Reintegrating military personnel to community life: an occupational therapy perspective

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REINTEGRATING MILITARY PERSONNEL TO COMMUNITY LIFE:
AN OCCUPATIONAL THERAPY PERSPECTIVE

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

Grand Forks, North Dakota
May 17, 2008
This Scholarly Project Paper, submitted by Heather Hanson, MOTS and Carlotta Booth, MOTS 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 done and is hereby approved.

Sonia Zimmerman
Faculty Advisor

May 1, 2008
Date
PERMISSION

Title Reintegrating Military Personnel to Community Life: An Occupational Therapy Perspective

Department Occupational Therapy

Degree Master’s of Occupational Therapy

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ABSTRACT

The numbers of returning service men and women from Iraq and Afghanistan are experiencing combat-related complications is an area of growing concern for military health providers. This scholarly project investigated the risk factors and problems associated with post traumatic stress disorder among service men and women returning from military duty in Iraq and Afghanistan. A comprehensive literature review was conducted to examine occupational performance issues faced by the returning soldier. The most significant complications include: inadequate coping skills, loss of interest/participation in leisure, vocational disruptions, problems with reintegrating into the family structure, and ineffective communication/interpersonal skills.

The Lifestyle Redesign Program (Mandel, et al., 1999), Occupational Science, and the Occupational Therapy Practice Framework (AOTA, 2002) were used to develop a thirteen week protocol for occupational therapy intervention with returning soldiers. The protocol includes: a week of assessments based on the Model of Human Occupation, eleven weeks of interventions, and a week of discharge planning. The protocol is a resource intended for use in a Veteran's Administration outpatient facility. The occupational therapist will likely need to tailor the intervention protocol to meet the needs of the population served.
CHAPTER I
INTRODUCTION

A high prevalence of post traumatic stress disorder (PTSD) has been identified among veterans of the Iraq War in the first three to four months after returning home (Hoge, Terhakopian, Castro, Messer, & Engel 2007). According to the US Department of Veteran Affairs (2007), the current percentage approximations of veterans returning from Afghanistan who have PTSD is six to eleven percent, and of those returning from Iraq, the percentage ranged from twelve to twenty percent. PTSD is defined by Jacobs (2005) as “an anxiety disorder that is a syndrome of responses to extremely disturbing, often life-threatening events such as combat, natural disaster, torture, maltreatment, or rape”.

The symptomology of PTSD, coupled with the added stressors of returning home has created a situation where these veterans are experiencing disruptions in several areas of occupational functioning including reconnecting with family, employment status, social interaction and withdrawal, alcohol/substance abuse, coping skills, stress management skills, and leisure participation (US Department of Veteran Affairs, 2007). Occupational therapists view successful participation in occupational functioning as crucial to a personally satisfying quality of life. The veterans returning from Iraq and Afghanistan with PTSD have demonstrated that they have life-changing disruptions that do not allow them to participate fully in life’s occupations.
The purpose of this scholarly project is to fill the void in the occupational therapy literature regarding treatment for returning military personnel, as well as to create a tool for occupational therapists to use with these returning soldiers. The Lifestyle Redesign Program, (1999) and the Occupational Therapy Practice Framework (2002) are used to guide the development of a thirteen week protocol. The Lifestyle Redesign program was adapted from a 38 week program for the well-elderly to a thirteen week program for use with returning military personnel. The theoretical base used for the development of this program is occupational science as it is congruent with the Lifestyle Redesign Program (1999) and utilizes a holistic approach. A holistic approach is essential to the treatment of these individuals as multiple facets of soldiers lives have been affected by combat-related PTSD.

The authors also utilize the Model of Human Occupation for assessment to define the specific occupational deficits experienced by these individuals. The model allows for evaluation of the environment and how the environment affects habituation, volition, and performance capacity as these are key concepts of the model (Kielhofner, 2004).

The occupational therapy literature offers little guidance as to how to treat returning military personnel. Occupational therapy holds much potential in returning the soldiers to a productive and satisfying lifestyle. Chapter II presents a literature review of the problems and risk factors, as well as current treatment that is offered to returning soldiers. Chapter III describes the methodology of the process of the development of a sample program. Chapter IV is a sample occupational therapy program for returning soldiers diagnosed with PTSD and includes assessment,
interventions, and discharge planning, as well as other resources useful to program
development. Chapter V summarizes the scholarly project, discusses limitations of
the program, and presents recommendations for future actions.
CHAPTER II
REVIEW OF LITERATURE

Definitions, Risks, and Prevalence of Post Traumatic Stress Disorder

A high prevalence of post traumatic stress disorder (PTSD) has been identified among veterans and active military personnel of the Iraq War in the first three to four months after returning home (Hoge, Terhakopian, Castro, Messer, & Engel, 2007). According to Sadock and Sadock (2004), in the general population between one and three percent of individuals experience clinical symptoms of PTSD. Vietnam veterans experienced significant rates of developing PTSD with 30% having clinical symptoms and an additional 25% who displayed sub-clinical forms of the disorder.

The current statistics for Iraq and Afghanistan veterans who demonstrate clinical signs and symptoms of PTSD ranged from 6% to 11% for those who returned from Afghanistan and between 12% to 20% for returnees from Iraq (U S Department of Veteran Affairs, 2007). The current number of veterans being compensated for PTSD is approximately 292,000 people (Office of Policy and Planning, 2007). Rundell (2006) examined 213,150 evacuees from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) and found women had a higher evacuation rate for psychiatric disorders (19%) compared to men who had a rate of (10%).

People of ethnic minority also demonstrated higher rates of evacuation
compared to non-Hispanic white military personnel. Those individuals under the age of 31 and/or who served in the National Guard or the Army Reserves were also evacuated at a higher risk for psychiatric illnesses. Rundell (2006) also discovered that evacuations occurred early in deployment with 80% of evacuations taking place within the first six months of combat.

Persons who experience a traumatic event or stressor can be considered for a diagnosis of PTSD after exposure to a traumatic experience and if they have symptomology consistent with the Diagnostic and Statistical Manual IV-TR (2000). Traumatic experiences can be sudden with a single incident, can be prolonged, or can be repetitive exposure to the event. One of the hallmark features of PTSD is avoidance of stimuli such as loud noises, crowds, or flashes of light such as fireworks. Other features of PTSD include hyperarousal and painful reexperiencing of the stressor or parts of the stressor from the original trauma. Hyperarousal includes extreme sensitivity to external/internal stimuli, and reexperiencing the event includes experiencing intrusive or unwanted thoughts, flashbacks, or dreams. A diagnosis of PTSD is given if the symptoms persist for at least one month and cause a significant disruption of occupational functioning (American Psychiatric Association, 2000).

Soldiers from Iraq and Afghanistan experience trauma in a variety of ways that increase their risk for acquiring PTSD. Individuals who develop combat-related PTSD differ from those in the civilian population in the stressors to which they are exposed. Several risk factors have been associated with the development of combat-related form of PTSD. According to the Department of Veterans Affairs (2007a), some of the risk factors that have been identified to increase the chance of developing
PTSD include: people who have had first hand experience with a traumatic event, were harmed during conflict, exposure to prolonged combat, witnessing another person being harmed, experiencing a panic attack during the event, and/or feeling unable to help themselves or others. Other risk factors include: experiencing the traumatic event at a young age, previous history of a mental health disorder, low levels of education, being a woman, decreased social support systems, and disruptions in daily life.

Rona, Fear, Hull and Wessely (2007), studied the similarities and differences in men and women who were deployed in the Iraq (1990-1991) and Gulf (1980-1988) Wars. They found that there was no difference in the rate of developing PTSD between men and women in the Iraq War. There was, however, a higher rate of psychological stress and exhaustion in women who served in the UK military than men who were deployed in the Iraq War. A literature review conducted by Hoge, Clark, and Castro (2007) confirmed the finding that there was no difference in the rate of risk between men and women for the development of PTSD.

Exposure to firearm use, witnessing death or serious injury, obtaining a physical injury, poor working conditions, environmental factors, ambiguity of war outcomes, and harassment and/or sexual assault (especially in women) are some of the specific stressors that the returning veterans are currently being exposed to (Reeves, 2007). Exposure to firearm use includes circumstances where the veterans used firearms towards others, were fired upon, or were exposed to other types of heavy artillery. Witnessing death or injury is a commonly occurring risk, and is especially devastating when it directly involves their comrades or they are required to
handle the deceased. These circumstances have been directly related to elevated risks of PTSD as well as active military personnel who experience an increased number of firefight (Hoge, et al., 2004).

Another contributing factor for elevated risk of PTSD was found by Greiger et al. (2006) in a study of soldiers who had life threatening or seriously disfiguring injuries. Results showed that at one month after admission to the hospital, more significant physical problems were closely related to the development of PTSD. This correlation was found to be predictive of severity of PTSD symptomology in follow-up seven months later.

Complications Due to Exposure to War-Related Combat

War-related exposure facilitates an array of physical and psychosocial complications that affect the daily functioning of an individual’s life. The areas which are affected include biophysical components, social relationships, interpersonal relationships, vitality of vocation, homelessness, coping skills, substance abuse, suicide, and homicide. The aforementioned categories not only put stress in the soldier’s life, but also in lives of their social network system.

It has been indicated that often soldiers demonstrate intense somatic symptoms, which often have a psychological base. These symptoms are exacerbated by avoidant and/or repressive coping strategies by the individual (Kilgore, Stetz, Castro, & Hoge, 2006). Hoge, Terhakopian, Castro, Messer, and Engel (2007) found a strong correlation between PTSD and physical health complications. These complications included: inadequate sleep, low energy levels, pain, headaches, gastrointestinal problems, dizziness, shortness of breath, and troubles during
intercourse. Elias (2006) also discovered a decline in physical health that was related to PTSD in 3,000 surveyed Iraq soldiers after combat. The sample population suffered more pain and missed more workdays compared to veterans without PTSD symptoms.

Hoge as cited in Elias (2006) stated that anxiety can contribute to the aforementioned health problems. He also reported that flashbacks and intrusive thoughts lead to inadequate sleep, consequently leading to worse physical health. It was determined that approximately one out of five veterans without PTSD symptoms reported fair to poor health, whereas half of all veterans with PTSD symptoms had fair to poor self-rated physical health.

Returning Iraq and Afghanistan war veterans and active military personnel also experience psychosocial complications due to war-related PTSD. Combat-related mental illness typically occurs in three phases. The first phase is the immediate phase where symptoms present themselves during or after the veteran is exposed to a traumatic event. The symptoms most commonly seen in this stage include: anxiousness, disorientation, loss of hope, and apprehensiveness. In this stage, illnesses such as acute stress disorder, adjustment disorders, chemical dependence, as well as, reoccurrence of previous mental health problems can occur. The second stage is called the delayed phase, where symptoms may not occur for the first two weeks. In this stage individuals may display physiological responses to trauma, lack of social participation, disruptive thoughts, and feelings of sadness. Comorbid diagnoses that may be seen at this time are anxiety, depressive, somatoform, and psychotic disorders. Substance abuse and early presentation of
PTSD also occur in this stage. The last stage is the chronic phase which occurs months or years after the traumatic experience. In this stage the veteran will experience feelings of sadness/resentment and disruptive symptoms. Diagnoses that may be seen in this phase are PTSD, major depression, dysthymia, mood disorders, psychotic disorder, and chemical dependency (Reeves, 2007).

The problems are most noticeable when the soldier returns home. The war-exposed individual is in a state of transition from the battlefield to the civilian population. During this state of alteration the returning soldiers are trying to cope with re-integration into one’s pre-war roles or he/she may be having difficulties acquiring new life roles. According to Ruzek et al. (2007), the specific areas in which returning soldiers are experiencing setbacks include re-entering the family structure, social withdrawal, seclusion, and maintaining vocation.

Soldiers with war-related PTSD returning home from the Iraq and Afghanistan theaters have demonstrated difficulties regarding re-integration into their social contexts, especially the family structure. Manguno-Mire, et al. (2007) reported increase rates of relationship stressors, family insecurity, and unconstructive relationships with their peers compared to non-PTSD military personnel. Galovski and Lyons (2004) also found that combat-related exposure has negative effects on the soldiers’ relationship with their family. The authors identified PTSD-related social withdrawal particularly damaging to the family structure. Other components that affect familial relationships and are predictive of distress within the family include the veterans' anger and hyper-arousal symptoms.
Military personnel are also experiencing suicidal and homicidal ideations. In a study conducted by Hill, Johnson, and Barton (2006), it was found that of the 425 soldiers included in their study, 127 had contemplations of suicide and 67 had ideations of homicidal tendencies towards non-enemy individuals. Some soldiers report that these symptoms facilitate separation from the military sector. Similarly, Hoge, et al. (2002) found a significant correlation between military attrition and mental health disorders. The study was conducted between the years 1990 through 1999, of which 13% of active military personnel were identified as having mental disorder. Hospitalization rates for mental illness during this time period included predominantly young single females. The rate of attrition for military personnel with a mental disorder diagnoses was significantly higher compared to those service members who did not have a mental illness. It was found that six months after hospitalization the rate of attrition for those with a mental disorder was 47% compared to 12% who had a physical base diagnoses. This study confirmed that mental illness is a leading cause to the disruption of vocational dysfunction within the military sector.

Mares and Rosenheck (2004) examined the veterans’ perception of the relationship between service to the military and homelessness. The reasons for homelessness after military employment included substance abuse problems, lack of preparation regarding integration into the civilian population, lack of structure, social withdrawal, decreased social support systems, decreased health status, and lack of education. An increased rate of military attrition and vocational disruptions has lead to a new generation of military veterans who are homeless. Homelessness has not
been a problem among the military sector since the Vietnam War. According to the National Coalition for Homeless Veterans (2005), approximately 400,000 of the homeless individuals in the United States are veterans. Of that 25% are diagnosed with a mental disorder and/or substance abuse addictions.

