

UNIVERSITY *of* **INDIANAPOLIS**®

School of Occupational Therapy

Title: Development of a Social Participation and Community Integration Program for the Veteran Population

Jordan Romero

May 2022



A capstone project submitted in partial fulfillment for the requirements of the Doctor of Occupational Therapy degree from the University of Indianapolis, School of Occupational Therapy.

Under the direction of the faculty capstone advisor:

Jenna Trost, OTR

A Capstone Project Entitled

Title: Development of a Social Participation and Community Integration Program for the
Veteran Population

Submitted to the School of Occupational Therapy at University of Indianapolis in partial
fulfillment for the requirements of the Doctor of Occupational Therapy degree.

By

Jordan Romero

OTD Student

Approved by:

Faculty Capstone Advisor

Date

Doctoral Capstone Coordinator

Date

Accepted on this date by the Chair of the School of Occupational Therapy:

Chair, School of Occupational Therapy

Date

Abstract

Introduction: This paper describes the process of the program development of “Carving up the Ranks”, a woodworking group aimed at improving social participation and community reintegration within the veteran population.

Background: Occupational therapy is needed in veteran care to bridge the gaps areas of social participation and community reintegration.

Methods: Interviews and research guided the development of the instructional manual for this woodworking group.

Results: At the conclusion of the instructional manual development, the group session leaders were able to recite the program’s objectives and deemed the manual to be readable, understandable, and replicable.

Conclusions: The final rendition of the program manual was provided to all potential group session leaders. The researcher shared about the process of development and explained all contents.

Recommendations/Implications: It is imperative that researchers work to broaden the variety of participants eligible to participate in future cohorts.

Introduction

According to the United States Department of Veteran Affairs, there are over 400,000 veterans in Indiana (U.S. Department of Veterans Affairs, 2017). Of this population, 7.61% are women and 46.43% are aged 65 or older (U.S. Department of Veterans Affairs, 2017). Of Indiana veterans, around 45% of them are enrolled in the Veteran Affair healthcare system and around 21% are receiving disability compensation (U.S. Department of Veterans Affairs, 2017).

The Housing Assistance Council states that over 20% of veterans are living in homes with one or more major issues related to quality, crowding, or cost (2017). The Richard L. Roudebush Veterans Affairs Medical Center (RLRVAMC) is a part of Veteran Health Indiana (VHI) and has been serving veterans as an inpatient and outpatient care center in central Indiana since 1932 (Veterans Affairs, 2021). There are also several affiliated community clinics located across Indiana and partnerships with a veteran-centered YMCA wellness center (Veterans Affairs, 2021).

At the RLRVAMC, the researcher will be developing an instructional manual for a woodworking program for veterans. The program will be centered around the creation of woodworking projects. The hospital has a partnership with a woodworking company that will allow the research team to use their resources and space. Researchers are planning to create several projects such as cornhole boards, cutting boards, Jenga blocks, etc. The program will support meaningful connections between veterans and promote occupational engagement in leisure, play, social participation, and community engagement. From the issues and barriers to social participation and community integration noted, the researcher is aiming the development of the program at reducing these barriers. By having the veterans participating in the program working towards meaningful occupational engagement, the researcher hypothesizes that there will be improvements in their social participation, perceived social supports, quality of life, and mental health outcomes.

Background

Literature shows that participation in programs that promote social participation and meaningful relationships leads to positive health outcomes. Gorman et al. conducted social peer support groups in a local coffee shop for veterans for nine months. Results from this study

showed that veterans were more likely to take on social roles outside of these events (2018). The veterans also obtained practical and emotional support and empowered veterans to embrace a helper role to support other veterans. The participants demonstrated increased skills in occupational adaptation and engagement in community resources (Gorman et al., 2018). Additionally, authors Kirchen and Hersch studied personal and environmental factors that facilitate veteran adaptation to long-term care facilities (2015). They found that several themes began to emerge: “importance of family, home, spirituality, military culture, leisure time use and food and music” (Kirchen & Hersch, 2015). The creation of a leisure and social participation focused program would enhance themes related to military culture and leisure time use.

