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Elizabeth Large
University of North Dakota

Brier Van Valin
University of North Dakota

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INTERDISCIPLINARY MENTAL HEALTH APPROACH TO EQUINE ASSISTED THERPY
FOR VETERANS

by

Elizabeth Large, OTS; Brier Van Valin, OTS

Advisor: Dr. Sonia Zimmerman, Ph.D., OTR/L, FAOTA

A Scholarly Project

Submitted to the Occupational Therapy Department

of the

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for the degree of

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This Scholarly Project Paper, submitted by Elizabeth Large and Brier Van Valin in partial fulfillment of the requirement for the Degree of Master of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

Sonia Zimmerman, Ph.D.
Signature of Faculty Advisor

January 30, 2016
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ABSTRACT

Interdisciplinary Mental Health Approach to Equine Assisted Therapy for Veterans.

Elizabeth Large, MOTS, Brier Van Valin, MOTS, & Sonia Zimmerman, Ph.D., OTR.L,
FAOTA. Department of Occupational Therapy, University of North Dakota School of Medicine
& Health Sciences, 501 North Columbia Road, Grand Forks, ND 58202

Purpose: The purpose of this program plan, Veteran Equine Therapy Services: An Interdisciplinary approach (VETS), is to provide an interdisciplinary, theory-driven structure to increase veterans' occupational performance in the community using equines as a therapeutic medium.

Methods: A thorough literature review was completed focusing on current PTSD treatment options for veterans, beneficial effects of using animals and equines in treatment, and interdisciplinary team effectiveness. Scholarly articles were retrieved through databases found on the Harley E. French Library website located at the University Of North Dakota School Of Medicine and Health Sciences including PubMed, Google Scholar, Sociological Abstracts, CINAHL, and PsycInfo. Key terminology used included: *case manager, equine, equine assisted activities and therapy, equine facilitated psychotherapy, hippotherapy, interdisciplinary team, occupational performance, occupational therapy, post-traumatic stress disorder (PTSD), social worker, therapeutic riding, and veterans*. The literature revealed a need for interdisciplinary programming using equines as a therapeutic medium when working with veterans with posttraumatic stress disorder (PTSD). The Model of Human Occupation (MOHO) was selected and used to guide the development of occupational therapy interventions.

Results/Conclusion: Veteran Equine Therapy Services: An Interdisciplinary Approach (VETS), was developed as a practice guide for professionals interested in interdisciplinary programming addressing the needs of veterans with PTSD. VETS is meant to be used as a best practice guide for occupational therapists. Social workers and therapeutic riding instructors interested in running an interdisciplinary program that works with veterans with PTSD. Occupational therapy is identified as the main form of treatment. The program plan consists of a best practice approach to help ease veterans' transition from military life back into civilian life. The structure of VETS includes individual and group sessions to address isolation and individual goals of the veteran. The specialized equine facility provides an atmosphere intended to reduce the stigma commonly associated with traditional mental health treatment. Outcome measures to collect data on the use of equines in therapeutic practice are recommended.

CHAPTER I

INTRODUCTION

Problem

Approximately one third of veterans returning home from Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF) have been diagnosed with post-traumatic stress disorder (PTSD) (Plach & Sells, 2013). The treatment of OIF/OEF veterans with a diagnosis of PTSD is particularly challenging. Many veterans are not receiving an adequate amount of treatment for their symptoms of PTSD, in part because of the stigma that surrounds mental illness in the military culture (Lanning & Krenek, 2013; Peterson, Luethcke, Borah, Borah, & Young-McCaughan, 2011, p. 170). The symptoms of PTSD can hinder the veteran's ability to reintegrate into non-military life.

Issues Related to Problem

Between 11- 22% of veterans who deployed to OIF/OEF, the Gulf War, and the Vietnam War have been diagnosed with PTSD (US Department of Veterans Affairs, 2015). Many service members with PTSD fail to seek treatment due to a mental health stigma that exists within the military culture (Hoge, Castro, Messer, McGurk, Cotting, & Koffman, 2004). Veterans with PTSD struggle with transitioning back to civilian life after discharging from the military, leading to a lower life satisfaction (Hoge et al., 2004; Tsai et al., 2012). Barriers to successful transitions decrease the veteran's ability to perform self-cares, maintain healthy sleeping patterns, drive, and engage in school, work, and/or their community (Plach & Sells, 2013). Veterans with PTSD

were found to have greater difficulties in intimate relationships, reported family as less cohesive, were found to have more dysfunctional thought patterns, and had less resilience when compared to veterans with other mental health diagnoses (Tsai et al., 2012).

Purpose of Project

Since many veterans have difficulty transitioning into civilian life, the treatment should focus on reconnecting with their previous relationships, which can be complicated further by symptoms of PTSD (Signoracci, Bahraini, Matarazzo, Olson-Madden, & Brenner, 2014; Tsai, Harpaz-Rotem, Pitrzak, & Southwick, 2012). Equines were selected because they reflect emotions and require more work to gain trust and build relationships, unlike other animals used in therapy (MacLean, 2011; Nurenberg et al., 2015). Veterans with PTSD are often hypervigilant, similar to equines, which leads to a mutual understanding (MacLean, 2011). Equines provide the benefit of exposure to an alternative environment, such as a horse barn or arena, which leads to an increase in engagement in their surroundings (Lanning & Kerenik, 2013).

An interdisciplinary team that helps with veterans transitioning to civilian life will consist of an occupational therapist, a social worker, and a therapeutic riding instructor. Many of the areas that veterans with PTSD struggle with are directly related to the field of occupational therapy's mission, which is to improve the quality of life of clients through occupations. Occupational therapists are specifically trained to consider all aspects of the person, environment, and occupations to enable participation and competence in roles within the community. The purpose of this program plan, Veteran Equine Therapy Service: An Interdisciplinary Approach (VETS), is to provide an interdisciplinary, theory-driven structure to

increase veterans' occupational performance in the community using equines as a therapeutic medium. This program is expected to increase the veteran's ability to successfully participate in their community by employing environment and equines as an opportunity for the veteran to heal through occupation.

Occupation Based Model

After careful consideration of all occupation-based models, The Model of Human Occupation (MOHO) was chosen as the theoretical model for this project (Kielhofner, 2008). An in-depth comparison was conducted with the two final selections, MOHO and The Canadian Model of Performance-Environment. MOHO was selected because the core concepts aligned with the purpose and goals of the product, as well as promoted better interprofessional collaboration. MOHO provides a clear framework for the program and is backed by evidence confirming its validity and reliability.

The MOHO concepts were used to guide creation of each week of intervention. Week 1 adds the additional concept of environment (Kielhofner, 2008e). Weeks 2-4 are concerned with aspects of the person including volition (motivation), habituation (habits), and performance capacity (ability to do things) (Kielhofner, 2008e). Weeks 5-7 address the concepts of occupational participation, performance, and skills (Kielhofner, 2008a). Weeks 8-10 are concerned with the more complex aspects of occupational identity, occupational competence and occupational adaptation (Kielhofner, 2008e). The final week is centered on the MOHO concept of achievement (Kielhofner, 2008b).

MOHO also provides a clear process that will assist other professions ability to follow which will increase the interprofessional consistency and communication. By using MOHO in

the program plan, different professionals are able to understand and implement common assessments, terms, and strategies to increase the occupational performance of the participants.

Key Terms

Case manager: an individual that helps their patients understand their current health status, what can be done about it and why treatment is important. Case managers act as a communication bridge to provide cohesion to other professionals in the health care delivery team to help the patient achieve their goals more effectively and efficiently (Case Management Society of America, 2015).

Equine: any animal of the horse family, including horses, donkeys, ponies, and miniature horses.

Equine Assisted Activities and Therapy (EAAT): a broad term encompassing all types of activities that utilize equines to improve the well-being of people with disabilities.

Equine Facilitated Psychotherapy (EFP): an interactive process where a mental health professional assisted by a credentialed equine professional works with equines to address psychotherapy goals (NARHA, 2015).

Hippotherapy: a strategy that utilizes equine movement to facilitate therapeutic goals.

Model of Human Occupation (MOHO): a well-researched occupational therapy theoretical model. MOHO provides an evidenced-based, practice oriented, occupation-focused, client-centered and holistic approach which guides occupational therapy practice and interventions. Main concepts and component of MOHO include volition, habituation, and performance capacity (Kielhofner, 2008e).

Environmental impact: a MOHO concept described as “the opportunity, support, demand, and constraint of the physical and social aspects of the environment on a particular individual” (Kielhofner, 2008e, p. 21).

Occupational Performance: a MOHO concept described as “doing an occupational form/task” (Kielhofner, 2008a, p. 109)

Achievement: a MOHO concept described as “stage of change when persons have sufficient skills and habits that allow them to participate fully in some new work, leisure activity, or activity of daily living. During this state, the person integrates a new area of occupational participation into their total life” (Kielhofner, 2008b, pp. 127-128).

Social Work (SW) a licensed health care provider who educates the caregiver and veteran with PTSD regarding caregiver burden, substance abuse, and provides educational resources. This profession ensures continuity of care from admission to discharge, including follow up services. They also address treatment approaches to address individual social problems veterans may be struggling with.

Therapeutic riding instructor (TRI) is an individual that is certified by PATH Intl. to conduct horseback riding lessons to people with disabilities.

Therapeutic Riding is an equine-assisted activity where participants with disabilities are taught how to ride.

Conclusion

The purpose of this scholarly project is to provide an alternative mental health service to veterans to reduce the stigma many face when seeking mental health services. The program seeks to reduce PTSD symptomatology and increase community involvement. Incorporating an

interdisciplinary healthcare team that involves occupational therapy will increase the focus on the veteran's ability to successfully participate in meaningful daily occupations.

Project Organization

Chapter II presents a literature review concluding with a summary of the literature review, a problem statement and a purpose of the program plan. Chapter III describes the methodology used to create the program plan. Chapter IV consists of the program plan, Veterans Equine Therapy Services: An Interdisciplinary Approach (VETS). Chapter V is a summary that includes limitations and recommendations for future action.

CHAPTER II
LITERATURE REVIEW
Entering Military Life

There are five military branches including; Army, Navy, Marine Corps, Air Force, and the Coast Guard (Halvorson, 2010). Each of these branches has its own set of values. The Army values loyalty, duty, respect, selfless service, honor, integrity, and personal courage. Honor, courage, and commitment are values of the Navy and Marine Corps. The Air Force values integrity, service before self, and excellence. The Coast Guard values honor, respect, and devotion to duty (Halvorson, 2010). Each branch has its own history, traditions, customs, and language which create a culture (Meyer, 2015).

All five branches require new recruits to attend basic training. During training, new service members are taught about the history of their branch and what will be expected of them during their service (Halvorson, 2010). Service members are taught the importance of cohesion within their unit, emphasizing the whole and de-emphasizing the person (Weiss, Coll, & Metal, 2011). Service members are also taught to have emotional restraint during their service (Weiss et al. 2011). Sherman (2005) reported many service members that are returning home from the war(s) will display some form of psychological trauma but fail to seek treatment or help due to the mindset of seeking help will display signs of moral weakness. However, other veterans know better than to tough out the psychological side effects of war but fail to seek treatment due to the stigma that is common place within this culture (Sherman, 2005). During basic training and

throughout their service, military members are rewarded when they display aggression, endurance, and loyalty to peers (Petrovich, 2012). It is common to experience a cultural norm that negatively stigmatizes mental health treatments (Hoge, Castro, Messer, McGurk, Cotting, & Koffman, 2004). As a result of the stigma, many service members fail to seek mental health services which could result in a difficult time transitioning back to civilian life (Hoge et al, 2004). The military cultural principles create barriers to health in veterans that the health system is now challenged to overcome (Kuehner, 2013).

A common health concern many veterans face is being diagnosed with PTSD. According to the U.S Department of Veterans Affairs (2015), eleven to twenty percent of veterans who were deployed to Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) have PTSD. PTSD is present in Gulf War veterans as a rate of 12%, and veterans of the Vietnam War at 15% (U.S. Department of Veterans Affairs, 2015)

Post-Traumatic Stress Disorder (PTSD): A Common Mental Health Challenge to Veterans

According to the Diagnostic and Statistic Manual of Mental Disorders-5 (DSM-5), PTSD is based on presentations of behavioral symptoms (American Psychological Association, 2013). A person must have been exposed to a traumatic event to be diagnosed with PTSD and have symptoms from four clusters: intrusion, avoidance, negative alterations in mood and cognition, and alterations in arousal and activity. Common behaviors for intrusion include re-experiencing spontaneous memories of the traumatic event, recurrent dreams, and flashbacks. Avoidance, cognition, and mood behaviors include negative and persistent distorted sense of blame of self or others, aggressive, reckless or self-destructive behavior, sleep disturbance, hypervigilance, and a fight or flight response. The DSM-5 explains the word “disorder” in the military culture makes

people who are or were in the military avoid asking for help; the military has requested a change in the term to “injury” in order to reduce stigma. This change in terminology request was not granted in the DSM-5 because it was argued that the military culture needed to change to reduce stigma surrounding mental disorders (American Psychological Association, 2013).

Men and women who have been deployed since 2001 have shown an increased risk of mental health problems (Hoge et al, 2004). The length of the time between deployments has been significantly related to the development of mental health problems; an increased risk of developing a mental health disorder is seen when time home from deployment is more limited (Mental Health Advisory Team, 2009).

Caddick, Phoenix, and Smith (2015) conducted a qualitative study of 15 male combat veterans ranging in age from 27-60 years. Veterans reported feeling estranged from society and sought out others with similar experiences. Veterans found the need to share their experiences with others who could identify with them and could help make sense of their story and develop relationships. Common characteristics of the veteran participants included struggling with acceptance and finding a sense of belonging, developing camaraderie, not having to fully explain their experiences with other veterans, and looking out for one another (Caddick et al, 2015).

In a randomized, cohort study of previously deployed and non-deployed personnel conducted by Harvey et al. (2011), found participants who had a lower social support system frequently have a higher diagnosis of mental health illness. A 128 participant quantitative study was conducted by Laffaye, Cavella, Drescher, and Rosen (2008) found that the lack of a positive social support system had a positive correlation to PTSD symptoms and severity development. According to multiple studies that utilized veterans diagnosed with PTSD, this population had a

higher incident rate of being homeless, marital instability and divorce, and a reduction in quality of life (O'Connell, Kaspro, & Rosenheck, 2008; Schnurr, Lunney, Bovin, & Marx (2009).

Plach and Sells (2013) studied 30 veterans ages 22-25. At the time of discharge veterans experienced difficulty with personal relationships, struggled in school, experienced poor physical health, sleep problems, and trouble with driving in their first year back from service. Having a general understanding of these common difficulties can play a significant role in increasing the mental health provider's ability to directly address the veteran's needs (Plach & Sells, 2013).

Frequently veterans have co-occurring diagnosis with PTSD such as anxiety, depression, and substance abuse (Driesenga, Rodriguez, & Picard, 2015). A meta-analysis examining suicide risks of veterans with PTSD found there is an increased risk of suicide when a veteran has a comorbid diagnosis of depression. Suicide is common due to feelings of hopelessness (Panagoiti, Goodnig, & Tarrier, 2012).

Driesenga et al. (2015) suggests many veterans do not seek or follow through with health care services due to the mental health stigma, lack of accessibility, decreased emotional readiness, and a general distrust of care provided. In addition to the lack of access, veterans may not receive adequate care due to the stigma surrounding mental health diagnoses (Driesenga et al., 2015). The stigma of seeking mental health services goes against what they were taught and lived by while serving, which was to overcome themselves and focus on the group in order to achieve recognition, leading to habits and pressure to "muscle through" their issues instead of seek individual help (Petrovich, 2012).

A cross-sectional survey and a health screening tool of 2,420 soldiers revealed that veterans chose to either not receive care and/or are not receiving adequate care (Hoge et al.,

2014). Treatments veterans receive post-deployment need to be examined for validity and treatment engagement and retention, as only 17% of veterans received what Hoge et al. (2014) defined as adequate care.

PTSD is a common mental health diagnosis within the veteran population. A veteran with PTSD may experience difficulty in a variety of daily activities such as attending school, personal relationships, driving, and sleeping. Due to challenges veterans with PTSD struggle with daily, it is important to consider treatment options available.

PTSD Treatment

Many different treatment practices exist in helping veterans and their diagnosis of PTSD. Practice approaches are explored in the following session and include cognitive and behavioral therapies, peer mentoring, group therapy, and the experimental use of high intensity sports in treatment.

Schumm, Walter, Bartone, and Chard (2015) explored different treatment preferences among veterans who had previously received treatment and found that it was important to develop a greater understanding of the gap between the need for and the use of mental health services within the veteran community. Veterans' preferred to avoid starting medications in order to explore psychotherapy, psychotherapy plus medications or attempting psychotherapy without medication in their treatment plan. The types of psychotherapy veterans preferred were cognitive processing therapy, cognitive behavioral conjoint therapy, and prolonged exposure therapy (Schumm et al., 2015). Although veterans prefer these methods, specific groups, such as veterans with PTSD, may be socially and emotionally withdrawn which makes it difficult to share thoughts and feelings during these types of therapy program (Daux, Bohnert, Rauch, & Defever, 2014).

Veterans who have been diagnosed with PTSD frequently report they are socially isolated and struggle with trusting others (Sloan, Bovin, & Schnurr, 2012). Peer support has been found to improve health outcomes for veterans with PTSD by combating feelings of isolation (Caddick et al., 2015; Tsai, Harpaz-Rotem, Pietrzak, & Southwick, 2012) Tsai et al., (2012) suggested therapists concentrate on enhancing interpersonal skills, altering thoughts, and helping veterans to accept change. These interpersonal skills might increase social functioning and partner satisfaction (Tsai, et al. 2012). Comradeship has also been identified as an important component for veterans struggling to make sense of their wartime experiences (Hunt & Robbins, 2001).