Occupational Therapy Treatment of Soldiers with PTSD

Occupational therapists use meaningful and purposeful activities to increase an individual’s ability to function in their daily life tasks. Engagement in occupation can focus on both the emotional or psychological components of occupation, as well as, the observable aspects of occupational performance. Through the use of these subjective and objective observations, occupational therapists, coupled with the client’s interests and aspirations can use occupation as a therapeutic medium for psychological and physical improvement (AOTA, 2002).

The efforts of occupational therapy are directed toward the occupational performance of the clients. It is thought that an increase in occupational performance, or the individual’s capability of doing what is meaningful to them, positively affects health, well-being, and life satisfaction (AOTA, 2002). In order to improve function it is imperative to first understand what performance skills are needed to complete a specific task. The Occupational Therapy Practice Framework (2002) has categorized the occupations into six major domains: activities of daily living, instrumental activities of daily living, education, work, play, leisure and social participation.

It is important to address occupational performance through the lifespan and especially in times of distress as the occupational needs change with significant life events and alterations in life circumstances. According to McColl (2002), there are
seven ways that occupation can be used to ease stress that is severe enough to disrupt occupational functioning. The seven different uses of occupation include occupation as a: tool for survival, diversion from the current stressor, way to experience mastery over ones circumstances, way to form regular habits, a way to gain social support from others and offer support to others, way to experience spirituality and a tool for gaining a stronger sense of self. These are all aspects of effective occupational therapy treatment of military personnel returning from deployment in the Iraq and Afghanistan Theaters.

Occupational therapists play a vital role in the treatment of soldiers affected by combat-stress. According to Gerardi and Newton (2007), the occupational therapist has a unique outlook on the client receiving care which makes them a distinctive and valuable member of the treatment team. While other members of the treatment team focus on pathology, the occupational therapist focuses on the occupational performance of the client.

In the current treatment of Army personnel at the medical centers set up for acute treatment overseas, occupational therapists function across six major areas of care. The areas of care include: neuropsychiatric triage, stabilization, restoration, reconditioning, reconstitution, and consultation. Neuropsychiatric triage is the process of sorting casualties into categories of duty, rest, hold, and refer. The stabilization phase of treatment manages those individuals demonstrating acute psychiatric symptoms. In restoration the occupational therapist facilitates physiological and psychological support, which typically occurs within the first 72 hours. Reconditioning phase includes preventive measures to reduce maladaptive
Habits and abilities. The occupational therapists role in the reconstitution phase includes boosting unit cohesiveness through activities, providing debriefings after stressful events, and brings closure after stressful experiences. Consultation between soldiers and occupational therapists can occur individually or in groups, and prepares the soldiers for the stressors that they will experience while in combat. The occupational therapist also consults with unit leaders before and after casualties to minimize the risk of combat stress and subsequent PTSD. The table 1 illustrates a representation of occupational therapists role in combat stress control. Similarly, table 2 illustrates skills that each members of the combat-stress control team share. The team members include professionals from nursing, psychiatry, psychology, and social work. The overall goal of the stress combat team is to prevent battle fatigue and other stress related casualties (Gerardi & Newton, 2007).

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Current Treatment of Army Personnel</th>
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<td></td>
<td>Six stages of current treatment</td>
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<td></td>
<td>Triage</td>
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<td>Occupational Therapist Skills</td>
<td></td>
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<tr>
<td>Perform Task Analysis</td>
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<td>Assess Occupational Performance</td>
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<td>Structure Therapeutic Environment</td>
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<td>Engage Causalities in Therapeutic Occupation</td>
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<tr>
<td>Match Soldiers to Job Tasks and Job</td>
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The above chart was adapted from: Gerardi and Newton (2007).
Table II

Current Treatment of Army Personnel

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<th>Shared Mental Health Skills</th>
<th>Six stages of current treatment</th>
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<tr>
<td></td>
<td>Triage</td>
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<tr>
<td>Provide Education</td>
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<tr>
<td>Conduct Unit Survey Interviews</td>
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<tr>
<td>Conduct Critical Event Debriefings</td>
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<tr>
<td>Provide Supportive Counseling</td>
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<tr>
<td>Interview Causalities</td>
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<tr>
<td>Evaluate Mental Status</td>
<td></td>
</tr>
<tr>
<td>Triage Casualties</td>
<td></td>
</tr>
<tr>
<td>Restrain Casualties</td>
<td></td>
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<tr>
<td>Report Casualties Response to Medications and Activity</td>
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The above chart was adapted from: Gerardi and Newton (2007).

The model of care described by Gerardi and Newton (2007) has been used in previous wars. The treatment model has been improved due to the addition of new literature; however, the role of the occupational therapist has remained the same.


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In the therapy process studied by Ellworth, Sinnott, Laedtke, and McPhee (1993) the three main treatment focuses included reconstitution, reorientation, and reintegration. During the reconstitution phase of treatment, the soldiers’ survival and support needs were met. The soldiers were provided with rest, hygiene and adequate nutrition, as well as, reassurance that the feelings they were experiencing were normal reactions to stress. In the second phase of treatment the soldiers were provided with activities to elevate their confidence by allowing them to achieve mastery over the activities and environments they were immersed in. These activities were also diversionary in that they provided a medium for the soldier to start the process of returning to work in a safe and structured environment, thus allowing the soldiers to focus on the task at hand rather than their fears. The reorientation phase offered the soldiers support through educational briefings, and habit training through the expectation that the soldiers maintain their schedules and chores that they performed previous to starting treatment. Identity was also addressed during this phase through self-management activities. The reintegration phase of treatment included more habit and support occupations. Here the soldiers were required to work a full day that was consistent with a military work day as well as maintain other previously established roles and routines. They were also provided with the support they needed to reinforce the skills they had gained through the previous phases of treatment (Ellsworth, Sinnott, Laedtke, & McPhee, 1993).

According to the US Department of Veterans Affairs (2007b), current treatments being utilized include: cognitive behavioral therapy (CBT), exposure therapy, eye movement desensitization and reprocessing (EDMR), medications,
group therapy, psychotherapy, and family therapy. CBT is a therapy that focused on retraining thinking patterns, therefore causing a secondary change to behaviors. Exposure therapy reintroduces the fearful experiences that the client suffered in hopes to reduce the trauma of the event. EDMR is a new therapy where the client is taught to change how you react to the traumatic memories. The medications that the returning military personnel are being prescribed selective serotonin reuptake inhibitors including: Celexa, Prozac, Paxil, and Zoloft. Group therapy consists of talking with people who have shared the same experiences. The goal of psychotherapy is to identify triggers, effective coping strategies, heighten self-esteem, and to increase metacognition. Family therapy involves the nuclear family and focuses on communication and coping skills to give the family members of the returning soldiers’ family a clearer perspective of the trauma he or she has faced.

In the military journals there is evidence of how soldiers are being treated before their return home, however the occupational therapy literature lacks information regarding the structuring of treatment for returning soldiers. There has been little published in the occupational therapy journals or magazines that pertain to PTSD. The articles that are currently available are tailored to populations other than returning veterans, such as battered women with PTSD, leaving a void in the evidence base on how to effectively and efficiently treat our returning soldiers. The significant problems that returning military personnel are experiencing coupled with the lack of literature about how to effectively treat this client population demonstrates the need for a new model of care.
Lifestyle Redesign

The Lifestyle Redesign Program was created by occupational therapists initially for use in the well-elderly population to increase quality of life through enriching the daily occupations of the participants. The program utilized four main concepts or themes from the foundational ideas of occupational therapy to address occupational dysfunction in the well elderly population. According to Mandell, Jackson, Zemke, Nelson, and Clark (1999), these themes include the idea that occupation:

1. is life itself
2. can create new visions of possible selves
3. has a curative effect on physical and mental health and on a sense of life order routine
4. has a place in preventative care

With these core concepts as its base the Lifestyle Redesign Program was designed to enable its participants to adapt their daily routines for promotion of better health, and to create a more meaningful future for the well elderly.

The Lifestyle Redesign Program was based on occupational science and dynamic systems theories. Both recognize the flexibility of occupation and assert that treatment must be highly individualized as no one occupation is particularly meaningful for each client. Whether or not an occupation is deemed meaningful by the client depends on the client's roles, interests, values, hopes, previous experiences, and personal goals (Mandel, et al., 1999). The Lifestyle Redesign Program offers education about occupation enabling the participant to understand the potential for an
improved quality of life. With proper guidance, clients can make lifestyle changes that positively affect their life satisfaction (Mandel, et al., 1999).

The effectiveness of the Lifestyle Redesign Program has been proven to be effective during the USC Well Elderly Clinical Trial (Clark, Azen, Zemeke, Jackson, Carlson, Mandel, et al., 1997). This was a randomized control trial in which the variables were evaluated for health related quality of life, and life satisfaction at the beginning of the study and again after nine months at the conclusion of the study. Mandel, et al. (2003), found through clinical analysis that the first group who received occupational therapy services either maintained or improved their quality of life while the other two groups significantly declined. This indicated that the occupational therapy intervention had a direct impact on increasing the life satisfaction of the participants in the study.

Mandel, et al. (2003), stated that the Lifestyle Redesign Program can be implemented at other facilities without exorbitant cost. The Lifestyle Redesign Program utilizes group sessions rather than individual sessions, which allows for a greater population to be reached in a more cost effective manner. Another setting with a different population would require a needs analysis of their population and then modify the treatment modules slightly making this program cost and time effective to implement. Clark, Carlson, Jackson, and Mandel (2003), stated that on average the participants in the Lifestyle Redesign Program saved more than they spent, and that this suggests that occupational therapy practitioners can save providers money while improving client quality of life.
Summary

The purpose of this scholarly project is to describe a treatment program that will assist with the reintegration of military personnel suffering from PTSD into their previous life roles and/or aid in the development of new life roles. This program is adapted from the Lifestyle Redesign Program and is based on occupational science and dynamic systems theories. A 13 week program is presented for use in outpatient mental health and includes modules addressing: rapport-building, education, goal setting, identifying stressors, coping skills, interpersonal skills, relationship training, habit training, vocational training, and leisure awareness. Chapter four includes a full description of the modules as well as program implementation information.
CHAPTER III

METHODOLOGY

A search of literature was conducted in search of articles relating to PTSD and returning military personnel from Iraq and Afghanistan using the following databases: PubMed, Scopus, EbscoHost, and CINAHL. Searches of specific journals including Military Medicine and the American Journal of Occupational Therapy were conducted using Academic Search Premier and Proquest. The Department of Veterans Affairs website was also used to obtain current statistics, demographic data and risk factors relating to the development of PTSD. The literature was organized into sections pertinent to the section headings of the literature review. In addition, a review of the Lifestyle Redesign Program via searches of the aforementioned databases as well as of the Lifestyle Redesign: Implementing the Well Elderly Program manual (1999) was completed.

Articles were rated for usefulness by the authors using the following selection criteria:

- Contained information on Iraq and Afghanistan military personnel with a diagnosis of PTSD, or occupational therapy treatment of the aforementioned population from other recent conflicts
- Data could be no more than 10 years old
- Inclusion of articles only from reputable sources (i.e. peer reviewed
The development of this project was motivated by the authors' interest in this client population as well as the emerging needs identified by public media for improved treatment of returning military personnel. Following a review of the literature, the authors created a thirteen week program based on the Lifestyle Redesign Program developed by Mandel et al. (1999). The Lifestyle Redesign program used a 38 week program, however the authors chose to utilize a thirteen week program. According to the Department of Veterans Affairs (2007), treatment typically lasts from three to six months for those who do not have dual diagnoses. Mandel et al. (1999) also stated that it was possible that the same outcomes could have been achieved in less time, but further research needed to be conducted to verify this claim.

In developing the program, the authors searched for activities that would address the problems found in the literature review. Several activities were secured through the use of the Life Management Skills series of activity books. The books were chosen as the activities they contain are reproducible and matched the needs of the client population studied. Other activities chosen were derived from a search of the World Wide Web from reliable sources containing activities that would also suit the needs of clients with PTSD. Finally, the authors used personal experiences in the development of various activities.

The criteria for selecting the activities included: a match between the activity and the client's needs, time frame in which the activity could be completed, resources/materials required for completion of the activity, and appropriateness of the
activity for the demographics of the population. Interventions were also compatible with the skills and scope of occupational therapy practice.

The theoretical base for the program is Occupational Science. This theory does not contain assessment tools necessary for full evaluation of the chosen population. Therefore, the Model of Human Occupation was used to guide the assessment procedures. In determining what assessments to use under the MOHO theory, the authors searched assessments that were designed for assessing: social/leisure participation, and vocational abilities. A review of all assessments was completed to ensure that all assessments chosen were age appropriate, cost-effective, and time efficient.

The outcome measurements were chosen to assess the clients and the program in the areas of coping skills, as well as the roles the clients’ possess and the value associated with those roles. The assessments and outcome measurements were chosen based on predetermined criteria. Criteria included: coping/interpersonal skills, vocational abilities, social/leisure participation, and engagement in roles. The focus areas were derived from the problems emphasized in the literature. Chapter IV follows with a presentation of a sample program created as a template for occupational therapist to use as while initiating a new program. Included are sample interventions, evaluations, and discharge planning activities.
CHAPTER IV

SAMPLE PROGRAM

Reintegrating Military Personnel to Community Life:
An Occupational Therapy Perspective

Heather Hanson, MOTS

Carla Booth, MOTS

Advisor: Sonia Zimmerman, MA, OTR/L, FAOTA
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Program Description

The Reintegrating Military Personnel to Community Life: An Occupational Therapy Perspective program is a tool to assist occupational therapists with assessments, interventions, and discharge planning and to facilitate reintegration of military personnel into the civilian population. Based on the Lifestyle Redesign Program developed by Mandel et al. (1999), this thirteen week program was created and addresses the returning military personnel's needs as identified in the literature. The program goals include:

• Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.

