

# Strengthening occupational therapy practice with communities after traumatic events

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## Abstract

Occupational therapists have immense potential to strengthen their role in supporting communities to recover from collective trauma. After traumatic events, a community-centred practice approach can be used by occupational therapists to improve health, safety, security and wellbeing at a population level. Three strategies to strengthen the role of occupational therapy in this critical area of practice are proposed: (a) work collaboratively with communities to design programmes centred on community strengths and needs; (b) select and use therapeutic occupations to support community recovery; and (c) develop strong networks to enhance community partnerships and sustainability of services.

## Keywords

Occupational therapy, human occupation, occupational justice, community-centred practice, trauma, environment and public health

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Internationally, many communities are affected by large-scale traumatic events, such as floods, storms, earthquakes, war, terrorism and genocide (World Federation of Occupational Therapists, 2016). After traumatic events, communities can experience poverty, malnutrition, physical injuries, communicable diseases, impaired sexual and reproductive health, and an increase in mental health conditions, including depression, anxiety, psychosis, substance abuse and posttraumatic stress disorder (Lowe et al., 2015). The impact of large-scale traumatic events on communities has been termed collective trauma. According to Sharmai (2015: 11) collective trauma is

[...] developed through a process that begins with a catastrophic event [...] that causes loss, physical and psychological damage and pain, which impacts on the entire group [...]. The impact creates emotional and psychological wounds that become keystones in the group's narrative, set of beliefs and identity, [...] across generations.

Currently, occupational therapists predominantly use individually focused rehabilitation strategies to improve the lives of people experiencing illness, injury or impairment by promoting human rights, socioeconomic development and an inclusive society (Thompson et al., 2017). However, some therapists are advocating for the

development of occupation-based, community-centred approaches to support communities to recover from traumatic events (see, for example, Rushford and Thomas, 2015; Thibeault, 2011; World Federation of Occupational Therapists, 2016).

Occupational therapists can have a more significant impact working with communities, rather than or in addition to individuals, to improve community and population-level health outcomes following collective trauma (Hyett et al., 2018; Whiteford and Townsend, 2011). A community-centred approach is important because of the influence of context on trauma recovery. The physical, social, cultural, political and economic contexts impact on housing, healthcare utilisation, community safety and wellbeing, and opportunities for meaningful participation (Lowe et al., 2015). Occupational therapists are encouraged to investigate opportunities for building participation in collective, community-level occupations (Ramugondo and Kronenberg, 2015) that promote trauma recovery.

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Community-centred occupational therapy in this context should involve working with communities to design and implement programmes that support community members with shared interests, goals and recovery needs to participate in occupations that are critical for trauma recovery. An occupation-based and community-centred approach to trauma recovery includes community-level occupational analysis, the identification of shared goals, and the design, development, facilitation and evaluation of occupation-based programmes in partnership with communities. By utilising a community development approach to develop community-led occupational therapy programmes, occupational therapists can support community participation and empowerment, and increase the impact and sustainability of occupational therapy services (Scaffa, 2013). Three strategies to build the capacity of occupational therapists when working with communities affected by collective trauma are proposed: (a) work collaboratively with communities to design programmes centred on community strengths and needs; (b) select and use therapeutic occupations to support community recovery; and (c) develop strong networks to enhance community partnerships and sustainability of services.

### Work collaboratively with communities to design programmes centred on community strengths and needs

Occupational therapists bring knowledge of recovery-focused practice and the ability to integrate recovery goals into occupation-based community programmes (Stoffel, 2010; World Federation of Occupational Therapists, 2016). By working collaboratively with communities to design community-centred recovery programmes, occupational therapists can ensure that programmes are centred on local community strengths and recovery needs. An important conceptual framework that can be used to support this practice is the

participatory occupational justice framework (POJF) (Whiteford and Townsend, 2011). The POJF can be used with communities to identify and address issues of occupational injustice that have occurred as a result of trauma, as well as structural and societal causes of trauma to prevent re-traumatisation (Whiteford and Townsend, 2011).

In addition, the community-centred practice framework (CCPF) (Hyett et al., 2018) can be utilised to ensure that the community remains at the centre of practice and the recovery programmes are community led. Use of this framework will support occupational therapists to design programmes with communities that utilise community strengths and resources to overcome barriers to participation and enable them to meet their shared occupational goals (Hyett et al., 2018). A brief overview of how occupational therapists can use the POJF and CCPF in practice is provided in Table 1.