In a systematic review of literature regarding group therapy for veterans with PTSD, Sloan et al. (2012), found group therapy can offer the opportunity for veterans to explore their feelings and talk about their experiences with other veterans who may have experienced similar situations (Sloan et al., 2012). Different types of group therapy include psychodynamic, cognitive behavioral therapy, and supportive. Sloan et al. (2012), concluded that while group therapy was beneficial when compared to no treatment, group therapy may not be as effective as individual therapy for PTSD, (Sloan et al., 2012).

Rogers, Mallinson, and Peppers (2014) examined the feasibility and retention rates of a treatment program that utilized the principle of high-intensity sports to fulfill risk seeking behaviors in veterans with PTSD. Results demonstrated high intensity sports have the potential to lower PTSD and depressive symptoms, help to build self-efficacy, and ease the transition back to civilian life (Rogers, et al., 2014).

Therapeutic approaches to treat veterans with PTSD include cognitive and behavioral therapies, peer mentoring, group therapy, and the experimental use of high intensity sports in

treatment. These strategies have been found to be a useful means to assist veterans in their transition from military to civilian life.

Transition from Military to Civilian Life

According to Danish and Antonides (2013), the lack of a transferrable knowledge base from the military to civilian life is one reason transitions are hard for veterans. Examples of knowledge that are difficult to transfer include staying alive in a war zone, needing to know their team's location at all times, and appropriate levels of aggressiveness that was needed during the war zone (Danish, & Antonides, 2013). The differences in cultural norms experienced by veterans when switching from the military culture to the civilian culture can be difficult especially when considering typical life development stages of adults ages 20-29 (Signoracci, Bahraini, Matarazzo, Olson-Madden, & Brenner, 2014).

According to Levinson (1986), a person's life structure is relatively sequential and should demonstrate regularity in the adult development. For this life structure there must be structure, which helps enhance a person's life. A structure building period lasts about seven years before it can be considered stable or questioned. Early adulthood, which is typically when a person joins the military, is when a person is moving beyond adolescence to build a life. During this stage a person is building mentors, understanding what career they want to join, and building their own families (Levinson, 1986). Understanding the veteran culture is an important aspect of understanding where the veteran is within their life stage at the time of discharge. The life experience of a veteran will differ greatly from a typical 20 to 29 year old. Due to this lifestage difference, there will be an increase in difficulty of transitioning back into civilian life (Plach, & Sells, 2013)

Adler, Britt, Castro, McGurk, & Bliese, (2011) studied combat experiences in relation to stress when persons return from deployment on 647 veterans diagnosed with PTSD, and found trauma leaves both negative and positive impacts. The positive effects of trauma allowed the person to rebuild assumptions, which started with rebuilding a new self-concept in a safe environment; negative effects created barriers to building a meaningful civilian life. Barriers included veterans engaging in risk taking behaviors, such as having unprotected sex or speeding, and unhealthy habits including eating unhealthy foods or drinking alcohol. There was also an association between veterans' experiences of anger and alienation and the veteran's' ability to adjust to civilian life. Veterans were three times more likely to report getting into a fight or carry an unneeded weapon if their anger/alienation scoring was elevated (Adler et al., 2011).

Harvey et al. (2011) investigated the social functioning of service members as they returned from deployment from Iraq or Afghanistan. Results indicated that 69.2% of veterans reported difficulty in postdeployment social functioning, and veterans with less social support and participation experienced an increased likelihood of a diagnosis of PTSD. In short, veterans reported feeling unsupported by the military and employment, which led to a lower incidence of integration and social support within military or employment sectors (Harvey et al., 2011).

Sayer et al. (2010), reported 40% of 754 veterans surveyed reported some to extreme difficulty in reintegrating into the community. Veterans also reported difficulty with community involvement (49%), limited productivity (35-49%), problems with substance abuse (31%), and issues involving anger management (57%) (Sayer et al, 2010). Other areas of struggle included problems in social relations, coping, and relationship satisfaction when compared to veterans with other psychiatric diagnoses (Sayer et al., 2010; Tsai et al., 2012). Hawkins, McGuire, Britt, and Linder, (2015) reported results of a survey on environmental factors contributing to a

veteran's ability to successfully reintegrate back into the community. Environmental factors for this study were classified as environmental influences that affected a service member's ability to participate within their home or community activities. Veterans with a low level of reintegration reported lower levels of self-efficacy, more difficulty when encountering barriers, and their level of injuries more disabling than veterans with a higher level of reintegration (Hawkins et al., 2015).

Occupational Barriers

A retrospective cohort study by Kang et al. (2015) found common barriers experienced by veterans with PTSD can cause emotional distress to the point of suicide. Barriers also decreased the veteran's ability to perform self-care, maintain healthy sleeping patterns, drive, and engage in school, work, and/or their community (Plach & Sells, 2013). These barriers contribute to overall lower life satisfaction (Tsai et al., 2012).

Social barriers may originate in the cultural gap between the military and the civilian life, leading to feelings of isolation and alienation (Caddick, et al., 2015; Koenig, Maguen, Monroy, Mayott, & Seal, 2014). The difficulty in reintegrating can originate from the changing of familiar places, the slower pace of some environments when compared to the military, and feeling on guard in civilian environment. Socially, veterans have reported "culture shock" in civilian social networks, and felt they did not understand the popular culture (Koenig et al., 2014, p. 14). Social barriers can become apparent in the environments of education and employment. In the area of employment, veterans reported difficulty adjusting to the slow pace when compared to regimented military life, and often found their work to have less meaning than their previous positions (Koenig et al., 2014).

Tsai et al. (2012) found that reconnecting with loved ones resulted in relationship instability, notably spouses and children. Veterans with PTSD engaged in more avoidance behaviors which contributed to decreased intimacy with partners. Veterans with PTSD were found to have greater difficulties in intimate relationships, reported family as less cohesive, were found to have more dysfunctional thought patterns, and had less resilience when compared to veterans with other mental health diagnoses (Tsai et al., 2012).

When veterans with PTSD are discharged from the military they will encounter a variety of barriers. Common barriers veterans may face include building relationships, social networks, and difficulty in managing self-cares, maintaining healthy sleeping patterns, engaging in school or work, and engaging within their community.

Benefits of Animals in Treatment of Mental Health Disorders

Using animals in treatment has shown to be beneficial to a variety of persons with disabilities, including persons diagnosed with PTSD (McCullough, Risley-Curtiss, & Rorke, 2015). Evidence for positive effects of animals on adults and children with a variety of mental health disorders exists within the literature (Berget, Ekeberg, Pedersen, & Braastad, 2011; Cerino, Cirulli, Chiarotti, & Seripa, 2011; Chandramouleeswararan & Russell, 2014). Evidence has shown interactions with animals promoted a better self-image, improved socialization, reduced psychiatric symptoms, reduced levels of depression and anxiety, and resulted in an improved quality of life (Berget et al., 2011; Chandramouleeswararan & Russell, 2014; Matuszek, 2010). Berget et al. (2011) reported patients with psychiatric disorders had the greatest reduction in depressive symptoms during an intervention involving opportunities to interact with farm animals. Patients also reported a greater increase in coping skills, self-esteem, and extroversion (Berget et al., 2011).

The use of canines as a therapeutic medium has been found to reduce PTSD symptoms (Beck et al., 2012; Dietz, Davis, and Pennings, 2012). Dietz et al. (2012), studied patients who were sexually abused that displayed PTSD symptoms and found the patients who received canine assisted therapy had reduced symptomatology than the control group. Dietz et al. (2012) also found animal assisted therapy promotes a safe environment where trust and acceptance can be built. Beck et al. (2012) conducted a study on a Life Skills Program where occupational therapists (OT) worked with veterans on their life skills and work reintegration goals using canines. Veterans reported feeling calmer when interacting with canines. The canines provided a common ground for conversation, which resulted in an increase in communication between veterans, staff, and family members. Improved mood and decreased fatigue resulted in an increase in occupational performance and psychological function (Beck et al., 2012).

Berget et al. (2011) conducted a randomized control trial of a 12 week intervention to examine the beneficial effects of animal-assisted therapy using farm animals on depression and anxiety symptoms for 69 adult psychiatric patients. Patients who had the greatest reduction in depressive symptoms during the intervention also reported the greatest increase in coping skills, self-esteem, and extroversion (Berget et al., 2011).

Equine Programing

Equines are currently used by several professions to benefit persons with disabilities. Hubbard (2007) noted in a review of 75 articles pertaining to therapeutic riding and hippotherapy that although the evidence is not conclusive, the theme is that equines are being utilized in medical based interventions and yielding positive results around the world. In an expert opinion, Cody, Steiker, and Szymandera, (2011) reported the industry of equine assisted activities and therapies (EAAT), which covers all of the different practitioners using equines in

practice, treats such a large variety of diagnoses that research is sporadic and ill-focused. In the following sections, therapeutic riding, equine assisted therapy, and equine facilitated psychotherapy are discussed.

Therapeutic riding. According to PATH International (PATH Intl.), formerly known as the North American Riding for the Handicapped Association (NARHA), “therapeutic riding is an equine-assisted activity for the purpose of contributing positively to the cognitive, physical, emotional and social well-being of individuals with special needs” (NARHA, 2015). Therapeutic riding is also referred to as Equine Assisted Activities (EAA). EAA includes horseback riding, therapeutic carriage driving, interactive vaulting, equine facilitated learning and mental health, groundwork and stable management, and PATH Intl. Equine Services for Heroes. PATH Intl. certifies both therapeutic riding instructors and facilities in standards of safety and quality instruction for people with disabilities to learn how to ride equines (Cody et al., 2011; NARHA, 2015).

In an exploratory study published as an editorial in the *Journal of Rehabilitation Research and Development*, Lanning and Krenek (2013), studied depression and quality of life indicators of an EAA program on veterans. They used a PATH Intl. Equine Service for Heroes program that lasted for 12 to 24 weeks and included 13 veterans. The veterans who completed the program reported the equines helped interrupt their patterns of isolation, and improved their symptoms of depression, hopelessness, and fulfilled their need for healing. Veterans in this study reported the equines being “nonjudgmental”, “intuitive by reacting to the veterans emotions”, “a good listener”, and “compassionate” (Lanning & Krenek, 2013, p. ix).

Veterans who participated in the 12 week program saw an increase in scores related to general health, vitality (energy level), and a reduced impact of emotional health on their

everyday life (Lanning & Krennek, 2013). A decrease in depression scores was reported in the qualitative data, but a reduction in the means of depression symptoms were small and not significant. The veterans demonstrated an increase in engagement in their surroundings including, interacting with the equine and volunteers, which the veterans reported as a benefit of the environment of the arena. Veterans with PTSD have experienced a psychological crisis which results in their assumptions about the world, their safety and identity, and their predictability in behavior being changed. Due to this, a safe environment to rebuild those assumptions is key, which the barn was for the veterans in this program. Veterans described the program as building their confidence and making them more open to others. Specifically, the equine was described as reactionary to the veterans' emotions (hypervigilant), but the equine still allowed the veteran to work through these emotions without judgement (Lanning & Kernek, 2013).

Larson and Norman (2014) studied behavioral changes that were reported by veterans during a therapeutic riding program. PTSD symptoms were the strongest predictor for veterans encountering difficulty in functional domains, such as managing finances. Intervening during the transitional time was believed to contribute to a higher level of functional outcomes for veterans (Larson & Norman, 2014). Although outcomes included increases in functional domains, therapeutic riding instructors do not directly teach functional skills. In the next section, using equines to facilitate therapeutic goals will be discussed.

Equine assisted therapy. PATH Intl defines equine assisted therapy as "...treatment that incorporates equine activities and/or the equine environment. Rehabilitative goals are related to the patient's needs and the medical professional's standards of practice" (NARHA, 2015, para. 2). This practice has also been termed hippotherapy, which is defined as a strategy that utilizes

equine movement to facilitate therapeutic goals (NARHA, 2015; Naumann, & Penning, 2014). A former branch of PATH Intl., the American Hippotherapy Association (AHA) is an organization that certifies physical, occupational, and speech and language pathologists in using the equine as a therapeutic modality (AHA, 2014).

Therapists using equines to assist in therapeutic activity traditionally use the movement of the equine in a way that facilitates physiological growth through skills gained in adapting to the movement of the equine (Engel, 2007). Equine assisted therapy helps with physical, cognitive, psychological, communication, and social domains (Borioni et al., 2012; Bass, Duchowyn, & Llabre, 2009). Equines give an advantage to therapy by increasing the riders balance, posture, overall function, increase in confidence, and overall pleasure (Borioni et al., 2012).

The aim of the OT within this setting is not to teach riding skills, as it is in therapeutic riding, but to achieve the client's goals related to everyday functioning and adaptation (Engel & MacKinnon, 2007). These basic needs include compensatory behaviors, confidence skills, feeling of pleasure, and social roles within the activity to generalize them to everyday life (Borioni et al., 2012; Engel & MacKinnon, 2007).

There is limited research on the benefits of Equine-Assisted Therapy and veterans with PTSD. However, there are articles that demonstrate the beneficial effects for different populations. Borioni et al. (2012) conducted a quantitative study to assess the effects of equine rehabilitation on physical and psycho-social performance on 23 participants affected by intellectual disabilities. The most common disabilities treated using equines are children with cerebral palsy and physical disability, adults with spinal cord injuries, people with intellectual disabilities, and multiple sclerosis. Improvements in people with psychosocial disabilities

included building warmth, empathy, trust, and acceptance. It was also concluded that equine therapy helped people with disabilities to become more aware of their surroundings due to the equine's consistent reactions. An increase in attention span, confidence, and self-esteem also helped to engage participants in the activity (Borioni et al., 2012).

Equine facilitated psychotherapy (EFP). Psychologists, psychiatrists, and/or social workers are starting to use equines as a treatment modality in programs, also called Equine Facilitated Psychotherapy (EFP) (Cody et al., 2011). Equines are used because they respond using their natural instincts, leading the client to experience their own emotions through the reactions of the equine. Equines are prey animal, unlike dogs, who require humans to gain their trust (MacLean, 2011). Veterans with PTSD are often hypervigilant, similar to equines, which leads to a mutual understanding (MacLean, 2011). In EFP, psychotherapists are assisted by riding instructors to add equine feedback in the session and insure equine safety (Cody et al., 2011).

In a similar study Earles, Vernon, and Yetz (2015) examined the effectiveness of EFP to reduce anxiety and PTSD symptoms in 16 adults using a qualitative design. They found reduced PTSD symptoms, emotional distress, anxiety, depression, and alcohol use following the program (Earles et al., 2015).

In a case study conducted by Nevins, Finch, Hickling, and Barnett (2013) they examined the psychological and psychosocial benefits of the Saratoga WarHorse Connection method on a veteran with PTSD. The Saratoga WarHorse Connection method has been found to help soldiers cope with both psychological and interpersonal difficulties. This program creates an interactive environment to allow the veteran to give directions to the equine, which results in the veteran gaining a sense of empowerment. The participant demonstrated a reduction in PTSD symptoms,

depression, and an improvement in his self-reported resiliency, as well as an improvement in self-reported quality of life (Nevins et al., 2013).

If veterans with PTSD express a strong emotions, equines characteristics of being large and sensitive allow them to automatically reflect the veteran's emotion in a noticeable way. Equines require humans to work to gain their trust, leading to a stronger bond and breaking the isolation that veterans with PTSD often feel (MacLean, 2011).

Interdisciplinary Approach to Mental Health Treatment

An interdisciplinary approach has been recommended by the Veterans Affairs (VA) and the Department of Defense when treating post-combat health concerns (Spelman, Hunt, Seal, & Burgo-Black, 2012). This team should consist of a primary care physician and mental health providers (Spelman et al., 2012). According to Driesenga et al. (2015), there is a greater need for collaboration between healthcare providers who work with the veteran population who have been diagnosed with PTSD. Additionally, using an interdisciplinary team approach has been thought to reduce stigma for the person receiving treatment (Spelman, et al., 2012).

Speicher, Walter, and Chard (2014) conducted a research study to examine the effects of an interdisciplinary treatment team on occupational performance and satisfaction. Positive benefits of an interdisciplinary team on depression and PTSD symptom severity was found. The results of this study indicated the importance of referrals between mental health providers and occupational therapy practitioners to help reduce the symptoms and disability while improving function and satisfaction (Speicher et al., 2014).

Occupational therapy

Occupational therapy (OT) helps people across the lifespan to participate in meaningful daily tasks throughout their life (Dickie, 2014). OT practitioners are qualified to provide mental

health services to those who have been diagnosed with mental illness, such as PTSD (American Occupational Therapy Association (AOTA), 2015). An OT's main focus in working with a person with PTSD is to provide services and resources to increase the person's function and independence in meaningful roles and occupations. A person who has been diagnosed with PTSD may receive OT services in a variety of settings such as short term or long term care facilities, partial hospitalization programs, outpatient clinics, supported work environments, and community-based programs (AOTA, 2015).

Speicher, et al. (2014) conducted a quantitative study of 26 veterans diagnosed with PTSD and traumatic brain injury (TBI) and found veterans who participated in programming containing occupational therapy had significant improvements in functional performance. An increase in occupational performance and satisfaction and reductions in depression symptoms were also reported (Speicher et al., 2014).

Mental Health Professionals

Psychologists play a role in understanding how illness influences the patient's behavioral and social abilities (Wahass, 2005). They are also trained to understand how the biological makeup of the patient influences health and illness. Psychologists are responsible for diagnosing and treating the behavioral aspect of an illness (Wahass, 2005). This is contrasted with psychiatrists, who are considered mental health specialists and can aid in obtaining medications for mental health issues (NAMI, 2015). According to NAMI (2015), clients should seek help from a counselor when needing help with emotions, behaviors, and/or thinking patterns. **Social workers**

Specific to the PTSD population, social workers can provide education regarding caregiver burden, substance abuse, effects on children, and educational resources on caregiver

coping and burden (Patel, 2014). Social workers may help with mental health services that include providing consultation to staff, veterans, and or the veteran's family or caregiver (Beder, Postiglione, & Strolin-Goltzman, 2012).