• Modify work related performance patterns to aid in successful engagement in vocational occupations.

• Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.

• Create and/or promote healthy living habits to support the individuals' engagement in daily tasks.

All patients returning from combat are screened for various psychological disorders, including PTSD, as standard protocol by the Veterans Affairs System. This screening process is conducted through the use a deployment measure titled Deployment Risk and Resilience Inventory (DRRI) (Department of Veterans Affairs, 2007). This is a measurement that encompasses several components of the combat experience as well as other mental health related outcomes. A version of the PTSD checklist specifically designed for use in the military is also used should a soldier obtain a positive screen with
the DRRI. Patients who obtain a positive screen for PTSD are referred to occupational therapy, and this program, via various physicians, medical doctors, psychologists, and psychiatrists following the screening process. Other possible sources of referral include: nursing, social work, family members, friends, and case managers.

Admission Criteria

Admission criteria to receive services through this program include: a diagnosis of PTSD, male or females 18 and older who have served in the Iraq and/or Afghanistan theaters. The clients must also have adequate cognitive skills for reflection, planning, and understanding of their present situation and abilities. The capacity to read and write, as well as the ability to attend to a task is also a necessary component to successful completion of the program. Other factors necessary to be eligible for entrance into the program include some insight into current mental illness, willingness to collaborate with other group members, and a desire to meet therapy goals. Because the Reintegrating Military Personnel to Community Life: An Occupational Therapy Perspective program is an outpatient program it is necessary for the clients to be able to provide transportation for themselves, or be able to utilize public transportation effectively.

Scheduling

The Reintegrating Military Personnel to Community Life: An Occupational Therapy Perspective is structured such that the clients who enter into the program will be seen for approximately three one hour sessions per week, for 13 weeks. Evaluations, discharge planning and 12 weeks of occupation-based interventions are furnished within a sample schedule provided below.
Group sessions will be utilized due to the added therapeutic benefit of the sessions, and are conducted by an experienced occupational therapist. The goal for the group leader will be to provide an environment which fosters change within the group members. It is also the responsibility of the group leader to ensure that the safety of the group members is secured to foster trust, value and respect those in the group, to facilitate discussion, set boundaries, and encourage change. Closed group sessions are utilized to increase the cohesiveness of the group by providing a comfortable environment for self-disclosure. Occupational therapy practitioners will meet with each client individually for one half hour per week to delve into deeper discussions or disclosures that are not likely to be addressed during the group process. This one on one session need not be mandatory but rather given as an option to the clients. It is advised that the occupational therapist approach clients individually at the beginning of each week to offer this session. The one-half hour meetings take place in the therapist’s office or another meeting room and can be scheduled at a time that is convenient for the client.

Each week in the program has a theme that addresses the problems identified in the literature as well as goals to be met by the end of the week. The weeks and themes in the sample schedule are not exhaustive and should be modified at the therapist’s discretion to meet the individual needs of the population served. The therapist may conduct a needs evaluation of the population to identify specific needs of the group and adjust the schedule accordingly. The sample schedule provided in table 3 is equipped with sample intervention themes and weekly goals.
### Table III-SAMPLE SCHEDULE

<table>
<thead>
<tr>
<th>WEEK</th>
<th>THEME</th>
</tr>
</thead>
</table>
| 1    | Introduction into Occupational Therapy and Rapport Building  
Goal: The client will develop rapport with other group members and the group leader as demonstrated by nine voluntary responses of a personal nature. The client will also express an understanding of occupations and relevant areas of occupation as indicated by answers on the “occupational therapy game sheet” by the end of the first week. |
| 2    | Evaluations  
Goal: To evaluate all program participants and develop a treatment plan from the results obtained from the assessments. |
| 3    | Education Regarding PTSD and Goal Setting  
Goal: The client will become familiar with PTSD and from this information develop three goals by the end of the week. |
| 4    | Coping Skills: Exploring Healthy Compensatory Occupations  
Goal: The client will identify at least one negative coping strategy they use during times of stress and will determine one positive coping strategy for each negative coping strategy they currently use. |
| 5    | Coping Skills: Stress Management and Relaxation Techniques  
Goal: The client will be able to utilize stress management and relaxation techniques 100% of the time whenever they become stressed or are unable to relax. |
| 6    | Interpersonal Skills: Anger Management/Social Skills/Assertiveness Training  
Goal: The client will be able to identify triggers that cause him or her to be angry and control these triggers in social situations, while maintaining effective communication skills to relate how they are feeling. |
| 7    | Relationship Skills  
Goal: The client will define six elements of a healthy relationship, identify one relationship that needs improvement, and develop a family mission statement to address areas of need within the family structure by the end of week six. |
| 8    | Re-Evaluation of Goals/Assessments  
Goal: The client will re-evaluate the goals set at the beginning of the program and adjust goals as needed. |
| 9    | Healthy Living Habits  
Goal: The client will be able to implement healthy living habits into their daily lives. |
| 10   | Leisure Awareness  
Goal: Clients will identify at least one leisure activity he or she can engage in daily. |
| 11   | Grief and Loss  
Goal: The client will identify three symptoms of grief and loss they are experiencing and one stage of grief that they are currently in by the end of the week. |
| 12   | Vocational Training  
Goal: The clients will be able to identify possible employment opportunities and prepare for the potential job interviews. |
| 13   | Discharge |
Evaluation Process

The occupational therapy evaluation process includes use of various assessments pertaining to leisure/social participation and vocational skills/abilities. These assessments include: Occupational Questionnaire (OQ), and Workplace Skills Survey, General Self-Efficacy Scale (GSES), Role checklist, and the Occupational Circumstances Assessment Interview Rating Scale (OCAIRS). All assessments are administered individually to clients during the second week of the program. Every program participant is evaluated by a registered occupational therapist, and is screened using the same evaluation methods. Three days are required to administer all assessments appointments for evaluation times will be made during the introductory week of the program. The GSES and the Role Checklist is administered during the first appointment to obtain baseline information for outcome measurements. The second day the occupational therapist will administer both the OQ and Workplace Skills Survey. The OCAIRS is given on the third day and concludes all introductory assessments.

Table IV-EVALUATION SCHEDULE

<table>
<thead>
<tr>
<th>Day 1</th>
<th>General Self-Efficacy Scale (GSES)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Administration time: less than 10 minutes</td>
</tr>
<tr>
<td></td>
<td>Role Checklist</td>
</tr>
<tr>
<td></td>
<td>Administration time: about 20 minutes</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day 2</th>
<th>Occupational Questionnaire (OQ)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Administration time: approximately 30 minutes</td>
</tr>
<tr>
<td></td>
<td>Workplace Skills Survey</td>
</tr>
<tr>
<td></td>
<td>Administration time: 20 minutes (timed test)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day 3</th>
<th>Occupational Circumstances Assessment Interview Rating Scale (OCAIRS)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Administration time: 20-35 minutes to administer</td>
</tr>
</tbody>
</table>

The Occupational Questionnaire is administered to all group participants during the second week of the program to obtain information on how often the client participates
in leisure and social activities. This standardized assessment can be used as an interview or self-report scale. The client’s volition and how it relates to their daily activities is also examined with this measurement. This assessment will take approximately 30 minutes to administer depending on the client’s willingness to participate.
Occupational Questionnaire (OQ)

- **Authors:** Nancy Riopel, MS, OTR & Gary Kielhofner, DrPH, OTR, FAOTA
- **Format:** Written self-report or interview.
- **Population:** Adolescents and/or adults.
- **Materials/Cost:** Questionnaire and pencil. $0.00-$10.00
- **Description:** The client writes or describes a typical weekday and weekend day in half hour blocks. All activities that comprise the 24 hour day are listed. Next, the activities are ranked regarding value to the client, the client’s interest in a particular activity, and how effectively the client views their participation in a particular activity.
- **Reliability/Validity:** Test-retest reliability is as follows: 0.68 for specified activities, 0.87 for type of activity, 0.77 for personal causation, 0.81 for values, and 0.77 for interests. Validity is as follows: 0.82 for typical activities, 0.97 for leisure, 0.90 for work, and 0.84 to 0.92 for feelings toward others.
- **Source:** Model of Human Occupation Clearinghouse
  University of Illinois at Chicago
  Department of Occupational Therapy (MC 811)
  College of Applied Health Sciences
  1919 West Taylor Street
  Chicago, IL 60612-7250
  Website: www.moho.uic.edu
  Instrument can be downloaded from: www.moho.uic.edu/mohorealteredsrcs.html


- **References:**


The authors of the program also deemed it necessary to evaluate the potential for success in the workplace. The Workplace Skills Survey is a self-report questionnaire that will be individually administered in the time frame of approximately 20 minutes. This survey will be used to assess employability skills in non-technical arenas.
Workplace Skills Survey (WSS)

- **Author:** MertriTech Staff
- **Format:** Individual or group questionnaire.
- **Population:** Adolescents and adults ages 16 and older.
- **Time:** 20 minutes to administer the timed test.
- **Materials/Cost:** Manual, test booklet, score sheet, and pen. Cost ranges from $11.00-$50.00
- **Description:** The client will respond to 48 workplace scenarios. After each scenario there is a series of responses. For each scenario there is one correct answer.
- **Reliability/Validity:** The reliability 0.90 in a study where n=472 college students. The validity was assessed using a statewide program with 10,000 high school seniors. The item response theory (Rasch model) was used to create the norms. Norms were utilized to standardize scores for high school graduates and two to four year college programs.
- **Source:** Industrial Psychology International, Ltd.
  4106 Fieldstone Road
  Champaign, IL 61826-6479
  Website: www.mertitech.com


The OCAIRS will assist the therapist in obtaining, analyzing, and reporting data regarding clients' occupational adaptation. This assessment will also assist in treatment planning, and discharge planning as well as evoking self-evaluation and reintegration into
the community. This assessment will be conducted in a one to one session and will require approximately 20 to 35 minutes to complete. It will take the therapist an additional 30 to 50 minutes to score and interpret.
OCAIRS

• **Authors:** Kirsty Forsyth PhD, OTR; Shipla Deshpande, IOTR; Gary Kielhofner, DrPH, OTR, FAOTA; Chris Henriksson, PhD, OTR; Lena Haglund, PhD; Linda Olson, OTR; Sarah Skinner, MEd, OTR; Supriya Kulkarni, IOTR.

• **Format:** Semi-structured interview and rating scale.

• **Population:** Short-term psychiatric patients ages 19-60.

• **Materials/Cost:** OCAIRS manual, pencil, audiotape or videotape. $11.00-$50.00.

• **Description:** Derived from MOHO and includes interests, values, interpretations of past experiences, roles, habits, skills, personal causation, goals, the environment, and readiness for change.

• **Reliability/Validity:** Interrater reliability ranged from high (0.81-1.0) to fair (0.21-0.4). The domain validity was 82-100% correct.

• **Source:** Model of Human OccupationClearinghouse University of Illinois at Chicago Department of Occupational Therapy (MC 811) College of Applied Health Sciences 1919 West Taylor Street Chicago, IL 60612-7250 Website: www.moho.uic.edu Instrument can be downloaded from: www.moho.uic.edu/mohorealtedrsrsrcs.html

• **References:**


Interventions

The Reintegrating Military Personnel in Community Life: An Occupational Therapy Perspective program consists of 11 weeks of intervention, one week of evaluations, and one week of discharge planning/re-evaluation. Interventions were derived from problems identified in the literature, and were categorized based on those problems. The authors concluded that the emphasis of intervention should be placed on areas of occupation that were identified as being detrimental to occupational functioning. The intervention themes selected include: coping/interpersonal/relationship skill, healthy living habits, leisure awareness, grief/loss, and vocational training. The interventions were organized so that a basic skill set was established before delving into more specific skills. Coping and interpersonal skills are a prerequisite to successful participation in dealing with grief/loss, relationship skills, and vocational training; therefore coping and interpersonal skills were addressed first.

Theory

Occupational Science was used to guide the formation of the Reintegrating Military Personnel to Community Life: An Occupational Therapy Perspective program. Occupational Science is “the study of humans as occupational beings (Wilcock, 2003).” This is a systems theory that is concerned with the doing and the being of humans, which


facilitates a holistic approach to occupational therapy. The theory was chosen as it is congruent with the Lifestyle Redesign Program (Mandel et al., 1999).

Due to a lack of assessments that are based in Occupational Science, the authors chose Model of Human Occupation (MOHO) to guide the assessment portion of the program. This model was chosen for assessment because this theory is complimentary to Occupational Science in that occupations are viewed in both theories as being dynamic and reflective of the personal experiences of the client.

MOHO recognizes that motivation to participate in occupation is essential to successful completion in everyday activity. Also, it asserts that occupations are dynamic and that people become who they are through their involvement in the occupations that they perform. The three core concepts of MOHO include habituation, volition, and personal causation which all interact together to form a complete view of the human. Environment is considered for its contribution to the person’s performance abilities in the areas of: coping/interpersonal skills, roles, habits, and vocational functioning.

Outcome Measurements

Outcome data is obtained from a pre and post test of the General Self-Efficacy Scale GSES and the Role Checklist (Reed, 2007), which are located in the following pages. The purpose of the outcome measurements is to evaluate the program’s effectiveness and to demonstrate an increase in coping skills and participation in life goals. The outcome measurements are completed individually in the second and thirteenth week of the program.

The GSES is used as an outcome measurement which will be administered during weeks two and 13. This assessment measures the client’s perceived competence to cope
with stress in their daily lives. It also predicts abilities to cope with daily stress and adaptation or modification after significant life events. The GSES is a self-rating scale which takes less than 10 minutes to administer.

