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Helping to Win the Battle Within: An Occupational Therapy Perspective on Returning War Veterans with PTSD and Employment

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Helping to Win the Battle Within: An Occupational Therapy Perspective on Returning War

Veterans with PTSD and Employment

by

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A Scholarly Project

Submitted to the Occupational Therapy Department

of the

University of North Dakota

In partial fulfillment of the requirements

For the degree of

Master's of Occupational Therapy

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This Scholarly Project Paper, submitted by Christine Avikainen and Amber L. Harvey in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been approved.

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PERMISSION

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ABSTRACT

Approximately 300,000 individuals of the 1.64million servivemembers and veterans, from Operation Iraqi Freedom/Operation Enduring Freedom have been diagnosed with post traumatic stress disorder (PTSD) (Tanielian & Jaycox, 2008).

This scholarly project has addressed the needs of the increasing number of war veterans suffering from PTSD. The soldiers returning from the present war and their employers do not have adequate resources to understand symptoms related to PTSD and the effects on functioning.

A review of the literature revealed a lack of information for retruning military personnel and the process of obtaining/reobtaining employment. The research provided evidence that employers and employees do not understand the legal rights to which military personnel are entitled. Also, returning military personnel with PTSD need assistance with entering/reentering employment due to symptoms and effects on function. The skills necessary for employment may be diminished secondary to a new diagnoses of PTSD since a return from deployment. It was found that "work performance supports participation and productivity, which are essential to the health and well-being of each individual" (AOTA, 2005, p. 676).

Based on the literature findings, a product was developed to guide occupational therapists in facilitating group sessions for military personnel returning to work. The

group focus will be directed towards skills needed for work. The skills addressed include, but are not limited to, anger management, stress management, coping, job application and interview process. The overall goals of this program and the scholarly project are to increase awareness of PTSD and assist veterans with employment status satisfaction.

CHAPTER I

INTRODUCTION

Operation Enduring Freedom (OEF) began October 7, 2001 (Global Security, 2005) and on March 19, 2003 Operation Iraqi Freedom (OIF) began (Global Security, 2004). For over six years the United States of America military personnel have been defending our country. The military personnel's' experiences may trouble them in ways that non-military people might never understand. As a result of the time spent defending their country and their experiences, they may need services as they transition home.

According to experts cited on the National Center for PTSD, post-traumatic stress disorder (PTSD) will occur in about six to eleven percent of OEF veterans and in about 12 to 20 percent of OIF veterans (National Center for PTSD, 2008).

The aforementioned statistics justify the need for programming that target veterans with PTSD. The veterans returning from the war with PTSD will need to overcome challenges as they return home. Entering or re-entering employment is an area that these veterans may experience difficulty. These difficulties will vary from person to person, but some may include utilizing the VA system, learning how to re-integrate into previous work situations, dealing with PTSD symptoms, developing a social network within their community, and learning how to seek out new job opportunities as appropriate. Although the current statistics focus on OEF/OIF veterans, the program developed for this scholarly project is appropriate for all veterans.

The purpose of this scholarly project was to develop a guide for an occupational therapist to follow to effectively address employment skills with veterans who have PTSD. The program is titled *Helping to Win the Battle Within*. The program consists of 14 outlines for an occupational therapist to follow as he or she facilities the sessions. The beginning sessions target performance skills with high amounts of structure. As the program progresses, the sessions are focused on employment specific skills and have less structure provided by the occupational therapist. The initial and final sessions are on an individual basis to establish rapport and offer closure in a comfortable setting. The 12 group sessions are titled *Orientation, Communication, Stress Management, Managing Anger, Coping, Meet and Greet with Family and Friends, Job Search, Know Your Rights, Job Applications and Resumes, Employer Panel, Interviews, and That's a Wrap.* There are also handouts included throughout the program which are to be copied and distributed to the participants.

Terminology

The following terminology list includes terms or concepts that are commonly used throughout the following chapters. The list is not inclusive, but rather terms that are significant for enhanced reader comprehension. Explanations of uncommon terms are defined throughout the scholarly project.

Department of Veteran Affairs - A governmental agency which exists to "...provide excellence in patient care, veterans' benefits and customer satisfaction. We have reformed our department internally and are striving for high quality, prompt and seamless service to veterans. Our department's employees continue to offer their dedication and commitment to help veterans get the services they have earned.

- Our nation's veterans deserve no less" (Department of Veterans Affairs, 2006, ¶1).
- Diagnostic Statistical Manual IV-TR (DSM-IV-TR) A diagnostic tool used in America for mental health professionals to identify and diagnose mental disorders.
- Occupation "Activities ... of everyday life, named, organized, and given value and meaning of individuals and a culture. Occupation is everything people do to occupy themselves, including after looking after themselves...enjoying life...and contributing to the social and economic fabric of their communities..." (Law, Polatajko, Baptiste, & Townsend, 1997, p. 34, as cited in AOTA, 2002, p.632).
- Personal Development Activity Activities completed during participants' personal time to facilitate internalization of learning, maximize progress, and allow for individual ownership.
- Post-traumatic Stress disorder According to the DSM-IV-TR PTSD is "characterized by the re-experiencing of an extremely traumatic event accompanied by symptoms of increased arousal and by avoidance of stimuli associated with the trauma" (DSM-IV-TR, 2000, p.429).
- Veteran A person who is currently or was a member of the United States military.
- Work An activity in which engagement in employment or volunteer functions may occur (AOTA, 2002).

In Chapter I, we reported the statistical findings of OEF/OIF and the returning veterans. Chapter I included the purpose and need for the scholarly project and a brief description of the product we developed which can be found in detail in Chapter IV. The

underlying terminology was defined to increase readability and understanding of the following chapters.

Chapter II will describe in detail the findings from the review of literature. The reviewed literature topics include the history of PTSD, symptoms, diagnosing criteria, effects of PTSD on function and, more specifically, employment, legalities, and treatment. Theoretical concepts implemented as a guide in product development are also included in Chapter II. The theories include Occupational Adaptation (OA), Cognitive Learning Theory, and Humanistic Learning Theory which are described in length to understand the foundation and their application to this scholarly project.

CHAPTER II

REVIEW OF LITERATURE

Introduction

"We can count the dead. We can see physical injuries. But in soldiers returning home it is hard to see the psychological damage among those who have witnessed the blood, heard the screaming, felt the shattering blast and smelled the burning flesh" (Shaley & Craig, 2004, p.70). Approximately 300,000 individuals of the 1.64million servivemembers and veterans, from OEF/OIF have been diagnosed with PTSD (Tanielian & Jaycox, 2008). In this scholarly project we will specifically address the needs of veterans with PTSD and their return to non-military employment. The veterans returning from OIF/OEF and their employers do not have adequate resources to understand the symptoms related to PTSD and the effects of PTSD on function.

A review of the literature revealed information regarding returning war veterans with PTSD in the areas of education, intervention, prevention, families, and employers. In preparation for creating our scholarly project, we reviewed a multiplicity of literary sources related to PTSD symptomology and subsequent effects on function. The literature we reviewed supported the need for an educational product for veterans with PTSD in relation to their employment.

Post-traumatic Stress Disorder

In 1980 the American Psychological Association initially recognized PTSD in the Diagnostic and Statistical Manual-III (DSM-III). PTSD was first documented as a traumatic event which was defined as a catastrophic stressor that was different than the usual range of human experience. War, torture, rape, Nazi Holocaust, the atomic bombings of Hiroshima and Nagasaki, natural disasters, and human made disasters are examples of situations that are not included in the usual human experiences (Beall, 1997). It was the experiences of veterans from Vietnam that brought PTSD to psychologists' attention (Beall, 1997). The criteria and explanation of PTSD was updated in the DSM new editions. In 1999, the Department of Defense (DOD) began to use the term Combat Operation Stress Reaction to establish a difference from other trauma induced PTSD (Beall, 1997). For the purpose of this scholarly project, the term PTSD will be used for clarity and to improve reader comprehension as Combat Operation Stress Reaction is not recognized presently in the DSM-IV-TR.

The DSM-IV-TR lists the criteria for PTSD and diagnosing procedures. There are five sections of criterion that psychologists consider when determining the diagnosis. Criterion A is the exposure to a stressor, an event that is experienced or witnessed as a threat or physical injury and evokes horror, fear, or helplessness (DSM-IV-TR, 2000). Criterion B is intrusive recollection of the event (2000). It involves images, thoughts or perceptions that are affected by remembering the event, bad dreams, illusions, hallucinations, or delusions of the event reoccurring (2000). In Criterion B, the person demonstrates a negative reaction when exposed to stimuli that may resemble the traumatic event, such as hearing gunshots or viewing blood (2000). A physiological

reaction such as sweating and increased blood pressure may also occur (2000). Criterion C lists symptoms that may occur in an individual with PTSD. The symptoms include trying to avoid thoughts or feelings about the trauma, avoiding activities, places, or people that are associated with the trauma (2000). The individual with PTSD may be unable to recall important information about the event. Family members may begin to notice that the person with PTSD may have a lack of interest in activities that were once significant to him or her. The individual with PTSD may begin to separate himself or herself from others, or feel detached. His or her affect may also be diminished or he or she may have a limited range of emotions. The last symptom in Criterion C may be a sense of a foreshortened future in which the person will not make plans about future events. Three or more of the symptoms of Criterion C must be met in order to diagnose PTSD. Criterion D requires evaluation of hyper-arousal and the person must classify as having at least two of the following symptoms. These symptoms are difficulty falling asleep and staying asleep, irritability or anger outbursts, difficulty concentrating, hypervigilance, and an exaggerated startle response (2000). Criterion E involves the duration of symptoms from Criterion B, C, and D; these temporal requirements dictate that PTSD symptoms must be present for more than one month to substantiate PTSD diagnosis (2000). Criterion F includes the functional significance of distress or impairment in social situations, work, or other areas of function. The individuals may not attend social events, avoid socializing with friends, or isolate themselves. In the work setting they may not return to previous jobs or demonstrate novel difficulties with familiar tasks. Psychologists will also determine if PTSD is acute, less than three months, or chronic, more than three months. Another aspect that is considered is whether the symptoms occur

with or without a delayed onset. The delayed onset could be the presentation of symptoms after six months (2000).

Symptoms of PTSD can present in emotional, cognitive, physical, or interpersonal reactions, according to the National Center for PTSD (2007). Emotional reactions can be shock, fear, guilt, anger, grief, shame, helplessness, or sadness (2007). Confusion, indeciveness, worry, shortened attention span, and trouble concentrating are evidence of cognitive reactions (2007). A veteran with PTSD may also present with physical reactions such as tension, fatigue, insomnia, body aches, pain, easily startled, racing heartbeat, nausea, appetite change, or changes in sex drive (2007). PTSD can also cause neurological changes. According to Vasterling (2007) from the National Center for PTSD, people with PTSD are less proficient in initial registration of new learning or hearing new information. These deficits can be due to a lack of attention or hyper arousal, which may affect their brains ability to store the information (Vasterling, 2007). It is unknown if the lack of attention and hyper-arousal is the reason for decreased new learning, or if it is the effects of PTSD on that area of brain that inhibits new learning from occurring.

