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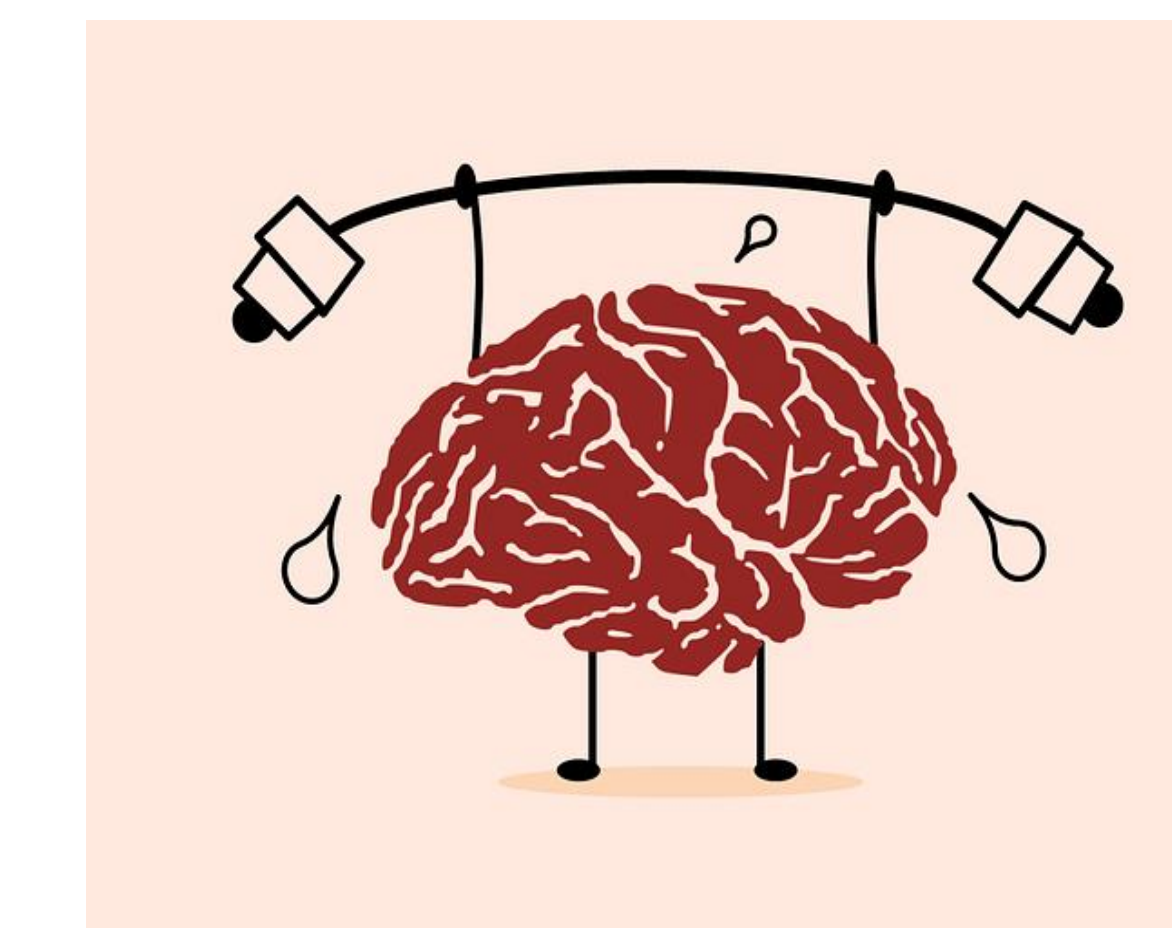
Healthy Brains, Healthy Bodies: Addressing Mealtime Routines and Self-Regulation in Children with Dual Diagnosis

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Background

Definitions:

- ❖ Trauma: actual or posed threat that could cause or has caused harm to an individual (National Child Traumatic Stress Network, n.d.).
- ❖ Complex trauma: exposure to multiple traumatic events (National Child Traumatic Stress Network, n.d.).
- ❖ Self-regulation: "ability to regulate and maintain an arousal level, activity level, and attention/focus as appropriate for the demands of the task or activity" (Center on the Developing Child at Harvard University, n.d.).