Clients are discharged upon successful completion of the program and having achieved all personal goals. The discharge planning process is conducted in the thirteenth week of the program. At this time the individual session that occurs during this week addresses any concerns the client may have in regard to successful community living. If for some reason the client is unable to participate for the duration of the program he/she may reenter the program at a later date.
General Self-Efficacy Scale (GSES)

- **Authors:** Ralf Schwarzer and Matthias Jerusalem
- **Format:** Self-rating scale
- **Time:** 10 minutes or less
- **Population:** Adults and adolescents; ages 12 and older
- **Description:** The evaluation contains ten items which are personal statements that are randomly compiled into a questionnaire. The items are rated on a four point scale with one being not at all true and four being exactly true. The responses are added together to gain a composite score for scoring.
- **Materials/Cost:** Pencil, paper and item list. $0.00-$10.00
- **Reliability/Validity:** Internal consistency of this measure was found through samples obtained in 23 nations. The Cronbach’s alpha’s ranged from 0.76 to 0.90. Positive emotions were found to be valid and in the range of 0.30 to 0.60 with negative emotions scoring in the -0.33 to -0.75.
- **Source:**
  - Obtainable from: www.healthpsych.de
- **Reference:**
The Role Checklist will be utilized as the second outcome measurement and will be given during the same evaluation time as the GSES. This is typically a self-administered questionnaire that takes approximately 15 minutes to complete. The Role Checklist assesses the clients’ perception of their involvement in past, present, and future roles and how valuable those roles are to them.
Role Checklist

- **Authors:** Frances Maag Oakley, MS, OTR/L

- **Format:** Self-administered questionnaire and rating form

- **Population:** Adult psychiatric clients

- **Materials/Cost:** Questionnaire and writing utensil. $0.00-$10.00

- **Description:** Ten roles are defined, the clients specifies whether they have filled that role in the past present or future and then assigns a value to each role.

- **Reliability/Validity:** Three time categories average was 88%, agreement for roles was 87%. The construct validity was based on MOHO and averaged 78%.

- **Source:** Frances Maag Oakley, MS, OTR/L
  Occupational Therapy Service
  National Institute of Health
  Building 10, Room 65-235
  10 Center Drive MSC 1604
  Bethesda, MD 20992-1604

- **References:**


SAMPLE PROGRAM WEEKLY SCHEDULE

Week 1 Interventions
Introduction to Occupational Therapy

Goal: The client will develop rapport with other group members and the group leader as demonstrated by nine voluntary responses of a personal nature. The client will also express an understanding of occupations and relevant areas of occupation as indicated by answers on the “occupational therapy game sheet” by the end of the first week.
Introduction to Occupational Therapy

Relationship to Program:

- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Modify work-related performance patterns to aid in successful engagement in vocational occupations.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.
- Create and/or promote healthy living habits to support the individuals’ engagement in daily tasks.

Intervention Objective: The purpose of this intervention is to help the client identify how occupational therapy will benefit him or her through the use of meaningful occupations.

Description of Intervention: Define occupational therapy for the group. Follow this with a discussion of what occupations are, and what areas occupation can be performed in. Discuss relevant areas from the Occupational Therapy Practice Framework (2002) including the areas of occupation, performance skills and patterns, context, and individual client factors. Types of occupational therapy interventions and occupational therapy outcomes may also be addressed. Be sure to include several examples of occupation in the discussion and emphasize the areas that are most relevant to the specific population that you are treating. The following is a definition of occupational therapy from the American Occupational Therapy Association (2007).

“Occupational therapy is skilled treatment that helps individuals achieve independence in all facets of their lives. Occupational therapy assists people in developing the "skills for the job of living" necessary for independent and satisfying lives (AOTA, 2007).”

Following the discussion, hand out the Occupational Therapy Game sheet. This game should be played like Scatergories. Have the participants team up in groups of two, the categories are written at the top of each letter section. Under each category there are a successive set of letters. Each answer should start with the letter on the list and should be relevant to the topic. Allow the participants two minutes to complete each category. Encourage creative answers within the group. Have each group member read aloud their answers one letter at a time. This activity can be completed in a one hour session.

Leisure Occupations
A
B
C
D

Work Roles
E
F
G
H

Activities of daily living
I
J
K
L

Social Participation
M
N
O
P

Habits
Q
R
S
T

Contexts
U
V
W
X
Y
Z
The Laughing Game

Relationship to the Program:
- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.

Intervention Objective: To build rapport with the group members and leader as well as to begin to establish a therapeutic environment.

Description of Intervention: The participants should be seated around a table or in a circle. Each person will write a what if question on a cut up strip or square of paper. The questions should be silly in nature and rules should be established prior to the start of the activity to define topics or words that will be considered inappropriate or are off limits. On the opposing side of the paper a silly what if answer will be written.

Example:
- Side one: What if the sun was blue tomorrow?
- Side two: Then we would all look like Smurf’s because of it’s reflection.

After each person has had time to complete their what if question and answer all of the questions will be placed in a container and mixed together. Each person will then draw someone else’s what if question and answer. When each person has a piece of paper a designated person will read their what if question. First, the person seated to the right will read their what if answer to the last persons question. This will continue until all group participants have read either a what if question or answer. The participants will then turn their papers over and start the activity again. This game can be repeated two to three times with new what if questions and answers. Because this game is meant to be an icebreaker it should be followed with another activity that has more therapeutic value, a suggested activity follows.

Suggested Discussion Prompts:
1. What was the funniest response you heard?
2. Did you learn something about another person in the group and what did you learn?
3. Was it easy for you to laugh? Why or why not?
4. Did you feel uncomfortable? If so, why?
5. Was it hard to refrain from making negative responses?
Signatures

Relationship to the Program:
- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.

Intervention Objective: To build rapport with the clients as well as for the group to begin to establish relationships with each other.

Description of Intervention: Group members can be seated in a circle or may be allowed to move freely around the room. Give each group member a signatures sheet, and ask the participants to get signatures of other group members who can identify with the statements on the sheet. Signatures from more than one person may be obtained to answer the questions, but encourage the group to get at least one signature from every person in the group. To further encourage group cohesiveness it is imperative for the group leader to participate in this and all other rapport building activities with the clients. The signatures activity as well as the laughing game should require a one hour session to complete.
Signatures

Someone who has a relative with the same name as yours: ______________

Someone in the same branch of the military as you: ________________

Someone who was born in or has lived in the same town as you: ______

Someone who is as tall as you: ________________________________

Someone who likes science fiction: __________________________

Someone who dislikes carnival rides: _________________________

Someone who has visited another country: _____________________

Someone with the same brand of shoes as you: _________________

Someone who likes classical music: __________________________

Someone who is planning on going to college: _________________

Someone who has the same favorite color as you: ______________

Someone who has the same favorite food as you: ________________

Someone who likes the same genre of music as you: ____________

Something interesting about _____________________ is __________

Someone who has a dog: _________________________________

Someone who has children: _________________________________

Someone who speaks another language: ______________________

Someone who has driven a tractor: __________________________

Someone who likes to play card games: ______________________
M&M Game

Relationship to the Program:

- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.

Intervention Objective: To break the ice with clients while building rapport

Description of Intervention: Everyone chooses an M&M. The occupational therapist brings out a chart (or even several charts) with colors that match topics such as:

- yellow = something about your childhood
- red = something about yesterday
- blue = something that makes you happy
- brown = your funniest moment
- orange = your favorite memory

Then the group members answer the question according to the color of M&M they have chosen. Play should continue with each member choosing a new M&M. New question charts should be used for each round and play should continue for as long as time is allotted. This activity could be conducted in an environment that is comfortable for self disclosure, if necessary rules should be created to discourage inappropriate responses. This activity should take a one hour session to complete.

*Note: the group leader may have a list of questions that corresponds to the colors rather than using charts.

Suggested Discussion Prompts:
1. What is one thing that you have learned about another group member today?
2. If you could choose the questions on the question charts which question would you add? Which questions would you take away?
3. Was it difficult to share about yourself? Why or why not.
4. Was there anybody in group that you had similar experiences with?
5. What is one interesting thing about yourself that you would like to share with the group that was not included in the questions?

Week 2 Interventions
PTSD Education and Goal Setting

Goal: The client will become familiar with PTSD and from this information develop three goals by the end of the week.
PTSD Education

Relationship to the Program:
- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Modify work-related performance patterns to aid in successful engagement in vocational occupations.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.

Intervention Objective: The purpose of this intervention is to educate the client about PTSD, so that he or she may fully understand the disorder.

Description of Intervention: Below is an education guide obtaining facts regarding PTSD that can be handed out to the clients. The therapist will go over the provided information with the client. This educational piece will be conducted in two one hour sessions and will be done in groups. The activity should be split at the section where it discusses PTSD and the military.

Suggested Discussion Prompts:
1. What did you learn about PTSD that you did not know before?
2. What risk factors do you have in common with the ones that were presented?
3. Is there any information that was provided that you did not fully understand or that needs clarified?
4. How will you utilize this information to benefit your overall mental health?
How common is PTSD?

Posttraumatic stress disorder (PTSD) can occur after you have been through a traumatic event. A traumatic event is something horrible and scary that you see or that happens to you. During this type of event, you think that your life or others' lives are in danger. You may feel afraid or that you have no control over what is happening.

Experiencing a traumatic event is not rare. About 60% of men and 50% of women experience this type of event in their lives. Women are more likely to experience sexual assault and child sexual abuse. Men are more likely to experience accidents, physical assault, combat, or disaster or to witness death or injury.

But going through a traumatic event doesn't mean you'll get PTSD. About 8% of men and 20% of women develop PTSD after a traumatic event.

Here are some facts:

- In the United States, about 8% of the population will have PTSD symptoms at some point in their lives.
- About 5.2 million adults have PTSD during a given year. This is only a small portion of those who have experienced a traumatic event.
- Women are more likely than men to develop PTSD. About 10% of women develop PTSD compared with 5% of men.
- Women are more likely than men to develop PTSD for all types of traumatic events, except sexual assault or abuse. When these traumas occur, men are just as likely as women to get PTSD.

Who is most likely to develop PTSD?

Most people who experience a traumatic event will not develop PTSD. However, you are more likely to develop PTSD if you:

- Were directly exposed to the traumatic event as a victim or a witness.
- Were seriously injured during the event.
- Went through a trauma that was long lasting or very severe.
- Believed that you were in danger.
- Believed that a family member was in danger.
- Had a severe reaction during the event, such as crying, shaking, vomiting, or feeling apart from your surroundings.
- Felt helpless during the trauma and were not able to help yourself or a loved one.
You are also more likely to develop PTSD if you:

- Had an earlier life-threatening event or trauma, such as being abused as a child
- Have another mental health problem
- Have family members who have had mental health problems
- Have little support from family and friends
- Have recently lost a loved one, especially if it was unexpected
- Have had recent, stressful life changes
- Drink a lot of alcohol
- Are a woman
- Are poorly educated
- Are younger

Some groups of people, including blacks and Hispanics, may be more likely than whites to develop PTSD. This may be because these groups are more likely to experience a traumatic event. For example, in Vietnam, whites were in less combat than blacks, Hispanics, or Native Americans.

Your culture or ethnic group also may affect how you react to PTSD. For example, people from groups that are open and willing to talk about problems may be more willing to seek help.

PTSD and the Military

If you are in the military, you may have seen combat. You may have been on missions that exposed you to horrible and life-threatening experiences. You may have been shot at, seen a buddy shot, or seen death. These are types of events that can lead to PTSD.

Experts think PTSD occurs:

- In about 30% of Vietnam veterans, or about 30 out of 100 Vietnam veterans.
- In as many as 10% of Gulf War (Desert Storm) veterans, or in 10 veterans out of 100.9
- In about 6% to 11% of veterans of the Afghanistan war (Enduring Freedom), or in 6 to 11 veterans out of 100.
- In about 12% to 20% of veterans of the Iraq war (Iraqi Freedom), or in 12 to 20 veterans out of 100.

Other factors in a combat situation can add more stress to an already stressful situation and may contribute to PTSD and other mental health problems. These factors include what you do in the war, the politics around the war, where it's fought, and the type of enemy you face.

Another cause of PTSD in the military can be military sexual trauma (MST). This is any sexual harassment or sexual assault that occurs while you are in the military. MST can happen to men and women and can occur during peacetime, training, or war.
Among veterans using VA health care, about:

- 23 out of 100 women (23%) reported sexual assault when in the military
- 55 out of 100 women (55%) and 38 out of 100 men (38%) have experienced sexual harassment when in the military

Even though military sexual trauma is far more common in women, over half of all veterans with military sexual trauma are men.

Goal Setting

Relationship to Program:
- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Modify work-related performance patterns to aid in successful engagement in vocational occupations.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.
- Create and/or promote healthy living habits to support the individuals’ engagement in daily tasks.

Intervention Objective: The purpose of this intervention is to have the clients develop goals to assist with the direction and course of therapy.

Description of Intervention: Each member will choose three goals to work on throughout the duration of the therapy session. Goals should be measurable, realistic, and have a time frame in which you wish to accomplish them. The goals will be written on the sheet provided and will be guided using the following questions:
1. What do you think you need to work on the most?
2. What would your family say you need to work on?
3. What would you like to gain from this therapy experience?
4. How much do you think you can accomplish in 12 weeks?
5. What assets do you have to help me achieve these goals?
6. What additional tools will you need to help you achieve your goals?
7. Who can you identify as your support system?

This activity should take the length of a one hour therapy session.
My Goals

Goal#1: ________________________________________________________________

To meet this goal I will:

1. 
2. 
3. 

Goal#2: ________________________________________________________________

To meet this goal I will:

1. 
2. 
3. 