Effects of PTSD on Veteran's Occupational Engagement

The symptoms of PTSD, previously noted, affect many areas of occupations such as activities of daily living (ADL). ADL are "tasks that maintain one's self and lifestyle" (Kielhofner, 2004, p. 67). Instrumental activities of daily living (IADL), which may also be affected, are occupations in which an individual interacts with his or her environment (AOTA, 2002). Some examples include care of others, child rearing, community mobility, financial management, health management, and home management. The

veteran may, for example, find new challenges that arise with caring for others due to poor social interactions skills as noted in the aforementioned sections of this paper.

Additional areas of occupation, which are types of activities that one engages and finds meaningful or purposeful, are also affected and may include education, work, leisure, and social participation (AOTA, 2002). The symptoms of PTSD impoverish some habits that were once useful during pre-diagnosis living as well as cause new dominating habits to develop, such as overly defensive driving and checking locks several times in order to feel safe (AOTA, 2002).

The effect of PTSD on a veteran's independence in ADL and IADL has been documented by Erbes (2007). Erbes found that veterans diagnosed with PTSD have impairments with emotional roles, energy, emotional well-being, social functioning, physical roles, and general health. "As expected, PTSD was associated with reported reductions in quality of life across several domains." (Erbes, 2007, p. 362)

An area of occupation in which veterans with PTSD often experience dysfunction is sleeping (AOTA, 2002). Sleep is defined as the natural periodic suspension of consciousness during which the powers of the body are restored (Merriam-Websters Online Dictionary, 2007). Habukawa, Uchimura, Maeda, Kotoriim and Maeda (2007) reported that there is an increase in interruptions during rapid eye movement (REM) sleep for individuals with PTSD. Habukawa et al. also found that waking time after sleep onset and number of arousals occurred more often for those with PTSD compared to the controlled group. Due to increased number of arousals, the sleep quality may be worse resulting in fatigue and poor performance during daily activities. Many areas of life are often affected by disturbed sleep or sleep deprivation. Persons may find themselves

having difficulty paying attention or being irritable due to lack of sleep. Therefore, adequate sleep is an important factor in a successful and productive day.

According to recent research, families of war veterans with PTSD are negatively affected by various psychological disorders or physical abuse. Mire-Maguno et al. (2007) examined veterans diagnosed with PTSD and their female partners. The authors found that 15 percent of the 89 subjects reported suicidal ideation, and 60 percent of 89 subjects were abused physically. Gerlock (2004) found that PTSD severity was related significantly to the frequency and severity of the violent acts against the female partner. In regards to correlations between the veteran with PTSD and his female partner, Mire-Maguno, Sautter, Lyons, et al. (2007) found that a higher rate of PTSD was related to a lack of communication and cohesiveness in the family. When the communication and cohesion was greater and the PTSD rates increased, the female partner experienced more burden of care (Mire-Maguno et al., 2007). These situations are tumultuous for the soldier and female partner because although communication is occurring the female partner may neglect her personal needs, which results in caregiver burden.

In an opinion article, Galvoski and Lyons (2004) defined *second traumatization* as "the impact of an individual's traumatic stress on his or her family" (p. 477). Second traumatization can occur in an individual who has not been directly exposed to trauma, but develops symptoms that are similar to actually having been exposed to a traumatic event (Galvoski & Lyons, 2004).

Galvoski and Lyons (2004) suggested that family education might prevent further issues and second traumatization from occurring. Some of the educational topics to prevent issues could include information regarding PTSD symptoms, how to deal with

the changes when the veteran is deployed, and coping skills that can be utilized before and after deployment. There will be changes in routine and responsibilities between spouses and within the organizational structure of the family unit, these changes could be addressed prior to or following deployment to assist in coping and improving the children's transition (Galvoski & Lyons, 2004). Galvoski and Lyons promoted the need for further intervention and treatment ideas that should be available for the family to assist the veteran in his or her time of need. A stressful home may further the progression of PTSD for the soldier (Mire-Maguno et al., 2007). A less stressful environment will aid the family and soldier to communicate emotions and empower the family and soldier to seek help for mental health issues.

Cozza, Chun, and Polo (2005) addressed the difficulties of explaining to a child what had happened to the veteran parent while deployed. If the veteran parent sustains an injury, how should the parents tell the children? Cozza et al. suggested that the children be told the truth, while considering the child's age and developmental level. Being honest with the child upon return of the veteran may increase trust and respect between the children and parents. Cozza et al. purposed that the media was the most significant source of stress for the families of soldiers as the media added to the worries that the family may already had in regards to a parent being deployed. The educational information proposed by Galvoski and Lyons (2004) might also include coping with what the media portrays. Based on the review of current literature, we assert that addressing the family's perceived levels of psychological stress will assist in the prevention of further issues from developing in the family.

Doyle and Peterson (2005) shared that the families of Army soldiers have the support of the on-post community that the National Guard soldiers families do not have. "Home-front stability" (Doyle & Peterson, 2005, p. 369) is a feeling that a soldier may have in which his or her family and home life is secure. Doyle and Peterson wrote that home-front stability is vital to a soldier's readiness for deployment. If the family life is not stable, the soldier will not be able to fully concentrate on war matters; a view that is congruent with that of Maguno et al. (2007).

Employment

Work, according to the *Occupational Therapy Practice Framework: Domain and Process*, (AOTA, 2002) is an activity in which engagement in employment or volunteer functions may occur. Work is different for each individual and may change following deployment or due to effects of PTSD (AOTA, 2002). As written in a 2005 statement by AOTA, problems with work performance can be a result of physical, sensory, cognitive, perceptual, psychological, social, or developmental changes. The role of an occupational therapist is to assist people to "...successfully engage in work tasks and satisfactorily participate in meaningful work roles...," (AOTA, 2005, p. 676). Occupational therapists may be involved in job analysis to determine requirements and ability to perform necessary job functions (2005). "Work performance supports participation and productivity, which are essential to the health and well-being of each individual" (2005, p. 676).

Smith, Schnurr, and Rosenheck (2005) found that the presence of PTSD in employees was correlated with poor employment. In a randomized trial study design, the authors questioned 360 male Vietnam veterans about employment. The veterans in the

non-worker category were found to have experienced higher levels of combat exposure than those in the worker category. If a veteran experiences increased levels of combat exposure, the veteran may demonstrate symptoms that affect job performance. Veterans in the worker category had lower levels of disabilities than those in the non-worker category (2005). These findings suggested that the veterans who were not working were more impaired by the symptoms of PTSD when compared with their working counterparts. Smith et al. (2005) investigated specifically the effects PTSD on work status, occupation type, and earnings. They used the Clinician-Administered PTSD scale (CAPS) to identify PTSD symptoms. The authors found the strongest association was a higher CAPS score and lower work probability. Veterans with PTSD were more likely to work part-time or not work at all. The results also indicated that there was no relation between PTSD and earnings. Amongst those who had PTSD, there was a small correlation between workers and sales or clerical positions (2005). Smith et al. concluded that even small reductions in PTSD symptoms had a positive impact on employment despite the severity of the initial symptoms. It was recommended the implementation of employer education would likely be essential to successful job relationships.

Doyle and Peterson (2005) found that veterans fear losing their job, despite legislative protections. These authors also reported that combat veterans are often concerned that they have changed since their deployment, which would make it difficult to return to the same job. The changes could be in behaviors or values due to experiences during deployment.

The Uniformed Services Employment and Reemployment Right Act of 1994 (USERRA) protects civilian's job rights and benefits for veterans as well as members of

the reserve division. The USERRA promotes veterans' rights for reemployment if a written or verbal consent to perform service is given to employer before the veteran leaves for duty. Other requirements include that the veteran has five or less cumulative years in the uniformed service for one employer, he or she meets requirements for returning to work in a timely matter, and has not been discharged from the military for reasons other than honorable discharge (USERRA, 2007, ¶ 1). The USERRA also provides protection for disabled veterans. Reasonable accommodations must be made for service members who are injured during training or service (2007). Also, a disabled veteran has up to two years after completion of service to return to employment (2007). Upon return, all veterans have the right to same seniority, status, pay, and benefits; this is called "long-standing escalator principal" (2007, ¶3). The employer must make reasonable accommodations to refresh or update skills by providing training (2007). This protection does not assist sole proprietors and small business owners, who are at the highest risk for losing their employment (Doyle & Peterson, 2005).

Veterans with PTSD are also protected under Title I of the Americans with Disabilities Act (ADA) of 1990. A disability is defined as having a "physical or mental impairment that substantially limits one or more major life activites, has a record of such and impairment, or is regarding as having such an impairment," (ADA, 2008, ¶2) This act protects individuals with a recognized disability against discrimination during hiring, firing, advancement, compensation, and job training processes (U.S Equal Employment Opportunity Commission, 2007).

In addition to the literature regarding men and employment, there has been a shift in available resources which has increased the focus on women as soldiers and returning to work. In October 2005, a program, entitled Women Joining Forces, was started to assist ex-military women entering the civilian workforce (Stevens, 2006). The program provides learning experiences for women regarding changes with the Veterans Affairs services, advocates for women at the government level, and helps women access benefits and healthcare services. Trowell-Harris (as cited in, Stevens 2006), the director of the Department of Veterans Affairs Center for Women Veterans, emphasized the importance of helping women attain the federal benefits they earned. Trowell-Harris reported "Women veterans are less likely to self-identify as veterans and thus connect with needed services," (as cited in, Stevens, 2006, ¶13). Women often do not self-identify because they did not hold a combat position or they feel ashamed because they left their families. Through the mission of this program, women should be empowered to seek the help that they deserve.

Scott (as cited in, Stevens, 2006) reported that one benefit women do have, that men do not, is the ability to fill the diversity requirements within corporations. However, women veterans are more likely to be underemployed compared to men. Women veterans are also more likely to be homeless compared to non-veteran women. Frett (as cited in, Stevens, 2006) attributes this to low self-esteem, isolation, and feelings of uncertainty after the military.

Blandford (as cited in, Stevens, 2006) According to a study done by the DOD, 24 percent of women compared to 19 percent of men expressed concern regarding mental health. The role of a woman requires her to handle child care and housework in addition to obtaining a new job, which causes additional post-discharge stress. (Blandford, as cited in, Stevens, 2006)

Pendorf (1990) described a study based on an evening psychiatry program that treated Vietnam veterans. The emphasis of the program was on unemployment related to stress and behavioral difficulties that affect employment were discussed in the article According to the findings from the study, employment is an important factor in psychiatric treatment. Upon completion of the vocational rehabilitation program, staff members felt that patients had a more positive attitude and demonstrated a more elevated self-esteen. Patients also realized the importance of work and were forced to emerge themselves in work, which met the outcomes of the program. The author reported that this was an important outcome due to the nature of people to devote at least "half of their waking life" to work (Pendorf, 1990, p 371). Pendorf also proposed that those with PTSD needed to readjust to society, could benefit from reemployment and vocation rehabilitaion. Frueh, Henning, Pellegrin, and Chobot (1997) agreed with Pendorf's findings and indicated that employment could have a potentially therapuetic role for the veterans that are not working.

Frueh et al. (1997) supported previous literature that anger and combat related PTSD are closely connected. The authors found that the participants in the study who demonstrated anger issues were often unable to control their expression of anger. Frueh et al. also presented data regarding unemployed veterans regarding the lack of ability to modulate anger. It was unclear whether the inabily to manage anger expression contributed to the participants' unemployment, or if the participants were angry about being unemployed (Frueh et al., 1997).