Social workers help ensure continuity of care from admission to discharge that include follow up services (United States Department of Veterans Affairs, 2011). This type of health care provider is responsible for developing and implementing treatment approaches to address individual social problems the veterans may be struggling with. Social workers are qualified to address marriage or family problems, assist with moving the veteran to an assisted living facility, care in the home, or nursing homes. They are qualified to address substance abuse, and counseling on relationship problems (United States Department of Veterans Affairs, 2011).

Outcomes Assessment and Measurement

The most widely used screening tool is the PTSD Checklist (PCL) which is a self-report measure of symptoms and severity of PTSD (Driesenga, et al., 2015). The Clinician-Administered PTSD Scale for DSM-5 is considered the gold standard for PTSD assessment (U.S Department of Veterans Affairs, 2015). This assessment is given to veterans by a structured interview and can be used to make a current diagnosis of PTSD, assess PTSD symptoms over the past week, and make a lifetime diagnosis of PTSD. This assessment targets the onset, duration, and impacts the symptoms have had on social and occupational functioning. The ClinicianAdministered PTSD Scale can be administered by clinicians who have a working knowledge of PTSD. If appropriately trained, the assessment can also be given paraprofessional staff. The interview takes approximately 45-60 minutes to complete (U.S Department of Veterans Affairs, 2015).

Summary

PTSD is a common health concern challenging many veterans. PTSD is a mental health disorder in which a person must have symptoms from four clusters: intrusion, avoidance, negative alterations in mood and cognition, and alterations and arousal in activity (American Psychological Association, 2013). Many veterans do not receive adequate care because of a lack of accessibility and stigma by the military culture surrounding seeking mental health treatment (Hoge et al, 2004). Veterans with PTSD struggle with incongruence between the military culture and the differing demands of civilian life. Barriers complicating this transition include social interaction, communication, building relationships, difficulty managing self-care, maintaining health sleeping patterns, and engaging in school, work, or community life (Tsai et al., 2012; Plach & Sells, 2013).

Although currently limited to anecdotal evidence, equines used in treatment with veterans with PTSD have been shown to be beneficial (MacLean, 2011; Borioni, 2012; Lanning & Kerenik, 2013). Equines are beneficial to therapy because they reflect emotions and require more work to gain trust and build relationships, unlike other animals used in therapy (MacLean, 2011; Nurenberg et al., 2015). Veterans with PTSD are often hypervigilant, similar to equines, which leads to a mutual understanding (MacLean, 2011). Equines provide the benefit of an alternative environment leading to an increase in engagement in their surroundings including interacting with the equine and volunteers, which the veterans reported as a benefit of the environment of the arena (Lanning & Kerenik, 2013). Veterans with PTSD have experienced a psychological crisis which results in their assumptions about the world, their safety and identity, and their predictability in behavior being changed. Due to this, a safe environment to rebuild

those assumptions is key, which the barn was for the veterans in this program (Lanning & Kerenik, 2013).

An interdisciplinary team approach to treating veterans with PTSD has been recommended to reduce mental health stigma and decrease symptoms (Spelman et al., 2012). Utilizing an interdisciplinary team approach is believed to increase collaboration between healthcare providers who work with veterans with PTSD (Driesenga et al., 2015). Specific professions such as occupational therapy, social worker, psychologist/psychiatrist, and therapeutic riding instructor have the potential to form an interdisciplinary team and contribute to the health and wellbeing of veterans with PTSD.

Problem statement

There is research available about the effects on occupational performance of veterans with PTSD. With an average of 11-20% of veterans diagnosed with PTSD, there is a growing need for research in this mental health diagnostic area (U.S Department of Veterans Affairs, 2015). Many service members are currently failing to seek mental health services due to mental health stigma commonly found within this population (Hoge et al., 2004). As a result, this could increase the difficulty of transitioning back to civilian life (Hoge et al., 2004).

Purpose

The purpose of this program plan, Veteran Equine Therapy Service: An Interdisciplinary Approach (VETS), is to provide an interdisciplinary, theory-driven structure to increase veterans' occupational performance in the community using equines as a therapeutic medium. Equines are beneficial to therapy because they reflect emotions and require more work to gain trust and build relationships, unlike other animals used in therapy (MacLean, 2011; Nurenberg et al., 2015). Veterans with PTSD are often hypervigilant, similar to equines, which leads to a

mutual understanding (MacLean, 2011). There is an increase in engagement in veterans' surroundings when interacting in an environment that includes equines (Lanning & Kerenik, 2013). Occupational therapy is identified as the main form of treatment to treat veterans with PTSD within this guide. The specialized equine facility provides an atmosphere that is intended to reduce the stigma of receiving mental health treatment that is common within traditional mental health treatment facilities. The structure of VETS includes individual and group sessions to address isolation and individual goals of the veteran. The program plan consists of a best practice approach to help ease veterans' transition from military life back into civilian life.

CHAPTER III

METHODOLOGY

The purpose of this program plan, Veteran Equine Therapy Service: An Interdisciplinary Approach (VETS), is to provide an interdisciplinary, theory-driven structure to increase veterans' occupational performance in the community using equines as a therapeutic medium. The first step in developing VETS was to conduct a thorough literature review.

The literature review consisted of a search for scholarly articles focusing on current PTSD treatment options for veterans, beneficial effects of using animals and equines in treatment, and interdisciplinary team effectiveness. Scholarly articles were retrieved through databases found on the Harley E. French Library website located at the University Of North Dakota School Of Medicine and Health Sciences included PubMed, Google Scholar, Sociological Abstracts, CINAHL, and PsycInfo.

The literature review was organized into several sections. These sections included: Entering military life, PTSD: A common mental health challenge to veterans, PTSD treatment, transition from military to civilian life, occupational barriers, benefits of animals in treatment of mental health disorders, equine programming, interdisciplinary approach to mental health treatment, and outcomes assessment and measurement. The themed pattern of the literature review provided the authors with a foundational base from which to structure a program to enable practitioners to assist veterans with making the transition to civilian life smoother by utilizing equines as a therapeutic tool. All occupation based models were considered when deciding on a framework for VETS. A detailed comparison was completed between the Model of Human Occupation (MOHO) and the Canadian Model of Occupational Performance-Engagement (CMOP-E). MOHO was selected as the theoretic basis to guide the structure of

VETS because the core concepts aligned with the purpose and goals of the product as well as promoted interprofessional collaboration (Keilhofner, 2008).

VETS was created with an outline of the concepts of the model to address in the program plan, as well as aspects of the program that needed to be outlined. These components included a statement of the problem, introduction, glossary of terms, admission criteria, roles of the health care team, objectives and session content, funding, marketing, limitations, references, and appendix. Objectives and session content include an outline of two group sessions per week and one individual session based on concepts from MOHO.

Spelman, Hunt, Seal, and Burgo-Black (2012) recommend using an interdisciplinary approach when working with post-combat veterans, which is supported by the Veterans Affairs and the Department of Defense. A team approach has been thought to reduce stigma for the person receiving mental health treatment (Spelman, Hunt, Seal, & Burgo-Black, 2012). The length of VETS, which is 11 weeks, was decided based on evidence that had demonstrated beneficial effects of programs ranging from 9-24 weeks (McLean, 2011; Berget, Ekberg, Pedersen, & Braastad, 2011; Lanning & Krenek, 2013). Group therapy was selected for VETS because it is a common way to have veterans interact with equine to reduce isolation and increase socialization skills among veterans with PTSD who were involved in equine program (McLean, 2011; Lanning & Krenek, 2013). Individual therapy sessions were selected for VETS to provide more client centered interventions (Sloan, Bovin, & Schnurr, 2012).

Chapter IV consists of the program plan, Veterans Equine Therapy Services: An Interdisciplinary Approach (VETS). Chapter V is a summary that includes limitations and recommendations for future action.

CHAPTER IV

Consists of as follows:

Chapter four consists of the best practice interdisciplinary, theory driven guide for therapists interested in working with veterans with posttraumatic stress disorder (PTSD) in an equine setting. This guide includes recommend admission criteria, program environment, suggested healthcare team and their roles, funding, marketing, and limitation. Veterans Equine Therapy Services An Interdisciplinary Approach (VETS) consist of 11 weeks with three therapy sessions per week.

**VETS- Veteran Equine Therapy Services: An
Interdisciplinary Approach**

Proposal Developers:

Elizabeth (Beth) Large and Brier Van Valin,

Sonia Zimmerman, PhD, OTR/L, FAOTA

University of North Dakota: Occupational Therapy Department



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Statement of Problem

Veterans are returning from deployment and encountering a diagnosis of posttraumatic stress disorder (PTSD), which hinders their ability to reintegrate into non-military life (Plach & Sells, 2013; Driesenga, et al., 2015). The purpose of this program plan is to provide evidencebased information to occupational therapists and associated professions related to use an alternative environment of a therapeutic horseback riding program to help veterans diagnosed with PTSD reintegrate into the community. The product is presented in the form of a guide for program implementation and is structured to promote data collection and result in outcome measures.

Introduction

Purpose of the Program Plan

The purpose of this program plan, Veteran Equine Therapy Service: An Interdisciplinary approach (VETS), is to provide an interdisciplinary, theory-driven structure to increase veterans' occupational performance in the community using equines as a therapeutic medium.

Occupational therapy is identified as the main form of treatment to treat veterans with PTSD within this guide. The specialized equine facility provides an atmosphere that is intended to reduce the stigma of receiving mental health treatment that is common within traditional mental health treatment facilities. The structure of VETS includes individual and group sessions to address isolation and individual goals of the veteran. The program plan consists of a best practice approach to help ease veterans' transition from military life back into civilian life.

The Model of Human Occupation (MOHO), a well-researched occupational therapy theoretical model, provides a structure to analyze changes in components of occupational performance. Positive changes are expected in the veterans' skill in understanding their own volition (motivation), skill in structuring positive habits, and how to assess and improve their own performance capacity (Kielhofner, 2008e). By employing the MOHO concepts, a veteran's volition, habituation, and performance capacity improves their occupational performance, occupational participation, and skills. The selected MOHO based assessments assess each veteran's volition, habituation, performance capacity, occupational performance, occupational participation, and skills to objectively determine a change from pre to post outcome measures

(Kielhofner, 2008e). The MOHO based assessments are administered at the beginning and then again at the end of the program.

Sections of the manual include a glossary of terms, admission criteria, program environment, professional health care team, objectives and session content, funding/marketing, limitations, references, and appendix.

Equines in Therapy

Equines are used by mental health professionals, therapists, and therapeutic riding instructors in their practice. Equines have been found to reduce symptoms of PTSD (Earles et al., 2015). Reductions in anxiety, depression, substance abuse, and an increase in the ability to socialize have been found in similar programs, and contribute to an increase in quality of life (Earles, Vernon, & Yetz, 2015). Equines also contribute to an interactive environment, resulting in an increase in a sense of empowerment for the person (Nevins, Finch, Hickling, & Barnett, 2013).

Interdisciplinary Team

An interdisciplinary team is recommended by the Veterans Association (VA) and the Department of Defense (DD) when treating post-combat health concerns (Spelman, Hunt, Seal, & Burgo-Black, 2012). Using an interdisciplinary team approach helps reduce depression and PTSD symptom severity (Speicher, Walter, & Chard, 2014). Interdisciplinary teams also help reduce the mental health stigma that is commonly found within the veteran population, resulting in an increase in services sought by this population. (Speicher, Walter, & Chard, 2014).

Model of Human Occupation (MOHO)

MOHO was chosen because of the strength of terminology and research backing the model. This model also has an emphasis on client-centeredness, and a clear process that assists a variety of professions' common language, increasing interprofessional consistency and communication. By using this model in VETS, the hope is for different professionals to understand and implement common MOHO assessments, terms, and strategies to increase the occupational performance of the veterans. The authors hope that VETS will provide a bestpractice structure for which research can be completed to affirm the effectiveness of this exploratory practice.

MOHO provides an evidenced-based structure to guide the program, as well as provide relevant outcome measures that are high in validity and reliability (Kielhofner, 2008d). The purpose and goals of VETS align with the core concepts of MOHO, as well as promote interprofessional collaboration. MOHO includes aspects of the person and environment which results in occupational performance (Kielhofner, 2008e).

Concepts of the person include volition (motivation), habituation (habits), and performance capacity (ability to do things) (Kielhofner, 2008e). The next level of MOHO describes dimensions of doing which includes 3 levels: occupational participation, occupational performance, and occupational skill (Kielhofner, 2008a). As a person becomes more proficient in the 3 levels of doing, this results in occupational adaptation and its components which include occupational competence and occupational identity (Kielhofner, 2008e). MOHO also considers the environmental impact on motivation, organization, and performance of occupation (Kielhofner, 2008e). VETS utilizes MOHO concepts to build skills needed for successful reintegration into civilian life. MOHO is evident in VETS throughout the 11-week program.

Each week will address a different component of MOHO.

- Week 1 Environment
- Week 2 Volition
- Week 3 Habituation
- Week 4 Performance Capacity
- Week 5 Occupational Participation
- Week 6 Occupational Performance
- Week 7 Skills
- Week 8 Occupational identity
- Week 9 Occupational competence
- Week 10 Occupational adaptation
- Week 11 Achievement

Cole's Seven Steps

Marilyn B. Cole, an occupational therapist, has developed seven steps for leading groups in the mental health community setting (Cole, 2012). The seven steps include: introduction, activity, sharing, processing, generalization, application, and summary. The introduction is where the therapist introduces the purpose of the day's session, a brief outline of what the activity is, and a warm up activity. The second step, activity, is where the therapist writes out the planned group activity. The sharing step allows group members to share how the activity made them feel, or what their thoughts are on the activity. The fourth step, processing, encourages group members to think critically about the activity. Generalization, the fifth step, is where the therapist or the group members generalize common themes that emerge during the discussion. Application is the step where the group members are asked to apply the activity or what they learned to an occupation or a setting other than the mental health facility. Summary, the final step, is where the therapist summarizes the group session.

The aim of VETS is to provide a structure for occupational therapists to use in leading groups in a holistic way that takes into account environmental as well as personal factors. Cole's resource also provides information on acquiring group leadership skills, cultural considerations, and basic principles of client-centered practice (Cole, 2012). This resource is highly recommended for professionals implementing the following program.

Glossary of Terms

Model of Human Occupation (MOHO) - MOHO is a well-researched occupational therapy theoretical model. MOHO provides an evidenced-based, practice oriented, occupation-focused, client-centered and holistic approach which guides occupational therapy practice and interventions. Main concepts and components of MOHO are listed below (Kielhofner, 2008e).

- Volition- “pattern of thoughts and feelings about oneself as an actor in one’s world which occurs as one anticipates, chooses, experiences, and interprets what one does” (Kielhofner, 2008e, p. 16).
- Environmental impact- “the opportunity, support, demand, and constraint of the physical and social aspects of the environment on a particular individual” (Kielhofner, 2008e, p. 21).
- Habituation- “internalized readiness to exhibit consistent patterns of behavior guided by habits and roles and fitted to the characteristics of routine temporal, physical, and social environments” (Kielhofner, 2008c, p. 52).
- Performance capacity- “the ability to do things provided by the status of underlying objective physical and mental components and corresponding subjective experiences” (Kielhofner, 2008e, p. 20).
- Occupational Participation- “engaging in work, play, or activities of daily living that are part of one’s sociocultural context and that are desired and/or necessary to one’s wellbeing” (Kielhofner, 2008a, p. 101).
- Occupational Performance- “doing an occupational form/task” (Kielhofner, 2008a, p. 109).

- Skill- “observable, goal-directed actions that a person uses while performing” (Kielhofner, 2008a, p. 109).
- Occupational identity- “composite sense of who one is and wishes to become an occupational being generated from one’s history of occupational participation” (Kielhofner, 2008a, p. 109).
- Occupational competence- “degree to which one is able to sustain a pattern of occupational participation that reflects one’s occupational identity” (Kielhofner, 2008a, p. 109).
- Occupational adaptation- “constructing a positive occupational identity and achieving occupational competence over time in a context of one’s environment” (Kielhofner, 2008a, p. 109).
- Achievement- “stage of change when persons have sufficient skills and habits that allow them to participate fully in some new work, leisure activity, or activity of daily living. During this state, the person integrates a new area of occupational participation into their total life” (Kielhofner, 2008b, pp. 127-128).

Interdisciplinary Team- a team that involves two or more professionals work to reach a common goal of the clients who participate in this program. For this program, the team consists of an occupational therapist, a social worker, and a therapeutic riding instructor.

- Occupational therapy (OT) - a licensed therapist that provides services and resources to increase a veteran with PTSD’s function and independence in meaningful roles and occupations.

- Psychologist- a licensed mental health professional trained to understand how illness influences the patient's behavior and social abilities. They are also responsible for diagnosing and treating the behavioral aspect of an illness.
- Psychiatrists- a licensed mental health professional who aids in obtaining medication for mental health issues.
- Social Work (SW) - a licensed health care provider who educates the caregiver and veteran with PTSD regarding caregiver burden, substance abuse, and provides educational resources. This profession ensures continuity of care from admission to discharge, including follow up services. They also address treatment approaches to address individual social problems veterans may be struggling with.
- Therapeutic riding instructor (TRI)- an individual that is certified by PATH Intl. to conduct horseback riding lessons to people with disabilities.
- Case manager- an individual that helps their patients understand their current health status, what can be done about it and why treatment is important. Case managers act as a communication bridge to provide cohesion to other professionals in the health care delivery team to help the patient achieve their goals more effectively and efficiently (Case Management Society of America, 2015).

Client-Centered Practice- the building of a client-therapist partnership where the client and the therapist collaborate to find common goals.

Post-Traumatic Stress Disorder (PTSD)- a mental health diagnosis that results from exposure of a traumatic event, with symptoms from four clusters. These clusters include intrusion, avoidance, negative alterations in mood and cognition, and alterations in arousal and activity (American Psychological Association, 2013).

Equine-any animal of the horse family, including horses, donkeys, ponies, and miniature horses.

Hippotherapy- is a strategy that utilizes equine movement to facilitate therapeutic goals.