Goal #3: ________________________________________________________________

To meet this goal I will:

1. 
2. 
3.
Week 3 Interventions
Coping Skills

Goal: The client will identify at least one negative coping strategy they use during times of stress and will determine one positive coping strategy for each negative coping strategy they currently use.
Coping Skills

Relationship to the Program:
- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.

Intervention Objective: The purpose of this intervention is to provide education on various coping techniques.

Description of Intervention: Discuss the concepts of defense mechanisms and further discuss and define the terms on the following worksheet. Give each group member a separate piece of paper and have them write a journal entry about the insufficient coping strategies that they use. Journal prompts may include:
1. The coping strategies that I use but are unhealthy for me are:
2. Things I could do to replace my negative coping strategies are:
3. Areas of my life that are affected by my negative coping strategies are:
4. People who are affected by my negative coping strategies include:
5. Describe one time you used a positive coping strategy and one time that you used a negative coping strategy and compare and contrast the outcome.

Following the journaling activity, have each person discuss what techniques work for them and further discuss healthy coping strategies. The time needed to complete this activity is one hour.

Suggested Discussion Prompts:
1. What strategies have you used before? Can you give an example of that time and the outcome of the situation?
2. What are strategies that you haven’t tried but would work for you?
3. What strategies or behaviors should you avoid? Why?
4. What strategies or behaviors will be the hardest for you to stop using? Why?
5. Besides yourself who is affected by your negative coping strategies?
6. Can you think of any other negative coping strategies that you have used before that we did not talk about today?

Coping Support Kit

Relationship to the Program:
- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.

Intervention Objective: The purpose of this intervention is to promote discussion of the use of positive coping strategies.

Description of Intervention: Give your client’s one each of an eraser, penny, marble, rubber band, string, Hershey’s kiss and Hershey’s hug. Instruct group participants to put all items in a (Ziploc) baggie. Then you attach a note that reads: "Here is your personal coping kit. It contains an eraser to make mistakes disappear; a penny so you will never be completely broke; a marble for when you are sure you've lost yours; a rubber band to help you stretch beyond your means; a string to hold your life together when it seems to be falling apart; a hug and a kiss to remind you that someone cares about you!" This activity should be able to be completed during a one hour therapy session.

Suggested Discussion Prompts:
1. Describe a time when you have wished to make a mistake disappear?
2. Tell the group about a time when you have felt like you have lost your marbles? What could you have done in that situation to make things go more smoothly?
3. Describe a time when you have effectively stretched beyond your means?
4. What are some things that help you to keep your life together when it seems to be falling apart?
5. Who do you count on during times of stress? What qualities do these people have that make them a reliably person to talk to?
6. Do you think that you could rely on one of the other group members during your times of need?
7. What positive coping strategies have we discussed today?
8. What strategies have you learned from other group members that you could try yourself?

100 Points for Coping

Relationship to the Program:
- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.

Objective of Intervention: The purpose of this intervention is increase awareness of the group members on the effects of exercise on their ability to cope with stress.

Description of intervention: Challenge the group to work together to earn one hundred points by completing various fitness activities. Emphasize that this is not a competition but a challenge and everyone should do their best to support the group. Points can be earned by completing the following activities, or different activities can be substituted depending on space and equipment restrictions of the facility.

1 point for each lap run in one minute
1 point for each basket made
1 point for each foot jumped in a standing long jump
1 point for every five jumps made when jump roping without making a mistake
1 point for each push up
1 point for every 10 jumping jacks

Keep track of the points on paper and once the points have been earned continue the session with the discussion prompts.

Suggested Discussion Prompts:
1. Take a minute to feel the muscles in your body. Do they feel tense or loose?
2. What was your mood before you exercised, and what is it now?
3. Do you currently use any of these activities to help you relieve stress?
4. Is this something that you could do with your family or friends?
5. Where are some places near your house that you could exercise?
6. Who could you exercises with at home?
7. What kind of activities or exercise would you prefer to do?
8. What are some other physical activities that you have tried that help you relieve stress?

Goal: The client will be able to utilize stress management and relaxation techniques 100% of the time whenever they become stressed or are unable to relax.
Tips and Ideas to Control Stress

Relationship to the Program:
- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Modify work-related performance patterns to aid in successful engagement in vocational occupations.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.
- Create and/or promote healthy living habits to support the individuals’ engagement in daily tasks.

Intervention Objective: The purpose of this intervention is to introduce stress management techniques that the clients may utilize when they become stressed.

Description of Intervention: Below are tips and ideas to aid in stress management. All suggested interventions are group based. The duration of this activity will be for a one hour session.

Suggested Discussion Prompts:
1. What stress management technique worked the best for you and why?
2. Where could you implement these techniques?
3. When could you implement these techniques?
4. What kind of stress management techniques did you use prior to this activity, if any?

*Note: The discussion prompts listed above will be utilized after every stress management technique offered.
Stress Management Technique #1- Have the clients choose from upper extremity theraband exercises, ball exercises, or stretching. Once the activity is selected have the clients then partner up or form teams in which they can be a part of. Creating teams facilitates compliance to participate and makes the activity and/or exercise more enjoyable for everyone that is involved. Another benefit of physical exertion is increased energy and the health benefits of being active.

Stress Management Technique #2- Journaling is also another activity where the stress that is being experienced can be channeled into a positive way of expressing one’s self. The therapist should gather materials needed for journaling such as paper, binders, ink stamps, pens, pencils, scissors, and any other desired craft materials. Once the supplies are gathered have the group of clients create their own journal. After the journals are composed the clients are then advised to journal everyday. It is imperative that the clients know that the journals are confidential and no other group member will have knowledge about what they are writing. At the end of each week the clients will be allotted a time to share some of their thoughts if they wish too.

Stress Management Technique #3- Meditating is also an effective way of relieving stress. Meditation can be done individually or in groups. The therapist needs to obtain mats for every participant, a CD player, and mediation CDs. The meditation CDs will instruct the group on what to do.

*Note: All activities will range from 10 to 30 minutes to complete.

Tips and Ideas to Relax

Relationship to Program:
- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Modify work-related performance patterns to aid in successful engagement in vocational occupations.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.
- Create and/or promote healthy living habits to support the individuals' engagement in daily tasks.

Intervention Objective: The purpose of this intervention is to provide relaxation techniques to the clients, so that he or she may implement them into their daily routines.

Description of Intervention: Below are tips and ideas to aid in relaxation. All suggested interventions are group based. It is suggested that the clients utilize the below techniques when they becomes stressed or are unable to relax. The time required to complete this section will call for two one hour sessions. The first session should include relaxation techniques one through three and the second session should include techniques four and five.

Suggested Discussion Prompts:
1. If you were unable to relax, what part of the body still had tension in it?
2. Would you do this on your own? - Why or why not?
3. Where could you implement these strategies?
4. When can you implement these strategies?
5. Have you ever used relaxation techniques before and if so what did you do?
6. What activity worked was most effective for you to relax?

Relaxation Technique #1- Progressive relaxation is a technique in which you have audio cues that bring your attention to parts of your body, thus allowing for conscious relaxation of that body part. The cues attend to everybody part until the entire body is addressed. The verbal cues given should be in a relaxing soft tone, which will allow for relaxation. This activity should take place in a quite dim lit room individually or in a group. The session should last for 20-30 minutes. After the activity is complete the therapist should ask these questions:

Relaxation Technique #2- Toe tensing is an activity where you alternate between tensing your toes and relaxing them. This should be done in a quite dim lit room individually or in groups. The participants lie on their backs with their eyes closed, they are then advised to pull their toes towards their head 10 times, and then relax their toes for a count of 10. This is repeated 10 times. Relaxing and tensing your toes draws tension out of the participants' body. After the session is completed the therapist should ask the group:

Relaxation Technique #3- Deep breathing is a conscious activity that allows the body to relax as the individual's focus is on their breathing cycles. The group members lie on their back in a quite dim lit room on mats. The participants are required to relax their body, which can be done utilizing the progressive relaxation technique that was described previously. After they are relaxed they are advised to breathe in through their nose slowly holding their breath for a couple of seconds and then exhaling slowly through their mouth. Wait a few seconds and then repeat the cycle. It is important that the therapist inform the group members that if they become dizzy or faint that they should cease the session or slow down. After the session is completed the therapist should ask the group members questions such as:

Relaxation Technique #4- Guided imagery is utilizing one's imagination to set themselves in a peaceful environment. The environment can be whatever the participant chooses. This activity takes place in a quite dim lit room with the participants lying on their backs or in a position that is comfortable for them on a mat. The individuals are then instructed to close their eyes and imagine themselves in a relaxing setting. Then they are advised to utilize their senses to feel their environment. The participants can utilize this activity in their nightly routine before falling asleep. Once guided imagery is used more frequently it becomes easier for to obtain a calming state. After the session is over the therapist should ask some questions regarding their experience, such as:

Relaxation Technique #5- Quiet ears is an activity where the client is laying on their backs with their arms behind their head. The participants' thumbs are then placed in their ears. They will then experience a low tone rushing sound. They will continue to listen to this sound for 15 to 20 minutes. Next they will put their arms down by their sides and consciously relax them.
Week 5 Interventions
Interpersonal Skills

Goal: The client will be able to identify triggers that cause him or her to be angry and control these triggers in social situations, while maintaining effective communication skills to relate how they are feeling.
Tips and Ideas to Communicate and Control Your Anger

Relationship to Program:
- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Modify work-related performance patterns to aid in successful engagement in vocational occupations.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.
- Create and/or promote healthy living habits to support the individuals’ engagement in daily tasks.

Intervention Objective: The purpose of this intervention is to provide avenues for channeling anger.

Description of Intervention: Below are tips, ideas, and activities to assist with anger management. This is to be done in groups in a one hour therapy session.

Suggested Discussion Prompts:
1. Did you find this session beneficial to your treatment?
2. What are ways you deal with anger?
3. Are the ways you handle your anger effective? Why or why not?
4. Have you ever used a journal before? If so, did you find it effective? Why or why not?
5. What are the negative impacts of having anger in your life?
6. How would you like to change those negative impacts?
Tips and Ideas to Communicate and Control Your Anger

1. Journaling is a great way to express your emotions honestly and allows for monitoring of your anger patterns and what triggers these patterns. Therefore, one may adapt or avoid such stimulus. Below are ideas to help you journal and track your anger:
   - What is the duration of your episode? How many times a day?
   - What do you do to express your anger or other emotions?
   - What triggers your anger or other emotions?
   - How does your body feel when you are angry?
   - How do you feel emotionally when you are angry?
   - What do you do, if anything, when you start to feel angry?
   - How do you feel when people are angry at you?
   - Is there a more productive way you can cope with your anger?

2. Have acceptance for you and others.
3. You are the only one who has control over how you feel and react in a situation.
4. Express your emotions without blaming others. For example, “I feel ______ because of ______.”
5. Be forgiving of yourself and of others
6. Use calming strategies such as deep breathing or counting when you start to become angry.
7. Thought stopping. Cease thoughts that have made you angry and try to think of things that are more pleasant.
8. Say what is on your mind in an appropriate polite manner without using verbal and/or physical abuse.
9. When you feel anger engage in some type of physical activity, therefore you are releasing your built up emotions in a productive and positive way.
11. Seek first to understand others to gain their point of view.
12. Be a problem solver. Define your problem, choose your goal, seek possible solutions, consider outcomes of the solutions, choose the best solution for you, execute your solution, and finally assess the outcome of your solution.
13. Change your thinking habits. You feel the way you think. Try not to use negative words or statements about yourself or others; opt for positive communication. Avoid words or statements such as: “never”, “always”, and “have to”.
14. Learn how to compromise and be a team player.
15. Seek help.

Communication Skills

Relationship to Program:
- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Modify work-related performance patterns to aid in successful engagement in vocational occupations.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.
- Create and/or promote healthy living habits to support the individuals’ engagement in daily tasks.

Intervention Objective: The purpose of this intervention is to provide avenues for expressing one’s self openly/honestly.

Description of Intervention: This activity is a worksheet in which the client answers the posed questions. The purpose of this activity is to facilitate self-awareness and sharing this new found awareness with others. It also enhances communication skills and language exchange. This activity should be done in small groups of 4-10 individuals depending on your client base and their needs, abilities, and skills. Self-actualization promotes positive relationships with others and a better understanding of one’s self and how they view their contexts. The suggested intervention should be done in a group during a one hour therapy session.

Suggested Discussion Prompts:
1. What areas or topics do you have difficulties talking about with others?
2. Who do you confide in when you need someone to talk to?
3. Is the person or people described above readily available? If not, who else could you talk to?
4. How would you like to enhance your communication skills?
Complete the following statements to gain an increased understanding of your SELF. You may want to DISCLOSE these thoughts and feelings to someone special to enhance your relationship.

• I am most content when ____________________________________________

• My hopes and dreams for the future are _______________________________

• I like myself most when _____________________________________________

• I like myself least when _____________________________________________

• My greatest fear is _________________________________________________

• I feel disappointed when ___________________________________________

• People think I am _________________________________________________

• I value most _____________________________________________________

• One negative trait about myself is _____________________________________

• One positive trait about myself is _____________________________________

I'm going to share these thoughts and feelings with _______________________. 
Assertiveness Skills

Relationship to Program:
- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Modify work-related performance patterns to aid in successful engagement in vocational occupations.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.
- Create and/or promote healthy living habits to support the individuals’ engagement in daily tasks.

Intervention Objective: The purpose of this intervention is to provide avenues for being assertive in social situations.

Description of Intervention: The purpose of this log is to track assertiveness skills through observations, logging experiences, and assessing your reactions in an array of situations. This allows for an objective evaluation of how assertive you are and in what situations you are more assertive in compared to others. This is to be done in a group during a one hour therapy session.

