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SAFE PLACE: A Collaborative Sensory Integration-Based Approach to Treating Trauma



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Introduction

Children who are adopted and fostered have often experienced trauma and neglect which can interfere with normal attachment development. Delays in general development may concurrently be seen in areas of motor skills, sensory processing, and emotional regulation (Howe & Fearnley, 2008). Sensory and body-based intervention programs for traumatized children are becoming increasingly popular but nearly all programs are headed by psychologists and few include occupational therapists as an integral part of the therapeutic team. (Warner, Cook, Westcott & Koomar, 2012)

SAFE PLACE is a multi-disciplinary, collaborative treatment program for children with:

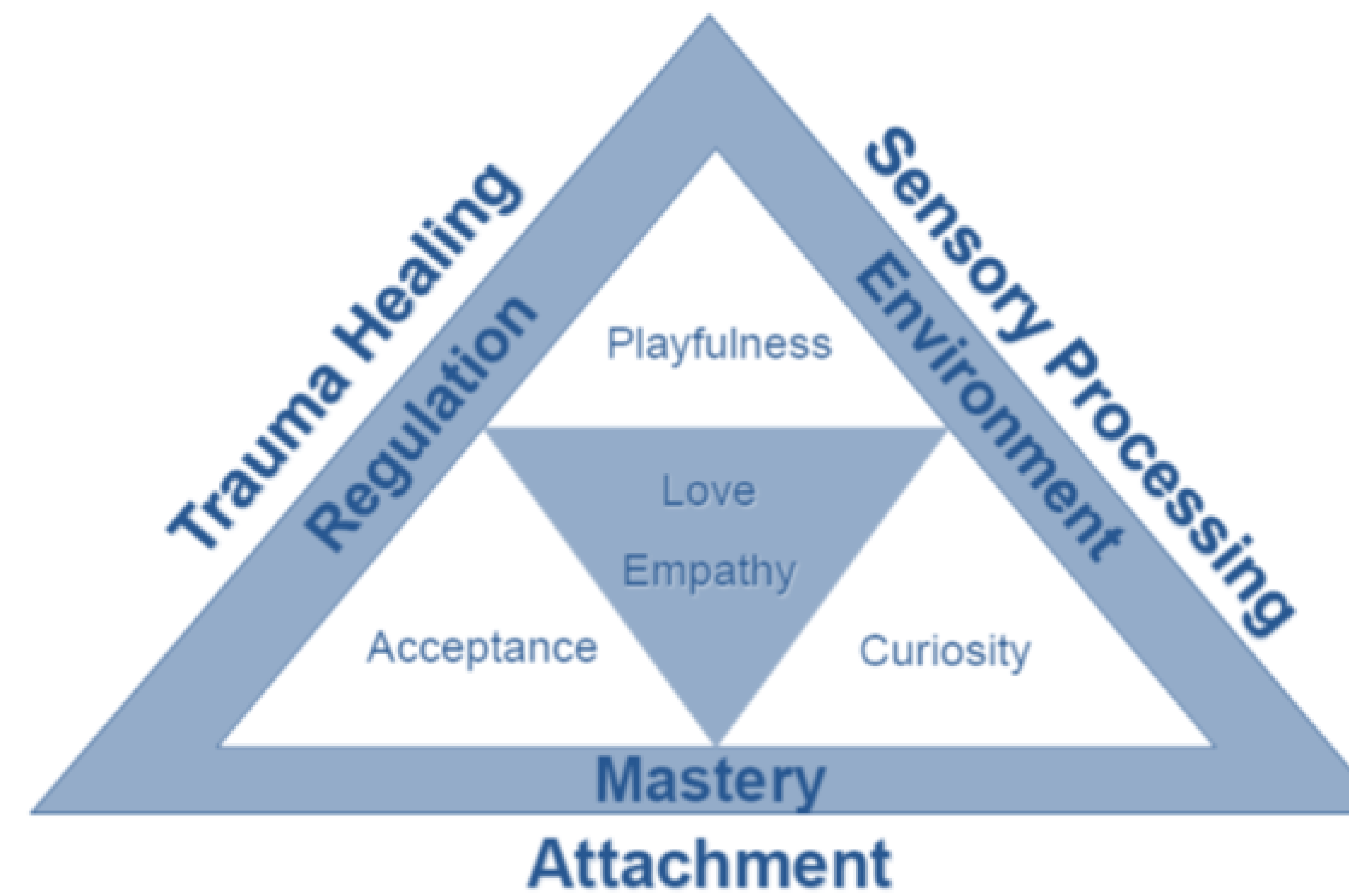
- sensory processing disorder (SPD), and
- complex trauma, and
- attachment concerns.

