation (Cole et al., 2016). This results in SST experiencing diminished occupational performance. Adolescents with a background of trauma, such as SST, are susceptible to being in a continual dysregulated arousal state due to lack of mastery in self-regulation (Koomar, 2009). This form of arousal dysregulation can manifest through sensory sensitivities to the tactile, vestibular, or auditory systems leading to regular flight, fight, or freeze responses during everyday activities (Koomar, 2009; van der Kolk, 2005). These difficulties in managing arousal levels, a term called self-regulation, can directly impact engagement in a variety of occupations including sleep, education, feeding, leisure, and social participation.

PROBLEM

Current programming for adolescent SST fails to recognize how trauma impacts autonomic arousal and the ramifications this has on occupational participation. There is a gap in available programming for SST that applies evidence based sensory strategies that facilitate self-regulation, a skill foundational for lifelong occupational engagement.

PURPOSE

To support community reintegration for adolescent SST through the development of sensory based programming that fosters self-regulation.

PROGRAM DEVELOPMENT

Needs Assessment

The site-based needs assessment consisted of direct participation, staff and self-report, along with informal interviews and clinical observation to assess the needs of 13 adolescent survivors of sex trafficking aged 12-17 at a short term residential therapeutic program.

Results

OCCUPATION	BARRIERS	IMPACT ON OCCUPATION
Sleep preparation and participation	<ul style="list-style-type: none"> Hyperarousal -lying in bed awake till 3:00am Alerting activities before bedtime (phone calls, group meeting, behavior review) 	<ul style="list-style-type: none"> Difficulty falling asleep following evening activities
Participation in education	<ul style="list-style-type: none"> Hyperarousal -constant movement, easily distracted Hypoarousal -falling asleep 	<ul style="list-style-type: none"> Challenges in concentration and learning
Feeding/eating	<ul style="list-style-type: none"> Hyperarousal -tapping feet, not sitting still Appointments such as court hearings, calls with social workers, or crisis intervention surrounding mealtime 	<ul style="list-style-type: none"> Frequent meal refusals
Social Participation	<ul style="list-style-type: none"> Hyperarousal -verbal or physical fights Hypoarousal -preference for solo activities 	<ul style="list-style-type: none"> Frequent conflict or aggression Difficulty engaging with others
Leisure Participation	<ul style="list-style-type: none"> Hyperarousal -destruction of property, aggressive behavior Hypoarousal -refusal to participate, minimal effort 	<ul style="list-style-type: none"> Challenges engaging in activities such as drawing or hiking

Program Activities

Week	Topics Covered	Activities
1	Occupations + Our Autonomic Nervous System	Song Playlist, ANS Handouts
2	Occupations + Our Autonomic Nervous System	Photo Challenge, Collage Creation, Activity Tracker
3	Self-Regulation	7 Senses, Ways I Self-Regulate
4	Understanding Energy States	Name That State, Paint Chips
5	Establishing a Sleep Routine	Would You Rather, Breakdown, My Sleep Routine, Let's Talk Strategy
6	Establishing a Study Routine	Would You Rather, Breakdown, My Study Routine, Let's Talk Strategy
7	Environmental Modifications	Creating Sensory Supportive Spaces

DISCUSSION

It was determined that the creation of sensory and occupation-based routines that focus on regulating arousal levels would improve occupational engagement in each of the areas listed. Through empowering survivors to establish routines that support optimal engagement, this program lays a foundation for self-identification of dysregulation and strategies to support lifelong participation in occupation as SST transition out of trafficking and back into the community.

IMPLICATIONS FOR OT

1. Advocate for the role of occupational therapy with adolescent SST
2. Support adolescent SST during community reintegration by fostering skills needed for lifelong occupational engagement
3. Provide trauma-informed care that considers how trauma and sensory input impact arousal and how this influences participation in meaningful activities
4. Develop occupation-based programming focused on staff and patient education regarding the autonomic nervous system, sensory strategies for self-regulation, creation of routines, and environmental modifications



Please access QR code for complete references

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