Admission Criteria

Veterans are screened before being admitted into VETS in order to ensure the best chance for positive outcomes of the program for the individual as well as other participants. VETS accepts 8 veterans for each 11-week session. Criteria is listed below:

- Discharged from a United States military branch within past two years
- Primary diagnosis of PTSD
- Behavior is appropriate for group participation
- Ability to obtain reliable transportation to facility
- Physician referrals that come from the veteran's psychologist, psychiatrist, the VA, or primary care physician.
- Physician release form verifying participation ability
- Veteran is able and will attend all sessions, including orientation

Program Environment

The program is designed to be implemented in conjunction with a Professional Association of Therapeutic Horsemanship International (PATH Intl.) Premier Accredited center. The premier center designation ensures that the facility follows standards set by the PATH Intl. organization for administrative, facility, program, and specialty interest standards (including veteran programs) (NARHA, 2015). PATH Intl. Premier Accredited centers are visited by organization representatives every 5 years and must demonstrate adherence to standards (NARHA, 2015). PATH Intl. centers employ only PATH Intl. certified instructors who have demonstrated safety and teaching knowledge. Certification also ensures the center and staff know how to specially train and select equines for working with veterans with psychological and/or physical needs. The intervention area may be an arena, round pen, or outdoor space that is free of excess clutter. The center must have a treatment room with a door to ensure confidentiality during individual or family sessions.

Professional Healthcare Team

The health care team includes a SW, OT, and a TRI. The SW is a licensed professional and meets all qualifications for practice within the state. The OT is licensed by the national board and licensed in the state of practice. The OT is certified through the American Hippotherapy Association and has obtained PATH Intl. Registered Therapist status. The TRI is certified by PATH Intl. as a registered instructor, with the further certification of an equine specialist in mental health and learning (ES). Certification ensures the highest level of demonstrated skills to ensure safe, quality interactions with equines. The additional ES certification ensures the therapeutic riding instructor has been trained in the selection of appropriate equines for use in the program and possess advanced skills in observation of equine behavior to add to the therapeutic experience. All of the healthcare team must uphold values, ethics, and confidentiality equal to their profession's code of ethics and standards of practice.

The veterans are encouraged to continue therapeutic supports, such as attending weekly meetings with their psychologist or psychiatrist outside of the program. The SW and OT act as case managers for the program to communicate with the veteran's psychiatrist/psychologist.

Practitioner Roles

Occupational Therapy (OT): The OT provides appropriate assessments and interventions during orientation and completion of the program. The assessments collect knowledge of each veteran's occupational adaptation ability, motivation, habituation, skills, performance, participation, and environment. The OT collaborates with veterans to develop personalized occupational based goals to address through the duration of the program. The OT attends all individual and group sessions in an effort to build rapport with each veteran, develop a better understanding of the veteran's self-perceptions of personal function. The OT assists veterans in identifying aspects of the MOHO model in the veteran's life and how to analyze and improve occupational performance. This will help to build self-efficacy and an occupational identity of the veteran, which allows for better reintegration into the community.

The OT assumes the role of case manager for half of the veterans. The case management role includes regular communication with the veteran's mental health providers and other pertinent service providers to provide updates and progress.

Social Worker (SW): The SW develops a plan to assist the veteran with community integration, connecting the participant and their family with financial and resource aid. The SW is responsible for collaborating with the veterans to develop personalized community based goals to address through the duration of the program. The SW attends all individual and group sessions to build rapport with each veteran and teaches methods in emotional awareness and interpersonal skills. The SW assists veterans in identifying their roles within their family and community to increase successful integration into civilian life. In addition, the SW takes on the role of case manager for half of the veterans. The case management role will require the SW communicate

with the veteran's mental health provider and other pertinent service providers to provide updates and progress.

Therapeutic Riding Instructor (TRI): The TRI interprets equine behavior for the participants and other staff, as well as intervening when safety issues are present in the group sessions. The TRI trains and selects appropriate equines for each veteran and each ground activity. The TRI provides semi-private lessons to veterans that are designed to increase their horsemanship skill level and promote bonding between veteran and their equine. The TRI encourages veterans to build riding skills, empathize with their equine, and take responsibility for care of their equine while they are on property. The TRI designs lessons that are appropriate and centered around the veterans' equine interests.

Objective and Session Content

Objectives

- To improve occupational adaptation to facilitate more successful reintegration into civilian life.
- To reduce symptoms of PTSD.
- To connect the veteran with community services.

Service Delivery Structure

VETS provides veterans with PTSD access to group sessions, individual sessions, and semi-private horseback riding lessons. A sample schedule for VETS is outlined in Table 1. The group sessions consist of the veterans working with the equines in an arena, round pen, or outdoor space. The OT, SW, and TRI are present for group sessions. In addition, the veteran participates in individual sessions one time per week with the OT and SW. Individual sessions review progress of individualized goals and discuss processing of group concepts in a private setting. The TRI leads semi-private riding lessons with goals related to equine skill achievement. The schedule also allows for individual “free” time to be spent in the equine environment. Activities completed in this time are determined by the veteran, OT, and SW in the individual meetings to address individual goals. The TRI will be consulted if tasks or supervision is needed in activities. These activities can include productive chores, journaling activities, direct contact with the equines, or volunteering in another person’s riding lesson.

Table 1: Sample Weekly Schedule

	Tuesday		Thursday	
12-1pm	Staff meeting: Goals Review			
1-2pm	Group Session 1		Group Session 2	
2-3pm	Veteran 1 Individual session	Veteran 3&4 Therapeutic Riding Lesson	Veteran 5 Individual Session	Veteran 7&8 Therapeutic Riding Lesson
3-4pm	Veteran 2 Individual Session		Veteran 6 Individual Session	
4-5pm	Veteran 3 Individual Session	Veteran 1&2 Therapeutic Riding Lesson	Veteran 7 Individual Session	Veteran 5&6 Therapeutic Riding Lesson
5-6pm	Veteran 4 Individual Session		Veteran 8 Individual Session	

**Note: individual sessions include the veteran, OT and SW*

***Note: Group sessions are with OT, SW, TRI, and all veterans enrolled in the program*

Assessments

Assessments will be implemented during the first week of the program. The Clinician Administered PTSD Scale for DSM-5 (CAPS-5) is a frequently used tool with high internal consistency and test-retest reliability and can be administered by any professional with a working knowledge PTSD and/or appropriate training (U.S Department of Veterans Affairs, 2015). The CAPS-5 must be requested from the U.S Department of Veterans Affairs. In order to access this assessment, one must have advanced graduate level training in the administration and interpretation of psychodiagnostic assessment instruments (U.S Department of Veterans Affairs,

2015). The person who requests this instrument will need to provide proof of their clinical status or research credentials as well as identify the intended use of the assessment (U.S Department of Veterans Affairs, 2015).

Assessments the OT will perform include the Occupational Performance History Interview-II (OPHI-II) and the Occupational Self-Assessment (OSA). The OPHI-II assesses the client's self-care performance in the areas of work, play, and self-care (Forsyth et al., 2008). The OPHI-II takes 45 minutes to 1 hour to complete. The OSA is a self-assessment that assesses learning occupational functioning across the domains of MOHO. The OSA focuses on performance in everyday activities, handling responsibilities, relaxing, and finances. The OSA takes 15-35 minutes to administer and provides priorities for change and goals related to OT intervention (Forsyth et al., 2008). A program evaluation will be given at the end of the program that gathers the veterans' perspective of the program (See Appendix A).

The SW will choose assessments within the scope of practice that gather data on the veteran's current financial situation, employment, and community involvement (clubs, church groups, etc.). The SW will also assess any community barriers that the veteran is encountering, social functioning, and ability to cope with problems (Colorado State University, 2015).

Session Content

<p>Week 1: Environment</p>	<p>This week’s focus is on the MOHO concept of environment. Environment is described by Kielhofner, Tham, Baz, and Hutson (2008) as an important influence in any personal change, and can be the agent that precipitates change. The orientation week will take time to introduce the veterans to the new physical environment of the therapeutic riding center and the social environment of peers and staff that the veterans interact with throughout the program.</p>
<p>Week 2: Volition</p>	<p>This week’s focus is on volition (motivation). In order to fulfill roles and be productive, a person must have motivation. The amount of motivation a person has is viewed through the quality of performance during occupations. A person’s perspective, or what they feel or think about an occupation, influences the way a person approaches and completes occupations. Valuing, feeling competent, and finding the occupation satisfying lead to successful completion.</p>
<p>Week 3: Habituation</p>	<p>This week’s focus is on habituation. Habituation is a pattern or behavior within a familiar context. Habituation allows us to recognize and respond to changes and cues within our familiar worlds. Veterans will apply the concept of habituation to the equines and then to their own lives.</p>
<p>Week 4: Performance Capacity</p>	<p>This week’s focus is on performance capacity. Performance capacity is the ability to perform actions by possessing underlying objective physical and mental components. The person’s subjective experience when engaging in occupation is also considered. Veterans are asked to identify roles and current performance capacity necessary to complete their occupations.</p>
<p>Week 5: Occupation Participation</p>	<p>This week’s focus is on occupational participation. Occupational participation is the “engagement in work, play or other activities of daily living that are a part of one’s sociocultural context that are needed or desired to one’s well-being” (Kielhofner, 2008a, pp. 101-102). The engagement in occupations is not only about performance but also the subjective experience. To successfully complete occupational participation, one must have the correct performance capacities, habituation, volition (motivation), and environmental conditions.</p>

<p>Week 6: Occupational Performance</p>	<p>This week's focus is on occupational performance. Occupational performance is doing an occupation (Kielhofner, 2008a, p. 109). Veterans will complete an occupation in entirety for this week's sessions. This week's session will focus on how habits, routines, and environment were supportive of the occupation. Veterans are asked to dissect supportive habits and routines, and how environment impacts their occupational performance.</p>
<p>Week 7: Skills</p>	<p>This week's focus is on skills needed to complete selected occupations. "Skills are observable, concrete and goal-directed actions that a person uses while performing and occupation" (Kielhofner, 2008a, p.103). The ability to select appropriate movements, processes, communication and interact are example of various skills</p>
	<p>needed to complete an occupation. To successfully complete skills a person must have volition (motivation), habituation (habits), and performance capacities.</p>
<p>Week 8: Occupational Identity</p>	<p>This week's focus is on occupational identity. Occupational identity is a combined understanding of the self and wishes to become as an occupational being. This understanding is developed through one's history of occupational participation. Volition (motivation), habituation, and experiences are all combined within the person's occupational identity (Kielhofner, 2008a, p.106). Veterans are encouraged to process their former occupational identity and compare to their present occupational identity.</p>
<p>Week 9: Occupational competence</p>	<p>This week's focus is occupational competence. Occupational competence is the degree to which one sustains a pattern of occupational participation that reflects one's occupational identity. Competence puts identity into an ongoing action. In order to be competent, role and value expectations must be fulfilled to increase performance. It is important to keep a routine to fulfil the responsibilities of an occupation, and the occupation must provide a sense of ability, control, satisfaction, and fulfillment.</p>
<p>Week 10: Occupational adaptation</p>	<p>This week's focus is on occupational adaptation. Occupational adaptation is the ability to have a positive occupational identity and achieving occupational competence over time in the context of the personal environment. Veterans are asked to set goals for their future.</p>

Week 11: Achievement	This week's focuses is on the MOHO concept of achievement. Achievement is the stage of change where a person has skills and habits that allow them to participate fully in a new work or leisure activity or an activity of daily living. Veterans will reflect on their experience in the program and receive outcome measure results.
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Week 1: Orientation to Environment

This week's focus is on the MOHO concept of environment. Environment is described by Kielhofner (2008b) as an important influence in any personal change, and can be the agent that precipitates change. The orientation week will take time to introduce the veterans to the new physical environment of the therapeutic riding center and the social environment of peers and staff that the veterans interact with throughout the program.

Week 1 Goals:

1. Veterans will complete all assessments with the occupational therapist and mental health provider.
2. Veterans will become comfortable with the setup of the facility and what will be expected of them for the next 10 sessions.
3. Veterans will have a general understanding of what the program entails, program expectations, and the weekly schedule.

*Week 1, Group Day 1
Orientation*

Step 1: Introduction:

Purpose of session: To orient veterans to the physical and social environment of VETS and to obtain assessment information. Veterans are informed of the layout of the program, such as the days they are expected to attend the program and what the structure of each day is.

Outline of session: The veterans are welcomed to the facility. The TRI takes veterans who have completed the assessments or waiting to complete the assessments on a tour of facility. The veterans are introduced to the rest of the group for the session.

Warm up: The OT, SW, and TRI introduce themselves to the veterans and explain what their role is in VETS. Veterans are provided with a definition of the role of environment in the program. Veterans are asked to introduce themselves and state 1 thing they hope to learn or gain from VETS.

Step 2: Activity description:

Timing: 4 hours at the facility for orientation

Activity: Veterans participate in a variety of assessments that are conducted by the SW and OT. These assessments are within each profession's scope of practice. The assessments conducted by the OT are used as outcome measures, as the assessments will be repeated at week 10. Assessments the OT performs include the Occupational Performance History Interview-II (OPHI-II), and the Occupational Self-Assessment (OSA). The OPHI-II takes 45 minutes to 1 hour to complete (Forsyth et al., 2008). The OSA takes 15-35 minutes to administer (Forsyth et al., 2008). After completion of the assessments, veterans are given a schedule of the program. They are informed VETS is 11 consecutive weeks, including the first session. The first session of each week

consists of working on different skills with the equines in the arena. The second day of the week consists primarily of group work in the group room. Each week focuses on a different aspect of the MOHO, with each topic building on each other to result in occupational adaptation.

Veterans are asked to sign consent forms to participate in the program, as well as waivers of liability. Each veteran is informed of the behavioral expectations for success in the program. Expectations include respecting the equine and attending each session. Sessions cannot be made up and are an important part of the program and the veteran's progress towards recovery. Each veteran will sign a form indicating their assessment information can be used as outcome measures once the program has been completed.

Veterans who have completed the assessments or are waiting to complete the assessments will be taken on a guided tour by the therapeutic riding instructor. During the tour, the riding instructor will use this time to learn about the comfort level of each veteran around equines and any previous experiences. The veterans will be introduced to the equines at the facility.

Step 3: Sharing:

Veterans are asked to share any previous experiences with equines and their comfort level with engaging with the animals.

Step 4: Processing:

Veterans are asked to process their feelings about the upcoming experience. At this time, it is encouraged that veterans share past experiences and current concerns or they are looking forward to during VETS. Veterans are asked to process any additional questions or concerns they have in regards to the assessments completed.

Step 5: Generalization:

General themes of potential goals from preliminary results of the assessments is discussed by the OT and SW. The therapeutic riding instructor is asked to compile a list of items the veterans discussed during their tour, such as fears, excitements, concerns, or other goals that developed during their tour.

Step 6: Application:

The results of the assessments are applied to what the veterans would like to focus on during this program. Items that may be applied are going back to school, work, becoming more successful in their current relationships, or an increase in socialization skills. These ideas come from the assessments as well as discussion with each veteran.

Step 7: Summary:

The therapeutic riding instructor summarizes what the tour consisted of. The occupational therapist and the mental health provider summarize the different assessments each veteran completed as well as what their goals included. Each veteran receives a summary of what VETS will entail for the next 10 weeks, and the staff will answer any questions the veterans have.

Week 1, Group Day 2
Team Building

Step 1: Introduction:

Purpose of session: The TRI introduces the purpose, topic, and outline of the lesson. Expectations for each veteran's behavior are stated. The role of the other staff is outlined. The TRI emphasizes the importance of asking questions, and allowing themselves to make mistakes as part of the learning process as long as there isn't a safety issue.

Outline of session: The purpose of this session is to have the veterans meet their equine and receive instruction on how to safely interact with their equine, and to read body language in the context of leading and ground lunging.

Warm-Up: Each individual (including staff) states their name and what they are looking forward to learning from the session. It can be related to learning something about equines or each other.

Step 2: Activity

Timing: 20 minutes

Activity: The TRI introduces each veteran to an equine and demonstrates how to correctly groom, lead, and ground lunge an equine (one that is not assigned to a veteran). The TRI explains concepts of body language including but not limited to observation of eyes, ears, and head height.

The TRI introduces the veteran to their equine partner. The veteran grooms, leads, and ground lunges the equine with the assistance of a staff member if needed. Experiential learning is

encouraged through positive reinforcement and allowing the veteran to make mistakes. The TRI or other staff intervenes if there is a safety issue.

Step 3: Sharing

After the equines are tied back up, the group meets and discusses their experiences. The group discussion is led by the SW and OT. The TRI can add additional observations on how the equine responded to a veteran's actions when applicable.

The SW and OT asks each veteran about their experience.

Sample questions include:

1. How did that experience go?
2. What were some positive things that you enjoyed?
3. What were some challenges you faced when interacting with the equine?
4. What was your response in facing the challenges with the equine?

Step 4: Processing

The SW and OT delves more deeply into the emotional experience veterans had in working with their equine (and possibly in the parallel activity of working alongside other veterans and equines).

Sample questions include:

1. How did it make you feel when the equine responded with what you were trying to ask?
2. How did it make you feel when the equine didn't do what you were trying to ask?
3. What feelings did you have in that moment?
4. Were the feelings and actions productive?
5. What should your actions be when things don't go the way you want?

The SW and OT elicit responses in generalizing learning from this activity to other areas of occupation. If more appropriate, the veterans are asked to write down their responses if they are uncomfortable sharing this with the group at this time.

Sample questions include:

1. As trying to get your equine to go what you ask involves non-verbal communication, who else in your life do you have to communicate with right now?

2. In these interactions, reflect on how you feel when that person does what you ask?

3. Reflect on how you feel when that person doesn't do what you ask?

How do you typically react?

4. Is there a way you could react in a different way that would influence the situation in a positive way?

5. Do you always do what others ask of you? Why or why not?

6. How do you think that person feels when you don't do what they ask? Please give an example.

Step 5: Generalizing

The SW or OT sum up the discussion in a few general principles. These principles will be written down as the subjective outcomes of the session.

Step 6: Application

The SW and OT summarize the discussion on applying principles learned in the group session to other occupations within the veterans' lives.