According to Radomski and Brininger, many veterans return from deployment with traumatic brain injuries, stress disorders, amputations, burns, musculoskeletal disorders, and attendant occupational dysfunction (2014). Vaughan-Horrocks et al. states that a substantial number of veterans face diagnoses like post-traumatic stress disorder, depression, and anxiety (2021). The authors go on to report that even without a specific diagnosis, veterans are struggling with the role loss and the transition back to civilian life (Vaughan-Horrocks et al., 2021). Furthermore, today’s veterans are experiencing increased survival rates from military injuries, multiple deployments, and recurrent exposure to traumatic events which has led to the increase in complexity and severity of challenges facing community integration (Vaughan-Horrocks et al., 2021). Veterans are facing challenges with the resumption to family life, work, and community engagement (Radomski & Brininger, 2014; Dillahun-Aspillaga and Powell-Cope, 2018). Other occupational challenges that veterans face are associated with relationships, education, and physical health; The transition from a highly structured way of living to an unstructured civilian life is very difficult (Vaughan-Horrocks et al., 2021).

It is vital that civilian occupational therapy practice focuses on veterans' occupational performance and community integration. Occupational therapy can provide a profound impact on maintaining a healthy home life, improving sleep difficulties, and promoting community reintegration (Eakman & Radomski, 2017). Community Reintegration has been defined as the return to participation in life roles (Dillahun-Aspillaga & Powell-Cope, 2018). The engagement in paid or volunteer work, engagement with family and friends, and participation in education are all key areas of community reintegration for veterans and service members. (Dillahun-Aspillaga & Powell-Cope, 2018). It is recommended that a manualized recovery focused program is developed to support community integration and the development of a meaningful life (Clark et al., 1997). Eakman and Radomski also recommend that civilian occupational therapy practice focuses on veterans' occupational performance and community integration (2017).

In a recent study from authors Carra et al., researchers worked to determine which occupations veterans participated in with the aim of improving their health and well-being as well as determining if these occupations were associated with high self-reported health and outcomes (2021). They found that at least 25% of the veterans who participated in the study faced a difficult or extremely difficult transition back into civilian life (Carra et al., 2021). During the transition, veterans often need to work through trauma and losses related to culture, community, identity, and sense of purpose and meaning. The presence of service-related conditions like depression, anxiety, and PTSD can further worsen this transition. Veterans who participated in the study commonly reported occupations related to leisure and recreation, employment, household management, and social/community interaction (Carra et al., 2021). The participation in community interactions led to easier transitions and better physical health. The participation in leisure and recreational activities were more meaningful to many participants

than employment activities as it allowed them to focus on the experience of participation rather than the outcome (Carra et al., 2021). Overall, the authors discovered that the participation in meaningful activities positively influenced the veterans' overall health and adjustment to life following military service (Carra et al., 2021).

In attempt to promote the participation in leisure and recreational activities among veterans and positively influence community reintegration, the "Carve up the Ranks" woodworking group was created. The purpose of this woodworking group is to promote independence, social participation, and community integration through the participation in the construction of various wooden projects. The group will take place on a weekly basis for approximately two hours, for eight weeks. The group sessions will include a warm-up activity to promote social participation and relationship building. Across the eight sessions, the veteran participants will complete three separate woodworking creations. Upon the completion of each session, the participants will engage in a wrap-up discussion to express what they have accomplished and how to effectively prepare for the next week. The participation in the woodworking program will hopefully lead to similar research results: increased independence, improved mental health outcomes, and a heightened sense of purpose and meaning in life.

Theory/ Frame of Reference

The model chosen to guide the researcher's doctoral capstone experience (DCE) is the Canadian Model of Occupational Performance (CMOP). The researcher chose this model because of its highly client-centered nature and its focus on the interactions between the person, environment, and occupation itself (Cole & Tufano, 2008). Function and dysfunction are related to the balance between these three factors and changes in any area may cause issues with occupational performance (Cole & Tufano, 2008). Through the completion of the researcher's

needs assessment, the researcher learned that social participation and community engagement are occupations that are very meaningful and important to Veterans and contribute to their level of spirituality. By creating a program that focuses on engagement in desired occupations, the researcher can promote change and function through the lens of this model. While completing the DCE, the researcher intends to consider all these factors when designing a program to enhance participation in these preferred occupations.

The researcher also chose to guide the DCE through the psychodynamic frame of reference. The psychodynamic frame has five focus areas including: social participation and relationships, emotional expression and motivation, self-awareness, defense mechanisms, and projective arts and activities (Cole & Tufano, 2008). Due to the concentration on social participation and relationship in this frame of reference, it matches well with the intentions of the program. The DCE will focus mostly on enhancing social participation and relationships through projective arts and activities. The researcher will be asking veterans to work together to complete constructive projects. The program is a great way to help them deal with their emotions, spark creativity, increase self-awareness, and become more in touch with their spirituality (Cole & Tufano, 2008).