Like the veteran employees, employers are also faced with new challenges brought by OIF/OEF. Places of employement are experiencing greater absenteeisms for extended lengths of time; the most since the time of World War II (Phillips, 2006). Although most employees who return to work have no physical or mental impairments, a small portion of returning military personnel are experiencing disabilities that have a profound impact on employment status (2006). Phillips suggested that employers meet more than the minimum requirements needed to assist returning military personnel back into the workforce. To fulfill these suggestions, Phillips noted that education, retraining, and abide by the long standing escalator principle is mandatory. "Even where it is apparent that the employee's return to a particular posistion is doomed, the wisest advice will be to proceed with great caution," (Phillips, 2006, p. 16). In the court of law, the disabled veteran will most likely win because of the service that they provided the country (2006). Phillips appeared to recognized the inconvienience of accomodating for military personnel, however, reported that it is the law and a plan of action should be in place.

The literature regarding employment justifies the importance of work and the role it has in readjusting to the civilian society. Although barriers for the veteran employee and his or her employers were found, it is important to encourage and accommodate return to work when appropriate because of the positive impact on overall well-being of the veterans.

Treatment

The area of psychological treatment regarding combat related PTSD is being developed continually because of societal changes and the differences in war tactics. It has been reported that persons with PTSD experience depression, hyper-vigilance, insomnia, emotional numbing, recurring nightmares, and intrusive thoughts (Tyre, 2004).

These symptoms lead to a higher risk of alcohol and drug abuse, unemployment, homelessness, domestic violence, and suicide (2004). The area of occupational therapy treatment for PTSD is expansive because of the many areas of occupation and the people from a variety of backgrounds who may be affected. Tyre reported that Veteran Affairs (VA) officials admit that some veterans do not receive the assistance they need for various reasons. One reason that members of the National Guard do not receive the help they need is because they have many tours and wide variety of exposure situations. They also return home rather than to military bases where they would be likely monitored as those who are career based soldiers of the Army (2004). The staff at the VA is able to access combat records in order to identify and provide intervention for individuals who are at high risk for developing PTSD (2004). The VA has distributed wallet size information cards with ways to identify PTSD and has hired 50 veterans to work at veteran centers (2004). Tyre reported that millions of dollars have been set aside for mental health problems. However, resources are limited considering the large amount of individuals expected to return from war with a mental illness.

Shaley and Miller (2004) discussed the usual treatment offered to survivors when the natural healing process fails. Typical drug therapy includes antidepressants, which addresses anxiety and/or a mood stabilizer such as lithium or an anti-psychotic. Shaley and Miller, who are physicians, also reported on talk therapy, such as cognitive behavioral therapy, and virtual-reality. The virtual-reality treatment re-creates the combat experience and assists the survivor with ways to manage his or her anxiety with relaxation techniques such as breathing. Both authors agree that, "the best treatment is a successful reintegration into civilian life." (Shaley & Miller, 2004, p.70) Shaley and

Miller proposed that the traumatic experiences can lead to emotional growth and sharing stories with others can make the experiences more tolerable.

Keller (2005) studied a program that utilized peer mentoring to provide mental health support for soldiers. The program is modeled after a program used by the British Royal Marines. The goal of the Soldier Peer Mentoring Care and Support (PMCS) was to provide more accessible mental health services, while at the same time increasing cohesion amongst troops and decreasing the negative stigma affiliated with a mental illness (Keller, 2005).

Limited information has been published about complementary medicine and its use with individuals who have PTSD. Hankey (2006) reported that it should be considered the "new and improved mode of treatment for PTSD" (Hankey, 2007, p.131). Hankey studied Vietnam veterans in Denver, Colorado and the positive effects of a meditation program. The veterans were able to sustain his or her job, which they were not able to do prior to the program, as well as cope with the burden of tension, rage, and guilt they had been experiencing (2006). The meditation used in this study could be a complementary technique to assist in relaxation during stressful times.

Erbes (2007) reported on the treatment currently being utilized by OIF/OEF veterans. The author found that 62 percent of the veterans returning home utilized some type of mental health service. The treatments included medication which made up 11 percent of the sample, individual therapy which consisted of 13 percent of the sample, group therapy at 12 percent, marital or family therapy which consisted of 10 percent, chemical dependency treatment made up two percent, and/or briefings/debriefings consisted of 51 percent of the sample (2007). Erbes' findings illustrate clearly the need

for development of services and veterans' enrollment or use of those services. Each soldier may require different services with options; individualized treatment which may result in success rates.

Currently, DOD makes referrals to primary health care settings by utilizing a questionnaire that identifies those who may be at risk for PTSD (Mental Health Weekly, 2006). However, the results from a study conducted by Grieger et al. (2006) indicated that the majority of soldiers who had been diagnosed with PTSD at the seven-month evaluation did not meet PTSD criteria after one month following his or her combat injury. Military health care providers try to screen for conditions that are related to mental health disorders, unfortunately, soldiers can develop these conditions during a single deployment experience making it difficult to reach all soldiers (Stetz, McDonald, Lukey, & Gifford, 2005). Seal, Bertenthal, Miner, Sen, and Marmar (2007) stated that early detection and intervention at primary care settings is needed to identify mental illness and disability as demonstrated by the results of their recent study. Stetz et al. (2005) found that 60 percent of people seen at a VA Medical Center received referrals from primary care settings before seeking treatment at the VA. Reasons behind a late recognition of PTSD could be due to a delayed onset of symptoms, denial of the effects of a traumatic event, or symptoms are overlooked.

Theory

The model implemented to guide this scholarly project is Occupational Adaption (OA). The goal of this model and our scholarly project is to promote healthy participation in life roles by guiding the participant to engage in occupation (Schkade & Schultz, 2003). OA was used as a guide for our scholarly project to promote the participation of

adaptive capacity for each individual. (2003) Adaptive capacity is a term unique to OA and is the ability to recognize the need for change or adaptation. (2003) The participants in this group will identify challenges in their roles and develop an understanding as to when and what they need to do to adapt to the situation in order to be successful. Occupational readiness and occupational activities, which are also terms unique to OA, are woven into the program's interventions. (2003) Occupational readiness addresses the balance and deficits of three components of the person, which are psychosocial, cognition, and sensorimotor. (2003) Occupational readiness is analyzed during the initial assessment by the therapist as well as throughout the program by the therapist and participant. Occupational activities are occupation based interventions that mimic tasks that are meaningful to their occupational role. (2003) Examples of occupational activities within the program include role playing and interview, developing a resume, filling out job applications, and dressing in causal professional attire. Although the program is addressing skills for employment, within this model it is expected that the skills will be spontaneously generalized to all areas of life.

This model as well as our scholarly project identifies the interactions between the person and the occupational environment. (Schkade & Schultz, 2003) Within this interaction the person has desires to be met and the occupational environment provides demands. (2003) The occupational role is the therapeutic focus and appropriate skills necessary to be successful in that role are developed during the sessions.

The OA model is an ideal match for this scholarly project because it is clientcentered and applicable across the life span. We utilized OA in our scholarly project to guide participants in developing the abilities to make adaptations when needed. In order for the participant to be successful in this program and benefit from the principles of OA they must have the mental capacity to work though the OA process. "The fundamental treatment assumption of OA is that adaptiveness leads to enhanced occupational performance" (Schkade & Schultz, 2003, p. 209)

Educational theories will also be used to frame the information and guide the product development. The group sessions will be voluntary and independent from a hospital setting due to the assumption from Humanistic Learning Theory that individuals have a desire to grow and learn in a positive way (Braungart & Braungart, 2006). Humanistic Learning Theory will be a guide to allow the therapist to facilitate rather than lead client-centered groups. The theory will also allow the veterans to choose and then apply information learned in future employment situations. The groups will incorporate the use of subject feelings, personal needs, self-concept, and interpersonal relationships related to employment (2006).

Elements of the Humanistic Learning Theory that are included in this program are, as stated by Rogers, the "personal involvement", "self-initiation", "pervasiveness", "evaluation by the learner" and "its essence is meaning" (as cited in Knowles, Holton, & Swanson, 2005, p.14, ¶3). The program encompasses both cognitive and affective aspects of each participant to promote learning. The material is presented, however, each participant must internalize it to comprehend and apply when appropriate. Learning new skills for employment has the opportunity to make a difference in behaviors that may have been previously problematic. The participant can assess the content of what they have learned during the program and its application in his or her life. Improving employment skills through this program will provoke a meaningful learning experience

given that employment is a priority for the participant (Rogers, 1969, as cited in Knowles, Holton, & Swanson, 2005).

Maslow's hierarchy of needs will also serve as a guide for development of the product. The veterans may have underlying needs that need to be met in order to reach higher levels and gain from the group educational information. To address these underlying needs, the group session initially focus on performance skills related to employment and advance to employment specific content.

Cognitive Learning Theory is integrated into this scholarly project for product development. The assumption that perceptions, thoughts, memories, and ways of processing and structuring information are part of every learning situation will guide this scholarly project (Braungart & Braungart, 2006). The gestalt principle, which recognizes the importance of perception in learning, will shape the group format to allow people to share and integrate their experiences for increased learning (2006). The group participants will reflect on differences between life experiences from war and civilian society and may need to change some perceptions in order to be able to enter or reenter the civilian workforce. The learning process will be guided by the learner's goals and expectations and the desire to enter or reenter employment. Learner's desires could originate from various reasons such as social factors or imbalance and tension in his or her life (2006). The role of a teacher or therapist is to assess and assist the learner in meeting his or her goals and expectations, which will direct the group facilitator for this product.

OA, Humanistic Learning Theory, and Cognitive Learning Theory will be used simultaneously and integrated throughout the product development to increase participant benefits and to meet each individual's learning needs.

CHAPTER III

METHODOLODY

Chapter III is intended to provide a description of the process used in developing the product that can be found in Chapter IV. This information is presented in a logical order that includes an overview of the product and its relationship to the literature that was analyzed, a description of the process used to develop the product, and the assessment tools that were utilized.

The product described in Chapter IV consists of 14 sessions intended for an occupational therapist to facilitate a program with veterans diagnosed with PTSD seeking assistance with employment. The product was developed following a review of literature utilizing multiple search engines which included Scopus, CINAHL, Pub MED, and OT Search. The literature review focused initially on a broad overview of veterans with PTSD and problems they encountered. The initial product idea was to develop a resource for veterans and their families to understand the effects of PTSD. A literature search revealed a vast amount of information for veterans and their families, however, little information was found regarding re-entering employment. Therefore, a new product idea emerged to address the non-military employment needs of veterans.

The literature provided various concepts and ideas to be explored. The literary sources mentioned a military term for a PTSD equivalent to be Combat Operation Stress Reaction. For the purpose of this scholarly project, the term PTSD was used for clarity

and improved reader comprehension as Combat Operation Stress Reaction is not recognized presently in the Diagnostic Statistical Manual IV-TR (DSM-IV-TR). The term veteran is defined as an old soldier of long service or a former member of the armed forces (Merriam-Webster Online Dictionary, 2008). We chose to use the term 'veteran' in reference to a person who is currently or was a member of the military. The term 'soldier' is found in the literature review because it was used in that particular article. 'Veteran partner' was used to represent a spouse or significant other involved in the veteran's life. 'Veteran partner' and 'veteran parent' were used to distinguish between the partner or parent was is not a veteran.