Step 7: Summary

The SW or OT provides a summary of the group session and emphasize the most important aspects of the group so that they will be understood correctly and remembered by the veterans.

*Week 1, Individual Session
Application*

Purpose of session:

The purpose of this session is to review assessment results with the veteran, and collaborate with the veteran to make client-centered, obtainable goals for the program.

Week 2: Volition

This week's focus is on volition (motivation). In order to fulfill roles and be productive, a person must have motivation. The amount of motivation a person has is viewed through the quality of performance during occupations. A person's perspective, or what they feel or think about an occupation, influences the way a person approaches and completes occupations. Valuing, feeling competent, and finding the occupation satisfying lead to successful completion.

Week 2 Goals:

1. Each veteran will learn about what motivates equines.
2. Each veteran will create personal goals to reach by the end of the program, taking into consideration motivational factors.

Week 2, Group Session 1
Volition

Step 1: Introduction

Purpose of session: The purpose of the session is to identify what motivates each equine and relate this information to what motivates the veteran.

Outline of session: The TRI presents the outline of the session as well as the activity. The session begins with a warm-up and proceeds into a description of what will be done for the session. Veterans participate in a group for the activity, and then process the concept of volition with other group and staff members.

Warm up: Staff gives the veterans a definition of volition. The veterans have an opportunity to groom their equines and report back to the group if their equine is a higher-energy or lower-energy and what observations they made to back up their determination. The veterans will hypothesize how the energy level of the equine may influence the equine's motivation.

Step 2: Activity:

Timing: 25 minutes

Activity: The TRI reviews safety around equines without halters on, including where to approach the equines and how to avoid stepping into areas the equines cannot see. With the equines free in the arena with no halters on, the veterans work as a team to get specific equines in designated places in the arena without touching the equines. The designated areas are set out with ground poles making boxes of various sizes that the equines can step into. The TRI determines which equine will be first, second, etc. and also decides if the group should attempt to herd two or three equines at once. The TRI can provide hints about ways to utilize body language and energy levels to move the equine.

Step 3: Sharing:

Veterans and staff come back to discuss the activity focusing on motivation of the equines and relate it to their own motivations.

Sample questions include:

1. What was your experience like?
2. What methods worked for moving the equines?
3. What methods didn't work for moving the equines?
4. What did you notice anything about how the equines motivated each other?

Step 4: Processing:

Veterans are asked to process more deeply the relation of assessing equine motivations and themselves.

Sample questions include:

1. Did every strategy work for every equine? How does this relate to your life?
2. What are some things that motivate you?
3. What are some things that deter you from achieving accomplishments?
4. Do motivational strategies differ for you given what activity you are trying to achieve?

Does the meaning of the activity tie into your motivation to perform it at all?

5. What might this mean in choices you make (i.e. career, family choices, and leisure activities?)

Step 5: Generalizing:

Common motivators and deterrents for reaching goals are stated by the OT or SW.

Step 6: Application:

Veterans are asked to take the concepts reviewed in the generalizing section and come up with motivational action steps that may help them in achieving their goals.

Sample questions include:

1. What strategies will you use over the course of this program and beyond that will help to in obtaining your goals?
2. What strategies will you avoid?
3. How will you communicate to significant others if they do not understand your strategy?

Step 7: Summary:

The OT or SW summarize key points of the session, including meaningful points from the session with the equines, key points about motivational factors, and the meaning of engaging in activities that will inherently motivate the veterans to achieve goals. “Today we talked about the concept of volition, or motivation. We did an activity to learn how equines are motivated to move around the arena. Then we had a discussion about how equines and humans are motivated to do things. Then we discussed how you can apply the concept of volition to your life. Are there any questions? Thank you for attending group today!”

Week 2, Group Session 2
Personal Volition

Step 1: Introduction:

Purpose of session: The purpose of this session is to help the veteran establish goals they would like to achieve during the entire program. These can include goals that have the equines in them. These goals may also include items that increase socialization with other veterans in the program, decrease in PTSD symptoms, an increase in understanding potential work or schooling options, or a better understanding of themselves and increase in healthy habits and routines.

Along with these goals, members develop ideas on how to find motivation to reach these goals.

Outline of session: This session begins with a brief warm up and proceeds into a description of what the activities will include for the day. Veterans work alone, understanding they can verbally process with the OT and/or SW on developing goals. Once goals have been developed, veterans are asked to discuss different motivating factors to reach those goals.

Warm up: Veterans are asked to discuss goals that were important to them during their service. This allows for open discussion and rapport building between the veterans and the staff. This also encourages veterans to begin to think in relation to goal writing that will entail this session's activity. **Step 2: Activity:**

Timing: Allow a maximum of 25 minutes to develop personal goals.

Activity: Veterans work individually on developing goals they would like to complete by the end of VETS. These goals can include personal goals, team goals, and equine goals. Each veteran is welcome to ask for input from the OT or SW to develop their goals. Once these goals are completed, the group discusses motivation to complete this goals and how they each believe this motivation may increase their success in completing their personal goals.

Step 3: Sharing:

Veterans are asked to share their goals with the other veterans. They also share their motivating factors to complete those goals. At this point, other veterans are asked to provide input into motivating factors if a veteran is stuck on finding one, or another veteran believes there could be more motivators to this goal. Veterans are encouraged to share similar goals if one is presented and discuss why these may be common themes.

Sample questions include:

1. What were your goals that you would like to work on for the duration of this program?
2. What is your number one goal, and how will this goals help you in the long run?

Step 4: Processing:

Veterans are asked to process similar goals or common motivators. Veterans are also asked to process other goals they heard that they did not consider and if these are goals they may want to work on as well.

Sample questions include:

1. How does it make you feel that others have similar goals?
2. Did anyone find other members goals to be applicable or useful to you, if so how or which goals?
3. Does anyone have any suggestions on other motivators to reach these goals?
4. Where there other motivators discussed that you believe would help you reach your goals quicker, if so which ones?

Step 5: Generalizing:

Common goals and motivators are generalized to the group.

Step 6: Application:

The goals veterans discussed and written down should be applicable to their everyday life. If these goals are not applicable, ask veterans how they may make their goals applicable to their daily life outside of the facility. It is important to ask veterans to select at least one goal to work on throughout the duration of the week once they have left the facility. This may include making a list of steps to complete the goal.

If Goals are not applicable, ask veterans how reaching their selected goals will help with their everyday life away from the facility.

Step 7: Summary:

The day's session is summarized. The OT or SW discusses the warm up activity and the common themes that developed during the session. These themes include common goals and motivators.

This is to help increase the veteran's awareness that they have similarities among the veterans and to help achieve more group cohesiveness.

Week 2, Individual Session Volition

Purpose of session:

The purpose of this session is to discuss past achievements, what motivated them to achieve them, apply skills to new goal.

Week 3: Habituation

This week's focus is on habituation. Habituation is a pattern or behavior within a familiar context. Habituation allows us to recognize and respond to changes and cues within our familiar worlds.

Week 3 Goals:

1. Veterans will have a better understanding of their habits and how they directly affect their participation in occupations.
2. Veterans will create 1 goal and create 1 step to work on increasing their functional level within a selected occupation.

Week 3, Group Session 1
Habituation

Step 1: Introduction:

Purpose of Session: The purpose of this session is to learn about equine schedules and the benefits and challenges of the system, and relate this to the veteran's schedule.

Outline of Session: The session consists of a warm-up, statement of purpose, topic, and outline of the session. The TRI conducts an informational session, and then the group will come together to discuss.

Warm-up: Staff provides a definition of habituation. Each veteran and staff member states one thing in their life that is part of their routine, either in their current daily life or from when they were in the military. Was this something that they made a habit, or an external system that made this a habit for them?

Step 2: Activity:

The TRI leads an informational session in the barn area of the center. The TRI talks about what a typical day looks like for an equine that works at the center, and how the weekend days may be a different schedule. The TRI also discusses behaviors related to keeping the equines on a schedule (i.e. if there is a horse that has to eat dinner before working or they are crabby, or if a particular equine whinnies at anyone who walks out to catch equines around feeding time). What happens to equines as they are grained? What happens when the schedule is thrown off? How do things like changes of season affect them?

Step 3: Sharing:

The staff and veterans sit down together to discuss their experience.

Sample questions include:

1. What did you learn from the information session?
2. What do the habits and patterns of a typical day do for the equines?
3. What are some advantages to the equines that you noticed?
4. What are some disadvantages to the equines having a schedule you noticed?

Step 4: Processing:

The staff encourages deeper reflection in thinking about the habits that each equine has and how to relate this to the veteran's' own habits.

Some sample questions include:

1. Share with the rest of the group if you are someone who has an established routine with habits or not.
2. What are some advantages to having a routine?
3. What are some disadvantages to having a routine?
4. Does a routine help in obtaining goals? Please explain your opinion.
5. Do you think that establishing/changing a routine would help you in your personal goals? Why or why not?

Step 5: Generalizing:

A staff member compiles the answers to questions and state them in 3-4 themes of the discussion.

Step 6: Application:

Now that the veterans have processed through the benefits and drawbacks of routines and habits, what should or should not be implemented?

Some sample questions include:

Take one of your goals you set at the beginning of the program for life away from the barn. Will implementing a routine help you in achieving this goal?

Why or why not?

What should be included in the routine if you choose to implement one?

Step 7: Summary:

A staff member emphasizes the most important aspects of the group surrounding the concept of habituation. “Today, we discussed the concept of habituation. We had an activity that involved learning about the equine’s typical day, and applied this concept to how you can make healthy habits in your life. Are there any questions? Thank you for attending group today.”

Week 3, Group Session 2 Habituation

Step 1: Introduction:

Purpose of Group: The purpose of today's group session is to develop a typical day outline for each group member. After this is completed, veterans are asked to discuss their personal outlines and how this may affect relationships, leisure activity/pursuit, work, socialization, productivity, etc. This session helps veterans start to develop a better understanding of what their day looks like, where they are spending too little or too much time in an effort to help build or create new habits/routines/roles for an easier integration into civilian life.

Outline of Group: Veterans are asked to work individually to create an outline of a typical day. Once completed, each group member shares their outline and discuss where they are spending too much or too little time. For the last 20 minutes of group, members are asked to individually process while grooming the equines. During this process time, veterans can process with the OT or SW about the group activity.

Warm up: Patients are asked to describe a perfect day. This encourages open discussion, and may bring out occupations the veteran would like to participate in that they currently are not.

Step 2: Activity:

Timing: 15-20 minutes on the activity

Activity: Today's session includes asking veterans to work independently to develop a typical day schedule. During this time, which will last about 15-20 minutes, veterans may utilize the OT or SW to ask questions or to process through their typical day.

Once this part is complete, veterans are asked to join back up by forming a circle. Each group member is asked to share their typical day outline. While sharing, it is important to note long periods of time that may be spent elsewhere to increase the veteran's ability to successfully reintegrate into civilian life. Each group member is asked to process how these areas of time may be affecting their daily life and success in varying occupations.

Once this activity is complete, veterans are asked to process independently while grooming the equines for about 15-20 minutes, if discussion takes longer please allow at least 10 minutes of self-processing time.

Step 3: Sharing:

Veterans are asked to share their typical day outline with the entire group. During this sharing time, potential questions that may be asked include:

1. Have you noticed a change in your typical day recently, if so how has this affected you, in a good or bad way?
2. Veterans will be encouraged to share ideas on ways to reduce time spent on areas that may not be as beneficial
3. It may be asked- does any veterans have suggestions on ways to reduce time spent on areas that are not beneficial?
4. Has anyone else found they are spending time on similar areas, or have in the past, and what have you done to reduce time in that area and increase time in a more beneficial area?

Step 4: Processing:

Veterans are asked to process how these areas of time may be affecting their daily life and success in varying occupations

Sample questions include:

Have you noticed spending more time in an occupation (fill in what occupation) has decreased their ability to successfully complete other items or tasks they would like to do?

If so, what tasks are they missing out on and how might these other tasks improve your life or ability to successfully reintegrate back into civilian life?

Step 5: Generalizing:

It is important for similar themes to be written down. These themes may be similar occupations that are taking up a large chunk of the veteran's day, similar feelings on those occupations, and ideas on how to improve time management to increase the ability to perform preferred occupations.

Step 6: Application:

Veterans are to identify steps or ideas on how to improve their ability to successfully participate in desired occupations.

Sample questions include:

1. How might you go about identifying ways to reduce time spent on one area so you are able to focus your time on another area that is important to you?
2. Does anyone have any ideas of experience of how one could improve their time spent on meaningful occupations?
3. Please provide one idea on how each group member will apply a new idea to their daily life to change a current habit or routine? (This will encourage commitment from the veterans, and can be applied as homework and briefly discussed at the next session on how it went).

Step 7: Summary:

The occupational therapist provides a summary of what the goals were for the session. The occupational therapist reminds all veterans the purpose of creating a typical day, which was to increase awareness of their current habits, routines, and roles and how these may be affecting their quality of life or ability to reintegrate into civilian life easier. The veterans are also reminded to try out their idea every day until the next session on changing a habit or routine that will encourage more success in a meaningful occupation they selected to spend more time on.

Week 3, Individual Session
Habituation

Purpose of session:

The purpose of this session is to go into depth with positive/negative habits that the veteran has.

Positive changes are made in the veteran's schedule to facilitate occupational performance and the veteran will try out the changes within the next week.

Week 4: Performance Capacity

Performance capacity is the ability to perform actions by possessing underlying objective physical and mental components in addition to the person's subjective experience. Veterans are asked to evaluate their own objective physical and mental capabilities to perform occupations. Veterans also state their subjective experience while performing these occupations.

Week 4 Goals:

1. Veterans will identify past, current, and future roles and performance capacities needed to be successful to complete required occupations.
2. Veterans will identify current performance capacities in which they are successful and performance capacities that need improvement

Week 4, Group Session 1
Performance Capacity

Step 1: Introduction:

Purpose of Session: The purpose of this session is to distinguish between what behaviors equines exhibit that are objective, and what the subjective meaning of these actions appear to be. Ask the veterans to think about their own behaviors and assess whether someone objectively looking at their behaviors could correctly infer the subjective meaning of their behaviors.

Outline of Session: The session starts with a warm-up, progress to an observational activity, and then progress to a discussion. The session concludes with a grooming session of the equines that were used for session.

Warm-up: A definition of performance capacity is given by the OT and/or SW. The TRI asks each veteran to go around and note one thing that their equine does (or did in their former career) well, and one thing they appear to struggle with. The veteran is also asked to state something that they personally do well, and what they struggle with.

Step 2: Activity:

Timing: 25 minutes

Activity: The TRI selects around 5 equines in the program that have a variety of personality traits (not necessarily the equines assigned to the veterans) and releases them in an arena. The number of equines may vary depending on the size of the arena. Each veteran is given a clipboard, pen, and a sheet with a checklist of behaviors, which is found in Appendix B. Veterans are asked to observe the behaviors and energy levels of the equines either individually or alongside each other at the fence. The TRI may safely encourage the equines to move around the area when necessary.

Step 3: Sharing:

Ask the veterans to share what they observed during the activity to compare answers.

Sample questions include:

1. What equine appeared to be the most dominant? The most playful? What are some behaviors that you observed that tell you this?
2. Does the knowledge that the TRI tell you about the meaning of the behaviors help you understand the subjective meaning of the behaviors (i.e.: if you didn't know the meaning of equines having their ears cocked to the sides before, does the explanation help you in understanding that equine more?)
3. How does this relate to the roles that the equines have within the group?
4. How does this relate to the concept of performance capacity?

Step 4: Processing:

Ask the veterans to relate the concepts of objective and subjective to their own lives.

Sample questions include:

1. Share some behaviors that you exhibit (good or bad) and identify what the behavior is objectively and then subjectively.
2. Are others ever confused by your behavior? How can you tell?
3. Is it a benefit to others to have your objective and subjective description of your behavior match? How?
4. How can you make your behavior's objective and subjective definition more clearly to others?

Step 5: Generalizing:

A generalization of themes that were found to be common from the sharing and processing steps need to be recorded and then stated here. The OT and/or the SW are to state these general themes.

Step 6: Application:

Encourage the group to make action steps to improve their communication and quality of life through the application of the discussion, this is done by the OT and/or the SW.

Sample questions include:

1. Now that we have discussed making objective and subjective meanings of behaviors match, what are steps you could do take to do this?

Step 7: Summary:

A summary of the session, as well as an emphasis of the most important points of the discussion are provided by the OT and/or SW. The purpose of the session is reviewed, as well as the activity, discussion, and the processing of the group.

Week 4, Group Day 2
Performance Capacity

Step 1: Introduction

Purpose of group: The purpose of this group is to increase performance capacity within current roles.

Outline of group: Have veterans discuss past roles within the military and what performance capacities (abilities such as mental and physical capacities) were needed to be successful. The OT and/SW need to keep a list for each group member on past performance capacities that were needed. Once this has been completed veterans will then discuss current roles and future roles and performance capacities that are or will be needed to be successful. Again, notes should be kept of these for all to see. Once this is completed, a comparison of past performance capacities and current capacities will be compared to increase awareness of what each group member currently possess and what areas need improvement.

Warm up: Ask veterans to discuss a past role that was meaningful to them. Define role as something they use to do, such as student, worker, friend, family member, etc. The OT and/or SW are to share one past role as well.

Step 2: Activity:

Timing: 35-40 Minutes

Activity: Ask veterans to share past roles within the military context. All roles need to be written down to provide a visual. Each group member discusses what performance capacities were needed for each of those roles. Discussion on these roles and performance capacities should be completed to allow for other ideas from other veterans.

Ask veterans discuss role within the military and what they were required to do, body, mental capacity, have veterans discuss current role in society or a role they want to be able to do (work, school etc.), and apply what they had to do in the military and how it applies to those roles. As well as discuss deficits they need to work on in order to successfully complete the new role. As a cool down do grooming activity to allow process time and individual time to process further with the OT or SW if needed

Step 3: Sharing:

Ask veterans to share their past roles in the military context. While sharing these roles it is important to take note of what their roles were, as well as what performance capacities were needed to complete that role successfully. These roles can be extended beyond their position in the military, can include parent, sibling, child, friend, etc.