Project Design

The creation of the woodworking group manual included the development of the group purpose, theoretical background, admission and exclusion criteria, reasons for group discharge, group goals, and content of individual sessions. To gather this information, the researcher met several times with her project mentors to gain a better understanding of their needs for this project. The researcher also met with other program leaders for the Veterans' Affairs Hospital System to gain a better understanding of veteran programming. After several meetings with

various program leaders, the researcher was able to determine the best format for the development of this manual. These meetings were vital for the development of the program manual as the researcher wanted to ensure that it aligned with the hospital's values and initiatives. The researcher also spent time researching the "Whole Health" initiative which values clients from a holistic perspective. This perspective guided the development of the individual session content to view the program participants from a holistic point of view.

There were two specific goals that were developed to guide the creation of the instructional manual. First, the team members needed to be able to understand the program objectives after reading the manual. The second goal was for the team members to deem the manual as readable, understandable, and replicable. At the beginning of the project, the researcher conducted a short interview with the two main project supervisors to gain a better understanding of their needs and expectations from this project. They asked that the researcher define specific occupational therapy theoretical background to guide the project design, develop explicit goals for program participants, and create warm-up activities to promote social participation to start off each session that could be easily replicated by non-occupational therapy personnel. To assess the outcomes, the team members that will be guiding the program's implementation will be asked to read over the manual and verbalize the program purpose, participant goals, and individual session instructions.

Throughout the implementation of this instructional manual, the researcher faced several challenges and successes. The researcher was tasked to complete this instructional manual remotely, which was a significant challenge. There were also three people that contributed to the creation of this instructional manual; two contributors were recreational therapists, and one was

an art therapist. This was extremely beneficial as the researcher wanted to make sure that the manual was readable, understandable, and replicable across various professions. This was difficult at times when trying to set up meeting times with several people at once. The researcher was grateful to have such a wonderful team to work with that encouraged creativity and autonomy throughout this process.

Project Outcomes

Two goals were developed to guide the creation of the “Carving up the Ranks” instructional manual. Firstly, all team members must be able to understand the program objectives upon reading the manual. Secondly, all program leaders must deem the manual as readable, understandable, and replicable. At the conclusion of the instructional manual creation, all individuals involved in implementation were given a copy of the manual. After each leader was given the chance to look over the manual, they were asked to write down each of the program goals, in their own words. All three leaders were able to complete the task successfully. Next, each leader was asked to write the purpose of the program individually. This task was done successfully by all program leaders. Lastly, each leader was asked to verbally explain the materials needed, purposes for each individual sessions, and instructions to complete each session. Each potential session leader was able to describe these aspects successfully. The verbal portion of this evaluation was done in a one-on-one setting to avoid hearing each other’s answers. To conclude the evaluation, the three potential session leaders were asked to determine whether the program manual was readable, understandable, and replicable. Each of the three leaders deemed the program to meet the three criteria.

It seemed as though the two recreational therapists had a better understanding of the instructional manual and the desired outcomes as they were more heavily involved in the manual creation. The art therapist joined the team towards the end of the manual creation. She seemed to take a bit longer in her verbal explanation of individual session instructions. Though she took longer than the other two leaders, she was able to complete the task successfully. In regard to the therapeutic conversations that were to take place during each session, the art therapist seemed to have a better understanding of the purpose. Overall, the leaders all completed the task successfully and deemed the instructional manual as readable, understandable, and replicable. The two recreational therapists and the art therapist were also able to successfully restate the overall program objectives without misconstruing the meaning.

Summary

Veterans are facing challenges with the resumption to family life, work, and community engagement (Radomski & Brininger, 2014; Dillahun-Aspillaga and Powell-Cope, 2018). Other occupational challenges include relationships, education, and physical health; The transition from a highly structured lifestyle to an unstructured lifestyle can be extremely difficult (Vaughan-Horrocks et al., 2021). This transition has been described as community reintegration. Community Reintegration has been formally defined as the return to participation in life roles (Dillahun-Aspillaga & Powell-Cope, 2018). It is recommended that a manualized recovery focused program is developed to support community integration and the development of a meaningful life (Clark et al., 1997). To address this recommendation, the researcher developed an instructional manual for a woodworking program for veterans.