Upon completion of the literature review, both occupational therapy and educational learning theories were reviewed. To guide the development of the interventions utilized during each session, Occupational Adaptation (OA), Humanistic Learning Theory, and Cognitive Learning Theory were chosen. The OA model was found to be appropriate as it includes the person, occupational environment, and the interaction that occurs between the person and occupational environment. It also emphasizes adaptation which is an important area for the target population. OA requires participation and ability to process through adaptation, a Mini-mental state examination score of 24/30 or better is required. The learning theories were chosen to direct planning of group sessions throughout the program. The goal of incorporating these theories is to address the needs of each individual learner.

The product was designed with the assumption that the facilitator will have basic knowledge regarding the *Occupational Therapy Framework: Domain and Process* (AOTA, 2002); this knowledge is required to understand the terminology and concepts as

well as effective completion the occupational profile. The occupational profile provided in the product is to be used as a guide and facilitator's critical thinking skills will be significant to add essential information about each individual participant.

The program is to be facilitated by a therapist who is familiar with or willing to learn about government services and websites regarding veterans and individuals with disabilities. The facilitator also needs to be interested in employment and have knowledge about current trends in employment.

The participants of *Helping to Win the Battle Within* must be diagnosed with combat-related PTSD, MMSE of 24/30 or better, working age adults interested in seeking or improving employment skills, and United States of America military personnel. The criteria listed must be met in order to be included into the program.

The product arrangement is based on initially establishing rapport with the facilitator and other participants, addressing performance skills, and providing structure. The program progresses to addressing specific tasks related to real-life employment components as interventions. Cole's Seven Steps were modified and implemented to outline each of the 14 sessions. Cole's Seven Steps are introduction, activity, sharing, processing, generalizing, application, and summary (Cole, 2005). This program is intended to occur over six months to allow participants to establish rapport with each other and address employment needs. The initial sessions is intended to occur with each individual and allow for each participant to have enough time to complete the assessment and occupational profile. The session time frame was determined based on the symptomology of PTSD.

The assessments used in the individual sessions are the Transition to Work

Inventory (TWI) and an occupational profile guide. The occupational profile includes
information that is used as an outcome measurement to determine efficacy of the
program. A participant satisfaction survey is used in assessing outcomes from the
participants' perspective satisfaction. Initially, upon review of vocational assessments,
the Career Scope was thought to be a good match for data gathering. With further review,
it was eliminated because of the price and we felt that it targeted a younger population
than we would like. It was also discussed that if a facility has a vocational assessment
that is used it would be appropriate use that instead of purchasing another. The TWI was
a good match for the target population and it collects relative data to further the progress
of individuals for programming.

In creating the program a variety of government websites and published research based on veterans and disabilities were accessed for gain information. The information gathered was incorporated into this scholarly project with focus on the targeted population and program objectives. Chapter IV consists of the product in its entirety.

CHAPTER IV

PRODUCT

The purpose of this product was to address the employment needs of returning war veterans that are diagnosed with post-traumatic stress disorder (PTSD). The product was presented as a 14 session program for an occupational therapist to utilize as a guide in implementing the program. The program, *Helping to Win the Battle Within*, was designed to focus on employment skills with the intention of also promoting a more successful reintegration to civilian life. The need for this program was evidenced by a limited amount of resources regarding entering or re-entering employment for veterans.

Occupational Adaptation (OA), Humanistic Learning Theory; and Cognitive Learning Theory were used as a guide to develop the product. OA was relevant to this product because it addresses the interactions between the person and the occupational environment in order to promote the participation in adaptive capacity (Schkade & Schultz, 2003). Both Humanistic Learning Theory and Cognitive Learning Theory were used to frame the information and guide the product development. The program was client-centered, incorporated past experiences, and provided opportunities for reflection which are a few of the many components of adult learning theories that were used simultaneously during the development of the product. The use of these learning theories helped meet the needs of individual learners by addressing various learning styles in order to maximize the learning experience.

The Occupational Therapy Framework: Domain and Process (AOTA, 2002) was also integrated into the product during the initial encounters with each individual participant in order to provide a thorough occupational profile and establish rapport. The terminology was woven into the program in order to provide a common language that each facilitator will be able to understand.

The product consists of 14 group sessions which span over a time period of six months. Participants will be veterans who are referred to the program following a diagnosis of PTSD. The program will be led by a registered and licensed occupational therapist that is knowledgeable and interested in assisting veterans with employment. The initial and final sessions occur on an individual basis to establish rapport. An occupational profile and the Transition to Work Inventory (TWI) are used to gather outcome data. Each participant receives a binder with informational handouts and the personal development activities as well as a notebook to facilitate reflection on progress. Each session will to last 45-60 minutes. The sessions involve activities, discussion, and personal development activities which facilitate further progress during the veteran's personal time.

The program titled *Helping to Win the Battle Within* is not to be separated from the scholarly project. The references used within the product can be found in the reference section of this scholarly project.

Helping to Win the Battle Within



A 14 session manual to be used by an occupational therapist to assist veterans with PTSD overcome employment difficulties.

Helping to Win the Battle Within

Session: Individual Session (Initial)

Purpose: The purpose of the individual session is to establish rapport with each participant in a non-invasive context, gather initial data and occupational profile information to assist in further planning.

Session 1: Orientation

Purpose: The purpose of this group is to describe the program process, schedule, and expectations. Introductions will be done during this session to familiarize group members. A brief discussion on post-traumatic stress disorder (PTSD) and its effects on function will occur. Participants will make personal goals to be obtained at the completion the program.

Session 2: Communication

Purpose: The purpose of this group is to understand the power of communication. Group members will continue to establish rapport with each other in a structured setting. Communication is an important aspect of everyday life, including work.

Session 3: Stress Management

Purpose: The purpose of this group is to understand the difference between good stress and bad stress. Group members will use the ONET personal development activity to evaluate different work related stressors along with personal stressors.

Session 4: Managing Anger

Purpose: Groups members will understand what makes them angry and healthy ways to regulate their anger. This increased awareness will be useful for successful employment.

Session 5: Coping

Purpose: The purpose of this group is to develop ways to cope by reviewing communication problems, stress, and anger. Also, group members will be presented with ways to use these strategies at work.

Session 6: Meet and Greet with Family and Friends

Purpose: The purpose of this group is to encourage spontaneous interaction between group members, their family and friends. This group is based on the concept that healthy relationships in personal life will carry over to professional life.

Session 7: Job Search

Purpose: The purpose of this group session is to discuss common terminology used with job searching. The group members will receive information about current employment search ideas.

Session 8: Know Your Rights

Purpose: The purpose of this group session is to provide group members with the opportunity to navigate the various websites that address the employment rights veterans are entitled.

Session 9: Job Applications and Resumes

Purpose: The purpose of today's session is to initiate the job search process and assist the group members with completion of job applications and resumes.

Session 10: Employer Panel

Purpose: The purpose of this group is to allow the group members to ask local employers questions pertaining to employment. This session will provide an opportunity to get advice about employment from the employer's perspective. This session will also increase awareness of PTSD and veterans in the local community.

Session 11: Interviews

Purpose: Group members will be exposed to possible interview situations in order to prepare for obtaining a job and to develop interaction skills needed for everyday situations in the work force.

Session 12: That's a Wrap!

Purpose: The purpose of this group is to provide closure to the program and to review and answer any questions related to the materials covered.

Session: Individual Session (Final)

Purpose: The purpose of the final individual session is to address any further concerns that the participant may have and to provide referrals and resources as needed.

Program Title: Helping to Win the Battle Within

Session: Individual Session (Initial)

Supplies:

- Occupational Profile Refer to table following initial session outline
- Outcome Measurement- Refer to table following initial session outline
- Transition-to-Work Inventory (TWI) Author(s): Lee Friedman, Carl Cameron, And Jennifer Flecher (1996)- Not included in this program, must be provided by facility
- Writing Utensils
- Binder with program information and paper

Purpose: The purpose of the individual session is to establish rapport with each participant in a non-invasive context, gather initial data and occupational profile information to assist in further planning.

Goal: Participant will complete occupational profile and TWI (Friedman, et al.,1996) with facilitator in order to identify his or her personal needs.

Method:

- 1. Facilitator should initiate a casual conversation to establish rapport.
- 2. Give a brief overview of this session as well as the program.
 - a. Give participant a binder with paper, contact information, and any additional resources regarding the program.
 - b. Explain that journaling will be encouraged to reflect on progress.
- 3. Allow participant to ask questions at this time.
- 4. Complete the occupational profile.
 - a. Make sure to ask questions for outcome measurement
 - b. Additional questions may be added in order to develop a complete profile
- 5. Allow participant to complete TWI (Friedman, et al.,1996). Assessment may take approximately 25 minutes.
 - a. Note: The TWI is a suggested assessment; a different assessment may be used.
- 6. Discuss the TWI (Friedman, et al.,1996) results and allow time for questions.

Summary: Review the occupational profile to determine if information gathered is accurate and thorough. Remind the participant when the first session will occur. The goal for the initial session is achieved if the occupational profile and TWI

(Friedman, et al.,1996), or a different assessment, has been completed and the participant understands and agrees with the results.

Occupational Profile
Participant's appearance: (affect, cooperation, hygiene, etc.)
*
Past employment:
Education:
o GED
 High school
o Post-secondary education
o Specialized training
Other (list)
Degrees/certificates obtained: Past Medical History
Date of PTSD diagnosis:
Medications that may impact function:
Additional information:
Additional information.
•
G PEGE
Current symptoms or perceived stressors from PTSD:
Support Network:
o Family
o Friends
EmployersHealthcare Professionals
 Healthcare Professionals Cultural aspects that offer support
o Other

Recent Work Experiences or Opportunities
Date:
Stressors:
Accommodations needed to complete job tasks:
,
Performance skills that may be needed for essential job functions: (motor,
process, and communication/interaction skills)
*
•
× ×
Performance patterns that may affect work:
Habits (explain the habits if applicable):
o Useful-
o Impoverished-
o Dominating-
Routines:
Roles:
Context:
*
(AOTA, 2002)

Additional Comments:

Outcome Measurement Comployed Dunemployed Are you satisfied with your current employment status? Yes No

Program Title: Helping to Win the Battle Within

Session 1: Orientation

Supplies:

- Easel with large paper (this will allow facilitator to retain ideas from the group)
- Name tags
- Writing utensils
- PTSD Handout-Refer to handout following session 1 outline
- Computer(s) with internet access
- Website Resources List-Refer to handout following session 1 outline
- Personal and Group Goals handout-Refer to handout following session 1 outline
- Each participant will need their personal binder

Purpose: The purpose of this group is to describe the program process, schedule, and expectations. Introductions will be done during this session to familiarize group members. A brief discussion on post-traumatic stress disorder (PTSD) and its effects on function will occur. Participants will make personal goals to be obtained at the completion the program.

Goal: Group members will establish a sense of belonging by becoming familiar with the program process and other participants by stating 2 names of group members and developing 3-5 personal goals.