Sample questions include:

1. Does anyone else have similar experiences in their roles?
2. Where there any other performance capacities that were needed?

Step 4: Processing:

This more than likely will occur during the activity and sharing section. It is important to ask each veteran how those roles made them feel.

Sample questions include:

1. How did it make you feel to be able to successfully complete those roles?
2. How could you apply those performance capacities to future or current roles?

Step 5: Generalizing:

The OT and/or SW needs to write down each role and performance capacity on a white board, or some visual display for all too easily see. The purpose of this is to help veterans have a better understanding of common roles and performance capacities. This will increase the ability for

veterans to have a better understanding of performance capacities they currently have and how they might be transferable to different areas.

Step 6: Application:

It is important for veterans to process how these performance capacities can be used in other roles, roles they may currently participate in or want to participate in for the future.

Sample questions include:

1. What are your current roles?
2. What performance capacities are needed for those roles?
3. What are future roles you would like to participate in?
4. What performance capacities are needed for those roles?
5. What current performance capacities do you have from past roles or life experiences that may be useful in current or future roles?

Step 7: Summary:

A summary of the veterans past and current roles, as well as common performance capacities is given by the OT and/or SW. Please allow the veterans 10 to 15 minutes of processing time with the equines at the end of the group session.

Week 4, Individual Session
Performance Capacity

Purpose of session:

The purpose of this session is to have the veteran select a role and to analyze their performance capacity objectively with the OT and the SW's help. The veteran needs to describe their subjective feelings about their performance in that role.

Week 5: Occupational Participation

This week's focus is on occupational participation. Occupational participation is the engagement in work, play or other activities of daily living that are apart of one's sociocultural context that are needed or desired to one's quality of life (Kielhofner, 2008a, pp. 101-102). The engagement in occupations is not only about performance but also the subjective experience. To successfully complete occupational participation, one must have the correct performance capacities, habituation, volition (motivation), and environmental conditions.

Week 5 goals:

1. Veterans will work with the equines to get them to engage in different work activities.
2. Veterans will identify how each equine or person completed these activities depending on their performance capacities, habituation, volition, and the environmental conditions. These sessions will also focus on how each equine or person behaved differently in each context.

Week 5, Group Session 1
Participation

Step 1: Introduction:

Purpose of session: The purpose of this session is to look at the work activities of an equine vs. a human and to look at how the social context of the activity influences the behavior of the equine and start to examine how the social context affects them.

Outline of session: The session starts with a warm-up activity, then the TRI gives a riding lesson to the veterans. The lesson is then discussed as a group.

Warm-up: A definition of participation is provided by the OT and/or SW. The veterans are asked to give a sentence on what their equines did before they came to the center. If the veteran does not have this information, the TRI will supply it or add details for the purpose of the session. Each veteran is to state their own work role within the military.

Step 2: Activity:

Timing: 25 minutes

Activity: The TRI gives a lesson that is appropriately challenging for the group. As a TRI is limited to 6 riders at one time, the veterans may have to be split into two groups, where they observe the behaviors of the group riding when unmounted.

Step 3: Sharing:

Ask the veterans to share their experiences.

Sample questions include:

1. What are aspects of the lesson that you liked? Disliked? Explain why.
2. From observing your equine, do you think that they enjoyed the session? Why or why not?

Step 4: Processing:

Ask the veterans to share emotional experiences with the activity.

Sample questions include:

1. How did you feel when you did this activity?
2. Does this feeling have any connection with how much you do an activity? Please explain your answer.
3. What kinds of feelings do you have about little things, such as taking care of yourself (ADLs)?
4. When we cannot participate in these things, what happens emotionally to us as humans?

Step 5: Generalizing:

A generalization of the responses from the veterans in relating to the concept of participation and how the social role and performance capacities, habituation, and volition play into participation is given by the OT and/or SW.

Step 6: Application:

Ask the veterans to think about ways they can apply the themes stated in step 5 to their own lives.

Step 7: Summary:

A summary of the purpose of the session, the activity, the process of the group, as well as emphasize main points of the session is given by the OT and/or SW.

Week 5, Group Day 2
Participation

Step 1: Introduction:

Purpose of Group: The purpose of today's group session is to ask veterans to participate in various activities that include creating a financial plan and a group game. Once these are completed, veterans will discuss, as a group, the different contexts and how it influenced their behavior.

Outline of Group: The group starts with a warm-up activity. After this, two different activities are to be completed by the veterans. At the completion of the two activities veterans will discuss those activities and how the different contexts influenced their behavior and their motivation to participate.

Warm up: Ask veterans identify 1 daily activity they currently participate in and feel they are successful at. Ask veterans to also identify one reason they feel they are successful at that occupation.

Step 2: Activity:

Timing: 30 minutes

Activity: Veterans are to participate in an activity of daily living task, such as financial management. Each veterans are to complete a financial worksheet, which is found in Appendix C, individually. Please give about 15 minutes to the veterans to complete this activity. At the completion of that activity, veterans will then participate in a group activity, such as a game of basketball. The group game that is chosen must be age appropriate and applicable to the group's interests. This game will last for approximately 15 minutes.

Step 3: Sharing:

During this process, please write down the different processes each veteran took to participate in both of the activities.

Ask veterans to share their experiences and thoughts on the two activities, the financial activity and the group game. Ask veterans to share their financial worksheet and how they went about completing the activity (this will address performance capacity, habituation, volition (motivation), and environmental conditions).

During the sharing, it is important to try to stimulate the veteran's ability to process through the performance capacities needed, habituation (which should show during the discussion of completing the activity), and motivation to complete it, as well as how the environmental conditions may or may not have affected this. It is important to address these areas by asking questions to elicit this discussion.

Ask veterans to then discuss the group game. It is again important to be sure to address those same areas (performance capacities, habituation, volition (motivation), and environmental conditions).

Step 4: Processing:

Ask veterans to process the differences between each veteran's processes of participating in each activity.

Sample questions include:

1. What are differences that you can identify in each group member's participation in these activities?
2. What are similarities that you can identify in each group member's participation in these activities?

Step 5: Generalizing:

It is important to keep notes of what the process was for each group member to participate in these activities.

The OT and/or the SW is to generalize common themes that develop during the group activities and session. Common themes may include performance capacities, habituation, volition (motivation), and environmental conditions.

Step 6: Application:

Ask veterans to apply the performance capacities, habituation, volition (motivation), and environmental conditions to occupations they participate in every day.

Ask veterans to select one occupation they would like to increase their success in the ability to participate in and apply different ideas on how these or other performance capacities, habituation, volition (motivation), and environmental conditions may affect successful participation and ideas on improving these areas.

Step 7: Summary:

The OT and/or the SW then summarizes the activities for the day. The therapist summarizes the importance of performance capacities, habituation, volition (motivation), and environmental conditions in successfully completing various occupations. These include having the correct performance capacities to functionally participate and the need for a correct habit, such as routine or process, to complete an occupation. There also needs to be some form of motivation, whether this is a basic need or desire to complete the occupation. Finally, briefly discuss how environmental conditions may impact successful participation in the occupation, such as playing on an icy basketball court may inhibit successful participation.

Please allow the veterans 10 to 15 minutes of processing time with the equines at the end of the group session.

*Week 5, Individual Session
Participation*

Purpose of session:

The purpose of this session is to discuss in depth what the veteran would like to participate in, and any barriers or facilitators influencing participation in those activities. At the conclusion of the session goals are to be made surrounding involvement in other activities the veteran would like to participate in.

Week 6: Occupational Performance

This week consists of discussion and activities that focus around occupational performance.

Occupational performance is doing an occupation (Kielfhofner, 2008a, p. 109). Veterans will complete an occupation in entirety for this week's sessions. This week's session will focus on how habits, routines, and environment were supportive of the occupation.

Week 6 Goals:

1. Veterans will complete an occupation.
2. Veterans will identify supportive habits and routines in completing the occupation.
3. Veterans will identify how the environment influences performance.

Week 6, Group Day 1
Occupational Performance

Step 1: Introduction:

Purpose of Session: The purpose of this session is to talk about how habits and routines influence occupational performance. This is considered first in the task assigned with the equine, and then introduced in the context of the veterans' lives.

Outline of Session: A warm up is completed, then a lesson with a specific task will be taught by the TRI. The group then comes together and discuss what habits and routines that support the performance of the equine and the veteran.

Warm up: Staff provides a definition of occupational performance. The staff and veterans each state something in their life they would like to build their skills to get better at.

Step 2: Activity:

Timing: 30 minutes

Activity: The TRI teaches an appropriate lesson which includes catching the equine, grooming, saddling, riding, untacking, grooming, and giving a treat. The group may need to be split depending on the number of veterans as appropriate. The focus of the lesson is the routine that surrounds the occupation, not necessarily the lesson itself.

Step 3: Sharing:

After the lesson is complete, the group meets together. Veterans will be encouraged to share their experience with the habits and routine that surround the occupation of horseback riding.

Sample questions include:

1. Thinking back to the beginning of VETS, have you developed habits and routines in this environment?

2. What kinds of habits and routines surround the occupation of horseback riding?

Step 4: Processing:

Staff will ask veterans to delve deeper into the experience relating to the idea of performance.

Sample questions include:

1. Do some of these habits and routines you have developed here help you in your performance? Have some of them hindered?
2. How would your performance be different in a different environment? A different center?
3. Would your habits and routines be different with a different equine?

Step 5: Generalization:

The OT and SW take themes from the discussion and state them here.

Step 6: Application:

The OT and SW ask the veterans to apply the concepts to an occupation that they are struggling with performing outside of the barn.

Sample questions include:

1. Reviewing the things we just highlighted in the session, how could things be altered to increase your performance in occupations in the community?
2. Would you add/modify any of your habits? Routines? Environment?

Step 7: Summary:

The OT and SW reviews the purpose of the session, and reviews the main points of the discussion. The OT and SW then reviews the process with the group.

Week 6, Group Day 2
Occupational Performance

Step 1: Introduction:

Purpose of Group: The purpose of this group is to increase understanding of how habits, routines, and the environment affect occupational performance.

Brief Outline of Group: After the warm up activity is complete, veterans will focus on an occupation. During the occupation veterans are to focus on the habits, roles, and the environment. The impact of the habits, roles, and environment is to be discussed throughout the duration of the group session.

Warm up: Ask each veteran to think of a past occupation they felt they were successful at and briefly explain why. Ask veterans to attempt to identify the habits and roles involved and how the environment affected this occupation.

Step 2: Activity:

Timing: 30 minutes.

Activity: The activity involves the veterans working together on a selected occupation. The OT and the SW are to select an occupation that requires routines and habits. Examples may include building a round pen, cleaning stalls, bucking hay, etc.

During the activity veterans are to focus on what roles they and other veterans take on, what habits come into play (these can be habits from past experiences). Focusing on the environment is also important. The environment will be discussed once the activity is complete.

Step 3: Sharing:

Ask veterans to share how the selected occupation made them feel, what roles they believe they took on and what habits came into play.

Sample questions include:

1. What role do you believe you took as you completed the selected occupation?
2. How did that role make you feel? Did you find yourself thinking you wish you took on a different role?
3. Were there any past habits that you did to help complete the selected occupation?

Step 4: Processing:

Ask veterans to process what roles they stepped into, as well as the roles other veterans stepped into. Veterans may process how these roles were effective or problematic to completing the occupation. Veterans may also process the habits they found themselves performing naturally and how these may have helped or hindered the process. Processing the environment is an important step to this discussion.

Sample questions include:

1. How do you believe the role you stepped into affected the completion of the selected occupation? Was this a natural role for you, or did you step out of your comfort zone?
 - a. If you stepped out of your comfort zone how do you believe this affected the completion of the selected occupation?
2. How do you believe the role others stepped into helped or hindered the completion of the selected occupation?
3. How did the environment affect the completion of the selected occupation?
 - a. If this were completed in a different environment how might it have affected the completion of the selected occupation?

Step 5: Generalization:

The OT and/or the SW generalizes each veteran's role they stepped into, ideas on how the environment affected the occupation, and the different habits that appeared for the selected occupation.

Step 6: Application:

Ask veterans to select a current occupation and discuss how the environment, habits, and roles affect the successful completion.

Sample questions include:

1. How might your habits affect the successful completion of your current occupations?
 - a. Do those habits have a positive or negative outcome of the selected occupation?
 - b. How might changing a habit increase or decrease your performance in that occupation
2. How might the role you step into for the selected occupation affect the successful completion of the occupation?
 - a. The role you step into, is this a natural role or a forced role? How might this affect your selected occupation?
3. How might the environment where you are performing the selected occupation affect the successful completion of the selected occupation?
 - a. Would this change if it was completed in a different environment?

Step 7: Summary:

The OT and the SW are to summarize the activity the veterans completed for the day, as well as ideas that were presented on common roles and habits that were seen throughout the day.

“Today we completed a selected occupation. All of you took on different roles and performed different habits that may or may not have been beneficial. We also discussed how the environment may affect the completion of occupations. Please continue to think about this activity for the duration of the week and how the roles, habits and the environment affect your ability to complete daily occupations. Try to focus on ways you could change roles, habits, or the environment to increase success in those occupations”.

Please allow the veterans 10 to 15 minutes of processing time with the equines at the end of the group session.

Week 6, Individual Session
Performance

Purpose of session:

The purpose of this session is to discuss 5 occupations that have meaning to the veteran with staff. It is important to ask the veteran to identify roles, habits, and the environment they are completed in. It is important to address these different areas, especially on the occupations the veteran is experiencing difficult in, to increase occupational performance.

Week 7: Performance Skills

This week's focus is on skills needed to complete selected occupations. "Skills are observable, concrete and goal-directed actions that a person uses while performing an occupation" (Kielhofner, 2008a, p.103). The ability to select appropriate movements, processes, communication and interact are examples of various skills needed to complete an occupation. To successfully complete skills a person must have volition (motivation), habituation (habits), and performance capacities.

Week 7 Goals:

1. Veterans will work with equines to improve the understanding of the needed skills an equine and the handler require to complete an occupation.
2. Veterans will work as a team to combine their skill to successfully complete a group activity.

Week 7, Group Day 1
Performance Skills

Step 1: Introduction:

Purpose of Group: The purpose of this group is to set up and go through an obstacle course that requires many different skills from the equine and the rider in order to look at the skills that make up an occupation.

Outline of Group: Once the warm up is completed, the veterans complete an obstacle course with their equine at the direction of the TRI. Once this is completed, the veterans come together and discuss the concept of skills.

Warm up: The OT and the SW introduce the concept of “skills.” Each veteran and staff member are to say one skill that is desirable or unique.

Step 2: Activity:

Timing: 20 minutes

Activity: The TRI decides if the veterans are to be mounted or unmounted for the obstacle course. The obstacle course should have a variety of obstacles that challenge the equine mentally and physically.

Step 3: Sharing:

Ask the veterans to share their experience with the obstacle course.

Sample questions include:

1. How did your equine do in the obstacle course?
2. What are some things your equine did well, and what are some things they did not do well?

Step 4: Processing:

For a more in-depth assessment of the skills the equine had during the obstacle course, the OT and the SW should ask appropriate questions to stimulate this discussion.

Sample questions include:

1. What should we do with equines that do not have the skills to do the obstacle course well?
2. How does it make you feel when you are lacking in a skill you need to do something?

Step 5: Generalization:

The OT and the SW are to summarize main themes from the veteran's responses.

Step 6: Application:

The OT and the SW ask the veterans to apply the concept of skills to their own lives.

Sample questions include:

1. What should our plan be with the equines who are lacking a skill?
2. What skills do you think you need to work on? What does "work on" look like to you?

Step 7: Summary:

The OT and the SW are to review the purpose of the session, the activity, and the themes from the discussion. The process of the group is reviewed as well.

Week 7, Group Day 2
Performance Skills

Step 1: Introduction:

Purpose of Group: The purpose of this group session is to focus on each group member's skills while working together as a team to complete a group activity.

Brief Outline of Group: Veterans work together to build a functional object, such as a saddle rack. At the completion of this activity, veterans are to discuss their role, as well as the different skills they each used to complete this activity.

Warm up: Ask veterans to share one skill they each possess and how it is beneficial to them.

Step 2: Activity:

Timing: 30 minutes to complete the activity

Activity: Instruct the veterans to work together as a team to build a pre-cut saddle rack. No other instructions will be given.

Step 3: Sharing:

Ask veterans to share their personal experiences of completing this group activity. Ask veterans to process the skills they incorporated during this activity.

Sample questions include:

1. Please share your personal experience during this group activity.
2. What went well and what could have gone better?
3. What skills did you use to complete this activity?
4. Where there skills you found you wish you were better at during this activity?

Step 4: Processing:

Ask veterans to process their current skills and how they were able to apply them to this group activity.

Ask veterans to process their team's skills, what strengths and weaknesses they saw and provide ideas on improving those weaknesses.

Step 5: Generalization:

A list of general skills that were seen during this activity is provided by the OT and the SW, as well as a list of skills each veteran would like to be better at performing.

Step 6: Application:

Have veterans select the skill they believed they were good at and a skill they would like to improve on. Ask each veteran to pick one occupation in their daily life where the skill they are good at is functional and how it helps them perform that occupation.

Ask veterans to share an occupation they are currently doing and how the skill they would like to be able to perform better would help complete that occupation more successfully.

Step 7: Summary:

The OT and the SW are to summarize common skills that each group member thought went well and common skills veterans would like to improve on. A summary of the purpose of the group session is provided by the OT and the SW.

“The purpose of this group session was to increase your awareness of current skills you possess and skills you would like to improve on. Skills are an important component to successfully complete occupations. To perform skills one must possess the correct volition (motivation), habituation (habits), and performance capacities.

Please allow the veterans 10 to 15 minutes of processing time with the equines at the end of the group session.

Week 7, Individual Session
Performance Skills

Purpose of session:

The purpose of this session is to discuss skills needed to complete the veteran's individual goals and resources for learning these skills. For example, if they need vocational training to get a job as a welder, where can they go in the community to build these skills?)

