

**BUILDING RESILIENCE THROUGH
INTEGRATED DEVELOPMENT, GROUNDING,
AND ENGAGEMENT (BRIDGE):**

**A NEW CONCEPTUAL MODEL FOR
TRAUMA-INFORMED PEDIATRIC
OCCUPATIONAL THERAPY**

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OTR/L | Short Course | AOTA
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Presenter



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Positionality Statement

I come to this work as a white, cisgender, academically privileged OT practitioner and researcher. My clinical and research partnerships have been built with Black and Brown families on Cleveland's East Side — communities I serve but do not belong to. I hold my interpretations of this work with humility, center community voice in the research design, and name this context so you can weigh what I offer accordingly.

Content Notice & Psychological Safety

This session includes discussion of childhood trauma and adverse childhood experiences.

Please take care of yourself — you are welcome to step out if needed.

This is a collaborative, respectful learning space where all questions are welcome.

Learning Objectives

At the conclusion of this session, participants will be able to:

1. Describe the BRIDGE Model's conceptual foundation and five pillars for trauma-informed pediatric OT practice
2. Apply BRIDGE strategies to develop treatment plans that promote resilience in children with ACEs

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Why We Need BRIDGE: The Gap in Pediatric OT

Childhood trauma and ACEs are prevalent

Approximately 1 in 3 children experience ACEs before age 5

Current approaches are fragmented

No existing OT model integrates multiple relevant theories for childhood trauma, including theories from other disciplines

OT has a distinctive role

Sensory processing, occupation, co-regulation - but no unified framework



Background: The Building Resilience Program (BRP)

Program Overview

- Trauma-informed OT for preschoolers with ACEs
- 8-week parallel curriculum: children & caregivers
- Partnership: YWCA Early Learning Center, Cleveland
- Funded: AOTF & Cleveland State University

Program Focus

- Sensory-based coping strategies
- Emotional regulation & self-regulation
- Breath awareness & mindfulness
- Family resilience & community advocacy



BRP Key Results (N=32): Building the Case for BRIDGE

87%

**Emotional
Regulation**
GAS Achievement

94%

**Participation &
Engagement**
GAS Achievement

71%

Behavior
GAS Achievement

Introducing BRIDGE



The BRIDGE Model

Image created with assistance from ChatGPT.ai





A note – This is a new model, not yet empirically tested. Although rooted in evidence-based literature, we welcome feedback, anticipate future iterations and look forward to potential collaborations.

A publication is being prepared.

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Theoretical Foundations of BRIDGE

BRIDGE integrates nine evidence-based frameworks:

Trauma-Informed Care | Sensory Integration Theory

Polyvagal Theory | Attachment Theory

Mindfulness & Yoga | Integrated Family Systems

Sensorimotor Processing | Self-Regulation Theory

Interoception

Integrated for occupation-based, strengths-focused practice



Evidence Sampling: Recent Research (2024-2025)

The selected literature is not all-inclusive!

Clark et al. (2025)

Interoception and its application to paediatric occupational therapy: A scoping review

Lage et al. (2024)

Collaborative practice with parents in occupational therapy for children: A scoping review



Evidence Sampling: Recent Research (2024-2025)

The selected literature is not all-inclusive!

Haeyen (2024)

A theoretical exploration of polyvagal theory in creative arts and psychomotor therapies for emotion regulation in stress and trauma

Matson et al. (2024)

Trauma and sensory processing co-occurrence in pediatric populations



The Five Pillars of BRIDGE

- 1 **B**uilding Safety & Stability
- 2 **R**esilience Skills Development
- 3 **I**ntegrated Sensorimotor Processing
- 4 **D**evelopment- and Family-Centered
- 5 **G**rounded Occupation & **E**ngagement



BRIDGE: A Dual Approach to Trauma-Informed OT

Bottom-Up (Body Systems-First)

- Starts with the nervous system, sensory processing, and body-based regulation
- Asks: Is this child's nervous system ready to engage? What sensorimotor supports are needed first?
- Pillars 1, 2 & 3 anchor this perspective: safety, interoception, and sensorimotor processing build the physiological and psychosocial foundations



BRIDGE: A Dual Approach to Trauma-Informed OT

Bottom-Up (Body Systems-First)

- Grounded in Polyvagal Theory, Sensory Integration, social and emotional learning, psychological and interoceptive awareness research
- Goal: physiological, psychological readiness, positive mental health that makes meaningful occupational engagement possible



BRIDGE: A Dual Approach to Trauma-Informed OT

Top-Down (Occupation-First)

- Starts with the child's occupational roles, routines, and participation goals
- Asks: What does this child need to DO? What matters to this family?
- Pillars 4 & 5 anchor this perspective: development-centered engagement and grounded occupation situate every intervention in meaningful context



BRIDGE: A Dual Approach to Trauma-Informed OT

Top-Down (Occupation-First)

- Aligns with the OTPF: client-centered, occupation-based goals drive the treatment plan
- Goal: meaningful occupational participation in roles that matter to the child and family