Complex trauma can cause difficulties with self-regulation, depression or anxiety, developmental regression, nightmares, difficulty with sleeping and eating, behavioral challenges, difficulty establishing healthy relationships, and changes in brain structure and function (Center on the Developing Child at Harvard University, n.d.; Center on the Developing Child at Harvard University, 2010; Felitti et al., 1998; National Center for Injury Prevention and Control, n.d.; van der Kolk, 2014).

Gap: Limited occupational therapy literature and programs addressing mealtime routines and self-regulation for children who have experienced trauma.

Tennyson Center for Children

"Every kid forever"

- ❖ Non-profit organization in Denver, Colorado that provides mental health services for children ages 5-18 years with a complex trauma background.
- ❖ School-based, community-based and residential services.
- ❖ Goal: "reintegrate our children back into safe families, supportive schools and vibrant communities" (Tennyson Center for Children, 2017).
- ❖ Psychoeducation on the effects of trauma and attachment styles are the focus of treatment by licensed social workers and licensed counselors.
- ❖ Strategic plan to reduce rates of police contacts, crisis calls, no-shows at school and removal of children from the home.

Needs Assessment

Interviews and emails conducted with mental health providers, educators and other staff at Tennyson Center.

Staff identified interest in occupational therapy needs in:

- ❖ School setting for addressing self-regulation and sensory-based challenges, transitions, behavior modification, and mealtime routines.
- ❖ Community based setting for providing occupational therapy related services to clients and families in BRANCH and general community based programs.
- ❖ Community based setting for consultation to determine occupational therapy needs versus trauma needs for clients and families.

Healthy Brains, Healthy Bodies Program

Purpose: address concerns related to mealtime routines, nutritional deficiencies, behavioral challenges and self-regulation difficulties to students in the classroom setting and parents in the home setting.

Participants:

- ❖ Middle school age students 10-14 years old
- ❖ Dual diagnosis: mental health diagnosis plus Autism Spectrum Disorder or Intellectual Disability/Developmental Delay
- ❖ 5 males, 2 females

Procedures:

- ❖ Convenience sampling
- ❖ Students received day treatment mental health services.
- ❖ Daily mental health groups were already established.
- ❖ Non-jurisdictional Institutional Review Board (IRB) approval by A.T. Still University.

Program Design:

- ❖ 45 minute sessions 1x/week for 6 weeks.
- ❖ Used The Alert Program® - How Does Your Engine Run? (TherapyWoks, Inc., 2018).
- ❖ Incorporated mealtime preparation skills and routines.
- ❖ Outcome measures of pre-test, post-test knowledge survey completed by students.

Results:

- ❖ Students reported an increase in knowledge on healthy foods, mealtime preparation skills and self-regulation strategies in the post-test knowledge survey.
- ❖ Qualitative data from student reports included learning about: "Food", "Cooking", "Measuring", "Playing", "To make friends".
- ❖ Qualitative data from mental health providers included implementing strategies from group into other lesson plans, using self-regulation strategies in students' daily routines, and building upon mental health interventions with creative strategies.