Suggested Discussion Prompts:
1. What scenarios did you find yourself being assertive in?
2. What scenarios could you have been more assertive in?
3. How could you be more assertive?
4. Are there certain people who inhibit your ability to be assertive?

### Assertion Diary

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<tr>
<th>Opportunity To Be Assertive</th>
<th>My Response</th>
<th>Feelings As a Result of My Response</th>
<th>Was I Satisfied With My Response?</th>
<th>Other Possible Assertive Responses</th>
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Week 6 Interventions
Relationship Skills

Goal: The client will define six elements of a healthy relationship, identify one relationship that needs improvement, and develop a family mission statement to address areas of need within the family structure by the end of week six.
Relationship Skills

Relationship to the Program:

- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Modify work-related performance patterns to aid in successful engagement in vocational occupations.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.
- Create and/or promote healthy living habits to support the individuals’ engagement in daily tasks.

Intervention Objective: The purpose of this intervention is to evaluate social relationships and enhance those relationships.

Description of Intervention: The group leader will start the group with a discussion defining a healthy relationship and further discuss what factors contribute to a healthy relationship. Hand out the “Evaluate your Relationship” sheet and ask participants to fill it out completely. Follow with a creative discussion of ways that they could improve relationships that they currently unhealthy or contain unhealthy components. This activity should take a one hour therapy session.

Suggested Discussion Prompts:
1. Name 5 things that you have done to improve a relationship you have had in the past.
2. What are some things that you have done that have contributed to relationship failure? What could you have done to change these things?
3. Are there certain things that you look for in a significant other? What are they?
4. What are some things that you could do to improve your current relationship?

QUESTIONS TO ASK YOURSELF ABOUT YOUR PARTNER

These questions are to help you think about what's going on in your relationship and how you feel about it. There are no right or wrong answers.

Can you name five things about him/her that you really like?
1. __________________________________________
2. __________________________________________
3. __________________________________________
4. __________________________________________
5. __________________________________________

Can you name five things about him/her that you really dislike?
1. __________________________________________
2. __________________________________________
3. __________________________________________
4. __________________________________________
5. __________________________________________

Do you think his/her relationships with family and friends are healthy? Why or why not?
___________________________________________

Does s/he encourage you to have other friends or discourage you from your friendships? In what ways?
___________________________________________

Can you name three things that s/he is interested in besides you?
1. __________________________________________
2. __________________________________________
3. __________________________________________

Can you name three activities that you participate in without him/her?
1. __________________________________________
2. __________________________________________
3. __________________________________________

How does s/he respond that you are doing these things instead of being with him/her?
___________________________________________

Does s/he need to know where you've been and what you've been doing whenever you've been apart? If so, how does this feel to you?
___________________________________________
Family Mission Statement

Relationship to the Program:
- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.
- Create and/or promote healthy living habits to support the individuals’ engagement in daily tasks.

Intervention Objective: The purpose of this intervention is to facilitate positive change within the family structure.

Description of Intervention: Begin the group with a discussion of what a mission statement is for. You may give the group several examples of mission statements (easily available on-line for hospitals or almost any business). Talk about the things that are included in the mission statement examples that you have chosen and things that can be included for a personal mission statement (a good reference for this is pages 106-109 in: Covey, S. R. (1989). The seven habits of highly effective people: Powerful lessons in personal change. New York: NY). Distribute a pen or pencil and a piece of paper have the participants to describe the following in a narrative form:
  - What is your primary responsibility to your family?
  - List the qualities that you would like your family to be known for?
  - What does your family need to work on?
  - List specific qualities that each of your family members possess.
  - List how each members positive qualities contribute to success or happiness in your family.

After the previous questions have been answered ask the group members write a personal mission statement for their families on the sheet provided that encompasses information from the narrative that they have written about their family. Once group members are finished discuss the components of their mission statements. This activity should take a one hour therapy session.

Suggested Discussion Prompts:
1. If you take this home and show your family what do you think they would change?
2. Is a family mission statement something that your family would benefit from?
3. Does your mission statement fit with your primary family responsibilities?
4. Does the mission statement include aspects from each family member?
5. Does having a mission statement or a family goal help set a path to achieve happiness in your home? How?
Family Mission Statement

for the Family of

which includes (list individual members):

Our Mission is:

This Mission Statement to be revisited on __________ in the year ________

GUIDELINES

REMEMBER: A mission statement needs to be specific enough that it provides a foundation for decisions, yet general enough that it allows for nurturing individual talents and personal growth by every person within the family.

EXAMPLES:
This Mission Statement would be too restrictive: It is the mission of the X-Y-Z Family to be musical, studious and to travel extensively.

The following allows considerable flexibility, yet explains the underriding values of this family:
- It is the mission of the X-Y-Z Family to encourage individual growth, conserve natural resources and serve our fellow person.
- It is the mission of the X-Y-Z Family to use individual talents to become responsible, caring, contributing adults.

Activities to Deepen your Relationship

Relationship to the Program:
- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.
- Create and/or promote healthy living habits to support the individuals’ engagement in daily tasks.

Intervention Objective: The purpose of this intervention is to provide tips to strengthen relationships.

Description of Intervention: Give each person in the group a handout of “Activities to Deepen your Relationship.” Have the group members read each of the tips one at a time and discuss the activity, possible variations to the activity and which activities they could use with their significant other. This activity should take a one hour therapy session.

Suggested Discussion Prompts:
1. Which activities would you like to try? Why?
2. Which activities wouldn’t work for you and your significant other? Why?
3. Are there any activities that you would feel uncomfortable with? How could you adapt these activities to make them more comfortable for you?
4. Is there anything not on this list that has worked for you? What is it?
5. Do you have any other tips to share with the group?
Activities to Deepen your Relationship

Here are activities to help deepen a special relationship. Don’t try to do all of them at once. Take just one or two that you think would be the most beneficial to the two of you!

Think of a behavior you each have that other people like or praise. Ask yourselves why you do this. Share with one another your feelings as you think about this behavior.

- Schedule a date night. Be sure that you both have input into choosing what activity you will do for a date and that it encompasses both of your interests. This does not mean that you have to go out, you could simply schedule a candlelight dinner for two at home.
- Do things together. Carve out some time to simply do things together. It doesn’t necessarily have to be a date, but can simply be something like commuting together, doing yard work together, cooking together, or shopping together.
- Don’t ever have sex if you don’t want to. Hardly anyone will be in the mood at the same time so a decision must be made as to whether you can get in the mood or not. If not its best that you don’t.
- Actively listen to one another. Be sure not to interrupt each other, wait until your partner is finished speaking before you add another point.
- Surprise your partner with small things, don’t wait for a special occasion to do extra things for your spouse.
- This weekend, try to not ask any favors of your spouse. This includes having them find you something, serve you something to bring you something. Instead, offer to do simple favors for your spouse without having them ask first.
- Think about things that you do to make your spouse feel guilty. Don’t use these techniques for a week and see if your relationship improves.
- Schedule a weekend without the kids. Plan to have the kids stay with a trusted friend or family member and relax together at home.
- Go to the library together and choose a book to read out loud to each other before bed time.
- Don’t eat dinner in front of the television. This does not allow for discussion or processing of daily activities.
- Think about your past 2 years. Select two or three periods of time when you were really happy or when things seemed to be going right for the two of you. Talk with one another about what made that period of time so enjoyable. How does this reflection on your past make you feel?

Week 7 Interventions
Re-evaluation of Goals

Goal: The client will re-evaluate the goals set at the beginning of the program and adjust goals as needed.
Re-Evaluation

Relationship to the Program:

- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Modify work-related performance patterns to aid in successful engagement in vocational occupations.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.
- Create and/or promote healthy living habits to support the individuals’ engagement in daily tasks.

Intervention Objective: The purpose of this intervention is to provide an opportunity to reflect on accomplishments and to re-evaluate the goals set at the beginning of the program.

Description of Intervention: The clients will be given the goals that they established at the beginning of treatment so that they may reflect upon what they have accomplished thus far and still needs to be accomplished. They will then determine if they met their initial goals and if so they will develop new ones. If they did not meet their goals then they will devise a plan so that they can accomplish their objectives. The following chart will assist in evaluating and setting new goals.

- The remainder of this week can be used for sessions deemed necessary by the occupational therapist.
- Additional activities have also been added to chapter 8 as healthy living is a large portion of attaining a high level of mental health, it is also an option at this time to complete all of week 8 activities.

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<tr>
<th>PLAN</th>
<th>OBSTACLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>What I will do to accomplish my goal.</td>
<td>What is preventing me from achieving my goal?</td>
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</table>

| Goal Progress | Obscure |
Week 8 Interventions
Healthy Living Habits

Goal: The client will be able to implement healthy living habits into their daily lives.
Healthy Living Habits

Relationship to Program:
- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.
- Create and/or promote healthy living habits to support the individuals’ engagement in daily tasks.

Intervention Objective: The purpose of this intervention is to provide information and tools that the clients may implement into their daily life to enhance their overall health.

Description of Intervention: Below are activities to facilitate healthy habits into an individual’s daily activities. In order to incorporate such patterns and habits into daily roles, one must first evaluate their current patterns and habits to decide which are beneficial and which hindrances to a better life. The activity entitled My Needs will assist with this process. Following this activity is an exercise log to assist the individual in recording their physical activity. The client will record the type of exercise they participated in, the date, time of exercise, and how they felt after exercising. This activity will be one in a one hour therapy session in groups.

Suggested Discussion Prompts:
1. What habits in your life are not conducive to your overall health?
2. How could you change those habits into more productive ones that will benefit your health?
3. What do you do right now to stay healthy?
4. What do you want to start doing to become health?

### MY NEEDS!!

<table>
<thead>
<tr>
<th>Needs:</th>
<th>What needs are not being met?</th>
<th>Why? When?</th>
<th>How will you overcome these barriers?</th>
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<tbody>
<tr>
<td>Physical: (Exercise, Nutrition, Sleep)</td>
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<tr>
<td>Managing Money</td>
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<td>Managing Time</td>
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<td>EXERCISE</td>
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Implementing the Nutrition Guide

Relationship to the Program:
- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.
- Create and/or promote healthy living habits to support the individuals’ engagement in daily tasks.

Intervention Objective: The purpose of this intervention is to allow the client to budget and plan for a week of meals.

Description of Intervention: After reviewing the nutrition guide via the link below, the clients will then devise a healthy menu for a week, which will include breakfast, lunch, dinner, and snacks. Prior to making the menu he or she will determine their budget for groceries by using the Budget Worksheet provided. After budgeting and the needed items are identified the client and the therapist will go to the grocery store to obtain the needed food items, while staying within the set budget. This activity will be completed in a one hour therapy session in groups.

Suggested Discussion Prompts:
1. Was it difficult or easy to budget your expenditures?
2. Do you think this budgeting exercise will help you in preparing a monthly budget? If so, would you use this form regularly?
3. What did you learn from the nutrition guide?
4. What changes are you willing and ready to make to your current eating habits and patterns?
5. Did you find having a weekly menu helpful for grocery shopping?
6. What would have made this activity more beneficial to you?

# BUDGET WORKSHEET

<table>
<thead>
<tr>
<th>Monthly Income (+)</th>
<th>Monthly Expenses (-)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taxes/deductions taken out</td>
<td>$</td>
</tr>
<tr>
<td>Housing expense: Rent/mortgage</td>
<td>$</td>
</tr>
<tr>
<td>Savings</td>
<td>$</td>
</tr>
<tr>
<td>Utilities: gas</td>
<td>$</td>
</tr>
<tr>
<td>electricity</td>
<td>$</td>
</tr>
<tr>
<td>water/sewer</td>
<td>$</td>
</tr>
<tr>
<td>garbage</td>
<td>$</td>
</tr>
<tr>
<td>Telephone: landline</td>
<td>$</td>
</tr>
<tr>
<td>cell phone</td>
<td>$</td>
</tr>
<tr>
<td>Internet</td>
<td>$</td>
</tr>
<tr>
<td>Transportation: fares</td>
<td>$</td>
</tr>
<tr>
<td>car payment</td>
<td>$</td>
</tr>
<tr>
<td>fuel</td>
<td>$</td>
</tr>
<tr>
<td>insurance</td>
<td>$</td>
</tr>
<tr>
<td>Insurance/healthcare</td>
<td>$</td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
</tr>
<tr>
<td>Entertainment</td>
<td>$</td>
</tr>
<tr>
<td>Clothing</td>
<td>$</td>
</tr>
<tr>
<td>Credit card(s)</td>
<td>$</td>
</tr>
<tr>
<td>Loan(s)</td>
<td>$</td>
</tr>
<tr>
<td>Child-care / parent-care</td>
<td>$</td>
</tr>
<tr>
<td>Other(s)</td>
<td>$</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$</td>
</tr>
<tr>
<td>Amount Left Over/Under</td>
<td>$</td>
</tr>
</tbody>
</table>

## A Menu for a Week of Meals

<table>
<thead>
<tr>
<th>Meals</th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
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<th>Friday</th>
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<tbody>
<tr>
<td>Breakfast</td>
<td></td>
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<tr>
<td>Lunch</td>
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<tr>
<td>Dinner</td>
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<td>Snacks</td>
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</table>
Sleeping Tips and Suggestions/Schedule

Relationship to the Program:

- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Create and/or promote healthy living habits to support the individuals’ engagement in daily tasks.

Intervention Objective: The purpose of this activity is to educate the clients on sleeping patterns and to aid them in achieving stable sleeping patterns.

Description of Intervention: Discuss with the clients the sleeping tips and suggestions. After going through the sleeping tips allow for discussion of the group members to add any sleeping tips that they have tried that are not on the list. Following this discussion give the clients adequate supplies to create a sleeping journal to record their sleep after trying the suggested tips. Also provided in this activity is a schedule so that they implement time to relax before sleeping and implement some of the strategies discussed. This activity will be completed in a group, in an one hour therapy session.