- 1. Overview of session 1.
- 2. Participants will introduce themselves by stating their name; each person will be wearing name tags.
- 3. A brief discussion on PTSD and its effects on function will be held.
 - a. What do you already know?
 - b. What do you want to know?
- 4. PTSD Handout
 - a. Review as a group.
 - b. Ask each participant to answers the questions on the handout.
- 5. Participants state his or her name again and share briefly information about past, current or future employment.
- 6. Overview of the program schedule
 - a. Sessions will be held twice a month for 6 months.
 - b. Facilitator will share a description of the 12 topics for each session.
- 7. Discuss the purpose of the binder.
 - a. The binder should have a notebook for each participant to write journal entries. The purpose of the notebook is to write a journal entry to reflect upon each session to address the progress being

- made. The goals that are set during this session will also be kept in the personal binder.
- b. Handouts given during the program should be kept in the binder.
- c. Activities completed and notes taken should be kept in the binder.

8. Establish goals.

- a. Distribute personal and group goals handout to each participant.
- b. Each participant will establish 3-5 goals he or she would like to achieve by the end of the program.
- c. The group will establish 3 goals to achieve by the end of the program.
- d. Facilitator will share objectives for the group.
 - i. Facilitator will provide a safe and successful learning environment, by following expectations and empowering each individual to take control of their situation.
 - ii. Facilitator will offer assistance to group participants or refer the group member to the appropriate resources in a timely manner.
 - iii. Facilitator will provide timely, effective feedback about participant progress and concerns in a professional manner in order to assist group members' personal and professional growth.

9. Expectations for program

- a. Group sessions are voluntary. Attendance is encouraged strongly to maintain group cohesiveness and so that each participant benefits fully from the program.
- b. Contact the facilitator if you are unable to attend group.
- c. Respect all group members and facilitator. Each individual is entitled to have a voice and opinion and deserves respect.
- d. No guests are allowed to join except when specified.
- e. Have a positive attitude; we are all here to help each other.

10. Personal Development Activity:

- a. ONET activity
 - i. Distribute web-site resource list.
 - ii. Allow participants 10 minutes at the end of session to use facility computers if they do not want to take the activity home or they do not have access to a computer
 - iii. Ask participants to find the essential job functions of their current job or a job of interest on ONET.

b. Journal

Summary: Review the most important aspects of the group such as goals, content, process of the group. Session's goal has been achieved if each participant can state the names of 2 group members and have established 3-5 personal goals to work towards while in the program.

Session 1 Handout

Post-traumatic stress disorder

- ➤ According to the DSM-IV-TR PTSD is "characterized by the reexperiencing of an extremely traumatic event accompanied by symptoms of increased arousal and by avoidance of stimuli associated with the trauma."(DSM-IV-TR, 2000, p.429)
- > Symptoms (circle symptoms that you are or have recently experienced)
 - o Emotional: shock, fear, guilt, anger, grief, shame, helplessness, sadness, nervous, numb, short-tempered, loss of intimacy
 - Cognitive: confusion, indeciveness, worry, shortened attention span, trouble concentrating, troubling dreams, work/school problems
 - Physical: tension, fatigue, edginess, insomnia, body aches, pain, easily startled, sweating, racing heart beat, nausea, appetite changes, sex drive changes, headaches, excessive alcohol, drug, smoking, or food,
 - Neurological: new learning is harder than before
 - o Interpersonal: poor communication, avoidance of people, places, and things, distrust
 - o Other symptoms (please list)

What triggers these symptoms?

> Common Problems

- o Depression
- o Self-blame
- Suicidal thoughts
- Aggressive behavior
- Alcohol/drug use
- o Other... (please list, if applicable)



Have you or are you currently dealing with these problems? If so which ones?

Has anyone brought these problems to your attention?

Is so which ones and who talked you about them?

Did you agree with them? Why or why not?

How do you plan to address these problems?



Session 1 Handout Personal and Group Goals

Comments:

	Personal Goals	
		5
	*	
4		
		1.2
1.8		
	Group Goals	
		2





Website Title	Description	Address	
American with	Government website directed towards	http://www.ada.	
Disabilities Act (ADA)	the providing information and	gov	
	technical assistance on the Americans		
	with Disabilities Act, provides links		
	to other resources, search engine to		
	get information.		
Careerbuilder.com	Able to upload resume to website for	http://www.care	
,	employers to access, assist in writing	<u>erbuilder.com</u>	
	a resume, job search capability.		
Department of Labor	Provides access to the civil rights	http://www.dol.g	
(DOL)	center, access to printer-friendly	ov	
	versions of the top 20 requested		
	items, search engine and A to Z		
	index.		
Indeed, one search, all	A free search engine for millions of	http://www.inde	
jobs	jobs and comprehensive job	<u>ed.com</u>	
	information.		
Job Accommodation	A free service to increase the	http://www.jan.	
Network	employability of people with	<u>wvu.edu</u>	
	disabilities by providing worksite		
	accommodations solutions and		
	providing technical assistance		
	regarding the ADA and other		
	disability related legislation.		
O'NET	Serves as the nation's primary source	http://online.one	
	of occupational information,	center.org	
	providing comprehensive information		
	on key attributes and characteristics		
	of workers and occupations.		
United States	A website that includes everything	http://www.va.g	
Department of Veterans	you would want and need to know	<u>ov</u>	
Affairs	about the VA system.	,	
U.S. Equal	Directed towards assistance for equal	http://www.eeoc	
Employment	employment issues or problems that	.gov/	
Opportunity	may occur, provides links to the		
Commission (EEOC)	people that can assist you from the		
	local area.		

Program Title: Helping to Win the Battle Within

Session 2: Communication

Supplies:

- Easel with large paper
- Writing Utensils
- Paper
- Ear plugs
- Topics for non-verbal communication activity Refer to handout following session 2 outline
- Each participant will need their personal binder

Purpose: The purpose of this group is to understand the power of communication. Group members will continue to establish rapport with each other in a structured setting. Communication is an important aspect of everyday life, including work.

Goal: Group members will distinguish and verbalize the difference between verbal and non-verbal communication and the impact communication may have in a work environment.

- 1. Review previous session, make sure to review goals established in previous session.
- 2. Overview of session 2.
- 3. Explain the difference between non-verbal and verbal communication.
- 4. Group members are to make a list of non-verbal communication examples. Have a volunteer from the group write the groups' ideas down on the easel.
- 5. Non-verbal communication activity in partners
 - a. Distribute topics of conversation- Refer to handout following session 2
 - b. Have one partner wear ear plugs while the other tells a 5 minute story in a quiet voice
 - c. After 5 minutes the partner wearing the ear plugs will guess the topic of the story based on the story tellers body language
 - d. Switch roles and repeat.
- 6. Process activity as a group
 - a. Did your body language match the topic of the story?
 - b. Any surprises?
 - c. Was it easy or difficult to guess the topic of the story?
 - d. Do you encounter difficulties with communications? What type of problems?
 - i. At work
 - ii. With friends
 - iii. With family members
- 7. Personal Development Activity

- a. Journal
- b. Talk to co-workers, friends, or family members about your strengths and weaknesses in regards to communication
- c. Remember to bring O'NET personal development activity to next session

Summary: Review the most important aspects of today's group such as verbal and non-verbal communication and personal difficulties with communication, which will determine if this session's goal was met.

Session 2	2 Hand	lout							
Non-ver	bal cor	nmunic	cation a	activity					
-	-	-	-	-	Cut here	-	-	-	-
		You	u just v	von a cl	hampionship	basketb	all gam	ie.	
-	-	-	-	-	Cut here	-	-	-	-
	Т	ell abou	ut your	beauti	ful day at the	lake/be	each yes	terday.	
-	-	-	-	-	Cut here	-	-	-	-
		Te	ll abou	t your	exciting birth	day cele	ebration	1.	
-		-	-	-	Cut here	-	-	-	-
	E	xplain :	all the j	positive	aspects of ob	taining	your fi	rst job.	
-	-	-	-	-	Cut here	-	-	-	-
			1	Describ	e your favori	te food.			×
-	-	-	-	-	Cut here	· -	1-	-	-
			Y	ou have	e just won the	lottery	!		
-	-	-	-	-	Cut here	-	-	-	-
	Giv	e details	s about	your p	erfect day, w	hat it w	ould co	nsist of	•••
-	-	-	-	-	Cut here	-	-1	-	-
How v	would y	you rea	ct if yo	u receiv	ved a promoti	ion at w	ork tha	t you h	ave always
					wanted?				
-	_	-	-	-	Cut here	-	-	-	-
		Ta	ılk abo	ut a pos	sitive role mo	del in y	our life	•	
-	-		-	-	Cut here	-	-	-	-

Describe the feeling of success!

Program Title: Helping to Win the Battle Within Session 3: Stress Management

Supplies:

- Easel with large paper
- Writing Utensils
- Paper
- Prizes-job related items such as pens, resume paper, book about writing resumes, tie, etc.
- A current list of the most stressful jobs and common work stressors
- Each participant will need their personal binder

Purpose: The purpose of this group is to understand the difference between good stress and bad stress. Group members will also use the ONET personal development activity to evaluate different work related stressors along with personal stressors.

Goal: Group members will identify personal stressors. Group members will identify risk factors that may lead to increased levels of bad stress. Group members will determine ways to manage their stress.

- 1. Review the previous session regarding communication and what he or she found from their personal development activity
- 2. Overview of session 3.
- 3. Each person will share the occupation he or she researched on ONET and why he or she chose to research that job.
- 4. Activity 1:
 - a. Split into groups of 2-4 people.
 - b. Each group is to pick one of the occupations that they researched and make a defense for why it is the most stressful job.
 - c. Bring everyone back to the large group. One volunteer from each group will rate the level of stress for the chosen job on a 1-5 scale, 1 is least stressful and 5 is most stressful.
 - d. Each group will share their defense about why the chosen job is stressful.
 - e. The group will vote on who had the most stressful job.
 - f. The group with the most stressful job receives a prize. Give out job related prizes such as pens, resume paper, book on how to write a resume, tie.
- 5. Facilitator will read off the current list of most stressful jobs and common work stressors.
- 6. Process as a group how to handle on the job stressors; group members may include personal experiences.
- 7. Activity 2:
 - a. Have each group member finish the sentence, "I know I am stressed when..." and explain how they handle it.

- 8. Explain the difference between good stress and bad stress.
 - a. Discuss ways that good stress can be a motivator and examples of good stress in their lives.
 - b. Stress they have experienced from employment or PTSD that have had a negative impact on their life.
- 9. Wrap-up: Relaxing
 - a. Participants should choose a comfortable position, sitting, standing, lying down.
 - b. Ask participants about environmental preferences-lights on or off or music.
 - c. Facilitator can provide music if appropriate.
 - d. Abdominal breathing
 - i. Eyes open, to prevent the occurrence of PTSD symptoms
 - ii. Sit with correct posture
 - iii. Focus on relaxing the mind
 - iv. Place hand on stomach and focus on this area expanding and shrinking
 - e. Facilitator may offer other ways of relaxing. Remember to keep in mind PTSD symptoms.
- 10. Personal development activity:
 - a. For session 5, list ways that you cope with stress or ways you manage stress.
 - b. Journal

Summary: Review the most important aspects of the group. Facilitator should review with participants that stress can be both motivating and detrimental and the importance of knowing what triggers stress. The goals for this session's are achieved if participants can identify personal stressors, risk factors for stress, and healthy ways to deal with stress during activity 2.