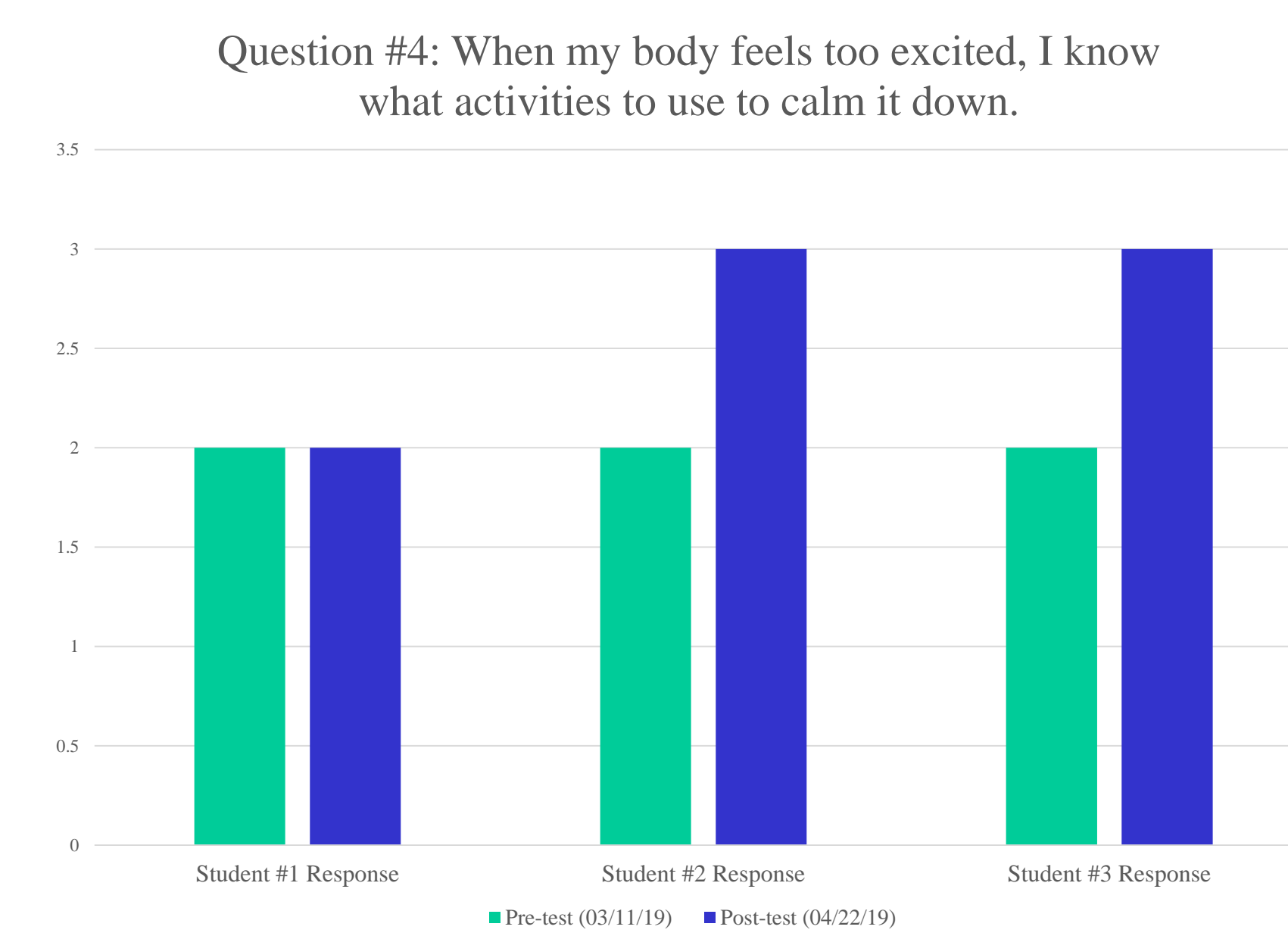


Figure 1: Healthy Brains, Healthy Bodies Student Questionnaire – Question 4.