Week 8: Occupational Identity

This week's focus is on occupational identity. Occupational identity is a combined understanding of the self and wishes to become as an occupational being. This understanding is developed through one's history of occupational participation. Volition (motivation), habituation, and experiences are all combined within the person's occupational identity (Kielhofner, 2008a, p.106).

Week 8 Goals:

1. Veterans will develop a better understanding of their sense of occupational identity by writing and verbalizing their past occupations and functions within those occupations.
2. Veterans will verbalize how their past occupational identities may be applied to certain occupations they currently have.

Week 8, Group Day 1
Occupational Identity

Step 1: Introduction:

Purpose of Group: The purpose of this group is to discuss what the identity of each equine is and relate this to occupations defining who a human is.

Outline of Group: The session starts with a warm-up and progress to an activity lead by the TRI on different tasks within riding to get a good idea of what the equine likes or does not like to do. At the completion of the activity, veterans come together to further discuss the concept of occupational identity.

Warm up: The OT or the SW starts the warm up by giving a brief definition of occupational identity. Ask the veteran to give a brief description of what their equine did in their past career. If known, the veteran will add in things that they have learned their equine does or does not enjoy doing.

Step 2: Activity:

Timing: 30 minutes

Activity: The TRI conducts a lesson that includes tasks from different disciplines. For example, the TRI may teach going over a small jump, doing a reining spin, or a trot to stop transition. This will be adapted to the training of the equines used in the group.

Step 3: Sharing:

Ask the veterans to share their experience.

Sample questions include:

1. What do you think your equine enjoyed?
2. What did your equine not enjoy?

3. What did you enjoy yourself?

Step 4: Processing:

The OT and/or the SW ask the veterans to delve deeper into the experience.

Sample questions include:

1. How could you tell when your equine enjoyed the activity?
2. What did you personally feel when your equine enjoyed the activity? When they didn't?
3. Why do you think your equine liked the task that they did?
4. Do you often enjoy things that you are good at? That you have experience with?

Step 5: Generalization:

The OT and the SW provide a summary of the main themes of the discussion.

Step 6: Application:

The OT and the SW encourage veterans to apply this concept to their lives.

1. Why are we drawn to the occupations that we like to do?
2. If we are in an occupation that we don't necessarily like to do, is that a part of our occupational identity? How can we make that more enjoyable? How can we make it part of who we are?

Step 7: Summary:

The OT and the SW review the purpose of the session, along with the activity and stress main points of the discussion. The process is reviewed with the group.

Week 8, Group Day 2
Occupational Identity

Step 1: Introduction:

Purpose of Group: The purpose of this group session is to help veterans develop a better understanding of their occupational identity. This includes their understanding of their motivation, habituation, and experiences and how these all impact their occupational identity.

Brief Outline of Group: This group session consists of each group member writing out a personal biography, which must range from the past 5 years to current life. The biography helps depict a picture of the occupations they have been involved in. At the completion of this activity, a discussion is to follow. The discussion is on how those have changed, what motivational factors caused those changes, how the routine and environments changed as well and how these factors helped or reduced their ability to perform in these occupations.

Warm up: Ask each veteran to discuss what a personal biography means to them, and name one biography they have read and enjoyed.

Step 2: Activity:

Timing: 20 minutes

Activity This activity is meant to increase the veteran's awareness of past occupations and how they identified with them. It also increases their understanding of the current occupations they are in, as well as identify misconceptions about their current occupational identities.

Ask veterans to work independently to develop a biography ranging from the past 5 years to the present. Within this biography ask veterans to identify roles they took on, such a military

member, family member, parent, spouse, etc. Within these roles each member should consider the habits, motivation, and environment that was involved within each occupation.

Step 3: Sharing:

Ask veterans to share their personal bibliographies. It is important for them to share what their motivation, habituation, and the environment was like for their selected occupations. Ask the other veterans to share how accurate they feel about the veteran's vision of how they are currently performing in their everyday occupations, such as the motivation and the habits required. The idea behind this is to increase the veterans aware of misconceived thoughts about their performance levels.

Sample questions include:

1. Name 1 past role you were in, what motivated you to complete that role?
2. Please name some habits that were needed for those roles
3. What was the environment like?
4. Are there similar past roles of other veterans? Did your habits, motivation and environment look similar?

Step 4: Processing:

Ask veterans to process how this activity made them feel. Ask veterans to process what other veterans said about their occupational performance in different roles. Some suggestions on how to increase performance should be given. These suggestions may include modifying the environment, focusing on changing habits, or changing their motivation to increase a desire to complete an occupation.

Step 5: Generalization:

Ask veterans to share common themes that develop. These themes may include common past and current roles. The OT and/or SW are to keep record of what each veteran says, these can be written on white board or on a separate piece of paper. It is important for the OT and/or the SW to keep track of common motivational factors and habits that veterans identify they believe are needed to adequately perform within an occupation.

Sample questions include:

1. Does anyone see any motivational factors that may not actually help them be successful in occupational performance? If so, are you or any other veterans able to suggest ideas on changing this motivation?

Step 6: Application:

Ask veterans to apply this discussion to a current occupational to increase performance. This may include selecting a past motivator to enhance performance in a current occupation.

Step 7: Summary:

The summary is to be given by the OT and/or the SW.

“Today we focused on occupational performance. In order to perform an occupation one must have motivation, habituation, and must examine the environment in which it was/is performed. We discussed past occupations and how you performed in them as well as current occupations. It will be important to remember what is motivating you to perform in those occupations and ask yourself, is the motivator healthy? Is the end result worth my time in this occupation? Thank you for joining us today, see you next week.” Please allow the veterans 10 to 15 minutes of processing time with the equines at the end of the group session.

Week 8, Individual Session
Occupational Identity

Purpose of Session:

The purpose of the session is for the veteran to write a biography on what they like to participate in and what they do not like to participate in and how well they believe they complete these tasks.

At a later session their personal biography and the biography completed by another veteran will be discussed.

Week 9: Occupational Competence

This week's focus is occupational competence. Occupational competence is the degree one sustains a pattern of occupational participation that reflects one's occupational identity.

Competence has to do with putting your identity into an ongoing action. In order to be competent you must fulfill your expectations of the roles and your personal values to increase performance.

It is important to keep a routine to fulfil the responsibilities of an occupation, the occupation must provide you with a sense of ability, control, satisfaction, and fulfillment.

Week 9 Goals:

1. Veterans will be able to verbalize an understanding of a current occupation and their competence level within that occupation.
2. Veterans will verbally apply their understanding of occupational competence to a selected occupation, it may include one they do not wish to perform in or would like to perform in in the future.

Week 9, Group Session 1
Occupational Competence

Step 1: Introduction:

Purpose of Group: The purpose of this group is to elicit thoughts about acting out your values and desires in occupations.

Outline of Group: The group starts with a warm-up, then are presented with the purpose and outline of the session. The TRI presents an informational session, which will be followed by a group discussion.

Warm up: The OT and/or the SW give a brief description of the concept of occupational competence and discuss how the foundational layer all contribute to this concept. Ask veterans to share one role they have, what meaning or value it has for them, and the way they participate in that role every day.

Step 2: Activity:

Timing: 20 minutes

Activity: The group is presented with information about how equines are recruited, trained, the length of time an equine stays in the program, and what happens when they cannot work anymore.

Step 3: Sharing:

The OT and the SW are encouraged to share their experiences with the way they were recruited, trained, and the length of time they spent in military service. This can be paralleled or contrasted to the training equines receive for working in the program.

Sample questions include:

1. What kinds of things did the military look for in recruitment?

2. How do these things relate to occupational competence? (i.e. sustaining a routine to allow for fulfilling a role within the organization)

Step 4: Processing:

Encourage deep thinking about the ways they felt about the process, structure, and routine.

Sample questions include:

1. How did you feel about your occupational competence at the beginning of your service? Middle? End?
2. Did this influence your occupational identity within the unit? How about to civilians?

Step 5: Generalization:

Themes found in the responses of the veterans from the discussion are stated by the OT and/or the SW.

Step 6: Application:

The OT and the SW are to encourage discussion about occupational competence since military service has stopped.

Sample questions include:

1. How has your occupational competence stayed the same since entering civilian life?
How has it changed?
2. What are ways that your actions can influence occupational competence?

Step 7: Summary:

A review of the purpose of the session, the activity, and the main themes of the discussion is provided by the OT and/or the SW. The process of the group is also discussed.

“Today, we discussed the concept of occupational competence. You were presented with information about how equines become designated as therapeutic equines. We then discussed occupational competence in regards to the role you held in the military. We then discussed ways

to increase occupational competence. Are there any questions? Thank you for attending group today.”

Week 9, Group Session 2
Occupational Competence

Step 1: Introduction:

Purpose of Group: The purpose of this group is to allow veterans to identify area of their personal life and the occupations they participate in that may not match up well. This helps increase occupational competence.

Outline of Group: For this group session, veterans are asked to identify personal values, expectation of the occupation (roles they expect within it), and their sense of ability, control, satisfaction, and fulfillment within that occupation. This is completed on a “tree” shape of paper. Once this is complete, ask veterans to identify actual values and role expectations within that occupation. This activity is completed within a shadow of that “tree”, which is found in Appendix D. Veterans are to discuss their tree and shadow to help identify what occupations may not be conducive to them, or provide suggestions on ways to better match their shadow and their tree.

Warm up: A definition of what it means to have your shadow match your tree is given by the OT and/or the SW. Each group member is asked to provide an example of when their shadow did not match their tree.

Step 2: Activity:

Timing: 20 minutes

Activity: Veterans are to work independently on this activity. The first half of this activity asks veterans to select at least one current occupation. While they reflect on that occupation they will fill in their personal values, expectation of the occupation (roles they expect within it), and

their sense of ability, control, satisfaction, and fulfillment within that occupation. This section is a reflection on their self and their performance within that role.

After this is complete, ask veterans to think about the selected occupation and how they actually perform within that role. Veterans should reflect on how their values, their sense of ability, control, satisfaction, and fulfillment within that occupation change when they actually participate in that occupation. The idea behind this is to increase awareness of how their personal values (the tree), may not follow through with their performance within that occupation (shadow). This increases veterans' awareness of if their shadow does not match their tree, there may be a reduction in occupational competence.

Step 3: Sharing:

Ask veterans to share their tree and their shadow. Veterans must select an occupation and identify this to the group to allow for better understanding. Veterans are encouraged to share ideas on finding a better fit for this occupation or provide ideas on why this occupation may not be health.

Sample questions include:

1. Does anyone else have a similar occupation?
2. Has anyone else found their shadow does not match their tree, if so what steps did you take to increase the matching?

Step 4: Processing:

Ask veterans to process how this activity made them feel. Did this activity increase their awareness of what may be impacting occupational competence?

Step 5: Generalization:

With the OT and the SW, ask veterans to share common ideas they felt came up during discussion. These ideas include their own ways to increase the match, other suggestions from veterans, as well as share realistic steps they will take to increase this match.

Step 6: Application:

Ask veterans to perform this analysis on a different occupation, one that may not be as healthy and is having an impact on their daily life. This application is to be applied during the individual session. Please inform the veterans they may select an occupation they no longer want to perform or would like to perform and will share this during individual sessions.

Step 7: Summary:

A summary of the group session and the importance it is provided by the OT and/or SW.

An example of this may look like “Today we discussed the importance of the “shadow matching your tree” to improve occupational competence. Please keep this in mind and continue to conduct this type of analysis on occupations. It will increase awareness of what occupations may not be the best fit for you, or possibly provide better insight into areas that need improvement”.

Please allow the veterans 10 to 15 minutes of processing time with the equines at the end of the group session.

Week 9, Individual Session
Occupational Competence

Purpose of the session:

The purpose of this session is to examine the biography that the veteran wrote about themselves and to compare it to a biography that another veteran did about them. The veteran is asked to discuss discrepancy with the therapist and how those discrepancies affect their occupational competence as well as ideas on how to progress to increase occupational competence by pulling in other concepts of MOHO covered previously.

Week 10: Occupational Adaptation

This week consists of discussing and applying occupational adaptation. Occupational adaptation is the ability to have a positive occupational identity and achieving occupational competence over time in the context of your personal environment.

Week 10 Goals:

1. Veterans will complete their evaluations with the occupational therapist and the social worker by the end of the week.
2. Veterans will create goals they wish to continue to work on after the completion of this program.

Week 10, Group Session 1
Occupational Adaptation

Step 1: Introduction:

Purpose of Group: The purpose of the group is to discuss the concept of occupational adaptation and how it relates to learning and being set up for success in both equines and humans.

Outline of Group: A short warm-up is conducted, the purpose of the group stated, and the outline of the group presented. The activity is conducted by the TRI, and then the group comes back together for a discussion.

Warm up: A brief description of occupational adaptation is given by the OT and/or the SW. Each veteran and staff member states something that they avoid learning, but it would be best for them to learn instead of avoid.

Step 2: Activity:

Timing: 20 minutes

Activity: The TRI leads a session on teaching the equines to tolerate a new object. This could include a noisy tarp being laid on the equine, walking the equine over a bridge or tarp, etc. Veterans are coached on how to effectively and humanely introduce these things to the equines and maintain safety for themselves and the equines.

Step 3: Sharing:

The OT and the SW encourage veterans to think about how their equine approached the new object or task.

Sample questions include:

1. How did your equine approach the task in the beginning? Middle? End?

2. What do you think contributed to their reaction? (Hint: encourage thoughts about environmental influences and previous experience)

Step 4: Processing:

Encourage veterans to think about the subjective experience of the equine and themselves.

Sample questions include:

1. Explain how the environment influenced the confidence of the equine. How do you think the environment influences your confidence? How about your identity?
2. What kinds of behaviors and attributes did you have to possess to influence your equine? Is this easier or harder to do with equines vs. other humans?

Step 5: Generalization:

General themes from the activity are collected throughout the duration of the session. The OT and/or the SW are responsible for informing the veterans of the general themes.

Step 6: Application:

Encourage veterans to think and discuss their thoughts about how occupational identity, occupational competence, and the environment contribute to success of occupational adaptation.

Sample questions include:

1. What are some advantages to being adaptable in everyday life?
2. What are some disadvantages of being adaptable?
3. How do occupational identity and occupational adaptation relate?
4. How do occupational competence and occupational adaptation relate?

Step 7: Summary:

A summary of the purpose of the session, the activity, and main points from the generalization is given by the OT and/or the SW. The process of the group is also reviewed.

“Today we discussed the concept of occupational adaptation. You participated in teaching your equine to be more adaptable in learning a challenging task. We then discussed the relationship of the equine’s experience with ours in becoming more adaptable. Are there any questions? Thank you for coming to group today.”

Week 10, Group Session 2
Occupational Adaptation

Step 1: Introduction:

Purpose of Group: The purpose of today's group session is to have the veterans develop 3 personal goals they would like to continue to work on after the completion of this program.

Outline of Group: Ask the veterans to write 3 personal goals to focus on after the completion of this program. The activity starts by asking the veterans to work individually on these 3 goals. After this time, the veterans rejoin and discuss their 3 goals and provide different steps or ideas on how they plan to complete these goals.

Warm up: Ask veterans to discuss a goal they have completed or made progress on during this program. Ask veterans to share a step or a tool they used to complete or progress towards their goal.

Step 2: Activity:

Timing: 30 minutes

Activity: The activity starts by the veterans working independently on 3 goals they would like to continue to work on after the completion of this program. Veterans are allowed to select 3 new goals as well. While writing these goals, veterans should consider steps that need to be taken in order to successfully achieve their goals. These steps may include motivation, habituation, environment, and performance skills. Please inform the veterans the purpose of this is to help them become more successful in occupational adaptation on their own.

Step 3: Sharing:

Ask veterans to share their goals, as well as the steps they believe need to be taken to successfully complete those goals.

Sample questions include:

1. Please share your 3 goals, if you prefer to only share 1 goal, please select the most important goal.
2. Does anyone else have a similar goal? What were the steps you selected to complete that goal?

Step 4: Processing:

Ask veterans to process how writing their own goals made them feel. At this time, veterans should also process different ideas on how to successfully achieve their goals. These ideas should come from other veterans. Any ideas that do not appear to be rational or realistic, should be brought to the group's attention and discussed on why that idea may not be appropriate or realistic.

Step 5: Generalization:

The OT and/or the SW is responsible for writing down common goals and steps to reach those goals. These are then shared with the veterans and discussed why these might be common goals or steps.

Step 6: Application:

Ask veterans to take their goals and the identified steps to complete those goals with them. Once a goal is completed, they then can write another goal and steps to complete that goal. This increases the veteran's success at occupational adaptation **Step 7: Summary:**

A summary of what the group session consisted of is provided by the OT and/or the SW.

“Today each of you developed your own 3 goals to work on after the completion of this program. Along with those goals you developed steps to be successful in reaching that goal. It

will be important to continue setting these goals and steps until you feel you are able to adapt on your own within your daily occupations.”

Ask the veterans if they have any additional questions and thank them for attending and participating.

Please allow the veterans 10 to 15 minutes of processing time with the equines at the end of the group session.

Week 10, Individual Session
Occupational Adaptation

Purpose of Session:

The purpose of this session is to obtain outcome information from the veterans in order to measure progress.

Week 11: Achievement (wrap-up)

This week focuses on the MOHO concept of achievement. Achievement is the stage of change where a person has skills and habits that allow them to participate fully in a new work or leisure activity or an activity of daily living.

Week 11 Goals:

1. Veterans will reflect on the program and what they believe they achieved.
2. Veterans will complete all assessment discussions with therapist and the program outcomes measure.

***Week 11, Group Session 1
Achievement (Wrap-Up)***

Step 1: Introduction:

Purpose of Group: The purpose of this group is to provide closure and reflection time on the concepts presented in the course of the program.

Outline of Group: A warm-up is completed, and the purpose and outline of the group are presented. The activity is conducted with the equines. Once the activity is complete, the veterans come together to discuss the activity.

Warm up: A review of the major concepts from each week are given, as well as a definition of “achievement” in MOHO terms. Veterans and the OT and/or SW share the most substantial thing they learned about themselves during the course of the program.