Program Title: Helping to Win the Battle Within Session 4: Managing Anger

Supplies:

- Easel with large paper
- Writing utensils
- Paper
- PTSD and anger handout- Refer to handout following session 4 outline
- Each participant will need their personal binder

Purpose: Groups members will understand what makes them angry and healthy ways to regulate their anger. This increased awareness is useful for successful employment.

Goals: Participants will recognize two triggers that cause them to get angry by the end of session 4. Participants will identify personal strategies to cope with triggers by the end of the program.

- 1. Review previous session
- 2. Overview of session 4.
- 3. What does anger mean to you?
 - a. Do you handle your anger differently now compared to when you were younger?
 - b. How has your enrollment in the military impacted you in regards to anger?
 - c. Do you deal with angry differently since you have returned from war?
- 4. Discussion regarding anger and PTSD.
 - a. PTSD and anger handout- Refer to handout following session 4 outline
- 5. What are your current strategies to manage anger?
 - a. Do these strategies work?
 - b. Are they positive or healthy?
 - c. Do they have a negative outcome?
- 6. What are triggers for anger at work or home?
 - a. Each person will write down at least five triggers that occur at work or at home.
- 7. What are strategies that can be used to cope at work?
- 8. Personal development activity
 - a. Journal
 - b. For the next session, list ways that you cope with anger or ways that you manage anger.

Summary: Review important ideas and information from this session. Remind the group members to bring the personal development activities from sessions 3 and 4 regarding ways to cope with stress. One of the goals for this session has been met if the participant identifies at least 2 triggers. The second goal is in progress, until the individual feels they have found and utilized healthy coping strategies.

Session 4 Handout

Post-traumatic stress disorder and Anger

- 1. Anger is a human survival response.
- 2. Anger can be a symptom of PTSD.
- 3. There are other people that also dealing with similar situations.
- 4. Irritability and angry outbursts are part of the diagnostic criteria for PTSD.
- 5. Heightened arousal and loss of ability to self-regulate are a result of learned behaviors from the military. A solider must be ready to "attack" at all times.
- 6. Anger and aggression are functional in military and combat situations. In civilian life these behaviors are not seen as functional.
- 7. These behaviors were learned over time and you need to be patient. A change is not going to happen over night or with one treatment session.
- 8. Learn to use anger management strategies: timeouts, relaxation, cognitive restructuring, ventilation, and positive distraction.
- 9. Set realistic and attainable goals for yourself in respect to anger management.
- 10. Anger is an emotion that each person feels. It is almost impossible to get rid of it, but there are ways to learn how to manage anger with positive and healthy strategies.
- 11. Use the communication skills that were learned in previous sessions. Non-verbal and verbal communication skills can be used to effectively manage anger by assertively sharing why you feel angry.

(Taft & Niles, 2008)

Program Title: Helping to Win the Battle Within

Session 5: Coping

Supplies:

• Easel with large paper

- Writing Utensils
- Tape-to hang large pieces of paper on wall
- What Can People with PTSD do to Cope? handout-Refer for handout following session 5 outline
- Yoga or Tai Chi video (optional)
- DVD or VCR (optional)
- Each participant will need their personal binder

Purpose: The purpose of this group is to develop ways to cope by reviewing communication problems, stress, and anger. Also, group members will be presented with ways to use these strategies at work.

Goals: Group members will identify 3 healthy coping strategies by the end of the session.

- 1. Review the previous session regarding anger.
- 2. Overview of session 5.
- 3. Tape two large sheets of paper to wall, have each group member write 3 ways of coping with stress on one sheet and 3 ways of coping with anger on the other sheet from their personal development activity.
- 4. Discuss:
 - a. What does coping mean to you?
- 5. Explain the difference between healthy and unhealthy coping strategies.
 - a. Circle on the sheets of paper healthy coping strategies.
 - b. Unhealthy coping strategies are those that are detrimental to a person's health, break the law, or hurt people in your life either physically or emotionally.
 - c. Healthy coping strategies are the opposite, for example talking with someone or a healthy activity that you enjoy.
- 6. What Can People with PTSD do to Cope? handout
 - a. What is helpful from this handout?
 - b. What can you see yourself using from this handout?
 - c. What is unrealistic for you to use from this handout?
- 7. What types of coping strategies will you use at work?
- 8. Relaxation (choose an option)
 - a. Repeat abdominal breathing-refer to session 3 outline for process
 - b. Yoga or Tai Chi video
- 9. Personal development activity:
 - a. Bring your family or friends to the next session.

b. Journal

Summary: Review the most important aspects of the session; make sure to review the differences between healthy and unhealthy coping strategies. The goal of the session is achieved if each participant can identify 3 personal healthy coping strategies.

WHAT CAN PEOPLE WITH PTSD DO TO COPE?

- Spend time with other people. Coping with stressful events is easier when people support each other.
- If it helps, talk about how you are feeling. Be willing to listen to others who need to talk about how they feel.
- Get back to your everyday routines. Familiar habits can be very comforting.
- Take time to grieve and cry if you need to. To feel better in the long run, you need to let these feelings out instead of pushing them away or hiding them.
- Ask for support and help from your family, friends, church, or other community resources. Join or develop support groups.
- Set small goals to tackle big problems. Take one thing at a time instead of trying to do everything at once.
- Eat healthy food and take time to walk, stretch, exercise, and relax, even if just for a few minutes at a time.
- Make sure you get enough rest and sleep. You might more sleep than usual.
- If you are trying to do too much, try to cut back. Put off or give up a few things that are absolutely necessary.
- Do something that just feels good to you like taking a warm bath, talking a walk, sitting in the sun, or petting your cat or dog.

Material adapted for the VA National Center for PTSD website: http://www.ncptsd.va.gov

VA National Center for Health Promotion and Disease Prevention VHA Office of Patient Care Services, 2007
www.prevention.va.gov



Program Title: Helping to Win the Battle Within Session 6: Meet and Greet with Family and Friends

Supplies:

- Snacks and beverages
- Job Search Terminology for personal development activity- Refer to handout following session 6 outline.
- Each participant will need their personal binder

Purpose: The purpose of this group is to encourage spontaneous interaction between group members, their family and friends. This group is based on the concept that healthy relationships in personal life will carry over to professional life.

Goal: Group members along with their guests will identify the 5 benefits of this program and how it will be useful in daily life by the end of session 6.

Method:

- 1. Overview of session 6.
- 2. Introductions
- 3. Review the symptoms of PTSD and its effects on work (look back on session land in binder for ideas)
- 4. Find references for families, examples are:
 - a. Battlemind http://www.battlemind.org/Battlemind/Soldier/Post-Deployment%203-6%20Months%20PDHRA/Battlemind%20Training%20II%20Brochure%2 013%20SEP%2006.pdf
 - b. Spouse Battlemind, http://www.battlemind.org/Battlemind/Spouse/Post%20Deployment/Spouse%20Battlemind%20Training%20Postdeployment%20Brochure%2017%20JAN%2007.pdf
- 5. Give a brief outline of the program.
 - Review the personal and group goals that were established at the first session. (Make sure everyone agrees with sharing, this activity may be omitted)
- 6. Social and Snacks
- 7. Personal development activity
 - a. Journal
 - b. Complete job search terminology (refer to handout following session 6 outline) for next session.

Summary: Review the most important aspects of the group and thank everyone for coming. Ask group about the benefits are of this program to address this session's goal.

Job Search Terminology

	Job Search Terminology
Job requirements-	
Qualifications-	
Community college-	
Pension-	
Benefits-	
Salary range-	
Job security-	
GED-	
Resume-	
Union-	
Human resources-	
Minimum wage-	
Disability-	
USERRA-	,
ADA-	



Program Title: Helping to Win the Battle Within

Session 7: Job Search

Supplies:

• Easel with large paper

- Writing Utensils
- Computer(s) with Internet access
- Listings of internet websites, current newspaper, address of job service office
- Each participant will need their personal binder

Purpose: The purpose of this group session is to discuss common terminology used with job searching. The group members will receive information about current employment search ideas.

Goal: Group members will locate 5 employment search opportunities. Group members will state employment search media which can be, but is not limited to, newspapers, internet websites, and the local job service office.

- 1. Review the meet and greet session.
- 2. Overview of session 7.
- 3. Review personal development activity from previous session, Job Search Terminology.
 - a. Each person will share at least one of their definitions.
 - b. How will these findings help you in looking for employment opportunities?
 - c. What was easy and what was challenging?
- 4. Discuss each person's opinion and view of work.
 - a. Discuss varying values.
 - b. Discuss the option of volunteering.
- 5. Discuss importance of work.
 - a. Provides structure and organization to each day.
 - b. "Work performance supports participation and productivity, which is essential to the health and well-being of each individual" (AOTA, 2005, p 676).
 - i. Have each participant write down this quote.
 - ii. Discuss what the quote means to each participant.
- 6. Provide listing of internet websites that are useful in employment searches.
 - a. Have participants search the jobs that were found to be of interest based on the Transition to Work Inventory results
 - b. If a different assessment was used, refer to those results
 - c. Refer to Website Resource List given out in session 1.
- 7. Provide current newspapers with employment listings.
- 8. Provide addresses of local job service offices in the area.

- 9. Group will navigate different websites and the newspaper.
- 10. Ask group members pertinent questions regarding the searches on the internet.
- 11. Group members will list all possible employment opportunities, or pertinent information to current job that they found with the internet or newspaper.
- 12. Personal development activity:
 - a. Journal

Summary: Review the most important aspects from today's group. Review the terminology handout and useful websites that were found, also the positives of using external sources for finding employment opportunities. The goals of the session are achieved if participants are able to locate 5 employment opportunities and state a variety of ways to look for employment.

Program Title: Helping to Win the Battle Within Session 8: Know Your Rights

Supplies:

- Easel with large paper
- Writing utensils
- Computer(s) with Internet access
- USERRA Handout- Updated handout can be found at, http://www.dol.gov/vets/programs/userra/USERRA Federal.pdf
- Each participant will need their personal binder

Purpose: The purpose of this group session is to provide group members with the opportunity to navigate the various websites that address the employment rights veterans are entitled.

Goal: Upon completion of this session, the group members will be able to state reasonable accommodations for PTSD and their rights as a veteran.

- 1. Review the job search terminology session.
- 2. Overview of session 8.
- 3. Pass out and review employer rights on USERRA handout.
 - a. Encourage group members to take extra handouts for places of employment.
 - b. Educate regarding purpose and background of USERRA.
- 4. Complete a brief tutorial regarding purpose of today's session.
 - a. Give an overview of the material on each website
 - b. Explain how to search the website to answer questions
 - c. Give the websites in handout form so they can take it home
- 5. Provide 25 minutes of computer time to browse the websites
 - a. Job Accommodation Network: http://www.jan.wvu.edu
 - i. Make sure they look for reasonable accommodations for an individual with PTSD
 - b. American's with Disabilities Act: http://www.ada.gov
 - i. Department of Labor: http://www.dol.gov
 - ii. Equal Employment Opportunity Commission: http://eeoc.gov
 - c. Department of Veterans Affairs: http://www.va.gov
- 6. In whole group, discuss what the group members learned.
 - a. What information did you find that was helpful?
 - b. What was challenging?

- c. Did anyone find programs similar to this one, reintegration to work? (As a group look at the following programs)
 - i. "Troops 2 Truckers"
 - ii. "Troops to Teachers"
 - iii. "Helmets to Hardhats"
- 7. Personal Development Activity
 - a. Journal
 - b. Participants who are currently unemployed need to find five job applications to bring with them to the next session. Participants who are currently employed need to list five challenges that they found during the job application process to share with the group at the next session.