The program is centered around the creation of woodworking projects. A partnership with a local woodworking company allowed the researchers to host the program in their space and use their tools. The participants in the program will create several projects such as cornhole boards, cutting boards, Jenga blocks, etc. The program will support meaningful connections between veterans and promote occupational engagement in leisure, play, social participation, and community engagement. From the issues and barriers to social participation and community integration noted, the researcher is aiming the development of the program towards reducing these barriers. Through the participation and engagement in this program, the researcher hypothesizes that there will be improvements in veterans' social participation, community integration, perceived social supports, quality of life, and mental health outcomes.

The creation of the woodworking group manual included the development of the group purpose, theoretical background, admission and exclusion criteria, reasons for group discharge, group goals, and content of individual sessions. Two specific goals were developed to guide the creation of the instructional manual. The team members needed to be able to understand the program objectives after reading the manual. The manual also needed to be deemed readable, understandable, and replicable. Through an interview process, the potential session leaders were able to recite the program objectives. They also determined that the manual was readable, understandable, and replicable.

Conclusion

In conclusion, the researcher gathered ample information about veterans' needs, interprofessional work, and program development through an occupational therapy lens. The manual was successfully labeled as readable, understandable, and replicable. The leaders were confident in their understanding of the program outcomes and implementation. The site will be

able to run several trials of the program with the use of this manual. The researcher took time to go over each section of the instructional manual with each of the program leaders to describe the layout and purpose of the manual. The researcher was available for discussion and feedback to ensure that the manual was readable, understandable, and replicable. Future research needs to be completed to broaden the variety of participants eligible to participate in this program. Currently, the program can only support able-bodied, participants with no thoughts of suicide or self-harm.

References

- Carra, K., Curtin, M., Fortune, T., & Gordon, B. (2021). Participation in occupations, health, and adjustment during the transition from military service: A cross-sectional study. *Military Psychology, 33*(5), 320-331. ISSN: 1532-7876
- Clark, F., Azen, S. P., Zemke, R., Jackson, J., Carlson, M., Mandel, D., Hay, J., Josephson, K., Cherry, B., Hessel, C., Palmer, J., & Lipson, L. (1997). Occupational therapy for independent-living older adults: A randomized controlled trial. *Journal of the American Medical Association, 278*(16), 1321-1326. PMID: 9486748
- Cole, M. & Tufano, R. (2008). *Applied theories in occupational therapy: A practical approach*. Thorofare, N.J.: SLACK Inc.
- Dillahunt-Aspillaga, C., & Powell-Cope, G. (2018, February). Community reintegration, participation, and employment issues in veterans and service members with traumatic brain injury. *Physical Medicine and Rehabilitation, 99*(2S), S1-S3. ISSN: 1532-821X
- Eakman, A. M., & Radomski, M. V. (2017, December). Occupational therapy past and present: Responding to physical, cognitive, and emotional consequences of war. *British Journal of Occupational Therapy, 80*(12), 697-698. ISSN: 1477-6006
- Gorman, J. A., Scoglio, A. A., Smolinsky, J., Russo, A., & Drebing, C. E. (2018, June 13). Veteran coffee socials: A community-building strategy for enhancing community reintegration of veterans. *Community Mental Health Journal, 54*, 1189-1197.
<https://doi.org/10.1007/s10597-018-0288-y>
- Kirchen, T. M., & Hersch, G. (2015). Understanding person and environment factors that facilitate veteran adaptation to long-term care. *Physical and Occupational Therapy in Geriatrics, 33*(3), 204-219. doi: 10.3109/02703181.2015.1037979

Radomski, M. V., & Brininger, T. L. (2014). Occupational therapy for servicemember and veteran recovery, resilience, and reintegration: Opportunities for societal contribution and professional transformation. *American Journal of Occupational Therapy*, 68(4), 379-380.

ISSN: 1943-7676

U. S. Department of Veterans Affairs. (2017). Indiana. *U. S. Department of Veterans Affairs*.

https://www.va.gov/vetdata/docs/SpecialReports/State_Summaries_Indiana.pdf

Vaughan-Horrocks, H., Reagon, C., & Seymour, A. (2021, September). The experiences of veterans with mental health problems participating in an occupational therapy and resilience workshop intervention: an exploratory study. *British Journal of Occupational Therapy*, 84(9), 531-540. doi: 10.1177/0308022620977818

Veterans Affairs. (2021). Richard L. Roudebush VAMC. *Veterans Affairs*.

<https://www.va.gov/directory/guide/facility.asp?id=62>