### Select and use therapeutic occupations to support community recovery

Occupational therapists are encouraged to use occupation as a therapeutic medium for enhancing the health of communities (Hyett et al., 2018; Scaffa and Brownson, 2013; Whiteford and Townsend, 2011). Although the focus of occupational therapy is often on individual occupations, collective occupations that are important to the community and align with their social and cultural values and interests can be used to facilitate recovery from trauma at a community level (Hyett et al., 2018). Collective occupations involve 'collective human engagement', with shared goals and shared intentionality (Ramugondo and Kronenberg, 2015: 10).

Thibeault (2011) and Rushford and Thomas (2015) have described how collective occupations such as studying, participating in religious ceremonies and rebuilding physical infrastructure have myriad potential benefits for enabling trauma recovery. Occupational therapists can use

**Table 1.** Using the participatory occupational justice framework (Whiteford and Townsend, 2011) and community-centred practice framework (Hyett et al., 2018) to address collective trauma.

Participatory occupational justice framework (POJF)	Community-centred practice framework (CCPF)
<ol style="list-style-type: none"> <li>Occupational therapist identifies that individuals or groups within a community have experienced collective trauma.</li> <li>The trauma is framed as an occupational injustice; for example, occupational deprivation caused by loss of environmental resources.</li> <li>The possible reasons for the injustice are explored and identified in collaboration with the community.</li> <li>Occupational therapist collaborates with the community to identify opportunities to influence injustice/s at micro, meso and macro levels.</li> <li>Action is taken to address occupational injustice/s using identified opportunities for influence; for example, social and political advocacy to create occupational opportunities.</li> <li>Occupational therapist works with the community to build justification for community-level practice through evaluation, research and community feedback, to ensure practice can be sustained to support community recovery.</li> </ol>	<ol style="list-style-type: none"> <li>Occupational therapist develops an understanding of community identity by building relationships and exploring community diversity, including influential social and place dimensions.</li> <li>Occupational therapists works collaboratively with the community to identify recovery goals and select therapeutic occupations, which are socially and culturally meaningful and address trauma recovery needs.</li> <li>Occupational therapist works with the community to map community skills and resources that can be used to overcome barriers to participation.</li> <li>Occupational therapist selects practice skills and enablement strategies that can be used with the community to support participation in collective occupations that enhance health and wellbeing after trauma.</li> </ol>

a range of practice skills and enablement strategies with communities to support community-level occupational participation and engagement, including social and political advocacy, health promotion and education, community-level occupational analysis, and goal setting and community development (Hyett et al., 2018; Scaffa, 2013).

### Develop strong networks to enhance community partnerships and sustainability of services

Recovery from collective trauma is complex, with communities frequently reporting widespread physical, social, psychological and economic impacts (Lowe et al., 2015). Occupational therapists working in this field require skills in trauma-informed care to promote safety and participation (Snedden, 2012), and may be at increased risk of vicarious traumatisation, professional burnout and stress due to the emotional nature of this work. In addition, the efficacy of community-centred work is dependent on the degree to which communities are empowered to address issues relating to health and participation. Occupational therapists therefore require strong networks to support the establishment of effective and sustainable community-centred trauma recovery services.

Jeong et al. (2016) conducted a review of occupational therapists' roles following natural disasters, and identified that practice could be strengthened by increasing linkages with professional and community organisations and networks. To support the development of community-centred recovery services, occupational therapists need to develop and expand links with global health authorities and organisations, including the World Health Organization and the International Federation of Red Cross and Red Crescent Societies, in addition to grassroots organisations that support communities affected by trauma at a local level.

The development of top-down and bottom-up networks ensures effective collaboration with other recovery services and provides opportunities for partnership development and leveraging. Occupational therapists can also draw on these networks for supervision, mentoring, de-briefing and support. In addition, these networks can be used collaboratively to source funding for projects, for research and knowledge exchange, mutual capacity building and skills training, and sharing of resources.

### Conclusion and future directions

Globally, natural and human-made traumatic events affect many communities. By using an occupation-based, community-centred practice approach with communities affected by collective trauma, occupational therapists have the potential to enable trauma recovery at a community level. Occupational therapists can strengthen current practices by expanding trauma recovery services beyond the individual level, to develop and facilitate trauma recovery programmes collaboratively with communities. A range of professional skills and networking activities

can be used to ensure services are sustainable and meet the diverse needs of communities locally and internationally.

### Research ethics

Research ethics was not applicable for this opinion piece.

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All authors researched the literature and contributed to the concept and design of the manuscript. Kylie Carra and Nerida Hyett wrote the first draft. All authors critically reviewed and edited the manuscript and approved the final version.

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