Summary: Review the most important aspects of today's session, employment rights under USERRA, websites, information that was found to be helpful or challenging, and the other programs that are available. Participants have met the goals for this session if they have become familiar with USERRA handout and found the reasonable accommodations for PTSD, which are listed under the Job Accommodation Network, http://www.jan.wvu.edu.

Program Title: Helping to Win the Battle Within Session 9: Job Applications and Resumes

Supplies:

- Easel with large paper
- Writing utensils
- Resume resource book
- Resume examples
- Computer with Internet Access
- Typewriter-if applicable for filling out job application
- Each participant will need their personal binder

Purpose: The purpose of today's session is to initiate the job search process and assist the group members with completion of job applications and resumes.

Goal: The group members will complete or help others complete 3 job applications and/or one resume.

- 1. Review USERRA handout and answer questions that arise from the last session.
- 2. Overview of session 9.
- 3. Review personal and group goals established during session 1.
 - Discuss progress that has been made, barriers to achieving, and any changes.
- 4. Make a list of strengths and weakness and how each may relate to employment.
 - a. This list can be used to assist in writing the resume.
- 5. Ask group members about the personal development activity process.
 - a. Was it easy to find applications or challenging?
 - b. Where did participants find applications?
 - c. Were the employed participants able to come up with five challenges from finding a job?
 - d. Share the challenges with the group.
- 6. Present examples of good and bad resumes and resume resource books.
- 7. Provide example of correctly completed job application.
- 8. Provide examples of how to obtain references.
 - a. Discuss how to ask people to be a reference.
 - b. Discuss examples of appropriate references.
- 9. Allow time to work on writing resumes and job applications. Participants that are currently employed can assist other group members with completion of applications. Facilitator should be available for questions and assistance.
- 10. Personal development activity:

- a. Each person will develop 3 questions to ask the employer panel at the next session.
- b. Journal

Summary: Review the most important aspects of today's session, application and resume completion, challenges found with application process. The goal for the session is achieved if group members complete at least 3 job applications and/or one resume; or participants assisted at least one other person with completion of an application or resume.

Program Title: Helping to Win the Battle Within

Session 10: Employer Panel

Supplies:

• Easel with large paper

- Writing utensils
- List of questions to ask employer panel- These questions are not included, should be based on employers that attend and the needs of the group.
- Interview Question- Refer to handout following session 10 outline
- Each participant will need their personal binder

Purpose: The purpose of this group is to allow the group members to ask local employers questions pertaining to employment. This session will provide an opportunity to get advice about employment from the employer's perspective. This session will also increase awareness of PTSD and veterans in the local community.

Goal: The participants will ask three questions regarding employment in the area that they would like more information about.

- 1. Ask if participants have turned in applications or have additional questions about the application process.
- 2. Overview of session 10.
- 3. Introduce employer panel and have participants introduce themselves.
 - a. Employers should briefly share overview of their business and why they are part of the panel.
 - b. Participants should only share what they feel comfortable sharing.
- 4. Question and Answer session
 - a. Allow participants to ask questions that they developed as part of their personal development activity.
 - b. Facilitator should prepare questions to provoke thoughts or to pass out so participants are involved in the session.
- 5. Personal Development Activity
 - a. Journal
 - b. Participants should dress in casual professional attire for the next session.
 - i. Participants need to determine what casual professional attire looks like.
 - c. Participants should review the interview questions to prepare for the next session.

Summary: Thank the employers from attending the session. Review the important topics that were discussed during question and answer session. The participants have met the goal for this session if they asked at least 3 questions are participated in the discussion.

Session 10 Handout Interview Questions

Tell me about yourself.
*
How would you rate your energy level during the day?
Why do you want to work here?
What makes you the perfect person for this job?
What did you like and dislike about your last job?
What are you like and district about your last job.
•
How long would you stay with this company?
Thow long would you stay with this company:
Where do you see yourself in five years?
where do you see yourself in five years?
*
W714
What are your qualifications?

What are your biggest accomplishments?
·
Can you work under pressure?
What are your greatest strengths?
What interests you most about this job?
P P

Why should I hire you?
Describe a difficult problem you have had to deal with in the past.
What would your references say about you?
Can we check your references?
Have you ever been fired?
Describe your last job.
Where did you learn/hear about this job opening?
Describe your personality.
What color describes you best and why?
If you were an animal, which would you be and why?
If you were a cartoon character, who would you be and why?
What do you have to offer this company?
Do you have any questions?

Program Title: Helping to Win the Battle Within

Session 11: Interviews

Supplies:

- Easel with large paper
- Writing utensils
- Possible questions for interviews-refer to handout following session 11 outline
- Best Casual Professional Attire Certificate-refer to certificate following session 11 outline
- Participant Satisfaction Survey-refer to survey following session 11 outline
- Each participant will need their personal binder

Purpose: Group members will be exposed to possible interview situations in order to prepare for obtaining a job and to develop interaction skills needed for everyday situations in the work force.

Goal: Participants will define casual professional attire. Participants will appropriately role-play an interview situation.

Method:

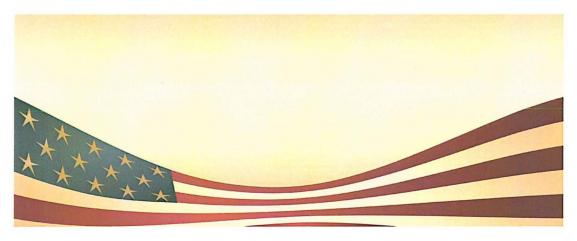
- 1. Process employment panel likes and dislikes. Any comments, questions, or concerns?
- 2. Overview of this session's schedule.
- 3. Participants should choose a partner. One partner will be the interviewer and the other will be the interviewee. The interviewer will ask five questions from the example list. After the interview process is completed, participants need to find new partners and make sure they do not take on the same role. Repeat activity.
 - a. Facilitator should act as an advisor and be available to assist as needed.
 Let the participants figure out how to switch partners and roles to promote effective communication skills.
- 4. Process the partner interviews as a large group.
 - a. What questions were hard to answer?
 - b. What questions were easy to answer?
 - c. Did the interviewee use appropriate non-verbal communication?
 - d. Any other comments?
- In whole group, facilitator should ask interview questions to randomly chosen individuals making sure that each person answers at least two questions.
 Participants should provide feedback about answer, communication, and ways to improve.
- 6. Ask group members if there are any questions about resumes or job applications.
 - a. Address questions.

- b. Group members should assist each other's by answering questions and sharing ways to solve a problem.
- 7. The whole group should evaluate the casual professional attire of the group members, and award the best casual professional attire certificate.
- 8. Personal development activity:
 - a. Participants will complete a participant satisfaction survey of the program and bring it to the next session.
 - i. Explain that the participant satisfaction survey will remain anonymous and is for the entire program.
 - b. Journal

Summary: Remind group members that the next group session will be the last planned activity session. Review interview components and casual professional attire. The goals for this session are achieved if participants can define casual professional attire and appropriately completed interview situations.

Session 11 Handout Interview Questions

- Tell me about yourself.
- How would you rate your energy level throughout the day?
- Why do you want to work here?
- What makes you the perfect person for this job?
- What did you like and dislike about your last job?
- How long would you stay with this company?
- Where do you see yourself in five years?
- What are your qualifications?
- What are your biggest accomplishments?
- Can you work under pressure?
- What are your greatest strengths?
- What interests you most about this job?
- Why should I hire you?
- Describe a difficult problem you have had to deal with?
- What would your references say about you?
- Can we check your references?
- Have you ever been fired?
- Describe your last job.
- Where did you hear/learn about this job opening?
- Do you have any questions?
- Describe your personality.
- If you were a color, what color describes you and why?
- If you were an animal, what animal would you be and why?
- If you were a cartoon character, who would you be and why?
- What do you have to offer this business?



Participant Satisfaction Survey

Please mark you level of agreement for the following statements. Your responses will remain confidential and anonymous, in no way will your responses affect the service you receive.

SA=Strongly Agree
A=Agree
N=Neutral
D=Disagree
SD=Strongly Disagree

	SA	A	N	D	SD
You received interest, care, and attention you					
expected.					
You felt the program was based on your needs.					
The program was well organized.					
The education and resources provided were					
helpful.					
You are pleased with the progress you made in this					
program.					
You would recommend this program to others.					
The facilitator provided safe and successful					
learning environment.					
The facilitator provided timely, effective feedback					
in a professional manner in order to assist your					
personal and professional growth.					
You established a working relationship with					
facilitator and other group members.					
This program addressed your employment needs.					

~								
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Please return your survey to group facilitator at next session. Thank you for your time.

Program Title: Helping to Win the Battle Within Session 12: That's a Wrap!

Supplies:

- Easel with large paper
- Writing utensils
- Program Completion Certificate- An example, that can be used, follows session 12 outline
- Previous easel papers
- Each participant will need their personal binder

Purpose: The purpose of this group is to provide closure to the program and to review and answer any questions related to the materials covered.

Goal: Participants will engage in meaningful social interaction and verbalize a sense of closure to this program.

Method:

- 1. Ask participants about updates regarding job status.
 - a. Have you found a job?
 - b. What are challenges that you have discovered in the process?
 - c. Any questions or advice from participants should be shared with the group.
- 2. Ask participants to turn in their participant satisfaction survey, which was last session's personal development activity.
- 3. Review communication, stress management, coping, and job application/resume.
 - a. Group members will write one thing from each session that they remember on the easel.
 - b. Review old easel papers to compare or reflect on the information covered.
 - c. Review journal entries
- 4. Review the personal and group goals that were established at the first session.
 - a. Discuss progress and changes.
- 5. Pass out Program Completion Certificates.
- 6. Group discussion regarding effectiveness of program and any ideas for changes to be made to make the program better.
- 7. Schedule one on one meeting to complete discharge planning.

Summary: Thank participants for all their hard work and congratulate them for completing this program. Wish the participants luck for the future. Reiterate that contacting facilitators for support is appropriate and encouraged. The goals for this

session are met once all questions are answered and participants are able to identify the next step in the employment process.

Program Title: Helping to Win the Battle Within

Session: Individual Session (Final)

Supplies:

Writing utensils

- Completed occupational profile from initial individual session-refer to occupational profile table completed in initial individual session
- Each participant will need their personal binder

Purpose: The purpose of the final individual session is to address any further concerns that the participant may have or did not want to talk about in group sessions and provide referrals as needed.

Goal: Participants will state any further needs that need to be addressed to facilitate success with the employment process.

Method:

- 1. Discuss the participants' perception of the program strengths and weaknesses.
 - a. Any ideas for improvement or updates.
- 2. Review occupational profile and update as needed.
 - a. Ask question to complete outcome measurement, refer to occupational profile table.
- 3. Review progress made throughout program regarding their personal goals.
- 4. Discuss current employment status, any perceived barriers and address ways to overcome those barriers.
- 5. Discuss possible referrals to other professionals as appropriate.

Summary: Thank the participants and congratulate regarding completion. Review progress throughout program and empower participant to continue working towards their own success in employment.