It is:

- a *theoretical model* explicating the relationship between sensory processing, disrupted attachment and complex developmental trauma concerns in children, and
- a specific collaborative interdisciplinary sensory integration-based trauma-informed *intervention program* for treating these concerns.

Characteristics of SAFE PLACE

- 1. Collaborative Model:** Occupational therapist, mental health practitioner, parent, and child
- 2. Sensory-Rich Treatment Space:** Side by side shifting pairings of adults with child
- 3. Implementation of Core Intervention Concepts:** Sensory integration, attachment, trauma-informed care, and mindfulness
- 4. Parent Involvement in Sessions:** Parents supported to provide emotional and physical safety to child
- 5. Multi-Disciplinary Intervention Outcomes:**
 - a) OT-SI outcomes of self regulation, sensory processing and motor competency;
 - b) Co-regulation and attachment bonding between parent and child
 - c) Traumatic healing for child and parent
 - d) Adaptive child development



SAFE PLACE

- **“SAFE”**
 - Reflects sensory component of the theory and means *Sensory Attunement-Focused Environment*,
 - Represents the use of safe, supportive, developmentally appropriate, sensorimotor activities and environments that promote play and fun in children’s physical and emotional development.
- **“PLACE”**
 - Reflects attachment component and means *Playfulness, Love, Acceptance, Curiosity and Empathy*,
 - Represents qualities of mindful engagement utilized by collaborating therapists to facilitate mastery, secure attachment and healing in the child and family.
- **“SAFE PLACE”**
 - As “safe place” reflects trauma component,
 - Represents important process of establishing and maintaining an environment and experience of safety and stability for the child, both within the child him/herself and between the child and others which promotes self-regulation, stabilization and processing of traumatic reactions