Pillar 1: Building Safety & Stability



Creating the foundation for healing through predictability

- Trauma-informed environment design
- Co-regulation before self-regulation
- Grounding techniques (breathing, sensory anchors)
- Window of tolerance expansion



Pillar 1: Building Safety & Stability



Clinical Example:
Designing predictable, sensory-supportive treatment spaces that signal safety to the nervous system before therapy begins



Pillar 2: Resilience Skills Development



Created with assistance from Canva.ai

Building emotional regulation through body awareness

- F.I.S.H. Curriculum: Feelings Inside us are Superpowers to Harness
- Interoceptive awareness training
- Strength-based coping strategies
- Emotional vocabulary development
- Social and emotional learning



Pillar 2: Resilience Skills Development



Created with assistance from Canva.ai

Clinical Example:

Body sensation mapping activity - children identify where they feel emotions in their bodies and create personal coping toolkits



Pillar 3: Integrated Sensorimotor Processing

Regulating the nervous system through movement and sensation

- Combining interoceptive awareness, emotion language, regulation
 - Polyvagal-informed interventions
 - Yoga, movement, and mindfulness practices
 - Nervous system regulation as intervention goal
- *Identifying and acceptance of multiple, dynamic states



*Microsoft Stock Image



Pillar 3: Integrated Sensorimotor Processing

Clinical Example:

Mindful movement sequences that transition children from fight/flight states into regulated, ready-to-learn states

*Recognizing:

- arousal, attention, presence and engagement can fluctuate as a result of trauma and triggers



*Microsoft Stock Image



Pillar 4: Development- and Family-Centered

Meeting children where they are developmentally

- Intervention matched to developmental level, not chronological age — trauma disrupts development
- Age-appropriate, play-based interventions
- Attachment-informed practice: the therapeutic relationship models safe connection
- Caregiver as active co-therapist
- Culturally responsive engagement that honors family values, strengths, and definitions of wellbeing



*Microsoft Stock Image



Pillar 4: Development- and Family-Centered

Clinical Example:

Structured parent coaching sessions where caregivers practice co-regulation strategies with therapist support and feedback



*Microsoft Stock Image



Pillar 5: Grounded Occupation & Engagement

Connecting regulation to meaningful participation

- Occupation as the integrating outcome: regulated, grounded engagement in meaningful roles and routines
- Transfer of skills from the therapeutic context to real-world settings — home, school, community
- Co-occupation with caregivers and peers as the measure of success, not performance in isolation
- Sensory and emotional regulation in service of participation, not as an end in themselves



Pillar 5: Grounded Occupation & Engagement

Clinical Example: Child uses self-identified regulation strategies independently during a school transition — skills developed in therapy visible in naturalistic context



Assessment Framework for BRIDGE

Building the Foundation

- Trauma-informed intake process
 - Occupational profile, adapted with trauma-informed questioning
- Sensory processing assessment
- Interoceptive awareness screening
- Attachment patterns evaluation



Assessment Framework for BRIDGE

Ongoing Monitoring

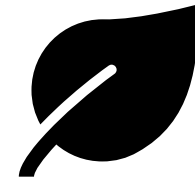
- Self-regulation capacity baseline
- Polyvagal state assessment
 - *Are they making eye contact? Responding to your voice prosody? Seeking proximity? (ventral vagal); Or scanning the room, startling easily, unable to settle? (sympathetic); Or flat, unresponsive, avoiding interaction, seeming "checked out"? (dorsal vagal)*
- Family strengths & needs inventory
- Goal Attainment Scaling (GAS)





Discussion: Using BRIDGE in Practice and Research

Implementation Considerations



Training & Readiness: Trauma-informed care certification recommended; Supervision and reflective practice essential

Settings: Early intervention, schools, outpatient, community-based

Key Fidelity Components: All 5 pillars addressed; cultural responsiveness; caregiver involvement

Outcome Measurement: GAS, sensory profiles, self-regulation measures, family outcomes



Future Directions & Research Needs

Research Priorities

- Curriculum development and BRIDGE mapping
- Effectiveness studies across settings
- Fidelity measure development
- Diverse population studies
- Implementation science research



Future Directions & Research Needs

Research Priorities

- Assessment Needs:
 - **developmentally appropriate, observational polyvagal state tracking tool for preschoolers** does not yet exist in validated form
 - **trauma-informed occupational profile instrument** specifically for pediatric OT



Future Directions & Research Needs

Your Input Matters!

- What barriers do you anticipate?
- What outcomes matter most?
- What populations are underserved?
- Share your expertise with us!



Key Takeaways



What We Covered Today

- BRIDGE addresses a gap in pediatric OT
- Nine evidence-based theories integrated
- Five pillars:
 - **B**uilding Safety & Stability
 - **R**esilience Skills
 - **I**ntegrated Sensorimotor Processing
 - **D**evelopment- and Family-Centered
 - **G**rounded Occupation & **E**ngagement



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