CHAPTER V

SUMMARY

The purpose of this scholarly project was to address the non-military employment needs of veterans with PTSD. Current literature has shown a growing number of individuals returning from OIF/OEF have been diagnosed with PTSD. The emphasis of work and its impact on well-being has also been defined within the literature. Although governmental programs exist to assist veterans with PTSD and their employment needs, our program, *Helping to Win the Battle Within*, aims to assist in settings where limited resources or lack of programs exist.

Helping to Win the Battle Within assists veterans with developing employment related skills and provides opportunities to apply these skills. The program consists of 14 sessions that address and develop employment skills. Through the use of session ten which invites employers to come into the group for discussion as well as provide USERRA flyers for employers, we hope to increase employers' awareness in the community regarding veteran employees. The effectiveness of assisting veterans with employment through the use of this program may be measured with a questionnaire. The theoretical background from which this project was derived includes Occupational Adaptation, Humanistic Learning Theory, and Cognitive Learning Theory.

The occupational therapist has a significant role as the facilitator of *Helping to*Win the Battle Within. Through course work and continuing education the occupational therapist must understand the importance of work and have the ability to apply the

Occupational Therapy Practice Framework: Domain and Process. (AOTA, 2002) The occupational therapist must also navigate the various website regarding employment, enhance and maintain knowledge of employment trends and provide adequate resources for the participants. It is also recommended that the occupational therapist continue learning about PTSD to understand the current literature of psychosocial effects.

Limitations of the product include the need for continual updates for program effectiveness. These updates will include current employment websites, legal procedures, employment trends, occupational therapy practices, and participant-centered activities.

Ideally, this project could be published and/or presented at state conferences,

Veterans Affairs systems, peer-reviewed journals, and the AOTA conference. This

project has potential to be advanced through collaboration with other disciplines such as

vocational rehabilitation or social work. Prior to presenting or publishing, an

occupational therapist in the Army will be contacted to gain suggestions for improvement
and implementation of *Helping to Win the Battle Within*.

"We can count the dead. We can see physical injuries. But in soldiers returning home it is hard to see the psychological damage among those who have witnessed the blood, heard the screaming, felt the shattering blast and smelled the burning flesh" (Shaley & Craig, 2004, p. 70). *Helping to Win the Battle to Within* addresses the psychological damage and possible detrimental effects on employment.

REFERENCES

- Adler, R. B., & Towne, N. (1990). *Looking out, looking in.* (6th, Ed.) Fort Worth: Holt, Rinehart, and Winston, Inc.
- American Occupational Therapy Association. (2002). Occupational therapy practice framework: Domain and process. American Journal of Occupational Therapy, 56, 609-639.
- American Occupational Therapy Association. (2005). Occupational therapy services in facilitating work performance. *American Journal of Occupational Therapy*, 59 (6), 676-679.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed. TR). Washington, DC: Author.
- Batzer, W. B. (2007). Cohesion, burnout, and past trauma in tri-service medical and support personnel. *Military Medicine*, 172, 266-272.
- Beall, L. (1997). A post-traumatic stress disorder: a bibliographic essay. *Choice*, *34*, 917-930.
- Bolton, E., Glenn, D., Orsillo, S., & Roemer, L. (2002). The impact of homecoming reception on the adaptation of peacekeepers following deployment. *Military Psychology*, 14, 241-251.
- Braungart, M. M., & Braungart, R. G. (2006). Applying learning theories to health care.

 In S. B. Bastable, *Essentials of Patient Education* (pp. 37-62). Sudbury,

 Massachusets: Jones and Bartlett Publishers.

- Cole, M. B. (2005). Group leadership: Cole's seven steps. In *Group dynamics in occupational therapy*. (Third ed., pp. 3-23). Thorofare: Slack Inc.
- Cozza, S. J., Chun, R. S., & Polo, J. A. (2005). Military families and children during operation Iraqi freedom. *Psychiatric Quarterly*, 76, 371-378.
- Doyle, M. E., & Peterson, K. A. (2005). Re-entry and reintegration: returning home after combat. *Psychiatric Quarterly*, 76, 361-370.
- Equal Employment Opportunities Commision. (2008). Retrieved from http://www.eeoc.gov/types/ada.html March 17, 2008 from
- Erbes, C., Westermeyer, J., Engdahl, B., & Johnsen, E. (2007). Post-traumatic stress disorder and service utilization in a sample of service members from Iraq and Afghanistan. *Military Medicine*, 172(4), 359-363. Retrieved May 29, 2007, from Academic Search Premier database.
- Frueh, B. C. (1997). Relationship between scores on anger measures and PTSD symptomatology, employment, and compensation-seeking status in combat veterans. *Journal of Clinical Psychology*, *53* (8), 871-878.
- Galovski, T. & Lyons, J. A. (2004). Psychological sequelae of combat violence: a review of the impact of PTSD on the veteran's family and possible interventions.

 Aggression and Violent Behavior, 9, 477-501.
- Gerlock, A. A. (2004). Domestic violence and post traumatic stress disorder severity for participants of a domestic violence rehabilitation program. *Military Medicine*, 169, 470-476.

- GlobalSecurity.org. (2005, June 16). *Military; Operation Enduring Freedom-Operations*.

 Retrieved March 14, 2008, from GlobalSecurity.org:

 http://www.globalsecurity.org/military/ops/enduring-freedom-ops.htm
- Government accountability office: few troops receiving mental health referrals following PTSD screening. (2006). *Mental Health Weekly*, *16*, 3-6.
- Grieger, T., Cozza, S., Ursano, R., Hoge, C., Martinez, P, Engel, C. et al. (2006).

 Posttraumatic stress disorder and depression in battle-injured soldiers. *American Journal of Psychiatry*, 163, 1777-1783.
- Habukawa, M., Uchimura, N., Maeda, M., Kotorii, N., & Mada, H. (2007). Sleep findings in young adult patients with post-traumatic stress disorder. *Biological Psychiatry*. Retrieved June 11, 2007 from Science Direct database.
- Hankey, A. (2006). CAM and post-traumatic stress disorder. Advance Access, 4, 131-132.
- Harty-Golder, B. (2006). Supporting troops through USERRA. *Medical Laboratory Observer*, 38, 56-58.
- Keller, R., Greenberg, N., Bobo, W., Roberts, P., Jones, N., & Orman, D. (2005). Soldier peer mentoring care and support: bringing psychological awareness to the front.

 **Military Medicine, 170, 355-361.
- Knowles, M. S., Holton, E. F., & Swanson, R. A. (2005). *The Adult Learner* (6th ed.).

 Amsterdam: Elsevier.
- Kovacic-Korvacic, D., & Borovecki, A. (2005). Prevalence of psychotic comorbidity in combat-related post-traumatic stress disorder. *Military Medicine*, 170, 223-226.
- Larson, B. & Ellexson, M. (2005). Occupational therapy services in facilitating work performance. *American Journal of Occupational Therapy*, *59*, 676-679.

- Liu, D. K. W., Hollis, V., Warren, S., & Williamson, D. L. (2007). Supportedemployment program process and outcomes experiences of people with schizophrenia. *American Journal of Occupational Therapy*, 61, 543-554.
- Merriam-Webster Online Dictionary (2008). Retrieved February 13, 2008 from http://www.merriam-webster.com.
- Manguno-Mire, G., Sautter, F., Lyons, J., Myers, L., Perry, D., Sherman, M., Glynn, S.,
 & Sullivan, G. (2007). Psychological distress and burden among female partners of combat veterans with PTSD. *The Journal of Nervous and Mental Disease*, 195, 144-151.
- National Center for PTSD. (2008, February 27). *National Center for PTSD FactSheet*.

 Retrieved March 14, 2008, from United Sates Department of Veterans Affairs:

 http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_how_common_is_ptsd.htm

 l?opm=1&rr=rr1363&srt=d&echorr=true.
- National Veterans Foundation. (2005). Facts about veterans: needs and solutions.

 Retrieved from http://www.nvf.org/facts-about-veterans-needs-and-solutions

 Payne, R. A. (2005). *Relaxation techniques*. (3rd ed.). Edinburgh: Elsevier.
- Pendorf, J. E. (1990). Vocational rehabilitaion for psychiatric inpatient Vietnam combat veterans. *Military Medicine*, 155, 369-371.
- Phillips, E. G. (2006). Reporting for duty. Tennessee Bar Journal. 14-26.
- Schkade, J. K., & Schultz, S. (2003). Occupational Adaptation. In P. Kramer, J.

 Hinojosa, & C. B. Royeen (Eds.), Perspective in Human Occupation;

 Participation in Life (pp. 181-221). Philadelphia: Lippincott Williams & Wilkins.

- Seal, K. H., Bertenthal, D., Miner, C. R., Sen, S., & Marmar, C. (2007). Bringing the war back home. *Archives of Internal Medicine*, 167, 476-482.
- Shaley, A. & Miller, C. (2004, December 6). Newsweek: To heal a shattered soul, 70.
- Slone, L. (2006). Prevalence of PTSD in primary care settings. *PTSD Research Quarterly*, 17, 1-8.
- Smith, M. W., Schnurr, P. P., & Rosenheck, R.A. (2005). Employment outcomes and PTSD symptom severity. *Mental Health Services Research*, 7, 89-101.
- Stetz, M. C., McDonald, J. J., Lukey, B. J., & Gifford, R. K. (2005) Psychiatric diagnoses as a cause of medical evacuation. *Aviation, Space, and Environmental Medicine*, 76, 15-20.
- Stetz, M., Thomas, M., Russo, M., Stetz, T., Wildzunas, R., McDonald, J., et al. (2007).

 Stress, mental health, and cognition: a brief review of relationships and countermeasures. *Aviation, Space, and Environmental Medicine, 78*, B252-B260.
- Stevens, A. (2006, November 10). Female veterans face displaced worker distress.

 Retrieved January 30, 2008, from Women's e NEWS:

 http://www.womensenews.org/article.cfm/dyn/aid/2955.
- Taft, C. T., & Niles, B. L. (2004, June). *Iraq War Clinician Guide*. Retrieved February 25, 2008, from Department of Veterans Affairs:

 http://www.ncptsd.va.gov/ncmain/ncdocs/manuals/iraq clinician guide v2.pdf.
- Tanielian, T. & Jaycox, L. H. (2008). *Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery.* Retrieved April 19, 2008 from http://rand.org/pubs/monographs/2008/RAND_MG720.pdf.
- Tyre, P. (2004, December 6). Newsweek: Battling the effects of war, 68-70.

- U.S Department of Labor. (2007, August 4). *Job Accommodation Network*. Retrieved January 22, 2008, from SOAR: http://www.jan.wvu.edu/soar/other/ptsd.html.
- U.S Equal Employment Opportunity Commission. (2007, October 1). *Disability Discrimination*. Retrieved January 30, 2008, from U.S Equal Employment Opportunity Commission: http://www.eeoc.gov/types/ada.html.
- United States Department of Labor. (2007). *Uniformed services employment and reemployment rights act (USERRA)*. Retrieved June 17, 2007, from http://www.dol.gov/compliance/guide/userra.htm.
- United States Department of Veterans Affairs. (2006). About VA home. Retrieved from http://www.va.gov/about_va/ on March 20, 2008.
- Vasterling, J. J. (2007). PTSD and neurocognition. PTSD Research Quarterly, 18, 1-8.
- Walter Reed Army Institute of Research (2006) *PDHRA Battlemind training: Continuing the transition home* [Brochure].

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