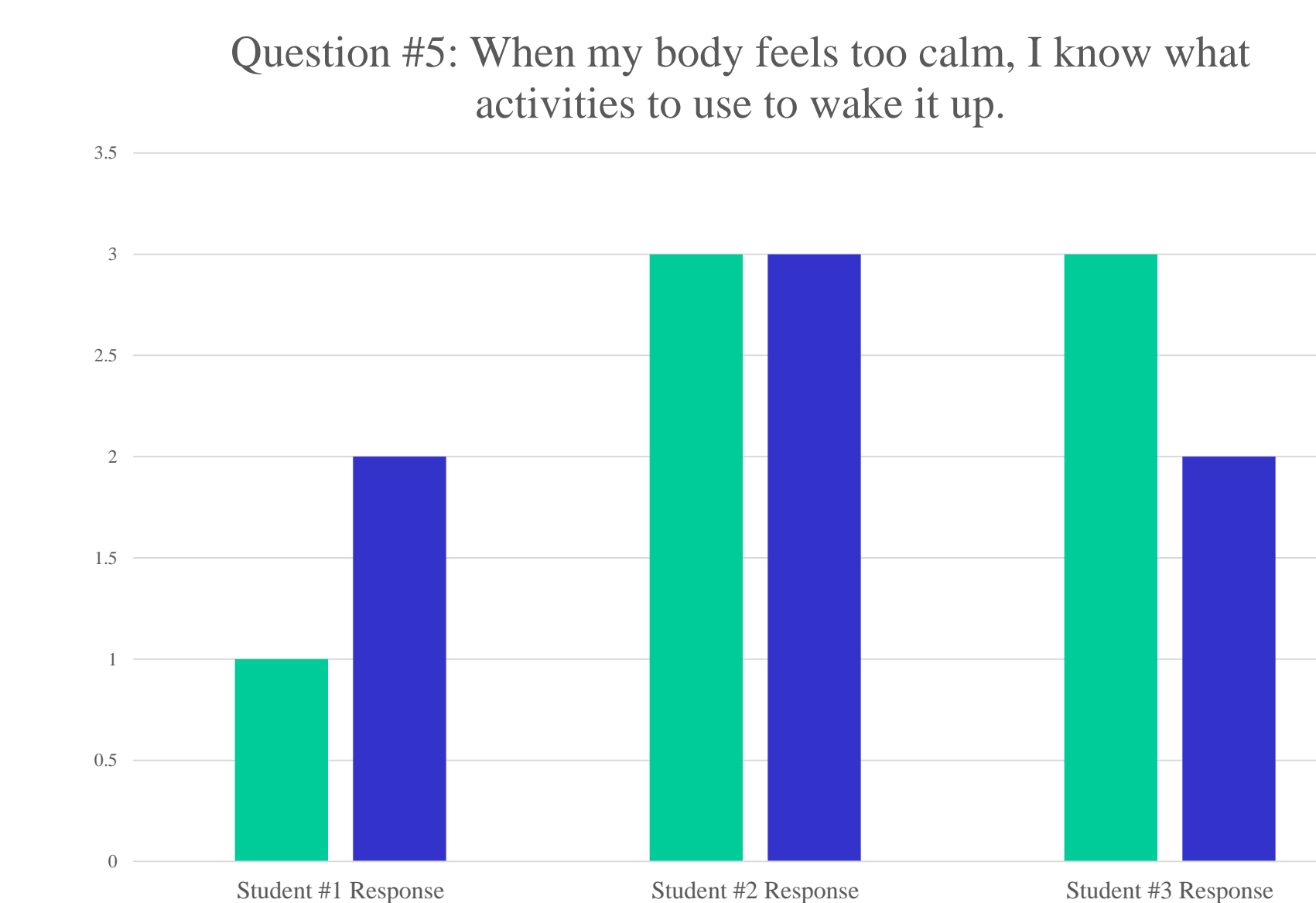


Figure 2: Healthy Brains, Healthy Bodies Student Questionnaire – Question 5.