Suggested Discussion Prompts:
1. Did these tips help you sleep better? Why or why not?
2. Which activities are going to implement into your daily routine?
3. What were doing that was keeping you from sleeping?
4. What strategies have you used prior to this discussion to aid in sleeping? Did it work?

Suggestions for Sleeping Soundly

Taking these sleep guidelines into account with your daily routine may bring you a more refreshing morning...every morning!

1. ________________ at the same time every morning, 7 days a week, regardless of the time you fell asleep or how well you slept throughout the night.

2. Follow a _____________ when readying for bed, whether at home or away, e.g., brushing teeth, washing face, taking a warm bath, slow stretching, reading a short magazine article, saying a prayer, etc.

3. Eat a light, ______________ snack prior to bed if you have hunger pangs. Milk and tuna fish are known to contain L-tryptophan which helps to induce sleep. Eliminating the hunger itself will allow for improved sleep as well.

4. Avoid ____________ and ___________ in the evening hours as they will disturb normal sleep pattern.

5. _______________ daily in the late afternoon or early evening to allow for deepened sleep during the night.

6. Remain on a daily activity schedule seven days a week, to include work, ________________, and self care.

7. Spend a specified time _______________ to deal with unresolved issues, new problems/conflicts, and to plan your next day’s activities. Leaving these thoughts for bedtime will only create "___________", decreasing your ability to fall asleep and experience quality sleep.

8. Design your _______________ to be a _______________ environment to sleep, e.g., reduce lighting, minimize noises and visual distractions, moderate room temperature(approx. 65°F).

9. Do not _______________ during the day because it most often reduces quantity and quality of sleep at night. Take breaks to refresh yourself instead.

10. Utilize your bedroom for sleeping and _______________ only. By using it for exercising, studying, watching TV, etc., you are giving your brain the message that the room is a place for wakeful activity, even stress.

11. If you are unable to fall asleep after 15-20 minutes in bed, _______________ your _______________ to another activity in another room until you become sleepy.

12. Consistently using _______________ will interfere with sleep, so it is advised to reduce its usage and/or develop a plan to quit.

13. _______________ may not be recommended as a component of your normal routine for sleep. Occasional use may be needed with supervision of a doctor, however reduction of use and elimination is often encouraged as soon as possible. Check with your doctor.

14. Engage in a relaxing activity prior to bedtime to help you unwind both _______________ and _______________.

15. Follow the guidelines in #1-14 for increased sleeping _______________!!

<table>
<thead>
<tr>
<th>Word Choices to Fill-in the Blanks:</th>
</tr>
</thead>
<tbody>
<tr>
<td>alcohol</td>
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<tr>
<td>attention</td>
</tr>
<tr>
<td>bedroom</td>
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<tr>
<td>caffeine</td>
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<tr>
<td>conducive</td>
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<tr>
<td>daily</td>
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<tr>
<td>divert</td>
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<td>leisure</td>
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<td>mentally</td>
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<tr>
<td>SUNDAY</td>
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Week 9 Interventions
Leisure Awareness

Goal: Clients will identify at least one leisure activity he or she can engage in daily.
Leisure Awareness

Relationship to Program:
• Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
• Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.
• Create and/or promote healthy living habits to support the individuals’ engagement in daily tasks.

Intervention Objective: The purpose of this intervention is to introduce concept of leisure, have the clients evaluate what leisure means to them, and determine the level of importance it has in his or her life.

Description of Intervention: The purpose of this activity is to facilitate leisure awareness and determine how that individual defines leisure. The clients will also examine their own life to determine what types of leisure activities he or she participates in and how important those activities are to them. Lastly, the activity assists the clients in exploring the benefits of engaging in leisure. This activity will be conducted in a one hour therapy session.

Suggested Discussion Prompts:
1. Which activities would you like to try? Why?
2. Which activities could you do with those you love?
3. Could you see incorporating leisure into your daily routine? Why or why not?
4. If you are unable to schedule leisure time in on a regular basis what are the barriers to this?

Sometimes it is helpful to define, in your own words, concepts like leisure...

Finish one of the sentences...

1. I would define leisure as _________________________________
   _________________________________

   or

2. To me, leisure means ____________________________________
   ____________________________________

Do you have leisure in your life?  Yes ☐  No ☐

Why is leisure important to you? ____________________________

Can leisure be work (or vice versa)? _________________________

What happens when you do not incorporate leisure into your life? _________________________

How can incorporating leisure into your life help you? _________________________
Leisure Awareness

Relationship to Program:
- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.
- Create and/or promote healthy living habits to support the individuals’ engagement in daily tasks.

Intervention Objective: The purpose of this intervention evaluates the types of leisure activities one engages in and why they engage in those activities.

Description of Intervention: This activity is a worksheet that the clients fill out in a group session. The questions that are to be answered relate to leisure activities and why he or she engages in them. This activity is to be done in a one hour therapy session.

Suggested Discussion Prompts:
1. Which activities do you find the most joy in?
2. Which activities could you do with those you love?
3. Which areas above do you need to try to be more active in?
4. Did you find this activity helpful in evaluating why you do leisure?
5. What areas do not engage in?

While most of us do not consciously think about the benefits of leisure while we are engaged in an activity, listing the benefits will assist you in choosing meaningful and satisfying activities!

Finish each sentence:

A leisure activity I do TO RELAX
A leisure activity I do TO SOCIALIZE
A leisure activity I do TO BE PHYSICALLY FIT
A leisure activity I do TO BE MENTALLY STIMULATED
A leisure activity I do TO COMPETE
A leisure activity I do TO BE CREATIVE
A leisure activity I do TO BE ALONE
A leisure activity I do TO LEARN SOMETHING NEW
A leisure activity I do TO HELP OTHERS
A leisure activity I do THAT HELPS ME SPIRITUALLY
A leisure activity I do AS A SPECTATOR
A leisure activity I do FOR ACCOMPLISHMENT

Engaging in leisure activities can make an important contribution to your physical and mental well-being!

What area(s) can you focus on to be “The Whole You”?
Leisure Awareness

Relationship to Program:
- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.
- Create and/or promote healthy living habits to support the individuals’ engagement in daily tasks.

Intervention Objective: The purpose of this intervention is to have the clients actually participate in leisure activities they find meaning and joy in.

Description of Intervention: After the clients have finished the two leisure awareness activities they then should choose an activity to engage in and journal about their experiences and how they felt during and after their leisure participation. Next, have the clients incorporate their leisure activities into their daily schedule, which was given to them in week 8. After a week of engaging in leisure activities ask the clients how successful they were in allotting time for such activities.

Suggested Discussion Prompts:
1. How did you feel at the end of the week?
2. Did you week seem less stressful or about the same?
3. Is this something you would continue to do from here on out?
4. Were most of your activities done in solitude or with others?
5. What time of day did you engage in leisure activity?
6. Did you have to sacrifice time from a different activity of daily living in order to engage in a leisure activity?
Week 10 Interventions
Grief and Loss

Goal: The client will identify three symptoms of grief and loss they are experiencing and one stage of grief that they are currently in by the end of the week.
Coping with Death, Grief and Loss

Relationship to the Program:

- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.
- Create and/or promote healthy living habits to support the individuals’ engagement in daily tasks.

Intervention Objective: The purpose of this group is to provide education on the types of grief and loss and to help the client identify which stage of loss he/she may be in.


A discussion will follow to process emotions that may arise in the process. Allow enough time at the end of the group for the participants to tell stories about any losses that the participant had experienced.

Suggested Discussion Prompts:

1. If you feel comfortable would you describe some of the losses that you have experienced during your life or on your deployment?
2. Can you identify with any of the stages of loss that you have previously experienced?
3. Who do you feel comfortable talking to about your losses with?
4. Does each stage come with a different feeling? What is the feeling?
5. What are some symptoms that you are currently experiencing and what helps you to overcome those symptoms?
Coping with Death, Grief, and Loss

What is Grief?

Grief occurs in response to the loss of someone or something. The loss may involve a loved one, a job, or possibly a role (student entering the workplace or employee entering retirement). Anyone can experience grief and loss. It can be sudden or expected; however, individuals are unique in how they experience this event. Grief, itself, is a normal and natural response to loss. There are a variety of ways that individuals respond to loss. Some are healthy coping mechanisms and some may hinder the grieving process. It is important to realize that acknowledging the grief promotes the healing process. Time and support facilitate the grieving process, allowing an opportunity to appropriately mourn this loss.

Common Reactions to Loss:

Individuals experiencing grief from a loss may choose a variety of ways of expressing it. No two people will respond to the same loss in the same way. It is important to note that phases of grief exist; however, they do not depict a specific way to respond to loss. Rather, stages of grief reflect a variety of reactions that may surface as an individual makes sense of how this loss affects them. Experiencing and accepting all feelings remains an important part of the healing process.

• Denial, numbness, and shock
  
  o This serves to protect the individual from experiencing the intensity of the loss.
  
  o Numbness is a normal reaction to an immediate loss and should not be confused with "lack of caring".
  
  o Denial and disbelief will diminish as the individual slowly acknowledges the impact of this loss and accompanying feelings.

• Bargaining
  
  o At times, individuals may ruminate about what could have been done to prevent the loss.
  
  o Individuals can become preoccupied about ways that things could have been better, imagining all the things that will never be.
  
  o This reaction can provide insight into the impact of the loss; however, if not properly resolved, intense feelings of remorse or guilt may hinder the healing process.
• **Depression**
  
  o After recognizing the true extent of the loss, some individuals may experience depressive symptoms.
  
  o Sleep and appetite disturbance, lack of energy and concentration, and crying spells are some typical symptoms.
  
  o Feelings of loneliness, emptiness, isolation, and self-pity can also surface during this phase, contributing to this reactive depression.
  
  o For many, this phase must be experienced in order to begin reorganizing one’s life.

• **Anger**
  
  o This reaction usually occurs when an individual feels helpless and powerless.
  
  o Anger may result from feeling abandoned, occurring in cases of loss through death.
  
  o Feelings of resentment may occur toward one’s higher power or toward life in general for the injustice of this loss.
  
  o After an individual acknowledges anger, guilt may surface due to expressing these negative feelings.
  
  o Again, these feelings are natural and should be honored to resolve the grief.

• **Acceptance**
  
  o Time allows the individual an opportunity to resolve the range of feelings that surface.
  
  o The grieving process supports the individual. That is, healing occurs when the loss becomes integrated into the individual’s set of life experiences.
  
  o Individuals may return to some of the earlier feelings throughout one’s lifetime.
  
  o There is no time limit to the grieving process. Each individual should define one’s own healing process.
• Factors that may hinder the healing process:
  o Avoidance or minimization of one’s emotions.
  o Use of alcohol or drugs to self-medicate.
  o Use of work (over function at workplace) to avoid feelings.

• Guidelines that may help resolve grief
  o Allow time to experience thoughts and feelings openly to self.
  o Acknowledge and accept all feelings, both positive and negative.
  o Use a journal to document the healing process.
  o Confide in a trusted individual; tell the story of the loss.
  o Express feelings openly. Crying offers a release.
  o Identify any unfinished business and try to come to a resolution.
  o Bereavement groups provide an opportunity to share grief with others who have experienced similar loss.


Reprint permission can be found in Appendix B.
Grief Grabs You When You’re Least Prepared

Relationship to the Program:
- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.
- Create and/or promote healthy living habits to support the individuals’ engagement in daily tasks.

Intervention Objective: The purpose if this intervention is to introduce and familiarize the clients with the symptoms of grief and loss.

Description of Intervention: Ask the group members to complete the “Grief Grabs You” handout. Discuss each situation, asking volunteers to share their experiences. Also, discuss this thought “… it’ll get better… and if not better, it’ll get different.”

Suggested Discussion Prompts:
1. Are you surprised that there are many others in the group that are feeling the same things that you are?
2. What do you think is the worst symptom of grief and loss? Why?
3. Do you think that everybody deals with grief and loss in the same way? Why or why not?
4. What are unhealthy ways to deal with grief and loss?
5. What are healthy ways to deal with grief and loss?
6. What is one symptom of grief that is particularly hard for you to deal with?

Do you:

- start to say something and forget what it was you wanted to say?
- feel lonely even though you are in a room filled with people?
- feel overwhelmed with the flooding of many emotions?
- forget what you were about to do 5 minutes ago?
- become upset when watching TV or a movie; when reading a newspaper or a book?
- try to go to sleep and see "replays"?
- have a difficult time concentrating?
- have a sense of being incomplete?
- misplace your keys constantly?
- cry for no apparent reason?
- feel cheated?
- feel a **twang** when you see a striking resemblance, a familiar hairdo, certain clothing?
- feel like staying in bed, or better yet, climbing under the bed?
- find it hard to imagine that others' lives go on? people are still laughing? the sun still shines?
- feel a sense of loss at Thanksgiving, Father or Mother's Day, other holidays?
- feel someone's missing even though you are surrounded by loved ones?
- wish your loved one, who is no longer in your life, could see your children, see what you are accomplishing, etc.?
- feel a tremendous sense of emptiness, void, or hole in your life?
- feel "shook-up" when you see a photograph unexpectedly?
- feel fine for a period of time, and get depressed again for no apparent reason?
- feel angry at your loved one whom you've lost, yourself, your family, or people who are trying to help you?
- feel as if your sense of values has changed — things that used to be important to you aren't important anymore?
- feel as if you should look different to others, and are surprised that they can't see your pain?
- other __________________________

Feel saddened when:

- you smell a familiar cologne, shaving cream, etc.?
- you go to a religious ceremony? meaningful event?
- it's the anniversary date of a birthday? wedding? death? divorce?
- you go to a certain restaurant? certain place? certain neighborhood?
- you see the beauty of everything coming alive in spring? the leaves turning color in fall?
- you see a couple arm-in-arm?
- you see a father and son, mother and daughter, siblings, best friends, etc. together?
- you hear a certain song? certain type of music?
- other __________________________

... it'll get better ... and if not better, it'll get different!
Steps of Grief After Loss

Relationship to the Program:

- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.
- Create and/or promote healthy living habits to support the individuals’ engagement in daily tasks.