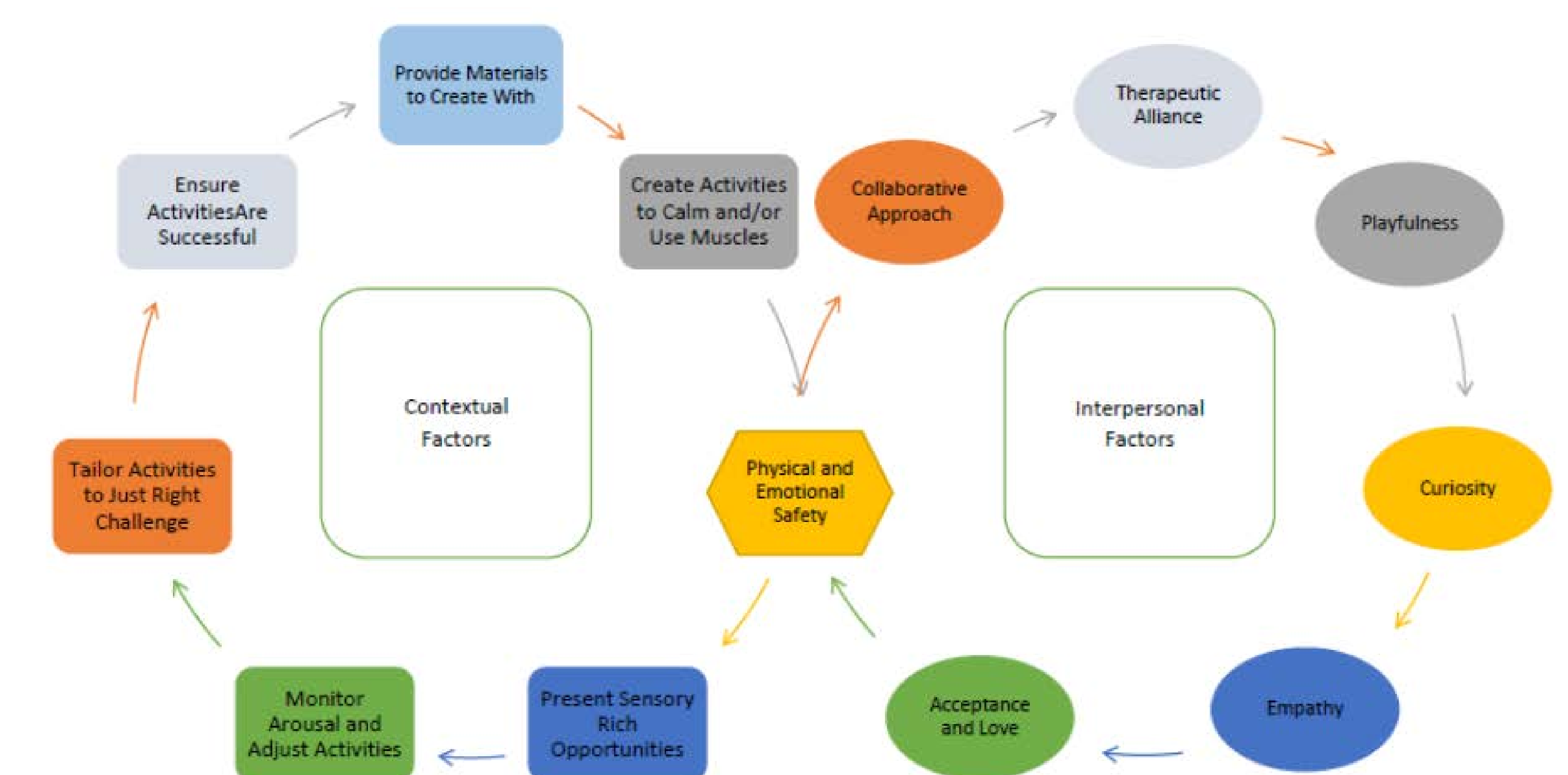
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- Dr. Deborah Rozelle, PsyD – Co-Contributor
- Marsha Raredon, MS, OTR/L – Co-Contributor
- Margaret Ingolia, MS, OTR/L – Co-Contributor

SAFE PLACE Intervention Model

- **Structure**
 - 12 week program (may be repeated)
 - 2 x 60 min/week direct collaborative intervention
 - 1 x 60 min/week parent education
 - 1 x 60 min/week professional collaboration time
- **Process**
 - **Assessment:** Comprehensive sensory integration and mental health assessment
 - **Intervention:** Four phase treatment approach
 - Establishment of Safety and Regulation of Arousal
 - Opportunities for Attachment Development
 - Opportunities for Processing Trauma
 - Opportunities for Engagement and Mastery
 - **Follow Up:** Ongoing occupational therapy and/or mental health services as needed and home programming
- **Core Intervention Principles**



Conclusion

The SAFE PLACE theoretical model and intervention program promises to be an effective model of care for adoptive children and other children with complex trauma and co-morbid sensory integration concerns.

References

- Howe, D & Fearnley, S. (2008). Disorders of attachment in adopted and fostered children: Recognition and treatment. *Clinical Child Psychology and Psychiatry*, 8, 369.
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