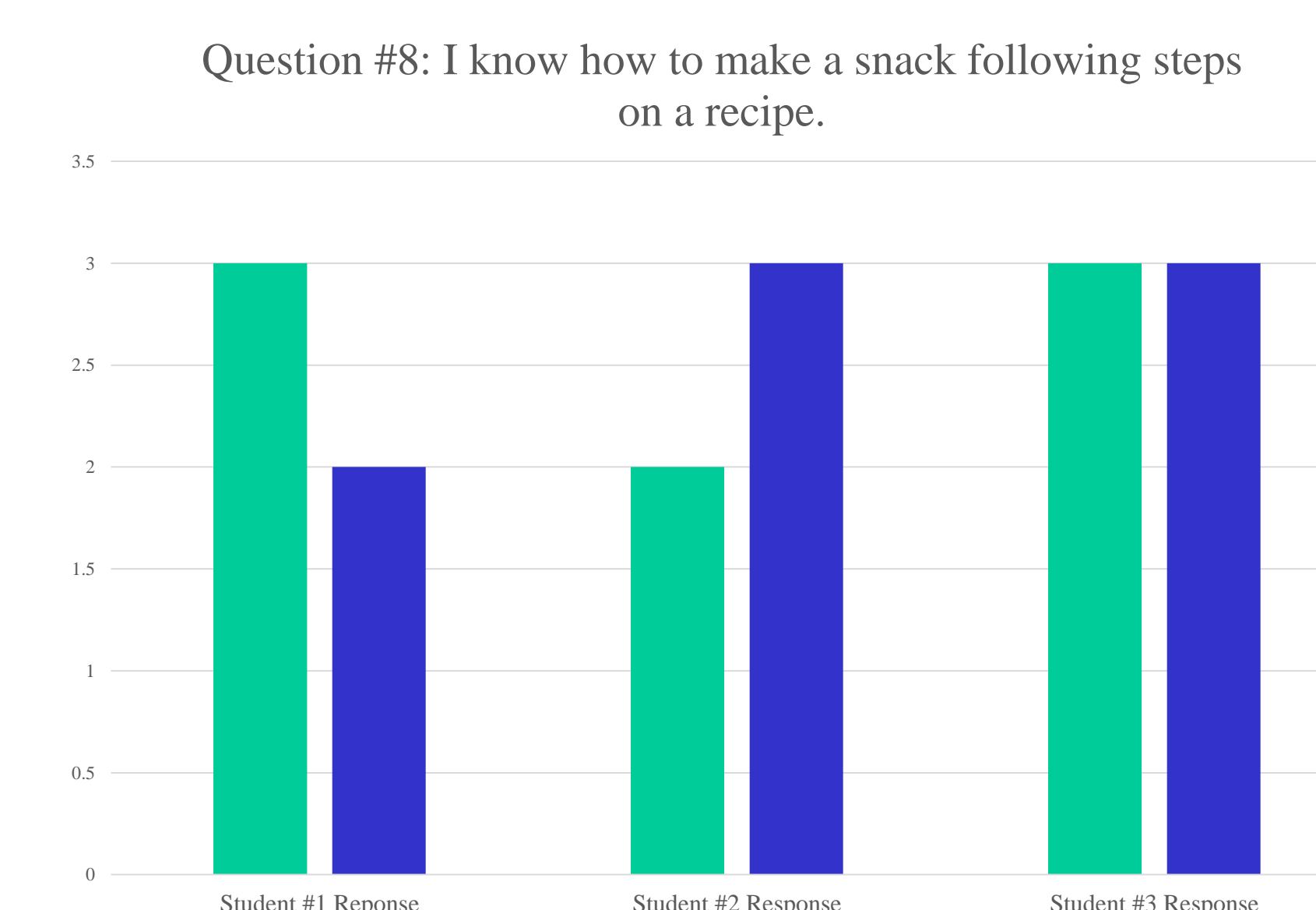


Figure 3: Healthy Brains, Healthy Bodies Student Questionnaire – Question 8.

Consultation and Intervention

Consultation with six male clients ages 6 to 12 years with dual diagnosis and mental health diagnosis.

- ❖ Open ended interviews and informal observations.
- ❖ Referrals and handouts provided to clinicians, families and clients for occupational therapy related activities and ideas for more creative activities.

One-on-one interventions with four clients ages 6 to 17 years with dual diagnosis and mental health diagnosis.

- ❖ Weekly interventions for 1 to 1.5 hours.
- ❖ Interventions included creating sensory diets, participating in life skills training, establishing morning and nighttime routines, and improving self-regulation skills.

Conclusion

Occupational therapists can provide valuable services in a mental health setting by:

- ❖ Addressing self-regulation and mealtime routine challenges.
- ❖ Educating clinicians, educators and parents/caregivers about ways to incorporate sensory related activities into daily life routines.
- ❖ Providing occupational therapy services alongside mental health providers to reduce number of appointments for families.

References

- Center on the Developing Child at Harvard University (2010). *The foundations of lifelong health are built in early childhood*. <http://www.developingchild.harvard.edu>
- Center on the Developing Child at Harvard University (n.d.). Brain architecture. Retrieved from <https://developingchild.harvard.edu/science/key-concepts/brain-architecture>.
- Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P. & Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *American Journal of Preventative Medicine*, 14(4), 245-258.
- National Center for Injury Prevention and Control: Division of Violence Prevention. (n.d.). Children benefit when parents have safe, stable, nurturing relationships. Retrieved from www.cdc.gov/violenceprevention.
- National Child Traumatic Stress Network. (n.d.) About child trauma. Retrieved from <https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma>.
- Tennyson Center for Children. (2017). Strategic Framework. Retrieved from <https://www.tennysoncenter.org/assets/documents/about/strategic-framework.pdf>.
- TherapyWoks, Inc. (2018). New to the Alert Program®?. Retrieved from <https://www.alertprogram.com/new-to-alert-program/>.
- van der Kolk, B. (2014). *The body keeps the score: Brain, mind and body in the healing of trauma*. New York: Penguin Books.

Acknowledgments

Thank you Dr. Diamant for your guidance and clinical expertise throughout this entire doctoral project. Thank you Rachel Coates for your outstanding supervision and support through the implementation of this project. Thank you Shannon Lozano for your occupational therapy consultation on challenging cases. And thank you to all the students, clients, families and staff at Tennyson Center for Children for welcoming me into such a supportive community.