Intervention Objective: The purpose of this group is aid the client in determining which stage of loss he or she may currently be identifying with.

Description of Intervention: Hand each group member a “Steps of Grief After Loss handout.” Ask the group members to fill out the sheet completely. Allow each person adequate space to fill out this worksheet so the participants will be able to gain a sense of privacy. Also, because this is a very sensitive activity it is recommended that the group leader participate in all discussion and complete the worksheet. Following filling out the worksheet allow everybody to share as much as they are comfortable with on their sheet. This activity should be completed in a one hour time frame.

Suggested Discussion Prompts:
1. What stages of grief have you not yet finished?
2. Please finish this statement: “It was helpful for me in this stage when I __________________.”
3. Did you progress through the stages in order? If no what stages did you skip or change the order of?
4. Was it helpful to hear that others experience loss also?
5. Was this helpful or healing? Why?

There are many lists giving the stages of grief. One list might be:

**SHOCK** > **SORROW** > **DENIAL** > **ANGER** > **GUILT** > **DEPRESSION** > **ACCEPTANCE**

*Keep in mind that . . .*
- Not all persons experience these stages after a loss.
- Stages may be repeated.
- No stage needs to last indefinitely.
- Your stages may not be in this order.
- All stages are normal.

Choose one of your losses and write it here:

Start with "SHOCK" on the stairway. Think of your loss and the feelings of shock. What did you do? Are you at this stage now? Have you already been at this stage and moved on?

Make notes on this step about your experience of being in shock.

Continue up the stairway, stopping on each step to "sit", think, feel, and make notes.

Other Stages I Have Experienced That Are Not Here:

My Stages Not Finished:
Week 11 Interventions
Vocational Training

Goal: The clients will be able to identify possible employment opportunities and prepare for the potential job interviews.
Vocational Training

Relationship to Program:
- Modify work-related performance patterns to aid in successful engagement in vocational occupations.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.

Intervention Objective: The purpose of this intervention is to assist the clients in finding perspective employment and help them prepare for job interview.

Description of Intervention: The therapist will bring in newspaper ads for possible employment opportunities for the clients. The clients will then read through the ads and write down the jobs he or she finds appealing. Next the clients will complete the worksheet below to obtain a better understanding of what employment opportunities he or she is interested in doing. The job search activity will be held over the course of two one hour therapy sessions and the preparing for a job interview will be held over a one hour therapy session.

Suggested Discussion Prompts:
1. How many jobs have you held?
2. Did you hold the above jobs for a long period of time? If not, why?
3. What makes you employable?
4. What types of jobs are looking for?
5. Why do you want to work?
6. Who will support you in your future employment endeavors?

You're ready to enter or reenter the world of work. Rarely does a job come looking for you. More likely, you'll have to do the looking. Finding the right job can be a full-time job in itself. Where do you start?

Zero in on the things you like to do and are best able to do. List your strengths, accomplishments, responsibilities, hobbies, sports, clubs, interests, leadership positions. Think about positive qualities that others have told you about yourself, e.g., artistic, punctual, dependable. Match them to an employment opportunity that might appeal to you.

<table>
<thead>
<tr>
<th>POSITIVES I KNOW ABOUT MYSELF</th>
<th>APPEALING EMPLOYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXAMPLE:</strong> Cooking</td>
<td>Restaurant</td>
</tr>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>

How do you handle stress? Do you get along with others? Is it difficult for you to get out of bed early in the morning? Can you keep a secret? Being on the path to a successful job search means taking inventory of not only your skills but also being honest about which areas you might need additional training or self-awareness. Use the spaces provided below to list these areas. Which potential jobs might be too challenging? Recognize the whole truth about yourself.

<table>
<thead>
<tr>
<th>OTHER TRUTHS I KNOW ABOUT MYSELF</th>
<th>UNAPPEALING EMPLOYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXAMPLE:</strong> Problem balancing checkbook</td>
<td>Being a bank teller</td>
</tr>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>

Even if you've never received a paycheck, you still have experience. Inventory each job/responsibility you've held. What was positive and what was negative about the experiences?

<table>
<thead>
<tr>
<th>JOB RESPONSIBILITY</th>
<th>(+)</th>
<th>(-)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXAMPLE:</strong> PTA Room Parent</td>
<td>Organizing phone committee</td>
<td>Driving in bad weather</td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
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<td>4.</td>
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</tr>
</tbody>
</table>

What you do well won't stop when you begin work. It would be safe to assume that you will get better at what you do well. You might even get better at what you don't do well right now. Your possibilities are endless!
Vocational Training

Relationship to Program:
- Modify work-related performance patterns to aid in successful engagement in vocational occupations.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.

Intervention Objective: The purpose of this intervention is to assist the clients in finding perspective employment and help them prepare for job interview.

Description of Intervention: Once you have set your sights on a possible employment opportunity you need to build a resume. This can be done on any PC that has Microsoft Word Resume Builder. Next, you will need to put together a professional outfit you can wear at your interview. Then you will need to have mock interviews to prepare yourself for the real interview. The therapist will assist the clients in writing their resumes and mock interviews. The sheet below will assist in this process.

Suggested Discussion Prompts:
1. How many jobs have you held?
2. Did you hold the above jobs for a long period of time? If not, why?
3. What makes you employable?
4. What types of jobs are looking for?
5. Why do you want to work?
6. Who will support you in your future employment endeavors?
A Better View of INTERVIEWS

DEFINITION: meeting of two people face to face, as for questioning and evaluating a job applicant; obtaining and giving information; two or more persons talking with the definite purpose of exchanging facts related to hiring.

You have arrived ON TIME at the interview, ready to present yourself as being calm, collected and qualified. Being correctly groomed helps you maintain your confidence and self-esteem. The first impression you have created will help to convince the interviewer that you are valuable.

PERSONAL APPEARANCE CHECK LIST

<table>
<thead>
<tr>
<th>AT THIS MOMENT:</th>
<th>APPLICANT IS A: (CIRCLE ONE) MALE or FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluate your personal appearance.</td>
<td>AT AN INTERVIEW:</td>
</tr>
<tr>
<td>Is it appropriate for an interview?</td>
<td>What should I wear?</td>
</tr>
<tr>
<td>[Ex: jeans = not appropriate ]</td>
<td>What can I do to make a good first impression?</td>
</tr>
<tr>
<td>PANTS/TROUSERS/SHORTS/JEANS</td>
<td>[Suited gives better impression.]</td>
</tr>
<tr>
<td>[Ex: you, coming, smoking = not appropriate ]</td>
<td>Brush teeth, use mouthwash.</td>
</tr>
<tr>
<td>TEETH</td>
<td></td>
</tr>
<tr>
<td>[Ex: you, coming, smoking = not appropriate ]</td>
<td></td>
</tr>
<tr>
<td>PANTS/TROUSERS/SHORTS/JEANS</td>
<td></td>
</tr>
<tr>
<td>SUIT/DRESS/SKIRT</td>
<td></td>
</tr>
<tr>
<td>SHIRT/BLOUSE/T-SHIRT</td>
<td></td>
</tr>
<tr>
<td>SOCKS/STOCKINGS/SHOES</td>
<td></td>
</tr>
<tr>
<td>HAIR</td>
<td></td>
</tr>
<tr>
<td>TEETH</td>
<td></td>
</tr>
<tr>
<td>HANDS</td>
<td></td>
</tr>
<tr>
<td>FRAGRANCE/MAKE-UP</td>
<td></td>
</tr>
<tr>
<td>JEWELRY</td>
<td></td>
</tr>
<tr>
<td>CARRIER FOR PERSONAL PAPERS</td>
<td></td>
</tr>
</tbody>
</table>

COMMON INTERVIEW QUESTIONS

Tell me about yourself.
What are your greatest strengths and weaknesses?
Why do you want to work for us?
What kind of salary are you looking for?
What do you know about our company?
Why should we hire you?
What are your long-term goals?
What were your most rewarding experiences in your previous jobs?
Who can we contact as a reference?
Do you prefer to work alone or in a group?
Are you a team player?
Tell me about a conflict you have dealt with and how you resolved it.
What are your previous work experiences?

THE BIG FINISH

Do you have any questions to ask us?

FOLLOW-UP

1. 
2. 
3.

Week 12 Interventions
Discharge

Goal: To successfully meet the program goals and weekly objectives for discharge to home or community-based facility.
Discharge

**Relationship to Program:**
- Promote effective coping methods through the use of occupation-based/purposeful activities to increase the ability to function in his/her environment.
- Modify work-related performance patterns to aid in successful engagement in vocational occupations.
- Establish/restore interpersonal skills for improvement in social interaction and participation with friends and family.
- Create and/or promote healthy living habits to support the individuals’ engagement in daily tasks.

**Description-** The three session time slots for this week will be used for re-evaluation utilizing the previously identified assessments. The therapist will also conduct the outcome measurements for this program in this week, as well. It is suggested that the occupational therapist will assist the client with the transition from the therapy program to the client’s chosen discharge setting.
CHAPTER V
SUMMARY

The purpose of this scholarly project was to create a tool for occupational therapists to use during treatment of returning soldiers from Iraq and Afghanistan. The program interventions were based upon literature review findings that demonstrated problems of occupational dysfunction within the selected population. These problems addressed include: vocational skills, coping skills, interpersonal skills, and leisure participation. The authors based the thirteen week program on the Lifestyle Redesign Program developed by Mandel et al. (1999). The program entails one week of assessments, eleven weeks of interventions, and one week of discharge planning.

One of the clinical strengths of the program is that it is easily adaptable for populations other than veterans from the Iraq and Afghanistan wars. Following a needs analysis of other populations, this program would only need to be slightly modified to address unique needs of the veterans. Another strength of the program is easy implementation since few tools or materials would need to be purchased by the implementing facility for complete transition to this program.

A limitation of the project is that it excludes military personnel who have not served in the Iraq and Afghanistan theaters. Also, this is specifically designed for implementation into a Veteran’s Affair hospital, and not for a civilian medical
facility. The final limitation is that the effectiveness of the program has not been scientifically validated; further research and program outcomes must be obtained to measure the program's success.

The following recommendations are provided to address the current limitations of the program. Should the program be used with populations from wars previous to the Iraq and Afghanistan wars, a needs analysis of the population should be completed to ensure the provision of appropriate and effective treatment. Using the results of the needs analysis, the therapist could adapt the program to suit the needs of many veteran populations. Prior to wider dissemination and implementation of the program, further research to demonstrate the effectiveness of the program is recommended. A pilot program in one facility collecting and measuring outcomes followed by validation of the results in a larger study across several facilities is recommended.

Finally, it is recommended that the occupational therapists use this program as a resource rather than a strict protocol for intervention planning. The listing of occupational therapy interventions is not exhaustive and interventions may need to be tailored to the specific needs of the population served. Similarly, assessments included here are suggestions; the occupational therapist may utilize other assessments, as deemed necessary.

The authors hope that this sample program will assist the profession of occupational therapy in providing appropriate intervention for soldiers with PTSD. The need for skilled occupational therapy intervention for soldiers with PTSD will likely continue to grow; the profession must address the lack of published studies in
the literature for this particular population. This program has the potential to serve as a starting point in occupational therapy’s desire to establish an effective treatment protocol for veterans with PTSD that it is central to the foundational concepts of occupational therapy.
APPENDIX A

DSM-IV RT Criteria

A. The person has been exposed to a traumatic event in which both of the following were present:
   (1) the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
   (2) the person’s response involved intense fear, helplessness or horror

B. The traumatic event is persistently reexperienced in one (or more) of the following ways:
   (1) recurrent and intrusive distressing recollections of the event, including images thoughts or perceptions.
   (2) recurrent distressing dreams of the event.
   (3) acting or feeling as if the traumatic event were recurring (includes a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awaking or when intoxicated).
   (4) intense psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.
   (5) physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event.

C. Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness (not present before the trauma), as indicated by three (or more) of the following:
   (1) efforts to avoid thoughts, feelings, or conversations associated with the trauma
   (2) efforts to avoid activities, places, or people that arouse recollections of the trauma
   (3) an inability to recall an important aspect of the trauma
   (4) markedly diminished interest or participation in significant activities
   (5) feeling of detachment or estrangement from others
   (6) restricted range of affect (e.g., unable to have loving feelings)
   (7) sense of foreshortened future (e.g., does not expect to have a career, marriage, or children, or a normal lifespan)

D. Persistent symptoms of increased arousal (not present before the trauma), as indicated by two (or more) of the following:
   (1) difficulty falling or staying asleep
   (2) irritability or outburst of anger
   (3) difficulty concentrating
   (4) hypervigilance
   (5) exaggerated startle response

E. Duration of the disturbance (symptoms in criteria B, C, & D) is more than one month

F. The disturbance causes significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:
   Acute: if duration of symptoms is less than 3 months
   Chronic: if duration of symptoms is 3 months or more
Specify if:
With delayed onset: if onset of symptoms is at least 6 months after the stressor.
APPENDIX B

Permission to Reprint

November 26, 2007

Dear Ms. Hanson:

You have permission to reproduce and distribute the Grief and Loss handout (authored by C. Mildner) on our website and to adapt it for your specific needs as desired. Please give credit to the University Counseling Service, The University of Iowa where appropriate. I'm glad you found this handout useful!

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REFERENCES


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