Step 2: Activity:

Timing: 30 minutes

Activity: The TRI leads the group in a quick discussion of what the veterans would like to do on their last day riding as a group. Once the group has decided, the TRI is to facilitate a safe “fun ride” for the veterans with an appropriate challenge for each veteran.

Step 3: Sharing:

The veterans are encouraged to share their experience of riding.

Sample questions include:

1. How has your experience been interacting with the equines throughout the program?
2. What did you learn today?

Step 4: Processing:

Encourage veterans to reflect deeper on the experience they have had at the program. Sample questions include:

1. Has interacting with the equines taught you anything about yourself?
2. Have you changed because of interaction with the equines?

Step 5: Generalization:

A generalization of the main themes that developed throughout the group session is given the by the OT and/or the SW.

Step 6: Application:

Encourage the veterans to think about the application of principles learned from this program to their life.

Sample questions include:

1. What will your take-away points be from this program to other areas of your life?
2. How will you preserve the information that you have learned here and apply it to other areas of your life?

Step 7: Summary:

A summary of the purpose of the session, activity, and themes are emphasized by the OT and/or the SW. The group process needs to be reviewed as well.

“Today you were able to select the type of lesson you received with the equines. After the activity, we talked about how far you have come in your skills relating to interacting with equines. We have also discussed how the equines have influenced your ability to reflect on yourself. Are there any questions? Thank you so much for attending group today.”

Week 11, Group Session 2
Achievement (Wrap-Up)

Step 1: Introduction:

Purpose of Group: The purpose of today's group is to discuss what each veteran believes they achieved during this program.

Outline of Group: Discussion is on what each veteran wishes they could have focused more on during this program, as well as what they believe they achieved. Ask veterans to discuss the relationships they built with each other and the equines and how these relationships were beneficial or not to their progress throughout the program.

Warm up: Have veterans identify one thing they believe they gained from this program.

Step 2: Activity:

Timing: 15 minutes

Activity: Ask veterans to make a list of occupations they believe they improved upon during the course of the program. Encourage veterans to write down achievements related to any of the concepts they learned from MOHO.

Step 3: Sharing:

Ask the veterans to share their list with the group.

Sample questions include:

1. What areas of occupation did you improve on?
2. Where there any significant achievements you had during this program?

Step 4: Processing:

Ask veterans to process areas they wish they would have focused on more or less. Ask veterans to process ideas on how they believe they accomplished their listed improvements.

Step 5: Generalization:

General ideas presented by the veterans such as accomplishments are to be written down by the OT and/or the SW and shared with the group. A list of ideas that was presented on ways each veteran believes they accomplished their goals are to be written down as well and shared.

Step 6: Application:

Ask veterans to apply what they have accomplished, how it has made them feel, and the steps they took to accomplish those occupations, to current occupations they are involved in or for future occupations. Ask veteran to discuss how they can apply what they learned from this program to future or current occupations.

Step 7: Summary:

A summary of the group session is given by the OT and/or the SW.

“Today we focused on successes each of you felt you had during this program. We also discussed ideas on how these successes and steps to complete the successes may be applied to current or future occupations. As a take away, please continue to use these successes, big or small, as motivators in success in current or future occupations”.

Ask if there are any questions. Then thank veterans for attending this program.

Please allow the veterans 10 to 15 minutes of processing time with the equines at the end of the group session.

Week 11, Individual Session
Wrap-Up

Purpose of session:

The purpose of this session is to discuss outcomes and goal attainment for each veteran.

Referrals to other programs or providers are provided at this time.

Funding Table

2

<p>Projected Annual Fee</p>	<p>This program can be run 4x per year for 11 weeks each, and one week in between programs for paperwork and staff communication time.</p>
<p>Occupational Therapist Salary</p>	<p>38.46 per hour (2012)- 38.46 x 14 hours/week= 538.44 538.44 x 11 weeks= 5,922.84 Program will be performed 4 times per year with 1 week breaks between and time off for holidays. 5922.84 x 4= 23,691.36 total cost http://www.bls.gov/oes/current/oes291122.htm</p>
<p>Social Worker Salary</p>	<p>Average hourly pay from 2012 is 22.25 22.25 x 14 hours/week = 311.50 311.50 x 11 weeks = 3426.50/ program 1713.25 x 4 pods = 13,706.00 total cost http://www.bls.gov/ooh/community-and-social-service/socialworkers.htm</p>

Therapeutic Riding	Average is 12.00 per hour
Instructor Salary	12.00 x 8 hours/ week = 96.00 96.00 x 11 weeks = 1,056/ program

	1,056 x 4 programs = 4,224
Clinical Administered PTSD Scale for DSM-5 (CAPS-5)	Free
Occupational Performance History Interview-II (OPHI-II)	40.00 access fee from the MOHO website
Occupational Self-Assessment (OSA)	40.00 access fee from the MOHO website
Arena Access Fee	Average rental fee is 50.00 per week for 1 hour of arena use 50 x 11 hours = 550.00 per pod 550.00 x 4 pods = 2200.00 total cost

Office space fee	<p>15 per hour for 5 hours per week = 75.00</p> <p>75.00 x 11 weeks = 825.00 per pod</p> <p>825.00 x 4 pods = 3300.00 total cost</p>
Office Supplies	<p>Laptops x 2= \$800.00 reams of paper, pens, pencils= \$50.00</p> <p>Electronic medical records=</p>
Insurance	<p>therapist are covered under general liability but need professional liability insurance</p>
Marketing supplies, business cards, brochures	<p>250 business cards= \$16.00</p> <p>Brochures= \$200.00</p>
Total budget for 1 year	

Marketing

Review of Trends

Veterans discharged from military service encounter a higher rate of mental health disorders, with PTSD diagnosed in 11-22% (Hoge, Castro, Messer, McGurk, Cotting, & Koffman, 2004; U.S. Department of Veterans Affairs, 2015). Veterans with PTSD encounter barriers in their civilian environment that impacts their ability to successfully participate in daily life and a decrease in overall satisfaction (Plach & Sells, 2013; Tsai, Harpaz-Rotem, Pietrzak, & Southwick, 2012). Veterans are reluctant to seek mental health services because of the stigma of mental illness present in the military culture (Dresinga, Rodriguez, & Picard, 2015; Hogue et al., 2004). This program aims to provide an approachable mental health treatment to veterans with PTSD by offering a unique opportunity to learn through interactions with equines to improve veteran transition to civilian life.

Target Markets

The target market for promoting this program is to veterans and their families, health providers within the Veterans Administration, and area mental health facilities that treat veterans. Special attention is directed toward targeting staff who work within the discharge program for each VA. Information is communicated through printed materials, presentations, and social media marketing.

The PATH Intl. center should already have a profile on the PATH Intl. website. Within this profile, the center can report that they provide a veteran program, and this will be listed on the PATH Intl. website. A social media promotion is to be launched through the affiliated PATH Intl. center, informing people who follow the center of the new program. Fliers and other applicable printed material are to be distributed to local organizations such as community

colleges, universities, Veterans of Foreign Wars (VFW) clubs, Elks Lodge Clubs, and activity areas such as local gun ranges, gyms, hunting stores, and any other applicable facilities.

Product

The product is an alternative treatment program for veterans with PTSD with a focus on successful reintegration to civilian life utilizing equines as a treatment tool.

Price

Market price for one hour of intervention from an occupational therapist, social worker, and therapeutic riding instructor is \$127.22, or \$2,798.93 for the 11-week session. The price to the veteran will be \$120 per veteran for full program enrollment to maintain a sense of responsibility and commitment to the program. The difference between the veteran's contribution and the market price of the program will be covered by the United States Veterans affairs or supplemented by a grant. Grant agencies are often local, such as the McMurry Foundation in Caper, Wyoming. Other national grants include the Robert Wood Johnson Foundation or direct supporters of PATH Intl programs such as the Wounded Warrior Project.

Place

The program will be located at a PATH Intl. center that is relatively close to a higher concentration of people who are the target market population. The place is wheelchair accessible and ideally located where public transportation is available to the facility.

Promotion

Advertising and marketing will be done through several avenues. Presentations about the program set up and goals are made to referral agencies such as VA clinics and doctor's offices who treat the target population. Presentations are made to community organizations such as The Elks Lodge, Veterans of Foreign Wars, and the Rotary Club to increase awareness of the

program and increase the center and program's ability to network within the community. Fliers and business cards detailing the program are to be left at these organizations as well as placed on billboards at coffee shops, outdoor stores, and community colleges and universities.

Position

As this is a unique approach to PTSD treatment, competition is typically limited for these types of programs. Traditional PTSD programs may compete in their offering of SW and OT services at the same site as their psychologist. Overall, this is a program that seeks to reduce stigma associated with the traditional PTSD treatment setting.

Limitations

A limitation to this program plan is the lack of evidenced based research on utilizing equines as a therapeutic medium with veterans who have PTSD. The veterans also have to find transportation to the facility in order to receive services. Another limitation is veterans do not receive services throughout the year through this program, as it is designed to be 11 weeks in length, although volunteer opportunities can be offered in other programs within the facility.

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Appendix A

Program Evaluation Form

All answers are confidential.

1. How did you hear about the program?
2. Why did you want to participate in this program?
3. Do you feel the program was successful in addressing these issues that brought you here?
4. What aspects of having an occupational therapist (OT) made the program better?
5. What aspects of having an occupational therapist (OT) did not help the program?
6. What aspects of having a social worker made the program better?
7. What aspects of having a social worker did NOT help the program?
8. Did the program meet your expectations?
9. What was your favorite part of the program?
10. What aspects of the program would you change?
11. Did you have any hesitations about being part of the program?
 - a. Is there anything we could have done to help these hesitations?
12. Would you recommend this program to other veterans diagnosed with PTSD?
13. Do you have any other comments about the program?

Appendix B

Checklist of Equine Behaviors As you
observes the equines, please note:

- Ears back:
- Ears forward:
- Head up:
- Kicking: • Striking:
- Rearing:
- Bucking:
- Trotting:
- Cantering:
- Turning away quickly:
- Snorting:
- Shaking head:
- Biting:
- Grooming each other:
- Eating:
- Who is the leader of this group? How can you tell?:
- Who are the followers?:
- Who is the less dominant?:
- Who is the most playful?:
- Who is the most serious?:

Appendix C

Financial Worksheet

Information from MoneyAndStuff.info (2013)



*grab hold
of your future*

Sample Monthly Budget for Adults & Families Making

a Budget

Making a budget is the most important step in controlling your money.

A budget allows you to track your **Income** (the money that you have) and your **Expenses** (the money you spend). By writing down your monthly income and expenses, you can see how much money you expect to have for the month and plan for how much you can spend.

The First Rule of Budgeting

The first rule of budgeting is simple: *Spend less than you earn!*

If you earn \$2,000 a month from your job, \$50 from Interest on your savings account, then your income for the month is \$2,050. Now you know that you have to spend less than \$2,050 for the entire month.

Structuring Your Budget **1:**

Determine your Income.

Estimate all “incoming” money, including Salary/Bonus/Commissions, Interest, Child Support, and other sources.

2. Estimate Required Expenses.

Required expenses include taxes and bills. Required bills include mortgage/rent, utilities, insurance, car maintenance, gas, groceries, credit card/debt payments and medical expenses. You should also include payment to your savings in the “Required Expenses” category. You should strive to save enough to cover three months of expenses. You can also save for vacations and Christmas gifts. It is critical that you get in the habit of paying yourself first! Even a few dollars each month helps build your savings.

3. Estimate Discretionary Expenses

After you have paid your Required Expenses, you can use the money left over for some discretionary expenses, like entertainment (movies and dining out), or new furniture.

Review the following Sample Budget on page 2, and then make your own monthly budget using the worksheet on page 3. Stay within your budget, pay yourself first, and you will always be in control of your Money and Stuff!

Sample Monthly Budget for Adults/Families Month _____
Year _____

Category	Monthly Budget	Actual Amount	Difference
INCOME:	Estimate Your Income	Your Actual Income	
Salary			
Commission			
Interest			
Bonus			
Child Support			
Other Income			
INCOME SUBTOTAL			
EXPENSES:	Estimate Your Expenses	Your Actual Expenses	
Salary Withholdings			
Federal Income Tax			
State Income tax			
City Income Tax			
Social Security/Medicare			
Medical Insurance			
Life Insurance			
Disability Insurance			
401(k) Contribution			
Other Withholdings			
Required Expenses			
Savings (Pay Yourself First!)			
Mortgage/Rent			
Auto Payment/Lease			
Auto Insurance			

Medical Insurance			
Utilities			
Water			
Gas			
Electric			
Cable/Internet			
Phone/Cell Phone			
Other Utilities			

Continued on Next Page

EXPENSES (Con't):	Estimate Your Expenses	Your Actual Expenses	
Credit/Debit Payments			
Credit Cards			
Loans			
Other Accounts			
Typical Cash Expenses			
Groceries/Household			
Auto Maintenance/Gasoline			
Personal Care/Hair			
Prescriptions/Medical Co-Pay			
Clothing			
Dry Cleaning			
School Expenses			
Other Regular Expenses			
Discretionary Expenses			
Dining Out			
Entertainment (Movies, etc.)			
Gifts/Holidays			
Home Furnishings			
Vacation			
Memberships			
Other			

EXPENSES SUBTOTAL			
NET INCOME (Income Minus Expenses)			

List of Assets and Liabilities

Assets		Liabilities	
Home	\$	Mortgage	\$
401(k) Account	\$	Credit Card Balances	\$
Fine Jewelry	\$	Loans	\$
Savings	\$	Outstanding Debts	\$
Other	\$	Other	\$
Total Assets	\$	Total Liabilities	\$

Appendix D

“Does Your Shadow Match Your Tree”



CHAPTER V

Summary

PTSD is a common health concern challenging many veterans. PTSD is a mental health disorder in which a person must have symptoms from four clusters: intrusion, avoidance, negative alterations in mood and cognition, and alterations and arousal in activity (American Psychological Association, 2013). Many veterans do not receive adequate care because of a lack of accessibility and stigma by the military culture surrounding seeking mental health treatment (Hoge et al, 2004). Veterans with PTSD struggle with incongruence between the military culture and the differing demands of civilian life. Barriers complicating this transition include social interaction, communication, building relationships, difficulty managing self-care, maintaining health sleeping patterns, and engaging in school, work, or community life (Tsai et al., 2012; Plach & Sells, 2013).

Equines used in treatment with veterans with PTSD have been shown to be beneficial through anecdotal evidence (MacLean, 2011; Borioni, 2012; Lanning & Kerenik, 2013). Equines are beneficial to therapy because they reflect emotions and require more work to gain trust and build relationships, unlike other animals used in therapy (MacLean, 2011; Nurenberg et al., 2015). Veterans with PTSD are often hypervigilant, similar to equines, which leads to a mutual understanding (MacLean, 2011). Equines provide the benefit of an alternative environment leading to an increase in engagement in their surroundings including interacting with the equine and volunteers, which the veterans reported as a benefit of the environment of the arena

(Lanning & Kerenik, 2013). Veterans with PTSD have experienced a psychological crisis which results in their assumptions about the world, their safety and identity, and their predictability in behavior being changed. Due to this, a safe environment to rebuild those assumptions is key, which the barn was for the veterans in this program (Lanning & Kerenik, 2013).

An interdisciplinary team approach to treating veterans with PTSD has been recommended to reduce mental health stigma and decrease symptoms (Spelman, Hunt, Seal, & Burgo-Black, 2012). Utilizing an interdisciplinary team approach is believed to increase collaboration between healthcare providers who work with veterans with PTSD (Driesenga, Rodriguez, & Picard, 2015). The roles of specific professions for of occupational therapy, social worker, psychologist/psychiatrist, and therapeutic riding instructor that may consist of an interdisciplinary team have been discussed. All professions have a unique role in contributing to the health and wellbeing of veterans with PTSD.

Due to this finding the purpose of the program plan, Veteran Equine Therapy Service: An Interdisciplinary Approach (VETS), was to provide an interdisciplinary, theory-driven structure to increase veterans' occupational performance in the community using equines as a therapeutic medium. Occupational therapy was identified as the main form of treatment to treat veterans with PTSD within this guide. The specialized equine facility provides an atmosphere that is intended to reduce the stigma of receiving mental health treatment that is common within traditional mental health treatment facilities. The structure of VETS includes individual and group sessions to addresses isolation and individual goals of the veteran. The program plan consists of a best practice approach to help ease veterans' transition from military life back into civilian life.

Limitations and Recommendations Future Action

A limitation to this program plan is the lack of evidenced based research on utilizing equines as a therapeutic medium with veterans diagnosed with PTSD. This program plan was designed in order to provide suggested assessments and outcome measures so that different centers across the United States would have a similar, evidence based framework. It is the hope that structuring the program plan in this way will encourage practitioners to gather data to provide validation and evidence to the field of equine assisted therapy for veterans with PTSD.

Another limitation of the program plan is the veterans will have to find transportation to the equine facility in order to receive services. This is a limitation because it may limit the veterans who are able to access the services provided. A recommendation to ease transportation concerns may include adding transportation costs into the startup costs of the program, or searching for available programs that may offer transportation at a low cost to veterans to allow them to participate in the VETS program.

Veterans will not receive services throughout the year through this program, as it is designed to be 11 weeks in length. Centers have the freedom to promote current programs, such as therapeutic riding or engaging the veteran in volunteering for the center as a way for the veteran to continue participating in this occupation. Centers are also encouraged to start adjunctive programs to encourage veterans to stay involved with the center that fulfills the needs of the veterans in their particular geographical area.

Conclusion

Due to this finding the purpose of the program plan, Veteran Equine Therapy Service: An Interdisciplinary Approach (VETS), was to provide an interdisciplinary, theory-driven structure to increase veterans' occupational performance in the community using equines as a

therapeutic medium. VETS is meant to be used as a best practice guide for occupational therapists, or other therapists, interested in running an interdisciplinary program that works with veterans with PTSD. The plan gives therapists a structure and recommended outcome measures to encourage the collection of data and subsequent evidence for the use of equines in therapeutic practice.

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